

Chapter One

Introduction

1.1 Contextualizing China's Medical Aid in Tanzania

On September 22, 2011, *Beijing Review*, a state-owned news magazine, published an article titled “Healing Angels from China: Medical Teams from China Fight Death and Disease in the Harshesht Environments in Africa.”¹ The article referred to “Healing Angels” in the context of the existing healthcare situation in Tanzania and how patients perceived the role of Chinese doctors. Likewise, on November 3, 2017, Wang Ke, the Chinese Ambassador to Tanzania, spoke at a farewell reception for the twenty-fourth batch of Chinese medical teams in Tanzania, acknowledging their missions in the country. She stated that the doctors embodied the spirit of “being fearless of hardship and dedicated to heal [sic] the wounded and rescue the dying with boundless love.” She added that their sacrifices were acknowledged by many Tanzanians, who perceived them as “Angels of God and Angels in White [because of the way they dressed].”² These assertions from Chinese sources paralleled those of Tanzanian government-owned newspapers. On September 19, 1977, the *Daily News* published an article entitled “Chinese Doctors Praised.”³ Similarly, on August 30, 1991, the same newspaper featured “Kawawa Hails Chinese Doctors.”⁴ These articles all commended the work of Chinese doctors upon their departure after their contracts.

These delightful reflections on perceptions of the activities of Chinese doctors in Tanzania connect beautifully to Figure 5 (Chapter 3) of this book, which showcases a photograph taken in rural Tanzania during the 1970s. This photograph was featured in a 1998 documentary about the Chinese medical team from Shandong province. It depicts Chinese doctors travelling on foot to reach remote areas, underscoring how they distinguished themselves from other medical teams in Tanzania that preferred to operate in towns and cities. These positive portrayals of Chinese aid were frequently used diplomatically to bolster Sino-Tanzanian relations. Nevertheless, the praise and assertion that Tanzanians viewed Chinese doctors as “Angels of God” are thought-provoking and warrant critical examination to understand

1 Ding Ying, “Healing Angels from China: Medical Teams from China Fight Death and Disease in the Harshesht Environments in Africa,” *Beijing Review*, September 22, 2011, 14.

2 A speech by H. E. Wang Ke, Ambassador of China to Tanzania, at the Farewell Reception for the 24th Chinese Medical Team in Tanzania, Dar es Salaam, November 3, 2017.

3 “Chinese Doctors Praised,” *Daily News*, 19, 1977, 3.

4 “Kawawa Hails Chinese Doctors,” *Daily News*, August 30, 1991, 5.

their context. Why, and during which historical period, did they perceive Chinese doctors as Angels of God? These questions, along with many others, prompted me to explore the history of China's medical assistance in Tanzania.

This study denotes that due to insufficient healthcare services, China's medical assistance to Tanzania and other independent African nations was crucial. Many African countries lacked adequate health facilities at the time of their independence and faced a shortage of trained medical personnel and essential medications. The number of qualified medical personnel, such as doctors, nurses, and midwives, did not keep pace with the soaring population and social demands. According to the World Health Organization (WHO) report, by 1962, 26 independent African countries had only 4,700 doctors (Africans and non-Africans), yielding a ratio of a single doctor to 18,000 people. Doctors of African origin were very few. For instance, in 1965, 26 independent African countries had approximately 1,700 African doctors. Worse still, some independent African states had no African doctors at all.⁵ Diseases were rampant, and most countries sourced essential pharmaceuticals overseas for preventive and curative purposes.⁶ Importing medicines from abroad was the primary cause of the scarcity of foreign currency, placing a heavy brake on the development speed while compromising the fight against diseases. Generally, health challenges in most independent African countries were thus to be tackled by establishing a ramified system of medical institutions to train medical personnel and build pharmaceutical industries to ensure a constant supply of preventive and curative medicines. However, given the limited economic resources, such endeavors could not easily be attained. Thus, the countries needed prompt medical assistance from friendly nations and multilateral supporters.

The healthcare situation was not different in Tanzania since, at independence, the country only had about 549 registered medical doctors, of which 400 were residents, serving a population of 10.4 million. Many registered resident doctors were Indians, while Africans numbered only twelve.⁷ The workforce deficit in the health sector was also the case for the low level of medical personnel. At independence, the government had about 200 African medical assistants and less

5 "Paucity of Doctors and Nurses," *Ghanaian Times*, May 14–20, 1967.

6 Geoffrey Banda, Samuel Wangwe and Maureen Mackintosh, "Making Medicines: An Historical Political Economy Overview," in *Making Medicines in Africa: The Political Economy of Industrializing Local Health*, ed. Maureen Mackintosh, Geoffrey Banda, Paula Tibandebage and Watu Wamae (London: Palgrave Macmillan, 2016), 8.

7 Richard M. Titmuss, Brian Abel-Smith, George Macdonald, Arthur W. Williams, and Christopher H. Wood, *The Health Services of Tanganyika: A Report to the Government* (London: Pitman Medical Publishing, 1964), 180.

than 1,000 low-level healthcare personnel tasked with serving 98 hospitals, 22 rural health centers, and 975 village dispensaries.⁸ With such inadequacies, healthcare provisions were problematic. As a result, life expectancy was 35 years for men and 40 years for women. The death rate was 47 out of 1,000 pregnant women who gave birth. Furthermore, the infant and child mortality rates were 40% to 50% before children reached the age of six.⁹ These and many other health challenges prompted Tanzanian President Julius Nyerere to christen diseases among the three main “enemies” to the country’s development, followed by ignorance and poverty. The government anticipated that a healthy and stable nation would be built if the “war” against diseases was fought successfully.¹⁰ Nevertheless, a successful fight against the “enemies” required intense commitment, effort, and funds. Undeniably, the government’s ambitions were difficult to achieve for a young and low-income country, making overseas assistance unavoidable.

Before the inception of China’s medical assistance, traditional donors from the Global North were the dominant donors to the post-colonial Tanzanian government.¹¹ However, following the diplomatic strife in the mid-1960s, the Tanzanian government could not receive enough support from countries of the Global North, worsening the country’s healthcare services and forcing its reliance on some powerful countries of the Global South. Largely, Cold War politics, a historical root of the post-Second World War global disconnect, prompted the mid-1960s diplomatic rifts between Tanzania and countries of the Global North. The Tanzanian government’s diplomatic ties with the German Democratic Republic after its Union with Zanzibar, contrary to the Hallstein Doctrine of West Germany, and its stance on

8 Julius K. Nyerere, *Freedom and Development/ Uhuru na Maendeleo: A Selection from Writings and Speeches, 1968–1973* (Dar es Salaam: Oxford University Press, 1973), 293.

9 URT. *Report on the Fifty Years of Independence of Tanzania Mainland 1961–2011*, 105; “A Speech by Honourable D. N. M. Bryceson, M. P., Minister for Health, 1962,” TNA. Acc. No. 450, Ministry of Health, File No. HE. 1172, Medical Development Plan; Nyerere, *Freedom and Development*, 294; “Letter from the Minister for Health, Honourable D. N. M. Bryceson to all Ministry Employees of May 18, 1964,” TNA. Acc. No. 450, Ministry of Health, File No. HE. 1172, Medical Development Plan.

10 “Letter from the Minister for Health, Honourable D. N. Bryceson to all Ministry Employees, May 18, 1964,” TNA. Acc. No. 450, Ministry of Health, File No. HE. 1172, Medical Development Plan; Phares G. M. Mujinja and Tausi M. Kida, *Implications of Health Sector Reforms in Tanzania: Policies, Indicators and Accessibility to Health Services* (Dar es Salaam: The Economic and Social Research Foundation (ESRF), 2014), 1; Julius K. Nyerere, “Foreword” in *History of the Medical Services of Tanganyika* by David F. Clyde (Dar es Salaam: Government Press, 1962), I.

11 Idrian N. Resnick, *The Long Transition: Building Socialism in Tanzania* (London: Monthly Review Press, 1981), 54; also see Jeannette Hartmann, “The Search for Autonomy and Independence: Foreign Policy and the Arusha Declaration,” in *Re-thinking the Arusha Declaration*, ed. Jeannette Hartmann (Copenhagen: Axel Nielsen and Son, 1991), 155.

Southern Rhodesian (Zimbabwean) independence following the 1965 Ian Smith's Unilateral Declaration of Independence, ruined diplomatic relations with these big powers of the Global North, vanishing economic, social and political assistance to the country.¹² The diplomatic crisis severely hurt the health sector since all medical workers from Britain working in the country departed immediately after the dispute. Similarly, Tanzanians pursuing health-related courses in several medical colleges under Bonn and London government scholarships returned home, and later, the government sent them to Soviet medical colleges.¹³ Global Cold War politics prompted global connections and disconnections, forcing low-income countries to ally with either the East or the West to qualify for economic, political, social, and technological assistance.

