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October 5th - 6th 2008**Institutional Entrepreneurship and Collective Identity: the emergence of the HIV/AIDS policy field in Brazil****Empreendedorismo Institucional e Identidade Coletiva: a emergência do campo da política em HIV/AIDS no Brasil**

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Abstract

This study seeks to qualify the action of social entrepreneurs looking at the collective identity as an important resource and a defining element of discursive strategies directed to promote changes. We understand institutional entrepreneurship as a collective action that is both means of and a resource to promote changes. We examined the emergence of the Brazilian HIV/ AIDS policy and the strategies employed by different groups of peripheral actors to build a policy agenda around HIV / AIDS. The peripheral actors identified in this study form a broad spectrum of groups and social movements: the gay movement, groups of drug users; groups involved in the struggle for restoration of democracy in the early 1980s the Catholic Church; health professionals from different ideological currents, most notably those engaged in the sanitation movement; groups of human rights; organized groups of people living with HIV. In this case, the peripheral actors do not form a homogeneous group. There were various internal conflicts and antagonisms present. Despite deep differences these peripheral actors were able to build strategic frames that triggered the inclusion of the issue of HIV / AIDS in the national policy agenda.

Resumo

Este estudo visa a qualificar a ação dos empreendedores sociais olhando para a identidade coletiva como um recurso importante e um elemento de definição de estratégias discursivas direcionadas para promover mudanças. Entendemos empreendedorismo institucional como uma ação coletiva que é simultaneamente meio e um recurso para promover mudanças. Nós examinamos o surgimento da epidemia brasileira de HIV / AIDS a política e as estratégias empregadas por diferentes grupos de atores periféricos para construir uma agenda política em torno do HIV/AIDS. Os atores periféricos identificados neste estudo formam um amplo espectro de grupos e

movimentos sociais: o movimento gay, grupos de usuários de drogas; grupos envolvidos na luta pela restauração da democracia no início de 1980 da Igreja Católica; profissionais de saúde de diferentes correntes ideológicas, principalmente aqueles envolvidos no movimento de saneamento; grupos de direitos humanos, grupos organizados de pessoas vivendo com HIV. Neste caso, os atores periféricos não formam um grupo homogêneo. Houve vários conflitos internos e antagonismos presentes. Apesar das profundas diferenças, esses atores periféricos foram capazes de construir *frames* estratégicos que desencadearam a inclusão da questão do HIV / AIDS.

Introduction

The concept of institutional entrepreneurship has offered new opportunities to reflect about individual actions and changes. There is a rich debate going on inside institutional analysis that have been responsible for the reintroduction of the theme of agency, interests and power inside the area, making some scholars to argue about a reconciliation with the bases of the 'old institutionalism' (Garud et al., 2007, Dacin et al., 2002).

The central question that has permeated the study of institutional entrepreneurship is explaining the creative action of the actors as opposed to its intentions and rationality that are conditioned by the institutions they seek to change. This game of balance is known in the literature as a paradox of 'embedded agency' (Dacin et al, 2002).

DiMaggio (1988, 72) first talked about institutional entrepreneurship describing it as means by which agents apply resources to create or to empower institutions: new institutions arise when organized actors with sufficient resources see in them an opportunity to realize interests that they value highly. Maguire et al. (2004) refer to the concept as activities of actors who pursue interests in certain institutional arrangements and who leverage resources to create new institutions or to transforming existing ones.

The research on the subject seems to advance in two directions, as pointed by Hardy and Maguire (2008). The first one focuses on the actors and the ways they undertake changes. The other line of analysis addresses the phenomenon as a process, emphasizing the dynamics and struggles among the actors, their, positions and strategies.

The majority of the literature focuses on the first line. Leca et al. (2008), in an extensive survey about institutional entrepreneurship identify a disengaged vision of the agency, often falling under the concept of institutional entrepreneur seen as a 'hero'. Many proposals have been made to seek to connect individuals to the context, and thus resolve the paradox of embedded agency.

The role of the position of actors within the field where the changes are being promoted has been the object of many studies. Actors on dominant positions in the field in general have enough power to force change, but it is unlikely that the outcome of entrepreneurial actions will come from them, since they benefit from their positions in the field. Still, they engage in entrepreneurial actions when seeking to modify practices to maintain or strengthen their positions (Greenhood and Suddaby, 2006). Peripheral

actors or located within the limits of one or more fields have more incentive to challenge and create new practices, however have more difficulties in producing these changes because of their limited access to what Bourdieu (1989) calls the *subject positions*. These positions would be socially constructed and legitimized identities available from within the field.

