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# Tobacco control advocacy in Ukraine: recent progress and tobacco industry opposition

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Health inequalities related to non-communicable diseases (NCDs) are a major obstacle in maximising life expectancy, quality of life, and wellbeing in most Central and Eastern European countries. These issues, as well as the call to action necessary to address them, were discussed during the Calisia World Conference on Family Health, which took place in Poland on 9-10 June 2019. Tobacco consumption is one of the main risk factors of NCDs, and smoking has a devastating impact on families, both in the health and economic dimensions. This article will focus on the areas of tobacco control advocacy and tobacco policy interference in Ukraine.

The adoption of Ukraine's first Tobacco Control Law in 2005 and the ratification of the World Health Organisation (WHO) Framework Convention on Tobacco Control by Ukraine in 2006 were followed by the implementation of several tobacco control policies. The legislation has been amended regularly since, in some instances progressing from partial regulation to comprehensive smoke-free and TAPS (tobacco advertising, promotion, and sponsorship) bans, and best practice approaches to tobacco taxation, packaging, labelling, cigarette content, as well as public awareness, education, and cessation campaigns. The most recent tobacco control non-price measures came into force in late 2012, strengthening smoke-free laws, TAPS bans, and pictorial health warnings on cigarette packaging. Between 2008 and 2018, the average rate of excise duty on a packet of 20 cigarettes was increased almost 30-fold. All these policy changes, in turn, contributed to a substantial reduction of tobacco consumption in the country.

Smoking prevalence (including occasional smokers) among Ukrainian men decreased from 67% in 2005 to 39.7% in 2017.

The tobacco control progress in Ukraine in the last decade has been largely the result of grassroots advocacy conducted with the support of the philanthropic organisation. For example, the advocacy campaign on tobacco tax increase and the EU obligation to harmonise tobacco taxes resulted in recent policy wins. The Ukrainian government made progress in adopting a policy to harmonise the tobacco taxes with the minimum EU excise level, equivalent to EUR 90 per 1000 cigarettes. In 2018 a seven-year plan (2018-2025) to significantly increase tobacco taxes came into force in Ukraine. Specific tobacco tax and minimum excise tax per 1000 cigarettes increased by 29.7% in 2018, by 20% in January-June 2019, and will further increase by 30.8% from July 2019 to 2025. It will thus reach the minimum EU level of cigarette taxation, which is 90 euro per 1000 cigarettes. In 2015 and 2016 decision-makers with support from the tobacco control advocates registered two draft laws on adopting EU Tobacco Products Directive regulations and a tobacco product display ban at points of sale, smoke-free indoor offices and workplaces, and interventions to ensure a high level of enforcement and compliance.

However, recently health advocacy strategies to build relationships and strengthen political will to adopt further tobacco control measures have been undermined by tobacco industry policy interference and other factors, such as the war in Ukraine or the influence of Western partners on national priorities.

Tobacco companies are acting through front groups and individual allies, focusing on postponing or blocking progress in tobacco control, and misleading decision-makers and the public in Ukraine on the need for stronger public health measures to tackle the smoking epidemic.

Despite the recent progress in tobacco control, and the introduction of anti-tobacco legislation, continued public health progress is contingent on the advocates' ability to identify and exploit windows of opportunity, political will, and building social support for legislative measures by increasing the visibility of tobacco control advocacy campaigns.

**Key words:** tobacco industry, tobacco control, tobacco consumption, health inequalities, Ukraine.

#### **DISCLOSURE**

The author reports no conflict of interest.