Diplomatic rifts between Tanzania and donors of the Global North made the government cautious about accepting foreign aid. As a result, in 1967, the Tanganyika African National Union's National Executive Council endorsed the Arusha Declaration, which spearheaded the adoption of socialist and self-reliance policies.¹⁴ Under the Declaration, the Tanzanian government was determined to shift the nation from aid dependency to self-sufficiency. It perceived loans and aid from countries of the Global North as imperialistic and less promising to turn recipient countries self-reliant. In contrast, the government perceived China's loans and aid as worthy, development-friendly, consistent with the country's self-reliance agenda,

¹² Guido Magome, "Self-Reliance Makes Stronger and Faster Pace," *Daily News*, February 1, 1978, 5–6; Kapepwa I. Tambila, "Aid from the Recipient's Point of View: The Tanzania Experience," in *Diplomacy and Development: Proceedings of the 10th International Conference of Editors of Diplomatic Documents*, ed. Marc Dierikx (The Hague: Institute of Netherlands History, 2010), 82; George Roberts, "Politics, Decolonization, and the Cold War in Dar es Salaam c. 1965–72" (PhD diss., University of Warwick, 2016), 87; Paul Bjerk, *Building a Peaceful Nation: Julius Nyerere and the Establishment of Sovereignty in Tanzania, 1960–1964* (New York: University of Rochester Press, 2015), 214; Thomas Burgess, "The Rise and Fall of a Socialist Future: Ambivalent Encounters Between Zanzibar and East Germany in the Cold War," in *Navigating Socialist Encounters: Moorings and (Dis) Entanglements Between Africa and East Germany during the Cold War*, eds. Eric Burton, Anne Dietrich, Immanuel R. Harisch, and Marcia C. Schenck (Berlin: Walter de Gruyter, 2021), 176–177.

¹³ Resnick, *The Long Transition*, 57; Magome, "Self-Reliance Makes Stronger and Faster Pace," 5–6; John Iliffe, *East African Doctors: A History of the Modern Profession* (Cambridge: Cambridge University Press, 1998), 200; "Wanafunzi nao Watarudishwa toka Ujerumani," *Ngurumo*, Machi 19, 1965, 1; Eric Burton, "Decolonization, the Cold War and Africans' routes to overseas education, 1957–1965," *Journal of Global History* 15, no. 1 (2020) 185.

¹⁴ Paul Bjerk, "Agency and the Arusha Declaration: Nyerere, NUTA, and Political Discourse in Tanzania, 1966–7," *The Journal of African History* 64, no. 3 (2023): 369.

and not meddling in internal affairs.¹⁵ Against the preceding background, the Chinese government began providing different kinds of assistance in post-colonial Tanzania, with the health sector among the beneficiaries. Yet, China's medical assistance in post-colonial Tanzania implies that development aid has not only flowed from the Global North – or “core” – to the Global South, the so-called periphery, but also from the South to the South.¹⁶ In this regard, China's assistance also reflected the practice of South-South cooperation (SSC), which prioritized the exchange of resources, technology, experience, and knowledge among countries of the Global South. Such exchanges were executed at bilateral, multilateral, regional, or interregional levels and organized and coordinated by Southern countries. Through the SSC, countries of the Global South worked together to find solutions to common development challenges. It became possible for country members to work together since they had a supposedly shared history and challenges.¹⁷

Historically, Tanzania was not the first country to receive China's aid. Instead, the Chinese government began aiding Global South nations, touching economic, social and political aspects since the 1950s. Vietnam and North Korea were the first socialist countries to receive China's aid in 1950. It further assisted other countries of the South, including Egypt, Morocco, Sudan, and Guinea, after the Bandung Conference of 1955.¹⁸ However, throughout the 1950s, medical assistance

15 Julius K. Nyerere, “TAZARA – from a Caricature of a “Chinese” Railway to “Our” Railway,” A Speech at the Handing-over of the Tanzania-Zambia Railway (TAZARA) to Tanzania and Zambia Kapiri Mposhi, Zambia: July 14, 1976, in *Freedom and Liberation: A Selection from Speeches 1974–1999*, ed. The Mwalimu Nyerere Foundation (Dar es Salaam: Oxford University Press (T), 2011), 97; Resnick, *The Long Transition*, 131; Rwekaza Mukandala, “From Proud Defiance to Beggary: A Recipient's Tale,” in *Agencies in Foreign Aid: Comparing China, Sweden and the United States in Tanzania*, eds. Goran Hyden and Rwekaza Mukandala (New York: St. Martin's Press, 1999), 38; Paul Tiyaambe Zeleza, “Dancing with Dragon: Africa's Courtship with China,” *The Global South* 2, no. 2 (Fall 2008): 174.

16 The terms “Global South” and “Global North” serve as alternatives to “Third World/Developing Countries” and “Developed Countries.” The conceptual framework section of this chapter offers a fuller explanation.

17 See Isaline Bergamaschi and Arlene B. Tickner, “Introduction: South-South Cooperation Beyond the Myths—A Critical Analysis,” in *South-South Cooperation Beyond Myths: Rising Donors, New Aid Practices?* ed. Isaline Bergamaschi, Phoebe Moore and Arlene B. Tickner (London: Palgrave Macmillan, 2017), 1–2; Meibo Huang, “Introduction: South-South Cooperation and Chinese Foreign Aid,” in *South-South Cooperation and Chinese Foreign Aid*, ed. Meibo Huang, Xiuli Xu and Xiaojing Mao (Singapore: Palgrave Macmillan, 2019), 1.

18 Mohon Shajalal, et al., “China's Engagement with Development Assistance for Health in Africa,” *Global Health Research and Policy* 2, no. 24 (2017): 2, <https://doi.org/10.1186/s41256-017-0045-8>; Ai Ping, “From Proletarian Internationalism to Mutual Development: China's Cooperation with Tanzania, 1965–95,” in *Agencies in Foreign Aid: Comparing China, Sweden and the United States in Tanzania*, ed. Goran Hyden and Rwekaza Mukandala (New York: St. Martin's Press,

was not a part of China's aid to the South. From the outset, the Chinese government executed its aid through cash, materials, project building, and technical cooperation. In 1964, Chinese Premier Zhou Enlai explained that the Chinese government's assistance was aimed at strengthening the socialist camp, promoting the struggle for political independence, and supporting the attainment of self-reliance endeavors in newly independent African countries.¹⁹ However, Zhou did not mention the political and economic benefits the Chinese government aimed to accrue under the "foreign aid" umbrella. The diplomatic struggle between the People's Republic of China (PRC) and Taiwan – officially the Republic of China (ROC), the Sino-Soviet disputes, and its ambitions to spread Maoism following the Great Proletarian Cultural Revolution (1966–1976) prompted China's assistance to countries in the Global South. China used aid as a bargaining chip to win allies and markets for manufactured goods, promote Maoism, and turn the recipient country's political elites into a vanguard for its quest for admission to the United Nations General Assembly (UNGA).²⁰ For instance, it only supplied loans and grants to countries that had forged diplomatic relationships with Beijing, putting its "aid with no strings attached" principle in question.²¹ Therefore, China's assistance to countries in the Global South was a reciprocal process.

Although China began aiding countries of the Global South in 1950, it was not until 1963 that medical assistance was provided for the first time. Algeria became the first country to receive aid after experiencing an acute shortage of medical personnel, marking the beginning of China's medical assistance to Africa, Latin America, Asia, and Southern Europe.²² The lack of sufficient medical personnel in

1999), 165–166; Li Anshan, "China's New Policy toward Africa," in *China into Africa, Trade, Aid, and Influence*, ed. Robert I. Rotberg (Washington DC: Brookings Institution Press, 2008), 2.

19 Menghua Zeng, "An Interactive Perspective of Chinese Aid Policy: A Case Study of Chinese Aid to Tanzania," (PhD diss., University of Florida, 1999), 93–94; Ai, "From Proletarian Internationalism," 170.

20 Andrea Azizi Kifyasi, "Communist China's Medical Assistance versus Nationalist China's Agricultural Aid to Africa and the Politics of Recognition, 1961–1971," in *Africa-China-Taiwan Relations, 1949–2020*, ed. Sabella Ogbobode Abidde (Lanham: Lexington Books, 2022), 219; Tianbiao Zhu, "Nationalism and Chinese Foreign Policy," *China Review* 1, no. 1 (Fall 2001): 10.

21 The principles, among others, underscored China's commitment to promoting self-reliance to aid recipient countries. See "Eight Principles for Economic and Technical Aid Contended by Premier Zhou Enlai when Answering Questions from Reporters of the Ghana News Agency on January 15, 1964 in Ghana," available in *Afro-Asian Solidarity against Imperialism: A Collection of Documents, Speeches and Press Interviews from the Visits of Chinese Leaders to Thirteen African and Asian Countries* (Peking: Foreign Languages Press, 1964), 149.