Theoretical advances on social entrepreneurship have been drawing from more critical analysis of social movement's studies to observe the efforts of change of the peripheral actors. (King and Soule, 2007; Levy e Scully, 2006; Clemens and Cook, 1999; Maguire et al., 2004; Rao et al, 2000).

This study considers the institutional entrepreneurship as an ongoing process. It seeks to further qualify the action of social entrepreneurs looking at the collective identity as an important resource and a defining element of discursive strategies directed to promote changes. We understand institutional entrepreneurship as a collective action that is both means of and a resource to promote changes.

We examined the emergence of the Brazilian HIV/ AIDS policy and the strategies employed by different groups of peripheral actors to build a policy agenda around HIV / AIDS.

The peripheral actors identified in this study form a broad spectrum of groups and social movements: the gay movement, groups of drug users; groups involved in the struggle for restoration of democracy in the early 1980s the Catholic Church; health professionals from different ideological currents, most notably those engaged in the sanitation movement; groups of human rights; organized groups of people living with HIV.

In this case, the peripheral actors do not form a homogeneous group. This has an influence on the strategies developed to fulfill their entrepreneurial role. There were various internal conflicts and antagonisms present. Despite deep differences, such as between the homosexual movement and the Catholic Church, these peripheral actors were able to build strategic frames that triggered the inclusion of the issue of HIV / AIDS in the national policy agenda, resulting in establishing the National Coordination of STD-AIDS. We refer to the propositions of Mouffe (1999) that power relations are not pre-constituent elements of identity, but constitute their own identities and that they provide positional antagonistic and agonist forms of action.

As a result, this work seeks to contribute to the understanding of the process that built the legitimacy of the Brazilian policy for HIV/AIDS. The struggles between periphery and dominant players of the field, and among peripherals contributed to the emergence of a collective identity of these groups that were able to use certain strategic frames maintained the legitimacy of the policy for the outsiders actors (the society and others health policies). At the same time it allows the action of those who occupy central positions in the management of policy.

Methodology

This article seeks to understand the emergence of the social field of HIV/AIDS in the context of public policy in Brazil, looking at the origin and position of the actors that interacted to build an agenda around HIV/AIDS.

Therefore, we sought to fulfill three steps proposed by Jackson (2006), in order to understand the political struggles in the field from the perspective of a process of continuous construction: (1) mapping of cultural resources within the field, (2) specification of commonalities and antagonisms within the field, (3) detailing the process of interaction between cultural resources and the tactics and strategies of the actors.

To meet the first goal we carried out a historical reconstruction on the emergence of AIDS field in Brazil, observing the interaction of other fields and the actors that formed it. The technique used to support these reconstructions was mainly based on the analysis of documents in what was called a textual ethnography (Jackson, 2006). The documents included minutes of meetings, newsletters, reports, brochures, media extracts. Further documents, like personal notes and accounts were collected during interviews.

Semi-structured in-depth interviews were carried out with seven individuals involved in events related to the origins of the field of AIDS in Brazil. The identification of these individuals was based on prior knowledge of the field by researchers and by the continued use of snow-ball method. Additional information was gathered from internal documents of the organizations in which they worked.

From there we proceeded to the second and third goals, to identify commonalities and antagonisms within the field and specify the resources and strategies used by actors. The data analysis sought to describe the actors and their entrepreneurial strategies by observing their positions and key resources accessed, and then detail the forms of interaction between resources and strategies of the actors. This allowed to formulate propositions about the research question proposed here, which is to understand how entrepreneurial actions take place in peripheral positions in a field.

Institucional Entrepreneurship

The term entrepreneurship has begun to be used in institutional studies to describe how actors shape the emerging institutions and transform existing ones, despite the complexities and path dependencies. The origin of the use of the term is in Schumpeter, who describes entrepreneurship as a gear of economic growth, precipitated by the introduction of new technologies and the consequent potential for obsolescence, ways of disciplining players fight for survival in a process called creative destruction (Dacin et al, 2007).

