

Book reviews



The Impact of Structural Adjustment on the Population of Africa: The Implications for Education, Health and Employment. Edited by Aderanti Adepoju. New York: UNFPA in association with Heinemann, Portsmouth (N.H.) and James Currey (London), 1993. viii + 148 pp. Hardback £35. Paperback £9.95.

In discussing the factors affecting the health and well-being of Africa, observers are as likely to refer to the impact of SAP as they are to the scourge of HIV/AIDS or malaria. Yet SAP is not an illness at all but rather the acronym for the structural adjustment programs initiated and designed by the International Monetary Fund and the World Bank. These programs have been implemented to overcome the stagnant growth that has characterized African economies in recent years.

For its supporters SAP, at least initially, was expected to open the way to the dramatic economic growth that has characterized many Asian countries in recent years; for its opponents SAP has destroyed the productive capital already in place by cutting protection and reducing subsidies. The most controversial aspect of SAP, however, has been reductions in government expenditure and investment, and the subsequent impact on key government programs in areas such as health and education.

The volume under review here consists of case studies of nine sub-Saharan countries focusing on the impact of SAP on education, health and employment.

The tone of the introduction, by the editor Aderanti Adepoju, and some but not all of the individual chapters, is set by the book's dedication to Africa's poor who have suffered as a result of government cuts in social expenditure. Adepoju argues that economic reform programs have failed to overcome the roots of Africa's economic failure, and indeed have added to Africa's woes by reducing formal sector employment and undermining Africa's already weak health and education systems. In sum, what gains Africa had achieved since independence have been summarily disposed of in the name of economic rationalism with nothing to replace them. Furthermore, Adepoju suggests the losses have disproportionately hurt the poor, the weak and the defenceless. The implication is that the Bretton Woods agencies have failed to meet Africa's true needs because their actions have been guided by their own ideologically based models of economic development and have ignored the realities of Africa's situation.

It is hard not to feel sympathy with Adepoju's concerns when foreign 'experts', apparently often with little more than superficial acquaintance with the countries concerned, lecture Africans on their problems and the solutions to those problems. To be fair though, the World Bank and the International Monetary Fund have in recent years tried to be more introspective and to enter into more genuine dialogue, not least in recognition that their attempted cure of Africa's economic ills has not always had the results anticipated.

Nevertheless, granting that the supposed experts of the international agencies may at times have been arrogant, this volume fails to answer two critical questions. The first is whether the cuts in social expenditure and reductions in formal employment are primarily due

to structural adjustment or to the economic failures they were designed to cure. The second is whether there was a viable alternative to structural adjustment.

All the authors of this volume acknowledge that Africa's pre-existing economic problems were deep and radical change was necessary; economies were badly distorted, inwardly turned and increasingly unable to compete internationally. Heavy handed government involvement in economic policy was a particular problem, having, in Adepaju's words, 'developed into bottlenecks to development, as many public sector enterprises, riddled with inefficiency and corruption, consumed more and more scarce resources' (Introduction, p. 1).

In the years immediately after independence in the early 1960s African countries had comparatively open economies with, in comparison to their contemporary Asian counterparts, large export sectors. The dynamic parts of their economies had been the primary sectors, especially of plantation products such as cocoa, coffee, tea and copra, though some were also important exporters of minerals, notably copper in Zambia, gold in Ghana and increasingly oil in Nigeria.

Influenced by the fashionable economic concepts of the time, such as Rostow's concept of economic take off, governments attempted to use what they perceived to be agrarian surpluses to promote industrialization, rather on the model of Stalinist Russia's forced industrialization. At first the economic programs had some apparent success with manufacturing industry supplying an increasing proportion of the local market, but in the long run they turned out to be unsustainable, and, given their deleterious effect on the vital primary export sector, ultimately disastrous.

A case in point is that of Ghana following independence: the regime of Kwame Nkrumah used taxation revenues from agricultural exports in combination with import restrictions to build up a government-dominated manufacturing sector and greatly improved infrastructure. The result was, as noted by Nii Kwaku Sowa (Chapter 2, p. 8), that manufacturing increased from two to nine per cent of Gross Domestic Product, a growth rate of ten per cent per annum. The share of government consumption in GDP rose from ten to 18 per cent. While Nkrumah's rule brought some genuine benefits, notably a massive increase in schooling, his overall economic policies were ultimately disastrous. Agriculture stagnated as investment collapsed, and the volume and value of Ghana's major export, cocoa, precipitously declined with nothing to replace it. Manufacturing also collapsed because, far from increasing Ghana's self-sufficiency, it depended on the import of raw materials, itself dependent on the export revenues of cocoa. The governments that followed Nkrumah failed to make the necessary adjustments, in particular by refusing to devalue the currency. Sowa notes that

as goods became scarce, the government resorted to price controls, introducing further distortions, and bringing in its wake unprecedented levels of corruption. *Kalabule*, a system wherein the 'haves' took advantage of scarcities and exploited the 'have-nots', became the order of the day and reached its height in the early 1980s (p.8).