22 Li Anshan, *Chinese Medical Cooperation in Africa: With Special Emphasis on the Medical Teams and Anti-Malaria Campaign* (Uppsala: Nordiska Afrikainstitutet, 2011), 9; George T. Yu, "Sino-Africa Relations: A Survey," *Asian Survey* 5, no. 7 (Jul. 1965): 327.

many African countries made the Chinese Medical Team (CMT) frontier a more dominant form of medical assistance than others, such as building hospital infrastructures, donating drugs and medical equipment, constructing pharmaceutical factories, training health personnel, and controlling malaria.²³

Between 1966 and 1977, the Chinese government provided medical assistance and other economic and political support to several African countries, laying a solid foundation for Sino-African relations.²⁴ As a result, in October 1971, UN member countries endorsed the proposal of restoring China's legitimate seat in the UNGA, with 26 African countries voting in favor of recognizing the legal status of the Chinese government.²⁵ However, from 1978 to 1995, the Chinese government reduced its assistance to African countries, consistent with its reform and opening-up policy, which focused on economic gains rather than political benefits. The newly adopted policy declined significantly China's foreign aid to African countries.²⁶ Li Anshan notes that from 1979 to 1980, no Chinese medical teams were sent to Africa. Although the program resumed in 1981, there was no increase in the number of teams from 1988 to 1995.²⁷ Driven by political, diplomatic and economic reasons, China renewed its engagement in Africa and resumed its assistance to the continent in the 1990s.²⁸ The Forum on China-Africa Cooperation (FOCAC) deepened China's roots in Africa, while China utilized its forum to provide various forms of assistance, including medical aid, to several African countries.²⁹ Formed in 2000, the FOCAC promoted bilateral ties and cooperation between China and Africa through dialogue.

²³ Peilong Liu, *et al.*, "China's Distinctive Engagement in Global Health," *Lancet* 308 (August 2014): 795.

²⁴ Li, *Chinese Medical Cooperation in Africa*, 9.

²⁵ David H. Shinn, "China-Africa Ties in Historical Context," in *China-Africa and an Economic Transformation*, ed. Arkebe Oqubay and Justin Yifu Lin (London: Oxford University Press, 2019), 66; Timothy S. Rich and Sterling Recker, "Understanding Sino-African Relations: Neocolonialism or a New Era?" *Journal of International and Area Studies* 20, no. 1 (2013): 63.

²⁶ Peter J. Buckley, Jeremy Clegg and Hi Tan, "Knowledge Transfer to China: Policy Lessons from Foreign Affiliates," *Transnational Corporations* 13, no. 1 (April 2004): 31; Yanzhong Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (Winter 2010): 111; Li, "China's New Policy toward Africa," 7; Giles Mohan and Marcus Power, "New African Choices? The Politics of Chinese Engagement," *Review of African Political Economy* 115, no. 23–42 (2008): 29, <https://dx.doi.org/10.1080/03056240802011394>.

²⁷ Li, *Chinese Medical Cooperation in Africa*, 11.

²⁸ Xu Yi-Chong, "Chinese State-owned Enterprises in Africa: Ambassadors or Freebooters?" *Journal of Contemporary China* 23, no. 89 (March 2014): 826; Huang, "Pursuing Health as Foreign Policy," 128.

²⁹ Li Anshan *et al.*, *FOCAC Twelve Years Later: Achievements, Challenges and the Way Forward* (Uppsala: Nordiska Afrikainstitutet 2012), 20.

The preceding exposition shows that China's assistance to countries of the Global South, particularly in Africa, has a long and varied history, with its economic, technological, and political assistance running parallel to the provision of medical aid. Indeed, its assistance was in line with the SSC agenda, which, among other things, aimed to promote self-reliance and sustainability in the health sector of Southern countries as a means of reducing dependencies on countries in the Global North.³⁰ Through SSC, Southern countries anticipated neutralizing Northern technological and scientific influence by exchanging resources, technology, and knowledge.³¹ Their attempts challenged the existing knowledge from the Global North and demonstrated the ability of countries in the Global South to produce and communicate knowledge among themselves. Southern countries with relatively robust medical institutions, such as China and Cuba, were among the first to provide medical aid to other countries, facilitating the exchange of medical knowledge and experiences.³²

1.2 The Argument

This book examines the significance of China's medical assistance for the development of Tanzania's health sector within the framework of South-South cooperation, using post-colonial Tanzania as its focal point. It critically discusses a range of major Chinese-funded health projects since Tanzania's independence. It analyses how Chinese medical assistance contributed to nation-building agendas in Tanzania and promoted South-South medical knowledge production, exchanges, and self-sufficiency within Tanzania's health sector.

This work contributes to research on SSC, particularly by examining economic, political, and knowledge entanglements that emerged from bilateral relationships among Southern countries. Despite a historical engagement of some

30 Margaret Blunden, "South-South Cooperation: Cuba's Health Programmes in Africa," *International Journal of Cuban Studies* 1, no. 1 (June, 2008): 33; Li Anshan, "From 'How Could' to 'How Should': The Possibility of a Pilot U.S.-China Project in Africa," in *China's Emerging Global Health and Foreign Aid Engagement in Africa*, ed. Xiaoqing Lu Boyton (Washington: Center for Strategic and International Studies, CSIS, 2011), 43.

31 Meibo, "Introduction: South-South Cooperation and Chinese Foreign Aid," 1; Paschal B. Mihyo, "Practical Problems in the South-South Development Cooperation: Some Experiences Involving Tanzania," *Law and Politics in Africa, Asia and Latin America*, 25, no. 2 (2. Quarterly, 1992); 225.

32 See, for instance, Robert Huish and John M. Kirk, "Cuban Medical Internationalism and the Development of the Latin American School of Medicine," *Latin American Perspectives* 34, no. 6 (Nov. 2007): 77–92, <https://doi.org/10.1177/0094582x07308119>; Li, "From 'How Could' to 'How Should.'"

powerful countries of the Global South in aiding post-colonial African governments, studies examining development aid to the continent mainly focused on the assistance provided by traditional donors of the Global North, such as IMF, WB, USAID, EU Aid and the like with many claiming that the assistance was less effective.³³ Thus, a few studies have examined the assistance provided by some peripheral countries of the Global South to independent African states, limiting our understanding of the implications of such assistance to the continent's development. While some scholars have studied Chinese economic and political assistance to African countries in the post-colonial period, China's engagement in Africa's health sector remains neglected. Besides filling the prevailing research lacuna, this book further adds insights into ongoing debates on "Theory from the South", which underscores Southern countries' roles in scientific developments that challenged the supposed monopoly of the Global North on science and innovation.³⁴ The work examines how medical assistance provided by some economically powerful countries in the Global South promoted innovations in medical knowledge and challenged the hegemony of medical knowledge from the Global North. The emergence of donor countries from the Global South network has not been adequately studied as a shift away from the dominance of Northern and formerly colonizing powers.

Generally, this book argues that despite some positive effects, China's medical assistance did not reliably promote the development of Tanzania's health sector. The assistance provided was executed under idealistic motives of South-South solidarity, which promised to promote self-dependence on the part of the newly independent nations. Yet, its execution was hampered by several drawbacks, which affected its efficiency and sustainability. China's medical aid, which political elites in Tanzania generally perceived as "unconditional" and "emancipatory," created unforeseen dependencies, leading to the collapse of most projects funded by the Chinese government. For instance, the two pharmaceutical industries supported by the Chinese government in 1968 were handed over to the Tanzanian government, which lacked both sufficient skilled pharmaceutical personnel and effective

³³ William Easterly, *The Whiteman's Burden: Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good* (New York: The Penguin Press, 2006); Dambisa Moyo, *Dead Aid: Why Aid Is Not Working and How There Is a Better Way for Africa* (New York: Farrar, Straus and Giroux, 2009); Sebastian Edwards, *Toxic Aid: Economic Collapse and Recovery in Tanzania* (Oxford: Oxford University Press, 2014); Carol Lancaster, *Aid to Africa: So Much to Do, So Little Done* (London: University of Chicago Press, 1999); Severine M. Rugumamu, *Lethal Aid: The Illusion of Socialism and Self-Reliance in Tanzania* (Trenton, NJ: Africa World Press Inc, 1997).

³⁴ See Jean Comaroff and John L. Comaroff, "Theory from the South: or, how Euro-America is Evolving toward Africa," *Anthropological Forum* 22, no. 2 (July 2012): 113–131 <http://dx.doi.org/10.1080/00664677.2012.694169>.

management capacity to operate them. Moreover, there was no reliable source of pharmaceutical raw materials (Chapter 5). Similarly, as will be shown in Chapter 3, the Chinese medical team program, which commenced in 1968, prioritized clinical care rather than fostering medical knowledge exchanges with local medical personnel. Research and treatment programs in traditional Chinese medicine further prompted the spread and practice of Chinese medicine instead of imparting medical knowledge to traditional Tanzanian medicine practitioners and researchers (Chapter 4). Therefore, throughout this study, it will be seen that despite the merits of China's aid, especially in counteracting the dominance of medical assistance and knowledge from the Global North, there was a significant gap between "promise" and "practice". Rather than creating a basis of skills, infrastructures, and materials on which it could have functioned more autonomously and sustainably, Chinese assistance worked as a short-term relief to long-term deficiencies within Tanzania's health sector.