From a more sociological perspective, entrepreneurship can be seen as a deviant behavior of some standard. In this sense, it is difficult that their results are adopted by the actors committed to the existing forms of doing things. Entrepreneurs should then focus their efforts to gain legitimacy, which will prove difficult in the face of heterogeneity of social groups and their interests. But as these efforts expand, new groups are mobilized and the processes of legitimating are broadened (Aldrich and Fiol, 1994; Lounsbury and Glynn, 2001).

Despite its success in bringing agency back into organizational studies, some argue that institutional entrepreneurship leaves unresolved the paradox of embedded agency. This discussion inevitably brings forth the question, how individual action could possibly lead to the change of institutions, when these institutions determine the actor's behavior. (Dacin et al., 2002, Garud, Hardy, & Maguire, 2007).

Literature points institutional entrepreneurs as existing and important actors, whether they are described as individuals, groups or social movements (Rao, Morrill, & Zald, 2000). Many studies have focused on identifying entrepreneurial skills and dealing with issues like attaining resources and legitimacy (Fligstein, 1997).

Thus, empirical work in the cultural tradition emphasizes the connection between symbolic aspects of entrepreneurship and particular entrepreneurial practices. It accounts for cross-cultural comparison of entrepreneurial behavior against the societal context.

Brandl & Bullinger (2007) propose a cultural approaches as an alternative way of inquiring institutional entrepreneurship, more concerned with the cultural antecedents and societal processes that enable people to perceive certain actors as institutional entrepreneurs. There are also studies that look at strategies of institutional entrepreneurship (Phillips et al. 2004).

There have been an effort among scholars towards understanding better institutional entrepreneurship addressing the process of how institutions constrain, but they also enable actors (Barley and Tolbert 1997). Studies of institutional entrepreneurship tend to associate agency in a field with actors located in obviously dominant subject positions that can compel other actors to change their practices. However, fields consist of dominant and dominated actors, and in some instances change can be brought about by actors other than those in stereotypically powerful positions. (Maguire, Hardy & Lawrence, 2004). Our contribution is to look at the role of peripheral actors and the construction of collective identities as a mechanisms that can help to clarify this process.

Not only the actors located on dominant positions are able to articulate entrepreneurial actions. Fligstein (2001) points out the extra legal and non-institutional policies and social movements, showing cases in which leaders of challengers' groups used social skills to establish new consensus with already established and legitimized stakeholders within the field. So, as Zhu (2007) have observed there is a non elite component of institutional entrepreneurship, that can show a disorganized and unplanned element.

Some theoretical advances on the role of peripheral actors as institutional entrepreneurs, have become to show results drawing on the debate with the studies of social movements (Levy and Scully, 2006; King and Soule, 2007; Rao et al, 2000). This advances area looking at more critical analysis of social movements to observe the efforts of change of marginalized elements, not used by dominant actors.

Social movements can act as extra-institutional entrepreneurs, even when the insiders of the field opposed to the proposed changes, by changing institutional logics on which a dominant system of authority is based. Even in a peripheral position, actors are able to

engage in activities that contributed to the construction of meaning, affecting the public perception of the unique dynamics of a field and changing the types of features and capabilities that confer legitimacy inside the field they are seeking to change.

This capacity for agency can be gained through the mobilization of public opinion (King and Soule 2007); through the bargaining power between different groups (Fligstein, 1997, Maguire et al, 2004), or by occupying a position in the interstices of the field (Rao et al, 2000), which gives these actors ability to act as a 'bridge' between different fields, without affecting its position to the agency within the field which seek to change (Maguire et al, 2004).

Not all actors are equally adept at producing desired outcomes (DiMaggio, 1988; Fligstein, 1997). This is because an organizational field contains a limited number of subject positions from which actors can take action. By subject position, Bourdieu (1989) refers not only to formal, bureaucratic position, but also to all the socially constructed” and legitimated identities available in a field. The identification with a subject position tends to orient the social agent by providing an interpretation framework, but never take as formal rules or total obedience. Individuals that occupy subject positions tend to incite certain practices, while this positions are constantly reinterpreted, sometimes happening that the agent that is caught up in the process of identification with a subject position may or may not be conscious of that process (Laclau & Mouffe, 1998).

The normative and structural qualities of these positions provide the actors that occupy them with institutional interests and opportunities and, in some cases, the “capital” or resources to exert power over the field at a particular time (Bourdieu, 1989).

