



Webinar: Mapping CMD Innovations in Humanitarian Settings

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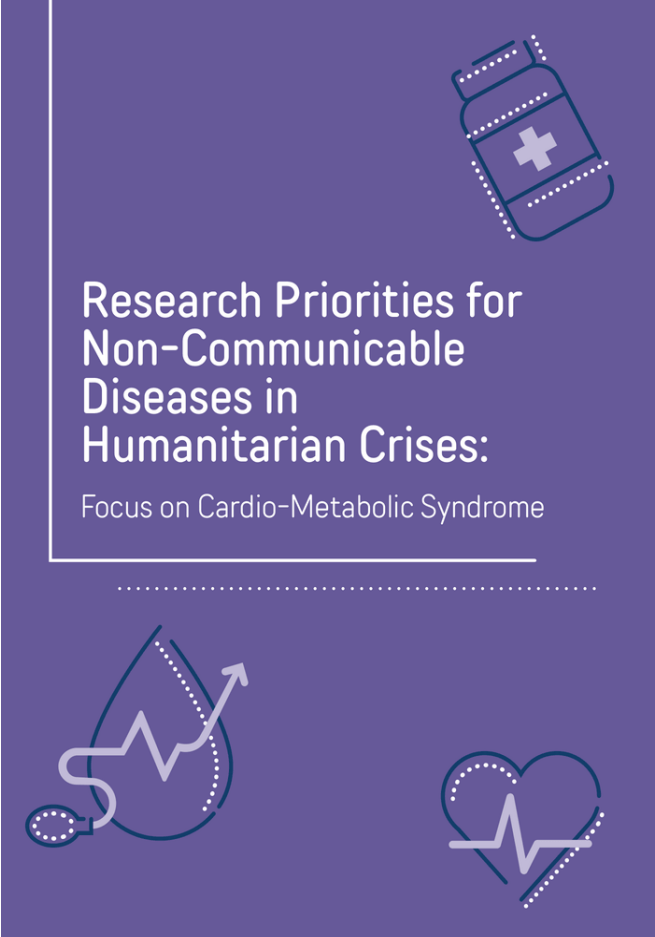
Webinar Outline

Structure

- 1) Opening remarks
- 2) Elrha and APHRC CMD innovations in crisis settings report launch and Q&A
- 3) Panel discussion on scaling CMD innovations in crises
- 4) Closing

Background

- Crisis contexts = disrupted CMD care continuity, supply chains, care access
- CMDs quickly become life threatening – urgent drivers of excess and avoidable mortality in crises
 - NCD-related deaths pre-conflict – Syria 75%, Ukraine 90%, 28% South Sudan (WHO, 2024)
- Gap across research, innovation and humanitarian response
- Current NNF-funded project born out of Research Priority Setting Exercise – IRC & AUB

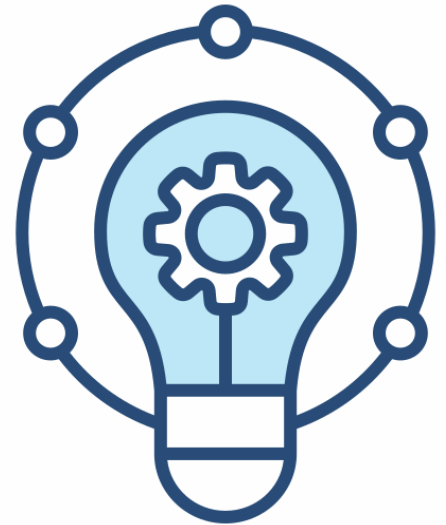


Research Priorities for
Non-Communicable
Diseases in
Humanitarian Crises:
Focus on Cardio-Metabolic Syndrome

CMD Innovation Mapping Project

What innovations* exist for cardiometabolic disease* management and care in humanitarian settings* with recurring disruptions?

- What innovations exist (established or promising)?
- To what extent do they show impact and scale potential?
- What lessons can be learned from innovation setbacks?



Approach

- Equitable collaboration between APHRC & Elhra
- Multidisciplinary SC with country specific experts (Ethiopia)
- Geography: SSA, Ethiopia case study, Kenya (Uganda)
- Innovation identification: Desk review + network outreach + online open form
- Mixed-methods approach: Secondary evidence (qualitative + quantitative).
- Qualitative KII/FGDs.
- Innovation analysis framework: RE-AIM, CICI, Humanitarian Innovation-Guide, decolonial and inclusivity

Types of Innovations

Innovation = adaptation, recombination, or novel approaches enabling CMD care continuity in crisis contexts (beyond technological products)

Emerging Innovation Categories: maintaining care continuity through crisis-adapted solutions

- Decentralized models: task-sharing, mobile outreach
- Community-led solutions: peer-support, self-management
- Essential medicine continuity innovations: supply chain and last-mile storage
- Digital & information support solutions
- Crisis-adaptive training & patient education
- Policy, governance & coordination solutions

Layering solutions increases impact

Community Vs global actor led solutions



Standout Scalable Innovations



Innovation in practice

IRC CMD programming – Ethiopia and Uganda



What it is:

A programme that embeds diabetes and hypertension care into government primary health facilities by training frontline staff, introducing simplified treatment protocols, ensuring medicine supply, and integrating CMD services into routine outpatient care.

What's innovative:

It delivers CMD care through existing public health services using task-sharing and simplified protocols, rather than setting up separate humanitarian clinics.

Standout Scalable Innovations



Innovation in practice

L'Association des Diabétiques du Congo (ADIC) – Democratic Republic of the Congo (DRC)

What it is:

A network of local diabetes groups that organise peer support, track patients, support treatment adherence, and help individuals access insulin and clinic care in low-resource and crisis-affected settings.

