

# **NCDs prevention and health promotion through training, networking and awareness- raising across the EU**

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## **Workshop toolkits (D2.2)**

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## List of acronyms

<b>EU</b>	European Union
<b>ISS</b>	Istituto Superiore di Sanità
<b>NCDs</b>	Non-communicable diseases
<b>NGOs</b>	Non-governmental organisations
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PNP</b>	Piano Nazionale della Prevenzione
<b>WHO</b>	World Health Organization
<b>WP</b>	Work Package

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# 1. Introduction

## 1.1 Project background

Non-communicable diseases (NCDs) are the result of unhealthy lifestyles, e.g. tobacco use, physical inactivity, unhealthy diets, and use of alcohol, leading to metabolic and physiological changes. In European countries, NCDs are responsible for an enormous part of the burden that public health systems in the Member States are facing. The increasing rates of deaths related to NCDs in Europe are concerning, but although running rampant, the complex health issues caused by NCDs can be tackled, if we improve prevention measures and promote health.

The Preventia project aims to contribute to the achievement of three general and transformational objectives: i) to reduce health inequalities across the EU, ii) to decrease the spreading of NCDs across the EU, iii) to foster cooperation and exchanges between the EU Member States.

Through a set of relevant Work Packages (WPs) and tasks, the project unfolds according to three main dimensions: i) capacity-building and training, ii) networking and cooperation and iii) campaigning and awareness-raising.

The project's specific objectives are to: i) enhance the cooperation and peer-learning of civil society across the EU in the fight against NCDs, with a special emphasis on stakeholders from Ukraine; ii) encourage the exchanges and best practices and mobility opportunities of health and nutrition workforce across the EU; iii) improve health literacy of younger generations on NCDs prevention through training on healthy eating habits and childhood obesity; iv) reduce health inequalities across the EU (and beyond) through inclusive activities for vulnerable groups; v) raise awareness of citizens at large through participatory and interactive campaigns; vi) empower consumers to make better informed and more nutritious food choices through innovative digital tools; vii) analyse and assess national policies related to NCDs prevention; viii) advocate for new EU policy approaches based on the Member States' needs; ix) widely and effectively communicate about the project and give visibility to its activities; x) to promote and disseminate the project deliverables among targeted audience across the EU.

## 1.2 Overview of the Work Package

The present deliverable (D2.2) falls within Work Package 2 - Training and twinning. The objectives of this Work Package are to: i) enhance the cooperation and peer-learning of civil society across the EU in the fight against NCDs, with a special emphasis on stakeholders from Ukraine ii) encourage the exchanges of best practices and mobility opportunities of health and nutrition workforce across the EU.

A complete list of the project Work Packages is presented in the table below. The Work Package to which the present deliverable belongs is highlighted in green.

Work Package number	Work Package name	Lead beneficiary	Start month	End month
1	Project management	SAFE	1	36
2	Training and twinning	LCI	1	25
3	Tackling health inequalities through inclusion	CEIP	1	36
4	Campaigning and awareness raising	U.DI.CON	1	36

5	Policy and advocacy	SAFE	6	36
6	Communication and dissemination	SAFE	1	36

Table 1: List of Work Packages

Work Package 2 encompasses various tasks, including training for non-governmental organisations (NGOs) and Ukrainian professionals. This task involves the design and organisation of workshops and activities aimed at strengthening the capacities of NGOs and Ukrainian professionals to promote health and prevent diabetes in their work, with a particular focus on reducing health inequalities (for example, by targeting vulnerable groups such as children in disadvantaged areas, migrants, and displaced people from Ukraine).

In preparation for the workshops, project partners mapped relevant NGOs in their respective countries (Croatia, Lithuania, Greece, and Italy), specifically those working in the field of NCDs (diabetes and/or cardiovascular diseases). They also reached out to relevant Ukrainian professionals to select the most suitable participants for the trainings. Subsequently, the partners developed the training concept and produced workshop toolkits to ensure consistency and replicability of the workshops across Europe.

The full list of the deliverables belonging to Work Package 2 is reported in the table below. The present deliverable is highlighted in green.

