



Tackling noncommunicable
diseases in Ukraine
2015 – 2019



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Foreword

WHO has a long history of supporting Ukraine to effectively combat a high burden of noncommunicable diseases (NCDs) in the country. This has included work with the Ministry of Health, other ministries and government departments, members of parliament, many health professionals, civil society organizations, researchers, the media, United Nations organizations and development partners.

NCDs and their risk factors present some of the of the main challenges of the 21st century. NCDs comprise many conditions, but WHO has identified key NCDs such as cardiovascular disease, cancer, diabetes, chronic respiratory diseases and mental health disorders as being the leading causes of death and disability worldwide. WHO's support, working with the Ministry of Health and stakeholders on various NCD topics, plays a crucial role in implementing Ukraine's plans and strategies in the health sector to achieve the targets agreed in the United Nations Sustainable Development Goals (SDGs), the Political Declaration on Noncommunicable Disease Prevention and Control adopted in 2011, and various international conventions and plans.

New opportunities to reform key sectors, including the health system, have arisen in Ukraine in recent years. The Government of Ukraine, alongside international partners, adapted the SDGs to the Ukrainian context in 2016, specifying a set of indicators (including health indicators) to be achieved. Ukraine has also ratified the WHO Framework Convention on Tobacco Control, which obliges Ukraine to take appropriate action in tobacco control. These events provide a solid foundation for any initiative in NCDs prevention and control.

Transformation of the health system since 2016 has focused on preventive health-care services and health promotion, which is most effective in combatting NCDs and mental health disorders. In addition to many national initiatives, a number of development partners have started to scale up their support to the country on NCDs, including mental health.

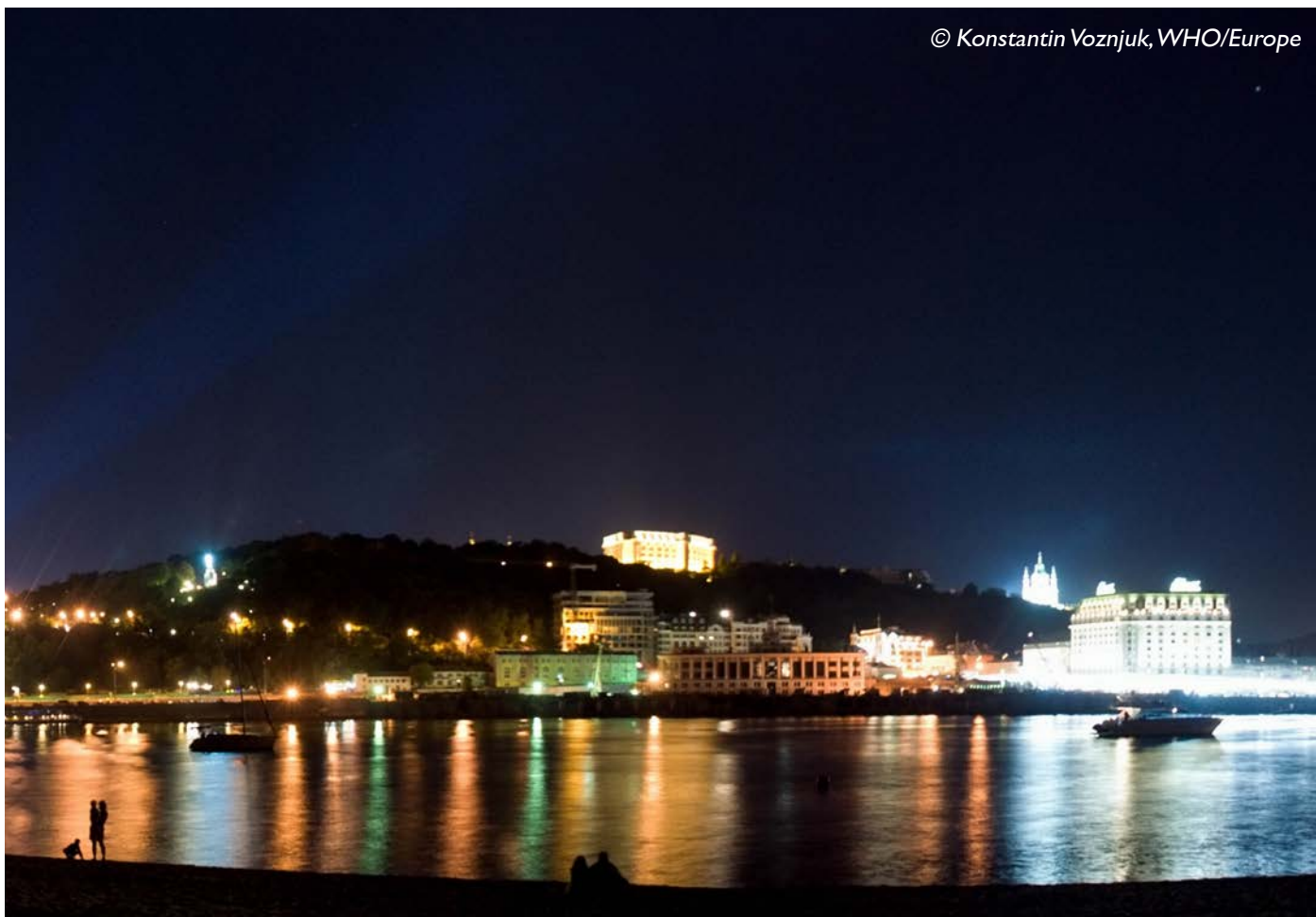
This report presents a brief summary of key achievements and challenges in tackling NCDs and mental health conditions in Ukraine and outlines the country's priority actions, with a particular focus on areas in which WHO has directly been involved. It covers strengthening leadership, governance, policy and intersectoral action and partnerships to accelerate the country response to prevention and control of NCDs including mental health, strengthening the detection, management and prevention of NCDs in clinical and community settings, reducing risk behaviours that influence NCD mortality and morbidity through communication, including in schools, and strengthening NCD surveillance, monitoring and evaluation.

On behalf of WHO, I would like to thank all the partners who have helped us in providing such a broad work package. Much remains to be done in these areas to combat NCDs in Ukraine, but we look forward to continuing our work with national and international partners to ensure reductions of premature mortality from NCDs and better health for everyone in Ukraine and worldwide.

Jarno Habicht
WHO Representative in Ukraine

Acronyms

ACEs	adverse childhood experiences
AUDIT	Alcohol Use Disorders Identification Test
CDC	United States Centers for Disease Control and Prevention
CRPD	Convention on the Rights of Persons with Disabilities
CVDs	cardiovascular diseases
EU	European Union
FRESH	Focus Resources on Effective School Health (framework)
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
mhGAP	WHO Mental Health Gap Action Programme
mhGAP-HIG	WHO Mental Health Gap Action Programme Humanitarian Intervention Guide
mhGAP-IG	WHO Mental Health Gap Action Programme Intervention Guide
MP	member of parliament
NAP	national NCD action plan (Ukraine)
NCDs	noncommunicable diseases
NGO	nongovernmental organization
NPHC	Public Health Centre of the Ministry of Health (Ukraine)
PHC	primary health care (n.)/health-care (adj.)
SDGs	(United Nations) Sustainable Development Goals
STEPS	STEPwise approach to noncommunicable disease risk factor surveillance
WHO FCTC	WHO Framework Convention on Tobacco Control



I. Introduction

I.1 The burden of non-communicable diseases in Ukraine

Noncommunicable diseases (NCDs) and mental health conditions and their risk factors present some of the of the main challenges of the 21st century. They are underrated causes of poverty and obstacles to economic development in many countries. WHO has indicated that NCDs such as cardiovascular disease (CVD), cancer, diabetes and chronic respiratory diseases are the leading causes of death across the world, and that mental conditions are among the leading causes of disability worldwide.

The growing worldwide burden of mental health conditions led to inclusion of mental health issues in global health and development agendas in recent years. The 2030

Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, includes specific reference to mental health as targets within the health Sustainable Development Goals (SDGs). A new political declaration adopted by the United Nations General Assembly in 2018 broadened the scope of the commitments from the four major NCDs and risk factors (the so-called 4 x 4 NCD agenda) to include commitments to promote mental health and well-being (the 5 x 5 NCD agenda), which is also reflected in the *Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025* (1).

International experience in NCD prevention provides strong evidence that a major proportion of NCDs can be prevented. Affordable policy interventions exist to reduce the level of exposure of individuals

and populations to tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. In addition, strengthening health systems to respond more effectively to the health-care needs of people with NCDs can reduce morbidity, disability and death, and contribute to better health outcomes.

The burden of NCDs in Ukraine is great. NCDs were linked to 91% of total deaths in 2017 (2). The deaths from five major NCDs (CVDs, diabetes, cancers, chronic respiratory diseases and mental health conditions) contribute to almost 84% of all mortality cases in Ukraine; of these, most deaths are caused by CVDs (62%) and cancers (14%). Premature mortality is much higher in Ukraine than other European countries and almost twice as high for men than for women. Almost 30% of men who died in 2017 from NCDs were in the working-age group of 30–65 years

(3). The estimated risk of premature death from target NCDs is 29%. Each year, thousands of people in Ukraine die through suicide, which places the country among those with the highest suicide mortality rates in the world (18.5 per 100 000 population (4)).

The main reasons for disease burden in Ukraine are linked to behavioural risks and metabolic factors. Tobacco and alcohol use, unhealthy diet and physical inactivity are key behavioural risk factors underlying NCDs, including mental health conditions, in Ukraine.

1.2 Scope of the WHO-supported interventions in the area of NCDs in Ukraine

In line with Health 2020, the WHO European policy framework for health and well-being (5), WHO best buys (6) and other fundamental WHO documents and approaches, such as the WHO Framework Convention on Tobacco Control (WHO FCTC) (7), the global action plan for the prevention and control of NCDs 2013–

2020 (8), the WHO European action plan for the prevention and control of non-communicable diseases (1), the global strategy on diet, physical activity and health (9), global and the regional strategies to reduce the harmful use of alcohol (10,11), the WHO comprehensive mental health action plan 2013–2020 (12) and the WHO European mental health action plan 2013–2020 (13), and United Nations political declarations for high-level meetings on noncommunicable diseases in 2011 (13) and 2018 (14), WHO supported the Ministry of Health of Ukraine to address NCDs, including mental health conditions, through a range of evidence-based actions.

In particular, WHO supported the Ministry of Health to combat the high level of NCD and mental health conditions burden through:

- strengthening leadership, governance, policy and intersectoral action and partnership;
- strengthening identification, management and prevention of NCDs and

mental health conditions in clinical and community settings;

- reducing risk behaviours that influence NCD mortality and morbidity (through communication, including in schools); and
- strengthening NCD surveillance, monitoring and evaluation.

This report presents key achievements and challenges in addressing the NCD (including mental health conditions) burden in Ukraine and outlines further country priorities and ways forward. The collective efforts of all partners and donors involved in tackling NCDs in Ukraine built an important foundation for strong and effective intersectoral partnership and led to the remarkable successes and achievements the country has made so far. It also became key to developing common understanding of future priorities to move the NCD agenda forward. Such partnership and collaboration is much appreciated and acknowledged by the authors of this publication.



Dr Ulana Suprun, Acting Minister of Health of Ukraine (2016–2019) with participants of the NCD conference 2019. ©WHO Ukraine

“For decades, the Ukrainian health system was aimed at treatment, not prevention of diseases. Since 2016, the transformation of the health system has been focused on preventive health-care services and health promotion. Such an approach has proven to be the most effective, particularly for combating NCDs.”

Dr Ulana Suprun, Acting Minister of Health of Ukraine, August 2016 to August 2019



Mr Nicolas Guigas, Deputy Director of Cooperation, Swiss Agency for Development and Cooperation, during the national conference on NCDs © WHO Ukraine

“Switzerland has supported intense efforts by the Ministry of Health to reform the policy framework for primary health care and NCDs, the health-care financing model and the introduction of a state-guaranteed basic benefits package. More than 10 000 health professionals were trained using the WHO Package of Essential NCD Interventions for Primary Health Care. Switzerland has also been involved in healthy lifestyle promotion, including piloting of a healthy school model. Switzerland prioritizes its efforts in health care with a focus on improving governance in the health sector, developing quality and affordable primary health care services, and promoting health literacy. Thanks to improved primary health care services, complemented by health literacy activities and active community and civil society engagement, the Ukrainian population – particularly men, young adults and children – will adopt healthier lifestyles and better health-seeking behaviour, which will lead to improved health status and higher life expectancy.”

Mr Nicolas Guigas, Deputy Director of Cooperation, Swiss Agency for Development and Cooperation

“The burden of NCDs and the associated rate of premature deaths are very high in Ukraine. The World Bank is pleased that the Government has initiated action to address this challenge, but there is room to accelerate and expand efforts. In doing that, Ukraine can learn from international best practices and norms to inform screening, prevention and targeting of cost-effective approaches and apply them to the Ukrainian context as appropriate.

Ms Satu Kahkonen, World Bank Country Director for Belarus, the Republic of Moldova and Ukraine



Ms Satu Kahkonen, World Bank Country Director for Belarus, the Republic of Moldova and Ukraine © World Bank

“As we approach the decade to accelerate progress towards sustainable development until 2030, our priority is to continuously address the NCDs including cardiovascular diseases and cancer, as well scale up the efforts to ensure access of Ukrainians to mental health services.”

Dr Zoriana Skaletska Minister of Health of Ukraine, since August 2019



Dr Zoriana Skaletska Minister of Health of Ukraine, since August 2019, © Ministry of Health



Participants at an event held as part of the German Humanitarian Assistance measures for Ukraine ©WHO Ukraine

“WHO supports countries in implementing their plans and strategies in the health sector in order to achieve the Sustainable Development Goals. More action is needed to reduce premature mortality from NCDs by one third by 2030. To achieve this target, we have to make sure that evidence-based policies are in place, best practices for prevention and treatment applied and every person can take informed decisions about their habits and lifestyle.”

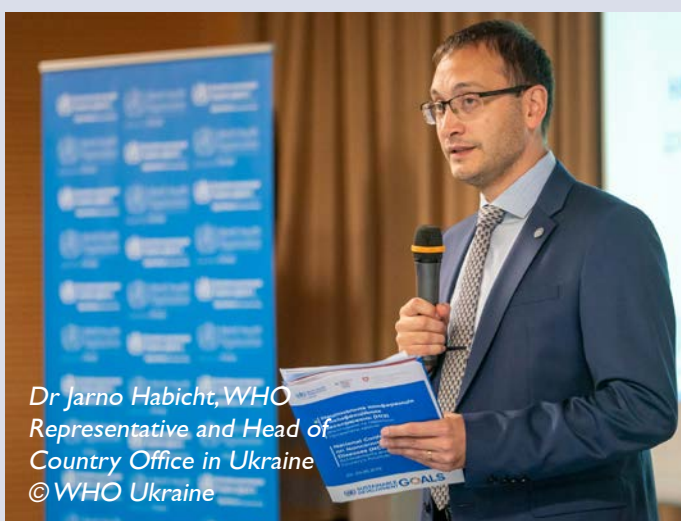
Dr Bente Mikkelsen, Director, Division for NCDs and Promoting Health through the Life-course, WHO Regional Office for Europe

“Mental health and psychosocial support services are an important part of the German Humanitarian Assistance measures for Ukraine and are provided along with basic and emergency services such as drinking-water, sanitation, medical supplies, cash and voucher assistance, winterization, as well as other health-care services, to support internally displaced persons and Ukrainians residing in conflict affected areas.