Hensmans (2003) draws attention to the need for better qualification of the entrepreneurial actions looking at the strategies used to raise legitimacy. The ideology and power relations that permeate the actors help to understand how the action of agents are distinguished in the midst of homogenizing institutional rules. The ideology holds a central role in this classification, the author differentiates the positions of dominants and others who do not occupy central positions within the field: the incumbents and challengers. The incumbents are placed in order to use the current meanings, seeking to combine them according to their interests. The challengers position themselves as actors who organize ideological emancipator or alternative arguments. Rao et al. (2000) also qualify the bridging actors, who exerts their strategic action in the interstitial space, a zone in which there is a gap between multiple fields, whose problems or questions persistently spread. It is in this space that actors construct boundaries around issues common to one or more fields.

Additionally, peripherals entrepreneurs can still have their ability to promote change increased due to the features of the fields where they are. The more open is the field, more possibilities it leave for the actors to combine multiple cognitive elements in the construction of meanings (Dorado, 2005). Emerging fields in emergency with low level of institutionalization also facilitate the formation of these spaces, since there are no mechanisms of coordination clearly established (Hardy, 1994). In theses circumstances the ability of entrepreneurs to be strategic and opportunistic is maximized (Fligstein, 1997; Dimaggio, 1988).

Identities: framing antagonist fields

In the realm of social movements, identity refers not to objects that are autonomous, not to *a priori* character of social actors, like class, gender, sexual orientation, nationality, etc. Identity refers to the process of self recognition, i.e. social actors recognize themselves and at the same time are recognized by the other actors as part of broader groups, to which they develop rational and emotional connections (Hannigan, 1985; Melucci, 1995, 1980; Melucci, Keane, & Mier, 1989; Porta & Diani, 2006).

Collective identities can relate to shared meanings, aims and goals, values, attitudes, ideologies, lifestyles. They can also be based on shared experiences of action (Porta & Diani, 2006). Sometimes identities are restricted, ruling out other possible identifications; sometimes identities are comprehensive, when individuals feel part of multiple collectivities simultaneously.

Identity is an essential part of collective action. Actions take place at the moment actors gain the ability to define themselves, the other social actors – allies and enemies – and the cause that is at stake (Touraine, 1992). However, identities do not pre-exist action; the course of action reinforces or weakens belonging ties. “The evolution of collective action produces and encourages continuous definitions of identities”(Porta & Diani, 2006: 93).

Identity assumes a linking function that endures over time and space as continuity. However, this function does not operate solely on the level of collective representation; it also operates on the individual level, relating social phenomena to individual experience (Porta & Diani, 2006).

This line of thinking on collective action and social movements treats identities as interactional accomplishments (Hunt, Bendford & Snow, 1994), which gives room for constructionist meta-theoretical arguments, mostly connected to Symbolic Interactionism, and especially Goffman’s works (1986[1974]; 1959).

According to Goffman (1959), social action is mainly a dramaturgical action; i.e., life in society resembles a stage, in which social actors interact by choosing their roles, their costumes and their audiences. The actors' main goal is to maintain their coherence, and adjust to the different settings that are offered. Coherence is a result of the interaction among different social actors. Actors create and manage impressions that reflect well upon themselves, define the situation and persuade audience to accept them as legitimate.

From the idea of dramaturgical action and the definition of a situation, Goffman (1986[1974]:10-11) developed his concept of *frames*, i.e., “*definitions of a situation are build up in accordance with principles of organization which govern events – at least social ones – and our subjective involvement in them*”. They are interpretive schemata that simplify and condense the “objective world” (Benford & Snow, 2000).

The definition of frames has become crucial to the understanding of social movements. In this field of research, collective action frames also serve as modes of attribution and

articulation, developing to identity construction (Hunt, Bendford & Snow, 1994). During framing processes, members of the social movement organizations create ideal and practical definitions of each relevant actor in the collective action context. Such definitions refer to the situation of actors in time and space and to their features or traits (Hunt, Benford & Snow, 1994).

Attributions or claims of identity are not only important because they constitute identity. They are important because they situate and place other types of actors as targets of social action (Hunt, Benford & Snow, 1994). Framing means incorporating certain aspects of the reality perceived in a text so as to promote a definition of the protagonist, the antagonist, the problem, a causal interpretation, a moral assessment and to recommend alternatives to resolve the problem (Entman, 1993). Multiple attributed or confirmed identities create identity fields.

