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**Ideology & Social Networks: The Politics of Social Policy Diffusion in
Brazil**

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**Ideology & Social Networks: The Politics of Social Policy Diffusion in
Brazil**

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This dissertation examines the politics of local social policy making following Brazil's re-democratization. Decentralization in Brazil granted municipalities responsibility to design and tailor social policies to meet local demands. Yet instead of developing their own programs many governments chose to adopt those made famous elsewhere. What accounts for the diffusion of innovations across Brazil? This dissertation tests three approaches for understanding policy makers' emulation decisions: political incentives, ideology, and socialized norms. Each of these three motivations reflects a different paradigmatic response to the question, what drives political behavior? A conventional political incentives approach follows a rational choice framework that incorporates neoclassical behavioral assumptions and posits people will behave strategically to further their own self-interest. The classic assumption in this vein is that

politicians will seek to win re-election. On the other hand, scholars who adopt an ideational approach examine the way people make choices because of their ideological convictions. Rather than seek their own political self-interest, actors can make decisions in spite of themselves or others because of deeply held beliefs about what is right and how to enact social change. Lastly, a sociological approach examines how individuals conform to shared norms and seek legitimacy in the eyes of their colleagues.

To test these motivational approaches I examine the diffusion of Bolsa Escola, an education program, and Programa Saúde da Família, a family health program. Evidence for my argument is based on statistical event history analysis and qualitative case study research from four exemplary cities. The electoral incentives approach offers a surprisingly weak explanation for the diffusion of innovative social policies. Rather, diffusion occurs when elected executives feel ideologically compelled to replicate programs and when policy professionals engaged in relevant networks seek to demonstrate their adherence to professional norms. Both ideology and social networks can work together in mutually reinforcing ways to promote diffusion.

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ABBREVIATIONS

ABRASCO	Associação Brasileira de Pós-Graduação em Saúde Coletiva
ACS	Agentes Comunitários de Saúde
CONASEMS	Conselho Nacional de Secretários Municipais de Saúde
CONSED	Conselho de Secretários de Educação
CEBES	Centro Brasileiro de Estudos de Saúde
CFEMEA	Centro Feminista de Estudos e Assessoria
FGV-SP	Fundação Getúlio Vargas- São Paulo
FNDE	Fundo Nacional do Desenvolvimento da Educação
FUNDEF	Fundo de Manutenção e Desenvolvimento do Ensino Fundamental e de Valorização do Magistério
INAMPS	Instituto Nacional de Assistência Médica da Previdência Social
IPEA	Instituto de Planejamento Econômico e Social/Instituto de Pesquisa Econômica Aplicada
MEC	Ministério da Educação e Cultura
MS	Ministério de Saúde
NGO	Non-Governmental Organization
NOB	Norma Operacional Básica
PACS	Programa de Agentes Comunitários de Saúde
PAHO	Pan-American Health Organization
PAS	Plano de Atendimento à Saúde – São Paulo
PAS	Programa de Agentes de Saúde (PAS) - Ceará
PIASS	Programa de Interiorização das Ações de Saúde e Saneamento
PMF	Programa Médico de Família
PSF	Programa Saúde da Família
PGRM	Programa de Garantia de Renda Mínima
QUALIS	Qualidade Integral à Saúde.
SAS	Secretaria de Assistência da Saúde, Ministério da Saúde
SUS	Sistema Único de Saúde
UNESCO	United Nations Educational, Cultural and Scientific Organization
UNICEF	United Nations Childrens' Fund
UNDIME	União Nacional dos Dirigentes Municipais de Educação

Political Parties

Left

PC do B	Partido Comunista Brasileiro (Brazilian Communist Party)
PDT	Partido Democrático Trabalhista (Democratic Labor Party)
PMN	Partido da Mobilização Nacional (Party of National Mobilization)
PSB	Partido Socialista Brasileiro (Brazilian Socialist Party)
PPS	Partido Popular Socialista (Popular Socialist Party)

PT Partido dos Trabalhadores (Workers' Party)
PV Partido Verde (Green Party)

Center Parties

PSDB Partido da Social Democracia Brasileira (Party of Brazilian Social Democracy)
PMDB Partido do Movimento Democrático Brasileiro (Party of the Brazilian Democratic Movement)
PTB Partido Trabalhista Brasileiro (Brazilian Labor Party)

Right Parties

PFL Partido da Frente Liberal (Liberal Front Party)
PL Partido Liberal (Liberal Party)
PPB Partido Progressista Brasileiro (Brazilian Progressive Party)
PRONA Partido da Reedificação da Ordem Nacional (Party of the Reconstruction of National Order)
PSC Partido Social Cristão (Social Christian Party)
PSD Partido Social Democrático (Social Democratic Party)
PSL Partido Social Liberal (Social Liberal Party)
PTR Partido Trabalhista Renovador

CHAPTER 1: INTRODUCTION

This dissertation analyzes what motivates people to emulate “innovative” policies that address poverty and social inequality. It is also about the politics of social policy provision and the reason why it is difficult, or by contrast easy, for social policies to spread. Although these concerns are relevant for many countries, they are especially important for Brazil, which has a decentralized federal structure, where local governments have responsibility for social policies and where the stakes are high for addressing the needs of the poor.

The politics of social sector reform in Brazil have undergone profound transformation since redemocratization in the late 1980s. The democratic constitution (1988) established new social rights (Title I, Chapter 2, Article 6), including the right to education¹ and health.² At the same time, the constitution also laid out a new set of institutional mechanisms to carry out these social rights. Municipalities would serve as an independent third tier of government with considerable political, fiscal, and policy autonomy, responsible for providing social services. This newfound authority for local

¹ According to the Constitution (1988) education is the right of all and duty of the State and of the family; free public education shall be provided with equal conditions of access (Title VIII, Chapter 3, Section 1, Article 205 and 206).

² According to the Constitution (1988) “[h]ealth is a right of all and a duty of the state and shall be guaranteed by means of social and economic policies aimed at reducing the risk of illness and other hazards and at the universal and equal access to actions and services for its promotion, protection and recovery” (Title VIII, Chapter 2, Section 2, Article 196).

control contributed to significant changes in Brazil's policy landscape, as these institutional arrangements led to the inclusion of different actors in the policy process.

In theory, decentralization could bring about greater flexibility and efficiency, and allow local governments to tailor their social policies according to the diverse needs of their constituents (Rueschemeyer and Evans 1985: 55-57). After all, Brazil is home to over 5,500 municipalities that lie between the southern plains and the northern Amazon. In principle, as municipal governments would claim their authority to develop social policy, they would design programs according to local realities. Local governance would also allow for better civil society participation, as cities followed constitutional mandates for the creation of participatory mechanisms for citizens to engage in policymaking through local councils.

Throughout much of the late 1980s and 1990s, many states and municipalities embraced their newfound flexibilities and operated as policy "laboratories" by experimenting with new administrative and social policies (Abers 2000; Tandler 1997; Wampler and Avritzer 2004; Wampler 2004). Innovative programs abound as cities instituted programs such as participatory governance (e.g. Orçamento Participativo, Participatory Budgeting), income generating cooperatives, and recycling programs, to name just a few (Spink et al. 2002). That a number of sub-national governments would become the vanguard of social policy in Brazil was particularly notable given that the federal government was home to highly specialized technocrats, and that social reforms at the federal level took place at a snail's pace (Ames 2001; Weyland 1996).

THE PUZZLE: SOCIAL POLICY DIFFUSION IN BRAZIL

While sub-national governments did bring a diversity of tailored social policies to fruition, during this time period another phenomenon was also taking place: policy replication and diffusion. Simply put, many city governments across Brazil chose to copy policies from elsewhere rather than customize their own programs. The extent of the replication is surprising because municipal governments faced dramatically different political cultures, social inequalities, and levels of poverty. Two programs that are illustrative of the trend toward policy diffusion are Bolsa Escola/Renda Mínima,³ an educational grant program,⁴ and Programa Saúde da Família (PSF), a family health program.

Bolsa Escola/Renda Mínima started in 1995 in two cities, Brasília (the federal district) and Campinas (in São Paulo state). These programs provide mothers of low-income children with cash-grants on the condition their children regularly attend school. The goal of the program is to improve educational attainment by reducing school absences and repetition, often caused by the high opportunity cost for poor children to attend school. The Bolsa Escola program quickly spread across municipalities; within two years approximately 88 cities had adopted the program (Araújo and de Souza 1998). By 2001, over 200 cities had municipal Bolsa Escola programs (Villatoro 2004). That same year, and on the eve of presidential elections, the federal government created a national Bolsa Escola program that was similar in design but which by-passed

³ I treat both Bolsa Escola and Renda Mínima programs as comparable as they share similar policy designs and programmatic goals.

⁴ This program is also known as a conditional cash transfer program.

municipalities⁵. This study focuses only on municipal program diffusion, which requires budgetary and administrative obligations on the part of cities.

Programa Saúde da Família is a family healthcare program that draws on several local initiatives, including a family doctor program in Niterói (in Rio de Janeiro state) and other basic community-based health programs established in the rural northeast (Viana and dal Poz 1998). The goal of the program is to improve prevention and basic health by working directly with families through home visits. To facilitate linkages to communities healthcare workers operate within designated territories and in teams comprised of a doctor, nurse, nurse's aid and several community health agents who reside in the neighborhood they serve. This program started in 1994 with the support of the Ministry of Health, initially in small rural towns in the northeast. Over time this program gained wider visibility and credibility, spreading dramatically from 55 cities in 1994 to 4,944 municipalities by 2003.

Brazil, like other federal countries with decentralized systems, has experienced significant policy diffusion. Yet, there are some unique features of Brazilian diffusion that are worth noting. First, it has taken place across thousands of municipal governments. In most single-country diffusion studies of federal systems, scholars have focused on state-level (or provisional-level) policy replication because states assume primary jurisdictional responsibilities; a natural consequence is that those studies tend to have a smaller number of cases, such as the fifty U.S. states. Second, policy replication

⁵ The federal government had a limited experiment with Renda Mínima in 1997, where it provided select cities with matching grants if they established the program. This program was short-lived and is widely viewed as a policy failure.

has occurred in a country that is well known for its regional contrasts rather than its similarities. That a mega-city such as São Paulo with elaborate health networks would adopt a healthcare model that owes its origin to poor small cities in the rural northeast is remarkable. Similarly, it is surprising that a city like Salvador, with high rates of poverty and poor educational infrastructure, would implement a school-grant program developed for wealthy cities with some of the highest rates of human development inside Brazil (Martins and Libânio 2005). The spread of the same policy models across such diverse settings is puzzling and worthy of explanation. Before embarking on this study of social policy diffusion, it is necessary to clarify some concepts and terms.

What is Diffusion?

Diffusion phenomena are all around us and have managed to capture the attention of a wide range of scholars in the social sciences. Diffusion evokes images from the natural sciences, such as the spread of a virus across space. But social science disciplines as diverse as sociology, economics, political science, agriculture, and business have also sought to explain socially created events that occur in their respective domains of inquiry. Some occurrences seem to “make sense” as people learn about innovations and quickly adopt them. One classic example in this vein is the spread of hybrid corn among farmers in Iowa, who rapidly embraced the usage of hybrid seeds in the 1940s.⁶ Yet, there are also trends that are harder to explain. For instance, the QWERTY keyboard for typewriters and computers has been widely recognized as an inefficient layout for typists.

⁶ The spread of hybrid corn in Iowa is one of the most influential studies on diffusion (see Ryan and Gross (1943); Gross (1942) and Ryan and Gross (1951).

Yet, it became an entrenched worldwide standard even though manufacturers could have produced a more efficient alternative.⁷ The realm of politics has also yielded numerous examples of diffusion, such as the spread of pension systems across Europe, charter schools in the United States, or even democracy around the world (for some recent examples see Brinks & Coppedge 2006; Karch 2007; Mooney 2001; Orenstein 2003; True & Mintrom 2001).

For social scientists interested in explaining the world around them, diffusion events spark a plethora of research questions. Some relate to innovations and the attributes of innovation. What makes an idea “innovative”? Why do some ideas spread while others do not? Why are some actors more innovative than others? Another line of inquiry focuses on diffusion processes. How and why do innovations spread? Why are some jurisdictions quick to adopt innovative practices while others are slow? What role do policy entrepreneurs play in the spread of their ideas? Lastly, some scholars focus on normative considerations such as functionality. Do actors adopt innovative practices because they fulfill an identified need? To what extent is replication logical or “rational”? While each of these questions pursues distinct dimensions inherent in the spread of innovations, altogether they contribute to a broad literature on diffusion.

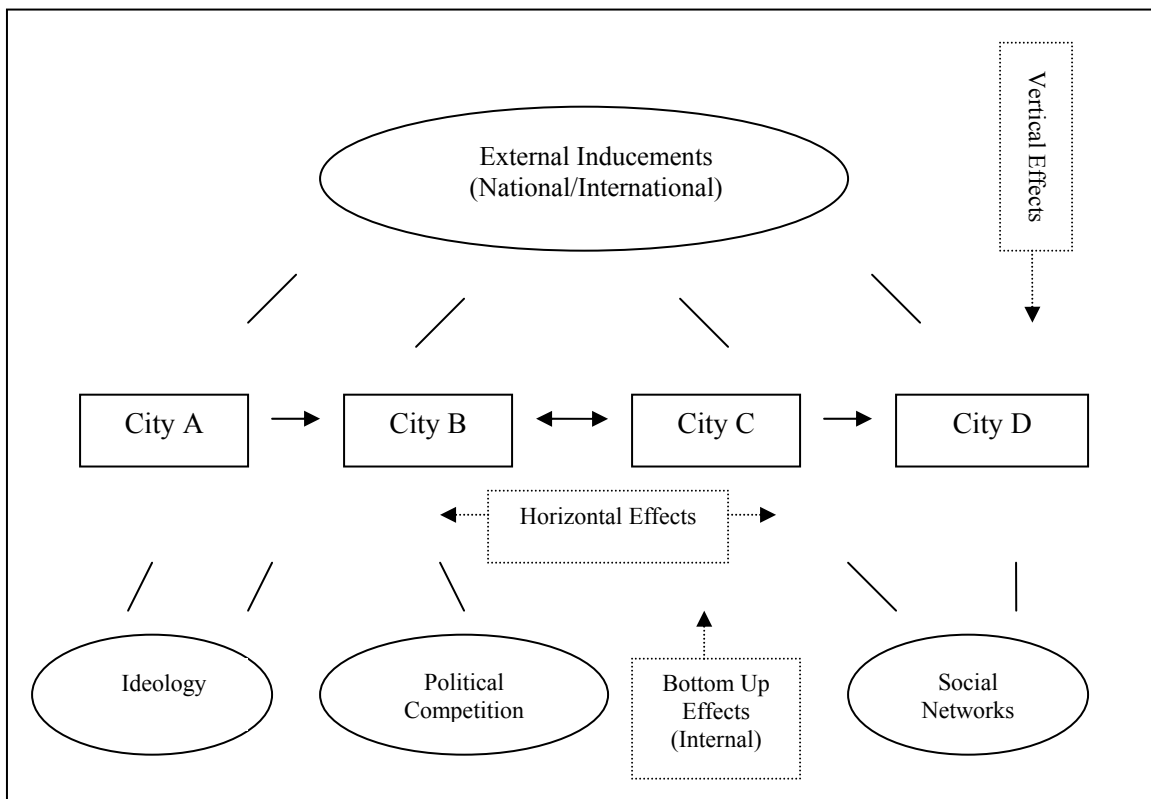
While diffusion research has enjoyed great revival in the social sciences, the diversity of questions and approaches has produced tremendous conceptual murkiness. What is diffusion precisely? Scholars use such diverse metaphors as “contagion”,

⁷ The QWERTY keyboard was first developed for typewriters and was designed to limit jamming. It is less efficient than an alternative keyboard designed by Professor August Dvorak in 1932. Although the Dvorak keyboard is more efficient, it never caught on (Rogers 2003: 8-11).

“waves”, and “transfer” to describe diffusion events (see for instance, Burt 1987; Stone 1999; Walt 2000). But are they the same? This definitional question underscores the need to clarify relationship between the actors and emulation decisions. Diffusion implies autonomous decision-making while also accounting for potential interdependence between actors. Political actors may learn about an innovation from a neighboring government or international meeting, and choose to copy those innovations in their own countries. Sometimes the impetus to emulate can come from peer influence (horizontal), reflect internal demands (bottom-up), or external pressures (vertical). These inducements need not reflect benign forces but can include coercion or other stimuli for cooperation. For a visual illustration of the potential influences driving diffusion effects, see Figure 1.1.

Definition: This study broadly defines diffusion to include processes that affect the likelihood that a reasonably autonomous jurisdiction will adopt an “innovative” policy developed by another such unit, at some point in time. Various members of a social system can trigger a unit’s emulation mechanisms and increase the probability of adoption, including the originating jurisdiction that promotes the innovation, similar decision-making units, as well as those who reside outside of the decision-making unit (similar to Levi-Faur 2003: 23-26; Weyland 2007: 24-25).

Figure 1.1: Multiple Directions of Diffusion Effects



Source: Modified figure from Levi-Faur (2005:26)

Policy diffusion thus captures a process of decision making that involves some degree of learning, emulation, or mimicry. If separate jurisdictions were to enact the same policy because they share similar conditions (e.g. economic shocks, levels of development, or institutional similarities) but were otherwise isolated from one another, this would not constitute an instance of diffusion. The key here is that diffusion

emphasizes the interactive process that leads to replication (i.e. the spread), not just the outcome (i.e. policy adoption).⁸

The conceptualization of diffusion employed in this study is particularly relevant for policy diffusion because the politics of policy making requires that actors advocate for their positions when they choose to emulate an innovation within their jurisdictions. Policy does not lend itself to “automatic” adoption because instituting new programs generally requires the establishment of guidelines, new administrative procedures, and budgetary commitments; all of which require decisive action. Thus, this study emphasizes processes as well as outcomes, including the mechanisms that drive adoption, non-adoption, and reversal. Last, in classifying diffusion outcomes, I consider that a policy has spread when a jurisdiction enacts a policy that shares a similar policy design as the original. Some scholars distinguish between “emulation” and “adoption” as distinct from one another; constructivist scholars tend to use “emulation” to emphasize the importance of epistemic communities whereas “adoption” does not imply a similar meaning. Since epistemic communities are central to theoretical questions on the role of social networks, I make no prior assumptions here in selecting terminology to describe diffusion outcomes. As such, I use emulation, adoption, and replication interchangeably.

Why would governments that face different problems, priorities, and political conditions decide to adopt the same policy? Although policy diffusion research is new to

⁸ For a review of different treatments of the concept of diffusion – process versus outcome – see especially Elkins and Simmons (2005:36-38).

Brazil and relatively under-explored in the developing world, scholars of American⁹ and international politics have long taken up a diffusion lens to understand the spread of public policies. Research has examined such disparate issues as abortion regulation, tax reform, charter schools, pension systems, and women's bureaucracies (Berry and Berry 1992; Mintrom and Vergari 1998; Mooney and Lee 1995; Orenstein 2003; True and Mintrom 2001). In Latin America the spread of pension privatization and the shifting economic agenda towards neoliberal economic reforms has been a prominent theme (Brooks 2002; Madrid 2003; Weyland 2005). The popularity of diffusion as a scholarly topic has only been matched by the potpourri of explanations, approaches, and theoretical frameworks scholars have employed (for full review see Rogers 2003). Scholars have attributed diffusion to such diverse factors as the nature of the policy itself, policy entrepreneurship, geographic proximity, state competition, political opportunity, resource competition, federal transfers, and transnational networks, to name just a few (Berry and Berry 1992; Derthick 1970; Finnemore 1993; Gray 1973; Mintrom 1997; True and Mintrom 2001). In explaining their findings, scholars turn to both structural explanations, such as federalism and geographic proximity, as well as agent-based explanations, such as individuals' ability to learn or "policy entrepreneurship" (Mintrom 1997; Mooney 2001; Rogers 2003; Walker 1969). The result is that the literature

⁹ Institutional similarities between the United States and Brazil make it possible to draw on the American Politics diffusion literature. Both countries share a similar federal structure. They also share presidentialism and the executive control over the bureaucracy. The most substantial distinction between the two countries is that Brazil, unlike the United States, explicitly recognizes the role of municipalities and creates a three-tier federal government. Brazilian municipalities also have clear mandates to address social policy provision in the constitution (1988).

provides a laundry-list of possible explanations for policy diffusion, without offering theoretical coherency or a systematic approach for addressing the causes of diffusion.

Rather than test a host of internal prerequisites versus external pressures for policy emulation, this dissertation takes an alternative approach to examining the diffusion of social policy. It does so by opening up the “black box” of policymaking and asking what *motivates* policymakers on the ground, to make emulation decisions.¹⁰ One of this dissertation’s main contributions is that it offers a theoretical framework for understanding the mechanisms that drive diffusion, by uncovering the actors’ motivations for adopting social policies.

THE ARGUMENT IN BRIEF

This dissertation contrasts and tests three approaches for understanding individuals’ motivations for adopting innovative social policies: political incentives, ideology, and socialized norms. Each of these three motivations reflects a different paradigmatic response to the question, what drives diffusion? A conventional political incentives approach typically follows a rational choice framework that incorporates neoclassical behavioral assumptions and posits people will behave strategically to further their own self-interest. The classic assumption in this vein is that politicians will seek to win re-election. On the other hand, scholars who adopt an ideational approach examine the way people make choices because of their ideological convictions. Rather than seek

¹⁰ As Rogers notes, most studies of diffusion have not asked such ‘why’ questions about actors’ motivations (2003: 115). Recent examples of researchers who are filling this void include (Finnemore 1998; Weyland 2007; Mossberger 2000).

their own political self-interest, actors can make decisions because of deeply held beliefs about what is right and how to enact social change. Sometimes these ideological commitments can even lead actors to make decisions that counter their political self-interest. Lastly, a sociological approach examines how individuals conform to shared norms and seek legitimacy in the eyes of their colleagues. In this case, policy makers' motivation to initiate change would be to demonstrate to their peers that they have kept-up with their profession's norms.

This study reveals that a political incentives approach offers a surprisingly weak explanation for the diffusion of innovative social policies. Traditional incentives such as electoral competition rarely explain variation across municipalities and policymakers' decisions to implement programs like Bolsa Escola and Programa Saúde da Família. Nor do political incentives explain the variation in the adoption over time. Rather, two different but complementary approaches explain diffusion: ideology and socialized professional norms. First, I find that ideology does serve as a foundation for many individuals in guiding them to action and helping them filter their policy choices. In the Brazilian case, policymakers who self-identify as being on the left or left-of-center are consistently more eager to adopt innovative social policies. Second, socialized norms matter as policy professionals reveal they want to demonstrate to their peer networks they understand and follow new professional norms. Professional associations and informal networks play a central role in shaping norms around policies such as Bolsa Escola, Renda Mínima and Programa Saúde da Família. The extent of policy diffusion is determined by the density of professional associations; the more a sector has dense and

overlapping associations, the more likely a program will diffuse. In some instances, ideology and networks can work together in mutually reinforcing ways by convincing actors that policies are in-line with their ideological commitments.

RESEARCH DESIGN

This project relies on a mix of methodological approaches to capture the diffusion of social policies in Brazil: it draws on surveys, interviews, and statistical analyses to answer the question of what motivates policymakers to emulate social policies that are designed for other cities.

An important feature of this study is the comparison of two social policies that are situated in distinct sectors – education and health – and that diffuse at different rates. As Rogers notes, one of the shortcomings of diffusion research is the propensity to study “successful” instances of diffusion (2003: 110). In other words, scholars tend to have a “pro-innovations bias” in focusing on policies that have spread dramatically across jurisdictions. Another component of a pro-innovations bias is that researchers tend to focus on policies they believe are “good” and should spread. This project aims to alleviate some of this bias by selecting two markedly different programs. Although both Bolsa Escola and PSF won “innovations” awards,¹¹ as this dissertation will uncover, these policies are not perceived as universally “good” or desirable for all jurisdictions. Since awards for these programs are based on a single city’s experience, it is entirely possible that the same program, when adopted elsewhere, can fail to address the

¹¹ Cities that administer Bolsa Escola and PSF have won good governance awards from the Gestão Pública e Cidadania program in São Paulo.

emulating city's most pressing problems. As this study uncovers, some policy makers endorsed these policies and believed they "should" spread while others disagreed.

There are numerous benefits to conducting a large-N event history analysis. First, increasing the number of observations provides greater leverage for causal inference (King et al. 1994). Second, an event history model, which involves annual observations for each jurisdiction, addresses the problem of potential interdependence among jurisdictions and thus allows for better analyses of internal and external determinants of diffusion (Berry and Berry 1990, 1992; Collier and Messick 1975). Advanced statistical methods, such as event history modeling, also allow for a probabilistic interpretation of whether cities are likely to adopt innovative social policies.

In order to understand larger trends across Brazil and map the pattern of Brazilian social policy diffusion, I use an event history analysis to statistically test the impact of political incentives, ideology and social networks on diffusion for Brazil's largest cities. To conduct such an analysis, I created a database on social policies for all 224 cities that had populations over 100,000 in the census year 2000. This original database draws on information related to electoral politics, socio-demographic data, and social network connectivity. It also includes information on the adoption patterns of Bolsa Escola, Renda Mínima and Programa Saúde da Família. Due to limited data access and in order to access the spread of Bolsa Escola and Renda Mínima, I administered a phone survey of education and social welfare administrators for the entire sample. For a list of cities included in the sample, see Appendix A.

The focus of this study is to uncover the *motivations* behind social policy emulation decisions in Brazil. Yet, this task is a complicated one that requires multiple approaches. First-order analysis can start from observable data and implications, such as information on electoral competition, politicians' partisan affiliation, and the presence of professional networks in a given community. With this information we can draw inferences and make conclusions. Also important, however, is how actors themselves interpret these programs and explain their own role in the decision-making process. As Taylor notes, in order to assess meaning, we must pay attention to the stories people tell:

A person's understanding of her own life, the story she tells (constructs and reconstructs) about herself, which itself of course becomes part of her life, endows events with meaning, with significance for us. For most of us want to see things we have done and events in our lives as having some meaning (2006: 33).

As such, in order to assess whether an actor's motivations for emulating an innovative policy are driven by political self-interest, ideology, or socialized norms, we must ask individuals to tell a story. Their narratives will frame the way they understand the event and the meaning it held for them.

The case study research occurred between 2003 and 2004, when I conducted interviews of one hundred twenty Brazilian policymakers involved in health and education policymaking at the local level, elected officials, technocrats, community activists, and leaders in non-governmental organizations. I also interviewed a select number of policymakers at the federal level, who are in charge of setting the federal policy agenda. (For a full list of interviewees, see Appendix B). During face-to-face interviews, respondents discussed their motivations for adopting or advocating for Bolsa

Escola/Renda Mínima and Programa Saúde da Família, and reflected on the policy process in general. In instances where local governments did not have the programs or the programs were dismantled, we discussed why this was so. I conducted interviews in four municipalities in Brazil: Belo Horizonte (in Minas Gerais state), Brasília (in the Federal District), Salvador (in Bahia state), and São Paulo (in São Paulo State), and captured actors involved with three municipal administrations, from 1994 to 2003. The qualitative evidence allowed me to identify the mechanisms by which diffusion occurred, by including thorough process tracing.

Table 1.1: Adoption of BE/RM and PSF by Local Government and Administration

	Bolsa Escola/ Renda Mínima	Programa Saúde da Família
Brasília (DF)* 1990-1994 1994-1998 1998-2002	- Yes No/Yes**	No Yes No/Yes**
Belo Horizonte (MG) 1992-1996 1996-2000 2000-2004	No Yes Yes	No No Yes
Salvador (BA) 1992-1996 1996-2000 2000-2004	Yes No No	No No Yes
São Paulo (SP) 1992-1996 1996-2000 2000-2004	No No Yes	No No Yes

* The Federal District, Brasília, operates under the gubernatorial electoral calendar.

** The program was suspended or discontinued and then reintroduced under new names.

Several criteria guided selection of the research sites. First, the four cities in this study adopted Bolsa Escola and PSF at different points in time and in a few instances

even experienced policy reversal (see Table 1.1). The variation in program adoption over time is important, because there would otherwise be a potential for selection bias (Geddes 1990, 2003; King et al. 1994: 129-137). Second, these municipalities were selected to allow for variation in partisan politics. These local governments had mayors who affiliated with eight different political parties and represented ideological leanings from across the political spectrum, from staunch rightists to leftists; no single party dominates and all major political parties are represented (see Table 1.2 below). Third, the case study cities also face different levels of socio-economic development and are geographically dispersed. Fourth, in the context of health policy, these cities had great flexibility in determining their basic health models. Not only did they enjoy fiscal autonomy because of their potential to generate revenues through their local tax base, but they also had a sophisticated health infrastructure, and had a large number of health professionals. In other words, these municipalities had the administrative flexibility to tailor health policy and emulation of PSF was far from automatic or a forgone conclusion. Despite these important differences, these cities share characteristics that make comparison possible; all are state capitals and face similar institutional tensions between local, state and national-level policymaking. The only exception is Brasília, which has a unique status as the federal district.

Table 1.2: Local Government Partisan and Ideological Divide

	Executive in Office	Mayor's Party^a	Ideological leanings
Brasília (DF)^b			
1990-1994	Joaquim Roriz	PTR	Right ¹²
1994-1998	Cristovam Buarque	PT	Left
1998-2002	Joaquim Roriz	PMDB	Center
Belo Horizonte (MG)			
1992-1996	Patrus Ananias	PT	Left
1996-2000	Célio de Castro	PSB	Left
2000-2004	Célio de Castro Fernando Damata Pimentel (PT) ^c	PSB	Left
Salvador (BA)			
1992-1996	Lídice da Mata	PSDB	Center
1996-2000	Antônio José Imbassahy	PFL	Right
2000-2004	Antônio José Imbassahy	PFL	Right
São Paulo (SP)			
1992-1996	Paulo Maluf	PDS	Right
1996-2000	Celso Pitta	PPB	Right
2000-2004	Marta Suplicy	PT	Left

^a Mayor's partisan affiliation at the time he or she ran for office.

^b The Federal District, Brasília, operates under the gubernatorial electoral calendar.

^c Fernando Damata Pimentel (PT) assumed office in November 2001, after Célio de Castro suffered a stroke.

In using both large-N statistical analyses and small-N case studies, this project bridges two research traditions on diffusion. Scholars who frame their work along the lines of “learning” and “policy transfer” typically focus on micro-processes, actors, and employ qualitative methods (see for example Bennett 1991; Rose 1993; 2004). By contrast, those who employ statistical analyses of broader diffusion phenomena typically seek the leverage a large number of cases can offer for generalizability of causal analysis (see for example Box-Steffensmeier and Jones 2004). Employing both methods enables comparison between this study's findings and those from existing research.

¹² Mainwaring, Meneguello and Power (2000: 180) inform this designation. The PTR is not classified in Coppedge (1996).

By drawing on both qualitative and quantitative studies, this work also overcomes some of the shortcomings that single-method studies face (see especially Brady et. al. 2004). For instance, a correlate to diffusion can include such factors as “economic development”. Yet, this variable alone cannot explain why a jurisdiction’s level of development matters in terms of politics, only case analysis can explain the relationship for meaningful inference. Statistical methods can also obscure causal heterogeneity in emulation decisions, thus limiting understanding of the complex and varied mechanisms that lead to policy emulation (Mahoney and Goertz 2006). Large-N statistical studies can contribute to an under-accounting of ‘causal complexity’ by making interpretation of the underlying relationship between indicators and concepts difficult (Meseguer and Gilardi 2005). Thus, qualitative research can help uncover both the mechanisms that drive diffusion and also clarify whether jurisdictions undergo similar causal processes. Lastly, an important analytical advantage to using both methods includes the ability to examine the politics of not only policy emulation, but also explore why policy reversals occur.

Implications

Decentralization in Brazil has contributed to a new era of social policy reform where policy diffusion is increasingly prevalent. To date however, scholars of Brazilian politics have largely ignored diffusion as either an outcome or theoretical framework for understanding significant changes in the policymaking process. Instead, country-specific studies of diffusion remain largely relegated to analyses of advanced industrialized nations with federal structures, especially the U.S. For this reason, one of the

contributions of this study includes the application of a diffusion approach to understand the politics of a developing democratic country.

Research on Brazil also creates an opportunity to advance the existing literature on diffusion, which has generally underspecified the motivational factors that drive politicians to emulate innovative policies. This dissertation's main contribution is that it furthers previous understandings of diffusion with a new conceptual framework that focuses on individuals' motivations to replicate policy models developed in other settings. Through a mixed-method approach, it is possible to identify how political incentives, ideology, and social networks affect the decision-making process. By exploring contrasting motivations for political action, this work assesses three theoretical approaches that are often examined in isolation from one another.

SCOPE AND ORGANIZATION

This brief overview of the dissertation serves as a road map for the rest of this work, and each of the subsequent chapters will address the questions first introduced here. The next chapter will provide a more thorough discussion of public policy making and the conventional approaches used to understand policy choices. While traditional approaches, such as policy studies and historical institutionalism, are useful for understanding the particularities of policy arenas and the structural constraints for social sector reform, I argue that the diffusion lens is the most appropriate for explaining the dynamic policy changes taking place in Brazil. As such, the chapter offers a framework

for examining social policy emulation across municipalities, which focuses on actors' motivations to replicate policies designed for other cities.

Chapter 3 provides a bird's-eye view of the diffusion of Bolsa Escola/Renda Mínima and Programa Saúde da Família, though an analysis of these programs throughout the country. The chapter draws primarily on survey data collected for the country's largest cities. After contextualizing the trends in Bolsa Escola and PSF, it presents an event history model, a discrete time logit model to statistically test theoretically driven variables related to political incentives, ideology, and social networks. One of the benefits to the event history analysis is that it can facilitate interpretation of time and probability of adoption.

Chapter 4 on Bolsa Escola/Renda Mínima provides an in-depth look at the politics of education reform in Brazil. The chapter situates locally driven innovations to address educational access and attainment in the context of stalled efforts for reform through much of the late 1980s and 1990s at the national level. The chapter explains the emergence of conditional cash transfer programs for education, such as Bolsa Escola and Renda Mínima, and the politics of their spread across the country. To uncover the motivations that lead to emulation decisions, this chapter draws primarily from the in-depth qualitative analysis of policymakers in the four case study sites and uncovers the ways in which political incentives, ideology, and professional norms influenced policymakers' adoption decisions.

The following chapter, on Programa Saúde da Família, discusses the emergence of the integrated family health program within the context of the significant

reorganization of health policy in the 1990s. Unlike the education sector, national health policy made greater advances in reforming the sector and the federal government promoted decentralization with the municipalization of services. As local governments took on greater administrative responsibilities, many political actors implemented the PSF policy. Chapter 5 focuses on actors' decision-making processes and the extent to which they were responding to political, ideological, or socialized norms. Accounts from key actors responsible for health care policy reveal how technocrats' connections to professional associations and the presence of leftist majors drove replication in this policy domain.

Lastly, chapter 6 concludes by comparing and contrasting the diffusion of Bolsa Escola and Programa Saúde da Família. Both the large-N and process tracing methods offer a strikingly consistent account for what drives emulation decisions. Together, they also provide insights into key differences between each of the policy arenas, and the effects that the particular effects they have on diffusion. In addition to addressing contrasts between actors' interpretations of these policies, the chapter also underscores how the breadth and depth of networks and informal associations influences the socialization of professional norms. Finally, it concludes the dissertation by examining the ways in which ideology and socialized norms work together to promote policy emulation and the implications of these findings for understanding Brazilian policymaking and diffusion more generally.

CHAPTER 2: TOWARDS A THEORY OF SOCIAL POLICY DIFFUSION

Brazil faces the tremendous challenge of addressing long-standing social disparities, high levels of poverty, and economic inequality. Though many scholars have increasingly turned their attention to determinants of social sector reform across the region (Grindle 2000, 2004; Kaufman & Nelson 2004; Tulchin & Garland 2000), we know very little about the politics of education and health reform at the sub-national level, where states and municipalities have considerable authority to develop and implement social programs (Kaufman & Nelson 2004:464). Brazilian municipalities in particular have been at the forefront of social policy experimentation and innovation, yet the factors that drive the spread of social programs across the country remain unknown. The case of Brazil is especially compelling because although the federal government has set guidelines and directives in a host of social policy arenas, there is considerable variation in local governments' willingness to follow them. Even more importantly, many sub-national governments, state and municipal, have jumped to the forefront in developing new programs when national-level policy reforms stall. Although programs have spread across the country over the last twenty years, most research has not tackled the spread of social policies across Brazil's local governments.

Research on the determinants of public policy has been integral to several subfields of political science, including American politics, policy studies, comparative politics, and Brazilian studies. This chapter draws on these scholarly traditions to uncover both their contributions and limitations to explaining the spread of social policies

across Brazil. The first section briefly addresses the predominant modes of analysis for examining social policy development, including policy studies and historical institutionalism. While these modes offer useful insights on the nature of policymaking and the limits of decentralization, both display conceptual weaknesses for a study of social policy in Brazil; policy studies tend to obscure the similarities across policy domains and institutionalism under emphasizes local jurisdictional autonomy. For these reasons, in the second section I introduce an alternative analytic lens, policy diffusion, to understand the replications of social policies. The last section draws on the existing diffusion literature to introduce the theoretical approach of this study. This dissertation employs an actor-oriented framework to uncover the motivations that lead actors to initiate social policy changes. I do this by drawing on three analytically distinct approaches for explaining actors' political behavior: political self-interest, ideology, and social networks.

POLICY OUTCOMES: SECTORAL & INSTITUTIONAL APPROACHES

Questions about what governments do are at the heart of the political science discipline; they touch on issues such as the role of the state, the problems for collective action, and the politics of competing groups' claims. Given the widespread relevance of policy outcomes to the discipline, it is not surprising that public policy topics permeate numerous sub-fields and that scholarship reflects varied theoretical approaches. Among scholars of American politics, policy studies emerged as its own sub-field in the 1960s and 1970s when scholars challenged to address the pressing social problems of the day.

As such, much of theory on public policy is based on American politics, its institutions, election cycles, and social structure. These include an emphasis on the strong influence of interest groups and elites in the U.S. political system. Scholars of comparative politics have been similarly pressed to explain state-society relations and redistribution; including explanations for such phenomena as economic development, the emergence of the welfare state, and social and economic reforms. In doing so, comparativists have also tackled policy outcomes, albeit often from different analytic perspectives. This section underscores both the analytic contributions and limitations of policy studies and comparative institutionalism for the study of social policy diffusion.

Scholarship on the politics of public policies and theories of the policy process more generally, have tended to emphasize the unique features of each policy issue rather than draw similarities to build general theory. Policy scholars have followed the dictum that not all policies are created equal; policy content matters in the politics of policy making. Whether a policy issue is divisive, symbolic, or a response to a crisis can all matter in how well it is received (Gray 1973; Sabatier 1999; Sabatier & Jenkins-Smith 1993; Stone 1989). For instance, policies that are purely symbolic, non-controversial, and cost little to nothing (e.g. a resolution in support of “children’s day”) can be easy to approve and implement. By contrast, those policies that are contentious (e.g. a plan for stricter gun control) or costly (e.g. an increase in healthcare benefits) can draw out bitter disputes that gridlock the policy process.

Lowi’s (1964) seminal classification of public policies combined an analysis of policy content with their associated costs to explain why some are easier or harder to

pursue. The heart of his analysis lies in the tensions between long-term policy goals and actors' shorter-term political goals, contributes to his influential typology of public policies. Lowi classifies policies into one of three categories: distributive, regulatory, and redistributive.¹ Social sector policies, or “welfare state” programs, fall in the redistributive category and are most politically contentious because their impacts are broad and so clearly distinguish between the “haves and have-nots.” Redistributive policies open the door to interest-group politics and so the logic holds, the extent to which goods are spread-out among the public. Lowi's framework not only helps compare different types of policy, such as regulatory versus distributive, but also assumes that in an electoral democracy with strong interest group politics, certain policies will be difficult to pursue. In this logic, the prospect for social policy reform would reflect the nature of redistribution and interest group politics. Many researchers have either explicitly or implicitly adopted Lowi's framework when examining the politics of social policy in Latin America and Brazil.

Although all welfare policies can be broadly classified as redistributive many scholars have gone further to disaggregate their study of social policies by focusing on particularities of each sector. Castro and Musgrove (1998), for instance, argue that there

¹“Distributive policies are characterized by the ease with which they can be disaggregated and dispensed unit by unit, each unit more or less in isolation from other units and from any general rule. ‘Patronage’ in the fullest meaning of the word can be taken as a synonym for ‘distributive’...“Regulatory policies are also specific and individual in their impact, but they are not capable of the most infinite amounts of disaggregation...the impact of regulatory decisions is clearly one of directly raising costs and/or reducing or expanding the alternatives of private individuals...regulatory decisions are usually disaggregable only down to the sector level”... “Redistributive policies are like regulatory policies in the sense that relations among broad categories of private individuals are involved and, hence, individual decisions must be interrelated...The categories of impact are [however] much broader, approaching social classes” (Lowi, 1964 as reprinted in Theodolou and Cahn, Eds. 1995: 15-16).

is no “social sector” in Latin America and that comparisons across education and health are problematic because of the different constituencies and politics of each sector. Similarly, Corrales (1999) draws on a constituency-demand approach to address the particular challenges of education reform and notes that other social reforms that have broader constituencies are more likely to succeed when compared to the more narrow audience for education. These underlying assumptions are among the reason that a great deal of scholarship on social sector reform in the Americas is sector-specific, examining issues such as social security, health, and education (primary vs. secondary) in relative isolation (Arretche & Marques 2002; Birdsall & Sabot 1996; Corrales 1999; Mesa-Lago 1997).² In recent years the growth of practitioner-based knowledge and policy evaluations has also contributed to the trend for sector specific inquiry in areas such as health policy, education, and social security.³ The result is that much of the contemporary policy scholarship on Brazil emphasizes specificity and difference rather than identify similarities across policy domains.