Among the consequences of the economic decay were increasing hunger, declining health standards, and a flight of Ghana's greatest asset, its educated class, over a million to Nigeria alone before their summary expulsion from that country.

This description refers specifically to Ghana, but the general characteristics are largely applicable to the other case studies in this book. Ghana's case, however, is of particular interest in that it has been the World Bank's African model for structural adjustment. Ghana in 1983 implemented an IMF/World Bank sponsored Economic Recovery Program, which according to Sowa seemingly salvaged Ghana's economy from near-bankruptcy: economic growth recovered from being negative to registering over the next few years an average annual growth of five per cent (p.12).

Sowa argues that this success is to some extent illusory or at least has not equally benefited all elements of society. Some, at least, of the growth of Gross Domestic Product can be attributed not so much to the structural adjustment policies as to the external funds provided by the multilateral agencies themselves. But according to a recent World Bank study, external assistance linked to SAP programs, including that in Ghana, has been of marginal importance compared to the impact of the policy changes themselves (Hussain 1994: 8).

Sowa's major criticism is that the Economic Recovery Program has resulted in lop-sided development to the benefit of the least productive sector of the economy, the service sector. The manufacturing sector, in contrast, has suffered. Furthermore, while it has benefited the export-dependent cocoa farmers, growers of food crops have received little benefit. The difficulty with this criticism is twofold: first, any economic restructuring will inevitably invoke winners and losers; secondly, the concept of some sectors of the economy being more valuable than others is questionable. After all, Sowa himself makes the point that Ghana's manufacturing industry, far from being productive, was actually creating highly priced goods using imported products. Similarly, the comparative success of the cocoa farmers resulting from a more rational exchange rate is a function of Ghana's comparative advantage.

The benefits of adjustment cannot be equal; the more important question is whether the benefits justify the pain. A problem throughout the book is that little attempt is made to meaningfully evaluate the real benefits and losses of restructuring. Formal employment has been affected by cuts to the public sector workforce, but the impact of structural adjustment on non-formal employment is often unclear. In theory the overall economic benefits of structural adjustment should lead to an overall expansion of employment that more than compensates for cuts in formal employment. The poorly developed state of statistical services in Africa means that there is little conclusive evidence on this point.

The impact of structural adjustment on health and education is equally unclear. A number of the book's contributors criticize cuts in health and education budgets as being shortsighted and inimical to long-term development and the well-being of the African people. Yet education and health budgets were already suffering as a consequence of budget pressures brought about by collapsing economies and the costs of poorly managed state sectors. Furthermore, if the measures introduced under structural adjustment lead to more efficient services, budget cuts need not necessarily be inimical to good health and education. Unfortunately there is a lack of evidence of the impact of structural adjustment on these sectors. The rapid increase in education characteristic of the post-independence years may have slowed down but in general education rates have not significantly declined, though education quality may have suffered, in particular through large class sizes. Similarly, health services have been cut, but it is not clear that African mortality and morbidity rates have suffered as a result. While more clinics may be short of drugs, much health expenditure was previously badly directed. Many health budgets were concentrated on the big-budget hospitals of the capitals and larger towns. Furthermore, while government health budgets may have diminished, the effect has been partly counteracted by the contributions of external agencies.

Whatever the cause, it is nevertheless fair to say that health and education budgets have been cut, often to protect more politically sensitive expenditure such as that on the military. It is also true that where cuts have been made they have not necessarily been accompanied by measures designed to improve the efficiency of the health and education services. Indeed, many governments may well prefer to protect jobs, including administrative jobs, while cutting back on service provision. It is less clear whether there was any alternative to the structural adjustment programs as designed by the international agencies, a question which the book does not address. A number of the early programs were undoubtedly too short-term to address fundamental economic problems such as shortages of trained personnel and poorly

maintained infrastructure, but the two international agencies have recognized shortcomings in their programs and made adjustments in their subsequent programs.

