Tamara Giles-Vernick, L. A. James, and J. R. Webb, eds. *Global Health in Africa: Historical Perspectives on Disease Control*. Athens, Ohio, Ohio University Press, 2013. 246 pp., \$80.00 (cloth).

Ruth J. Prince and Rebecca Marsland, eds. *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*. Athens, Ohio, Ohio University Press, 2014. 292 pp., \$32.95 (paper).

Wenzel Geissler, ed. *Para-States and Medical Science: Making African Global Health*. Durham, North Carolina, Duke University Press, 2015. 369 pp., \$27.95 (paper).

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Those familiar with the field of the history of medicine in Africa will not be surprised by the increasing number of workshops and publications focusing on health issues. The worldwide explosion of the human immunodeficiency virus (HIV/AIDS) epidemic, the severe acute respiratory syndrome (SARS) global outbreak of 2003, and the expanding reach of the Ebola virus, as well as the lingering burden of “old” diseases (malaria, yellow fever, cholera, and dengue), the spread of multidrug-resistant human pathogens and their continuous impact on African economies and societies, have certainly contributed to this renewed attention from scholars. But what they will find worth noting will be how much the ongoing discussions of globalization, combined with the global fears of emerging diseases, have been instrumental in the conceptual shift from public to “global” health.

Global Health in Africa is an insightful collection of essays by specialists in history, anthropology, biomedical sciences, philosophy, and psychology who gathered in 2008 at Princeton University to examine and understand the histories of selected global health programs in Africa, including their performance, effectiveness, and lessons learned that could inform contemporary health policies. The volume is well constructed, with papers flowing chronologically from the colonial period (“Looking Back”) to the present (“The Past in the Present”) and the emergent (“The Past in the Future”) to underline long-term continuities. All the papers in this volume offer new insights into the health issues discussed. The main objective pursued by the editors of this collection is to develop “the new field of global health history in order to broaden the training of a new generation of public health professionals” (1).

The collection opens with an introductory chapter (Tamara Giles-Vernick and James L. A. Webb, Jr.) that provides the overview of the book and the context of the studies. The editors understand “global health” as a field dealing with the health initiatives that were initiated during the colonial period, took their modern form in the post-WWII period, and continue today, thanks to the ongoing external funding. The first part of the book includes chapters dealing with the history of smallpox eradication since 1900 (William H. Schneider), the use of synthetic insecticide for malaria

control in Liberia in 1945–62 (Webb), the genealogy of the HIV-AIDS “treatment as prevention” efforts (Guillaume Lachenal), and the treatment and prevention of severe acute malnutrition in Uganda in 1950–74 (Jennifer Tappan). The second part of the volume contains studies dealing with the interaction between people and great apes and cross-species transmission in the equatorial Africa (Giles-Vernick and Stephanie Rupp), hepatitis C transmission in Egypt (Anne-Marie Moulin), and the seventh cholera pandemic since 1971 (Myron Echenberg). The third and last part of the book examines male circumcision and HIV control in Africa (Michel Garenne, Alain Giami, and Christophe Perry), and heroin use, trafficking, and intervention approaches in sub-Saharan Africa (Sheryl Mccurdy and Haruka Maruyama).

The contributors to this volume offer critical assessments of the effectiveness of colonial and postcolonial external interventions against specific health problems, focusing on the goals of the colonial authorities, their discursive practices, the financial constraints they faced, and the administrative procedures followed during various disease campaigns. They also explain how the rhetoric of the dominant actors (colonial authorities and international organizations—such as WHO, NGOs, and various charities—shaped their health programs and policies. Most contributors also insist on the *longue durée*, in the sense that Fernand Braudel used this expression, as a structure for understanding long-term continuities and for comparing and contrasting the lessons from past colonial health efforts with recent and current health control measures. For example, Echenberg underlines the differing challenges cholera has presented to both colonial and postcolonial medical authorities. He finds it paradoxical that “a disease now well understood scientifically, and for which an inexpensive and effective rehydration treatment exists, should have become more widespread and lethal.” The explanation lies in “the increased severity of risk conditions” due to “changing physical environment and the deteriorating political and economic conditions” since the 1970s. Webb sees a link between the lack of sustained malaria control in Liberia in the past and malaria epidemic among the people with compromised immune systems. Giles-Vernick and Rupp argue persuasively in favor of integrating longer perspectives and local narratives with biomedical approaches to human–ape disease transmission in equatorial Africa’s northern forest. While the long-term continuities are the focus of these studies, some attention should also be given to ruptures or discontinuities. Nevertheless, the book offers a valuable contribution to our understanding of the scope of colonial and postcolonial external interventions in the health sector on the continent.

