# Chapter Four
# A History of Traditional Chinese Medicine in Tanzania

## 4.1 Introduction

This chapter examines the introduction, perception, and practice of Traditional Chinese Medicine (TCM) in Tanzania. It reveals that TCM was first introduced in the coastal region of the country by Chinese navigators in the fifteenth century. However, it was not until the late 1960s that the therapy gained widespread popularity and became widely practiced following the dispatch of Chinese Medical Teams (CMTs). The TCM experts who accompanied CMTs practiced and disseminated TCM knowledge to local medical workers. The commencement of HIV and AIDS TCM research and treatment in 1987 at Muhimbili National Hospital (MNH) and the establishment of private TCM clinics in the 1990s further enhanced its acceptance and practice in the country. This chapter argues that the practice, spread, and acceptance of TCM knowledge in Tanzania were crucial for promoting medical knowledge from the Global South. In the spirit of Southern solidarity, countries of the Global South viewed South-South knowledge exchange as an emancipatory initiative against dependence on the medical knowledge of the Global North.[1] Nevertheless, the chapter illustrates that the execution of TCM services in Tanzania was not only envisioned as an alternative to medical knowledge from the Global North but also promoted the use of Chinese medicine alongside biomedicine. Unfortunately, such promotions did not translate into great success in mainstream Tanzanian public health.

## 4.2 Traditional Chinese Medicine's Global Outreach

Traditional Chinese medicine relies primarily on herbal medications to prevent and help the human body fight ailments, relieve pain and restore health. In addition to medication, TCM adopts non-pharmacological therapies such as acupunc-

1 Permanent Secretariat of the Afro-Asian Peoples' Solidarity Organisations, *Afro-Asian Peoples' Solidarity Movement*, (Cairo), 12.


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ture and moxibustion, massage, cupping, and spooning.[2] Acupuncture and moxibustion are the key components of TCM and began in China around 100 BCE. The therapies spread outside China, recording positive receptions in Korea and Japan in the sixth century CE, Vietnam in the eighth and tenth centuries CE and France in the seventeenth century before it spread to Germany, Holland, and England by 1700.[3] By the 1900s, TCM had spread to North America, Asia and several European countries. Portuguese Jesuit missionaries working in Japan and Asian immigrants, especially the Chinese and Vietnamese, were the principal agents for the practice and its spread outside Asia.[4]

The advent of biomedicine in the 1900s negatively impacted the popularity and endurance of TCM not only in Europe but also in China. During this era, acupuncture and moxibustion therapies were perceived as unscientific.[5] However, after the founding of New China in 1949, the government attached great importance to the development of TCM by laying down policies, principles, and strategies to promote its acceptance and practices worldwide.[6] The promotion of TCM aimed at backing up Western-based medical care in China. In the 1950s, China had more than half a billion people attended to by fewer than 40,000 biomedical doctors. Consequently, the promotion of TCM partly aimed to enable the Chinese government to utilize about 500,000 TCM practitioners who were previously disorganized, discouraged, and disengaged from healthcare provision.[7]

The promotion of TCM went hand in hand with scientizing its knowledge. The Vice-Minister for Public Health, Chien Hsin-chung, confessed that most TCM therapies were unscientific, calling for scientific research to prove their effectiveness.[8] The minister's call aligned with Chairman Mao Zedong's ambitions, who,

**2** The State Council Information Office of the People's Republic of China (PRC), *A White Paper on the Development of Traditional Chinese Medicine (TCM) in China, 6th December 2016*, 4; Interview with Jiang Xuan, January 4, 2016, Hangzhou; Andrea Azizi Kifyasi, "How Effective Was the Global South Knowledge Exchange? The Chinese-Funded Medical Projects in Tanzania, 1968–1990s." *Technology and Culture* 65, no. 1 (Jan. 2024): 45.

**3** A. White and E. Ernst, "A Brief History of Acupuncture," *British Society for Rheumatology* 43, no. 5 (May, 2004): 662.

**4** Stephen J. Birch and Robert L. Felt, "The Acculturation and Re-Acculturation of Acupuncture," in *Understanding Acupuncture,* ed. Stephen J. Birch and Robert L. Felt (London: Churchill Livingstone, 1999), 45.

**5** Ernst, "A Brief History of Acupuncture," 663; Paul U. Unschuld, *Traditional Chinese Medicine: Heritage and Adaptation*, trans. Bridie J. Andrews (New York: Columbia University Press, 2018), 1.

**6** Chien Hsin-chung, "Chinese Medicine: Progress and Achievements," *Peking Review*, February 28, 1964, 18.

**7** Birch and Felt, "The Acculturation and Re-Acculturation of Acupuncture," 51.

**8** Chien, "Chinese Medicine," 18.

besides promoting the use and spread of TCM in and outside China, did not believe in it. Mao told his physician, Dr Li Zhisui, "Even though I believe we should promote Chinese Medicine, I personally do not believe in it. I don't take Chinese medicine. Don't you think that is strange?"[9] Mao desired to see TCM practitioners formally trained and its therapies scientifically trustworthy and integrated with biomedicine to earn local and global acceptability. He avowed,

> What I believe is that Chinese and Western medicine should be integrated. Well-trained doctors of Western medicine should learn Chinese medicine; senior doctors of Chinese medicine should study anatomy, physiology, bacteriology, pathology, and so on. They should learn how to use modern science to explain the principles of Chinese medicine. They should translate some classical Chinese medicine books into modern language, with proper annotations and explanations. Then, a new medical science based on the integration of Chinese and Western medicine can emerge. That would be a great contribution to the world.[10]

Accordingly, since the mid-1950s, the Chinese government established TCM schools with a standardized curriculum, where TCM students and practitioners studied basic biomedical sciences, traditional pharmacotherapy, and acupuncture. In 1956, China made TCM a compulsory course for students trained in biomedicine to enhance their basic knowledge of TCM and promote the use of both medical systems. To legally protect the integration process, China's constitution stipulated that modern medicine and TCM should be developed.[11] The establishment of formal training, which began in the mid-1950s and heightened after the 1966 Great Proletarian Cultural Revolution, not only legitimized TCM as a trustworthy practice grounded in science but also helped the government unify and regulate the practices of traditional health practitioners. Throughout the 1950s and 1960s, the government stressed training and undertaking research. Thus, it established TCM colleges in Beijing, Shanghai, Chengdu, Guangzhou, and Nanjing in the 1950s, spreading to all provinces from the 1960s onwards. While believing in biomedicine, Mao saw the economic and political potential of TCM vying to promote its knowledge globally, bolstering its parallel use with biomedicine, fighting diseases, and winning market and national pride.[12]

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**9** Li Zhisui, *The Private Life of Chairman Mao: The Memoirs of Mao's Personal Physician Dr Li Zhisui*, trans. Tai Hung-Chao (New York: Random House, 1994), 84.

**10** Li, *The Private Life of Chairman Mao*, 84.

**11** Birch and Felt, "The Acculturation and Re-Acculturation of Acupuncture," 52; WHO, "Study Tour in China," *World Health*, November 1977, 23; WHO, *The Role of Traditional Medicine in Primary Health Care in China, 1985*, 1.

**12** Chien, "Chinese Medicine," 18; Ling Yang, "Training Medical Workers," *Peking Review*, November 13, 1964, 23.

While TCM's emergence and spread in Europe, America, and other Asian countries are well documented, similar narratives are missing in Africa. Anecdotal information shows that TCM was introduced to the East African coast in the fifteenth century through expeditions led by the Ming dynasty diplomat Zheng He. Zheng's expeditions to the East African coast comprised 180 Chinese doctors and orderlies. The medical doctors cared for the delegates and sought new medical knowledge and *materia medica* from the coast.[13] In such ways, medical knowledge from the coast flowed to China through direct contact between Chinese and local medical practitioners.[14] Yet, reliable evidence indicating that Chinese medical doctors extended medical services to the coastal people is missing. Furthermore, there is no plausible information suggesting that coastal medical practitioners adopted any medical knowledge from Chinese medical practitioners. Nevertheless, Li Xinfeng shows that Chinese descendants left by Zheng in Mombasa after a shipwreck practiced TCM therapies such as massage and cupping and passed on medical knowledge from one generation to another.[15] Li's assertions, however, fall short in terms of methodology as he lacked complementary information from archival and archaeological sources. It is, therefore, not known whether the Chinese left were TCM practitioners or ordinary Chinese with varying levels of TCM knowledge. Yet, Li's study brings to light the practice of some TCM therapies on the East African coast before the 1960s. However, their use and spread to other parts of Africa were curtailed by the limited nature of precolonial and colonial Sino-African relationships. In the colonial period, for instance, so-called Chinese "coolies" worked in different colonial economic investments in Tanganyika, South Africa, and West Africa.[16] However, there is no evidence that these indentured Chinese practiced TCM in those colonies. TCM was spread intensely in Africa by the CMT from the 1960s onwards, with acupuncture therapy being the first to be introduced due to its efficacious aptitude in relieving pain and treating various health cases.[17]

TCM hinges on the philosophy that conceives the human body as maintained by "primordial life energy" called *qi*. This theory explains the physiology and pa-

**13** Abdul Sheriff, *Dhow Cultures of the Indian Ocean: Cosmopolitanism, Commerce and Islam* (New York: Columbia University Press, 2010), 296.