Trends in sector specific approaches to policy studies however, may imbed too many assumptions that do not translate well for a study of Brazilian public policy. First, much of Lowi’s framework draws on underlying assumptions about the effects of elites and interest groups on policy outcomes, but considerations may be less applicable outside of the American context. Do elites and interest groups behave similarly across all country contexts? Do actors, either individuals or groups, always assert their interests

² A few notable exceptions include Weyland (1996) and Tendler (1997).

³ Numerous practitioners and policy scholars conduct specialized policy evaluations, such as Ricardo Paes de Barros, Amélia Cohn, Sônia Draibe, Emerson Elias Merhy, and Sônia Rocha, just to name a few.

according to their economic position? Even if we assume that in principle redistributive policies will be rarely enacted because they conflict with elite interests, this logic might not hold for the Brazilian case. Historically, during both periods of authoritarianism and limited democracy, politicians have relied on populist appeals and policies to garner support from the poor and working class. Starting in the 1930s, the Vargas administration passed numerous laws to protect workers while at the same time bringing union organizing into line (Fausto 1999: 200-202)⁴. During this period, the federal government also introduced numerous laws and policies with mass appeal; among them was the emergence of a corporatist welfare state that favored urban workers, including social security and free and compulsory primary education. Although broad redistribution was not the “goal” of the emerging welfare state in Brazil, in effect, it did offer wide protections for the working class that remain until today.⁵ Given that the most notable social programs developed by the Brazilian government have favored the working and middle classes over the poor, the implementation of education and health programs might not be as divisive as Lowi would predict. Second, unlike the United States where poor and marginalized groups tend to vote less when compared to their middle and upper income counterparts, Brazil has mandatory voting⁶ for all. Thus in

⁴ The Vargas’ administration’s main objectives, both during the early 1930 and later under the Estado Novo (1937), were to promote industrialization without causing major social upheavals (Fausto 1999: 217). Vargas accomplished this by striking a balance, for instance, by legalizing unions but repressing efforts of the urban working class to organize outside of the aegis of the state (Fausto 1999: 198-202).

⁵ The Brazilian welfare system offers the greatest social protections to the middle and working class. The poor, who tend to work in the informal sector or in rural production, were left out of the social security system for decades.

⁶ All Brazilians over eighteen years are required to register and appear at the polls on Election Day. However, voters need not actually cast a valid ballot; they have the option of nullifying their ballot or

theory, elected officials would be more responsive and electorally accountable to Brazil's sizable poor population.⁷ Populist pro-poor appeals remain an important feature of local politics as some elected officials utilize social programs to garner political support for their electoral campaign. A few other politicians openly embrace patronage politics and vote-buying approaches through pre-election "giveaways" of land, refrigerators, kitchen appliances, and foodstuffs.⁸ These dimensions of local politics together with the historic patterns of social welfare policy making, raise doubts to the applicability of Lowi's assumptions about the politics of redistribution for Brazil.

Unlike the interest based framework for understanding policy outcomes, comparative scholars and Braziliansists have framed their understanding of policy outcomes within the context of institutions,⁹ both formal organizations and informal rules and procedures. "[I]n general, institutionalists are interested in the whole range of state and societal institutions that shape how political actors define their interests and that structure their relations of power to other groups" (Thelen & Steinmo 1992: 2). Generally, institutions are not part of the "cause" of different outcomes, but researchers

leaving their ballots "blank". Registration and voting is optional for those who are illiterate and between sixteen to eighteen years of age (Constitution, II, IV, 14). Citizens incur a small fine for failing to appear at the polls.

⁷ In 2005, 30.6 percent of the population feel had family incomes per capita that feel below the poverty line (Ipeadata).

⁸ Accounts of this type were frequently brought up by political opponents of Governor Joaquim Roriz (DF) during interviews in Brasília.

⁹ As Thelen and Steinmo acknowledge, the study of institutions has been a longstanding enterprise with contributions from such scholars as Karl Polanyi, Thorstein Veblen, Max Weber in fields such as political science, economics, and sociology (1992: 3). The distinction is that "new" institutionalism is a response to the behavioral revolution in the 1950s and 60s in political science, and draws attention to the "enduring socioeconomic and political structures that mold behavior in distinctive ways in different national contexts" (1992: 1). This category does not include the rational choice variant, exemplified by the works of Douglass North and Robert Bates.

look to them to see how they constrain and shape political outcomes. In doing so, this approach seeks a mid-range analysis that can bridge macro- and micro-level variables.¹⁰ As institutions are normally stable over time, this approach is useful in clarifying the differences across countries (e.g. democracy, emergence of welfare states, etc.). Historical institutionalist approaches are particularly well-represented in Brazilian scholarship as scholars draw on such diverse factors as Brazil's social structure, historical legacies, the country's political development and various policy outcomes (see for example, Abrucio 2002; Affonso & Silva 1996; Arretche 2000; Draibe 1985, 1994; Fernandes 2004). This approach has led scholars to identify the ways that critical junctures, such as Getúlio Vargas' *Estado Novo* (1930s) or the transition to democracy (1970s and 80s), have led the way to explain numerous features of Brazilian politics, including decentralization, the limits for social security reform, and the emergence of participatory governance practices.

The transition to democracy in Brazil created new institutional challenges for shared governance in the federal system. Many scholars have undertaken research that explores the successes and failures of decentralization; Marta Arretche's (2000) work is exemplary of this scholarly agenda. She examines the extent to which decentralization of social programs has taken place following the 1988 constitution and focuses on the extent to which state and local capacity, such as administrative and fiscal capacity, institutional rules, and inter-governmental relations, have shaped decentralization. Her work draws on

¹⁰ Marx, Weber, and Moore are exemplars of the macro-structural approach. For more recent examples, see (Collier & Collier 2002; Skocpol 1979).

cases from various sectors, including urban development, primary education, health, and social assistance with measures of decentralization based on compliance with federal mandates for municipal adoption. In education, she examines the extent to which state and local governments were able to follow with the requirement they “supply” primary education and adopt a school lunch program; in the health sector, she examines whether municipalities qualified for the Sistema Único de Saúde (Unified Health System) and medical services. Ultimately, she finds that local policymakers¹¹ assess the costs and benefits of taking on new responsibilities and only do so when they have the administrative and financial capacity.

Institutionalist approaches to decentralization in Brazil, such as Arretche (2000), have certainly provided valuable insights on the politics of reform and policy administration. Nevertheless, there are important differences of viewpoint between those works and the present thesis’ research focus. First, decentralization topics have tended to focus on inter-governmental relations, state-level politics, and the extent to which sub-national governments comply with federal mandates. While the federal government pushed for certain institutional reforms and programs, it is also the case that several “bottom-up” initiatives from municipalities competed for attention in the local policy arena, and these initiatives were often dismissed as illustrative of decentralization. Second, the focus on following “mandates” misses an important feature of decentralization being that local governments also have the flexibility to experiment,

¹¹ Arretche examines six states in her work, Rio Grande do Sul, Paraná, São Paulo, Bahia, Pernambuco and Ceará.

tailor, and occasionally deviate from federal policy. For instance, in the 1990s several local governments pursued alternative healthcare models that diverge from the policy approach of the federal government: Niterói (in Rio de Janeiro state) and Londrina in (Paraná state) both undertook a *Programa Médico de Família* (Family Doctor Program) imported from Cuba and São Paulo adopted a semi-privatized model called *Plano de Atendimento à Saúde* (PAS).¹² Similarly, *Bolsa Escola* and *Renda Mínima* programs were initiated at the local level and began spreading without much attention or support from the federal government. These innovations and their spread are important features of Brazil's new policy making environment. In sum, a focus on intergovernmental relationships tends to emphasize the role of the federal government and vertical pressures for reform, while potentially under estimating the importance of horizontal processes such as learning from peer networks at the municipal level.

The relationship between federal support for social policy enactment and municipal decision making opens up questions that have both empirical and theoretical relevance. On the one hand, the country's strong tradition of intergovernmental cooperation (Samuels 2000) suggests that the spread of these programs may simply reflect top-down directives from the federal government. On the other hand, Brazilian fiscal and political federalism allows for municipal policy making independence; thus diffusion decisions may reflect "horizontal" peer emulation, rather than "vertical"

¹² From 1995-2000, São Paulo designed and implemented the PAS, a semi-privatized system of healthcare for its municipal residents. This system was a radical departure from the municipal decentralization plans promoted by the federal Ministry of Health. As a result, the city eschewed federal funds and approval. Although numerous health policy experts asserted that São Paulo was failing to "decentralize" at that time, Paulo Elias argues that the PAS was indeed illustrative of decentralization and municipal control over health services (Interview 2003).

pressures. Researchers often privilege either “vertical” or “horizontal” explanations when accounting for diffusion (for discussion on vertical versus horizontal diffusion, see Elkins & Simmons 2005: 35; Levi-Faur 2005: 25-27; Weyland 2005: 268-271). In the case of Brazilian social policy making, the relationship between federal inducements for policy adoption and local policy making is far from clear, particularly for the largest cities which can raise revenue and resist federal pressures. This study does not assume that the replication of social policies across Brazilian municipalities is a simple function of bottom-up pressures, horizontal or vertical processes. Rather, this work tests various causal mechanisms that consider the possibility that emulation can be a function of all three.

Both policy studies and institutionalist approaches provide a foundation for examining the politics of policy making. Policy studies highlight the ways that a policy’s distinct characteristics affect its likelihood of being enacted, while institutionalist approaches provide important insights on intergovernmental competition and the costs of reform for local governments. Yet, both these approaches have analytic shortcomings that are addressed in this study. First, this project aims to reach beyond particularistic analysis of specific policy domains to uncover underlying similarities despite differences. Second, by examining the replication of similar policies across Brazilian municipalities, this study highlights the autonomous role of local governments and the potential for uncoordinated horizontal learning in policy making. Policy diffusion accounts for both these dimensions, as the following section explains.

A TURN TOWARD POLICY DIFFUSION

Diffusion research dates back to the late 1960s and 1970s, when scholars such as Walker (1969) and Collier and Messick (1975) noted that the study of policy trends and their adoption needed to address the methodological problem of interdependence. Specifically, researchers faced Galton's problem, "that the findings based on the analysis of causal relation within nations (or other units of analysis) may be distorted by the effect of diffusion" (Collier and Messick 1975: 1300). These early scholars posited that research on the spread of policies could not simply examine "prerequisite" explanations for policy decisions, e.g. levels of economic modernization or human capital, as tended to be the case with more policy studies research. Rather, diffusion required an analysis of external variables that could affect internal processes, such as spatial proximity to innovative jurisdictions. In other words, diffusion research needed to account for policy adoption across multiple jurisdictions while also controlling for their interconnectedness.¹³ By acknowledging that jurisdictions are not isolated in their decision-making processes, these early scholars highlighted the need to incorporate analyses of both internal and external pressures for diffusion.

Although early research by Walker (1969), Grey (1973), and Collier and Messick (1975) created significant interest among scholars for diffusion research, this area of inquiry lay largely dormant until the 1990s. Part of the renewed interest in diffusion research relates to worldwide political events, including the waves of democratization,

¹³ For greater elaboration on this issue, see Collier and Messick (1975) and Box-Steffensmeier and Jones (2004).

economic liberalization, and pension privatization (Brinks & Coppedge 2006; Madrid 2003; Simmons & Elkins 2004; Weyland 2004). Cross-national replication of state agencies, such as science ministries and women's bureaucracies, has been notable because their implementation has occurred across a diverse set of countries (Finnemore 1993; 1996; True and Mintrom 2001). European integration has led to increasing interest in policy transfer and learning across the continent (Bennett 1991; Rose 1993; 2004). Recent trends toward devolution in the United States has also led scholars of state politics to examine such diverse issues as the diffusion of charter schools, welfare reform, and health maintenance organization regulation (Balla 2001; Karch 2007; Mintrom 1997; Mintrom & Vergari 1998; Mooney 2001).

An important contributor to the resurgence of scholarship on diffusion includes methodological innovations that allow for better analysis of the internal and external pressures for policy diffusion in a large number of cases. Berry and Berry were among the first diffusion scholars to apply event history analysis,¹⁴ a discrete time logistic regression, which tests both internally and externally driven explanations (1990; 1992). Many recent studies of policy diffusion have drawn on this statistical technique to test various explanations for diffusion related to internal prerequisites and external influences (Brinks & Coppedge 2006; Mooney 2001; True & Mintrom 2001). Event history models can also account for different theoretical explanations for policy diffusion, including the relative contributions of structural factors (e.g. intergovernmental relations) as well as

¹⁴ Event history analysis is also referred to as "survival analysis" because it allows for assessment of "risk" or "failure" that an event will take place over a given period of time.

actor-orientated explanations (learning and membership in networks). Scholars have examined such diverse factors as social norms, learning, competition, partisan ideology, and geography. Most importantly, when diffusion research also relies on qualitative methods, it allows for a more nuanced analysis of micro-processes that lead to emulation decisions.

Even though scholarship on policy diffusion is well established among scholars of transnational politics and U.S. state politics, diffusion research has not been readily applied to federal developing countries and is relatively new in the study of Brazilian politics.¹⁵ Institutional similarities between Brazil and the United States make it possible to draw lessons from the extensive literature on diffusion in the fifty states,¹⁶ where scholars have identified a potpourri of factors that drive policy diffusion (see Rogers 2003 for a full review).

The existing literature offers a valuable starting point for examining potential factors that explain diffusion in Brazil. Yet at the same time, there is a need to address two shortcomings of standard diffusion approaches, one conceptual and the other methodological. First, diffusion research has not tackled the question of what motivates actors' adoption decision. As Rogers notes, the "why" question about adoption is seldom addressed by researchers, in part because of the difficulties in gathering information; thus, researchers tend to assume motivations are economically driven and over rely on

¹⁵ To date, there are no studies of diffusion within Brazil or a developing country.

¹⁶ Both Brazil and the United States share a similar federal structure. Both countries also share presidentialism and the executive control over the bureaucracy. The most substantial distinction between the two countries is that Brazil, unlike the United States, explicitly recognizes the role of municipalities for governance and social policy provision in its constitution (1988).

models that are rationalistic. In practice, this often means researchers assume adoption of innovation is rational¹⁷ whereas those actors who reject innovations are misguided. Not only does this type of classification lead to a pro-innovations bias, but it also fails to account for people's perceptions and their decision-making processes, which can be idiosyncratic (Rogers 2003: 115-116).

While the efficiency bias is certainly pervasive throughout the diffusion literature, the question of actors' perceptions and motivations is still largely unanswered. Researchers often incorporate their discipline's approaches or their field's dominant paradigms and draw on their implicit assumptions about behavior. Political scientists who study diffusion often ground their explanations in notions of rationality,¹⁸ electoral competition, and economic competition (for example see Berry & Berry 1992; Walker 1969). In contrast, sociologists tend to examine learning in terms of the strength of relational ties and organizational networks (for example see Berry & Berry 1992; DiMaggio & Powell 1983; Granovetter 1973; Walker 1969). Underlying assumptions about political behavior and the mechanisms that facilitate diffusion can be obscured by scholars' embedded assumptions.

Second, the most recent diffusion research has tended to draw on large-N statistical analyses to test for the determinants of policy replication. The introduction of statistical techniques such as event history analysis does have the advantage of capturing

¹⁷ Rogers uses *rational* in relation of efficiency; e.g. "the most effective means to reach a given end" (2003:116).

¹⁸ Walker uses rationality in terms of competition but also as *bounded* rationality where decision-makers use cues and short-cuts to make decisions. Rather than seek all the information possible, individuals who operate on limited time seek to satisfice. Ultimately, Walker argues that researchers should aim to predict this behavior (1969:889).

both internal prerequisites and external pressures for policy diffusion (Berry & Berry 1992, 1999; Box-Steffensmeier & Jones 2004). Yet, even when statistical analyses offer insights into diffusion, Meseguer and Gilardi note, the reliance on this statistical method can contribute to an under-accounting of ‘causal complexity’ and difficulties interpreting the relationship between indicators and concepts (2005). One solution is to elaborate on event history models by addressing the causal mechanisms for diffusion through qualitative interpretation and process tracing. Resolution of these methodological dilemmas is crucial because the problems associated with causal complexity have important implications for theory building and generalization. For this reason, diffusion research should draw on multiple methods, including qualitative analysis of the policy process.¹⁹ Doing so will not only uncover potential problems of causal heterogeneity but also lead to better causal explanation (for a useful discussion on the limits of statistical analysis, see Brady 2004).

TOWARDS A THEORY OF SOCIAL POLICY DIFFUSION

This dissertation seeks to uncover the motivating factors that lead actors to adopt programs designed for other cities. To do this, it assesses the contributions that three broad approaches, which highlight different motivations for political behavior, can make to explaining emulation decisions. Do individuals make decisions based on rational self-interest calculations? Or, do they make choices based on their ideological values and beliefs, even when faced with the prospect of political costs? Alternatively, do

¹⁹ For a particularly notable example of research that incorporates process tracing and includes discussion of the policy process, see Kingdon (1995).

policymakers act because they are socialized into a community that defines and transmits shared norms? These three questions relate to fundamental issues of whether policymakers act in a purely self-regarding way; in a principled way, regardless of self or others; or in an other-regarding, community-oriented way. By framing the motivations that drive political action into three distinct categories – individual political self-interest, abstract ideology, and legitimation before social networks – I intend to clarify how individual behavior drives diffusion.²⁰

Conventional rational choice approaches suggest that in an electorally competitive environment, policymakers are driven by self-interest or *political incentives* as they seek to maintain and increase their political power. In this view, purely self-regarding²¹ instrumental rationality plays a fundamental role in regulating behavior as individuals seek to realize their goals (Downs 1957; Riker & Ordeshook 1973: 11).²² Applications of these principles have led to models where politicians make choices to maximize political support, typically because they desire to win re-election, win a more competitive office in the next election, or simply retain their partisan appointments.

²⁰ As Elkins and Simmons note, research on diffusion has taken on numerous definitions each of which has distinct underlying assumptions about decision-makers' behavior. This study employs their definition of diffusion, which considers governments as independent in terms of decision making but allows for uncoordinated interdependence. This definition allows for the testing of numerous causal mechanisms that drive diffusion (2005:25).

²¹ Anthony Downs' (1957) seminal work, which applies economic theory to explain political competition and government action, established many of the rationality assumptions which are later adopted by his successors. His model follows the axiom that "every individual, though rational, is also selfish... [t]hus whenever we speak of rational behavior, we always mean rational behavior directed primarily toward selfish end (1957:27).

²² Riker and Ordeshook make clear that their notions about rationality play a fundamental role in social science, and provide the regularity for generalization (1973:11).

Scholars draw clear linkages between the effects of rational calculus and public policymaking. The expectation is that politicians behave strategically and choose policies after having assessed the political costs and benefits of various alternatives; particular policies are simply means for attaining political power (Carmines & Stimson 1993; Downs 1957). In the context of diffusion, Walker (1969) argues that when stiff party competition exists, there is an increased propensity for parties to initiate change and propose new programs in order to distinguish themselves. Lowi also argues that new programs are more likely to be instituted in the beginning of a new administration (1963). Thus, electoral competition and frequent executive turnover contribute to the adoption of new policy, including emulation of external policy models. Berry and Berry have extended this understanding of electoral cycles and competition in their diffusion studies, embedding assumptions about politicians' rational calculus in the context of elections and politicians' desire to win reelection despite enacting politically unpopular tax policy (1992). They suggest for instance, that politicians time the enactment of policies based on the electoral cycle; politically unpopular policies might be enacted early in order to give the electorate time to forget the policy come election time (1992: 719). Similarly, politicians might enact popular policies just prior to an election in order to pander to the voters. All in all, these scholars assume that politicians make strategic decisions regarding policy enactment and replications, with the ultimate goal being winning elections.

Another, altogether different explanation for diffusion is that policymakers are driven by their *ideology* and emulate policies irrespective of political incentives.

Douglass North argues that it is important to consider the role of ideology in accounting for the allocation of resources because not all individual behavior can be explained through neoclassical behavioral assumptions alone (1981:46-47; 1990: Ch. 5).²³ In other words, actors may make seemingly nonsensical and other-regarding choices that deviate from rational choice explanations but that are driven by principled commitments. In the context of electoral politics this could include a politician's supporting a public policy even when confronted with the significant political costs of doing so.

Ideology, while one of the most centrally important explanations used in the social sciences, remains one of the most contested and vilified for its conceptual murkiness²⁴. The term has been used inconsistently among social science scholars, broadly falling into two categories: ideology of knowledge (e.g. ideological doctrine) and ideology of politics (e.g. ideological mentality) (Sartori 1969: 398). While operating within this second category, North adds to the confusion by locating "ideology" as any seemingly "irrational" behavior that conflicts with neoclassical economic behavioral expectations. But this conceptualization is also unclear; ideology is not the same thing as irrationality nor is irrationality a "motivation" for action. As this study seeks to contrast distinct research traditions with differing views of what drives individuals' motivations in policymaking, I locate ideology in terms of decisions driven by abstract maxims regardless of self or others.

²³ North's assertion is particularly remarkable as he is widely known for his application of neo-classical economic principles for a theory of state and institution building; he shares a Nobel Prize with Robert W. Fogel for their work in the field, *New Economic History*.

²⁴ See especially, Sartori (1969).

In this work, ideology is understood as “a pattern of thoughts and beliefs explaining each person’s attitude toward life and their existence in society, and advocating a conduct and action pattern that is responsive to such thoughts and beliefs” (Lowenstein 1953:52 as cited in Gerring 1997:958).²⁵ The key for a study of policymaking is that ideology can compel individuals into action by providing both exigency and grounds for political activity. As Mullins argues, one of the key components of ideology is its action-orientation in policymaking; political ideology provides actors with a “relatively structured and consistent conception of the causal forces operating in the social world, it also incorporates evaluation of what is conceived” (1972:508). Thus, not only does ideology structure people’s worldviews, but it also shapes one’s interpretation of the consequence of action and non-action.

Social policies are often value-laden in politics; they require that politicians prioritize certain groups or make difficult decisions about the distribution of their costs. To uncover the potential effect of ideology for policy emulation, it is necessary to understand to what extent political actors are driven by their ideological commitments. Ideology likely works in two complementary ways: First, actors must display their own values and then assess the extent to which policies like Bolsa Escola and PSF fit their worldviews. There are observable implications for the role that ideology can play in emulation decisions. Since these policies target the needy, enhance equity, and alleviate

²⁵ This definition of ideology is a substantively different from Down’s view, which argues the development of ideologies are a means to political power by social classes or groups, rather than a representation of actual goals (1957: 96). Down’s argues that in the American context, ideologies represent cues or short-cuts for voters who face uncertainty and information costs. Ultimately, ideologies are functional in that they are used by parties to obtain votes.

poverty, we might expect that those politicians with strong left-of-center beliefs would be more likely to emulate these programs. Political actors' own narratives about their ideological beliefs and the meaning²⁶ they ascribe to these social policies can confirm the extent to which a left-of-center self-identification drove policy emulation.

Sociological approaches, alternatively, suggest that change occurs as a function of social context and relations to others. The premise is that human behavior is embedded in a matrix of organizational and informal relationships that provide fundamental filters through which preferences are formed (Kaufman 1999:367-368). Networks in particular can play a crucial role in linking individuals with others, structuring meaning, and defining individual perceptions and preferences (Friedkin 1993; Kilduff & Tsai 2003; Passy 2003). Professional associational networks in particular, can define the scope of legitimate action and structure values for "modern" administrative practices. Thus, networks offer cognitive short-cuts and social cues, guiding policymaking (Walker 1969).

Both formal and informal social networks can play influential roles in policymaking. Formal organizations, such as professional associations, link individuals with structurally equivalent roles who reside in different organizations but nevertheless pressure each other to behave in similar ways (Friedkin 1988:69-70 as cited in Kilduff & Tsai 2003:58). Informal networks can also exist among individuals or across geographical space as "neighborhood effects," where social learning and information exchange travel spatially (Collier & Messick 1975; Granovetter 1973, 1983; Mooney &

²⁶ Michael Taylor (2006) offers an interesting analysis that contrasts incentives-based rational choice explanations for human behavior with a more holistic approach to understanding people's decisions, that emphasizes meaning, feelings of connectivity, and narratives; see especially chapters 2 and 3.

Lee 1995; Walker 1969).²⁷ For example, newspapers can have regional circulation or neighboring city administrators can periodically meet to discuss common problems. The more actors are connected through informal and professional associations, the more likely they share similar values, norms, and discourse. Thus, we could expect that professional norms conveyed by social networks would spur policy diffusion.

A social network approach offers important contrasts to both political incentives and ideological frameworks. Social networks and the ways they structure preferences need not contribute to “rational” decision-making (DiMaggio & Powell 1983). Policymakers may simply desire to “keep up with the Joneses”, even when doing what the Joneses do may not be functionally beneficial for them (Weyland 2004). For instance, Finnemore argues that the worldwide diffusion of science bureaucracies occurred even though many countries lacked a domestic demand for such institutions and had few resources to invest for scientific advances (1993). In a similar vein, there was limited evidence to indicate that Bolsa Escola and PSF were appropriate policies for all Brazilian municipalities. Additionally, social networks need not be comprised of individuals who share the same ideological beliefs. This is particularly true for membership in professional associations, where individuals share professional norms but may diverge when it comes to their personal ideology.

As this study brings motivations to the forefront to explain diffusion processes, this framework sets aside questions related to federal financing. In a federal system like

²⁷ Although Keck and Sikkink do not specifically address diffusion, their work on transnational advocacy networks offers valuable insights on how cross-border networks that link actors with shared norms, are key to explaining policy advocacy on issues such as human rights, women’s rights and the environment (1998).

Brazil, it is likely that municipal governments and local actors would find it useful to tap into federal fiscal resources to increase their budgets²⁸. Yet financing alone does not constitute a motivation for policy emulation, particularly when the matching grants are limited²⁹. For these reasons, the potential impact of fiscal transfers is treated as a control factor.

Each of the three approaches to understanding the motivations that drive political behavior, in this case, the decisions to emulate programs such as Bolsa Escola and PSF, can be tested empirically. If a political incentives approach explains diffusion, we would expect decision-makers to use these policies to gain political power by including them in their campaigns for office. In contrast, if ideology drives decision making, then politicians would frame adoption of these programs in terms of their ideological commitments and beliefs. They would stand by their choices even if political self-interest pointed in a different direction. Alternatively, actors who are drawn to these programs because of learning through professional networks would express their decisions in terms of the professional norms and trends in their field. In doing so, they would relate their decision-making to others, participate in the same networks, and seek to demonstrate how their policies reflect new conventions.

²⁸ Research from the U.S. context suggests that fiscal transfers or matching funds can be influential in spurring local governments to participate in new social programs (Derthick 1970; Mossberger 1999; Rose 1973; Welch & Thompson 1980).

²⁹ The ministries of education and health have played an inconsistent role in supporting the spread of municipal Bolsa Escola and Programa Saúde da Família. None of the municipalities in this study benefited from federal financing to spur the adoption of municipal Bolsa Escola programs. Funding for PSF adoption has changed over the time period in this study; at first very few municipalities qualified for any incentive grants.

Local level politics and regional interests have and continue to be an important focus for Brazilian politicians. Historically, differences in geography, settlement, immigration, industry, and levels of economic development, have resulted in markedly different regional interests. Since the founding of the First Republic (1889-1930), the country's politics has reflected tensions between divergent local interests and the national government, as elites from states such as Rio Grande do Sul, São Paulo, Rio de Janeiro, and Minas Gerais all vied for political and economic influence. Today, states and municipalities continue to exert political influence through federalism and as a result state and municipal politics continues to remain relevant, both locally and nationally. More importantly, politicians in Brazil do not view local representation as a lesser post or stepping stone for more influential office with the federal government. Rather, politicians readily move from municipal, state, and national office and back, as opportunities arise. Mayors of state capitals are particularly influential, thus it is not uncommon to see a former senator or governor compete in mayoral elections (Samuels 2003). For instance, prior to winning the mayoral election in São Paulo in 2004, José Serra served as a Congressional deputy, senator, planning minister, health minister, and ran a competitive bid for the Presidency; today he is a leading national figure in politics. Unlike many Latin American countries where the capital city tends to dominate the national political arena (Myers & Dietz 2002)³⁰, municipal-level politics in Brazil offers

³⁰ There are multiple reasons for the dominance of capital cities in the political landscapes of Latin American countries. Among them are simple demographics. In many Latin American countries, nearly 50 percent of the population resides in the capital city. Brazil on the other hand, has many large cities throughout the country; at least 31 cities have populations over a half-million in the census year 2000.

multiple venues for high-stakes electioneering where local contests matter for politicians' careers.

Municipal races for executive office tend to be competitive and both candidates and incumbents campaign vigorously to win voters' attention. Debates, electoral advertisements, and direct appeals to voters by candidates via neighborhood visits are commonplace features of the campaign season. When incumbents are ineligible for reelections, they nevertheless campaign with vigor beside their hand-picked successor. After all, the election of an anointed successor serves as an affirmation for the incumbent that she has done a well and provides her with further political capital. While many contests are driven by personalism and candidates' charisma, candidates do make reference to their policy positions. Because of the socio-demographic realities of the country, where 46 percent of the population was classified as poor in 2000,³¹ candidates cannot afford to ignore the lower classes in majoritarian elections with mandatory voting. For this reason, politicians from all political parties and ideological persuasion court the lower classes. While some politicians engage in unscrupulous clientelistic methods, such as vote-buying or patronage politics,³² most others seek to win votes by promising social policies that would benefit the poor.

Politicians of all parties and ideological stripes make direct appeals to the lower classes. Given that Bolsa Escola and PSF are targeted programs that benefit indigent and

³¹ See Martins 2005.

³² The global anti-corruption watchdog organization Transparency International reports that in the March 2001 elections, 7 percent of survey respondents in Brazil reported they were offered money for votes. Interestingly, their studies indicate that vote-buying is not isolated to the poor. See: http://www.transparency.org/global_priorities/corruption_politics/vote_buying

poor groups, it is conceivable that all politicians would find the social policy particularly useful. As chapters 3 and 4 explore in greater detail, politicians who were rightists, centrists, and leftists all endorsed Bolsa Escola and PSF at some point in time. For instance in the 1998 campaign in Brasília, Joaquim Roriz made a campaign promise to keep Cristovam Buarque's well-known program Bolsa Escola if elected (Interview Buarque 2004). Similarly, in the 2004 campaign season in Salvador, both rightist and leftist candidates sought to win voters by mentioning PSF and appealing to program beneficiaries. Since Bolsa Escola and PSF are well-known award winning programs that can further the electoral goals of calculating politicians, it is reasonable to suspect that the degree of electoral competition can influence the likelihood these programs will be adopted. In highly contested electoral environments, incumbents will feel the need to demonstrate to voters that they are doing something to secure their reelection or further their subsequent electoral ambitions. Whereas in cities with low levels of electoral competition, incumbents can rest on their laurels and are more likely to retain their electoral advantage, regardless of their accomplishments.

While the political incentives hypothesis is intuitively appealing, there is reason to believe that ideology might matter when it comes to social policymaking in Brazil. Actors with firm ideological commitments and beliefs could respond very strongly to programs such as Bolsa Escola and Programa Saúde da Família. In general, leftists have favored pro-poor policies that seek to overcome the historic marginalization of large segments of the population and guarantee full citizenship. At the same time however, leftists have been wary of many features of neoliberal policy reforms, which tend to

emphasize features such as limited state intervention and targeting, rather than broad and universal programs with full social protection. Actors to the right-of-center tend to favor neoliberal reforms, the retraction of the state, and pro-business policies. In many respects, Bolsa Escola and PSF represent both a pro-poor and pro-citizenship approach to social policy while at the same time encompassing features of targeted neoliberal social policy. The degree to which actors are driven by their ideological commitments and how they interpret these programs could very much influence emulation decisions.

Lastly, the social network approach also holds plausibility for understanding the Brazilian political scenario. Since the *abertura*³³ (political opening) various social movements, – e.g. women’s, student, public health, and labor – have all pushed for democratization and a constitution that would enshrine social rights in addition to basic political rights (Alves 1985; Alvarez 1990; Diamond 1999). As Alvarez et al. note, the movements from the 1970s and 1980s have undergone a significant transformation, responding not only to the new political scenario under democracy but also the realities of globalization and the shrinking state under neoliberalism; the result has been a growing predominance of non-governmental organizations (NGOs) and the ‘NGOization’ of movements (Alvarez et al. 1998). Today Brazil has an abundance of associations and NGOs that engage in policy debates and “watch-dog” activities.³⁴ They include now well established professional organizations that promote advances in education, health, and

³³ The *abertura* period consisted of a slow, gradual, and insecure political liberatization begun by the Geisel administration in 1974. The slow transition from military rule to democracy took over fifteen years to complete.

³⁴ The Ministry of Justice reports there are 455 organizations classified as public interest organizations in Brazil (Ministry of Justice Website, Downloaded February 18, 2007).

anti-poverty efforts. Given the robust civil society activity throughout Brazil, we might expect that formal and informal organizations could be instrumental to the promotion of programs such as Bolsa Escola and Programa Saúde da Família.

The following chapters will empirically test the three competing motivational approaches for understanding emulation decisions. Chapter 3 does so by taking a bird's-eye view of policy diffusion for Brazil's largest cities and statistically tests the three motivational approaches in this study. Chapter 4 contextualizes Bolsa Escola and Renda Mínima policies in terms of stalled education reforms in Brazil and provides an in-depth analysis of how these programs were debated and interpreted by local policymakers. Process tracing of policymaking in four cities over the course of three different administrations allows for the uncovering of the mechanisms that led to emulation decisions. Chapter 5 follows by framing Programa Saúde da Família within the context of health policy reform and decentralization in the 1990s. It uncovers how various local actors involved with health policy interpreted the family health program and the factors that drove their replication decisions.

CHAPTER 3: SOCIAL POLICY DIFFUSION IN BRAZIL'S LARGEST MUNICIPALITIES

In the 1990s both Bolsa Escola and PSF captured the attention of policymakers and spread throughout the country, despite differences in scope, purpose, and unique challenges related to their policy venue. One of the surprising features of Bolsa Escola diffusion is that cities were so quick to emulate the program. Both Brasília and Campinas implemented the policy in 1995 and within two years approximately 88 cities had already adopted the program (Araújo & de Souza 1998). Other cities enacted the program after the federal government introduced a short-lived matching grant to promote the policy's expansion.¹ By 2001, over 200 municipalities and seven states had adopted Bolsa Escola (Villatoro 2004). On the one hand, the adoption of Bolsa Escola by municipal governments is notable because most cities financed the program directly out of their budgets, reflecting a policy commitment to prioritize the program. On the other hand, given that the program had received so many accolades, both nationally and internationally, it is curious why so few governments among Brazil's 5,500 municipalities had in fact adopted it.

The diffusion pattern for Programa Saúde da Família differed considerably from that of conditional-cash transfer programs. At first, PSF operated on a small scale, with only a few small municipalities adopting the program. Most of the early adopters were poor, rural, and concentrated in the northeast of the country. By the late 1990s PSF

¹ However, only cities with below their states' average income per capita were eligible (L. Lavinás & M. L. d. O. Barbosa 2000).

gained broader credibility and visibility, both within and outside of the Health Ministry, spreading from 55 municipalities in the first year to 4,944 by 2003. (See Appendix C for state-based information on the scope of PSF coverage, by state and population as well as aggregate data on PSF adoption across the country's municipalities).

This chapter first provides an overview of municipal Bolsa Escola and Programa Saúde da Família diffusion. After tracing the diffusion patterns, this chapter also explains some broad tendencies among those cities that chose to adopt each of the two programs. The heart of the chapter integrates that framework and tests the theoretical motivations for policy emulation – political incentives, ideology, and social networks – for Brazil's largest municipalities, using an event history analysis. After elaborating on the hypotheses and their measures, the third section presents the model results and interpretation of the findings.

TRACING THE DIFFUSION OF BOLSA ESCOLA AND PSF

Surprisingly, even though Bolsa Escola and PSF are well-known programs that have garnered national and international attention, there is very little systematic data on when and where these programs first spread. The lack of data is due in part to the organic nature of their diffusion; early-on these programs traveled without coordinated stimulus or tracking by the national government's ministries. Since municipal Bolsa Escola programs were enacted independently from the Ministry of Education, there was never any systematic data collection effort to track their spread. Although the federal research agency IPEA conducted a series of evaluations of these policies, these rarely

examined diffusion and conducted only selected case studies (Lavinias & Barbosa 2000; Lobato & Urani 1998). In the case of PSF, during its earliest phase (1994-1997), the program was a small project tracked by a few federal civil servants and the Ministry only collected aggregated data by state.² It would take four years for the Ministry of Health to systematically collect information on municipal adoption of PSF.

Given the limited information on diffusion that is available on Bolsa Escola and Renda Mínima, this study draws on original data collection. To map the pattern of diffusion, I conducted a phone survey of all the 224 cities with populations over 100,000 in the census year 2000. Researchers telephoned municipal civil servants in departments of education and public assistance to inquire whether their cities had a *municipal* education stipend program.³ If interviewees answered in the affirmative, they were asked what year the program was enacted, how it was administered (i.e. which agency was responsible for the program), and to describe the program more generally (see Appendix D for interview questionnaire). Ascertaining a policy's start date is one of the most difficult methodological challenges for diffusion research, because researchers must often ask respondents to reflect back in time to identify the date of adoption; recall data is a characteristic weakness of diffusion research (Rogers 2003: 126). To minimize this problem, interviewers prompted respondents to consider if there was any legislation or

² State-based record keeping on municipal adoption of PSF from 1994-1997 is uneven; despite concerted efforts to retrieve information on the earliest adopters it has been impossible to obtain this information. In cooperation with this study, staff members from CONASEMS initiated a state-based inquiry to retrieve this historic data. Unfortunately, many states had not maintained records from that time period or had never systematically tracked the municipal adoption of PSF.

³ Research Assistants, Francisco Marques, Ana Paula Karruz and Evelyn Chaves carried out phone interviews between November 2003 and October 2004. In some instances, these researchers made repeated calls to reach those civil servants responsible for educational social programs.

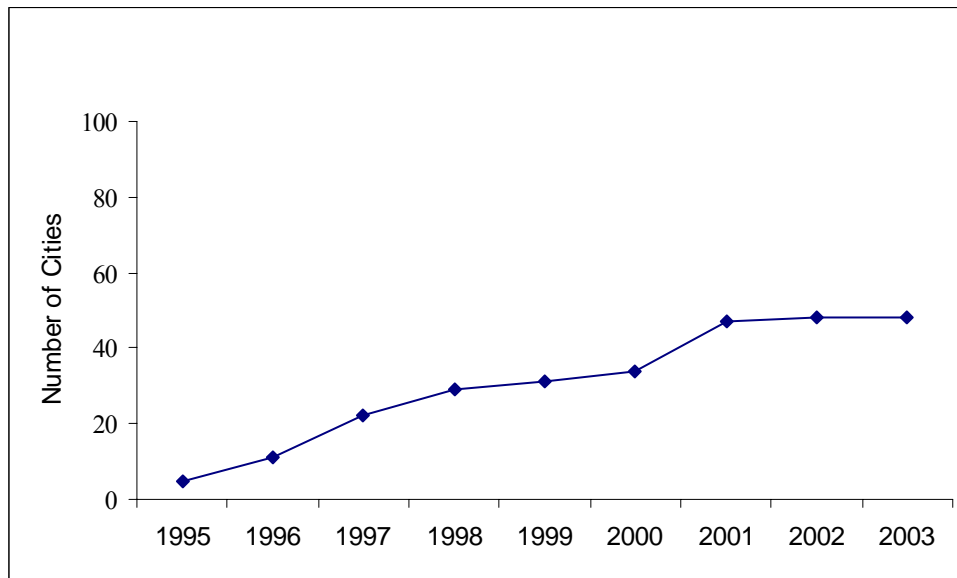
administrative decree that would provide a clear timeline for the program's start. Even though many cities had programs with different names, if respondents reported their cities administered programs that shared a similar design and programmatic goals (e.g. cash transfers with educational conditionality) then those cities were classified as having Bolsa Escola. Respondents' answers were also cross-checked with other published records and municipal documents, when available.

The response rate for the phone survey was high, with a total of 93.3 percent of cities participating in the phone interviews. Most respondents were willing to discuss their municipality's programs and services. However, of the total 244 cities in the sample, 15 had officials who either refused to answer questions or were otherwise non-cooperative. While it is difficult to explain non-responses, it is also the case that despite nearly twenty years of democracy in Brazil, many local governments are still wary of providing public information.⁴ Those non-participating cities were dropped as "missing cases."⁵ In total, 48 cities (22.9 percent) reported having a program similar to Bolsa Escola by 2003; Figure 3.1 shows the overall diffusion pattern of Bolsa Escola programs for the sample in this study.

⁴ Non-cooperation included instances where respondents explained they needed a supervisor's permission to provide information. Some administrators asserted they needed formal requests for information. When interviewers sent formal letters of inquiry with follow-up phone calls, staff still declined to provide information.

⁵ Cities dropped as missing cases in Model 1 included: Fortaleza (CE), Abaetetuba (PA), Olinda (PE), Vitória de Santo Antão (PE), Parnaíba (PI), Magé (RJ), Nilópolis (RJ), Rio de Janeiro (RJ), Viamão (RS), Diadema (SP), Embu (SP), Franca (SP), Itaquaquecetuba (SP), Itu (SP), São Caetano (SP).