Making and Unmaking Public Health in Africa is also a collection of essays, edited by social anthropologists Ruth J. Prince (University of Cambridge and University of Oslo) and Rebecca Marsland (University of Edinburgh). The contributors to the volume provide a critical evaluation of the efforts undertaken by the postcolonial state to meet one of its fundamental obligations, that is, to take care of the health of its citizens, thus the notion of “public health” in the title of the collection. They want to rethink public health and “what it means in Africa.” The collection is organized into three main parts: “Whose Public Health?” (part I); “Regimes and Relations of Care”

(part II); and “Emerging Landscapes of Public Health” (part III). The collection offers ethnographic and historical perspectives on public health in Africa. Most of the evidence is drawn from research conducted in Nigeria, Senegal, Kenya, Uganda, and Tanzania. In the introductory chapter to the collection, Prince establishes a direct link between the “decay of government-controlled health services and a corresponding proliferation of nongovernmental, transnational, private, and humanitarian organizations that target specific health-care needs” since the 1980s. This situation prepared the transition from public health to global health. He shows that, despite some success stories across the continent in the areas of medical infrastructure (hospitals and clinics), training (medical schools), and services (primary health-care programs, vaccination, and maternal health), the widening global and national inequalities provide evidence that the postcolonial government never fully met its obligations in the health sector. The weakness of the African state has left it to play the marginal role of “coordinator” of the activities of the transnational and nongovernmental organizations, which often ignore state institutions.

Contributors to the collection examine the concept of public health, noting in turn its weaknesses in application to places like northern Nigeria (Murray Last), the tensions between different versions of public health promoted by health officials and local populations in Tanzania (Marsland), and the problems posed by the privatization of pharmacies and the lack of regulation following the structural adjustment programs in Senegal (Noemi Tousignant). A couple of chapters focus on HIV/AIDS, especially on the ways in which ART programs interact with individual lives in Uganda (Lotte Meinert); the operation of HIV clinics, the gaps created by global health interventions, and the experience of the sufferers in Kisumu, Kenya (Prince). Two chapters in this collection analyze the impact of diseases that are neglected by both governments and global health interventions, that is, cancer in Kenya (Benson Mulemi) and diabetes in Uganda (Susan Reynolds Whyte). One chapter explores another neglected topic, that is, the emerging geographies of public health science, using evidence from a particular transnational medical research station, which focuses on developing and improving interventions against HIV and malaria. It describes the African institutional host as a “parastatal” in the sense that it is “a corporation with independent accounts and the right to own physical and intellectual property. This allows it to directly engage in transnational partnerships, instead of channeling funds through government institutions” (P. Wenzel Geissler). This excellent collection helps the reader grasp the complexity of the new landscape of public health in Africa and the challenges faced by national and transnational partnerships.

Another collection of essays, *Para-States and Medical Science*, edited by P. Wenzel Geissler, a professor of Social Anthropology at the University of Oslo, focuses on the postcolonial period and offers mostly anthropological perspectives the health issues discussed. Only one contributor is a historian. The collection includes five parts: “Ruptures, Continuity” (part I); “Pasts, Futures” (part II); “State Remains” (part III); “Affective Wholes” (part IV); and “Struggling Nation” (part V). Arguing against the widespread notions of “weak” or “disappearing” African statehood, Geissler

contends that the state continues to work but differently. He puts forward the notion of the “*para-state*” to describe the different forms that the African state has taken as it became incapable of providing the level of services expected and increasingly dependent on external funding from transnational agencies and private partners. He writes that “in some cases, institutional segments of the nation-state are used or revived; in others, state forms are copied, referenced, or translated; and in other cases again, state functions are picked up by non-state others.” The field of biomedical science forms an ideal terrain for demonstrating how the new concept operates since “much of the bioscientific work in Africa today is conducted in para-statal frames” because of the weakness of the state. Informed by post-Foucauldian and post-Marxist analyses, rather than the “anthropological critique of biomedicine” of the 1980s and 1990s, and giving primacy to the fieldwork experience, the essays in this collection focus on the “possibilities and responsibilities of science.” Vinh-Kim Nguyen imagines the U.S.-funded HIV treatment programs that use drugs and medical circumcision to prevent infection deploying a form of governmentality that eventually leads to the emergence of “experimental societies,” whose visible forms are the para-states. Nguyen sees in the increasing presence of the para-statal “a new mode of African medical-shaped governmentality.” In his study of the post-1945 Nigerian leprosy control, historian John Manton also notices that the weak reach of state power has encouraged nongovernmental and transnational intervention in both public health and medical research. But he does not see this situation as an innovation. He argues that current practices are similar to colonial biopolitics, since colonial administrations “always relied on the arms of missionaries, adventurers and capitalists” in the promotion of their health policies. Guillaume Lachenall examines the ways in which the hunt for retroviruses in Cameroon in the 1990s generated bushmeat narratives, which inspired highly publicized forms of public health interventions framed as a global “biosecurity” issue. Susan Reynolds Whyte shows that, despite the proliferation of partnerships, “the idea of the state remains vital in Uganda,” as it is the main employer. All the contributors to the collection provide useful insights into the operation of various partnerships and the challenges they face in the implementation of their plans dealing with a range of health problems. Overall, thanks to the use of “*para-state*” as an analytical concept, the collection adds to our knowledge of the evolution of the postcolonial state and its predicaments as well as the role played by nonstate actors.

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