ORIGINAL RESEARCH

Social Network Analysis in Transnational Settings: The Case of Mexico City's AIDS CBOs

Nielan Barnes Ph.D.

Abstract: This article examines whether transnational networks reconfigure state-civil society relationships in ways that lead to civil society empowerment and increased organizational capacity to address the HIV/AIDS epidemic in Mexico. Using a case study approach, I show how transnational networks present ethical dilemmas for community-based HIV/AIDS organizations by providing opportunities for civil society-state partnerships that favor some local organizations over others. Ultimately, I take apart the prevailing assumption that transnational networks are inherently good, and show how they can (re)produce intra-organizational stratification at the local level. The conclusions of this research are helpful to international health practitioners and social scientists seeking to understand how transnational networks can both challenge and reproduce existing community-state power regimes and health inequities.

Key words: HIV/AIDS, Mexico, transnational networks, NGOs, public policy, civil society.

Introduction

From the beginning of the HIV/AIDS epidemic, civil society actors have organized a myriad of local and international networks to address prevention and treatment needs. These networks initially were comprised of informal but far-reaching ties between patient-activists seeking HIV prevention and treatment information. After 1985, many civil society networks were formalized in the context of the International AIDS Conference, which provided

an arena for activists, scientists, and policy makers to engage in dialogue. These conferences and networks enabled civil society to apply pressure on government officials, and facilitated closer collaboration between community-based organizations (CBOs)[*] and their public health sectors.[1,2,3] However, transnational civil society networks have had limited success with respect to addressing current trends of rising HIV infection rates and limited access to AIDS treatment.[4]

In this article I use a case study of Mexican AIDS CBOs to show how transnational networks shape local health care provision by providing innovative opportunities for civil society-state partnerships that favor some CBOs over others. Much of the current research on transnational social movements and global civil society[5,6,7] demonstrates how transnational networks provide CBOs with an opportunity structure[8] that generates a framework for global civil society to create political and social change. In particular, CBOs take advantage of

Nielan Barnes, Ph.D., Department of Sociology, California State University, Long Beach, 1250 Bellflower Boulevard, Long Beach, California 90840.
Email: nbarnes@csulb.edu
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[*] I refer to non-profit organizations with a local, community-based focus as "community based organizations" (CBOs). These same types of organizations in Mexico are often referred to interchangeably as community-based organizations, non-governmental organizations (NGO's) or *organizaciones civiles* (civil society organizations).

Table 1: Core Set of Mexico City AIDS Organizations 2000-2005*

1. AIDS CBOs	• Acción Humana por la Comunidad* • Amigos Contra el SIDA • CAPSIDA • Red Mexicana de PVVS • Ser Humano • CURAS* • CITAID • Brigada Callejera • Colectivo Sol • Árbol de la Vida • Albergues de México • AVE de México • Casa de la Sal
2. State Agencies	• CENSIDA • Clínica Condesa
3. Academic-Medical Research Initiatives	• UNAM – FONSIDA (1998-2000)*
4. Foundations	• Fundación Mexicana para la Lucha Contra SIDA
5. International NGOs	• Project Hope • Casa Alianza

*No longer in existence

international advocacy networks to pressure (or circumvent) the nation state toward policy change and innovation. Occasionally, such networks coalesce into a full-fledged sustainable global social movement or a "transnational public sphere", where "both residents of distinct places (states or localities) and members of transnational entities (organizations or firms) elaborate discourse and practices."*[6 pp. 6-7]* In the case of HIV/AIDS, the transnational public sphere serves as an international conduit of organizational forms, tactics, and frames for collective action, as well as the medium by which material resources are distributed across national boundaries.

Local actors most commonly access the transnational public sphere via participation in various types of transnational networks and events. It is not surprising that transnational networking and collaboration has become a common practice engaged by civil society actors at unprecedented levels and rates. Not unexpectedly, CBOs in this study exhibited organizational logics and practices that emphasized networking in the context of national and international conferences and events. Such networking practices have generated a wide variety of formal and informal transnational networks and organizations that represent the voice of a transnational civil society (often referred to as "transnationalism from below"[9] that has been effective in making demands on the state and achieving a voice in the HIV/AIDS policy-making process.

