CHAPTER 1
INTRODUCTION

Altruism from Afar

ALtruISM FROM AFAr—the flows of money and help from wealthy countries to poor ones—has become an enormous and enormously significant enterprise.\(^1\) We describe the efforts of altruists to turn the tide of new HIV infections in Malawi, to alleviate the suffering of the already infected, and to assist the orphans of those who have died. We focus on AIDS prevention rather than treatment, since preventing HIV transmission has been the ultimate goal of the AIDS enterprise. Some altruists are vast international organizations, such as USAID, Save the Children, and Britain’s DFID, with offices in many countries. At the other end of the spectrum are freelance altruists who hope to mitigate the effects of the epidemic, such as church groups and compassionate individuals. These alight briefly in Malawi and then fly home.

Malawi is a small landlocked nation in southeast Africa that shares borders with Zambia, Zimbabwe, and Mozambique. The two largest cities are Lilongwe, the capital, and Blantyre, the commercial center. In 2016, it had an estimated population of almost 18 million of which approximately 85 percent live in rural areas\(^2\) and rely primarily on subsistence farming and small-scale trading. Formerly a protectorate of Great Britain, Malawi gained independence in 1964 and was then ruled for thirty years by President Hastings Banda. Although Banda made English the official language, he resisted Western influences. Male tourists with long hair were turned away, as were women wearing trousers; the Peace Corps was expelled for promoting family planning. Banda’s reign was followed by a succession of democratically elected presidents who were eager for Western development aid and the arrival of streams of altruists.

Not all have come to respond to AIDS: Malawi is one of the poorest countries in Africa, which has perhaps brought disproportionate attention from altruists, including the pop star Madonna, who adopted two Malawian children. Malawi also has other, more practical features that make it attractive to altruists. Banda’s legacy of reasonably good roads, built to control his population, permits altruists to travel with relative ease to the most distant rural districts. Unlike countries in the region that have been
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consumed by war, Malawi has historically been and remains very peaceful. It is not surprising then that altruists would come to Malawi rather than, say, the Congo.

In this book, we seek to explore the imaginations as well as the practical concerns of the actors in the drama of AIDS as it has played out in Malawi: altruists’ visions of transforming the lives of those at risk of infection, brokers’ visions of upward mobility through new careers in a multitude of AIDS organizations, and villagers’ visions of what altruists from afar could do for them.

We undertook research unusual in its breadth and depth. Over more than fifteen years, we observed the organizations that sprang up in response to the epidemic, the altruists who arrived in Malawi, the brokers, and their struggles and successes. We also learned much about the lives of the villagers. We wanted not only to understand what altruists actually do, but also to understand the many other actors whose own aspirations inevitably shape—or frustrate—the altruistic projects imagined by those trying to do good at long distance.

A STORY OF COMPASSION

To explore what motivates altruists great and small, we turn to the testimony of a very successful one, Bill Rankin, who founded GAIA, the Global AIDS Interfaith Alliance, which works in Malawian villages:

Two years ago, when Bill Rankin visited Tiyamike School he had come away greatly disturbed by the 27 three- and four-year old orphans. Their nutritional status rendered them virtually inert and mute. All Mrs. Mpesi could afford was a half cup of maize porridge (nsima) for each child every other day, and sugared water or tea in between. But in May 2004 GAIA trustees Nancy Murray, Dr. Don Thomas, and International Programs Director Ellen Schell visited the little village in which the nursery school is operated, near Zomba, Malawi. They recorded a remarkable change that had taken place, owing to the generosity of many of you.

This year 75 orphans receive two meals each day: a breakfast of porridge, and a lunch of corn meal, vegetables, and sometimes dried fish. There is a new outdoor house in which the children gather and play. Though the number of orphans continues to grow, the kids are full of life, bouncing around the yard and eager to have their pictures taken.
Everywhere we went, we saw powerful evidence of hope in the face of HIV’s ravages. For three days we visited our women’s empowerment project funded by the Bill and Melinda Gates Foundation. Working in 25 villages in Malawi’s famine-stricken south, the 125 community caregivers provide HIV prevention education, care for orphans, and care for people who are ill. All have energized their communities to mount a response to the epidemic. All caregivers have undergone voluntary counseling and HIV testing as a way of setting a personal example to others. The door-to-door strategy of encouraging testing has produced results to a degree for which none had dared to hope.3

