

# Stakeholder Brief Draft: Locally Developed, Innovative Approaches for Cardiometabolic Disease Prevention and Care in Humanitarian Settings

## Summary

Elrha's new initiative, funded by the Novo Nordisk Foundation, identifies and promotes locally developed innovations for cardio-metabolic disease (CMD) prevention and care in humanitarian settings. Targeting high-burden contexts in Africa, the project aims to address critical evidence gaps by documenting community-level innovations and engaging key stakeholders to drive policy impact. With a phased, collaborative approach involving local research partners and a diverse steering committee, this work seeks to elevate CMDs on the humanitarian health agenda and support resilient health systems.

## Background

Analysis conducted in humanitarian settings has highlighted excessive NCD-related mortality, including 92% in Ukraine and 71% in Myanmar ([WHO report, 2024](#)). Much of the present evidence base for NCD care in humanitarian crises has focused on protracted settings where health systems have had some time to adapt (e.g. Syria and Ukraine). In contexts where healthcare access has been acutely disrupted, food insecurity is rife, and coping mechanisms may have broken down – vulnerability to NCDs is heightened. At the same time, humanitarian actors face challenges in working to provide NCD care in an increasingly constrained financial and operational context. In the realities of acute crises and a shifting humanitarian landscape, healthcare delivery continues through adaptive and innovative approaches which recognize the value of local ownership. Such locally-owned CMD innovations have an important role to play at the humanitarian-development-peace nexus, offering sustainable solutions that contribute to building resilient health systems.

[The Elrha Humanitarian Health Evidence Review](#) updated in 2021 identified that whilst research on non-communicable diseases (NCDs) interventions was expanding, critical gaps remained – particularly within crisis settings. A multidisciplinary expert team systematically assessed gaps, highlighting prevention and treatment of cardio-metabolic diseases (CMD) in crisis as a priority area ([Elrha Priority Setting Exercise on NCDs](#)). CMDs encompass a cluster of often interconnected conditions – including diabetes, hypertension and dyslipidemia, and their complications such as stroke and heart disease.

Our Research for Health in Humanitarian Crises ([R2HC](#)) programme aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions. The research we fund brings together academics, humanitarian practitioners and researchers embedded within crisis-affected contexts. We focus on maximising the potential for public health research to bring about positive change in humanitarian response. Since 2013, we have funded more than 100 research studies across a range of public health fields, helping inform decision-making. We are continuously monitoring current and anticipated humanitarian crises to identify evidence gaps which already – or may soon – hinder the ability to conduct effective humanitarian response.

## Programme Objectives and Approach

The project, which is funded by Novo Nordisk Foundation, aims to enhance awareness of CMD innovations and work with key decision makers and donors to position NCDs as an issue of strategic importance. In doing so, we hope to promote the uptake and testing of promising innovations.

The overriding objective of the project is to identify, document and disseminate community and primary care-level innovations in CMD prevention and treatment in crisis settings. The work is intended to collate innovations occurring in humanitarian settings where there has been an acute disturbance to healthcare services. Geographically it will focus on humanitarian settings with high CMD burden in Africa, where the evidence base remains least developed. Innovations may include service delivery models, social innovations, digital innovations, and other relevant products. Some examples are listed below.



The project will be carried out in close collaboration with a research partner based in Africa. They will play a role in co-developing and implementing research and stakeholder engagement elements of this project, ensuring they are locally grounded and contextually relevant.

A steering committee consisting of the research community, donors, relevant community-based organizations, people with lived experiences of CMDs, humanitarian actors, UN bodies and Ministries of Health will strategically guide the project and ensure outputs are best disseminated to influence global and national policies. The work will take place in 3 phases, with sub-objectives for each phase.

### Phase 1: Inception

We will develop a multidisciplinary steering committee made up of key stakeholders. A suitable research partner based in Sub-Saharan Africa will be selected based on their expertise and local networks in NCDs in humanitarian settings.

The steering committee and research partner will then work to set boundaries for data collection (including target geographies), methodology (including innovation identification), and analytical frameworks. Phase 1 will occur until June 2025 and conclude with a jointly produced inception report.

### Phase 2: Innovation Identification, Analysis and Documentation

Elrha and the research partner, guided by the steering committee, will work to identify local community-level innovations for CMD prevention and management using key criteria. This will be conducted through desk review and via networks of NCD practitioners.

Included innovations will be assessed against our innovation impact analysis, by using available documentation and through interviews with innovation implementors, local humanitarian and health actors, and people with CMD who engaged with innovations. This will also feed into a broader innovation landscape review.

This work will involve visiting two country contexts where innovations have been identified, to allow for greater depth of documentation and evaluation of outcomes. Phase 2 will take place until December 2025.

### Phase 3: Stakeholder Engagement and Socialisation

Through developing and applying a stakeholder engagement strategy, we will work with our steering committee and research partner to ensure outputs are valuable to a range of end-users.

The most promising innovations across different categories (products, service delivery models, social innovations, digital innovations) will be documented through multilingual case studies, stakeholder reports and donor-specific briefing documents. We also hope to hold a webinar and in-person convening event in Africa with Ministries of Health, research institutions, NCD networks, community-based organisations, UN agencies and humanitarian organisations.

We will ensure representation of the project at key NCD-related events, such as the Fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs in September 2025. Phase 3 will be ongoing from June 2025 to March 2026.

### Audience and Engagement

The target audience for this work will be national and international bodies working on and responding to NCDs, particularly CMDs in acute humanitarian crisis settings. Target groups which will also be represented on the steering committee include community-based organizations, Ministries of Health, UN agencies (e.g. WHO), humanitarian agencies (e.g. IRC), researchers, donors and people with lived experience of CMDs. We envisage that these broad groups will be able to support in identifying innovations and work collaboratively to drive strategic policy changes, as well as enable testing, assessment and scaling of promising innovations to advance NCDs on the humanitarian health agenda.

For further information, questions or to share insights (such as opportunities for socialisation of the project) please contact Dr. Shivani Patel at [s.patel@elrha.org](mailto:s.patel@elrha.org). We will also be posting updates on our website [elrha.org/ncd](https://elrha.org/ncd).