Three main identity fields result from framing processes: protagonists, antagonists, and audience (Hunt, Bendford & Snow, 1994). **Protagonist** identity fields are the constellations of identity attributions to individuals or collectivities considered as supporters of the movement's causes (Hunt, Bendford & Snow, 1994:193). Individuals and collectivities are defined as protagonists because they share movement's values, beliefs, objectives and practices or because they obtain a benefit from it. On the other hand, people or collectivities opposing the movement's values, beliefs, goals and practices or those who might be affected by the movement's actions are defined as **antagonists**. Social movements' activists produce antagonist identities by identifying and defining individuals, collectivities, beliefs, values and practices as opposed to the causes and identities of protagonists. As with protagonists, the attributions include making judgments about the conscience and moral conduct of antagonists. Finally, there is the **audience**, the identity field that comprehends people that are perceived as neutral or non-involved observers.

The existence of opposed identity fields, struggling against each other for the sake of their particular interests, is most of social movements' theories basic assumption. As a result, an enemy-friend relationship would be the rule, leaving no room for social movements' maneuvers towards political composition with oppositional parties or groups. However, in some cases, even fiercely divided identity groups may join efforts towards the solution of specific demands, which changes antagonist identities to agonist identities (Mouffe, 1999).

The concept of agonist identities derives from a normative perspective on the political realm supported by Chantal Mouffe (1999). She defends a model of agonistic pluralism that acknowledges the role of power relations in society and the ever present possibility of antagonism. The aim of democratic politics according to such a view would be the "domestication of hostility", creating institutions that transform this potential antagonism into agonism, replacing a friend/enemy relation for a confrontation between adversaries.

Through institutional entrepreneurial agency, social movements mobilize new framing processes that transform antagonists into agonists, enabling them to shape a policy field. Furthermore, following Battilana (2006), divergent organizational/field change are more likely to be conducted by individuals who belong to lower status social groups when

they have strong ties with individuals belonging to higher status social groups. This assumption is only practicable when opponents perceive each other as adversaries not enemies.

Peripheral Actors, Antagonisms and Strategies

Different groups occupying positions and taking on different roles in the field of AIDS in Brazil were identified. Some of them acted as institutional entrepreneurs, but in different ways and sometimes from opposing positions.

Table 1 shows the actors who attended the emergence of the HIV/AIDS field:

Group	Shared characteristics and subdivisions	Framing of AIDS issue	Positions and Antagonisms
Physicians with clinical background	Worked in hospitals, particularly Emílio Ribas hospital in São Paulo, and state AIDS control centres.	Aids as a new public health preoccupation for authorities. Need to understand and act. Group that first worked with infected patients, under psychological and professional pressures for stake actions.	More conciliatory, the seek to mobilize existent meaning
Physicians and other health Professional from public health schools	Coming from public health schools, particularly Fiocruz, UERJ, and USP- University of São Paulo. Group experienced in research and policy design, few experience in dealing with public and patients.	Engaged in a more political role, pressing the state for national response and a complete reform on the health care system. Turned the Aids policy on a radical implementation of their ideas of health care reform, including the universalism of the system and free medicaments distribution.	Progressive group among health professionals, that need to fight or their demands with other national issues.
Community based organizations	Driven by solidarity: community organizations, religious organizations (especially Catholic). This organizations have concentrated their actions on Support Homes, places to care and living (Galvão, 2000:69), under a multidisciplinary perspective	Aids as a right and solidarity with marginalized groups.	Disagreements about prevention. Did not recognized the more broad issue of the gay movement and other minorities, such as sex professionals.
Human Rights	Associated to causes: Social movements and civil society organizations associated to human rights, women, gay rightss, sex professionals, needle-drug users and other minorities and excluded groups.	Aids as a right and together with other health issues a duty from the state. Recognition of their identity and respect on a broader societal aspect. Fight against prejudice.	Marginalized groups that saw on Aids a possibility to mobilize their grievances by attaching their fights for human rights, fight against homophobia and violation of women's rights
Aids NGOs	Were specifically designed to work with the subject of AIDS. Comprised different types of organizations: self-help groups for HIV positive; housing support facilities;	Aids as a right and together with other health issues a duty from the state. Improvements on the public services. Fight against prejudice.	There were some conflicts about the role of these organizations as advocacy groups and as service providers.

