



# Implementation of an Integrated Care Model for Patients with Multiple Cardiometabolic and Mental Health Conditions in Sub-Saharan Africa

## M-CARE PROJECT LAUNCH

ACCRA, DECEMBER 4, 2025  
Alisa Hotel, Accra, Ghana

### PROJECT LAUNCH BROCHURE



# CONTENTS

## M-CARE Project

- Overview
- Background
- Project Aim
- Specific Objectives
- Study Design
- Work Packages
- Expected Impact

## Agenda

## Newsletter

# M-CARE PROJECT

## OVERVIEW

The M-CARE Project aims to strengthen primary health care (PHC) systems in sub-Saharan Africa (SSA) by integrating care for cardiometabolic and common mental health conditions. Through a scalable, evidence-informed approach, M-CARE seeks to improve outcomes for people living with multiple long-term conditions (MLTCs) in Kenya, Uganda, and Ghana.

## BACKGROUND

Multimorbidity is rising rapidly in low- and middle-income countries (LMICs), yet health systems are often fragmented and under-resourced. M-CARE addresses these challenges by integrating WHO PEN and mhGAP-IG guidelines into PHC services, promoting person-centered, efficient, and sustainable care.

## PROJECT AIM

To design, implement, and evaluate a sustainable and scalable integrated care model for cardiometabolic and mental health conditions within PHC systems in SSA.

## SPECIFIC OBJECTIVES

- Generate evidence on effective implementation strategies for integrated care in LMIC PHC settings.
- Co-design an integrated model using PEN and mhGAP-IG tools with patients, providers, communities, and policymakers.



- Conduct a cluster-randomized trial to evaluate effectiveness on clinical and service outcomes.
- Assess feasibility, acceptability, fidelity, and cost-effectiveness using RE-AIM and CFIR frameworks.
- Develop a scale-up roadmap and policy recommendations for national and regional adoption.

## **STUDY DESIGN**

- Type: Type 3 Hybrid Cluster-Randomized Controlled Trial
- Participants: 6,885 adults across 230 PHC facilities
- Countries: Kenya, Ghana, Uganda
- Intervention Components:
  - Training & mentorship of PHC workers
  - Digital decision-support tools
  - Community engagement
  - Supervision and fidelity monitoring

## **WORK PACKAGES**

The M-CARE Project is organized into seven interlinked work packages (WPs).

### **WP1: Project Coordination and Scientific Management**

WP1 focuses on efficient coordination and overall scientific leadership of the M-CARE project across three countries. It includes governance, project management, ethical oversight, risk monitoring, financial accountability, internal communication, and reporting to the funder. The WP will also facilitate synergies between partners and WPs to ensure coherence and progress toward project objectives. This WP is led by Amsterdam University Medical Center (AUMC).



## **WP2: Adaptation and Development of Implementation Strategy for Intervention (Evidence Synthesis)**

This WP focuses on synthesizing existing global and regional evidence on integrated care models and developing a locally adapted implementation strategy. It includes stakeholder consultations, participatory co-design workshops, and contextual adaptation of WHO PEN and mhGAP-IG tools to ensure feasibility, acceptability, and cultural relevance in Ghana, Kenya, and Uganda. The WP is led by APHRC & LSE.).

## **WP3: Recruitment, Intervention Delivery and Follow-Up (Implementation)**

This WP involves the implementation of the integrated care model in selected PHC facilities across the three countries. It includes recruitment of participants, delivery of the intervention by trained PHC workers, and structured follow-up over the trial period. The WP also supports training, supervision, and fidelity monitoring to ensure the delivery of high-quality services. APHRC leads the WP3.

## **WP4: Monitoring and Evaluation of Implementation Research Outcomes (Process and Impact Evaluation)**

This WP applies implementation science frameworks (e.g., RE-AIM, CFIR) to evaluate the feasibility, acceptability, adoption, fidelity, and sustainability of the integrated care model. It includes qualitative and quantitative data collection to assess how the intervention is delivered, perceived, and sustained across different settings. AUMC leads the WP4.



### **WP5: Monitoring and Evaluation of Intervention Outcomes**

This WP evaluates the clinical and patient-level outcomes of the integrated care intervention. Key outcomes include blood pressure control, glycemic control, depression symptoms, service utilization, and patient satisfaction. The WP also assesses changes in knowledge, attitudes, and behaviors related to multimorbidity management. This WP is led by the University of Copenhagen (UC).

### **WP6: Evaluation of Health Economics**

The WP6 examines the cost-effectiveness and economic impact of the integrated care model compared to standard care. It includes cost analyses from health system and societal perspectives and uses modeling approaches to support policy decisions around scale-up and sustainability. The WP is led by Vrije Universiteit Amsterdam (VU).

### **WP7: Dissemination, Exploitation and Stakeholder Engagement**

This WP ensures that project results are communicated effectively to key stakeholders, including policymakers, healthcare providers, and communities. It includes the development of policy briefs, academic publications, stakeholder workshops, and strategies for exploitation and scale-up. The WP promotes sustained engagement to support long-term uptake of findings. The WP is led by the University of Ghana (UG).



## **EXPECTED IMPACT**

- Strengthened PHC systems capable of integrated care delivery.
- Improved clinical and psychosocial outcomes for people with MLTCs.
- Enhanced health worker capacity through training and digital tools.
- Evidence-informed policies supporting scale-up across SSA.