German Embassy in Ukraine



Dr Bente Mikkelsen, Director, Division for NCDs and Promoting Health through the Life-course, WHO Regional Office for Europe ©WHO Ukraine



Dr Jarno Habicht, WHO Representative and Head of Country Office in Ukraine ©WHO Ukraine

“Health-care professionals are an important source of information, and their close relations with the person seeking medical assistance is the cornerstone of the patient-centred health system. We have to make sure that doctors and nurses are equipped with the knowledge and skills for diagnosing and managing cardiovascular, mental and other noncommunicable diseases. In addition, they have to be able to provide evidence-based information on the key risk factors, like smoking, alcohol consumption, unhealthy diet and limited physical activity, and motivate people to choose health.”

Dr Jarno Habicht, WHO Representative and Head of Country Office in Ukraine

“Non-communicable diseases are not only a serious health issue for millions of citizens, but a major social problem that impedes citizens, families and entire countries from reaching their development potential. Preventing and combating NCDs cannot be left to the health sector alone. Effective solutions require a multi sectoral, long-term approach that prioritizes health and well-being across policy decisions in areas as disparate as education, culture, sports - but also in agriculture, transport, energy and urban planning.”

Ms Osnat Lubrani, UN Resident Coordinator and Humanitarian Coordinator in Ukraine



Ms Osnat Lubrani, UN Resident Coordinator and Humanitarian Coordinator in Ukraine © United Nations

2. Intervention areas, goal, partners and key achievements

2.1 Strengthening leadership, governance, policy and intersectoral action and partnership to accelerate country response for prevention and control of noncommunicable diseases

2.1.1 Goal

The goal was to develop interventions focused on strengthening national and regional health authorities' capacities in developing and updating policies and strategies aimed at identifying, managing, controlling and preventing NCDs. The work built on the WHO best buys (6) and other fundamental WHO documents and approaches (7–14).

In particular, WHO supported the Ministry of Health and regional authorities to maintain leadership and steer intersectoral efforts to prevent and control NCDs, including mental health conditions, strengthen health workforce skills and assist formulation, governance and leadership of supportive policies to reduce risk behaviours, including regulating tobacco and alcohol, reducing salt and fat content in food, creating public spaces for physical activity and promoting human rights, good mental health and psychosocial well-being.

2.1.2 Partners

WHO worked closely with the Ministry of Health as a key partner on policy review, dialogue, development and implementation, and with other ministries, such as the Ministry of Finance, Ministry of Education and Science, Ministry of Youth and Sport and Ministry of Social Policy. Initiatives in this area were coordinated with the Presidential Administration of Ukraine in relation to, for example, ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products. Members of parliament (MPs) became more involved through meetings with the NCD Inter-fractional

(cross-party) parliamentary group and collaborated in relevant parliamentary committees, such as the Health-care Committee, Foreign Affairs Committee, Committee on Taxation and Customs Policy, Budget Committee and Transport Committee. An intersectoral NCD working group was established by the Ministry of Health and served as an expert and coordinating platform for the NCD policy dialogue, policy and strategy development, and further policy implementation.

Regional state administrations and regional health departments were important, powerful and interested players at regional level throughout. They were involved in the adaptation and translation of national policies to subnational/regional level, including the development of regional NCD action plans and establishment of regional NCD working groups.

The Tobacco Control Working Group included representatives from WHO, the Ministry of Health of Ukraine, the Life Advocacy Centre nongovernmental organization (NGO) and medical universities providing pre- and postgraduate education.

Other partners include the Public Health Centre of the Ministry of Health, the Centre for Mental Health and Drug and Alcohol Monitoring of the Ministry of Health, the National Health Service of Ukraine, the Ukrainian Professional Association of Dieticians and the Centre for Public Health Advocacy NGO.

The initiatives in this area of work were supported mainly by the Swiss Agency for Development and Cooperation through the joint Ministry of Health–WHO “Noncommunicable Diseases: Prevention and Health Promotion in Ukraine” project main phase (2015–2019), the joint Ministry of Health–WHO project “Policy

Dialogue for Better Health Governance” (2015–2019) and the Government of Germany.

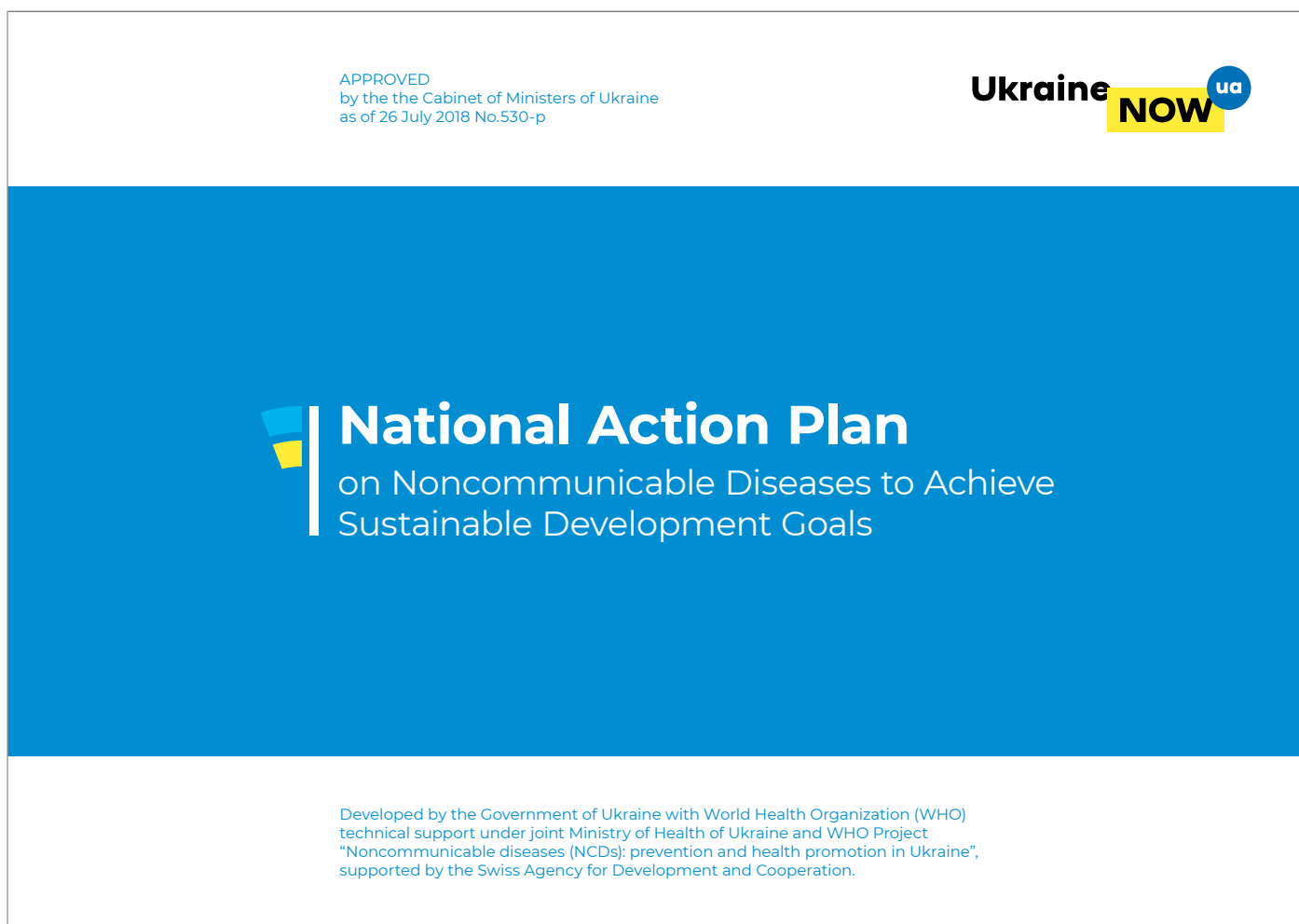
2.1.3 Main achievements

2.1.3.1 *The development and endorsement of the national NCD action plan (NAP) and concept note on mental health development to achieve the SDGs*

WHO support has enabled significant progress in strengthening NCD intersectoral legislation in Ukraine to be achieved. The most important and notable achievement is development of the national NCD action plan (NAP) (Fig. 1) and the action plan and concept note on mental health care development in Ukraine to 2030 to achieve the SDGs by 2030, approved by the Cabinet of Ministers on 26 July 2018 and 27 December 2017 respectively. These are the first official documents in Ukraine to define priorities and actions on NCD control and prevention and apportion responsibilities among sectors. In contrast to action plans in other countries, the Ukrainian NAP covers issues of road safety and environmental health risk factors. Responsibility for NAP implementation lies with national and local executive authorities, which are obliged to report on implementation annually to the Ministry of Health.

WHO also supported the discussion of NAP at national level with, among others, members of parliament (members of the NCD inter-fractional (cross-party) parliamentary group that deals with NCD prevention and control) and with stakeholders (including authorities, experts, scientists, educators and civil society activists). The NAP was further presented and discussed at subnational level to support seven regions (listed in next chapter) with developing regional NCD action plans. As a result, all seven pilot regions developed and approved their regional NCD action plans.

Fig. 1. National NCD action plan, Ukraine



The NCD intersectoral working group was created at the beginning of 2019 under Ministry of Health supervision. It consists of 15 members who represent departments and institutions related to NCD prevention and control. Thematic subgroups also were established, covering tobacco and alcohol consumption, nutrition and physical activity, environmental issues, education and professional health. The NCD working group and all subgroups are approved by Ministry of Health decree. Their key task is to act as advisors on NCD policies and provide expert support for NAP implementation.

Since October 2017, WHO has been supporting the Ministry of Health working group in developing the action plan on implementation of the concept note on mental health care development in Ukraine to 2030. The plan reflects the trends and recommendations of key

WHO mental health policies and documents. Deinstitutionalization, development of community-based mental health services, integration of mental health services into primary health care (PHC) and other sectors, respect for human rights and stigma-related initiatives, discharging mental health care from the state medical system, reinforcing civil society with a focus on promotion and prevention, encouraging the rehabilitation component of the treatment process for people with severe medical disorders and reflecting the needs of specific groups were addressed in the plan. The plan also includes relevant strategies and activities for coordination and management, financing, legislation on human rights, organization of services, procurement and distribution of essential medicines, advocacy, quality improvement, information systems, human resources development and training, research and eval-

uation, and intra- and intersectoral collaboration.

Taking this further, WHO supported the Ministry of Health, the Centre for Mental Health and Drug and Alcohol Monitoring of the Ministry of Health and the National Health Service of Ukraine in identifying needs for specialized mental health services. The concept for reforming specialized mental health services was developed from the needs estimates to support national decision-makers in implementing the key principles of the concept note on mental health development, particularly in relation to shifting the focus from a heavily institutionalized care system to one that is community-based.

WHO also focused its interventions on key NCD risk factors such as tobacco and alcohol use, unhealthy diet and physical inactivity. It collaborated closely with

Ukrainian partners and organizations experienced in these fields to achieve better and sustainable results.

2.1.3.2 Reducing tobacco use

Ukraine has achieved progress across all areas of NCD risk-factor prevention, but the most significant results were achieved in tobacco control, consistent with implementation of the WHO FCTC. Smoking prevalence has decreased by 20% among adults (according to the Global Adult Tobacco Survey (GATS), 2017) (Fig. 2) and by 23% among young people (13–15-years-old) (according to the Global Youth Tobacco Survey (GYTS), 2017) since 2010. The level of exposure to second-hand smoking in homes and at work and public places has reduced significantly; tobacco products have become less affordable and levels of knowledge about their harmful impacts have increased.

year (until 2024) to achieve European Union (EU) rates of €90 per 1000 cigarettes. WHO provided expert advice to support adoption of the plan, as excise policy is the most effective tool for smoking-prevalence reduction.

WHO supports ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products, the first protocol to the WHO FCTC, implementation of which will allow elimination of all forms of illicit trade in tobacco products. The Ukrainian Government has initiated the process of Protocol ratification, with WHO expert support to draft a relevant law. Adoption of the law would allow Ukraine to join over 50 countries that already have ratified the Protocol.

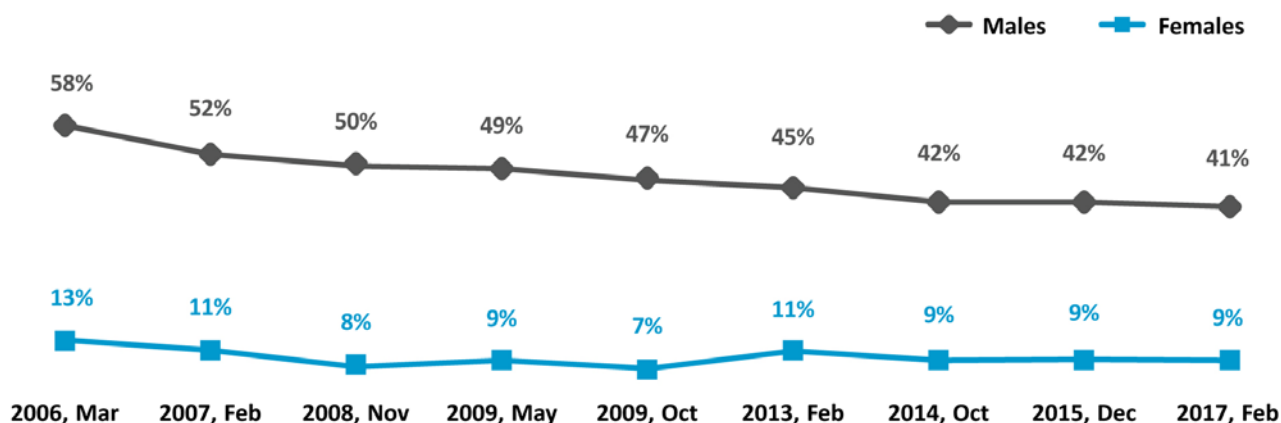
Several anti-tobacco legislative documents were developed with WHO technical support and advocacy support from civil soci-

strong tobacco-industry lobbying that has influenced some MPs and parliamentary committees.

Draft law #4030a was finally put to the vote in the parliament in May 2019 (after almost three years) but failed to win majority support. As soon as the bill, which aimed to address inconsistencies in regulations on enforcement of smoke-free legislation, was not adopted, the Ministry of Health initiated development of another document, the methodology for monitoring of cafes, bars and restaurants, which aims to strengthen the capacity of the State Service of Ukraine for Food Safety and Consumer Protection to complete these tasks. WHO provided expert support for methodology development and advocated for its prompt adoption.

Another draft law, #2820, has not been put forward for a vote. The Ministry of

Fig. 2. Percentage of daily smokers among adult males and females (18+) in Ukraine, 2006–2017



Source: WHO Regional Office for Europe (15).

WHO provided strong support to accelerate Ukraine's progress in strengthening tobacco control in line with the WHO FCTC and with a focus on advocating for the approval of legislative documents (draft laws) and increases in tobacco taxes.

