

# NATIONAL REPRODUCTIVE HEALTH PROGRAM 2001-2005



**Ukraine**

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## **I. INTRODUCTION**

### **1. BACKGROUND AND DEMOGRAPHIC SITUATION**

According to the Constitution of Ukraine, the state holds the human being, her life, and her health as the highest social values. The demographic situation of the country, which is influenced by a variety of political, economic, and social factors, and the health of its population determine the future of the state. An analysis of quantitative and qualitative indicators over the last 10 years shows that Ukraine is in a deep demographic crisis; one that is characterized by a decline in population size, aging of the population, and a decrease in average life expectancy. This crisis has a negative impact on the quality of life, the productive forces necessary for the country's development, and the general economic situation in the country. Of special concern is the status of reproductive health, which is an integral component of the health of nation in general and is of strategic importance for the sustainable development of society.

The activities carried out over the last five years as a part of the Family Planning Program (approved by Cabinet of Ministers Resolution # 736 on 13.09.1995 and extending through the end of year 2000), to a certain extent, facilitated the formation of necessary organizational structures and mitigated certain negative trends in family planning and reproductive health. To illustrate, family planning services have been established. Since 1995, awareness of contraception has increased. The hormonal contraceptive prevalence rate changed from 2.7 to 6.7. The number of abortions performed has decreased by a factor of 1.5. Indicators for maternal mortality and female mortality from abortions have stabilized. Child mortality indicators have decreased somewhat.

However, critical health indicators for children and women of reproductive age, such as infant and maternal mortality, are still high. One out of three children has abnormalities in their physical and psychological development and no downward trend in child mortality has been observed. Currently, maternal mortality rates have stagnated at twice the average for Europe as a whole. One major factor responsible for high morbidity and mortality among women is the high number of abortions. Abortion, unfortunately, continues to be the dominant method of birth control. There are 1.2 abortions performed for each birth in Ukraine. The negative consequences of the high abortion rate, insufficient provision of medical services, and the low awareness of reproductive health issues result in infertility, miscarriage, and a high incidence of pelvic inflammatory disease. Special concern is raised by the high incidence of infants born with disabilities.

The dynamics of spread of sexually transmitted diseases (STDs) including HIV/AIDS, over the last few years, has become dangerous. The fact that HIV/AIDS extends beyond specific high-risk groups is evidence that it is a real threat for all of society.

Onco-gynecologic pathology and breast cancer morbidity rates remain high. A higher awareness of the importance of a healthy lifestyle, regular check-ups and breast self exams would decrease the mortality of the population.

Insufficient social and legal protections for women in the workplace and inadequate enforcement of labor protections and safety rules and norms remain the major reasons for the critical status of women's health. Nearly half a million Ukrainian women currently work under conditions that do not comply with previously established sanitary and hygiene norms.

This situation calls for the implementation of a further set of activities to improve the reproduction health of the Ukrainian population. The national program, Reproductive Health 2001-2005, provides continued activities in this area. Reproductive Health 2001-2005 will strengthen the accomplishments of the previous family planning program by decreasing the influence of two important factors that deteriorate the health of people of reproductive age: high levels of abortions and STDs including HIV/AIDS.

## **GOAL AND OBJECTIVES**

**The goal of the Reproductive Health 2001-2005 program is to improve the reproductive health of Ukrainian people and the demographic, social, and economic situation in the country.**

The main tasks of the program are to:

1. Provide the political, social, and economic basis for implementing activities designed to improve the demographic situation;
2. Implement legislation on labor protections for women;
3. Provide legislative and social protections for the family;
4. Increase access to and improve the quality of reproductive health care;
5. Provide systematic training and improve the professional skills of medical staff at maternity and children's facilities according to modern, scientifically-based approaches to reproductive health problems;
6. Further develop components of the educational system for adolescents and youth promote responsible attitudes toward reproductive health;
7. Design and publish informational materials and use mass media to promote healthy behaviors, family planning, and responsible parenthood;
8. Conduct scientific research to examine the existing reproductive health situation to determine the main risk factors for reproductive health problems and to develop scientifically-based, preventive activities;
9. Conduct activities to prevent STDs and HIV infections;
10. Involve nongovernmental organizations (NGOs) in the promotion of reproductive health; and
11. Foster international cooperation in order to obtain needed technical assistance (methodological, informational, and financial assistance).

The following objectives will be pursued to achieve the program's goal:

- ❖ Decrease maternal mortality;
- ❖ Decrease infant mortality;
- ❖ Reduce the number of unplanned pregnancies and number of abortions;
- ❖ Reduce the level of unwanted infertility;
- ❖ Decrease the incidence of STDs and the rate HIV infection; and
- ❖ Decrease the rate of oncological morbidity.

The activities stipulated by the program are aimed at promoting a healthy lifestyle and encouraging the state, society, and citizens to recognize reproductive health as one of the main components of the health of nation. Refinement of the current normative and legal framework, improved provision of medical services with a focus on disease prevention, and patient education and information campaigns targeting the general population should improve the reproductive health and demographic situation, as well as bring up-to-date family planning strategies to Ukraine.

## **II. EXPECTED OUTCOMES**

Program development and monitoring and evaluation are based on major indicators that are assumed to reflect health status, which then influences the demographic situation of the country. Health status is influenced by healthy lifestyles and program activities (see table). In order to improve indicators measuring health status, behavior patterns need to be influenced and healthy lifestyles promoted. The latter can be accomplished by introducing appropriate program activities and improving existing services. As a result, implementation of the program is expected to improve health status indicators.

