

REVIEW ESSAY

The Nexus between Global Health and Public Health in Africa

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

Ruth J. Prince and Rebecca Marsland (eds.). 2014. Athens, OH: Ohio University Press. 292 pp.

William H. Schneider. 2013. *The History of Blood Transfusion in Sub-Saharan Africa*. Athens, OH: Ohio University Press. 239 pp.

Introduction

Scholarship that historicizes the connections between global health and public health in Africa has been far apart in African medical history. Three recent titles that focus on global health in Africa, public health in Africa, and the history of blood transfusion are an attempt to fill that gap. The titles contain a set of diverse and empirically rich case studies that examine various aspects of global health and public health in Africa from the colonial period to the post-colonial era. They also bring into conversation African medical anthropology as well as historical and biomedical sciences in analyzing the globalization of health and healing in Africa. Although there is no single definition of global health, Tamara Giles-Vernick and James L. Webb note that broadly, the term refers to health initiatives launched within Africa by actors based outside of the continent. These health initiatives have roots in the colonial period and came to their modern forms in the post-Second World War era (p. 3). The various public health programs were made possible by the participation of local actors. The titles, therefore, wrestle with the important issues in which public health in Africa, including blood transfusions, are affected and influenced by global forces and agencies as well as local factors that originate within African settings.

Historicizing Global Health in Africa

Global Health in Africa: Historical Perspectives, edited by Tamara Giles-Vernick and James L. Webb, consists of an array of essays aimed at promoting historical and an anthropological research that incorporates social sciences and biomedical approaches in analyzing the state of global health in Africa. Giles-Vernick and Webb underscore the need to bridge the divide between social sciences and biomedical approaches in order to improve the public health delivery system in Africa (p. 2). Divided into three parts, the first examines international

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interventions in public health in Africa. The case studies range from early efforts at eradicating smallpox, historical analysis on malaria control, the historical contexts of the HIV/AIDS epidemic, and the often neglected problem of malnutrition. Using the case of the West African smallpox eradication campaign in the pre-Second World War era, William Schneider notes that early efforts at eliminating small pox were a “partial success” (p. 26), mainly due to the absence of international coordination on disease eradication. Schneider is keen to demonstrate that even though this was the case, such early efforts formed the bedrock for future public health interventions. While Schneider places emphasis on smallpox, Webb focuses on malaria. He demonstrates that the history of malaria eradication gives public health experts lessons for today’s malaria control, in particular how the failure to sustain the control of malaria can lead to an epidemic of malaria. The chapter by Guillaume Lachenal puts under scrutiny the genealogy of therapeutic approach called “Treatment as Prevention” (TasP) and its relation to the current efforts at reducing HIV transmissions (p. 70). The essay contextualizes the present fight against HIV in a historical perspective. The often neglected issue of childhood nutrition is examined by Jennifer Tappan. Tappan’s work underscores the consequences of narrow biomedical understanding of nutrition that did not take into consideration Africans’ reception and interpretation of the intervention (p. 13). The essay points to the significance of having a wider social and cultural analysis of how people receive public health interventions.

The second part of the book puts under the microscope the historical dimensions and the unexamined assumptions of the present disease control programs. Tamara Giles-Vernick and Stephanie Rupp examine the historical cross species transmission between people in Equatorial Africa and apes. By historicizing local narratives on transmission, Giles-Vernick and Rupp produce a complex history of humans’ interactions with the environment for centuries and the fluidity of relations between humans and apes in Africa (p. 118). On the other hand, Anne Marie Moulin historicizes the broader significance of Iatrogenesis and Hepatitis C transmission in Egypt. She emphasizes how government intervention nurtured a mistrust of state public health system (p. 114). Myron Echenberg grapples with the question of how cholera remains a major public health threat even though effective treatments exist (p. 160). For Echenberg political and social choices are at the root of the measures to curtail the spread of cholera.

The third part, argues that a historical understanding of the past is significant in efforts at reducing disease transmission. The position of male circumcision and HIV is examined by Michel Garenne and others. As a response to the HIV epidemic, international and local agencies organized against HIV transmission through *inter alia*, encouraging medical male circumcision (p. 185). The authors conclude that male circumcision does not protect against transmission (p. 193). Sheryl McCurdy and Haruka Maruyama put at the center of discussion the history and characteristic of heroin use in Sub-Saharan Africa. They also discuss the various responses to heroin use, including the foreign led interventions, which emphasize the top- down approach to drug control (p. 212). The authors demonstrate the significance of appreciating the historical, as well as the social, political, and economic contexts of drug use in an attempt to develop effective responses to the emerging problem in public health (p. 212). Besides calling for the integration of social sciences and biomedical perspectives in global health analysis, the volume demonstrates that there is a need to understand how Africans conceptualize disease etiologies, therapeutic systems as well as social-political and economic factors that affect African access to

medical care. By historicizing past efforts in the field of global health, the study is significant in enabling a fuller understanding of the nature of contemporary challenges facing public health in Africa.

