



A Longitudinal Randomised Field Trial Evaluating Primary Care Network Methodologies and Clinical Outcomes in Uganda

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Author notes

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ABSTRACT

Background: The expansion of urban populations in sub-Saharan Africa has strained primary healthcare delivery. Primary care networks (PCNs) are promoted as a model to integrate services and improve efficiency, but robust longitudinal evidence on their implementation and impact is scarce.

Purpose and objectives: This study aimed to evaluate the comparative effectiveness of two distinct PCN implementation methodologies—centralised coordination versus facilitated peer collaboration—on clinical outcomes for chronic disease management in an urban African setting.

Keywords: *Primary care networks, Randomised field trial, Clinical outcomes, Sub-Saharan Africa, Health systems evaluation, Uganda, Longitudinal study*

Article Highlights

- Peer collaboration improved hypertension control versus centralised coordination (AOR 1.82).
- 58.3% of patients achieved blood pressure control in the peer collaboration arm.
- Implementation methodology is critical to primary care

Clinical Impact

The proportion of hypertensive patients with controlled blood pressure was 16.2 percentage points higher in facilities using peer collaboration.

This trial provides pragmatic evidence for scaling primary care networks in urban Africa.

<p>network effectiveness.</p> <ul style="list-style-type: none">• Study provides robust longitudinal evidence from a cluster-randomised field trial.	
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