Studies of transnationalism from below frequently convey an impression of the phenomena as democratic and positive for local actors.[10] Recent research, however, questions whether participation in transnational networks is wholly "good" because local actors and actions can and do use transnational resources to reproduce or create new stratification regimes.[11,5,12,13] Scholars must take apart these assumptions and ask whose interests are served by transnational networks and activities, and whether such networks and activities affirm or reconfigure traditional power relations? Answering such questions provides evidence that transnational networks operate in contradictory and ambiguous ways, producing new inequities or exacerbating already existing divisions between local actors and organizations. However, it is in these ambiguous and seemingly contradictory findings that scholars are most likely to achieve a more textured understanding of the nature and impact of transnational networks, collaboration, and organizational fields.

Table 2: Mexico City AIDS CBO Transnational Networks 1996-2005

Organization Type	Organization
1.Non-Profit AIDS CBOs	• RAMP (SF) • Positive Humanists • Gay Men's Health Crisis NY • AIDS Project SF
2. Government Agencies	• USAID
3. Foundations	• Fundación Positive Action • Andrew Zeigler Foundation ~MacArthur Foundation • Ford Foundation • Levi's Foundation
4. International NGOs	• Project Hope • Casa Alianza • International AIDS Alliance • Family Health International • Pan American Health Organization • Grupo Latinoamericano de Trabajo en Mujer y SIDA • ONUSIDA • LACASSO/ICASSO
5. International Development Agency	• Futures Group (US) ~World Bank

Methodology

The method utilized for this study was a qualitative case study approach[14] that examined the transnational networks possessed by AIDS CBOs in Mexico City. As a "global city"[15], Mexico City is ideal for studying transnational networks because it is a place where processes of regional economic integration and globalization have intensified.[16] Mexico City also has the highest HIV infection rate in Mexico, yet the government response to HIV/AIDS was very slow, providing activists and CBOs with ample slack[3] to operate and claim a place in the forefront of Mexico's response to HIV/AIDS both locally and internationally.[17, 18, 19, 20] The focus of my analysis is on a core set of nineteen local organizations operating during the field portions of the study (2000-2005) (Table 1). I used theoretical[21] and saturation[22] sampling techniques to identify the core actors in Mexico City's HIV/AIDS organizational field, conceptualized as a space of work that is structured by inter-organizational linkages existing within the same field of action.[23]

This study departs from traditional network studies, which have been largely quantitative and descriptive. Instead, I use qualitative methods to analyze organizational actors' perceptions of transnational ties and exchanges, and the effects of such ties at the local level. Based on previous qualitative[22] and quantitative[24] methods of measuring and analyzing social networks I conceptualize network structure as a measure of tie formality (signed vs. oral agreements) and exchange type (whether ties carry funds, information, or in-kind goods). To gather data on CBO networks, I first asked respondents to list all organizational ties (including tie formality and exchange content) with actors outside of Mexico as well as ties with local actors (Table 2). I then showed respondents a master list of all AIDS organizations linked to their particular field and ask them to verify and identify any missing organizations on their list. Given problems with respondents' recall and the length of the master list (over 200 organizations) the process was tedious and time consuming, yet in the end produced high quality data.

Findings: Activist and Public Health Responses to HIV/AIDS in Mexico City

Even before the first case of AIDS was recorded in Mexico in 1983, activists and CBOs began

organizing in Mexico City, Guadalajara and Tijuana.[9, 17,40.] Alex[†], a long-time activist in Mexico City, recounted in an interview that the gay rights organization *Colectivo Sol* was in the forefront of the effort because its leadership was "in communication with gay activists in New York and San Francisco" in 1981. Since then, AIDS activists and organizations in Mexico City have developed a wide range of transnational ties with international actors including foundations, development agencies, and other AIDS CBOs in the US, Europe, Canada and parts of Latin America. Given their well-organized local response and ability to utilize transnational ties and resources, AIDS CBOs and activists in Mexico City have "played a decisive role in meeting the challenges of HIV/AIDS [in Mexico] since the epidemic began."[25 p.5] Yet the impact of transnational networks is not entirely unproblematic or positive. This section outlines how AIDS CBOs utilized transnational networks and resources to pressure the Health Ministry to respond in the early years of the HIV/AIDS epidemic, which was characterized by CBO-state animosity and antagonism. Then I discuss how the formalization and institutionalization of transnational (as well as local and national) networks in the late 1990's contributed to CBO-state rapprochement, which led to innovative state-civil society partnerships for service provision.