Health Status Indicator	Baseline 1999	Expected Level 2004	Life-Style Indicator	Baseline 1999	Expected Level 2004	Program and Services indicator	Baseline 1999	Expected Level 2004	
Maternal mortality ratio	26.5 per 100,000 live births	Not higher than 24 per 100,000 live births	Proportion of pregnant women covered by prophylactic medical examination in the 1 <sup>st</sup> trimester	79.5%	Not less than 80%	Number of administrative-territorial units where outreach brigades have been formed to provide emergency medical care  Number of oblasts where extra-genital pathology units have been set up at multi-field hospitals  Portion of 24-hour resuscitation units at maternity homes	21	25	
			Proportion of pregnant women who have passed primary examination by an internist	77%	80%		14		20
			Frequency of births among women 15-17 years of age	10.9 per 1,000 women 15-17 years of age	7 per 1,000 women 15-17 years of age				
			Frequency of birth outside of an obstetric clinic	0.7% of all birth labor	0.5% of all birth labor		40.4%		100%
Perinatal mortality	10.54 per 1,000 births	Not higher than 9,5 per 1,000 births	Proportion of pregnant women under prophylactic medical observation in the 1 <sup>st</sup> trimester	79.5%	Not less than 80%	Level of provision of prenatal care facilities with ultrasound equipment	56%	100%	
			% who were tested for HIV	42%	70%				
			% who underwent ultrasound exam in perinatal period	73%	85%				

Infant mortality rate	12.57 per 1,000 live births	Not higher than 11,5 per 1,000 live births	Proportion of breast-fed infants during the first six months of life	34.8%	70%	Number of laboratories with TORCH–infection diagnostic capacities	9	Not less than 27 in Ukraine (in each adm./ter. unit)
						Number of facilities with round-o’clock neonatal care	58%	80%
						Number of rooming-in beds at an obstetric clinic	65%	90%
Number of unplanned pregnancies per 1,000 women of reproductive age*	62.2 per 1,000 women of reproductive age*	No more than 50 per 1,000 women of reproductive age	Contraceptive Prevalence Rate (modern methods)	37.3%*	50	Number of family planning offices	386	582
			- IUD	14.4%	18%	Number of children and adolescent ob/gyn offices	402	582
			- Oral contraceptives	6.2%	up to 12%			
Number of abortions per 1,000 women of reproductive age	36.7 per 1,000 women of reproductive age	Not more than 30 per 1,000 women of reproductive age	Abortions among women under 14	0.11 per 1,000 women under 14	0.09 per 1,000 women under 14	Number of family physicians and primary care specialists trained in RH and FP	6%	50%
			Abortions among women 15-17 years of age	9.8 per 1000 women 15-17 years of age	8.0 per 1000 women 15-17 years of age			
Level of unwanted infertility	68 per 1,000 women of reproductive age*	65 per 1,000 women of reproductive age	Proportion of the population using condoms (women married or with partner)*	13.6%*	15%	Within FP centers introduce infertility treatment units	18	27

STD morbidity								
(a) HIV incidence	60.98 per 100,000 population (1998 – 49 per 100,000 population)	Improve surveillance and decrease growth rates 55 per 100,000	Number of infants born with syphilis	76	No more than 50	% of pregnant women screened for HIV-infection	42%	Up to 70%
(b) syphilis	113.9 per 100,000 population	100 per 100,000	Proportion of the population using condoms (women in union)*	13.6%*	15%	% of pregnant women screened for syphilis	93%	98%
(c) gonorrhoea	52.4 per 100,000 population	50,4 per 100,000						
(d) chlamydia	52 per 100,000 population		Introduce obligatory screening for Chlamydia	20%	70%	No of laboratories diagnosing TORCH infections	9	No less than 27 in Ukraine
Oncological morbidity								
Cervical cancer	17.7 per 100,000 population	Not higher than 16.5 per 100,000	Proportion of women screened for breast pathology	70%	85%	Proportion of family physicians and PHC specialists trained in cervical and breast cancer clinical screening and early diagnosis of oncogynecological diseases	6%	50%
Cervical cancer (stages III-IV)	26.7%	20%	Proportion of women who have undergone cytological screening	72%	85%			
Breast cancer	56.4 per 100,000	No higher than 55.4 per 100,000	Proportion of women skilled in breast self-examination	40%	80%			
Breast cancer (III-IV stages)	30.8%	16%						

\*Source: Reproductive Health Survey, 1999 (preliminary report). Kiev International Institute of Sociology and Centers for Disease Control and Prevention, USA.

All other data is from the Ministry of Health of Ukraine.

### **III. IMPLEMENTATION PLAN**

The implementation of the Reproductive Health 2001-2005 program includes the activities listed in this section, which are organized in the following six components: (1) the political, social, and economic component; (2) the medical component; (3) staff training; (4) information, education, and communication (IEC); (5) scientific research; and (6) research and evaluation.

#### **1. POLITICAL, SOCIAL, AND ECONOMIC COMPONENT**

This component aims to provide a political, social, and economic basis to implement activities to improve the demographic situation of the country. Activities in this component include analysis, evaluation, and directions for the further development of the political, social, and economic environment.