	service providers, especially on prevention; political mobilization.		
Political Resistance and Pro-Democratization	Leaders and organizations fighting for restoration of democracy and human rights.	Aids as a right and together with other health issues a duty from the state. Improvements on the public services.	They have access to international funds and did not rely on state contracts, gain more independency to press the government for responses.
International NGOs	They financed Brazilian AIDS NGOs and the political resistance and pro-democratizations organizations.	Organization advisers for promotion and development, who introduced a pluralist view of international negotiation and pressure, known as advocacy.	Professionalization and use of management tools in designing and carrying out supported projects and are Criticized by some human rights organizations for being excessively instrumental.
Managers and advisers	Civil servants in administrative areas: planning, budget, purchasing, etc.	Important links to promote integration among Aids policy and the Ministry of Health and other government bureaucracy bodies.	Some conflicts aroused when professionals and activists started to move from NGOs to the State bureaucracy.

Physicians can be divided into two sub-groups, coming from hospitals (mainly in São Paulo) and School of Public Health (mainly in Rio de Janeiro). Physicians from Sao Paulo, the first to deal directly with the disease in hospitals, managed to bring the issue of AIDS to the government agenda, along with another group of institutional entrepreneurs, the homosexual movement.

The first cases of Aids were reported in São Paulo among the gay community. At that time, a group of physicians, originating from the Sanitary Reform Movement started mobilizing to evoke a government response to growing number of AIDS cases. Most of these physicians' professional background was in skin diseases, particularly Hansen's disease. Like AIDS, Hansen's disease was still shrouded in prejudice and its prevention demanded close work with the population, through campaigns for effective care and treatment or assistance to patients and families. Apparently, these characteristics helped these physicians to approach the population and to dialogue with the different sectors of civil society as AIDS reared its head.

The fact that these physicians could not, at first, find answers for AIDS, and the fact that this disease caused many deaths also brought a new picture in their professional field. Many of them were personally affected by the drama these patients faced. The Emílio Ribas Hospital - the first to house an AIDS center and to this day one of the main facilities in Latin America for treating patients suffering from Aids, a reference on the area - had to provide psychological support for its staff at that time, most of them in the early stages of their careers.

In 1983, groups of gay rights and human rights militants in the city of São Paulo represented the first public demonstration to respond to this new epidemic and an effort to approach government. They contacted the State Health Secretariat to demand an official position in face of this new and disquieting problem detected within the gay community and by that time broadly covered in the press: the occurrence of AIDS cases. The Secretariat responded by establishing a work group consisting of technicians from various areas of this institution (Teixeira, 1997:44). The press published some quotations of this time

Luís Carlos [a gay rights militant] intends to have gay groups broadly discuss all implications of this issue and organize, if possible, a campaign to have authorities of the Ministry of Health seek credible information regarding this disease, communicate these findings and thus avoiding gay rights s from becoming “scapegoats” (Folha de S. Paulo, 12.Jun.1983)

The demand generated by a particular social group, which recognized the legitimacy and the need to combat prejudice by it, even if that group was a minority, was central to build a argument for the other groups outside the Aids movements. Other parts of the state (even within the health sector) have questioned the importance that was being given to the problem, seen it restricted to a small group of people. AIDS could divert the attention it deserves by other more serious problems (Teixeira, 1997).

In 1983 the state’s governor was Franco Montoro, the first democratically elected after 21 yaers of military dictatorship. After the recorded number of AIDS cases soared and the press set the population in panic, the Sao Paulo state delegated to the Emilio Ribas Hospital Hansen’s disease physicians the responsibility to suggest action to face the problem.

The policy was born within the government, through these physicians. This group produced one of the main AIDS leaders, Paulo Roberto Teixeira. The fact that a new medical specialization and a policy field was been formed gave these Sao Paulo physicians a great window of opportunity to develop entrepreneur actions. These were physicians who not only went to a hospital or doctor’s office and put in practice all technical knowledge they had learnt. Most of them also took part in the state’s health reform carried out during the 80’s.

At the time of the spreading of AIDS the healthcare system started its reform process in Brazil, headed by the so-called Sanitarian Movement, which comprised progressive healthcare professionals. A large proportion of this progressive health professionals were occupying formal positions on the State of Sao Paulo health authority, which allow them to forge a coalition with the gay movement and other societal minorities to install the first Aids programme. Therefore, this gave the Aids movement an ideological as well as technical profile.