Figure 3.1: Cumulative Adoption of Bolsa Escola in the Sample

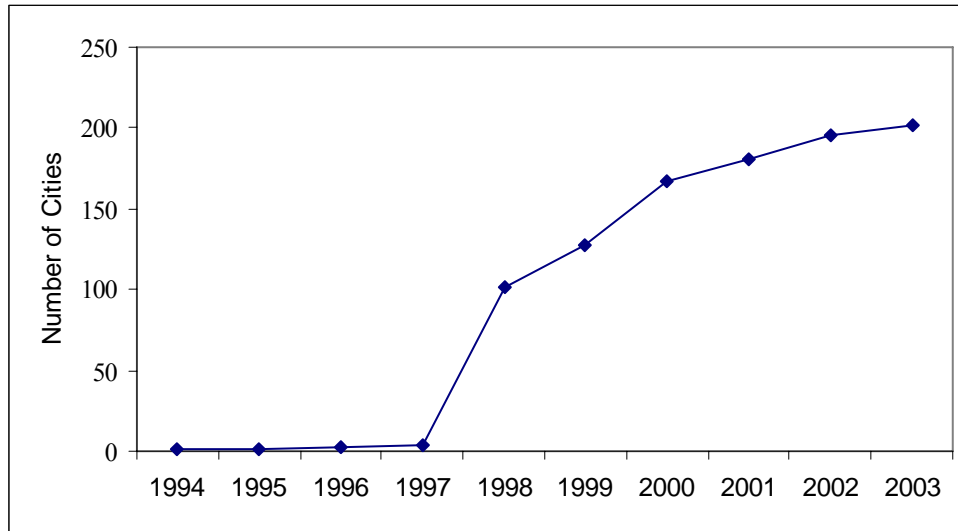


A significant portion of the PSF data used in this study draws on information made available by the Ministry of Health, Department of Basic Health Services (*Departamento de Atenção Básica*). Where possible, data on the early years of the program for the 224 municipalities in this study were cross-checked with secondary sources or deduced based on other state-wide information.⁶ Otherwise, the decision-rule was to code all cities with missing data between 1994 and 1997 as non-adopters. This rule produces data that corresponds with general information about the program's beginnings. Since the program first spread to small rural municipalities in the northeast (Sousa 2002; Viana and dal Poz 1998), it is reasonable that very few of the cities in the

⁶ For instance, aggregate state data provided from the Ministry of Health for 1994-1998 confirmed that several municipalities in the study had not adopted PSF during that time period. A few other State Health Departments, including Goiás and Ceará made their municipal-level data available for this study. In addition, a few municipalities had websites that specified the date PSF began in their cities.

sample would have adopted PSF from 1994-1997. The imputed values for PSF also yield an overall trend that is similar to the aggregate national data provided by the Ministry of Health (see Appendix C, Figure C.1). By 2003, 89 percent of all the cities in this sample had adopted PSF and most of those cities which had not adopted the program were in the Southern region of the country. Figure 3.2 shows the resulting diffusion trend for PSF in this sample.

Figure 3.2: Cumulative Adoption of Programa Saúde da Família in the Sample



Scholars of diffusion note that adoption over time typically follows an S-shaped curve, while a frequency distribution of the number of mean adopters per year approaches a bell-shaped normal distribution (Rogers 2003: 273). The S-shaped distribution rises slowly at first, as the first few “innovative” or risk-taking cities adopt the program; the curve’s slope increases sharply until approximately half the population has adopted the

program, after which the slope decreases (Rogers 2003: 272). Figures 3.1 and 3.2 visually demonstrate the cumulative adoption rates of Bolsa Escola and PSF, and show some important differences between these programs' trajectories. Programa Saúde da Família represents the classic S-shaped distribution. While the Bolsa Escola pattern mirrors some of the overall S-shaped distribution, the program adoption still constituted a relatively rare event by 2003 and had yet to "take-off" and spread to half of the sample. In comparing two programs that spread at different rates, we can determine whether these programs nevertheless share similar underlying explanations for their diffusion.

The selection of Brazil's 224 largest cities for the large-N analysis in this dissertation is not intended to be representative of all municipalities, but is instead based on several factors. First, Brazilian municipalities vary significantly in size, from the smallest town with 795 residents to the largest mega-city São Paulo with over 10.4 million people (IBGE). In order to ensure some comparability between cities, this study includes all cities with similar population parameters (i.e. medium to large) in the census year 2000. Second, although these cities represent a small fraction of all cities, they encompass over 51 percent of the total population and are distributed across all of the 26 states and the Federal District. Thus, although the number of cities is small in comparison to all municipalities, it does allow for an analysis that affects more than half of the total population. Third, given the significant barriers in relation to data access and the data-intensive requirements of event history modeling, feasibility precluded the inclusion of all cities. Since data collection included phone surveys of municipal administrators, it was infeasible to collect data for a larger number of cities.

UNDERSTANDING POLICY DIFFUSION: TENDENCIES AMONG MUNICIPALITIES

Having uncovered the patterns of Bolsa Escola and PSF diffusion, we can now ask the question: what are the main characteristics of those cities that adopted these policies? And more importantly, how might electoral incentives, mayors' ideological convictions, social networks, and other control factors influence policy emulation? This section explains how each of the theoretical variables of interest is measured and provides a snapshot of each factor's relationship to the dependent variables. To accomplish this, I draw on annual observations for the year 1998 to examine simple cross-sectional relationships.⁷ The dataset for each policy issue has a different sample size; Bolsa Escola (n=208) and PSF (n=223⁸). Thus, the following analysis differentiates between tendencies for Bolsa Escola and PSF.

Political Incentives

To uncover the potential relationship between political interests and policy emulation, I measure each city's degree of electoral competitiveness, drawn from election results for the 224 cities in this study from 1992,⁹ 1996, and 2000. Data for this variable came from the federal election bureau (*Tribunal Superior Eleitoral*), the 27 state election

⁷ The entire database includes annual observations for each city, from each policy's start-year to 2003. For the purposes of this analysis all cities are included in the sample (i.e. cities that previously adopted the program are not dropped from the dataset). I select 1998 as it is the first year of the second administrative period in this study.

⁸ The sample size is 223 because the municipality Timon (MA) was not incorporated in 1998. Timon is included in the analysis for later years.

⁹ Data for the 1992 municipal elections are very difficult to obtain. The federal government had not imposed guidelines for how states should collect and distribute election data. Some states, such as Minas Gerais, collected systematic and detailed information on election results, while other states did not. In subsequent elections voting was electronic, facilitating the distribution of election data.

bureaus (*Tribunal Regional Eleitoral*), the database *Voto a Voto* from the Fundação Perseu Abramo, and archival records from newspaper articles. The mayoral contests are classified into three categories: highly competitive, competitive, or non-competitive. Highly competitive races are those where the winning candidate wins with less than 45 percent of the vote, in competitive elections the winning candidate garners between 45 to 55 percent of the vote, and in a non-competitive race the winner garners more than 56 percent of all votes.¹⁰ For the event history models, which require annual observations, the competition values for these cities were repeated until the next election cycle.

Table 3.1 Electoral Competition & Bolsa Escola Adoption (1998)

	BE Non-Adoption		BE Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
High Competition	83	83%	17	17%	100	48%
Medium Competition	60	89.6%	7	10.4%	67	32.2%
Low Competition	34	85.0%	6	15.0%	40	19.2%
Competition Unknown	1	100%	0	0%	1	0.5%

Within the Bolsa Escola dataset, we see that nearly half the cities had highly competitive elections. In fact, about 80 percent of cities had medium to high levels of competition, suggesting that among Brazil's largest cities, meaningful electoral competition is a characteristic of local politics. Interestingly, there are differences in

¹⁰ Brazilian election law requires that mayors win 50%+1 of the valid votes when cities have more than 200,000 electors. A few cities in this sample held second round elections for mayor. However, for even comparison across the cases, this measure only examined first round results.

Bolsa Escola adoption decisions based on cities' competitiveness, although the trends are non-linear. Cities with highly competitive elections were most likely to adopt the policy (17 percent), followed by cities with low levels of competition (15 percent).

Table 3.2 Electoral Competition & PSF Adoption (1998)

	PSF Non-Adoption		PSF Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
High Competition	56	53.8%	48	46.2%	104	46.4%
Medium Competition	38	50.7%	37	49.3%	75	33.5%
Low Competition	27	62.8%	16	37.2%	43	19.2%
Competition Unknown	0	0.0%	1	100.0%	1	0.4%

Like Bolsa Escola, the cities in the PSF dataset also demonstrate a variation in electoral competition. Nearly half of the cities have highly competitive elections and a solid third fall in the medium competition category. However, unlike Bolsa Escola, adoption of PSF happens most often among cities that have moderate levels of competition; nearly half in this category adopt the health program. Although fewer cities held low competition elections, this subset emulated PSF the least (19 percent).

Ideology

Most Brazilian political parties fall along a left-right ideological spectrum (Mainwaring 1999; Mainwaring et. al 2000). Following Mainwaring's typology of partisan ideology (1999: xvii-xix), I group each city's mayor into one of three mayor

categories: Left, Center and Right.¹¹ Classifications are based on the candidates' partisan affiliation at the time she or he filed with their local elections bureau.¹² A very small fourth category, "Non-Aligned" captures new parties or small regional parties for which there is little information.

Table 3.3 Ideology & Bolsa Escola Adoption (1998)

	BE Non-Adoption		BE Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
Leftist Mayor	42	82.4%	9	17.6%	51	24.50%
Centrist Mayor	63	79.7%	16	20.3%	79	38.00%
Rightist Mayor	70	93.3%	5	6.7%	75	36.10%
Mayoral Ideology Unknown	3	100%	0	0%	3	1.40%

The Bolsa Escola dataset for 1998 shows that on aggregate, these cities are governed by executives that represent various ideological perspectives. No single ideological perspective dominates the sample. Most cities' mayors are centrists, followed closely by rightists. Nearly a quarter of these cities have mayors from parties that fall on the left of the political spectrum. One of the interesting features of Bolsa Escola adoption is that a greater percentage of centrist mayors adopted the program, compared to leftists. Rightist rarely adopted the education cash transfer program.

¹¹ Left Parties: PT, PC do B, PSB, PPS, PDT, PMN and PV; Center Parties: PSDB, PMDB, PTB; Right Parties: PFL, PL, PDS/PPR/PPB, PRONA, PSC, PSL and PSD. The relatively new party, PV is included in the left category as its members are often former party members of other left parties.

¹² Party switching is relatively common in Brazil; although, mayors from well established and institutionalized parties (e.g. PT, PSDB, PFL, etc.) typically retain their partisan affiliations through the course of their term.

Table 3.4 Ideology & PSF Adoption (1998)

	PSF Non-Adoption		PSF Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
Leftist Mayor	27	48.2%	29	51.8%	56	25.0%
Centrist Mayor	37	45.1%	45	54.9%	82	36.6%
Rightist Mayor	55	67.1%	27	32.9%	82	36.6%
Mayoral Ideology Unknown	2	66.6%	1	33.3%	3	1.3%

The dataset for PSF, which includes a few more cities, provides a similar distribution along mayoral ideology: there is an equal number of centrists and rightists, while leftists constitute a quarter of the sample. There are notable differences between leftists, centrists, and their right-of-center counterparts when it comes to PSF adoption. Only a third of rightists adopt the family health program, whereas over fifty percent of centrists and leftists adopt it. In other words, centrists and leftists adopt PSF at similar rates.

Social Networks

Social networks for policymaking generally reflect the unique specialities of the professionals who work in that policy arena. Thus, to understand the relationship between professional networks and policy diffusion, this study draws on data from two different organizations.

In the case of Bolsa Escola, the *Programa Gestão Pública e Cidadania* (Public Management and Citizenship Program) was cited by practitioners as an influential source of information and convener for professionals. The program conducts multiple activities,

including an annual competition on innovative public policy. Applicants for the award receive information from the *Gestão Pública e Cidadania* program, and a select number later participate in the organization's meetings and conferences. The program also generates annual data on the cities that apply for an innovation award, dating back to 1996. Interestingly, the number of applications from cities does vary by administration, so the annual data allows for a nuanced analysis of network connectivity.

When it comes to primary healthcare, health professionals often cited in interviews that the *Centro Brasileiro de Estudos de Saúde (CEBES)* was an important professional association. This organization, which publishes the well-known journal *Saúde em Debate*, was founded by militants in the *movimento sanitário* (public health movement). Most members are professionals engaged in public health and work for local, state, or federal governments. CEBES staff members provided membership data by municipality. Since membership and subscriptions to the journal have remained constant over the years, data for 2003 was used for all annual observations. Both the network variables were coded dichotomously, “1” for cities where at least one person was linked to the network/a city applied for an award, and “0” for cities where no one had any formal participation/had not applied for an award.¹³

Given Brazil's continental size, geographic effects can also influence diffusion processes as actors learn through informal social networks. To examine the potential relationship between region and adoption, I classify all cities according to the Brazilian

¹³ In tracking *Gestão Pública Award* applications, I did not include those cities that had only applied for an award for a *Bolsa Escola/Renda Mínima* program, so as to avoid the problem of autocorrelation.

government's geographic categories: North, Northeast, Southeast, South and Central West.¹⁴

Table 3.5 The *Gestão Pública* Network & Bolsa Escola Adoption (1998)

	BE Non-Adoption		BE Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
<i>Formal Networks</i>						
<i>Gestão Pública</i> Network	45	66.2%	23	33.8%	68	33%
No <i>Gestão Pública</i> Network	133	95.0%	7	5%	140	67%

The *Gestão Pública* network permeated over a third (32.6%) of all municipalities in the study. Cities that were connected to this network adopted the program much more often than their non-networked counterparts; only 5 percent of those cities chose to adopt Bolsa Escola.

Table 3.6 Region & Bolsa Escola Adoption (1998)

	BE Non-Adoption		BE Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
<i>Informal Networks</i>						
South	34	89.5%	4	10.5%	38	18.3%
Southeast	86	82.7%	18	17.3%	104	50.0%
Central West	10	83.3%	2	16.7%	12	5.8%
Northeast	36	87.8%	5	12.2%	41	19.7%
North	12	92.3%	1	7.7%	13	6.3%

¹⁴ *Central West*: Goiás, Mato Grosso do Sul, Mato Grosso, and Distrito Federal (Brasília); *North*: Acre, Amapá, Amazonas, Pará, Rondônia, Roraima, and Tocantins; *Northeast*: Alagoas, Bahia, Ceará, Maranhão, Paraíba, Piauí, Rio Grande do Norte, Sergipe; *Southeast*: Espírito Santo, Minas Gerais, Rio de Janeiro and São Paulo; *South*: Paraná, Rio Grande do Sul, and Santa Catarina.

Given the selection criteria for cities in this study, it is understandable that the distribution of cases is uneven across the five regions in the country. It is the differential rate of adoption within each region that is most striking. *Bolsa Escola* adoption is rarest among large cities in the north. In contrast, neighboring regions – the southeast and central west – display higher rates of adoption. Not surprisingly, the cities to first adopt conditional cash-transfer programs were located in these regions.

Table 3.7 Summary of Dichotomous Variables in Bolsa Escola Dataset (1998)

	PSF Non-Adoption		PSF Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
<i>Formal Networks</i>						
<i>CEBES</i> Network	78	50.6%	76	49.4%	154	69.1%
No <i>CEBES</i> Network	43	62.3%	26	37.7%	69	30.9%

Unlike the professional network associated with *Bolsa Escola*, which represents a small share of the overall sample, the presence of CEBES is much more pronounced across Brazilian cities; nearly seventy percent of cities have some connection to the health network. While cities with a linkage to CEBES evenly split between PSF adopters and non-adopters, it is notable that the rates of adoption differ between cities with and without a CEBES link. In other words, municipalities without a CEBES connection adopted PSF less often; only 37.7 percent of those cities emulate the family health program.

Table 3.8 Summary of Dichotomous Variables in PSF Dataset (1998)

	PSF Non-Adoption		PSF Adoption		Total in Sample	
	Frequency	%	Frequency	%	Frequency	%
<i>Informal Networks</i>						
South	26	66.7%	13	33.3%	39	17.5%
Southeast	69	61.1%	44	38.9%	113	50.7%
Central West	7	58.3%	5	41.7%	12	5.4%
Northeast	16	35.6%	29	64.4%	45	20.2%
North	3	21.4%	11	78.6%	14	6.3%

Given that the family health program originated in the northeast, we would expect that municipalities within this region would adopt the policy at greater rates than their counterparts. Almost two thirds of the municipalities in the northeast do emulate PSF; however it is the northern region which actually takes the lead with 78.6 percent adopting the policy. A striking characteristic of PSF adoption by region is the clear geographic pattern that emerges; municipalities in regions furthest from the north have the lowest adoption rates. Thus, the south lags farthest behind the north, with only a third adopting PSF.

Overall, these descriptive statistics provide a snapshot of Bolsa Escola and PSF adoption among Brazil's largest cities. Cross-sectional analysis of the theoretical variables of interest – political incentives, ideology, and social networks – reveals some broad tendencies. However, logistic regression analysis is necessary to test the relative impact of each variable on policy adoption. The next section details the model which tests three competing explanations for diffusion, while also accounting for the timing of adoption decisions.

AN EVENT HISTORY ANALYSIS

This study of policy diffusion tackles several interrelated questions. First, what motivates policymakers to emulate programs like *Bolsa Escola* and *Programa Saúde da Família*? Second, why did some cities quickly emulate the program while others lagged farther behind? One of the important features to policy diffusion is timing. This chapter examines both sets of questions by drawing on event history analysis to test the three competing approaches that uncover actors' motivations for policy adoption.¹⁵

Event history analysis is a standard statistical method used by diffusion scholars to parse out both internal and external determinants of policy adoption decisions.¹⁶ The model, which is similar to a discrete time logistic model that includes time controls, allows for probabilistic interpretation of “risk” or “hazards” of an event occurring. In this study, each logistic model will capture the likelihood that a city will adopt Bolsa Escola/Renda Mínima and PSF, in any given year; Model 1 captures Bolsa Escola and Renda Mínima, while Model 2 analyzes the adoption of PSF. The resulting analysis will reveal the extent to which the independent variables – political incentives, ideology and social networks – increase the probability for diffusion. To portray the time dimension of Bolsa Escola diffusion, this model includes annual observations for the period 1995-2003, which corresponds to the year Bolsa Escola/Renda Mínima programs were first introduced and the last year for which data is available. Similarly, the family health

¹⁵ I use a logistic model with time controls.

¹⁶ For further details on event history methodology for the social sciences, see Allison 1984; Box-Steffensmeier & Jones 1997, 2004.

program started in 1994, thus the dataset for Model 2 includes the period from 1994-2003.

Model Specification & Hypotheses

The logit equation for each model produces a log-odds of an event occurring. The model specifications follow below:

3.1a Model 1: $Z_b = \ln (P_i/1-P_i) = \alpha_1 + \beta_1(\text{highly competitive})_i + \beta_2(\text{competitive})_i + \beta_3(\text{leftist mayors})_i + \beta_4(\text{centrist mayors})_i + \beta_5(\text{Gestão Pública network})_i + \beta_6(\text{Lagged neighborhood effect})_i + \beta_7(\text{south})_i + \beta_8(\text{southeast})_i + \beta_9(\text{central west})_i + \beta_{10}(\text{northeast})_i + \beta_{11}(\text{medium pop. city})_i + \beta_{12}(\text{large pop. city})_i + \beta_{13}(t1)_i + \dots + \beta_{20}(t8).$

3.2a Model 2: $Z_p = \ln (P_i/1-P_i) = \alpha_1 + \beta_1(\text{highly competitive})_i + \beta_2(\text{competitive})_i + \beta_3(\text{leftist mayors})_i + \beta_4(\text{centrist mayors})_i + \beta_5(\text{CEBES network})_i + \beta_6(\text{Lagged neighborhood effect})_i + \beta_7(\text{south})_i + \beta_8(\text{southeast})_i + \beta_9(\text{central west})_i + \beta_{10}(\text{northeast})_i + \beta_{11}(\text{medium pop. city})_i + \beta_{12}(\text{large pop. city})_i + \beta_{13}(t1)_i + \dots + \beta_{21}(t9).$

Dependent Variables

To measure the effects of political incentives, ideology, and socialized norms on social policy diffusion, I collected data on the adoption of *Bolsa Escola/Renda Mínima* and *Programa Saúde da Família* for Brazil's largest cities. In both cases, the dataset requirements included determining which cities had these programs and in what year they were replicated. The dependent variables are coded dichotomously ("0" for cities without the program in a given year and "1" for cities that had adopted the program). Once the event occurs (i.e. the program emulation takes place), observations for that city are dropped from the dataset.

Independent Variables

The two models test proxies for the three competing explanations of the diffusion of social programs in Brazil's largest municipalities.

Political Incentives

The first school of thought to explain the underlying motivations for political behavior posits that individuals regularly respond to political self-interest. Walker argues, for instance, that the more electorally competitive the jurisdiction, the more likely policy replication will occur as actors compete for votes (Walker 1969). With this logic, we would expect that cities with competitive mayoral races would be more likely to adopt *Bolsa Escola* and PSF than those facing less contested races.

Hypothesis 1: The stiffer the jurisdiction's electoral competition, the more likely policy emulation will occur.

Ideology

The second theoretical approach these models will test is whether policymakers' ideological convictions influence the likelihood of program emulation. As Mullins argues, ideology can influence political actors in actionable ways, as it filters their information, shapes their worldview, and guides their evaluation of particular policies (1972). In this vein, politicians with dissimilar ideological convictions would respond differently to particular policies. Both *Bolsa Escola* and PSF are programs that have equity-enhancing goals and aim to extend social services to marginalized and poor

population groups. Thus, we would expect that left-leaning progressive actors would be more willing than others, either on the right or center, to adopt these programs.

Hypothesis 2: When cities have left-of-center mayors, they will be more likely to replicate Bolsa Escola and PSF.

Social Networks

A third alternative explanation is that political actors are motivated to emulate programs for diffusion when they are socialized to do so through their professional associations (Balla 2001). Connections between individual policymakers and social networks could spur program diffusion for a number of reasons, including professional socialization, peer pressures, legitimacy considerations, or information exchange. The exact motivational relationship between individuals and their professional associations can be difficult to discern without qualitative evidence, however, statistically we would expect to see that those individuals with connections to networks would be more likely to emulate *Bolsa Escola* or PSF. Since these policies relate to specific arenas (e.g. health, education/poverty alleviation) we would expect that professionals in each sector would turn to distinct associations.

Hypothesis 3a: When actors in these cities have linkages to the Gestão Pública e Cidadania network, the likelihood that Bolsa Escola will be adopted increases.

Hypothesis 3b: When actors in these cities have linkages to the CEBES network, the likelihood that PSF will be adopted increases.

In addition to the formal membership in professional associations, several diffusion scholars note that informal socialization through “neighborhood effects” can also drive diffusion (Mooney 2001; Walker 1969). For instance, several researchers posit that learning can travel spatially across geographic territories, either because there are opportunities for professionals to meet regionally, or because the circulation of information tends to be regionally based (Mooney 2001; Walker 1969). In this logic, governments that are geographically proximate will be more likely to replicate a neighbor’s innovative program.

Hypothesis 4: The greater the proportion of neighboring cities with Bolsa Escola/PSF, the greater the likelihood that a city will emulate its neighbors.

The measure used for “neighborhood effect” in this study was the proportion of municipalities (in the sample) that had adopted either Bolsa Escola or PSF in their respective state. Since we would expect some time-delay between a jurisdiction’s decision and its influence on their neighbors, this variable is lagged by a year.

Another measure of regional influence on diffusion is region; thus, municipalities are classified into one of five areas: north, northeast, southeast, south and central-west. Regional characteristics might matter because the policies in this study were also born in different parts of the country; PSF is most associated with the northeast while Bolsa Escola and Renda Mínima were developed in the Southeast and Central West.

Control Variables

Aside from the immediate goal of winning elections, scholars also argue that political actors will respond to fiscal incentives when they are made available, typically through the federal government (Derthick 1970; Mossberger 1999; Rose 1973; Welch & Thompson 1980). Federal financing, through matching grants or incentive grants, provides politicians with resources to demonstrate their accomplishment to their constituents. In the case of Bolsa Escola, the only financing made available to municipalities was limited to those cities with below their state's average income per capita. Few, if any, of the cities in this dataset fell into this category and the program lasted no more than a year. For this reason, this variable is not included in Model 1.

Although the Ministry of Health has promoted PSF through financing, including line-item transfers, it is very difficult to operationalize the magnitude of the funding because of irregular data collection and availability.¹⁷ For this reason, Model 2 will test the impact of federal transfers with the indirect proxy “year,” which allows us to isolate whether the years in which the federal government initiated changes in financing correspond to increased likelihoods that PSF would be replicated.

City size is another characteristic that might matter for municipal administration and policy advocacy. Although Brazilian cities face similar levels of financing from the federal government, other factors typically associated with city-size might matter. Residents from smaller cities might welcome a health program that relies on home-visits

¹⁷ The Ministry of Health does have a sophisticated online database, *Datasus*, with information on health financing, however this data is only available for the most recent periods, from 1998-present.

from neighbors, whereas residents in large urban cities might shun these intrusions on their privacy. Larger cities also tend to have more universities and non-profit organizations, enabling civil society engagement in policy debates. For the purpose of this analysis, cities are grouped into three categories: Small, Medium and Large Cities.¹⁸

Other potential factors that could influence policy diffusion are: “internal needs” such as levels of poverty, “internal capacity” such as resource availability, and the mayor’s gendered priorities. However, none of these variables bore out in the analyses, and were thus dropped from the models presented below.

Model Results

One of the most remarkable features of this study is that despite differences between Bolsa Escola and PSF, such as policy area, extent and rate of their replication, both policies share similar determinants for diffusion. Models 1 and 2 offer remarkably consistent results for understanding the relationship between political incentives, ideology, and social networks on social policy diffusion, see Table 3.13.

One of the most surprising results of the event history models is the null finding that electoral competition does *not* spur policy emulation, for either social policy issue. The theoretical literature on the relationship between political competition and the incentives they create for policy renewal and experimentation, based primarily on the United States (for example, Walker 1969; Lowi 1963), does not apply for the largest Brazilian cities included in this sample. In other words, when we control for all other

¹⁸ Small Cities: population less than 150,000; Medium Cities: population between 150,000 and 300,000; Large Cities: population greater than 300,000 (IBGE/Ipeadata).

Table 3.13 The Determinants of Social Policy Diffusion: Bolsa Escola and PSF

Coefficients (with standard error in parenthesis)		
	Model 1 <i>Bolsa Escola</i>	Model 2 PSF
<i>Political Competition</i>		
Highly Competitive	-.053 (.412)	-.112 (.248)
Competitive	.036 (.414)	.150 (.254)
<i>Ideology</i>		
Leftist Mayors	1.024 (.460)*	.516 (.257)*
Centrist Mayors	.732 (.115)	.179 (.237)
<i>Social Networks</i>		
Gestão Pública Network	1.382 (.347)**	
CEBES Network		.502 (.219)*
Lagged Neighborhood Effect	-.213 (2.581)	1.287 (.813)
South	.659 (1.115)	-2.407 (.582) **
Southeast	1.569 (1.069)	-2.009 (.552) **
Central West	.684 (1.272)	-1.077 (.688)
Northeast	1.180 (1.083)	-.980 (.583)
<i>City-Size Controls</i>		
Medium City	.376 (.458)	-.149 (.223)
Large City	1.394 (.436)**	.036 (.254)
<i>Time</i>		
T1	-	-
T2	-.427 (.691)	- ^x
T3	.395 (.644)	.112 (1.441)
T4	-.110 (.709)	.812 (1.225)
T5	-1.29 (.867)	5.594 (1.047)**
T6	-1.244 (.886)	4.176 (1.054)**
T7	-2.290 (.741)	5.131 (1.060)**
T8	(1.255)	4.166(1.112)**
T9	- ^x	4.651(1.131)**
T10		4.275(1.184)**
Constant	-6.174 (1.214)	-4.648 (1.126)
N	1478	1234
Log Likelihood	-176.507	-350.218
Prob > chi2	0.000	0.000
Pseudo R2	.166	.3614

*p<.05. **p<.01.

In Model 1, T1 is 1995; for Model 2 T1 is 1994.

^x The statistical program Stata dropped T9 because the model perfectly predicted non-adoption.

factors, cities with more electoral competition did not adopt either Bolsa Escola or PSF at higher rates than those with less competitive elections.

How does ideology fare in explaining policy diffusion? When compared with cities governed by the right, leftist mayors are significantly different and in the expected direction; they are more likely to adopt both Bolsa Escola and PSF, even when controlling for other factors. Interestingly, the impact of ideology is most pronounced for partisans on the left, as centrists are not statistically different from their rightist counterparts.

The last set of theoretically driven variables tested in these models corresponds to a sociological approach for explaining diffusion. Although neither model reveals that a lagged neighborhood effect matters for policy diffusion, the other social networks variables clearly demonstrate that when cities are linked to influential professional networks, those cities are more likely to adopt *Bolsa Escola* and PSF. In other words, cities with a member of CEBES are more likely to adopt PSF and cities with a connection to the *Gestão Pública e Cidadania* network are more likely to emulate Bolsa Escola.

As expected, time, the indirect measure that captures the influence of federal spending confirms that PSF adoption would increase with the introduction of greater funding in 1998. The likelihood of PSF adoption increases significantly from 1998 to 2003 (T5-T10). Obviously, the availability of resources that help defray the costs of program adoption facilitate diffusion. But it is noteworthy that despite this control factor, policy emulation still depends in large part on the ideological perspective of municipal mayors and ties professionals have to social networks.

Interpretation

The logistic models of Bolsa Escola and PSF can tell us more than just the relationship between the outcome (policy adoption) and its contributing factors. Recall that logit equations 3.1a and 3.2a produce a “log odds” of an event occurring. Since we normally think in terms of probabilities of events occurring, these equations can be transformed mathematically to yield bounded probabilities, which are more interpretable (see 3.1b and 3.2b below).

3.1b Probability of a city adopting *Bolsa Escola/Renda Mínima* = $1/(1+(\exp(-1* Z_b)))$, where Z_b is the log-odds of *Bolsa Escola/Renda Mínima*.

3.2b Probability of a city adopting PSF = $1/(1+(\exp(-1*Z_p)))$, where Z_p is the log-odds of PSF.

The above equations allow for an analysis of the relative impact that the variables of interest have on the probability of Bolsa Escola diffusion. For instance, the modal city in the dataset had the following characteristics: it had competitive elections, a centrist mayor, was *not* a part of the *Gestão Pública* network, had a lagged neighborhood effect score of 0, had a medium-sized population, was located in the southeast, and adopted the program in 1997. Given this scenario, Model 1 predicts that in 1997 the probability the modal city will adopt Bolsa Escola is 3 percent.¹⁹ Although this probability is low and indicates the program is rarely emulated, it is consistent with what we know about its overall adoption rate. When varying certain key characteristics of cities, however, the

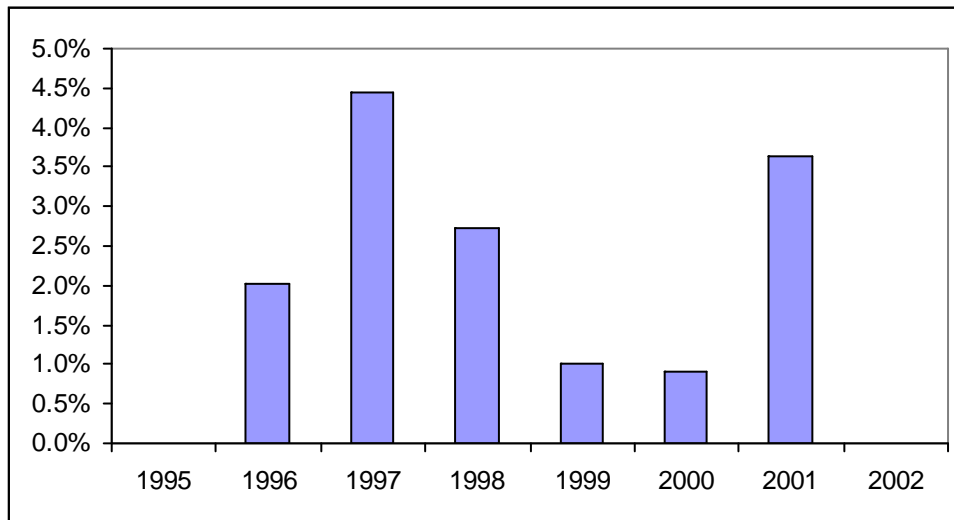
¹⁹ In the sample, 2.9 percent adopt Bolsa Escola.

overall probability of Bolsa Escola adoption increases significantly. For example, when the modal city is governed by a leftist rather than centrist mayor, the probability of adoption increases by one third to 4 percent. An even greater effect occurs when the modal city has both a leftist mayor and participates in the *Gestão Pública* network, increasing the predicted probability of Bolsa Escola adoption to 13 percent. Overall the model predicts the lowest probability of Bolsa Escola adoption, 1 percent, for a city that has highly competitive elections, is governed by a mayor from the right, has a small population, and is located in the south. By contrast the city with the greatest likelihood of emulating the program, with a predicted probability of 41 percent, would be: a large city located in the southeast, with competitive elections, a leftist mayor, and participation in the *Gestão Pública* network.

Drawing on the equations above, we can uncover the relative probability of Bolsa Escola adoption. Interestingly, “time” also has important effects on the likelihood of policy adoption. In other words, the probability of diffusion of the modal city differs according to the year under consideration (see Figure 3.3). *Bolsa Escola* programs were more likely to be enacted in 1997 and 2001, which corresponds to executives’ first year in office. This seemingly cyclical pattern corroborates Lowi’s argument that new policies are more likely to be enacted at the beginning of a new administration (1963). Also noteworthy is that mayors choose to adopt municipal Bolsa Escola programs in 2001, even after the federal government institutes its own national program. This commitment to the program demonstrates that some local officials still felt deeply that the program was an important priority for their administration. Had mayors decided to

enact Bolsa Ecola at the end of their administrations’ and prior to the next elections, this would indicate electoral incentives drove the timing of emulation decisions. But since mayors typically implemented the education program just after an election suggests that elected officials took advantage of the freedom for ideological decision making granted by their electoral mandate.

Figure 3.3 Annual Predicted Probability of Bolsa Escola Adoption for Modal City



In the case of Programa Saúde da Família, Model 2 predicts much higher probabilities that cities will adopt the program, when compared with *Bolsa Escola* diffusion. The modal city in this sample has low competition, a centrist mayor, a lagged “neighborhood effect” score of 0, adopted the program in 1998, has a medium-sized population, and is located in the southeast. Given these characteristics, the likelihood that

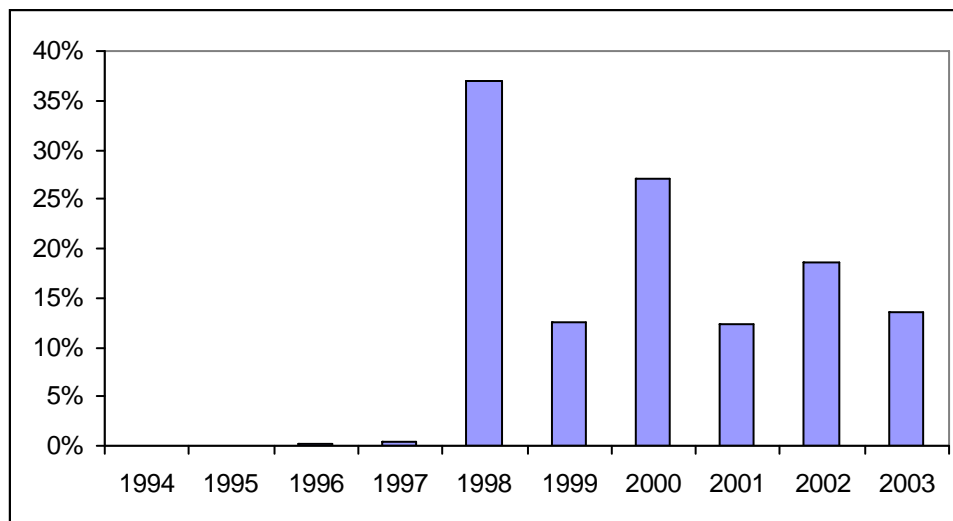
this average city will adopt PSF (in 1997) is 37 percent.²⁰ However, if this same city were to lose its linkage to the CEBES network, the overall probability would drop to 26 percent. Interestingly, the effect of ideology is especially strong. Holding all other factors constant, if the average city elects a leftist mayor, then the predicted probability PSF will be implemented increases to 45 percent. Overall the model shows that when different characteristics are in play, the probability of PSF adoption can vary considerably depending on the theoretical variables of interest. In 1998 alone, the probability of adoption is as high as 73 percent for a mid-sized city in the northeast with medium competition, a leftist mayor, and CEBES network presence. When that same city has a rightist mayor and loses its CEBES network connectivity, the probability of PSF adoption falls precipitously to 43 percent. While variables such as region or city-size can significantly affect the probability of PSF adoption, it is clear that the motivational variables – ideology and social networks – dramatically influence the likelihood that the health program will diffuse.

There are several reasons to suspect that “time” would impact the probability of PSF adoption. As Figure 3.2, on the cumulative adoption of PSF in the sample demonstrates, there is a dramatic increase in PSF adoption in 1998. The results in Model 2 also indicate that the years 1998 to 2003 are statistically significant and positively associated with PSF adoption. This finding reflects the history of policy development and mirrors other diffusion research that shows federal financing has strong effects in spurring diffusion decisions (Derthick 1970; Mossberger 1999; Rose 1973; Welch &

²⁰ In the sample, 13.8 percent adopt PSF.

Thompson 1980). For the modal city in this sample, the yearly effects are remarkable (see Figure 3.4). The probability of adoption jumps dramatically after 1997, from .5 to 37 percent. Also noteworthy is that the annual effects are non-linear and non-cyclical. Unlike the timing of Bolsa Escola adoption, the timing decisions behind PSF appear unrelated to election cycles, thus reinforcing the findings in Model 2 that electoral competition bears no influence over emulation decisions.

Figure 3.4 Annual Predicted Probability of PSF Adoption for Modal City



CHAPTER CONCLUSIONS

The event history analyses allow us to test three theoretically driven explanations for the diffusion of social policies for a large number of municipalities in Brazil. Surprisingly, the proxies for political competition provide little support for the argument that electoral competition and vote-seeking behavior on the part of politicians spur policy replication. This bucks conventional assumptions in political science that highly

contested elections will spur actors to emulate policies. A particularly noteworthy finding in this regards is that the degree of electoral competition did not matter; politicians in low, medium, and highly competitive environment behaved the same. By contrast, the proxies for ideology and formal social network connectivity do explain the likelihood that Bolsa Escola and Programa Saúde da Família will diffuse. That both leftist ideology and formal social networks connectivity positively influence the emulation of two programs that spread at different rates is quite remarkable particularly since scholars of education and health reform often comment that these sectors are more different than similar (Corrales 1999; Grindle 2004). Chapter 6 will further explore the puzzle behind these similar findings and will address the opportunities and limitations for generalization about diffusion across policy arenas.

As King, Keohane and Verba argue, one of the benefits of quantitative analysis based on a large number of observations is the greater leverage garnered to test theories and draw causal inferences (1994). Certainly the event history models in this chapter reinforce the basic argument that ideology and social networks spur diffusion in Brazil's largest cities. However, it is also important to acknowledge the limitations of this method. At the most basic level, the models used in this chapter involve basic assumptions that can influence our analysis. First, the models require a dichotomous categorization of policy adoption – cities either do or do not have a given policy. Yet, in practice, policymakers may modify or adapt policies for local environments. The “adaptability” of a program may or may not relate to its overall diffusion pattern. Second, these models require dropping observations for cities once they have adopted a program. This analysis

certainly allows for understanding what leads up to the decision to emulate a policy, but assumes that policy reversal either does not happen or is irrelevant. Yet, in Brazil, social policies are often changed, adopted, and reversed when new elected officials take office. Given some of these methodological limitations, it is important to draw on qualitative data to elaborate on the statistical findings and clarify the causal mechanisms that drive diffusion.

This chapter offers valuable insights into the relationship between the variables of interest and policy diffusion, yet the analysis also raises a number of questions that will be addressed in subsequent chapters. First, to what extent do the proxies used to measure political incentives, ideology, and social networks accurately reflect the real-world political dynamics of policy emulation? For instance, political incentives could play out in a number of non-electoral ways, including the use of clientelism or patronage. Are the findings here simply a reflection of measurement error or limited data? Second, why is it that leftist mayors would be so much more likely to adopt Bolsa Escola and Programa Saúde da Família? While it is true both programs have equity-enhancing goals and seek to improve access to education and healthcare, they also appeal to a broader range of policymakers who like the targeting and “contract” features of these programs. In addition, both programs can represent socially conservative objectives that reinforce traditional gender roles. Thus, there is a need to clarify how these programs are interpreted and how ideology affects decision-making and program emulation. Lastly, the statistical analysis alone cannot reveal the way in which a formal “social network presence” matters. What is it about network connectivity that compels emulation? How

do networks shape professional norms? The following chapters, which rely on case study evidence from four Brazilian cities, will answer these questions.

CHAPTER 4: BOLSA ESCOLA: A SIMPLE IDEA CATCHES ON

Why is it that a relatively simple idea, an education grant for poor families to increase children's educational performance, appealed to municipal executives? Bolsa Escola is not a cure-all for Brazil's educational woes, yet many policymakers across the country were enamored with the program. In what ways did the program appeal to these policymakers? And what motivated municipal authorities to emulate the program for their own cities? To answer these questions, this chapter first contextualizes Brazil's national educational deficits and delayed reforms. The second section addresses how decentralization enabled local innovation and experimentation, including the development of conditional cash-transfer programs like Bolsa Escola. The third section draws on case study evidence to uncover the mechanisms that drove emulation decisions. Interviews with policymakers from four research sites reveal why they chose to emulate Bolsa Escola. Although Bolsa Escola lends itself to electioneering behavior, I show that actors chose to emulate the policy because of their deeply held ideological convictions and desire to keep up with their profession's norms.

NATIONAL CONTEXT FOR EDUCATION REFORM

The *abertura* period that began in the late 1970s opened the door for discussions on how best to improve Brazilian society and democracy. There was little doubt that reform of the education sector was necessary as educational studies indicated Brazil among the worst in the region. First, the system favored spending in secondary and

higher education, rather than prioritization of primary education. Since most children did not progress to secondary or higher education, the vast majority of children were underserved by the system. The socioeconomic segregation of education services also meant the public system favored the needs of middle- and upper-class families, which tended to send their children to prestigious public universities. The structurally unequal spending in education contributed to inefficiencies, exacerbated by poor quality education, contributed to Brazil's growing inequality, and was an important factor in persistent intergenerational poverty. Second, the country's educational deficits raised serious doubts as to whether Brazil could construct meaningful citizenship for all. Could Brazil consolidate democracy with a population that had such low levels of educational attainment?

