



F C T C

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

S E C R E T A R I A T

Needs assessment for implementation of the WHO Framework Convention on Tobacco Control in Ukraine



Photo: The joint needs assessment mission met with the Public Health Center, Ministry of Health of Ukraine and NGOs.

Convention Secretariat

5 March 2018

Supported by:



Table of abbreviations

COP	Conference of Parties
Convention Secretariat	of the WHO Framework Convention on Tobacco Control
WHO FCTC	WHO Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GHPSS	Global Health Professions Student Health Survey
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
NGO	Nongovernmental organization
STEPS	WHO STEPwise Approach to Surveillance
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
WHO	World Health Organization

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The objective of the Convention is “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”. The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The Needs Assessment Exercise

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in the light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC to establish a baseline of needs.
- A tobacco control needs assessment was requested by the Government of Ukraine, through the Ministry of Health. The Convention Secretariat led an international team to conduct a joint needs assessment with the Government of Ukraine from 26 to 29 September 2017. Meetings with local stakeholders took place to jointly review the status of implementation of the Convention. The needs assessment team met with representatives of the government agencies and representatives of legislative bodies, and nongovernmental organizations to identify the main challenges in the implementation of the national tobacco control action plan.
- **Post-needs assessment assistance** has been provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.

¹ COP/1/2006/CD, Decisions and ancillary documents: http://apps.who.int/gb/fctc/E/E_cop1.htm

Tobacco epidemic in Ukraine: Key Facts

Adult tobacco use prevalence

- *Global Adult Tobacco Survey (GATS) 2017 (ages 15+)*

In 2017, adult current tobacco use prevalence was overall 23% (40.1% among men and 8.9% among women). Adult current daily smoking prevalence was overall 20.1% (35.9% among men and 7.0% among women). Current smokeless tobacco use was overall 0.4% (0.2% among men and 0% among women).² The age-specific prevalence rates are presented in **Figure 1**.

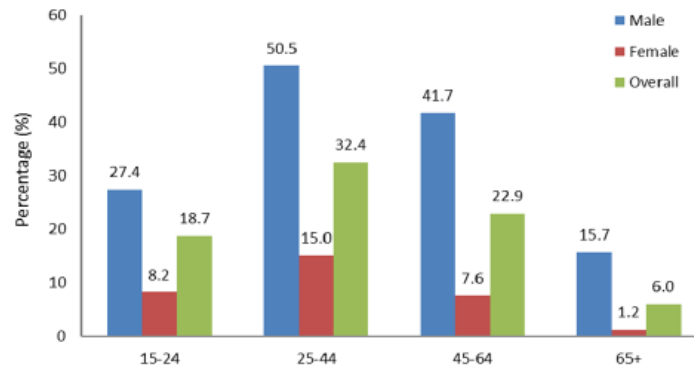


Figure 1. Percentage of current tobacco smokers by age and gender, GATS Ukraine 2017

Since 2010, there is a notable achievement of a 20% reduction in smokers (**Figure 2**).³

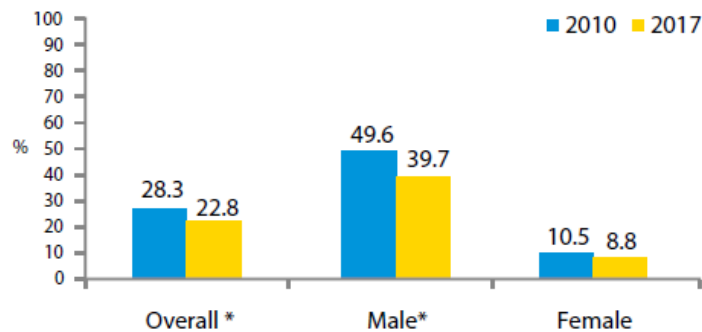


Figure 2. Prevalence of current tobacco smoking by gender, GATS Ukraine 2010 and 2017

- *Kyiv International Institute of Sociology Face-to-Face Survey 2015 (ages 18+)*

Adult current smoking prevalence among men was 45% and among women was 10.6%

² Global Adult Tobacco Survey (GATS) fact sheet: Ukraine 2017:

http://www.who.int/tobacco/surveillance/survey/gats/gats_ukr_2017_fact_sheet.PDF?ua=1

³ Global Adult Tobacco Survey (GATS) Comparison fact sheet: Ukraine 2010 and 2017:

http://www.who.int/tobacco/surveillance/survey/gats/gats_ukr_2010_2017_comparison.PDF

Youth tobacco use prevalence

- *European School Survey National Project on Alcohol & Other Drugs 2015 (ages 15-16)*

Current cigarette smoking was 18% (23% among males and 13% among females).⁴

Lifetime use of cigarettes was 51% (59% among males and 44% among females). The trend of lifetime use of cigarettes from 1995 to 2015 is shown in **Figure 3**.

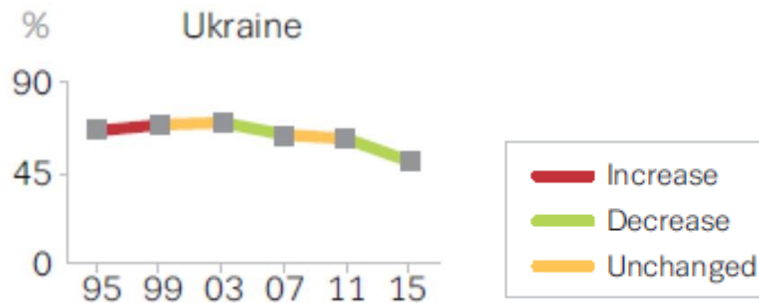


Figure 3. Lifetime use of cigarettes by country: 1995-2015 (percentage)

- *Global Youth Tobacco Survey 2011 (ages 13-15)*

Current use of any tobacco product was 19.3% (Boys = 22.6%, Girls = 15.7%). Current daily cigarette smoking was 4.4% (Boys = 5.0%, Girls = 3.7%).⁵

Exposure to tobacco smoke

- *Global Youth Tobacco Survey 2011*

Over one in five students live in homes where others smoke, and almost three in five students are exposed to smoke around others outside of the home; half the students have at least one parent who smokes

- *Global Adult Tobacco Survey 2017*

Percentage of non-smokers exposed to secondhand smoke significantly decreased from GATS 2010: at home 14.2% to 7.3 %; at the workplace 24.6 % to 10.5 %, and at some public places (governmental buildings 9.3 % to 5%; in restaurants and cafés 59.1 % to 21.2 %).

Tobacco-related mortality

- *Oxford University 2010* estimates Ukraine had 60,965 tobacco-related deaths.⁶
- *Tobacco Atlas 2015* reported that:⁷ Every year more than 122,900 of Ukrainian people are killed by tobacco-caused disease, while more than 147,000 children and more than 10,643,000 adults continue to use tobacco each day. In 2010, 27.1% of deaths among men and 6.1% of deaths among women are caused by tobacco. More men die in Ukraine than on average in middle-income countries. Even though fewer women die on average in Ukraine than other middle-income countries, still 577 women are being killed by tobacco every week, necessitating action from policymakers.

⁴ European School Survey National Project on Alcohol and Other Drugs 2015: <http://www.espad.org/sites/espad.org/files/TD0116475ENN.pdf>

⁵ Global Youth Tobacco Survey 2011 http://global.tobaccofreekids.org/files/pdfs/en/Ukraine_GYTS_2011_Factsheet.pdf

⁶ WHO FCTC Implementation Database 2014: <http://apps.who.int/fctc/implementation/database/groups/ukraine-continues-fight-tobacco-industry-significantly-increasing-cigarette-tax>

⁷ Tobacco Atlas 2015: <http://www.tobaccoatlas.org/country-data/ukraine/>

Executive Summary

The Ministry of Health of Ukraine has requested a needs assessment exercise for implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) to be conducted jointly by the Government of Ukraine and the Secretariat of the WHO Framework Convention on Tobacco Control (Convention Secretariat), including the initial status analysis, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. The WHO country office in Ukraine was invited to participate in this joint exercise with the Convention Secretariat.

The WHO FCTC is an international treaty and therefore international law. Having ratified the Convention, Ukraine is obliged to implement its provisions through national laws, regulations or other measures, submit periodic reports and implement its financial obligations such as paying its share of the assessed contribution in a timely manner. Based on the above, there is a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek international support where appropriate.

The mission team met with the Deputy Minister of Health of Ukraine, Mr. Roman Ilyk, MP Olga Bohomolets, Head of the Parliamentary Health Committee, and MP Hanna Hopko, Head of the Parliamentary Committee for Foreign Affairs, as well as representatives of different ministries, governmental agencies, non-governmental organizations, World Health Organization (WHO) and the World Bank (see the programme of the mission in Annex 1 and list of participants in Annex 2).

The mission noted the remarkable achievement of the overall 20% reduction in current tobacco use prevalence, effective price and tax measures introduced in recent years, and the positive change of social norms and decrease in exposure to secondhand smoke in the indoor areas, mainly due to the legislation in place and overall implementation of the Convention. As a result of the considerable increase of the prices and tobacco taxes, the Government has managed to drastically increase the revenue, which is an important contribution to reduce the state budget deficit especially in times of economic stagnation.

The mission also welcomed the 2017 National Baseline Report on Sustainable Development Goals (SDGs) which includes target 3.8 on reducing the prevalence of smoking among the population through innovative media to inform about negative effects of smoking and the indicators 3.8.1 and 3.8.2. This is a very positive initiative to include tobacco control into the national plan to implement target 3.a of the SDGs.

The mission was also impressed with the competency of Ukrainian research institutions, in particular with the expertise and facilities of the L.I Medeves Research Center of Preventive Toxicology, Food and Chemical Safety in the testing of the contents and emissions of the tobacco products. The Center can serve as a reference laboratory in the region and support other Parties to the WHO FCTC in implementing Article 9 and 10 and its guidelines.

Ukraine has provided five implementation reports in 2009, 2010, 2012, 2014 and 2016. Ukraine has been submitting these reports regularly and working in line with reporting system under Article 21, and is encouraged to continue to do so.

The mission would like to recommend the following actions to be taken to further strengthen the implementation of the Convention.

1. Currently, there is no national tobacco control strategy or action plan in place. The Ministry of Health with the support from the WHO Country Office in Ukraine is developing the National Prevention and Control of the Noncommunicable Diseases (NCDs) Action Plan with the aim to

be adopted in December 2017. It is **recommended** that the Government include the WHO FCTC implementation in the national development and health strategy and plans. It is also **recommended** that the National NCD Action Plan highlights the implementation of the WHO FCTC. Furthermore, it is **recommended** that the Government continues to include achieving Target 3.a on strengthening the implementation of the WHO FCTC of the SDGs as a target in the national SDGs implementation plan. It is **recommended** that the Ministry of Economic Development and Trade works closely with the Ministry of Health to improve the indicators of the national target in the report, taking advantage of the available tobacco control surveillance data. It is recommended that Ukraine disseminates through SDG's meeting or reports their experience in implementing target 3.a as a best practice in reaching SDG2030.

2. It is recommended that the Ministry of Health designate a full-time tobacco control focal point. Comprehensive implementation of the WHO FCTC needs a whole of government approach, which entails dedicated and solid resources, structures and processes. It is **recommended** that the Ministry of Health and Ministry of Finance include a budget line for the implementation of the WHO FCTC for the adoption by the Parliament. It is further **recommended** that the Government establish a multisectoral coordination mechanism to implement the WHO FCTC. Regular coordination meetings need to be convened to enhance cooperation and better implement the WHO FCTC. In addition to the Ministry of Health, other relevant ministries and government agencies need to allocate staff time and budget for the implementation of relevant provisions of the Convention as well. It will be useful to have a sensitization and capacity building workshop for the designated focal persons from different ministries and governmental agencies on the obligations of the Government under the WHO FCTC. The needs assessment report can serve as a useful baseline for the workshop.
3. Tobacco industry interference is a major obstacle to introduce and adopt legislation which is in line with the obligations under the Convention. Two draft bills (2820 and 4030a) have been initiated by the Health Committee of the Parliament nearly two years ago but have not been put on the Parliament agenda and reviewed by the Legislative body due to the heavy legislation demand and the interference from the tobacco industry. It is **recommended** that the Minister of Health seek support from the President of Ukraine to engage with key members of the Parliament and seek the support from as many Parliament members as possible. It is also **recommended** that the Minister of Health works closely with the Minister of Finance, Cabinet of Ministers and members of the Parliament to move the legislative process forward. In order to implement Article 5.3 and its guidelines, it is also **recommended** that the Ministry of Health works together with the National Agency for State Service to develop a code of conduct on preventing interference from the tobacco industry in the policy-making and legislative process for civil servants. Furthermore, it is **recommended** that the Regulations Committee of the Parliament develop a regulation on the same line for the elected officials.
4. The mission encourages the Government to continue to implement the effective tobacco taxation policy and increase tobacco taxes to reduce its affordability and use. At the same time, the lack of financial resources remains as one of the major obstacles for Ukraine in working towards implementing the WHO FCTC. It is **recommended** that the Government explores the possibility of introducing earmarked tax dedicated to public health programmes and in particular for tobacco control.
5. Although tobacco control legislation is in place, there are still some loopholes. Members of Parliament with support of the tobacco-control NGOs developed draft amendments to the current legislation to be in line with the provisions of the WHO FCTC (Articles, 8, 9, 10, 11, and 13).