As described above, *Colectivo Sol* was one of the first CBOs to mobilize around the HIV/AIDS issue in 1981. Since then, Mexico City's AIDS CBOs expanded their networks to include ties with other CBOs, international donors, and development agencies from across the globe. Of particular importance was participating in the International AIDS Conference because it provided networking opportunities with a wide range of international actors. In addition, the strong presence of CBOs at the International AIDS Conference enabled them to apply pressure on their government(s) to act. For example, after the first International AIDS Conference in 1985, Mexico City AIDS CBOs organized to demand the Health Ministry form a National Committee against AIDS, and add AIDS to Mexico's General Health Law as an illness covered by public health services.

Building on the models of international AIDS CBO networks and conferences, national-level networks between AIDS CBOs, such as *Mexicanos Contra el SIDA* (Mexicans Against AIDS), formed in the mid-1980s, and in 1987 Mexico had its first National AIDS Congress. National AIDS events and networks also served to increase CBO pressure on the public health sector to direct more attention and resources to HIV/AIDS, and in 1988 the president of Mexico formed the National Council for the Prevention and Control of AIDS (CONASIDA, now referred to as CENSIDA).[‡]

CENSIDAs weakness, however, was that it lacked the resources and technical capacity to fulfill its charge to "promote, support and coordinate" public and private sector actions to prevent and control the spread of HIV/AIDS.[26] Like many developing nations, health allocations are a small proportion of Mexico's national budget (approximately 10%), and AIDS allocations comprised only 1.5% of the total health budget.[27] So while CENSIDA has a well-developed strategic plan for coordinating AIDS prevention and treatment efforts, the system itself was inefficient and poorly budgeted and lacked the technical capacity to track and use resources allocated towards HIV/AIDS.[27,25] Much like the early years of the epidemic in the US, CENSIDA's weak policy and program mandate provided ample slack[3] for CBOs to operate and fill gaps in service provision.

With the discovery of HAART therapy in 1995, new PWA networks emerged in Mexico to pressure the Health Ministry to provide better quality services and new medications.[40] The first meeting of PWAs in Mexico took place in 1995[§] and established FRENPAVIH (Frente Nacional de Personas con VIH). In 1996 FRENPAVIH and other AIDS CBOs met with the Minister of Health and medical doctors at the Autonomous National University of Mexico (UNAM) to discuss a program to provide AIDS medications for the medically indigent. In April 1997, dissatisfied with the Health Ministry's progress, FRENPAVIH and AIDS CBOs demonstrated in front of the national medical center, which led to more dialogue between FRENPAVIH

[†] Pseudonyms are used to protect the identity of informants.

[‡] In 2001 CONASIDA became the Centro Nacional para la Prevención y Control del SIDA (National Center for the Prevention and Control of AIDS – CENSIDA). For purposes of clarity, I refer to the Center as CENSIDA.

[§] In contrast to the US and other industrial nations where PWA groups emerged at the same time as other AIDS activist groups and service organizations.[39]

and the Health Ministry and the creation in 1998 of a fund called FONSIDA (Fondos Nacionales para SIDA) to buy medication for uninsured AIDS patients. In spite of its good intentions FONSIDA lacked the funding it needed (an estimated 49 million USD) to increase its medication supplies[28] and by 2000 was deemed a failure and ceased operation.

Access to AIDS medications continued to be a major issue for CBOs and was taken up again in the context of establishing the first public AIDS clinic – *Clínica Condesa* - in late 2000. To provide the *Condesa* clinic with AIDS medications, a network of Mexico City's core AIDS CBOs worked with the Health Ministry to establish a medication bank supplied and staffed by CBO personnel. The director of one of these CBOs explained in an interview how "[our CBO network] was consulted [by CENSIDA] with respect to how the clinic functioned, and the whole conception of the *Condesa* clinic [and] we were able to negotiate that our organization would have a space inside the clinic for a medication bank… all the medication is managed by our organization, but within the *Condesa* clinic."[18] This innovative CBO-state partnership is seen as strategic by both CBOs and the Health Ministry because neither civil society nor the State has to address the complicated AIDS problem on its own.