Such descriptions of the suffering wrought by AIDS in Africa and of the remarkable transformations that are possible inspire broad publics in far-off lands to believe that they too can make a difference. During our stays in rural Malawi, we saw the institutionalized altruism of citizens of rich countries made evident in the many 4x4s with NGO logos on local roads and in the wistful eagerness of those we met who asked whether we had a “project” to assist them. We were impressed by just how many freelance altruists came in person to do good; we chatted with them on our flights to Malawi, in visa lines at the airport, in the motels where we stayed, and at hotel breakfasts in Lilongwe, Malawi’s capital.

Day-to-day, of course, most of the help poor Malawians get is from each other. In a very insecure world with no formal social safety net, support networks are largely comprised of family members.4 Malawians also draw on friends and the patron-client ties we described in the preface. Small loans go back and forth in local social networks, larger ones when someone has a medical emergency; relatives cook food for a funeral and help with farming when someone is too sick to work. Malawians have a long tradition of mutual help and a deep appreciation of the moral obligations of redistribution and reciprocity that are the bedrock of everyday life. Almost everyone is helping—and receiving help from—others.5 Members of the many religious congregations cook, clean, bathe, and pray for the bedridden, and wealthier relatives in the city take responsibility for the AIDS orphans of their extended families in the villages.

In this book, we distinguish between Malawian networks of mutual aid and the altruists from afar.6 Those within local networks know each other well. In contrast, the foreign altruists vividly and sympathetically imagine afflicted Malawians, but they do not—and usually cannot—know much
about their daily lives. On the other hand, the foreign altruists have vastly
greater resources than do members of local networks. The foreign altruists
also differ from Malawians in that, while they redistribute resources, they
do not expect reciprocity, except perhaps thanks.

The roots of contemporary AIDS altruism are deep, going back to the
eighteenth- and nineteenth-century humanitarian movements that sought
to end slavery and bring enlightenment to the African continent, Christian
missionary work, and, more recently, efforts of Western governments,
foundations, and other organizations to spread the modern gospels of
family planning, gender equality, and universal human rights. In the era
of AIDS, the goals of altruistic organizations are equally broad: to trans-
form women and men into rational, self-reliant citizens of the modern
world capable of preventing HIV infection, and for those infected, capable
of adhering to strict regimens of medication. In this century, the preach-
ing occurs not from the pulpit but through messages disseminated by the
media and through ubiquitous trainings—a noun referring to small group
sessions led by brokers.

It is inherent in the nature of altruism that the objects of the altruist’s
concern can neither get what they need on their own (otherwise they would
not need the altruist’s beneficence) nor choose what they are given. An
important consequence is that hopeful beneficiaries must watch and wait
to see what the altruist might feel moved to offer. Even—or especially—
when the altruist wants to create not dependence but self-reliance, the
potential recipients—as well as the brokers—must anticipate and interpret
altruist wishes.

FRUSTRATED EMBRACES

While we are interested in what altruists imagine they are doing and in the
aspirations they arouse, we pay special attention to brokers, whose lives
have been transformed by the AIDS enterprise, often in ways the altruists
did not expect. Many brokers work for NGOs on projects for HIV preven-
tion and on orphan care (antiretroviral treatment is provided primarily by
the Ministry of Health). NGO brokers range in status from cosmopolitan
elites with graduate and post-graduate education who staff NGO offices in
the cities, to district elites based in smaller towns, to young men and
women with a secondary school education who desperately want a way out
of the village through a job with an NGO. Malawians at all levels some-
times serve as impromptu brokers, such as a teacher or civil servant who
comes across a foreigner and asks about the possibility of accessing funds
to form his or her own NGO, or a taxi driver who offers to take a visitor to his village to see the orphans his mother is feeding.

