Partnership review

Partnering for Change

2015–2024

PARTNERING FOR CHANGE
Chronic Care in Humanitarian Crises

Civilians flee west Mosul as fighting between Iraqi forces and ISIS militants intensifies.

Contents

We hope this report fosters increased cross-sector collaborations and partnerships to address NCDs in humanitarian settings. We aim for humanitarian organisations, the private sector and civil society to utilise our insights and build upon them.

BOUCHRA SAID
BEKAA VALLEY, LEBANON
Bouchra is 26 years old and has type 1 diabetes. She is a refugee from Syria and now lives in Lebanon.
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Foreword

In a world increasingly marked by conflict, displacement and humanitarian crises, the silent epidemic of non-communicable diseases (NCDs) often goes unnoticed. Yet, for millions of people living in humanitarian settings, conditions such as diabetes and hypertension are not just health issues – they may be life-threatening challenges exacerbated by the breakdown of healthcare systems. It is within this context that the Partnering for Change initiative was conceived, bringing together the International Committee of the Red Cross (ICRC), the Danish Red Cross (DRC) and Novo Nordisk in a unique cross-sector partnership aimed at addressing the urgent need for access to chronic care services in humanitarian settings.

Since its inception in 2018, Partnering for Change has been driven by a shared vision: to ensure that all people experiencing humanitarian crises have access to the NCD care they need, no matter where they are.

This vision has guided the partnership's efforts to improve access to context-appropriate prevention and care, gather critical data and inspire global health actors to take meaningful action. Over the past seven years, the partnership has evolved from initial discussions to a robust collaboration that has introduced innovative strategies, developed patient empowerment resources and advocated for increased global awareness.

The journey has not been without its challenges. The complexities of providing continuous care in unstable environments, coupled with the need for rigorous research and evidence-based interventions, have required unwavering commitment and adaptability from all the partners involved. Yet, it is precisely these challenges that have underscored the importance of our work and the impact we have been able to achieve together.

Through this report, we aim to share the key achievements, impact and learnings from several years of collaboration. Our findings highlight the critical need for integrated, patient-centred approaches to NCD care in humanitarian settings and offer valuable insights for future collaborations. As we conclude this phase of our partnership, we remain committed to building on the strong foundation we have established, continuing to drive impactful collaborations and leveraging the evidence and learnings to shape future humanitarian health interventions.

We extend our deepest gratitude to all those who have contributed to this initiative — our partners, local stakeholders, field teams, healthcare providers, researchers and, most importantly, the people living with NCDs whose resilience and courage inspire us every day. Together, we are proud to have taken humble steps towards a future where no one is left behind in the fight against NCDs, even in the most challenging of circumstances.

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Executive summary

Humanitarian crises affect more than 1 billion people globally, disrupting essential healthcare services and worsening the burden of NCDs such as diabetes and hypertension. Low- and middle-income countries (LMICs), which host most displaced populations, struggle to provide continuous NCD care due to weak healthcare systems. In response to this critical issue, the ICRC, the DRC and Novo Nordisk formed the Partnering for Change initiative in 2018 to address NCD care in humanitarian settings.

The partnership aimed to improve access to NCD care, gather evidence and inspire global health actors to act. To achieve these goals, the initiative focused on several key components. Firstly, extensive research and needs assessments were conducted to map healthcare gaps and develop innovative solutions. This foundational work informed the implementation of evidence-based field projects designed to improve NCD care in selected areas.

In addition, the partnership developed resources to empower patients, ensuring that interventions were tailored to specific needs and local contexts. Joint advocacy efforts were also a cornerstone of the initiative, raising awareness and mobilising resources for NCD care in humanitarian settings. Continuous monitoring and evaluation ensured that interventions remained effective and adaptable to changing circumstances.

The evolution of Partnering for Change

The evolution of the Partnering for Change initiative can be divided into distinct phases.

2015–2017
Initial discussions and partnership formation laid the groundwork for future collaboration.

Phase 1 (2018–2020)
The first phase focused on building a strong foundation for collaboration and mapping field needs.

Phase 2 (2021–2023)
Building on Phase 1, the partnership shifted its focus to applying research, implementing solutions and raising awareness.

2024
The partnership entered a consolidation phase, anchoring insights and formally concluding the initiative.

Impact and value

The impact and value of the partnership have been significant. The initiative generated new evidence, improved patient support, enabled the reassessment of human insulin thermostability, enhanced product supply and influenced global advocacy. These achievements were underpinned by the partnership's core values: trust, co-creation, enhanced research capability and increased influence and credibility. For instance, the reassessment of two human insulin products' thermostability addressed a critical challenge in humanitarian settings, where refrigeration may be unreliable. Similarly, the creation of patient support materials and peer support groups empowered individuals to manage their conditions more effectively.

Key learnings

Key learnings from the initiative highlight the importance of aligning research with field needs, engaging local partners early and inclusively and clearly defining roles to build trust with private sector partners. Simplifying governance structures can facilitate quicker decision-making, while maintaining continuity and alignment through regular evaluations and strong leadership is crucial for sustaining progress in dynamic environments.

Looking ahead, the strong relationships and trust built between the partners will continue to drive impactful collaborations. The DRC and Novo Nordisk plan to leverage their complementary strengths through initiatives in Syria and Lebanon, aiming to improve and scale NCD prevention and care for people living in humanitarian settings. The patient support models developed under the partnership, such as peer support groups, have shown promise and will be expanded. In addition, the evidence and learnings generated by the initiative will continue to shape future humanitarian health interventions and inform global discussions.