1.3 Situating China's Medical Assistance in the Historiographic Review

The existing research literature shows that training local medical workers was not a priority of the colonial governments. However, the increasing health challenges, the limited number of medical workers in the colonies, and the colonial ambitions to popularize biomedicine prompted colonial administrations to launch medical training for at least a few Africans from 1900 onwards. David F. Clyde, Randall M. Packard, John Iliffe, Hellen Tilley and Stacey A. Langwick provide insights into how colonial authorities introduced and popularized biomedicine in Africa while undermining the survival of the existing indigenous medical practices and approaches.³⁵ Clyde and Iliffe discuss how colonial experts imparted Western medical knowledge to a few Africans who worked as medical assistants, sanitary inspectors, dispensers, and tribal dressers.³⁶ A study by Iliffe and Langwick went further by examining how medical training progressed in

35 David F. Clyde, *History of the Medical Services of Tanganyika* (Dar es Salaam: Government Press, 1962); Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore, MD: Johns Hopkins University Press, 2016); Iliffe, *East African Doctors*; read the Introductory Chapter in Helen Tilley, *Africa as a Living Laboratory, Empire, Development and the Problem of Scientific Knowledge, 1870–1950* (United States of America: University of Chicago Press, 2011); Stacey A. Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania* (Bloomington, IL: Indiana University Press, 2011).

36 Clyde, *History of the Medical Services of Tanganyika*, 117; Iliffe, *East African Doctors*, 40.

post-colonial East Africa, showing how the new governments invested in training medical personnel.³⁷ Thus, the advent of Chinese medical training on the continent collided with existing medical knowledge systems shaped by the former colonial power and other surviving and adapting knowledge systems. Still, existing scholarship has not yet shown how the Chinese medical training curriculum challenged the prevailing training system. The ways and the extent to which Chinese medical knowledge was imparted to the local medical workers require further investigation to identify its broader implications for post-colonial Tanzania's health sector.

This work also contributes to studies on Tanzanian socialism in the postcolonial period. Scholars have examined, for instance, the implications of the policies for economic activities such as agriculture, industry, and commerce, reporting nuanced observations.³⁸ Other studies investigated the impact of the policies in light of the environmental harm that was done through such projects. They show that socialist policies went hand in hand with the villagization scheme, which interfered with existing land-use patterns and disrupted ecological relationships between people and their natural environment, leading to environmental degradation.³⁹ Generally, the available research literature criticizes socialist policies in

37 Iliffe, *East African Doctors*; Langwick, *Bodies, Politics, and African Healing*.

38 Several scholars studied the implications of Ujamaa policies in the development of agriculture, industries, commerce and rural transformation. For instance, Idrian Resnick maintains that under the Ujamaa policies, the government perceived industrialization as a critical economic take-off, and invested much in it while fewer efforts were made to produce and improve skilled manpower to run the established industries; as a result, many industries collapsed. See Resnick, *The Long Transition*. Yet, several scholars maintain that under Ujamaa policies, the rural transformation was arduous since the vision of the policies was not interpreted and adopted by officials and peasants; thus, the policies ended in futility. See, for instance, Priyal Lal, *African Socialism in Postcolonial Tanzania: Between the Village and the World* (New York: Cambridge University Press, 2015); Jannik Boesen, Birgit Storgard Madsen, and Tony Moody, *Ujamaa—Socialism from Above* (Uppsala: Scandinavian Institute of African Studies, 1977). Further studies maintain that villagization policies implemented by the government under Ujamaa policies were a burden on rural communities' livelihoods since they reduced farming activities. See for instance, Maxmillian J. Chuhila, "Agrarian Change and Rural Transformation in Tanzania: Ismani, Circa 1940–2010," *UTAFITI* 14, no. 1 (2019): 1–23; Michaela von Freyhold, *Ujamaa Villages in Tanzania: Analysis of a Social Experiment* (London: Heinemann Educational Books, 1979); Andrew Coulson, *Tanzania a Political Economy* (New York: Oxford University Press, 1982); James C. Scott, *Seeing Like a State*, (London: Yale University Press, 1998); and Louis Putterman, "Tanzania Rural Socialism and Statism Revisited: What Light from the Chinese Experience?" in *Re-Thinking the Arusha Declaration* ed. Jeannette Hartmann (Copenhagen: Axel Nielsen and Son A/S, 1991).

39 Idriss S. Kikula, *Policy Implications on Environment: The Case of Villagization in Tanzania* (Dar es Salaam: Dar es Salaam University Press, 1997); Yusufu Q. Lawi, "Tanzania's Operation Vijiji and Local Ecological Consciousness: The Case of Eastern Iraqwland, 1974–1976," *The Journal of African History* 48, no. 1 (2007): 69–93.

Tanzania, especially how the government implemented them, underscoring that they made little or no significant contribution to its self-reliance endeavors. Research has paid little attention to health as a significant field of African socialism and self-sufficiency. This book covers this gap by examining the implications of socialist policies on healthcare. Reviewing the Tanzanian government's attempts to establish a socialist healthcare system sheds light on the extent to which the policies adopted were, in one way or another, linked to Chinese interventions.

Scholars have documented the history of biomedical doctors in East Africa and provided some insights into socialist health policies in post-colonial Tanzania, including rural healthcare.⁴⁰ Others have studied the general practice of Tanzanian traditional medicine and the implications of the changing government policies for its development.⁴¹ While these and other studies offer significant contributions to understanding Tanzania's colonial and post-colonial health systems, their approaches are both broad and general. They have not examined the implications of the socialist policies that the country adopted in 1967 to develop the healthcare system systematically. In addition, given their theoretical and methodological frameworks, existing studies have overlooked the extent to which South-South Cooperation influenced the production and circulation of medical knowledge. This work investigates how the low-income nation of Tanzania drew on Chinese aid and knowledge in its government endeavors to offer free healthcare, institutionalize traditional medicine, provide rural healthcare, and ban private health practices.

This work also draws from several studies on Cuban medical internationalism, showing that Cuban medical assistance operated under specific criteria. For instance, some recipient countries exchanged Cuban medical aid for resources or trade agreements. Yet, under the banner of "humanitarianism," the Cuban government provided free medical assistance to low-income countries and states affected by disasters such as floods and earthquakes.⁴² Thus, the Cuban government

40 Iliffe, *East African Doctors*; Amon J. Nsekela and Aloysius M. Nhonoli, *The Development of Health Services and Society in Mainland Tanzania: A Historical Overview-Tumetoka Mbali* (Dar es Salaam: East African Literature Bureau, 1976).

41 Langwick, *Bodies, Politics, and African Healing*; Margunn M. Bech, et al., "Changing Policies and Their Influence on Government Health Workers in Tanzania, 1967–2009: Perspectives From Rural Mbulu District," *The International Journal of African Historical Studies* 46, no. 1 (2013): 61–103; Dalmas A. R. Dominicus and Takashi Akamatsu, "Health Policy and Implementation in Tanzania," *Keio J. Med.* 38, no. 2 (1989): 192–200; Gideon Kwesigabo, et al., "Tanzania's Health System and Workforce Crisis," *Journal of Public Health Policy* 33, no. 1 (2012): S35–S44.

42 See, for instance, Daniel Hammett, "Cuban Intervention in South African Health Care Service Provision," *Journal of Southern African Studies* 33, no. 1 (Mar. 2007): 63–81, <https://doi.org/10.1080/03057070601136574>; John M. Kirk, Cuban Medical Cooperation within ALBA: The Case of Vene-

reaped concrete benefits from its medical missions. The available literature on Chinese assistance to newly independent African nations does not adequately discuss the (desired) benefits that China might have gained from its long-term medical missions in the Global South.⁴³ This book provides a nuanced assessment of China's medical aid to Africa, seeking its motivations beyond a dichotomy of imperialist agendas versus more idealistic motives of Southern solidarity.

Several economic projects funded by the Chinese government in Africa during the 1960s and 1970s have sparked the interest of scholars. For instance, George Yu and Jamie Monson have investigated the Tanzania-Zambia Railway (TAZARA), which was among the most significant projects funded by the Chinese government in Southern countries.⁴⁴ Monson shows how socialist and capitalist visions of development competed during the Cold War period, as the TAZARA project coincided with the construction of the highway from Dar es Salaam to Zambia, funded by the US government. In the Chinese socialist vision, the railway project sought to alleviate Zambia's dependency on "capitalist" Rhodesian, white minority, Angolan, and South African rails and ports by promoting African nations' self-reliance.⁴⁵ This work examines the manifestation of similar ideological clashes in health projects funded by the Chinese government and traditional donors from the Global North in Tanzania, as well as the motivations behind Chinese medical aid, which the existing scholarship has neglected.

There is some research on the Chinese medical teams (CMTs) and pharmaceutical industries built by the Chinese, and much less on traditional Chinese medicines (TCMs) in Africa. Such works, however, are both broad and general in their approaches and do not show subtle changes in the funded projects over time. Fur-

zuela," *International Journal of Cuban Studies* 3, no. 2/3 (Summer/Autumn, 2011): 221–234; Jason K. Brandt, "Effects of Humanitarian Aid: A Cuban Case Study," (Master's diss., Naval Postgraduate School, Monterey California, September 2002); Julie M. Feinsilver, "Cuba's Medical Diplomacy," in *A Changing Cuba in a Changing World*, ed. Mauricio A. Font (New York: City University of New York, 2009); Julie M. Feinsilver, "Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism," *Cuban Studies* 41 (2010): 85–104.

