

**CASE  
STUDY**



# **UKRAINE**

# **CIVIL SOCIETY ACTION**

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**With thanks to:**

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## KEY LEARNING

**NCDs should be at the heart of the response of every partner: governments, the World Health Organization (WHO), humanitarian agencies and national non-governmental organisations (NGOs). NGOs can be flexible and reactive as the crisis develops.**

## Nature of the humanitarian emergency

The conflict in Ukraine did not begin with the Russian invasion in 2022: since 2014, 1.5 million people had already been internally displaced in the occupied Donbas region in the east of the country on the border with Russia. However, by the end of September 2023, 3.7 million people were displaced within Ukraine and a further 5.8 million in other European countries. 9 million people had received humanitarian aid, with an estimated total of 17.6 million people being in need of assistance. Many health care facilities have been destroyed and there has been widespread disruption to health services and supplies of medication, affecting the whole continuum of care.

## NCD context

Statistics from 2018 estimated that 91% of deaths in Ukraine were due to NCDs. Coupled with this, the prevalence of NCD risk factors is high, particularly among men: 50.3% of men (16.7% of women) smoke and almost 30% of men (9.4% of women) engage in heavy episodic alcohol drinking. This also contributes to health inequality: men have more than twice the risk than women of premature death from NCDs and a life expectancy over 10 years shorter. Ukraine adopted a national action plan for NCDs in 2018.

## Action on NCDs

Following the 2022 invasion, NCDs were rapidly acknowledged as a key health concern. A public health situation analysis, led by WHO, was published on 17 March 2022, highlighting the immediate health risks to refugees. Cardiovascular disease, chronic respiratory diseases and diabetes all received a red warning as being 'very high risk' for the first month, dropping back slightly to 'moderate risk' in months two and three. Cancer was identified as 'moderate risk' across the first three months. Mental health was identified as 'high risk' for all three months.

In recognition of the significant unmet needs relating to NCDs, an NCD focal point was appointed as part of the incident management support team in WHO, and an NCD Technical Working Group set up under the Health Cluster in Ukraine.<sup>1</sup> Establishing such a Technical Working Group specific to NCDs does not always happen in a humanitarian emergency, but can be very helpful in coordinating and catalysing action.

In the initial months of the war in 2022, more than 400 WHO NCD Kits were distributed.<sup>2</sup> Since then, a list of prioritised essential NCD medicines has been drawn up, used where provision could be maintained in the west of the country and then in other regions. Ukraine's own production of pharmaceuticals – such as insulin – was affected, requiring international suppliers to play more of a role. WHO and partners continue to work together to support care for NCDs such as diabetes, CVD and dialysis provision – and civil society organisations are also taking action, as these examples on cancer and diabetes care demonstrate.

- <sup>1</sup> A Health Cluster is a mechanism established by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) as part of the international response to an emergency, to help to meet the needs of people affected by humanitarian emergencies. The Cluster is led by WHO and acts as a coordination platform for all health actors (UN agencies, local and international NGOs etc.) on an opt-in basis – there can be more than 100 actors involved. Health Cluster coordinators are responsible for facilitating/ coordinating health partners in-country to best ensure quality health programmes and services.
- <sup>2</sup> The WHO NCD Kit was formally developed in 2015/16 in response to the Syrian crisis, in conjunction with other partners. The Kits address the shortfall in NCD medication in standard emergency response medical kits (e.g. low-cost medicines and basic technologies such as blood glucose tests), and can be used to bridge supply gaps, with each Kit providing all that is expected to be needed to treat a population of 10,000 people for three months.

## BOX 1

### **ACTION ON DIABETES** **The private sector and NGOs**

Prevalence of diabetes among the adult population in Ukraine is over 7%, and reduced access to appropriate diabetes care was quickly identified as a health crisis when the war began, garnering attention in international media and journals. At the start of the war, NGOs such as the International Diabetes Federation (IDF), Beyond Type 1 and JDRF worked with WHO and the Ministry of Health to understand how the international diabetes community could best help, in a situation where normal shipping channels had been blocked or restricted. This improved communication between multiple organisations and enabled NGOs to assist rapidly and effectively.

Significant amounts of humanitarian aid have been received from civil society – both NGOs and the private sector – with bureaucratic barriers being rapidly removed to assist patients in receiving timely assistance. For example, pharmaceutical companies provided supplies to the Ministry of Health, and IDF and its partner Direct Relief provided aid to the Ministry of Health and to patient organisations and assisted in coordinating help for people living with diabetes. More personalised help is particularly important for people living with diabetes to better manage their condition, and the voluntary sector, based in local communities, is well placed to make significant contributions.

**‘What we have learned from the war is that people living with diabetes need to be prepared to face uncertain situations and they need to be proactive in managing their condition and taking care of their health... I would like to thank the international diabetes community and everyone who supported us over the last year. International assistance made it possible to provide insulin, so that there would be no interruption in the provision of vital medications to people with diabetes. This has been, is and will remain critically important.’**

– Dr Iryna Vlasenko, vice president, International Diabetes Federation



## BOX 2

### ACTION ON CANCER World Against Cancer

Cancer needs were assessed through a survey first targeted at border areas and in host countries and then at cancer centres in Ukraine itself. It is clear that the war significantly affected prevention, screening and provision of care, putting further stress on cervical cancer prevention programmes that were already under pressure from COVID-19 restrictions. Longer term, the war has increased exposure to environmental risk factors for cancer: shelling releases particulate matter into the air through dust and smoke from fires, which can seep into groundwater, potentially leading to contamination of soil and aquifers and entering the food chain.

World Against Cancer was formed in May 2022, a charitable foundation that has facilitated the flow of grants from international organisations and Ukrainian philanthropic organisations to take action on cancer. Grants from the Union for International Cancer Control (UICC) enabled examinations of women with breast cancer and a programme of provision of psychosocial support and rehabilitation for cancer patients and their families in south-east Ukraine. A further grant from a French pharmaceutical company, Sevier, ensured the continuation of cervical cancer screening in the region and the establishment of a pilot programme of screening for colorectal cancer. This programme offers self-sampling by refugees at humanitarian aid points, with results sent by SMS or email. World Against Cancer is also supporting a new scientific programme at the Zaporozhye State Medical and Pharmaceutical University to identify 'wartime carcinogens' (such as asbestos) in eastern Ukraine, which could support the development of cancer prevention and screening programmes and health system rebuilding after the end of the war.



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