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# *Patients, providers, and systems: local models for chronic care and self-management support in southern Malawi*

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International Doctorate in Transdisciplinary Global Health Solutions  
Erasmus Mundus Joint Doctorate Trans Global Health Programme



This thesis has been written within the framework of the Erasmus Mundus Joint Doctorate Program of the European Union for the International Doctorate in Transdisciplinary Global Health Solutions; a consortium consisting of:

- Vrije Universiteit Amsterdam, Amsterdam, the Netherlands
- University of Barcelona, Barcelona, Spain
- Barcelona Institute of Global Health (ISGlobal), Barcelona, Spain
- Institute of Tropical Medicine, Antwerp, Belgium
- Universiteit van Amsterdam, Amsterdam, the Netherlands
- Academisch Medisch Centrum bij de Universiteit van Amsterdam, Amsterdam, the Netherlands
- Université de Bordeaux, Bordeaux, France

# ACCOUNT

Chapters 4 to 8 are based on articles that are published or under review in international peer-reviewed journals.

## Chapter 4

Angwenyi V, Aantjes C, Kajumi M, De Man J, Criel B, Bunders-Aelen J. Patients' experiences of self-management and strategies for dealing with chronic conditions in rural Malawi. *PLoS ONE* 2018; 13(7): e0199977. <https://doi.org/10.1371/journal.pone.0199977>

## Chapter 5

Angwenyi V, Aantjes C, Bunders-Aelen J, Lazarus JV, Criel B. Patient-provider perspectives on self-management support and patient empowerment in chronic care: A mixed-methods study in a rural sub-Saharan setting. *Journal of Advanced Nursing* 2019. <https://doi.org/10.1111/jan.14116>

## Chapter 6

Angwenyi V, Bunders-Aelen J, Criel B, Lazarus JV, Aantjes C. An evaluation of self-management outcomes among chronic care patients in community-home based care programmes in rural Malawi: A 12-month follow-up study. *Health and Social Care in the Community Journal* (Revisions submitted April 2020)

## Chapter 7

Angwenyi V, Aantjes C, Bunders-Aelen J, Criel B, Lazarus JV. E Context matters: A qualitative study of the practicalities and dilemmas of delivering integrated chronic care within primary and secondary care settings in a rural Malawian district. *BMC Family Practice*. (Revisions submitted April 2020)

## Chapter 8

Angwenyi V, Aantjes C, Kondowe K, Mutchiyeni JZ, Kajumi M, Criel B, Lazarus JV, Quinlan T, Bunders-Aelen J. Moving to a strong(er) community health system in Malawi: analysing the role of community health volunteers in the new national community health strategy. *BMJ Glob Health* 2018;3:e000996. [https://gh.bmj.com/content/3/Suppl\\_3/e000996](https://gh.bmj.com/content/3/Suppl_3/e000996)

## ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CBO	Community-based organisation
CHAM	Christian Health Association of Malawi
CHBC	Community home-based care
CHN	Community health nurse
CHO	Community health officer
CHT	Community health team
CHV	Community health volunteers
CHS	Community health strategy
CMA	Community midwife assistant
EHP	Essential health package
FBO	Faith-based organisation
HIV	Human immunodeficiency virus
HSA	Health surveillance assistant
IHC	Integrated health services
NCDs	Non-communicable diseases
NPP	non-physician providers
PHC	Primary healthcare
sSA	sub-Saharan Africa
SHSA	senior health surveillance assistant
UHC	Universal health coverage
VHC	Village health committee
WHO	World Health Organization

# GLOSSARY OF KEY TERMS

**Community home-based care:** Constitutes various forms of care (physical, medical, psychosocial and social support) provided by families and other community-based caregivers to sick people in their homes.

**Decentralisation (of health care):** Decentralisation denotes the transfer of authority, power, and responsibility from central/national level to sub-national level, of various functions (e.g. healthcare). Decentralisation is a key pillar in health sector reform initiatives, and the transfer arrangements takes various forms such as delegation, devolution, and deconcentration.

**Human resources for health:** All people engaged in actions whose primary intent is to enhance health; they include physicians, nursing professionals, midwives, allied health professions and community health workers, as well as personnel who may not deliver services directly but are essential to effective health system functioning.

**Integration:** A coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors.

**Patient empowerment:** An individuals' capacity to make decisions about their health (behaviour) and to have, or take control over aspects of their lives that relate to health.

**Primary healthcare:** The first level of contact between individuals, family, and communities with national health system, bringing healthcare as close as possible to where people live and work. Primary healthcare forms the first element of a continuing healthcare process.

**Responsiveness (care):** A goal for health systems, is the ability to respond to people's expectations and embraces aspects of respect of human rights, such as respecting patient autonomy and dignity, as well as interpersonal aspects of care, such as the quality of basic amenities.

**Self-efficacy:** The beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments. In chronic care, this refers to an individual's confidence in the ability to perform tasks and make necessary adjustments to manage their conditions.

**Self-management (support):** Collaboratively helping patients and their families with resources and the acquisition of skills to improve their confidence to self-manage chronic conditions.

**Task-shifting:** A process of delegation whereby tasks are moved, where appropriate, from specialised to less specialized healthcare personnel.

**Universal health coverage:** The universal goal of ensuring that all people have access to health services of sufficient quality and without exposure to financial hardship.

**Quality care:** The degree to which health services for individuals and populations increases the likelihood of desired health outcomes and are consistent with current professional knowledge.