

Cardiometabolic Disease Care and Prevention Innovations in Humanitarian Settings

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BACKGROUND

- **CMDs** (diabetes, cardiovascular diseases, and related complications) cause **high mortality** in humanitarian crises.
- **Acute crises disrupt healthcare** services, worsen food insecurity, weaken coping mechanisms, and are compounded by constrained financial and operational humanitarian landscapes, increasing CMD vulnerability.
- Locally driven innovations offer sustainable, context-specific solutions; however, **Africa remains under-evidenced** compared with regions such as the Middle East.

AIM

- Identify, **document**, and promote community-, primary-, and secondary-care level **CMD innovations** in **African humanitarian settings**, to raise their profile amongst the humanitarian community and support their **uptake** and scale-up.

METHODS

- **Design:** Mixed-methods approach combining secondary quantitative and qualitative evidence review and primary qualitative research (KIIs, FGDs) to be thematically analyzed.
- **Innovation identification:** Network outreach and desk review to identify innovations - currently being assessed for shortlisting.
- **Frameworks** : CICI, RE-AIM and Elrha’s Humanitarian Innovation Guide will frame analysis around innovation landscape, impact and scalability respectively. Decolonial and equity lenses will be integrated throughout.
- **Geographies and populations:** Sub-Saharan Africa – case studies in Ethiopia and Uganda – targeting populations affected by recurrent humanitarian shocks disrupting CMD care.
- **Governance:** project conducted collaboratively with APHRC, and guided by a diverse steering committee, of researchers, humanitarian actors, civil society organizations, UN bodies and ministries of health.
- **Timelines:** Primary qualitative data collection to begin Nov 25; project completion Apr 2026.



Prioritizing and scaling innovations that have strong community buy-in and ownership in cardiometabolic disease care has the potential to deliver sustainable impact across increasingly challenging humanitarian landscapes.



Image: MSF, 2025. Available from: msf.org.uk/issues/non-communicable-diseases

SHARE YOUR INNOVATIONS!

We're looking to connect with those developing or delivering innovative approaches to CMD care in humanitarian settings.

Please get in touch with our Research Manager, Dr. Shivani Patel, to explore opportunities for collaboration: s.patel@elrha.org.



Scan the QR code or visit bit.ly/CMDinnovation to learn more.

PRELIMINARY RESULTS AND DISCUSSION

- **CMD innovations with strong community-level buy-in** exist even in unstable humanitarian settings, demonstrating adaptability and local ownership.
- The project expects to document **8–12 innovations across ~6 countries in Sub-Saharan Africa**, contributing to a **repository** capturing contextual barriers and facilitators for scale-up.
- **Key emerging innovation categories** are listed below and reflect diverse and growing momentum for CMD care in crisis contexts:
 - **Adaptive service delivery models** e.g., integrated multidisciplinary diabetes care clinics; task shifting using HIV care infrastructure
 - **Digital health tools** e.g., apps for NCD training; digital patient records
 - **Social and community initiatives** e.g., community sensitization campaigns; youth peer support groups; crisis-responsive insulin delivery mechanisms, self-management tools for the elderly
 - **Product-based solutions** e.g., clay pot cooling systems for insulin
- **Limited evidence (quantitative and qualitative), historical de-prioritization of NCDs in humanitarian responses and competing resource constraints** remain key barriers to broader implementation and scale-up, underscoring the need for more robust impact evidence.
- Findings will **inform strategies to integrate CMD care into humanitarian response**, influence policy and donor priorities, and guide **future research on scalable, locally owned interventions**.
- **Key outputs** will include a comprehensive report, policy brief, and impact case studies, launched through a **webinar, regional convening**, and **community feedback video** to support learning, visibility, and uptake.