- Develop proposals allowing funding to be provided for social advertising on health problems by directing a portion of income from alcoholic beverage and tobacco product manufacturers to these needs and submit these proposals to the Verkhovna Rada for consideration

*Ministry of Economics, Ministry of Finance, State Committee of Information Policy, MOH 2002*

- Develop effective control system over compliance with the current women's occupational safety and health legislation. Ensure implementation of activities to enhance legal awareness of women, as well as that of proprietors and managers of enterprises.

*Ministry of Labor and Social Policy, Ministry of Health (MOH), State Committee of Information Policy, Ministry of Justice, Cabinet of Ministers of Autonomous Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol 2001-2005*

- Develop and officially submit for approval legislative proposals to grant pregnant women three additional days of paid leave to undergo a medical check-up in the 1st trimester of gestation.

*MOH, Ministry of Economics 2001-2002*

- Frame and submit to the Verkhovna Rada proposals on changes to the legislation dealing with compulsory exemption of pregnant women from harmful and hard working conditions since the moment their pregnancy was diagnosed.

*MOH, Ministry of Labor and Social Policy 2001-2002*

- Establish more rigorous control over the compliance with legislative requirements on the quality, production, and sale of alcoholic beverages and tobacco.

*MOH, Ministry of Internal Affairs (MIO) by 2005*

- Provide control over the execution of requirements stipulated by the Law of Ukraine "On Advertising" in the section on increasing social advertising information and limiting alcohol and tobacco advertisements

*State Committee of Information Policy, MOH, Cabinet of Ministers of Autonomous Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol 2001-2005*

- Submit proposals to streamline the mechanism of government regulation of prices on medications, medical products and other health care products.

*Ministry of Economics, Ministry of Finance, MOH  
2002*

- Develop and submit to the Verkhovna Rada proposals for legislation to improve the legal mechanisms to promote the involvement of NGOs and mass media in addressing health care problems, in general, and reproductive health issues in particular.

*Ministry of Economics, Ministry of Finance, MOH  
2002*

- Develop cooperation with the NGOs providing RH services (OB/GYN associations, FP/RH associations, Private HC providers association, women's associations and other NGOs).

*MOH  
Permanently*

- Revise the list of RH services that nongovernmental health care facilities and private practitioners are allowed to provide making the permission conditional on the facility's conformity with standards of practice

*MOH  
2001*

- Develop and submit to the Cabinet of Ministers proposals to introduce international criteria for determining viability of the fetus.

*MOH  
2002*

- Ensure regular enforcement of the legislation that provides for compulsory check-ups for children, adolescents and young people who are enrolled in educational institutions.

*MOH, Ministry of Education and Science  
2001-2005*

- Develop and introduce a system of granting pregnant women of high obstetric and perinatal risk sanitarium vouchers to rehabilitation facilities.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations  
and City Administrations of Kiev and Sevastopol  
By 2005*

- Rationalize the registration process of RH pharmaceuticals and other RH medical products.

*MOH  
2003*

- Develop and submit to the Cabinet of Ministers legislative proposals to simplify legal and organizational mechanisms for the supply, transfer and distribution of medicines and medical equipment that come to Ukraine as humanitarian aid, and to exert stricter quality control.

*MOH, Ministry of Economics, Ministry of Finance  
2003*

- Recommend central and local TV and broadcasting stations to increase the airtime for social advertising on reproductive health related issues

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*Permanently*

- While introducing the system of Obligatory Social Health Insurance, include maternal health services in the list of covered medical care interventions.

*MOH*

*2001*

## **2. MEDICAL COMPONENT**

The component concerning the provision of medical services, or the health care component, includes all services and consultations that protect human reproductive health. It is achieved by increasing access to health care services and improving quality by developing up-to-date standards based on international experience, training qualified medical specialists, introducing current treatment and diagnostics technologies, ensuring sufficient numbers of medical facilities, conducting dynamic evaluation, and making necessary adjustments to social, political, and economic conditions and eliminating obstacles.

- Finish establishing family planning services in all oblasts of Ukraine

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002*

- In each oblast center set up a monitoring system for women with high risk pregnancies and women after childbirth.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001-2002*

- Finish establishing a network of children's and adolescent gynecological services in accordance with MOH standards in all the oblasts of Ukraine

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*By 2003*

- Establish a diagnostic laboratory for TORCH-infections in each oblast and equip them with up-to-date devices to provide a possibility of checkups of pregnant women, newborns, and infertile couples

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002-2005*

- In the leading maternity facilities of each oblast establish intensive care OB departments and specialized outreach teams to provide emergency care in rayons and furnish them with equipment and vehicles.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2002-2005

- Finish establishing extra-genital pathology departments in multi-profile in-patient facilities in oblast centers

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2002

- Establish (a) specialized outreach service to provide emergency consultations and diagnostic and medical care to newborns and children of early age at multi-profile pediatric care facilities; (b) departments of the second stage care for premature neonates.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2001-2005

- To set up training-methodological primary neonatal resuscitation centers at leading oblast maternity care facilities.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2002 – 2005

- In all oblasts of the country, finish establishing a network of sanatorium units to rehabilitate women with high risk pregnancies and pregnancy complications as well as women after deliveries.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2002-2005

- Staff all Feldsher-obstetrician units in Ukraine with midwives

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2001-2002

- Assess the material and technical condition of maternal and children's facilities and furnish them with modern equipment, including ultrasound machines and equipment for monitoring pregnant women and fetuses

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

2001-2005

- To support 3-day stock of medications, blood and its components to provide emergency care to pregnant women, women during and after childbirth, and newborns in all OB in-patient facilities.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001-2005*

- Provide all obstetric facilities with disposable sterile delivery packages.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001-2005*

- Provide child and adolescent gynecology services with special gynecological instruments.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002-2005*

- To procure domestically produced surfactant in the amount sufficient to meet the needs of Ukraine's OB and pediatric facilities.