Education policy has continued to reflect the legacies of policies that favored middle and upper income groups. Families with high incomes can bypass low quality public primary and secondary schools, in favor of private schools which better prepare their children for meritocratic university exams. While upper income families incur the cost of private education at the primary and secondary levels, they disproportionately benefit from education spending that includes free federal public university enrollment. Low income families must rely on inadequate public education throughout, thus their children encounter serious barriers to high education. Nearly sixty percent of university students in Brazil belong to the top income quintile, while higher education accounts for over 20 percent of total education spending. To put this figure into perspective, Brazil's

expenditure for university students is nearly four times the average of countries in the Organization for Economic Co-operation and Development (OECD 2004: 7).

Recent figures of Brazil's contemporary education deficits have also troubled policymakers. In ten years, the country had not made significant advances in literacy and school completion. In the early 1990s, the combined repetition and dropout rates for primary and secondary education were about 50 percent (Draibe 2004: 383). Data from 1994 also revealed that only 83 percent of children between ages 7 and 14 had access to primary education; figures for secondary school access were even more dismal with less than 20 percent of students with access (Draibe 2004: 383). Brazil's low-quality education continues to rank it among the worst in the region. It also places Brazil in a worsening position vis-a-vis its international economic competitors. As Birdsall et.al. note, in the 1960s the quality of Brazil's education system of basic education matched that of other countries with similar incomes. Yet, by 1990 Brazil had fallen behind with lower average quality, particularly compared to high-performing East Asian economies (Birdsall et. al. 1996:7-8). By the mid-1990s, it was clear that Brazil's development strategies and subsequent educational deficits would have profound social and economic consequences for the nation and represented one of the most important arenas for reform.

Even though the need for education reform was clearly understood by both Brazilian and international development experts, the period from the mid-1980s to mid-1990s was marked by stalled reforms. Although the Constituent Assembly promoted the right to education as a fundamental social right, the constitution only laid out general principles for reform. Among them was the goal of decentralizing education, specifying

that municipalities should focus on pre-school and primary education, and states should focus primarily on secondary education. Particularly notable is the Constitutional requirement that states and municipalities must spend 25 percent of tax revenue on education; 60 percent of that sum must go to primary education (representing a minimum percentage of 18 percent of tax revenue) (Ministry of Education: 2004:6). Despite the fiscal and administrative outlines for decentralization, much of the specifics regarding curricular reform, teacher training, student access, and funding equity would be left to future congresses to address. Brazil's delays in reforming the education sector at the national level are far from surprising. As Corrales notes, education reform is difficult to undertake; there are numerous political hurdles including: the concentration of costs on a few actors, low incidences of policy entrepreneurship, political disengagement of potential beneficiaries, and that cost-bearing groups often enjoy political advantages (Corrales 1999: vii).

Institutional and historical tendencies have made education reform politically unattractive for many politicians. Brazilian presidents often need to dole out cabinet level appointments in a quasi-parliamentary manner in order to sustain coalitions with other political parties. They typically negotiate ministerial positions with allied party leaders who, in turn, agree to legislative unity in return for control over parts of the bureaucracy. This practice has contributed to de-prioritization of certain ministries, among them the Ministry of Education and Culture (MEC). From 1985 to 1995 the MEC was led by rightist Ministers (PFL and PL affiliates) who used education for political patronage (Draibe 2004:380). Thus, the strong tradition of clientelistic practices

remained intact throughout the period. Even if education ministers had been committed to substantive reform, they would have required political insulation from the President to implement change. As Corrales (1999) notes, one indicator of how political vulnerable ministers are is the turnover rate. During Jose Sarney's presidency (1985-1990), five ministers held posts lasting on average a year, and during Fernando Collor's Presidency (1990-1992), the average duration of an education minister was 10 months.

Another factor that likely contributed to stalled reforms was the "low demand" from the system's beneficiaries. Unlike the health sector, the education sector has not traditionally benefited from well organized civil society advocacy. As Draibe (2004:385) notes, parents, who are normally advocates for their children's educational interests, have not formed or actively participated in fora such as: parent-teacher associations, city-wide education councils, or school councils, to demand greater educational access and improved quality. Thus the beneficiaries of reform were largely absent from policymaking venues. The absence of civil society organizing is in large part a product of traditionally low participation in this sector, as well as the fact the large segments of the middle-class exited from the primary education system in the 1970s, opting instead for private schools that offered better quality education.

A significant turning point for reform in education came when President Fernando Henrique Cardoso (PSDB) took office in January 1995. Unlike his predecessors, Cardoso retained tight control over the "social ministries," including the education ministry, and appointed a fellow PSDB partisan and member of his inner circle, Paulo Renato Souza, to head it. Minister Souza would have an unprecedented tenure at the

MEC, lasting throughout Cardoso's two-term presidency, and benefiting from some of the political protection observers note is necessary to enact unpopular reforms. The President's willingness to insulate the MEC is notable because "demand" for reform on the part of civil society had been and continues to be low.

The mid-1990s brought important reforms that would greatly change education in Brazil. The General Law of Education (1996) and other specific laws and acts finally detailed the responsibilities for education in the federal system (see Table in Appendix E). Thus, decentralization, which had only been outlined in vague terms in the Constitution, gained greater specificity. Changes included the decentralization of the Ministry's own programs in primary and secondary education, specification of criteria for transferring resources to states and municipalities (based on a value per student), and the passage of FUNDEF (Draibe 2004:390). Overall, the most significant changes would take place in primary education, including municipalization,¹ curricular modernization, investment in teaching training, and decentralization of resources.

The FUNDEF² (*Fundo de Manutenção e Desenvolvimento do Ensino Fundamental e de Valorização do Magistério* – Fund for the Development and Maintenance of Primary Education and Valuing of Teachers), represented the most significant equalizing measure undertaken by the MEC during this period. First, it altered the distribution of spending in education to prioritize primary education. Each state would have its own FUNDEF-fund, comprised of 15 percent of all state and

¹ In the case of education, municipalization involved the transfer of schools and their related administrative apparatus from state to municipal control.

² The Constitutional Amendment passed in September 1996 and went into effect on January 1st 1998.

municipal tax collection and constitutionally required transfers, which would need to be used exclusively for primary education.³ The funds would then be allocated to each school equally on a per capita basis. Second, although the per capita spending could differ across states, the amendment ensured that greater equity across the country by establishing a minimum threshold for spending per pupil.⁴ Poor states would receive federal funds that were unable to meet the minimum spending requirement.

The combination of a federal ministry of education that was intent on devolving programs to sub-national governments, together with increased resources for primary and secondary schools, went a long way toward fulfilling the administration's goal to decentralize education. The new funding formulas by the MEC encouraged more municipalities to take responsibility for primary education from state governments, as they would have greater fiscal autonomy. Even low-income cities could do so, because of FUNDEF's equalizing effect. Moreover, MEC policymakers sought to create a program that would encourage municipalities to go after and bring-in students because the transfers were based on pupil enrollment rates, thus ensuring that all children were enrolled in school. FUNDEF thus represented the fulfillment of a campaign and political commitment to primary education, on the part of the administration (Interview, Sousa 2004).

Although the eight-year period under which Minister Souza oversaw the MEC did bring about significant changes to the structure of education provision in Brazil,

³ Up to 60 percent of the fund can be used for teacher salaries; no minimum salary is stipulated.

⁴ In 2004, the minimum was R\$564 per pupil in first through fourth grades and R\$595 and fifth through eighth grades (Presidential Decree 5.299, December 7, 2004).

instituting a Bolsa Escola or similar grant program was not among his top priorities. In Sousa's view, the FUNDEF was the mechanism that created a "supply" for education; whereas policies like Programa de Garantia de Renda Mínima (PGRM) or Bolsa Escola created a "demand" for education, which can only take effect after a solid supply is available (Interview, Sousa 2004). During the Cardoso administration, the MEC administered two "demand-side" programs: the PGRM and Bolsa Escola Federal, which replaced it, both of which drew from examples of innovations from local governments. These federal initiatives had "starts-and-stops" and reflected bottom-up learning based on municipal experimentation, rather than reflecting a "top-down" initiative developed by the national government.

LOCAL EXPERIMENTATION & INNOVATION

Although national efforts to reform the education sector largely stalled from the mid-1980s to the mid-1990s, states and municipalities have been able to make considerable advances by experimenting with new policies. Certainly, once decentralization and later FUNDEF were in place, municipalities had even greater resources at their disposal to experiment with new innovative education models. The Gestão Pública e Cidadania Program, which sponsors an annual innovations competition for "good governance" practices, offers a useful vantage point from which to examine larger trends in education. City administrators have submitted information on projects, which included: developing programs for children with special needs; reform of education administration and information systems; innovation of various classroom and

teaching methods; out of school activities to reinforce learning; programs focusing on the environment and local development; inclusion of local culture in the curriculum; and various outreach reading programs and libraries, including adult literacy efforts (Spink 2006:17). In general, many of these programs stayed within the standard domain of education by either addressing learning or curriculum development, while others expanded notions of teaching and education by emphasizing social inclusion or parental outreach.

The local governmental arena presented policy entrepreneurs with fertile ground to plant their seeds for new ideas and programs. Interestingly, the policy entrepreneurs who would lead the way to enactment of innovative “education” programs were not strictly affiliated with the field of education. Rather, the idea for bundling education with poverty alleviation goals would be developed by intellectuals, technocrats, and politicians who wanted to address the pernicious effects of low education outcomes on poverty and inequality, and the cyclical effect that poverty would have on educational attainment for children. Two leading figures who served as “policy entrepreneurs” and later became spokesmen for their replication are: Cristovam Buarque and Eduardo Suplicy. Making sense of the origins of “Bolsa Escola” or “Renda Mínima” can be a tricky task. As in many cases, ideas are seldom born from a single individual and policies often undergo considerable adaptation before their implementation. In addition, the perception of policy “success” leads many individuals to seek credit for the innovation⁵. The task here is neither to give political credit to one individual or another, but rather to present a sense

⁵ For more on the problem of assessing the origin of ideas, see especially Kingdon 1995: chap. 4.

of the murky landscape in which early experimentation occurred and how these programs originated.

Since the 1970s, Brazilian economists have debated the merits and feasibility for a guaranteed minimum income program (Programa de Renda Mínima).⁶ Although these early intellectuals made important theoretical contributions to the debate on poverty, inequality, and democracy, it was not until the 1990s that such a program would make considerable advances in the political arena. Eduardo Suplicy, a career politician and economist⁷ by training, has been the most vocal advocate for a national program as a mechanism for social redistribution of wealth and poverty alleviation. Once elected to the senate in 1990, representing the state of São Paulo and affiliated with the Workers' Party, he would propose legislation that would guarantee all individuals⁸ over 25 years of age, who earned less than two monthly minimum wage salaries, a cash supplement.⁹ Suplicy's proposal was heavily debated, with many technocrats and economists questioning the potential economic effects such a program would have on inflation and the economy, in general. Others argued the program was utopian and that Brazil was not ready or even administratively capable of implementing it. Others still wondered if cash-

⁶ For instance, Antonio Maria da Silveira in 1975, and Edmar Bacha e Roberto Mangabeira Unger in 1978, published on this topic (For discussion on the contribution of these early scholars, see Fonseca 2001: 99-109; Aguilar and Araujo 1998:31).

⁷ Suplicy's interest in a cash-based minimum income program dates back to his graduate training the United States, where he learned about a Milton Friedman's ideas for a negative income tax, and policies such as Aid to Families with Dependent Children (AFDC) and later the Alaskan Permanent Fund Divided Program.

⁸ Suplicy was a firm supporter of a universal program geared towards individuals, not families.

⁹ At the time, a minimum income was approximately C\$ 45 thousand. The Bill specifically called for a supplement for the difference between 2 minimum income threshold and actual income. In the event an individual had no income, the supplement would not exceed 50 percent of the threshold to encourage people to work.

grants were the proper vehicle for poverty alleviation, preferring other programs and approaches. Despite these criticisms the bill gained enough traction to pass in the Senate unanimously on December 16, 1991, only to then stall in the house as Presidents Collor, Franco and Cardoso declined to support it. Suplicy would continue to champion the legislation¹⁰ nevertheless and advocated for governors and majors to adopt variations of his legislation at the local level.¹¹

In the public sphere, economist Jose Márcio Camargo joined the debate on the merits of Suplicy's proposal when he published an influential opinion piece in the respected newspaper, the *Folha de São Paulo* (1993). He argued on behalf of a framework for a social policy that would alleviate poverty in the short-term and resolve multigenerational of poverty in the long term, largely supporting Suplicy's efforts. However, Camargo suggested several notable modifications to the existing Bill, including the prioritizing families with school age children and making transfers contingent on families regularly sending their children to school. These modifications would later become the backbone for future Renda Mínima programs.

Given the lack of enthusiasm for a guaranteed minimum income policy at the national level, local governments were a natural venue for advancement of the policy. In 1995 two cities simultaneously adopted minimum income programs: Campinas and Ribeirão Preto, both in the state of São Paulo. The Campinas program, implemented by

¹⁰ An amended version of the Renda Mínima legislation was finally passed and signed by President Lula on January 8, 2004. However, even at the bill's signing, Lula and others noted they were uncertain whether the legislation could ever be implemented.

¹¹ Although local governments would take up programs with the name Renda Mínima, they often differed from the original proposed by Suplicy. He nevertheless "consulted" with cities and "welcomed" modifications, suggesting they represent a single idea (Suplicy, Interview 2003).

José Roberto Magalhães Teixeira (PSDB), is the more widely known of the two, having received awards and undergone several evaluations¹² (Fonseca 2001). Although the program shares the name most closely affiliated with Suplicy, the program differed considerably from the national legislation. First, Campinas' *Programa de Garantia de Renda Familiar Mínima* (PGRFM) policy was not geared at individuals but rather prioritized families as a whole.¹³ Further, the program only served families in extreme poverty and with children between the ages of 0 to 14.¹⁴ Second, unlike the national bill, the local initiative required beneficiaries to ensure their children's regular school attendance among other requirements.¹⁵ Notably, although the Campinas program had a strong educational component to the program, it was viewed more broadly to include social assistance.

Though contemporaneous to the Renda Mínima program, Bolsa Escola originated among participants of the Center for Contemporary Brazilian Studies at the Universidade de Brasília (UnB). The interdisciplinary center, which was spearheaded by then Rector Cristovam Buarque, provided a venue for faculty, students, and intellectuals to meet and develop policy that could respond to Brazil's most pressing problems. Center participants quickly identified the problem of basic education to be an urgent issue, and noted the strong correlation between poverty and high dropout rates (Aguiar & Araújo

¹² The city is also home to nationally renown Unicamp (The University of Campinas), which has a well known center in social policy evaluation, lending to both interest and ease for studies of the city's Programa de *Garantia de Renda Mínima*.

¹³ Lei No. 8.261, dated June 6, 1995 and regulamentado pelo Decree No. 11.471 of March 3, 1995.

¹⁴ Families had to have a per capita income of R\$35 or below to meet eligibility requirements.

¹⁵ Heads of households signed a "*Termo de Responsabilidade e de Compromisso*", which required the following: the children's regular school attendance, regularized attention to healthcare, and children could not reside on the streets. In addition, families were required to participate in monthly meetings.

2002: 38). Based on this observation, participants concluded that that poverty and low-educational attainment were inter-related and positively reinforcing, and Bolsa Escola could tackle both. Even though education is compulsory and free in Brazil, parents must still provide a minimum level of resources for their children to attend school (e.g. clothes, shoes, and school supplies). Furthermore, parents face an opportunity cost when sending their children to school (i.e. they must forgo potential labor and income their children can generate through informal work). Second, Buarque argued that just as government has supported students through scholarship to attend institutions of high education (masters and doctoral degrees), it would be appropriate for children to receive scholarships for primary education. Thus, the group proposed a school grant (scholarship) for families in poverty, but on the condition their children regularly attend school; families whose children failed to attend school, would lose a monthly payment.

When Cristovam Buarque took office in the federal district of Brasília in 1995, he quickly implemented a Bolsa Escola program.¹⁶ The program started small, first prioritizing families in the neighborhood Paranoá, which had the lowest socio-economic indicators in the city. City administrators later expanded it to include more families; by 1998, 25,680 families and 50,673 children were enrolled in the program (Aguiar & Araújo 2002: 43). Eligible families included those whose income fell below half a minimum salary per capita, the monthly benefit was fixed at one minimum salary

¹⁶ Decree 16.270 on January 22, 1995 and regimented by Portaria 16 on February 9, 1995.

(R\$130)¹⁷; the program raised roughly 10,000 families above the poverty line (Lavinias and Barbosa 2000: 449). The city also implemented a complementary program, *Poupança-Escola* (School Savings) as an additional incentive to encourage students to stay in school until completion of the lower secondary school, and for those families with older children who stay in school. In all, the Bolsa Escola program cost the district approximately 1 percent of its annual revenue.

Some policy specialists argue that municipal *Renda Mínima* and *Bolsa Escola* policies are substantially different policies because of their distinct origins, nuances in policy design, and names (Paulics 2004; Interview Lavinias 2004; Interview Rocha 2003). Table 4.1 provides an overview of both the similarities and differences between two exemplary municipal programs: Campinas (SP) and Brasília (DF). While it is certainly the case that each program displayed unique features, I argue that these programs are essentially similar.

First, both programs incorporate two objectives within a single program: to improve educational performance and alleviate poverty. Interestingly, although both programs have important education goals, neither was conceived by education specialists, but rather framed within the larger context of economic and social development. Second, both programs have strict eligibility requirements based on family income and make benefits conditional based on parents' behavior (e.g. regular school attendance).

¹⁷ At the time, a minimum salary was approximately \$76 US dollars. The benefit was fixed, regardless of the number of children in the household.

Table 4.1 Characteristics of the Municipal Bolsa Escola & Renda Mínima Programs

	Renda Mínima (Campinas, SP)	Bolsa Escola (Brasília, Federal District)
Income Eligibility Threshold	Families in extreme poverty, incomes per capita below R\$35, and with children from 0 to 14 years of age.	Income per capita below ½ Minimum Salary (R\$130), and with children ages 7 to 14 and matriculated in school.
Residency Requirements	Two years from date of the legislation	Five year residency in Brasília.
Conditionality	Regular School Attendance Regular Health Check-ups Monthly Meetings	Regular School Attendance (90% attendance rate)
Beneficiary	Head of household	Mothers of Children
Benefit Amount	The difference between actual family income (per capita) and the minimum income (R\$35 per capita).	1 Minimum Salary (Flat)
Administered by:	Department of family, child, adolescent, and Social Services.	Department of Education

Third, both policies provide cash grants and parents can determine how best to spend those resources. Fourth, both Renda Mínima and Bolsa Escola represent a flexible policy that can incorporate additional components. For instance, Campinas' *Renda Mínima* had healthcare requirements and Brasília added parent literacy programs; one of the important elements of the program was that it appealed to technocrats who wanted to have a more integrated approach to social services. Lastly, and perhaps most importantly, the policy entrepreneurs who have been most vocal in advocating for replication of their respective program, have acknowledged that in practice, *Bolsa Escola* and *Renda Mínima* are essentially similar (Interview Buarque 2004; Interview Suplicy 2003). For all these reasons, this project examines the diffusion of Renda Mínima and Bolsa Escola as part of the same phenomenon.

Both Bolsa Escola and Renda Mínima policies received early recognition for their “innovativeness” and won numerous awards. For instance, in 1996, the first year of the Innovations Award Program administered by the Public Management and Citizenship Program of the Fundação Getúlio Vargas, city administrators from Brasília and Campinas submitted applications for their respective programs; both received awards that year.¹⁸ Bolsa Escola in particular, became the “darling policy” of both Brazilian and international development policy specialists who supported assessments of the program. For instance, the international organization UNESCO office in Brazil produced an evaluation and was an early enthusiast of the program (Waiselfisz et al. 1998). In funding the evaluation, UNESCO introduced the program to policy professionals in the national and international arena. A few other domestic and international organizations followed suit and produced policy papers on *Bolsa Escola* (Bava et. al 1999; Lavinás et al. 2001; Lobato & Urani 1998; Vawda n.d.). Although UNESCO¹⁹ and the World Bank never directly supported the policies through financial contributions in Brazil, the program was consistent with their organization’s values and priorities. This is particularly true in the case of the World Bank, which had been advocating for more efficient use of social spending and for targeting to prioritize the poorest groups rather than creation of policies that entailed universal coverage. In addition, the news media took considerable interest in Bolsa Escola and Renda Mínima programs, as cities began receiving awards. Major

¹⁸ In 1996, the Campinas program received a semi-finalist award and the Brasília program received the top finalist award. Bolsa Escola also won the award, Criança e Paz (Children and Peace), from UNICEF.

¹⁹ Interestingly, of all the organizations to evaluate and support the earliest Bolsa Escola efforts, only UNESCO was a truly education-oriented institution; all others are generalist organizations that focus on “good governance,” poverty alleviation, and development.

news outlets, the *Correio Braziliense*, *Jornal do Brasil*, *Estado de São Paulo*, and weekly news magazine *Istoé*, ran articles and opinion pieces on *Bolsa Escola*.²⁰

Aside from the wide recognition that *Bolsa Escola*'s received, part of the program's broad appeal was due to its very policy design. Although some of the staff in Brasília who designed the particularities of the program had a feminist perspective on social policy²¹ – for instance having known about microcredit programs for women in Bangladesh such as the Grameen Bank – the program still appealed to mainstream Brazilians who hold more conservative views on women's roles. In targeting women, policymakers designed a program that was largely consistent with traditional gender norms and notions of maternity. As Marisa Pacheco, the coordinator of *Bolsa Escola* explained, the decision to target the payments to mothers was well received and non-controversial.

We thought it was important to recognize the culture here in Brazil. Women take a more active role in the family and with their kids. We believe mothers are more likely to keep track of their children's attendance at school, make sure they dress well, eat well, etc. And I had a strong belief that women would manage the resources of the *Bolsa Escola* well (Interview Pacheco, 2004).

²⁰ See for instance: Assunes 1997; Ibañez 1996, 1997; Dimenstein 1997; Geraldés 1999; Fernandes 2001; Lago 2001; Silva 1996; Steck 1997; *Jornal do Brasil* 1997; Villaméa 2001; Mello 2000; *Correio Braziliense* 1997^a, 1997^b; Rossi 1997; Husseini 1996.

²¹ In practice, Pacheco and Conceição Zotta Lopes had strong theoretical and administrative reasons for directing the cash benefit to mothers. In their previous work in public housing, they noticed how problematic it was when women were not included on deeds with their husbands. They noticed that without explicit attention to women's status, they could become even more vulnerable. In addition, there were practical considerations. Women were more likely to have custody of children and were often heads of households (Interview Pacheco 2004).

In this way, Bolsa Escola reinforced notions that women would be more responsible because of their maternal roles. Men were perceived to be less trustworthy whereas women were thought to be self-sacrificing and would put their children first. Discussions about “women’s roles” and “women’s work” were an explicit part of the policy design, which Governor Buarque was quick to use.

One justification I used for focusing on women was that we needed to value the work women do as mothers and that the state had an obligation to support this work. Buarque liked this idea and even pushed it a little further, saying that we were generating work for women. Basically, spinning it as a payment for women for work they already do (Interview, Pacheco 2004).

The implications of the program’s construction of gender norms generated very little discussion, both in Brasília and later when it would be replicated elsewhere. As Aguilar noted, the policy is attractive in part, because it does not attempt to restructure social relations in a radical way (Interview 2003). Conservative segments in Brazilian society appreciated that the program reflected views about women’s self-sacrificing nature while progressive feminists remained largely silent.

Policy entrepreneurs such as Cristovam Buarque and Eduardo Suplicy were vocal advocates for the expansion of *Bolsa Escola* and *Renda Mínima* programs. One of their principal targets was the federal government and both men approached President Cardoso and his senior policy staff to get a national program off the ground (Interview Buarque 2004; Interview Suplicy 2003; Interview Souza 2004). Despite their efforts, the Cardoso administration was primarily committed to other social policy approaches, such as changing education financing through FUNDEF. In a concession and despite different

priorities, in 1997 the federal government introduced a national program – Programa de Renda Mínima Vinculada à Educação (Lei 9.553, December 10, 1997). The policy supported municipal efforts for Bolsa Escola and Renda Mínima by providing a matching grant to those communities that instituted their own program; the federal program would cover 50 percent of beneficiaries’ payments. However, the program was limited in scope and focused on the poorest cities. Only those cities with per capita incomes below their states’ average were eligible to participate.

The federal Programa de Renda Mínima Vinculada à Educação was short-lived. Renda Mínima and Bolsa Escola enthusiasts believed the program was doomed from the start and represented a half-hearted attempt to promote the program’s expansion. Federal technocrats assumed that offering funding would be sufficient incentive for local governments to participate in the program. But eligible cities were often smaller and poorer and had limited capacity to establish their own program. In practice, a few state governments, such as the state of Bahia, urged their municipalities to adopt *Bolsa Escola*. But the vast majority of eligible cities never participated. Overall, it represented an old-fashioned design that required formalized cooperative agreements between municipalities and the federal government (Interview Pesaro 2004). In 2001 the federal government would make a second attempt to support conditional-cash transfers through the program, Bolsa Escola Federal. In this iteration, federal authorities would by-pass municipal governments altogether by directly paying poor mothers a school grant. (For more information on federal conditional-grant programs, see Appendix F).

Predictably the enactment of the federal program in cities that had their own municipal Bolsa Escola and Renda Mínima programs posed especially challenging. Federal administrators and politicians criticized these local governments for failing to enact their program in a timely manner and accused politicians from opposition parties of political posturing and purposeful delays.²² Local officials complained of being railroaded by the federal government (Interview Leitão 2004). Since they had their own experiences, these local officials argued they should be granted greater flexibility and given the option of integrating the municipal and federal programs. Technocrats were especially concerned about the registration process and wanted to insure that the programs would extend coverage to new families rather than provide overlapping benefits. In the end, cities that had already established municipal programs continued to operate their own programs and simply added Bolsa Escola Federal, essentially operating two separate programs. In other words, municipalities across Brazil continued to design, administer, and finance their own Bolsa Escola programs despite the complications caused by the entry of a federal program bearing the same name.

EXPLAINING THE DIFFUSION OF MUNICIPAL BOLSA ESCOLA IN FOUR MAJOR CITIES

Given the early enthusiasm for Bolsa Escola and Renda Mínima programs, with awards and enthusiastic reviews from international development agencies, it is not

²² The politics related to São Paulo's enactment were particularly intense as it became a battleground between two prominent politicians, Mayor Marta Suplicy (PT) and Education Minister Paulo Renato Souza (PSDB). Each politician defended the merits of its program. Mayor Suplicy offered a "compromise" that included an integrated program and the municipal governments' logo on the Federal Bolsa Escola debit card. MEC officials took that as a sign of clear partisan politics and dismissed the idea decisively. Billboards later went up across the city detailing how much money low-income citizens were losing because of the Suplicy administration delayed enactment of the Federal Bolsa Escola.

surprising that other cities would choose to replicate these programs. Some cities across the country were so quick to adopt similar programs they did so within a year of Brasília and Campinas' enactment. For instance, Salvador emulated the program before major research organizations had widely distributed policy evaluations.²³ That cities replicated the programs so quickly and before assessments of these policies established their effectiveness is remarkable; particularly since most of the earliest publications on these programs were based on case studies (i.e. usually based on one or two cities), and it was unclear whether cities with different socio-demographic characteristics, educational difficulties, or financial resources could benefit from adopting a similar program. Thus, what explains why certain cities were so eager to replicate these programs? Why were some cities quick in doing so? Why did others take a slower pace to adoption? And, why did other cities choose not to replicate the programs at all?

Case Studies

This chapter details case study evidence on the motivations behind decisions to adopt (or not adopt) *Bolsa Escola* and *Renda Mínima* policies. Table 4.2 presents a synopsis of the replication decisions across the 10 cases in this study.

²³ Rocha noted that cities such as Belo Horizonte and Belém replicated the Brasília program wholesale; there were few adjustments made to target the particularities of their cities (Interview 2003).

Table 4.2 Ten Case Studies: Adoption & Non-Adoption

	Executive in Office & Party ID ^a	Bolsa Escola/Renda Mínima
Brasília (DF)^b		
1990-1994	Joaquim Roriz (PTR)	-
1994-1998	Cristovam Buarque (PT)	<i>Innovator</i> ^c
1998-2002	Joaquim Roriz (PMDB)	No/Yes ^d
Belo Horizonte (MG)		
1992-1996	Patrus Ananias (PT)	No
1996-2000	Célio de Castro (PSB)	Yes
2000-2004	Célio de Castro (PSB) Fernando Damata Pimentel (PT) ^e	Yes
Salvador (BA)		
1992-1996	Lídice da Mata (PSDB)	Yes
1996-2000	Antônio José Imbassahy (PFL)	No
2000-2004	Antônio José Imbassahy (PFL)	No
São Paulo (SP)		
1992-1996	Paulo Maluf (PDS)	No
1996-2000	Celso Pitta (PPB)	No
2000-2004	Marta Suplicy (PT)	Yes

^a Mayor's partisan affiliation at the time he or she ran for office.

^b Brasília, the Federal District, operates under the gubernatorial electoral calendar.

^c As the originating city for *Bolsa Escola*, its adoption in 1995 does not constitute a case of diffusion.

^d The program was suspended or discontinued and then reintroduced under new names.

^e Fernando Damata Pimentel (PT) assumed office in November 2001, after Célio de Castro suffered a stroke.

There are several broad patterns across the 12 cases that are worth noting at the onset. First, adoption of *Bolsa Escola* occurs at different points in time; each city adopts the policy during different administrative cycles. After Brasília's innovation Salvador was the first city to replicate it, followed by Belo Horizonte and then São Paulo. Second, all of the administrations to adopt *Bolsa Escola* were left-of center, yet not all cities governed by a leftist adopted the program. For instance, Belo Horizonte (1992-1996) had a Workers' Party mayor who did not adopt the policy. This suggests perhaps that left-leaning majors are necessary but not sufficient for emulation of this program. Third, one of the most striking features of *Bolsa Escola* replication is that it did not necessarily

“stick”. There are several instances of policy reversal – Brasília and Salvador – where programs were suspended following the start of a new administration. Thus, the case studies provide an opportunity to examine both the determinants of policy diffusion as well as the reasons for policy reversal.

Political Incentives

A political incentives approach offers an intuitively appealing explanation for the spread of Bolsa Escola in Brazil. Policy advocates for Bolsa Escola and Renda Mínima suggest these programs spread because they are politically attractive (Interviews Buarque 2004; Suplicy 2003). In what ways does the nature of the policy itself allow for a political incentives explanation of its adoption? Does political competition drive local politicians’ day-to-day decision-making? Do political leaders decide to adopt these programs to win elections? Do political incentives explain the timing of diffusion?

In many ways, Bolsa Escola is the type of policy that calculating politicians are eager to adopt in order to sustain their electoral popularity. Given that Brazil has compulsory voting, Bolsa Escola, which targets poor constituencies, can be especially useful in electoral politics. To contextualize the potential impact of the poor’s vote, in Salvador in 1991 approximately 35 percent of the population had monthly per capita incomes of 75 reais²⁴ (Martins & Libâneo 2005). While figures for the other case study cities is less dramatic – Belo Horizonte 19 percent; Brasília 17 percent, and São Paulo 8 percent (Martins & Libâneo 2005) – this population is still substantial enough to sway

²⁴ This figure represents half a minimum monthly salary (in 2000).

elections in competitive races. It is only natural to imagine that families that receive the cash grant and rise out of extreme poverty would choose to reward the politicians that backed the policy.

Even though Bolsa Escola targeted a specific group of beneficiaries and distinguished between the “haves” and “have nots,” the policy did not exacerbate class cleavages and was widely appealing across income groups. Several factors contributed to its wide acceptance. First, the school grant program was similar to other social assistance programs local governments have long offered to the poorest and most vulnerable. Municipalities have long provided poor families with school uniforms, school supplies, and food baskets, albeit on an ad-hoc and irregular basis. Others liked that the program could empower the poor to manage household resources and take responsibility for their children’s education. Among others still, there was speculation that increasing cash-resources to local economies could have positive economic effects. While Bolsa Escola’s policy design differed from previous public assistance efforts, it fit in line with historic municipal efforts to alleviate poverty and assist the poor.

Electoral competition is an important feature of local politics for Salvador, São Paulo, Belo Horizonte and Brasília and we would expect that candidates for executive office and current mayors would use their policy position to attract and retain voters. Certainly, the pressure to win elections and distinguish oneself from one’s competitor is crucially important in the Brazilian municipal arena. Though personalism is still a characteristic of Brazilian politics, candidates do refer to their policy preferences or specify programs they would enact once in office. Campaigning on the provision of

these social programs can offer a clear opportunity to gain votes and clarify the field when voters are faced with numerous candidates. So how did Bolsa Escola come to play in the electoral arena?

Despite the name recognition of the policy, few candidates actively campaigned on their intentions to implement program. Those who did were leftist candidates, including Cristovam Buarque, Marta Suplicy, and Célio Castro. (Lidice da Mata, who also implemented the program, only became familiar with the program after she was in office.) Their centerist and rightist counterparts however, did not, despite the potential to garner a similar benefit for publicly supporting the program.

Interestingly, when the time came to implement the policy, *Bolsa Escola* administrators perceived the program to be risky. As a coordinator of the program in Belo Horizonte explained:

When executives carry out effective programs and the population views it favorably, it can result in votes. But, I think it was difficult at the time to determine what the electoral payoffs would be (Interview Leitao, 2004).

There were several administrative uncertainties that gave technocrats pause. First, Bolsa Escola could increase school attendance, but by incorporating previously marginalized and failing students into the system, other performance indicators would likely decline. Second, Bolsa Escola was actually disliked by teachers who were skeptical about the program and its benefits.²⁵ As Marisa Pacheco noted, the BE is not a singular solution to education. “Once you bring children into the classroom, other problems arise, including:

²⁵ Merilee Grindle offers a useful analysis on the ways in which teachers’ unions have perceived themselves as “losers” when it comes to education reform in Latin America (2004).

limited classroom space, the need to develop strategies to help students catch up, and the need for improved teacher instruction” (Interview Pacheco, 2004). But the program was also unpopular in terms of traditional corporatist politics; teachers’ unions preferred that education policies enhance teacher pay and classroom supplies (Interview Aguilar 2003). Despite these challenges, the Buarque administration proceeded in instituting the pioneering Bolsa Escola program. Mayors Célio Castro in Belo Horizonte and Lídice da Mata in Salvador also signed on to Bolsa Escola very early on, in spite of the risks of policy failure. Only Marta Suplicy, who emulated the program in 2000 in São Paulo, would benefit from having a cadre of technocrats already familiar with similar municipal policies.²⁶

For these case study cities, the replication of Bolsa Escola offers some surprising findings. In theory, the education stipend could have been attractive to a broad set of politicians. The program could have been a natural extension of “politics as usual” practices, including patronage politics, clientalism, and pre-election payoffs. But only left-of-center mayors choose to emulate Bolsa Escola, suggesting that politicians made their policy choices based on other factors. Given that these programs cost municipalities their own resources and that federal incentives²⁷ were non-existent, there must have been

²⁶ Ana Fonseca, the director of Renda Mínima in São Paulo, had conducted evaluations of similar programs in Belo Horizonte, Brasília, Campinas, and Salvador. At the time, she held an academic post at UNICAMP.

²⁷ None of the cities that adopted municipal Bolsa Escola or Renda Mínima programs benefited from federal funds. Vertical diffusion – such as that caused by federal inducements through financing – was not a feature of municipal Bolsa Escola replication. Belo Horizonte, São Paulo, and Salvador all created their own municipal programs without federal subsidies demonstrates that horizontal diffusion across cities does take place. Surprisingly, even when the federal government later initiated its own program, many cities including Belo Horizonte and São Paulo balked at the chance to integrate their municipal program with the

something else that drove mayors da Mata, Castro, and Suplicy to emulate the education program.

Ideology

Traditional ideological divides between the left and the right had a particularly strong impact on the adoption of Bolsa Escola and Renda Mínima programs. Politicians to the left-of-center, from the Workers' Party (PT), Brazilian Socialist Party (PSB), and the Party of Brazilian Social Democracy (PSBD), tended to emphasize social programs in their campaigns and policymaking. Elected officials revealed a dramatically consistent framing of ideological objectives and values when prioritizing issues and selecting public policies. Nearly every politician and technocrat from the Workers' Party, for instance, justified his or her policy choices with notions of "social rights," governmental responsibilities, and the need to invert spending to prioritize the poorest and most vulnerable sectors of the population.

For many actors ideologically to the left-of-center, Bolsa Escola and Renda Mínima represented a profound transformation in the relationship between the state and citizens. In their analysis, public assistance programs had historically reflected traditional clientalistic approaches to social assistance. These programs were often administered by the wives of mayors who took them on as part of their charitable first-lady obligations, regardless of whether she had professional credentials in the field. Thus, critics on the left argued that municipal-run programs that offered hand-outs, such as electronic

federal one, which would have allowed them to reduce municipal expenditures. They also maintained their own municipal programs even after their cities began administering the federal program.

appliances or baby clothes, were more often than not vehicles for vote-buying. Moreover, they also failed to address the causes of poverty. In contrast, advocates of Bolsa Escola and Renda Mínima argued their program would give children a chance to get out of poverty, while also empowering mothers to decide how to spend the grant. Bolsa Escola program coordinators displayed remarkable convergence of ideological discourse around these general themes. They also expressed a desire to address social exclusion and a belief that education was an important component of citizenship. When politicians discussed why they had chosen to adopt a school grant program, they all cited problems like social inequality and the need to address the “social deficit.”

Cities governed by executives from the right-of-center parties took a very different approach and mostly ignored Bolsa Escola and Renda Mínima proposals. In general, right-of-center mayors emphasized policies that encouraged business interests or market competition and enacted policies that were framed along these conservative rationales. Unlike their left-of-center opponents, conservatives’ political campaigns often highlighted and prioritized their progress in non-social policy arenas. In campaigns for re-election for instance, Mayor Antônio Imbassahy in Salvador emphasized his administration’s accomplishments in infrastructure projects, while Governor Joaquim Roriz in Brasília highlighted the construction of an award-winning bridge.

The different discourse of actors on the left and right could be easily dismissed as a rhetorical device were it not for the fact that left-of-center politicians were consistent in their follow-through and implementation of Bolsa Escola. In the case studies, emulation of Bolsa and Renda Mínima occurred under left and left-of-center politicians: Belo

Horizonte under Célio Castro (PSB), São Paulo under Marta Suplicy (PT), and Salvador under Lídice da Mata²⁸ (PSDB). Some politicians were so committed to the ideals behind Bolsa Escola and Renda Mínima that they implemented and defended the programs in ways that perplexed even their own allies.

Longtime advisors to Governor Cristovam Buarque and Mayor Lídice da Mata admitted they could not logically explain the actions taken by their candidates. For instance, Mayor Lídice da Mata implemented the Programa Renda Mínima Familiar in her last year of office even though it was clear she would lose her bid for re-election and understood that her successor would most likely dismantle the program once his term began. She also faced criticism from her supporters and inner circle of confidants, who argued that a Renda Mínima program was only feasible for cities flush with resources; they argued Salvador faced too many deficits for this type of specialized effort. Even so, she went ahead out of principle because she was personally committed to the goals of the program (Interview, Mata 2004). Cristovam Buarque also deviated from instrumental political rationality in a way that could only be understood as grounded in his ideological commitments. During his campaign for re-election in 1998, he did not reach out to the mothers of Bolsa Escola and consistently told his audiences that the social programs enacted during his administration were part of the state's obligations and constituted their social rights. Accordingly, he told beneficiaries of programs like *Bolsa Escola* that they did not owe him their votes and should feel free to vote for whomever they wished

²⁸ According to Coppedge (1997) the PSDB is a centrist party. Lídice da Mata's own ideological dispositions place her on the left-of-center. After her term as mayor of Salvador, she joins the leftist party, PSB.

(Interviews Buarque 2004; Ibañez 2003). The Buarque campaign staff admitted his ideological speeches confused voters and contributed to his electoral defeat (Interview Aguiar 2003). These examples of seemingly irrational decision-making by Lídice da Mata and Cristovam Buarque confirm the hypotheses that some politicians are indeed driven by their own deeply held values and will make decisions that go against their own self-interest.

Right-of-center politicians and their senior staff also displayed their own ideological tendencies when it came to the social policy development. In general, right of center politicians and their politically appointed technocrats did not mention a “social deficit” when discussing their policy priorities. Rather, administrators and political appointees associated with the Imbassahy (PFL), Roriz²⁹ (PMDB), Maluf (PDS) and Pitta (PPB) administrations emphasized market-oriented priorities for economic development, including tourism, business development, and major public works. Given their ideological predispositions, it is not surprisingly that when left-leaning mayors lost their bids for re-election, their successors dismantled their predecessor’s education stipend programs. For instance, in Salvador, Mayor Imbassahy (PFL) simply dissolved the Programa de Renda Mínima Familiar. The city’s secretary of Social Development, Raimundo Caires Araujo, noted that social policies were not among the mayor’s top priorities and the secretariat for social assistance had a limited budget (Interview 2004). For this reason, their projects were small and often included sponsorship from private

²⁹ According to Coppedge (1997) the PMDB is a centrist party. Joaquim Roriz’s own ideological dispositions place him on the right.

firms. In general, the city of Salvador administered federal programs (such as PETI, Bolsa Escola Federal, Agente Jovem), a few municipal social assistance programs³⁰, and targeted projects such as a youth orchestra and small-scale cooperatives where participants would develop arts and crafts goods for sale (Interview Araújo, 2004). Mayor da Mata's Renda Mínima program was so short lived and absent from the public memory that Secretary Araujo acknowledged he was unfamiliar with it. He also admitted that it had not occurred to him to institute a municipal Renda Mínima program. While staff in Salvador who worked on social policy were committed to their public assistance work, what was most striking was their rhetoric. Or rather, what was notable was the absence of a "left" rhetoric. City officials never mentioned legacies of exploitation, social exclusion, racism, or lack of citizenship. Nor did they frame their work in the context of democratic practice or empowering the poor.