6. It is **recommended** that existing designated smoking areas not be allowed in indoor private workplaces and public transports, shopping malls, airports, etc. The legislation on pictorial health warnings should also be revised to introduce new sets of pictorial health warnings with regular rotation to make them more effective and further increase the size of the pictorial health warnings. It is also **recommended** that the phone number of the quitline is printed on the new pictorial health warnings on tobacco packaging. The legislation should also ban advertising on internet and at the point of sales. Enforcement of the legislation needs to be strengthened and better coordinated among different governmental agencies. Ukraine's integration with the European Union (EU) represents a good opportunity to align its legislation with the EU Tobacco Products Directive.
7. The mission was informed that the Ministry of Economic Development and Trade recently suspended the law enforcement and disabled concerned authorities from inspection of facilities according to the national tobacco control legislation. It is **recommended** that the revised legislation confirms the roles and responsibilities of the enforcement agencies and mandates the concerned authority to enforce the law and conduct investigation as needed.
8. Currently, there is no regulation on the production, marketing and use of non-cigarette tobacco products, such as electronic nicotine delivery systems (e-cigarettes) and waterpipes. E-cigarettes are sold without any age limits and content control and can be widely advertised. It is **recommended** that the Government develop regulations and educate the public about the harmful effect of these products, particularly to the children and youth. It is also **recommended** that flavoured tobacco products including waterpipes as well as ENDS be banned from the market to better protect children and youth. It is further **recommended** that the Ministry of Health revises the regulation on the reporting requirement for the tobacco industry and the disclosure of information related to the content and emission of tobacco products to the public.
9. Education and awareness campaigns contribute to the change of social norms on tobacco use in Ukraine. It is **recommended** that the Ministry of Health works closely with the Ministry of Informational Policies, Ministry of Education, Ministry of Youth and Sports, Ministry of Social Policies to develop effective strategies and coordinates plans using modern approaches such as counter-marketing. Training programmes should be provided to social workers, health care workers, educators, and decision makers. It is also **recommended** to strengthen the practice of brief advice on tobacco use for healthcare workers through providing more training programmes that cover different Oblasts⁸ of Ukraine and develop evidence-based tobacco control curricula for future health care professionals.
10. The mission was pleased to learn that the Government adopted a National Strategy to Eliminate Illicit Trade in Tobacco Products (2017 to 2021) in August 2017. The Strategy stipulates that trace and tracking system should be developed by the Government rather than the tobacco industry. To further the progress the mission **recommends** to the Cabinet of the Ministers and the Parliament to review the draft law on ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products to enable Ukraine to become Party to the Protocol as soon as possible and become one of the first 40 Parties to contribute to its entry into force.
11. Apart from some pilot projects and initiatives, cessation services and treatment of tobacco dependence are still lacking in Ukraine. A national quitline service (toll-free telephone

⁸ ["Oblast" means a unit of the administrative-territorial system of Ukraine, that consists of 24 Oblasts, one Autonomous Republic of Crimea and two cities with special status \(Kyiv and Sevastopol\)](http://atu.minregion.gov.ua/ua/ustriydo2015)
<http://atu.minregion.gov.ua/ua/ustriydo2015>

consultations 0-800-50-55-60 and online CRM service⁹) was launched in June 2017 by an NGO under the guidance of the Ministry of Health and with the technical support from WHO. Sustainable funding to expand and maintain its long-term operation remains a challenge. It is **recommended** that the Ministry of Health integrates it into the service of the national tobacco control programme in the Public Health Center and allocates budget and fund to run the quitline nationwide. It is also **recommended** that the phone number of the quitline is printed on the new pictorial health warnings on tobacco packaging.

12. The State Statistics Department conducted the annual household survey that includes questions on tobacco use among the adult population. Also, there are a number of internationally-funded researches and surveys on tobacco control such as GATS (2010, 2017), ESPAD (2016), GYTS (2015) and others. The mission was informed that the Ministry of Health has an annual call for grant applications for research that could also be used for tobacco-related research. However, there is no stable financial support of the Government for scientific research in this field. Therefore, it is **recommended** that the Government allocates more resources to conduct applied research in tobacco control.
13. International cooperation plays a key role in supporting Parties to implement the WHO FCTC and achieving the SDG Target 3.a. The Convention Secretariat, WHO, the World Bank, the United Nations Development Programme (UNDP), and the United Nations Children's Fund (UNICEF), the EU, the Swiss Agency for Development and Cooperation (SDC), other partners funded by the Bloomberg Philanthropies and other agencies have been actively supporting Ukraine in implementation of the WHO FCTC or tobacco control activities in the country. It is **recommended** that the Government of Ukraine mobilizes support from the United Nation system, bilateral development agencies and other partners and engages them in the multisectoral coordination mechanism as appropriate in advancing the implementation of the WHO FCTC.
14. The mission briefed the Deputy Minister and the Chairwoman of the Foreign Affairs Committee of the Parliament on the unpaid assessed contribution from Ukraine since it became a Party to the Convention in 2006 and noticed that the Government is making plans to pay in due course in order to implement its financial obligation as a Party.

⁹ <http://stopsmoking.org.ua/howto/etapi-vidmovi-vid-kurinnya/>

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Ukraine. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in working towards strengthened implementation of the Convention.

Relationship between this Convention, other agreements and legal instruments (Article 2)

Article 2.1 of the Convention, in order to better protect human health, encourages Parties “to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law”.

Ukraine does not currently have measures that go beyond those provided for by the Convention.

It is recommended that the Government, while working on it’s strengthening the implementation of the Convention, also identify areas in which measures going beyond the minimum requirements of the Convention can be implemented.

Article 2.2 clarifies that the Convention does not affect “the right of Parties to enter into bilateral or multilateral agreements ... on issues relevant or additional to the Convention and its protocols if such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat”.

On 13 March 2012, Ukraine requested consultations in the World Trade Organization (WTO) with Australia concerning certain Australian laws and regulations that impose trademark restrictions and other plain packaging requirements on tobacco products and packaging, challenging two key measures: Australia's Tobacco Plain Packaging Act 2011 and its implementing Tobacco Plain Packaging Regulations 2011, and the Trade Marks Amendment (Tobacco Plain Packaging) Act 2011. On 14 August 2012, Ukraine requested the establishment of a panel on this matter with over 30 WTO members on both sides. In 2014, the new Government of Ukraine started an investigation in this WTO case after being criticized by the national and international communities, and on 28 May 2015, Ukraine requested the panel to suspend its proceedings. In a letter dated 29 May 2015, Australia supported Ukraine's request to suspend the proceedings on the basis that, as Ukraine stated in its letter, that the suspension will be “with a view to finding a mutually agreed solution”¹⁰. On 30 May 2016, pursuant to Article 12.12 of the DSU, the panel's jurisdiction lapsed because it had not been requested to resume its work within the 12 months following the suspension of the panel proceedings. There is a bilateral agreement with the Swiss Government that addresses health sector reforms, including technical assistance with NCD prevention and tobacco control activities (e.g. cessation services).¹¹ However, Ukraine has not yet provided full information on bilateral or multilateral agreements relevant to the Convention and its Protocols.

¹⁰ https://www.wto.org/english/tratop_e/dispu_e/cases_e/ds434_e.htm

¹¹ Swiss Cooperation Strategy 2015-2018:

https://reliefweb.int/sites/reliefweb.int/files/resources/DEZA_Cooperation_Strategy_Ukraine_2015-18_EN_WEB.pdf

Gap: There may be a lack of awareness of the obligations under this Article and the relevant proactive role that all relevant ministries need to play in the reporting process.

It is recommended that the Ministry of Foreign Affairs and relevant government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Ukraine communicate them to the Convention Secretariat either as part of its next WHO FCTC implementation report or independently.

Guiding Principles (Article 4)

The Preamble of the Convention emphasizes “*the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women’s, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts*”.

Article 4.7 recognizes that “*the participation of civil society is essential in achieving the objective of the Convention and its protocols*”.

Members of the international team met with representatives of NGOs on 28 September 2017. There are several non-governmental organizations (NGOs) active on tobacco control. There was good coordination between the Government and the NGOs in major advocacy initiatives, but the coordination amongst civil society groups is limited at the moment. LIFE played a major role in advancing the tobacco control legislation through advocacy at the Parliament, and in launching the national quit line service and is now working with the Public Health Center in the Ministry of Health with the aim to hand over the service to the government. An NGO of lawyers named Right for Health may help in improving the technical drafting of legislations to prevent tobacco industry lobbying. Another NGO focusing on anticorruption is monitoring the industry’s interference and conflicts of interest with governmental officials. However, one public health association advocated for the use of electronic cigarettes and does not disclose its funding sources.

There is a formal mechanism that includes civil society that is not connected to tobacco industry, into the implementation of the tobacco control policies (2899-IV of 2005 on Measures to prevent and reduce the Consumption of Tobacco, Article 4).

Gaps:

1. The coordination amongst civil society groups and the implementation of their tobacco control activities is limited at the moment.
2. Some public health association has been engaged with promoting emerging tobacco products.

It is therefore recommended that coordination among NGOs and civil society groups be strengthened and the Government include those relevant NGOs active in promoting the implementation of the WHO FCTC as members in a coordination mechanism on implementation of the WHO FCTC as appropriate when it is created. It is also recommended that the Government mobilize civil society organizations and improve synergy to support implementation of the Convention. It is further recommended to initiate a societal dialogue involving society representatives, media, senior governmental representatives, which may be a good entry point to support the Government of Ukraine in strengthening the implementation of the Convention. It is further recommended to work towards formalizing a network initiative and invite the NGOs to join it. NGOs active in tobacco control or claim working on tobacco control must declare their funding resources and ensure no direct or indirect

funding is taken from tobacco industry or its front groups. It is further recommended that measures be put in place to prevent agencies and organizations from promoting emerging tobacco product to interfere with the policy making and legislation process.

Article 5: General Obligations

Article 5.1 calls upon Parties to “develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention”.

The terms of reference no.1371 for 19.09.2002 of the Cabinet of Ministers defined the Ministry of Health as the lead Ministry that is responsible for fulfilment of the WHO FCTC requirements. Currently, there is no national tobacco control strategy or action plan in place in accordance with the Convention. A national program for tobacco control was developed in 2009 within the Ministry of Health, but was cancelled in 2011 due to the inclusion of all targeted programs under one umbrella in the Ministry’s 2030 agenda.

At present, tobacco control activities fall under the Noncommunicable Diseases Department in the Ministry of Health and its Public Health Center that focuses on tobacco control activities as a part of the prevention sector, which is a priority strategy of the Ministry of Health. The Ministry of Health with the support from the WHO Country Office in Ukraine is developing the National Prevention and Control of the Noncommunicable Diseases (NCDs) Action Plan. The draft action plan was prepared by a working group within the Ministry of Health and was discussed in 2016 - 2017 with different authorities and 25 Oblasts and Kyiv city with specific timelines for implementation. The draft action plan will be submitted this October to Cabinet of Ministers with the aim to be adopted by December 2017. The Ministry of Health will be the technical leader with representatives from different ministries in an intersectoral coordination committee. The committee will then prepare road maps for different risk factors of NCDs, tobacco being one of them. Various key aspects of tobacco control are addressed in the draft action plan such as smoke-free places, raising awareness about tobacco harms and risks of second hand smoke, raising tobacco taxes, ban on tobacco, advertising, and sponsorship, cessation services, decreasing affordability and availability, improving pictorial health warning labelling of tobacco products, etc. Ukraine has included achieving Target 3.a on strengthening the implementation of the WHO FCTC of the SDGs as a target in the national SDGs implementation plan presented to the High Level Political Forum on SDGs held in July 2017.