All altruists, both institutional and freelance, are profoundly dependent on brokers to reach down into the grassroots. NGOs sell their proposals to potential donors by emphasizing that they have contacts with beneficiaries in the villages or urban slums: in this sense, knowing beneficiaries is part of the pitch. Freelance altruists need to find a broker who will guide them to a village where there is a grandmother who needs resources to care for orphans or a pastor who needs money for a new church roof. For all their importance, little attention is given to the brokers who provide the crucial channel—or, as it sometimes turns out, form the critical bottleneck—between the good deeds envisioned by the altruists and the village huts or slum dwellings where imagined recipients reside.

Freelance altruists eventually encounter hopeful and often enthusiastically grateful beneficiaries. Visiting staff of donor organizations usually deal with elite brokers, not villagers. The main exceptions are when brokers mount end-of-project celebrations in a village, treating visitors to songs, dances, and testimonials to the transformations that the organization has wrought. Mostly, institutional altruists make do with documents reporting statistics (the number of posters distributed, the number of dramas presented by youth groups to entertain and educate villagers) and the more compelling before-and-after testimonials, such as those of suffering widows and their return to health. Such stories then feature in the brochures of NGOs or in media stories about the success of an NGO project.

But the Malawians with whom the institutional donors actually interact—sometimes face to face, sometimes through directives and reports on paper—are the educated elites who staff the large urban NGOs that donors fund to implement their visions. Even an amateur altruist can reach the village and speak with villagers only through the help of a guide and translator. Like the biblical Jacob who worked for seven years to win Rachel but after his wedding night found that he had consummated the marriage with Leah instead, altruists large and small bond not with villagers but with brokers.

Behind the scenes, larger structures organize the relationships of donors, brokers, and villagers. In the specific case of AIDS, that structure is the global AIDS enterprise.

**THE AIDS ENTERPRISE**

The AIDS enterprise is in some ways like other development efforts—to contain malaria, boost crop yields, and so on—but in others it is distinct.
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It is distinct in scale: defined as an unprecedented emergency, AIDS stimulated a massive global effort to combat a single disease. Unlike earlier campaigns against smallpox and polio, and unlike the humanitarian relief organizations that rush into an area after an earthquake, for AIDS there is no short-term end in sight. Unlike development efforts focused on improving agriculture or building roads and bridges, preventing HIV transmission seems to require not only providing effective modern technologies, but also accomplishing diffuse and hard-to-achieve goals such as inducing millions of people to radically change their patterns of intimate behavior.

The AIDS enterprise is, however, structurally similar to other development projects in that it relies on a chain of intermediaries to reach its beneficiaries. Giant organizations with headquarters in Geneva, Washington, London, Tokyo, Oslo, and Seattle dominate the global AIDS enterprise. Precisely because of their global reach, the architecture of aid for AIDS—as well as that for development aid more generally—is similar in countries as different as Malawi, Nigeria, and Nepal. In Malawi, huge international NGOs (INGOs) like World Vision, CARE, PSI, and ActionAid have satellite offices in Lilongwe (the political capital) or Blantyre (the commercial capital) staffed by cosmopolitan brokers. The cities are a long journey from most of the 85 percent of Malawians who live in rural areas, however. Thus, national offices often subcontract the implementation of their projects to smaller organizations closer to the villages. Money and responsibilities pass down an aid chain. Not surprisingly, the activities of subcontractors play a major role in our book.

The AIDS enterprise has shaped Malawian society. Institutional altruists and brokers have collaborated to produce a riot of cultural creativity as brokers work to satisfy their own aspirations and to interpret the imported themes and practices of the AIDS industry for their countrymen. The AIDS enterprise has also transformed the landscape of aspirations not only of the brokers, but also of villagers who long to benefit from the altruists’ largesse.

PRODUCING CULTURE

A striking feature of the AIDS enterprise is its lavish use of cultural symbols, emblems, and messages. The red AIDS ribbon can be found from Los Angeles to Lilongwe, decorating a church tower near Sunset Boulevard, or worn by members of village AIDS committees in Botswana and Malawi. There are cultural artifacts such as T-shirts, caps, bumper stickers, or radio and TV programs. But brokers and donors also work together to produce
other sorts of culture, such as these specialized activities Malawi’s National AIDS Commission (NAC) listed in an accounting of its donor-supported AIDS-prevention efforts:15

320 HIV and AIDS corners established
5000 Copies of Life Skills manual printed and distributed
225 Community Dialogues (10 sessions/district)

In studying AIDS altruism, we sometimes felt like anthropologists exploring the exotic culture of some unknown tribe. We had to learn what “life skills” are and why they require manuals (for teaching youth about “gender roles” and “empowerment,” with separate versions for primary and secondary students). But what is an “HIV and AIDS corner”? What would one expect to find happening at a “Community Dialogue”? Only insiders in the culture of the AIDS industry know.