⁴³ Read, for instance, Shuang Lin, *et al.*, "China's Health Assistance to Africa: Opportunism or Altruism?" *Globalization and Health*, (2016): 1–5, <https://doi.org/10.1186/s12992-016-0217-1>; Li, *Chinese Medical Cooperation in Africa*; Peilong Liu, *et. al.*, "China's Distinctive Engagement in Global Health," *Lancet* 384 (Aug. 2014): 793–804.

⁴⁴ George T. Yu, "The Tanzania-Zambia Railway: A Case Study in Chinese Economic Aid to Africa," in *Soviet and Chinese Aid to African Nations*, ed. Warren Weinstein and Thomas H. Henriksen (New York: Praeger Publishers, 1980); Jamie Monson, *Africa's Freedom Railway: How a Chinese Development Project Changed Lives and Livelihoods in Tanzania* (Indiana: University Press, 2010).

⁴⁵ Monson, *Africa's Freedom Railway*, 2.

thermore, they do not uncover the implications of Chinese medical aid in promoting self-reliance and South-South medical knowledge exchange. For instance, some existing literature has examined the activities of Chinese medical doctors in Africa without establishing the systematic history and contexts that gave birth to their interventions.⁴⁶ Yet, some medical aid projects funded by the Chinese government in Africa, such as the pharmaceutical industries, received little or no scholarly attention.⁴⁷ Most publications about Chinese medical assistance to the continent are not historical studies but rather from political science and anthro-

46 A general understanding of activities of the CMTs in Africa was studied by Li Anshan, "Chinese Medical Team Abroad for Assistance: History, Achievement and Impact," in *Future in Retrospect: China's Diplomatic History Revisited*, ed. Qin Yaqing and Chen Zhirui (Hackensack: World Century Publishing Corporation, 2016); Li, *Chinese Medical Cooperation in Africa*; Shu Chen *et al.*, "Chinese Medical Teams in Africa: A Flagship Program Facing Formidable Challenges," *Journal of Global Health* 9, no. 1 (June 2019): 1–6 <https://doi.org/10.7189/jogh.09.010311>. Yanzhong Huang investigated the general implications of China's reform and opening-up policy to the CMT program. Yanzhong Huang, "Domestic Factors and China's Health Aid Programs in Africa," in *China's Emerging Global Health and Foreign Aid Engagement in Africa*, ed. Xiaoqing Lu Boyton (Washington: Center for Strategic and International Studies, CSIS, 2011); Huang, "Pursuing Health as Foreign Policy." Alicia Altorfer-Ong briefly examined the activities of CMTs in Zanzibar and mainland Tanzania from 1964 to 1970, two years after the inception of CMTs in mainland Tanzania. Read Chapter 5 in Alicia N. Altorfer-Ong, "Old Comrades and New Brothers: A Historical Re-Examination of the Sino-Zanzibari and Sino-Tanzanian Bilateral Relationships in the 1960s" (PhD diss., Department of International History, London School of Economics and Political Science, 2014), 230–273; Paul Kadetz and Johanna Hood, examined the role of the CMT program in fostering self-sufficiency in Madagascar's health sector. Paul Kadetz and Johanna Hood, "Outsourcing China's Welfare: Unpacking the Outcomes of Sustainable Self-Development in Sino-African Health Diplomacy," in *Handbook of Welfare in China* (Handbooks of Research on Contemporary China Series, ed. Beatriz Carrillo, Johanna Hood, and Paul Kadetz (Cheltenham: Edward Elgar Publishers, 2017).

47 A study by Geoffrey Banda, Samuel Wangwe and Maureen Mackintosh provides a brief overview of the historical development of pharmaceutical industries in Africa, Tanzania in particular. See Banda, Wangwe and Mackintosh, "Making Medicines." Brief information about Chinese-funded pharmaceutical industries can also be found in Gail A. Eadie and Denise M. Grizzell, "China's Foreign Aid, 1975–78," *The China Quarterly*, no. 77 (Mar. 1979): 217–234; Maulid Madeni, "The Effects of Privatisation on Performance of the Privatised Enterprises in Tanzania: Case Studies of Aluminium Africa (ALAF), Keko Pharmaceuticals Industries Limited (KPI), and Tanzania-China Friendship Textile Company (TZ-CHINA)," (Master's diss., University of Dar es Salaam, 2002); and Sophia Josephat Mwilongo, "Challenges Perceived by Local Pharmaceutical Manufacturers that Hinder Adequate Production of Essential Medicines in Tanzania," (Master's diss., Muhimbili University of Health and Allied Sciences, 2011).

pology, which have examined China's recent medical diplomacy, the practice of traditional Chinese medicine in private clinics and other political and anthropological issues.⁴⁸ This work provides a more differentiated assessment by investigating different forms of medical aid in-depth and zooming in on specific case studies. I examine aspects other studies have omitted, focusing on how these programs played out on the ground. I investigate the schemes closely in their historical contexts, and, on this basis, I provide a nuanced evaluation of the South-South knowledge production and its implications for the postcolonial politics of socialism and self-reliance.

Methodologically, available studies on Chinese medical aid have relied on oral testimonies, institutional and government reports, and personal observations as primary sources, neglecting archival sources almost entirely.⁴⁹ As a result, they have not considered the nuanced history of the emergence, development, and im-

⁴⁸ Scholars from political science, international relations and anthropology who studied China's medical assistance include Gordon C. Shen and Victoria Y. Fan, "China's Provincial Diplomacy to Africa: Applications to Health Cooperation," *Contemporary Politics* 20, no. 2 (2014): 182–208, <https://dx.doi.org/10.1080/13569775.2014.907993>; Paul Kadetz, "Unpacking Sino-African Health Diplomacy: Problematising a Hegemonic Construction," *St. Antony's International Review*, 8, no. 2 (2013): 149–172; Jeremy Youde, "China's Diplomacy in Africa," *China an International Journal* (March 2010): 151–163; Drew Thompson, "China's Soft Power in Africa: From the 'Beijing Consensus' to Health Diplomacy," *China Brief* 5, no. 21 (October 13, 2005): 1–5. Research on the practice of traditional Chinese medicine clinics was conducted by Elisabeth Hsu, "Medicine as Business: Chinese Medicine in Tanzania," in *China Returns to Africa: A Rising Power and a Continent Embrace*, ed. Alden C. Large D. and Soares de Oliveira R. (London: Hurst Publishers, 2008); Elisabeth Hsu, "The Medicine from China Has Rapid Effects: Chinese Medicine Patients in Tanzania," *Anthropology and Medicine* 9, no. 3, (2002): 291–314, <https://dx.doi.org/10.1080/13648470216335>; Elisabeth Hsu, "Chinese Medicine in East Africa and its Effectiveness," *IIAS Newsletter*, no. 45 (Autumn 2007): 22; Michael Jennings, "Chinese Medicine and Medical Pluralism in Dar es Salaam: Globalization or Glocalisation?" *International Relations* 19, no. 4 (2005): 457–473, <https://doi.org/10.1177/0047117805058535>; Hilaire De Prince Pokam, "Chinese Medicine in Cameroon," *China Perspectives*, no. 3 (2011): 51–58.

⁴⁹ See, Shen and Fan, "China's Provincial Diplomacy to Africa"; Kadetz and Hood, "Outsourcing China's Welfare"; and Huang, "Domestic Factors and China's Health Aid Programs in Africa." Very few studies integrated some archival information but with limited oral testimonies from key respondents. See, for instance, Li, *Chinese Medical Cooperation in Africa*, and Altorfer-Ong, "Old Comrades and New Brothers." The lack of relevant sources limited the historical understanding of several Chinese-aided medical projects in Africa. For instance, Hsu and Jennings maintained that the activities of the Chinese doctors working under the TAZARA project influenced the positive reception of TCM clinics in Tanzania. At the same time, archival information I collected suggests that the activities of Chinese medical doctors and the practice of acupuncture therapy from 1968 onwards provided a chance for the penetration and positive perception of TCM clinics in the 1990s. See Hsu, "Chinese Medicine in East Africa," 22; Jennings, "Chinese Medicine and Medical Pluralism," 461.

plications of Chinese medical aid to the development of health sectors in recipient countries.

