



pragmatic transgression of the epistemological divide between science and religious and “traditional” healing.

Notes

1. Antiretroviral drugs for the treatment of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).
2. Parts of this introduction have been published in Dominik Mattes, “‘We Are Just Supposed to Be Quiet’: The Production of Adherence to Antiretroviral Treatment in Urban Tanzania,” *Medical Anthropology* 30, no. 2: 158–82.
3. All names of research participants appearing in this book are pseudonyms. In some cases, additionally their gender or other personal details were changed in order to protect their identities.
4. The decrease of CD4 cells—the main targets of HIV—indicates the disease’s progress. Based on WHO recommendations (WHO 2006, 14), the national guidelines in force during my first field stay in Tanga in 2008/2009 prescribed ART initiation at a CD4 level below 200 cells/ μ l, irrespective of the patient’s clinically observable symptoms (NACP 2008, 134). Throughout the following years, this limiting value was first raised to 350 cells/ μ l (WHO 2010) and then to 500 cells/ μ l (WHO 2013). In 2015, the WHO finally recommended: “ART should be initiated among all adults with HIV regardless of WHO clinical stage and at any CD4 cell count” (WHO 2015, 24). The implementation of these changing recommendations each time implied a massive increase in the number of patients eligible for treatment, which in turn significantly enhanced the challenges facing the national health care infrastructure. To date, the Tanzanian Ministry of Health has adopted the respective latest recommendations only after a delay of two years. The “treatment for all” policy was thus adopted in 2017 (NACP 2017).
5. The terms “traditional healers” and “traditional medicine” bracket together a wide variety of medical practices and imply equally heterogeneous—often politically instrumentalized—assumptions of what “the traditional” is meant to designate (see Feierman 1985, 100). This diversity also applies for Tanga, where *waganga wa kienyeji* (local healers) are engaged in spirit possession and exorcism, witchcraft (*uchawi*), herbalism, Quranic healing, bone-setting, and ancestor veneration (Mackenrodt 2011). Clear-cut boundaries between the “main types of traditional healers” (Mshiu and Chabra cited in Gessler et al. 1995, 146) were difficult to identify, since the majority of the healers flexibly combined several diagnostic and therapeutic practices.