



# Medical Anthropology

Cross-Cultural Studies in Health and Illness

ISSN: 0145-9740 (Print) 1545-5882 (Online) Journal homepage: <https://www.tandfonline.com/loi/gmea20>

## Medical Anthropology in, of, for and with Africa: Three Hotspots

Brigit Obrist & Peter Van Eeuwijk

To cite this article: Brigit Obrist & Peter Van Eeuwijk (2020): Medical Anthropology in, of, for and with Africa: Three Hotspots, Medical Anthropology, DOI: [10.1080/01459740.2020.1734929](https://doi.org/10.1080/01459740.2020.1734929)

To link to this article: <https://doi.org/10.1080/01459740.2020.1734929>



Published online: 22 Apr 2020.



Submit your article to this journal [↗](#)



Article views: 8



View related articles [↗](#)



View Crossmark data [↗](#)



# Medical Anthropology in, of, for and with Africa: Three Hotspots

Brigit Obrist  and Peter Van Eeuwijk 

Department of Social Sciences, Institute of Social Anthropology, University of Basel, Basel, Switzerland; Swiss Tropical and Public Health Institute, University of Basel, Basel, Switzerland

## ABSTRACT

Medical anthropologists offer an empirically rich and conceptually nuanced account of how and why people in Africa engage with diverse forces influencing their ways of experiencing illness and practicing medicine in an unequal world. Expanding the research focus from healers to patients and, since 2000, to biomedicine and global health, they have deepened our understanding of the intricate, though not immediately visible networks of connecting, diverging and crisscrossing healing routes within and beyond Africa. In this review article, we revisit three much debated issues in this burgeoning research field: making African global health, framing traditional medicine, and tackling culturalism

## KEYWORDS

African global health; culturalism; traditional medicine

In collaboration with historians, anthropologists have documented and interpreted the shared histories of African forms of healing with colonial, postcolonial and current health policies and legislations, international scientific research increasingly grounded in the life sciences, economic ideologies from Marxism to neoliberalism, and organized religions spreading from Christian, Muslim and Hindu worlds. Their work presents a convincing counter-narrative, both to naïve assumptions about an irresistible secularization and to disappointed hopes for a thorough biomedicalization of African societies.


The medical anthropology literature on Sub-Saharan Africa is vast and growing rapidly. It can of course not be reviewed in one article. But based on two readers and three books that were recently published, we draw attention to and elaborate on three hotspots of current medical anthropology research: making African global health, framing traditional medicine, and tackling culturalism. Unintentionally, we have taken up similar issues as Scherz (2018), but we address these issues in different ways. What is of particular interest to us with regard to this research is whether it was conducted *in*, *of*, *for* or *with* Africa.

## Making African global health

Africa is a hotspot in global health. Around 2000, it became an area of central concern and knowledge production among global health scientists from the US (Crane 2013), as billions of US dollars began to be poured into African countries, particularly into HIV/AIDS interventions. Informed by earlier critical assessments of the association between medicine and colonial and early post-colonial regimes (Feierman 1985; Feierman and Janzen 1992; Tilley 2011; Vaughan 1991), anthropologists and historians scrutinized the growing influence of transnational health alliances, aid agencies, private companies and philanthropic-humanitarian foundations on

**CONTACT** Brigit Obrist  [brigit.obrist@unibas.ch](mailto:brigit.obrist@unibas.ch)

**Media teaser:** What are persistent debates in African medical anthropology? Do they lead to a decentering of research from the North to the South?

 Supplemental data for this article can be accessed [publisher's website](#).

© 2020 Taylor & Francis Group, LLC

governments in Africa (Biruk 2018; Dilger et al. 2012; Geissler and Molyneux 2011; Graboyes 2018; Lock and Nguyen 2018; McKay 2018; Packard 2016; Prince and Marsland 2014). Rather than taking biomedical technologies as given, these scholars thought about health policies, randomized controlled trials and routine medical practice as experimental, contested, and driven by assumptions and (bio)political agendas.

An excellent example of this scholarship we briefly review here is *Para-States and Medical Science: Making African Global Health*, edited by P. Wenzel Geissler (2015a). It takes the changing relationship between African states and biomedicine into sharper focus. In his thoughtful introduction, Geissler (2015b) first outlines the significance of close ties between medical science, government and public health care in the vision of the developmental nation state, and then elaborates on the manifold reasons why these ties have loosened over the past decades. He argues that the nation state remains the point of reference, but he introduces the shorthand *para-state* to explore slightly dislocated, hidden or novel biopolitical spaces. In other words, Geissler suggests the need to keep “the state in view, attending to its partial, residual, or lingering, lateral, mimetic, or mediated, that is, *para*, effect in contemporary biopolitics” (Geissler 2015b:4).

The book presents case studies on biomedical science from at least eight countries (two sites are anonymized) from all parts of Sub-Saharan Africa. The ethnography of a transnational malaria research and control partnership in Tanzania, for instance, reveals the opening of a slippery space in which local partners bolstered state influence in health governance at the district and the national level (Gerrets 2015). An ethnographic study in Dakar not only shows that the Senegalese state clinic team made continuous efforts to secure international research funding that helped them to provide quality health care to sex workers, it also found that some women who had chosen this state clinic formed a “radical, sex worker-run association” (Poleykett 2015:251).

