

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

Convention Secretariat

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Table of abbreviations

COP	Conference of the Parties
ESPAD	European School Project on Alcohol and other Drugs
FAO	Food and Agriculture Organization
GYTS	Global Youth Tobacco Survey
MD	Millennium Declaration
MDG	Millennium Development Goals
NCDC	National Centre for Disease Control and Public Health
NCD	Noncommunicable diseases
NGO	Nongovernmental organizations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
UNRC	UN Resident Coordinator
WCO	World Customs Organization

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 176 Parties to date. Georgia ratified the WHO FCTC on 14 February 2006 and it entered into force for Georgia on 15 May 2006.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Georgia and the Convention Secretariat from March to June 2013, including the initial analysis of the status, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. An international team led by the Convention Secretariat which also included representatives of the WHO Office in Georgia, the United Nations Development Programme (UNDP) and the World Bank conducted the mission in Georgia together with the representatives of the Government from 3 to 10 June 2013. The assessment involved relevant ministries and agencies of Georgia (see Annex). This needs assessment report presents an article-by-article analysis of the progress the country has made in implementation; the gaps that may exist; and the subsequent possible action that can be taken to fill those gaps.

The key elements that need to be put in place to enable Georgia to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Georgia is obliged to implement its provisions through national laws, regulations or other measures. There is therefore 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 support internationally where appropriate.

Second, the Convention requires Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. The Government of Georgia shows a high level of commitment to tobacco control. Tobacco control is a priority in the overall health policy and the Noncommunicable Disease Strategy and Action Plan. Georgia is revising its national health strategy and is planning to include tobacco control in a comprehensive manner as one of the priorities. The Government has developed and approved (in June 2013) a comprehensive multisectoral National Tobacco Control Strategy. The main objective of the National Tobacco Control Strategy is to reduce tobacco consumption and exposure to tobacco smoke in Georgia and to meet the obligations under the Convention. The Tobacco Control Action Plan is being developed with the participation of all members of the State Tobacco Control Committee. It is recommended that the Government finalize and adopt the Tobacco Control Action Plan in a timely manner, utilizing the needs assessment report as a reference document.

Third, the National Centre for Disease Control and Public Health (NCDC) serves as the national tobacco control focal point. Georgia recently established the State Committee for Strengthening Tobacco Control Measures (State Tobacco Control Committee hereinafter)

on 15 March 2013 by means of a Decree of the Government of Georgia (#58). The high-level Committee is headed by the Prime Minister. The Minister of Labour, Health and Social Affairs serves as the vice-chair of the Committee. Other members of the Committee include the Minister of Education and Science, Minister of Justice, Minister of Interior, Minister of Sports and Youth, Minister of Finance, Minister of Economy and Sustainable Development, Minister of Regional Development and Infrastructure and Minister of Agriculture. The National Centre for Disease Control and Public Health (NCDC) is mandated to serve as the secretariat of the Committee. A working group headed by the Minister of Labour, Health and Social Affairs has also been established and is fully functional. Focal points in member ministries have been identified and fully involved in the development of the National Tobacco Control Strategy, Action Plan and amendment of the tobacco control legislation. It is recommended that Georgia continue its efforts in strengthening the State Tobacco Control Committee and its National Tobacco Control Programme. It is also recommended that the Government allocate sufficient budget to all relevant ministries to implement measures under the Convention. The needs assessment team requested support in this area for multisectoral efforts during the meeting at the Ministry of Finance, and was assured that it will be given positive consideration. It is further recommended that all stakeholders including relevant ministries and agencies not yet members of the State Tobacco Control Committee, such as the Ministry of Environment and Natural Resources and the Georgian Public Broadcaster, should identify focal persons and allocate staff time to implement the Convention.

Fourth, Georgia adopted some legislative and executive measures on tobacco control even before it ratified the Convention. Georgia enacted the Tobacco Control Law in 2010. In addition to amending the Tobacco Control Law 2010, the following six laws are also being amended to strengthen implementation of the Convention in Georgia: Administrative Offence Code of Georgia, Licences and Permits Law of Georgia, Licences and Permits Fee Law of Georgia, Law on Advertisement of Georgia, Broadcasting Law of Georgia and the Tax Code of Georgia. Although the Tobacco Control Law of 2010 (main provisions were adopted in 2008) is a major step in implementation of the Convention, there are a number of provisions that need to be amended to be fully compliant with the Convention and its guidelines. Major areas that need to be addressed include making all indoor public places, indoor workplaces, public transport and, as appropriate, other places 100% smoke-free, banning all tobacco advertising, promotion and sponsorship, introducing effective pictorial health warnings on packaging and labelling, introducing licences, regulating the contents and emissions of tobacco products, clarifying the enforcement mechanism, etc. The NCDC is coordinating the efforts in amending the above-mentioned seven laws. The international team met the Honourable Members of the Health and Social Affairs Committee of the Parliament and the Ministry of Justice to further discuss the amendments to the tobacco control legislation. It is recommended that while amending the above and other relevant laws, Georgia take into account the obligations under the Convention and the recommendations of the Guidelines.