*MOH, Ministry of Finance, Ministry of Economics*

*2002-2005*

- Ensure compliance with the Cabinet of Ministers' directive #1303, (August 17, 1998), concerning free provision of risk groups with contraceptives.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*Permanently*

- Develop and introduce uniform national standards of out-patient and in-patient OB/GYN-care, emergency OB and neonatal care, as well as clinical guidelines to treat infertility.

*MOH*

*2001-2002*

- Formulate and approve requirements to the status of OB facilities as "child-friendly facilities" taking into account international criteria.

*MOH*

*2001*

- Develop and introduce international standards for monitoring pregnancy and delivery, as well as for preventing perinatal transmission of bacterial or viral infections.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001-2002*

- Design an effective governmental system of transportation of pregnant women, in rural areas particularly, to obstetric in-patient facilities, and ensure its operation.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002*

- Convert 90% of OB departments bed capacity into rooming-in wards and actively implement breast-feeding programs.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001-2002*

- Disseminate experiences of establishing “family delivery wards” at maternity facilities of the country.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002-2005*

- Based on both international and national experience, develop standards to prevent vertical transmission of HIV from pregnant women to newborns, and adopt these standards at all maternity care facilities.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001-2005*

- Ensure compliance with modern standards for preventing infections transmitted through blood at maternal care facilities of the country.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*Permanently*

- Introduce a program of prenatal prevention of neural tube defects by introducing into the OB/GYN standards indicators of prescribing folic acid and vitamins to all pregnant women.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001*

- At OB facilities, introduce criteria for assessment and counseling pregnant women and women after childbirth on voluntary surgical sterilization.

*MOH, MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002-2003*

- Introduce dermatologist-venerologist into the staffing schedules of family planning centers.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001*

- Prepare and provide additions to the standards of accreditation for health care facilities by evaluating indicators for activity on family planning and use of modern contraceptive methods

*MOH*

*2001*

- Develop and introduce requirements for obligatory, up-to-date accreditation for maternity care and reproductive technology facilities, regardless of their form of ownership.

*MOH,*

*2001*

- Add the following indicators to statistical reporting:

- (1) early breast-feeding;
- (2) breast-feeding up to 3 and 6 months;
- (3) use of family planning services, including voluntary surgical sterilization rate; and
- (4) use of reproductive technologies

*MOH*

*2001*

- To set up a research department in the Institute of Pediatrics, Obstetrics and Gynecology to study health problems of women of fertile age and a methodological center for these issues.

*MOH,*

*2002*

### **3. STAFF TRAINING COMPONENT**

This component includes a number of activities designed to improve the professional qualifications of specialists that provide assistance to the population on issues of reproductive health, family planning, and responsible parenthood.

- Support dissemination of experience in introducing the main provisions of the International Concept “Safe Motherhood” by holding semi-annual refresher training courses at leading OB/GYN university clinics in Ukraine.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*Permanently*

- Develop programs for monthly, topic-based refresher training in managing pregnant women with extra-genital pathology for rayon-level internists and family physicians and introduce them to university and post-graduate training curricula

*MOH*

*2002-2005*

- Introduce annual, topic-based refresher courses into training programs of higher medical educational institutions & post-graduate departments to provide training in RH and FP, early diagnosis of onco-gynecological pathology and breast cancer for primary care physicians.

*MOH*

*Permanently*

- Introduce into training programs of graduate and post-graduate departments, annual topic-based refresher courses in the area of STDs (particularly, syndrome approach to STD treatment) for physicians of various specialties.

*MOH*

*2001*

- Develop and introduce skill upgrade programs for PHC professionals in the area of care for pregnant women, women after childbirth and neonates.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002-2005*

- Introduce obligatory courses in healthy lifestyles, family planning, reproductive health, safe motherhood, early diagnostics of onco-gynecological pathology and breast cancer into curricula of all educational institutions.

*MOH*

*2001-2002*

- Introduce a continuing education training course for valeducation teachers, medical, social and pedagogical workers (including youth center workers) in promoting healthy life styles, reproductive health; and prevention of abortion, STI and HIV/AIDS.

*MOH, Ministry of Education and Science, State Committee on Youth, Sport, and Tourism, Autonomous Republic of the Crimea, Kyiv and Sevastopol City State Administrations, including public organizations*

*2001 – 2005*

- Provide training seminars in family planning, reproductive health, safe sex behavior, and diagnosis-treatment-prevention of STDs for specialists of primary health care (family physicians, midwives at Feldsher Units, OB/GYNs).

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2001 - 2005*

- On an annual basis, hold national and regional-level joint training seminars and conferences on STD for OB/GYNs, family physicians and dermatologist-venerologists as well as for social and

pedagogical workers.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*Permanently*

- Develop and introduce an on-the-job training system for rayon-level obstetricians-gynecologists at leading oblast healthcare facilities.

*MOH, Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol*

*2002*

#### **4. INFORMATION, EDUCATION, AND COMMUNICATION**

The information, education, and communication (IEC) component comprises a set of activities aimed at developing informational materials to motivate public authorities and NGOs to engage in activities that improve the population's reproductive health status, and using these materials to form individual responsibility and general public responsibility in regard to reproductive health issues.