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Non-communicable diseases in humanitarian crises

Worldwide, more than 1 billion people live in fragile, conflict-affected areas.[1] Almost 300 million people are projected to need humanitarian assistance and protection in 2024,[2] with 122 million people worldwide forcibly displaced from their homes as a result of persecution, conflict, violence or human rights violations.[3] Over the past decade, this number has nearly doubled and is expected to grow as conflicts and climate-related disasters continue.[3]

Millions of people worldwide live with NCDs, and people in humanitarian crises are particularly vulnerable.[4,5] Heart attacks and strokes are two to three times more common in emergency settings than in normal circumstances. Diabetes and hypertension are also common and need continuous care to prevent complications, disability and premature death.[6] Moreover, mental distress is highly prevalent in humanitarian settings owing to stress, trauma and harsh living conditions. About 20% of people living in humanitarian settings have mental health conditions, such as depression, anxiety or post-traumatic stress disorder.[7]

However, crises disrupt access to essential healthcare, medication and routine practices that help manage chronic conditions. Essential services often get thrown into disarray because critical infrastructures break down or healthcare systems collapse entirely.[8] Mass displacement and instability further complicate the provision of continuous care for people living with NCDs, leading to lapses in treatment and worsened outcomes.[4,9,10]

LMICs host the majority of forcibly displaced people (87%) and also host 71% of the world's refugees.[3] At the same time, LMICs bear the greatest burden of NCDs, accounting for more than three-quarters of all NCD deaths.[11] These countries tend to have health systems that are weakened or already overburdened by acute health threats such as injuries and infectious diseases, further exacerbating the challenges in providing continuous NCD care.

1 in 8

people lived in fragile and conflict-affected contexts in 2023 – 1.04 billion people globally.[1]

299 million

people needed humanitarian assistance and protection in 2024 – around 3% of the world's population.[2]

92%

of deaths in some crisis-affected countries are caused by NCDs.[12]

Partnering for Change

Chronic care in humanitarian crises

Despite the growing demand for NCD care in humanitarian settings, funding for chronic disease management remains insufficient and limited coordination exists between humanitarian actors, governments and the private sector. Resources are often redirected to address immediate emergency needs, leaving chronic care for NCDs underfunded. However, as crises become more and more protracted, new approaches to care and solutions are required to help vulnerable populations impacted by NCDs.

In 2018, the ICRC, the DRC and Novo Nordisk formed a unique public–private partnership, Partnering for Change. By bringing together humanitarian organisations, the private sector and academia, the partnership sought solutions to alleviate the growing burden of NCDs such as diabetes and hypertension in humanitarian settings.

Over the last seven years, Partnering for Change has focused on understanding the specific challenges experienced by individuals living with NCDs in humanitarian settings. Through collaboration across different sectors, the partnership has introduced innovative strategies to improve NCD care in humanitarian settings and has advocated for increased global awareness to tackle the difficulties of providing NCD care in humanitarian settings.

The partnership has been driven by a shared vision:

All people experiencing humanitarian crises should have access to the NCD care they need, no matter where they are.

The partnership has focused on **three specific objectives:**

1. **Improve access to context-appropriate prevention and care** for people affected by diabetes and hypertension in selected humanitarian settings.
2. **Collect data and gather evidence on the prevention and care** of diabetes and hypertension in humanitarian crises.
3. **Inspire global health actors to take action** to improve access and continuity of care for NCDs in humanitarian settings.

Key components of the partnership

Research and needs assessments
Partnering for Change has carried out in-depth research and needs assessments to map gaps in healthcare and inform the development of innovative solutions to optimise NCD care in humanitarian crises. This work includes continuous monitoring and evaluation to ensure effectiveness, collecting field data and adjusting strategies to improve patient outcomes and care delivery.

Field projects
Based on the insights from research and needs assessments, Partnering for Change has supported evidence-based field projects to reduce the impact of NCDs and improve care for people with diabetes and hypertension in humanitarian crises in selected areas.

Patient empowerment
Taking into account specific patient needs and the local context, Partnering for Change has developed patient resources based on available scientific evidence to empower patients.

Joint advocacy
Partnering for Change works to raise global, regional and local awareness about the importance of addressing NCDs in humanitarian crises and mobilise resources by engaging with various stakeholders, including governments, civil society, businesses and policymakers.

Partners and their contributions

International Committee of the Red Cross (ICRC)
As a leading global organisation ensuring humanitarian protection and assistance for people affected by conflict worldwide, the ICRC has brought expertise providing clinical care to vulnerable populations in settings affected by conflict or other forms of violence.

Danish Red Cross (DRC)
The DRC has contributed its knowledge of mental health, community health outreach and capacity-building in humanitarian settings, with a focus on the prevention and management of NCDs. With access to national Red Cross and Red Crescent societies, the DRC has mobilised staff and volunteers with significant experience of humanitarian operations and response.

Novo Nordisk
In partnership with humanitarian organisations, Novo Nordisk aims to improve access to chronic care for people living with diabetes in humanitarian settings. In addition to providing funding and optimising product supply processes, Novo Nordisk has shared its wide expertise in patient education and capacity-building.

Academic partner

London School of Hygiene & Tropical Medicine (LSHTM)
Setting out to understand the complex challenge of NCDs in humanitarian settings, Partnering for Change has worked with the LSHTM as the lead academic partner, supporting the initiative's research and advocacy efforts. LSHTM carries out research activities to understand the context, develop potential adapted models of care, evaluate implementation and provide lessons learned for scaling up.

Partnership evolution

Partnering for Change has evolved from initial discussions about addressing diabetes care challenges in humanitarian settings to a robust partnership focused on operationalising solutions, raising awareness and gathering insights to inspire further global health initiatives to tackle NCDs in humanitarian contexts. This evolution has included the conceptualisation of the partnership, two distinct phases from 2018 to 2023 and the consolidation of learnings from the partnership.

2015

Conceptualising the partnership (2015–2017)

The idea of Partnering for Change started with discussions at the World Economic Forum Annual Meeting in January 2015 and continued at the World Health Assembly in May of the same year. The ICRC was facing challenges with diabetes care in humanitarian settings and was open to collaboration with the private sector. Novo Nordisk was receiving enquiries from humanitarian organisations about insulin procurement for use in humanitarian settings. These discussions highlighted the need for collaboration to address NCDs in humanitarian settings.

From 2016 to 2017, several meetings were held to further develop the collaboration, eventually leading to a formal partnership between the ICRC, the DRC and Novo Nordisk in the form of Partnering for Change.