The administration of Governor Roriz (PMDB) from 1998-2002 in Brasília offers a parallel account. As in Salvador, when the right-of-center governor entered office in 1998 after defeating left-of-center Buarque, he quickly moved to terminate the Bolsa Escola program. His staff declared the program unnecessary because the district did not have problems with irregular school attendance but rather low academic performance. The district suspended enrollment of new families in the Bolsa Escola program and designed an alternative program, *Successo no Aprender* (Success in Learning), that provided students with school uniforms, school supplies, eye exams, and extra classes on

³⁰ For instance in 2000, the city provided needy citizens with a "cesta baxica" (food basket), containing basic goods such as rice, beans, noodles, etc. Shortly thereafter, the municipality began working with grocery stores to enable beneficiaries to use supermarket cash cards for food purchases.

Saturdays, eliminating the cash-grant altogether. In other words, the administration returned to a more traditional mode of public assistance. At the time, the administration's decision to suspend registration into the Bolsa Escola program drew considerable criticism from the news media but officials pressed on with their intention to evaluate Buarque's Bolsa Escola and create their own education programs³¹ (Interview Lima 2003).

In 2001, the Roriz administration provided the only instance in this study of the Bolsa Escola reinstatement. The city reintroduced a school grant program under the new name, Renda Minha (My Income), combining elements of both Bolsa Escola and Sussesso no Aprender. The director of the program, Lílian Carneiro Lima, downplayed the notion that politics or media pressures led to the decision to reintroduce the program; rather, she emphasized that their decision reflected policy evaluations and assessments of various programs (Interview 2003). Unfortunately, it is difficult to disentangle these actors' motivations for re-instituting a education stipend program. Tracing the internal decision-making process of the Roriz administration is particularly difficult due to a lack of transparency. Public officials associated with the Renda Minha program were reluctant to discuss internal processes, provide documents, or discuss the number of beneficiaries. Several technocrats explained that unless their supervisors granted approval, they were barred from providing "private internal documents" as they were not "public." Higher-level officials also refused requests for interviews. Nevertheless, it is

³¹ Officials disregarded the evaluations by the Fundação Getúlio Vargas-São Paulo, UNESCO, and the World Bank and commissioned their own study. The study the Roriz administration commissioned was not made available.

possible to conclude that the decision-making process for reintroducing Renda Minha in 2001 was considerably different from that of Bolsa Escola in 1995. Unlike his predecessor, Renda Minha was not a major symbol of Governor Roriz's administration. The policy had less visibility both in terms of his politics and personal discourse (e.g. in campaigns and in the media). One implication of this case may be that left-of center ideology matters more for instances of first-time policy emulation than it does in the rare circumstances when policy reenactment occurs.

Ideology offers an important lens for understanding why politicians and their senior staff implemented Bolsa Escola. Politicians and their politically appointed senior staff shared similar dispositions and worldviews about the relative importance of social policy. These individuals shared likeminded commitments to prioritize policies that would address the long-standing social inequalities and persistent poverty. While left-of-center political actors generally shared similar partisan affiliations, such as the PT, PSDB, and PSB, they noted that their decision-making was independent of partisan directives. In fact, early adopters of Bolsa Escola noted that their emulation decision preceded their party's decision to endorse the program (Interview Buarque 2004; Interview da Mata 2004). As Buarque explained, the policy itself was in line with a subset of members of the Workers Party who favored a progressive vision of social policy, but in the early and mid-1990s, the party itself was reluctant to officially endorse the policy (2004).³²

³² In Buarque's assessment, in the early and mid-1990s the Workers Party was comprised of three distinct streams: 1) those connected via unions; 2) those who interested in economic issues; and 3) those who were

For most cities, the timing of Bolsa Escola and Renda Mínima emulation coincided with changes in administration as left-of-center mayors took office. The only instance where a city with a leftist administration did not adopt the program was in Belo Horizonte under the Patrus Ananias administration (1992-1996). This suggests that while a left-of-center ideological commitment is necessary for emulation to occur, it might not be sufficient. Early adoption in particular, requires that actors learn about innovations quickly. In this way, decision-making might entail more than a self-regarding decision process by include a socializing process as well. The next section on social networks explores the extent to which emulation decisions reflected a process of social networking.

Social Networks

Civil society organization can serve a crucial function by creating opportunities for formal networking and learning. Education policy has been a central thematic interest among Brazilian associations; according to the Ministry of Justice, there are nearly two hundred public interest non-governmental organizations whose primary focus is education.³³ Yet, one of the important features of this sector is the way in which traditional corporatist interests, represented by teachers' unions, have retained their influence in larger policy debates. In practice, teachers have taken a more narrow view of education policy, focusing on debates regarding curriculum development, pedagogy,

interested in social priorities. PT affiliates who had commitments to social issues were more interested in Bolsa Escola. Since the PT has a São Paulo bias, it took a while for Bolsa Escola to garner the attention of the mainstream in the party (Interview 2004).

³³ The Ministry of Justice monitors public interest civil society organizations in Brazil and provides a directory of these organizations on this website.

textbooks, classroom conditions, teacher training, and teacher pay. Education stipend programs challenged the notion of what constituted an “education policy,” as they integrated components of poverty alleviation with education goals. In other words, features of the policy itself created some cognitive dissonance for educators. But in addition to these conceptual policy differences, Bolsa Escola represented a political conflict over resources and funding priorities. Unions generally worried that the funds for the program would come from allocated set-asides for primary education, which federal law mandates, rather than municipalities’ general operating budget. One of the ironies about Bolsa Escola is that Brazil’s most internationally recognized education policy was hardly a central issue among education professionals.³⁴

Despite the low levels of interest in *Bolsa Escola* among education professionals, there were a few formal associations and avenues for learning that were important. Quasi-governmental associations such as *Conselho Nacional de Secretários de Educação* (CONSED) and *União dos Dirigentes Municipais de Educação* (UNDIME) were key institutions for UNESCO officials who wanted to engage in education policy development (Interview Cunha 2004). An award from UNICEF in 1996 also lent international credibility for the policy. Yet, one of the most important organizations to contribute to the spread of education stipend programs in Brazil was not specifically an “education” association, but a generalist policy entity: Programa Gestão Pública e Cidadania (Public Management and Citizenship Program), housed in the prestigious

³⁴ When Cristovam Buarque lost his bid for re-election, rather than work with an existing education organization, he established his non-governmental organization. Missão Criança was created to promote the spread of *Bolsa Escola* in Brazil and worldwide.

public management school of the Getúlio Vargas Foundation in São Paulo. As a UNESCO official explained, it should not be surprising that Bolsa Escola would appeal to a generalist policy audience:

Bolsa Escola appeals to a lot of different people... I think that as an idea, BE was most attractive to people in non-education sectors; people who work on social policy, poverty, social assistance, etc. You see, I always consider education to be a very conservative field. There are three conservative institutions in society: the church, the military, and the schools... This phenomenon of being conservative, i.e. slow to change, is very much present in education (Interview Cunha, 2004).

The Public Management Citizenship Program emerged as a particularly important organization among generalist policy professionals by socializing them to follow the latest trends in their field. Part of its influence relates to its very institutional design, which includes a dissemination strategy to publicize award winning good governance programs. They also hold public awards ceremonies so that national and local press can provide media coverage on the finalists. The program also has a general outreach component that includes working with the press, producing of videos, and developing materials for municipal, states, and federal use. Since it is housed in a school of public management, the staff also write books and case studies based on the award winning entries and hold thematic conferences for practitioners and scholars alike. From the perspective of public administrators, participation in the program's activities offers several benefits. First and foremost, when administrators submit entries for the annual

innovations competition they gain recognition and visibility for their work.³⁵ While some elected officials and their political appointees encourage their staff to submit entries for the competition, more often policy professionals themselves seek out the legitimacy the competition offers. Winning the award also creates the potential that applicants' programs will survive the turmoil that comes with elections and new executives.³⁶ It also provides civil servants with the affirmation they seek from their peers, that their work meets the profession's standards of excellence.

Both Brasília and Campinas received Public Management and Citizenship awards in 1996 for their respective education stipend policies. In partnership with the NGO Instituto Pólis, the Fundação Getúlio Vargas- São Paulo (FGV-SP) produced publications describing Bolsa Escola and hosted conferences and meetings that featured officials from Brasília. As Marisa Pacheco, the coordinator of Bolsa Escola in Brasília noted, the Department of Education received many invitations to participate in conferences to talk about Bolsa Escola. Those invitations were normally divided between Governor Buarque, Secretary Ibañez and herself. Nearly ten years after she started directing the program, Pacheco recalled that some of the most important venues for disseminating information about the Bolsa Escola in Brasília were at the seminars held by the FGV-SP (Interview 2004). Civil servants in São Paulo, Belo Horizonte, and Salvador confirmed that they

³⁵ All applicants receive a certificate from the program and all entries are included in a public database, available on the Internet.

³⁶ Policy continuity across different mayoral and gubernatorial administrations is relatively rare in the Brazilian context.

were familiar with the awards program, had attended a meeting, or had received publications from Public Management and Citizenship program.

In addition to the opportunities for formal socialization afforded by professional networks, elected officials and policy professionals cited “informal” contacts as crucial for convincing them to initiate change, oftentimes these developed in highly idiosyncratic ways. Mayor Lídice da Mata decided to implement a Renda Mínima program after hearing the Mayor of Campinas, a friend of hers, describe his city’s program at a conference (Interview Mata 2004). The mayors knew each other well, as they were both in PSDB and occasionally attended the same events. In Belo Horizonte, the first efforts to institute Bolsa Escola originated from the city council, when Rogério Correia (PT) proposed replicating it in 1996. Correia reported that as a fellow partisan, he had been following Buarque’s campaign for Governor in 1995; as a fellow “educator” he took special interest in his education proposals (Interview 2004). Rogério drafted legislation to initiate a Bolsa Escola in Belo Horizonte, emulating every feature of the Brasília program.³⁷ He also invited Buarque to testify before the city council to explain the program (Interview Correia 2004). As a well known politician in the Workers’ Party, Marta Suplicy met Buarque on numerous occasions and learned about the well publicized program, Bolsa Escola. But in Marta Suplicy’s case, her informal socialization process

³⁷ The legislation for Belo Horizonte is a replica of the program in Brasília, including defining eligible families, the stipend, and targeting of women as beneficiaries. When it came time to implement the program, municipal administrators retained these program features (Interview Rocha 2003; Interview Leitão 2004; Interview Céres 2004).

occurred closer to home as her husband Senator Eduardo Suplicy, had been a major supporter of local Renda Mínima initiatives.³⁸

These informal network processes were not only important for elected officials, but also for their political appointees and senior staff. Horizontal learning was a major feature of Bolsa Escola emulation, as cities seeking to implement the policy visited innovating cities. The Secretariat of Education in Brasília frequently hosted visitors from other cities and states (Interview Pacecho 2004; Interview Ibañez 2003; Interview Aguilar 2003). Officials in Salvador for instance, traveled to Campinas to see how the Renda Mínima Familiar worked there. When Belo Horizonte took up the policy, Mayor Celio Castro's wife, who served as Secretary of Public Assistance, visited Campinas. The city's technical staff however, visited Brasília to learn how they had determined eligibility for families and designed their registry (Interview Leitão 2004). Although technocrats in Belo Horizonte conducted their own poverty assessment in anticipation of the program, they closely followed Brasília's plan. That decision was largely due to the fact that Belo Horizonte's legislation essentially copied Brasília's plan. When Marta Suplicy enacted a Renda Mínima program of her own, she tapped Ana Fonseca to direct the program. As a scholar at UNICAMP, Fonseca had evaluated the Renda Mínima program in Campinas and was aware of similar programs in other cities (Fonseca 2001).

In the case of Bolsa Escola, social networks served two important, albeit separate, functions. First, formal and informal networks socialized actors on the latest developments and norms in their respective fields. Both technocrats and politicians

³⁸ The couple separated in 2001 and divorced in 2003.

wanted to demonstrate they were aware of the latest trends and sought to gain legitimacy among their peers. Being a “follower” or “emulator” for cities such as Belo Horizonte, Salvador, or São Paulo was not perceived negatively. Technocrats and politicians would simply emphasize their city’s unique features (e.g. high poverty rates, lower Human Development indicators) and accomplishments (e.g. program size and speed of implementation). Second, connectivity to social networks facilitated the learning process by providing policymakers with cognitive shortcuts that enabled them to emulate policies fairly quickly and with few adjustments. Even though the cities that adopted these programs had highly skilled technocrats who could have tailored these programs for local conditions, administrators largely engaged in wholesale replication of Bolsa Escola and Renda Mínima programs.

CHAPTER CONCLUSIONS

These case studies of Bolsa Escola adoption reveal the way left-of-center ideology and linkages to social networks both contributed to emulation decisions. Similarly, instances of administrations that failed to replicate the education grant program show that neither a mayor’s leftist ideology nor the presence of professional networks, was by itself sufficient to bring about diffusion. Both social norms and ideology mattered by shaping actors’ motivations and reinforcing decision-making.

Implementation of the education program required that executives seek policies consistent with their deeply held values. These politicians all held a desire to remedy long-standing inequality and prioritize programs that would enhance citizenship by

alleviating social exclusion. If a leftist worldview was a prerequisite for emulation decisions, it certainly was not sufficient to ensure adoption. For example, Mayor Patrus Ananias (PT) in Belo Horizonte chose not to implement the program in his last year in office, despite legislative efforts by leftist city council members. What also mattered in all these cases was not only the presence of a committed politician, but also his or her connection to a professional network. Municipal executives often met one another through formal events and informal contacts, both of which offered opportunities to share information about the latest development and highlight their administrations' accomplishments.

Similar network relationships matter for technical staff and high-level technocrats. Those individuals who worked on poverty and social development were often familiar with educational stipend programs and could name those cities that were ahead of the curve. Yet, technocrats' desires to demonstrate their knowledge of professional norms were insufficient to lead to Bolsa Escola emulation. For instance, civil servants in the office of Work and Social Development in the Antônio Imbassahy administration had publications from the Public Management and Citizenship Office on their bookshelves. They also identified Porto Alegre and Campinas as cities in the vanguard for designing innovative social policies.³⁹ That his administration had abandoned an education stipend program was not for lack of technocratic socialization or knowledge, but rather, reflected the absence of an ideological commitment on the part of the city's leadership to do so.

³⁹ Porto Alegre in Rio Grande do Sul, is well known for the *Orçamento Participativo* (Participatory Budgeting).

The central role that ideology and social norms hold for Bolsa Escola/Renda Mínima emulation is surprising because it conflicts with so much of what we have come to expect about the politics of redistribution. Local governments in Brazil are well known for their history of local *caciques* who dominate the electoral arena through political patronage. Education stipend programs like Bolsa Escola and Renda Mínima could have had powerful electoral effects for politicians of all stripes. It would have been logical for calculating policymakers to emulate these programs as a vehicle for self-interested political behavior. Yet, these ten case studies demonstrate that, despite the logic of a political incentives explanation for policy emulation, it is actors' social justice commitments and connections to their peers that matter.

CHAPTER 5: PROGRAMA SAÚDE DA FAMÍLIA: FROM A SMALL PROJECT TO MAJOR REFORM

Today, the Programa Saúde da Família (PSF) is widely accepted as a new model for basic health service provision in Brazil. But to explain how and why it grew from a small project adopted by a few local governments to widespread health care reform across the country, this chapter explores the process by which it diffused and why policymakers came to emulate it. In the early 1990s it was not at all evident that PSF would come to represent a useful framework for all cities. After all, the program is based on innovative experiments in preventive health that were designed for rather unique Brazilian cities; the early precursors of PSF were community-based programs in the arid poor state of Ceará in the Northeast, and the large city of Niterói, which displayed high levels of human development. Yet, despite the unique features of the program's earliest adopters, the policy would eventually spark a tidal wave of emulations.

To explain why policymakers came to embrace PSF and were motivated to emulate it in their own municipalities, this chapter first contextualizes national health reform efforts since the democratic opening. Central issues during this time period include real advances in social rights for health care access as well as stalled efforts to fulfill state obligations. Decentralization nevertheless opened the door for municipal experimentation in health policy in the late 1980s and 1990s. The second section of the chapter provides an overview of state and local innovation, which laid the foundation for the family health program. The last section draws on twelve case studies to uncover the

mechanisms that led to PSF emulation decisions. Qualitative evidence from interviews with policymakers reveals how their decisions reflected deeply held ideological beliefs and desires to seek professional legitimacy by following social norms. These findings are remarkable given that the provision of basic healthcare can easily contribute to rent-seeking behavior and yield electoral payoffs for mayors.

NATIONAL CONTEXT FOR HEALTH POLICY REFORM

Historically, health policy in Brazil was tied to a larger public social security system that included old age assistance. The origins of Brazil's social security system date back to the 1920s, when the state preempted an emerging working class movement by granting social protections to selected sectors (Malloy 1979, chap 2 as cited by Weyland 1996: 89). It was later extended by the authoritarian government of Getúlio Vargas (1930-1945) to include more sectors of the economy into the state-corporatist system (Collier and Collier 1979, as cited by Weyland 1996: 89). Like the Bismarckian social insurance system, the Brazilian state tied pensions and health care entitlements to worker and employer contributions. This corporatist policy favored formal sectors of the economy, organized labor, and excluded informal and rural sectors of the economy (Huber 1996). In so doing, Brazilian social policy not only left out those groups that were most in need of social protection, but also exacerbated social inequality.

During the military regime (1964-1985) the public social insurance system largely retained its Bismarckian characteristics.¹ The highly centralized federal agency, *Instituto Nacional de Assistência Médica da Previdência Social* (INAMPS) administered health care benefits. INAMPS managed public health care facilities and contracts for services with private hospitals, clinics, laboratories, and doctors to provide state-funded medical services for federal and private sector workers (Arretche 2002). The system favored specialized medical services as doctors, public hospitals, and clinics were paid according to the type of services rendered. This created incentives for physicians to maximize expensive, complex services to increase revenue (Arretche 2002:160). Basic medicine was left to two entities: the federal Ministry of Health, which drew on the general revenue budget, and state-level health agencies, which operated independently with their own budgetary resources. By the late 1980s however, the federal government had largely abandoned basic health care altogether. Nearly all primary care was managed by state and local governments (Arretche 2002: 160-161).²

The transition to democracy ushered in the first stage of major health care reform. Some advocates for change noted that the existing social insurance system was expensive due to its focus on curative medicine, which only benefited a select few, and called for

¹ A notable change was the expansion of benefits to agricultural workers. To curb the swell of rural-urban migration and preempt rural opposition and mobilization, the repressive government of General Emilio Médici (1969-1974) created a social security scheme for agricultural workers (FUNRURAL) and delegated its administration to the National Confederation of Rural Workers (CONTAG). This strategy sought to create a positive constituency for ARENA (Stepan 1978, chap. 2-3 would call this “inclusionary corporatism”). Their benefits would be subsidized by the urban sectors since these workers often lived in conditions of extreme poverty and could not afford a contribution scheme (Weyland 1996:90). This arrangement would later lay the foundation for incorporating other marginalized workers.

² Sub-national governments were responsible for 93 percent of all primary care.

greater emphasis on prevention. Others noted that the social insurance system had left out informal sectors.³ *Sanitaristas*, who represented a new generation of health professionals, local health authorities, and left-wing health experts, called for universal health coverage.⁴ The sanitary movement (*movimento sanitário*) successfully allied with other social movement mobilizations for democratization to advance progressive health reform. These reformers found an audience for their advocacy at the *VIII Conferência Nacional de Saúde* (March 1986), which was convened by the presidency and the Ministry of Health. Their participation at the event allowed them to substantially shape the conference's final resolutions, which called for reorganization of national health care. It also declared it the state's obligation to fulfill objectives such as universalization, participation, and decentralization. The debate and outcomes of the conference laid the foundation for subsequent debates over health policy, which would take place during the Constitutional Assembly.

The *sanitarista* movement made impressive strides in the late 1980s to enshrine progressive social rights in the constitutional text.⁵ They successfully articulated their vision, including universal rights to health care, prioritization of basic health, and

³ Not only did the INAMPS system reflect a Bismarckian contribution scheme that favored elite interests, but the uneven distribution of medical services across the country further exacerbated social exclusion. For instance, in the mid-1960s, of the 3,972 municipalities in the country, 2,089 (53 percent) lacked a physician (Mello 1977:107). Aggregate numbers however, mask regional disparities: in the southeast and south only 36.7 percent and 40.1 percent of cities lacked physicians, respectively; figures for the central west (66.3 percent), North (75.7 percent) and Northeast (70.8 percent) were dramatically higher (Mello 1977:108)

⁴ From 1960 to 1970, there was a dramatic increase in the number of schools of medicine; from 29 to 73, representing an average increase of 5 university programs per annum (Mello: 1977:179). The 1970s was also an important turning point for the burgeoning field of public health. Previously, medical schools emphasized social medicine (*medicina social*) which is conceptually different from a public health framework (Cohn 1989:126).

⁵ According to Cohn, in formulating their political strategies, the Sanitary Movement would collaborate with various sectors, including other social movements (1989: 129).

decentralization.⁶ While the constituent assembly would water down some of their proposals, the venue proved particularly amenable to the movement's political strategies. In the end, Brazil's democratic constitution proclaimed a universal right to health and reinforced the state's obligation to carry out those responsibilities through a free unified health system.

Once the constitution was promulgated, however, changes in health policy would largely stall. Although the constitution had articulated broad principles for progressive health care, many of the details on the unified health system were left unspecified and reforms would falter through much of the early 1990s. Several factors contributed to delays in transforming the system. First, once Congress met to institute new legislation, opponents of progressive health reform (medical businesses, INAMPS bureaucrats, and conservative politicians) successfully resisted equalizing proposals. As a result, decentralization efforts that would have prioritized primary care came to a standstill. Efforts to shift the ministry's resources for basic health would falter as profit-seeking hospitals would continue to benefit contracts for mid- and high-level complex services.

Second, Brazil faced a fiscal crisis in the mid-1990s that made it difficult to increase spending for health care without cutting expenditures elsewhere. Health

⁶ Although the SUS includes principles of universal coverage and access, the *sanitaristas* were unable to achieve the goal of a single national health policy. Public sector expansion would take place, but Brazil would retain a dual system of public and private health insurance. In practice, middle and upper class families have access to private health insurance. The universality of the SUS however, means that private insurance carriers have few incentives to cover the most expensive medical cases, such as organ transplants, and well-off Brazilians return to the public for the most sophisticated high-cost care. The current system amounts to an indirect public subsidy to well-off Brazilians, further contributing to inequity; at least 15 percent of SUS spending goes to the well-off (top three income deciles), mostly for expensive treatments reducing resources for less well-off (World Bank 2004:164)

Minister Adib Jatene lobbied extensively to increase revenue for health and won legislative approval for a constitutional amendment creating earmarked revenue for health care. Yet, the increase in revenue for the Health Ministry would represent a short lived victory. Minister Jatene lacked political clout in the cabinet; the Minister of Finance Pedro Malan opposed new taxes, especially those targeted for particular spending areas. Thus, the finance ministry simply cut the health ministry's resources to offset the gains from the new earmarked taxes (Arretche 2004:175). This episode over budgetary allocations demonstrated the weakness of the Ministry of Health, which would suffer under politically vulnerable ministers until President Cardoso would select José Serra, a close political ally, in 1998.

Third, while the *sanitaristas* had been effective in pushing for reforms during the democratic transition, their political influence diminished thereafter. Although decentralization had been a major goal of the sanitary movement, to combat the influence of the medical industry at the national level, in practice it also had the effect of diverting its attention from the national policy arena. Additionally, the sanitary movement was unable to sustain its broad advocacy coalition. Not only did it lose the strength in partnership with other social movements, but internal coalitions began to splinter reflecting the divisions among the movement's members (Cohn 1989:132). As a result, many *sanitaristas* turned their attention to local initiatives for preventive medicine.

Despite all the political, administrative, and fiscal challenges for health reform in the 1990s, Brazil did manage to enact incremental changes. The second wave of reforms (1990-1995) led to the consolidation of the unified system including the

“municipalization” of service delivery and implementation of financial mechanisms for the allocation of federal funds(World Bank 2004: 157).⁷ The third wave of reforms (1996-2001) focused on the prioritization of basic care, specification of institutional roles, legal and regulatory changes, and the introduction of alternative payment mechanisms (World Bank 2004:157).⁸ One of the most important changes for municipalities was the specification of federal transfers. Under new regulations, transfers would vary by program and the level of service delivered. Cities could opt out of the unified health system but doing so would require that local governments finance health care from their own budgets.

Overall, the movement for progressive health reform at the national level yielded mixed results. Without a doubt, *sanitaristas* won a major victory when the Constituent Assembly enshrined the right to health care and made it the state’s obligation to provide universal access. But other equity-enhancing efforts, such as prioritization of basic health, stalled under political and fiscal pressure. The Ministry’s efforts to foster decentralization of health services resulted in a shift in responsibility, as sub-national governments would take on the substantial efforts to prioritize preventive and basic medicine. In the next section, we shift our gaze away from the national context to

⁷ New administrative rules were codified in the 1993 *Norma Operacional Básica* (NOB), which specified the rules for decentralization and allowed municipalities to choose the degree of health care complexity they could offer. Municipalities were required to demonstrate their capacity to deliver the level of service they wanted to provide, and the majority of local governments were quick to participate in health decentralization. By 1997, 3127 of 4,973 municipalities would participate in decentralization (Arretche 2004:174).

⁸ These changes were codified in the 1996 *Norma Operacional Básica* (NOB). Although 1996 NOB was published in 1996, it did not go into effect until 1998.

examine how sub-national governments advanced healthcare access within their jurisdictions.

LOCAL EXPERIMENTATION & INNOVATION

While the Ministry of Health sought to advance national health reform and define intergovernmental responsibilities, many states and municipalities forged ahead by designing and implementing their own health care policies. In some instances, states shifted spending priorities and introduced new partnerships with local governments. In others, municipal governments took advantage of their newfound authority in the public health arena to experiment with new modes of health care delivery. This section provides an overview of some innovative local experiments in health care delivery during the late 1980s and early 1990s. As the cases reveal, in most instances policymakers sought to introduce progressive health reforms that would reach historically underserved populations and emphasize preventive and basic health care. The experience of São Paulo served as a notable counterpoint. During this period, local experimentation led to policy diversity and programs typically addressed the unique challenges each jurisdiction faced. All in all, local governments would serve as “laboratories” that experimented with different models of health care. Their successes would inform and inspire the development of Programa Saúde da Família.

In the early 1990s, several Brazilian municipalities began experimenting with public health care models that would emphasize preventive and basic health care and

reverse the course of curative and doctor-centric approaches to medicine.⁹ One of the most well recognized efforts to emphasize community health occurred in Niterói, in the state of Rio de Janeiro, which instituted the Programa Médico de Família (PMF, Family Doctor Program). At the time, this large city had strong social development indicators, including high literacy rates, high median household incomes, and an average life expectancy of 70 years. Despite high levels of human development, aggregate figures masked social inequalities and pockets of deep poverty; city officials considered a quarter of the population to be at “social risk” and in need of specialized attention.

In 1991, Mayor Jorge Roberto Silveira (PDT) of Niterói visited Cuba, learned about its world-renowned health care model, and resolved to implement a similar system back home. The Cuban Health Ministry provided the municipality with technical assistance to implement its own Médico de Família program. In Niterói, doctors and nurses aides worked collaboratively in clinics embedded in the communities they served. Each clinic included three or four teams (each team had a general practitioner and a nurse’s aide) that was responsible for a designated jurisdiction that included 200 to 250 families. This approach allowed PMF teams to resolve 70 percent of medical issues through clinical and home-based care. Unlike the Cuban model however, officials in Niterói did not require that physicians, only their nurse’s aides, reside in the communities. The decision to deviate from the Cuban model was due to necessity; very few Brazilian doctors would have been willing to live in these impoverished

⁹ These experiments include Porto Alegre, Curitiba, Londrina, Marília, São Paulo, Botucatu, Fortaleza (Terra and Malik 1998).

neighborhoods (Interview D'Angelo 2004). Today, the family doctor program is one of the most highly regarded municipal public health efforts in Brazil.¹⁰

Officials from Niterói were not alone in their desire to prioritize basic health problems and enhance prevention. However, Niterói was uniquely positioned to initiate a Cuban-inspired program; the city had the political, fiscal, and human resources it needed to develop a family doctor model. Health experts in small cities in the Northeast also wanted to deviate from curative medicine to prioritize prevention, but lacked the human and physical resources to replicate the Cuban model. The Northeast faced high levels of poverty and had limited infrastructure; in general the region lacked sufficient clinics and hospitals, and physicians were in short supply. Given these structural challenges, officials sought an alternative to doctor-centric care that could emphasize community-based health.

In 1987, the state of Ceará in the Northeast of Brazil designed and implemented the pioneering preventive health program, Programa de Agentes de Saúde (PAS). The program relied on two sets of actors: community health agents and nurses who would supervise them. Like the family doctor program in Niterói, state officials in Ceará wanted to promote basic health, emphasize prevention, and build ties with local communities. Health agents were selected from within communities to work directly with families. After receiving training, health agents would work with nurse-supervisors to register families' health care needs and encourage basic sanitary practices such as

¹⁰ In 1997, the Programa Médico de Família in Niterói won a national innovations award from the Gestão Pública e Cidadania Program housed in the prestigious Getúlio Vargas Foundation in São Paulo.

water filtration, proper nutrition, and the promotion of vaccinations. Since the state also had particularly high levels of infant mortality, health agents also monitored the height and weight of children.¹¹

Although the state of Ceará conceived and promoted the program, implementation of the program still required municipal participation. Mayors who adopted the program would have to find the funds to cover 15 percent of operating costs while also sharing administrative responsibilities with state officials.¹² The adoption of PAS across the state took several years and depended on mayors' willingness to opt-into the program. But by 1992, basic health indicators across the state had improved dramatically, infant deaths had declined by a third, and vaccination coverage for measles and polio had tripled (Tendler 1997:22). For these and other accomplishments, the state won the prestigious UNICEF Maurice Pate award for child programs in 1993. In addition to Ceará, the southern states of Paraná and Mato Grosso do Sul also instituted their own community health agent programs.

The early experience of the PAS program stimulated the federal government to support its expansion in other states. In 1991 the Ministry of Health instituted the Programa de Agentes Comunitários de Saúde (PACS), which largely mirrored the PAS program from Ceará. The objective of the PACS was to reduce infant and maternal mortality, primarily in the North and Northeast, by extending basic health services to the

¹¹ In 1987, the rate of infant death, in Ceará was 102 per every 1000; this was double the national figure (Tendler 1997:21).

¹² State officials sought to minimize rent-seeking behavior and traditional clientelism on the part of mayors by retaining control over the hiring of community health agents (Tendler 1997: 24)

poorest and most destitute areas (Viana and Dal Poz 1998:18). The Ministry of Health started offering federal funds to stimulate the program's adoption across the Northeast and provided guidelines detailing minimum requirements for health agents and their duties.¹³

An altogether different approach to basic health care during this time period was adopted by in the city of São Paulo. Under Mayor Paulo Maluf (1992-1996), a leader of the right wing party PDS, city administrators sought to address several problems in public health services, including high costs, tremendous inefficiencies, and low quality of public services. Secretary of Health Getúlio Hanashiro, who also shared Maluf's disposition for market-oriented solutions to public management problems, sought to dramatically reconfigure basic health services. The policy, the *Plano de Atendimento à Saúde* (PAS), integrated business sector principles into health services and represented a dramatic departure from mainstream public health strategies.¹⁴ Although the constitution ensured health care rights for all, city officials made clear their plan would prioritize service to the most indigent.

Under the PAS, municipal authorities planned to create market-based incentives for doctors and clinics and prioritized services for the neediest groups. Maluf proposed the creation of regional clinics that would serve a given area's designated population. To

¹³ For instance, health agents should be at least 18 years old, proficient in reading and writing, and have a disposition for community health. These workers are responsible for: registering families, assessing families' health and living conditions, collecting updated information for a national database, conducting home visits, identifying children for schooling, mapping community needs and identifying at-risk areas, just to name a few.

¹⁴ The World Bank has cited the PAS as an experiment with innovative forms of organization and management (World Bank 2004: 178).

encourage greater efficiency, each clinic would operate as a doctor-owned cooperative.¹⁵ Similar to private health care providers, each cooperative would, in theory, have an incentive to rein in costs and maximize efficiency of operations. The city would in turn provide per capita transfers for the cooperative, based on the number of registered beneficiaries assigned to each clinic.¹⁶ Residents of São Paulo would have their own health care card, similar to insurance cards provided by private insurers, and could visit their designated regional cooperatives for medical care. The PAS proposal endured stiff political opposition but was implemented in 1996 during Maluf's last year in office. Although the PAS is credited for making achievements in public management, such as improvements in work absenteeism, the plan has been widely discredited as financially unsustainable and was dismantled in 2000.

The Programa Saúde da Família (PSF, Family Health Program) was born out of various community health experiences, such as the Programa de Médico de Família, Programa de Agentes de Saúde from Ceará, and the nationally supported Programa de Agentes Comunitários de Saúde. On December 27-28, 1993, the Ministry of Health held a meeting of leading public health officials to discuss municipal health services and financing. As Viana and dal Poz (1998) describe, the gathering was a response to demands from municipal secretaries of health, who sought greater financial support for

¹⁵ This model required that civil servants, who had been employed in municipal health care, depart from the public system and opt into the semi-privatized cooperative clinics. Approximately 35,000 civil servants (88.3 percent of all workers) were removed from their original positions when they declined to integrate into PAS cooperatives. Of those, 17,705 found positions in other municipal agencies, accepted demotions, or accepted positions in the municipal health secretariat (Gouveia and Palma 1999: 143).

¹⁶ Under the plan, the municipality would pay cooperatives approximately US \$15 (or R\$15) per capita per month. This figure was based on estimates of costs for similar services offered by the private sector (Cohn et. al. 1999: 19).

basic health care. The meeting was sponsored by the minister's cabinet and included officials representing the ministry, as well as bureaucrats from municipal and state secretaries of health; also present were two officials representing international development organizations, namely UNICEF and PAHO.¹⁷ An important feature of this technical meeting was that it included a broad spectrum of participants from throughout the country; technocrats who were involved in innovative experiences in the south and southeast engaged with officials from the Northeast, who worked with PACS. The models from Niterói and Ceará were very influential in shaping the eventual design of PSF (Viana and dal Poz 1998; Interview Andrade 2004; Interview Machado 2003). Health professionals liked the territorial organization of health services and the potential to focus on prevention rather than demand-side service delivery. They also embraced the role of the community health agent, but wanted to integrate other health professionals. To accomplish these goals, PSF would draw on a larger team of workers including: a doctor, nurses, nurse's aides, and community health agents; nurses would retain their central supervisory role over their aides and health agents.¹⁸ In this way, the PSF program represented an upgrading of the PACS program; nurses were still central as administrators and the community health agents' roles remained the same.

Over the years, the staff in the Ministry of Health would nurture the Programa Saúde da Família, protect it from administrative upheavals, and eventually champion its

¹⁷ According to Viana and dal Poz (1998) meeting participants included: Eugenio Villaça Mendes (PAHO), Oscar Castillo (UNICEF); Halim Antônio Girade (UNICEF); Luis Odorico de Andrade (Municipal Secretary of Health of the city of Quixada in the state of Ceará) (1998: 19).

¹⁸ Programmatic details were conceived at the December meeting, but were elaborated by staff from the Ministry of Health in 1994 (Viana and dal Poz 1998:20).

central role in the unified health system. While meeting participants such as Heloísa Machado and Luis Odorico de Andrade had always envisioned that the program would become a central organizing model for basic health (Interview Machado 2003; Interview Andrade 2004), PSF started out with modest institutional support and limited fanfare. The program was one of many efforts in community health, a small project embedded among other ministerial programs. In its first year of operation (1994) the ministry signed limited *convênios* (funding agreements) with states and municipalities, which required that sub-national governments contribute to the program's cost. Selection of eligible cities was restricted to high-priority cities based on a needs assessment conducted by IPEA.¹⁹ In total, 55 municipalities signed agreements and instituted PSF in the first year of operation.

Over the course of several years, PSF program coordinators Heloisa Machado and Fátima de Sousa would defend the program internally within the Ministry. They not only weathered the restructuring that would come with a constant stream of new health ministers, many of whom lacked the political support to initiate significant health reforms, but they eventually garnered the support they would need to institute and expand the program within the ministry.²⁰ A turning point for PSF came in 1995, when prominent heart surgeon, Dr. Abib Jatene, became the health minister for the second time

¹⁹ The federal research agency, IPEA, produced a report *Mapa de Fome*, which identified the poorest cities. This report served as the basis for determining eligibility for PSF participation (Vasconcellos 1999: 156).

²⁰ Since December 1993, the Ministry of Health has been under the leadership of: Henrique Antônio Santillo (August 1993-January 1995), Adib Domingos Jatene (January 1995 to November 1996), José Carlos Seixas (November-December 1996), José Carlos de Albuquerque (December 1996 – March 1998), José Serra (March 1998-February 2002), Barjas Negri (February 2002-December 2002), Humberto Sérgio Costa Lima (January 2003 to July 2005).

in his career. As Jatene explained, he first learned about community health efforts and the role of the *agentes comunitários de saúde* when he was health minister in 1992. At the time, they were doing a wonderful job to combat the spread of cholera in the North and Northeast (Interview Jatene 2003). Upon his return to that position in 1995, he met with Machado and Sousa, who persuaded him that the PSF would work more broadly. After visiting cities that had instituted the program, such as Camaragibe in the state of Pernambuco and Sobral in the state of Ceará, Minister Jatene agreed to support the program (2003).²¹ In January 1996, PSF was transferred to the *Secretaria de Assistência da Saúde* (SAS) finding a more central home within the ministry and allowing for its institutionalization (Viana and dal Poz 1998: 22).

The administrative changes had several important consequences. First, the PSF gained broader visibility and the staff started articulating the idea that it should move from an isolated project to represent an organizing principle for basic health care. Second, the ministry also moved towards integrating PSF with PACS and connecting it with the broader efforts to decentralize health and institute the SUS.

Programa Saúde da Família sprung up at a moment when national health care reform was encountering some of its greatest political and fiscal difficulties. Local governments on the other hand, were taking advantage of newfound authority to develop and implement new policies for better preventive health; these early experiments reflected a potpourri of approaches. As Judith Tendler observed in her case study of

²¹ Minister Adib Jatene was so enthusiastic about the program that he took it to the Presidents Cabinet, and introduced it to the President and first lady, Ruth Cardoso. They traveled together to the Northeast to see it on the ground (Interview 2003).

Ceará, decentralization of health policy has entailed a mix of both central and local efforts (1997:23), as municipalities, states, and the federal government work collaboratively to deliver and finance health services. This observation certainly holds true for the PSF, which benefited from early municipal health policy experimentation, was conceived by a broad group of experts involved in all tiers of health care provision, and drew on federal financing offered through the Ministry of Health. Yet, to understand the evolution of the program's spread, from 55 municipalities in primarily small rural towns in the North and Northeast, to extensive national adoption by 4,944 cities in 2003, requires more than a simple tale of vertical pressures for diffusion. While PSF did provide some political opportunities for mayors, such as the potential to dole out coveted health agent jobs to political cronies, the program was still highly complex and required restructuring health care services. Furthermore, some politicians and health policy technocrats would challenge the notion that PSF was a desirable policy for their cities. In practice, the adoption of PSF was not always guaranteed or automatic. Each city would undergo its own policymaking process related to PSF. Thus to uncover the adoption decisions for PSF, we must turn to the local dimensions of policy making and open the black box of policymaking to uncover actors' motivations for policy emulation.

EXPLAINING THE DIFFUSION OF PSF IN FOUR MAJOR CITIES

Why did some cities adopt the Programa Saúde da Família quickly, while others lagged behind? Why would health policy makers emulate the program, particularly when many local governments had already experimented with alternative health care models?

Also puzzling was that actors from large urban cities with sophisticated health infrastructure would emulate a program that largely drew its inspiration from cities that are far from typical, the poor rural Northeast (with the PACS) and Niterói (with PMF) with high levels of human development and incomes per capita.

The case studies in this chapter examine the motivations behind PSF adoption in four research sites over three municipal administrations. These cities had great flexibility in determining their basic health models. Some administrations would tailor health policy to suit the needs of their municipalities while others would adopt PSF. In other words, emulation of PSF was far from automatic or a forgone conclusion. Electoral competition varied across these cities and the voters selected mayors representing various ideological predispositions, from rightists to leftists. In addition, health policy technocrats engaged in professional networking activities, but not necessarily the same ones. Table 5.1 provides an overview of the case studies, when PSF adoption took place, and the partisan affiliations of the mayors who adopted the family health program.

Table 5.1 Case Studies: Adoption & Non-Adoption

	Executive in Office & Party ID ^a	Programa Saúde da Família
Brasília (DF)^b		
1990-1994	Joaquim Roriz (PTR)	-
1994-1998	Cristovam Buarque (PT)	Yes
1998-2002	Joaquim Roriz (PMDB)	No-Yes ^c
Belo Horizonte (MG)		
1992-1996	Patrus Ananias (PT)	No
1996-2000	Célio de Castro (PSB)	No
2000-2004	Célio de Castro (PSB) Fernando Damata Pimentel (PT) ^d	Yes
Salvador (BA)		
1992-1996	Lídice da Mata (PSDB)	No
1996-2000	Antônio José Imbassahy (PFL)	No
2000-2004	Antônio José Imbassahy (PFL)	Yes
São Paulo (SP)		
1992-1996	Paulo Maluf (PDS)	No
1996-2000	Celso Pitta (PPB)	No
2000-2004	Marta Suplicy (PT)	Yes

^a Mayor's partisan affiliation at the time he or she ran for office.

^b Brasília, the Federal District, operates under the gubernatorial electoral calendar.

^c The program was suspended and then reinstated.

^d Fernando Damata Pimentel (PT) assumed office in November 2001, after Célio de Castro suffered a stroke.