- Publish a compilation of legislative and normative acts on human rights in the area of reproductive health.

*Ministry of Justice, State Committee on Information Policy, MOH*

*2003-2004*

- Monthly present awareness-building materials through the mass media, covering demographic issues, Ukraine's reproductive health status, legal issues awareness, government policy, activities carried out by local state administrations and NGOs to improve the population's reproductive health status.

*State Committee on Information Policy, MOH, Academy of Medical Sciences, State Committee on Youth, Sport, and Tourism, Cabinet of Ministers of the Autonomous Republic of the Crimea, Oblast, Kyiv, and Sevastopol City State Administrations, including public organizations*

*2001 - 2005*

- On the national level develop and approve a coordinating plan for publications in the area of family planning, reproductive health, healthy life styles, and responsible parenthood.

*State Committee on Information Policy, MOH, Academy of Medical Sciences*  
*By 2002*

- Using mass media, build awareness among the population about the existence of network of medical and social facilities with a list of services they provide in the area of reproductive health, as well as publications of booklets, leaflets, and memos.

*State Committee on Information Policy, MOH, State Committee on Youth, Sport, and Tourism, Cabinet of Ministers of the Autonomous Republic of the Crimea, Oblast, Kyiv, and*

*Sevastopol City State Administrations, including public organizations  
2002 – 2005*

- Develop and launch national and local social advertising programs in the following areas:
  - healthy lifestyles;
  - responsible parenthood;
  - family planning.

*State Committee on Information Policy, MOH, State Committee on Youth, Sport, and Tourism, Ministry of Culture and Arts, Cabinet of Ministers of the Autonomous Republic of the Crimea, Oblast, Kyiv, and Sevastopol City State Administrations, including public organizations  
2002 – 2005*

- Develop methodological manuals, including the second edition of the National manual on family planning, to organize preventive activities concerning reproductive health protection and improvement for medical pedagogical, and social workers so that they may use these manuals in their work with various population groups.

*MOH, Academy of Medical Sciences, Ministry of Education and Science  
Academy of Pedagogical Sciences, State Committee on Youth, Sport, and Tourism, including public organizations  
2003 – 2005*

- Prepare the second edition of the National Manual on Family Planning

*MOH, Academy of Medical Sciences, Ministry of Education and Science  
2004*

- Develop and produce IEC materials on RH protection and healthy lifestyles for various groups of population, including: (1) adolescents and youth; (2) young couples; (3) the rural population; (4) high-risk groups; and (5) pregnant women and young mothers and ensure free distribution of these manuals among respective population groups

*MOH, Academy of Medical Sciences, Ministry of Education and Science, Academy of Pedagogical Sciences, State Committee on Youth, Sport, and Tourism, Cabinet of Ministers of Autonomous Republic of the Crimea, Kyiv, and Sevastopol City State Administrations, including public organizations  
2002 – 2005*

- Convert existing maternity schools at maternal care facilities into Schools for joint training of future fathers and mothers to prepare them for responsible parenthood.

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol  
By 2003*

- Prepare and provide women with informational materials about the dangers of hazardous work conditions for the pregnant woman and fetus

*MOH, Academy of Medical Sciences  
2002 - 2005*

- Provide medical, psychological, and legal consulting for prospective young couples on issues of

family life and reproductive health at consultation centers attached to registry offices

*Cabinet of Ministers of Autonomic Republic of Crimea, Oblast State Administrations and City Administrations of Kiev and Sevastopol, MOH  
2001-2002*

- Facilitate development, and support activities, of specialized social services network: women's crisis centers, women's evening schools, girls' schools, prospective mom schools, healthy lifestyle clubs and other youth centers activities.

*MOH  
2001-2005*

- Introduce at preschool and secondary school facilities lecture cycles for adolescents and their parents on children's reproductive health and healthy lifestyles, involving medical workers, women's health centers, family planning centers, and health centers.

*MOH, Ministry of Education and Science, Cabinet of Ministers of Autonomous Republic of the Crimea, Kyiv and Sevastopol City State Administrations, including public organizations  
2002 – 2005*

- Improve biology and valeology curricula and training methods for secondary schools, and medical curricula for pedagogical universities, taking into account current national priorities in the area of reproductive health.

*Ministry of Education and Science, Academy of Pedagogical Sciences, MOH, Academy of Medical Sciences  
2002*

- Annually hold an All-Ukrainian week on reproductive health, family planning and responsible parenthood.

*MOH, Academy of Medical Sciences, State Committee on Youth, Sport, and Tourism, State Committee on Information Policy, Ministry of Education and Science, Academy of Pedagogical Sciences, Cabinet of Ministers of the Autonomous Republic of the Crimea, Oblast, Kyiv, and Sevastopol City State Administrations, including public organizations  
2001 - 2005*

- Hold All-Ukrainian conferences “Implementation of the National Reproductive Health Program”.

*MOH, Academy of Medical Sciences, Ministry of Education And Science, Academy of Sciences, Academy of Pedagogical Sciences, State Committee on Information Policy, State Committee on Youth, Sport, and Tourism, Ministry of Justice, Ministry of Labor, Ministry of Culture and Arts, including public organizations  
2003, 2005*

- Hold international scientific practical conferences on issues of reproductive health.

