

different pathologies, such as diabetes. Nevertheless, some pragmatic difficulties need to be overcome to make these technologies transferable to different national contexts. The third part of the book ends with a chapter dealing with palliative care within LTC, by Laura Holdsworth and Georg Ruppe. It reviews palliative practices across Europe, describing a number of 'good' examples such as multidimensional care, patient-centredness and the integration of services and sectors.

The fourth part of the book contains the two concluding chapters. Jenny Billings devotes Chapter 14 to the conditions required to improve the evidence base. Billings underlines the difficulties in combining emerging practices, experimentations and evaluation or evidence-based approaches. The lack of evidence is certainly an obstacle, but the author argues that social care and health care evaluations also need to be more pluralistic and dynamic in order to avoid the rigidity and/or mechanical use of evidence-based approaches. The INTERLINKS project is certainly a good example of this compromise between the need to validate and link good practices and experiments with evidence, and the necessity to include a more global and pluralistic approach by taking into account project effects on users, carers and organisations. In Chapter 15 Kai Leichsenring, Jenny Billings and Henk Nies summarise the main arguments and findings of the book, highlighting key challenges and what still needs to be addressed in the field of Long-Term Care for elderly frail people and old people in need of care.

To conclude, the book makes a major contribution in numerous respects. It is worth underlying again the significance of the INTERLINKS Framework for LTC analysis. It also represents a valuable review of a range of 'emerging practices' that provide evidence for the sector's dynamism cross-nationally. In that sense, once again, the European Centre Vienna has

demonstrated its wonderful capacity to coordinate, interconnect and compare at the EU level—the best way to promote and adapt our respective national social policies. But we are somewhat more sceptical as far as understanding the exportability of these practices is concerned. As the authors themselves recognise, solutions that have proved successful in some contexts are not always transferable. Political scientists have emphasised the great importance of 'national prisms' and of the 'translator agents' when transferring policies and 'best practices' from one context to another. Knowledge provided by the sociology of the professions indicates also that various forms of resistance can arise when it comes to changing professional identities and practices.

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Robert A. Hahn and Marcia Inhorn
(eds.): *Anthropology and Public Health: Bridging Differences in Culture and Society*

New York 2009: Oxford University Press, 730 pp.

The field of global public health is currently undergoing a dynamic transformation. As Robert A. Hahn and Marcia Inhorn describe in their introduction, while the 20th century was marked by major advances in combating infectious diseases, the 21st century has seen a shift towards an increasing

burden of chronic diseases, which are now the major cause of death and disability worldwide [WHO 2002]. In addition, new philanthropic and financing groups such as the Bill and Melinda Gates Foundation and the Global Fund are changing the global health landscape, forcing large bureaucratic organisations like the WHO to re-evaluate their roles. This anthology speaks to this transformation in global health and emphasises that, given the challenges presented by an increasingly globalised world, anthropology is no longer a minor player in public health.

As Arthur Kleinman states in his foreword, it also reflects the sea change within the practice and philosophy of the new public health, which 'is more critical of political and economic realities; more likely to combine health policy and social policy; more centered in local worlds and more collaborative with local professionals ... and more willing to engage qualitative data and the humanities'. These themes are central to Hahn and Inhorn's main argument that anthropology is essential for public health to be maximally effective. However, anthropological methods continue not to be routinely used in global health interventions, and anthropologists themselves have not actively made their perspectives understandable to the public health community.

To address these barriers, this volume brings together contributions from a wide array of social scientists including epidemiologists, biostatisticians, public health practitioners, maternal-child health experts, mental health experts and health services researchers who are also trained in medical anthropology. The case studies offer examples of interdisciplinary intersections of anthropology and public health covering a broad spectrum of public health issues and global sites. The contributing authors have also attempted to translate their research for a public health audience, including clearly delineated research methods.