**14** Sheriff, *Dhow Cultures*, 298.

**15** Li Xinfeng, *China in Africa in Zheng He's Footsteps*, trans. Shelly Bryant (Cape Town: Best Red HSRS 2017), 29–30.

**16** Read, for instance, Juhani Koponen, *Development for Exploitation: German Colonial Policies in Mainland Tanzania, 1884–1914* (Münster: LIT Verlag, 1994), 336.

**17** "United Nations Development Programme (UNDP), Project of the Governments of Training Course on Acupuncture Treatment, 17/11/1977," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China; WHO, "Study Tour in China," 23.

thology of the human body and underpins the etiology, prevention, and cure of diseases. TCM practitioners uphold that the *qi* energy flows throughout the human body along several channels called "meridians." Thus, the effective flow of *qi* energy is vital for maintaining a balance between two crucial natural forces, *yin* and *yang*, which, in turn, is required to maintain the stability of the human body.[18] In this regard, the occurrence of diseases was attributed to the dominance of either of the forces over the other, caused by an imbalanced flow of *qi* along the meridians.[19] The balanced state of *yin* and *yang* is manifested in three dimensions: the harmonization of physical form and vitality, man and nature, and man and society. The outlined dimensions made the TCM theory compatible with the WHO's concept of "health," which defined it as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[20]

According to TCM theory, the imbalanced flow of the *qi* energy leading to the occurrence of diseases was caused by exogenous factors, epidemic pathogenic factors, parasites, emotional changes, improper diet, maladjustment between work, exercise, and rest, trauma, and fluid retention, as well as blood stasis. Yet, TCM practitioners did not just rely on symptoms and signs to diagnose diseases. Instead, they employed further diagnostic skills such as observation, listening, smelling, inquiring, and palpation.[21] Modes of causation and the types of diseases informed the healing systems. Some patients received herbal doses, while others underwent acupuncture therapy. In the case of acupuncture, acupuncturists insert acupuncture needle(s) into the skin at specific points of the body along the meridian. The inserted needle(s) stimulated sensory nerves under the skin and muscles of the patient's body to restore the usual balance of *yin* and *yang* for the

**18** Douglas Allchin, "Points East and West: Acupuncture and Comparative Philosophy of Science," *Philosophy of Science* 63 (Sep. 1996): S109; Jie Wang, Lin-guo Zhang and Wei Jia, "The Rationale of Combination Drug Formulas in Traditional Chinese Medicine," in *Chinese Medicine Modern Practice: Annals of Traditional Chinese Medicine Vol. I*, ed. Ping-chung Leung and Charlie Chang-li Xue (Singapore: World Scientific Publishing, 2005), 44.

**19** Stefan Jaeger, "A Geomedical Approach to Chinese Medicine: The Origin of the Yin-Yang Symbol," in *Recent Advances in Theories and Practice of Chinese Medicine*, ed. Haixue Kuang (2012), 30; Unschuld, *Traditional Chinese Medicine,* 25.

**20** WHO, *Constitution of the World Health Organization, 1946*, 1; Li Zhao, Kelvin Chan, Kwok-fai Leung, Feng-bin Liu and Ji-qian Fang, "The Conceptual Framework of the Chinese Quality of Life (ChQoL) Instrument," in *Chinese Medicine Modern Practice: Annals of Traditional Chinese Medicine Vol. I*, ed. Ping.chung Leung and Charlie Chang-li Xue (Singapore: World Scientific Publishing Co. Pte. Ltd, 2005), 189–191. 44.

**21** Wen Xuan, "Traditional Chinese Medicine: An Overview," in *Traditional Chinese Medicine*, ed. Chun-su Yuan, Erick J. Bieber and Brent A. Bauer (Washington: CRC Press, 2011), 97–107.

normal flow of *qi* energy and, hence, restored health.[22] Although TCM theory and practices spread worldwide, Western scientists dismissed its conception of disease and healing, claiming that it was unscientific. The placement of needles, for instance, contrasted with the Western scientific conception of cells, nerve pathways, and energy in biological systems. Under such a perception, they categorized TCM therapies as a pseudoscience.[23] Nevertheless, the *qi* theory remained fundamental for the practices of TCM in different parts of the world.

Moving away from Eastern and Western societies to Africa, the Chinese conception of health and disease also varied from that of African societies. From the pre-colonial period to the present, African societies have had a different conception of illness and its etiology. For instance, in the pre-colonial era, various health practices and epistemologies emphasized that the neglect of ancestral spirits caused illness and other afflictions to individuals, families, and the general community. Furthermore, they supposed that a particular disease was caused by a sorcerer when a person died suddenly or had a chronic illness that was unexplainable and progressed rapidly. Communities further believed that disrespect of community taboos was capable of causing diseases as a punishment by spirits. Moreover, some societies believed other diseases existed naturally, without any spiritual or social cause.[24]

African healing systems varied considerably depending on their etiology, and comprised three levels: divination, spiritualism, and herbalism. Medicinal herbs and minerals were used to cure some diseases, while others were treated through propitiations or sacrifices to ancestral spirits.[25] The healing practices adopted

**22** Lynnae Schwartz, "Evidence-based Medicine and Traditional Chinese Medicine: Not Mutually Exclusive," *Medical Acupuncture* 12, no. 1 (Spring 2000), 2; Yong G. Wang, "Acupuncture," in *Traditional Chinese Medicine*, ed. Chun-su Yuan, Erick J. Bieber and Brent A. Bauer (Washington: CRC Press, 2011), 124; Allchin, "Points East and West," S110.

**23** Margaret Lock and Vinh-Kim Nguyen, *An Anthropology of Biomedicine* (Oxford: Wiley-Blackwell, 2010), 40; Allchin, "Points East and West," S110.

**24** Gloria Waite, "Public Health in Pre-colonial East-central Africa," in *The Social Basis of Health and Healing in Africa,* ed. Steven Feierman and John M. Janzen (Los Angeles: University of California Press, 1992), 213–218; Steven Feierman, "Explanation and Uncertainty in the Medical World of Ghaambo," *Bulletin of the History of Medicine* 74, no. 2 (2000): 320; Yusufu Q. Lawi, "Changes and Continuities in Local Articulations of Life, Illness and Healing in Rural Africa: A case of the Iraqw of North-Central Tanzania," *Tanzanian* Journal *of Population Studies and Development* 15, no. 1 and 2 (2000): 68; Karen. E. Flint. *Healing Traditions: African Medicine, Cultural Exchange and Competition in South Africa, 1820–1948* (Athens: Ohio University Press, 2008), 56.

**25** Harald Kristian Heggenhougen, "Health Services: Official and Unofficial," in *Tanzania Crisis and Struggle for Survival*, ed. Jannik Boesen, Kjell J. Havnevik, Juhani Koponen, and Rie Odgaard (Uppsala: Scandinavian Institute of African Studies, 1986), 312; Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), 60; Waite, "Public Health in Pre-colonial East-central Africa," 214–215.

other traditions, including biomedicine, from the late nineteenth century to the present. Following Stacey A. Langwick, Tanzanian patients and practitioners have regarded biomedical approaches as only part of "a broader therapeutic ecology" up to the present.[26] Therefore, although biomedicine became entrenched in the colonial period, Tanzanian communities relied on both biomedical and traditional logic of causality and treatment. Although the colonial administration promoted the use of biomedicine, communities in Tanzania perceived it as insufficient in addressing all health problems. Thus, medical pluralism remained the main feature of the Tanzanian healthcare system in both colonial and postcolonial periods. Thus, when TCM was introduced and practiced in Tanzania, it met communities that were accustomed to pluralistic health systems capable of absorbing new medical culture.[27] Michael Jennings illustrates how patients in Tanzania were less interested in knowing the philosophical underpinnings of TCM. Instead, they mainly considered the efficacy of their clinical care.[28]

In such pluralistic contexts, acupuncture spread swiftly and was practiced in some African hospitals. Countries such as Algeria, the Republic of the Congo, Ethiopia, Mauritania, Somalia, Togo, Tanzania, and Niger have used acupuncture therapies in some government hospitals since the 1960s. Moreover, Chinese acupuncturists offered free lessons to local medical workers and established acupuncture departments in government hospitals in some African countries.[29] In the 1990s and 2000s, the Chinese introduced an acupuncture course in some African universities, such as Conakry University in Guinea, Universidade Eduardo Mondlane in Mozambique, and the Madagascar State Public Health School.[30] A milestone for training TCM courses for African doctors was reached in 2000 following the inauguration of the Forum for China-Africa Cooperation (FOCAC). During the first FOCAC Ministerial meeting, held in Beijing in 2000, participants issued a declaration that, among other things, suggested the convocation of the China-Africa Forum on Traditional Medicine and the adoption of an Action Plan

**26** Stacey A. Langwick, "Articulate(d) Bodies: Traditional Medicine in Tanzanian Hospital," *American Ethnologist* 35, no. 3 (2008): 428.