The Nature of Public Health in Africa

Ruth J. Prince and Rebecca Marsland's edited volume, *The Making and Unmaking of Public Health in Africa*, examines the nature of public health in Africa. Taking historical and anthropological approaches, the volume concludes that the provision of public health has been an uneven phenomenon. The patchy and fragmented public health has also been affected by humanitarian interventions from international players, in the process focusing on specific targeted services rather than emphasizing on holistic and comprehensive care (p. 8). In doing so, the authors examine the various regimes of care, the contradictions, the negotiations and at times the competing actors in the provision of care.

The question revolving around whose interest public health serve is examined in the first section of the volume. Murray Last's chapter explores the vicissitudes of public health provision in northern Nigeria. Last locates politics as the root cause of problems bedeviling public health in northern Nigeria and argues that such problems will be solved once there is political will (p. 55). On the other hand, Rebecca Marsland examines the intersections between indigenous public health and what Tanzanian authorities perceive as dangers of indigenous customs to public health in Tanzania. In the section's last chapter, Noemi Tousignant examines the role of private pharmacists in Senegalese public health. Pharmacists emphasized their role as guarantors of quality medicine. They also lobbied the government to have a greater role in the pharmaceutical industry.

The second part of the book focus on the care economy. It examines on whose terms caring takes place and with what consequences for those who dedicate part of their time to take care of the infirm. Lotte Meinert uses the concept of "homework" as an entry point for analyzing the nature of work assigned to relatives and families by health authorities. This homework includes patients and relatives performing tasks such as "taking (and giving) medications, monitoring bodily signs and changing everyday bodily habits of eating and drinking as well as altering social and sexual relations" (p. 119). While the issue of homework is not a novel phenomenon in Africa, Meinert persuasively argues that with the development of this regime of care, which is closely linked to HIV/AIDS, homes and families became central in public health initiatives. Hannah Brown expands the ideas revolving around the connections between the home and public health by analyzing home based care in Kenya. Although certain aspects of home based care have historical roots, some practices of the present day care are informed by the international responses to the HIV/AIDS pandemic. Hence, public health interventions have to be examined "in the light of past and present associations if one has to make sense of the hopes, aspirations and motivations of those who become involved in them" (p. 141). Nelson Mulemi's chapter analyzes the struggles with cancer treatment in the light of limited resources, high costs of treatment and low awareness of the disease.

In the last section of the book, Susan Reynolds Whyte explores the significance of social and economic differentiation in affecting the causes, prevention, and treatment of diseases such as hypertension and diabetes. Central to her work are the disparities in international intervention

between problems such as cancer and global intervention in HIV/AIDS. Ruth J. Prince's chapter examines the connections between global health intervention with resources, expertise, and also knowledge circulations in Kisumu, Kenya, which is facing a crumbling public health infrastructure. P. Wenzel Geissler's final chapter, "The Archipelago of Public Health," is a commentary on the landscape of medical research in twenty-first century Africa. On the whole, the volume provides a nuanced analysis of the current nature of public health in Africa. The book compels us to probe what public health is and who is involved in public health initiatives as well as appreciating how it fits within the emerging field of global health in Africa.

Blood Transfusion in Sub-Saharan Africa within a Global Health Context

William Schneider's *The History of Blood Transfusion in Sub-Saharan Africa* shifts the angle of analysis by examining the history of blood transfusion in sub-Saharan Africa. His main objective is to understand the degree to which blood transfusion procedures played a role in the spread of HIV. He does this through examining when, where, and how blood transfusion was introduced in African settings and with what implications for public health in Africa (p. 4). In addition, the book explores how Africans, in their different capacities as administrators of blood transfusion, blood donors, and recipients, adapted to this new medical treatment (p. 4).

The history of blood transfusion followed a similar trajectory as with other aspects of biomedicine in Africa before the Second World War. As much as the conditions for transfusion were conducive in Africa, it was largely limited due to the shortage of medical personnel and apparatus to conduct the procedure (p. 15). The post Second World War era saw further entrenchment in the use of blood transfusion in sub-Saharan Africa. The advent of independence for many African countries did not halt the global transfer of resources and knowledge from the global north to Africa. In the early years of independence, assistance from former colonial masters and other global actors continued to grow. Hence, there was a continuous expansion of the practice of transfusion (p. 65). However, this expansion began to stutter in the 1970s, in part due to global economic problems. In addition, the expansion was also affected by the political catastrophes in a number of African countries in the 1970s (p. 87). Further changes were also experienced due to the modernization blood transfusion services (p. 87). The process is closely connected to massive involvement of global actors such as the League of Red Cross Societies' and the World Health Organization's assistance to African countries. While the two did not provide the funding, they nevertheless coordinated the processes of transfusion. Thus, there was a shift from relying on hospitals as major centers of transfusion to centralized and at times regional transfusion centers (pp. 91-104).