Deliverable number	Deliverable name	Lead beneficiary	Type	Dissemination level	Due month
D2.1	Workshops for NGOs and Ukrainian professionals	LCI	R — Document, report	PU - Public	25
D2.2	Workshop toolkits	LCI	R — Document, report	PU - Public	25
D2.3	Agreements with medical centres	Amici Obesi	R — Document, report	R-UE/EU-R - EU Classified	13
D2.4	Reports from twinning participants	Amici Obesi	R — Document, report	PU - Public	25

Table 2: List of deliverables of Work Package 2

### 1.3 Overview of the deliverable

The objective of the workshop toolkits (D2.2) is to serve as a structured yet adaptable resource for the development of workshops, providing relevant training content tailored to the needs of two target groups (i.e., NGOs and Ukrainian professionals), based on national contexts and policy assessments. The deliverable builds on background information and factual data related to NCDs in partner countries, which were collected and analysed as part of Deliverable 5.1 “Assessment reports of national policies” and are presented in the following chapter.

For each target group, the toolkit includes the description and objectives of the training sessions, as well as the workshop content, expected outcomes, trainers profile, and criteria for participant selection.

The final section of the toolkit contains further readings (case studies, articles, publications, etc.) that can be consulted by project partners and adapted to the specific context of the country where the training will take place.

To ensure broad accessibility and effective communication, training materials were translated in six languages, namely English, Croatian, Lithuanian, Greek, Italian, and Ukrainian, and are available on [SAFE website](#).

## 2. Background information and factual data on NCDs prevention

NCDs develop as a consequence of unhealthy lifestyle choices, such as tobacco use, physical inactivity, unhealthy diets, and alcohol consumption, which lead to various metabolic and physiological disorders. In European countries, NCDs account for a significant share of the overall burden on public health systems. Although the growing number of deaths linked to NCDs in Europe is alarming, these complex health challenges can be addressed through strengthened prevention efforts and more effective health promotion.

### 2.1 Croatia

Croatia has completed its demographic transition and is now considered an "old" population, with a high proportion of people over 65. This demographic shift poses significant challenges for the country's sustainable development and the healthcare system, which must address the growing needs of an aging population. Additionally, Croatia has undergone an epidemiological transition, shifting from a time when infectious diseases were the primary health burden to a period where NCDs predominate.<sup>1</sup> Nowadays, NCDs contribute the most to the disease burden in Croatia's population, and their increased prevalence can be linked to the aging of the population, as well as to harmful habits, including smoking, unhealthy diets, a sedentary lifestyle and the modern way of living, paired with urbanisation.<sup>2</sup> In 2019, over one third of Croatian adults (37 %) reported having at least one chronic condition. The prevalence of chronic conditions varies according to the income group: more than half (55 %) of adults in the lowest income group report having at least one chronic condition, compared with one in four (24 %) among those in the highest income group.<sup>3</sup>

NCDs are the leading cause of death in Croatia, with ischaemic heart disease being responsible for 243.36 deaths per 100 000 population, followed by stroke, accounting for 125.68 deaths per 100 000 population, and diabetes mellitus, provoking 104.43 deaths per 100 000 population in 2021.<sup>4</sup> According to data from the CroDiab Register of people with diabetes, there were 395 058 people with diabetes in Croatia in 2023, and the number of patients is increasing every year. Earlier research shows that in Croatia, only 60% of sick people have a diagnosis, so it is estimated that the total number of sick people is higher than 600 000.<sup>5</sup> Various types of cancer are also responsible for a significant number of deaths in Croatia: lung cancer is the most frequent cause of death by cancer, with 67 deaths per 100 000 population in 2018 (compared to an EU average of 53), followed by colorectal cancer, with 52 deaths per 100 000 population, compared to an EU average of 31. The overall mortality rate from cancer

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<sup>1</sup> Ministry of Health of the Republic of Croatia (2020). Action Plan for the Prevention and Control of Non-Communicable Diseases 2020-2026. Available at: [Link](#)

<sup>2</sup> Croatian Institute of Public Health (N.A.). Division for epidemiology and prevention of noncommunicable chronic diseases. Available at: [Link](#). Accessed 28 August 2024

<sup>3</sup> European Commission (2021). State of Health in the EU: Croatia, Country Health Profile 2021. Available at: [Link](#)

<sup>4</sup> WHO (2021). Global health estimates: Leading causes of death. Available at: [Link](#)