Gaps:

1. Currently there is no national action plan in implementation of the WHO FCTC
2. The implementation of the WHO FCTC and achieving target 3.a of the SDGs is not mentioned in the draft National Action Plan for Prevention and Control of the Noncommunicable Diseases

It is recommended that the Government include the WHO FCTC implementation in the national development and health strategy and plans, as well as in all relevant policy documents. It is also recommended that the National NCD Action Plan highlights the implementation of the WHO FCTC. It is recommended that the Ministry of Economic Development and Trade works closely with the Ministry of Health to improve the indicators of the national target in the national SDG implementation report, taking advantage of the indicator of the 3.a of the SDG and the available tobacco control surveillance data. It is further recommended that the Government utilize the needs assessment report as a reference in developing these documents.

Article 5.2(a) calls on Parties to “*establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control*”.

Ukraine has established a Committee for Tobacco Control in 1997 but it was cancelled later. There was a national tobacco control technical unit within the Ukrainian Institute for Strategic Research of the Ministry of Health since 2009, with one part-time equivalent staff as the focal point for tobacco control. Recently, a health reform took place, where the Institute’s responsibilities were merged with the Public Health Center in the Ministry of Health. Currently, a focal point for tobacco control is assigned within the NCD Department, but is not full time and has many other responsibilities.

A national multisectoral committee for tobacco control does not exist at the moment. There is no budget line for tobacco control activities and for implementation of the Convention. Government’s expenditures reported by Ukraine on tobacco control in 2017 are not available.¹² There is a special article on financing public health issues and NCD programs (Bill no.603). The Ministry of Health prioritizes each year special activities and topics to be addressed. There are many activities related to tobacco control conducted by many parties; however, the activities are scattered and not coordinated. These activities mostly focused on awareness raising, surveillance, and advocacy. Comprehensive implementation of the WHO FCTC needs a whole of government approach, which entails dedicated and solid resources, structures and processes. It would be useful also to initiate a focal point group or a think tank network for tobacco control for moving forward the agenda of tobacco control in collaboration with different stakeholders and the civil society. This initiative may be a good entry point for coordination of tobacco control activities among different sectors, especially among different administrations within the Ministry of Health.

Gaps:

1. The multisectoral coordinating mechanism for tobacco control does not exist.
2. There is a focal point for tobacco control activities, but is not full time. The tobacco control programme needs to be strengthened with human resources.
3. There is no budget line for implementation of the Convention.

It is recommended that the Ministry of Health designate a full-time tobacco control focal point. It is recommended that the Ministry of Health and Ministry of Finance include a budget line on the implementation of the WHO FCTC for the adoption by the Parliament. It is recommended to strengthen financially and with human resources the tobacco control program. It is further recommended that the Government establish a multisectoral coordination mechanism to implement the WHO FCTC. Regular coordination meetings need to be convened to enhance cooperation and better implement the WHO FCTC. In addition to the Ministry of Health, other relevant ministries and government agencies need to allocate staff time and budget for the implementation of relevant provisions of the Convention as well.

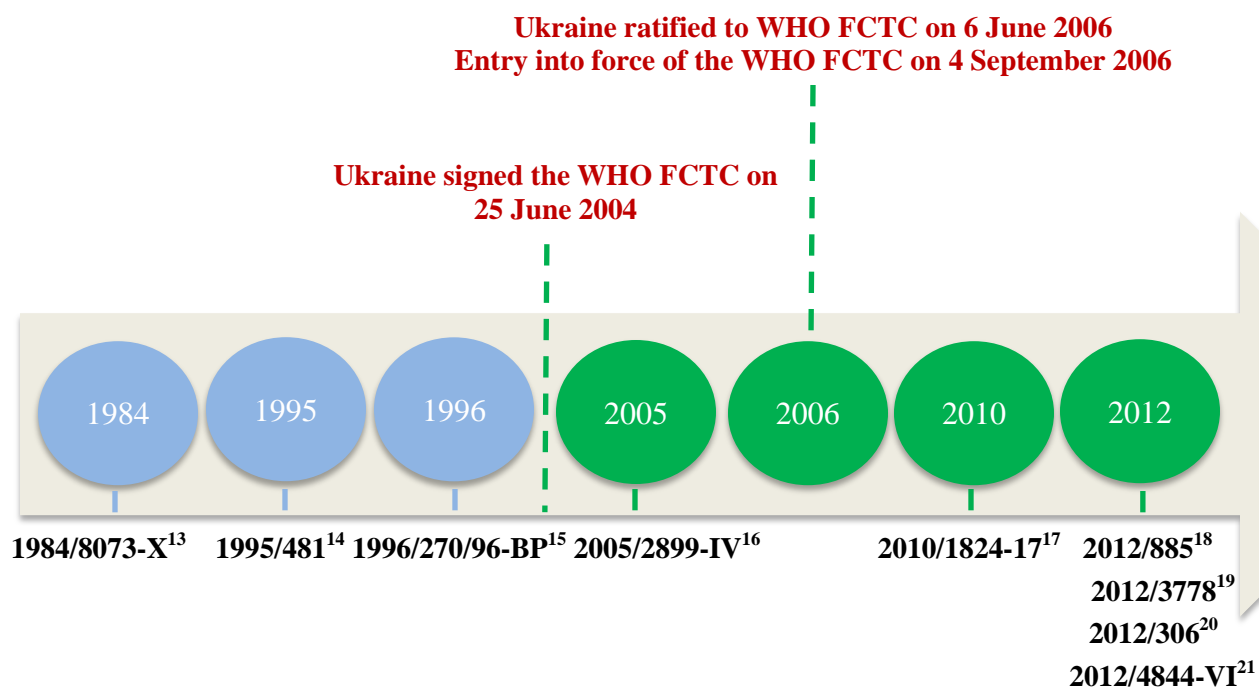
It will be useful to have a sensitization and capacity building workshop for the designated focal persons from different ministries and governmental agencies on the obligations of the Government under the WHO FCTC. The needs assessment report can serve as a useful baseline for the workshop.

Article 5.2(b) calls on Parties to “*adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke*”.

¹² Country profile in the WHO report on the global tobacco epidemic 2017:
http://www.who.int/tobacco/surveillance/policy/country_profile/ukr.pdf

Ukraine has made a lot of efforts in national tobacco control legislation and below is the milestones of the legislation process.

**Milestones of tobacco control legislation in Ukraine
(1984 – 2017)**



¹³ **1984/8073-X:** Administrative offences & penalties for smoking in places where smoking is prohibited.

¹⁴ **1995/481:** Production and sale of alcohol and tobacco products regulate packaging and labelling, restrictions on the sale of tobacco products, and sanctions for violations.

¹⁵ **1996/270/96-BP:** Regulations of advertising and sponsorship of all products, and tobacco products in Article 22.

¹⁶ **2005/2899-IV:** Comprehensive tobacco control law «Measures to prevent and reduce the consumption of tobacco products and their harmful influence on the population’s health» adopted, including packaging and labelling; restrictions on public smoking; constituents and emissions; penalties for violations.

¹⁷ **2010/1824-17:** Amendments on packaging and labelling provisions were adopted by the Parliament to both the tobacco control law and the law on regulations of alcohol and tobacco. However the introduction of news pictorial pack warnings was delayed (the regulatory act was adopted only in April 2012 and new health warnings appeared on packs in October 2012).

¹⁸ **2012/885:** Amendment of procedure for fines and violations of advertisement regulations.

¹⁹ **2012/3778:** Amendment of prohibition of advertising, sponsorship and promotion of tobacco product sales; prohibiting advertising at the point of sale and all forms of sponsorship; penalty provisions in administrative offenses regulations.

²⁰ **2012/306:** Pursuant to 2010/1824-17 to implement the mandate for pictorial health warnings; contains ten pictorial secondary warnings.

²¹ **2012/4844-VI:** Amendments to limit places for smoking; further restrictions on smoking in public, requiring all indoor places and facilities to be 100% smoke-free that were previously allowed to have designated smoking areas (all indoor public places, including restaurants, discos, nightclubs, indoor workplaces and all state and cultural institutions). Exceptions made for institutions of private ownership for the possibility to designate smoking places that cannot exceed 10% of the total size of the premises.

Currently there are up to 30 draft bills registered in the Parliament that introduce different types of regulations and amendments to the current legislation. The mission was informed about two important draft bills for tobacco control in Ukraine (2820 and 4030a), mainly for legislation harmonization with the European Union's Directives and furthering the implementation of the WHO FCTC, pending for the review and adoption by the Parliament. The draft bill 2820 requires prohibition of flavored tobacco products, increase the size of health warning labels from 50% to 65%, rotation of the pictorial health warnings, regulation of e-cigarettes, and ban on the internet advertising of tobacco products. The draft bill 4030a requires ban on display at points of sale, and broadening the list of smoking-free places. The draft bills were submitted to the Parliament since nearly two years, but are not yet put on the Parliament's agenda and reviewed by the Legislative body due to the heavy legislation demand and the interference from the tobacco industry.

The mission took note that in 2016, Members of Ukrainian Parliament adopted a Declaration²² on the 10th anniversary of WHO FCTC ratification by Ukraine.²³ There has been since a considerable improvement of tobacco control legislations and a significant progress in curbing tobacco epidemic. Almost all forms of tobacco advertising, sponsorship and marketing were banned, graphic health warnings were introduced, all working places became smoke-free, and cigarettes became less affordable due to considerable excise tax increase. Most MPs supported the Declaration. However, the Declaration recognizes that Article 5 of the WHO FCTC needs more focus from the Government and more effective enforcement of the current legislation.

Inspection and enforcement of the tobacco control law is under the authority of State Service for Food Safety and Consumer Protection of the Ministry of Agriculture. The Service is concerned with enforcement of all areas related to tobacco control, except fiscal control. Yet, the function of enforcement agencies is not detailed in the current legislation and the phrasing needs to be reviewed. Moreover, there are some technical difficulties to enforce the provisions of smoke-free places, as the mechanism of the control is not described in the legislation. Also, the recent reform of the Government has affected the structure of different agencies, which may have contributed to the weakened compliance.

Since the smoke-free law has been effective in the end of 2012, the enforcement agencies successfully conducted their controlling functions for more than two years. The fines are clearly defined in the legislation and levied on entities are considerable (1000 – 10000 UAH, equivalent of 380 USD maximum), therefore, the industry recently took advantage of the legislation loopholes in the legislation to evade fine paying. It is unfortunate that the Ministry of Economic Development and Trade recently suspended the law enforcement and disabled concerned authorities from inspection of facilities according to the national tobacco control legislation. The draft bill 4030a is seen to fix the issue of enforcement of the legislation.

Gaps:

1. The tobacco control law is not in line with the WHO FCTC in a few areas, particularly the time-bound provisions in Articles 8, 11 and 13 of the Convention, and other areas that are further discussed in this report.
2. The tobacco control law is not fully enforced and further law enforcement and inspection has been suspended by the Ministry of Economic Development and Trade.

²² http://w1.c1.rada.gov.ua/pls/zweb2/webproc4_1?pf3511=58242

²³ <http://center-life.org/en/updates-in-tobacco-control/updates-in-tobacco-control/ukrainian-parliament-praised-the-implementation-of-who-fctc-that-saved-thousands-of-lives>

3. The two bills have been pending for review and adoption by the Parliament for quite a long time and hinder the process of EU integration in terms of legislation.

