Expression of Interest – Maastricht University (July 2026)

Topic ID: HORIZON-HLTH-2027-01-DISEASE-10

Interest in joining a consortium for 'Prevention and management of chronic non-communicable diseases in children and young people (GACD)'

Dear reader,

On behalf of the **Department of Family Medicine at Maastricht University**, we would like to express interest in joining a consortium for HORIZON-HLTH-2027-01-DISEASE-10.

This call is of particular interest because our research program focuses on the **development, implementation and evaluation of preventive interventions in routine primary care, in particular in low- and middle-income settings**. We have extensive experience translating evidence into real-world practice through pragmatic clinical effectiveness research, digital health innovations and stakeholder engagement.

We are particularly interested in contributing as a **WP leader or implementation/evaluation partner**, especially for work packages on intervention development, implementation science, stakeholder engagement, real-world evaluation, dissemination and impact.

1. Expertise

Our core expertise includes:

- Primary care research in both European and low- and middle-income settings
- Prevention and early intervention in primary care
- Integration of innovations into routine healthcare
- Self-management support for people living with chronic conditions
- Pragmatic trials, platform trials and innovative effectiveness evaluation methods

These expertise are particularly relevant to the following activities of the call:

- Implementation of evidence-based interventions (including adaptation and tailored interventions).
- Prevention of NCDs among children and/or young people using targeted implementation strategies.
- Have an appropriate strategy for measuring implementation research outcomes and real-world effectiveness outcomes and indicators.
- Specifically address issues of equitable implementation to ensure interventions reach the populations that need them the most.
- Use an appropriate implementation research design and framework, including hybrid effectiveness-implementation designs where appropriate.
- Generate evidence that is of direct relevance to policymakers, communities and practitioners.
- Demonstrate sustainability of the strategy beyond the lifespan of the project.

2. Relevant track record and projects

We have relevant experience in the development, implementation and evaluation of preventive interventions in routine primary care, including:

- **Implementation of mHealth-supported maternal and child health interventions in primary care (Ethiopia)** – Developed and evaluated a digital health intervention to improve maternal and child health service utilisation in routine primary care using an implementation research approach. Demonstrated integration of digital innovations into routine healthcare and evaluation under real-world conditions.

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- **Implementation research on preventive child health interventions in primary care (Ethiopia)** – Research programme on prevention, early detection and management of child health conditions, including nutrition, developmental screening and implementation of preventive interventions in primary care, using pragmatic evaluation methods and stakeholder engagement.

3. Data, infrastructure, technology, or pilots

We provide access to **an extensive network** of primary care organizations, healthcare providers, public health authorities, academic partners and implementation sites in both high-income and low- and middle-income settings, which could strengthen the consortium's real-world relevance and impact.

More specifically, we can contribute:

- **Data:** routine primary care electronic health records (e.g. GP information systems in the Netherlands); public health, clinical and hospital data in Ethiopia (e.g. maternal and child health, HIV, tuberculosis and chronic disease programmes); public health and primary care policy surveillance data (e.g. Public Health Emergency Management systems; data from Ministry of Health); cohort and longitudinal follow-up data (e.g. Ethiopian Demographic and Health Survey).
- **Technology or tools:** digital health interventions (e.g. mHealth applications for maternal healthcare and chronic disease management); self-management support tools (e.g. HIV self-management instruments); pragmatic and platform trial methodologies; advanced epidemiological and statistical methods (e.g. Bayesian methods, hybrid effectiveness-implementation designs).
- **Infrastructure:** Department of Family Medicine and CAPHRI at Maastricht University; Dutch primary care research networks and affiliated general practices; long-standing collaborations with Hawassa University, Addis Ababa University, Mekelle University, Arba Minch University, Madda Walabu University, and national and regional health authorities in Ethiopia.
- **Pilots:** general practices and primary care centres; community health centres; maternal and child health clinics; schools; hospitals and outpatient clinics; public health services; community-based programs in the Netherlands and Ethiopia where preventive interventions can be implemented and evaluated under routine care conditions.

Contact

We would be pleased to discuss how our expertise and assets could complement your consortium for **HORIZON-HLTH-2027-01-DISEASE-10**.

Please reach out by email and include the Horizon Europe contact of our local Grants Office in CC (i.beeren@maastrichtuniversity.nl).

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