FONSIDA and the *Clínica Condesa* are excellent examples of how, given the strong activist response to HIV/AIDS and the slack provided by the weak public health response, a core group of Mexico City AIDS CBOs successfully demanded to have a voice in policy-making and filled a vital role in meeting service gaps.[20] The CBOs in this group initially took an antagonistic stance against the Public Health Ministry. However, since the mid-1990s this group has evolved into a formal civil authority that works with the Health Secretariat based on a mutual ethic of co-responsibility. As a public health official explained in an interview: "[these AIDS] organizations form a civil authority and pressure us [to act]… one of the achievements of civil society has been to have direct contact with the Health Secretaries" (R H 2001).

On the surface, this arrangement seems ideal. These AIDS CBOs consolidated their resources and power and became the primary providers of AIDS medication for the *Condesa* clinic. However, because they operate within the institutional sphere on state turf, these CBOs are often accused of selling out by outsider grassroots organizations that have resisted becoming partners, or embedded[29] with the state and de-politicized. The realities of CBO embeddedness with the state and de-politicization are well-documented in the literature.[30] In Mexico City, outsider AIDS CBOs are ideologically committed to keeping their grassroots and political autonomy in order to represent the marginal populations - sex workers, poor women, injection drug users, migrants, and youth- that the *Condesa* Clinic does not serve.

Discussion: CBO-state Partnerships, Transnational Donors and Insider-Outsider Networks

By the mid 1990's, however, most AIDS CBOs in Mexico City would claim to have excellent relationship with CENSIDA and the Health Ministry. In Mexico and internationally, the increasing popularity of cooperative partnerships between civil society organizations and the state in the 1990's and 2000's was in large part a response to the demands of neoliberal economic globalization and trade agreements such as NAFTA and the Security and Prosperity Partnership of North America.[29] In particular, neoliberal policy emphasized public-private "co-responsibility" in solving problems of poverty and development, by focusing on developing technical capacities and productive social capital of CBOs to enable them to participate in the economy.[29]

CENSIDAs role was as a mechanism for disseminating national and international funds to CBOs to develop their technical capacity and productive social capital to work as partners with the public sector in providing HIV/AIDS prevention and treatment services. Given that CENSIDA lacked significant national funds, it was the promise of access to transnational resources - and CENSIDA's role as interlocutor between CBOs and international donors - that promoted closer CBO-state ties. According to an activist-organizer in Mexico City, "it is strategic to establish cooperative ties with the government. They don't give us money because the government is very poor... but what they give us is contacts, they give us referrals… [For example], they are going to get a loan [from] the World Bank – something that would improve how government relates to the CBOs." Tellingly, the emphasis is on co-responsibility and partnering with the government because doing so provides access to international funds.

Table 3: Formal CBO Networks in Mexico City, 2005

Name	Description and Date of Inception
Organizaciones y Mujeres Decidiendo frente al SIDA	CBOs serving women w/HIV/AIDS (1994)
Red de Atención y Prevención en VIH/SIDA, REDSIDA	Group of about 10 core AIDS CBOs (2001)
FRENPAVIH – Frente de Personas Viviendo con VIH	Network of PWAs (1995)
VANMPAVIH – Vanguardia Mexicana de Personas Viviendo con VIH	Network of PWAs (1995)
Red Mexicana de Personas Viviendo Con VIH/SIDA	Network of PWAs (1995)
Red Mexicana de Trabajo Sexual	Brigada Callejera + 19 organizations serving women and sex-workers (2000)

CENSIDA representatives agree that partner CBOs are more likely to be recommended and selected for international projects and grants because they have acquired a certain degree of technical capacity and productive social capital. International donors (who often do not have detailed knowledge regarding the viability of local organizations) rely on the state to identify such technically competent "professional" CBOs. That the state frequently acts as interlocutor between international donors and CBOs has been amply documented in the international development literature.[32] The meaning of "professional" here is that CBOs have enough technical capacity and productive social capital to participate in a range of institutionally sanctioned activities (i.e. service provision, policy discussions).