Fifth, increasing tobacco taxation is one of the most effective demand reduction measures to reduce tobacco consumption. The Georgian Government recognizes the importance of price and tax measures to support the objectives of the Convention. Excise taxes on imports have been unchanged since 2006, in spite of inflation being well over 5% for much of that period. In 2010, the excise tax for domestically manufactured filter

cigarettes was increased to the same level as the specific excise tax on imported cigarettes. Even with the increase, the tax is still lower than the rate in 2005. Non-filter cigarette taxes were also equalized in 2010. A single specific tax increases the rate on lower-priced cigarettes more, which limits the switching to cheaper cigarettes that can accompany tax and price increases. The Government had suspended customs duties on imported cigarettes in 1997, but is planning to reinstate the 12% duty on imported tobacco products on 1 July 2013. It is therefore recommended that Georgia increase tobacco taxes and continue to increase these taxes on a regular basis to take into account both increases in consumer prices and household incomes and thereby decrease the affordability of tobacco products

Sixth, particular attention given to time-bound treaty provisions (Articles 11 and 13 and recommendations contained in Article 8) will make a substantial contribution to meeting the obligations under the WHO FCTC and improvement of the health status and quality of life in Georgia. Georgia has missed the deadline by three years for Article 11 which was 15 May 2009 and by five years for Article 13 and Article 8 guidelines which was 15 May 2011. It is recommended that the relevant laws be amended in a timely manner.

Seventh, the Conference of the Parties has adopted seven guidelines to implement Articles 5.3, 8, 9&10, 11, 12, 13, and 14. The aim of these guidelines is to assist Parties in meeting their legal obligations under the respective articles of the Convention. The guidelines draw on the best available scientific evidence and the experience of the Parties. Georgia is strongly encouraged to follow these guidelines in order to fully implement the Convention.

Eighth, The United Nations Development Assistance Framework (UNDAF) is the common strategic planning framework for UN development operations and assistance in Georgia for the period 2011–2015. The UNDAF period coincides with the last five years of the Millennium Development Goals (MDGs) and identified UNDAF priorities reflect the aspirations of the Millennium Declaration and post-2015 development agenda. The current UNDAF document does not include specific outcome areas on noncommunicable diseases (NCDs) and tobacco control, however, this work falls under the broader outcome areas of Outcome 3 – Vulnerable groups enjoy improved access to quality health, education, legal aid, justice and other essential social services – and Outcome 5 – Institutions develop policies based on reliable data and clear, fair and participatory legislative processes. The international team met the UN Resident Coordinator and members of the UN Country Team– the United Nations Development Programme (UNDP), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees (UNHCR) and WHO – and gained support to incorporate implementation of the Convention into the next programming phase of the UNDAF. The midterm review of the UNDAF is currently being conducted. Upcoming consultations for the development of the next UNDAF should encourage the inclusion of support the country’s implementation of the Convention as a priority and also in the process of developing UN agency specific Country Programme Action Plans. It is recommended that the UNDAF midterm review include support for implementation of the Convention in programme activities. It is also recommended that an explicit mention of support to the Government of Georgia in implementing the Convention should be included in the next UNDAF and the United Nations commitment to providing technical assistance to facilitate this would help ensure inter-agency action to support a multisectoral approach to tobacco control.