<sup>5</sup> Croatian Institute of Public Health (N.A.). Diabetes. Available at: [Link](#). Accessed 28 August 2024

in Croatia is among the highest in the EU, with an age-standardised mortality rate of 324 deaths from cancer per a population of 100 000.<sup>6</sup>

According to EU estimates, behavioural risk factors were responsible for 44% of all deaths in Croatia in 2019, with more than one fifth (22%) being attributable to dietary risks, including low consumption of fruit and vegetables and high consumption of sugar and salt. This figure is above the EU average, amounting to 17%. In 2019, nearly one in four (23%) adults were obese, against the EU average of 16%. The overweight and obesity rates among 15-year-olds reached 18% in 2018, while 35% of children aged 8.0 to 8.9 are overweight or obese.<sup>7</sup> It is estimated that in 2019, 40% of adults and over 70% of adolescents did not eat at least one fruit daily, while 39% of adults and 77% of adolescents reported not consuming vegetables daily. Socioeconomic disparities have a significant impact on obesity rates, with people with only a low level of secondary education being twice as likely to be obese compared to those who have a university degree.<sup>8</sup>

Data on behavioural and biomedical risks clearly indicate the need for increased health promotion activities in the areas of proper nutrition, physical activity and obesity prevention in all age groups of the population, along with continuous promotion of sexual and mental health. Considering all the above, NCDs become a priority of the Croatian public health system, and a number of political and strategic documents were adopted for the purpose of preventing these diseases.

Croatia's policy landscape on NCD prevention is centred on the National Programme "Healthy Living",<sup>9</sup> which integrates public awareness, school nutrition, physical activity, and workplace health initiatives to encourage healthy lifestyles across age groups. Complementing this, the Action Plan for the Prevention and Control of Non-Communicable Diseases<sup>10</sup> focuses on reducing salt, sugar, and trans-fat intake, promoting physical activity, and improving food labelling to empower healthier consumer choices. The National Health Development Plan<sup>11</sup> strengthens systemic aspects of healthcare management, digitalisation, and workforce capacity, while the Action Plan for the Prevention of Obesity<sup>12</sup> introduces coordinated measures for obesity surveillance and education.

## 2.2 Greece

The state of NCDs in Greece is deeply concerning, as they continue to be the primary drivers of morbidity and mortality nationwide. According to the National Action Plan for Public Health,<sup>13</sup> the country faces significant challenges, including rising morbidity due to lifestyle-related factors, a high prevalence of smoking, and increasing rates of overweight and obesity. These issues contribute to the declining health of the population and place considerable pressure on the healthcare system.

Cardiovascular diseases remain the leading causes of death in Greece; however, mortality rates from diabetes, certain types of cancer, respiratory diseases, and kidney disorders have also

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<sup>6</sup> European Commission (2021). State of Health in the EU: Croatia, Country Health Profile 2021. Available at: [Link](#)

<sup>7</sup> CroCOSI (2021). WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE: CHILDHOOD OBESITY SURVEILLANCE INITIATIVE, CROATIA 2018/2019 (CroCOSI). Available at: [Link](#)

<sup>8</sup> European Commission (2021). State of Health in the EU: Croatia, Country Health Profile 2021. Available at: [Link](#)

<sup>9</sup> Healthy Living (2024). Healthy living project website. Available at: [Link](#). Accessed on 7 October 2025

<sup>10</sup> Ministry of Health of the Republic of Croatia (2020). Action Plan for the Prevention and Control of Non-Communicable Diseases 2020-2026. Available at: [Link](#)

<sup>11</sup> WHO (2021). National Health Development Plan for the period of 2021 to 2027. Available at: [Link](#)

<sup>12</sup> Ministry of Health of the Republic of Croatia (2024). Action plan for the prevention of obesity. Available at: [Link](#)