**27** Murray Last, "The Importance of Knowing About Not Knowing," *Social Science Medicine* 15B (1981): 390.

**28** Michael Jennings, "Chinese Medicine and Medical Pluralism in Dar es Salaam: Globalization or Glocalisation? *International Relations* 19, no. 4 (2005): 467.

**29** 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 DC: Centre for Strategic and International Studies, 2011), 42.

**30** Li, "From 'How Could' to 'How Should,'" 42.

for cooperation in traditional medicine between China and African countries.[31] The convocation was partly used as a bridge to pass TCM knowledge on to African countries through the provision of scholarships for TCM courses in China and the promotion of TCM clinics in Africa. The available evidence generally shows that from the 1960s to 2010, Chinese TCM colleges admitted more than 1,000 African students.[32]

## 4.3 Emergence, Spread, and Practices of Traditional Chinese Medicine

From the 1960s onwards, most African countries that received CMTs witnessed the emergence, spread, and practice of TCM. China's 2016 White Paper on the Development of Traditional Chinese Medicine indicates that 10% of the CMTs sent to over 70 countries in Asia, Africa, and Latin America comprised TCM professionals.[33] Tanzania, like many beneficiaries of the CMT program, received TCM doctors who practiced and popularized acupuncture therapy since 1968, alleviating various ailments, including lumbago, arthritis, and rheumatism. For example, the first batch of the CMT included three acupuncturists who worked in health facilities in Tarime, Mtwara, and Mpwapwa.[34] Approximately every batch of CMT included three or more acupuncturists. In the 1970s, the number of acupuncturists dispatched to Tanzania rose from three between 1968 and 1970 to six from 1971 to 1973. From 1973 onwards, the number of acupuncturists sent to Tanzania remained steady, at around six, until 1978.[35] The increase in the number of acu-

**31** Goldon C. Shen and Victoria Y. Fan, "China's Provincial Diplomacy to Africa: Applications to Health Cooperation," *Contemporary Politics* 20, no. 182, (2014): 202, https://dx.doi.org/10.1080/13569775.2014.907993.

**32** Mu Xueguan, "China's Medical Team in Morocco Runs Free Clinic for Local Chinese," *Xinhua News*, June 18, 2015.

**33** The State Council Information Office of the PRC, *A White Paper*, 12; also see Philip Snow, *The Star Raft: China's Encounter with Africa* (New York: Cornell University Press, 1988), 159.

**34** "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau.

**35** "List of Names of Doctors of the Chinese Medical Team, July 1, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5; "Technical Assistance China, Medical Aid to Tanzania, Statistics from 1968–1985," SPA. File No. A034-05-366, Shandong Province Health Bureau, Foreign Affairs Office; "Muhtasari wa Mkutano wa Ndugu L. D. Stirling Waziri wa Afya na Madaktari wa Kichina Uliofanyika Tarehe 25 Agosti 1976 Saa 5:30–6:15 Adhuhuri Katika Ukumbi wa Chumba cha Mkutano Wizara ya Afya, Dar es Salaam, Tarehe 7 September, 1976," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5, Technical Assistance China; "Madaktari toka China watambulishwa kwa Waziri wa Afya," *Uhuru*, August 26, 1976, 5.

puncturists paralleled the spread of their services in different places in Tanzania (Table 7). The reasons for this increase were attributed to positive perceptions among Tanzanian patients and the Chinese government's endeavor to extend TCM knowledge to countries of the Global South.[36] However, from 1979 onwards, following the reform and opening-up policy, the number of CMTs dispatched to Tanzania declined to two. The new regime's focus was on projects with higher economic returns. Foreign assistance programs with little or no economic gains were shelved.[37]

The Chinese doctors did not swiftly introduce acupuncture therapy in Tanzania. Despite being used to medical pluralism, local medical workers, political elites, and patients initially doubted its efficacy. However, under the close persuasion of the Chinese government and the determination of acupuncturists, the therapy began as a trial for a few patients in 1968 and 1969. Its positive reception convinced the Chinese government to deploy more acupuncturists to Tanzania beginning in 1971.[38] Available workload statistics show that from June 1973 to September 1975, acupuncturists attended to about 36,125 patients. The number of patients decreased in 1976 when 10,510 were attended. Nevertheless, the number soared in the following years, with 36,290 patients attending in 1977, and about 14,760 patients received acupuncture therapy in 1978. The decline in the number of acupuncturists sent to Tanzania from 1979 resulted in a fall in the number of patients who attended. Statistics show that about 2,336 and 1,334 patients were attended to in 1982 and 1983, respectively.[39] These high volumes of workload statistics show that patients perceived acupuncture therapy positively. Some patients wrote letters to the Chinese Embassy and Tanzania's Ministry of Health appreciating the therapy's efficacy and requesting further dispatch of acupuncturists.[40]

The effectiveness of Acupuncture therapy was highly appreciated by patients from Kasulu, Western Tanzania, especially in curing polio through its simple but effective surgical treatment. According to archival information, Kasulu reported many polio cases throughout the 1970s that influenced Chinese acupuncturists to

**36** Interview with Paolo Peter Mhame, May 9, 2018, Dar es Salaam.

**37** Yanzhong Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (Winter 2010): 111.

**38** "Medical Aid to Tanzania, Work Reports, Job Descriptions and Distribution Table, 1975," SPA, File No. A034-04-085, Shandong Province Health Bureau, Revolutionary Committee, Policy Office.

**39** "Medical Aid to Tanzania, Statistics from 1968–1985," SPA. File No. A034-05-366, Shandong Province Health Bureau, Foreign Affairs Office.

**40** "Letter from Mr Raza A. Fazal to the Chinese Embassy in Dar es Salaam, January 2, 1974," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

establish a special acupuncture center to fight the disease. Information shows that many patients overcame polio after receiving acupuncture therapies. For instance, a four-year-old child who became paralyzed when he was two years old was cured by acupuncturists within three months of the treatment. Similarly, in 1983, a three-year-old child with congenital paralysis was cured after three weeks of attendance at the acupuncture clinic at Muhimbili National Hospital.[41]

**Table 7:** Distribution of acupuncturists across different working stations, 1968–1985.

| Years | Number of Acupuncturists | Working Stations |
|---|---|---|
| **1968–1970** | 3 | Tarime, Mtwara, Mpwawa |
| **1971–1973** | 6 | Morogoro, Kondoa, Tabora, Bukoba, Mtwara, Nachingwea |
| **1974–1975** | 6 | Dodoma, Tabora, Kasulu, Maswa, Morogoro, Mtwara |
| **1976–1978** | 6 | Dodoma, Maswa, Tabora, Kasulu, Morogoro, Mtwara |
| **1979–1982** | 2 | Muhimbili, Dodoma |

**Source:** Created by the author based on data from SPA. File No. A034-05-366, Shandong Province Health Bureau, Foreign Affairs Office.

Affirmative acceptance of acupuncture treatment influenced local government authorities' requests for acupuncturists in their district hospitals. For instance, the development director of Western Lake Province wrote a letter to the regional medical officer, requesting that the officer send a special request to the Ministry of Health (MoH) to dispatch acupuncturists to Bukoba.[42] The aforementioned popularity of acupuncture was not limited to Tanzania. Elsewhere in Africa, acupuncture was credited and endorsed as an alternative medicine. In Algeria, for instance, patients perceived acupuncture as an alternative to musculoskeletal health cases, which were not efficiently addressed by biomedicine.[43] This indicates that many patients did not perceive biomedical knowledge as entirely capa-

**41** "Medical Aid to Tanzania, 1975 Work Reports, Job Descriptions and Distribution Table," SPA. File No. A034-04-085, Shandong Province Health Bureau, Revolutionary Committee, Policy Office; "Work Report of 1983," SPA. File No. A034-06-309, Shandong Province Health Bureau, Foreign Affairs Office.

