United Nations Interactive Civil Society Hearing
On the
Prevention and Control of Non-Communicable Diseases
5 July 2018 – New York, USA

Statement of the
Association of Cardiologists of Ukraine, All-Ukrainian Association of Preventive Cardiology and Rehabilitation

Thank you, Your Excellency and distinguished members of the panel of experts for providing the opportunity for the All-Ukrainian Association of Preventive Cardiology and Rehabilitation to contribute to this important consultative discussion on the prevention and control of NCDs. I’d like to take the opportunity to congratulate all of distinguished speakers for their most informative remarks.

First of all, let me introduce myself. My name is Olena Kvasha M.D., professor, representative of Supervisory Board of All-Ukrainian Association of Preventive Cardiology and Rehabilitation and National Scientific Center “M.D. Strazhesko Institute of Cardiology” MAS of Ukraine. The Association brings together leading cardiologists, health professionals from all over Ukraine as well as leading research institutions that has conducted epidemiological surveillance of smoking prevalence in Ukraine since 1980s.

NCDs, especially cardiovascular disease, are a major cause of death in Ukraine. Widespread prevalence of such risk factors as tobacco-use, unhealthy diet, physical inactivity, and alcohol consumption is contributing to high population mortality and morbidity.

Existing policies and programmes focusing on NCDs prevention are not effective enough. Current social, economic and legislative situation in developing countries, such as Ukraine, makes it ineffective to imply simple prohibitionist approach in elimination of risk factors prevalence and urges medical community to look for other innovative solutions aimed at preventing and controlling the burden of NCDs.

Cigarette smoking is one of the leading preventable causes of illness and death. Between 2010 and 2017, Ukraine has implemented various tobacco control policies including increasing tobacco taxes; prohibiting smoking completely in cafés, bars, restaurants, health care, and educational facilities; and
prohibiting tobacco advertising, promotion, and sponsorship. According to the Global Adult Tobacco Survey (GATS)¹ these efforts resulted in the decrease in prevalence of smoking up to 20%. In 2017, 23.0% (8.2 million) of all adults in Ukraine reported current tobacco use in any form. Even if smoking prevalence will drop for 50% in 2025, still, it would be more than 4 million of Ukrainians are at risk.

Now, within the scope of the treatment of tobacco addiction, the healthcare community is looking into a harm reduction strategy, which implies use of alternative nicotine delivery products. Our own study shows that smokers who abandoning cigarettes in favor of alternative products that do not combust tobacco can substantially reduce the risk of developing smoking related diseases.

While the WHO Framework Convention on Tobacco Control should remain the primary public health policy tool to tackle smoking-related diseases, we believe that tobacco harm reduction may and should be applied in parallel. We urge Member States to consider scaling-up harm reduction measures, as part of national tobacco control strategies, while considering tobacco harm reduction as a significant and complementary piece within the existing regulatory frameworks focusing on NCDs. We hope the NCD Outcomes Document will address tobacco harm reduction strategies as a scientific based approach that can serve a missing puzzle for holistic tobacco control policies.

The following amendments to the Draft Political Declaration will help to achieve this:

**Alternative Paragraph 11.** Accelerate the implementation of WHO Framework Convention on Tobacco control by its States parties, while calling for its universal ratification and the independent assessment of the potential role of emerging tobacco and nicotine products in reducing further the burden of non-communicable diseases. Continue to implement tobacco control measures without any tobacco industry interference, taking into account the fundamental conflict of interest between the tobacco industry and public health.

Thank you for hosting this important civil society hearing and giving voice to our perspectives and the opportunity to comment.