Geissler’s (2015a) collection of essays makes an original contribution to the growing anthropology of biomedicine in Africa by drawing attention to the diverse and changing links between biomedicine and the nation state, and the ways in which these links open up spaces and opportunities for novel biopolitical formations. In view of the more general debates on the African state and statehood (Bayart 2006; Beresford 2014; Bierschenk and de Sardan 2014a; Chabal and Daloz 1999), however, we are not convinced that the introduction of a new concept (“para-state”) is necessary and deepens our understanding. While para-states may have looked as if they were to become “the shape of the state to come” (Nguyen 2015:73) a few years ago, the political playing fields in Africa are ever changing and multi-layered, with authoritarian regimes often hiding behind façades of a weakness. Instead of another categorization of African states against ideal types, an explicit shift of focus to empirical investigations into the complexities and qualities of actual state practices seems more promising.

Such an approach was, for instance, developed in a collaborative German-African research program *States at Work*, funded by the Volkswagen Foundation from 2005 to 2013. In this program a team of scholars with a long research experience and/or living and working in Africa joined forces with local scholars to investigate public services and civil servants in education and justice in the four West African countries Benin, Ghana, Mali and Niger (Bierschenk and de Sardan 2014a). By using the metaphor “States at Work,” these authors played “on the more familiar ‘men at work’ signs used on roads in many Anglophone countries” (Bierschenk and de Sardan 2014b:5). This metaphor, they argue, helps to think of states and public services as construction sites, where bureaucrats and bureaucracies interact and negotiate with other government personnel and with persons from diverse publics across the blurred boundary that separates the state from non-state social actors.

Studying African states at work in global health jointly *with* colleagues from African research institutions would contribute to making medical anthropology more “Southward focused” (Manderson and Levine 2018). If we start from the actual practice of bureaucrats and bureaucracies, politicians and governments, health scientists and health services, we can identify concerns and explore questions arising from the complexities of relations within and beyond biomedical and

biotech institutions. These relations vary across different scales of the global health architecture through views from Africa.

African global health, however, is not only made by bureaucrats, politicians and scientists. We have to move out of the offices, hospitals, clinics and interventions and investigate how global health unfolds on the ground, in the current social practices of healers, religious leaders, lay drug sellers, and ordinary men and women. The anthology *African Medical Pluralism* (Olsen and Sargent 2017) presents a range of ethnographic studies across the continent highlighting diverse ways in which people engage with the circulation of knowledge, capital and technologies. Included in this volume, Stacey Langwick (2017), for instance, portrays a new kind of healer-intellectual who works at the intersection of science, traditional medicine and advocacy, participating in international conferences, commenting online on healing in Africa, and running a forest school for traditional healers in Uganda. Susan J. Rasmussen (2017) followed a Tuareg couple from Niger in their quest for parenthood, moving back and forth between medico-rituals and Assisted Reproductive Technologies. In a close-up study, Ulrika Trovalla (2017) illustrates how a healer draws on different practices from around the world during his walks through a Nigerian city. Referring to this particular healer, Trovalla (2017:147) articulates an insight that resonates with many ethnographic accounts on medical pluralism in this collection and beyond: “Being able to move past the plenitude of seemingly impenetrable borders in the landscape, Labaran brought different forms of medicines together through his walks.”

We thus take up the calls for moving out of the clinic (Scherz 2018) and for “peopling global health” (Biehl 2016:134). The interests and concerns of experts, donors, politicians and clinicians dominate African global health policy and practice. Medical anthropologists, in contrast, carry the continued work of following men and women, old and young, in all kinds of settings, and not only those who work or participate in global health programs, projects and interventions. Our interest is not just in “hotspots,” but even more on “blind spots”, where the silent and often “invisibilized” majority engages with diverse ways of doing medicine through “wishful doing,” that is “actions made with an awareness of the uncertainty of outcomes and future perils but with a hope of bringing forth futures wished for” (Trovalla 2017:147).

## Framing traditional medicine

Another hotspot of “Afri-global medicine” (Janzen 2012) are local and regional healing practices. This topic has been of sustained interest to anthropologists and historians working in Africa (Beck 1981; Comaroff 1981; Evans-Pritchard 1937; Janzen 1978; Ngubane 1977; Sindiga et al. 1995; Slikkerveer 1990). But while ideas of sorcery, magic and religion continued, in the 1980s and 1990s, anthropologists reformulated this interest in relation to vernacular critiques of modernity, capitalism and development, as Scherz (2018:545–546) elaborates. Here we emphasize another strand of research, namely a renewed interest of medical anthropologists in “traditional medicine”.

We see the new studies on African “traditional medicine” as part of a growing body of critical accounts on the new global phenomenon of “international indigenism” (Niezen 2003). Before the 1950s, Niezen (2003:3) argues, the term “indigenous” appeared very rarely in scholarly journals, popular magazines and newspapers, but from the 1980s onwards, it became widely used, not just in specialized legal circles but also by lay people. Niezen (2003:3) suggests that this relatively new concept “refers to a primordial identity, to people with primary attachments to land and culture, ‘traditional’ people with lasting connections to ways of life that have survived ‘from time immemorial’.” Niezen tracks the United Nations as a space where two trends merged – an international movement (the development of universal human rights laws and principles) and an internationally recognized identity (“indigenous peoples”) – to form the new focal point of “international indigenism” (Niezen 2003:4).