<sup>13</sup> Ministry of Health Greece, National Action Plan for Public Health, Available at: [Link](#)

increased.<sup>14</sup> Notably, 42% of deaths in Greece are attributed to behavioural risk factors (compared to 39% in the EU), including smoking, dietary risks, alcohol consumption, and low physical activity. Dietary risks, combined with low physical activity, account for approximately 21% of deaths, while around 4% can be attributed to alcohol consumption. It is noteworthy that in 2019, 40% of deaths in Greece were attributed to behavioural risk factors, a percentage similar to the EU average. About 22% of all deaths were linked to smoking, both active and passive, which is significantly higher than the EU average. Unhealthy diets, including low consumption of fruits and vegetables and high intake of sugar and salt, were estimated to be responsible for approximately 15% of total deaths in Greece, slightly lower than the EU average of 17%.<sup>15</sup> Overall, cardiovascular diseases, cancer, chronic obstructive pulmonary disease, and diabetes account for 77% of the disease burden and are responsible for 85% of premature deaths. Major risk factors influencing the incidence and prevalence of these conditions include obesity, smoking, and lack of physical activity.

Greece has adopted a series of comprehensive strategies addressing key NCD risk factors through its National Action Plan for Public Health and related thematic plans. The National Action Plan for the Prevention and Management of Diabetes and Its Complications<sup>16</sup> aims to improve early detection, enhance quality of care, and strengthen specialised diabetes centres nationwide. Parallely, the National Action Plan to Combat Childhood Obesity,<sup>17</sup> implemented with UNICEF support, promotes healthy eating and physical activity among children through educational toolkits, public events, and the creation of a European Centre for Obesity Prevention. Broader initiatives such as the Action Plan for Nutrition and Eating Disorders<sup>18</sup> and the Action Plan Against Smoking<sup>19</sup> target population-wide behavioural change via regulation, awareness campaigns, and accessible cessation services.

According to the Annual Health Report of the Organisation for Economic Co-operation and Development (OECD),<sup>20</sup> significant challenges persist in the health sector. Trends in risk factors require the implementation of national cancer screening programs, the enforcement of smoking bans in public spaces, and the promotion of lifestyle changes. Moreover, a report by the World Health Organization (WHO)<sup>21</sup> highlights that Greece's healthcare system is heavily focused on hospital-based treatment rather than prevention. There is no specific referral system in place, and a stable network of public health services is essentially non-existent. This emphasis on treatment over prevention further exacerbates the challenges in addressing the growing burden of NCD's in the country.

## 2.3 Italy

According to the Italian National Institute of Health (Italian Istituto Superiore di Sanità - ISS), about 24 million people in Italy are afflicted by NCDs.<sup>22</sup> These diseases have an important

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<sup>14</sup> European Commission (2021). State of Health in the EU: Greece, Country Health Profile 2021 Available at: [Link](#)

<sup>15</sup> European Commission (2023). State of Health in the EU: Greece, Country Health Profile 2023. Available at [Link](#)

<sup>16</sup> National Action Plan for the Prevention and Management of Diabetes and Its Complications (2012). Available at: [Link](#)

<sup>17</sup> Ministry of Health of Greece (N.A.). National Action Plan to Combat Childhood Obesity. Available at: [Link](#). Accessed on 31 March 2025

<sup>18</sup> Ministry of Health of Greece (2011). National Action Plan for Nutrition and Eating Disorders 2008 - 2012. Available at: [Link](#)

<sup>19</sup> Ministry of Health – General Secretariat of Public Health (2021). National Action Plan for Public Health 2021-2025. Available at: [Link](#)

<sup>20</sup> European Commission (2021). State of Health in the EU: Greece, Country Health Profile 2021. Available at: [Link](#)

<sup>21</sup> World Health Organization. Regional Office for Europe. (2016). Greece: highlights on health and well-being. Available at: [Link](#)

<sup>22</sup> Istituto Superiore di Sanità (2022). Chronic Diseases and Healthy Ageing. Available at: [Link](#)

impact on the quality and life expectancy of the population. All stages of life are affected, although the most frequently affected segments of the population are the elderly, with more than 85% of people over 75 years of age suffer from chronic diseases, and women, especially after the age of 55.<sup>23</sup> It is therefore essential to improve knowledge about the mechanisms and risk factors of the development of chronic diseases, the possible strategies and programs for the prevention and treatment of these conditions to guarantee a healthy aging of the population.