Throughout the AIDS world, two cultural rituals are as ubiquitous as the mandatory cake at a child’s birthday party. The brokers and donors who collectively create these rituals probably don’t see them as culture at all, but they are works of art nonetheless. One is workshops and trainings, the other monitoring and evaluation.

Workshops and trainings work for everyone—donors, brokers, and village participants alike. Workshops are for brokers and trainings are for villagers. For example, the head of World Vision in Malawi might organize a workshop for selected members of the staff to discuss ways of implementing a new donor directive on financial tracking systems or a new approach to food security.16 Brokers like workshops; they are often held in fancy hotels with mid-morning and mid-afternoon rituals of tea and sandwiches, and brokers receive allowances for attending.

Trainings are for those who are considered to need education and enlightenment through exposure to donor messages. The aim is that after the training, participants from the village will serve as volunteers, educating and enlightening their neighbors. The rituals of a training are less costly and simpler than those at a workshop. Trainings take place in inexpensive motels or guest houses, the mid-morning snacks are a Fanta and a sweet bun rather than tea and sandwiches, and the teaching aids are usually flip charts rather than the PowerPoint presentations used in workshops. The allowances are much smaller, but they are still enough to attract participants.

The cultural rituals of workshops and trainings instill in the brokers as well as the donors the belief that they are doing something important by
transmitting information that can, in itself, eventually transform the villagers who receive it. The allowances participants and trainees receive and the salaries of those brokers who are trainers sweeten the deal.

Brokers dislike the rituals of monitoring and evaluation as much as they enjoy—or at least believe in—the transformative effect of trainings. Many NGO brokers spoke of the donors’ constant demands for paperwork. Brokers spend much of their time creating the paper trail that sends numbers and reports up the aid chain. But these rituals of monitoring and evaluation bind the brokers to the donors, and vice versa. Elaborate record keeping reinforces the donors’ belief that they can monitor and control activities in distant, often unfamiliar places. The comforting stream of numbers provides reassurance that their money is being spent on measurable outputs, such as numbers of posters printed, or the Life Skills manuals and Community Dialogues mentioned above—whether or not these actually reduce HIV infections or improve the lives of those infected. Moreover, when donors require project evaluations, the brokers can shape the results in ways that virtually guarantee that projects will be deemed successful, allowing donors to feel good about what they have done and allowing brokers to justify continued funding.

Brokers try to align the disparate perspectives of the altruists and the villagers, as when the donors want resources to go to AIDS orphans and the village chief wants resources for all of the children in his village. The alignment in this example is an acronym created abroad, OVC (orphans and vulnerable children), which more or less satisfies each side. It is more difficult to construct a shared understanding when “vulnerable women”—a primary target of many HIV prevention interventions—are the imagined beneficiaries. For the donors, Malawian women are vulnerable to HIV infection because they are poor and have to sell sex to provide for their children, whereas for Malawian brokers at all levels, women are mercenary and so seductive that they endanger the good husbands who cannot resist. The tacit solution that papers over this discrepancy is for both parties to refer to AIDS as a “disease of poverty,” even though in Malawi, as well as in some other African countries, the wealthy are more likely than the poor to be infected with HIV.17

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THE LANDSCAPE OF ASPIRATIONS

Just as the AIDS enterprise stimulated cultural creativity, it also stimulated new aspirations. Most important, it offered subsistence farmers—and their children who aspired to leave the village—a new pathway out of poverty.
NGOs poured into the country to assist those at risk of dying of AIDS. This expanded what had previously been a very small formal economy: the AIDS NGOs needed brokers, so suddenly there was a new source of white-collar livelihoods. Between 1985 and 2005, the number of advertisements for positions in an NGO increased by a factor of twelve. AIDS NGOs constituted the vast majority of the increase.\textsuperscript{18} As a Malawian NGO broker said, “NGOs want to be seen as doing something . . . if you do not engage in AIDS you’re looked upon as if you’re not doing anything by communities and other NGOs.”\textsuperscript{19} Since NGOs typically paid well, brokers—at least those near the top of the aid-chain—could aspire to, and perhaps even achieve, a comfortable middle-class life with private schools for their children, private health care, and an SUV. And the expanded demand for brokers trickled down to those lower on the aid chain, encouraging village youth to seek higher education so that they could qualify for these new jobs.