In medicine and public health, global health scientists and African politicians began to reframe “traditional medicine” with reference to Indigenous Knowledge Systems (Green 2008; Langwick

2011; Levine 2012). Among these powerful actors were spokespeople of the WHO African Region member states, who adopted the resolution “Promoting the Role of Traditional Medicine in Health Care Systems: A Strategy for the African Region” (WHO 2000). Shortly afterward, OAU (African Union) Heads of State and Government declared the period 2000–2010 as the African Decade of African Traditional Medicine (African Union 2001).

In the field of medicine, the “international indigenism” movement intersected with other global trends like the call for affordable medicines for all and evidence-based medicine. By 2010, 36 of the 46 member states of the WHO African Region had formulated national policies and regulatory frameworks to ensure the efficacy, safety and quality of traditional medicines and the regulation of the practice of traditional health practitioners (Kasilo Ossy et al. 2010; WHO 2005). Moreover, 39 member states had established offices in their Ministries of Health to institutionalize traditional medicine in health care systems, and institutes had intensified their efforts to produce scientific evidence on the safety, efficacy and quality of traditional medicines (Kasilo Ossy et al. 2010). A United Nations driven Pan-African indigenous knowledge movement thus pushed for a “medicalization of healing” (Bruchhausen 2018) in accordance with biomedical notions of efficacy and safety. As a consequence, 21 member states of the WHO African Region had included “traditional medicine” in university health sciences curricula by 2016 (WHO 2019:52).

Below, we briefly review two recent anthropological books that examine this new political and scientific interest in “African traditional medicine” from different perspectives. Taken together, they confirm what Stacey Langwick (2011) observed for Tanzania, namely that this new framing of traditional medicine has profound implications for the relations between politicians, scientists and healers in Africa. It also is important in institutionalizing specific understandings of “what medical knowledge is as well as what medicines themselves are” (Langwick 2011:267).

### **Healing roots and routes**

In *Healing Roots*, the Canadian anthropologist Julie Laplante (2015) follows the plant named *umhlonyane* in Xhosa, on its trails through a pre-clinical trial, Xhosa healing and Rastafari herbalism in Cape Town. Laplante asserts that the scientific interest in this plant came about for diverse reasons, but one motive seems to be particularly relevant. Botanists know *umhlonyane* as *Artemisia afra* and classify it as belonging to the same genus as the Chinese herb *Artemisia annua*, from which a well-known anti-malarial (artemisinin) was isolated (Liu et al. 2009). Scientists and politicians speculated that *Artemisia afra* could be “a potential flagship for African medicinal plants” that would “epitomize the end goal of establishing a Traditional African Medicine (TAM)” following the example of Traditional Chinese Medicine (TCM) with all its economic, social and ecological benefits (Liu et al. 2009:186).

At the center of Laplante’s analysis are the entanglements between indigenous and biomedicine. She draws on a phenomenological approach in anthropology, “one done through fine-tuning my attention to the ways ‘medicine’ is done and undone in everyday practices” (Laplante 2015:8). Through deep involvement, she traces how scientists and healers engage with the plant, but in profoundly dissonant ways. As she demonstrates, in the preclinical trial the plant is objectified as an “indigenous medicine” to be analyzed in terms of safety and efficacy, and is thus systematically dislocated from its local context.

A first dissonance occurs at the selection of *Artemisia afra* for its potential therapeutic activity against tuberculosis (Laplante 2015:26). The scientists learnt about the plant’s potential through a systematic review of the research literature rather than a dialogue with the healers. The definition of the disease was narrowed down to certain strains of experimental *Mycobacterium tuberculosis*, while the list of “traditional” uses in South Africa covered a wide range of ailments from coughs, colds, fever, loss of appetite, colics, headaches, earache and intestinal worms to malaria, diabetes and influenza (Laplante 2015:3).

Laplante (2015:27) observes a second dissonance in the way the plant is grown, harvested, prepared and extracted under highly controlled conditions to reach a precise dosage required to test the compound's toxicity level, to measure its pharmacological safety, and assess its therapeutic efficacy. As she points out, this is in sharp contrast to how most Xhosa healers and Rastafarian *bossiedoktors* live, with an *Artemisia afra* bush growing in their backyard for everyday medicinal use. She recounts that both groups of healers agreed that the plants lost their life and their efficacy under the controlled conditions of cultivation. For them the plant became a medicine through the engagement of humans, ancestral shades and spirits.

A third dissonance concerns the plant's use. Scientists claimed to have prepared an extract of *Artemisia afra* in a way as similar as possible to the method traditional herbal practitioners use (Laplante 2015:31–32). But Laplante and earlier researchers observed many different ways of using the plant. Since the preclinical trial found that *Artemisia afra* did not work on tuberculosis in liquid form, the trial may even have the effect of discrediting the usefulness of *Artemisia afra* in tea form, and by extension, the practice of traditional medicine, at least in the imagination of scientists.

Finally, the bioactivity of the carefully extracted plant material of *Artemisia afra* was tested in *Mycobacterium tuberculosis*-infected mice, applying sophisticated technical procedures in line with scientific laboratory practices (Laplante 2015:35). The results were very specific: an unexpected anti-inflammatory activity of the aqueous extract that may potentially be useful for clinical application (Laplante 2015:37). The work contributed to scientific botanical knowledge, e.g. the Toxicological Survey of African Medicinal Plants (Kuethe 2014).

Laplante (2015) concludes: Through a standardized scientific approach to indigenous medicine, plants like *Artemisia afra* become known from the outside, “never really entangling with it as real ways of knowing and healing” (236). Indigenous medicine, however, is “thoroughly anchored in everyday lives as well as part of the dignity of a people” (236). By translating indigenous medicine into biomedical language, research and practice, the “indigenous” disappears (237).