By initiatives of the physicians at the helm of the São Paulo state program, meetings open to the public were held. These community meetings gave rise to GAPA São Paulo (Group of Support for the Prevention of AIDS, São Paulo chapter), the first and to this day one of the most influential NGOs in Brazil specialized on Aids. After that, not only gay rights groups engaged in the fight, but also organizations representing hemophiliacs, women, sex professionals, healthcare professionals, and social assistants

working with injecting-drug users, in addition to many others, all of them marginalized groups on society and also on the access to public health system. Thanks to partnerships with these groups, the state program managed to reach the population at large, and also minorities and excluded sections of society in particular.

The relationship of the group of physicians from Sao Paulo with civil society actors has not been established on the basis of direct confrontation. Instead, the civil society groups and the physicians from Sao Paulo tended to seek a complementarity on their interventions. It was common that society organizations offered some services to complement state assistance.

On the other hand, in the state of Rio de Janeiro, another type of mobilization was happening. That state is home to the Oswaldo Cruz Foundation (Fiocruz), the National Public Health School, and the Social Medicine Department of the Rio de Janeiro State University (UERJ), which produce professionals, such as Richard Parker, with a broader view of health, focusing on nationwide policies.

In Rio de Janeiro, society also mobilized but in a different manner. The movement was more proactive and counted on well-known public personalities that had taken part in the democratization movement, such as Herbert de Souza, founder of the Brazilian Interdisciplinary Association of AIDS (**ABIA**), and Herbert Daniel, founder of Grupo pela VIDA (Group for the Valorization, Integration and Dignity of people living with Aids - **GPV**). Both leaders have fought for the restoration of democracy, and Herbert de Souza was the first NGOs leader to declare publically his condition of HIV positive.

Several other influential AIDS NGOs were established in Rio de Janeiro. Many of them managed to receive support from international cooperation organizations, such as the Ford Foundation, InterAmerican Foundation (IAF), Catholic Fund for Overseas Development (CAFOD), among others.

Founders of ABIA initially “consciously rejected any direct role in the protection and treatment of people with HIV/AIDS” because they felt this was a government obligation, and focused their efforts in “criticizing government policy – or the lack of one – particularly at the federal level” (Parker, 2003:24). On the other hand, GAPA São Paulo tried to provide services not offered by the government, while still exerting pressure. Groups such as GAPA São Paulo developed a working relationship with the state program, many times combining efforts – such as hospitalizing patients rejected by public and private hospitals – and sometimes opposing authorities, by denouncing the government’s apathy. Its work can be summarized in two lines: “pressure to secure services at the local level” and “effort to provide at least some services and drugs the government did not supply” (Parker, 2003:24).

Another important initiative to be mentioned with regard to groups of hemophiliacs, since a significant proportion of infections at the beginning of the epidemic occurred through blood transfusion. Given the repeated failures of government programs in adequate the control of blood supply, the actions of hemophiliacs was decisive, through intense lobbying at federal level to get through a law making mandatory HIV testing in blood donations at the national territory and making that the Constitution of 1988 declared illegal the sale of blood supply (Parker, 2003).

During this period were also recorded responses of religious organizations through many support projects carried out by the Catholic Church in Sao Paulo (Galvão, 2000:74). The projects had several activities, such as legal services, religious support and distribution of food baskets. In Rio de Janeiro they sought to establish a set of services related to AIDS, including financial support to a medical clinic for marginalized populations and an asylum for indigent HIV-positive.

Evangelical churches were also involved on projects aimed at nursing home residents and drug users. African-Brazilian religions also played a role in the development of prevention programs for the black community, including a partnership with the State Program of Sao Paulo, and the area of assistance, with the creation of a family- children support centre (Galvão, 1997b). The role of churches and organizations linked to them ranges from positions more or less favorable to the policy of national STD / AIDS and positions taken by NGOs with religion bases, especially with regard to methods of preventing HIV/AIDS and the use of drug.

The emergence of the National Policy

The emergence of the field and the formulation of the public policy occurred under the competition of points of view and interests. Physicians and Health Professionals inside the government pointed Aids as a new public health preoccupation for authorities. Many of them started a broader movement for the Health reform in Brazil and seek to maintain their visions about public health and positions inside the public medicine related to universalization and decentralization (the principles proposed on the reform of health system).