Cardiovascular diseases are the leading cause of death, morbidity and disability, and carry a very high social and economic burden. They are responsible for 44% of all deaths, and account for 23.5% of Italian pharmaceutical expenditure.<sup>24</sup>

Diabetes is another social health emergency, given the high prevalence of cases in the population and the serious complications affecting the retina, kidneys, and the nervous, musculoskeletal, and cardiovascular systems.<sup>25</sup> In 2023, nearly 3.7 million Italians suffered from diabetes mellitus, representing a significant increase since 2010, when 2.9 million people were affected by the disease. The prevalence of diabetes varies by age group, as the disease is much more common among the elderly than among younger generations. In 2021, about 1.1 million individuals aged 65 to 74 years and approximately 1.4 million individuals aged 75 years and over were affected by diabetes mellitus.<sup>26</sup>

The Italian Ministry of Health inserted the study and the fight against non-communicable diseases among the macro-objectives of the national health agenda for the period 2020 – 2025.<sup>27</sup> The management of NCDs requires a multidisciplinary and multi-sectoral approach, encompassing a wide range of coordinated activities at various levels. Engaging different sectors of civil society is essential to prevent the onset of these diseases, identify and provide appropriate care for individuals at risk or in the early stages, and slow disease progression through behavioural interventions.

Italy's approach to NCD prevention combines systemic health reforms with disease-specific initiatives. The National Plan for Chronic Diseases<sup>28</sup> prioritises health promotion, intersectoral coordination, and early detection of major chronic diseases. The National Recovery and Resilience Plan<sup>29</sup> reinforces this framework by strengthening community-based healthcare, digitalisation, and telemedicine to ensure equitable, continuous management of chronic conditions. Furthermore, the Obesity Fund<sup>30</sup> and the Diabetes National Plan<sup>31</sup> institutionalise obesity and diabetes management within essential care levels, expanding public access to preventive and therapeutic services.

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<sup>23</sup> Istituto Superiore di Sanità (2022). Chronic non-communicable diseases (MCNT): the challenge of the century, also for our country. Available at: [Link](#)

<sup>24</sup> Istituto Superiore di Sanità (N/A). Heart project: Cardiovascular diseases. Available at: [Link](#)

<sup>25</sup> Italian Ministry of Health (2021). State of knowledge and new findings in the field of diabetes mellitus. Available at: [Link](#)

<sup>26</sup> Statista (2024). Number of individuals suffering from diabetes in Italy from 2010 to 2023. Available at: [Link](#)

<sup>27</sup> Italian Ministry of Health (N/A). Approach to chronic diseases through prevention. Available at: [Link](#)

<sup>28</sup> Ministry of Health of Italy (2016). National Plan for Chronic Diseases. Available at: [Link](#)

<sup>29</sup> Ministry of Health of Italy (N.A.). National Recovery and Resilience Plan. Available at: [Link](#). Accessed on 7 October 2025

<sup>30</sup> Istituto Superiore di Sanità (N.A.). Obesity. Available at: [Link](#). Accessed on 7 October 2025

<sup>31</sup> Ministry of Health of Italy (2012). Diabetes National Plan. Available at: [Link](#)

## 2.4 Lithuania

In Lithuania, NCDs are the leading cause of death and illness. In 2023, more than 82% of all deaths were caused by NCDs, with cardiovascular diseases being the most prevalent, accounting for 52.1% of all deaths, followed by malignant neoplasms (21.0%), digestive system diseases (5.2%), and respiratory diseases (2.7%). Older adults are most affected, and more than 75% of individuals aged 65 and above report at least one chronic condition.<sup>32</sup>

Among NCDs, cardiovascular diseases and diabetes mellitus represent the greatest public health burden in Lithuania. Cardiovascular diseases are the primary cause of death and disability, largely driven by modifiable lifestyle factors such as unhealthy diet, physical inactivity, tobacco use, and excessive alcohol consumption. Diabetes prevalence is also increasing. In 2023, approximately 157,000 people were diagnosed with diabetes mellitus, corresponding to 562.2 cases per 10 000 population.<sup>33</sup>

To address these challenges, Lithuania implements five national prevention programs: the Cardiovascular disease prevention programme, the Cervical cancer prevention programme, the Breast cancer early detection programme, the Prostate cancer early detection programme, and the Colorectal cancer early detection programme. These programs are publicly funded and provided through the primary healthcare system. Blood glucose testing is included in the cardiovascular programme, enabling early identification of prediabetes and diabetes.<sup>34</sup>

Moreover, Lithuania's Health Promotion and Preservation Development Programme<sup>35</sup> provides a long-term vision for reducing avoidable mortality and promoting mental and physical well-being through healthier lifestyles, preventive care, and regional equity. The programme also aims to increase health literacy and improve early detection of NCDs through intersectoral actions in schools, municipalities, and communities. Complementary initiatives include the Cardiovascular Disease Prevention and Early Diagnosis Programme,<sup>36</sup> which provides free preventive screening through primary care, and the National Agenda on Drug, Tobacco, and Alcohol Control,<sup>37</sup> which targets substance use reduction among youth and vulnerable groups.