It is recommended that the revised legislation stipulates the roles and responsibility of the enforcement agency (ies) and ensures that the authority to enforce the law and conduct investigation as needed. It is also recommended that the Government strengthen the coordination of the work of enforcement officers, with provision of training to officials in all relevant ministries and agencies. Enforcement of the legislation needs to be strengthened and better coordinated among different governmental agencies. It is recommended that the Minister of Health seek support from the President of Ukraine to engage with key members of the Parliament and seek the support from as many Parliament members as possible to speed up the tobacco control legislation. It is also recommended that the Minister of Health works closely with the Minister of Finance, Cabinet of Ministers and members of the Parliament to move the legislation process forward.

Article 5.3 stipulates that in setting “*public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry*”. Further, the guidelines for implementation of Article 5.3 recommend that “*all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible*”.

The guidelines for implementation of Article 5.3 recommend that “*all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible*”.

The tobacco industry in Ukraine is dominated by four operators, which are Ukrainian subsidiaries of large international corporations. Philip Morris Ukraine continued to lead in the market share 2016.²⁴ Ukraine has protected public health policies from the tobacco industry’s interests through Article 4 of the law 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco that states: “priority of the policy in the health protection sphere as compared to financial, tax and corporate interests of economic subjects, the activity of which is related to tobacco industry” and “participation of individuals, citizens’ groups, whose activity is not related to the tobacco industry, in the policies on prevention and reduction of tobacco products consumption and their harmful influence on population’s health”. In addition, Ukraine’s Law on Anti-Corruption can be applied to govern and protect public health policies from commercial or other vested interests of the tobacco industry.

On 13 March 2012, Ukraine requested consultations in the WTO with Australia concerning certain Australian laws and regulations that impose trademark restrictions and other plain packaging requirements on tobacco products and packaging, challenging two key measures: Australia's Tobacco Plain Packaging Act 2011 and its implementing Tobacco Plain Packaging Regulations 2011, and the Trade Marks Amendment (Tobacco Plain Packaging) Act 2011. On 14 August 2012, Ukraine requested the establishment of a panel on this matter with over 30 WTO members on both sides. In 2014, the new Government of Ukraine started an investigation in this WTO case after being criticized by the national and international communities, and on 28 May 2015, Ukraine requested the panel to suspend its proceedings. In a letter dated 29 May 2015, Australia supported Ukraine's request to suspend the proceedings on the basis that, as Ukraine stated in its letter, that the suspension will be “with a view to finding a mutually agreed solution”²⁵.

²⁴ <http://www.euromonitor.com/tobacco-in-ukraine/report> (July 2017)

²⁵ https://www.wto.org/english/tratop_e/dispu_e/cases_e/ds434_e.htm

Ukraine, as a Party to treaty, is expected to operate in line with the spirit of the treaty and not to engage in actions against Parties who are implementing it, and not to get involved in actions against tobacco control measures that are recommended by the treaty and guidelines that other Parties are implementing.

The international team took note during discussions with stakeholders that there may be indirect interference of the tobacco industry in weakening the enforcement of the current legislation and in postponing the adoption of the new bills. There are some actions and events that witness the tobacco industry interference in Ukraine: The regulation on pictorial health warnings allowed a period of grace of 6 months for the companies to adopt them, but the amendments introduced by the industry for this measure extended the grace period to 18 months. Also, the health warnings are posted on the Ministry of Health's website for the companies to implement the posted warnings on tobacco packs. Samples from the market have shown that the tobacco industry printed less effective warnings and uneven distribution of pictures among them. The industry also established a front group of national organization of trade and retailers which has been active for 16 years and conducts research on points of sale advertisement taking advantage of the law loopholes. The tobacco companies pay for decorating shop windows. They sent letters to different ministries to hinder adoption of the national tobacco control law and to disable its enforcement. There are reports that some think tanks and NGOs receive in-kind contributions directly or indirectly from the tobacco industry.

Gaps:

1. There is no specific code of conduct for civil servants in relation to the implementation of Article 5.3 and its guidelines.
2. There are no measures in place requiring that all interactions with the tobacco industry deemed necessary are conducted in a transparent manner. For example, there is no obligation to record meetings with persons affiliated with the industry or to inform the public about them.
3. The current tobacco control law does not fully serve to protect public health policies from negative influences of the tobacco industry and its affiliates; does not fully ensure preferential treatment is not given to the tobacco industry; and does not fully prevent interference from tobacco industry in the national tobacco control legislation process.

It is recommended that the Ministry of Health works together with the National Agency for State Service Government develop and implement a code of conduct for government officials and civil servants for their interactions with the tobacco industry, in line with Article 5.3 and its guidelines. Furthermore, it is recommended that the Regulations Committee of the Parliament develop a regulation on the same line for the elected officials.

It is also recommended that any meetings that may occur between government officials and the tobacco industry be made transparent and that any relevant information or notes for record be made available to the public. It is further recommended that the Government of Ukraine, in collaboration with civil society, continue to raise awareness on protection of public health policy from the vested interests of the tobacco industry among all government agencies and public officials.

The mission emphasizes that Ukraine, as a Party to treaty, is expected to operate in line with the spirit of the treaty and not to engage in actions against Parties who are implementing it, and not to get involved in actions against tobacco control measures that are recommended by the treaty and guidelines that other Parties are implementing.

Article 5.4 calls on Parties to “*cooperate in the formulation of measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties*”.

Ukraine has attended sessions of the COP. Ukraine has been a member of the working groups of Articles 6, 9 &10, 11. Ukraine is encouraged to ratify to the Protocol to Eliminate Illicit Trade in Tobacco Products as soon as possible. Further cooperation and participation in intergovernmental processes in this regard will facilitate implementation of the Convention, its Protocol, and other instruments adopted by the COP.

Article 5.5 calls on Parties to “*cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties*”.

Article 5.6 calls on Parties to “*within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms*”.

Ukraine regularly cooperates with international organizations and other development partners, such as the WHO, World Bank, UNICEF, the European Union, Campaign for Tobacco Free Kids, the International Union against Tuberculosis and Lung Disease, and Bloomberg Philanthropies. Ukraine is working in line with Articles 5.5 and 5.6 of the Convention, and is encouraged to continue to do so. Ukraine has received technical and financial assistance from these bodies. The support included advocacy for the tobacco control law, policy development, capacity building, health education material and curricula, awareness raising campaigns, and surveillance activities. Ukraine is encouraged to mobilize additional resources for effective implementation of the Convention and enforcement of the tobacco control law.

Article 6: Price and tax measures to reduce the demand for tobacco

In **Article 6.1**, the Parties recognize that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons*”.

Article 6.2(a) further stipulates that each Party should take account of its national health objectives concerning tobacco control in implementing “*tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

Article 6.2(b) requires Parties to prohibit or restrict, “*as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products*”.

Article 6.3 requires that Parties shall “*provide rates of taxation for tobacco products ... in their periodic reports to the Conference of the Parties, in accordance with Article 21*”.

The taxation system on tobacco products in Ukraine is a mixed excise one. There are two kinds of excise taxes: 1) paid to the national budget by producers and importers: for cigarettes it is a combination of specific and ad valorem excises with minimum specific floor; 2) paid by retailers to the local budgets - 5% of the retail price. In 2017, the new excise tax rates were 40% higher than in 2016 while the ad valorem tax rates were the same.

Tobacco excise (specific and ad valorem) revenues for all tobacco products increased from 2.5 billion UAH in 2007 to 22 billion UAH in 2015 and to more than 33.2 billion UAH in 2017. Tobacco taxation was increased by 24 times within the period 2008-2017. These figures do not include 5% of the retail tax

paid by sellers from each pack of cigarettes to local state budgets. Experts estimate this will add approximately 4 billion UAH.

By Law of Ukraine 5132 «About the changes to the Tax Code of Ukraine regarding balancing of the budget incomes in 2017» voted by the Parliament on 20.12.2016, the following tobacco taxes were established:

Product	Type of tax	Rate/amount	Base of tax
Raw tobacco and waste	Specific	559,78 UAH	1 kg
Cigarettes	Specific	445.56 UAH	1000 pieces
	Ad valorem	12%	
	Minimal excise tax duty	596,05 UAH	1000 pieces
Ciagars, cigarolls	Specific	559,78 UAH	1000 pieces
Fine cut tobacco	Specific	559,78 UAH	1kg

The latest GATS report also indicates that the inflation-adjusted median price for a pack of 20 manufactured cigarettes increased significantly from UAH 10.4 in 2010 to UAH 17.5 in 2017. Based on the data of the State Treasury, the prices grew by 16% on average; considerably higher than the country inflation rate.

Cigarettes are the only product in Ukraine for which the Government allows to the producers and importers to set minimal retail prices (MRP), and change them twice per month (Article 220 of the Tax Code of Ukraine). Violations for selling by the MRP are 1000 UAH (Article 17 Law of Ukraine «About government regulation of the production and turnover of ethyl, cognac and fruit, alcoholic beverages and tobacco products). This provision is used only for calculation of the ad valorem tax to be paid from cigarettes.

In 2017, the minimal specific excise tax was set at 11,96 UAH per pack of 20 cigarettes. The ad valorem tax was applicable only for cigarettes higher than 25 UAH per pack. Based on Euromonitor market data, 82% of the market represent the price segment below 11,96 UAH, which means that the ad valorem tax is only applied to approximately 20% of the market. If this policy continues, the ad valorem tax will become redundant by time.

There were several legislative proposals registered in the Parliament for tobacco tax increase for 2018 and for longer terms. One of them is the draft law 7130-1 developed by the Ministry of Finance, which suggests to increase the excise tax by 40%; introduce excise rates calculations in Euros (now in Hryvnas); increase excise tax by 20% starting 2019 and until 2025. The Ministry of Finance based such long-term plans referring to the obligations taken under the Association Agreement with the European Union to harmonize tobacco taxes by 90 EU per 1000 cigarettes. It is expected that the Parliament will start discussing the legislative proposals on tobacco taxes for 2018 in November 2017.

The mission took note that the World Bank worked closely with the Ministry of Health and the Ministry of Finance in providing evidence from a modeling exercise undertaken to predict the health and related cost impacts that may stem from the implementation of a tobacco excise tax increase in Ukraine. Impacts are calculated relative to the status quo before the tax hike, and are modeled, beginning in 2017, for 2025 and 2035. The model estimated that by 2035 the specified tax increase would result in the avoidance of 126,730 new cases of smoking-related disease; 29,172 premature deaths; and 267,098 potential years of life lost, relative to no change in tax. These reductions in disease and death will avoid 1.5 billion UAH in

healthcare costs and 16.5 billion UAH in premature mortality costs, respectively.²⁶ In addition, the Ministry of Health is preparing a proposal for earmarking of taxes for public health issues.

Gaps:

1. Sales to international travelers of tax- and duty-free tobacco products is not prohibited or restricted, but imports are.
2. Tax policies contribute to the health objectives aimed at reducing tobacco consumption, however, taxation income is not earmarked for funding any national plan or strategy on tobacco control.

It is recommended the Government of Ukraine continue to implement the effective tobacco taxation policy and increase tobacco taxes to reduce affordability and use of tobacco products. It is also recommended that the Government periodically evaluates the processes of tobacco tax increases and adjusts it in accordance with the guidelines of the Convention, taking inflation and income growth developments into account in order to reduce consumption of tobacco products. This should be accompanied by strong tax administration such as strengthening enforcement agencies to minimize tax evasion by manufacturers and criminal organizations. It is also recommended to consider restrictions on the sale to international travelers, of tax-free or duty-free tobacco products. It is therefore recommended that the Government explores the possibility of introducing earmarked tax dedicated to public health programmes and in particular for tobacco control.

Article 8: Protection from exposure to tobacco smoke

Article 8.2 requires Parties to “adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.”

Article 8 guidelines emphasize that “there is no safe level of exposure to tobacco smoke” and call on each Party to “strive to provide universal protection within five years of the Convention’s entry into force for that Party”.

Ukraine is legally bound to provide universal protection to prevent exposure to tobacco smoke in all indoor public places. The guidelines for the implementation of Article 8 included a five-year deadline, which for Ukraine was reached in 2011. Significant progress was achieved in addressing smoke free places since the Government ratified the Convention in 2006.