Political Incentives

Health care is one of those areas of public policy that is particularly visible to the electorate because irrespective of age and income status, health policy affects the entire population. For instance, the outbreak of infectious diseases, such as cholera, dengue, and HIV-AIDS can affect an entire city's population, regardless of gender, age, and income. The Programa Saúde da Família can generate considerable public attention as its aims include prevention and basic health care. For beneficiaries of the program, PSF is also highly visible because it brings the state into the private sphere of domestic life

through home visits and neighborhood outreach. In addition, communities are able to discern if a neighboring area has PSF while their district remains underserved. Given the high visibility of PSF, it would certainly make sense for self-interested politicians focused on electoral politics to embrace the program. In cities that lack PSF, candidates might campaign on implementing the program. Politicians in cities that already have a PSF policy, might campaign on extending the program to new communities.

In addition to the general appeal that PSF holds among the poor, the program also has the potential to generate rent-seeking behavior as politicians have the ability to dole out particularistic benefits. Implementation of PSF involves job-creation as municipal health teams need local residents to serve as *agentes comunitários de saúde* (ACS). In a context where unemployment is high and the working poor encounter tremendous difficulties in making ends meet, a job as a community health agent is very attractive. The position does not require specialized skills in primary health;²² rather the minimum requirements to qualify for the position include: literacy, basic schooling, and “leadership” skills. In many ways, the ACS position is an extension of “women’s work” in the domestic (private) sphere, which helps explain why the vast majority of the positions go to women.²³ The PSF also has the potential to generate a second type of political patronage. The geographical demarcation of neighborhoods served by the program offers a clear benefit for politicians who want to reach out to communities for

²² ACS training on sanitation and preventive medicine occurs after they are hired.

²³ Women in Latin America often face a triple burden of working, family care, and community care. The job of an ACS blends traditional gender roles that delegate women as responsible for family life and domesticity as well as that of their community.

electoral support. In other words, mayors who adopt the program can influence voters by deciding which neighborhoods will be served. This is particularly important as PSF typically targets economically and epidemiologically vulnerable areas, rather than extending the policy throughout the entire city. In practice, politicians can deviate from serving the neediest areas to fulfill their electoral agenda. For these reasons, savvy politicians who want to engage in traditional patronage politics can benefit tremendously from the family health program's design.

Mayors in each of the case study sites faced electoral competition and campaigned on issues of health care delivery. Given the electoral potential of enacting PSF, we might expect all mayors, regardless of their ideology, would emulate the program. In cities with low levels of health infrastructure, PSF represented an important extension of new services to communities with limited access to health care. Thus, PSF represented the creation of new services. For cities with existing health services already in place (e.g. clinics and hospitals), the PSF program offered the potential to restructure healthcare to work with families and communities in a more integrated fashion.²⁴ In these instances, voters would benefit from better quality services, greater interaction with healthcare providers, and easier access.

Despite the potential that PSF could offer given the competitive electoral environment in the case study cities, the qualitative evidence reveals that mayoral candidate did not systematically endorse the program and instead sought a diverse set of

²⁴ Adib Jatene argued that even in cities like São Paulo, with sophisticated health infrastructure, PSF represented a new 'add-on' services because there were territories of the city that were underserved by clinics and hospitals. In his view, the conditions of urban poverty in the city's periphery are similar to that of underserved rural communities in the Northeast (Interview Jatene 2003).

health policies. Conservative politicians often advocated for market-oriented proposals whereas leftist politicians tended to embrace PSF. Candidates' approaches to public health issues were certainly important to their campaigns and entered into the electoral debates in these cities. Of the four research sites the city of São Paulo, where the PAS quasi-privatized system served as a counterpoint to PSF, offers the best example that debates over health received widespread media attention (Cohn et. al 1999:67-94). All three mayoral campaigns dedicated considerable attention to health care issues, but candidates differed in their vision for the city. Some candidates like Maluf and Pitta argued São Paulo should institute private market incentives into its system. It was the leftist candidate, Marta Suplicy, who would campaign on health reform and announced she would implement the PSF if elected

Even though PSF had the potential to garner electoral votes for Marta Suplicy, her advisors dismissed the notion that her favorable position toward the policy during the campaign represented a vote-buying strategy (Interview Manfredini 2003). The local media widely covered health issues in São Paulo, yet most residents were unaware of the technical dimensions of the various proposals under consideration. The groups that might benefit most from PSF, the poor and most vulnerable populations, were unfamiliar with the family health program. Once her administration moved to implement PSF, many citizen representatives who served on local health councils were skeptical of the program as they viewed clinics and hospitals, not PSF health teams, as appropriate places to go to for their health care needs. Moreover, several unions expressed deep concern about contract negotiations under PSF (Interview Costa 2003; Interview D'Agostini 2003;

Interview Oliveira 2003). In this light, Suplicy's emulation decision appears to reflect a calculated administrative risk rather than a clear-cut electoral strategy to win the election.

Brasília was the first of the case study cities to emulate PSF in the second half of Cristovam Buarque's administration. While Buarque was a staunch leftist and often spoke about social rights and citizenship on the campaign trail, he was not a strong advocate for PSF. Rather, his focus was on Bolsa Escola and other educational social policies. The decision to implement the family health program was largely delegated to his senior political appointees, notably his Secretary of Health, Maria José da Conceição (Maninha). Although both Bolsa Escola mothers and PSF community health agents could have provided significant electoral support for Buarque's reelection campaign, his closest advisor asserted that the governor refused to exploit beneficiaries of his social programs (Interview Aguiar 2003).

In Belo Horizonte, where the political competition was concentrated to the left of the political spectrum, the decision to implement PSF was hotly contested among technocrats. Mayor Célio de Castro was said to have embraced PSF early-on in his first mayoral term because of his own familiarity with the program; he was a physician by training. Although he was an early enthusiast of the family health program it would nevertheless, take him until 2000 to implement the program in the city. While the delay in emulating PSF gives the appearance of an electoral incentive, health experts in Belo Horizonte told a different story. Senior health policy technocrats in the municipal health department opposed the mayor's plan to emulate PSF. In their view, PSF was not an appropriate strategy for Belo Horizonte (Interview F. Santos 2004; Interview Franco

2004). Thus, for several years the mayor encountered opposition from senior technocrats who favored other types of integrated health services. Ultimately, in order to implement PSF, the municipal Department of Health would need to undergo personnel changes. Opponents of PSF left the agency and new technocrats, who had adopted the program elsewhere, were brought-in to administer the program in Belo Horizonte.

Like Belo Horizonte, Salvador was a late adopter of PSF. It would take several years for Mayor Antônio Imbassahy to announce he would institute the health program. Health policy specialists, both inside and outside of government, explained that the mayor was relatively uninvolved in the decision to implement PSF in Salvador and delegated these issues to his Secretary of Health, Aldely Rocha (Interview Queiroz 2004; Interview Nossa 2004). Technocrats in the city's Department of Health noted that the mayor was skeptical of the program, preferred that it expand slowly, and expressed concern over the expense associated with it (Interview Queiroz 2004; Interview Nossa 2004). One observer of municipal health noted that it was ironic that the mayor would initially fail to recognize the electoral potential behind PSF and attributed the city's delays to a lack of political imagination on the part of the political elite (Interview Boa Sorte 2004).

In all these cases, mayors were rarely motivated to adopt PSF for electoral gains. Mayors' initial emulation decisions were largely delegated to senior political appointees, such as municipal secretaries of health, and technocrats, who served as civil servants. Once PSF was in place however, the program was difficult to dismantle and a few politicians found ways to use it for political gain. Two rightist politicians, Joaquim

Roriz (PMDB) from (1998-2002; 2002-2006) and Antônio Imbassahy (2000-2004), are exemplary in this regard. Both are well known for their general use of political patronage, and those tendencies continued once PSF was enacted.

Joaquim Roriz of Brasília inherited Saúde em Casa²⁵ from Cristovam Buarque's administration. During his campaign, Roriz promised loyal partisans jobs as community health agents, a much coveted position among the lower classes, and handed out slips of paper that indicated they would be in line for the jobs. Once the administration was in office and the health secretariat opened applications for the ACS positions, individuals would arrive with their letters indicating they were promised positions. While bureaucrats were reluctant to admit their own participation in this hiring scheme, they had all heard or seen evidence to this effect. Since the district's health secretariat experienced several changes in leadership, technocrats felt free to say that their predecessors engaged in problematic hiring practices but that they followed proper rules.

The allegations of unethical recruitment practices for PSF were not limited to the community health agent position. One high-ranking health administrator in Brasília informed me that patronage was such a pervasive and engrained part of the local political culture that upon announcing the resumption of the PSF program he received over a thousand personal requests from the politically connected for jobs associated with the program, including positions for doctors and nurses.²⁶ Overall, the administration of

²⁵ The Buarque administration gave the PSF program its own name, Saúde em Casa.

²⁶ The Federal District briefly suspended the PSF program under allegations of fraud. The suspension coincided with the Federal Ministry of Health suspension of PSF funds due to inquiries of improper usage of health financing. When the program resumed, it did so under new leadership and with new personnel.

Joaquim Roriz in Brasília was especially notorious for irregularities related to the health sector (including PSF). Accusations were so pervasive that Brasília's Ministério Público (Public Prosecutor's Office), in collaboration with federal auditors, undertook investigations into allegations of widespread corruption and the misuse of funds. The irregularities were so extensive that Jairo Bisol, a public defender with the Ministério Público, asserted that PSF in Brasília was synonymous with corruption (Interview 2004).²⁷ Both federal and district audits of PSF concluded that the program was un-operational; hiring practices had been based on political favoritism and many personnel were operating with incomplete teams (i.e. they lacked nurses or doctors).

In Salvador, technocrats reported they faced very little interference when it came to hiring PSF personnel. But even so, "political interests" had impeded their ability to implement the family health program as they saw fit. Prior to establishing PSF in Salvador, staff members in the Health Department conducted a city-wide epidemiological study and assessment of health services. Results from the study had defined which districts should receive priority for PSF (i.e. which sanitary districts should be served and in which order).²⁸ While technocrats had sought to follow their plan, they acknowledged

²⁷ As Bisol (2004) explained, the entire health care system was a source of a lot of money (for services, medication, operational expenses, etc.) and represented an opportunity for graft. He estimates that R\$ 40 million (approximately \$20 million U.S. dollars) in health funds went to the construction of the district's bridge. In 2004, the Ministério Público was planning to investigate new allegations into clientelistic practices with health care delivery, including a scheme where doctors on the government payroll offered preferential services to patients with political connections. The new allegations involved doctors paid by the federal district but contracted through the Instituto Candango de Solidariedade, a non-profit association, which had ties to Wesliam Roriz, Governor Roriz's wife.

²⁸ Initially, technocrats in the city government wanted to build off of the existing ACS program. They also favored complete PSF coverage for the health district – Subúrbio Ferroviário – which has some of the worst health indicators. But nearly four years after the program's start, only about 50 percent of that district's

that Secretary of Health Aldely Rocha, Mayor Antônio Imbassahy, and the “political leadership” had directed them to territorially expand PSF to include other parts of the city. As such, it was not surprising that at an inaugural event for a PSF clinic in the neighborhood Altos dos Coutos in June 2004, the ribbon cutting event included dozens of the mayor’s political allies. The mayor’s political cronies (city and state officials, city council members, and candidates for elective office) gave speeches to the crowds amassed near the health center.

That traditional conservative politicians such as Roriz and Imbassahy would continue to engaged in “politics as usual” with PSF is not surprising; allegations of patronage and clientalism were certainly features of all their departments. Yet, what is truly remarkable is that PSF emulation decisions rarely came down to these electoral incentives. Most mayors who adopted the program delegated these policy decisions to their politically appointed senior staff. Cristovam Buarque gave his Secretary of Health, Maria José da Conceição (Maninha), wide latitude to emulate PSF (Interview Conceição 2003). Mayor Imbahassy of Salvador was reluctant to embrace the program and only did so under pressure from health experts.²⁹ Marta Suplicy of São Paulo let her technical advisors decide how the city should recover from the debilitating experience with PAS.³⁰

population was covered by PSF (35 PSF teams). Rather than extend full coverage within that district, the city started extending PSF with teams in districts 2 (Itapagipe), 3 (São Caetano), and 12 (Cajazeiras).

²⁹ Health policy specialists both inside and outside of government asserted that Mayor Imbassahy was uninvolved in the decision to implement PSF in Salvador. Technocrats in the city’s Department of Health noted that the mayor was skeptical about the program and preferred that the program’s implementation proceed slowly.

³⁰ Marta Suplicy’s supporters were themselves divided on whether to embrace PSF. In the early stages of the campaign, the PT-aligned think tank Instituto Florestan Fernandes sponsored meetings for health

Only Mayor Célio de Castro of Belo Horizonte was in the odd position of having embraced the program early on, but lacked the administrative support to implement it (Interview F. Santos 2004).³¹ Given that electoral incentives for PSF emulation offer a relatively weak explanation for the motivations for policy enactment, we now turn to the two alternative explanations: ideology and social networks.

Ideology

Do actors' ideological commitments drive their emulation decisions? Do actors perceive this program to be "leftist" or "rightist", and if so, does the ideological meaning behind the program influence emulation decisions? While PSF does have equity enhancing goals and reflects a reprioritization of basic and preventive services, actor's perceptions about the program and its ideological meaning changed over time. As the case studies reveal, mayors' ideological commitments mattered, as did those of their politically appointed technocrats and civil servants.

Mayors in each of the administrations had clear ideological tendencies, ranging from leftists to rightists (see Table 5.1). In practice, mayors' ideological predispositions shaped the character of their administration. Senior appointed officials, such as municipal secretaries of health, were usually close political allies who shared the mayor's ideological viewpoints. Mayors also set the overall tone for their administration by through budgetary allocations and championing their trademark programs. For instance,

experts to debate the merits of PSF. Ultimately, key technocrats made the decision to endorse PSF for São Paulo (Interview Manfredini 2003).

³¹ Mayor Célio de Castro suffered a massive stroke in November 2001; his vice-Mayor Fernando Pimentel served the rest of his term. Mayor Castro died prior to the start of field research.

left and center-left mayors all championed education-related programs and emphasized the need to invert social spending to prioritize the needy and enhance “citizenship”; Cristovam Buarque’s trademark policy was *Bolsa Escola*, Lídice da Mata created the program *Cidade Mãe*, and Marta Suplicy created integrated “community schools” called *Centros Educacionais Unificados* (Unified Education Centers, CEU). Politicians on the right, on the other hand, emphasized business-oriented initiatives; Antônio Imbassahy highlighted tourism and business development, Joaquim Roriz championed construction of a bridge (Ponte Juscelino Kubitschek), and both Paulo Maluf and Celso Pitta defended the market-oriented health program PAS.

Table 5.2 Case Studies: Mayor’s Ideology

	Executive in Office & Party ID ^a	Ideology
Brasília (DF)^b		
1990-1994	Joaquim Roriz (PTR)	Right
1994-1998	Cristovam Buarque (PT)	Left
1998-2002	Joaquim Roriz (PMDB)	Center
Belo Horizonte (MG)		
1992-1996	Patrus Ananias (PT)	Left
1996-2000	Célio de Castro (PSB)	Left
2000-2004	Célio de Castro (PSB) Fernando Damata Pimentel (PT) ^d	Left
Salvador (BA)		
1992-1996	Lídice da Mata (PSDB)	Center
1996-2000	Antônio José Imbassahy (PFL)	Right
2000-2004	Antônio José Imbassahy (PFL)	Right
São Paulo (SP)		
1992-1996	Paulo Maluf (PDS)	Right
1996-2000	Celso Pitta (PPB)	Right
2000-2004	Marta Suplicy (PT)	Left

^a Mayor’s partisan affiliation at the time he or she ran for office.

^b Brasília, the Federal District, operates under the gubernatorial electoral calendar.

^c Election data unavailable for 1992.

^d Fernando Damata Pimentel (PT) assumed office in November 2001, after Célio de Castro suffered a stroke.

While elected officials' ideological predispositions framed the range of options for health care, the most rampant ideological debates surrounding PSF occurred among technocrats and experts in public health. When PSF was first introduced in 1994, health policy specialists and activists associated with the *movimento sanitário* had mixed reactions to the policy. Their assessment of the program reflected broader debates in the international public health community over prevention, access, and prioritization of services. Many staunch leftists affiliated with the *movimento sanitário* in Brazil strongly embraced the goals asserted at the Alma Ata World Health Organization conference, held September 6-12, 1978.³² The conference declaration included the maxim, "Health for All by the Year 2000" and reflected an ambitious effort to transform the entire health system. The holistic approach at Alma Ata linked public health issues with broader questions of development. It also challenged major assumptions about health care by emphasizing appropriate technology and calling for the training lay health professionals. Implicitly, the declaration criticized advanced industrialized countries' approach to medicine with its emphasis on disease-oriented technology, overly specialized care, and elitist bias. The viewpoint articulated in the Alma Ata declaration strongly resonated with many of the sanitary movement's goals to prioritize primary health care and engage local communities.

³² As Cueto (2004) explains, the international situation surrounding the Alma Ata conference was highly politicized given the context of the Cold War. Despite early difficulties in identifying an appropriate location for the event, the conference included 3000 delegates from around the world, with 70 participants from Latin America, 97 percent of whom represented public health ministries (Cueto 2004:1867). The conference and its proceedings had a lasting effect on Brazilian public health officials, who often reference Alma Ata goals during interviews (for example: Interview Machado 2003; Interview Andrade 2004).

While the Alma Ata declaration provided a framework for many public health professionals worldwide, the international development community diverged in its approach to public health. The Rockefeller Foundation, along with UNICEF, articulated an alternative or “minimalist” approach to the Alma Ata declaration. Instead of transforming the system, these actors favored small add-on programs. These institutions supported limited, short-term, and selective strategies best known as GOBI: growth monitoring, oral rehydration techniques, breast feeding, and immunization (Cueto 2004: 1869). From these international donors’ point of view, this strategy offered the possibility of tracking measurable results through program monitoring and evaluation. Limiting efforts in selective primary care also helped these institutions avoid the political and the costs associated with the Alma Ata declaration. In the Brazilian context, this approach certainly caught on; the PACS program in the Northeast reflected modest GOBI strategies.

The international public health debate surrounding Alma Ata created two camps: one that favored major transformation for universal primary care and another that embraced complementary activities leading to selective primary care (Cueto 2004: 1869). As Brazilian public health experts debated the merits of PSF, their assessments often hinged on whether they saw PSF as reflecting the more radical universal primary care or neoliberal selective primary care. Many staunch leftists tended to embrace the holistic vision of Alma Ata and contested whether PSF was compatible with the declaration. Early critics of the program declared PSF a “*programa pobre para pobre*” (a poor

program for the poor) and said it represented neoliberal policy (Interview Junqueira 2003; Interview La Forgia 2004).

There were several reasons staunch leftists initially opposed the program. First, when the Ministry of Health first introduced PSF it did so in a limited fashion, as one of multiple projects. Second, the program's design had been largely influenced by the PACS program – demonstrating a type of GOBI agenda - and had essentially served as an extension of it (Viana and dal Poz 1998:21). Since PACS was a predecessor of PSF, the earliest cities to adopt the family health program were in the Northeast. This convinced some that PSF was intended as a targeted, not universal approach to basic health. All this contributed to their belief that PSF was a “poor program for the poor.” It would take years for the Ministry of Health to articulate its ambitious vision for PSF, namely that PSF could serve as a model to reorient primary health care for all.³³ Lastly, when José Serra led the health ministry (1998-2002), he made efforts to obtain supplemental funding for PSF from the World Bank. The implicit approval of PSF from the World Bank further convinced those actors that the program was a “World Bank program” representing Washington-consensus style social policy.³⁴

³³ Adib Jatene, who became health minister in 1995, would be supportive of the PSF and argue that it was not a “poor program for the poor”. In 1997, the ministry would publish “*Saúde da Família: uma estratégia para reorientação do modelo assistencial*” (Family Health: a strategy for reorienting the assistential model). In 2000, the ministry would frame the PSF program as the principal model for basic health (World Bank 2004) and encourage municipalities to hire enough PSF health teams to cover 100 percent of their jurisdiction's population.

³⁴ This viewpoint was expressed by the researcher and state health policy analyst Virginia Junqueira (Interview 2003). However, World Bank health policy program officer Jerry La Forgia asserted that the idea that the Bank imposed PSF was misguided; bank staff follow Brazilian government ministers' lead (Interview 2004).

Nevertheless, other long-term public health experts associated with the *movimento sanitário* were quick to embrace the policy and argued it was compatible with the Alma Ata declaration. The policy coincided with their priorities to focus resources on primary care, centered on basic health and prevention. It also reflected previous sanitary policy and public health initiatives that sought to build close community ties, dating back to the 1970s and 1980s.³⁵ Also important was that decentralization had created opportunities for many *sanitaristas* to put principles into practice. Those in the Northeast were especially encouraged by the outcomes of both PACS and PSF programs. Research suggested that these strategies could prevent the spread of cholera and lead to dramatic declines in infant and maternal mortality (Lima et. al. 2001; Mendonça et. al. 2004; Mishima et. al. 1999; Solla et. al. 1996). Leading participants who helped design the PSF also argued that the policy should be much more than an isolated program; actors such as Machado, F. Sousa, and Andrade wanted PSF to be the basis of a restructured primary health care system for all (Interview Andrade 2004; Interview Machado 2003).

Given these “mixed” signals about the program’s broader aims, it is understandable that actors committed to universal primary care might balk at the PSF. But key actors, such as David Capistrano, Adib Jatene, and Luis Odorico de Andrade were crucial in convincing health experts that the program was compatible with full primary health coverage. Capistrano was a highly visible public health expert with ties to the Workers’ Party. When he agreed to partner with Minister Jatene to implement a

³⁵ For example, the Programa de Interiorização de Ações de Saúde e Saneamento (PIASS) was first introduced in the Northeast in 1976 and lasted until 1979. From 1980-1985, the PIASS was extended to other areas, including São Paulo. For a history of sanitary policy and community health, see Silva and Dalmaso (2002).

state-sponsored PSF program, he signaled his support for the model. In doing so, Capistrano would recruit and convert skeptical leftists that the program was compatible with their values (Interview Silveira 2003; Presentation Mattos 2003). Although Jatene never affiliated with a political movement or party, he enjoyed a solid reputation among technocrats for his deep commitment to Brazilian healthcare. His endorsement of the program carried special weight. Luis Odorico Andrade, a self-identified *sanitarista* who had formed part of the team to design PSF and later implemented it in Quixadá and Sobral in Ceará, also advocated for the program. Not only did he enthusiastically defend it within networks such as CONASEMS but he also created a training school for PSF and published the journal “*SANARE: Revista Sobralense de Políticas Públicas*” to showcase the program.³⁶ These individuals’ activities caught many leftists’ attention and convinced them that PSF could represent a progressive transformation of Brazilian public health.

Surprisingly, rightist politicians largely stayed out of the ideological debate surrounding PSF. Some advocates of the program also sought to appeal to fiscal conservatives by suggesting that PSF could lead to greater economic efficiency given the rising costs of curative medicine in Brazil. The logic is that effective prevention can be more cost-effective in the long term, than expensive hospital-based treatment.³⁷ While publications by the World Bank (2004) support this general viewpoint, arguments for

³⁶ The first volume of *SANARE* focuses on the PSF as strategy to restructure public health (Vol. I, No. 1, Oct-Dec. 1999).

³⁷ This line of reasoning is highly debated and longtime advocates from the sanitary movement are reluctant to make this appeal. As Dr. Luis Odorico de Andrade noted, universal coverage of PSF is costly (Interview 2004).

PSF based on potential cost-effectiveness gained little traction and rightist politicians and technocrats were largely absent in their support of PSF.

The development of health policy over three administrations in the city of São Paulo offers valuable insight into the ways ideology influenced emulation decisions. While most mayors delegated health policy issues to their secretaries of health, Mayor Maluf in São Paulo was unusually hands-on in selecting, advocating, and defending the PAS for the municipality. As discussed earlier in this chapter, Mayors Maluf and Pitta sought to implement their own public health policy for the city of São Paulo. The semi-privatized cooperative system was consistent with both mayors' conservative ideology and Maluf held steadfast in defending the model from its earliest opponents.

From the onset, the PAS proposal fueled considerable debate and led to both legislative and judicial machinations as various groups tried to block or support the implementation of the program. Various sectors, including some physicians, embraced the logic of doctor-controlled cooperatives and saw potential for greater financial and professional rewards. Others, including staunch leftists and activists in the sanitary movement, were immediately critical of the plan. Not only did they prefer that municipal authorities seek universal coverage and access, as mandated by the constitution, but they argued that the nature of public health problems, such as communicable diseases, made private sector solutions financially unsustainable. Another concern among PAS opponents related to Maluf's electoral appeal with the public as someone who "*rouba mas faz*" (steals but gets things done). In other words, the mayor's widespread reputation

for corruption led political opponents to anticipate that his health reform plan would serve as a vehicle for graft as well.³⁸

Mayor Maluf announced the PAS on January 17, 1995 and moved to implement the program through decree in April of that year. However, the Mayor encountered significant resistance to the plan which delayed its start. City council members from the Workers' Party were among the most vocal opponents and sought to block the PAS through both judicial appeals and interventions in the city council. Ultimately, implementation of the PAS would require City Council approval, which passed along partisan lines on September 12, 1995.³⁹ Even though Paulo Maluf was nearing the end of his mayoral term and was ineligible for reelection, the city went ahead in instituting the PAS. When Celso Pitta, a political ally of Maluf's, won the 1996 election, he kept his campaign promise to maintain the PAS program during his administration.

Paulo Maluf's decision to adopt the PAS not only encountered resistance from actors within the city of São Paulo, but also a host of external actors who appealed for him to reverse course. Minister Adib Jatene was personally interested in seeing the PSF program implemented in the city (Interview Jatene 2003). Aside from the fact that the minister had been a resident of São Paulo and took a special interest in it, Jatene was also

³⁸ Paulo Maluf has consistently asserted his innocence against accusations of corruption. Nevertheless, in 2005 he spent 40 days in jail on accusations of racketeering, tax evasion and money laundering. In March 2007, the New York City District Attorney's office indicted him in a corrupt kickback scheme at the expense of Brazilian taxpayers. According to District Attorney Morgenthau, Maluf and four co-conspirators stole at least \$11.6 million, although they are believed to have stolen more than \$140 million as that sum passed through the New York bank account linked to Maluf (Rohter & Hartocollis 2007: A9).

³⁹ According to Cohn et al., votes on the PAS corresponded strictly to partisan lines: all center-left and left city counselors from the PSDB, PT, PV and PC do B voted against the proposal; all partisans of the right-of-center parties including PPR, PTB, PL, and PFL voted in favor; of the twelve members from the PMDB, 1 abstained and 1 broke with their party to oppose the measure (1999:45-47).

convinced that the program could have positive effect; he had seen model PSF programs in Northeastern cities and believed parts of São Paulo faced similar difficulties. He also wanted to see the program extended to the biggest metropolitan areas, such as Belo Horizonte, São Paulo, and Rio de Janeiro (Capistrano 1999). Therefore Minister Jatene reached out to Paulo Maluf on at least two occasions to personally appeal to him to enact PSF in São Paulo; but Maluf simply turned him down, citing other plans (Interview Jatene 2003).

Minister Jatene refused to give up his goal of implanting PSF in São Paulo. Instead, he asked the Governor of São Paulo state to install a state-run program within the city's borders. The center-left governor Mário Covas (PSDB) agreed and the State Secretary of Health, José da Silva Guedes, initiated a state-run PSF program within the city's borders called QUALIS (Qualidade Integral à Saúde). The program started in 1996 in the district of Itaquera, under a partnership agreement between the federal Ministry of Health, State Department of Health, and the Santa Marcelina Hospital. Over time, the QUALIS program expanded to include additional districts in the municipality.⁴⁰ To shepherd QUALIS, Adib Jatene selected a trusted advocate for public health with a solid reputation for his commitment to primary health care – David Capistrano Filho. The selection of Capistrano was especially notable because of his high profile background and links to the leftist Workers' Party; he had been active in the *movimento sanitário*, was the former health secretary of the city of Bauru (1984-1986), and former mayor of the city of

⁴⁰ For a full description of QUALIS, see Capistrano (1999).

Santos⁴¹ (1992-1996). As this episode suggests, Dr. Adib Jatene was firmly committed to PSF and was willing to work with politicians of all ideological stripes to get the program off the ground. But at least in the early years, the Minister would find much greater receptivity for PSF among left and left-of-center politicians. Ultimately, it would take the election of a leftist, Marta Suplicy, for the municipality of São Paulo to adopt the family health program.

In sum, the decision to implement PSF reflected the ideological beliefs of two sets of actors: mayors and their senior technical staff. Mayors who chose to implement the family health program were overwhelmingly leftist or center-left and had decided that the programmatic goals of working directly with patients in the community and expanding access to primary health care were consistent with their core beliefs. In three of the four cities, PSF was introduced by left-of-center administrations, including Cristovam Buarque (PT) in Brasília, Célio de Castro (PSB) in Belo Horizonte and Marta Suplicy (PT) in São Paulo. The only non-leftist to adopt the program was Mayor Imbassahy in Salvador, who according to technical staff did so unenthusiastically and with uncertainty about the program (Interview Queiroz 2004; Interview Nossa 2004).

A second set of key actors involved in emulation decisions were politically appointed Secretaries of Health and their senior technical staff. In most instances, mayors selected Secretaries who shared similar ideological beliefs and commitments. Leftist mayors were more likely to hire health secretaries and senior staff who self-

⁴¹ As Mayor of Santos in the state of São Paulo, Capistrano initiated several public health policies to address the city's unique challenges as one of the country's most important port cities. Santos developed programs for girls and young women to reduce the incidence of prostitution and programs to curb the spread of HIV-AIDS.

identified as being part of the *movimento sanitário*. *Sanitaristas* adhered to similar leftist ideologies and used consistent rhetorical framing to discuss how they approached their work in health policy; these actors emphasized their identities, life experiences, and desire to “make a difference” through their work. They also shared how the family health program reflected their values and beliefs to improve equity and access to health care and reverse the tide of government spending that had left out the poor. In their view, full democracy would require a reprioritization of social policies to address historic and longstanding inequality and create meaningful citizenship.

Social Networks

The health arena in Brazil has seen particularly robust civil society activity, which dates back to the mobilization efforts of the *Movimento Sanitário* during the 1970s and 80s. The *sanitaristas* promoted the development of university public health programs across the country, sent doctors far into the country’s interior, published public health journals, promoted universal health care rights in the constitution, and advocated for wider civic participation in policymaking through decentralization. Though the movement has since dissipated as a single entity, its legacy remains in numerous health care organizations and professional associations it helped establish. Given the vibrancy of associational life in the health arena and the central role that PSF took in primary healthcare debates, it is not surprising that the program would spark the attention of numerous associations. Two associations created by the *Movimento Sanitário*,

ABRASCO and CEBES, have been at the forefront of the debate regarding the program's quality.⁴²

Since the inception of PSF, health professionals in Brazilian municipalities had frequent opportunities to assess the policy through the sector's numerous and professional associations. Technocrats had access to official publications from the Ministry of Health, but more often turned to other sources for the latest information in their field. PSF administrators for instance, consistently identified ABRASCO and CONASEMS as important associations and cited the journal *Saúde em Debate*, published by CEBES, as a key reference.⁴³ The CEBES publication served as a forum for debate on the programs, including critiques as well as case-studies from the Northeast, where authors detailed the merits of PSF. CONASEMS's annual meetings also became an important meeting ground for local health officials. When PSF was first introduced in the mid-1990s, most members were skeptical of the program. Yet, within ten years most of the participants reported that they had adopted PSF. This turn-around also extended to academic circles, and by 2003 ABRASCO's annual meeting included 59 paper presentations on PSF alone.

What brought about the turn-around of opinion on PSF? First, these organizations effectively brought together individuals from across the country and provided a forum for

⁴² Associação Brasileira de Pós-Graduação em Saúde Coletiva (ABRASCO) is a membership organization for post-graduates in public health, which includes academics as well as government officials. Centro Brasileiro de Estudos de Saúde (CEBES) is a public health organization with roots in the *movimento sanitário*, and its membership comprises health care professionals both within and outside of government.

⁴³ Conselho Nacional de Secretários Municipais de Saúde (CONASEMS) is a national association of municipal health secretaries; the association publishes research and organizes national and regional meetings.

PSF enthusiasts to advocate for the program. The regional diversity of professionals was crucial because so many proponents were from the Northeast and they might have otherwise been shut-out of policy debates typically dominated by Southeastern professionals.⁴⁴ This Northeastern perspective was crucial because PSF had created obvious concrete benefits which offered convincing evidence of the policy's merits. Second, the health sector and its professional associations comprised of professionals from different partisan affiliations, many of whom were willing to work across partisan lines. A notable example of such collaboration applies to two leading figures in the medical profession, former Minister Adib Jatene and David Capistrano Filho; both men worked for administrations with very different ideological profiles, yet partnered together to promote a pilot PSF program in São Paulo.⁴⁵ This partnership was highly influential as Jatene drew on his extensive network in the specialized medical field and Capistrano tapped his network of leftist public health officials. Lastly, several high-profile administrators began to show that PSF need not represent "a poor program for the poor." Several municipalities demonstrated that PSF could be an all-encompassing strategy for basic health services and could provide coverage for the entire population. In these ways,

⁴⁴ This point was made by Luis Odorico de Andrade in reference to CONASEMS (Interview 2004).

⁴⁵ Adib Jatene, a prominent cardiologist, has worked in various administrative public health positions, first serving as State Secretary of Health under Governor Paulo Maluf during the military regime. Later he accepted the position of Minister of Health under Presidents Fernando Collor do Mello (PRN) and Fernando Henrique Cardoso (PSDB). Dr. David Capistrano Jr. was firmly entrenched in the leftist *Movimento Sanitário* and had served as the Mayor of Santos (PT), a port-city in the state of São Paulo. David Capistrano not only worked across partisan lines by partnering with Adib Jatene, but he also built a solid relationship with José Serra of the PSDB; see for example, Serra's warmly obituary for Capistrano (2000: 195-198).

professional associations connected individuals, filtered information to their members, and shaped their views and professional norms.

Given the rich and overlapping networks associated with health policy, it is not surprising that administrators offered sophisticated and consistent analyses for why they wanted to adopt PSF. Technocrats frequently invoked similar explanations for the benefits of the program, including a belief that Brazil should focus on preventive medicine, a determination to engage directly with communities, and the conviction that basic medicine should move away from doctor-centric models. In some cases, albeit not all, technocrats specifically mentioned the Alma Ata conference as having articulated an important set of goals. Others mentioned the ground-breaking *VIII Conferência Nacional de Saúde*, held in March 1986, which demanded that the state provide universal health care a basic social right. Although a few policymakers expressed skepticism about the program's applicability for their cities and even discussed the ways they tried to block the program, they acknowledged that in ten years the PSF model had become the professional norm in their field (Interview Franco 2004; Interview F. Santos 2004). This helps explain why eventually cities like Salvador and Belo Horizonte adopted PSF. In Salvador, city health administrators acknowledged with some discomfort that they were relatively "late" in adopting PSF and that several nearby cities were ahead of them in implementing "model" programs (Interview Queiroz 2004; Interview Nossa 2004). The sheer density of health care associations and their ability to shape professional norms thus helps explain the phenomenal spread of PSF across the country.

Although formal overlapping networks tell us a great deal about professional socialization, it is also important to acknowledge the ways in which informal networks provided individual policymakers with wide-ranging connections and convinced them to initiate change. Oftentimes the informal networks revolved around personal relationships. For instance, Adib Jatene first met David Capistrano Filho in 1979 when he served as State Secretary of Health in São Paulo and Capistrano was a *sanitarista* working for the state's public health agency (Jatene 2002).⁴⁶ Over the years, Jatene had taken note of Capistrano's accomplishments in Bauru and Santos, and quickly identified him as a natural choice for director of QUALIS. In selecting Capistrano, Jatene chose someone who held tremendous influence within the political left and the movement. Capistrano would become an important spokesperson for the PSF program and would persuade many skeptical colleagues on the merits of the policy and that PSF was not a "poor program for the poor."⁴⁷ On an individual level, Capistrano connected informally with countless actors in the health policy arena and convinced them that PSF was an appropriate model for primary health delivery, even in the largest metropolitan areas.⁴⁸

⁴⁶ As Adib Jatene (2003) explained David Capistrano's father was a communist and activist who had been persecuted by the government. Although the military government had later issued an amnesty to political opponents, then Secretary Adib Jatene was under pressure to fire him. Since there was no evidence that Capistrano had misused his post for political reasons, Jatene refused to do so. Although their paths did not cross for many years, Jatene would take an interest in Capistrano's later accomplishments in Bauru and Santos. Dr. Jatene held David Capistrano Jr. in the highest regard for his work in public health. He was especially impressed by the fact that Capistrano left both Bauru and Santos with empty pockets; in other words, unlike other politicians, he had not enriched himself by stealing public resources (Jatene Interview 2003).

⁴⁷ For instance, members of his health policy team from Santos expressed deep skepticism about the PSF program; they thought it was a "poor program for the poor". But he managed to turn around Silveira and Mattos, who joined him in administering QUALIS (Interview Silveira 2003; Presentation Mattos 2003).

⁴⁸ Capistrano died in October 2000. Although I was unable to interview him for this research project, many interview subjects in São Paulo mentioned him with fondness and his endorsement of PSF carried

Aside from the personal contacts that drew actors to learn about PSF, other informal opportunities arose for learning and socialization. For instance, when technical staff at the Ministry of Health wanted to promote PSF, they strategically identified influential staff members in different cities and invited them to visit a “model” city. It was their belief that once visitors saw how effective the program was, they would be motivated to adopt it in their own hometowns and would advocate for it with their supervisors (Interview F. Sousa 2003). For instance, around 1995 and 1996 the ministry sent key actors in the Federal District to the Northeast to visit model PSF programs (Interview F. Sousa 2003). One of these individuals went to Recife in the state of Pernambuco to see how city administrators had adopted PSF; she would later advocate for it to the Secretary of Health, Maria José da Conceição (Maninha) (Interview Peixinho 2004). This type of first-hand experience was also crucial for São Paulo’s Secretary of Health Eduardo Jorge Martins Alves, who credits his enthusiasm for the program on having seen PSF first-hand in the Northeast as a member of Congress (Interview Martins Alves 2004).

In these ways social and professional networks, both formal and informal, played an important role in transmitting ideas and shaping new norms. When individuals were socialized to believe that a particular policy represented “the model” in their field, they were especially eager to adopt a similar approach, lest they fall behind their peers. This dynamic was particularly true for the family health program, which was embraced by the

heavy weight (for example, Interview Silveira 2003; Interview Gouvea 2003; Interview Manfredini 2003; Interview R. Santos 2003).

densely organized health networks. Interviews with Brazilian policymakers in all four cities revealed that social and professional networks prompted individuals to influence the policy agenda by proposing new programs. Social network connectivity was thus a necessary component for policy diffusion to occur.

Controlling for Federal Transfers

Though the Ministry of Health had an important role in promoting the Programa Saúde da Família, the impact of its fiscal transfers on diffusion is mixed. Thus, it cannot rightfully be seen as a motivating cause for actors' desires to adopt PSF. Starting in the mid-1990s, a few administrators in the ministry began advocating for a preventive health approach, represented in PSF. Programa Saúde da Família would eventually evolve from a small isolated project embedded precariously in the bureaucracy to an established division in the Ministry that would eventually reorganize basic health care policy around the program's design. By the late 90s, the Ministry began providing line-item fiscal transfers for cities that chose to adopt the program.⁴⁹ Yet despite the opportunity to gain access to resources through PSF, many mayors and city administrators refused to institute the program. In São Paulo, Mayor Paulo Maluf rejected federal funds and a personal appeal from Minister Adib Jatene to introduce PSF (Interview Jatene 2003). Throughout the 1990s, health administrators in Belo Horizonte were skeptical of the PSF model and refused to implement it, despite losing federal resources. Ironically, technocrats affiliated

⁴⁹ Fiscal transfers for PSF were calculated on a sliding scale and depended on the overall percentage of the population covered under the program and the number of health teams in place. The formula favored cities that adopted the program with expansive coverage of the population.

with both the Cristovam Buarque and Joaquim Roriz administrations in Brasília reported that they implemented PSF despite *not* having received regular earmarked funding from the federal government; both sets of officials claimed that political rivalries between officials in the federal and district governments led to irregular funding.⁵⁰ As for the other city administrations, once they chose to adopt PSF, officials from Belo Horizonte, Brasília, and São Paulo all explained that they appreciated the “extra” PSF financing. However, they also emphasized that the program was nevertheless very expensive to operate; the fiscal transfers alone were insufficient to motivate them to adopt the program because the costs far exceeded the transfers.⁵¹ Officials from Salvador were the only program administrators to cite their policy choices as a reaction to “directives from the federal Ministry of Health”. Though part of their response was due to the transfers, they also acknowledged they were “behind” other neighboring cities and needed to respond to the new paradigm.

CHAPTER CONCLUSIONS

Throughout much of the 1990s, when the federal government struggled to define health care reform, municipal governments became laboratories for experimentation and innovation in basic health. Cities like Niterói and Londrina were inspired by leftist

⁵⁰ Cristovam Buarque was affiliated with the PT, which was in opposition to then-President Fernando Henrique Cardoso of the PSDB. During the Joaquim Roriz (PMDB) administrations (1998-2002; 2002-2006) Brasília officials encountered resistance from the federal government, which only intensified once President Luis Inácio Lula da Silva (PT) took office in 2002.

⁵¹ For instance, officials in Salvador estimated that each PSF team has an operational costs of R\$30,000, of which the Ministry of Health provides R\$2,800 (i.e. less than 10 percent). The Ministry also provides R\$40,000 to for each new facility for PSF. Thus by their calculations, the financial incentives were too minimal for a large city like Salvador (Interview Queiroz 2004; Interview Nossa 2004).

primary care health models and drew on Cuba's family doctor model. In São Paulo, the mayor favored a more conservative approach that integrated public-private partnerships. Others still embraced a nascent model that integrated community health with integrated teams of health care professionals, called Programa Saúde da Família. Most importantly, this period of experimentation demonstrates that for municipalities across Brazil, issues of basic health care delivery were far from clear or automatic. Rather, politicians and technical health policy staff debated the merits of different programs and made calculated decisions on which policies to adopt.