The parliament adopted the seven-year plan for tobacco-tax increases at the end of 2017. Tobacco taxes will increase each

year. They aim to strengthen Ukrainian legislation on tobacco control. Draft law #2820 envisages a set of measures such as introduction of bigger pictorial warnings, regulation of e-cigarettes and banning of flavoured tobacco. Bill #4030a considered the banning of tobacco products display at points of sale and strengthening of smoke-free legislation. Both have been blocked in the parliament for a couple of years due to

Health, taking account of difficulties with the draft law's promotion and guided by requirements in the EU-Ukraine Association Agreement, initiated the development of a new draft law based on EU Directive 2014/40 at the beginning of 2019 and involved WHO expertise in writing the text. The text was prepared, presented for public discussion and sent to all ministries and regional state administrations for approval.



Advertising for IQOS heated tobacco products at a bus stop in Kyiv, 2019 ©WHO Ukraine

The draft law will be finalized after this process is complete and registered in the parliament on behalf of the Cabinet of Ministers, which potentially could increase its chances of support from MPs.

2.1.3.3. Reducing alcohol consumption

According to the latest WHO data, Ukraine has also made quite good progress in reducing alcohol consumption, which has decreased by 40% in liters (from 14.3 L in 2010 to 8.6 L in 2016 per year of pure alcohol) over the last eight years (16). The level of alcohol consumption nevertheless remains high compared to some other countries of the WHO European Region, and is four times higher among men than women.

Legislative initiatives on alcohol control have been rather sporadic. WHO aimed to strengthen alcohol control and prevent alcohol consumption as one of the key NCD risks. It developed the strategy to reduce harmful consumption of alcohol, a comprehensive document that includes all measures considered by the WHO best buys. Discussion on the strategy was led by the Ministry of Health with involvement of relevant key stakeholders. The document

was welcomed by all partners but was not officially approved because of political difficulties associated with approval of all strategies (lengthy negotiation processes with all executive authorities and lack of budget for strategy implementation). It therefore was not further promoted but was handed over to the Public Health Centre of the Ministry of Health (NPHC), which is developing an action plan for implementation of defined priorities from the strategy.

WHO supported and advocated for the draft law that confers responsibilities on local authorities for restricting times for sale of alcohol. It was supported by the parliament in March 2018, and since April 2018 all local authorities have had a right to define times for alcohol sales. This provides opportunities for collaboration with regional partners to strengthen anti-alcohol activities: Kyiv and Lviv city councils, for instance, exercised this right in autumn 2018 when they issued decrees restricting the sale of alcohol during night-time.

2.1.3.4 Moving towards healthier diets

Policy or legislative initiatives regarding nutrition are lacking in Ukraine. Reliable

data on Ukrainians' food preferences, prevalence of diseases caused by unhealthy diet and the proportion of overweight people and people with obesity are also lacking. WHO therefore focused on developing national strategies to reduce dietary sodium and trans-fat intakes. Both documents were prepared and agreed with the Ministry of Health but were not approved for the same reasons as the strategy to reduce harmful consumption of alcohol. They nevertheless can be considered as the first comprehensive documents on nutrition issues and be used for development of other legislative initiatives.

WHO suggested amendments to the Law "On basic principles and requirements for safety and quality of food". Adoption of the proposed changes would reduce consumption of trans-fatty acids by people of all ages and improve the nutritional value of diets by increasing the proportion of healthy fats, particularly mono- and poly-unsaturated fats. Approval of the law would require adoption by the parliament. After discussion with the Ministry of Health, it was decided to simplify the process and develop a regulatory act of the Ministry of Health aimed at banning industrial trans-fatty acids in foodstuffs (approved also by the Ministry of Justice). This may have sufficient force to regulate the issue. The text of the Ministry of Health decree was developed with WHO support and currently is under review by key stakeholders involved; after that, the document is expected to be finalized, signed by the Ministry of Health and submitted to the Ministry of Justice for adjustment.

Other important documents developed are food-based dietary guidelines for adults and recommendations on food products provided for or sold to children in school. The dietary guidelines officially were approved by the Ministry of Health and presented at relevant events to promote usage. The recommendations for schools were included in the Order of the Ministry of Health of Ukraine "On Approval of the Sanitary Regulation for the

institutions of general secondary education" to simplify the process of its revision, approval and adoption. As soon as it is approved by all stakeholders (including the Ministry of Education and Science), it must be adopted.

2.1.3.5 Promoting physical activity

WHO intended to develop a strategy on creating and maintaining public spaces for physical activity (parks, sports fields, running tracks and cycle lanes, for example), but in 2015 the President's Administration initiated development of a strategy on physical activity. The national strategy *Physical activity – healthy lifestyle – healthy nation*, which runs to 2025, was approved by Presidential Decree in February 2016. WHO supported strategy development through its review of suggestions for implementation by various sectors, in line with WHO guidelines, and by ensuring the strategic and evidence-based approaches on improving physical activity in Ukraine were incorporated in the NAP.

WHO fostered good governance through promoting multisectoral approaches and using evidence-based information and



WHO Ukraine Country Office staff members taking part in a yoga activity during No Tobacco Day, Kyiv, 2019 ©WHO Ukraine

best international practices adapted to local needs. For example, the Ministry of Health and the Ministry of Finance joined efforts in the area of tobacco taxation, resulting in the adoption of the seven-year tax-increase plan described above. The Ministry of Health has partnered with the Ministry of Agrarian Policy

and Food to promote the availability of healthy food and beverages and reduce trans-fat and sodium content, and with the Ministry of Education and Science to revise the frameworks regulating prevention and health promotion interventions in school settings.



Physical activity break during the national conference on NCDs, Kyiv, 2019 ©WHO Ukraine

3. Strengthening prevention, early detection and management

3.1 Integrated management of hypertension and diabetes

3.1.1 Goal

The goal of interventions in this area was to strengthen NCD prevention, early detection and risk reduction of common NCD risk factors, and promote integrated management of hypertension and diabetes at PHC level.

3.1.2 Partners

To achieve this goal, WHO worked closely with the Ministry of Health, the NPHC, the Ministry of Health Central Methodical Cabinet for Training of Nurses, leading national institutions (such as the Shupik National Medical Academy of Postgraduate Education and the Bohomolets National Medical Institution), regional health departments (the seven pilot regions involved between 2016 and 2019 were Ivano-Frankivsk, Lviv, Vinnitsa, Poltava, Dnipropetrovsk, Kharkiv and Donetsk regions and Kyiv city; additional regions joining the initiative over 2018–2019 were Volyn, Rivne, Zakarpattia and Zaporizhzhia), medical universities and colleges located in the involved regions, professional associations, leading regional and national experts, developmental partners such as the World Bank, WHO collaborating centres in Finland and the United Kingdom, and WHO technical experts to develop and pilot effective interventions to improve access to, and quality of, PHC services in Ukraine as they relate to NCD prevention, management and care. The Ukrainian Institute on Public Health Policy NGO provided support with implementation of a comprehensive evaluation of measuring change in PHC clinical practice to assess the effect of interventions at PHC level.

Consultations with the Ministry of Health, regional health authorities and other partners allowed interventions under this

component to be prioritized in line with relevant ongoing health-care reform initiatives, thereby avoiding duplications and complementing, harmonizing and synergizing approaches to improve efficiency. The WHO health-systems building-blocks approach was used as a basis for strategizing discussions to identify current gaps and agree on priorities for interventions (17).

The most important areas of intervention identified were strengthened leadership/governance at regional level and improved capacity in the PHC health workforce – both are seen as key predictors for enhancing the quality of PHC services in the area of NCDs. Such interventions are described in more detail below.

Initiatives in this area of work were supported by the Swiss Agency for Development and Cooperation through the joint Ministry of health–WHO “Noncommunicable Diseases: Prevention and Health Promotion in Ukraine” project main phase (2015–2019), and the World Bank through the “Serving People, Improving Health” project as a part of the technical assistance provided by WHO to the Ministry of Health between 2017 and 2019.

3.1.3 Main achievements

3.1.3.1 *Strengthened leadership/governance at regional level*

WHO worked intensively with the regional health departments of the pilot regions to strengthen their capacity in delivering affordable, quality PHC services for NCDs. NCD regional coordinators were essential in implementing relevant interventions by liaising with technical, organizational and logistical matters with the respective regional health authorities, regional trainers, leading regional professionals/experts working in the field of NCDs, managers of PHC facilities and

other partners (such as the World Bank and academia).

WHO worked hard to ensure strong commitment from the regional health authorities to implement evidence-based interventions at PHC level in relation to NCDs and was able to strengthen their governance/leadership role. The following results were achieved collaboratively by regional health authorities and WHO.

- Regional authorities committed to providing NCD evidence-based interventions at PHC level. The idea of opportunistic screening of patients to identify NCD risk factors even before they have symptoms/complaints was an issue of special interest to the regional health authorities and experts. Previously, key PHC interventions were focused mainly on improving management of patients with established NCDs, with relatively little attention given to NCD prevention and risk reduction.
- Regions agreed to build effective PHC teamworking to manage NCDs better. WHO suggested training doctors, nurses and feldshers together so that various health-care professionals could share their experiences and discuss how to work better as a team. Going through such an exercise was a new experience for all pilot regions, and initially, health experts had doubts about the approach. At the end of the training, however, the approach was very much appreciated not only by health professionals, but also by PHC managers and regional health authorities. The evaluation of changes in PHC clinical practice organized by WHO after the interventions were completed proved the approach was key to the success in achieving improved quality of services at PHC level



Meeting with Kharkiv regional health authorities, 2016 ©WHO Ukraine

through, for example, strengthened teamwork, task-shifting between doctors and nurses and the empowered role of nurses. Respondents to the evaluation reported that after the training, nurses began to participate actively in prevention work. A teamwork approach was another advantage of the suggested new approach described by managers. Most managers also supported the idea that the optimal allocation of responsibilities was when nurses and feldshers did all the preparatory work (measurements and tests) and doctors analysed the data and talked with patients, giving recommendations for treatment (if needed) and advice on lifestyle change.

- Regional training plans were developed and approved by regional health authorities. It was well understood that PHC professionals were allowed to participate in training activities only af-

ter they had received permission from the regional health departments. For most of the regions, however, it was the first time they had been able to think through how to mobilize the whole PHC professional workforce for the two-day training so that: 1) service delivery was not harmed while the PHC professionals were away, with other people providing backup; 2) the distance to/from the training place was not too long so that it was easily accessible for participants; 3) PHC professionals participating in the training represented all the rayons/districts of the region; and 4) at least 50% of all PHC professionals were covered by the training within a given time period by considering the appropriate respective proportions of trained doctors and mid-level health-care providers. The intense planning phase took several months to finalize for each of the pilot regions. Implementation has been mon-

itored continuously and updated during each training cycle of 3–4 months in each pilot region, which allowed for smooth and effective organization of the training with full commitment from regional health authorities.

- A cost-sharing mechanism was established to organize NCD training for PHC professionals. WHO promoted ownership by the regional health authorities by putting in place a mechanism for sharing the resources required for training activities, which also helped significantly to reduce the related costs. As a result, there was no need for WHO to hire training venues and training equipment in any pilot region. Accommodation and transport costs were reduced significantly, as training sessions were organized close to the areas in which the PHC professionals live and work.

- There was collaboration and sharing of resources with the World Bank project "Serving People, Improving Health". Examples of collaborations include joint strategic planning of interventions in the regions, sharing of training materials, decision-support tools, resources for communication and results of research activities and monitoring and evaluation, and sharing of trained experts, personnel and training activities for PHC professionals in the World Bank-supported regions.

3.1.3.2 Service delivery and the health workforce

The aim of interventions was to strengthen prevention, early detection, and management and care of NCDs at PHC level, with a focus on CVDs, the leading cause of mortality and morbidity in Ukraine.

Achievements in this component are remarkable. WHO developed the first-ever training course in the country for primary health-care professionals on effective NCD prevention, management and support. The course, "Essential Training for Primary Health Care Workers on the Integrated Management of Hypertension and Diabetes", integrated effective evidence-based interventions on NCD outlined in the WHO package of essential NCD interventions for PHC (WHO PEN) (18), recommendations of the European Society of Cardiology and national clinical guidelines. It taught participants about the importance of evaluating CVD risks using the total CVD risk assessment and other techniques to detect risk factors even before the patient has symptoms, and emphasized the importance of managing patients with CVDs and diabetes in an integrated way by assessing and managing the common risk factors and common comorbidities. It also reflected the importance of building primary health-care professionals' capacity on addressing behavioural risk factors, focusing on the motivational interviewing technique.

The course used innovative training approaches. For the first time in the country, the training was designed to ensure doctors, nurses and feldshers could participate together to develop their understanding of how to work better as a team, recognize what needs to be done to empower mid-level providers to work better with NCD patients, and how to organize work effectively in their clinics. It adopted an adult-learning approach that ensured a peer-to-peer, practically oriented and participatory learning journey.

WHO successfully implemented the training course using complementary approaches:

- implementation through national and regional medical universities and colleges of undergraduate and postgraduate education of the seven pilot regions; and
- implementation through regional health departments of the pilot regions using a cascade training approach.

Implementation through undergraduate and postgraduate medical institutions was essential in building capacity in the medical universities and colleges on NCDs, and ensuring the course was well integrated into training curricula to sustain dissemination of knowledge among medical professionals. WHO supported the delivery of a three-day training-of-trainers course for representatives of national and regional medical education institutions. Representatives from nine medical universities and three colleges attended. WHO further supported the development of the NCDs continuous medical education syllabus to support its integration in curricula. As a result, all the universities and colleges involved integrated the NCD training course into their educational curricula and trained more than 5000 PHC doctors and nurses over 2017–2018, in addition to those trained through cascade training.

Implementation using the cascade training approach through regional health departments was especially dynamic and successful. WHO established close collaboration with the health authorities of the pilot regions to ensure their political, organizational and administrative support for implementing training in their regions. Strong support from the regional authorities, together with the involvement of leading health experts and partners in each of the pilot regions, ensured the development and approval of well designed and cost-effective regional plans for training activities. In line with the plans, WHO built a network of 52 regional trainers who facilitated cascade training activities in their own regions over 2016–2018. Consequently, the two-day training course was delivered to 10 804 PHC professionals, equivalent to 55% of those currently in practice in the seven pilot regions (Fig. 3 and 4).

3.1.4 Impact of the interventions

WHO organized a comprehensive evaluation for measuring changes in PHC clinical practice to assess the effect of the interventions at PHC level. The evaluation included several complementary research parts to assess comprehensively the effect of WHO interventions:

1. a quantitative part, which included data collection and data analysis of 8000 medical chart reviews for pre-intervention (baseline, before the training) and post-intervention (follow-up, after the training) periods completed in seven pilot and three control regions;
2. a part on clinic-facility and patient-pathway observation that included observations of clinical practice in 151 facilities in seven pilot and three control regions; and
3. a qualitative part, which included analysis of 15 focus-group discussions held with PHC managers, doctors, nurses, feldshers and patients (120 participants in total) completed in seven pilot regions.