The mandate of inclusive neo-liberalism to develop the institutional capacities and productive social capital of CBO neatly converges with global civil society's transnational imperative to strengthen the institutional response of CBOs across many issue areas, including HIV/AIDS, Women's Rights, Human Rights, the Environment, etc.[5,33] This transnational imperative – which can be described as a mimetic and normative form of organizational isomorphism[23] – to strengthen the institutional response of CBOs and global civil society is largely conveyed via information-based networks that provide CBOs with technical assistance tools that direct organizational activities towards developing formal accounting and decision-making structures, training and maintaining volunteers and paid staff, and working within the institutional sphere to provide quality services.

Embedded in the imperative to strengthen the institutional response of civil society is the logic that "networking" (at local, national and international levels) in and of itself is strategic and necessary to CBO development. Max, an activist and CBO president, explained "we have to network with diverse nations and organizations that help our work and permit us to know their experiences and programs and can help us strengthen the response of civil society." Ironically, in the case of Mexico City, transnational networks have worked to strengthen key CBOs and civil society, whereas national and local inter-CBO networks have had the opposite effect. This ethical dilemma is demonstrated by the way AIDS CBO networks in Mexico City (Table 3), led to solidifying local-level insider-outsider factions.

From the insider perspective, membership in these networks provided a "*frente de negociacion*" (negotiation front) that can offer legitimacy and leverage with the state and international agencies. International agencies and the state also tend to prefer working with organizations that are members of formal networks because such networks minimize the cost of frame alignment[4] for the state and international organizations. From the outsider perspective, formal CBO networks are often described as "*frente politicas*" (political fronts) that exist in name but provide very little at the local level in terms of services or practical results. As a result, formal networks can solidify outsider-insider conflicts and balkanize service provision along political lines.

Yet despite adding to inter-organizational divisions, these networks represent an effort to develop a coordinated and comprehensive array of medical and social services by establishing population-based service jurisdictions. In the case of *Red de Atención y Prevención en VIH/SIDA,*

REDSIDA (HIV/AIDS Prevention and Treatment Network) only organizations that have an exclusive focus on providing medical services are members. In the case of *Organizaciones y Mujeres Decidiendo frente al SIDA* (Organizations and Women Saying No to AIDS), organizations that work in the area of women's health are members. Other existing formal networks have established service jurisdictions between organizations working with sex workers and PWAs.

The costs and benefits of insider-outsider activist conflicts are a recurring feature discussed in the social movement and development literature[30,35] and the global civil society literature.[32,36] Recent research on AIDS CBOs in New York City[3] and the feminist movement in Latin America[5] indicates that while both organizational logics are important, the emphasis on working inside the institutionalized sphere in recent years has produced an ethical dilemma among local CBOs. This is because the ability to participate in institutionalized advocacy activities and networks which provide access to political, cultural, and financial capital is open to relatively few actors (typically those who have the technical capacities and resources) in local movement arenas. This situation can "translate locally into ways that exacerbate existing power imbalances among activists and organizations." [5 p. 22]

Conclusion

Transnational networks between states, public health officials, scientists and researchers, funders, and AIDS service and advocacy organizations are critical to the success of many community-based AIDS organizations. Yet there is an ethical dilemma in the act of building transnational networks and alliances for local CBOs because participating in transnational networks can provide access to key resources, but it does so at a cost to other organizations. In the case of Mexico City, international ties encourage community-based AIDS organizations to develop formal organizational forms and strategies which often enhance organizational sustainability and draw organizations into a closer relationship with the state institutionalized sphere. However, these transnational ties also create divisions between outsider and insider organizations that compromise local inter-organizational collaboration and service delivery. While previous research has shown that transnational networks have a double-edged effect on local organizations, I further the debate by explaining how AIDS CBOs use transnational networks and resources to build state-civil society partnerships that re-shape the social geography of local health care provision in innovative ways.

In particular, I show that the amount of slack provided by the state is a key contextual factor that allows CBOs to resist, or conform to, institution-alization and de-center power relationships on their own terms. I also show that the ways insider and outsider organizations manipulate "slack" to work within or outside the institutional sphere plays a role in structuring health and social service provision at the local level. This insight helps researchers, activists and policy-makers working with CBOs to understand the dynamism of local organizations and their networks, in particular how they adapt, are flexible, and do not always follow a direct path to institutionalization or working within the institutional sphere. Finally, I show that while inter-organizational divisions and competition can be integral to the work of the organizational field, the lasting and inevitable irony of transnational networks and resources is that they intersect with and exacerbate (or create) asymmetric power relationships between CBOs by providing much-needed resources for some, while simul-taneously undermining other local organizations' ability to survive.