Contrary to conventional wisdom in political science, which emphasizes neo-classical behavioral assumptions that individuals pursue their own self-interest, the actors in this study did not emulate PSF for electoral gain. In other words, there is no evidence that mayors adopted the family health program for the purpose of winning an election. Rather, most emulation decisions were delegated to politically appointed staff and highly specialized health experts who assessed the ideological and technical merits of the program. In the few instances where rightist politicians came to embrace PSF for its political benefits, they did so belatedly and after staff members had initiated the policy's emulation. This finding is remarkable given that PSF easily lends itself to clientalism and patronage politics on the part of mayors.

As this chapter argues, actors' motivations to adopt PSF were largely driven by two factors: ideological commitments to social justice and desires to keep up with evolving professional norms. While these factors were consistently important for all the case studies, actors' ideological interpretation of PSF changed over time. Staunch leftists

had to analyze and interpret the PSF to determine if it was consistent with their ideological commitments, and in many cases their assessments evolved. Professional and informal social networks were often important features in these processes because they reinforced actors' ideological commitments. In other words, professional networks such as CEBES, ABRASCO, and CONASEMS created opportunities for professionals in different jurisdictions to learn about PSF and debate the program's merits and meaning. Informal networks and friendship ties were also important among leftist politicians and technocrats. When key opinion leaders such as David Capistrano Filho and Eduardo Jorge Martins Alves embraced the family health program, it served as an important signal for others that the policy was consistent with their leftist ideological commitments. The following chapter will further explore how ideology and social norms operate together to spur emulation decisions, drawing on evidence from PSF and Bolsa Escola.

CHAPTER 6: CONCLUSION: EXPLAINING SOCIAL POLICY DIFFUSION IN BRAZIL

Decentralization in Brazil creates the opportunity for thousands of local municipal governments to tailor social policies for their constituents. This flexibility is particularly attractive because the country, continental in size, has tremendous regional inequalities. Despite the autonomy that local governments enjoy in policymaking, the 1990s has ushered in an era of tremendous policy replication as cities across the country have emulated program that were designed elsewhere. The question that drives this study is: what motivates policy makers to emulate innovative social policy? Are actors motivated by self-interested pursuits to win elections? Or are actors motivated by principled commitments regardless of self or others? Alternatively, are they motivated by community-oriented action in an other-regarding way? In answering these questions about actors' motivations, this dissertation explores how and why policy diffusion occurs, and explains how diffusion has been an important feature of Brazilian social policy since the early 1990s. Chapter 3 provides a statistical analysis of the determinants of social policy diffusion for Brazil's 224 largest cities. Chapters 4 and 5 draw on in-depth case studies to uncover actors' motivations to adopt Bolsa Escola and Programa Saúde da Família.

The conclusion unifies this work by bringing together the previous chapters. To accomplish this aim, the first section designs an overarching theory for social policy diffusion in Brazil. As the second section explains, these findings are consistent despite

differences between qualitative and quantitative methodologies and the two issue areas of this study. The third section addresses the implications of this study for diffusion research and scholarship on Brazilian politics. It concludes by setting an agenda for future research.

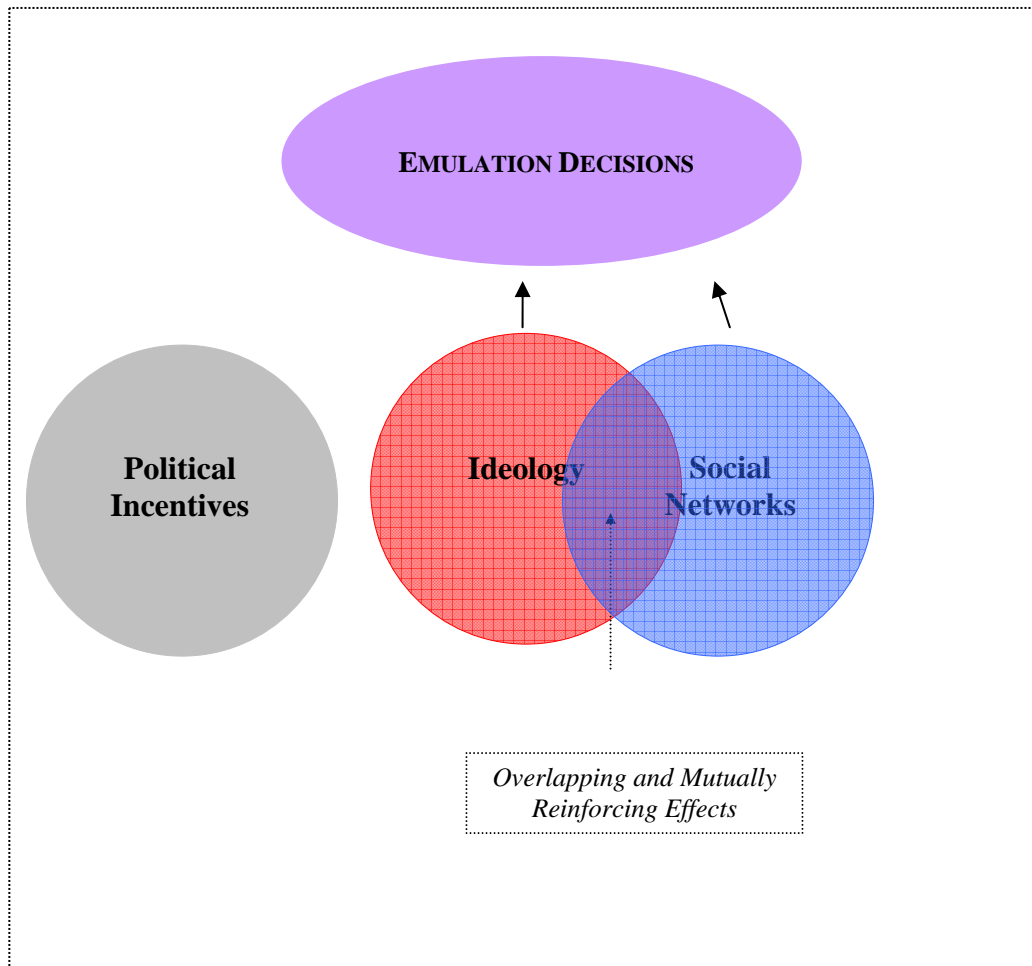
THE CORE FINDINGS

This dissertation tests three distinct approaches to understanding individuals' motivations for emulating innovative social policies in Brazil. Each corresponds to distinct analytic research traditions, found in political science and sociology, and their paradigmatic response to questions of what drives political behavior. Do actors follow conventional rational choice assumptions about political self-interest and pursue social policies to win elections? Or, do politicians make policy choices regardless of self and others and emulate policies because of their deep seated ideological commitments? Alternatively, do actors respond to a community of shared norms and emulate policies to demonstrate to their peers that they are in line with their profession's latest trends? To answer these questions, this study draws on both statistical and qualitative evidence to uncover the process by which actors make emulation decisions.

Both Bolsa Escola and Programa Saúde da Família share similar causal mechanisms that explain why actors are motivated to emulate them. The statistical and case study evidence reveals similar findings, despite differences between qualitative and quantitative research designs. Figure 6.1 provides a visual representation of the

theoretical findings of this study. A more in-depth analysis of each factor, as well as evidence from Bolsa Escola and PSF emulation, follows.

Figure 6.1 Explaining Social Policy Diffusion: A Motivational Approach



A political incentives approach offers an intuitively appealing explanation for the spread of social policies in Brazil. This rationale speaks directly to rational choice assumptions about actors' determination to pursue their political self-interest and to gain electoral power; it thus represents both the theoretical and instinctive conventional

wisdom. Within political science, the assumption of rationality is one of the principal ways researchers have sought the regularity necessary for generalization (Riker and Ordeshook 1973:11). Given this, one of the most surprising findings of this dissertation is that political incentives fail to explain actors' motivations for social policy emulation.

As Chapters 3, 4, and 5 show politicians rarely make emulation decisions as vehicles to advance their electoral self-interest. Certainly, the pressure to win elections and distinguish oneself from one's competitor is crucially important in the Brazilian municipal arena. Campaigning on the provision of these social programs can offer a clear opportunity to gain votes. Mayors Cristovam Buarque, Marta Suplicy and Célio Castro all campaigned on their intentions to implement either Bolsa Escola or PSF. Once in place, these programs offer other electoral benefits, including the potential to target benefits to voters for future municipal elections. Mayors who adopt PSF can also influence voters by deciding which neighborhoods will be served by the program. Some executives do indeed use these electioneering strategies. For instance, under the administration of Mayor Antônio Imbassahy in Salvador, the political leadership determined which neighborhoods should be included in the health program. Often, the favored neighborhoods were not those with the greatest epidemiological needs.

For some mayors, these programs are politically appealing not because they offer opportunities for policy-based electoral competition, but rather because they can perpetuate "politics as usual" through patronage and corruption. Since the health program includes the hiring of new personnel, the power behind job creation offers the opportunity for significant political payoffs. The community health agent job under PSF

is an especially desirable position among the lower classes because it requires relatively little education or background in healthcare; often, the only requirements are residency in the neighborhood served and demonstration of leadership skills. The administration of Joaquim Roriz in Brasília was especially notorious for irregularities related to the PSF, as investigations into widespread corruption and the misuse of funds unveiled (Interview Bisol 2004).

Despite some of the electoral benefits that Bolsa Escola or PSF entail, there is a wealth of evidence to suggest that mayors and their staffs mostly did not seek to replicate these programs because of self-interested calculi for electoral or economic gains. As the event history models reveal, greater electoral competition does not explain the likelihood that Bolsa Escola or PSF will diffuse. Moreover, the degree of electoral competition does not explain differences in adoption for the 224 large cities. The case studies reinforce these findings in several ways. Politicians in this study never considered these programs as responses to citizen demand. Though Bolsa Escola received widespread media coverage, none of the cities had citizen groups who demanded that candidates or incumbent mayors adopt Bolsa Escola. In addition, citizen delegates who served on local health councils rarely advocated introducing PSF; if anything they were resistant to the program and wary it would not result in improved services. The poor and most vulnerable populations served by PSF were unfamiliar with the program and they still viewed clinics and hospitals – not PSF health teams – as appropriate places to go to for their healthcare needs. City officials who would adopt PSF would often have to persuade

citizens and local health councils that the program would be an improvement. Thus, the adoption of Bolsa Escola and PSF often took place in the absence of electoral “demand.”

In fact, mayors’ decisions to adopt these social policies often entailed political risk that made electoral payoffs far from assured, even when technocrats were confident in the benefits flowing from these programs. The uncertainties were especially high for administrations that decided to replicate the programs soon after the innovations garnered attention. For example, Bolsa Escola could increase school attendance, but by incorporating previously marginalized and failing students into the system, other performance indicators could have declined. The complications were even greater for those administrations that adopted PSF because doing so required reorganizing health services, updating facilities, conducting new training, and formulating new relationships with patients. For many cities, adopting PSF also involved assuming responsibility for services that were previously in the hands of state governments. Even after several years, technocrats would often report that they had not yet reached their operational goals because of difficulties related to training, recruiting personnel, and retaining staff. Despite the risks of policy failure, both Célio Castro in Belo Horizonte and Lídice da Mata in Salvador signed on to Bolsa Escola very early on; in São Paulo Marta Suplicy also committed to PSF even though very few other cities with a comparable health network had chosen to do so.

A further disincentive for politicians to adopt Bolsa Escola and PSF is that they understood these programs would garner opposition from well-organized segments of the population. Traditional corporatist sectors such as teachers, medical practitioners, and

civil servants disliked many elements of these social policies. Bolsa Escola was unpopular with many teachers and teachers unions, who traditionally favored other education policies that enhanced curriculum development, school materials, and pay. Similarly, in nearly every case study, plans for the adoption of PSF caused conflicts with existing city personnel and resulted in walk-outs or work-stoppages. Unions representing healthcare workers, doctors, nurses, and other city employees were often skeptical of the policy because it meant a substantive change in their workday and a reformulation of their contracts. Given that the programmatic outcomes would be uncertain by the next election cycle and that politicians would face known resistance from an organized segment of the electorate, it was hard for elected officials to see clear political gains.

A political incentives approach thus provides a deficient explanation for understanding social policy diffusion. These cities had competitive municipal elections with hotly contested campaigns, but political competition did not drive the selection of the public policies and the speed at which policy replication occurred. Mayors adopted these policies when there was little demand even knowing there was a chance the policies could fail to provide positive results by the next election.

Because the political incentives approach cannot convincingly explain diffusion, we need to turn to other motivational explanations. If conventional rational choice explanations can not account for the diffusion of social programs, what role, if any, does ideology play in motivating individuals into action? Did policy innovations spread across cities governed by mayors on both the left and right? Or do only individuals with certain ideological commitments feel compelled to adopt programs such as Bolsa Escola and

PSF? Do political actors make decisions to implement programs because they are strongly motivated by their ideological beliefs, even when these choices appear politically inexpedient or “irrational”?

As the case studies and event history analyses reveal, leftist politicians were much more likely to adopt Bolsa Escola and PSF; whereas both centrist and right-wing mayors were unlikely to do so. Leftist ideology not only mattered to mayors, but also to technocrats and political appointees, such as secretaries of education and health. Staff members regularly displayed their ideologically driven preferences and discussed their policy choices in relation to their values and beliefs. In nearly every case of program adoption, technocrats, political appointees, and elected officials, who self-identified as leftist discussed these programs with similar rhetoric. These individuals invoked comparable themes and concepts to explain program emulation; one common description was their desire to address a “social deficit” and prioritize funding to alleviate social inequality. Another theme was the construction of “citizenship” and the view that education and health care were important social rights. In other words, for these actors, full citizenship rights in democratic Brazil included the state’s obligation to fulfill basic social services.

While ideology played a central role in emulation decisions, ideological interpretations of these programs were not static. Bolsa Escola was quickly embraced by left-of-center politicians who found the policy consistent with their own ideological convictions and priorities. This was very different with respect to PSF; many leftist health policy specialists were initially skeptical about the program and wondered whether

the PSF was really aligned with their ideological commitments. In this case, many health policy experts consistently expressed their leftist beliefs but it would take time for them to assess whether PSF could be consistent with their commitment for universal primary care.

As Chapter 5 explores, health policy specialists on the left found PSF's mission laudable but they had to reconcile its potential with other information that caused cognitive dissonance. For instance, while the program sought to advance health care access for the poorest, most vulnerable, and socially excluded groups, other features of the policy seemed to be inconsistent with leftist values. Some actors identified signals that the policy might reflect more conservative neoliberal values. Since the family health program had followed in the footsteps of an earlier program targeted to the poor rural Northeast, some leftists coined PSF a "poor program for the poor." During Fernando Henrique Cardoso's administration, Health Minister José Serra had also approached the World Bank about financing for the program. That the World Bank was open to supporting the program's expansion served as evidence to some that the policy was a "Washington consensus" project. On the other hand, well-known leftist David Capistrano Filho supported PSF by prominently advocating for it. Many progressive health policy advocates would have to sort through these mixed messages and interpret the policy for themselves. In practice, this meant the PSF program was subject to a longer review process by politicians and their technical advisors to determine whether it was consistent with their ideological beliefs. Left-of-center ideological commitments mattered for both policy domains and were consistently important. Yet actors' leftist

ideology alone fails to account for an all-inclusive explanation of social policy emulation. Rahter, networks were crucial in making leftists see PSF as compatible with their ideology. To uncover how education and health policy experts came to embrace the program, we now turn to the role that social networks played in shaping professional norms, socializing actors, and motivating them to seek legitimacy in relation to their peers.

Social networks played an important role in motivating actors across Brazil to emulate Bolsa Escola and PSF. At the most basic level, they provide actors with knowledge about their profession's latest trends. In this sense, networks operated as conduits of information. But more importantly for a study that focuses on actors' *motivations*, networks also socialized actors. When professional networks provided space for debate, evaluated policies, and declared them successful or "innovative", they went beyond "information exchange" to place a value on that information. Interviews with politicians and technocrats in Brazil revealed that most actors were embedded in various forms of associational life. These actors often discussed their work with their peers; i.e. they referenced whether they were proudly ahead of the curve, quick to notice the latest developments, or were embarrassed to be behind their peers and thus a late adopter. Municipal policy makers in both Bolsa Escola and PSF policy domains consistently referred to their peers, suggesting that they sought to keep up "with the Joneses", especially when the Joneses were highly regarded innovators. In framing their work in this manner, actors sought the legitimacy to be gained from their colleagues;

when individuals were linked to social networks their emulation decisions were driven by social norms and other-regarding motivations.

Social networks mattered in shaping actors' quest to gain legitimacy. First, professional associations were crucial for most technocrats and a few politicians who held close ties to their profession. These associations were fundamental conduits for socialization and information exchange across geographical space. As Friedkin notes (as cited in Kilduff and Tsai 2003:58), professional networks are important because they link people with similar functional roles but who might otherwise be isolated and lack peers within their jurisdiction. Second, informal associations such as neighborhood and friendship ties also mattered, but these sprouted up in more idiosyncratic and less predictable ways. Differences between education and health policy arenas explain how the structure, scope, and density of professional networks can influence emulation decisions. Thus we now turn to uncovering the differences in social network activity, both formal and informal, related to Bolsa Escola and PSF emulation.

As Chapter 4 explains, Bolsa Escola represented a hybrid program that embraced both educational achievement and poverty alleviation. As a result of these complementary aims, the program never found a home in a single policy domain. Some cities housed their programs in departments of education, such as Brasília and Belo Horizonte; others in departments of public assistance, for example Campinas; yet others created new agencies, as in the case of São Paulo; or entered into private-public partnerships, as was the case with Salvador. While the program had clear links to education and set goals related to increasing school attendance and decreasing grade

repetition, the policy never captured the center of the education sector's professional agenda. Rather, Bolsa Escola's main enthusiasts would be general policy practitioners interested in innovative public policies, not education specialists. In general, the professional associations in education were lukewarm towards the education grant program, and traditional teachers unions were uneasy about losing resources. For these reasons it would take a generalist network of policy practitioners associated with the Gestão Pública e Cidadania network to stimulate actors' desires for emulation.

Even if professional organizations in the education sector had formally embraced Bolsa Escola, there would still be important differences between the education and health sectors. Unlike the field of public health, advocates for progressive socially inclusive education had never formed a large-scale social movement during the democratic transition. While university students did join pro-democracy movements, their activities would not serve as the backbone for primary and secondary educational reforms. Nor would student groups plant the seeds for long-standing education associations, as was the case with the sanitary movement. Much of the depth and breadth found in today's health sector associations, including organizations such as ABRASCO, CEBES, and CONASEMS, date back to early organizing by *sanitaristas*. Today, these public health associations serve an important role in bringing together influential health policy technocrats, creating opportunities for learning, socialization, and informal exchanges.

The evidence from the event history analysis and case studies also reveals that informal networks promoted policy diffusion, albeit in less consistent and more idiosyncratic ways. In the case of PSF, there were strong regional effects that influenced

adoption decisions; states furthest from the early adopting region of the northeast were least likely to emulate PSF. In interviews, technocrats also identified which neighboring cities were ahead of the curve, and many technocrats who promoted the program said they did so after personally visiting innovative programs (for instance Interview Martins Alves 2004; Peixinho 2004). While regional effects did not promote Bolsa Escola diffusion, informal relationships did. Policymakers involved with Bolsa Escola often cited learning about the program through colleagues and meetings. One notable instance offered by Mayor Lídice da Mata is illustrative; she first learned about Renda Mínima at a meeting where the Mayor of Campinas made a presentation (Interview 2003).

In these ways, politicians and especially technocrats responsible for social policy development were strongly influenced by their informal and professional associations. PSF spread quickly because of the health sector's dense social and professional networks which shaped experts' desire to keep up with new professional norms. The education sector, by contrast, has fewer formal organizations, explaining the relatively slow pace of Bolsa Escola and Renda Mínima diffusion. Though informal networks mattered, their effects were more haphazard and weaker than those produced through formal professional channels. As the analysis shows, social policy diffusion at the municipal level was strongly influenced by two motivational factors: first, actors' ideological commitments and deep-seated desires to enact policies that were consistent with their leftist worldviews and second, actors' quest for professional legitimacy and desire to demonstrate to peers that they were keeping up with professional norms. Each of these motivational approaches is treated separately in this study for conceptual clarity. Yet

these motivational factors need not operate in isolation; in fact the case studies reveal that at times, ideology and social networks work together and display mutually reinforcing effects. For a select number of politicians and politically appointed technocrats, both these motivations operated together and in complementary ways. The analysis of Bolsa Escola and PSF emulation offers clarification in this regard.

On occasion, like-minded leftist politicians participated in meetings that not only introduced them to new social policy ideas but also helped them interpret these policies as progressive solutions to social exclusion. This type of serendipitous event was important for Bolsa Escola diffusion; Mayor Lídice da Mata in Salvador met with Campinas' Mayor Magalhães Teixeira at an event and learned about the Renda Mínima program (Interview Mata 2004). Similarly, Belo Horizonte city Councilman Rogério Correia said that as a former educator and Workers' Party representative, he took an interest in Cristovam Buarque's education proposals in Brasília (Interview 2004). Partisan meetings created opportunities for social networking among officials who shared ideological beliefs. It also gave mayors a sense of trends in local governance as their colleagues presented information on their most innovative practices. These networking events served a similar function as professional network meetings for technocrats, except that it was mayors who sought to gain legitimacy and recognition from their peers.

In the case of PSF, social networks and ideology worked together in slightly different ways; rather than operating among elected officials, health policy technocrats and politically appointed health secretaries would find that professional networks could assist them in evaluating the merits of the policy in ideological terms. Many leftist health

experts rejected the family health program in the early years of its enactment in Brazil. It was not that they were unfamiliar with it, but rather they experienced cognitive dissonance between their ideological commitments to expand universal primary care and PSF's more limited design. Many leftists wanted universal access for primary health care and worried that PSF was a poor program for the poor; i.e. a band-aid approach to offering services in areas that lacked basic health infrastructure rather than a full coverage program with similar strategies across class lines. Professional networks, such as CEBES, ABRASCO, and CONASEMS, became venues for debating the merits and limits of these programs. And when well-traveled and nationally recognized public health experts such as Adib Jatene, David Capistrano and Luis Odorico Andrade endorsed the program, the larger community took notice. Moreover, leftists committed to PSF advocated for the program to offer coverage to the entire population, not just in selected shanty towns. Expanded coverage helped convince many committed leftists that the program could offer universal primary care. In these ways, professional social networks played a significant role in convincing them that PSF was in line with their ideological commitments to progressive health care.

To summarize, one of the most surprising findings is that the conventional political incentives approach, which assumes rationality and emphasizes individuals' pursuit of their political self-interest, failed to explain social policy diffusion in Brazil. Many early adopters of these models embraced these programs even though their electoral repercussions were far from clear. The central theoretical finding of this study is that ideology and socialized norms drove individuals' decision-making and their

desires to replicate new policy models in Brazil. Local elected executives often made choices based on their own ideological commitments and deeply held beliefs. Technocrats and politicians with strong professional ties, on the other hand, consistently cited their profession's norms and their commitment to following the latest trends and models. The speed and extent of policy diffusion were tied to the density of professional networks.

SIMILAR FINDINGS DESPITE THE DIFFERENCES

This study draws on two diffusion traditions to examine the spread of social policies across Brazilian municipalities. While research on diffusion extends to multiple social science disciplines, there is a notable divide between those scholars who employ qualitative methods and those who use advanced statistical analysis. Researchers who draw largely on qualitative methods and process tracing tend to embrace more constructivist, or interpretative, approaches to diffusion that emphasize emulation, learning, “policy transfer,” and norms (see for instance Bennett 1991, 2001; Finnemore 1996; Weyland 2007; Mossberger 2000). By contrast, scholars that employ statistical analyses with a large number of cases tend to embrace more rationalist assumptions about actors' strategic behavior in making adoption decisions (see for instance Berry and Berry 1992; Mooney 2001; Simmons and Elkins 2004). Event history models can also analyze broader trends, including the ability to understand the risks or likelihood that a given jurisdiction will adopt a policy.

While Mahoney and Goertz (2006) suggest that qualitative and quantitative research should be undertaken separately because each is marked by its own values, assumptions, and presuppositions, this work embraces the view that both methods can be complementary to explain policy diffusion processes. The large-N component of this study not only captures diffusion trends in social policy adoption, but also allows for greater generalization of causality (King, et. al. 1994). The event history findings provide a probabilistic interpretation of the likelihood that a jurisdiction adopts either Bolsa Escola or PSF. The qualitative case studies offer in-depth analyses of the mechanisms that lead to diffusion. Process tracing also allows for the possibility of causal heterogeneity and importantly clarifies policy makers' motivations for emulating Bolsa Escola and PSF. While both methods produce similar explanations for the motivations that drive policymakers' adoption of these social policies, it is worthwhile to explore the differences and similarities between the qualitative and quantitative findings.

One of the most important distinctions between the two methods employed in this dissertation relates to how we understand diffusion processes. The event history findings focus on the likelihood that diffusion will occur; once a jurisdiction has adopted a program the city is dropped from the analysis. The assumption underlying this method is that once a policy is implemented, it will remain in place. For many governments, this notion about the nature of public policy is reasonable. Once a new policy is enacted, it can be difficult to reverse course because actors and institutions have vested interests in

maintaining the status quo.¹ However, as the case studies reveal, the Brazilian public policy environment is more unstable; some municipalities make symbolic name changes whereas others undergo more serious alterations as policies are suspended or reversed altogether when new executives take office. For instance, the renaming of programs is fairly common as politicians seek to place their own stamp on public policy. In Brasília the family health program has been called *Saúde em Casa* and *Programa Saúde da Família*, and *Bolsa Escola* has also been *Renda Minha* and *Renda Mínima*. For the most part, the renaming of programs by city mayors remains a symbolic gesture that does not interfere with the programs' administration or continuity. But, a more serious phenomenon for diffusion research is policy suspension or reversal. The case study evidence from Brasília reveals that turnover does occur and corresponds with electoral shifts from a leftist to a rightist mayor.

By incorporating two research methods that examine diffusion processes that can capture emulation, non-emulation, and reversal, this study is able to uncover the importance of ideology in decision-making processes. Both the large and small-N studies offer remarkably consistent findings on the role that ideology plays in social policy emulation: Left-of-center politicians are more likely, to adopt *Bolsa Escola* and *PSF*; while reversal is relatively rare those instances also inform the general findings of the importance of mayors' ideological commitments as only rightlists chose to reverse course. In addition, the case studies of the Buarque and Roriz administrations show that

¹ In the study of American politics, incrementalism is a main feature of policymaking, rather than wholesale reinvention or reversal (Lindblom 1959; Pierson 1994).

ideology also matters when it comes to policy reversal. In other words, when a rightist comes into office and lacks the same ideological predisposition to address social inequality, this mayor is more willing to suspend a program he identifies as “leftist.” In this way, the qualitative research, which includes an in-depth analysis of “outlier” cases, can contribute to a more nuanced understanding of both diffusion processes as well as the role of ideology in motivating politicians’ decisions.

Given that large- and small-N research draws on different types of data, it is only natural that differences in measurement for the theoretical variables of interest could also contribute to meaningful insights. Both qualitative and quantitative approaches test the extent to which electoral competition, ideology, and social networks matter in driving emulation decisions, but these causal factors are conceptualized slightly differently. The data intensive requirement for the event history analysis necessitate in some instances imperfect measures for the theoretical variables of interest. Assumptions about ideology for instance are based on an actor’s partisan affiliation, but their partisanship might not truly capture their worldviews. By contrast, process tracing allows for “thick description” that can reveal interpretive accounts such as the meaning an actor ascribes to her ideological beliefs.

The measures of social network connectivity and their effect on stimulating social policy emulation serve as a clear example of how both methods draw on slightly different measures to test the theoretically driven hypothesis that policymakers who are part of networks will seek to ‘keep up with the Joneses.’ Recall, for instance, that the measure of formal network connectivity is based on membership and participation data provided

by CEBES and the Public Management and Citizenship Program. The data from the Public Management program is of better quality because it includes more information on who participated and accounts for annual fluctuations. In the case of CEBES however, administrators had not kept annual databases on membership, but rather continuously updated a single list.² Since staff members emphasized that the geographical distribution of members was fairly constant over time, values were simply repeated for every year in this study. Nevertheless this solution to a shortcoming in the data likely leads to a less powerful network effect for the PSF model. The case study analyses enhance understanding of socialized norms by allowing subjects to identify which networks matter to them. The interviews also uncover how actors view different associations and engage in various professional and informal networks. In this way the qualitative cases show how participation in the Public Management and Citizenship Program and CEBES networks mattered for policy makers. In addition, the case studies also shed light on the unique features of civil society activity in the health sector, to explain PSF emulation. Debates on the merits of PSF extended beyond CEBES to fora organized by ABRASCO and CONASEMS among others, and emphasized the nature of the field's dense and overlapping health associations.

On the face of it, both the qualitative and quantitative methods examine ideology similarly – elected officials and their senior political appointees are classified as leftists, centrists, or rightists. The statistical models reveal that the presence of a leftist mayor has a statistically significant impact on the likelihood of Bolsa Escola and PSF emulation.

² The ABRASCO membership database was managed in a similar manner.

Also important is that centrists and rightists behave alike in the large-N study; in other words centrists and rightists adopt these policies at similar rates. But what is it about leftists that makes them so eager to emulate these social policies? As the case studies reveal, leftists who adopted these programs shared similar commitments, beliefs, and desires to govern in a way that fit their worldview. They were driven by a dedication to address historic social exclusion and reverse decades-old spending priorities that benefited the elite and middle-class. Interestingly, most of the leftists interviewed for this study framed their policy choices as driven by their belief that Brazil needed to construct “citizenship.” Pro-poor and equity enhancing policies like Bolsa Escola and PSF were a means for expanding those citizenship rights. Since questions regarding actors’ motivations are fundamentally about how they interpret social policy and attribute meaning to their actions, research must go beyond the statistical correlates to include qualitative approaches that explore individuals’ motivations.

Lastly, the methodologies employed in this study examine the potential impact that electoral competition has on policy diffusion. Capturing electoral competition is one of the most challenging issues for a longitudinal study of Brazilian municipal elections because of irregularities of electoral data collection during the early 1990s.³ Thus, the case studies provide an opportunity to fill-in information where data is lacking. At the same time, the case studies provide “texture” on the nature of electoral competition for the research sites. For instance, when left-of-center Mayor Lídice da Mata won executive

³ Data for the 1992 mayoral elections are unavailable for most municipalities. Even data on the city of São Paulo is unavailable from the state’s election tribunal.

office of Salvador in 1992, her rise reflected a brief political opening due to the declining influence of the conservative politician Antônio Carlos Magalhães who had dominated Bahian politics for decades.⁴ By 1996, ACM would once again reign supreme in both state and municipal politics, and his candidate for office, Antônio Imbassahy, would win handily. In this way knowledge of specific local elections not only elucidates the nature of the campaign debates and election, but it also reveals how political contexts sometimes reflect broader political dynamics tied to state and national level alliances.

Scholarship often focuses on a single policy or political phenomenon to explore the determinants of policy diffusion (for recent examples see, Brinks and Coppedge 2006; Mossberger 2000; Orenstein 2003; Simmons and Elkins 2004). By contrast, one of the important features of this project is that it has examined two distinct policies, one related to health and the other to education. There are important theoretical rationales for selecting two social policies. First, this study seeks to avoid the problem of a pro-innovations bias by examining only those programs that diffuse broadly and rapidly. Both policies analyzed in this dissertation diffuse, but do so at dramatically different rates; PSF spreads more extensively than Bolsa Escola. Second, research on public policy tends to emphasize differences across issue area, rather than similarity. Conventional policy studies highlight the distinct features of each policy domain, examining entrenched interests, class conflicts, and the unique actors and institutions involved in each sector. However, it is also possible that distinct policies are driven by

⁴ Senator Antônio Carlos Magalhães had supported President Collor. When Collor was impeached on corruption charges, ACM who had long been implicated in shady deals himself, lost some political capital.

similar causal processes when it comes to emulation. To explore some of the unique and shared features of Bolsa Escola and PSF, this section draws on the analysis presented in Chapters 4 and 5, specifically highlighting their inherent qualities including: the degree of policy design complexity, policy “flexibility”, and the gendered political appeals of these programs.

One of the most striking differences between the two social policy issues in this study is their degree of complexity. Bolsa Escola represents a straight-forward and simple idea with modest goals to improve educational access.⁵ Key policy entrepreneurs such as Cristovam Buarque made the analogy that Bolsa Escola was just like college-level grants for needy students, the only difference being that the school grant targets needy children. The simple comparison made it easier for many Brazilians to relate to the program, even though the policy’s design seeks to address more complex issues of intergenerational poverty, child labor and the opportunity costs of education, and the need to induce attitudinal and behavioral changes among parents. Administratively, implementation of Bolsa Escola was also uncomplicated; it merely required the city to create a database of beneficiaries with corresponding school attendance information. Teachers would need to submit information to the city, but Bolsa Escola did not otherwise change the core of their job duties.

The clear-cut features of Bolsa Escola contrasted dramatically with the complex nature of the family health program. Unlike Bolsa Escola, PSF represented a highly

⁵ Scholars in various fields have examined how simple or “flexible” ideas make them more likely to diffuse. See for instance: Mossberger (2000) on the diffusion of empire zones in the American context and Heath and Heath (2007) on why some ideas stick and others do not.

sophisticated re-visioning of health care delivery. The health program encapsulated decades of domestic and international debates on how to structure primary health care (see Chapter 5). Not only did it require that municipal health agencies shift resources in public health, it also called for many health professionals to embrace the new model. Unlike Bolsa Escola, PSF implied a dramatic change in the nature of health workers' day. For instance, many doctors and nurses who had existing civil service employment with city governments had to renegotiate contracts.⁶ To hire community health agents, whose job description conflicted with traditional civil servant job contracts, city officials entered into partnerships with local non-profit associations.⁷ The sheer complexity of the program's administration offered a striking contrast to Bolsa Escola. Many policymakers viewed PSF as a "big idea" which involved substantial commitment to reorganize health care delivery in Brazil. For these reasons, it would seem that these two policies reflect dramatically different types of social policy.

These differences in complexity (both ideational and administrative) did have an impact on policymakers' acceptance of these social policies.⁸ Key policy entrepreneurs associated with Bolsa Escola and PSF would experiment with how to frame their policies

⁶ Most doctors with municipal contracts who worked in the four research sites had contracts with part-time shifts. Thus, in practice many doctors in Brazil work hold two jobs to fill a full-time schedule. PSF however, requires that doctors not only work within a designated territory but that they do so full-time. Contract negotiations with municipal health care workers were often a source of conflict between labor unions and municipal administrators (Interview M. Souza 2004; Interview Costa 2003; Interview D'Agostini 2003; Interview Camara 2004).

⁷ One of the job requirements for the ACS is residency in the district in which they work. If a community health agent moves, she is subject to job loss. Thus, administrators often need flexibility in both hiring and firing. One mechanism cities have used to ensure flexibility is to sub-contract work through non-profit associations. For instance, São Paulo established partnerships with fourteen institutions to implement PSF throughout the municipality (Sousa 2003: 93).

⁸ Several scholars have examined the impact of complex, simple, and flexible ideas on policymaking; see especially (Mossberger 2000).

to maximize their acceptance. For instance, Cristovam Buarque had at one point described Bolsa Escola as a policy that paid mothers for the work they already do; this characterization did not sit well with feminists or conservatives and thus he quickly abandoned that description to describe the program as a school scholarship (Interview Almira 2003). In the case of PSF, the framing issue did have substantive implications. Did the program represent “primary health” care or “selective primary care?”⁹ While framing issues are important to both social policies, the simplicity behind Bolsa Escola was an especially important feature that facilitated its acceptance.¹⁰

Policy flexibility was another element of Bolsa Escola and PSF that a few technocrats found to be attractive. While most cities adopted these programs wholesale and made few modifications to their policy design, in a few cities technocrats found ways to build upon these policies once they were in place. Bolsa Escola and PSF could serve as the foundation for additional program elements.¹¹ For instance, in Belo Horizonte, administrators responsible for Bolsa Escola had previous professional experience in public assistance and social work. While they could have simply created a registry and made cash payments to beneficiaries, the staff decided to institute monthly meetings for the mothers in the program. Mothers were invited to select topics for discussion; among the issues Bolsa Escola beneficiaries were most eager to address was how to search for

⁹ I borrow from Cueto (2004) in making this distinction.

¹⁰ Cristovam Buarque himself credits the simplicity of the idea as one of its general appeals (Interview 2004).

¹¹ I am grateful to Peter K. Spink who made this observation.

employment. In this way, Bolsa Escola in Belo Horizonte became more than a school grant program, namely an outreach and development program for poor mothers as well.

While the Ministry of Health set clear rules for how the PSF program ought to be implemented in order for cities to qualify for federal grants, many cities would enhance their PSF program with complementary services or distinct approaches.¹² For instance, Sobral in the state of Ceará was an early adopter of the family health program. But one of the modifications city officials embraced was the expansion of services to include oral hygiene by dentists as part of their system for primary medicine. In São Paulo, administrators affiliated with PSF created a birthing center for women as an alternative to hospital deliveries. Sometimes these local experiments with PSF were viewed with skepticism by federal health administrators who preferred a unified approach, while at other times, new ideas would “trickle-up” and the addition would be embraced by national policymakers.

A central question in diffusion studies is whether adoption decisions truly reflect emulation of an existing policy. Do policymakers adapt an innovative policy before implementing it, thus rendering it different? Or do actors simply apply a “policy label” without adopting the specifics of policy design?¹³ In this study, both Bolsa Escola and PSF were largely emulated wholesale by policymakers; few actors tweaked these programs before adopting them. Rather, it was after cities adopted these policies that

¹² For instance, the Ministry’s preference for PSF meant that in practice, cities such as Niterói with the Programa Médico da Família did not qualify for federal PSF funds. Later, the Ministry would support “similar” programs albeit with reduced levels of funding.

¹³ Mossberger defines policy labels as general concepts, with or without some elements of policy design, and symbolism (2000:116-117). For greater discussion of policy labels and diffusion process, see for

technocrats would experiment by adding different components. That Bolsa Escola and PSF were perceived to be useful foundations for complementary activity speaks to their general appeal. It can also help explain why technocrats were willing to buy into these programs and why these policies may have “stuck” as city administrators established vested interests in these programs.

To summarize, one of the important features of this study is that it brings together two different research traditions to uncover actors’ motivations for social policy emulation. Employing distinct approaches in a single study makes up for the inherent weaknesses of each method, clarifying the mechanisms that drive diffusion while also allowing for greater generalization. A second analytic characteristic of this dissertation is its comparison between two different types of policy issues. Bolsa Escola is a relatively small program with specific aims geared towards a particular constituency. Programa Saúde da Família, on the other hand, has broad goals to redefine an entire class of health care services to all families. These differences alone might suggest these programs are not comparable. However, both social policies also share characteristics that make them similarly attractive to administrators seeking to make their mark. Ultimately, both policies appeal to leftist politicians and technocrats who embrace the policies for their social justice and citizenship goals.

THEORETICAL IMPLICATIONS

The findings in this study contribute to several research endeavors, including disciplinary debates on actors’ motivations in political decision making, theories of

policy diffusion, and Brazilian politics. Also important for those with a particular interest in poverty alleviation and equity enhancing public policy, this project informs practitioners of the mechanisms that enable innovative strategies to diffuse.

One of the most central debates in social science has been: what motivates individuals' political behavior? Different disciplinary traditions have emphasized such divergent factors as self-interest, socialized norms, or the power of ideas. While fields such as political science and sociology have pursued theory-building exercises based on these underlying assumptions, diffusion research which crosses disciplinary divides has tended to leave motivations unspecified and untested. In other words, diffusion scholarship in political science has emphasized the importance of rationality and electoral competition to explain policymaking while similar research by sociologists has emphasized the role of social networks (see for instance, Berry and Berry 1992; DiMaggio and Powell 1983; Granovetter 1973; Walker 1969). One of this dissertation's main contributions is its conceptual framework, which focuses on individuals' motivations for policy emulation, filling a theoretical lacuna by highlighting actors' motivations in diffusion research.

In testing three competing explanations for emulation decisions, this research reveals that electoral competition fails to explain the diffusion of Bolsa Escola and PSF. This finding is particularly noteworthy given that electoral self-interest is one of the basic behavioral assumptions in political science. Rather, actors can be driven to emulate innovative policies for principled and other-regarding reasons. This surprising result suggests that future research on diffusion should take care to avoid embedding behavioral

assumptions. For this reason, research designs should make sure to assess the mechanisms that drive emulation decisions. While statistical techniques such as event history analysis can facilitate generalization for a larger number of cases, case study approaches and process tracing are necessary to uncover the mechanisms that drive emulation decisions.

This research project also offers important insights for scholars of Brazilian politics. Most research on social policy in Brazil has emphasized the role of institutions or sector-specific features of health and education (see for instance Arretche 2000; 2002; 2004). Yet, with greater municipal authority in decision making, diffusion research provides a new analytic lens for understanding both the horizontal and vertical processes that drive the spread of similar policies across the country. The replication of social policy in Brazil offers a unique opportunity to explore diffusion; it has occurred in a country with thousands of local governments that is well-known for its vast contrasts rather than similarities. Policy emulation in Brazil is puzzling precisely because of dramatic regional differences; that a mega-city such as São Paulo with elaborate health networks, would adopt a health care model which owes its origin to poor small cities in the rural northeast, is remarkable. Similarly, it is surprising that a city like Salvador with high rates of poverty and poor educational infrastructure would implement a school-grant program developed for wealthy cities with some of the highest rates of human development (Martins and Libânio 2005). The spread of the same policy model across such diverse settings is worthy of explanation.