PHASE 1

Building the foundation and mapping needs (2018–2020)

In April 2018, Partnering for Change was officially launched in Copenhagen, Denmark. This marked the start of a collaborative cross-sector effort towards identifying solutions to address the specific NCD healthcare needs of the millions of people impacted by humanitarian crises worldwide.

The first phase of Partnering for Change focused on establishing a strong foundation for collaboration. The partners worked together to build trust, understand each other's priorities, set objectives and lay the groundwork for the partnership's activities.

Two countries, Lebanon and Iraq, were identified as key areas of focus for operational activities. The LSHTM conducted extensive research and needs assessments globally and locally in collaboration with local universities to understand the distinct challenges NCDs pose in humanitarian settings and inform the development of tailored solutions.

PHASE 2

Applying research, implementing solutions and raising awareness (2021–2023)

Building on the strong foundation established in Phase 1, Partnering for Change translated its global vision to local contexts in its next phase. The partnership shifted its focus to applying research, scaling up operational initiatives and jointly advocating.

Based on the research conducted in Phase 1, the partnership identified two models of NCD care in humanitarian settings. Despite challenges such as the COVID-19 pandemic and instabilities in Lebanon and Iraq, the DRC set up and evaluated peer support groups in Lebanon and Iraq, and the ICRC applied and evaluated an integrated care delivery approach in Lebanon. The partners also effectively combined their core strengths to find solutions to product supply, thermostability and patient resource challenges during the second phase.

Throughout this phase, the strengthened collaboration between the partners enabled them to jointly advocate for improved access to NCD care in humanitarian settings. The evidence and insights gained through research were documented and used to raise awareness of the issue at global meetings and platforms and through an online knowledge hub.

2024

Consolidating and anchoring insights (2024)

In 2024, the Partnering for Change partnership officially came to an end. However, after nearly 10 years of discussion and collaboration, the partnership has many findings and lessons that can help inspire other organisations to address NCDs in humanitarian settings and encourage continued collaboration between the humanitarian and private sectors. These insights are highlighted in this review and used by the individual Partnering for Change partners to form new partnerships focused on NCD prevention and care in humanitarian settings.

Impact and value of the partnership

Partnering for Change has made an impact on the humanitarian community and provided value to the partners involved.

Impact includes contributions to community and global change related to NCDs in humanitarian settings.

Value refers to the perceived benefits that the partnership has delivered to the respective organisations.

IMPACT

The main impacts reported by stakeholders are:

- New evidence
- Patient support approaches
- Reassessment of human insulin thermostability
- Product supply improvements
- Global advocacy
- Partner organisation change

VALUE

The main values reported by stakeholders are:

- Trust
- Co-creation
- Research capability
- Influence and credibility

Impact of the partnership

Through its comprehensive and innovative approach, Partnering for Change has significantly impacted the humanitarian community. The initiative generated new evidence, improved patient support, enabled the reassesment of human insulin thermostability, enhanced product supply, influenced global advocacy and catalysed changes within the partners' organisations.

New evidence

There is a clear and urgent need for research and evidence related to the prevention and care of NCDs in humanitarian settings. Despite NCDs accounting for a significant proportion of mortality in crisis-affected populations (up to 92% in some countries), they have historically been neglected in humanitarian responses.[12] The increasing burden of NCDs in these settings, coupled with the unique challenges of providing care during crises, necessitates a stronger evidence base to inform effective interventions.

Partnering for Change has collaborated with the LSHTM to identify knowledge gaps and develop and evaluate evidence-based approaches for NCDs in humanitarian settings. Research has included global reviews and local needs assessments and has provided valuable insights into the

needs of people with NCDs in humanitarian settings. The findings are documented in 12 peer-reviewed publications, offering a comprehensive understanding of current NCD care approaches and the barriers to accessing care for individuals with NCDs in humanitarian settings.

Developing and evaluating evidence-based approaches

As part of this research, Partnering for Change reviewed patient experiences of diabetes and hypertension care and existing models of NCD care in Lebanon and Iraq.[13,14] This contributed to the design of new approaches to NCD care in humanitarian contexts. These findings formed the basis for two adapted care models developed by the DRC and the ICRC. The DRC developed a peer support group model, while the ICRC refined an integrated NCD care model through co-creation workshops with local staff and researchers. These evidence-based models have been implemented and are being evaluated in Lebanon and Iraq.

Integrating research into practice has expanded perspectives on NCD care among local care deliverers and has helped document the added value of the evidence-based models, facilitating the transfer of the projects to other local entities, such as Ministries of Health.

"The most important thing is that we now have evidence about the importance of implementing support groups for people living with NCDs. We have gained tools, knowledge and skills through our training and discussions. As a result, we are now more aware of behavioural change and the theory of change. This has shifted our approach to our work and how we think about implementing these support groups."

- Carla Njeim (Lebanese Red Cross)

"Thanks to our partnership, we conducted operational research and documented our work, which will be useful for handing over to the Ministries of Health. For example, in Iraq, we conducted research on decentralisation of care, and thanks to the partnership, we could document it. Similarly, in Lebanon, our research focused on access to integrated care, not only NCD care but also mental health and physical rehabilitation."

- Sigiriya Aebischer Perone (ICRC)

Key research outputs

Peer-reviewed publications

Partnering for Change has produced 12 peer-reviewed publications, with eight published at the time of this review.

Models of care for patients with hypertension and diabetes in humanitarian crises: a systematic review (2021)[15]
Read

Chronic NCD care in crises: A qualitative study of global experts' perspectives on models of care for hypertension and diabetes in humanitarian settings (2022)[16]
Read

Factors Influencing the Implementation of Remote Delivery Strategies for Non-Communicable Disease Care in Low- and Middle-Income Countries: A Narrative Review (2022)[17]
Read

Models of care for non-communicable diseases for displaced populations in Iraq: a scoping review (2022)[13]
Read

Developing an integrated model of care for vulnerable populations living with non-communicable diseases in Lebanon: an online Theory of Change workshop (2023)[18]
Read

Patient experiences of diabetes and hypertension care during an evolving humanitarian crisis in Lebanon: A qualitative study (2023)[14]
Read

Implementing (and evaluating) peer support with people living with noncommunicable diseases in humanitarian settings (2024)[19]
Read

Implementing and evaluating integrated care models for non-communicable diseases in fragile and humanitarian settings (2024)[20]
Read

50+ citations
of Partnering for Change research articles

13,000+ views
of Partnering for Change programme-related research articles

2 policy references
on Partnering for Change models of care for patients with hypertension and diabetes in humanitarian settings referenced in the WHO's main policy paper on NCDs at the 75th World Health Assembly (Annex 4) (2022)

5 issue briefs
published to provide an easy-to-read summary of Partnering for Change research articles.