This work also pushes further the discussion about the manner in which and the extent to which countries of the Global South engaged in the fight against pandemics in other Southern countries, using the Chinese-funded HIV and AIDS research and treatment project in Tanzania as a focal point. To date, the contributions of Southern countries in combating pandemics have been largely overlooked by scholars, creating the impression that countries of the Global South have had little to offer in response to global health challenges. Studies into the global health campaign by Amy Patterson, Randall Packard, and John Iliffe underscore the roles of traditional global health partners such as the USA, the European Union (EU), the WHO, the World Bank, and the Bill and Melinda Gates Foundation.⁵⁰ Very little is currently known about China's multilateral engagement in global health from the turn of twenty-first century onwards following its domestic health crisis and economic interests in Africa where medical assistance has become an essential component of China's projection of soft power.⁵¹ Although the available literature sheds some light on China's global health multilateralism, research has not yet examined China's bilateral entry into global health campaigns. Bilateral medical projects with individual countries in the Global South, funded by the Chinese government, are essential areas for research in the present work.⁵²

50 See, for instance, Amy S. Patterson, *Africa and Global Health Governance: Domestic Politics and International Structures* (Baltimore, MD: Johns Hopkins University Press, 2018); Packard, *A History of Global Health*; John Iliffe, *The African AIDS Epidemic: A History* (Athens: Ohio University Press, 2006).

51 Stephen J. Morrison, "The Prospects for Engaging China with Global Health Issues," in *China's Capacity to Manage Infectious Diseases: Global Implications*, ed. Charles W. Freeman and Xiaoping Lu (Washington DC: Centre for Strategic and International Studies, 2009); L. H. Chan, P. K. Lee and G. Chan, "China Engages Global Health Governance: Processes and Dilemmas," *Global Public Health* 4, no. 1 (January 2009): 1–30; <https://dx.doi.org/10.1080/17441690701524471>; Yanzhong Huang, "China's New Health Diplomacy," in *China's Capacity to Manage Infectious Diseases: Global Implications*, ed. Charles W. Freeman and Xiaoping Lu (Washington DC: Centre for Strategic and International Studies, 2009); Matthew Brown, Bryan A. Liang, Braden Hale, and Thomas Novotny, "China's Role in Global Health Diplomacy: Designing Expanded U.S. Partnership for Health System Strengthening in Africa," *Global Health Governance* 6, no. 2 (Summer 2013): 1–18; Xu Jing, Liu Peilong and Guo Yan, "Health Diplomacy in China," *Global Health Governance* 4, no. 2 (Spring 2011): 1–12.

52 See, for instance, "Traditional Chinese Medicine has Great Prospects in Dealing with HIV/AIDS," *Xinhua News Agency*, September 25, 2003, "Traditional Chinese Medicine in Tanzania," *Xinhua News Agency*, October 15, 2006, Rodney Thadeus, "China to Help Dar Fight AIDS," *The African*, February 17, 2003, 3.

Scholars have debated South-South Cooperation in somewhat controversial terms. Some emphasize that China's current engagement was linked to the country's aim to exploit natural resources in low-income countries and that its growing need for these resources primarily renewed the strong relationship with Africa in the 1990s, referring to China's engagement as the "second colonization of the African continent."⁵³ By contrast, others argue that the increased cooperation between China and African governments has served mutual benefits, bolstering their arguments with statistics that reflect the extent to which African countries have benefited from collaboration with China, illuminating African agency in action. Scholarships for African students, medical assistance, infrastructure projects, economic investments, and trade relationships are prime examples of such positive effects.⁵⁴ The debate on China's recent influence in Africa has overlooked the possibility of Chinese humanitarianism and imperialist elements in its medical aid to Africa since its commencement in the 1960s. Likewise, the role of the African agency in Sino-African relations should be studied from the onset of the cooperation to discern its change and continuities.

1.4 Conceptual Framework

Conceptually, this work contributes to a growing body of literature engaging with "Theory from the South"; that is, initiatives in the Global South promoting knowledge generation and scientific innovation. "Theory from the South" can be described as a broad and diverse research agenda affecting different disciplinary fields that subscribe to the common goal of highlighting the Global South's contri-

⁵³ See, for instance, Erica Downs, "The Fact and the Friction of Sino-African Energy Relations," *China Security* 3, no. 3 (2007): 46–48; Erica Downs, "The Chinese Energy Security Debate," *The China Quarterly* 177 (2004): 21–41; also see Ian Taylor, "China's Oil Diplomacy in Africa," *International Affairs* 82, no. 5 (2006): 937–959; Ian Taylor, "A Challenge to the Global Liberal Order? The Growing Chinese Relationship with Africa," in *Handbook of China's International Relations*, ed. Shaun Breslin (London: Routledge, 2010); Ali Zafar, "The Growing Relationship between China and Sub-Saharan Africa: Macro-Economic, Trade Investment and Aid Links," *The World Bank Research Observer* 22, no. 1 (Spring 2007): 103–130.

⁵⁴ See Lucy Corkin, *Uncovering African Agency: Angola's Management of China's Credit Lines* (London: Ashgate Publishing Limited, 2013); Giles Mohan and Ben Lampert, "Negotiating China: Reinserting African Agency into China-Africa Relations," *African Affairs* 112, no. 446 (Dec 2012): 92–100; Obert Hodzi, "African Political Elites and the Making(s) of the China Model in Africa," *Politics and Policy* 48, no. 5 (2020): 887–907; Li, "China's New Policy toward Africa"; Liu *et al.*, "China's Distinctive Engagement in Global Health"; Wang Hongyi, "Sino-African Relations Enter a New Stage," *China International Studies* (Fall 2006): 33–48.

butions to various fields of science. Thus, it challenges the long-standing sophism that globally relevant knowledge has always emanated from European and North American countries and that Southern regions of the world have been on the receiving end, delivering – at best – raw data incorporated into sophisticated theories by researchers from the Global North. Indeed, it empowers countries that have been conventionally ill and perceived as peripheral, primitive, and underdeveloped. Scholars who subscribe to the Southern theory have emphasized how Southern countries became centers for the production and circulation of knowledge and innovation within the Southern world and beyond Southern borders, showing that countries of the Global South developed genuine and self-conscious modernity as well.⁵⁵ Consequently, Southern countries produced undisputed advancements in science and technology from the ancient to the modern periods. To be sure, the colonization of Southern countries had impeded knowledge production processes. Nevertheless, colonies remained critical sources of knowledge and innovation for the development of modern states of the Global North.⁵⁶

The view that countries of the Global South have been the architects of science, technology, and innovation is not new, but it is rooted in older Afrocentric scholarship. Among others, Cheikh Anta Diop viewed Africans as genuine architects of Ancient Egypt's civilization, which then spread to the Global North and other parts of the South.⁵⁷ Theory from the South develops such thoughts further, building on previous criticism. In medical history, scholars such as Helen Tilley have discussed how the Global South became a source of “raw data” for the Global North – how treatments were tested and plant knowledge exported to Northern states. Tilley adds that much of the knowledge colonial authorities gathered from local experts and their experiences in the colonies has been unacknowledged or silenced.⁵⁸ Scholars under the “Theory from the South” umbrella, by contrast, seek to make visible the knowledge that has come from the South, and by doing that, they prove that the Global South was also a site of theory building, not just one of collecting raw data, such as botanical specimen.

55 Jean Comaroff and John L. Comaroff, *Theory from the South: Or, How Euro-America is Evolving Toward Africa* (London: Paradigm Publishers, 2012); Clapperton Chakanetsa Mavhunga, “Introduction: What Do Science, Technology, and Innovation Mean from Africa?” in *What Do Science, Technology, and Innovation Mean From Africa*, ed. Clapperton Chakanetsa Mavhunga (Cambridge: Massachusetts Institute of Technology Press, 2017); Fran Collyer, Raewyn Connell, Joao Maia and Robert Morrell, *Knowledge and Global Power: Making New Sciences in the South* (Clayton: Monash University Publishing, 2019).

56 Comaroff, and Comaroff, “Theory from the South,” 116; Mavhunga, “Introduction,” 5.

57 See, for instance, Cheikh Anta Diop, *The African Origin of Civilization: Myth or Reality* (New York: Lawrence Hill and Company, 1974).

58 For detailed information, see Tilley, *Africa as a Living Laboratory*.

Admittedly, precisely defining the “Global South” and the “Global North” is problematic. The terms, however, are alternatives to denominations like “Third World or Developing Countries” and “Developed Countries.” Using these terms signals the downfall of the tripartite and hierarchical division which dominated the Cold War period.⁵⁹ Julius K. Nyerere, then Chairman of the South Commission, defined Southern countries by referring to their interests, connections, and determinations in relation to the “underdeveloped” and the “highly developed” nations. In this regard, geography, ideology, and economic achievements are not decisive influences on identification, since countries such as China, India, Brazil, and South Africa have a per capita income higher than that of some countries of the Global North, such as Albania, Kosovo and Yugoslavia. Certainly, countries of the Global South were members of the Group of 77 (G-77) or the Non-Aligned Movement (NAM). They share basic characteristics such as being former colonies or protectorates, having a comparatively low GDP, and being excluded from international economic decision-making institutions such as the World Trade Organization (WTO), United Nations Conference on Trade and Development (UNCTAD), World Bank, and International Monetary Fund (IMF). In sum, these countries would be associated with the “periphery” and a lack of political and economic power from a perspective of World Systems Theory.⁶⁰ With such a view, I trace the initiatives made by countries of the Global South to facilitate the development of knowledge production following the Bandung Conference in 1955 and the Afro-Asian Peoples’ Solidarity Organisation (AAPSO) instituted in 1957. Thus far, scholars have not linked these organizations with the ongoing “Theory from the South” debate. I examine how these movements, which were formed at the height of the Cold War, conceived and developed the idea of assisting one another in addressing several economic, political, social, and technological problems. Consequently, I use China’s medical aid in Tanzania to examine the manifestations of the Southern solidarity agendas, considering that China was among the leading architects and sponsors of Afro-Asian movements and organizations.