**42** "Letter from Mkurugenzi wa Maendeleo, Ziwa Magharibi, to Bwana Mganga, Bukoba, January 18, 1974, Utabibu wa 'Acupuncture'", TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**43** Li Anshan, *Chinese Medical Cooperation in Africa: With Special Emphasis on the Medical Teams and Anti-Malaria Campaign* (Uppsala: Nordiska Afrikainstitutet, 2011), 18.

ble of diagnosing and addressing all kinds of health issues, since some ailments were successfully diagnosed and treated by traditional or alternative medicines.[44]

The practice of acupuncture in Tanzania continued throughout the 1960s until the 1980s, but the therapy was only practiced in government-owned health facilities. Its practice and popularity became more robust in the 1990s, following the establishment of private TCM clinics, many of which were owned and operated by Chinese citizens in major towns and cities of Tanzania. Under the newly implemented cost-sharing policy, government-owned health facilities charged patients more than Chinese TCM clinics. For instance, while TCM practitioners charged Tshs. 2500 for a malaria dose, the licensed pharmacy sold a similar dose for Tshs. 6,000. Additionally, while TCM clinics waived registration fees, government hospitals charged Tshs 1,000 for referrals, Tshs 500 for regional, and Tshs 300 for district hospitals.[45] These significant differences boosted patient attendance at TCM clinics. Edmund Kayombo, also the chairperson of the Traditional and Alternative Health Practice Council, argued that TCM clinics offered cheap health services because they were not charged any costs related to their investment by the government. This context illuminates why the clinics vanished after the Tanzanian government passed the Traditional and Alternative Medicine Act in 2002, which obliged registration of the services and annual fees.[46]

Despite the limited number, Chinese acupuncturists offered clinical care and spread TCM knowledge to local medical workers through on-site training. Since the 1970s, at least every week, they allocated time to offer free acupuncture training to local medical workers.[47] Furthermore, a three- to four-month acupuncture training course was provided in Kasulu, where acupuncturists established a training center in cooperation with the MoH (Figure 10). In 1975, about 33 local medical doctors received acupuncture training in Kasulu.[48] Training local medical workers enabled them to address ailments through acupuncture therapy and spread Chinese medical culture in the country.

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**44** Lock and Nguyen, *An Anthropology of Biomedicine*, 53–54.

**45** Interview with Liggyle Vumilia, May 7, 2018, Dar es Salaam; Hsu, "The Medicine from China has Rapid Effects," 299; Hsu, "Medicine as Business," 223; Jennings, "Chinese Medicine and Medical Pluralism," 463; "Principal Secretary, Ministry of Health, Wananchi Kuchangia Huduma za Jamii, Afya, Muhtsari wa Mapendekezo ya Viwango na Maeneo ya Kuchangia, July 1, 1993," MRC. Acc. No. 30, File No. M.10/1/3, Medical Policy and Instructions General, 1990–2004.

**46** Interview with Edmund J. Kayombo, June 8, 2018, Institute of Traditional Medicine (ITM).

**47** Interview with Sui Guangxin, March 1, 2016, Jinan; Chen Zhufeng, March 1, 2016, Jinan.

**48** "Medical Aid to Tanzania, 1975 Work Reports, Job Descriptions and Distribution Table," SPA. File No. A034-04-085, Shandong Province Health Bureau, Revolutionary Committee, Policy Office.

**Figure 10:** Training local doctors in acupuncture, Kasulu District, 1975. Source: Health Department of the Shandong Province, *The Chinese Medical-Aid Team in the United Republic of Tanzania, 1968–1998* (Shandong, 1998), 74 (printed with permission).

The commitment to communicate TCM knowledge stemmed from the fact that the therapy drew its background from Chinese medical philosophy, which Chairman Mao vowed to cherish and spread to the rest of the world. Li Anshan states that the advantage that the Chinese government expected from the CMT program was to introduce and spread TCM to recipient countries. The devotion of Chinese acupuncturists to training local doctors in Tanzania was commendable. Li adds that in the 1970s, Tanzanian trainees were allowed to practice on bodies of Chinese acupuncturists and patients under the supervision of their trainers (Figure 11).[49]

In addition to on-site training, Tanzanians received Chinese government sponsorships for long – and short-term studies at different TCM colleges in China. For instance, from October 1975 to January 1976, two Tanzanian medical workers (Hatibu Lweno and Fabian Hoti) secured three months of training sponsorships in acupuncture therapy in China.[50] The course aimed at enabling trainees to ac-

**49** Li, *Chinese Medical Cooperation in Africa*, 18–20.

**50** "Letter from the office of the Embassy of the People's Republic of China in the United Republic of Tanzania, March 8, 1977, to the Principal Secretary of the MoH," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China; "A Report About a Study Tour Prepared by Dr P. M. Sarungi, Dr Moses Ndosi, and Dr William Ng'ombe, Our Study Tour on Replantation

quire new medical knowledge and practice in Tanzania. While the Chinese government's sponsorship may sound altruistic, it gave China an inexpensive opportunity to spread TCM knowledge in the country and establish a market for TCM clinics set up in later years.[51] Similarly, the spread of acupuncture treatment in Tanzania allowed China to enhance the TCM equipment and drug market. For instance, in 1976, following the completion of training in acupuncture by Tanzanian medical staff, the Chinese government gave the MoH two sets of microsurgical instruments and acupuncture therapy apparatuses.[52] The donated equipment was necessary for the practice by the medical staff who completed their training. However, more medical equipment was needed, so the Chinese government recommended that the MoH purchase equipment worth £2,200 to enable local acupuncturists to have complete equipment for their practice. The ministry, however, was skeptical of implementing the suggestion, doubting the ability of trainees to use the equipment correctly.[53]

It is, however, crucial to note here that campaigns advocating the use of TCM were not restricted to Tanzania, but rather covered many countries of the Global South. The comprehensive promotion of traditional medicine to countries of the Global South in the 1970s gave TCM a chance to penetrate further into Southern countries. In September 1972, the United Nations Development Programme (UNDP) signed the "Basic Agreement" with China, in which it committed to funding projects related to health personnel development, medical information, traditional medicine, pharmaceutical standards, and primary health care (PHC). The agreement necessitated sponsorship of medical workers from countries of the Global South to undertake TCM training in Beijing. Given their simplicity and efficacy, the UNDP endorsed acupuncture and moxibustion therapies as essential medical knowledge to be communicated to medical doctors of the Global South.[54]

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of Severed Limbs in the People's Republic of China, October 1975–January, 1976, of January 1976," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**51** Interview with Liggyle Vumilia, May 7, 2018, Dar es Salaam.

**52** "Letter from the office of the Embassy of the People's Republic of China in the United Republic of Tanzania, March 8, 1977, to the Principal Secretary of the MoH," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**53** "Letter from the Embassy of the United Republic of Tanzania, Peking China to the Minister of Health, March 16, 1976"; also "Letter from the office of the Principal Secretary, Ministry of Health, April 9, 1976, to Dr P. M. Sarungi, Senior Lecturer and Consultant Orthopaedic Surgeon, Mhimbili Hospital, Vyombo vya Kupasulia kutoka Uchina," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**54** Yanzhong Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (Winter, 2010): 110; WHO, *Primary Health Care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978*, 63; "Letter from the UNDP Office, 14 April 1977 to the Principal Secretary Ministry of Health, Multi-Regional

It is unclear why the WHO promoted the training of the therapies, especially in Global South countries. However, significant reasons might include the disease burden among countries of the Global South, and acupuncture and moxibustion therapies would efficiently address many of such diseases. The backing of TCM training by international agencies signaled its global acceptance, legalized its practice, and spread it to countries of the Global South.

**Figure 11:** A trainee practicing acupuncture in the Kasulu District, 1975. Source: Health Department, *The Chinese Medical-Aid Team*, 74 (printed with permission).

Generally, from 1968 through the 1990s and onwards, the main sponsors of TCM training for Tanzanians were the Chinese government and the UNDP. Local initiatives to spread TCM knowledge started in the 2000s. The Department of Traditional and Alternative Medicine (DTAM) and local TCM practitioners proposed to establish a school for alternative healing mechanisms with acupuncture and mox-

Study Tours and Courses in China, 1977–78," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China; WHO, *The Promotion and Development of Traditional Medicine: World Health Organization Technical Report Series 622* (Geneva, 1978), 30; David Wondering, "Acupuncture in Mainstream Health Care," *British Medical Journal* 333, no. 7569 (23 September 2006): 611.

ibustion among the prioritized courses.[55] DTAM and local acupuncturists endeavored to transmit acupuncture knowledge to a more significant number of Tanzanians who missed sponsorship opportunities from the Chinese government. Unfortunately, the aspirations of establishing colleges for traditional medicine did not materialize for unknown reasons.

In the 2000s, non-governmental organizations (NGOs) engaged in spreading TCM knowledge, especially in the field of acupuncture therapy. Furaha, an osteopathy non-profit organization, invited two Italian acupuncturists to train local medical doctors in Ilula, Iringa, Tanzania. Italian acupuncturists belonged to the group *Agopuntura Senza Frontiere* (ASF) (Acupuncture Without Borders). The ASF team trained twelve local medical doctors within nine days, and they were awarded certificates.[56] This shows that although traditional treatment methods were specific to particular communities, a therapy like acupuncture was used globally, and its core was understandable to anyone. Its medical knowledge was not spread solely by Chinese acupuncturists, but by other nationals, such as the Italians. The Italian acupuncturists had attended formal training for more than five years, yet surprisingly, they confidently believed that Tanzanian trainees would acquire sufficient acupuncture knowledge within nine days.