Patient support approaches

Partnering for Change has developed a patient support approach to NCD care in humanitarian settings. Field projects in Lebanon and Iraq have piloted evidence-based solutions to support people living with NCDs and improve NCD care in humanitarian settings. Practical materials for patient support have been adapted and scaled to other contexts based on insights from these projects.

Field projects

Integrated NCD care delivery in humanitarian settings
Partnering for Change research in Lebanon found that patients have diverse care needs, and families struggle to navigate the fragmented care system.[14] In response, the ICRC refined an integrated care model, combining NCD management with mental health and physical rehabilitation services.[18] The model is being implemented in Northern Lebanon and evaluated by the LSHTM and the local ICRC for potential expansion.[20]

Peer support groups for diabetes and hypertension
Empowering people with NCDs is crucial for improving health outcomes.[21,22] Partnering for Change research has identified peer support groups as a potential support solution for people living with diabetes and hypertension in humanitarian settings.[15] In Lebanon, the DRC and the Lebanese Red Cross (LRC) have implemented 26 peer support groups, benefiting 307 participants, as part of the Bridging the Gap project. The intervention is being evaluated and has shown a positive impact on participants' mental health and well-being while also promoting prevention through guidance on nutrition and exercise.

"The introduction of peer support groups, even on a small scale, has had a positive impact. It has helped educate people about making healthier food choices, managing stress, engaging in physical activities and supporting those with NCDs. Based on experiences from the field, we have observed a positive change in people's lives, especially regarding mental health."

– Carla Njeim (Lebanese Red Cross)

Bridging the Gap: Advancing an integrated NCD-humanitarian response for refugees and host communities in Lebanon

The Bridging the Gap project is a collaboration between the DRC, the World Diabetes Foundation and the Novo Nordisk Foundation, aimed at tackling the high burden of NCDs among Syrian refugees and vulnerable Lebanese communities. The project builds on the evidence-based, patient-centred care models developed through Partnering for Change research.[23,24]

Practical materials for patient support and education

Patient education materials
Patient education materials have been developed to empower people living with diabetes in humanitarian settings to better self-manage their condition. These materials were originally developed for use in East Africa and have been tailored to the Middle Eastern and humanitarian context. They are now being used by the LRC for refugees and vulnerable host populations and have also been adapted to the Iraqi context, including a translation into Kurdish.

Read

Peer support group manual
Building on research on peer support education, the LRC and the DRC developed a peer support group manual to guide facilitators of peer support groups. This manual has been adapted for use in Iraq, with the LRC providing training sessions to the Iraqi Red Crescent Society on its use.

Read

Peer support group handbook
The programme has also supported the development of a handbook to support humanitarian actors in setting up a peer support approach for people living with NCDs in humanitarian settings. The handbook includes case studies on peer support interventions in Kenya, Vietnam, India and Lebanon. It is a practical guide for humanitarian health and project planning professionals on planning, implementing and evaluating peer support. The handbook was launched at the IADA conference in Athens in 2024 and has since been translated into Arabic and French.

Read

"I think the peer support handbook is like a diamond that we can really use. We are trying to share it here in Lebanon because it's a valuable document that can guide us on how to implement not only NCD peer support groups but every type of peer support group. Now the LRC is developing a new support group for women, and we are using this guide to think about how to create, how to implement."

- Carla Njeim (Lebanese Red Cross)

Reassessment of human insulin thermostability

The temperature sensitivity of insulin poses a significant challenge in humanitarian settings, where refrigeration may be unavailable or unreliable. Partnering for Change provided a platform for the ICRC, the DRC and local partners to raise and discuss the issue of thermostability of human insulin with Novo Nordisk. This directly contributed to an initiative from Novo Nordisk to reassess the thermal stability of two short- and intermediate-acting insulin products, both of which have been authorised in the European Union since 2002 and are widely used in LMICs.

Novo Nordisk used its data to seek a label extension and obtain a positive opinion from the European Medicines Agency (EMA). It has since updated its storage guidance, which now states that its insulins can be stored in environments of up to 30°C without refrigeration for four weeks before opening.[25]

"One of the major accomplishments is the work done on insulin thermostability. The fact that the EMA has approved it and it is now accepted in many countries for longer storage outside of the fridge has a significant impact beyond humanitarian settings."

– Sigiriya Aebischer Perone (ICRC)

"I believe the thermostability project is one of the most important and impactful results of our partnership. It has shown us that leveraging Novo's business model can achieve something amazing due to its size and reach. The ICRC documented issues related to the thermostability of insulin. However, only Novo Nordisk could use that knowledge to update labelling, change registrations in the country, and more."

– Rikke Ishøy (DRC)

Product supply

Partnering for Change has helped improve insulin product supply processes between Novo Nordisk and humanitarian organisations. The partnership has strengthened relationships between sectors, allowing humanitarian organisations to raise issues with product procurement and Novo Nordisk to adjust processes internally.

Following requests from humanitarian organisations, including the ICRC, to streamline product procurement, Novo Nordisk has created a dedicated Humanitarian Support Unit. This unit serves as a single point of contact, simplifying processes related to pricing, product inquiries and contract negotiations. Specific country codes for humanitarian supplies have been established that do not need to be tied to a particular country, enabling Novo Nordisk to deploy insulin quickly when crises arise.

"There was a concrete ask from the ICRC and other humanitarian organisations to receive support with insulin for their missions. To avoid having to go via our complex commercial set-up, the Humanitarian Support Unit was established as a single point of entry. Previously, it was difficult for them to find out who to contact, and what about prices and products and contract negotiations? I think that's a very tangible spin-off of the partnership."