Ninth, The UN Joint Team is committed to providing Georgia with strategic support to implementation of the Convention and addressing the gaps and needs identified in this needs assessment report. The current work of UN agencies in Georgia provides opportunities for addressing NCDs and implementation of the Convention. UNFPA and UNICEF joint efforts in 2012 were aimed at supporting the Ministry of Sports and Youth Affairs of Georgia in the development of the Youth Policy (aimed at creating a favourable youth-friendly environment and promoting a healthy lifestyle). Currently, national action plans covering a broad range of health issues based on the Youth Policy are being developed. In 2009, the National Concept on Healthy and Harmonious Education was prepared. It covers a broad range of issues related to healthy lifestyles. The Concept served as a basis for amendments to the National Educational Plan developed in 2010 by the Ministry of Education and Science with the joint support of UNFPA, UNICEF and the US Agency for International Development (USAID). UNDP is also well positioned to support the designing of the new National Development Strategy and for the upcoming period in Georgia. All these activities represent good entry points and opportunities for support to the implementation of the Convention. The World Bank is committed to providing technical assistance.

Addressing the issues raised in this report will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and quality of life of the Georgian people. The needs identified in this report represent priority areas that require immediate attention. As Georgia addresses these areas, the Convention Secretariat in cooperation with WHO and relevant international partners is available and committed to providing technical assistance in the above areas and to facilitating the process of engaging potential partners and identifying internationally available resources for implementation of the Convention. The Convention Secretariat is committed to provide the following assistance in particular upon the request of the Ministry of Labour, Health and Social Affairs: (1) support to and facilitation of a stakeholder workshop to consider the needs assessment report and the National Tobacco Control Action Plan; (2) support to finalization of the Action Plan and amendment of tobacco control legislation; (3) provision of technical support to the national tobacco control focal point, particularly pertaining to implementation of the time-bound articles of the Convention; and (4) provision of expert technical assistance to develop media strategy and materials (audio-visuals) for state radio and television.

The full report, which follows this summary, can also be the basis for any proposal(s) that may be presented to relevant partners to support Georgia in meeting its obligations under the Convention.

This joint needs assessment mission was financially supported by the European Union.*The Ministry of Labour, Health and Social Affairs provided resources and logistic support to the mission, including organizing the meetings during the mission.

*This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the Convention Secretariat and can in no way be taken to reflect the views of the European Union.

Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. Georgia ratified the WHO FCTC on 14 February 2006. The Convention entered into force for Georgia on 15 May 2006.

The Convention recognizes the need to generate global action so that all countries are able to implement its provisions effectively. Article 21 of the WHO FCTC requires Parties to regularly submit to the Conference of the Parties (COP) reports on their implementation of the Convention, including any challenges they may face in this regard. Article 26 of the Convention recognizes the importance that financial resources play in achieving the objectives of the treaty. The COP further requested that detailed needs assessments be undertaken at country level, especially in developing countries and countries with economies in transition, to ensure that lower-resource Parties receive the necessary support to fully meet their obligations under the treaty.

At its first session (February 2006), the COP called upon developed country Parties to provide technical and financial support to developing country Parties and Parties with economies in transition (decision FCTC/COP1 (13)).¹ The COP also called upon the developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners. The Convention Secretariat was further requested to assist Parties, upon request, with the conduct of needs assessments, to advise them on existing mechanisms of funding and technical assistance, and to provide information to development partners on the needs identified.

At its second session (July 2007), the COP requested the Convention Secretariat (in decision FCTC/COP2(10))² to actively seek extrabudgetary contributions specifically for the purpose of assisting Parties in need to carry out needs assessments and develop project and programme proposals for financial assistance from all available funding sources.

At its third, fourth and fifth sessions (held in November of 2008, 2010 and 2012), the COP adopted the workplans and budgets for the bienniums 2010–2011, 2012–2013 and 2014–2015, respectively. The workplans, inter alia, re-emphasized the importance of assisting developing country Parties and Parties with economies in transition, strengthening coordination with international organizations, and aligning tobacco control policies at country level to promote implementation of the Convention. Needs assessments, combined with the promotion of access to available resources, the promotion of treaty tools at country level, the transfer of expertise and technology, international cooperation and South-South cooperation were outlined as major components of this work.

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

²See COP/2/2007/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop2.htm.

The assessment of needs is necessary to identify the objectives to be accomplished under the WHO FCTC, resources available to a Party for implementation, and any gaps in that regard. Such assessment should therefore be comprehensive and based on all substantive articles of the WHO FCTC with a view to establishing a baseline of needs. The needs assessment is also expected to serve as a basis for assistance in programme and project development, particularly to lower-resource countries, as part of efforts to promote and accelerate access to relevant internationally available resources.