The flood of NGOs also stimulated commercial aspirations. Entrepreneurs built or expanded restaurants and motels that could host workshops and trainings. Since brokers who led trainings had to travel to the small towns and trading centers to conduct the trainings, they created a demand for petrol stations—many with mini-marts—which in turn provided opportunities for jobs for rural youth who otherwise would have little alternative but subsistence agriculture and small-scale retail trade. New streams of income, in turn, led to aspirations for consumer goods such as bicycles, radios, cell phones, and shoes, even if only flip-flops.\textsuperscript{20}

As elsewhere in Africa, the enormous gap in resources between Western altruists and local brokers, and the even greater gulf between Western altruists and villagers, means that everywhere they go, whatever their intentions, altruists by their very presence reshape local hopes and dreams.

\textbf{HOW TYPICAL IS MALAWI AS A DESTINATION FOR ALTRUISM?}

Altruism in Malawi is in most ways similar to altruism elsewhere in Africa. We have read widely and visited AIDS projects in other African countries, and much of what we have learned resonates with reports from other parts of Africa, such as Daniel Jordan Smith’s observation of the centrality of “workshops” and “training” in donor projects in Nigeria.\textsuperscript{21} But Malawi is in some ways less typical of other African countries than it is archetypal: it embodies the altruists’ image of a poor, desperately needy African country. Malawi is very poor, very rural, and very dependent on donor aid.\textsuperscript{22} The high proportion of its adult population that is HIV+ (currently about 10 percent for those age 15–49), the high proportion that lives in rural
villages and the low proportion in urban slums, its small size, and its peacefulness have made Malawi a donor darling. Malawi is lightly governed: the central government does not have the capacity and perhaps not the interest in strictly controlling its population. Thus, as in other “lame leviathan” states, altruists have considerable freedom. Formally, NGOs should register and get permission from the District Social Welfare Officer to work in a particular area, but in practice, NGOs may bypass this requirement and go unnoticed by the government.

Malawi has two parallel systems of government: a hierarchy of traditional leaders (chiefs) and a national government represented by a District Commissioner and other officials in each of the country’s twenty-eight districts. But in the villages, chiefs are the ones who really matter. While Malawi’s government employs Health Surveillance Assistants—the lowest level of the hierarchy of health providers—and agricultural extension agents in rural areas, Malawian villagers are mostly on their own, dependent on mutual assistance and their own energies, mobilized more or less effectively by a hierarchy of traditional leaders. It is the village chiefs (sometimes called “headmen”) who are responsible for organizing such public works as maintaining roads and paths, repairing wells, and providing basic security in their villages, as well as resolving disputes and enforcing claims to land, spouses, and possessions.

Virtually all benefits, whether the valuable fertilizer subsidies that the government provides to the poorest villagers or the blankets or food a donor gives for orphans, flow through the village headman, in part because villagers have no mailing addresses to which a package could be sent—no post boxes or bank accounts—and in part because of the chief’s status as “the owner” of the village. When government officials want to announce a new program or when an NGO offers village-level trainings on AIDS prevention or on how to care for the sick, the chief calls villagers to a meeting where the potential benefit is announced. This system, of course, provides the chief with a valuable opportunity for patronage, since he or she typically selects those who will go for the training.