– Jette Rune Jørgensen (Novo Nordisk)

SANA'A, FAJ AT TAN, YEMEN
Damage to civilian buildings following the fighting
© ICRC/GLASS, Thomas

© ICRC

Global advocacy

Partnering for Change has helped elevate 'NCDs in humanitarian settings' on the global health agenda through joint advocacy efforts. Together, the partners have advocated for a more integrated and holistic approach to NCDs in humanitarian settings by linking them to Universal Health Coverage, Health System Strengthening and Primary Health Care agendas. Research findings and insights from the field projects have contributed to policy documents, discussions at high-level meetings, global conferences and WHO guidelines.

Through policy briefs and op-eds, partners called for patient-centred care in humanitarian crises and more funding for NCD care in humanitarian settings. These efforts have contributed to the increasing attention paid to the need to prioritise NCD care in humanitarian settings among the global community (see Box).

"I believe that our efforts successfully brought attention to NCDs in humanitarian settings and shifted the conversation among a group of stakeholders. We highlighted the connection between NCDs and underserved populations in the context of UHC [Universal Health Coverage] and PHC [Primary Health Care] and emphasised that addressing NCDs is essential for providing people-centred care. Our approach moved away from vertical healthcare programmes and adopted a more human-centred perspective."

– Rikke Ishøy (DRC)

Key advocacy outputs

Interactive webinar (2020)
Hosted by the LSHTM, key stakeholders from humanitarian organisations and the WHO discussed NCD care in humanitarian settings during the COVID-19 pandemic.
Watch

Op-ed (2020)
The partners called for urgent action from the global health community to protect displaced people with NCDs amid the COVID-19 pandemic.
Read

Teaching case (2021)
In collaboration with Copenhagen Business School, the partners developed a teaching case on cross-sector collaboration for humanitarian action.
Access

Knowledge hub (2021)
Updated monthly, the LSHTM NCDs in Humanitarian Settings Knowledge hub collates key resources on NCDs in humanitarian settings and is the go-to platform for information on the topic.
Access

Policy brief (2022)
Ahead of the 75th World Health Assembly, the partners provided recommendations to prepare and strengthen health systems for NCD care in humanitarian crises.
Read

Op-ed (2022)
To mark Universal Health Coverage Day, the partners emphasised the criticial need for universal health coverage to include NCD care for displaced people in crises.
Read

Op-ed (2024)
Underscoring the role of partnerships, the partners advocated for integrating NCD care into local primary healthcare systems and humanitarian responses in crisis settings.
Read

Bringing together actors from across the NCD and humanitarian spaces

At the 72nd World Health Assembly in 2019, Partnering for Change brought together approximately 140 stakeholders from different disciplines at the official side event Chronic Care in Humanitarian Crises. Technical staff and decision-makers from different sectors convened to discuss ways to provide better access to NCD care for people living in humanitarian settings and the potential for multi-stakeholder partnership as part of the solution.

Access the event highlights

"Providing NCD care in humanitarian crises requires planning, finance, operational capacity, needs assessment and follow-up. From my personal assessment, the number one need is global awareness – and we are seeing that this issue is being fully recognised by UN member states in the 2018 UN High-Level meeting on NCDs."

- Ren Minghui, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO

"In terms of impact on a policy level, we did a World Health Assembly side event. Our data has also been referenced by the WHO's declaration on NCDs in humanitarian settings. Through our role, we brought many Partnering for Change activities to key meetings like the high-level meeting on NCDs in Copenhagen this year and the interagency group."

- Pablo Perel (LSHTM)

Partner organisation change

By elevating the prioritisation of NCDs and transforming approaches within partner organisations, Partnering for Change has catalysed institutional shifts.

ICRC

The ICRC has experienced a significant shift in its approach to NCD care throughout the partnership. Moving away from siloed initiatives, the ICRC has embraced a more holistic framework that integrates NCD care across its different health programmes. This integration reflects a broader commitment to addressing the systemic challenges that individuals with chronic conditions face in crisis settings. In addition to these operational changes, the ICRC has built its capacity to collaborate with the private sector beyond traditional transactional partnerships, aiming to shape debates and influence decision-making on humanitarian issues through coalitions with the private sector.

"Having the partnership was a great way to prioritise NCDs on the ICRC's health agenda. We have shifted NCDs from being specific operational objectives to integrating them into all our health programmes as standard care. We have also included all NCD medicines at different levels of care. This has become the standard, and I believe it's a huge step forward."

– Sigiriya Aebischer Perone (ICRC)

DRC

Similarly, the DRC has made significant progress in positioning itself within the movement as a leader in advocating for NCDs in humanitarian settings. The partnership has driven the DRC to enhance its internal expertise, enabling the organisation to fully realise its NCD care ambitions.

"When we first started discussing NCDs at the DRC, it seemed like a distant goal because we were primarily focused on community-based health and communicable diseases. This partnership has motivated us to seek and develop greater expertise within our organisation to fully realise our ambitions in this area. It has also encouraged us to prioritise NCDs and provided us with the means to have a larger impact and influence beyond our organisation."

– Signe Yde-Andersen (DRC)

Novo Nordisk

Within Novo Nordisk, the partnership has strengthened the company's focus on access to chronic care in humanitarian settings and increased responsiveness to feedback from humanitarian organisations.[26,27] This has influenced its social responsibility strategy and emphasised the importance of humanitarian supply. The company has adapted its procurement processes and initiated discussions around product development to make products more suitable for individuals in crisis situations. In addition, it has built the capacity to collaborate with the humanitarian sector beyond transactional partnership, leveraging its skills and knowledge.

"We actually sat down and listened to the needs of humanitarian organisations. Where do you need products, how would you like them delivered, how can we best support you? Novo Nordisk, as one of three big suppliers of insulin, has changed how it delivers insulin to better meet the needs of the organisations operating in these difficult settings. Our focus on this and commitment to do better in this field has been a spin-off of creating our Humanitarian Programme and the relationships with humanitarian organisations built through Partnering for Change."