Nevertheless, there is a question as to whether Africa's problems are more fundamental than can be easily overcome in an economic reform program. Asian countries have enjoyed a comparative economic success over Africa not because they have discovered any particular economic panacea. Indeed, they are characterized by a diversity of economic policies, many of which do not conform with IMF or World Bank economic prescriptions. What they have in contrast to Africa is a certain economic conservatism and a greater respect for due processes. Government decision-making is more consistent and less subject to arbitrary changes. Importantly, while Asian governments are not necessarily democratic, the various interest groups in society have more influence on government policy. For example, the concerns of farmers or entrepreneurs cannot be ignored in Asia as has often been the case in Africa. Consequently, there is less evidence of minority groups prospering at the expense of the majority, and greater reward for effort, skills and entrepreneurship.

In other words, economic policy in Asia has reflected the interests of a broad constituency. African economic policy has failed to do so and Africa has suffered as a consequence. Structural reform programs, however, will not lead to more consistent and representative economic policy-making if they do not lead to a more inclusive political process. Unless those involved feel that they own the political process and are involved in decision-making, they will have little faith in the political and economic order. No matter how correct the act of imposing economic reform may be, it does little to further this process.

Reference

Hussain, Ishrat. 1994. Results of adjustment in Africa: selected cases. *Finance and Development* 31, 2: 6-9.

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An Introduction to the Medical History of Ethiopia. By Richard Pankhurst, with a Postscript by Asrat Waldeyes. Trenton: Red Sea Press, 1990. 288 pages. Hardback US\$45.

The Ecology of Health and Disease in Ethiopia. Edited by Helmut Kloos and Zein Ahmed Zein. Boulder: Westview Press, 1993. xix + 540 pages. Hardback US\$71.

An Introduction to the Medical History of Ethiopia is based on a collection of Pankhurst's published papers on the medical history of Ethiopia. The book is an attempt at an historical account of the pervasive droughts, famines, epidemics and wars that have characterized much of Ethiopia's history, and the consequent human slaughters and tragedies. Parallel to these accounts it describes what traditional medicine did to cope with diseases and affliction, and the introduction and expansion of Western medicine. The material draws heavily on the accounts and writings of travellers, missionaries, diplomatic delegations and physicians. Pankhurst covers Ethiopia's medical history from the twelfth century till 1940, that is up to the

Italian invasion and occupation of the country. The period of modern public health-service development, called the post-liberation period, 1941-1973, is described by Professor Asrat Waldeyes, the first Ethiopian medical surgeon. The book is divided into three parts according to historical periods: the first deals with epidemics, diseases and traditional approaches to medicine, the second deals with modern medicine, and the third part is the 'postscript' by Waldeyes. There are three pages of bibliographic notes and a 20-page index.

The introduction considers some factors affecting health; climate and droughts leading to crop failures and epidemics. The Ethiopian royal chronicles and travel literature recorded 42 famines between 1540 and 1929. Other factors of high morbidity and mortality were fasting and diet habits, very poor personal hygiene and sanitation, poor sanitation and water supplies in towns and army camps, and warfare. The epidemics that afflicted Ethiopians were mostly unidentified and identification only began from the eighteenth century onwards. Pankhurst gives an account of the early unidentified epidemics in which the people attributed the calamities and great tribulations to God's anger and punishment for the wrong-doings of kings, priests and people. Smallpox and cholera were the great killer epidemics in Ethiopia, which usually followed droughts and famines: outbreaks continued till the early part of this century. Pankhurst gives a separate historical account of each of the great epidemics: smallpox and cholera followed by typhus and influenza and their consequent high mortality, treatment, and when the outbreaks were controlled. Pankhurst notes that syphilis was pervasive in Ethiopia following European contact in the sixteenth century. He claims that Ethiopia has suffered from a high prevalence of leprosy since time immemorial.