Fig. 3. Number of PHC professionals trained

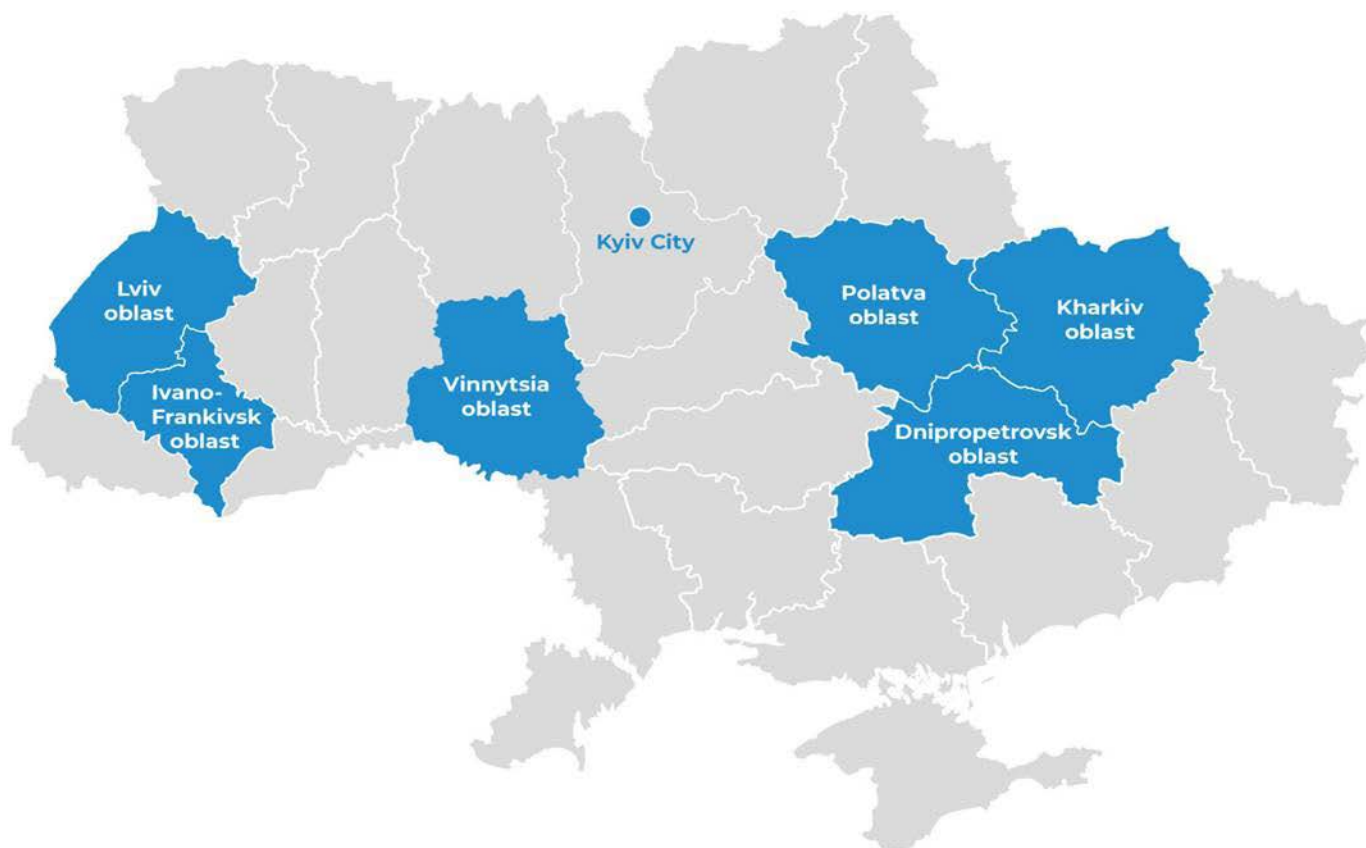
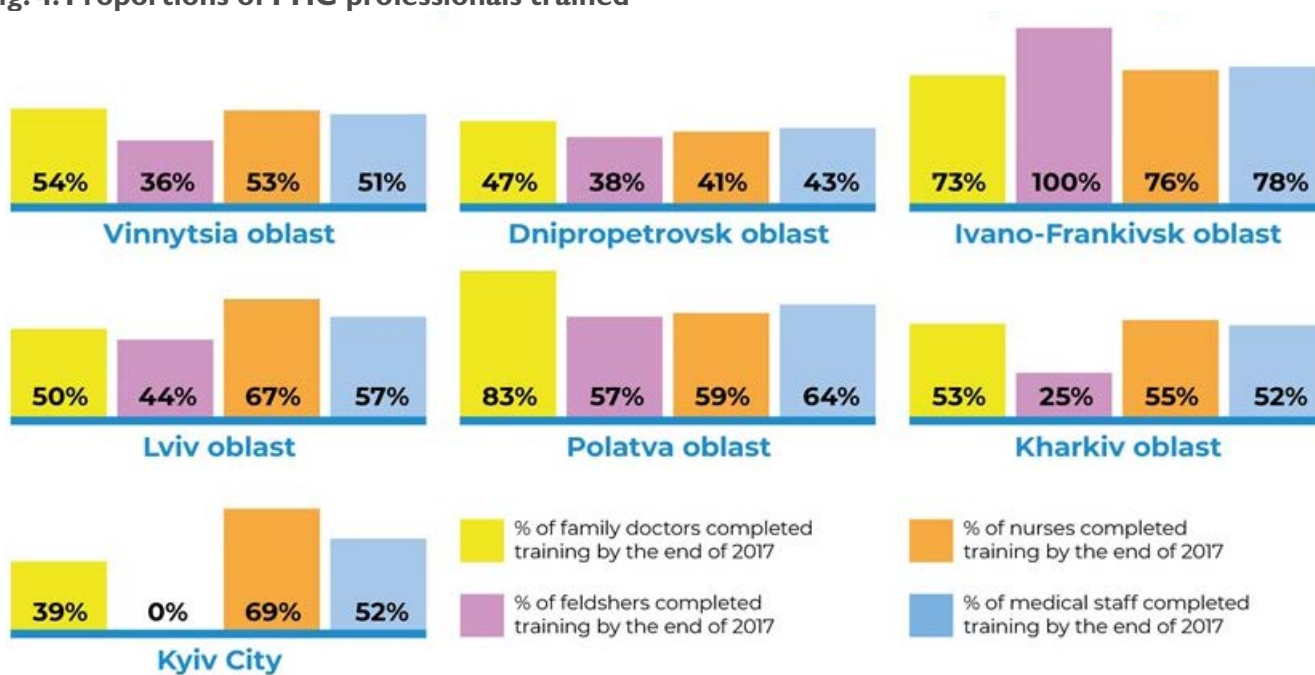


Fig. 4. Proportions of PHC professionals trained





Training for regional trainers, Dnipro, 2016 ©WHO Ukraine



Teachers of postgraduate medical institutions during training, Kyiv, 2017 ©WHO Ukraine

The results present important information for policy-makers, health-care professionals and other interested parties on progress in improving NCD prevention, management and care at PHC level in the country, identifying supportive and deterrent factors and outlining recommendations for further actions to sustain development in this area.

Key achievements attributable to WHO interventions at PHC level include the following.

1. Recording of NCD behavioural risk factors by clinicians showed a statistically significant improvement in pilot regions during the follow up compared to the baseline:

- total cardiovascular risk at PHC level increased remarkably after the training, from 17% to 61% among men and from 20% to 62% in women: total CVD risk was not assessed by clinicians at all in the control areas;
- smoking-status recording improved significantly in pilot regions (from 31% of men and 34% of women at baseline to 55% in men and 56% in women at follow up): smoking status in control regions was recorded from only 0.2% of men and women at baseline, without improvement over time (Fig. 5);
- alcohol consumption was assessed and recorded using the Alcohol Use Disorders Identification Test (AUDIT) (19) with a significantly increased 15% of female and 16% of male patients in pilot regions: alcohol consumption was not assessed and recorded by clinicians in control regions;
- body mass index was recorded for 19% of men and 20% of women at baseline in pilot regions and significantly improved at follow up to



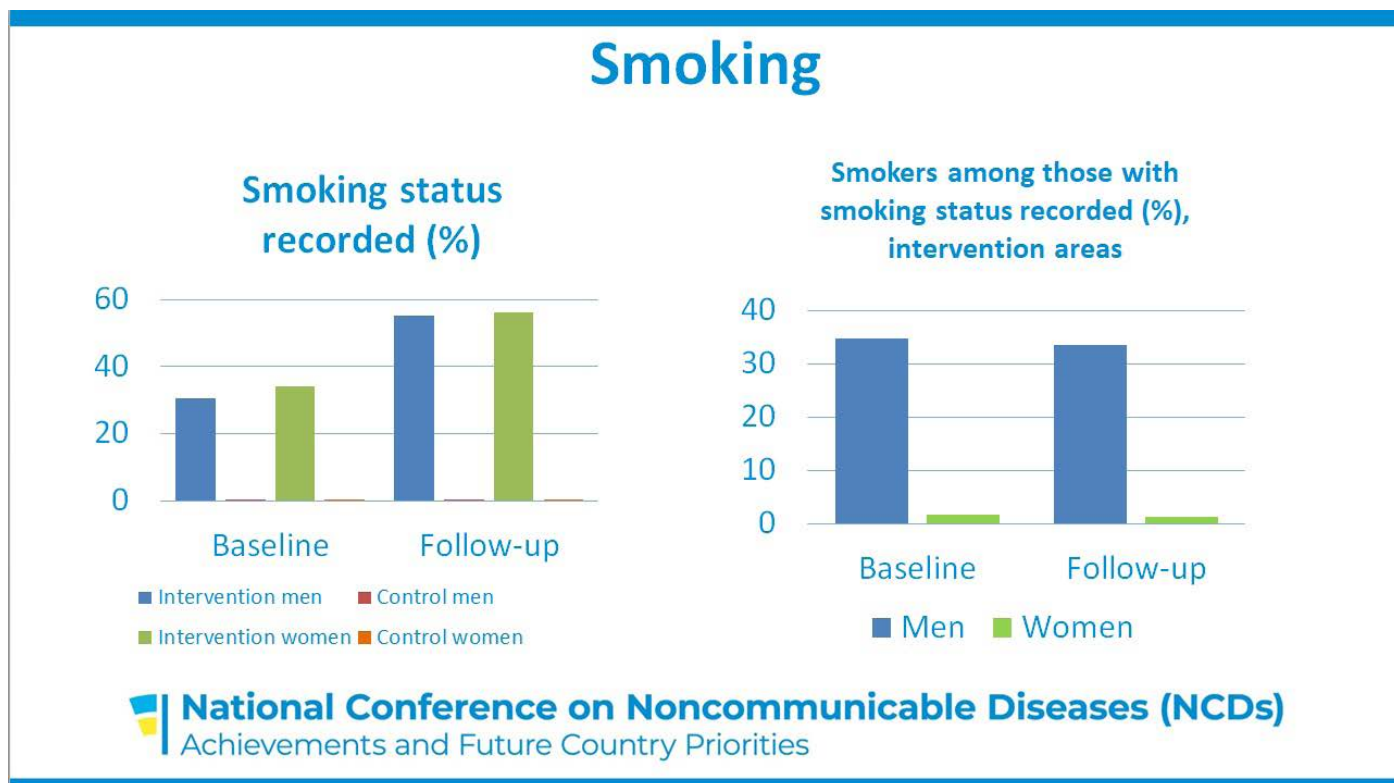
67% of men and 66% of women: in control regions, it was recorded with 3% of men and 2% of women at baseline and did not increase significantly at follow up (Fig. 6); and

- waist circumference was recorded at baseline in pilot regions for 9% of men and 10% of women and increased statistically significantly to 45% in men and 47% in women at follow up; it was measured for only 2.2% of men and 1.7% of women at baseline in control regions without significant change at follow up.

2. Recording of NCD biological risk factors by clinicians improved statistically significantly in pilot regions during the follow up compared to the baseline.

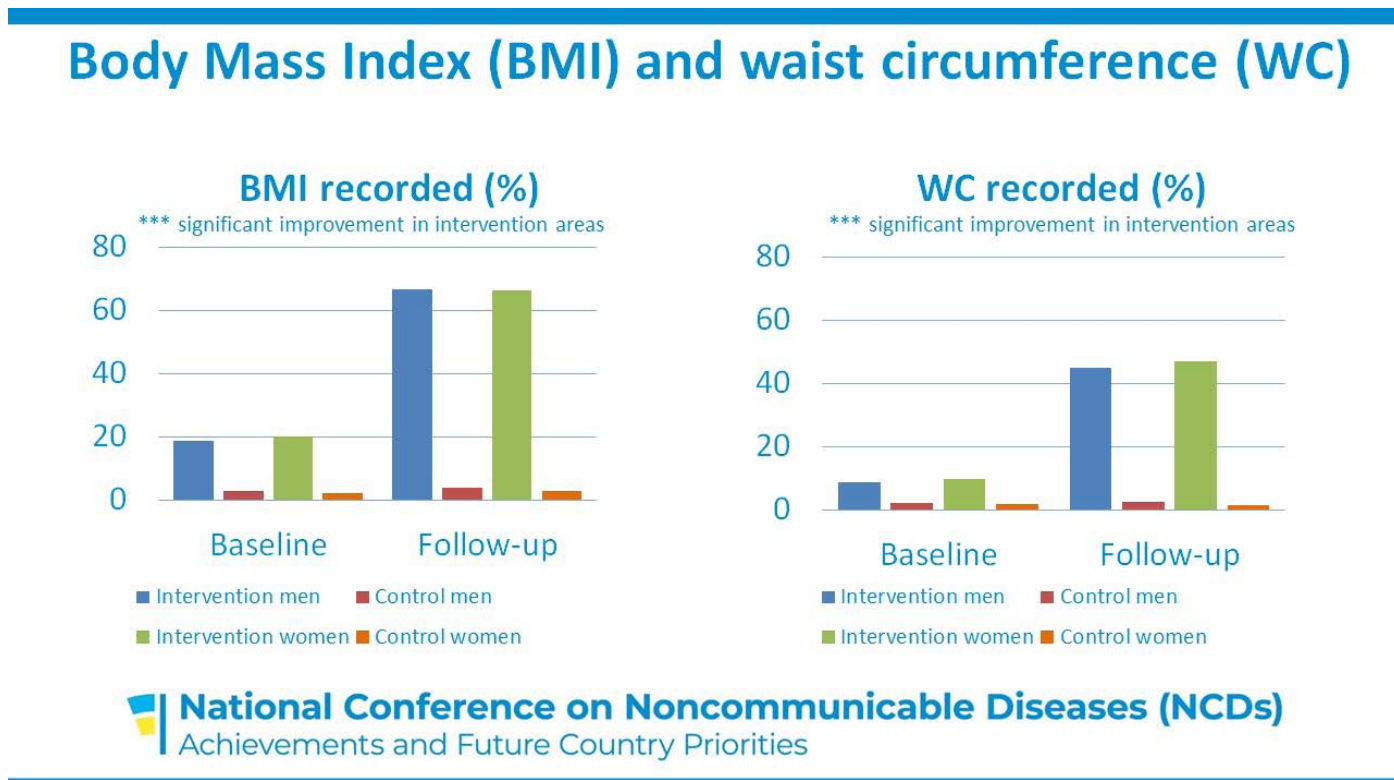
- Two blood pressure readings during the last 12 months were found at baseline for 51% of men and 56% of females in pilot regions, increasing statistically significantly to 57% in men and 60% in women at follow up. In control regions, such readings were found for 47% of males and 51% of women at baseline, with the statistically significant increase observed only in men (increased to 56%) at follow up.

