Caring together with digital technology

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Propositions

1) Digital health strategies do not only support people in testing alone, but may also provide the support necessary for people to better negotiate where, when, and with whom HIV self-testing occurs. *This thesis*

2) If we aim to understand how technologies, such as apps, take on part of the role of a healthcare provider in the process of medical testing, attending to affect is crucial. *This thesis*

3) Focusing primarily on 'proper' conduct and correct interpretation of a self-test obscures the ways in which people combine their own experiences, other existing technologies, and the expertise of healthcare providers (and others) to understand their test results. *This thesis*

4) Those who implement and evaluate digital health technology should aim to explore multiple, changing visions of technology use, while also considering how digital health technology works collaboratively with its surroundings to contribute to care in practice. *This thesis*

5) Putting emphasis on increasing time-efficiency in healthcare services as an end goal of digital health interventions undermines the benefits digital health can bring to patient care. *This thesis*

6) Digital health researchers and implementers should acknowledge the effort of healthcare providers in making digital health interventions work. *This thesis*

7) Ethnographic research does not start and stop within particular geographical, temporal or institutional boundaries; it stretches and folds into the everyday life of the researcher. Through this stretching and folding, the researcher can find analytical and conceptual inspiration.

8) Interdisciplinary research that is grounded in genuine curiosity and care for the ideas and concerns of others can generate creative and valuable approaches to complex global health problems.

9) "Thinking globally and acting locally may seem a trivial aphorism for problems that are so large in scale and scope—malaria, tuberculosis, poverty—but the possibility of transforming many small successes into a global mosaic of health for all is, we suspect, still within reach." *(Adams, Burke & Whitmarsh, 2014, p. 194). Excerpt from: Slow Research: Thoughts for a Movement in Global Health. Medical Anthropology, 33(3), 179-197.*

10) Similar to the practice of diagnosis, doing a PhD is a fundamentally collaborative process. This piece of work would not exist without the guidance, support and contributions of countless other people, places, and things.