*MOH, Academy of Medical Sciences, Ministry of Foreign Affairs, Ministry of Education and Science, Academy of Pedagogical Sciences, Ministry of Justice, Ministry of Labor, State Committee on Information Policy, State Committee on Youth, Sport, and Tourism, including public organizations  
2003, 2004*

## **5. SCIENTIFIC RESEARCH COMPONENT**

The scientific research component includes the identification of priority areas for research on the current status of human reproductive health to identify the main risk factors that cause reproductive disorders and to develop scientifically-grounded approaches to prevention, early diagnosis, and treatment of reproductive system diseases.

- Examine existing anemia risk factors in pregnant women to develop preconceptual and postconceptual preventive interventions, monitoring, and treatment strategies by studying pregnant women population in polluted regions of Ukraine (Marioupol, Dniprodzerzhynsk, Kyiv, Krasny Lutch).

*Academy of Medical Sciences, MOH  
2001-2005*

- Develop optimal clinical pathways for diagnosing and treating sex dysfunctions in adolescent girls by studying remote treatment outcomes of the dysfunctions.

*Academy of Medical Sciences, MOH  
2001-2005*

- Study reproductive health status in women with genital STD infection; develop clinical pathways for rehabilitation of reproductive function.

*Academy of Medical Sciences, National Academy of Sciences, MOH  
2001-2005*

- Study comparative effectiveness of various treatment regiments for treating Chlamidiosis, genital Herpes, and other STDs; improve recommendation for treating the STDs and patient rehabilitation.

*Academy of Medical Sciences, MOH  
2001-2005*

- Examine hormonal mechanisms of drug addiction, and based on the research, suggest new treatment strategies.

*Academy of Medical Sciences, MOH  
2001-2005*

- Examine risk factors for development of Hypothalamic syndrome in pubertal boys; develop diagnostic algorithms and treatment strategies.

*Academy of Medical Sciences, MOH  
2001-2005*

- Develop new treatment strategy for hyperandrogen infertility.

*Academy of Medical Sciences, MOH  
2001-2005*

- Examine risks for descendants' RH status caused by hormonal environmental factors and drug agents used in pregnant women.

*Academy of Medical Sciences, MOH  
2001-2005*

- Study the impact the regional safe sex behavior programs (abortion, STDs, and HIV/AIDS

prophylaxis in youth) have on RH status.

*Academy of Medical Sciences, MOH  
2001-2005*

## **6. MONITORING AND EVALUATION**

The process for implementing the Reproductive Health 2001-2005 national program implies monitoring and evaluation by tracking major indicators that reflect the status of reproductive health. At various stages of implementation, it is necessary to track not only quantitative indicators but also qualitative information obtained through interviews. This periodic analysis provides the chance to adjust the course of implementation, if necessary and to coordinate the efforts of different agencies.

- Form a group of experts at the Ministry of Health of Ukraine to analyze the implementation of the national program, Reproductive Health 2001– 2005.

*MOH, Academy of Medical Sciences  
2001*

- Design monitoring systems to assess the effectiveness of implementation of the national program, Reproductive Health 2000 – 2005

*National Academy of Sciences of Ukraine, Academy of Medical Sciences, MOH  
2001*

- Monitor program, Reproductive Health 2000 – 2005, implementation status on an annual basis

*MOH, Academy of Medical Sciences  
Annually in the 1<sup>st</sup> qtr*

- Conduct a survey of different population strata to assess the effectiveness of the reproductive health program, the quality and accessibility of services, and awareness of reproductive health issues

*Academy of Medical Sciences, MOH  
2003, 2004*

## **IV. INTERNATIONAL COLLABORATION**

The implementation of this program involves collaboration with international and foreign organizations. This collaboration will be based on financial aid and technical assistance from foreign donors, governments, NGOs, and individuals. The Ukrainian implementers envision the participation of the United Nations and its agencies and specialized institutions, the European Union, the European Bank for Reconstruction and Development, United States Agency for International Development, the international organization Physicians Without Borders, the Canadian International Development Agency, the International Renaissance Foundation, the Friedrich Ebert Foundation, the Melinda and William Gates Foundation, International Planned Parenthood Federation, and international pharmaceutical companies that manufacture contraceptives.

- Take organizational measures to establish a national committee under the National Council to coordinate the activities of foreign donor organizations

*Ministry of Foreign Affairs, MOH  
2003*

- Ensure the participation of ministries and departments of Ukraine, health care facilities, and NGOs implementing international programs in activities to prevent and fight HIV/AIDS, which are funded by the Renaissance Foundation, USAID, Physicians Without Borders, UNAIDS, and others

*MOH, Ministry of Education and Science, State Committee on Information Policy  
AIDS Coordinating Board, including public organizations, Academy of Pedagogical  
Sciences, Academy of Medical Sciences, State Committee on Youth, Sport, and Tourism  
2002*

- Continue and expand collaboration with the International Planned Parenthood Federation and other international organizations in the area of reproductive health

*Ministry of Foreign Affairs, MOH, Ministry of Education and Science, State Committee on  
Information Policy, including public organizations, Ministry of Labor and Social Policy,  
State Committee on Youth, Sport, and Tourism, Academy of Medical Sciences  
2001 - 2005*

- Participate in international scientific and practical exchanges, training, and study trips abroad for Ukrainian students, young scholars, and specialists in order to study and put into practice international experience in the area of family planning and reproductive health

*MOH, National Academy of Sciences of Ukraine Academy of Medical Sciences, Ministry of  
Education and Science  
2001 – 2005*

