

# A Randomised Field Trial Evaluating the Impact of Urban Primary Care Networks on Clinical Outcomes in Rwanda

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## ABSTRACT

**Background:** Strengthening primary healthcare systems is a critical challenge in rapidly urbanising African contexts. While community-based health insurance and performance-based financing have been studied, the specific model of formalised urban primary care networks (UPCNs) remains under-evaluated, particularly regarding hard clinical endpoints.

**Purpose and objectives:** This study aimed to determine the causal effect of a structured UPCN intervention on key clinical outcomes for hypertension and type 2 diabetes management in an urban Rwandan setting.

**Keywords:** *Primary healthcare, Sub-Saharan Africa, Randomised controlled trial, Clinical outcomes, Health systems strengthening, Urban health*

### Article Highlights

- Patients in the UPCN arm were 1.87 times more likely to achieve controlled hypertension.
- Adjusted control rates were 58.3% (intervention) vs. 42.1% (control) at 12 months.
- The model integrated network protocols, shared records, and coordinated community teams.
- Glycaemic control for type 2 diabetes also showed significant improvement.

### Trial Design

Cluster-randomised field trial with 24 urban health centres in Rwanda, evaluating a structured primary care network intervention against standard care.

*This trial provides causal evidence for a scalable model of urban primary healthcare.*

## ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

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