### **Reinventing Hoodia**

In *Reinventing Hoodia*, the US American social scientist Laura Foster (2018) shifts the focus to legal and scientific entanglements in making medicines. The starting point of her story is the signing of a benefit-sharing agreement between the South African San Council and scientists from the South Africa's Council of Science and Industrial Research (CSIR) in 2003. The agreement concerned Hoodia, an indigenous herbal plant used by the San, and a molecule which CSIR scientists patented for potential slimming and anti-obesity drug development. Furthermore, the South African San Council signed a benefit-sharing agreement with the South African Hoodia Growers (Pty) Limited (SAHG) in 2006, and with the South African Hoodia Growers Association (SAHGA) in 2007. Both organizations cultivate the Hoodia plant as a cash crop commodity and claim a) the guarantee of high-quality Hoodia plants which is required for pharmaceutical processing and b) the ownership of Hoodia as plant of South African origin and indigeneity (Foster 2018:124).

At the center of Foster's study is the question of how science and law bring scientists, farmers and indigenous peoples “into relationship with each other in new ways that simultaneously empower and disempower San peoples as modern political subjects” (Foster 2018:17). This comes into even sharper focus if we consider that the patenting of Hoodia was one of the most famous biopiracy cases (Foster 2018:53–57). According to Wynberg (2010), the CSIR patented the use of the plant's active constituents responsible for suppressing appetite in 1997 and developed an agreement with the UK-based company Phytopharm in 1998. This was followed by a license and royalty agreement between Phytopharm and the US-based pharmaceutical company Pfizer. The NGO Biowatch South Africa alerted the international media and the South African San Council about the exploitative use of this knowledge, and this resulted in the benefit-sharing agreement of 2003.

However, in the same year, Pfizer handed its rights back to Phytopharm. Unilever took over, and in 2008 it abandoned its plans to develop Hoodia as a functional food because of concerns about



safety and efficacy, and withdrew from the agreement with Phytopharm. Finally, in 2018, the Hoodia-based patent as appetite suppressant expired in South Africa and the US. While the pharmaceutical companies and CSRI had other projects and partners, the San ended up with USD 100,000 in the San Hoodia Trust, simultaneously empowered and disempowered as modern political subjects (Foster 2018:98–101).

The media often present Hoodia as a showcase demonstrating the benefits of bioprospecting for indigenous peoples and the ways by which biopolitics and biopiracy issues might be resolved. Foster's research, however, demonstrates a more complex reality, raising difficult questions about the implications of bioprospecting and benefit-sharing agreements. The agreements created relations between the Hoodia plant and three types of collective actors, namely the South African San Council, the CSIR scientists and the farmer organizations, but at the same time artificially trisected Hoodia into "a plant from nature, as a molecule, and as cultivated" (Foster 2018:131). Furthermore, the benefit-sharing agreements constructed the San "as 'custodians of an ancient body of tradition and cultural values' associated with 'human uses of the Hoodia plant'" (Foster 2018:58). The agreement distinctly "asserted the role of San 'knowledge [in] leading to new scientific findings, which formed the basis of the patents', implying San knowledge as raw material that must be scientifically proved and reinforcing San knowledge as distinct from CSIR knowledge" (Foster 2018:59). Neither the patent nor the agreement acknowledged the indigenous and local knowledge about the Hoodia plant as the intellectual property of San communities. What was patented and thus protected was CSIR knowledge. As a result, the San were continuously excluded from most sales and exports of Hoodia-related substances. The question of "just compensation" thus remains unresolved, also because the San knowledge – like that of many indigenous groups and local communities – "is situated, at best, at the peripheries of the jurisdiction of modern intellectual property law, which is designed to protect 'cutting-edge', proprietary knowledge held by one or several individuals" (Golan et al. 2019:104).

## Tackling culturalism

A third and related hotspot of current medical anthropology in Africa are ways of tackling culturalism. Culture emerges as a critical issue whether in global health debates about states' ineffectiveness in providing adequate health care, or about bioprospecting traditional medicine. Politicians and scientists call upon anthropologists to study culture as if it was something "out there." While many biomedical experts see culture in opposition to their science, global health specialists increasingly consider culture as a resource, a capability and a human right, and the two understandings are now often entangled and create situations of ambivalence, contention and contradictions.

The use of "indigenous knowledge" as a shorthand for "culture" further complicates the situation. An overemphasis on how indigenous knowledge is held collectively by people sharing unique cultural traditions and histories easily leads to culturalist thinking, namely that culture shapes local knowledge inherently, principally and systematically. Such reasoning not only exaggerates what culture does; it feeds into a culture-science dichotomy because "indigenous knowledge" is often set in opposition to "scientific knowledge" by indigenous rights activists as well as scientists.

So how can we tackle culturalism? Many medical anthropologists and historians opt for a critical analysis of culturalist narratives about medical otherness or non-conformity and how they shape and are shaped by gender, ethnic and racial stereotypes, offering powerful accounts like *Hungochani* (Epprecht 2004) and *Heterosexual Africa?* (Epprecht 2008). In a similar vein, Didier Fassin (2001:312) explicitly advocates for a medical anthropology approach that first examines structural conditions, social figurations and economic contexts, and thus cultivates a political reading of culture. His own study about the experience and politics of HIV/AIDS in South Africa is an excellent case in point (Fassin 2007). Other medical anthropologists have framed their concerns more broadly in terms of "cultural politics" (Ashforth 2005:220), "epistemological politics" (Langwick 2011:288) or "politics of knowledge" (Levine 2012).