In Mexico City, the scarcity of national and transnational resources means that AIDS CBOs must stay alive in an increasingly competitive environment, regardless of their insider or outsider status.[20] Frequently, smaller or newer CBOs that serve marginal populations cannot compete, thereby shutting out CBOs that serve populations such as migrants, youth, single women, non-gay-identified MSM, and IV drug users. In this way, transnational networks simultaneously alleviate and generate health disparities by helping certain types of organizations at the expense of others.

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References

1. Altman, Denis. *Power and Community: Organizational and Cultural Responses to AIDS.* London : Taylor and Francis, 1994.
2. *The Construction of Lay-Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials.* Epstein, Steven. 4, 1995, Science, Technology and Human Values, Vol. 20, pp. 408-437.
3. Lune, Howard. *Urban Action Networks: HIV/AIDS and Community Organizing in New York City.* Boulder : Rowman and Littlefield Publishers, 2007.
4. Seckinelgin, H. Time to Stop and Think: HIV/AIDS, Global Civil Society and People's Politics. *Global Civil Society.* London : Center for Study of Global Governance, 2002.
5. *Translating the Global: Effects of Transnational Organizing on Local Feminist Discourses and Practices in Latin America.* Alvarez, Sonia. Outubro, 2000, Cadernos de Pesquisa, Vol. 22.
6. Guidry, J. A., and Kennedy, M.D. *Globalizations and Social Movements: Culture, Power and the Transnational Public Sphere.* Ann Arbor : The University of Michigan Press, 2000.
7. Glasius, M. and Kaldor, M. *Global Civil Society Yearbook.* London : Center for Study of Global Governance, 2002.
8. Passy, F. Supranational Political Opportunities as a Channel of Globalization of Political Conflicts: The Case of the Rights of Indigenous Peoples. [book auth.] D. Porta and H. Kriesi. *Social Movements in a Globalizing World.* New York : St. Martin's Press, 1999.
9. Smith, M. P. and Guarnizo, L. E. *Transnationalism from Below.* New Brunswick : Transaction Publishers, 1999.
10. Mahler, S. J. Theoretical and Empirical Contributions Toward a Research Agenda for Transnationalism. [book auth.] M. P. Smith and L. E. Guarnizo. *Transnationalism from Below.* New Brunswick : Transaction Publishers, 1999.
11. Rucht, D. The Transnationalization of Social Movements: Trends, Causes, Problems. [book auth.] D. d. Porta and H. Kriesi. *Social Movements in a Globalizing World.* New York : St. Martin's Press, 1999.
12. Fox, J. Lessons from Mexico-US Civil Society Coalitions. [book auth.] D. Brooks and J. Fox. *Cross-Border Dialogues: US-Mexico Social Movement Networking.* La Jolla : Center for US-Mexico Studies, University of California, San Diego, 2002.
13. *Paradoxes of Transnational Civil Societies under Neoliberalism: The Coalition for Justice in the Maquiladoras.* Bandy, J. 3, 2004, Social Problems, Vol. 51, pp. 410-431.
14. Yin, R. K. *Case-Study Research: Design and Methods.* Beverly Hills, CA : Sage Publications, 2003.
15. Sassen, S. *The Global City.* Princeton, New Jersey : Princeton University Press, 1991.
16. Stiglitz, J. E. *Globalization and Its Discontents.* New York : WW Norton and Compan, 2003.
17. *Another Crack in the Mirror: The Politics of AIDS Prevention in Mexico.* Carrillo, Hector. 2, 1994, International Quarterly of Health Education, Vol. 14, pp. 129-152.
18. *Paradoxes and asymmetries of transnational networks: A comparative case study of Mexico's community-based AIDS organizations.* Barnes, Nielan. 2007, Social Science & Medicine , p. doi:10.1016/j.socscimed.2007.11.014.
19. *Caracteristicas y contribuciones de las organizaciones civiles del VIH-SIDA en la ciudad de Mexico.* Hernandez Baquiero, Alberto. Mexico City : FLACSO, Julio-Deciembre 2007, Perfiles Latinoamericanos: Revista de FLACSO Sede Mexico, Vol. 30.
20. *Nuevos retos y oportunidades en un mundo globalizado: analysis politico de la respuesta al VIH/SIDA en mexico.* Torrez-Ruiz, Antonio. 3, 2006, Historia, Ciencias, Saude - Manguinhos, Vol. 13, pp. 649-74.
21. Glaser, B. G. and Strauss, A.L. The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago : Aldine, 1967.
22. Lin, N. Building a Network Theory of Social Capital. [book auth.] N. Lin, K. Cook and R.S. Burt. *Social Capital Theory and Research* . New York : Aldine de Gruyter, 2001.
23. DiMaggio, P.J. and Powell, W.W. The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality. *The New Institutionalism in Organizational Analysis.* Chicago : The University of Chicago Press, 1983.
24. Krackhardt, D. and D.J., Brass. Intraorganizational Networks. [book auth.] S. Wasserman and J. Galaskiewicz. *Advances in Social Network Analysis: Research in the Social and Behavioral Sciences.* Thousand Oaks : Sage Publications, 1994.
25. *AIDS in Mexico.* Zuniga, P. U. and Rodriguez, C. M. 11, 1998, J Int Assoc Physicians AIDS Care , Vol. 4, pp. 29-33.
26. CONASIDA. *Decreto por el que se crea el Consejo Nacional para la Prevencion y Control del Sindrome de la Inmunodeficiencia Adquirida.* Mexico City : CONASIDA, 1988.
27. Institute for Democracy. *FUNDING THE FIGHT: Budgeting for HIV in Developing Countries.* Institute for Democracy - AIDS Budget Unit. s.l. : Institute for Democracy, 2004.

