

Africa's Long Road since Independence: The Many Histories of a Continent by

KEITH SOMERVILLE

London: Hurst, 2015. Pp. 408. £25.00 (hbk).

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A product of thorough familiarity with the continent, *Africa's Long Road Since Independence* is a studied reflection on the post-colonial state's quest for socio-economic and political modernisation since the 1960s. Keith Somerville presents the reader with an exceptional analysis of the role of structure and agency (both indigenous and foreign) in the continent's variegated pasts. Systematically, the author reveals the anecdotes of pre-colonial societies, slavery, and colonialism as the antecedents on which the present-day society is sequestered.

What makes the book special is the nuanced presentation of Africa in the context of agency, change, adaptation, and continuity. In the idiom of Ade Ajayi's brand of history, Somerville sees Africans as active participants in their own history rather than victims or mere consumers of alien influences. Thus, history in Africa evolves as an unbroken chain of episodes and the colonial era stands as an episode rather than a consummate disruption.

The book is neatly organised into seven chapters. Chapter One sets the tone for the rest with the caveat that sub-Saharan Africa has diverse historical pasts embracing a complex and continuing story of decolonisation and state-building. The ongoing quest for national integration is often troubled by conflicts, economic difficulties and external interventions. Across the board, however, there has been measurable progress and some countries have recorded some outstanding performances both on the economic and political fronts. Chapters 2, 3, 4 and 5 walk the reader through the nerve-jerking tales of post-colonial conflicts, including the worst act of genocide in recent memory in Rwanda. The chapters also highlight the jarring economic fixtures and somersaults the continent has passed through – most prominent among them the trauma endangered by Structural Adjustment Programs (SAPs) imposed by the IMF and Western donor nations and institutions.

In Chapters 6 and 7, Somerville assesses Africa's many breakthroughs within the limitations of a world system fashioned since the time of Columbus to undermine the neoliberal expectations of developing world economies as globalisation expands and deepens. It is in this light that China's recent 'rediscovery' of Africa coheres. Indeed, as Somerville notes, 'unlike Western donors or institutions, China had the capital and the manpower to make major, long-lasting investments after the financial crisis of 2008, and it was willing to offer the sort of inducements that appeal to African elites' (p. 310).

One minor shortfall of the book is its silence on what the idea of development entails for Africa in the 21st century. Is it a quest to transmute African institutions into Western ones, or take the continent back to the illusions of pre-colonial order? Of course these questions are tough to address. Every serious Africanist must read Somerville's new book. It is a meticulous handover memo from a man who has observed Africa for thirty years. Somerville

reminds one of Basil Davidson, the late genial lover of Africa, who spent all his career promoting African studies in a way perhaps no other will ever match.

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Healthcare Policy in Africa: Institutions and Politics from Colonialism to the Present by JEAN-GERMAIN GROS

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The sheer size and diversity of Africa makes it difficult to present a balanced account on any issue on the continent. Yet Jean-Germain Gros managed to navigate the pitfalls of generalisations by presenting a compelling account of the evolution of healthcare policy in Africa. The book's central thesis is that 'healthcare policy does not take place in a vacuum' but it is 'intimately connected to, and significantly influenced by, the institutional environment, which includes the socio-economic and political matrix – in sum, structure internal to Africa – as well as external factors such as colonialism ...' (p. 12).

Scholars in public healthcare policy will find the first chapter illuminating as it presents the various theoretical lenses for analysing healthcare policy in Africa. The only drawback, though, is that scholars who are not well-grounded in social theory (such as structuralism, Marxism, Foucault's various concepts such as governmentality and biopower) might find the material difficult to comprehend. In defence of the author, one might argue that theory is a powerful tool of analysis that provides useful insights that one would probably not get in its absence.

Jean-Germain Gros shows that Africans had developed their own responses to illnesses centuries before colonialism. This was disrupted by colonialism which, among other things, introduced a healthcare policy that catered mainly for the White population and largely neglected the African population. This gap in healthcare was bridged, to a limited extent, by European missionaries who established hospitals that provided free healthcare to the African population. Mission hospitals also played a key role in the spread of Christianity on the continent: '(h)ealing the body of Africans was the entry point to rescuing their souls from the 'evils' of African society' (p. 57), and 'was a way to help spread the word of God' (p. 58). Whatever their motive, Christian missionaries should be credited for their role in availing modern healthcare to the African population that was largely neglected by the colonial government.

The author shows the role played by colonial past in shaping healthcare policy in post-colonial Africa. While African countries were committed to providing universal healthcare access, the adoption of structural adjustment programmes meant the introduction of cost-recovery fees, which disadvantaged the poor. Chapter 4 statistically measures the influence of local institutions on healthcare policy in Africa. Here the author makes some important associations, for example, between per capita GDP and health status. Other associations, however, might be open to different interpretations. For instance, he notes that 'a percentage increase in (Internet) connectivity is predicted to decrease HIV/AIDS prevalence by 0.05 percent' (p. 149). Obviously, there