But there are also other options, for instance, visions of new and more equal-footed collaboration between scientists, healers and anthropologists. In the study of a preclinical trial of *Artemisia afra*, mentioned above, Laplante (2015:106) struggles to develop such an approach, inspired by the visions of the South African biochemists with whom she worked. The director of The International Center for Indigenous Phytotherapy Studies (TICIPS) at the University of the Western Cape was thinking about a new design for Randomized Clinical Trials (RCTs) that would allow for continuous input from social, economic, political and cultural realities. Responding to this idea, Laplante aimed “to bring ‘indigenous medicine’ into conversation with biomedical ways of making medicine ‘work’, not as exotica or requiring translation through the RCT filter, but as contemporary practices that challenge and feed into current ways of knowing in science and research” (136). Following the preclinical trial and the healers’ practices, she found though that “healers largely ‘do medicine’ in ways not taken up by scientists” (5). In her view, “[t]he ontological divide between nature and culture as currently set within RCT protocols, and as enacted by the actors, often to their dismay, is what excludes the healers” (225). She envisions new ways of overcoming this ontological divide and advocates for imagining new kinds of trials. Even if this is a bold vision, we agree with Laplante that we need to take this seriously, especially since it comes from our African colleagues with whom we may go new ways. Perhaps this will allow us to overcome the culture-science divide.

Concurring with Scherz (2018), we further argue for still another option, namely to continue to conduct and to foster highly sophisticated cultural studies of vernacular healing practices. Such studies often draw on Murray Last’s notion of African “‘medical cultures’ as a way of speaking of the substance of ideas, without absolutizing ‘system’” (Feierman and Janzen 1992:164). A brilliant recent study is Robert J. Thornton’s (2017) *Healing the Exposed Being – A South African Ngoma Tradition*. Thornton lives and works in South Africa, and draws on 16 years of research (1998–2014) for this book. As he explains, he does not aim to describe *bungoma* ethnographically “as an ‘alien’ culture ... Instead what I describe is a *discipline*, that is, a regulated and institutionalized cultivation and valuation of healing knowledge *in use*” (Thornton 2017:17). His cultural analysis of *sangoma* healing focuses on what we would call “ways of living the culture,” for instance, when he explains that few healers see their knowledge as unmodified cultural heritage, and that they do not all believe or act in the same systematic way. Their knowledge is in circulation and bound uniquely to that healing person, “its essence is defined by the *process* of its transmission *as knowledge*” (Thornton 2017:15). By this, Thornton (35) understands *bungoma* as part of a bigger complex of medical parallelism – not framed by an understanding of medical pluralism – where its elements interact particularly at the margins, for instance, with biomedical knowledge and practices.

Thornton recounts early on that “[the] healing that these healers accomplish ... is best understood as a response to life rather than – as in the case with biomedicine – a response to illness or disease” (2017:2). At the focus of their healing is the individual person who is caught in complex nets of relationships with other persons and is thus also exposed to others: “It is this exposure or vulnerability to others that can ultimately weaken life itself and lead to illness, disease, misfortune and death. Each person is therefore an ‘exposed being’” (3). As Thornton shows throughout the book, *sangoma* “try above all to protect the exposed being, and this is the most significant part of their practice” (288).

By trying to understand *bungoma* in its own terms, Thornton succeeds in providing deep insights in a way of being exposed to and engaged with other persons, person-like beings and objects, in ways that are radically different from biomedical thinking. Paraphrasing Thornton (289–290), we can say that in epidemiology, the exposed person is also at the center of scientific interest, but as a single instance of a general class of phenomena (for instance, a diagnostic category, a risk group or a therapeutic community), not as an individual within a unique network of forces, objects and persons to which he or she is vulnerable. And objects like plants are primarily considered as having effects within these networks rather than as objects with an inherent curing quality.



## Conclusions

In this review article, we revisited three persistent debates in medical anthropology research *in, of, for* and *with* Africa: making global health, framing traditional medicine, and tackling culturalism. Drawing on two readers and three books, we elaborated on several points.

With regard to making African global health, we suggest studying African states at work in global health jointly with colleagues from African research institutions in order to move medical anthropology southward and to acknowledge the work conducted but less often acknowledged on the continent. Starting from the actual practices of diverse actors engaged in this work rather than from typologies developed in Euro-American academia, we may be in a better position to develop fresh perspectives of global health architecture through views from Africa. Our second point links with the first. Medical anthropological research on the actual practice of actors at work in global health should not only focus on those engaged in global health programs, projects and interventions, but continue searching for those in the “blind spots,” the silent and partly invisible majority and their “wishful doing” (Trovalla 2017:147).