Fig. 5. smoking-status recording



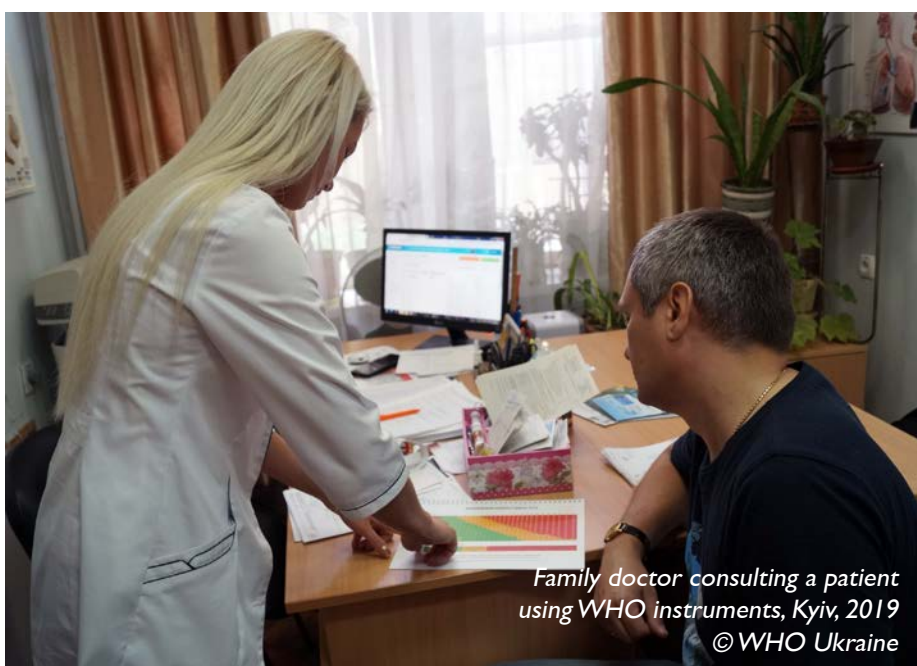
Source: National conference on NCDs, Kyiv, 2019.

Fig. 6. Body mass index and waist circumference status recording



Source: National conference on NCDs, Kyiv, 2019.

- Total cholesterol was measured and recorded at baseline in pilot regions for 28% of men and 29% of women, and increased significantly to 53% in men and 57% in women. Total cholesterol was recorded for 17% of men and 19% of women in control regions; a small increase to 22 % was observed only in men, so the change in pilot regions was statistically significantly bigger than that in control regions.
 - Blood glucose was measured and recorded at baseline in pilot regions for 52% of men and 59% of women and increased significantly to 67% in men and 72% in women at follow up. In control regions, it was measured for 42% of men and 49% of women without significant change at follow up.
 - Prescription of statins improved among CVD patients in both pilot and control areas and among women with diabetes in pilot regions.
 - Prescription of hypertension medication improved in pilot regions among patients with hypertension, but also among patients with CVD. Improvement in control areas was observed only among men with CVD.
3. Management of patients with CVDs and diabetes improved.



Family doctor consulting a patient using WHO instruments, Kyiv, 2019 © WHO Ukraine

“The training oriented me as a family doctor to pay more attention to prevention. ... Now, when a person enters my office, I pay attention to all risk factors, and I always ask a person about smoking or salt consumption etc. Now I start treatment with modification of these factors, because it may help even better than pills.”

Family doctor (from evaluation report)



PHC doctor consulting a patient using WHO instruments, Kyiv, 2019 © WHO Ukraine

“The SCORE table [Piepoli et al. (21)] is very helpful in our practice! One can tell a person that if you did not drink, if you did not smoke, your life would be longer, it would be of better quality. ... So, the lectures we listened to were really useful”.

Nurse (from evaluation report)

“You have to enjoy what you are doing. And as we are the doctors, we are responsible... Actually, for the first time, health of the whole nation is in our hands! And this is not a slogan, this is true. We are able to impact the situation, if we really want to”.

Manager (from evaluation report)

The findings of the evaluation demonstrate significant change in clinical practice attributable to WHO interventions, and are remarkable. Qualitative and observational parts of the evaluation support the findings described above and provide additional information on changes in clinical practice. Follow-up supportive interventions are recommended to pilot regions, with an additional evaluation cycle in about two years' time to evaluate patients' clinical outcomes.

In addition, after the Ministry of Health introduced a national reimbursement programme on affordable medicines in 2017 (reimbursing (fully or partially) medicines prescribed at PHC level for treating CVDs, diabetes type II and asthma (23 medicines in total)), WHO integrated relevant information into PHC training to support knowledge-sharing around the programme in the regions to contribute to greater use by PHC professionals and consequently improved NCD treatment outcomes for patients. WHO also organized the evaluation of the affordable medicines programme (20) and provided relevant recommendations for further scaling up and sustainability of the programme.

3.1.4 Sustainability of the interventions

Sustainability of the WHO interventions was ensured through the following:

1. commitment of regional health authorities and multiple partners in the region, as described above;
2. transparency of the WHO activities throughout all stages of implementation and sharing of guidelines, tools and training materials with regional health authorities, regional experts, groups and stakeholders involved; and
3. training teachers of universities and colleges through a three-day training-for-trainers course called "Essential Training for Primary Health Care Workers on the Integrated Management of Hypertension and Diabetes", with fur-

ther integration of NCDs in the continuous medical education syllabus; this ensures and contributes to the build-up of the next-generation competent PHC workforce.

WHO received an official letter of appreciation from the Ministry of Health in 2017, signed by the Deputy Minister of Health and acknowledging successful implementation of NCD training for PHC workers in Ukraine. Letters of appreciation were also sent to WHO by several pilot regional health departments over 2018 and 2019.

3.2 Enhancing PHC capacity to tackle common mental health conditions

Following a request of the Ministry of Health, WHO supported the Centre for Mental Health and Drug and Alcohol Monitoring of the Ministry of Health in integrating mental health services into PHC provision through implementing components of the WHO Mental Health Gap Action Programme (mhGAP) (22).

After the mhGAP training materials and interventions guide were translated into Ukrainian, WHO facilitated mhGAP training for national trainers and supervisors. This created a pool of competent national specialists all over the country who are able to train service providers in identifying patients with mental health conditions, delivering a specific set of interventions or referring patients to specialist treatment. Following the training-of-trainers sessions, two national trainers delivered a series of mhGAP training sessions in Kramatorsk (Donetsk region), where the new service model is being tested.

A mhGAP planning and adaptation workshop was organized by the Ministry of Health and WHO in October 2018, marking the beginning of national implementation of mhGAP. The roadmap for integrating the mhGAP-Intervention Guide

(mhGAP-IG) into the Ukrainian health-care system was developed during the workshop, and Donetsk and Lugansk oblasts were prioritized to start the integration of mental health care into PHC due to the increased needs in regions affected by conflict.

Over 30 national mhGAP master trainers were trained by WHO in February 2019 to support further implementation and capacity-building processes. Representatives of national and international humanitarian and development organizations working in mental health and PHC areas in Ukraine were among the trained participants.

Materials from mhGAP were translated into Ukrainian and prepared for adoption by the Ministry of Health as an official clinical protocol for the management of mental, neurological and substance-use disorders at PHC level. These preparatory steps raised awareness about mhGAP, ensured the commitment of a wide range of national and international stakeholders in Ukraine, and enabled further mhGAP implementation in the country, including in territories affected by conflict.

WHO started mhGAP capacity-building in Donetsk oblast as part of the WHO Health Emergencies Programme (supported by the German Government via the "Emergency Health Care Response in Eastern Ukraine: Treating and Preventing Communicable and Non-communicable Diseases" project), followed by embedding and testing a primary mental health service model in selected facilities. By the end of 2019, more than 120 PHC workers will have been trained on how to identify and manage common mental health conditions (such as depression and self-harm/suicide, disorders due to substance use, acute stress, post-traumatic stress disorder, grief and other significant mental health complaints) using the mhGAP-IG and mhGAP Humanitarian Intervention Guide (mhGAP-HIG). This allowed the entire population of Kramatorsk to be covered by pri-

mary mental health services, with around 150 000 people signing declarations with family doctors.

At the same time, WHO assumed a coordinating role for all partners and international development agencies interested in using mhGAP tools in Ukraine to ensure consistency in training approaches, similar quality of data collection and joint impact measurements. A minimum engagement framework was developed and approved among partners.

An mhGAP operations group was assembled by WHO at national level to support all national and international humanitarian and development partners interested and engaged in mhGAP implementation in Ukraine. Information-sharing, coordination of mhGAP-IG-related activities, exchange of experience and joint solving of issues arising around mhGAP implementation were ensured via the group. WHO chaired the group and provided technical support to partners on the process of preparing for implementation, delivering

training and supervision, and conducting monitoring and evaluation of the mhGAP through developing a common mhGAP engagement framework representing minimum standards for mhGAP implementation in Ukraine. The framework was agreed by all engaged partners, which provided an opportunity to further promote the impact of mhGAP implementation, evaluate common outcomes and better inform the ongoing health-care system transformation process in relation to the needs of the population affected by crisis.

All service providers who went through mhGAP training received at least six administrative and clinical supervision sessions that supported them in clinical decision-making and enhanced their confidence in using their newly acquired skills in practice. A family doctor from Kramatorsk (Donetsk region) shares how she became more attentive to the mental health conditions of her patients after the training and follow-up supervision on mhGAP:

Recently I had a patient who suffered from episodes of back pain. When I started the examination, I couldn't help but notice how depressed he was. When I asked more about his feelings, he confessed that troubles at work and arguments with his wife had exhausted him. His word choice alerted me: the man said he "already had enough" and "it is probably time to die". Although the patient denied that he intended to commit suicide, I insisted on psychosocial support interventions. I helped the man to cope with the stress and advised him to spend more time on the activities he enjoyed. We agreed to continue talking about his feelings during the next visits, but I could tell that already he felt much better. I am happy that I could help him to make his first step towards healing. The patient was also pleasantly surprised to receive this type of support besides the usual treatment for a physical condition from his family doctor.



Training of national mhGAP trainers and supervisors, Kyiv, 2019 ©WHO Ukraine

Training of national mhGAP trainers and supervisors, Kyiv, 2019 © WHO Ukraine



Training of national mhGAP trainers and supervisors, Kyiv, 2019 © WHO Ukraine

3.2.1 Improving specialized mental health service provision at regional level

Apart from developing new capacities among the PHC workforce for working with people with mental health conditions, WHO also supported the Ukrainian Government to improve the quality and accessibility of specialized mental health services through introducing the community mental health teams model.

Four mobile community mental health teams were established under the state health system in four regions (Slovyansk, Dnipro, Sumy and Odessa) in 2015 as part of a WHO pilot project. The aim was not only to improve access to evidence-based mental health services in

conflict-affected communities, but also improve capacity within the system and test a model of community-based care that could be scaled up over time to become part of mental health reform in Ukraine. The teams provide recovery-focused, patient- and family-centred treatments for many vulnerable populations with severe mental health conditions living in hard-to-reach settlements. The project showed improvements in the patients' quality of life and service providers' satisfaction, and confirmed the viability of mobile community services under the state mental health system.

WHO has initiated a QualityRights project to improve quality of care and promote the human rights of people with

psychosocial, intellectual and cognitive disabilities living in long-term institutions in Ukraine. QualityRights (23) is a WHO global initiative that supports countries to put in place policies, strategies, laws and services that are in line with international human rights standards, including the Convention on the Rights of Persons with Disabilities (CRPD) (24).

Local NGOs representing service users were trained and engaged in practical work in the selected facilities. Basic human rights principles were introduced for people with disabilities and staff working in the facilities to inform further service improvement and align care practices with the CRPD.

4. Reduction of risk behaviours that influence NCD mortality and morbidity

4.1 Reductions through communication

4.1.1 Goal

More than ever before, what people read, watch and hear in the mass media and online influences what they believe and how they behave in terms of NCD risk factors. The goal was to support the Ministry of Health and other national, regional and local governmental and nongovernmental partners in communicating effectively to reduce exposure to NCD risk factors.

4.1.2 Partners

Work on communication has involved many partners, including three ministries: the Ministry of Health, Ministry of Education and Science and Ministry of Sports and Youth. The Public Health Center of the Ministry of Health was a key ally, as were the regional state administrations and re-

gional health departments in Ivano-Frankivsk, Lviv, Vinnitsa, Poltava, Dnipropetrovsk, Kharkiv regions and Kyiv city, NGOs (such as the NGO advocacy centre "Life", Centre of Public Health Advocacy, the NGO "Women, Health and Family Planning", and "Be-it – Health and Social Impact"), and the United Kingdom National Social Marketing Centre.

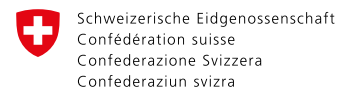
4.1.3 Achievements

The development of a comprehensive national NCD communication strategy (Fig. 7) that includes action plans to address the four main NCD behavioural risk factors (tobacco use, alcohol consumption, unhealthy diet and lack of physical activity) marks a significant step forward in improving the country's capacity to communicate effectively on NCDs. It is rigorously evidence-based and supports Ukraine's NAP, particularly the aim of "Ensuring healthy lives and promoting well-being for all at all

ages". It is also based on the global action plan for the prevention and control of NCDs, the WHO European regional action plan on NCDs prevention, the Ottawa Charter for Health Promotion and the Shanghai Declaration on Health Promotion, all of which emphasize that communication is a key tool in NCD reduction. The strategy also is aligned with the WHO 13th General Programme of Work for 2019–2023, specifically with its three priorities: healthy lives, universal coverage and health in emergencies.

The strategy was developed by the Ministry of Health and its technical branch, the NPHC, with support from the WHO Country Office in Ukraine and the WHO Regional Office for Europe. Engagement with local health authorities was transparent, open and collaborative, helping to ensure that the strategy meets the needs and aspirations of the Ukrainian people and

Fig. 7. NCD communication strategy



Communication Strategy

Preventive Care/Prevention of Noncommunicable Diseases in Ukraine till 2030

First phase
2019–2023



SUSTAINABLE DEVELOPMENT GOALS

has the backing of institutions and professionals.

The strategy is planned to be formally approved by the Government and is aimed at reducing death, disease and disability from NCDs by:

- raising awareness around NCDs risk factors, improving knowledge, changing beliefs that are barriers to healthy habits, modelling new skills, promoting confidence and helping people change behaviour, together with interpersonal and social processes;
- mobilizing communities around health promotion and NCD control;
- inspiring stakeholders to prioritize and engage in the fight against NCDs;

- persuading national and local authorities to formulate and implement policies and legislation to combat NCDs;
- encouraging the media to present compelling content that will persuade people and their families to put NCDs high on the societal agenda; and
- confronting the commercial drivers of the NCD epidemic.