– Rikke Fabienke (formerly Novo Nordisk)

"Based on some of the learnings from Partnering for Change, we are changing our product development. We are now considering thermostability and scalability in our global framework and looking for more suitable and environmentally friendly administration methods for humanitarian settings."

- Nicolai Haugaard (Novo Nordisk)

ALEPPO, SYRIA
Destruction of property.
© ICRC/TARABISHI, Sana

Value of the partnership

The Partnering for Change initiative has succeeded because of the trust that underpinned open communication and the resolution of conflicting priorities among the partners. Through regular dialogue and in-person meetings, stakeholders built strong working relationships and coordinated their efforts to tackle complex issues such as NCDs in humanitarian settings. This trust enabled the partners to collaborate effectively, combining their expertise and resources to develop evidence-based solutions and establish long-term partnerships that amplified their collective impact across different sectors.

Trust

Partnering for Change was built on trust among the partners, leading to productive dialogues and effective resolution of conflicting interests. Despite differing priorities, the partners developed a shared understanding. The trust between the three partner organisations was valuable in discussions about financing NCD care and addressing issues such as insulin thermostability. Stakeholders emphasised the importance of individual commitment and personalities in enabling this trust-based collaboration. Frequent, open communication and face-to-face meetings reinforced trust and established strong working relationships, providing a foundation for future collaborations.

"Building trust among partners is the real essence of the partnership. We have shared ambitions and visions, but we also have conflicting interests. Having difficult conversations about these conflicts has been important. Over the years, we have become more open and frank. We acknowledge where we disagree and cannot collaborate and identify areas where we can converge and work together. This process has taken years and is driven by personal relationships with people."

- Anders Skjelmose (DRC)

"Through the trust we built, we were able to have difficult conversations, for example about the extent of our involvement in the partnership and what input we could provide. We were able to contribute with our actual expertise and not just be a donor because of the trust."

- Rikke Fabienke (formerly Novo Nordisk)

Co-creation

Partnering for Change was an important platform for collaboration across commercial, academic and humanitarian sectors. According to several interviewees, the partnership was highly participatory, which was novel and unprecedented in this field. It allowed the partners to combine their expertise, competences and resources. This enabled the partners to generate novel evidence, co-create solutions for better NCD care in humanitarian settings, jointly advocate for agendas and experiment with novel ways of partnering across sectors.

Combining business and humanitarian expertise

Stakeholders appreciated how Partnering for Change enabled the collaboration between the private and humanitarian sectors to leverage their expertise. Thermostability is a notable example of how core partners joined forces, utilising their individual strengths to make advancements. The ICRC's understanding of the humanitarian context and on-the-ground needs complemented Novo Nordisk's research and development and regulatory expertise.[28]

"The ICRC was able to raise issues around the thermostability of insulin. Then, Novo Nordisk could use that knowledge to change the labelling and registrations in the countries, and so forth. Here, we could tap into Novo Nordisk's business model and utilise this unique combination between the ICRC, which has a huge humanitarian outreach, and Novo Nordisk's business model."

- Rikke Ishøy (DRC)

Co-producing research to meet humanitarian needs

Partnering for Change successfully integrated research into humanitarian action, creating a valuable synergy. The collaborative approach focused on understanding the unique needs of people living with NCDs in humanitarian contexts. The partnership fostered regular engagement between researchers and service providers, enabling real-time collaboration to refine research questions, share emerging findings and adapt strategies based on immediate feedback. The research shaped operational responses and allowed the development of evidence-based practices. This combination improved fieldwork and strengthened advocacy efforts, raising awareness about the specific needs of people with NCDs in crisis settings.

Research capability

The collaboration with an academic partner strengthened the research capability of partner organisations. Local researchers gained new knowledge and skills through training and discussions. Research was initially seen as a burden but was later appreciated as an opportunity to ground community interventions in evidence. Operational research through Partnering for Change allowed organisations to document, improve and share their work, enabling them to take a more systematic and evidence-based approach to operations.

"We have gained tools, knowledge and skills through our training and discussions on the research."

- Carla Njeim (Lebanese Red Cross)

"I am truly proud that we have been able to document our work scientifically. This has rarely been an opportunity for the Red Cross or the Danish Red Cross. We didn't think we could afford it. But now we have proven that it is possible, and I really hope we can continue doing so."

- Jytte Roswall (DRC)

Influence and credibility

Partnering for Change has enhanced the credibility and influence of its partners within the global health and humanitarian sectors. By advocating for the inclusion of NCDs in humanitarian settings, the partnership has given partners a stronger voice in the humanitarian ecosystem and helped them gain recognition for their work. Moreover, Partnering for Change has opened doors for interaction with key stakeholders, allowing partners to build and strengthen relationships with funders, other humanitarian organisations and private sector actors.

ICRC

Through Partnering for Change, the ICRC has tapped into Novo Nordisk's extensive networks, audiences and agendas. This has empowered the ICRC to inform Novo Nordisk about humanitarian organisations' operational realities and specific needs. The organisation has also leveraged the partnership to explore collaborations with other private sector actors and funders, highlighting how the private sector can help address health challenges in humanitarian contexts.

"A core value of this partnership that the ICRC identified was understanding the benefits of collaborating with Novo Nordisk. They realised Novo Nordisk could reach important audiences, and collaborating gave them the power to educate pharmaceutical companies about how humanitarian organisations operate and what they need."

- Jasper Hotho (Copenhagen Business School)

DRC

For the DRC, the partnership has been instrumental in gaining access to influential platforms such as WHO global high-level technical meetings and the International Federation of Red Cross and Red Crescent Societies (IFRC) forums. This has established the DRC as a key player in NCD advocacy, enabling it to share its insights and contribute to global discussions on health agendas.

"Partnering for Change has provided the DRC with opportunities to access platforms we would not have been able to reach otherwise. It has established us as a key player in the movement on NCDs. We were able to participate in the WHO informal interagency group thanks to our connection with the ICRC. We have been invited to share our insights at the IFRC and gained valuable insights by participating in global discussions on NCD research agendas. Being part of such groups has opened doors to contribute to larger discussions."