In framing traditional medicine, we propose considering recent trends as part of a new phenomenon of “international indigenism” (Niezen 2003). Since 2000, many global health scientists and African politicians have reframed “traditional medicine” with reference to Indigenous Knowledge Systems. Critical accounts of medical anthropologists reveal the dangers of this most recent reframing. The United Nations driven Pan-African indigenous knowledge movement pushes for a “medicalization of healing” (Bruchhausen 2018), emphasizing biomedical notions of efficacy and safety. By translating indigenous medicine into biomedical language, research and practice, the “indigenous” disappears (Laplanche 2015:237). Moreover, as Hsu (2009:115) has pointed out with reference to “modernized” traditional Chinese drugs in East Africa – Chinese propriety medicines – they may provide symptomatic treatment for folk medical complaints and common mild conditions but may become ineffective outside of their original context. When medicinal plants turn into assets in a national and global economy, a major unresolved question concerns “just compensation,” especially since many indigenous groups like the San in Southern Africa live at the peripheries of jurisdiction and their rights are not addressed by contemporary intellectual property laws.

We conclude by emphasizing that, in their study *in* and *of* Africa, contemporary medical anthropologists continue their quest of trying to attain a degree of access to the world of others through following, participating, observing and interpreting what other people – global health experts, politicians, bureaucrats, nurses, biochemists, Rastafarian herbalists, *sangoma* and other healers, and ordinary men and women – consider as meaningful practices in a rapidly changing, unequal and often dangerous world. They contribute to the broader ontological and epistemological concerns of anthropology and social and cultural theory, without dealing “primarily or exclusively with ‘traditional’ cultural practices and [casting] ethnic minorities as static or primitive” (Metzner and Warren 2018:550). In this quest, as we show, medical anthropologists have developed diverse and innovative ways of tackling the culturalism that is widespread in African global health discourses and in the reframing of traditional medicine.

What is less visible in the reviewed medical anthropology literature is work *for* and *with* Africa. While one book was written by an author living in Africa (Thornton), the “voices from the (global) North commenting on life in the South” are still dominant (Mkhwanazi 2016:194). In the works considered above, the authors refer to the co-production of knowledge here and there, but their reflections and critical commentaries address intellectual concerns of the US American and European centers of medical anthropology rather than exploring potentially different articulations of relevance for Africa in open-ended, collaborative projects with colleagues from the respective countries as coauthors. We thus end this review article with a plea for decentering medical anthropology by working more *for* and *with* Africa.

## Notes on contributors

**Brigit Obrist** is professor of anthropology at the University of Basel, Switzerland, with a joint position at the Swiss Tropical and Public Health Institute, also in Basel. Her latest research focuses on the politics of participation in global health. ORCID 000-0001-7576-1291 Correspond with her at: Brigit Obrist, Institute of Social Anthropology, University of Basel, Münsterplatz 19, 4054 Basel, Switzerland. E-Mail: [brigit.obrist@unibas.ch](mailto:brigit.obrist@unibas.ch)

**Peter van Eeuwijk** is senior lecturer and researcher in Social Anthropology at the University of Basel, the Swiss Tropical and Public Health Institute, Basel, Switzerland, and the Department of Social Anthropology and Cultural Studies of the University of Zurich, Switzerland. His research, in both Indonesia and Tanzania, focuses on the study of aging, health and care. ORCID 0000-0002-7594-0166.

## ORCID

Brigit Obrist  <http://orcid.org/0000-0001-7576-1291>

Peter Van Eeuwijk  <http://orcid.org/0000-0002-7594-0166>

## BOOKS REVIEWED

Foster, Laura A.

- 2018 *Reinventing Hoodia: Peoples, Plants and Patents in South Africa*. Johannesburg, South Africa: Wits University Press. ISBN 978-0-2957-4217-5, xxii+177 pages, 5 illustrations, bibliography, index. Series: Feminist Technosciences.

Geissler, P. Wenzel, ed.

- 2015a *Para-States and Medical Science: Making African Global Health*. Durham, NC: Duke University Press. ISBN 978-0-8223-5749-0, 353 pages, 14 illustrations, index. Series: Critical Global Health.

Laplante, Julie.

- 2015 *Healing Roots: Anthropology in Life and Medicine*. New York: Berghahn Books. ISBN 978-1-78238-554-7, xii+257 pages, 25 illustrations, bibliography, index. Series: Epistemologies of Healing.

Olsen, William C. and Carolyn Sargent, eds.

- 2017 *African Medical Pluralism*. Bloomington, IN: Indiana University Press. ISBN 978-0-253-02491-6, 265 pages, index.

Thornton, Robert L.

- 2017 *Healing the Exposed Being: A South African Ngoma Tradition*. Johannesburg, South Africa: Wits University Press. ISBN 978-1-77614-018-3, xvi+291 pages, 31 illustrations, bibliography, index.

## References

African Union

- 2001 Plan of Action on the AU Decade of Traditional Medicine (2001–2010): Implementation of the Decision of the Lusaka Summit of Heads of State and Government (AHG/DEC.164 XXXVII). Addis Ababa, Ethiopia: African Union Scientific Technical Research Commission. <https://archives.au.int/handle/123456789/1838?show=full>

Ashforth, A.

- 2005 Muthi, medicine and witchcraft: Regulating 'African science' in post-apartheid South Africa? *Social Dynamics* 31(2):211–42. doi:10.1080/02533950508628714.

Bayart, J. F.

- 2006 *L'Etat en Afrique. La Politique du Ventre*. Paris, France: Fayard.

Beck, A.

- 1981 *Medicine, Tradition, and Development in Kenya and Tanzania, 1920–1970*. Waltham, MA: Crossroad Press.

Beresford, A.

- 2014 Editorial: Understanding how 'Africa works'? *Critical African Studies* 6(1):1–5. doi:10.1080/21681392.2014.888879.

Biehl, J.