A “Southern” perspective extends beyond a parochial analysis by dependency theorists, who view low-income countries as dependent on high-income nations for markets, capital equipment, consumption of goods and financing. Against this backdrop, they premised that the underdevelopment of the Southern countries was caused by such dependency and asymmetrical economic and political relationships with high-income countries of the Global North. In their view, the only

⁵⁹ Comaroff and Comaroff, “Theory from the South,” 126.

⁶⁰ Julius K. Nyerere, “The Meaning of “Development” and of “The South,”” in *Freedom, Non-Alignment and South-South Cooperation*, ed. The Mwalimu Nyerere Foundation (Dar es Salaam: Oxford University Press (T), 2011), 91–92; Comaroff and Comaroff, “Theory from the South,” 127.

way for Southern countries to disentangle such “exploitative” relationships was through delinking their economic and political ties with the Northern countries.⁶¹ With respect to “aid,” for instance, the dominant perception has been that the only “donors” were Euro-American countries and multilateral financial institutions, such as the IMF and the World Bank – despite the decisive engagement of several Southern countries, including China, India, and Cuba. Consequently, neo-Marxist theory can be somewhat limiting by overlooking the possibility that some countries in the “periphery” provided aid to “peripheral” and “core” countries. Secondly, it leaves unanswered the question of what happens when a so-called peripheral country aids another peripheral country and whether this type of aid would also count as an example of exploitation. China’s medical assistance to post-colonial Tanzania was an attempt by the “poor” to help the “poor”. Capital and experiences flowed from the South to the South. While this work draws from Southern theory, it avoids a celebratory account by critically inquiring into the process through which SSC was instituted, the usefulness of the knowledge produced and circulated, and the benefits reaped by which stakeholder.

1.5 Methodological Opportunities and Challenges

While researching Sino-African relationships, George T. Yu wrote: “[S]tudying China in Africa is much like pursuing a dragon in the bush. The dragon is imposing, but the bush is dense.”⁶² Although Yu reached this conclusion in 1968, it remains relevant today. During my research, I encountered several opportunities and challenges, not least because China’s aid was executed with high confidentiality. Identification of and access to both archival and oral historical testimonies required more time and patience than I had initially anticipated (see below). This work employed a qualitative approach, drawing from written and oral accounts. Sources were gathered during two long research trips conducted in Tanzania and China from January to July 2018 for the first phase and from February to July 2019 for the second phase. I used oral historical narratives, which I gathered in March 2016

⁶¹ See, for instance, Samir Amin, “A Note on the Concept of Delinking,” *Review* 10, no. 3 (Winter 1987): 435–444; Samir Amin, *Delinking: Towards a Polycentric World* (London, New Jersey: Zed Books Ltd, 1990); Walter Rodney, *How Europe Underdeveloped Africa* (Washington DC: Howard University Press, 1982).

⁶² George T. Yu, “Dragon in the Bush: Peking’s Presence in Africa,” *Asian Survey* 8, no. 12 (Dec. 1968): 1025–1026.

when I first met Chinese medical doctors who worked in Tanzania in the 1990s and 2000s.⁶³ Their written and oral historical narratives complement each other to bring a history of China's medical assistance in post-colonial Tanzania.

My interview partners included medical workers, government officials, pharmaceutical technicians, and patients. Such diversity complicated the collection of historical narratives, as I interviewed respondents from different institutions and places. At the same time, it allowed me to meet respondents with different backgrounds and specialties who offered a variety of memories and narratives. Informants were first identified through the heads of departments from several relevant institutions from which China's medical aid was sourced and received. The heads of the departments introduced me to the senior employees who worked on the projects funded by the Chinese government. I interviewed five groups of respondents. Firstly, former members of Chinese medical teams (CMTs) from Shandong province who worked in Tanzania provided insights into the CMTs' history, how the teams operated their medical services, and how they introduced and exchanged medical knowledge with local medical workers. I also inquired about the challenges and achievements experienced, the distinctiveness of Western and Soviet medical workers, responses from Tanzanians, and the Chinese medical workers' perceptions of Tanzania's public health system. Initially, I anticipated that locating and talking to Chinese doctors who worked in Tanzania would be challenging. However, the Shandong Province Health Bureau connected me with retired and on-service medical doctors who worked in Tanzania from the 1970s to the 2000s.⁶⁴ Given the nature of the study and current critiques regarding China's engagement with African countries, Chinese medical doctors were hesitant to respond to sensitive questions inquiring about China's benefits from its medical missions. The doctors were also not ready to discuss the opportunities and privileges they received from the Tanzanian government. Instead, they were more willing to talk about the challenges they experienced on the ground and how they endured compared to other medical doctors from countries of the Global North and South working in Tanzania. However, interviews with medical doctors and health officials from Tanzania, as well as archival information from the Tanzania National Archives and the Shandong Provincial Archives, provided answers to more sensitive questions. While I interviewed Chinese witnesses in English, the Chinese doctors neither

⁶³ I met the CMTs in Jinan City while pursuing my second master's at Zhejiang University.

⁶⁴ With the assistance of the Institute of China Studies (ICS) of Zhejiang University (ZJU) and the Department of History of the East China Normal University (ECNU), I contacted the Health Bureau, which connected me with the doctors. I interviewed them at Jinan City in March 2016 and May 2019.

spoke English nor Kiswahili fluently, so an interpreter did all the transcriptions of the interviews for me.

Secondly, I interviewed former and current Tanzanian employees in pharmaceutical industries sponsored by the Chinese government. I inquired about how the industries were established, their goals, where employees attained their skills, the types of medical products they produced, the sources of pharmaceutical raw materials for the industries, and their contribution to the nation-building agenda of self-sufficiency. Locating and talking to workers within the pharmaceutical industry was challenging since the Mabibo Vaccine Institute collapsed in 1986, and its workers were reallocated to different departments. Thus, they could not be easily found for interviews. Similarly, the Keko Pharmaceutical Industries were privatized in 1997, and over 95% of its employees were replaced. Up to now, only one former employee has worked at Keko, while the rest are new and have less knowledge about the company's history. I interviewed one other former employee who worked with KPI from 1984 to 1997, and the former Minister for Industries, each of whom provided valuable insights about the industries. Furthermore, I used archival information and newspaper articles to complement oral historical narratives.

Thirdly, I collected information from patients who consulted the CMTs and TCM doctors in the Dar es Salaam Region. These people provided information on their perceptions of the new medical knowledge and the medical services Chinese doctors offered. Generally, patient interviews were the most sensitive aspect of my oral history work. For instance, it was challenging to locate patients treated by the CMTs, especially AIDS patients, given the prevailing stigma attached to affected persons in the community. Furthermore, many patients who attended the TCM clinic passed away, and the clinic collapsed in 2010. However, a retired local medical officer who worked at the clinic from 1987 to 2010 introduced me to an AIDS patient who had attended the clinic from 1990 to 2010. This patient was cooperative and responded openly to all of my research questions. Further insights regarding the clinical services offered by the CMTs were gathered from newspapers and archives, thereby complementing the oral historical narratives.

The fourth group of informants were medical personnel in the hospitals where CMT worked. I inquired about the practice of South-South knowledge production and circulation, the Chinese doctor-patient relationships, patients' satisfaction with the clinical services provided by Chinese doctors, the language proficiency of Chinese medical doctors and their general perceptions of the medical knowledge and ability of Chinese medical doctors. Locating local medical workers

who worked with the CMTs from the 1970s to the 1990s was challenging.⁶⁵ Thus, I interviewed medical workers who worked with Chinese doctors during the 2000s. Overall, they provided a clear understanding of the activities of Chinese doctors in Tanzania. Another challenge was the readiness of informants to spend a long time in discussions. Medical workers were busy with many patient appointments and could not be interviewed during their time off, since many also worked part-time in nearby private hospitals. Detailed information about the activities of Chinese doctors in Tanzania, gathered from the archives of Tanzania and China, was complemented by oral testimonies from local medical workers.

Lastly, I consulted retired and in-service officials from Tanzania's Ministry of Health, whom I asked about major Chinese-funded health projects in the country. These government officials were open to narrating the history of Chinese medical aid in the country. However, they hesitated to comment on the drawbacks of the funded projects, which hindered their sustainability. Moreover, some officials were unwilling to participate in the interviews and gave no significant reasons. Despite the challenges, information about health projects funded by the Chinese government was obtained from archives in China and Tanzania. At the end of the fieldwork, I collected 37 interviews at hospitals, government offices, coffee huts, and some respondents' residences.