- Lars Bruun Larsen (DRC)

Novo Nordisk

Novo Nordisk gained credibility from global bodies such as WHO and various NGOs due to its commitment to humanitarian issues, especially through its contributions to insulin accessibility.[26] The partnership has facilitated Novo Nordisk's engagement with key actors in the humanitarian space and strengthened its reputation for long-term, non-commercial collaboration.

"The partnership contributes to our reputation and shows that we are contributing to solving problems rather than creating them. We demonstrated that we genuinely want to work with humanitarian organisations without having any commercial interests in this field."

- Nicolai Haugaard (Novo Nordisk)

Key learnings

It takes time, flexibility and sustained commitment to create effective cross-sector partnerships to address complex challenges such as NCDs in humanitarian settings. The key learnings from the Partnering for Change initiative highlight the importance of early and inclusive engagement with local partners to ensure that research and strategies align with the realities in the field. Clear communication and trust-building, especially with private sector entities, are crucial for defining roles and fostering collaboration. Flexibility in adapting to operational and security challenges is crucial, while regular evaluations and strong leadership help maintain alignment and continuity in these complex multi-stakeholder efforts.

Aligning research with field needs

There is a need to carefully balance rigorous academic processes and the urgent demands of crisis response when conducting research in humanitarian settings.

Despite research playing a critical role in advancing thinking on NCD care in humanitarian settings, challenges can arise in aligning research processes with the fast-paced and unpredictable nature of crisis response. To ensure research quality and responsiveness, traditional methodologies must be adapted to the realities of humanitarian environments. Close collaboration among researchers and implementers enabled emerging insights to be integrated into operations, essential in complex humanitarian contexts. Flexibility is key to managing operational changes, security concerns and resource constraints, while sufficient funding and capacity-building support for local partners are essential for success.

"Due to staff being spread across various roles, we lacked dedicated research personnel, posing a significant challenge for us."

- Carla Njeim (Lebanese Red Cross)

"We required the LRC to collect data and engage in various activities, but there was insufficient budget to cover local research activities and necessary human resources. While we provided technical and management support to improve existing capacity, the budget constraints remained a burden. A key lesson for future interventions and research is to ensure that field-level financial capacity aligns with required tasks and activities, bearing in mind that staff are taking on additional responsibilities beyond their usual duties."

- Rima Kighsro Naimi (DRC)

MAHASSEN HASSAN
LEBANON
Mahassen is 63 years old and has type 2 diabetes. She is a refugee living in Lebanon.
© NOVO NORDISK/WESTLEY, Jesper

Engagement of local partners

Early and inclusive engagement of local partners in decision-making is critical.

In the Partnering for Change programme, global senior leadership initially made all the decisions, leaving local partners feeling excluded. This created a disconnect between headquarters' strategies and the needs on the ground.[24,28] To address this, increased communication and collaboration through stakeholder meetings and workshops have been vital in aligning global and local partners. Early involvement of local actors ensures that research priorities and strategies reflect on-the-ground realities, improving research quality and fostering ownership and commitment. Clear communication of partnership benefits, including training and resources, and enhancing local representation are key to fostering engagement and local ownership.[26]

"At the outset, there were some challenges in aligning perspectives between the headquarters and the field. Initially, some local partners perceived our role as primarily academic, while our aim was instead to engage in collaborative research guided by the need of the humanitarian organisations. However, through ongoing dialogue and building trust among the different stakeholders, we were able to bridge that divide and strengthen our partnership."

- Pablo Perel (LSHTM)

Private sector involvement

Clear communication, role definition and sustained effort are essential for building credibility and trust, particularly when engaging private sector partners.

Initially, Novo Nordisk's engagement in the partnership raised concerns about trust among various partners and external stakeholders. These apprehensions required the partners to dedicate considerable time and effort to establishing trust in the company's role within the partnership. It also became essential for partners to identify and communicate Novo Nordisk's responsibilities and contributions clearly.[26] Based on local stakeholder dynamics and perceived risk to partnership activities, the partners regularly aligned on when and how Novo Nordisk could be engaged. When communication was challenging, the DRC and LSHTM acted as intermediaries to facilitate collaboration between local partners and Novo Nordisk.[28]

Interviewees acknowledged Novo Nordisk's commitment to the partnership that many others in the industry might not have. The company adopted a pragmatic and patient approach, agreeing not to engage in product promotion, opting not to involve local affiliates to mitigate concerns and accepting the requirement for research set by humanitarian partners. At the same time, some stakeholders recognised that Novo Nordisk's know-how and innovation could have been better tapped into, including its knowledge of supply chains, patient care, treatment options, price-setting and innovative approaches in LMICs.[28]

"Novo Nordisk was patient and understanding of the constraints imposed by the strong normative frameworks of an organisation like the ICRC. It became clear that research needed to be in place before any progress could be made, causing significant delays. Additionally, Novo Nordisk faced constraints in the implementation process due to their status as a pharmaceutical company. Despite these challenges, the partners could work through the pushback and find common ground. This determination to continue the partnership in the face of normative constraints is something other firms might not have. Novo Nordisk never saw these challenges as a barrier, but rather as normative prescriptions that needed to be respected."

- Verena Girschik (Copenhagen Business School)

"We were able to demonstrate that we stand out from the companies in our industry. We were able to build trust and show through our actions and intentions that we had no commercial interest in this. We were not doing it to drive sales. We were doing it for the sake of doing what we believe is right. We were doing it because we thought, and still do believe, that it is where we get closest to achieving our company's purpose."

- Nicolai Haugaard (Novo Nordisk)

Complex partnership set-up

Simplifying governance structures and delegating responsibilities are essential for improving efficiency and focus in complex partnerships.

The complex partnership model led to complicated decision-making and governance, which was seen as a challenge by many interviewees. Involving numerous partners in decision-making led to extensive coordination and slowed project implementation. Some partners suggested delegating responsibilities and creating a simpler governance structure to enable quicker decision-making for future collaborations.