- 2016 Theorizing global health. *Medical Anthropology Theory* 3(2):127–42.

\_\_\_\_\_, and J. P. Olivier de Sardan

- 2014b Studying the dynamics of African bureaucracies. An introduction to states at work. *In* *States at Work. Dynamics of African Bureaucracies*. T. Bierschenk and J. P. Olivier de Sardan, eds. Pp. 3–33. Leiden, The Netherlands: Brill.

- Bierschenk, T., and J. P. Olivier de Sardan. eds.  
 2014a States at Work. Dynamics of African Bureaucracies. Leiden, The Netherlands: Brill.
- Biruk, C.  
 2018 Cooking Data: Culture and Politics in an African Research World. Durham, NC: Duke University Press.
- Bruchhausen, W.  
 2018 Medicalized healing in East Africa: The separation of medicine and religion by politics and science. In *Medicine – Religion – Spirituality*. D. Lüddeckens and M. Schrimpf, eds. Pp. 23–56. Bielefeld, Germany: Transcript Verlag. doi:[10.14361/9783839445822-003](https://doi.org/10.14361/9783839445822-003).
- Chabal, P., and J-P. Daloz  
 1999 Africa Works: Disorder as Political Instrument. Oxford, UK: James Currey.
- Comaroff, J.  
 1981 Healing and cultural transformation: The case of the Tswana in South Africa. *Social Science & Medicine* 15 (2):367–78.
- Crane, J. T.  
 2013 Scrambling for Africa. AIDS, Expertise, and the Rise of American Global Health. Ithaca, NY: Cornell University Press.
- Dilger, H., A. Kane, and S. A. Langwick, eds.  
 2012 Medicine, Mobility, and Power in Global Africa. Transnational Health and Healing. Bloomington: Indiana University Press.
- Epprecht, M.  
 2004 The History of a Dissident Sexuality in Southern Africa. Montreal, Canada: McGill-Queen's University Press.
- \_\_\_\_\_.  
 2008 Heterosexual Africa? The History of an Idea from the Age of Exploration to the Age of AIDS. Athens: Ohio University Press.
- Evans-Pritchard, E. E.  
 1937 Witchcraft, Oracles and Magic among the Azande. Oxford, UK: Clarendon Press.
- Fassin, D.  
 2001 Culturalism as ideology. In *Cultural Perspectives on Reproductive Health* C. M. Obermeyer, ed. Pp. 300–17. Oxford, UK: Oxford University Press.
- \_\_\_\_\_.  
 2007 When Bodies Remember: Experiences and Politics of AIDS in South Africa. Berkeley: University of California Press.
- Feierman, S.  
 1985 Struggles for control: The social roots of health and healing in modern Africa. *African Studies Review* 28 (2–3):73–147. doi:[10.2307/524604](https://doi.org/10.2307/524604).
- Feierman, S., and J. M. Janzen, eds.  
 1992 The Social Basis of Health and Healing in Africa. Berkeley: University of California Press.
- Geissler, P. W.  
 2015b Introduction: A life science in its African para-state. In *Para-States and Medical Science: Making African Global Health* P. W. Geissler, ed. Pp. 1–44. Durham, NC: Duke University Press.
- Geissler, P. W., and C. Molyneux, eds.  
 2011 Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa. New York: Berghahn Books.
- Gerrets, R.  
 2015 International health and the proliferation of 'partnerships': (Un)intended boost for state institutions in Tanzania? In *Para-States and Medical Science: Making African Global Health* P. W. Geissler, ed. Pp. 179–206. Durham, NC: Duke University Press.
- Golan, J., S. Athayde, E. A. Olson, and A. McAlvay  
 2019 Intellectual property rights and ethnobiology. An update on Posey's call to action. *Journal of Ethnobiology* 39(1):90–109.
- Graboyes, M.  
 2018 The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014. Athens: Ohio University Press.
- Green, L.  
 2008 Anthropologies of knowledge and South Africa's indigenous systems policy. *Anthropology Southern Africa* 31(1–2):48–57. doi:[10.1080/23323256.2008.11499963](https://doi.org/10.1080/23323256.2008.11499963).
- Hsu, E.  
 2009 Chinese propriety medicines: An 'alternative modernity?' The case of the anti-malarial substance artemisinin in East Africa. *Medical Anthropology* 28(2):111–40. doi:[10.1080/01459740902848303](https://doi.org/10.1080/01459740902848303).
- Janzen, J. M.  
 1978 The Quest for Therapy in Lower-Zaire. Berkeley: University of California Press.

