

African states really lack power or whether divergent interests within the state and within domestic business communities make industrial policies less feasible or effective. It would have been nice to see more attention paid to the connections between industry actors and local ICT communities and state authorities. What would a more proactive and strategic digital industrial policy for Africa look like? We are left with a good sense of what Tanzania and South Africa have not done well, but we have less idea of what they should or could be doing better. Despite this caveat, the book will be eagerly consumed by scholars of development and technology and by teachers eager to get students thinking more critically and concretely about ICT-enabled economic change.

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Paul Wenzel Geissler, *Para-States and Medical Science: making African global health*. Durham NC: Duke University Press (hb US\$99.95 – 978 0 8223 5735 3; pb US\$27.95 – 978 0 8223 5749 0). 2015, 369 pp.

In recent years, the burgeoning literature on global and transnational health interventions in sub-Saharan Africa has analysed the emerging configurations and shifts in the fields of medicine and science in the wake of globalization and neo-liberalism. In many of these studies, the state has figured as ‘weak’, ‘decaying’ or ‘absent’, echoing Achebe’s assessment of the late colonial situation in terms of ‘things falling apart’ (p. 6). The contributors to this volume adopt a refreshingly different perspective and explore how African nation states continue to shape the hopes, aspirations and everyday (inter)actions of their citizens in this era of global connectedness. They are particularly interested in the way in which parastatal forms and dynamics have become central in the formation of socio-political institutions and processes and how they (re)configure the domains of medical science and public health, which are intimately intertwined with the governing, and potential improvement, of their citizens’ lives.

The volume opens with a conceptually inspiring introduction by Geissler, which maps out the book’s overall analytical concern. As Geissler notes, the main focus of the eleven chapters are institutions, actors and constellations in medicine and public health, which adopt the functions and roles of the nation state ‘without being part of or coextensive with it, evolving next to, around, or in the interstices of the state, thriving in its cordoned-off segments, upon the traces and detritus of the state, and interpreting memories and visions of nation and state toward different ends’ (p. 9). Responding to this postulate, Nguyen argues that the global shift towards ‘treatment as prevention’ in the era of HIV/AIDS has triggered the formation of ‘experimental societies’, which have become central to globalizing systems of governance and surveillance in Western Africa. Manton shows that the transnationalization of clinical trials and public health interventions is not a recent phenomenon, as the presence of NGOs, missionaries and international researchers in Nigeria has a long history of bolstering state power. Lachenal takes up the issue of transnational medical research partnerships and shows that, during the 1990s, Cameroon became a hotspot for the study of retroviruses and the search for unknown pathogens. In these years – in which mass treatment for HIV/AIDS remained inaccessible to African countries – the role of public institutions was shaped primarily by ‘nihilism’. With regard to an unidentified

sub-Saharan African country, Geissler explores how material remnants of early postcolonial medical research serve as reference points for the temporal mappings of 'African science' and its perceived (im)possibilities in the 'global present'.

Relationships between African nation states and their citizens, as well as between these states and new actors in the fields of medicine and medical science, are also at the core of the subsequent chapters. In Tanzania, globally funded public-private partnerships have become central to the implementation of malaria research and control measures. However, Gerrets cautions that such partnerships do not necessarily lead to a shrinking of state power; rather, they bolster the state's influence on health governance *in specific contexts*. Whyte highlights that the state in Uganda remains an attractive employer for Ugandan citizens today. Although the participants of her study are critical of the public sector, they nonetheless see government employment as an anchor of stability. Similarly, the female sex workers participating in an HIV trial in a state clinic in Senegal do not experience the transnational research constellations as a form of biomedical domination. Poleykett explains that they understand their relationships with the clinic staff as a form of care, which has also led to the formation of 'a radical, sex-worker run association' (p. 251).

Taking up the issue of HIV/AIDS, Meinert explores how an internationally funded treatment project in Uganda has become central to the formation of subjectivities within an extended family – and serves simultaneously as a reference point for the NGO's clients' and workers' projections about the state and its health system. Beisel shows how recent public-private partnerships in malaria control and prevention in Ghana rely on authoritative forms of public health and should not be understood as replacing state structures, but rather as superseding and permeating them. Kelly draws on two cases of colonial and contemporary medical intervention in the Gambia and demonstrates how they rely on shared ideas of the modernization and development of community life. Finally, Fassin explores the biographical life of nevirapine in South Africa, which became the object of a 'national social drama' in the early 2000s, but only a few years later was perceived as less valuable and effective when the field of HIV research abounded with competing 'blossoming expectations and emerging deontologies' (p. 351).

This volume makes a seminal contribution to the fields of medical anthropology, global health and the history of medicine in Africa in that it sheds new light on the analysis of (mostly) postcolonial fields of science and public health; emerging forms of statehood; and the making and remaking of the biopolitical order in recent decades. The book is to be commended for its strong analytical coherence and for providing detailed ethnographic insight into a wide range of medical and public health configurations, with most chapters focusing exclusively on settings in Eastern and Western Africa. The chapters highlight that the multiple actors and interventions that have come to shape and reshape public health and medical science in the era of globalization are not operating *outside* but rather *within* African states. The analysis of statehood and parastatal dynamics on the continent thus requires thorough attention from Africanist scholars of science, technology, medicine and public health. The volume should become mandatory reading for scholars and students interested in the new configurations and possibilities that emerge on the African continent in the context of medical globalization, and which demonstrate (once more) that rigid distinctions between the global, national and local, public and private, state and non-state have become untenable, if not useless.

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