

Casanova, Charles Taylor, and David Martin's works. Important authors all of them, but (except for Casanova) they have not influenced the debate in Latin America about Latin American secularization. Latin American criticisms of the secularization thesis have been many and diverse. A relevant one here has been the use of secularization as a normative principle: to be modern, a society must be "secularized"; that is, if a Latin American society wanted to be regarded as "civilized," religion should be reduced to the private sphere. That normative aspect of the secularization theory was called laicism, after the French *laïcité*: a political regime that banned religious demonstrations in the public sphere. It is an idea that, following De Asúa's engagement with secularization as a political category, might have helped him to dig deeper into his thesis.

The other point is what the author means by "Argentina." This is a book about scholarly ideas, about the elites, and not about the people on the ground. It is not about how science and Catholicism interacted in the daily lives of the peoples, but about the intellectual debate of the elites, ecclesiastical and scientific, sometimes showing the personal connections of many of them who will later be in opposing positions. In any case, the book (that is not about Argentina but about some Argentinean elites) makes an important contribution when it explores the networks, the family connections, and the social infrastructure (universities, associations, acquaintances, magazines, circles) that allowed the debate.

However, it does so by looking almost exclusively at Buenos Aires. There are some references in colonial times to the Jesuits working in the Guarani Missions and other places (relevant to the life of the main characters of the narrative), but the focus (perhaps because of access to the data?) is on the Buenos Aires elites. Missing other potential points (Rosario, Tucuman, Mendoza, Cordoba) are concrete secularization forces and historical circumstances that bring texture to the debate. The first Catholic university in Argentina, the one founded in Cordoba in 1956, started because Peronist professors were banned by the liberal government. I wish that, instead of putting aside these facts, the author had used them to explore the complexity of Argentina's cultural life.

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doi:10.1017/S0009640723003499

***Religion in Global Health and Development: The Case of Twentieth Century Ghana.* By Benjamin Bronnert Walker. Montreal: McGill-Queen's University Press, 2022. xix + 316 pp., with photos, tables, and map. \$44.96, (CAD) paper.**

"Is the WHO the center of Global Health?" (3). This is the main question that the book *Religion in Global Health and Development: The Case of Twentieth-Century Ghana* by Benjamin Bronnert Walker seeks to address, using religion and its social welfare provision activities in Ghana as tools of analysis. Through the book's six chronological but overlapping chapters, Walker challenges extant analysis of global health, which privileges a focus on what happens "in the offices of directors-general and departmental heads" over "transnational, regional, local, national, and international sources" (3).

Of these sources, the book argues, religion is of singular importance. The picture of Global Health that appears is one of “a diverse and decentralised process that is constantly being remade in local contexts in parallel with international communities and networks” (4).

The central role of religion in linking the local and the global in Global Health to produce a well-rounded picture of the reality of the system is presented in a nuanced manner that avoids the until recently dismissive treatment of religion and its developmental role by mainstream development policy and practice and the broad generalizations of the advocates of the “religion and development” paradigm, which promotes the paradigm as the panacea for all the ills of development policy (Fountain 2013). In the process, it highlights the embedded and ambivalent but indispensable role of religion—not just with regards to the conceptualization and sustenance of the Global Health system but, more importantly, to the rise of and continued provision of social services in African fragile states. The book firmly sets up the model of analysis that “Global Health, to be understood fully, needs a multi-layered, multi-focal, and non-Eurocentric narrative” (6). A crucial part of the book’s analysis is the light it sheds on the “large-scale medical mission of West Germany and the Netherlands in Ghana, a country with which they had no previous recent colonial connection” (8) and the use of religion and development as viable tools for state-building and nationalism in both new and long-established states.

The overlapping nature of the analysis in the various chapters of the book makes it a complex read. For example, a similar analysis of the social welfare provision activities of religious missions in neighboring Nigeria (Olarinmoye 2023) adopted a three-phase approach, focusing on a single theme for each phase: first, an initial partnership phase of “active collaboration” between the colonial state and missions to provide social welfare services to the indigenous peoples of the colony of Nigeria; second, a phase of “state-hegemony” of social welfare service provision (Africanization, 1950s–mid-1980s), a period characterized by turbulence in the state-religious social service provision relationship, as witnessed in the expelling of catholic missionaries from the southeast of the country and the nationalization of schools and hospitals by state and federal governments in Nigeria; and third, a current phase (late 1980s–present) of “weak state-assertive religious” provision of social welfare services in Nigeria—this, as international donors adjusted their funding models to incorporate religious organizations in the light of the corruption associated with local and national public institutions in Nigeria.

Despite this limitation, this book—which draws on extensive archival and field research in Europe (UK, Germany, Netherlands), US and Ghana—is to be highly commended for the insight it brings to understanding the dynamics of Global Health and, more importantly, for the empirical evidence it supplies to support the claims of the advocates of the “religion and development” paradigm in development studies. It is also a good study of the comparative politics of Africa and an important analysis of the domestic politics of African fragile states.

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doi:10.1017/S0009640723003177