Article 2.1 of the adopted changes to the law (4844-VI) introduced amendments to Article 13 of 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco, which prohibits smoking of tobacco products as well as electronic cigarettes and waterpipes in elevators and payphones; premises and on the territory of healthcare facilities; premises and on the territory of educational institutions; on children’s playgrounds; premises and on the territory of sports and physical health facilities and physical education and sports institutions; entrances to residential buildings; in underground passages; on public passenger transportation; premises of public dining institutions; premises of cultural sites; premises of state agencies and local self-government agencies, other state establishments and; at fixed public transportation stops. This law has been effective since December 2012.

²⁶ Modeling the long-term health and cost impacts of reducing smoking prevalence through tobacco taxation in Ukraine: <http://documents.worldbank.org/curated/en/417831489985759573/Modeling-the-long-term-health-and-cost-impacts-of-reducing-smoking-prevalence-through-tobacco-taxation-in-Ukraine>

The Government utilized the guidelines for implementation of Article 8 of the WHO FCTC when developing or implementing policies in this area. Yet, dedicated smoking areas (10%) are allowed in premises of enterprises, establishments and organizations of all forms of ownership, except for governmental, educational and medical institutions; premises of hotels and similar places of accommodation; premises of dormitories; airports and train stations. The new draft bill 4030a seeks to broaden the list of smoke free places in line with Article 8 and its Guidelines.

The national law requires fines for smoking in prohibited areas and fines are levied on both the smoker and establishment. The fines levied on the establishments for violations stipulated in Article 13 of 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco are 1000-10,000 UAH. The State Service for Food Safety and Consumer Protection (formerly The National Consumer Protection Inspection Agency) is responsible for enforcement and can fine legal entities for violations. Physical persons can be fined by police, however the fines are very low and has not been revised since 2005 (51 – 170 UAH).

Gaps:

1. Designated smoking areas (10%) are still allowed in some public and private places.
2. Compliance with smoke-free policies still needs stronger enforcement in some public places.²⁷ The level of enforcement decreased in 2014-2016 because the government disabled inspections of business facilities.
3. There is no official complaint system dedicated for violations of the tobacco control law with open access to public that requires an investigation after a complaint and tracks the process.

It is recommended that the legislation on banning designated smoking areas or rooms in indoor public or work places be adopted as soon as possible in order to strengthen the implementation of Article 8. It is further recommended that all levels of government do not construct nor pay for the construction of designated smoking rooms. Enforcement of the legislation needs to be strengthened and better coordinated among different governmental agencies. Ukraine's integration with the European Union represents a good opportunity to align its legislation with the European Union's Tobacco Product Directive. The civil society may play a role in monitoring smoke free workplaces.

Articles 9 and 10: Regulation of the contents and disclosures of tobacco products

Article 9 requires Parties to “adopt and implement effective legislative, executive and administrative or other measures” for the testing and measuring of the contents and emissions of tobacco products.

Article 10 requires each Party to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities’ information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce”.

²⁷ Country profile in the WHO report on the global tobacco epidemic 2017:
http://www.who.int/tobacco/surveillance/policy/country_profile/ukr.pdf

The guidelines for the implementation of Articles 9 and 10 recommend a range of measures in relation to Article 9, including that Parties should prohibit or restrict ingredients that may be used to increase palatability in tobacco products, that have coloring properties, that may cause tobacco products to be perceived as having health benefits, and that are associated with energy and vitality such as stimulant compounds.

Ukraine is working towards the implementation of Articles 9 and 10 of the Convention and is a member of the Article 9 and 10 Working Group. Ukraine has adopted measures to test and measure emissions and to public disclosure of the contents and emissions of tobacco products (nicotine, tar and CO²). The manufacturers or importers of tobacco products are required to disclose information about the contents and emissions of tobacco products to Government authorities. By the order number 105 of the Ministry of Health dated 25.02.2011, the list of harmful components in tobacco products was publicized. Every manufacturer or importer of tobacco products (including supporting materials: paper, ink etc.) should submit a report on product's composition to the appropriate authority, the Ministry of Health. The information of testing has not been regularly updated. This is according to Article 11 of 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco Products and their Harmful Influence on the Population's Health Requirements for the content of substances harmful to human health and ingredients that are contained in the composition of tobacco products and are released along with tobacco smoke during their smoking, and information on the harmful substances and ingredients of tobacco products.

Determination of the content of nicotine, tar, other substances harmful for human health, including ingredients of tobacco products, in tobacco products and tobacco smoke is made by organizations (laboratories), which in the procedure prescribed by law have the right to test products for compliance with safety requirements for human health and life. These organizations (laboratories) are included by the Agency for Technical Regulation and Consumer Policy in the appropriate list to be published.

Monitoring of compliance with parameters designated by law for the content of nicotine and tar, and also other parameters for the content of other substances harmful to human health and ingredients of tobacco products in tobacco products, which are manufactured or sold on the territory of Ukraine, is exercised within the powers of the Central Executive Health Care Agency.

The Central Executive Health Care Agency annually publishes lists of substances harmful for human health and ingredients of tobacco products that are contained in tobacco products and are released along with tobacco smoke during their smoking, and also informs the public via the media about the harmful substances and ingredients of tobacco products that are contained in tobacco products and are released along with tobacco smoke during their smoking, on the harm to human health from the use of tobacco products.

The manufacturer or importer of tobacco products, at the request of the Central Executive Health Care Agency, must in the manner prescribed by the Cabinet of Ministers of Ukraine provide information on the content of substances harmful for health: nicotine, tar, other substances and ingredients harmful for health that are contained in tobacco products and are released along with tobacco smoke during their smoking.”

The mission was also impressed with the competency of Ukrainian research institutions, in particular with the expertise and facilities of the L.I Medeves Research Center of Preventive Toxicology, Food and Chemical Safety in testing of the contents and emissions of the tobacco products. The Institute is an independent body that reports directly to the Ministry of Health. The Center tests contents of tobacco not only for nicotine and tar but also for pesticide residuals and heavy metals, which toxic levels may not be determined in the tobacco control legislation - depending on the region where the tobacco has been grown (as most tobacco in Ukraine is imported). The emissions tested include carbon monoxide and radioactive

materials. The Center tests for coloring agents and food additives as well. All testing producers are according to the WHO requirements. It was agreed with the European Union accordingly to have new standards for these toxicants and according to different methods of tobacco combustion.

The Center has smoking machines for regular cigarettes and has recently purchased a new machine for testing contents and emissions of e-cigarettes and has published some results in the European Toxicology Society from an epidemiological study on the chemicals that exist in the indoor air from smoking e-cigarettes and their potential hazard to second hand smokers.

The Center is internationally accredited. Neighboring countries have requested testing their tobacco products in the Institute such as Tajikistan, which sent samples for chewed tobacco. The Center can serve as a reference laboratory in the region and support other Parties to the WHO FCTC in implementing Article 9 and 10 and its guidelines.

Gaps:

1. Some non-cigarette tobacco products are not regulated by the tobacco control law such as electronic nicotine delivery systems (e-cigarettes), waterpipes, and heat-not-burn products.
2. The draft bill 2820 which seeks to regulate e-cigarettes, flavours and waterpipe tobacco in accordance with the relevant EU Directive has not been adopted, or put into the Parliament agenda since May 2015. This situation creates favorable conditions for the tobacco industry to continue enjoying preferential outdated regulations for ingredients and flavours, and avoid pictorial health warning rotation.

It is recommended that non-cigarette tobacco products and the definition of tobacco products be revised and to regulate these products in the draft bill to work towards the implementation of the Convention and guidelines of Articles 9 and 10, including banning t flavors of tobacco products. The tobacco companies shall bear all the costs of such testing requirements. It is also recommended that the Government require only relevant qualitative statements about the constituents and emissions on tobacco product packaging in accordance with Article 11 and its guidelines. It is further recommended that the Government of Ukraine increase wider public access to information submitted by the tobacco industry.

Article 11: Packaging and labelling of tobacco products

Article 11 requires that: “*Each Party shall, within a period of three years after entry into force of the Convention for the Party to adopt and implement, in accordance with its national law, effective measures...*” for tobacco packaging and labelling. Guidelines on implementation of Article 11 require measures that Parties can use to increase the effectiveness of their packaging and labelling measures, such as prohibit misleading tobacco packaging and labelling; ensure that tobacco product packages carry large health warnings and messages describing the harmful effects of tobacco use; ensure that such warnings cover 50% or more, but not less than 30%, of principal display areas and that they are in the Parties’ principal language(s); and ensure that packages contain prescribed information on the tobacco products’ constituents and emissions.

Article 11 of the Convention on packaging and labelling has a three-year deadline, which was reached by Ukraine in 2009. Health warnings were first introduced by Law of Ukraine 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco Products and their Harmful Influence on the Population’s Health (this Article is also mirrored in Law No. 481/95 on the State Regulation of Production and Circulation of Ethyl Alcohol, Cognac and Fruit Alcohols, Alcoholic Beverages and Tobacco Products). They were seven rotating textual warnings occupying 30% of the main display areas

of the tobacco packs. The law was amended in several subsequent ones (3032-III of 2002, 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco, 1824-VI of 2010).

In April 2012, the Decree 306 was signed by the Cabinet of Ministers pursuant to Law 1824-17 of 2010 to implement the mandate for pictorial health warnings. The Decree contains 10 pictorial secondary warnings. Currently, in addition to the specifications of the textual warnings by previous laws, graphic health warning appear on tobacco packs, are rotating and covering 50% of the front and rear of the pack surface area. The Ministry of Health should implement the rotation of the health warnings every five years. Most of the Guidelines for implementation of Article 11 of the WHO FCTC were utilized during developing or implementing policies in this area. The Ministry of Health displays the required pictorial and accompanied textual warnings on its website, where the tobacco companies can access them for printing. Yet, it was reported that samples from the market have shown that the tobacco industry printed less effective warnings and uneven distribution of pictures among them. Also, the regulation pictorial health warnings allowed a period of grace of 6 months for the companies to adopt them, but the amendments introduced by the industry for this measure extended the grace period to 18 months.

The draft bill 2820 that was submitted to the Parliament requires prohibition of flavored tobacco products; increase the size of health warning labels from 50% to 65%, rotation of the pictorial health warnings.

Gaps:

1. The pictorial health warning is not placed on the front display area of the tobacco pack.
2. The law does not state that warnings on packages do not remove or diminish the liability of the tobacco industry.
3. The law does not prohibit the use figurative or other signs, including colours or numbers, as substitutes for prohibited misleading terms and descriptors, nor the use of descriptors depicting flavours.
4. It is not mandatory for the quit line number to appear on packaging or labelling of tobacco products yet (quit line number first launched in June 2017).
5. Even though the law stipulates the rotation of the warnings every 5 years, such rotation was not implemented

It is recommended that the Parliament adopt the draft bill 2820 as soon as possible and align it with the relevant provisions of the European Union's Tobacco Product Directive. It is also recommended that the regulations concerning packaging and labelling of tobacco products be revised to be in line with the Convention and guidelines of Article 11, specifically taking into consideration to ban misleading descriptors and flavors. It is further recommended that the Government look into the international best practice and explore the possibility of adopting plain packaging, to maximize the effectiveness of the health warning policy.

Article 12: Education, communication, training and public awareness

Article 12 requires that “Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools...” Article 12 guidelines require that “Each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote...” education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles as well as training to all concerned professionals and persons and public access to information on the tobacco industry.

Ukraine has adopted and implemented measures for educational and public awareness programmes directed to adults or the general public, as well as to children and young people. These programmes cover the health risks of tobacco consumption, health risks of exposure to tobacco smoke, benefits of the cessation of tobacco use and tobacco-free lifestyles. Public agencies and NGOs are aware of these activities and have participated in the development and implementation of intersectoral programmes and strategies for tobacco control.

The Tobacco Control Law of Ukraine 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco sets in its aims and provisions the importance of raising public awareness on the harms of tobacco use and depicts roles of each of the State's Units in its implementation.

The mission took note that education and awareness campaigns contributed to the change of social norms on tobacco use in Ukraine, especially those which took place in accordance with the launch of tobacco control laws. Also, during the roundtable meeting with different ministries, it was reported that the campaign "Thank you for not smoking" contributed to the high rate of support to the smoke-free law, notably with support from about 50% of smokers. This campaign was supported by Tobacco Free Kids and the Vital Strategies (formerly the World Lung Foundation).

