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**Gros, Jean-Germain.** *Healthcare Policy in Africa: Institutions and Politics from Colonialism to the Present.* Lanham: Rowman & Littlefield, 2016, vii+283 pp.

Over the past several years, many African countries have made considerable strides toward improving their overall governance and their economy. Such an effort, first prominently underscored by the British-based *Economist* magazine which reported in its January 6, 2011 edition that over the past decade the continent it once dubbed “hopeless” had been home to six of the world’s top ten fastest growing economies, resulted in Africa being thrust at least for once into a more positive limelight. Since then, a narrative surrounding Africa’s rise or what many refer to as the “New Africa” has emerged. However, despite the optimism, Africa continues to face some daunting challenges, most notably in the area of healthcare, as evidenced by the recent outbreak of the Ebola virus disease in West Africa. It is in this context that the newly-published book titled *Healthcare Policy in Africa: Institutions and Politics from Colonialism to the Present* by Jean-Germain Gros, Professor of Political Science and Public Policy Administration at the University of Missouri-St. Louis, is timely and worth reading. It provides critical and analytical insight into the state of Africa’s healthcare and, in particular, sheds light on the actors and institutional factors involved in making the broad decisions aimed at addressing the healthcare needs of the African people. Moreover, it looks into the issues that impact or impede the successful achievement of intended healthcare goals in Africa and makes some policy suggestions for better outcomes.

Structured around seven chapters, the book is as one can infer from its title, both ambitious in scope and purpose. Gros explains in the preface that it was borne out of his long-held interest in healthcare. With its narrative though focused on the key issue of healthcare policy in Africa, a topic which represents an area of research that has hitherto received only scant, if any, scholarly attention, Gros also intends with this book, to fill a vacuum in African studies. Thus, after an extensive and critical assessment of previous scholarly works in African studies showing that they have been somehow lacking because of their overall tendencies towards state or market-centric analyses, Gros advocates the imperative necessity to “bring public policy back in” to social science scholarship on Africa. As he even more emphatically states, “[p]olicy has to be made the black box rather than the black hole of African studies”(8). In sum, for Gros, a focus on policy is essential if one has to adequately understand the causal factors behind the occurrence of the various phenomena under examination in African studies and this book which looks at the issue of healthcare in Africa from a public policy perspective subscribes to the logic of this core belief.

Gros explains the current state of the African healthcare system and policy by tracing them back to the colonial era, thus using path dependency as an analytical framework. He does so though while steering away from the pitfall of historical determinism that could have weakened his analysis. He argues that the introduction in Africa of (Western) biomedicine, that is, “individualized curative care based on biology and physiology provided in controlled settings such as hospitals” stems from various factors (56): It served among other things as an important ideological tool used by the colonial officials to “discredit traditional African medicine” and propagate their ‘civilizing’ mission (57). Though the success of this discrediting effort was, as Gros notes, only partial, biomedicine nevertheless became the dominant medical paradigm in Africa because Africans “choose what works, and biomedicine worked in colonial Africa, not always, but often enough to gain credibility among Africans (60).” A factor that likewise significantly accounts for biomedicine’s enduring hegemonic position within Africa’s healthcare system is human (elite) agency, as it pertains particularly to the purposive actions (or lack thereof) of African healthcare professionals who greatly benefited from maintaining the status quo (76). Also worth noting is the fact that, as Gros further states, many of the African elites who would later become national policy makers in their respective countries, began their careers in the medical field, where they were trained in institutions that propagate the culture of biomedicine (as in the case with Felix Houphouët-Boigny of Côte d’Ivoire, Samora Machel of Mozambique).

Having outlined the above preliminary points, Gros then makes the case for his central argument, stressing that healthcare policy in post-colonial Africa, which he describes as a legacy of colonialism, occurs not in a monolithic but in a complex, dynamic multi-actors setting in which various institutions (domestic and international) compete for prominence in shaping the healthcare policy process and ultimately determining its outcome. At the domestic or local level, these institutions include the economy, the political system, the state, and technology (119). As for the external forces, they are comprised mostly of nongovernmental organizations, or NGOs, which Gros refers to as “humanitarian organizations” and which he differentiates using a taxonomy based on the extent to which these organizations are embedded “in the institutions of the societies in which they operate, including the healthcare system, and beyond”(158). Such an approach led him to coin the terms conditionally embedded humanitarian organization (CEHO); deeply embedded humanitarian organization ((DEHO); globally embedded and multifaceted humanitarian organization (GEMHO); and indirectly embedded humanitarian organization (IEHO). Depending on their embeddedness as alluded to above, some of the aforementioned organizations exert more impact on policy than others and likewise, some have more influence than others on the different

stages or key areas of the policy cycle. Beyond these facts though, the key point to ponder here is that the presence of these humanitarian organizations along with the adoption by African countries of externally rooted policy initiatives create the framework for what Gros posits to be the “internationalization of healthcare policy in post-colonial Africa.”

African countries without a doubt face a daunting set of healthcare challenges. The suggestion by Gros, therefore, that they should emulate the Cuban healthcare system or partner with Cuba to build their healthcare capacity is quite to the point. With its pro-active approach and heavy emphasis on primary and preventive care, the Cuban healthcare system has been lauded not only as economically efficient but also highly effective. Cuba thus demonstrates that access to basic healthcare does not need to be the preserve of the rich or that, as Gros put it, “poor countries do not have to wait until they become rich to develop healthcare systems that provide quality care to their citizens with good results (258).” *Healthcare Policy in Africa* is a well-researched and an analytically well-structured piece of scholarly work. Though throughout the book Gros uses a combination of multi-level (local and global), multi-theoretical frameworks, including case study, comparative analysis, time-series cross-sectional (or multiple) regression analysis, he does not, however, allow the methodological requirements of the research to befog the important issues he examines. In fact, the book is reader-focused, informative and should prove valuable not only to African healthcare policy makers or healthcare providers but to a broad spectrum of scholars, students or general readers interested in African affairs.

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