The findings of this study illuminate that the training arrangements provided by Chinese acupuncturists, the UNDP, and other stakeholders did not help trainees to acquire sufficient knowledge to practice effectively and sustainably. A Chinese acupuncturist's oral testimony revealed that acupuncture knowledge was complex and required a trainee to fully acquire physical and sensory skills, which could not be studied adequately within a short training period.[57] Training to become a fully qualified TCM expert takes up to five years in China. Yet, the Chinese government summarized the training to three months or less, which did not work for Tanzania's medical workers. Even worse, stereotypes undermined the effective practice of acupuncture therapy by the trainees. Information from the MoH insinuates that local doctors favored biomedicine over TCM. For instance, the two Tanzanian doctors, Hatibu Lweno and Fabian Hoti, who attended

**55** "URT, MoH, The Proposal of Establishing a School for Alternative Healing Mechanisms in Tanzania, February 10, 2000," NRC. Ministry of Health and Social Welfare, 14/6/03, File Ref. No. HF. 458/615/01 Traditional Medicine Research 2004–2009; "Letter from Dr Mbilo of November 22, 2004, to Permanent Secretary MoH, Maombi ya Kufungua Chuo cha Mafunzo ya Uganga wa Tiba Asilia," NRC. Ministry of Health and Social Welfare, 14/5/02, File Ref. No. HF. 207/615/01 "A", Traditional Medicine 2005–2008.

**56** Elisa Rossi, "Chinese Medicine in Ilula Tanzania: An Experience in Learning," *The European Journal of Oriental Medicine*, (January 2012): 27.

**57** Interview with Jiang Xuan, January 4, 2016, Hangzhou.

an acupuncture training course in 1976, did not practice or develop further interests in it. Instead, a few months after the completion of the acupuncture course in Beijing, they joined Muhimbili Medical College for further studies in biomedicine.[58]

This study further showed that Tanzania's MoH lacked an aid-use strategy. The ministry sent medical doctors for overseas training without creating favorable plans or conducive environments for trainees to apply the learned medical knowledge after completing their courses. As shown above, the Chinese government was determined to see the trainees' actual practice of acupuncture therapy. It granted Tanzania's MoH two sets of microsurgical instruments and acupuncture therapy apparatuses for use by trained medical personnel.[59] However, Tanzania's MoH did not purchase further equipment as suggested by the Chinese government to enable trainees to practice despite the reminders by Tanzania's Ambassador to China and the trainees.[60] This circumstance shows that the MoH hesitated to allow its medical staff to practice acupuncture therapy in its government-owned health facilities. Gallus Namangaya Abedi, a retired Principal Assistant Secretary of the MoH, claims that some officers in the ministry perceived medical knowledge of Chinese origin as inferior compared to biomedicine. Additionally, Abedi opined that such a stereotype, among other reasons, impeded the practice of acupuncture by trained medical workers.[61]

The failed practice of acupuncture by local medical doctors in Tanzania was noted with frustration by the Chinese government. In her visit to China on October 17, 2004, the Minister for Health, Anna M. Abdallah, had to make a commitment that her ministry would promote the practice of acupuncture in regions and hospitals where Chinese acupuncturists worked. However, its implementation was less promising as local medical workers lacked the expertise and interest to apply acupuncture knowledge in health facilities. For example, the regional medical officer in Tabora re-

**58** Kifyasi, "How Effective Was the Global South Knowledge Exchange," 54; "Letter from the Office of the Principal Secretary, Ministry of Health, April 9, 1976, to Dr P. M. Sarungi, Senior Lecturer and Consultant Orthopaedic Surgeon, Mhimbili Hospital, Vyombo vya Kupasulia kutoka Uchina." TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**59** "Letter from the office of the Embassy of the People's Republic of China in the United Republic of Tanzania, March 8, 1977, to the Principal Secretary of the MoH," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**60** "Letter from the Embassy of the United Republic of Tanzania, Peking China to the Minister for Health, March 16, 1976," also see "Letter from the office of the Principal Secretary, Ministry of Health, April 9, 1976, to Dr P. M. Sarungi, Senior Lecturer and Consultant Orthopaedic Surgeon, Mhimbili Hospital, Vyombo vya Kupasulia kutoka Uchina," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5: Technical Assistance China.

**61** Interview with Gallus Namangaya Abedi, June 6, 2018, Posta-Dar es Salaam.

quested further training for his medical workers to implement directives from the ministry.[62] Thus, despite the affirmative acceptance by patients and Chinese acupuncturists' commitments to spread their knowledge to local medical workers, the practice of acupuncture therapy in government health facilities by local medical doctors remained minimal. Since the 1990s, Tanzanians and Chinese doctors have mainly practiced traditional Chinese herbal medicine and acupuncture in private clinics.

## 4.4 TCM Research and Treatment for HIV and AIDS, 1987–2014

The HIV and AIDS pandemic poses one of the major challenges to global health, drawing the world's attention through its rapid spread. Recognizing the disease as a serious threat to global health in the 1980s, the WHO prioritized efforts to combat it. Due to the increasing integration of the world's population, HIV spread across the globe at an alarming pace. Yet, AIDS had spread silently from the mid-1970s until 1981, when the first cases were diagnosed in the US. From then on, reports of AIDS patients increased rapidly from different corners of the world.[63] The 2023 UNAIDS global statistics report shows that about 39.9 million people globally were living with HIV by 2023, with more than 1.3 million new infections. The epidemic has claimed the lives of more than 42.3 million people from its start to 2023, recording 630,000 deaths in 2023 alone globally. Sub-Saharan Africa was the world's most severely affected region. The region reported more than 26.9 million (5.1 million from Western and Central African countries and 20.8 million from Eastern and Southern African states) people living with HIV in 2023. Furthermore, the region has recorded more than 390,000 AIDS-related deaths from the start of the epidemic to 2023, remaining a severe threat to people's health.[64] Before the turn of the millennium, though, in 1983, a surgeon in the Kagera Region of Northwestern Tanzania had recorded Tanzania's first AIDS case. The region was more severely affected than other regions of Tanzania. In the 1990s, the region reported

**62** "Letter from Regional Medical Officer, Tabora, September 9, 2005 to the Principal Secretary MoH, Maeneo Mhimu ya Makubaliano Yaliyofanyika wakati wa Ziara ya Waziri wa Afya, Mhe. Anna M. Abdallah Nchini China Tarehe 17/10/2004 Hadi 27/10/2004," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008.

**63** "Health Workers Training Modules on HIV/AIDS, Zanzibar AIDS Control Programme, Ministry of Health, Zanzibar, 1990," WHOA, File No. A20-370-32TAN-JKT1, GPA-Programme on Information, Education and Communication-Tanzania, 1995, 5; Packard, *A History of Global Health*, 273; Patterson, *Africa and Global Health Governance*, 32.

**64** UNAIDS, *Global HIV Statistics Fact Sheet*, 2024.

about 16% of all deaths, while other regions reported less than 3% (Table 8).[65] From Kagera, the disease spread to different regions of Tanzania. According to the 2022–2023 Tanzania HIV Impact Survey (THIS), the prevalence of HIV among adults (aged 15 years and older) in Tanzania was 4.4%, corresponding to approximately 1,548,000 adults living with HIV. HIV prevalence varies geographically across the Mainland Tanzanian regions. The Kagera region, which reported the first AIDS cases, managed to contain further spread, recording 5.7% of the HIV prevalence in 2023. Kigoma region reported the lowest HIV prevalence of 1.7%, but the prevalence was above 9.0% in three regions: Mbeya (9.6%), Iringa (11.1%), and Njombe (12.7%).[66] Up to the present, the disease has rapidly spread throughout the country, affecting all categories of people in society.

Regrettably, the pandemic plagued the African continent amid economic breakdown. Thus, many states were financially handicapped and could not afford to fight against the disease. On the other hand, international health agencies focused on primary health care (PHC), endorsed by the 1978 Alma-Ata conference. AIDS was missing from the PHC priorities, and global health agencies perceived AIDS as less dangerous compared to malaria, which was the primary cause of death throughout the 1980s, accounting for about 10,000 deaths annually in Tanzania alone.[67] It took until January 1986 for the WHO to recognize AIDS as a major public health concern. In May 1986, the World Health Assembly launched a special program on AIDS that would later be named the Global Programme on AIDS (GPA). This program was reconstituted in December 1995 as a new joint United Nations Programme on AIDS (UNAIDS).[68] Under the GPA, AIDS was conceived as a behavioral problem caused by having sex with multiple partners and

**65** World Bank Report, *Tanzania AIDS Assessment and Planning Study, June 1992*, iii; Maryinez Lyons, "Mobile Populations and HIV/AIDS in East Africa," in *HIV and AIDS in Africa* Ezekiel Kalipeni, *et al.* (Hoboken, NJ: Blackwell Publishers, 2005), 178; Andrea Azizi Kifyasi, "China's Role in Global Health: HIV/AIDS Traditional Chinese Medicine Research and Treatment in Tanzania from 1987 to 2014," *China Quarterly of International Strategic Studies* 7, no. 3, (2021): 248; JMT, *Wizara ya Afya, Hotuba ya Waziri wa Afya Mhe. Prof. Philemon M. Sarungi, MB. Kuhusu Makadirio ya Matumizi ya Fedha kwa Mwaka 1991/92*, 12.