Malawi’s rural poor live much the sort of lives altruists imagine. As in many documentaries on Africa, the houses are mud brick with thatched roofs, the women may have to walk miles to get water and firewood, paraffin lamps provide light, health is poor, and children attend schools where class size may be over one hundred per teacher. This seemingly simple life belies the great uncertainty with which villagers as well as brokers live. Villagers are uncertain about whether they and their children will survive; brokers are uncertain about whether their jobs will continue or not.
Malawi’s per capita yearly income in 2015, the most recent year for which there are data, was estimated at $350, placing it among a handful of the poorest countries on earth. In the rural areas, households depend primarily on subsistence agriculture, which for a substantial proportion of the rural population does not provide sufficient food for the last months before the next harvest, creating a several-month “hunger season.” When there is too little or too much rain, the hunger season is longer and more severe. Since cash is necessary for buying food in the hunger season, as well as for salt, soap, sugar, and tea, and for buses and for school uniforms in ordinary times, household agricultural production is often supplemented by small-scale trade, such as selling tomatoes in a market, or by small-scale retail, such as weaving and selling palm mats, or by temporary agricultural labor for neighbors. But these strategies provide a very uncertain income. When someone needs to go to the hospital or buy medicine, the fortunate families are those with a relative or a patron who has a steady source of income, such as selling tobacco or cotton, the primary cash crops, or has had a windfall. It is not surprising that villagers hope that altruists from afar will provide them with money, or at least a well to supply clean water, and that brokers and aspiring brokers prize a regular salary.
As in many African countries, insecurity is a pervasive feature of life not only for villagers, but also for the urban poor and elite groups, especially those dependent on foreign donors. The formal job sector is small and dominated by government and NGOs, with business providing a relatively small, albeit growing, share. Although NGOs pay more than the government, brokers’ jobs are more insecure. A civil service position is for life (though nurses or teachers may not receive their salaries for months on end), whereas a donor organization may decide to turn its attention to another country or withdraw funding because of corruption or mismanagement of funds. Jobs in a particular sector may become vulnerable as donors turn from agricultural development and relief, the largest job sectors at the beginning of the epidemic, to AIDS, by far the largest job sector in the early 2000s, and yet more recently, to maternal and child health, human rights, and climate change.

Figuring a new job can be very difficult. We heard many stories of brokers whose careers depended not only on merit but also on miracles, such as being alerted by a friend to an unadvertised job opening with an NGO.

**FIGURE 1.2.** Bicycle taxis waiting in Balaka. One of the few ways that men without education can earn money is transporting people by bike taxi. But as we see here, customers are few. *Photo: Ann Swidler.*
and malice, as when an envious boss or colleague refuses to sign a document required to take up a fellowship abroad. If one job ends, elite brokers may not be able to find another that provides enough to satisfy their aspirations for adequate health care and private education for their children. Mid-level brokers may not be able to find a job at all. Trying to defend against such uncertainties is a continuing preoccupation for many of the brokers upon whom donors depend. To manage uncertainty, brokers may run side businesses or engage in farming to supplement their NGO jobs. They also turn to their networks to learn about new job openings. Our interviews show, unsurprisingly, that brokers are almost always more concerned about maintaining their local networks than satisfying their NGO employers.

Donors aspire to mitigate the insecurity of village life, but they are reluctant to provide direct monetary or material benefits over extended periods. Instead, they mount short-term projects in scattered locations, with varying goals: creating AIDS clubs for village youth one year, training village women to negotiate condom use the next, and educating villagers about the risks of HIV infection from “harmful cultural practices” the year after that. Projects appear according to no logic that the locals can discern and then just as quickly disappear. NGOs thus often amplify rather than moderate the unpredictability of village life. Capricious NGOs, like capricious rains, leave villagers unable to predict or control the forces that shape their fates.

The unpredictability of altruists’ help does not reduce the urgent longing of villagers for that help. Indeed, their unpredictability gives altruists, both large and small, an outsized role in local imaginations, precisely because no one can ever be sure when or where an alluring opportunity to find a patron who will help might suddenly materialize.