The needs assessments are carried out in three phases:

- (a) initial **analysis** of the status, challenges and potential needs deriving from the latest implementation report of the Party and other sources of information;
- (b) **visit** of an international team to the country for a joint review with government representatives of both the health and other relevant sectors; and
- (c) **follow-up** with country representatives to obtain further details and clarifications, review additional materials jointly identified, and develop and finalize the needs assessment report in cooperation with the government focal point(s).

With the above objectives and process in view, a joint assessment of the needs concerning implementation of the WHO FCTC was conducted by the Government of Georgia and the Convention Secretariat, including a mission to Georgia by an international team of experts from 3 to 10 June 2013. The detailed assessment involved relevant ministries and agencies of Georgia. The following report is based on the findings of the joint needs assessment exercise described above.

This report contains a detailed overview of the status of implementation of substantive articles of the treaty. The report identifies gaps and areas where further actions are needed to ensure full compliance with the requirements of the treaty, also taking into account the guidance provided by implementation guidelines adopted by the COP where relevant. This is followed by specific recommendations concerning that particular area.

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 Georgia. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention.

Relationship between this Convention and 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”*.

Georgia does not currently have measures which go beyond those provided for by the Convention.

It is therefore recommended that the Government, while working on meeting the obligations under 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, provided that 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”*.

No such information has been provided so far by Georgia.

Gap – There is a lack of awareness of the obligation under this Article and the proactive role that all relevant ministries need to play in the reporting process.

It is therefore recommended that the Ministry of Foreign Affairs and relevant ministries 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 Georgia communicate them to the Secretariat either as part of their next implementation report to the Conference of the Parties 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”.*

There are a number of nongovernmental organizations (NGOs) in Georgia involved in tobacco control. One of the most influential is Tobacco Control Alliance, which is comprised by 15 NGOs and the leading one is the FCTC Implementation and Monitoring Centre in Georgia. The Tobacco Control Alliance has been actively involved in supporting Georgia’s signing, ratification and implementation of the Convention since 2003. It mainly focuses on strengthening tobacco control legislation and conducting public awareness campaign to reduce tobacco use. It prepared a shadow report on Georgia’s implementation of the Convention and acknowledged that the NCDC had identified the same gaps as they did. Welfare Foundation works closely with Tobacco Control Alliance in advocacy campaign of banning smoking in public places. Institute of Public Health focuses on surveys and research in tobacco control. Representatives of Institute of Public Health and Tobacco Control Alliance have been actively involved in the National Tobacco Control Strategy and Action Plan development process led by the Government.

Gaps-

1. The number of NGOs actively involved in support implementation of the Convention remains few.
2. Sustainability of funding is a key problem of tobacco control civil society organizations in the country.

It is therefore recommended that the Government encourage more NGOs to contribute to the implementation of the Convention. It is also recommended that the Government continue to actively involve the tobacco control NGOs in developing the National Action Plan and include them as part of the National Action Plan. It is further recommended that the Government provide necessary support to the NGOs and capacity building to enable them to better contribute to the overall implementation of the Convention.

General obligations (Article 5)

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”.*

Both the Georgia National Health Care Strategy 2011–2015 and Noncommunicable Diseases Strategy and Action Plan include tobacco control as a priority. Georgia is revising its National Health Care Strategy and tobacco control will continue to be a priority. The Government has developed and approved the comprehensive multisectoral National Tobacco Control Strategy in June 2013. The main objective of the National Tobacco Control Strategy is to reduce tobacco consumption and exposure to tobacco smoke in Georgia and meet the obligations under the Convention. The Action Plan is

being developed by the State Committee for Strengthening Tobacco Control Measures (State Tobacco Control Committee hereinafter).

Georgia has met its obligations under Article 5.1 under the Convention.

It is therefore recommended that the Government finalize and adopt the comprehensive multisectoral Tobacco Control Action Plan, using this needs assessment report as reference. It is also recommended the National Action Plan clearly identify responsible ministries to implement the activities and also budget the cost of such implementation. It is also recommended that Georgia consider including prevention and control of tobacco use and exposure to tobacco smoke in the future National Development Plan.

The Convention Secretariat is committed to facilitating provision of expertise and technical support in the finalizing of the National Action Plan upon the request of the Government.