The Ministry of Information does not perform pre-and post-testing of campaign materials, but could do so on request, and promote such materials among the TV companies. The Ministry of Social Policy is involved in spreading health education among youth and consult families in challenging environments and adoption of healthy lifestyles. Adoption of this information on the Ministry's website was motivated by the guidelines of the WHO FCTC. Both ministries are working jointly to address children and formulating public messages about the harms of tobacco use. The Ministry of Education and Science developed topics that are taught from first grade at schools and up to the medical school on healthy life styles and harms of smoking. The Ministry has also developed a program together with the UNICEF that includes a documentary film on tobacco and drugs.

There were also efforts to create educational curricula for children in schools, medical students, special populations (with military personnel in 7 pilot oblasts) and health professionals. Some are developed according to the WHO guidelines, and others were spontaneous initiatives. Among tobacco smokers who visited a health care provider in the past 12 months, 49.2% were asked by a health care provider if they smoked.²⁸

There were no educational campaigns run by the Ministry of Health in the past few years, mainly due to lack of resources to produce the educational films and materials. Several awareness raising campaigns with doctors (Quit Smoking) and victims of tobacco industry (Voices of Victims) was conducted by NGOs with the donors support. The Government can provide air-free time on the national TV channels because of the obligation towards health, but may not be in prime time and not in earned media. The Government could also request air-free time from the commercial channels but this will be a matter for their internal consideration.

The mission noted the development with the proposed 2017 National Action Plan on Prevention and Control of NCDs which include strong element on education, training and communication through multisectoral coordination, especially in ensuring organization and running public information campaigns about harmful effects tobacco smoking and exposure to smoke, possible development of addiction, the medical and social costs of tobacco use, and the importance of tobacco smoking cessation to improve the quality of life and prevent NCDs. The Action Plan sets to create favorable preferential and/or free of

²⁸ Global Adult Tobacco Survey (GATS) fact sheet: Ukraine 2017:
http://www.who.int/tobacco/surveillance/survey/gats/gats_ukr_2017_fact_sheet.PDF?ua=1

charge conditions for broadcasting and distribution of social advertising: video-, audio-, web- and printed media to prevent NCDs; and to introduce modern training and educational materials in the learning process for preschool and school-age students, as well as for pre- and post-graduate students with mandatory inclusion of topics regarding healthy lifestyles, NCD prevention and their risk factors in the curricula.

During the meeting with MP Olga Bohomolets, Head of the Health Committee, the fact that cardiovascular diseases and maternal mortality rates are very high in Ukraine, was thought to be a good entry point for raising public awareness on the harms of tobacco use and the effects of second hand smoke, specifically among these target groups.

Gaps:

1. The public does not have access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository.
2. The adverse economic and environmental consequences of tobacco production and consumption are not addressed in these educational programmes.
3. Some elaboration, management and implementation of communication, education, training and public awareness programmes are not guided by research and do not undergo pre-testing, monitoring and evaluation.
4. There is no special training or sensitization programmes on tobacco control addressed to health, community, social workers, media professionals, educators, and decision-makers.

It is recommended that the Ministry of Health ensure the Action Plan on Prevention and Control of NCDs will materialize through involvement of different ministries and agencies in its intersectoral approach for raising public awareness on the harms of tobacco use and exposure to tobacco smoke. It is also recommended that effective strategies and coordinate plans using modern approaches such as counter-marketing be developed. Training programmes should be provided to social workers, health care workers, educators, and decision makers. It is further recommended that the Ministry of Health strengthen the practice of brief advice on tobacco use for health care workers through providing more training programmes that cover different Oblasts of Ukraine, and develop evidence-based tobacco control curricula for future health care professionals.

Article 13: Tobacco advertising, promotion and sponsorship

Article 13 of the Convention stipulates that the Parties “recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products”. Guidelines of Article 13 require the ban should cover all types of tobacco advertising and promotion as well as any sponsorship conducted by the tobacco industry. The comprehensive ban must be put into effect within five years of entry into force of the Convention for each Party, including of a cross-border advertising ban originating from the Party’s territory. Parties that are not in a position to provide for a comprehensive ban due to their constitutional principles must apply restrictions.

Law 3778 of 2012 introduced changes to some legislative acts on the ban of the advertising, promotion, and sponsorship of tobacco products. The Law 2899-IV of 2005 on Measures to prevent and reduce the Consumption of Tobacco and the Law on Advertising regulate all aspects of the tobacco advertising, including further restricts tobacco advertising, promotion and sponsorship, including prohibiting advertising at the point of sale and all forms of sponsorship. In addition, the law amends some penalty provisions in the code on administrative offenses. Resolution 885 of 2012 of Council of Ministers identifies the violations of the law on advertising for which fines can be imposed.

Currently, the direct advertising ban covers national and international TV and radio, local and international magazines and newspapers, billboards and outdoor advertising. Advertising at points of sales is prohibited, but the tobacco industry uses the existing loopholes to use the special forms of promotion with product displays. The indirect advertising ban covers free distribution of tobacco products, promotional discounts, sponsorship and corporate social responsibility activities of tobacco companies by direct or in-kind contributions, and bans tobacco vending machines. There is also a ban for tobacco advertising in the internet; however the user could be subjected to the tobacco ads after the age verification which is very easy and does not require document presentation. Depiction of tobacco or tobacco use in entertainment media products, produced in Ukraine are also included in the ban.

Corporate social responsibility activities are also banned by Article 16 of the 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco, while tobacco corporations uses a loophole in the legislation to qualify their funding to the organizations as charitable donations. Only based on Philip Morris International report it provided 1.2 million USD to NGOs in Ukraine in 2015-2016. Also, tobacco industry takes advantage of the low capacity of the enforcement institutions and stated to sponsor cultural events, concerts and presentations, based of NGOs monitoring results. Another form of using loopholes is to place promoters at shopping malls and kiosks, who cannot be arrested by the police. This is a direct violation if the law but with no enforcement mechanism. The draft law 4030a is aimed to close this loophole as well.

Gaps:

The ban does not cover:

1. Explicit ban of display and visibility of tobacco products at points of sale
2. Full ban on advertising in the internet
3. Clear enforcement mechanisms to prevent corporate social responsibility and promotional activities.
4. Depiction of tobacco or tobacco use in entertainment media products produced abroad. Prescribed anti-tobacco advertisements required are not presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images

It is recommended the legislation should also ban advertising in internet and at point of sales and the draft bill 4030a should be adopted as soon as possible without any further delay. It is recommended to review the draft bill to also include other elements in the gaps under Article 13 that are mentioned here above, to work in line with the guidelines of Article 13.

Article: 14 Demand reduction measures concerning tobacco dependence and cessation

Article 14 requires each Party to “develop and disseminate appropriate, comprehensive and integrated guidelines [concerning tobacco dependence and cessation] based on scientific evidence and best practices... [and] take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”. Guidelines of Article 14 require each Party shall endeavor to include counselling, psychological support, nicotine replacement, and education programmes. Parties are required to develop and disseminate national guidelines on tobacco cessation and are encouraged to establish sustainable infrastructure for such services.

Ukraine has successfully launched a national quit line service as a pilot project (toll-free telephone consultations 0-800-50-55-60 and online CRM service) in June 2017 by an NGO under the guidance of the Ministry of Health and with the technical support from WHO. Sustainable funding to expand and maintain its long-term operation remains a challenge. The calculated amount for sustaining the service is

around 1 million UAH per year. The Ministry of Health plans to embed it in the budget plan of 2019 under financing of public health issues.

Some primary care facilities and rehabilitation centers provide smoking cessation support. Nicotine replacement therapy, tabex (cytisine) and champix (varenicline) are legally sold in the country and available in pharmacies.

In 2013, the Ministry of Health adopted a protocol dealing with the cessation assistance for the primary health care doctors. Among tobacco smokers who visited a health care provider in the past 12 months, 39.4% were advised by a health care provider to quit smoking.²⁹ Apart from some pilot projects and initiatives, cessation services and treatment of tobacco dependence are still lacking in Ukraine.

Gaps:

1. There are no programmes to promote cessation of tobacco use such as media campaigns emphasizing the importance of quitting that are specially designed for women.
2. There are few design and implementation of programmes aimed at promoting the cessation of tobacco use, in educational institutions, healthcare facilities, workplaces, sporting environments.
3. The diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use is not integrated in national programmes, plans and strategies for tobacco control, health, education, health-care system.
4. The secondary and tertiary health care, specialist health-care systems do not provide programmes for the diagnosis and treatment of tobacco dependence.
5. There are few specialized centers for cessation counselling and treatment of tobacco dependence.
6. Health and other professionals are not regularly involved in training programmes offering treatment for tobacco dependence and counselling services.
7. Tobacco dependence treatment is not fully incorporated into the curricula of health professional training at pre- and post-qualification levels at the medical, dental, nursing, and pharmacy schools.
8. The cost of the tobacco cessation medications is not covered by public funding or reimbursement.

It is recommended that the Ministry of Health adopt and implement programmes that develop and disseminate appropriate, comprehensive and integrated guidelines for tobacco dependence and cessation based on scientific evidence and best practices. The mission recommends that medical societies and the Ministry of Health engage in preparing national consensus guidelines for cessation as baseline information to be further used in governmental policies and training. It is also recommended that the Ministry of Health integrate it into the service of the national tobacco control programme in the Public Health Center and allocate budget and fund to run the quit line nationwide. It is further recommended that the phone number of the quit line be printed on the new pictorial health warnings on tobacco packaging.

Illicit trade in tobacco products (Article 15)

In Article 15 of the Convention the “Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control”.

²⁹ Global Adult Tobacco Survey (GATS) fact sheet: Ukraine 2017:
http://www.who.int/tobacco/surveillance/survey/gats/gats_ukr_2017_fact_sheet.PDF?ua=1

The Ukrainian Government has recently adopted a National Strategy to Eliminate Illicit Trade in Tobacco Products (2017 to 2021) in August 2017. The Strategy stipulates that trace and tracking system should be developed by the Government rather than the tobacco industry.

Lately, the decrease in prices for some brands contributed to increase in illicit exports from Ukraine to the neighboring EU countries, being one of the sources of retail volume growth in 2016. By estimates, at least 10 billion cigarettes which are sold and taxed in Ukraine are smuggled annually to other countries. Seizures of illicit tobacco products were reported for cigarettes 68 million pieces in 2013, and 85 million pieces in 2014. The country reported that illicit tobacco trade represents only 1% of the national tobacco market.

Ukraine adopted and implemented measures that require marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product, and to assist in determining whether the product is legally sold on the domestic market. Marking is required to be presented in legible form and/or appears in the principal language of the country.

Law of Ukraine 481 of 1995 requires that the name of the manufacturing enterprise and its location appear on the packaging (except for the transparent wrappers), in which the products are contained, and that a product intended for export is labeled pursuant to the terms of the respective export agreement. Also, it requires that tobacco products that are manufactured in Ukraine, as well as those that are imported into Ukraine are marked with an excise duty stamp in accordance with the law. During the KIIS survey in 2015, among the cigarette packs shown by respondents who currently smoke the percentage of packs with foreign markings was 3.3% in 2015 survey, while in 2013 and 2014 it exceeded 5%. Two thirds of all cigarette packs with Russian markings were found in the part of Donetsk region, which is not controlled by Ukraine, so the level of cigarette smuggling into Ukraine is about 1%.¹ Based on the latest results of the Taylor Nelson Sofres report the level of the illicit tobacco trade did not exceed 2,6% the first 6 months of 2017.

Ukraine has also adopted measures for monitoring and collection of data on cross-border trade in tobacco products, including illicit trade, requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law, and enabling the confiscation of proceeds derived from illicit trade in tobacco products. Ukraine also promotes cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, licensing or other actions to control or regulate production and distribution in order to prevent illicit trade.

During the roundtable meeting with representatives of different Ministries, it was noted that Article 6 of the Customs' code under the Ministry of Finance regulates illicit trade in tobacco products. Changes to the Criminal Code of Ukraine in a draft law that was developed by the Security Service of Ukraine have increased enforcement and introduces the criminal responsibility of violations for illicit trade, however the draft law was not registered in the Parliament. It was also noted that the violation department within the State Fiscal Service (that is under the Ministry of Finance) does not have the administrative responsibility for confiscation. The tobacco industry helps in destroying confiscated products, and asks for the department's expertise in checking the tax marks and defining the fake products.