Part 2 of the book deals with modern medicine. Pankhurst begins with the coming of the first foreign medical practitioners as early as the sixteenth century, mentioning them by name and reporting their account of the diseases prevalent at the time and how they treated them. This is followed by a section on Western medicine in the early nineteenth century, which made significant advances, and for the first time provided statistics on the type of diseases treated by the British diplomatic mission of 1841-42, when syphilis was the leading disease treated. In a following section, Pankhurst describes the further advances made by Western medicine in the second half of the nineteenth century during the reigns of two successive emperors, when the emperors as well as the people were described as receptive to Western medicine. This period saw the use and importation of Western drugs, smallpox vaccination, drugs for treating malaria, and mercury preparations for treatment of syphilis. The section on Emperor Menelik's era of innovation, 1865-1913, gives a detailed account of the establishment of health facilities, pharmacies, hospitals, clinics, the coming of medical missions, medical diplomacy, visiting doctors, substantial advances in vaccination, the dispatch of students for medical studies abroad, the coming of resident foreign doctors, and the founding of planned modern towns. This section concludes with statistics on the number of cases and types of diseases treated by the Russian Red Cross Mission of 1896 in two towns, Harar and Addis Ababa, and the age, sex and ethnic composition of those treated. The next to last section describes how the modernization of health services that began during Emperor Menelik's reign were consolidated and accelerated during Emperor Haile Selassie's reign as regent and emperor from 1916 to 1936. The last section of Part 2 considers health service development during the Italian invasion and occupation of the country from 1936 to 1940, which contributed to the establishment of hospitals and clinics in Addis Ababa and in five provincial towns, the treatment and control of venereal diseases and the considerable expansion of vaccination.

The postscript covers the period 1914-1973, that is from the end of Italian occupation till the overthrow of Emperor Haile Selassie by the military government, the *Dergue*, in 1974. This part describes the development and organization of public health services, development of medical services, the expansion of basic health services through health centres and health stations linked with existing hospital services, the passing of proclamations on how to guide

the practice of traditional medicine, the implementation of specific health projects and activities in the mid-1960s; chief among them were the malaria eradication and control program, the smallpox eradication program, the leprosy control project and the establishment of the All Africa Leprosy and Rehabilitation Centre and the tuberculosis control program. This postscript also traces the development of institutions to train nurses and other health personnel, the founding of the Public Health College to train executive staff for the health centres in the country and the establishment of the Medical School in Addis Ababa University; it ends with a history and appraisal of administrative and health manpower support.

Pankhurst's book makes an interesting and valuable contribution to the historical understanding of the diseases and epidemics that have long plagued Ethiopia, the extent of human loss during great epidemics, the social perceptions of diseases, and how traditional medicine understood and treated diseases. It gives an excellent account of the introduction and development of modern medicine and the modern development of the public health service. A reading of Pankhurst's book clearly demonstrates that the now very familiar droughts, famines and epidemics of modern Ethiopia are not new after all.

The Ecology of Health and Disease in Ethiopia is the first comprehensive work on Ethiopia relating to health, epidemiology and ecology and their interrelationships. The book comprises 40 chapters organized into four parts. Part 1 consists of eight chapters dealing with the physical and socio-economic environment, population, nutrition and diseases. Topics of interest here are the physical and biotic environment; food, diet and nutrition; famine and malnutrition; and the health impacts of war. Part 2, with 14 chapters, deals with health services and with sexually-transmitted and other non-vector-borne diseases. Part 3 deals with vector-borne diseases in chapters on malaria, trypanosomiasis, onchocerciasis, leishmaniasis, yellow fever, relapsing fever, typhus and other rickettsial diseases, and schistosomiasis. Part 4 in ten chapters covers chronic non-infectious diseases, injuries, mental health, and other health problems.

This book benefited from an interdisciplinary approach, as it successfully brought together the expertise of 47 medical, biological and social-science professionals as well as public-health experts who competently addressed the multidimensional health and disease problems of Ethiopia. All analyses were undertaken with an ecological perspective of health and disease problems. Another distinguishing feature of the book is its incorporation in the analysis of all available quantitative data and research to date, which resulted in a comprehensive knowledge of the aetiology of Ethiopia's major diseases and health problems, their spatial distribution and prevalence rates and trends. Furthermore, many of the studies show the poor health and nutritional status, and high mortality, of the Ethiopian population, as well as the prevalence of major communicable and infectious diseases further aggravated by war, drought and famine-driven epidemics and the increasing diversion of the already low health resources to the war effort.

The spatial analyses of major diseases strongly demonstrate the close relationship between the types of diseases and their distribution according to altitude-dependent climatic zones. Ethiopia's three climatic zones are the hot lowlands zone below 1500 metres, the temperate highlands zone between 1500 and 2400 metres, and the cool humid highlands zone above 2400 metres. For example, malaria is moderate to highly endemic in the lowlands and is absent in the temperate and cold zones above 2000 metres, where the majority of Ethiopia's population lives. Leprosy, which has a long recorded history as an endemic disease in Ethiopia, is concentrated in the densely populated highlands, particularly in central and northern Ethiopia. The distribution of elephantiasis shows concentration in highland areas with underlying basalt rock.