**66** Tanzania HIV Impact Survey (THIS), *A Population Based HIV Impact Assessment, 2022–2023 Summary Sheet,* 2023.

**67** John Iliffe, *The African AIDS Epidemic: A History* (Athens: Ohio University Press, 2006), 68; Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore, MD: Johns Hopkins University Press, 2016), 279; and in "WHO yataka Watu Waelimishwe Kuhusu AIDS," *Uhuru,* Novemba 6, 1985, 5; World Bank Report, *Tanzania AIDS*, 4.

**68** WHO, *Global Strategy for the Prevention and Control of AIDS: Report by the Director General, 1988*, 6; Packard, *A History of Global Health*, 282.

tied to cultural practices such as polygamy. Thus, the GPA promptly transmitted behavioral and sex education and distributed condoms to raise global awareness and reduce the pace at which the disease spread.[69]

**Table 8:** List of AIDS cases and deaths in Tanzania, 1983–1986.

| Year | Total Cases | Deaths in Hospitals | Cases in Kagera Reg. | % of Total Cases in Kagera |
|---|---|---|---|---|
| **1983** | 3 | 3 | 3 | 100 |
| **1984** | 16 | 16 | 16 | 100 |
| **1985** | 266 | 141 | 145 | 54.5 |
| **1986** | 654 | 170 | 509 | 78.0 |
| **Total** | **939** | **330** | **673** | **72.0** |

**Source:** "URT, MoH, AIDS Control Programme, Draft Proposal for a 5-Year Plan, 13 March 1987," WHOA, File No. A20-181-18-JKT1, TSA with the Ministry of Health and Social Welfare, National AIDS Task Force, Dar es Salaam, Tanzania, in Respect of Strengthening the National AIDS Prevention and Control Programme, 1989, 39.

Like many other African countries, Tanzania tried several ways to eliminate the disease. This included using local medical experts, who extensively researched both traditional and biomedicines to find suitable drugs to cure the disease.[70] In May 1985, it formed a National AIDS Task Force (NATF) – later renamed the National AIDS Technical Advisory Committee (TAC) – to advise the government on control measures. In March 1987, the committee received financial and technical assistance from the WHO and other donor agencies, enabling the formulation of a medium-term plan (MTP) for dealing with the disease. The MTP aimed to monitor the progression of the disease, decrease the transmission by blood transfusion, reduce mother-to-child transmission, improve diagnostic capabilities, and decrease transmission through education.[71] These activities were primarily undertaken by the National AIDS Control Program (NACP), which was officiated in 1988.

**69** "MoH, Brief on the NACP," WHOA, File No. A20-370-1TAN-JKT4, GPA-Basic Operations-Tanzania, 1991,11; "WHO yataka Watu Waelimishwe Kuhusu AIDS," *Uhuru*, Novemba 6, 1985, 5; J. Shao, S. Y. Maselle and R. O. Swai, "AIDS," in *Health and Disease in Tanzania*, ed. G. M. P. Mwaluko, W. L. Kilama, M. P. Mandara, M. Murru, and C. N. L. Macpherson (London: Harper Collins Academic, 1991), 14; WHO, *Global Strategy for the Prevention and Control of AIDS*, 5.
**70** Shao, Maselle and Swai, "AIDS," 8.
**71** "URT, National AIDS Prevention and Control Programme, Medium-Term Plan, 15 Dec. 1987–14 Dec. 1988," WHOA, File No. A20-370-1TAN-JKT1, GPA-Basic Operations-Tanzania, 1989, 3.

Under its four technical units, the NACP dealt with prevention, diagnosis, and research.[72] The government endeavored to succeed in the fight against the disease. However, up to the moment when it requested assistance from the Chinese government, the fight against HIV had not generated promising results. With the support from the WHO and other traditional donor countries of the Global North, medical experts in Tanzania were only able to identify patients who contracted the disease, recognize the AIDS virus, and decrease the pace of transmission. Yet, they were only able to treat opportunistic diseases such as tuberculosis, prolonged diarrhea, and sexually transmitted diseases (STDs) using both traditional and biomedicine.[73] To this end, the Tanzanian government needed support from countries with more advanced medical knowledge to eliminate the disease.

The Tanzanian government requested China's assistance to fight the AIDS pandemic in March 1987, following Julius K. Nyerere's trip to China. The positive reputation of Chinese doctors, who had been working in the country since 1968, combined with inadequate measures taken by the WHO and other traditional global health partners against the disease, prompted the government to turn to Chinese aid.[74] Subsequently, the Chinese President, Deng Xiaoping, accepted the request of the government presented by Nyerere and promptly ordered the Ministry of Health to dispatch medical experts to the country and carry out an anti-HIV research and treatment project using TCM. In the absence of therapeutics or a vaccine, Deng hoped traditional herbal medicines would provide an alternative solution to the virus.[75] The use of TCM in fighting HIV aligned with the 1970s Alma-Ata's call for employing traditional medicine in the fight against pandemics. More importantly, China's readiness to fight AIDS realized the contribution of Global South countries to global health, implying that the fight against pandemics was not limited to traditional donors of the Global North. Indeed, the acceptance of the request rekindled hope that it would be possible to fight AIDS since, to combat the disease, Tanzania needed both financial assistance and medical knowledge. Moreover, to many traditional medicine researchers and practitioners in

**72** World Bank Report, *Tanzania AIDS*, 136–137.

**73** "URT, MoH, National AIDS Control Programme and Budget for 1.9.1989 – 31.12.1991," WHOA, File No. A20-370-1TAN-JKT2, GPA-Basic Operations-Tanzania, 1990, 24; Godfrey Mhando, "Historia ya Ugonjwa wa AIDS," *Uhuru*, Oktoba 4, 1985, 4; Shao, Maselle and Swai, "AIDS," 8.

**74** Interview with Gallus Namangaya Abedi, June 6, 2018, Posta-Dar es Salaam; Joseph W. Butiku, July 9, 2018, Posta-Dar es Salaam.

**75** "URT, Ministry of Health and Social Welfare, the 40$^{th}$ Anniversary on Chinese Medical Team Workers in Tanzania, 1968–2008," NRC. Ministry of Health and Social Welfare, 14/05/03, File Ref. No. HC. 74/311/02 Chinese Medical Team 2007–2010, also see China Academy of Chinese Medical Sciences, *The 30$^{th}$ Anniversary of China-Tanzania Cooperation on TCM Treatment of HIV/AIDS*, 3.

the country, the TCM research and treatment project was a promising attempt at effective knowledge exchange.

China's assistance for HIV and AIDS research in Tanzania came when its interest in Africa had lessened following its reform and opening-up policy of 1978. During this period, the policies and practices of assistance shifted, and the new relationship was one of investment and profit – the era of Mao and Zhou Enlai was over, even though the theme of "friendship" and the era of cooperation before 1980 were recalled strategically in diplomatic speeches.[76] Yet, it still became possible for the Chinese government to devote resources to research and treatment of the disease since eradicating AIDS, which even powerful countries of the Global North had yet to find a cure for, was a pride worth trying for. Fighting a global health challenge using TCM would bring Chinese experts' global scientific prestige. Thus, if it succeeded, the project held promise for the Chinese government in terms of scientific, economic, and political potential. Moreover, the long-term friendship between Nyerere and Deng influenced the Chinese government to accept Nyerere's request.[77] Consequently, in May 1987, Tanzanian and Chinese health authorities signed a cooperation agreement on researching and treating HIV. The Chinese government committed to dispatching teams of TCM experts to Tanzania to cooperate with local doctors of Muhimbili National Hospital (MNH) on research and treatment. MoUs were signed every three years, based on negotiations that either added or deleted some items according to changing demands.[78]

The HIV and AIDS TCM project officially launched its activities in Dar es Salaam in September 1987. The China Academy of Chinese Medical Sciences (CACMS, formerly the Academy of Traditional Chinese Medicine) dispatched experts to run the project with local doctors from the MNH of Tanzania.[79] TCM experts were recruited from different hospitals and institutes under CACMS, such as Guang'anmen and Xiyuan hospitals, as well as the Institute of Basic Theory for Chinese Medicine (Table 9). The CACMS was established in 1955 and was reputed for hosting

**76** Huang, "Pursuing Health as Foreign Policy," 111.

**77** Interview with Joseph W. Butiku, July 9, 2018, Posta-Dar es Salaam.

**78** Interview with Liggyle Vumilia, May 7, 2018, Dar es Salaam; "Summarised Minute of Meeting between Ministry of Health and Social Welfare of the United Republic of Tanzania and State Administration of Traditional Chinese Medicine of the People's Republic of China on Continuing Cooperation of Treatment of HIV/AIDS, Beijing, July 17, 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008.