Civil society actors were defending the assistance to Aids as a right, and together with other health issues a duty of the state. Different views were competing inside civil society: the solidarity view (religious organizations, community organizations); the political view (pro-democratization groups interested on securing spaces on public issues); the cause motivation linked to very specific groups (gays, sex professionals, women, drug users).

Conflicts among civil society groups aroused. They were motivated, in part, by the diversity of groups forming the AIDS movement: political groups; care and assistance groups; organizations dealing exclusively with AIDS/HIV, others dealing with Aids, but with broader missions (gay rights and sex professionals). The most political ones, like ABIA and GPV, tried to unify the Aids movement, placing themselves as political entrepreneurs to create a common discourse. Some of these organizations expanded opening new branches in other states. The field was under struggle.

Civil society groups were in marginalized actors in other fields, with clear antagonism between them, such as the gay movement and religious organizations; groups of advocacy NGOs and professionals from the schools of public health, and clinical and more technical health professionals and service providers NGOs.

During the emergence of the national policy it is possible to observe that the technical area, instead of more political organizations and leaders, assumed a hegemonic position,

particularly the São Paulo physicians working directly with patients in two main public hospitals (Emílio Ribas and Civil Servants). They were the first to deal with the problem and were able to bring AIDS to the governmental agenda. They were followed by USP Public Health Specialists and researchers in the policy formulation. Their actions could be legitimized by their proximity and experience with the first infected population.

The São Paulo Group, who have implemented successfully its State Programme and gave support for the creation of programmes in other states had a favorable position to join the National Policy in the late 80's. In addition to physicians with more clinical profile, were also present those ones with a history of militancy in the sanitary movement.

However, the national policy might not have emerged only by the mobilization of the São Paulo group. At the end it was also product of strong pressures from the Rio de Janeiro civil society organizations, the more political ones.

The public health professionals (the second group in the table) end up having a closer contact with activist groups in the State of Rio de Janeiro, which by its trajectory, is positioned differently from activist groups in Sao Paulo. These groups had a history of political involvement even more pronounced, linked to the movement of democratization of the country. Many of these organizations were born independent and in opposition to the government, with financial support from international development organizations and have gained a closer relationship with schools of public health, not just on issues related to medicine, but also sociology, anthropology and politics.

Despite the antagonisms, civil society organizations were able to frame the Aids issue as a matter of solidarity, the right for life and the fight against prejudice, being able to turn antagonism into agonistic strategies. The gay movement ended up making AIDS the main agenda of their mobilization. Along with that, the impact that AIDS had been receiving in the media allowed the use of this frame in order to legitimize the issue within the political agenda of health, and justify the creation of a national policy that was based in the free distribution medicaments.

Final Remarks

Peripheral actors exercise agency power in defining and reconfiguring field. Through the processes of framing, they may define antagonist fields – aggregates of actors – that may create unbearable differences that do not permit change in the course of a policy. However, processes of framing enable social actors to redefine opponent identities, changing antagonists into agonists, which is a movement that may create possibilities of alliances that may result in institutional transformation.

Framing processes, thus, emerge as central strategies of institutional entrepreneurs in the field.

The group of São Paulo physicians and other public health professionals became hegemonic in the field and gradually assumed their positions as managers of AIDS policy. They were linked with activism during the emergence of AIDS as a public health preoccupation, as they brought the discourses from the Health Sanitarian Reform Movement into AIDS agenda towards a universalistic policy, defending health as a human right. This view of health ended up assuming a radical configuration on AIDS policy. The activism of this group has been appearing again, when issues about drug patents has reached the international arena.

We can understand the physicians group – especially from São Paulo – as hegemonic in AIDS field. They have become the main institutional entrepreneurs of the field, mostly because their logics turn out to be converted into a strong form of political capital, combined with its main social skills.

On the other hand, the diverse group of activists, in spite of not being hegemonic in the field, develops an important institutional role: their actions and mobilizations keep the field legitimate in the eyes of the outsiders, the rest of the population. Keeping the issue of AIDS in both political and social agenda enables the other actors of the AIDS field to act and operate. Thus, in a dialogical perspective, they open political opportunities not only for themselves but also to the other players.

Future research should stress much more not only in the role of institutional entrepreneurs to constitute a social field but also to stress extra-institutional strategies (Gamson & Wolfsfeld, 1993; Goldstone, 2004; Johnston & Shoon Lio, 1998; King & Soule, 2007; Meyer, 2004) – like those from the activist groups – that also have the potential to establish a social field.

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