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

The National Centre for Disease Control and Public Health (NCDC) serves as the national tobacco control focal point. Georgia recently established the State Committee for Strengthening Tobacco Control Measures in March 15 2013 by the Decree of Government of Georgia (#58). The high level Committee is headed by the Prime Minister. The Minister of Labour, Health and Social Affairs serves as the vice chair of the Committee. Other members of the Committee include the Minister of Education and Science, Minister of Justice, Minister of Interior, Minister of Sports and Youth, Minister of Finance, Minister of Economy and Sustainable Development, Minister of Regional Development and Infrastructure and Minister of Agriculture. NCDC is mandated to serve as the Secretariat of the Committee. A working group headed by the Minister of Labour, Health and Social Affairs has also been established, comprises of the representatives from the abovementioned ministries, representatives of the nongovernmental sector and international organizations and is fully functioning. The Committee can invite other relevant ministries and agencies to attend its meeting and cooperate in tobacco control. Focal points in member ministries have been identified and fully involved in the developing of the National Tobacco Control Strategy, Action Plan and amending the tobacco control legislation.

NCDC has allocated 100 000 lari for tobacco control in 2013. There is a plan for relevant ministries in the Committee to propose budget for tobacco control for the 2014–2018 budgets. The budget for State Tobacco Control Program as part of Tobacco Control Action Plan has to be presented to the Ministry of Finance at the end of August 2013. The estimated total budget is 1.5 million lari for 2014, 1.7 million lari for 2015 and 2016 respectively. The Government is fully aware the importance of allocate budget to all relevant ministries and agencies to implement the Convention. The international team met the Deputy Minister of Finance and requested the Ministry’s support in this matter and was assured that this would be positively considered. The international team also discussed this issue with the Members of the Health and Social Affairs Committee and sought their support.

It is therefore recommended that Georgia continue its efforts in strengthening the State Tobacco Control Committee and establish the National Tobacco Control Programme. It is also recommended that all relevant ministries propose appropriate budget to implement the National Tobacco Control Strategy and the Action Plan. It is further recommended the Ministry of Finance, Government of Georgia and the Parliament approve the budget of the National Tobacco Control Programme to enable all relevant ministries and agencies to implement measures to meet the obligations under the Convention. It is recommended that the Ministry of Environment and Natural Resources Protection, the Georgian Public Broadcaster and some other relevant agencies should also be invited to either join or attend the relevant meetings of the Committee or the working group.

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”.

Georgia had adopted legislative and executive measures on tobacco control even before it ratified the Convention. Tobacco control was a part of Consumer Right Protection (1996), Health Protection Law (1996), Law on Advertisement (1998), Presidents Decree on Tobacco Control Measures (2000), and Tobacco Control Law (2003). The current Law on Tobacco Control was passed in 2010, but the main provisions had already been adopted in 2008. In addition to this, the following six laws are being amended to better implement the Convention in Georgia: Administrative Offence Code of Georgia, Licences and Permits Law of Georgia, Licences and Permits Fee Law of Georgia, Georgian Law on Advertising, Broadcasting Law of Georgia, and Tax Code of Georgia.

The Tobacco Control Law is a major step in implementation of the Convention. It bans smoking in certain public places and all public transport, regulates tobacco products packaging and labelling, sales of tobacco products etc. The Law on Advertisement bans tobacco advertising through cinema, radio, video services and television. However, enforcement of all those provisions remains a challenge and there are a number of provisions that need to be amended to be fully in compliance with the Convention and its guidelines. Major areas that need to be addressed include making all indoor public places, indoor workplaces, public transport and, as appropriate, other places, 100% smoke-free, banning all tobacco advertising, promotion and sponsorship, introducing effective pictorial health warnings in packing and labelling, introducing licences, regulating the contents and emissions of tobacco products, clarifying the enforcement mechanism, etc. The NCDC is coordinating the efforts in amending the above mentioned seven laws. The international team met the Honourable Members of the Health and Social Affairs Committee of the Parliament and the Ministry of Justice to further discuss the amendment of the tobacco control legislation. Detailed comments on different provisions of the Act, Regulations and Directive are provided in the relevant parts of the report below.

It is therefore recommended that Georgia amend the above and relevant laws to be fully compliant with the obligations under the Convention, particularly to meet the obligations of the time-bound Articles/recommendations (Articles 11 and 13, and the recommendations of the Article 8 guidelines) and also to take into account the recommendations of the other respective guidelines adopted by the COP and the present needs assessment report.

In support the Government's efforts in amending the tobacco control legislation, the Convention Secretariat is committed to share international experience and provide technical assistance upon request of the Government.

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*”.

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*”.

