

Ruth J. Prince and Rebecca Marsland (eds.) *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*. Athens: Ohio University Press.

This excellent volume explores the diverse meanings of public health in Africa. Our current vision of public health - as work by modern governments to protect and promote the health status of citizens - is most fully embodied in twentieth century European welfare and socialist states. But in Africa, as the contributors show, we cannot take these meanings for granted.

In the introduction, Prince argues, precolonial understandings of health extended beyond the boundaries of the body, and interventions such as witch-cleansing also aimed to ensure the fertility of land and livestock. During the early colonial period the provision of biomedicine was patchy: whilst governments conducted preventative campaigns against diseases such as sleeping sickness, missionaries provided curative services. Colonial administrations half-heartedly exported public health to Africa during the 1940s, and newly independent African governments continued to implement public health programs to secure development. More recently, structural adjustment impede health care, but discourses of global health are now prominent, with a proliferation of NGOs targeting specific needs.

The nine chapters of the volume are divided into three sections, which examine different dimensions of Africa's fragmented and polyvalent public health care arena. The first section focuses appropriately on definitions. Last points to the virtual absence of health as a public good among Hausa of Northern Nigeria. During the sixteenth century Islamic states mothers provided everyday therapy within the home, and during colonial times health services were largely in the hands of Christian aliens. This situation has been perpetuated in the radically decentralised postcolonial Nigeria, where people tend to access medicines and care informally. In contrast, government constantly intervenes in the lives of rural Tanzanians. Marsland shows how health bureaucrats seek to outlaw elaborate funerals, on the

grounds that these are 'misleading traditions' that arouse ill feelings, encourage witchcraft, and compel mourners to sleep outside the home without mosquito nets. As such the officials treat villagers as 'populations' to be controlled, rather than 'citizens' engaging in rational public debate. Tousignant explores the salience of nostalgia with reference to a strike by Senegalese pharmacists, protesting against deregulation and the flooding of national markets by cheap, unsafe, counterfeit drugs. The pharmacists were inspired by memories of a time when they were influential 'private agents of public health', contributing to national development by ensuring that Senegalese citizens has access to good quality medicines.

The second section, entitled 'regimes of care', asks more empirically, who takes care of who and on what terms? Meinert points to the limitations of the fashionable concept 'biomedical citizenship', in which people are assumed to claim rights on the basis of their health status. In Uganda, where AIDS has overwhelmed the official medical system, people increasingly rely on NGOs. Here the emphasis falls less on health activism, than on forging patron-client relations. For self-help groups the home, which is invisible from the perspective of biological citizenship, emerges as a crucial space for health maintenance. Moreover, the social aspects of living with AIDS – such as the desire to participate in the economy and the family - are more sustained concerns than biological survival *per se*. Brown, too, recognizes the significance of Kenyan grassroots groups who provide care to persons living with AIDS. Unlike Meinert, she does not see the home as a novel space for health care, but recognises continuities with colonial and missionary projects to educate women in home craft. Mulemi contends that doctors and nurses, who treat cancer patients with only slim chances for survival, in a poorly resourced Kenyan hospital, strive to instil in patients a determination to fight on. He sees the creation of hope as a means of maintaining good relations with patients, securing therapeutic cooperation, and also of protecting faith in the power of biomedicine.

Section three examines emerging landscapes of public health. Reynolds White shows diabetes prevention campaigns foreground only some 'publics'. In Uganda, they link this condition to urban cosmopolitan lifestyles - such as obesity, the lack of exercise, smoking and alcohol use - and encourage fitness and weight loss programs. These messages are more relevant to salaried workers than the rural poor, who have limited control over the structural conditions of their own lives, and are more concerned about eating enough, than according to dietary guidelines. Prince and Geissler consider flows of health resources and knowledge. Even in the Kenyan city of Kisumu, Prince argues, interventions by nearly a thousand NGO operations have had only limited effects in introducing new forms of therapeutic citizenship. The operations confer material support in circumscribed locations and broaden participants' networks of social contact. But the 'projectification of health care' implies only transient opportunities that do not encompass the 'national collective'. Geissler shows how public health care research involves transnational partnerships, and the dotting of work across different nodes in Northern and Southern countries. Movements are characterised by short-circuiting, and also by rapid entry into and exit from particular locations, that leave little possibility for scientific workers and study populations to establish lasting claims.

I found *Making and Unmaking of Public Health in Africa* to be extremely well-balanced, thoughtfully edited, and thoroughly informative volume. Though unpretentious, the essays are in the very best tradition of medical anthropology: they display intimate political engagement, are genuinely comparative, speak to each other, and are, with minor exceptions, accessibly written. Another contribution is the manner in which all authors critically interrogate fashionable academic concepts. On the negative side, the sub-title misleadingly promises an equal concern with ethnographic and historical perspectives. However, the volume weighs heavily towards the former: the contributors are all anthropologists, and although all essays are historically-informed, none are explicitly historical. I also feel that

more could have been done to interrogate vernacular concepts, and the status of 'traditional healers' in public health. But these are minor quibbles. The volume opens up new vistas on public health, and challenges what we take for granted. It is thus essential reading, not only for students, but also for those engaged more directly in the field of public health.

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