Each of the four behaviours is presented in the communication strategy, outlining the problem, aims and objects, key message themes and target groups. The message themes are indicative, as effective messages have to be developed in conjunction with the target audience through detailed developmental research that checks for cognitive, emotional and behavioural engagement, while ensuring that creative de-

vices (such as tone, logic, language and colour) resonate with the audience. The goal is to deliver memorable messages capable of captivating attention, motivating behaviour change and helping to produce supportive social norms and public health policies. The target audience has a key role to play in making this happen.

Communication activities aimed at reducing harmful consumption of alcohol in Ukraine is seen as a priority for the Ministry of Health and NPHC. WHO therefore undertook several initiatives to address this priority.

Qualitative research on alcohol consumption, adopting a social marketing approach, was carried out in February–April 2018 (Fig. 8 and 9). Its findings are serving as a base for designing a communication campaign aimed at reducing harmful alcohol



WHO conducted training on social marketing, Kyiv, 2018 © WHO Ukraine

Fig. 8. Characteristics of “risk avoiders” segment from the report on qualitative research on alcohol consumption among pregnant, 2019

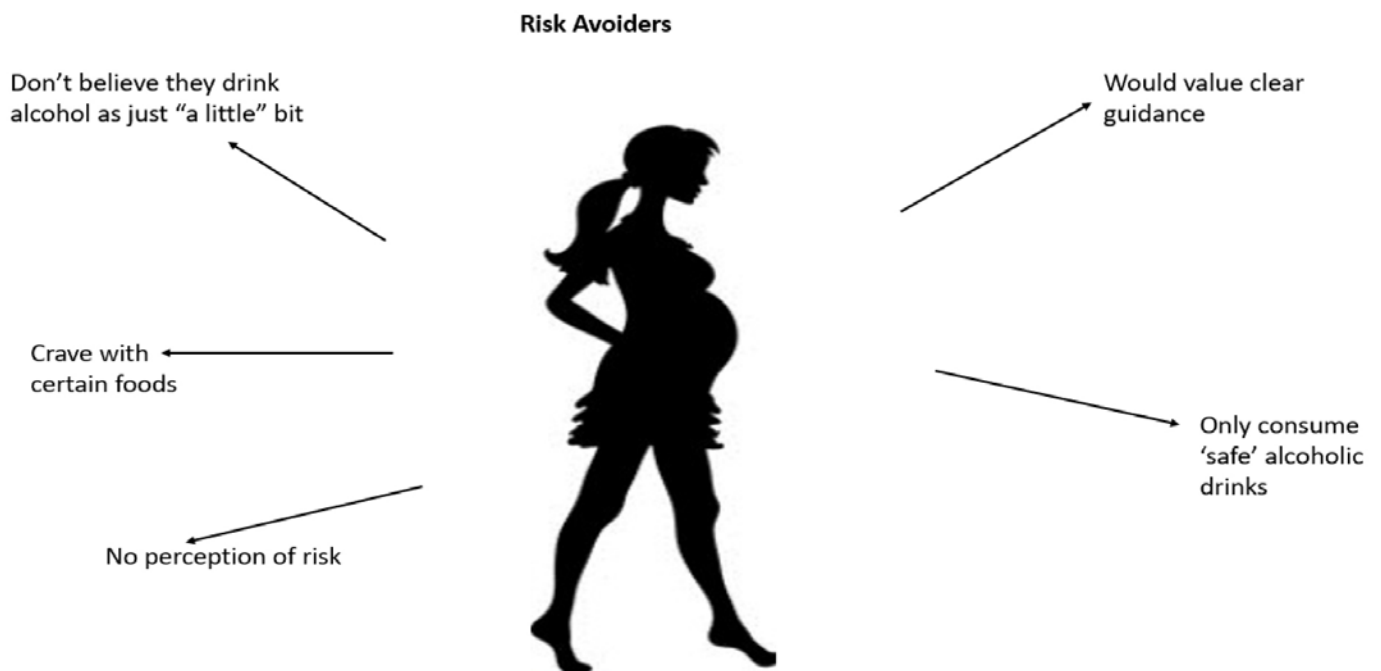
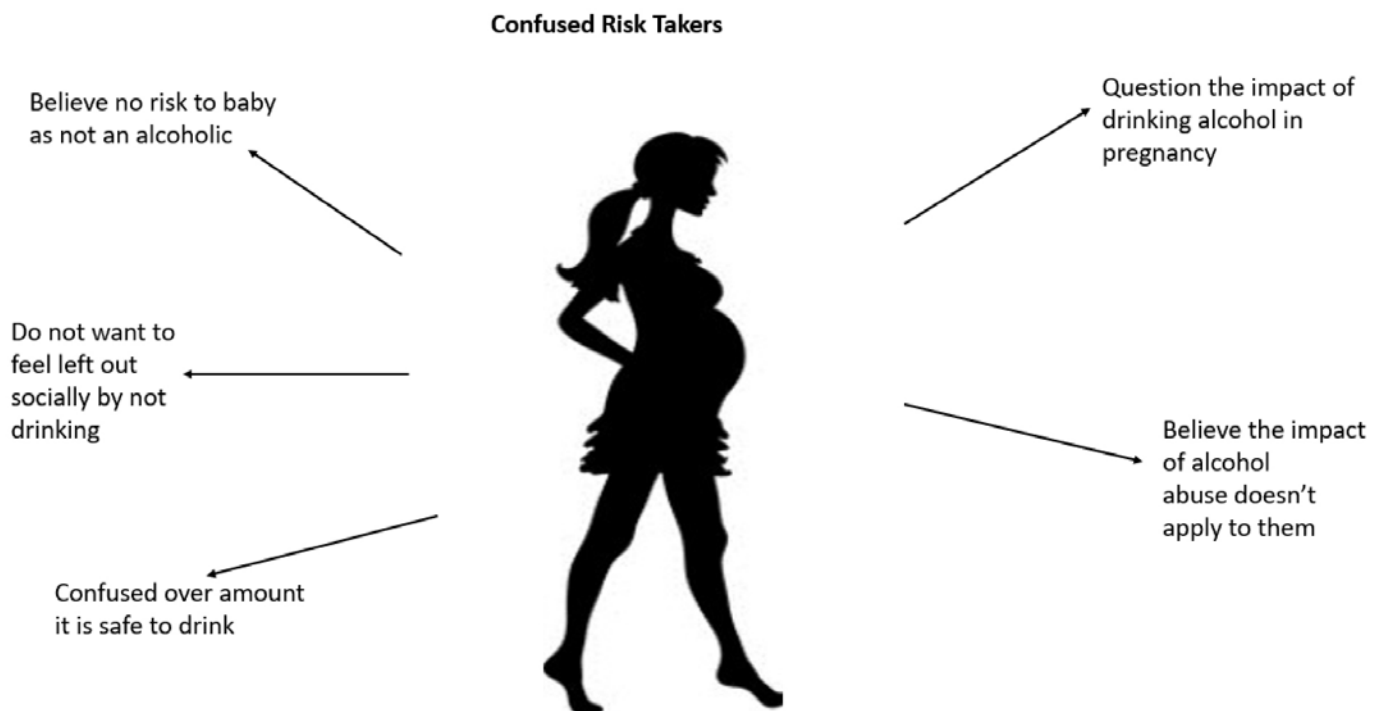


Fig. 9. Characteristics of “confused risk takers” segment from the report on qualitative research on alcohol consumption among pregnant, 2019



consumption among four target audiences: binge-drinkers, regular excessive drinkers, drink–drivers and women consuming alcohol during pregnancy. The United Kingdom-based National Social Marketing Centre, one of the world's most respected centres of excellence for social marketing and behaviour change, was commissioned by WHO to support implementation of all stages of the qualitative research on alcohol, which was completed in May 2018. The research further supported in the development and pre-testing of communication messages and development of insights for future communication campaigns.

The national communication campaign to reduce alcohol consumption among pregnant women was initiated by the WHO in April 2019 with the aim of reducing prevalence of alcohol consumption during pregnancy (currently equal to around 25–35%) and the high prevalence of fetal alco-

hol syndrome among the general population (currently equal to more than 50 cases per 10 000 people (25)). The official launch of the campaign featured nine famous Ukrainian gynaecologists, united in an educational art performance to highlight that any dose of alcohol consumed by a pregnant woman put the unborn child at risk. The campaign received wide media coverage and created much interest and attention among Ukrainian doctors, pregnant women and the general population. Posters on the harmful effects of alcohol on unborn babies were developed (Fig. 10). The NPHC website is used as the main platform for the communication campaign, reflecting the NPHC's improved capacity to lead this and similar campaigns and ensure sustainability of effort.

Drink–driving caused more than 8000 road-traffic accidents in Ukraine over the period 2013–2018 according to official statistics of the road-safety police. During

the same period, more than 7600 people sustained trauma of various severity, and around 700 died.¹ At the same time, it is commonly recognized that drink–driving in Ukraine is significantly underreported in official statistics. To address this issue, WHO adapted a social advertisement video on drink–driving to the Ukrainian context and broadcast it through media channels in the seven pilot regions. The video was aired on regional TV stations, reaching around 30 000 people.

Wider communication around various NCD topics has been undertaken as well. Regular coverage of NCD-related topics through media, including five newspapers, more than 100 national and regional on-line channels and the WHO Ukraine Facebook page, was ensured. WHO also supported publishing of information materials on its activities on the official websites of

¹ Statistics forms on road accidents provided to THE WHO Country Office in Ukraine by NPHC.



Nine famous Ukrainian gynecologists united in the educational art performance during national communication campaign aimed at pregnant women, Kyiv, 2019 ©WHO Ukraine

Fig. 10. Poster on the harmful effects of alcohol on unborn babies

не вична
ВАГІТНІСТЬ

There is no safe dose of alcohol during pregnancy
Make pregnancy alcohol free



Alcohol harms the development of heart cells. In a baby, unusual combination of blood vessels and defects of the atrial membrane may occur.



Alcohol can lead to premature birth and the child will have difficulty breathing due to underdevelopment of the lungs.



Alcohol can cause a reduction in the baby's eyeball and weak development of the optic nerve, which can cause strabismus.



A child can be born with limited vital energy and have problems with emotional, mental and physical development.

Visit pregnancy.phc.org.ua to find out more on how you can protect the health of your baby at the start of its life



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the Ministry of Health, regional health departments, NPHC and WHO. Thirteen WHO-approved health promotion and health education products selected for different NCD topics were translated into Ukrainian and shared with the NPHC and pilot regions. In cooperation with the NPHC, online media storage was created to hold information tools on NCDs (including bulletins, fact sheets, position papers, posters and infographics) in one

place, making them readily available for use. This will also enable the pilot regions to upload and share materials from their own successful health promotion campaigns, whether in words, images or video, and access those of other regions.

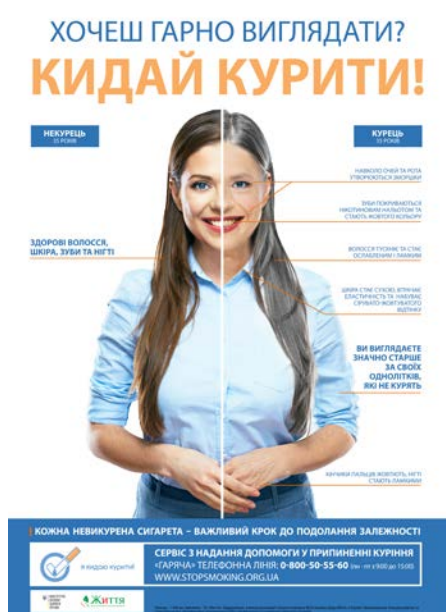
The national smoking-cessation service (toll-free quitline and professional website) was set up and launched in Ukraine in 2017 in cooperation with WHO imple-

menting partner, the nongovernmental organization (NGO) advocacy centre "Life". It is the first-ever national service created in response to high demand from Ukrainian smokers, about 5.1 million of whom would like to quit. Around 7000 calls were received through the quitline and over 45 000 clients visited the website during two years of service operation. Information materials on smoking cessation developed in the frame of the initiative were ap-



Seminar on smoking cessation assistance, Kyiv, 2019 © WHO Ukraine

Fig. 11. Examples of posters aimed at helping people to quit smoking



proved by the Ministry of Health/NPHC and distributed throughout the pilot regions.

Information materials for smokers (such as a booklet, two posters, leaflets and info-cards) were developed to increase awareness about smoking cessation and the service. All materials were printed – 35 000 booklets, 3000 of each poster, 22 000 leaflets and 65 000 info-cards – and distributed among the seven pilot regions (Fig. 11). Two booklets for PHC providers were also developed: a manual on smoking cessation and a booklet on e-cigarettes, heated tobacco products and water pipes. Both booklets were printed (60 000 copies in total) and distributed among the pilot regions.

4.2 Reductions through schools

4.2.1 Goal

The goal was to strengthen NCD prevention, risk reduction and health promotion among school-aged children through the development of comprehensive programmes and implementation of activities in primary and secondary schools.

“Reaching children and young people is important, so schools are a key partner for the initiative. Thanks to this initiative, we are taking physical activity and nutrition in our school more seriously. We pay more attention to healthy eating and have updated the school menu. We want to expand partnership with other local institutions, and we have begun to involve volunteers.”

Yevgeniya Chemeris, Deputy Principal of Specialized School № 53, Kyiv

4.2.2 Partners

This area of work provides a remarkable example of close cooperation between the Ministry of Health and Ministry of Education and Science. Ongoing educational reform has encouraged new ways of collaboration at national and regional levels and created an open-minded atmosphere. The Ministry of Education and Science supported the development of new schools (hub schools) with a modern approach to the education process and its organization. The Ministry is interested in the highest level of theoretical and practical education for school specialists, including school administrators, health educators, teachers and school medical workers. Its support of the project helped to positively influence secondary education institutions in establishing new up-to-date health education programmes and create healthy and safe school environments.

The Ministry of Youth and Sport became interested in collaborating on develop-

ment of national youth programmes on healthy lifestyle and NCD prevention. Other partners were also involved and supported the initiative, such as the NHPC, Ministry of Health Central Methodical Cabinet for Training of Nurses, and regional health and education authorities. Lviv Medical College of Postgraduate Education was closely involved in implementation and assisted in piloting the NCD training course for school nurses. Sumy and Ivano-Frankivsk medical colleges have announced the launch of the training course on NCD prevention for school medical workers. NGOs such as the Children's Fund through Education and the Women's Health and Family Planning Charitable Foundation were also; the latter organization implemented most of the described school-related activities under technical guidance provided by WHO.

4.2.3 Main achievements

Most NCD risk factors are behavioural, so their influence can considerably be reduced through behavioural interventions. These are most effective in childhood and adolescence, when behavioural stereotypes are not yet formed. The role of the education system is crucial as it covers 99% of the school-age children population of Ukraine. A modern school should help young people to gain knowledge and develop the skills necessary for a healthy and productive life in childhood, adolescence and subsequent adult life. Along with education and upbringing, the development of health-enhancing competences is therefore one of the education system's main objectives. To promote healthy behaviours, education institutions should create environments that are favourable to learning, socialization and harmonious development of children and adolescents, and ensure safety for all participants in the education process.