## 3. Workshops with NGOs

The target group for this type of workshop consists of NGOs seeking to strengthen their capacity to carry out awareness-raising and health promotion activities related to NCD prevention and the promotion of healthy lifestyles within communities.

The goal is to conduct four workshops in Croatia, Lithuania, Greece, and Italy, targeting NGOs working in the areas of NCDs (diabetes and/or cardiovascular diseases) or nutrition, in order to enhance their ability to raise awareness and promote health in communities affected by

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<sup>32</sup> Hygiene Institute (2023). Causes of Death 2023. Available at: [Link](#)

<sup>33</sup> Hygiene Institute (2023). Health Monitoring Information System: Overview of Health Indicators by Municipality. Available at: [Link](#)

<sup>34</sup> State Health Insurance Fund under the Ministry of Health (N.A). About prevention. Available at: [Link](#)

<sup>35</sup> Official Gazette of the Seimas of the Republic of Lithuania (2022). Health promotion and preservation development programme 2022–2030. Available at: [Link](#)

<sup>36</sup> State Health Insurance Fund under the Ministry of Health of Lithuania (2024). Disease Prevention Programmes. Available at: [Link](#). Accessed on 25 May 2025

<sup>37</sup> Government of the Republic of Lithuania (2023). National Agenda on Drug, Tobacco, and Alcohol Control. Available at: [Link](#)

NCDs. A total of five NGOs will be reached in each partner country, amounting to 20 organisations overall.

### 3.1 Workshop content

The workshop for NGOs focuses on how to raise awareness of vulnerable groups about NCDs prevention and healthy eating habits.

The programme and its specific content should be developed with consideration of the target group, their interests, prior experience, and the local context in which they operate. It also takes into account the specific situations, challenges, and priorities related to NCD prevention in the countries where the project is implemented, based on the policy assessment made in T5.1 and summarised in the previous section.

The programme content focuses on several key learning areas, but is not limited to these:

- Understanding NCD prevention in a community context

Participants should be introduced to the basics of NCDs, key risk factors (modifiable and non-modifiable), and why prevention matters at the local level. The importance of early intervention, healthy eating, and behaviour change will be emphasised through examples relevant to everyday community work.

- Developing effective public health campaigns

The workshop provides step-by-step guidance on how to plan and implement awareness campaigns, starting with setting clear objectives and defining target groups. Participants explore how to create messages that are simple, relevant, and culturally appropriate for different community segments.

- Using diverse media tools and communication channels

Emphasis is placed on combining various communication tools to reach broader audiences, such as printed flyers, social media, and small events. Participants learn how to select channels based on audience needs and available resources.

- Building partnerships and mobilising local networks

Participants will work on identifying potential allies, including local health institutions, schools, and private actors. The programme should offer insights into how collaboration can enhance outreach, increase trust, and contribute to long-term sustainability.

- Facilitating community participation and ownership

The training highlights practical ways to involve community members in the planning and implementation of health initiatives, including participatory methods like open discussions, story-sharing, or peer-led sessions.

- Ensuring follow-up and campaign continuity

Participants reflect on how to maintain interest and engagement beyond a one-time event. The programme discusses follow-up strategies, feedback mechanisms, and basic monitoring tools to assess impact.

The workshops can be implemented either online or face-to-face, depending on the context and the needs of participants. The programme uses interactive and practice-oriented methods suitable for both formats, including individual and group reflections, scenario-based exercises, sharing of experience among participants, and discussion of real-life examples.

### 3.2 Expected outcomes

It is anticipated that the knowledge and skills gained during the training will support NGOs in sustainably contributing to community-level health promotion and more effective engagement in NCD prevention.