- 
- 2012 Afri-global medicine: New perspectives on epidemics, drugs, wars, migrations, and healing rituals. *In* *Medicine, Mobility, and Power in Global Africa*. Transnational Health and Healing H. Dilger, A. Kane, and S. A. Langwick, eds. Pp. 115–37. Bloomington, IN: Indiana University Press.
- Kasilo Ossy, M. J., J.-M. Trapsida, M. C. Ngenda, and P. S. Lusamba-Dikassa
- 2010 The decade of African traditional medicine: Progress so far. *The African Health Monitor* (WHO), Special Issue: African Traditional Medicine Day. Brazzaville, Republic of the Congo: WHO Regional Office for Africa. <http://apps.who.int/medicinedocs/documents/s21374en/s21374en.pdf>, accessed August 31, 2019.
- Kuete, V.
- 2014 *Toxicological Survey of African Medicinal Plants*. London: Elsevier.
- Langwick, S. A.
- 2011 Healers and scientists: The epistemological politics of research about medicinal plants in Tanzania or ‘moving away from traditional medicine’. *In* *Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa* P. W. Geissler and C. Molyneux, eds. Pp. 263–95. New York: Berghahn Books.
- 
- 2017 The value of secrets: Pragmatic healers and proprietary knowledge. *In* *African Medical Pluralism* W. C. Olsen and C. Sargent, eds. Pp. 31–49. Bloomington, IN: Indiana University Press.
- Levine, S., ed.
- 2012 *Medicine and the Politics of Knowledge*. Cape Town, South Africa: HSRC Press.
- Liu, N. Q., F. van der Kooy, and R. Verpoorte
- 2009 *Artemisia Afra: A potential flagship for African medicinal plants?* *South African Journal of Botany* 75:185–95. doi:10.1016/j.sajb.2008.11.001.
- Lock, M., and V.-K. Nguyen
- 2018 *An Anthropology of Biomedicine*. Hoboken, NJ: Wiley Blackwell.
- Manderson, L., and S. Levine
- 2018 Southward focused. *Medical anthropology in South Africa*. *American Anthropologist* 120(3):566–69. doi:10.1111/aman.13097.
- McKay, R.
- 2018 *Medicine in the Meantime: The Work of Care in Mozambique*. Durham, NC: Duke University Press.
- Metzner, E., and N. Warren
- 2018 Particularities in common: A collection of essays about the training, theory, and practice of medical anthropologies from several contexts around the world. *American Anthropologist* 120(3):549–51. doi:10.1111/aman.13092.
- Mkhwanazi, N.
- 2016 Medical anthropology in Africa: The trouble with a single story. *Medical Anthropology* 35(2):193–202. doi:10.1080/01459740.2015.1100612.
- Ngubane, H.
- 1977 *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice*. London: Academic Press.
- Nguyen, V.-K.
- 2015 Treating to prevent HIV: Population trials and experimental societies. *In* *Para-States and Medical Science: Making African Global Health* P. W. Geissler, ed. Pp. 47–77. Durham, NC: Duke University Press.
- Niezen, R.
- 2003 *The Origins of Indigenism: Human Rights and the Politics of Identity*. Berkeley: University of California Press.
- Packard, R. M.
- 2016 *A History of Global Health: Interventions into the Lives of Other Peoples*. Baltimore, MD: Johns Hopkins University Press.
- Poleykett, B.
- 2015 Molecular and municipal politics: Research and regulation in Dakar. *In* *Para-States and Medical Science: Making African Global Health* P. W. Geissler, ed. Pp. 237–56. Durham, NC: Duke University Press.
- Prince, R. J., and R. Marsland, eds.
- 2014 *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*. Athens: Ohio University Press.
- Rasmussen, S. J.
- 2017 Spirits and pills who are against children: Medico-rituals and assisted reproductive Technologies in a Tuareg couple’s quest for parenthood. *In* *African Medical Pluralism* W. C. Olsen and C. Sargent, eds. Pp. 69–89. Bloomington, IN: Indiana University Press.

Scherz, C.

- 2018 Stuck in the clinic: Vernacular healing and medical anthropology in contemporary sub-Saharan Africa. *Medical Anthropology Quarterly* 32(4):539–55. doi:[10.1111/maq.2018.32.issue-4](https://doi.org/10.1111/maq.2018.32.issue-4).

Sindiga, I., C. Nyaigotti-Chacha, and M. P. Kanunah, eds.

- 1995 *Traditional Medicine in Africa*. Nairobi, Kenya: East African Educational Publishers.

Slikkerveer, L. J.

- 1990 *Plural Medical Systems in the Horn of Africa: The Legacy of ‘Sheikh’ Hippocrates*. London: Kegan Paul International.

Tilley, H.

- 2011 *Africa as a Living Laboratory. Empire, Development, and the Problem of Scientific Knowledge, 1870–1950*. Chicago, IL: The University of Chicago Press.

Trovalla, U.

- 2017 Wishful doing: journeying in a Nigerian medical landscape. In *African Medical Pluralism* W. C. Olsen and C. Sargent, eds. Pp. 137–50. Bloomington, IN: Indiana University Press.

Vaughan, M.

- 1991 *Curing Their Ills: Colonial Power and African Illness*. Stanford, CA: Stanford University Press.

WHO

- 2000 Regional Committee for Africa. Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region. Brazzaville, Republic of the Congo: WHO Regional Office for Africa. <https://apps.who.int/iris/handle/10665/95467>

- 
- 2005 WHO Global Atlas of Traditional, Complementary and Alternative Medicine. Kobe, Japan: WHO Centre for Health Development. [https://apps.who.int/iris/bitstream/handle/10665/43108/9241562862\\_map.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/43108/9241562862_map.pdf?sequence=1&isAllowed=y)

- 
- 2019 WHO Global Report on Traditional and Complementary Medicine. Geneva, Switzerland: World Health Organization. <https://www.who.int/traditional-complementary-integrative-medicine/WhoGlobalReportOnTraditionalAndComplementaryMedicine2019.pdf?ua=1>

Wynberg, R.

- 2010 Hot air over Hoodia. Seedling <https://www.grain.org/media/W1siZiIsIjIwMTFvMDcvMjEvMDRfMjNfMTZfMzRfc2VlZF8xMF8xMF81LnBkZijdXQ>, published October, 2010. Pp. 22–24.