# AGENDA

## LAUNCH OF M-CARE PROJECT

4th December 2025

Ministry of Health

University of Ghana

### Meeting Objectives

This meeting seeks to achieve the following specifically:

- Officially launch the M-Care Project; “Implementation of an Integrated Care Model for Patients with Multiple Cardiometabolic and Mental Health Conditions in sub-Saharan Africa (M-Care)”
- Introduce the project’s goals, scope, and implementation plan.
- Engage key stakeholders and partners.

Time	Activity
8:30am-9:00am	<b>Arrival and Registration</b>
9:00am-9:30	<b>Welcome Address</b>
9:30am-10:00am	Overview of the new project, Ghana site Lead
10:00-10:30am	Implementation site Presentation
10:30am-11:00am	Remarks from the Project Principal Investigator (PI)
11:00am-11:30am	Remarks from other PIs (Kenya & Uganda)
11:30am-12:00pm	Speech by Director-General, Ghana Health Service (GHS)
12:00pm-12:30pm	Speech by Ministry of Health and Official Project Launch (MOH)
12:30-12:45pm	<b>Closing remarks</b>
1:00 pm	<b>Lunch and Networking</b>

# NEWSLETTER

## KICKOFF MEETING – OCTOBER 2025

### HORIZON EUROPE M-CARE PROJECT KICK-OFF MEETING: UNITING PARTNERS TO DRIVE COLLABORATION AND DEFINE PATHWAYS TO SUCCESS

The M-CARE Project officially kicked off with a two-day meeting in Amsterdam, bringing together a diverse team of researchers, practitioners, and policy experts from three African countries (Ghana, Kenya, Uganda), and three European countries (Denmark, The Netherlands, and UK). The meeting provided a platform to outline strategies for tackling the rising burden of multiple long-term chronic cardiometabolic (diabetes, hypertension, dyslipidaemia) and common mental health conditions in Sub-Saharan Africa through the M-Care project.

The kick-off served as an opportunity for the consortium members to gain a comprehensive shared understanding of the project's scope and objectives, strengthen team dynamics and collaboration, and clarify institutional roles. It also created space for developing practical strategies for implementation in the three African countries, ensuring that M-CARE project will be both impactful and sustainable.



The M-CARE consortium unites a strong interdisciplinary team across Africa and Europe, including Amsterdam UMC (The Netherlands), the African Population and Health Research Center (APHRC, Kenya), the University of Copenhagen (Denmark), the University of Ghana (Ghana), the London School of Economics and Political Science (United Kingdom), Lira University (Uganda), and Vrije Universiteit Amsterdam (The Netherlands). Each institution brings complementary expertise to support the project's mission of transforming care delivery for people living with multiple long-term chronic disease conditions.



The **M-CARE Project** launched in Amsterdam, uniting African and European experts to address chronic cardiometabolic and mental health conditions in Sub-Saharan Africa. Funded by **Horizon Europe**, it focuses on collaboration, community engagement, and sustainable, patient-centred care — captured in the slogan “**M-CARE – We Care.**”

The consortium acknowledged that successful development and implementation will require careful coordination across diverse health system contexts, meaningful community engagement, and efficient use of resources. To achieve this, emphasis will be placed on proactive strategies, including active stakeholder involvement, strong communication pathways, and shared partnership and leadership across institutions to ensure cohesive and effective project delivery. The slogan “M-CARE-We Care” encapsulates this spirit of collaboration and our shared commitment to improving patient-centred care across communities.



The kick-off meeting, hosted with support from Amsterdam UMC and the Amsterdam Public Health Research Institute, laid the foundation for a collaborative initiative funded by Horizon Europe. As the project moves forward, the consortium will work closely with local stakeholders, healthcare professionals, and policymakers to design and test innovative and evidence-based care strategies that are scalable, sustainable, and responsive to the needs of communities in Sub-Saharan Africa.



## M-CARE PROJECT

**M-CARE** is an initiative focused on improving healthcare for people with multiple chronic conditions and mental health challenges in Sub-Saharan Africa.

We work across Ghana, Kenya, and Uganda, adapting WHO’s evidence-based guidelines to create integrated, patient-centered care at the primary health level.

## CONTACT INFORMATION

Amsterdam University Medical Centre, University of Amsterdam, Amsterdam Public Health Research Institute, Department of Public & Occupational Health  
 Van der Boechorststraat 7/1081 BT Amsterdam.  
**Email:** [info@mcareproject.com](mailto:info@mcareproject.com)

## PARTNER INSTITUTIONS

Stichting Amsterdam UMC (Netherlands), University of Copenhagen (Denmark), London School of Economics and Political Science (UK), University of Ghana, African Population Health Research Center (Kenya), Lira University (Uganda), and Vrije Universiteit Amsterdam (Netherlands).



Funded by the European Union





**M-CARE**  
**WE CARE**

# CONTACT INFORMATION

For more information about the M-CARE Project, please contact us through the details below:

## Phone Numbers

+31 6 4835 3652

+31 65 006 3324

## Email

[info@mcareproject.org](mailto:info@mcareproject.org)

## Website

[mcareproject.org](http://mcareproject.org)



Funded by  
the European Union