The study of blood transfusion is incomplete without examining the actors, especially those who donated blood and the recipients. In Africa, the supply of blood managed to meet needs, and this was in direct contrast to expectations, especially in the global north, of Africans' regard of the transfusion procedure. Schneider is keen to demonstrate that while there might have been myths and superstitions surrounding the use of blood in Africa, like elsewhere, the transfusion was successful to the extent that the major problems that were encountered centered on the overuse of transfusion (p. 106). For those Africans who donated blood, they were not dissimilar from other donors in other parts of the world. However, differences between Africa and the global north were informed in part by diseases and the nature of the economy (p. 132). Even so,

the flexibility of transfusion in Africa enabled Africans to adapt and organize the transfusion to meet their health care needs.

The biggest question is the relationship between blood transfusion and HIV/AIDS. There is no doubt that those who practiced transfusion were aware of the risks that were involved in the process of transfusion, especially the spread of diseases. It was the HIV/AIDS epidemic, however, that had unintended consequences, as transfusion failed to detect the emergence of HIV (p. 167). Still, it was not all doom and gloom. Schneider demonstrates that medical personnel took advantage of the infrastructure in place and outside help to control the spread of diseases through transfusion.

The history of blood transfusion is part of global health history. In Africa, blood transfusion was introduced as part of the early colonial public health projects. Its success depended to a greater extent on the cooperation of locals. Furthermore, the infrastructure that initially supported it had roots in the colonial medical infrastructures. As part of global health, the changes that took place within hospitals and employment of personnel responsible in charge of transfusions also reflected global trends within the medical world. The changes were to be more pronounced in the post Second World War era. Amongst these included scientific advances and funding. The emergence of the global epidemic of HIV also had an effect on transfusion. The history of transfusion, as any other part of global health, shows the changing interests of intervening global institutions, scientific breakthroughs in biomedicine, and the fluctuations in the international political and economic order.

Conclusion

The volumes examine the connections between public health and global health in Africa. They show how health problems in Africa have been conceptualized at local and global levels, with transnational organizations at the center of disease eradication in Africa. A central theme weaving together these volumes is how the movement of resources, expertise, and medicine are part of the international efforts at improving health in Africa. In addition, the volumes exposed the weaknesses of specific disease intervention approaches and the tendency by international organizations to target specific health indicators. Such vertical disease programs, as Prince's introduction notes, fail to consider the views of local participants, hence in some cases the failure of such programs to achieve desired results (p. 33). Furthermore, as Schneider argues, specific target programs usually receive more resources than could have been used for the basic public health sector (p. 178). Such vertical targeted projects frequently draw resources away from other arenas of public health initiatives that could save more lives in the long run.

Another theme weaving these disparate yet interrelated works is the need to be attentive to the social, political, and economic contexts. Last's examination of public health in Northern Nigeria, Echernberg's analysis of the continued problem of cholera, and Giles-Vernick and Rupp's chapter on global health in the equatorial Africa are some of the examples of scholarly works that remind Africanist scholars, policy makers, and health officials to appreciate local context when implementing programs. The failure to be attentive to the local context has in part led to partial success in public health initiatives in Africa.

Methodologically, all volumes place value on the need for an interdisciplinary approach to examining the challenges in various public health initiatives in Africa. Giles-Vernick and Webb in the introduction to their volume sum it very well. According to them, there is a need to incorporate social sciences and biomedical perspectives “in order to translate global health initiatives to local needs, capacities, and constraints and to better anticipate the social consequences of these interventions” (p. 15).

A complaint that can be leveled against the three titles is their failure to include in their analysis the position of indigenous healers and indigenous medicine within global health. Diverse as they are, indigenous healers continue to have a great influence on public health initiatives. Faith based healers in southern Africa provide a good example. At times, faith based healers have been critical of public health initiatives such as immunizations, and this has had adverse consequences on efforts at eradicating diseases. Furthermore, an examination of indigenous medicine and global health might also open ways of exploring the transfer of knowledge from the global south to the north. Indeed, a major silence of these books is that they look at global health as being from the north without making an integration of how the global south could also have contributed to global health.

Although it is impossible to cover every part of the continent, case studies from the southern part of the continent are conspicuous by their absence. While Schneider has cases of blood transfusion in colonial Zimbabwe, overall the volumes seem to skirt discussing southern African cases. Southern Africa, especially former settler societies, would also introduce racial dimensions to the provision of public health. For example, an examination of public health and global health in apartheid South Africa would reveal a complex way in which certain racial groups were disadvantaged in accessing health. This led to an unequal distribution of resources and the legacies are still evident today. Irrespective of these minor criticisms, the volumes remind readers that scholars must pay attention to historical antecedents that played a significant part in shaping the nature of the current public health programs in Africa. Taken together, these books constitute a considerable body of knowledge on the nexus between public health and global health in Africa.