**79** China Academy of Chinese Medical Sciences, *The 30th Anniversary*, 3; also see "Traditional Chinese Medicine has Great Prospects in Dealing with HIV/AIDS," *Xinhua News Agency*, September 25, 2003, accessed May 2, 2016, http://www.chinadaily.com.cn/en/doc/2003-09/25/content_267510.htm.

prominent TCM specialists. It conducted extensive TCM research for several diseases and earned WHO recognition.[80] Despite its long history and reputation, before 1987, its experts had engaged in neither HIV nor AIDS research nor treatment. By that time, no AIDS cases had been officially announced in China; the first cases would only be in 2001.[81] Tanzania, therefore, marked the first place for CACMS to research and treat HIV and AIDS.

The CACMS team sent to Tanzania comprised six experts per batch, including TCM pharmacists and physicians. Chinese experts worked with a local pharmacist in charge of monitoring the safety of the drugs and a local physician in charge of managing and handling patients. A few local nurse assistants were also engaged in the research, assisting the Chinese and local researchers. The tenure of TCM experts was unsystematic; some stayed for one year, while others stayed for two. Over the 31 years, up to 2018, the CACMS dispatched 16 batches to Tanzania with 66 experts (Table 9). Together, they conducted research and attended to more than 10,000 HIV patients in Tanzania.[82]

The Chinese Ministry of Finance primarily sponsored the HIV and AIDS research and treatment project. It carried expenses related to the domestic salaries of the experts, travelling expenses from China to Tanzania, language training, medical equipment, and medicines.[83] The Tanzanian government met costs related to travelling expenses from Tanzania to China, lodging, house maintenance, water and electricity bills, and phone expenses. Furthermore, it hired security guards and cleaners for doctors' residences, drivers, and 50 liters of fuel every week for vehicles used for work. The Tanzanian government also paid TCM experts allowances equivalent to USD 170 per head per month.[84] Compared to China, the Tanzanian government bore light costs in maintaining TCM experts.

**80** "Taarifa Fupi ya Safari ya Jamhuri ya Watu wa China 16–23 Julai 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 7.

**81** 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), 7.

**82** Charles W. Freeman and Xiaoqing Lu Boynton, "A Bare (but Powerfully Soft) Footprint: China's Global Health Diplomacy," in *Key Players in Global Health: How Brazil, Russia, India, China and South Africa Are Influencing the Game*, ed. Katherine Elaine (Washington DC: Centre for Strategic and International Studies, Global Health Policy Centre, 2010), 17.

**83** "The Agreement Protocol of 2007–2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 3.

**84** "The Memorandum of Continuing Cooperation on the 7th Period of HIV/AIDS Treatment with TCM between The China Academy of Chinese Medical Sciences, The People's Republic of China and The Muhimbili National Hospital, The United Republic of Tanzania, Beijing, July 18, 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid

**Table 9:** List of TCM experts dispatched to Tanzania by the China Academy of Chinese Medical Sciences, 1987–2018.

| Batch | Year | Number of Experts | Undertaking Unit(s) |
|---|---|---|---|
| **I** | 1987–1988 | 5 | Guang'anmen Hospital & Institute of Basic Theory for Chinese Medicine |
| **II** | 1988–1991 | 5 | Institute of Basic Theory for Chinese Medicine, Guang'anmen Hospital & Xiyuan Hospital |
| **III** | 1991–1992 | 6 | Institute of Basic Theory for Chinese Medicine, Guang'anmen Hospital & Institute of Information on TCM |
| **IV** | 1992–1993 | 6 | Guang'anmen Hospital, Institute of Basic Theory for Chinese Medicine, AIDS Centre & Institute of China Medical History Literature |
| **V** | 1993–1995 | 5 | Institute of Basic Theory for Chinese Medicine |
| **VI** | 1995–1997 | 5 | Institute of Basic Theory for Chinese Medicine |
| **VII** | 1998–1999 | 5 | Institute of Basic Theory for Chinese Medicine, Guang'anmen Hospital & AIDS Centre |
| **VIII** | 1999–2001 | 6 | Guang'anmen Hospital |
| **IX** | 2001–2003 | 3 | Guang'anmen Hospital |
| **X** | 2003–2005 | 3 | Guang'anmen Hospital |
| **XI** | 2005–2006 | 3 | Guang'anmen Hospital |
| **XII** | 2006–2008 | 3 | China Academy of Chinese Medical Sciences, Xiyuan Hospital & Wangjing Hospital |
| **XIII** | 2008–2010 | 3 | Guang'anmen Hospital & Xiyuan Hospital |
| **XIV** | 2011–2012 | 3 | China Academy of Chinese Medical Sciences |
| **XV** | 2012–2013 | 2 | Guang'anmen Hospital |
| **XVI** | 2017–2018 | 3 | Institute of Chinese Materia Medica & Guang'anmen Hospital |

**Source:** Modified from China Academy of Chinese Medical Sciences, *The 30th Anniversary*, 22.

China 2005–2008, 3; "The Agreement Protocol of 2007–2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 4–5.

The HIV and AIDS outpatient clinic was established shortly after the agreement between the CACMS and the MNH was signed.[85] Although TCM experts lacked experience in both therapy and research, they promptly started giving clinical care to patients. They imported bulk herbal medicines synthesized into powder and liquid forms to ease patient consumption. An article published on October 15, 2006, in *Xinhua News Agency* reported that Chinese TCM experts perceived HIV to have been "jointly caused by the invasion of wrong and bad *qi* from outside the human body and unintended discharge of right and good *qi* from within the body."[86] Thus, they believed patients would recover if several formulae of tested herbs addressed the two problems mentioned. TCM experts did not begin with an extensive study of the virus and other related scientific procedures. Instead, they directly engaged in trial-and-error practices on patients, something critics claimed turned patients into guinea pigs. They started providing TCM drugs capable of reducing the viral load and maintaining patients' body immunity while exploring efficacious medicinal herbs for curing the disease.[87]

In the beginning, patients doubted the ability of the Chinese experts to address the disease using TCM. This was because patients had never heard about the engagement of TCM practitioners in any research, nor had Chinese practitioners had previous experience in fighting AIDS.[88] Furthermore, the clinic was established when suspected patients faced fierce stigma. The community perceived AIDS as a disease of shame and sin.[89] This negatively impacted patients' attendance at the clinic. Some patients feared that their communities would shun them if they had contact with other patients. This prevented some patients from

**85** Information Centre, China Academy of Traditional Medicine (CATM), *Signing Ceremony of Memorandum of Cooperation between China Academy of Chinese Medical Sciences and Tanzania's Mhimbili Hospital Held in Beijing on March 2, 2011*.

**86** "Traditional Chinese Medicine in Tanzania," *Xinhua News Agency*, October 15, 2006; Wei-bo Lu, "Approaches in Treating AIDS with Chinese Medicine," in *Chinese Medicine Modern Practice: Annals of Traditional Chinese Medicine Vol. I*, ed. Ping-chung Leung and Charlie Chang-li Xue (Singapore: World Scientific Publishing, 2005), 54–56.

**87** Interview with Bai Wenshan, May 28, 2019, Beijing, China; Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam; Modest C. Kapingu, June 8, 2018, Dar es Salaam; Rogasian L. A. Mahunnah, July 21, 2018, Dar es Salaam.