"The partnership's structure was unique, involving three major partners and two large humanitarian partners. From the beginning, we recognised that aligning across three partners would be more challenging than aligning across two. This complexity has been evident throughout the partnership. The set-up, with a core group and a supportive secretariat, is resource-intensive. The humanitarian partners have realised that while the heavy partnership set-up offers potential, it diverts attention and resources from other essential issues."

- Jasper Hotho (Copenhagen Business School)

Maintaining continuity and alignment

Regular progress tracking, realignment and documentation are vital for sustaining partnerships through challenges such as staff turnover and budget cuts.

Throughout the partnership, challenges such as high staff turnover, leadership changes and budget cuts disrupted continuity. However, tracking progress and regular alignment between partners proved essential. The FSG partnership framework, which was developed in Phase 1 by the consultancy FSG, with quarterly evaluations, helped partners adapt to changing circumstances. These practices emphasise the importance of fostering trust, realignment, and documentation to sustain progress in dynamic environments.

"The FSG assessments we did on a quarterly basis served as a tool that allowed us to have an open and honest conversation and air frustrations or disagreements, reaching alignment among the partners. It gave us a framework to structure our discussions, making sure we touched upon all important issues and had a safe space to discuss concerns."

- Rikke Fabienke (formerly Novo Nordisk)

"I believe one area that the DRC needs to improve upon is tracking changes and maintaining institutional memory. We have experienced many significant changes, particularly between 2018 and now, including a lot of turnover. However, it's important for us to retain the memory of why certain decisions were made and why specific interventions were planned."

- Rima Kighsro Naimi (DRC)

EASTERN ALEPPO, MASAKEN HANANO DISTRICT, SYRIA
The ICRC and the Syrian Arab Red Crescent assess the living conditions for people who decide to come back once it is possible.
© ICRC/TURKMANI, Sevim

HASSAN ALUBLEID
NABAA, LEBANON
Hassan is 56 years old and has type 2 diabetes. He is a bus driver and travels between Lebanon and Syria.
© NOVO NORDISK/WESTLEY, Jesper

Future perspectives

Partnering for Change has laid a strong foundation for continued collaboration, dialogue and shared learning between the partners.

Building on established relationships

The strong relationships and trust built between the partners will continue to drive impactful collaborations. The DRC and Novo Nordisk will continue to leverage their complementary strengths through initiatives in Syria and Lebanon, aiming to improve and scale NCD prevention and care for people living in humanitarian settings.

In addition, the channels created by Partnering for Change for open communication between Novo Nordisk and the ICRC will persist as a platform for addressing critical issues such as insulin provision, supply chain improvements and pricing strategies.

Scaling models and tools

The patient support models developed under Partnering for Change have shown promise and will continue to be improved and scaled. For example, the peer support group model piloted in Lebanon is set to expand from nine health centres to 22 by 2025, with community volunteers now involved alongside social workers.

Other Partnering for Change tools and materials, such as the patient education materials and peer support handbook, have also gained interest from other national Red Cross and Red Crescent Societies and humanitarian NGOs. For instance, the patient education materials have been translated into Somali and applied in the Somali context by the Somaliland Red Crescent.

Leveraging evidence and learnings

Partnering for Change's commitment to evidence-based interventions and lessons learned throughout the partnership will continue to shape future strategies. Research-generated insights into NCD management in humanitarian settings have the potential to guide future humanitarian health interventions and inform global discussions. Moreover, the DRC, the ICRC and the LRC will build on the research capabilities gained through the partnership, taking forward an evidence-based approach to improving healthcare delivery in humanitarian settings.

The partners have also gained a deeper understanding of how their expertise can support efforts to improve NCD care in humanitarian settings. Novo Nordisk, for example, has gained a deeper understanding of how to support long-term health resilience and NCD management in crisis settings. This learning has already shaped Novo Nordisk's new humanitarian strategy, allowing it to transition from emergency response to more sustainable, integrative health interventions.

Methodology

This programme review was issued by Partnering for Change to document the partnership's key achievements, impact and value and learnings to inform decision-making on future collaboration and initiatives addressing NCDs in humanitarian settings.

The programme review was carried out by Last Mile between June and October 2024. This review was based on interviews conducted with local and global stakeholders, enhanced by a structured review of partnership documents and supplemental desk research.

Interviews

To gain both internal and external perspectives on the value created by the partnership and gather examples of outputs and impact, interviews were conducted with 17 stakeholders spanning four groups:

1. Partnership (n=10)
2. Implementation (n=2)
3. Research (n=3)
4. Education (n=2)

The interview questions covered the categories outlined in the research framework and were tailored to the interviewee's involvement in the partnership. Most interviews were conducted online and recorded after consent was obtained. All interviews were conducted in English. The interview recordings were initially transcribed using Microsoft Teams transcription software. The transcripts were then reviewed, summarised and analysed.

Structured review of partnership documents

A structured review of partnership documents was conducted to comprehend the partnership's activities, development and impact. The documents included internal documents (eg, strategic documents, monthly and quarterly partnership reports, partnership health and risk assessments conducted by FSG and governance documents) and external publications (eg, research publications, issue briefs, policy briefs, op-eds and case studies).

Desk research

A pragmatic review of existing literature was conducted to frame the partnership within the broader NCD and humanitarian context. In particular, global reports, policy documents and advocacy pieces were consulted to understand the evolution of global trends and agenda on NCDs in humanitarian settings.

A research framework consisting of five themes and objectives guided the interviews and document review:

- **Challenge and partnership**
  Outlining the unmet needs of vulnerable populations living with NCDs in humanitarian settings and describing how the partnership set out to address the challenge.
- **Partnership evolution**
  Creating a detailed timeline tracing the partnership's development, its phases and key milestones, and the evolution of the global agenda on NCDs in humanitarian settings.
- **Outputs, impact and value**
  Showcasing the partnership's activities and exploring its impact and perceived value on people living with NCDs in humanitarian settings and the global agenda.
- **Key learnings**
  Highlighting key learnings from the partnership and reflecting on the partnership's challenges and perceived limitations.
- **Future perspectives**
  Outlining how the partnership can inform future strategies and collaborations in the humanitarian and NCD sectors.

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