Lastly, this study has important implications for those concerned with the practice of social policy development in Brazil's local governments. Having contrasted two policy arenas of central concern to local governments, we see that the motivations that drive policy emulation can result in different outcomes. Not only did policies diffuse at different rates, but the likelihood that a policy experienced "longevity" differed as well. When ideology was the predominant motivation for policymakers, as was the case with Bolsa Escola and Renda Mínima, the programs were much more vulnerable to policy reversal once there was a turnover in government. Municipal Bolsa Escola never became a standard model for education reform that encompassed new norms across education and public assistance associations. Rather, supporters of the educational grant program were socialized through the generalist Public Management and Citizenship network. This contrasts significantly with programs such as PSF which become defined as the new professional standard. In this case, its diffusion was extensive and the program was much more likely to remain in place once implemented. Within four years of PSF's earliest adoption, associations such as CONASEMS, CEBES, and ABRASCO served as fora for programmatic debate. If we consider "good governance practices" to be those that encompass some measure of policy regularity across administrations, then there is reason to believe that the existence of a professional society really does matter. By investing in social networks that can cross ideological divides and socialize individuals into shared professional norms, advocates of social policy innovation can go far to promote diffusion.

FUTURE RESEARCH

As is often the case with research endeavors, this dissertation has generated several questions for future research to address. Field research offers many benefits including the ability to observe, “soak and poke.” Thus, some questions sprang up in the process of conducting field research, but were set aside for the sake of coherence. Other questions are generated from the findings themselves. I will address each in turn.

As this dissertation briefly discusses in Chapters 4 and 5, Bolsa Escola and Programa Saúde da Família have important implications for women: as direct beneficiaries of the program, as workers, and through the social construction of gender relations. Mothers were the targets of Bolsa Escola grants, women make up the bulk of PSF health agents and team members, and these programs have the potential to either transform gender relations or reinforce traditional family norms. An interesting similarity across both social policies examined in this study, includes the way in which motherhood and “family” served as focal points for organizing social services. These socially “neutral” themes do not challenge mainstream constructions of gender and family values in Brazil, which likely enabled their adopters to see them as generally acceptable.¹⁴

The gender politics surrounding Bolsa Escola was particularly explicit in that mothers were identified as the most responsible adults in children’s lives; only mothers could be trusted to spend their children’s grants to further their education and basic living

¹⁴ Innovations are more likely to spread when innovative ideas are compatible with pre-existing values and beliefs (Rogers 2003: 240-243). Mensch et. al (1999) argue that gendered norms can be difficult to change, for instance, despite laws banning female circumcision, clitoridectomy remained a common practice in Ghana; a diffusion campaign to outlaw the practice was slowly adopted because the policy conflicted with cultural norms (as cited in Rogers 2003: 242-243).

needs. Fathers were largely dismissed by policymakers as either impractical to work with or less likely to fulfill their paternal roles. Some administrators pointed to pragmatic concerns such as the large number of female-headed households and noted potential problems that could arise if men fathered children with several women. A few others embraced progressive discourse about empowering women, but these viewpoints were rare and largely absent from the public discourse on the program. Non-specialists and politicians were more likely to revert to stereotypes to explain the gendered appeal of Bolsa Escola; that fathers might use the grants to drink alcohol, was the most common dismissal. In practice, Bolsa Escola's political appeal was tied to these traditional social norms surrounding motherhood and the prioritization of family.¹⁵

In some ways, the gendered dimensions of the PSF program were more ambiguous. On the face of it, the PSF program seemed at odds with the broader trends in the field of public health to make sex and gender explicit in organizing health services. Public health in Brazil has included a focus on women's health issues; particularly as they relate to women's reproduction, infant, and maternal health.¹⁶ In the last decade, public education campaigns on domestic violence also shed light on health impacts of violence against women. These larger trends in public health to provide specialized care for women and acknowledge gender relations in Brazil were less explicit under the

¹⁵ As Chapter 4 explains, Senator Eduardo Suplicy had initially proposed a minimum income for all individuals, regardless of marital status and number of dependents. This individualistic approach to social policy was rejected by Brazilian policymakers who embrace the idea that social policy ought to be centered on vulnerable families with children.

¹⁶ Here I refer to traditional development concerns surrounding family planning and fertility as well as international public health goals (GOBI) that include promotion of maternal breast feeding.

family health program. The family,¹⁷ rather than the individual, was the “unit” to receive attention. Special attention to girls and women would require that health care professionals mainstream gender in their work. In general, it is possible that an integrated family approach can result in better care, as health workers are able to contextualize health problems and see patients’ home environment. But successful integration of women’s health depends on the quality of training programs and the sensitivity of nurse supervisors. Yet these concerns were rarely expressed by administrators of the program in research sites I visited. Politically, PSF has a gender-neutral façade and appeals to traditional constructions of nuclear family life. The logo that accompanies the program in posters, clinics, and brochures includes the image of two parents with two children within a house. Unlike specialized health programs based on women’s reproduction or disease-centric care, the PSF image has a broad appeal that everyone can relate to while also reinforcing notions of family life embraced by social conservatives.

The gender dimensions of Bolsa Escola and PSF rarely entered into policy debates on their merits.¹⁸ Social policy experts hardly ever highlighted issues of gender norms when discussing these programs and non-governmental feminist advocacy organizations seldom commented on the value of these programs for women. The low levels of gendered discourse on social policymaking is surprising because Brazil is home

¹⁷ In practice, health teams in the four research sites explain that they view “family” in terms of “household”. The registry of families includes all persons in the same domicile, regardless of relational ties.

¹⁸ Street level bureaucrats acknowledged gender and family relations much more so than technocrats or politicians.

to a women's movement that made significant strides in pressing for democratization (Alvarez 1990; Jacquette and Wolchik 1998) and that has since formed professional non-governmental organizations to press the women's rights agenda (Alvarez 1990; 1999). In addition, the country has also made efforts to create spaces for women through the institution of a women's bureaucracy and gender quotas for political parties. What does it take to mainstream gender into social policy debates in Brazil? This question certainly speaks to central research questions in comparative feminist scholarship, including studies on feminist policy in the European welfare state, as well as other developing countries (see for example Jordan 2006; Mazur 2002). This question for the Brazilian context is for now left unanswered and awaits a future research opportunity.

Another question outside the scope of this dissertation is whether Bolsa Escola and PSF are effective or *should* diffuse throughout the country. Both policies have won awards for policy "innovation," yet accolades are generally based on a few case studies. It is less clear for instance, if these programs will be effective once installed elsewhere. Can an educational cash-grant program produce desired results if implemented in a city that lacks other educational resources for school achievement? Should cities with complex health infrastructure, where residents prefer clinician-based services, adopt a family health program? As this dissertation has addressed, many of the cities that have adopted these policies did so without undertaking research to determine if these programs are indeed appropriate solutions to their city's social problems. These issues about policy efficacy are important, especially since actors who adopt them assume they will address problems of social exclusion, poverty, and inequality. To answer these questions, social

policy researchers would need to conduct policy evaluation research; it is my hope that specialists in Brazilian public policy analysis will undertake this kind of investigation in the near future.

Scholars of Brazilian politics may also take to heart that this dissertation's findings have emphasized the importance of ideology in guiding social policy decision-making at the municipal level. At the same time, recent politics in Brazil at the national level suggests that the role of ideology might matter less than it does for local politicians and technocrats. The re-election of President Luiz Inácio Lula da Silva after the broad extension of conditional cash transfer programs suggests that electoral competition might matter more at the national level than at the local level (see Appendix F; Hunter and Power 2007). One possibility is that the electorate is more aware of trends in national policy and has difficulty ascribing credit for local policy innovation. Another possibility is that the effects of national social policy can be felt more broadly. Regardless, this difference in national and local policy making has remained outside of the purview of this dissertation, which has focused on local policy emulation. Future research on social policy should address whether policymakers' motivations to enact social policy reform differ according to the arena where they work; i.e. do electoral incentives, ideology, and socialized norms operate differently at the national level? This is yet another question for future investigation.

This dissertation has set an agenda for future scholarship on policy diffusion. As I have argued, the findings in this study underscore the need to test actors' motivations in political decision making. When diffusion research embeds disciplinary and

paradigmatic behavioral assumptions about political behavior, scholars run the risk of misinterpreting political activity and the mechanisms that drive diffusion. For these reasons, future diffusion research should specify and test assumptions about political motivations. In doing so, diffusion scholarship may shed light on broader political science debates on rationality and self-interest. This project bucks conventional wisdom that self-interest, as demonstrated through electoral competition, drives resource allocation decision making. While these findings may be specific to local politics in Brazil, it is also possible that similar trends exist elsewhere and for other diffusion phenomena. In order to integrate diffusion studies with larger theory-building exercises in political science, future research will need to explore the explanatory power of electoral competition, ideology, and social networks for other country studies and transnational cases of diffusion.

APPENDIX A

CITIES IN LARGE-N STUDY

State	Municipality
AC	Rio Branco
AL	Maceió
AL	Arapiraca
AM	Manaus
AP	Macapá
BA	Vitória da Conquista
BA	Teixeira de Freitas
BA	Salvador
BA	Lauro de Freitas
BA	Juazeiro
BA	Jequié
BA	Itabuna
BA	Ilhéus
BA	Feira de Santana
BA	Camaçari
BA	Barreiras
BA	Alagoinhas
CE	Sobral
CE	Maracanaú
CE	Juazeiro do Norte
CE	Fortaleza*
CE	Crato
CE	Caucaia
DF	Distrito Federal
ES	Vitória
ES	Vila Velha
ES	Serra
ES	Linhares
ES	Colatina
ES	Cariacica
ES	Cachoeiro de Itapemirim
GO	Rio Verde
GO	Luziânia
GO	Goiânia
GO	Aparecida de Goiânia

GO Anápolis
GO Águas Lindas de Goiás
MA Timon
MA São Luís
MA São José de Ribamar
MA Imperatriz
MA Codó
MA Caxias
MG Varginha
MG Uberlândia
MG Uberaba
MG Teófilo Otoni
MG Sete Lagoas
MG Santa Luzia
MG Sabará
MG Ribeirão das Neves
MG Pouso Alegre
MG Poços de Caldas
MG Patos de Minas
MG Montes Claros
MG Juiz de Fora
MG Ipatinga
MG Ibirité
MG Governador Valadares
MG Divinópolis
MG Contagem
MG Conselheiro Lafaiete
MG Betim
MG Belo Horizonte
MG Barbacena
MG Araguari
MS Dourados
MS Campo Grande
MT Várzea Grande
MT Rondonópolis
MT Cuiabá
PA Santarém
PA Marabá
PA Castanhal
PA Belém
PA Ananindeua
PA Abaetetuba*

PB Santa Rita
PB João Pessoa
PB Campinha Grande
PE Vitória de Santo Antão*
PE Recife
PE Petrolina
PE Paulista
PE Olinda*
PE Jaboatão dos Guararapes
PE Garanhuns
PE Caruaru
PE Camaragibe
PE Cabo de Santo Agostinho
PI Teresina
PI Parnaíba*
PR São José dos Pinhais
PR Ponta Grossa
PR Pinhais
PR Paranaguá
PR Maringá
PR Londrina
PR Guarapuava
PR Foz de Iguaçu
PR Curitiba
PR Colombo
PR Cascavel
PR Apucarana
RJ Volta Redonda
RJ Teresópolis
RJ São João de Meriti
RJ São Gonçalo
RJ Rio de Janeiro*
RJ Resende
RJ Queimados
RJ Petrópolis
RJ Nova Iguaçu
RJ Nova Friburgo
RJ Niterói
RJ Nilópolis*
RJ Magé*
RJ Macaé
RJ Itaboraí

RJ Duque de Caxias
RJ Campos dos Goytacazes
RJ Cabo Frio
RJ Belford Roxo
RJ Barra Mansa
RJ Angra dos Reis
RN Parnamirim
RN Natal
RN Mossoró
RO Porto Velho
RO Ji-Paraná
RR Boa Vista
RS Viamão*
RS Uruguaiana
RS Sapucaia do Sul
RS São Leopoldo
RS Santa Maria
RS Santa Cruz do Sul
RS Rio Grande
RS Porto Alegre
RS Pelotas
RS Passo Fundo
RS Novo Hamburgo
RS Gravataí
RS Caxias do Sul
RS Canoas
RS Cachoeirinha
RS Bagé
RS Alvorada
SC São José
SC Palhoça
SC Lages
SC Joinville
SC Jaraguá do Sul
SC Itajaí
SC Florianópolis
SC Criciúma
SC Chapecó
SC Blumenau
SE Nossa Senhora do Socorro
SE Aracaju
SP Taubaté

SP Taboão da Serra
SP Suzano
SP Sumaré
SP Sorocaba
SP São Vicente
SP São Paulo
SP São José dos Campos
SP São José do Rio Preto
SP São Carlos
SP São Caetano do Sul*
SP São Bernanrdo do Campo
SP Santos
SP Santo André
SP Santa Bárbara d'Oeste
SP Rio Claro
SP Ribeirão Preto
SP Ribeirão Pires
SP Presidente Prudente
SP Praia Grande
SP Piracicaba
SP Pindamonhangaba
SP Osasco
SP Moji das Cruzes
SP Mogi Guaçu
SP Mauá
SP Marília
SP Limeira
SP Jundiaí
SP Jaú
SP Jacareí
SP Itu*
SP Itaquaquecetuba*
SP Itapevi
SP Itapetininga
SP Itapecerica da Serra
SP Indaiatuba
SP Hortolândia
SP Guarulhos
SP Guarujá
SP Guaratinguetá
SP Franco da Rocha
SP Francisco Morato

SP Franca*
SP Ferraz de Vasconcellos
SP Embu*
SP Diadema*
SP Cubatão
SP Cotia
SP Catanduva
SP Carapicuíba
SP Campinas
SP Bragança Paulista
SP Botucatu
SP Bauru
SP Barueri
SP Barretos
SP Atibaia
SP Araras
SP Araraquara
SP Araçatuba
SP Americana
TO Palmas
TO Araguaína

* Denotes cities where municipal authorities declined to participate in the phone survey, and thus excluded from Bolsa Escola analysis.

APPENDIX B

INTERVIEWS

- Alves, Rita de Cassia. Administrator, Finance Department in Municipal Department of Health, São Paulo, September 17, 2003.
- Almeida, Aide. Administrator in Health Program, UNESCO-Brasília. December 16, 2003.
- Almeida, Ivonette Santiago de. Administrator, Finance Department with Secretary of Health (Federal District). Brasília, December 3, 2003.
- Andrade, Luis Odorico de. President of CONASEMS and Municipal Secretary of Health of Sobral (CE), Natal, March 20, 2004..
- Aguiar, Marcelo. Chief of Staff at Ministry of Education, Brasília, November 24, 2003.
- Araújo, Raimundo Caires. Municipal Secretary of Work and Social Development, Salvador, July 2004.
- Augusti, Maria Teresa. President, Instituto Florestan Fernandes. São Paulo, October 27, 2003.
- Barbosa, Alfonso Celso Renan. Former Coordinator of Bolsa Escola, Municipal Department of Education, Belo Horizonte. March 22, 2003.
- Bandeira, Célia. Former Special Secretary for Monitoring (Secretária Extraordinaria de Acompanhamento), under Lídice da Mata, Salvador, July 9, 2004.
- Bisol, Jairo. Public Prosecutor, Public Prosecutor's Office for the Federal District, Brasília, May 4, 2004.
- Boa Sorte, Alfredo. President of Sindicato dos Médicos. Salvador, May 31, 2004.
- Borio, João Carlos. Administrator, Municipal Department of Workforce and Social Development. São Paulo, September 15, 2003.
- Bruno, Naire. Staff member, Municipal Department of Public Assistance, São Paulo, November 13, 2000.
- Buarque, Cristovam. Former Governor of the Federal District, Brasília, April 26, 2004.
- Camara, Guilherme Ribeiro. Representative, Sindicato dos Médicos-MG. Belo Horizonte, April 6, 2004.
- Campos, Cláudia Valentina de Arruda. Researcher with Fundação Getúlio Vargas-São Paulo consulting group. São Paulo, September 17, 2003.
- Castro, Maria Céres Pimenta Spínola. Former Secretary of Education, Municipal Department of Education of Belo Horizonte. Belo Horizonte, February 11, 2004.
- Castro, Laura Alfonso. Bolsa Escola Administrator, Municipal Department of Education, Belo Horizonte, March 4, 2004.
- Castro, Marcelo Lúcio Ottoni de. Senate Health Researcher, Brazilian Senate, Brasília, May 3, 2004.
- Coelho, Cristina. Administrator of PSF, Municipal Department of Health for Belo Horizonte, Belo Horizonte, February 16, 2004.

Conceição, Maria José da (Maninha), Former Health Secretary of the Federal District, Brasília, December 1, 2003.

Correia, Rogério. Former City Counselor for Belo Horizonte, Belo Horizonte, March 29, 2004.

Costa, Célia Regina. Union Representative, SINDESAÚDE, São Paulo, October 30, 2003.

Cunha, Célio da. Program Staff. UNESCO, Brasília, January 22, 2004.

D'Agostini, Angelo. Union Representative, SINDESAÚDE, São Paulo, October 30, 2003.

D'Angelo Francisco. Secretary of Health, Municipal Department of Health for Niterói, Natal, March 17, 2004.

Dimitrov, Pedro. Senior Advisor to Secretary of Health, Eduardo Jorge Martins Alves. São Paulo, November 6, 2003.

Escorel de Moraes, Sarah Maria. Professor at Fundação Oswaldo Cruz and Consultant to Ministry of Health, Natal, March 2004.

Elias, Paulo. Professor and Researcher, CEDEC, São Paulo, September 19, 2003.

Eon, Fábio. Administrator, Communications Department, UNESCO-Brasília. Brasília, December 16, 2003.

Fernandes, Silvio. Secretary of Health, Municipal Department of Health of Londrina. Natal, March 19, 2004.

Fontes, Alexandre. Archivist with Fundação Perseu Abramo, São Paulo, September 18, 2003.

Franco, Túlio Batista. Adjunct Secretary, Municipal Department of Health, Belo Horizonte, February 12, 2004.

Freitas, Estanislau de. Administrator, Municipal Department of Workforce and Social Development, São Paulo, October 2, 2003.

Galeano, Paula. Chief of Staff to Coordinator of Bolsa Escola Federal, Ministry of Education, São Paulo, April 16, 2004.

Geddes, José. Former State Secretary, State Department of Health of São Paulo, São Paulo November 4, 2003.

Goldbaum, Moisés. Professor and President of ABRASCO, São Paulo, October 27, 2003.

Gomes, Cid. Mayor of Sobral (Ceará). Sobral, July 8, 2004.

Gouvea, Isamara. Administrator of PSF, Municipal Department of Health, São Paulo, October 1, 2003.

Guedes, Ana Cláudia. Executive Secretary of CEBES, Rio de Janeiro, October 20, 2003. Brazil.

Ibañez, Antonio. Secretary, Department of Education (Federal District). Brasília, December 15, 2003.

Jatene, Adib. Former Minister, Ministry of Health, São Paulo, October 16, 2003.

Junkeira, Virgínia. Researcher, State Institute of Health, São Paulo, October 15, 2003.

Kayano, Jorge. Staff member, PÓLIS Institute. São Paulo, October 18, 2003.

La Forgia, Gerald M. Program Staff, Health Division, World Bank-Brazil, Brasília, May 4, 2004.

Leitão, Elizabeth Former Director of Bolsa Escola, Municipal Secretary of Education of Belo Horizonte, Brasília, January 19, 2004.

Lima, Lílian Carneiro. Coordinator, Renda Minha, Department of Education of the Federal District, Brasília, December 10, 2003.

Lopes, Conceição Zotta. Bolsa Escola Administrator, Department of Education of the Federal District, Brasília, November 20, 2003.

Lorenzo, Rosicler Aparecida Viegas Di. State Coordinator of Programa Saúde da Família, São Paulo, November 18, 2003.

Machado, Heloisa. Former Director of PSF, Ministry of Health, Brasília, November 21, 2003.

Madeira, Wilma. Staff member, Instituto Florestan Fernandes, São Paulo, October 27, 2003.

Manfredini, Marco. Chief of Staff, Office of City Counselor Carlos Neder, São Paulo, September 24, 2003.

Mariani, Mônica. Staff member, ABRASCO, Rio de Janeiro, October 20, 2003.

Mata, Lídice da, Former Mayor of Salvador, Salvador, July 16, 2004.

Magalhães, Ines. Former Official at Workers' Party National Headquarters, Brasília, January 28, 2004.

Martins Alves Sobrinho, Jorge Eduardo. Former Secretary of Health in São Paulo, Natal, March 19, 2004.

Mendes, Vera. Professor School of Public Administration, at the Federal University of Bahia, Salvador, May 23, 2004.

Meneses, Milton. Director of PSF in the Federal District, Brasília, January 2004.

Miura, Hiromi. Administrator, Secretary of Health of the Federal District, Brasília, December 9, 2003.

Nossa, Sonia. Staff member of Programa Saúde da Família, Municipal Department of Health, Salvador, June 28, 2004.

Paixão, Marcia. Coordinator, Municipal Renda Mínima Program, São Paulo, October 9, 2003.

Pesaro, Antonio Floriano. Former Coordinator of Bolsa Escola Federal, Ministry of Education. São Paulo, April 16, 2004.

Ribeiro, Teresa. Staff member of the Liderança do PT, Municipal City Council, São Paulo, September 12, 2003.

Rocha, Sonia. Former IPEA Researcher, Rio de Janeiro, October 21, 2003.

Rodrigues, Almira Correia de Caldas. Professor of Sociology at the National University of Brasília and affiliate of Centro Feminista de Estudos e Assessoria (CFEMEA). Brasília, December 4, 2003.

Romero, Luis Carlos Pelizari. Senate Health Researcher, Brazilian Senate, Brasília, May 3, 2004.

Santos, Rosa Maria Barros dos. Coordinator, QUALIS-São Paulo, São Paulo, October 14, 2003.

Santos, Fausto Perreira. Former Adjunct Secretary of Health in Belo Horizonte, Brasília, January 26, 2004.

Suassuna, Afra. Director of Basic Healthcare, Ministry of Health, Brasília, December 17, 2003.

Schneider, Alessandra. Administrator in Health Program, UNESCO-Brasília. Brasília, December 16, 2003.

Silva, Edimar Gomes da. Chief of Staff, President's Cabinet of the Municipal City Council, São Paulo, October 3, 2003.

Silva, Joanna. Coordinator, Programa Saúde da Família, Municipal Department of Health, São Paulo, October 15, 2003.

Silva, Maria de Salette. Former Secretary of Administration & Secretary of Education in the Lídice da Mata administration, Salvador, June 1, 2004.

Silveira, Lídia Tobias. Administrator, Municipal Department of Health, São Paulo, October 6, 2003.

Souza, Paulo Renato. Former Minister of Education, São Paulo, April 16, 2004.

Sousa, Valdomiro. Administrator, Federal Bolsa Escola Program. Ministry of Education and Culture, Brasília, November 24, 2003.

Oliveira, Leandro Valquer JL de. President, SINDSEP-SP, São Paulo, November 10, 2003.

Oswaldo, José. Coordinator of the Belo Horizonte Municipal Health Council. Belo Horizonte, March 12, 2004.

Passoni, Armelindo. Administrator, Department of Workforce and Social Development, São Paulo, October 2, 2003.

Pacheco, Marisa. Former Coordinator of Bolsa Escola. Department of Education of the Federal District. Brasília, January 27, 2004.

Pena, Moacir Ricoy. Administrator of Bolsa Escola, Municipal Department of Education. Belo Horizonte, March 9, 2004.

Pochman, Márcio. Secretary, Municipal Department of Workforce and Social Development, São Paulo, November 4, 2003.

Paulics, Veronika. Staff member, PÓLIS Institute, São Paulo, October 8, 2003.

Queiróz Jorge da Silva, Iêda Zilmara de. Staff member of Programa Saúde da Família, Municipal Department of Health, Salvador, June 28, 2004.

Santos, Fausto Perreira. Former Adjunct Secretary, Municipal Department of Health of Belo Horizonte. Brasília, January 26, 2004.

Santos Filho, Serafim Barbosa. Administrator, PROESF, Ministry of Health, Brasília, November 25, 2003.

Silva, Célio. President, Missão Criança. Brasília, November 25, 2003.

Soares, Ana Maria da Silva. Staff member of Rede Feminista & Member of the Municipal Health Council, Belo Horizonte, March 10, 2004.

Sousa, Maria Fátima de. Chief of Staff at Ministry of Health, Brasília, December 1, 2003.

Souza, Maria Aladilce de. President of Sindisaúde-Salvador, Salvador, June 16, 2004.

Suplicy, Eduardo. Senator, Brazilian Senate. São Paulo, October 31, 2003.

Turci, Maria. Advisor to the Department of Basic Health, Municipal Department of Health, Belo Horizonte, February 16, 2004.

Vasconcelos, Sonia. Administrator, Bolsa Escola program, Municipal Department of Education, Belo Horizonte, March 4, 2004.

Vaz, José Carlos. Staff member, PÓLIS Institute. São Paulo, October 8, 2003.

Woo, William. City Counselor and leader of the PSDB, São Paulo, November 12, 2003.

Focus Groups

Citizen Representatives to the Belo Horizonte Health Council. Belo Horizonte, February 16, 2004.

Citizen Representatives to the Salvador Health Council & Affiliates with Pastoral da Saúde. Salvador, June 29, 2004.

APPENDIX C

Table C.1 PSF coverage of State's population over Time (%)

Region/State	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
NORTH										
Rondônia	0.0	0.0	0.0	0.0	5.1	22.6	27.0	25.7	26.6	25.2
Acre	0.0	3.8	3.6	3.4	15.4	23.5	42.0	42.6	46.3	49.7
Amazonas	0.0	0.0	0.0	0.0	0.7	5.1	8.2	22.5	33.5	37.0
Roraima	0.0	0.0	0.0	0.0	0.0	7.8	17.7	65.5	70.2	71.2
Pará	0.5	0.4	0.4	0.4	2.3	6.2	11.0	15.4	19.7	19.6
Amapá	0.0	0.0	0.0	0.0	0.0	1.6	12.8	18.0	19.4	23.4
Tocantins	0.0	0.0	0.0	0.0	25.5	42.3	35.0	51.2	65.9	70.5
NORTHEAST										
Maranhão	0.7	0.7	0.7	0.7	0.6	2.4	8.1	17.6	32.4	41.5
Piauí	0.0	0.0	0.0	2.4	7.6	25.0	52.9	68.0	76.5	79.8
Ceará	5.1	11.6	13.7	13.6	28.2	33.0	37.8	50.4	54.7	55.2
Rio Grande do Norte	2.4	2.4	2.4	2.4	4.5	11.8	22.6	48.7	51.4	63.2
Paraíba	0.5	0.5	0.7	0.7	4.0	7.1	33.0	64.6	67.6	81.9
Pernambuco	1.4	3.5	3.5	4.5	11.0	16.0	34.4	44.5	49.3	52.9
Alagoas	2.6	4.2	4.3	12.2	23.4	30.3	56.8	62.3	64.7	64.2
Sergipe	0.2	6.2	6.2	6.0	12.3	18.7	42.0	62.1	69.7	70.6
Bahia	0.0	0.0	0.0	0.0	1.0	2.2	8.4	15.6	21.7	27.2
CENTRAL WEST										
Mato Grosso do Sul	0.0	0.0	0.0	1.4	1.7	3.9	13.2	23.5	35.5	39.1
Mato Grosso	0.0	0.0	0.2	0.0	3.1	5.2	21.0	38.3	44.4	48.0
Goiás	0.4	0.4	0.4	0.4	0.7	9.0	25.8	46.9	51.0	52.5
Distrito Federal	0.0	0.0	0.0	24.1	49.7	21.2	10.3	9.9	6.6	0.0
SOUTHEAST										
Espírito Santo	0.0	0.0	0.0	0.5	3.1	4.2	19.3	29.6	31.3	33.1
Minas Gerais	0.9	0.2	1.7	11.2	15.4	16.3	22.8	29.6	38.5	47.6
Rio de Janeiro	0.3	0.3	1.1	1.0	1.5	3.7	9.9	16.8	18.6	19.5
São Paulo	0.1	1.0	1.0	1.0	1.5	2.3	7.9	10.8	15.8	18.5
SOUTH										
Paraná	0.2	1.7	1.7	3.7	6.9	7.7	23.4	32.7	36.3	38.9
Santa Catarina	5.1	6.5	7.2	7.1	7.0	11.1	25.4	41.7	51.7	56.9
Rio Grande do Sul	0.0	0.4	0.4	0.8	2.3	2.9	7.1	10.1	14.4	18.7
TOTAL	0.7	1.6	1.9	3.5	6.6	9.0	17.9	26.4	31.9	35.7

Provided by the Ministry of Health, Departamento de Atenção Básica.

Sources: IBGE – Population Estimates and CAPSI - Sistema de Captação de Dados para Pagamento.

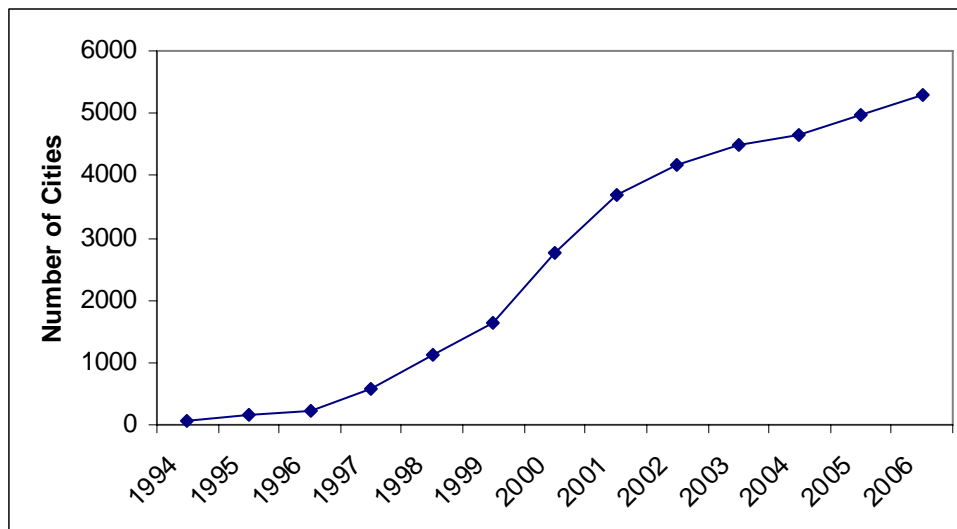
Table C.2 PSF coverage of Region's population over Time (%)

Region/State	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
NORTH	0.2	0.4	0.4	0.4	4.9	11.7	15.9	23.8	30.0	31.3
NORTHEAST	1.4	3.0	3.4	4.2	9.3	13.7	26.4	39.1	45.3	50.5
CENTRAL WEST	0.2	0.2	0.2	4.6	10.0	9.4	19.8	34.3	39.0	39.9
SOUTHEAST	0.3	0.9	1.2	3.5	5.0	6.1	12.5	17.4	22.6	26.5
SOUTH	1.1	2.2	2.3	3.3	5.0	6.4	17.2	25.5	30.7	34.6
TOTAL	0.74	1.60	1.86	3.51	6.57	8.95	17.87	26.35	31.87	35.69

Provided by the Ministry of Health, Departamento de Atenção Básica.

Sources: IBGE – Population Estimates and CAPSI - Sistema de Captação de Dados para Pagamento.

Figure C.1: National Cumulative Adoption of Programa Saúde da Família



Source: Ministry of Health, Departamento de Atenção Básica.

APPENDIX D

Phone Interview Protocol:

Research Assistants introduced themselves and the research study. After identifying the municipal official responsible for socio-educative programs for the city, researchers asked the following questions:

A. Does your city administer a *municipal* conditional cash-grant for educational purposes? Some cities call these programs, Bolsa Escola or Renda Minima.

If yes:

- 1) What is the program called?
- 2) When was it instituted?
- 3) If respondent cannot recall the year it was enacted, inquire about any legislation or decrees that preceded the program's start.
- 4) Which department is responsible for the program?
- 5) Does the program include conditionality, e.g. regular school attendance?
- 6) Please describe the main features of your city's program.

If no:

Was there such a program in the past?

B. Is there anything else you would like to share about your city's socio-educational programs?

C. Thank you for your time in answering these questions.

APPENDIX E

Table E.1: Structure of the Brazilian Education System

General Title	Specific Title	International Classification	Duration/ Grades	Cohort/Ideal Age	Authority
Basic Education	Early Childhood Education	Nursery Education Preschool Education	4 years	0-3	Municipalities & Federal District
		Preschool	3 years	4-6	
	Primary Education (compulsory)	Primary Education	1 st grade	7	Municipalities, States, and Federal District
			2 nd grade	8	
			3 rd grade	9	
			4 th grade	10	
	Secondary Education	Lower Secondary	5 th grade	11	States & Federal District
			6 th grade	12	
			7 th grade	13	
			8 th grade	14	
Higher Education	Undergraduate		Variable	18-24	Federal Government
	Postgraduate		Variable	Variable	

Source: (Brazil 2004)

APPENDIX F

EPILOGUE: NATIONAL POLICY, FROM BOLSA ESCOLA TO BOLSA FAMÍLIA

Perhaps no other policy in the last ten years has captured the attention of more Brazilian policymakers than Bolsa Escola. The origins of the program are with municipal governments, who were the first to design and administer the policy. But after conditional cash-grants for education began receiving national and international attention, the federal government took small steps to institute its own program. A simple idea designed by and for local governments caught-on among policymakers in Brazil's national government, who decided to replicate the program at the national level. This epilogue, which focuses on federal initiatives, discusses the evolution of socio-educational social policy policies. Since the federal government's earliest forays in this area, Bolsa Escola has undergone profound transformation. The policy has changed substantially, in terms of its goals, size and political significance. In the process, Bolsa Escola Federal also experienced a name-change: Bolsa Família.

The first federal attempt to support municipal Bolsa Escola efforts was both limited and short-lived. In late 1997, President Fernando Henrique Cardoso's administration introduced the Programa Renda Mínima Vinculada à Educação, to provide matching grants to municipalities that instituted their own Bolsa Escola program. Cities with per capita incomes below their states' averages were eligible for funds. These policy design issues alone would have complicated the program's expansion, but there were other reasons the program got off to a bad start. Most notably, the federal *Renda*

Mínima program had not instituted controls for oversight of funds and municipal officials were accused of corrupt practices by local media. The opportunities for mismanagement of funds were widespread; federal matching dollars were directed to municipal governments and many had not established a proper registry of beneficiaries or regular payment method through a bank. In evaluating the policy, economist Sonia Rocha quickly identified the program as a policy failure. One city simply disregarded the programmatic objectives and distributed funds as political patronage (Interview Rocha 2003). Another problem was that each city established its own criteria for eligibility making it become impossible to track beneficiaries, conduct program evaluations, and allow for a transparent program with community oversight (Interview Galeano 2004). From the point of view of municipalities, the federal government failed to transfer funds on a regular basis and families were left without benefits for months; when funds finally arrived, one city had officials hand out cash to beneficiaries in the middle of town square (Interview Rocha 2003). Given all these problems, the first national experiment to support municipal adoption of Renda Mínima died a quick and quiet death¹⁹.

In 2001, just prior to the the presidential campaign season, the Cardoso government announced a new federal school grant program: Bolsa Escola Federal. Administratively, the program represented an extension of the law that created the Programa de Renda Mínima Vinculada à Educação (1997) but it differed considerably from the previous program in both design and political visibility. First, Bolsa Escola

¹⁹ Rocha noted that at the time, administrators in the federal government downplayed problems with the program. But the administrative irregularities were so problematic that the program ended about a year after its inception (Interview 2003).

Federal sought to bypass municipalities altogether. Participating municipalities were no longer required to provide matching grants to families; family grants would come exclusively from the federal government. Nor would local government have the responsibility for disbursing funds. Rather, the federal government would make direct deposits into beneficiaries' bank accounts. In this iteration, the program targeted families whose per capita incomes were below half a minimum wage; the program covered children from 6 to 15 years of age and provided each child with 15 reais (up to 90 reais) a month. As before, the program operated as conditional cash-transfer so municipalities would undertake registering eligible families, based on federal criteria, and monitoring school attendance.

Unlike the previous program, Bolsa Escola Federal sought to achieve rapid adoption throughout the country. MEC hired 120 staff to ensure nearly all cities would adopt the program within a year (Interview Pesaro 2004). The staff exceeded expectations and within the first six months, over 4000 municipalities had registered beneficiaries (Interview V. Sousa 2003, Interview Souza 2004). Although Minister Souza attributed the decision to implement a federal Bolsa Escola program to President Fernando Henrique Cardoso and Vilmar Faria, his senior social policy advisor (Interview Souza 2004), the policy's timing clearly coincided with his own presidential campaign drive to win the PSDB nomination. The political implications of a federal cash-grant program on the eve of Presidential elections were quite clear for political opponents. Although the name of the program had been largely associated with the Workers' Party, PSDB officials made efforts to claim the program as their own by citing early

experiences in the city of Campinas and emphasizing that the federal program was the largest with the greatest coverage.²⁰

Bolsa Escola Federal was not the only federal cash-transfer program under the Cardoso administration. Many federal agencies had developed cash-assistance programs, subsidies or voucher programs to assist the poor. For instance, the Ministry of Health had a program, Programa Bolsa Alimentação (Nutritional Grant Program) for pregnant women, nursing mothers, and children under six years of age who at risk of malnutrition. The Ministry of Mines and Energy also had a program, Auxílio Gás²¹ (Gas Stipend) for poor families to purchase household gas cylinders. In the last year of the Cardoso administration, senior technocrats in the office of the President pushed for better policy coordination between social assistance programs. At that point, each ministry had its own rolls of beneficiaries and criteria for determining eligibility. In Cardoso's last year of office, the federal government began steps to move toward a single registry to track beneficiaries. A unified registry would also facilitate governmental administration with better oversight of its social services and avoid duplication of benefits.

When Luis Inácio Lula da Silva (PT) won the presidential election in 2002, he surprised many political observers by introducing eradication of hunger as a major priority. Lula promised to focus his attention on the issues of hunger, malnutrition, and extreme poverty and announced a new program that would mark the early years of his

²⁰ On May 23, 2002 the PSDB hosted a meeting “Brasil 2010: Desenvolvimento e Inclusão Social: O Brasil no Rumo Certo” in Brasília. The agenda for that meeting included a session led by Floriano Pesaro entitled, “Bolsa-Escola: Um Programa Tucano de Inclusão Social” (The Bolsa Escola, a Toucan program for social inclusion). The Toucan is the party's symbol.

²¹ Also known as *Vale-Gás*, this program provided poor families with R\$7.50 subsidy per a month.

social policy agenda: Programa Fome Zero (Zero Hunger Program). That he had risen out of childhood poverty and a humble upbringing, made his quest to alleviate hunger all the more captivating for domestic and international audiences. The goals and scope of the program were ambitious from the start. The policy was also administratively complex given that there were numerous local and federal programs already in place to address hunger and malnutrition. Despite considerable fanfare the Fome Zero program, which includes both food stamps and in-kind disbursements to needy families, got off to a slow start and has been plagued by problems, ranging from administrative inefficiencies, local corruption and bureaucratic inexperience (Hunter & Power 2005:131-132).

At the same time the Lula administration introduced its signature policy initiative, Fome Zero, officials also moved forward with plans to integrate the preexisting federal cash grant programs into a single registry. Under the Lula administration, a minimum-income program providing cash-grants for the poor would take the name Bolsa Família²² (Family Grant). Similar to earlier efforts at the end of the Cardoso administration, the Bolsa Família sought to provide beneficiaries with a single stipend unifying disparate programs. As was the case with Fome Zero, Bolsa Família also ran into administrative trouble as different ministries vied for control over the program. Cristovam Buarque, who was Minister of Education (2003-2004), firmly defended the need for the Bolsa Escola Federal and argued that combining the program with other cash-grants would

²² The *Bolsa Família* legislation went into effect on January 9, 2004; Law nº 10.836.

dilute its educational effects. Reports that a main feature of the program – the requirement for regular school attendance – was being overlooked by the federal government generated even more criticism. It would take several years for the Lula government to address the administrative hurdles associated with Bolsa Família and implement it on a grand scale.

Ironically, even though the Lula administration introduced Fome Zero with considerable zeal and sold it as his signature policy, Bolsa Família rose in importance to represent his social policy focus. The Bolsa Família unified four previously distinct programmatic objectives (educational stipends to boost school attendance, maternal nutrition, food supplements, and a household gas subsidy) into a single conditional cash transfer policy. In 2006, the program benefited 44 million of Brazil's poorest citizens (11 million families). This impressive coverage has represented a third of the federal government's spending on social assistance for the poor (Hall 2006:689). That the program would grow so quickly and represent such a large share of public assistance spending is somewhat surprising given that the policy has yet to undergo large scale evaluation.

While President Lula and his senior staff's motivations for adopting Bolsa Família fall outside the confines of this dissertation and are therefore unknown, it is clear the social policy had significant electoral consequences in the 2006 presidential election. President Lula entered the reelection campaign under serious fire. Key members of his

party and senior staff had been implicated in a corruption scandal in June 2005²³. Shortly thereafter, other allegations of serious malfeasance became widespread news headlines. The series of corruption scandals threatened Lula's reelection prospects and challenged the Workers' Party's historic claims of "good governance" practices. What explains Lula's second-round victory in the face of these political challenges? Hunter and Power (2007) argue that a key component of Lula's electoral victory in 2006 is due to his ability to draw on voters from the lowest income and education brackets in the North and Northeast. Given Bolsa Família's emphasis on targeting resources, it is not surprising that these regions, with high levels of poverty and low human development indicators, would benefit disproportionately from the conditional cash-grant program.²⁴ The political payoff for Lula was clear, as states with the greatest Bolsa Família coverage voted overwhelmingly for Lula in the first round of elections.

²³ The "Mensalao" scandal detailed a monthly kick-back scheme directed at Members of congress in exchange for their votes in favor of President Lula's legislative agenda. Those implicated in the scandal included: Senior Workers Party officials, close Presidential advisors, and congressional representatives.

²⁴ For instance, the states Maranhão, Piauí, Ceará, Rio Grande do Norte, Pernambuco, Alagoas, Sergipe, and Bahia all had widespread coverage, with 42 to 50 percent of the population receiving benefits.

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