In the introduction, the editors first provide a theoretical grounding of anthropological principles and outline inherent conflicts as well as parallels between anthropology and public health. The premise of cultural relativism, the belief that cultures are coherent, systematic and rational within their own context, raises a question critical to the role of anthropology in public health: are the beliefs and practices of Western biomedicine superior to indigenous health systems? Another example is the grounded and inductive process by which anthropologists formulate theories, which contrasts with the testing of pre-determined hypotheses commonly found in public health research (p. 11). On the other hand, the anthropological view of research as a sociocultural process that takes into account the social, economic and political environment is crucial for public health professionals attempting to gain local acceptance of global health programs (p. 15).

The editors also contrast traditional anthropological methods with those of applied anthropology in public health, illuminating how differences between the disciplines can be reconciled. While group research has not been the norm, anthropologists are now increasingly working collaboratively in inter-disciplinary teams and instead of conducting research over many years, quicker and more focused approaches such as Rapid Assessment Procedures (RAPs) and Focused Ethnographic Studies (FES) are being used. As global health problems are often missing a theoretical foundation to generalize findings [Kleinman 2010] this introductory discussion provides a useful theoretical framework for interpreting and critically assessing the subsequent case studies.

The first section of the anthology, 'Anthropological Understandings of Public Health Problems', explores ways that anthropologists make sense of public health problems within their social, cultural and political-economic contexts. David Van

Sickle's rich, multi-level ethnography examines the challenges in implementation of international asthma guidelines in India. Interviews with patients and families, biomedical and traditional practitioners, and pharmaceutical representatives uncover the pervasive social stigma of asthma and misperceptions that it is contagious, debilitating and untreatable (p. 70). This places social and financial pressures on physicians who avoid branding patients with a diagnosis of asthma, fearing this will also drive patients to other practitioners (p. 73). Traditional medical practitioners also play a role, criticising biomedicine's false promise of quick, temporary fixes (p. 80). Van Sickle demonstrates how the social and cultural context can provide insight into complex roadblocks in public health campaigns, such as the false assumption that poor asthma management is due to physicians' lack of medical knowledge. On the contrary, local values and financial incentives ultimately drove Indian physicians to diverge from known best practices (p. 67). Given the increasing burden of chronic disease in the developing world, this case study also underscores the need to adjust chronic disease policies developed in industrialised nations, such as self-management, to better match the local values of other populations.

Another compelling case study from the first section is Schoenberg et al.'s analysis of lay discourses on diabetes, which elaborates on patients' explanatory models that associate stress with diabetes. Explanatory models, first introduced by Arthur Kleinman, are an important concept in medical anthropology that emphasise the role of local moral networks—such as a family, a community, or a health system—on people's own understandings and solutions to health problems. Schoenberg et al.'s study is grounded in anthropological theory but uses an applied research approach through semi-structured interviews. The narratives uncover the prevailing perspec-

tive across ethnic groups that social stressors such as inadequate resources, traumatic events, and unstable living environments can cause or exacerbate diabetes symptoms as well as undermine diabetes self-care. This demonstrates the concept of social suffering, which conveys the idea that social forces can at times cause disease, and that pain and suffering is not only experienced by the individual but also extends to the family and social network [Kleinman 2010]. The authors' critique of the biomedical view of diabetes, which relies on a precise diagnostic definition, is that it neglects the social realities and life circumstances of the sufferer. This study's illumination of the local contexts that influence behaviour in diabetes care has important implications for current challenges in diabetes management, such as lack of adherence and failure of self-care attempts, which may benefit from targeting the patient's network as part of health interventions (p. 108).

The book's second section, 'Anthropological Design of Public Health Interventions', focuses on the principles and methods of applied medical anthropology in public health settings. Joan Koss-Chioino's chapter on bridging communication between mental health professionals and spiritual healers in Puerto Rico offers a detailed account of collaborative therapeutic approaches in a pluralistic health system. The author describes that while the program achieved meaningful exchange of information, the goal of developing combination psychotherapeutic approaches was never realised, largely because of an entrenched social hierarchy, with Spiritists subordinated to therapists (p. 233). The project did effectively raise a new consciousness of Spiritism within the health care community, a success largely due to the health department's legitimisation of the programme. While this study highlights many opportunities for public health collaborations with traditional healers, valid concerns remain unaddressed. For ex-

ample, should spiritual myths that propagate false claims about lifesaving treatments be supported?