WHO continued with implementation of the action plan for NCD prevention and health promotion in school settings, approved by the Ministry of Education and Science in agreement with the Ministry of Health. The plan is built on the Focus Re-

sources on Effective School Health (FRESH) framework (26), which is a whole-of-school approach. It comprises five areas:

1. equitable school health policies;
2. safe learning environment, as it relates to NCD prevention and healthy lifestyle promotion;
3. skills-based health education;
4. school-based health services; and
5. cross-cutting themes, such as the partnership between health and education sectors, and participation involving communities, parents and children.

The action plan was updated annually between 2017 and 2019. The NGO partner the Women's Health and Family Planning Charitable Foundation has implemented most of the planned school-related activities. WHO provided technical support in defining priorities and effective actions on NCD prevention and health promotion in school settings that were further incorporated into the NAP.

The key achievement of the school interventions is the development of the comprehensive approach “New Ukrainian School: space of health. The concept of disease prevention and health promotion in secondary schools” (Fig. 12). This approach integrates health protection and health promotion concepts for school settings and corresponds to the fundamental principles of the national concept of the New Ukrainian School and the state standard of secondary education. It also supports the development of the new educational domain “Social and health-enhancing education” and the introduction of the cross-cutting theme “Health and safety”. The proposed approach also takes into account the recommendations on child-friendly and safe schools of WHO, the United Nations Children's Fund, the United Nations Educational, Scientific and Cultural Organization, the United States Centers for Disease Control

and Prevention (CDC) and other organizations, the experience of the health promoting schools network of the principles of the FRESH framework, and whole-of-school, whole-community and whole-child models for cross-sectoral collaboration among educators, health workers, children, parents and the community to create a healthy environment in education institutions.

Key deliverables of the “New Ukrainian School: space of health” concept are as follows.

- The Healthy School Model (Fig. 13) is a whole-of-school approach for effective NCD prevention and health promotion in secondary schools. It is a child-centric model that highlights the relationship between education and health and the connection of school and the community. The model combines eight elements and involves coordinated action from all school employees to create a safe and friendly environment in an education institution. The main purpose is to ensure evidence-based, effectively coordinated and strategically planned school health programmes and services

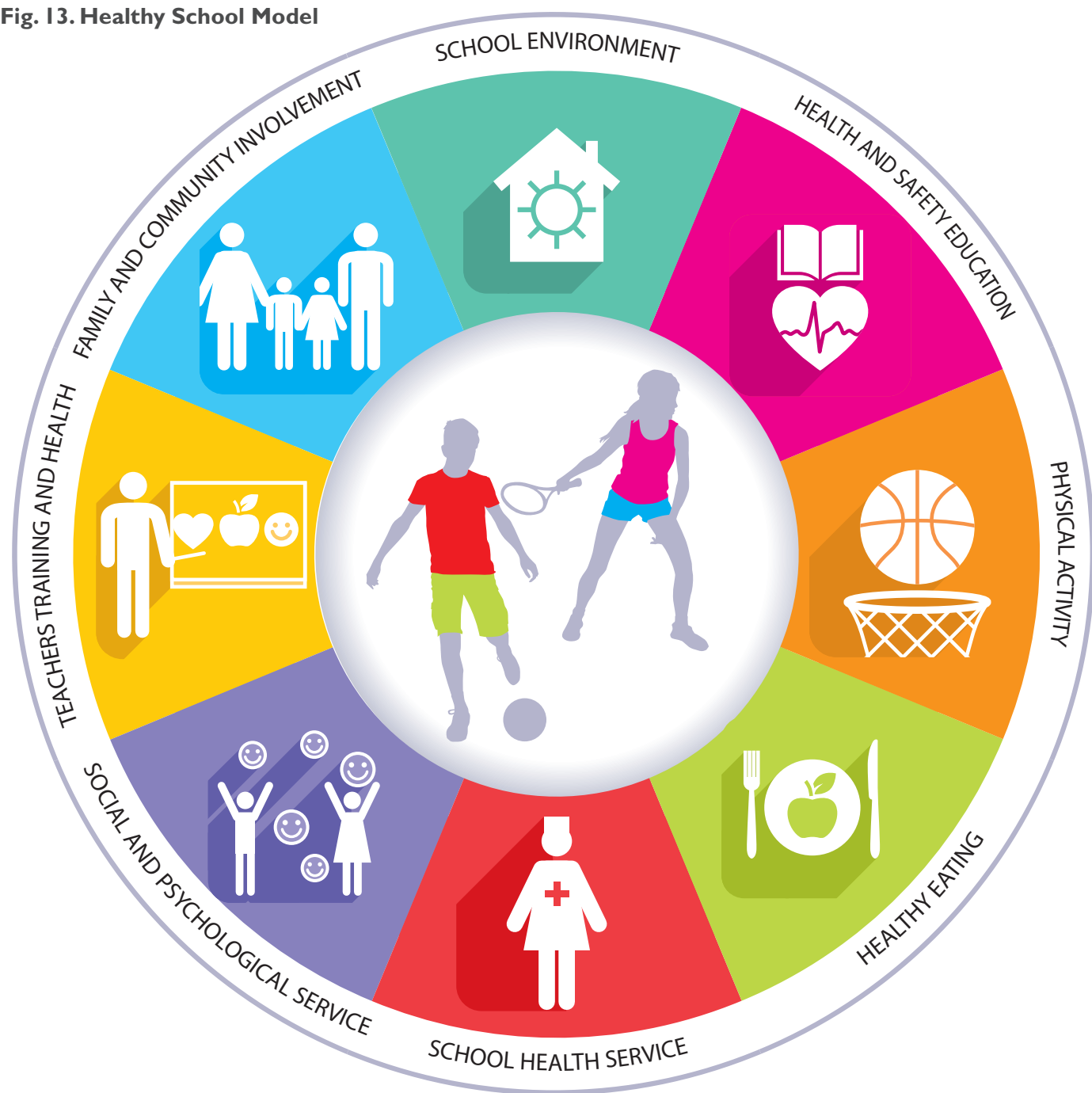
that account for the individual, family, school and community, and can positively influence student health behaviours and learning. The proposed model is based on CDC’s “Whole School, Whole Community, Whole Child” model and is adjusted for organizational and human resources available to average schools. It is based on cross-sector collaboration and aims to bring together leaders from education and health to strengthen and unify a collaborative approach for learning and health. Schools are reflected as a central and integral part of the community at the centre of greater integration and alignment between learning and health through health education, physical education and physical activity, nutrition, environment and services, health services, counselling, psychological and social services, social and emotional climate, physical environment, school employee wellness and family engagement, and community involvement. Application of the model highlights opportunities for close alignment with schools and with regional and national policies and practices.

- The school health service concept is adapted from the European framework for quality standards in school health services and competences for school health professionals, including the responsibilities of school nurses.
- The School Health Index, which is an integrated self-assessment tool addressed to school leaders and school teams to assist in improving school health policies and environments, will be adapted and implemented.
- Development and implementation of the NCD Thematic Improvement Programme and Manual for School Health Workers strengthens their role in preventing NCDs and enhancing the health of students, in cooperation with teachers, parents, representatives of health facilities and community representatives.

Fig. 12. New Ukrainian School brochure



Fig. 13. Healthy School Model



- The NCD Methodological Manual and Educational Toolkits for School Teams aims to build capacities among school teams effectively to address the main NCD risk factors, such as unhealthy nutrition, physical inactivity, mental health issues, and tobacco and alcohol consumption.

These documents, which are integral parts of the “New Ukrainian School: space of health” concept, were developed with technical support from WHO and tested in 22 pilot schools selected from the seven pilot

regions. The baseline and follow-up assessment of interventions in the pilot schools showed improvements in the whole-of-school approach on NCD prevention and school health promotion. In particular, school health policy documents were developed by 22 pilot schools (Fig. 14), covering issues of integration of key health-related school services: skills-based health education, health services, school meal services, health-supportive school environments and opportunities for physical activities. Pilot schools applied new skills and capacities acquired during capacity-building

training organized by the Women’s Health and Family Planning Charitable Foundation with WHO technical support.

Four NCD posters for schools (Fig. 15 and 16) and six types of awareness-raising materials on NCD risk factors for school students (Fig. 17) and parents (Fig. 18) were developed and implemented in school settings.

School component achievements and scaling-up perspectives were presented to an audience of school principals, regional co-

Fig. 14. Pilot schools in the school component

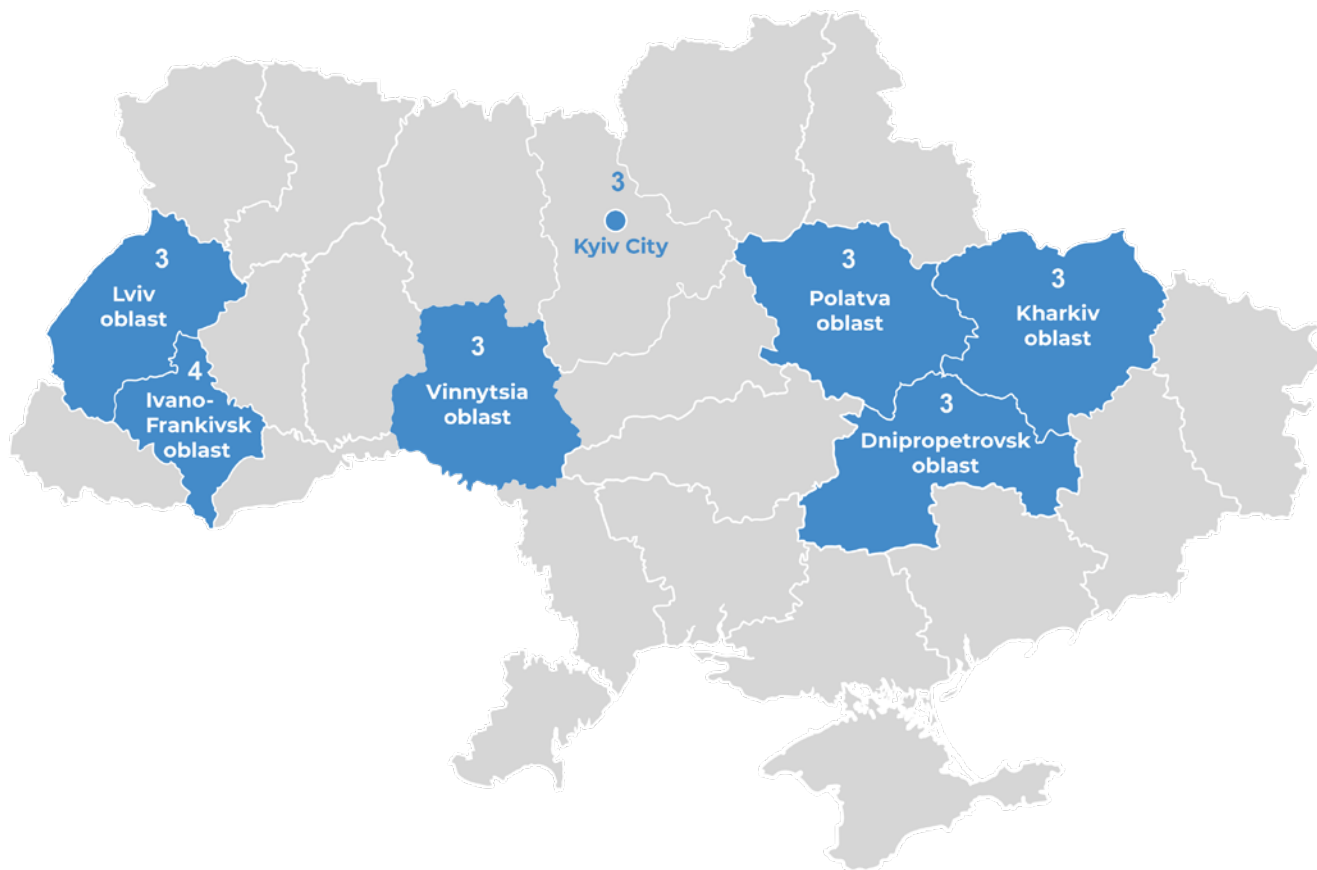


Fig. 15. Healthy eating plate and physical activity posters

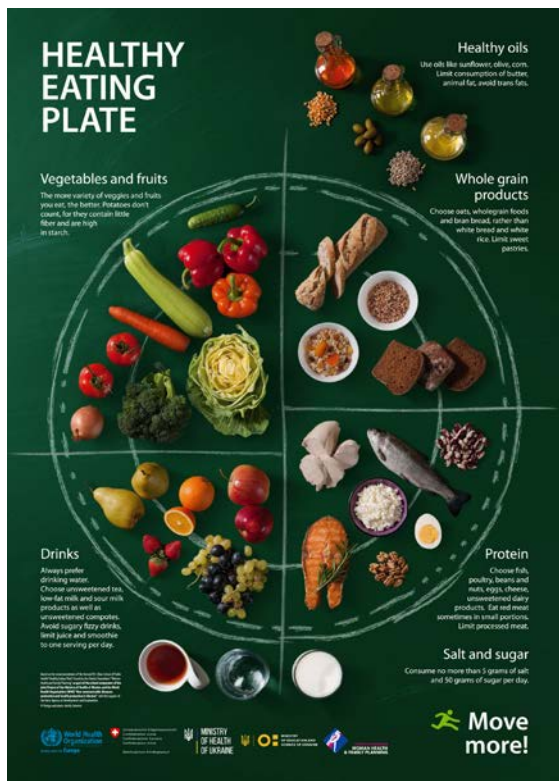


Fig. 16. Healthy sleep and mental health posters



Fig. 17. Booklets for students



Fig. 18. Booklets for parents



ordinators, representatives of oblast education departments, representatives of medical colleges and NGOs, and other partners and stakeholders. It was organized during:

- regional intersectoral consultations conducted in April–June 2018 in all pilot regions with participation of WHO representatives and partners;
- regional dissemination round tables conducted during April–May 2019 in six pilot oblasts; and
- the national NCD conference in Kyiv on 28–29 May 2019.

Ministry of Education and Science representatives highlighted the importance of health promotion activities in education settings. They expressed their support for the “New Ukrainian School: space of health” concept and suggested scaling up of these developments at national level.

In response to the problem of school nutrition services, national and international experts, in cooperation with school repre-

sentatives and regional school component coordinators, developed the key tasks of the school nutrition improvement plan (2018–2019). This plan focuses on: regulating food requirements and food products allowed for sale in education settings; promoting advocacy activities for securing sufficient funds for meal services; revising school menus; upgrading school kitchen spaces and equipment; introducing control of salt intake; engaging parents in committees; and using social marketing for advocating for healthy nutrition principles.



Discussions during the national conference on the school component ©WHO Ukraine



Table for tasting healthy breakfasts ©WHO Ukraine



Learning about healthy breakfasts during a lesson ©WHO Ukraine



Sports competition with students and teachers ©WHO Ukraine

5. Strengthening NCD surveillance, monitoring and evaluation

5.1 Goal

The goal was to support the Ministry of Health through provision of comprehensive, valid and reliable data on incidence, prevalence, mortality and risk factors to support evidence-based recommendations for NCDs prevention for the Ministry and regional health authorities. This contributes to the development of evidence-based, sustainable and effective decisions on how to reduce NCD mortality and related risk behaviours.