The various contributors also showed that the transmission, morbidity and mortality from particular diseases were heightened by wrong and misdirected government policies,

ideologies and programs; for example irrigation schemes, massive resettlement programs, villagization, and alienation of pastoralists' fertile watered lands for large-scale agricultural developments. The book's consideration of the health effects of war is significant in recognizing war as an important influence on population health. An up-to-date report on the AIDS epidemic contributes to an understanding of the gravity of the emerging major health problem in Ethiopia.

The value of all the chapters on major diseases and health problems is enhanced by their conclusions, which provide suggestions on needed future health policies and programs to reduce and control the prevalence of diseases, and on the need for comprehensive health and mortality data and research to monitor the control of diseases.

The quality of most of the chapters is good: the only ones that seemed weak are the chapter on population, where mortality and fertility were treated lightly in four pages, without a literature review; and the concluding three-page chapter by the editors. Their conclusion identified three population groups: the elderly, the high-risk occupational groups and the pastoralists, neglected by past health-care provisions; it was suggested that their needs should be given priority. With the exception of the pastoralists, this suggestion is misdirected in view of the overall poor health status of the Ethiopian population, and the very high infant and child mortality.

This book constitutes a valuable and comprehensive reference work on all aspects of disease and health problems in Ethiopia seen in their ecological context and the challenges they pose to raise the health status of the population. I strongly recommend the book to medical and social-science professionals interested in health research and public health-care policies and programs addressing major health problems such as those prevailing in Ethiopia. I also recommend Richard Pankhurst's *Introduction to the Medical History of Ethiopia* (reviewed in this issue) as a background to put in historical perspective many of the issues covered in *The Ecology of Health and Disease in Ethiopia*.

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The Benefits of Famine: a Political-Economy of Famine and Relief in Southwestern Sudan, 1983-1989. By David Keen. Princeton: Princeton University Press, 1994. xiv + 289 pp. Hardback US\$47.

This is an interesting book but in many ways also an exasperating one.

Its strength is that it provides a detailed examination of the 1983-1989 famine in southwestern Sudan. It documents the extent to which the distress and horrors of that crisis were man-made. It analyses the problems and errors of the relief agencies.

The infuriating weakness of the book is the attempt to convert this historical analysis into a global theory and to oppose it against books which probably are closer to the general situation like that by Dr•ze and Sen, *Hunger and Public Action*. The author has two basic theses. The first is that these other authors, and most of the rest of us, place too much emphasis on famine mortality rather than non-fatal distress and change in material circumstances. The second is that many people achieve their aims through famine either by dispossessing the distressed or by diverting some of the relief aid.

In arguing the case for the second point, and attempting to make it the central force in generating crisis conditions, Keen is forced to seek often not very relevant parallels from world wars and mediaeval Europe, among other exotic sources.

Many of us pointed out in the African famines of the 1970s that drought and resultant famine were not solely physical phenomena, but that good government, with the interests of the whole population at heart, could do much to mitigate the situation, and that bad governments could convert what should have been minor crises into major disasters. I also noted the conversion of Sahelian governments from regarding the famine as a natural phenomenon that affected some sectors of the population in a way that had been their experience for aeons, to a crusade where foreign governments were loudly appealed to; and that this conversion received at least some of its impetus from the realization that there would be spin-offs to them from an international effort.

The truth of the matter is that Keen's description applies only to exceptionally bad governments which do not regard themselves as representing the whole country and even then mostly in conditions of warfare. There were parallels in Ethiopia and Mozambique, and now in Rwanda. But, even in Africa, most administrations and situations are better than this and Dr•ze and Sen are probably far more justified in making their generalizations than is Keen.

I have no doubt that he fairly correctly describes the situation of most of the donor organizations in Sudan, but he is much less adept at explaining what they should have done. Would it have helped if they had withdrawn or could they have persuaded the United States and other Western governments to allow famine relief to dictate their whole foreign policies?

David Keen has part of the truth. It is a shame that he attempted to make it the whole truth. It is even dangerous to down-grade the fact that death is worse and more final than the other disasters that befall unfortunates in southwestern Sudan and elsewhere. The major title of his book is also a little too smart and somewhat unfortunate.

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