**HOW IDIOSYNCRATIC IS MALAWI’S RESPONSE TO THE AIDS EPIDEMIC?**

Malawians would, and do, say that their country is different—a different history, different languages, and different cultural practices. With respect to AIDS policies and practices, however, it is not so different: the AIDS enterprise is a global enterprise. As Evan Lieberman has cogently written,

In the area of AIDS policy, we have witnessed one of the most extensive, steadfast, and concurrent set of international pressures on domestic policy-making across countries in human history. I label the
associated set of best practice recommendations the “Geneva Consensus,” in reference to the headquarters of the UN agencies taking lead roles on AIDS policy, but ... the “authors” or “architects” of this consensus reside in governments, institutions, and networks around the globe. Because efforts to extend the global governance of AIDS, including offers of foreign aid, have been so far-reaching, national governments have not been as budget-constrained as they have tended to be for other types of policies, and they have shared a common menu of options for facing the pandemic.31

In the rural areas, where we spent most of our time in Malawi, prevention is by far the most visible activity of the large-scale AIDS enterprise. Despite the many differences from other African countries in social structure and culture, the prevention messages disseminated by NGOs and NAC echo those disseminated by UNAIDS and the large donors. Not only is one size meant to fit all, our reading of the academic literature on HIV prevention in other African countries leads us to conclude that the venues through which the messages are disseminated are the same: they appear on billboards, posters, and in feature stories in the newspapers that announce the success of an NGO project; they are heard in educational dramas on the radio and TV and at meetings called by the chief; they appear in dramas enacted for villagers by youth clubs.

WHAT DIFFERENCE DID AIDS PREVENTION EFFORTS MAKE?

Readers are likely to wonder whether these HIV prevention activities have been successful. There is no doubt that there has been a decline in both HIV prevalence (the proportion of people at a specified time point who are infected) and incidence (the ratio of new infections over a time period, usually a year, to the population at risk of infection over that time period). The preferred measure of the growth or decline of an epidemic is incidence. In 1992 and 1993, incidence in Malawi among people 15–49 peaked at 2.59 percent per year. By 2001, incidence was 1.58, a decline of nearly 40 percent. By 2015, the last date for which UNAIDS has incidence data for Malawi, incidence was estimated as only 0.38.32

There are two common hypotheses to explain the dramatic decline in HIV incidence. One is population heterogeneity, which posits that at the early stages of an epidemic those with the riskiest behavior (or the greatest physiological vulnerability) become infected most easily, while those with
less risky behavior are less likely to become infected, thus reducing later transmissions. This may account for some of the rapid decline in incidence in Malawi after its peak in 1992–93. The second is behavior change due to new information disseminated by international and national organizations. The information that HIV is sexually transmitted was crucial: once Malawians had this information, they knew that eschewing promiscuity would reduce their risk. A 1993 survey of villagers in southern Malawi showed that 99 percent knew that AIDS was sexually transmitted and about two-thirds knew that healthy-looking people could have HIV. It is thus likely that Malawians began changing their behavior once they understood how HIV is transmitted, but it is very unlikely that the massive influx of NGOs and their behavior-change projects were the cause. Since the decline in HIV incidence began in the early 1990s, well before the AIDS enterprise ramped up in the early 2000s, the increase in NGOs specializing in AIDS is unlikely to have been a major factor.

A third possibility for explaining more recent declines in incidence is the growing availability of antiretroviral treatment after 2006, since HIV treatment is highly effective in reducing HIV transmission. Since those on antiretroviral drugs are much less likely to transmit HIV to their sexual partners, this may account for much of the recent continuing decline. The evidence is far less clear for HIV prevention programs. The only systematic review of experimental studies found that behavioral interventions had no effect on HIV acquisition. Thus, the early efforts to educate Malawi’s population about the basic nature of AIDS may have helped people change their own behavior, but the avalanche of later NGO projects explicitly designed to change behavior—to teach abstinence, fidelity, and condom use—appear to have had little or no effect. The very structure of donor projects makes it difficult to know what the consequences of donor funding on behavior change have been. It is rare that donors provide funds for a rigorous evaluation. There is no incentive to report failure. We return to this topic in chapter 10.