- Become involved in international collaborative activities in the area of reproductive health implemented by other national and regional programs

*Ministry of Economics, MOH, and other executive bodies  
2002 – 2005*

- Promote information exchange through the use of up-to-date technologies, in particular, increase publications in specialized journals and international periodicals dealing with reproductive health issues. Recommend that Ukrainian professional periodicals publish reproductive health oriented materials

*State Committee on Information Policy, MOH, and editors of NGO publications  
2002 - 2005*

- Study international experience in work with insurance foundations concerning funding preventive activities in reproductive health

*MOH  
2002*

- Identify a donor/international organization that will conduct a follow-up reproductive health sociological survey in early 2004 to enable monitoring of healthy lifestyles indicators

*MOH  
2002*

**Glossary**

**Abortion** - involuntary or induced termination of pregnancy before the 28th week.

**Acquired Immune Deficiency Syndrome (AIDS)** – dangerous, fatal infection caused by the Human Immunodeficiency Virus (HIV) for which there is no vaccine and no effective treatment.

**Adolescents** – the segment of the population 15-17 years of age.

**Baby-Friendly Hospital** - medical and medico-social institutions that practice and promote breast-feeding.

**Children** - the segment of the population under 18 years of age.

**Child and Adolescent Gynecology** - the branch of medical science that provides assistance to girls and women up to 17 years of age on reproductive health questions.

**Children of early age** - children up to three years of age.

**Contraception** – A process or technique to prevent unwanted pregnancy by means of medication, device or method that blocks or alters one or more of the processes of reproduction in such a way that sexual union can occur without impregnation.

**Contraceptives** - medicines and medical goods that prevent unwanted pregnancy.

**Contraceptive Prevalence Rate (CPR):** An estimate of the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time. Modern methods are defined as hormonal (oral) contraceptives, IUD, injections, diaphragm, foam or jelly, condoms and surgical sterilization.

**Cytological screening** - group of diagnostic methods based on microscopic examination of cells.

**Demographic situation** – current state and trend of the population's development.

**Dermatologist-Venerologist** – physicians who treat diseases of the skin and sexually transmitted diseases.

**Dispensary observation** - constant medical supervision over the health of certain groups of population.

**Early breast-feeding** - breast-feeding during first 30 minutes of life.

**Emergency contraception** – a type of hormonal contraception that is used as an emergency procedure to prevent unintended pregnancy within 24 hours after unprotected sexual intercourse.

**Extragenital diseases** - diseases that are not connected with a pregnant woman's reproductive system but can complicate her pregnancy and/or delivery.

**Family medicine** – a system of integrated, accessible, and continuous medical service provided by a specialist for all members of the family.

**Family planning** – methods that enable individuals and couples to achieve their desired reproductive goals: to prevent unwanted pregnancy, to produce children, to determine the number and spacing of their children. It includes information and the means to achieve those goals to ensure informed choices and make available a full range of safe and effective methods. Family planning can include different types of work, beginning with planning of time of conception and treatment of infertility, sex education, and consultations on questions of family life and genetic issues.

**Family Planning Centers** - medical facilities that provide complete medical, diagnostic and consultative assistance on questions of reproductive health, family planning and safe sex.

**Fetal monitor** – a special device for recording of fetal heart rate and uterine contractions.

**Feldsher** – a medical professional with secondary special education who provides primary care (usually in rural areas).

**Harmful working conditions** - various harmful factors in the industrial environment that can adversely influence a worker's health.

**Hormonal contraception** – a highly effective hormonal contraceptive taken orally to prevent unwanted pregnancy.

**Incompetent pregnancy** – a spontaneous termination of pregnancy. If it occurs prior to the 28<sup>th</sup> week of gestation it is considered a spontaneous abortion. If it occurs during the 28<sup>th</sup>-37<sup>th</sup> week it is considered a preterm delivery.

**Infant mortality rate** - the estimated number of infant deaths (children under age one) in a given year per 1,000 live births in that same year.

**Infertility** – a couple's failure conceive a child after 12 months of regular intercourse without contraception.

**Intensive care** - the branch of medical practice that involves treatment of critically ill patients who need extensive, continuous care and special devices provided by trained staff.

**Intrauterine device (IUD)** – a contraceptive device that is inserted and left in the uterus to prevent unwanted pregnancy.

**Lactational Amenorrhea Method of Contraception (LAM)** – a natural contraceptive method based on the absence of ovulation during a period of exclusive breast-feeding within first 6 months following a birth.

**Labor** – the process of giving birth to a child.

**Mass screening** – providing a large segment of the population (not less than 80%) with medical attention for the purpose of identifying a particular pathology.

**Maternal mortality** - a maternal death is one which occurs when a woman is pregnant or within 42 days after giving birth or termination of the pregnancy.

**Maternal mortality ratio** - the estimated number of maternal deaths per 100,000 live births.

**Medical service** - qualified care which allows an individual to strengthen, support and restore his physical and mental health.

**Neonatal morbidity** - illness among infants within the first 28 days of life.

**Neonatal mortality rate** - the estimated number of deaths of infants during the first 28 days of life per 100,000 live births. Neonatal mortality can be divided into two categories: early neonatal mortality (during the first seven days of life); and late neonatal mortality (between the eighth and 28th day of life).

**Neonatologist** - a pediatrician that observes newborns from the moment of birth up to the 28<sup>th</sup> day of life.

