



## **African Contributions to Global Health**

### **Video Transcript**

#### **Chinese medicine in Tanzania**

TANJA: With me now is Andrea Kifyasi whom we have seen working in Tanzanian archives. Thank you very much for sharing your research results with us.

ANDREA: Thank you for having me.

TANJA: Why has South-South knowledge exchange and Chinese-Tanzanian collaborations not attracted more scholarly attention?

ANDREA: Many scholars have examined Chinese economic and political assistance in Africa during the post-colonial period, while neglecting China's engagement in Africa's health sector.

TANJA: You argue that China's medical assistance did not reliably promote the development of Tanzania's health sector. Can you tell us why this was the case?

ANDREA: China's medical assistance in post-colonial Tanzania was executed under idealistic motives of Southern solidarity, which promised to promote self-dependence to newly independent nations. Yet, its execution was hampered by several drawbacks, which limited its sustainability and efficiency.

TANJA: How did China benefit from assisting Tanzania in the health sector?

ANDREA: China's medical assistance to Tanzania was a reciprocal process. It was executed at the moment when both governments needed assistance from each other. At independence, the Tanzanian government lacked skilled medical personnel and imported all pharmaceuticals from abroad. Furthermore, in the mid-1960s, the country encountered diplomatic rifts with West Germany, Britain, and the US which limited assistance from the North. Therefore, external medical assistance was necessary to the post-colonial Tanzanian government. Yet, the Chinese government needed Tanzania's support in its struggle to get admitted to the UN General Assembly. It also needed markets for its pharmaceutical raw materials and Chinese medicines.

TANJA: How did the Tanzanian government benefit from China's Southern solidarity in the health sector?



ANDREA: The Tanzanian government benefited from Southern solidarity by learning and adopting health policies from other Southern countries. Several Chinese health policies, such as rural healthcare, the institutionalisation of traditional medicine, and free healthcare, were similarly implemented by the Tanzanian government soon after the endorsement of the Arusha Declaration in 1967. I argue that learning and adapting Chinese health policies show that knowledge and experiences were not only produced in and transmitted from the North to the South but were also communicated amongst Southern countries.

TANJA: Was there reciprocal learning?

ANDREA: Reciprocal learning was not broadly exercised. In most cases, Chinese experts were disseminating medical knowledge to local medical personnel. However, in some instances Chinese medical doctors learned medical practices from local medical workers through interactions and observations in the course of medical processes and hence gained experience in addressing several unaccustomed diseases.

TANJA: Did the knowledge exchange between China and Tanzania bring sustainable results?

ANDREA: South-South knowledge exchange was the main agenda of South-South cooperation. However, the Sino-Tanzanian medical exchange did not provide sustainable results because, first, patients flocked to hospitals where Chinese doctors worked, hence forced them to concentrate on clinical care instead of transmitting medical knowledge to local medical workers. Second, Chinese experts could neither speak Kiswahili nor English language fluently, hence this affected the smooth communication of medical knowledge. Third, the Memorandum of Understanding signed between the two countries put training as an optional role. And fourth, the Cold War politics defeated training programmes of Tanzanians in Chinese medical colleges. And this was because graduates from China were perceived incompetent by their colleagues who graduated at Makerere University and other medical colleges in the North. This discouraged Tanzanians from accepting Chinese scholarships and hence affected the whole process of medical production and transmission.

TANJA: Did traditional Chinese medicine promote the development of traditional medical knowledge and practices in Tanzania?

ANDREA: The Tanzanian government hoped that the emergence and practices of Traditional Chinese Medicine would promote the development of traditional medicine knowledge and practices in the country. However, although some Traditional Chinese Medicine projects such as HIV/AIDS realised the contribution of Global South countries to global health, it hardly boosted medical knowledge to local traditional medicine practitioners and researchers. Traditional medicine researchers and practitioners were



less involved in Traditional Chinese Medicine research and treatment projects and hence could not benefit much from the funded projects.

TANJA: How did Tanzania benefit from Chinese-funded pharmaceutical industries?

ANDREA: The Tanzanian government perceived industrialisation as not only a bridge to self-reliance but also a symbol of economic progress. In the health sector, the government aimed to block the massive importation of medicines by establishing pharmaceutical industries which could produce medicine locally. Therefore, the Chinese sponsorships for the establishment of pharmaceutical industries of Keko and Mabibo vaccine was perceived as emancipatory. However, the Chinese-funded pharmaceutical industries faced several managerial and technical problems; hence they marginally reduced the government's dependence on imported medicines. Instead, they created dependencies on imported pharmaceutical raw materials and Chinese technicians.

TANJA: What can we learn from your study that Theory from the South has hitherto ignored or not paid adequate attention to?

ANDREA: Scholars have not ignored Theory from the South. However, its debate usually comes and goes. The debate was hot in the 1960s and 70s, cold in the years afterwards, and it is back again.

TANJA: What other research is there on South-South knowledge exchange with regard to global health? Can you give us an example?

ANDREA: Several scholars have examined the production and exchange of knowledge in the South. Among them Margaret Blunden and Julie Feinsilver. They examined Cuba's health programmes in Africa which mostly relied on capacity building in health sectors during and after the Cold War.

TANJA: Very interesting. Thank you very much for talking to me.

ANDREA: Thank you very much.