5.2 Partners

The key national partners for WHO in strengthening NCD surveillance were the Ministry of Health and NPHC. Other partners were involved in various initia-

tives under this area of work. The GATS and GYTS were implemented with the involvement of the National Academy of Medical Science of Ukraine and the Johns Hopkins Bloomberg School of Public Health, supported by the Bloomberg Initiative to Reduce Tobacco Use through the CDC Foundation with a grant from Bloomberg Philanthropies. The Kiev International Institute of Sociology and RTI International was involved in GATS implementation, and the O. Marzyeyev Institute of Public Health was involved in GYTS implementation. The STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) survey was implemented by the NPHC in a consortium with the Yaremenko Ukrainian Institute of Social Research, supported by the World Bank. For all the above, WHO provided

expert and technical support and supervision to implementation of the initiatives.

5.3 Main achievements

The GATS was conducted in Ukraine in 2017 by WHO in close collaboration with CDC, the Ministry of Health, National Academy of Medical Science and Kiev International Institute of Sociology. This was the second survey for Ukraine (the first took place in 2010), making it possible to compare key data and identify changes over the last seven years.

Results showed that Ukrainian tobacco-control policy was successful, given that prevalence of current tobacco-smoking decreased by 20%. A significant reduction was observed for second-hand smoke



Presentation of results of GATS, Kyiv, 2018 © WHO Ukraine



exposure at home, in workplaces and public places, and for exposure to tobacco advertisements, sponsorship and promotion. Challenges were identified in relation to lack of anti-tobacco information, a low level of knowledge related to tobacco consumption (such as the harms of second-hand smoke and water-pipe smoking) and a continuing high level of exposure to tobacco product advertising, sponsorship and promotion. Based on the survey results, recommendations were developed for inclusion in new anti-tobacco policies.

The GYTS has been conducted in Ukraine three times – in 2005, 2011 and 2017. The latest survey was conducted by the Ministry of Health and the O. Marzeyevev Institute of Public Health (National Academy of Medical Sciences), with technical support from WHO and the CDC. The 2017 survey assessed the dynamic situation in tobacco use (smoking and smokeless), cessation, second-hand smoke, pro- and anti-tobacco media campaigns and advertising, access to and availability of tobacco products, and knowledge and attitudes regarding tobacco

use. Survey findings should assist Ukraine to fulfil its obligations to WHO FCTC implementation.

Data analysis revealed that the prevalence of tobacco product use among young people decreased in 2017 compared to 2005. Concerns were raised about innovative tobacco products use (such as electronic cigarettes) and water pipes, use of smokeless tobacco and availability of tobacco products for young people. The results of both GATS and GYTS surveys were widely distributed. A comparison of results from GYTS in Ukraine in 2005, 2011 and 2017 is shown in Fig. 18.

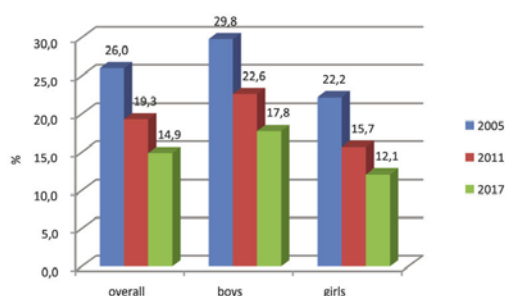
An adverse childhood experiences (ACEs) survey was completed with technical support from WHO. Results confirmed that child maltreatment and other ACEs were not rare in Ukraine and were associated with increased odds of NCD risk factors in adulthood. There is therefore a strong need to identify and promote strategies to reduce the burden of child maltreatment in Ukraine, increase public awareness about the problem, and

include early NCD risk-factor prevention among those who were exposed to ACEs.

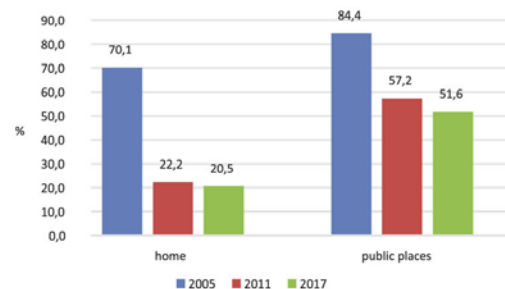
STEPS was launched for the first time in Ukraine in 2019 with financial support from the World Bank in Ukraine. The survey is being implemented by the NPHC and the Yaremenko Ukrainian Institute of Social Research, with technical support from WHO. STEPS is a standardized survey on NCD behavioural risk factors, such as physical inactivity, sodium/salt intake, tobacco use and alcohol consumption, on a large national sample of randomly selected households and individuals. The Ministry of Health decided to apply three optional modules for the current cycle of the STEPS survey to investigate additional NCD topics of public health interest – mental health (depression and suicide), violence and injury, and cervical cancer (screening and follow up). It includes interviews, and anthropometric, blood and urine measurements. Data collection is ongoing, and the results of the STEPS survey will be available by the end of 2019.

Fig. 18. Results from GYTS, Ukraine, 2005, 2011 and 2017

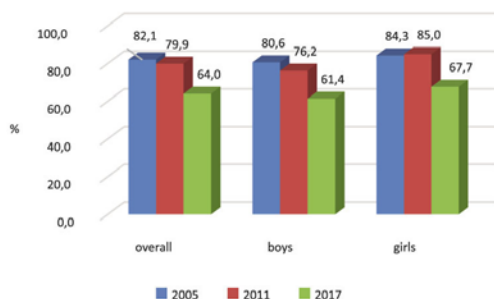
m Prevalence of current tobacco use⁸ by gender, GYTS Ukraine 2005, 2011 and 2017



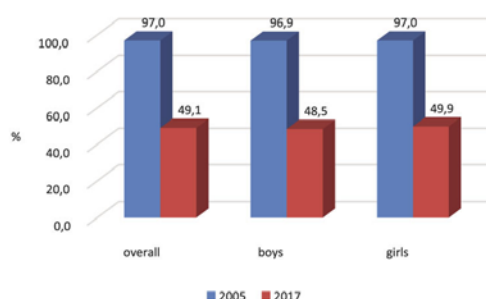
p Students exposed to tobacco smoke at home, and at public places^{3,4}, GYTS Ukraine 2005, 2011 and 2017



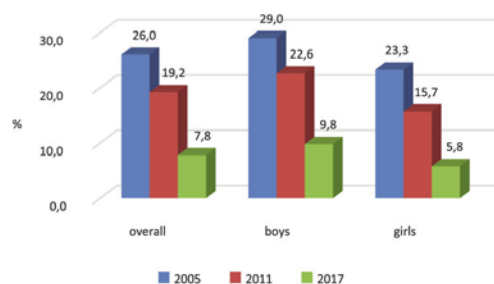
o Quit attempts among current tobacco smokers⁷ by gender, GYTS Ukraine 2005, 2011 and 2017



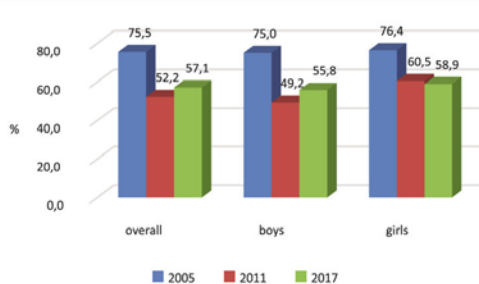
w Students who noticed anti-tobacco media messages^{6,9} by gender, GYTS Ukraine 2005&2017



e Students who owned something with a tobacco brand logo on it by gender, GYTS Ukraine 2005, 2011 and 2017



r Current cigarettes smokers who bought cigarettes from an outlet¹⁰ by gender, GYTS Ukraine 2005, 2011 and 2017



¹ Question about electronic cigarettes was included only into GYTS 2017 so there is no data from previous surveys to compare.

² Susceptible to future tobacco use includes those who answered "definitely yes", "probably yes", or "probably not" to using tobacco if one of their best friends offered it to them, or "definitely yes", "probably yes", or "probably not" to using tobacco during the next 12 months.

³ During the past 7 days.

⁴ Before 2011: Public places.

⁵ Among current cigarettes smokers; 2017: among current tobacco smokers.

⁶ Among those who watched television, videos, or movies in the past 30 days.

⁷ During the past 12 months.

⁸ Smoked cigarettes, other type of tobacco, and/or used smokeless tobacco anytime during the past 30 days.

⁹ Includes media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies.

¹⁰ Outlet (store, shop, street vendor, or kiosk) from which current cigarette smokers bought cigarettes the last time they smoked cigarettes in the past 30 days.



6. Further priority actions on NCDs in Ukraine based on the initiative's experience

The initiative's achievements under each of the areas described above were presented and discussed at the national NCD conference in May 2019. As a result of the conference, further priority actions on NCDs in Ukraine were identified, building on lessons learned. Many more NCD-related priorities that go beyond previous interventions were identified for future actions in Ukraine, so the following list should not be considered exhaustive.

6.1 Sharing experience with other countries and developing future country priorities

Two NCD conferences were organized and delivered in Ukraine: "International Conference on NCDs: lessons learnt from international experience" (18–19 October 2018) and "National Conference on Non-communicable Diseases: achievements

and further country priorities" (28–29 May 2019). Both events were organized by the Ministry of Health and WHO and brought together international and national experts on public health with specialists in NCDs from different countries and regions of Ukraine. They provided opportunities to share experience, discuss effective tools and measures and identify ways to face challenges in NCD control and prevention. The national NCD conference summarized key achievements in the NCD area and shared them with all regions of Ukraine, which was extremely important in terms of scaling up and ensuring sustainability.

Multiple products developed by or with WHO support in Ukraine have international importance; they were shared with other countries as good examples (such as the seven-year plan for raising tobacco taxes) or valuable products (the smoking

cessation-service, for instance, which has been translated into Russian and is available to other Russian-speaking countries).

At the same time, many challenges were faced, mainly due to the lack of political will in the Ukrainian parliament to support crucial NCD legislative initiatives, especially those related to the regulation of tobacco and alcohol consumption. Unfortunately, approval by parliament is largely outside the WHO sphere of influence and depends on national and international political dynamics, both of which are subject to interference by the tobacco and alcohol industries.

The main results of the initiatives in NCDs prevention and control in Ukraine and further priority actions were discussed and agreed during the National Conference on Noncommunicable Diseases (NCDs): achievements and further coun-

try's priorities (28–29 May 2019) hosted and organized by the Ministry of Health with WHO, and convened practitioners, partners as UN and the World Bank, development agencies as well civil society organizations.

6.2 Strengthening leadership, governance, policy and intersectoral action and partnerships

There is a need for actions to:

- implement the NAP at national, sub-national and local levels, with the involvement of a wide range of stakeholders;
- approve the action plan for implementation of the concept note for mental health development until 2030 and start implementation with the engagement of a wide range of stakeholders, including people with lived experience of mental health conditions;
- create financial and regulatory incentives to foster deinstitutionalization principles declared in the concept note for mental health development until 2030, thereby shifting the focus in mental health-care delivery from psychiatric institutions to community-based mental health services;
- accelerate further implementation of the WHO FCTC in Ukraine, supported by international expertise, evidence-based approaches and comprehensive research to monitor progress: priority tasks are to adopt the draft law based on EU Directive 2014/40 and ratify the Protocol to Eliminate Illicit Trade in Tobacco Products;
- implement measures described in the national strategy to reduce harmful alcohol consumption in Ukraine through their inclusion in national policy documents and implementation of plans at national and regional levels: the focus

must be on reduction of alcohol accessibility and affordability for minors, increased alcohol taxes and tightened legislation for drink-driving;

- strengthen national policies and strategies on healthy nutrition in Ukraine by adopting and implementing important regulatory acts on banning industrial trans-fatty acids in foodstuffs and imposing sanitary regulation for general secondary education institutions;
- adopt and implement the country strategy on reduction of salt and sugar consumption;
- realize further initiatives in the field of road safety: two draft Ministry of Health decrees based on Directive 2006/126/EU must be adopted and implemented, as must the draft law on increasing fines for non-use of seat belts; and
- implement mental health policies and strategies as an integral part of comprehensive NCD strategies in the country.

6.3 Strengthening prevention, early detection and treatment in clinical and community settings

There is a need for actions to:

- learn from the comprehensive evaluation of changes in primary health-care clinical practice organized by WHO and communicate results to inform and support further change;
- continue to collect and use clinical and population-based data on NCDs to inform clinical practice and improve quality of care;
- support further positive changes in clinical practice in Ukraine by building on what works well, identifying and using champions, promoting peer-to-peer

support and continuing to learn from each other;

- communicate to authorities about the barriers identified that need to be overcome, as some are working in difficult circumstances;
- improve the education of primary health-care professionals on NCDs, based on lessons learned, to ensure human resources are fit for purpose;
- strengthen the role of nurses to enable them to expand their roles;
- develop and integrate other NCD topics into primary health-care training activities in the future on issues such as chronic obstructive pulmonary disease and cancer; and
- scale up at national and regional levels good practices of mental health services delivered by the PHC workforce, showcasing that PHC providers can effectively identify and deliver a defined set of interventions for common mental health conditions, reaching patients that in other circumstances might not seek specialized mental health care.

6.4 Reducing NCD risk behaviours through communication

There is a need for actions to:

- use communication as a tool to promote health and understanding of NCDs related to health reforms;
- develop targeted messages and use the right platforms for communication, including the digital sphere;
- develop communication strategies/plans well in advance to avoid only ad hoc initiatives;

- use communication and behaviour-change initiatives as part of a comprehensive approach that includes regulation, enforcement and other measures with communication;
- use social marketing techniques that engage emotions and nudge people in the right directions;
- focus on commercial determinants of health related to, for instance, food, alcohol and tobacco;
- focus opportunities to prevent NCDs on young people;
- ensure citizens participate in communication initiatives from the early stages, notably in activities related to design and creativity; and
- ensure sustainability of smoking-cessation services (quitline).

6.5 Reducing NCD risk behaviours through schools

There is a need for actions to:

- make health promotion a priority and cross-cutting issue of the new Ukrainian school strategy;
- ensure intersectoral cooperation mechanisms between medical and education

sectors at national, regional and local levels;

- strengthen the Ministry of Education and Science's commitment to delivering the NAP;
- apply the whole-of-school approach for effective NCD prevention and health promotion;
- integrate the school health service into the Healthy School Model/whole-of-school approach;
- apply the School Health Index for self-assessment and development of school health improvement plans;
- apply the resource-mobilization approach to improve the school health environment and strengthen school-team capacity-building for NCD prevention;
- strengthen the role of school medical workers in NCD prevention and health promotion;
- reflect modern competences of school medical workers in professional medical education; and
- ensure access to professional education and capacity-building opportunities for school medical workers.

6.6 Strengthening NCD surveillance, monitoring and evaluation

There is a need for actions to:

- implement the STEPs survey every 4–5 years to better understand specific NCDs risk factors, their prevalence and dynamics in Ukraine;
- communicate the results to a wide range of policy-makers and stakeholders to develop the most efficient interventions for NCD prevention and control in the country;
- implement the European Childhood Obesity Surveillance Initiative (to measure trends in overweight and obesity among primary school-aged children) and FEEDCities (to understand the street food environment of cities), and measure trans-fatty acids and sodium content of commonly consumed food items (subject to availability of funds); and
- provide technical support to the Ministry of Health and NPHC to integrate NCD surveillance into the overall surveillance system in Ukraine.

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The WHO Regional Office for Europe

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