¹ Country WHO FCTC implementation report 2016:
http://apps.who.int/ftc/implementation/database/sites/implementation/files/documents/reports/final_ukraine_2016_report.pdf

Gaps:

1. It is not required that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product
2. The measures applied do not fully facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements
3. There are no adopting and implementing measures in place to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties
4. The draft law on ratification of the Protocol was returned by the President Administration for the second time to the Ministry of Health without its permission to register the law and with the recommendation to refine the documents. This decision hampers and delays the ratification process.

The mission recommends that the Cabinet of the Ministers and the Parliament to review the draft law on ratification of this Protocol to enable Ukraine to become Party to the Protocol as soon as possible and become one of the first 40 Parties to contribute to its entry into force. It is also recommended that the Government ensure that the newly adopted National Strategy to combat illicit trade in Ukraine is materialized with effective measures, including the development of the tracking and tracing system for tobacco products in line with the Protocol requirements to secure the distribution system and facilitate the investigation of illicit trade. The mission emphasized that the adoption of the National Strategy should not substitute the ratification of the Protocol as such measures should be viewed as complimentary and mutually enforced. It is further recommended that Ukraine works in line with the EU in this regard.

The Convention Secretariat together with WHO and other intergovernmental organizations are available to facilitate the sharing of international experience, to support training in enforcement, and to coordinate any assistance needed to combat illicit trade in tobacco products.

Sales to and by minors (Article 16)

Article 16.1 requires that “Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.”

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibited the sale of tobacco products by persons under the age of 18 and to persons under the age of 18.

According to 2011 GYTS, 54.2% of youth aged 13–15 years old were able to buy cigarettes in a store and 55.7% who bought cigarettes in a store were not refused purchase because of their age.

There are no age limits for the purchase of electronic nicotine delivery systems in the legislation.

Gaps:

1. Minors are still able to purchase cigarettes in a store and were not refused because of their age.
2. Minors could freely purchase electronic nicotine delivery systems that are sold without any regulations.

It is therefore recommended that the Government strengthen enforcement of the law and insert age restrictions for purchasing tobacco products. It is also recommended to regulate all tobacco products including electronic nicotine delivery systems.

Article 16.1(a) requires Parties to ensure that “*all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*”.

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 requires that a seller of tobacco products is obligated to obtain from the buyer, who is buying the tobacco products, a passport or other documents that confirm the age of the buyer, if the seller has doubts that the buyer is 18 years old. In the event of the buyer’s failure to provide such a document, the sale of tobacco products to such a person is prohibited.

Gap – There is no provision in the tobacco control law that requires the sellers of tobacco products to place a notice at points of sale about the prohibition of tobacco sales to minors.

It is therefore recommended that Ukraine include a legal provision that requires sellers of tobacco products to place a notice at points of sale indicating that no tobacco products shall be sold to persons under the age of 18 years.

Ukraine has worked towards the implementation of the requirements of Article 16.1 b-d as follows:

Article 16.1(b) requires Parties to “*ban the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;*”.

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibits the sale of tobacco products in any manner by which they are directly accessible and explicitly mentioned self-service shelves (except for tobacco products in blocks).

Article 16.1(c) requires Parties to prohibit “*the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors*”.

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibits the sale of children’s goods that imitate tobacco products.

Article 16.1(d) calls on each Party to ensure “*that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors*”.

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibited the sale of tobacco products from tobacco vending machines.

Article 16.2 “*Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.*”

Article 10 of the tobacco control law of 2005 and its amendments in 1512-VI of 2009 prohibits the inclusion of tobacco products and items related to their consumption in humanitarian aid, as well as the distribution of tobacco products to the public free of charge is prohibited.

Article 16.3 calls on Parties to “endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors”.

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibited the sale of tobacco products by piece (except cigars) and in consumer packages that contain less than 20 cigarettes.

Article 16.5 “When signing, ratifying, accepting, approving or acceding to the Convention or at any time thereafter, a Party may, by means of a binding written declaration, indicate its commitment to prohibit the introduction of tobacco vending machines within its jurisdiction or, as appropriate, to a total ban on tobacco vending machines. The declaration made pursuant to this Article shall be circulated by the Depositary to all Parties to the Convention”

Art. 15-3(6) of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibit sales through tobacco vending machines.

Article 16.6 calls on Parties to “provide penalties against sellers and distributors in order to ensure compliance.”

Fines for violations of this provision is 20 times the minimal wage = 70,000 UAH or 2,300 Euros.

Article 16.7 calls on Parties to “adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.”

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 prohibited the sale of tobacco products by persons under the age of 18.

Article 15.3 of the Law of Ukraine 481 of 1995 and its further amendments in 2275-VI of 2010 and 1824-VI of 2010 also prohibited the sale of tobacco products in the following:

- premises and on the territory of educational institutions, health care facilities, except for restaurants that are located in health resorts
- premises of specialized trade organizations that conduct trade in children’s goods or sporting goods, and in the respective departments (sections) of global trade organizations
- indoor sports facilities
- by hand
- in trade establishments not designated for this
- public events, rural, village and city councils, within the limits of the respective administrative territory.

Provision of support for economically viable alternative activities (Article 17)

Article 17 calls on Parties to promote, as appropriate, “*in cooperation with each other and with competent international and regional intergovernmental organizations... economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers*”.

Tobacco growing decreased in Ukraine in the period of 1995 to 2010, and resulted in practically no agricultural land been devoted to large-scale tobacco growing. However, tobacco leaf production was estimated at 100 metric tons in 2012 with a decrease from 4,100 in 1995. Cigarette production was reported to be 102,833 billion sticks in 2010.¹

During the roundtable meeting with representatives of ministries, it was noted that a draft proposal was submitted to the Ministry of Agriculture to require that at least 30% of tobacco contained in any product to be made in Ukraine, indicating industry interference to increase local tobacco production. The Ministry refused this draft. Article 10 of the Law 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco prohibits any government funding of the tobacco growing in Ukraine.

It is recommended that Ukraine continues to promote economically viable alternative livelihood and carry on with the Agriculture policy in not promoting tobacco growing and working in line with the Article 17 and 18 of the Convention.

Protection of the environment and the health of persons (Article 18)

In Article 18, Parties agree to “*have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture*”.

Gaps:

1. The tobacco control law 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco does not have any provisions related to the Article 18.
2. There is no information on any measure or policy in place to protect the environment and health of persons involved in tobacco manufacturing.
3. The law does not contain measures regarding tobacco manufacturing that take into consideration the protection of the environment or health of persons in relation to the environment.

It is therefore recommended that the Ministry of Health and the Ministry of Environment work together to implement this treaty obligation, and to require tobacco factories to pass an environmental impact assessment and to have an environmental protection plan in place.

¹ Tobacco Agriculture and Trade by UNCTAD <http://www.who.int/tobacco/country-fact-sheets/ukr.pdf?ua=1>

Liability (Article 19)

Article 19 requires Parties to consider, for the purpose of tobacco control, “*taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate*”.

There are several provisions in the tobacco control law of Ukraine and its amendments that contain measures regarding administrative liability for any violations of regulations related to:

- smoke-free places (Articles 110, 115, 117, 119, 175-1 of the code of Ukraine for administrative offenses (8073-X) and its amendments in Law no. 3778; and Article 20 of 2899-IV of 2005 on Measures to Prevent and Reduce the Consumption of Tobacco; and Article 2 of Law no. 4844-VI
- packaging and labelling (Article 17 of 481 of 1995 and its amendments in Law no. 3032-III of 2002)
- production and sales (Article 17 of 481 of 1995 and its amendments in 3032-III of 2002),
- advertising and sponsorship of tobacco products (Article 27 of Law no.270 of 1996 and amendments of paragraph 4 of the Procedure for Imposition of Fines for Violation of the Law on Advertising in Law no.885 of 2012).

Gaps:

1. These articles did not address measures that provide for compensation for adverse health effects.
2. There are no provisions for reimbursement of medical, social or other relevant costs.
3. There are no civil liability measures that are specific to tobacco control.

It is recommended that Ukraine improve its tobacco control legislation to deal with criminal and civil liability, including compensation where appropriate.

Research, surveillance and exchange of information (Article 20)

Article 20 requires Parties to “*develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control*”.

Substantial research and surveillance in the field of tobacco control have been conducted in Ukraine. For each survey, financial and technical assistance were provided as well as training for key country personnel on survey methodology, implementation and analysis through international funding.

The tobacco control-related studies that have been conducted in Ukraine involving the Institute for Strategic Studies, Ministry of Health, the Ukrainian Institute for Social Research, Kyiv International Institute of Sociology, and others. These studies include:

- Global Adult Tobacco Survey in 2010, 2017
- Global Youth Tobacco Control Survey (GYTS) in 2005, 2011
- The Global Health Professions Student Survey (GHPSS) in 2010
- European School Survey Project on Alcohol and Other Drugs since 1995, latest report in 1995
- Other studies and surveys such as

- A modeling exercise undertaken to predict the health and related cost impacts that may stem from the implementation of a tobacco excise tax increase in Ukraine.³⁰
- Ministry of Health of Ukraine. Tobacco Control in Ukraine. The National report, 2009.³¹
- Tobacco Control in Ukraine. Second National Report. – Kyiv: Ministry of Health of Ukraine. – 2014. – 128 p.³²
- Krasovsky K. Sharp changes in tobacco products affordability and the dynamics of smoking prevalence in various social and income groups in Ukraine in 2008–2012 / Tobacco Induced Diseases 2013, 11:21 doi:10.1186/1617-9625-11-21. 18 October 2013.³³
- Krasovsky K. The story of Ukraine. / In: Tobacco Control in Practice. Article 6: Price and tax measures to reduce demand for tobacco. World Health Organization Regional Office for Europe. 2013, pp. 6-15.³⁴
- Ross H, Stoklosa M, Krasovsky K. Economic and public health impact of 2007–2010 tobacco tax increases in Ukraine. Tobacco Control. 2012;21:4 429-435.³⁵
- Andreeva TI, Krasovsky KS. Recall of tobacco pack health warnings by the population in Ukraine and its association with the perceived tobacco health hazard // Int J Public Health. – 2011, Volume 56, Number 3, 253-262. DOI: 10.1007/s00038-010-0226-4.³⁶

The State Statistics Department conducted the annual household survey that includes questions on tobacco use among the adult population. The mission was informed that the Ministry of Health has an annual call for grant applications for research that could also be used for tobacco-related research.

Gaps:

1. There is no stable financial support of the Government for scientific research in this field.
2. There are no research programmes that identify the determinants of tobacco consumption, tobacco use among women, with special regard to pregnant women, identification of effective programmes for the treatment of tobacco dependence, and identification of alternative livelihoods.
3. There is no support from the government budget for persons engaged in tobacco control activities, including research, implementation and evaluation
4. There is no national system for epidemiological surveillance of determinants of tobacco consumption, consequences of tobacco consumption, social, economic and health indicators related to tobacco consumption, exposure to tobacco smoke.
5. There are no databases of information about the enforcement of laws on tobacco control, or pertinent jurisprudence. There is no research on the consequences of tobacco consumption, identification of effective programs for the treatment of tobacco dependence
6. There is no research on evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

³⁰ <http://documents.worldbank.org/curated/en/417831489985759573/Modeling-the-long-term-health-and-cost-impacts-of-reducing-smoking-prevalence-through-tobacco-taxation-in-Ukraine>

³¹ http://www.euro.who.int/_data/assets/pdf_file/0016/103831/E92554.pdf

³²

http://apps.who.int/ctc/implementation/database/sites/implementation/files/documents/reports/annex2_tobacco_control_in_ukraine_second_national_report_ex_sum_0.pdf

³³ <http://www.tobaccoinduceddiseases.com/content/11/1/21>

³⁴ http://www.euro.who.int/_data/assets/pdf_file/0007/233368/Tobacco-Control-in-Practice-Article-6.pdf

³⁵ <http://tobaccocontrol.bmj.com/content/early/2011/06/14/tc.2010.040071.full>

³⁶ <http://www.springerlink.com/content/m142653613021173/>

It is therefore recommended that the Government allocate more resources to establish national tobacco control surveillance system, to support personnel, and conduct applied research in tobacco control. It is also recommended that a national database on national tobacco control legislation be established. It is further recommended that the Government conduct research on consequences of tobacco consumption, identification of effective programs for the treatment of tobacco dependence, and evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

In support of the Government's effort to strengthen research and surveillance, the Convention Secretariat together with the WHO and other intergovernmental organizations are committed to facilitating provision of expertise and technical support.