- NGOs will be able to independently design and implement targeted health campaigns adapted to the specific needs of local communities, ensuring greater impact.
- Partnerships with other local and regional actors, including health institutions, schools, and municipalities, will be strengthened, improving coordination and overall effectiveness.
- Continuous community education on NCD risk factors and the importance of healthy lifestyles will be promoted, contributing to the long-term reduction of disease prevalence.

Evaluation is carried out through an evaluation form developed with targeted questions for this type of workshop.

### 3.3 Trainers profile

Trainers should have extensive experience in the public health sector, specifically in NCDs prevention, and a proven track record with NGOs in health promotion. Key skills include strong communication and facilitation abilities, and proficiency in using diverse media platforms for health education. They should also be adept at using data for strategy development and outcome evaluation, and have experience in implementing behaviour change techniques.

### 3.4 Criteria to select participants

No specific selection criteria are required. However, some rationale for inclusion of the participants should be applied:

- Target audience: NGO staff, consumer organisations and community volunteers who are actively engaged in health promotion activities. A focus on NCDs prevention and healthy diets is an asset.
- Interest: Individuals who have expressed a strong interest in learning about NCDs prevention and healthy eating, and who demonstrate a commitment to applying what they learn to improve their health and the health of their community.
- Diversity and inclusion: A balanced mix of participants in terms of age, gender, ethnicity, and socio-economic background to ensure diverse perspectives and experiences.
- Availability: Participants should have the available time required to attend and actively participate in the workshop.
- Appropriateness: Avoid conflicts of interest or subjecting participants to activities that may cause unnecessary inconvenience.
- Capacity of influence and outreach: Participants who have roles in community organisations or networks that can facilitate wider dissemination of the workshop's messages.

## 4. Workshops with Ukrainian professionals

The target group for this type of workshop consists primarily of Ukrainian health professionals, such as doctors, nurses, paramedics, dietitians and public health workers from Ukraine, as well as individuals from minority or other vulnerable groups working in the health sector, Ukrainians employed in the social sector (such as NGOs, social workers and professionals supporting marginalised or hard-to-reach communities), Ukrainian medical students, and participants based in Ukraine who can be reached through online training activities. The training goal is to deepen their knowledge and skills in NCD prevention and management, and applying them in practice, including in emergency situations.

Four workshops are expected to be organised in each partner country (Croatia, Lithuania, Greece, and Italy), focusing on emergency management strategies for NCDs such as diabetes and cardiovascular diseases.

The goal is to engage ten participants in each country, resulting in forty professionals trained overall. Given that training activities also contribute to reducing health inequalities, particular attention was paid to engaging professionals working with vulnerable groups, including children in disadvantaged areas, migrants, and displaced people from Ukraine.

### 4.1 Workshop content

The workshop focuses on prevention of diabetes and cardiovascular diseases in emergency situations.

The programme and its specific content are developed with consideration to the professional background and practical experience of the target group. It also reflects the specific challenges and working conditions that may arise during emergencies or in unstable settings.

Each project partner develops the workshop programme and defines the specific content based on the findings of Deliverable 5.1 “Assessment reports of national policies”, as well as on the national documents and strategic frameworks used as sources for that deliverable. This ensures that the training is grounded in real policy context and addresses country-specific needs and priorities in NCD prevention.

The programme content focuses on several key learning areas, but is not limited to these:

- Fundamentals of NCDs

Participants will review the core concepts of NCDs, including definitions, classification, global and regional prevalence, and their burden on health systems. Special attention is given to how NCDs affect vulnerable populations during unstable periods such as conflict or displacement.

- Identifying risk factors

The training highlights both modifiable (lifestyle-related) and non-modifiable (genetic or age-related) risk factors for diabetes and cardiovascular diseases. Emphasis is placed on early identification and risk screening within health care settings.

- Community-based prevention strategies

Participants explore how to design and adapt prevention interventions at the community level, including targeted messaging, accessible services, and support for behaviour change among patients and at-risk groups.

- Managing NCDs in emergency contexts

The programme addresses protocols and tools for responding to NCDs under emergency or resource-constrained conditions. Participants learn about adapted treatment plans, patient continuity strategies, and integration of NCD services into humanitarian response frameworks.