**88** Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**89** See, for instance, how patients were perceived by their relatives and community at large in Deborah Pellow, "Sex, Disease, and Culture Change in Ghana," in *Histories of Sexually Transmitted Diseases and HIV/AIDS in Sub-Saharan Africa,* ed. Philip W. Setel, Milton Lewis and Marynez (New York: Greenwood Press, 1999), 28; also see Frederick Kaijage, "Disease and Social Exclusion: The African Crisis of Social Safety Nets in the Era of HIV and AIDS," In *History of Disease and Healing in Africa,* ed. Y. Q Lawi and B. B Mapunda (University of Dar es Salaam, GeGCA-NUFU Publications, 2004), 117.

attending clinical care, while others requested that they attend the clinic secretly. Yet, others preferred visiting private traditional medicine clinics where confidentiality was better guaranteed.[90]

Clear statistics showing the patients' turnout are missing. However, oral testimonies show that many patients attended the clinic over time. Chinese medicines were offered for free; thus, many ordinary and low-income patients who could not afford private clinics became the main clients of the clinic.[91] Most AIDS clinic patients were women and children. A patient and a doctor I interviewed argued that many Tanzanian women were more courageous and caring than men regarding their health and that of their children. Therefore, the turnout of male patients was less promising, and most of them could not endure regular attendance at the clinic.[92] Doctor Naomi Mpemba adds that this was a challenge to boosting patients' immunity because patients who did not accompany their spouses to the clinic continued to have sexual relationships with their husbands or wives, whose viruses were more active.[93]

When the clinic was founded, its attending patients were from MNH, mostly Dar es Salaam City residents, and a few from other regions of Tanzania. Over time, patients from the nearby areas, including Coast, Tanga, and Morogoro, started attending the clinic. Plans to extend the service to many regions of Tanzania were underway, pending the final results of this research. However, throughout its existence, the clinic did not extend its services to other areas of Tanzania. These remained solely based at the MNH for further research and clinical trials.[94]

Besides its record of attending to many patients, the HIV and AIDS TCM project's contribution to boosting the capacity of Tanzania's health sector was marginal. Medical knowledge exchange between TCM experts and local traditional medicine practitioners was not exercised, compromising the South-South knowledge exchange agenda that conceived the assistance. The agreements between the Tanzanian MoH and the CACMS denied local medical doctors the opportunity to gain and share their knowledge and experiences with TCM doctors. The Tanzanian actors failed to negotiate the terms of assistance with Chinese actors to advance the project's sustainable benefits. As a result, the CACMS partnered with the MNH instead of the Institute of Traditional Medicine (ITM), which had several

**90** Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**91** Interview with Bai Wenshan, May 28, 2019, Beijing, China; Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**92** Interview with AIDS patient "A" (pseudonym), April 9, 2019, Dar es Salaam; Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**93** Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**94** Interview with Amunga Meda, July 18, 2018, Dar es Salaam.

senior traditional medicine researchers, including chemists, pharmacologists, botanists, and medical anthropologists. While CACMS dispatched TCM experts for the research, MNH deployed biomedical staff with limited interest in traditional medicine to work on the project.[95] Such poor project conceptions allowed TCM experts to dominate the research project. TCM experts coordinated all activities related to the extraction of chemicals, laboratory experiments, and medicine production. The local biomedical staff assisted TCM experts in organizing patients, taking serology tests, diagnosing patients, making clinical observations, and conducting routine laboratory blood tests.[96] The project's *modus operandi* allowed a less tangible scientific investment in the laboratory and other medical and research equipment at MNH than in clinical care. TCM herbal formulations were prepared in China and imported into Tanzania for clinical trials.[97] This study upholds that the ill-thought-out *modus operandi* of the project, which excluded ITM experts and other traditional medicine stakeholders from the Tanzanian side, defeated the South-South medical knowledge exchange agenda and affected the project's effectiveness and sustainability.

Notwithstanding its weakness in capacity building, the HIV and AIDS research and treatment project managed to test more than six formulae of herbs up to 2006. The medical analysis showed that many of the formulae were 40 to 50% effective in fighting HIV. Available sources illuminate that the general health statuses of AIDS patients were improved.[98] The tested formulations reduced viral loads, improving patients' body immunity and quality of life by alleviating com-

**95** Rogasian L. A. Mahunnah, Febronia C. Uiso and Edmund J. Kayombo, *Documentary of Traditional Medicine in Tanzania: A Traditional Medicine Resource Book* (Dar es Salaam: Dar es Salaam University Press, 2012), 7; Interview with Modest C. Kapingu, June 8, 2018, Dar es Salaam; Rogasian L. A. Mahunnah, July 21, 2018, Dar es Salaam.

**96** "The Memorandum of Continuing Cooperation on the 7th Period of HIV/AIDS Treatment with TCM between The China Academy of Chinese Medical Sciences, The People's Republic of China and The Muhimbili National Hospital, The United Republic of Tanzania, Beijing, July 18, 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 2.

**97** Interview with Rogasian L. A. Mahunnah, July 21, 2018, Dar es Salaam; Modest C. Kapingu, June 8, 2018, Dar es Salaam.

**98** Rodney Thadeus, "China to Help Dar Fight AIDS," *The African*, February 17, 2003, 3; "Traditional Chinese Medicine in Tanzania," *Xinhua News Agency*, October 15, 2006; Interview with Prof. Bai Wenshan, May 28, 2019, Beijing China; "TCM Explores Treatment Opportunities in Tanzania," *Xinhua News Agency*, July 15, 2009; Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

mon diseases such as fever, fatigue, abdominal pains, cough, asthenia, and severe diarrhea.[99] The preceding assertions suggest that TCM therapies elongated patients' lives similarly to Western antiretroviral therapies (ARTs). However, Wang Jian and Bai Wenshan, who also worked at the HIV and AIDS clinic in Tanzania, claim that the two therapies had two different focuses. While the ARTs focused on getting rid of the virus, TCM stressed increasing the defensive capabilities of patients' immune systems, which were more susceptible to HIV. In this vein, AIDS patients whose body immunities were severely affected did not withstand measures employed by TCM.[100] One patient reported that her husband, who suffered from deficient body immunity, died four years after starting to use TCM. At the same time, she survived since she started using TCM when her body's immunity was still high.[101]

The advent of ARTs in 2004 negatively impacted the reception and survival of the TCM clinic in Tanzania. Many patients left the clinic and opted for ARTs. Other patients went back and forth between ARTs and receiving TCM clinical treatments.[102] Generally, patients were looking for a cure, irrespective of whether it would be ARTs or TCM. Some patients who had attended the TCM clinic since the 1980s and the 1990s and had experienced fewer health improvements were tired of TCM and wanted to try a new medication. Therefore, from 2004 onwards, the number of patients attending the TCM clinic decreased. This defeated the acceptance and popularity of TCM considerably and contributed mainly to the MoH calling off the research project in 2006.[103] At the moment when the research was closed, Chinese TCM experts had tested more than six formulae, four of which yielded promising results. They, thus, endorsed one of the four efficacious formulae, *Eling*, for patient use. Since the medicines were produced in China, they were regularly imported according to patients' demands. However, since patients turned to using ARTs, the endorsed Chinese therapy, *Eling*, was less used and marginally spread outside Dar es Salaam.[104]

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**99** Interview with Amunga Meda, July 18, 2018, Dar es Salaam; Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam; Interview with HIV/AIDS patient "A", April 9, 2019, Dar es Salaam; "Traditional Chinese Medicine in Tanzania," *Xinhua News Agency*, October 15, 2006.

**100** Interview with Bai Wenshan, May 28, 2019, Beijing, China; Wei-bo, "Approaches in Treating AIDS with Chinese Medicine," 57.

**101** Interview with HIV/AIDS patient "A," April 9, 2019, Mlimani City, Dar es Salaam.

**102** Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**103** Interview with Bai Wenshan, May 28, 2019, Beijing, China; Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

**104** "Taarifa Fupi ya Safari ya Jamhuri ya Watu wa China, 16–23 Julai 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 7; "Letter from Permanent Secretary, MoH to Katibu Mkuu Kiongozi, July 25, 2006, Taarifa ya Safari

The discontinuation of the research in 2006 gave birth to the Sino-Tanzanian TCM Centre. The center, which was again housed at MNH, expanded its research on TCM beyond HIV and AIDS. In addition to attending to AIDS patients, it conducted research and attended to diseases treatable by TCM, such as asthma, diabetes, high blood pressure, and pneumonia.[105] However, the center only survived short and was closed eight years later in 2014. The closure of the center limited access to data, making it difficult to find information about the reasons for its decline. Yet, in 2016, the MNH and CACMS agreed to promote institutional relationships by exchanging medical experts to ease the sharing of medical knowledge. The CACMS agreed to send TCM experts to Tanzania to train local traditional medicine researchers and practitioners, but this plan did not come to fruition as the two sides voiced disagreements over the terms of its execution in 2018.[106]

## 4.5 Conclusion

This chapter's discussions unveiled that TCM knowledge was spread and practiced in Tanzania, despite its entanglements. Its practice and acceptance added value to the strength of medical knowledge from the Global South. It further implied that there was potential for South-South medical knowledge production and circulation as an alternative to the North-South model. The current trend further suggests the possibility of a South-North medical knowledge exchange. Global health players relied on biomedicine in the fight against pandemics while excluding traditional medicines. TCM intervention in HIV and AIDS was an attempt to promote innovation in and practice of medical knowledge from the Global South. Findings from the present study suggest that the Chinese-Tanzanian HIV and AIDS research was not particularly successful in eradicating the disease and only marginally contributed to boosting the medical knowledge of local researchers and practitioners. Nevertheless, TCM became widely practiced and accepted in Tanzania. However, this did not come without self-interest, as Chinese engagement in African countries yielded tangible benefits in terms of market access and scientific achievements.

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ya China 16–22, 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 2.

**105** "Letter from Permanent Secretary, MoH to Katibu Mkuu Kiongozi, July 25, 2006, Taarifa ya Safari ya China, July 16–22, 2006," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 2.

**106** Interview with Bai Wenshan, May 28, 2019, Beijing, China.