The explanation for the decline in incidence from its peak in 1992–93 that we find most compelling features Malawians themselves: that when they saw friends and neighbors, people like themselves, dying miserable deaths, they changed their behavior. Malawians began reducing their numbers of sexual partners and employing additional strategies of HIV prevention, such as relying on local knowledge to choose sexual partners more carefully and divorcing unfaithful spouses. The effect of seeing relatives, friends, and neighbors die is evident in this excerpt from a journal written by one
of our Malawian ethnographers, describing the reactions of a young man to such deaths at a time when antiretrovirals were not available:

Only because I have seen for myself, some of my friends have died because of this disease AIDS, and I do care for my life. AIDS troubles a lot! . . . there was a certain army pensioner who was living up there in my village. . . . He was very sick indeed, going to the hospital, no treatment, private hospitals—just wasting money and then he came home and was sick until he became like a very little young child. I was going to see him during the whole course of his suffering. You could liken him to a two-year-old child when he lay down sick. . . . And the way I had seen him suffering, that’s when I came to my senses that indeed AIDS troubles a great deal before one dies.42

**HOW WE KNOW WHAT WE KNOW**

Much of our analysis takes the form of vivid stories, personal histories, or examples from the interviews that we, our students, and our colleagues conducted over the roughly twenty years that we have annually visited rural Malawi (for a month or more), and where we saw the everyday reality of the AIDS-prevention enterprise up close.

We practiced what we jokingly call “motel ethnography.” In simple, sometimes grubby rural motels, we met freelance altruists and many brokers conducting trainings in “AIDS awareness,” “decision-making,” and other themes of the global AIDS enterprise. The large-scale donors, whose money energizes the AIDS enterprise, also fascinated us. We sometimes met them in the cities when they were visiting their partner organizations in the capital, or in the case of some medium-sized NGOs, we met the donors when they came to a district capital or, rarely, to a village for an end-of-project celebration. We were repeatedly struck by the emotional experience that an encounter with Malawi’s poverty seemed to offer visitors. As one member of a group raising money for village schools told us in 2015, she came to Malawi once and “got hooked.” When we asked what had hooked her, she said, half incredulous and half awestruck, “Have you been to the villages?”

We interviewed many brokers in their offices, but we also met many as they passed through rural motels, sometimes conducting trainings, sometimes stopping for lunch on their way to a workshop or to visit their organization’s projects. Many were delighted to chat about their work over lunch or dinner.
We also have a trove of additional materials collected by us, students, and colleagues, including systematic survey data collected between 1998 and 2010 by the University of Pennsylvania-based Longitudinal Study of Families and Health; 147 formal interviews with donors and brokers, civil servants in government ministries and NAC, and expatriate staff of international organizations; “gray literature”—bureaucratic documents, proposals, consultants’ reports, budgets, and requests for funding; the websites of NGOs and church groups working in Malawi; and stories and advertisements from Malawi’s newspapers. We also visited local churches and markets and attended public events, such as concerts to raise AIDS awareness.

Our most unusual data are more than twelve hundred vivid diaries written between 1998 and the present by local ethnographers—villagers whom we asked to be our eyes and ears in their community to observe and listen to what people said about AIDS in public and to write what they learned in field journals. These journals provide insight into the experience of villagers, those “beneficiaries” most donor programs are meant to reach, but who, as we shall see, find their perspectives largely ignored by the donors and brokers who directly shape the AIDS enterprise.

We focus on the encounter of donors with brokers and on the fantasies that both harbor about the poor villagers who are the ultimate objects of their efforts. As in a love story, there are heady dreams, and sometimes

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**FIGURE 1.3.** Men socializing in a trading center. Settings like these are where the conversations captured by our local ethnographers take place. *Photo: Gerald Cotts.*
dashed hopes, emotional highs and lows, followed by the mundane work of getting along.

We begin by introducing the potential partners, describing the fantasies that lure them into a first embrace (chapter 2), followed by a description of the structure of the AIDS enterprise—the money and organization that bring donors and brokers together (chapter 3). We contrast this weighty enterprise with its products, the often-frivolous cultural productions meant to make AIDS prevention appealing (chapter 4). In the second part of the book, we focus on brokers. We describe the array of brokers on whom donors depend in their efforts to reach the villagers whose lives they seek to alter (chapter 5). We then follow the careers of some brokers and the effects of merit, miracles, and malice on their lives (chapter 6). Finally, in the third and last part of the book, we describe the progeny of the union of donors and brokers: the discourses, practices, and programs through which, despite their differences, the donors and brokers become reconciled and sometimes even get along quite happily (chapters 7, 8, 9, and 10).