- Health promotion and patient education

Practical approaches are introduced to promote healthy behaviours and engage patients in self-management. These include communication strategies tailored to displaced populations and approaches for building trust in disrupted care settings.

- Real-life case discussions and shared learning

Participants are invited to reflect on their own experience, exchange insights with peers, and review real case scenarios illustrating challenges and solutions in NCD management during crises.

The workshops can be implemented either online or face-to-face, depending on feasibility and participant access. Where appropriate, workshops are delivered online in order to broaden outreach beyond host countries and include Ukrainian health professionals based in Ukraine or other EU Member States. This approach also reduces logistical barriers related to availability, travel and competing professional or personal commitments, while enabling sessions to be recorded and disseminated through professional and community channels, thereby significantly extending reach and impact beyond live participants.

The training applies interactive and practice-oriented methods, including clinical case analysis, structured group reflection, moderated discussions, and applied examples from humanitarian and public health practice.

## 4.2 Expected outcomes

It is expected that the training will enhance the ability of professionals to manage NCD prevention and care more effectively in emergency or resource-limited settings.

- Participants will be better prepared to integrate NCD management protocols into crisis response frameworks and adapt care strategies to unstable conditions.
- Knowledge gained will contribute to improved continuity of care for patients with chronic conditions, even in disrupted healthcare environments.
- Strengthened professional capacity will support broader health system resilience and promote collaboration among healthcare workers involved in NCD prevention and emergency response.

Evaluation is carried out through an evaluation form developed with targeted questions for this type of workshop.

## 4.3 Trainers profile

Experts with advanced degrees in public health, medicine, or related fields, experienced in NCDs management, public health education, and capable of delivering trainings.

## 4.4 Criteria to select participants

No specific selection criteria are required. However, some rationale for inclusion of the participants should be applied:

- Target audience: healthcare professionals (e.g., doctors, nurses, paramedics, dietitians, public health workers) from Ukraine, individuals from minority or other vulnerable groups working in the health sector, Ukrainians employed in the social sector (such as NGOs, social workers and professionals supporting marginalised or hard-to-reach communities), Ukrainian medical students, and participants based in Ukraine who can be reached through online training activities. Experience in emergency medicine or primary care settings and/or experience or interest in NCDs prevention and management is preferred.
- Interest: individuals who have expressed a strong interest in learning about NCDs prevention and healthy eating, and who demonstrate a commitment to applying what they learn into current practice and emergency response protocols.
- Diversity and inclusion: a balanced mix of participants in terms of age, gender, and socio-economic background to ensure diverse perspectives and experiences.
- Availability: participants should have the available time required to participate in the workshop and actively participate in it.
- Appropriateness: avoid conflicts of interest or to subject participants in activities that may cause them unnecessary inconvenience.
- Capacity of influence and outreach: participants who have roles in community organisations or healthcare networks that can facilitate wider dissemination of the workshop's messages.
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## 5. Further readings

This section contains further readings (case studies, articles, publications, etc.) that can be consulted by project partners and adapted to the specific context of the country where the training will take place.

1. Guerra, J. *et al.* (2023). *Effective communication for NCD prevention and control*. In *Noncommunicable Diseases*. Available at: [Link](#)
2. World Health Organization (2022). *Health literacy development for the prevention and control of NCDs*. Available at: [Link](#)
3. World Health Organization (2025). *Operational Review of Ukraine's response to noncommunicable diseases in war context*. Available at: [Link](#)
3. World Health Organization (N.A.). *Noncommunicable Disease Surveillance, Monitoring and Reporting* (Manual). Available at: [Link](#)
4. Madelyn H. Fernstrom *et al.* (2012). *Communication strategies to help reduce the prevalence of non-communicable diseases: Proceedings from the inaugural IFIC Foundation Global Diet and Physical Activity*. Available at: [Link](#)
5. Bausch *et al.* Conflict and Health (2021). *Operational considerations for the management of non-communicable diseases in humanitarian emergencies*. Available at [Link](#)

6. World Health Organization (2024). *Tackling NCDs: Best buys and other recommended interventions for the prevention and control of noncommunicable diseases*. Available at: [Link](#)
7. World Health Organization (2018). *Tackling noncommunicable diseases in Ukraine*. Available at: [Link](#)