**Newborns** - infants 28 days old or younger.

**Newborns with low birthweight** - newborns that weigh less than the lowest average parameter for its term of gestation. For infants born to term this means less than 2500 grams.

**Observation during pregnancy and postnatal stage** - Organization of system of medical supervision for the women during pregnancy and postnatal stage, which require especial medical attention.

**Perinatal infection** - infection of a fetus or an infant from 28 weeks of gestation to the first seven days of life.

**Perinatal mortality rate** - the estimated number of fetal or child deaths during the period from 28 weeks of gestation to the first seven days of life per 100,000 live births.

**Perinatal risk** – a cumulative estimation of different factors (such as social, economic, behavioral, ecological) which can negatively affect a pregnancy, delivery or the postnatal period.

**Postneonatal mortality rate** - the estimated number of deaths of children in the age since 28<sup>th</sup> day of life till the end of the first year of life per 100,000 live births.

**Precertification training** - obligatory postgraduate training for specialists required before he/she can receive confirmation of certification.

**Pregnancy** – the physiological state initiated by the fertilization of a woman's ovum and its implantation in her uterus, continuing through fetal intrauterine development and ending with childbirth.

**Premature delivery** – delivery of a fetus within 28-36 weeks of gestation whose bodyweight is more than 500 grams and shows signs of immaturity.

**Primary care** – medical care that provides for consultation with a doctor that may include simple diagnostics and treatment of basic diseases, traumas or poisonings; preventive measures; and, if necessary, referral for specialized care.

**Prenatal diagnostics** - complex of diagnostic measures for detection of fetal pathology during pregnancy.

**Prenatal infection** - infection of a fetus prior to birth.

**Psycho-physical development** - harmonious and duly development of the child's mental and physical functions according to age.

**Rehabilitation** - complex of medical activities aimed to renew health and ability to work of persons with limited physical and psychical abilities due to disease or trauma.

**Reproductive health** - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

**Reproductive organs** - human organs with the function of reproduction.

**Reproductive technologies** – modern technological methods of infertility treatment. For instance: artificial insemination, implantation of embryos and surrogate motherhood. These methods are used in cases when natural reproductive processes are not possible.

**Reversible contraception** - methods to prevent unwanted pregnancy that are short-term and upon cessation of use allow one to reproduce.

**Risk group** – those who are exposed to any social, economic or biological status, behaviors or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury.

**Safe motherhood concept** - based on principles formulated by the World Health Organization. It is the aggregate of social, economic, legal, and medical measures that promote the birth of the desired number of wanted children at the desired time without negative consequences for women's health, to save women's lives, to secure appropriate upbringing of children, and to combine motherhood with social life.

**Safe sex** – A deliberate practice of reducing the risk of contracting sexually transmitted diseases and preventing unwanted pregnancy.

**Sexual education** – A system of education and other opportunities for learning designed to improve knowledge and life

skills conducive to safe sex practices.

**State Accreditation of hospitals** – A study of a hospital's activity based on established standards that characterize structure, processes and results of hospital's work.

**Sexually Transmitted Disease (STD)** - a contagious disease usually acquired by sexual intercourse or genital contact.

**Surfactant** – a chemical agent with a biological origin that reduces surface tension in the alveoli of the lungs. Due to insufficient production of surfactant, immature newborns can develop respiratory problems.

**Surgical sterilization** – a highly effective irreversible method of contraception ideal for women who want no more children. Sterilization prevents sperm from fertilizing the ovum.

**Syndromic approach to STD treatment** – A type of treatment for groups of symptoms which can be explained by contraction of more than one sexually transmitted disease (STD) without identifying the infectious agent.

**TORCH-infections** – a group of fetal or neonatal infections caused by: Toxoplasma, the Rubella virus, cytomegalovirus, and herpes simplex type II.

**Ultrasound/Ultrasonography** – a device for imaging deep structures of the body by measuring and recording the reflection of pulsed or continuous high frequency sound waves.

**Unwanted pregnancy**– a pregnancy that occurred without the intention to conceive a child.

**Valeology** – the science of health and leading a healthy lifestyle.

**Women's Health Centers** - medical facilities that provide comprehensive medical, diagnostic and advisory assistance to women and families.

**Women of reproductive age (WRA)** - Women 15-44 or 15-49 years of age. The former definition has been used in many international documents and the Reproductive Health Survey, 1999; the latter is used by the Ministry of Health of Ukraine.

**Glossary Sources**

1. Large Medical Encyclopedia.
2. Glossary of terms on medicosanitary care. WHO 1976.
3. The law of Ukraine "About prevention of AIDS and social care."
4. Order, Ministry of Health of Ukraine #4 (05.01.96) about feeding newborns.
5. International Classification of Illnesses and Causes of Death.
6. Bases of legislation of Ukraine On Health Care.
7. International Conference on Population and Development Program of Action, Cairo 5-13 September 1994.
8. Draft Law of Ukraine "Concept of Safe Motherhood" 1999.
9. Reproductive Health. MOH UNFPA Kyiv 1999.
10. Standards of accreditation of medical facilities of Ukraine MOH Kiev 1998
11. Current Obstetric & Gynecologic Diagnosis & Treatment. Lange 1999
12. Medical and service delivery guidelines for family planning 1997. IPPF in collaboration with WHO
13. WHO Health Promotion Glossary 1998
14. Mosby's Medical and Nursing Dictionary, Second Edition St. Louis: 1986