Countries in sub-Saharan Africa face the daunting task of supporting millions of HIV-infected patients on anti-retroviral treatment and responding to an emerging burden of chronic, non-communicable diseases in the region. This thesis examines the process of health system adaptation and transition as countries in the region re-orient their health systems towards the provision of chronic care. It presents research findings from Ethiopia, Malawi, South Africa and Zambia, with a focus on primary health and community care. It explores how the substantial experience of primary-level HIV service providers can be used to address the changing burden of disease across the region. The thesis reveals the emergence of an ‘African chronic care model’ in which civil society-led community home based care programmes play a critical role. It draws attention to the threat to effective health system re-orientation if their role is not appreciated whilst also showing the capacity that currently exists for developing chronic care subsystems which can enable equitable access to affordable and quality health care in sub-Saharan Africa.

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