

**“Catholic health services and the history of the Tanzanian health system -rural health care in Ifakara/Tanzania in the 20th century”**

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This thesis seeks to establish a historical account of the development of the rural health system in south-central Tanzania (approx. what today are the Kilombero and Ulanga districts). Using both written and oral historical sources, the study will i) identify actors that shaped health service delivery, ii) characterize health care concepts devised and applied through time, and iii) assess and explain success and failure in health delivery using historical evidence. The study produces both a historical account of the healthcare situation in the area under discussion as well as a more general analysis of the historical influences that shaped the mechanisms and outcomes of health systems in colonial and independent Africa.

The project uses a specific angle to look at these developments: it is based on the specific experiences linked to the health services offered by the Catholic Church in the inland parts of the diocese of Dar es Salaam and (later) Mahenge. After WWI Swiss Catholic missionaries (re-)opened a range of mission stations, leper asylums and dispensaries. Accorded considerable priority, social and medical services administered through the mission organisation developed especially from the late 1930s. In contrast to most other missionary centres, Ifakara was at low altitude and infested with disease. But it was unquestionably a centre of the local economy and soon developed into a major site for maternal health care. It later grew into the largest hospital and medical training and research complex in the wider area. This would have been impossible had not local, regional and international interests crossed at Ifakara. Especially with the opening of the new hospital (soon to become the St. Francis Designated District Hospital) in the late 1950s, Ifakara became a place of considerable interaction of diverse actors in the health system. The thesis will be the first study to write a consistent history of this ‘medico-cluster’ in the 20<sup>th</sup> century.

The approach chosen is justified by the quality of historical sources produced by missions. Generally such sources reflect a long-standing intimate and engaging encounter with specific political, economic, social and cultural local situations. Sources are often rich in detail and are influenced by a range of

voices. Sources used in this study describe health services in rural areas that hardly existed on the map of the colonial state. They also bear witness to an eventful process that led to rural Ifakara becoming a widely recognised place in which to conduct medical research studies.

The example of church based health services focuses on the historical role that private-not-for-profit health service providers played in delivering healthcare in rural Africa throughout the 20<sup>th</sup> century. Based on a detailed description of local experiences, the thesis looks at the politics of integration and the autonomy of mission and church health services in the context of the health system developed by both the colonial and independent states. This historical data can inform debates on the integration and support of such services.

Research starts with an appreciation of the fact that there are very different forms of medicine.. It is therefore necessary to study how concepts of health, disease and therapy have changed over time, how boundaries between different and sometimes conflicting concepts have shifted. Furthermore the study will establish reasons for these changes and show their impact on health service delivery. By characterizing health services in a multidimensional description (exclusive–inclusive; curative–preventive–palliative; expert–low tech; biomedical–healing; centralised–decentralised) the thesis will devise both a framework to understand local experiences as well as make the results useful for historical comparative analysis.

It will be on the basis of such historical analysis that we hope to find key elements that explain the success and failure of health services offered in specific circumstances. These results will lead to a better understanding of how the Tanzanian health system – and health systems in general - operate and which factors shape health outcomes in the long run.

The thesis is part of a larger project on the history of health systems in Africa based at the History Department and the Centre for African Studies (ZASB) at the University of Basel. This umbrella project is planned to grow considerably in scope. The *History of Health Systems in Africa – Swiss mission hospitals and rural health delivery in the 20<sup>th</sup> century* project will produce a number of case studies to be analysed in a comparative approach with the thesis described here.