A central theme of two other case studies in this section is the participatory nature of anthropological research and the importance of local involvement in the design of public health programmes. In a study of illness support groups in Haiti, Jeannine Coreil and Gladys Mayard examine the indigenisation and transformation of illness support groups for women living with lymphatic filariasis into microenterprise endeavours (p. 245). In contrast to support groups in developed countries, the Haitian group participants were less interested in talking about illness-related problems and, recognising the social origins of their condition, more focused on organising for economic ventures. This is reflective of the Haitian spirit of self-sufficiency and of the country's political and economic instability (p. 259). The authors highlight that the key difference of their intervention was the flexible implementation design which allowed peer leaders and programme participants to tailor the groups to meet their needs. This is unique from public health programs that are designed by experts but infused with 'participatory values'. The authors make a strong case for 'cultural tailoring' of both programme design and implementation to ensure local acceptance and an ongoing process of adaptation involving beneficiaries as active participants.

Nichter et al. of Project Quit Tobacco International (QTI) build on this theme through a multi-pronged research approach involving community members in the development of culturally sensitive smoking cessation programmes. The project focuses on smoking patterns in India and Indonesia, two of only three nations (China being the third) where tobacco consumption is rising (p. 302). The authors demonstrate their use of formative research, an iterative process using multiple qualitative methods, including participant observation

in social smoking contexts and in-depth interviews with smokers of all ages. Researchers also held focus groups to explore how different groups view tobacco advertisements, exploring common themes evoked in advertisements such as masculinity and family values. For example, local participants described the impact of smoking on the whole household from second-hand smoke and the financial burden of disease. This anthropological concept of shared suffering could then be utilised in tobacco cessation efforts which promote it as a family and women's health issue, not just a smoker's issue (p. 321). These innovative approaches involving local populations are an exciting area of applied anthropology in public health and provide one of the most promising opportunities to 'take back culture' from the tobacco industry (p. 324).

Section three, 'Anthropological Evaluations of Public Health Initiatives', emphasises the role of anthropology in critical analysis of public health initiatives especially of top-down global policies that ignore local-level realities. Karen Marie Moland and Astrid Blystad evaluate the policy on the prevention of mother-to-child transmission of HIV (PMTCT) in sub-Saharan Africa, questioning its effectiveness in the absence of treatment to secure the health of the mother. The authors also argue that while guidelines emphasise 'informed choice' for HIV-positive mothers regarding breastfeeding, the PMTCT policy assumes that choice for these mothers is an individual, autonomous process and ignores social pressures and culturally engrained values that breastfeeding is vital to child survival and inseparable from the mothering experience (p. 471). The evaluation highlights this moral challenge placed on mothers but avoids offering recommendations on improving MTCT policies. This leaves the reader wondering what the practical barriers are to integrating treatment for mothers into current programmes and how a pattern of neglect of maternal health

in mother-and-child programmes can be reversed. In order for anthropological evaluations to lead to meaningful changes in policy, a thoughtful analysis of programme priorities and agency constraints would more likely lead to practicable solutions.

Joao Biehl's evaluation, in contrast, highlights the successful implementation of universal access to antiretroviral drugs (ARVs) in Brazil, the first of any other developing country. Biehl examines the novel forms of state action on public health and the unique social circumstances that made this policy successful, including an unexpected alliance of activists, government reformers, and development agencies that ultimately led to government negotiations with the global pharmaceutical industry (p. 482). Biehl also identifies the poverty and economic uncertainty in Brazil as a form of structural violence, which conveys the pathogenic role of social inequalities on physical and emotional health [Farmer 1997]. Brazilian activists used this concept to direct blame away from the street people, making their condition a Brazilian social symptom that required a public response (p. 484). Biehl also reveals the unintended consequences of even successful public health programmes such as the focus on pharmaceutical distribution diverting attention from prevention-oriented policies and caregiving infrastructure (p. 507). Biehl's work exemplifies the inseparable nature of health problems and social problems, which require a response of both health and social policies to combat the pervasive structural inequalities that place these populations at increased risk. Biehl's wide lens approach is unique to anthropology in its ability to break apart and analyse the positive and negative consequences of the intervention, making it possible to modify and replicate it for other populations.