Reporting and exchange of information (Article 21)

Article 21 requires each Party to “submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention”.

Ukraine has provided five implementation reports in 2009, 2010, 2012, 2014 and 2016. Ukraine has been submitting these reports regularly and working in line with Article 21, and is encouraged to continue to do so.

As the COP established a new two-year cycle of Parties' implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is therefore recommended that the Government start the preparation of the next report well in advance in 2017/2018 to meet the deadline in 2018, and to ensure complete and accurate reports. It is also recommended that the relevant Government departments contribute to the preparation of country reports by providing data as requested in the reporting instrument of the WHO FCTC in a timely manner.³⁷

Cooperation in the scientific, technical, and legal fields and provision of related expertise (Article 22)

Article 22 requires that Parties “shall cooperate directly or through competent international bodies to strengthen their capacity to fulfil the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes”.

International cooperation plays a key role in supporting Parties to implement the WHO FCTC and achieving the SDG Target 3.a. The Convention Secretariat, WHO, the World Bank, the United Nations Development Programme (UNDP), and the United Nations Children's Fund (UNICEF), the EU, the Swiss Agency for Development and Cooperation (SDC), other partners funded by the Bloomberg Philanthropies and other agencies have been actively supporting Ukraine in implementation of the WHO FCTC or tobacco control activities in the country.

³⁷One of the approaches found efficient in other countries is to coordinate with the government agencies and other stakeholders who have the necessary information to contribute with to the preparation of the national implementation report, for example through requesting initiation of data collection by such entities in a circular note sent by the Ministry of Health focal point and later, once data have been collected by the relevant entities, to organize a meeting for the finalization of the implementation report.

Ukraine has two bilateral agreements one with the United States and the other with the Swiss Government. In the USAID CSS of 2012-2016, there is no mention of tobacco control or the implementation of the WHO FCTC. But, the Swiss CCS of 2015-2018 highlights tobacco control, especially tobacco tax increase and ban tobacco advertisement under the "Domain of intervention 2: Health Goal.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)³⁸ the COP fully acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level. The United Nations Economic and Social Council adopted resolution E/RES/2012/4 in August 2012 on United Nations system-wide coherence on tobacco control. The resolution highlights the need to strengthen the multisectoral and interagency response for the full implementation of the WHO FCTC in order to address the health, social, economic and environmental consequences of tobacco use.

The current UNDAF in Ukraine, 2012-2016 tobacco control is mentioned under Partnership Framework Area 2. Social Development - Outcome 3 – More people adopt healthy and safe patterns of behavior. "According to the UN, the quality and expectancy of life could be much improved by implementing health interventions in the area of tobacco control, road safety, immunization, prevention of HIV, sexually transmitted infections and drug use." However, Target 3.a of the Sustainable Development Goals on the implementation of the Convention has not been mentioned. During the mission, the international team met the representatives of the World Bank and brought this to their attention these areas of interest.

Gap: Implementation of the Convention was not included in the current UNDAF.

It is recommended that the Government of Ukraine mobilize support from the United Nation system, bilateral development agencies and other partners and engages them in the multisectoral coordination mechanism as appropriate in advancing the implementation of the WHO FCTC. It is therefore recommended that the Ministry of Health actively follow up with the United Nations Residence Coordinator to include implementation of the Convention under the programme activities of the next UNDAF. The activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of Ukraine actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Financial resources (Article 26)

In Article 26, Parties recognize “the important role that financial resources play in achieving the objective of this Convention”. Furthermore, Article 26.2 calls on each Party to “provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes”.

³⁸ See FCTC/COP/4/REC/1, Decisions and ancillary documents, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm.

The Government of Ukraine fully recognizes the importance of financial resources in implementation of the Convention. The tobacco control law did not set out the guiding principle to secure sustainable financing of tobacco control and health promotion activities through tax increases.

Gap: There is lack of sustainable funding for support of the needed tobacco control activities.

It is therefore recommended that the Government of Ukraine secure funds for the tobacco control activities and reinstate its budget as soon as possible.

Article 26.3 requires Parties to “*promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition*”.

To date, all tobacco-related surveys and campaigns that have been conducted in Ukraine were supported solely by international donors, as there were no supportive governmental funds available. Ukraine was successful in mobilizing financial assistance from international organizations and development partners (listed under Article 22 of this report), but currently efforts are not enough to obtain sufficient funds. Ukraine has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of a multisectoral comprehensive tobacco control programme.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of Ukraine seek assistance from development partners and promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

Article 26.4 stipulates that “*Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations*”.

Ukraine is encouraged to further utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. The Ministry of Foreign Affairs, the Ministry of Health, Ministry of Finance when representing Ukraine in other regional and global forums, are encouraged to urge regional and international organizations and financial institutions to provide financial assistance to support implementation of the Convention.

Annex I. Programme of the mission

Tentative timeline & place	Meeting Purpose	Participants/Invitees
9:45-10:00 Ministry of Health of Ukraine (селекторна зала) 10:00-12:00 Ministry of Health of Ukraine	Introductory meeting at Ministry of Health of Ukraine Introductory meeting with MoH lead specialists on tobacco control	<ul style="list-style-type: none"> • Deputy Minister of Health Dr. Roman Ilyk • Public Health Department • Center of Public Health
14:00-15:00 Health Committee	Meeting with the Parliamentary Health Committee	<ul style="list-style-type: none"> • Head of the Health Committee MP Olga Bohomolets • MPs, members of the Committee
9:30 – 11:00 Premises of the Institute 6, Heroiv Oborony Str.	Meeting with representatives of the L.I.Medveds Research Center of Preventive Toxicology, Food and Chemical Safety, Ministry of Health of Ukraine (TobLabNet)	<ul style="list-style-type: none"> • MoH representatives • Professor Mykola Prodanchuk, Head of the Institute

<p>12:00 – 13:30 Premises of Kyiv International Institute of Sociology</p> <p><i>8/5, Voloska str, korpus 4, 2nd floor</i></p>	<p>Meeting with representatives of the Kyiv International Institute of Sociology, Yaremenko Ukrainian Institute of Social Researches of National Academy of Sciences of Ukraine (NASU), Ptukha Institute for Demography and Social Studies of NASU, National Academy for Medical Science (NAMS)</p>	<ul style="list-style-type: none"> • Professor Vladimir Paniotto, Director of KIIS • Professor Olga Balakiryeva • Professor Ella Lebanova (SDGs) • Mrs Valentyna Zabolotko, Director • Dr. Tatiana Andreeva, tobacco surveillance expert
<p>15:00 – 17:00 Ministry of Health of Ukraine Hall for international meetings</p>	<p>Meeting with UN organizations</p>	<ul style="list-style-type: none"> • World Bank • WHO
<p>9:30 – 13:00 Ministry of Health of Ukraine White Hall</p>	<p>Inter-mistrial roundtable (meeting) to discuss WHO FCTC implementation, successes and challenges</p> <p>Format: each ministry presents a report (formal or informal) for implementation of the WHO FCTC in regards to the certain articles</p> <p>Moderated discussion</p>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Finances • State Fiscal Service • Ministry of Education • Ministry of Youth and Sports • Ministry of Economics and Trade • State Service for Food Safety and Consumer Protection • Ministry of Justice • Ministry of Foreign Affairs • Ministry of Agriculture • Ministry of the Social Policies • Ministry of Informational Policies • WHO FCTC mission participants • WHO/Ukraine, Director
<p>17:00 – 18:30 Office of Coalition RPR (TBC) 6, Olginska str.</p>	<p>Meeting with NGOs that work on tobacco control, public health and NCDs</p>	<ul style="list-style-type: none"> • Advocacy Center LIFE • Center for Democracy, Rule of Law • Transparency International (Ukraine) • Public Health Foundation • Other NGOs

<p>11:30 – 13:00 WHO Ukraine office 30, Borychiv Tik Str.</p> <p>14:00 – 15:00 Ministry of Health of Ukraine, 7 Hrushevskogo str</p>	<p>Meeting with the Head of the WHO Country Office and team, Dr. Marthe Everard Debrief of the results of the meetings</p> <p>Debrief of the results of the meetings, preparation of the draft letter with recommendations and suggestions, planning the report preparation</p>	<p>Dr. Roberto GNESOTTO, Noncommunicable Diseases Program Director Dr. Nataliya KOROL, National Professional Officer Dr. Nataliia TOROPOVA, National Professional Officer</p> <ul style="list-style-type: none"> • Public Health Center
<p>16:00-17:00 <i>Parliamentary Committee on Foreign Affairs, 3A, Sadovaya Str.</i></p>	<p>Meeting with the Parliamentary Committee on Foreign Affairs</p>	<ul style="list-style-type: none"> • MP Hanna Hopko, Head of Parliamentary Committee on Foreign Affairs

Annex II. List of representatives from Ministries, Government agencies, Legislative bodies, Nongovernmental organizations, and the international team participating in the needs assessment

Ministry of Health

Mr Roman ILYK, Deputy Minister of Health

Public Health Center, Ministry of Health

Nataliia PIVEN, Program Director

Zanatskyi VLADYSLAV, Deputy Director

Oleg DUDIN, Tobacco Control Focal Point

Ministry of Agriculture

Natalia VOYTIUK, senior specialist of a Department of Greenery and Seeds and Technical Policy of Agriculture

Marina KYSLITSKAYA, senior specialist of products under taxation

Parliament

MP Olga BOHOMOLET, Head of the Health Committee of the Parliament

MP Hanna HOPKO, Chairwoman of the Parliamentary Committee on Foreign Affairs

Other Participating government agencies:

Ministry of Finance

State Fiscal Service

Ministry of Education

Ministry of Youth and Sports

Ministry of Economics and Trade

State Service for Food Safety and Consumer Protection

Ministry of Justice

Ministry of Foreign Affairs

Ministry of Agriculture

Ministry of the Social Policies

Ministry of Informational Policies

Convention Secretariat

Ms. Guangyuan LIU, Team Leader, Governance and International Cooperation

Dr. Aya MOSTAFA, Consultant

Dr. Andriy SKIPALSKYI, Consultant

WHO Country Office in Ukraine

Dr. Marthe EVERARD, WHO Representative

Dr. Roberto GNESOTTO, Noncommunicable Diseases Program Director
Dr. Nataliya KOROL, National Professional Officer
Dr. Nataliia TOROPOVA, National Professional Officer

UN Organizations and International Bodies

Ms. Olga KHAN, World Bank

Institutions and academia

Institute for Strategic Studies

Dr. Konstantin KRASOVSKY
Prof. Dr Vladimir PANIOTTO, Director, Kyiv International Institute of Sociology
Dr Victoria ZAKHOZHA, Deputy Director, Kyiv International Institute of Sociology
Dr Tatiana ANDREEVA, Kyiv International Institute of Sociology
Ms Daria PAVLOVA, Ukrainian Institute for Social Research after Oleksandr Yaremenko

L.I.Medveds Research Center of Preventive Toxicology, Food and Chemical Safety, Ministry of Health of Ukraine (TobLabNet)

Mykola PRODANCHUK, Head of the Institute
Sergyi BEREZHENOV, Deputy Director
Olena MALYSHEVA, Department of Food Safety
Nelia BUTILSKA, Department of Pesticides and Agro-chemistry
Antolii STORY, EKOGINTOX
Olga HUTSAIKULOVA, member of working group on Articles 9 and 10 of the WHO FCTC
Anatolii PODRUSHNYAK, member of working group on Articles 9 and 10 of the WHO FCTC

Nongovernmental organizations and civil society organizations

Advocacy Center LIFE, Ukrainian Center for Tobacco Control
Right for Health
Social Relations
Anticorruption
Strategic Studies, Presidential Administration
TobLabNet