What's innovative:

It shifts day-to-day CMD care coordination to patient-led community networks, maintaining continuity of treatment where formal health services are fragmented or unreliable.

Standout Scalable Innovations



Innovation in practice

Clay pot insulin storage – Multiple settings

What it is:

A low-tech method using clay pots to keep insulin cool without electricity.

What's innovative:

It adapts a simple, local technique to maintain life-saving treatment without relying on infrastructure.

Innovation Ecosystem

Influence of Tier on impact and scale increases



Tier 1: Crisis environment

- Poverty and food insecurity
- Displacement and population mobility
- Insecurity and climate shocks



Tier 2: Systems determinants

- Financing architecture
- Governance and collaboration
- Policy and regulatory environment
- Supply chain and medicine markets
- Localisation and power
- Systemic biases and norms

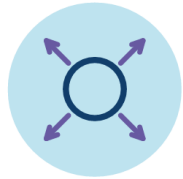


Tier 3: Practical performance

- Workforce instability and capacity
- Institutional and innovation management capacity
- Coordination
- Monitoring, data, and evidence systems
- Infrastructure and connectivity
- Hybrid delivery
- Community participation, attitudes and norms

Ability of innovation teams to influence increases

What Scale Looks Like in Crises



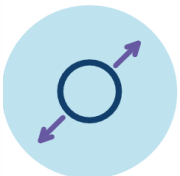
Scaling out



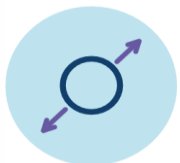
Scaling long



Scaling deep



Scaling up



Scaling down



Adaptability, Sustainability

The limiting factor: **system absorbability**: the capacity of health and humanitarian systems to adopt, sustain and normalise innovations once external support declines.



It was a catastrophe because we were purchasing a kit, but health worker capacity was not there... there was no formal system to deliver it.

KII, Senior key informant at Qatar Foundation

What impact assessment looks like in crises

- IA ensures scarce resources are used effectively, demonstrates whether locally developed solutions work, and generates evidence to justify scaling
- **Capacity gaps shape who can effectively measure impact**
Community innovators are constrained in time, staffing and resources compared to global actors, requiring phased, context-appropriate IA approaches from the outset of a crisis
- RE-AIM: assesses reach, effectiveness (user and system levels), and sustainability, highlighting key barriers: donor dependence, weak coordination, and poor integration into national health systems
- Impact must be redefined for crisis contexts to highlight **sustaining care under strain, with continuity of care and access to medicines as key proxy indicators**
- **Inclusive data remains a critical gap:**
REACH measures rarely disaggregated by gender, age, or maternal status, obscuring who benefits and who is left behind
Strengthening disaggregated monitoring is essential for equity

Ethiopia: Systems Case Study

- **The challenge**– Chronic CMD care requires continuity, but humanitarian systems are acute, fragmented, and short-term leading to treatment interruption and preventable complications.
- **Types of Innovations Seen**– Integrated PHC models, decentralised/mobile care, task sharing (CHWs), community-led support, horizontal integration, and adaptive supply chain approaches.
- **How Scale Occurs in Ethiopia**– Scale achieved through system integration into PHC, government ownership, alignment with national policies, and community-based delivery (HEWs).
- **Factors Influencing Scalability**– Integration into national NCD frameworks (including humanitarian contexts), financing stability, reliable supply chains, workforce capacity/governance, community trust, and system absorbability
- **Gaps Remaining**– Equity, multisectoral integration, and financing remain weak

Decolonial/inclusivity insight: Shifting CMD care toward community-led, decentralized delivery enhances contextual relevance and trust

Looking ahead: Key Takeaways



- 1) **CMD** care – possible and **critical** in humanitarian response, innovative solutions exist to maintain continuity of care (many community-led)
- 2) Effective solutions focus on bringing care closer to crisis-affected **communities** – **crisis-adapted decentralized care models, community-led solutions**
- 3) **System-strengthening, horizontally integrated** innovations which are context-adapted supports scale (not vertical pilots)
- 4) **Scaling** can show up in many different forms
- 5) Robust **learning networks** + pragmatic **impact assessment** = what innovations work, for whom, under what conditions and how impact at scale can be achieved

Looking ahead: R&I gaps

- Integrated models of care – CMD co-exists with other humanitarian health concerns
 - HIV/TB, pregnancy, nutrition, mental health, climate
- Learning around solutions supporting life-saving continuity in first 30 days of crisis
 - e.g. uninterrupted insulin access
- Crisis-sensitive impact assessment frameworks
 - To not discount promising innovations
- Sustainable financing models for CMDs
 - Community innovator inclusive

Although... An emerging community – a crater with deeper gaps in some places than others!

Looking ahead: Recommendations

- 1) Reframe CMD care as a core humanitarian health priority
- 2) Prioritize scaling innovations which strengthen CMD care continuity in crises
- 3) Orient ecosystems to absorb and scale innovations
- 4) Adapt financing to scale innovations and generate evidence
- 5) Strengthen impact assessment and learning systems – phased approach with shared indicators, knowledge exchange

Q&A



Panel Discussion: Scaling CMD Innovations in Crises

Framing and moderating: Dr Mahmoud Tharwat, Global NCD Officer (IFRC)

Panelists:

- Dr Giulia Loffreda, Scientist, WHO Alliance for Health Policy and Systems Research
- Dr Abdirahman Mohamud, NCD Technical Officer, Africa CDC
- Dr Salwa Musa, Community Innovator, Sudan Childhood Diabetes Association (Sudan)
- Dr Hassan Mowlid, CVD and Heat Project Lead, IMC (Somalia)
- Dr Grace Vugusta, Medical Coordinator Support, MSF (Kenya)

Closing

- Nairobi launch event (30th April), report, policy brief
- Follow on funding

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