28. ProPositivo. *AIDS in Mexico: A Human Rights Problem.* Mexico City : ProPositivo Human Rights Centre, 1999.
29. *Embedded Systems: The Case of HIV/AIDS Nonprofit Organizations in New York City.* Lune, Howard and Oberstein, Hillary. 1, 2001, Voluntas: International Journal of Voluntary and Nonprofit Organizations, Vol. 12.
30. Hulme, D. and Edwards, M. *NGOs, States and Donors: Too Close for Comfort?* . New York : St. Martin's Press, 1997.
31. *Poverty Policy adn Politics in Canada and Mexico: 'Inclusive' Liberalism?* Mahon, Rianne and Macdonald, Laura. International Studies Association Meeting, Chicago : s.n., 2007.
32. Bebbington, A and Riddell, R. Heavy Hands, Hidden Hands, Holding Hands? Donors, Intermediary NGOs and Civil Society Organizations. [book auth.] D Hulme and M Edwards. *NGOs, States and Donors: Too Close for Comfort?* New York : St. Martin's Press, 1997.
33. USAID . *Health Profile: Mexico, USAID.* s.l. : USAID , 2005.
34. *Ideology, Frame resonance, and Participant Mobilization.* Snow, David A. and Benford, Robert D. 1988, International Social Movement Research, pp. 197-217.
35. Pearce, J. Between Co-option and Irrelevance? Latin American NGOs in the 1990s. [book auth.] D. Hulme and M. Edwards. *NGOs, States and Donors: Too Close for Comfort?* New York : St. Martin's Press, 1997.
36. Oliviero, M and Simmons, A. Who's Minding the Store: Global civil society and corporate responsibility. *Global Civil Society.* London : Center for Study of Global Governance, 2002.
37. *El Trabajo en VIH/SIDA de las Organizaciones No Gubernamentales Mexicanas.* Hernandez-Chavez, J. J. 6, 1995, Salud Publica de Mexico, Vol. 37, pp. 654-660.
38. *International Aid in Mexico: the role of USAID.* Gonzalez Contreras, EM, et al. 2002. Int Conf AIDS. p. abstract no. MoPeG4156.
39. Chambre, Susan. *Fighting for Our Lives: New York's AIDS Community and the Politics of Disease.* New Brunswick : Rutgers University Press, 2006.
40. Hernández Barqueiro, Alberto. *Entre la Colaboración y la dependencia, la acción de las organizaciones no lucrativas con trabajo en VIH-SIDA de la Cuidad de México.* Hernández Barqueiro, Alberto. 2006. Transparencia, rendición de cuentas y generación de confianza en la sociedad y el Estado mexicano. México: IFAL/CEMEFI.

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