Finally, the fourth section of the anthology, 'Anthropological Critiques of Public Health Policy', challenges current global health initiatives and examines health

agencies as sociocultural systems in themselves. George Foster's embedded analysis with international health bureaucracies details several internal factors that impede agency potential and force staff members into complacency with organisational norms (p. 689). Foster presents the problem of limited corporate memory, in which programmes continue to re-invent the wheel instead of learning from prior relevant experiences. He sees this as a consequence of an agency culture that rewards powerful personalities who boost their own creativity but dismiss crediting others (p. 692). He also raises the concern that ideologically attractive policies often become agency doctrine without being rigorously tested or questioned and the tendency of international policies to reflect the interests and values of the West rather than those of the third world. Additionally, Foster highlights the perverse competition for clients amongst donor health agencies citing the influx of hundreds of aid organisations within a single small country and what he calls the 'workshop syndrome' which diverts personnel from other important activities (p. 696). These deeply entrenched dilemmas have dangerous consequences, the most important being that health agencies, developed to respond to suffering, can in fact make suffering worse [Kleinman 2010]. This reality can only be guarded against by accepting that health agencies are social institutions that require critical internal reflection and external evaluation, especially as new philanthropic players and funding agencies transform the global health marketplace. Ongoing behavioural research is crucial in order to understand this new balance of power and how it is impacting the course and direction of global public health.

Overall, the synergistic effect of these powerful case studies drives home the editors' argument that anthropology is essential to modern public health. The anthology also achieves its goal of communicating

anthropological approaches in a language accessible to those outside the field, while still providing rich, contextual analyses of the issues at stake. The emphasis on the spread of lifestyle-related chronic illnesses to the developing world primes the reader to forthcoming tensions between global policies tested in wealthy nations with local realities of other populations. In addition, the focus on the unintended consequences of public health campaigns helps us to weigh the risks and benefits of the involvement of pharmaceutical companies in global health and turns a reflective lens on the dangers of blind adherence to agency doctrine. While the broad selection of cases aimed at a wide audience is one of the book's major strengths, it also limits a deeper understanding of single issues and may leave readers with a scattered view of the role of anthropology in public health. A conclusion could bring the salient points together and enlighten courses of action for the way forward. Despite this, most compelling about this anthology, as Arthur Kleinman points out, is its potential to provide the new social movement of students, who see global health as a way to change the world, with reformulated views on public health policies that 'can have local effects that remake people's lives as well as their world'.

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Rik van Berkel, Willibrord de Graaf and Tomáš Sirovátka (eds): *The Governance of Active Welfare States in Europe*
London and New York 2011: Palgrave Macmillan, 279 pp.

The welfare state is changing in Europe, especially as far as employment policy is concerned. Labour economists and social policy analysts avidly discuss the changing content of activation programmes, the amount and length of benefits, or the differential treatment of various target groups such as the young or the long-term unemployed. That is not what this book is about. Rather, *The Governance of Active Welfare States in Europe* asks two sets of closely related, different, but equally important questions:

(1) What *governance* reforms have taken place in this field in the last two decades? Have European states centralised or decentralised policy making and implementation, have they introduced (quasi-) markets, are they better at coordinating the work of different government agencies, have they paid more than lip service to the vogue of new public management?

(2) What have been the *effects* of these governance reforms? What outcome effects (e.g. job placement), what output effects (e.g. reach, variety) can be chalked up? How have processes affecting individuals changed (e.g. do they have more voice and more choice)?

The volume emerged within the EU-funded 6th Framework Programme, from a five-year, comparative research effort entitled 'Reconciling Work and Welfare' (REC-WOWE), and was published in the Palgrave—RECWOWE book series *Work and Welfare in Europe*. It is structured as such comparative tomes often are: an introductory chapter (authored by the three editors) sets the stage, asks the research questions and outlines the theoretical framework, in this case, Newman's [2001] and Considine's [2001] typologies of governance. New-