Most of my primary sources are written documents from archives and libraries in Tanzania, Switzerland, and China. In the Tanzania National Archives (TNA), I consulted files containing annual reports from the Ministry of Health (MoH) and reports about the activities of the CMTs in Tanzania. In addition, I reviewed letters exchanged between the CMTs and the MoH, as well as between the Chinese government and the MoH, spanning the period from 1968 to 1977. Similar reports and letters covering the 1980s to 1990s could not be found. However, the available information was rich enough to reconstruct the history of the CMTs in Tanzania. It was easy to understand, for instance, places where the CMTs were distributed, the challenges they encountered, the way the MoH responded to the needs of the CMTs, the roles of the CMTs in medical knowledge exchange, and the perceptions of the activities of the CMTs by patients, political elites and medical officers from the MoH.

Furthermore, at the TNA, I accessed files containing essential details about the Chinese-funded pharmaceutical industries in Tanzania. The files contained production reports, demands for pharmaceutical raw materials, and letters exchanged between the management of the industries and the Ministries of Health

⁶⁵ Many have retired, and others were transferred to other hospitals that were not easily accessible.

and Industries covering the period from 1968 to 1990.⁶⁶ The available sources helped me understand the kind of sponsorship that the Chinese government provided, the types of medical products produced by the industries, sources of pharmaceutical raw materials; challenges encountered by the industries, forces behind their establishment, the *modus operandi* for the pharmaceutical knowledge production and exchange, and the reasons behind their decline.

In the Dodoma National Records Centre (NRC), I consulted files containing letters exchanged between the MoH and the CMTs, memoranda of understanding and reports for the Chinese-funded HIV and AIDS research and treatment project covering the period from 2000 to 2010. The information obtained shed light on how the HIV and AIDS project was conceived and developed, and how it declined. Moreover, I analyzed reports on the practice of the socialist health system and other relevant government reports. In the Zanzibar National Archives (ZNA), I read letters exchanged between the CMTs and the MoH, and reports about Chinese medical teams in Zanzibar. While at the Mbeya Records Centre (MRC), I consulted reports and documents concerning the socialist health system and the activities of Chinese medical doctors in the Mbeya Region. This information helped trace the emergence, development and practice of the socialist health system, which existed after the Arusha Declaration of 1967. It was easy to examine how rural healthcare was executed and how the Chinese government influenced its practice in Tanzania. The reports further provided details about the forces behind the decline of the socialist health system and how cost-sharing in the health sector was conceived.

I consulted health-related files at the WHO Archives (WHOA) in Geneva. I read several resolutions by the World Health Assembly (WHA), reports on activities of the Global Programme on AIDS (GPA), and reports on the WHO's campaign against smallpox and tuberculosis in Tanzania. These reports supplemented oral and archival information collected in China and Tanzania. Likewise, I consulted the Shandong Provincial Archive (SPA) in China. I accessed CMTs' mid-year and annual reports, as well as letters exchanged between the CMTs and the Shandong Health Bureau and between the Health Bureau and the central government of China. I also read documents by the CMTs narrating their activities in Tanzania. Reports about the activities of the CMTs in Tanzania were dense, covering the period from 1968 to 1990. The reports supplemented archival information from the 1980s and 1990s, which could not be found in Tanzania. The reports and letters helped me examine the forces behind China's medical assistance to Tanzania, challenges encountered by the CMTs, the way the provincial and central govern-

66 Information about the Keko plant was dense, while little was found for the Mabibo vaccine.

ment responded to the demands by the CMTs, roles played by the CMTs in promoting South-South knowledge production, circulation, and exchange, the continuities and change of the program and activities of the CMTs in Tanzania, as well as roles played by Traditional Chinese Medicine (TCM) experts in introducing and spreading TCM knowledge in post-colonial Tanzania. Most of the reports and letters were handwritten, and all of them were in Chinese. I hired two research assistants, fluent in both English and Chinese, to address the language barrier. The assistants translated the selected reports and letters for me. However, I was denied access to some reports, diaries, and letters that the custodians perceived as confidential. Generally, information gathered at SPA enriched the histories of the CMTs and TCM in Tanzania.

Newspapers, government reports, parliamentary proceedings, and relevant grey literature were gathered at the University of Dar es Salaam Main Library-East Africana (EAF), the Muhimbili University of Health and Allied Sciences Library, Tanganyika Library Services-East Africana (EAF), and libraries of the University of Basel, the Department of History and the Swiss Tropical and Public Health Institute. Newspaper articles, for instance, reported people's perceptions of the activities of the CMTs, evaluations of the practice of the socialist health system and articles about Tanzania's health situation in different historical periods. Grey literature and research work produced by postgraduate students at the University of Dar es Salaam and Muhimbili enriched my literature review and argument of the study.

The general challenge of archival materials was the incompleteness of the documents I perused. Some files lacked a sequential link to one another. Such cases were much more common at TNA due to the misallocation of the files. Some of the ordered files could not be found. This challenge limited a total follow-up of the activities of the CMTs, research and treatment progress at the HIV/AIDS clinic, as well as the progress of pharmaceutical industries funded by the Chinese government. However, I was able to cover many of these gaps through the use of other sources, including oral historical narratives, provincial archives, and public record centers.

1.6 Structure of the Book

Given the nature of the study, the monograph is organized thematically – focusing on specific medical projects – rather than strictly chronologically. The introductory chapter contextualizes China's medical assistance in Tanzania and locates the study in broader discussions of the available research literature. It also pro-

vides a conceptual and methodological orientation of the study. It offers a valuable introduction and follows up to succeeding chapters.

Chapter 2 discusses the emergence and practices of socialist health policies in Tanzania from 1967 to 1990, showing that the Tanzanian government benefited from Southern solidarity by learning and adopting health policies from other “peripheral” countries. Health policies that were initially practiced in China, such as free healthcare, rural healthcare, and the institutionalization of traditional medicine, were similarly implemented by the Tanzanian government soon after the endorsement of the Arusha Declaration in 1967. Nevertheless, this chapter also shows that the policies adopted were affected by several colonial legacies. For instance, the rural healthcare program was shaped by the experiences of the colonial administration and the Chinese government. Thus, the post-colonial Tanzanian government deployed colonial and Chinese health policies to align with its social, economic, and political contexts. This chapter maintains that the spread and adoption of China’s health policies to Southern countries show that development policy not only flowed from the “core” to the “periphery” but was also communicated between supposedly peripheral nations.

Chapter 3 studies concrete projects funded by the Chinese government in Tanzania. It examines the emergence and development of Chinese medical teams (CMTs) in Tanzania from 1968 to 2010. This chapter shows that Africa was the first frontier for the Chinese government to exercise medical assistance before extending it to other countries of the Global South. It depicts the changes and continuities of China’s foreign policy and its implications for the CMT program. Moreover, it analyses the roles played by the Chinese government in capacity building for Tanzania’s health sector through training local medical workers and attending to patients. I argue in this chapter that the CMT program was a humanitarian mission, but at the same time, was driven by political and economic calculations. The program was a soft way of securing allies during the Cold War era and was vital to maintaining China’s political and economic interests in Africa. Additionally, the ways in which the CMT program was executed only marginally promoted sustainability and self-dependency in Tanzania’s health sector.

The fourth chapter examines how China’s medical assistance to Tanzania promoted the spread of China’s traditional medical knowledge. The chapter establishes how traditional Chinese medicine (TCM) was introduced, perceived, practiced, and developed in post-colonial Tanzania. While TCM was first introduced to the coast of East Africa by Chinese navigators as early as the fifteenth century, its development gained momentum in 1968 when China dispatched its first batch of TCM-trained medical teams to Tanzania. Furthermore, this chapter shows that HIV and AIDS TCM research and treatment programs further influenced the acceptance and practice of TCM in the country. I argue in this chapter that the practice,

spread, and acceptance of TCM knowledge in Tanzania were imperative for promoting medical knowledge from the Global South. The Southern countries perceived “South-South knowledge exchange” as an emancipatory undertaking against the dominance of “Northern” or “Western” biomedicine. Nevertheless, discussions in this chapter show that the good intentions of the South-South knowledge exchange could not successfully replace the dominance of medical knowledge from the Global North.

Chapter 5 discusses the emergence and development of Chinese-funded pharmaceutical industries in post-colonial Tanzania and retraces their implications for Tanzania’s health sector. The chapter further discusses how pharmaceutical knowledge was communicated between Chinese and Tanzanian technicians in the context of South-South knowledge exchange and its implications in the development of pharmaceutical industries in Tanzania. I argue that Chinese-funded pharmaceutical industries were conceived under several constraints that hampered their operation and sustainability. Such circumstances intensified Tanzania’s dependence on imported raw materials and foreign technical experts to sustain the factories.

The conclusion assesses the consistency and inconsistency of China’s medical assistance in support of Tanzania’s nation-building and self-reliance agendas. The findings of this study show that although the Tanzanian government anticipated that medical aid from China would distinctively promote the country’s self-reliance agenda, the ways in which such assistance was provided failed to realize those expectations.