According to Government Decree #58, the State Tobacco Control Committee and the working group do not involve tobacco industry in its policy making process. Tobacco industry continuously makes attempt to lobby and spread misleading messages such as smoke-free policy will harm hospitality sector and raising tobacco taxes will increase tobacco smuggling.

Gaps –

1. No measure is established to limit interaction with the tobacco industry and ensure the transparency of those interactions that occur.
2. No policy explicitly requires public officials to comply with Article 5.3 and its guidelines.

It is therefore recommended that Georgia implement Article 5.3 and its guidelines, establish measures to limit interaction with the tobacco industry and require transparency of contacts with public officials, and raise awareness of the need to protect public health policy from the vested interests of the tobacco industry among all Government agencies and public officials. It is also recommended that Georgia include the obligations under Article 5.3 and the recommendations of Article 5.3 guidelines as part of comprehensive tobacco control legislation. In the interim, the amendment ethical code of conduct for all public officials in compliance with article 5.3 and its guidelines would be a positive step. In the meantime, Article 5.3 and the guidelines on its implementation should be promoted through existing channels of communication between various ministries and departments within the government.

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*”.

Since the Convention entered into force in May 2006, Georgia has participated in the COP and Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. Georgia is currently a member of the Open-ended drafting group on Article 6, the working group on Article 17&18 and working group on sustainable measures to strengthen implementation of the WHO FCTC. Georgia has therefore met the obligation under Article 5.4. Further cooperation and participation in intergovernmental processes in this regard will be highly appreciated.

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*”.

There are a number of examples of Georgia’s cooperation with WHO, the US Centers for Disease Control (US CDC), the United Nations Population Fund (UNFPA), and the United Nations Children’s Fund (UNICEF) in tobacco control. WHO supported the Global Youth Tobacco Survey and STEPS. The International Union against Tuberculosis and Lung Disease (the Union) provided a grant to work on smoke-free health facilities and schools. The UN Country Team is committed to providing Georgia with strategic support to implementation of the Convention and addressing the gaps and needs identified in the needs assessment report. The members of the mission met the UN Resident Coordinator (UNRC). Georgia as a member of World Customs Organization also received support to enhance capacity to implement efficient and effective cross-border controls to counter illicit activities. Further details on international cooperation are given under Article 22.

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*”.

Georgia has sought and received funding from bilateral and international agencies including WHO. Further opportunities for expanded support to tobacco control measures and implementation of the Convention are encouraged. Georgia has met its obligations under Article 5.6. However, such funding remains insufficient and further funding is needed so that all the obligations under the Convention can be met, and so that national tobacco control legislations can be implemented and enforced.

Price and tax measures (Article 6)

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) 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*”.

Taxes are levied on domestic and imported cigarettes and other tobacco products. Taxes include specific excise duties, import taxes and value added tax.

There is a single specific tax for each type of tobacco product: filtered and non-filtered cigarettes, cigars, cigarillos and cut tobacco. Domestic products were taxed at a lower rate than imports until the taxes were unified in 2010. The table below shows the rates since 2004. The rates have not changed very much since 2006; the current tax of 0.6 lari per pack of cigarettes is below the 2005 level. The Government suspended customs duties on imported cigarettes in 1997. The Government is planning to reinstate 12 % customs duties on imported tobacco products on 1 July 2013. The value added tax rate is currently

18%, up from 15.25% through 2011.

Table 1. Specific excise taxes on tobacco products (in lari)

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Filter cigarettes									
Domestic	0.15	0.7	0.4	0.4	0.4	0.4	0.6	0.6	0.6
Imports	0.15	0.9	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Non-filter cigarettes									
Domestic	0.05	0.15	0.10	0.10	0.10	0.10	0.15	0.15	0.15
Imports	0.15	0.25	0.15/20	0.15/20	0.15/20	0.15/20	0.15	0.15	0.15

Georgia has in general met its obligations under Article 6.2 (a) with further action needed as described below.

Gap -There has been no change in taxes on imports since 2006, although domestic taxes were raised to the import level in 2010.

It is therefore recommended that the Government consider that the specific tax be increased urgently as well as on a regular basis. Tobacco products other than cigarettes should be taxed in a comparable way to limit substitution among products.

In support of the Government's effort to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat is committed to facilitating provision of expertise and technical support from the World Bank, upon request from the Government.

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".

The limit for personal consumption is 400 cigarettes, or 50 cigars, or 250 grams of tobacco. Any combination must be less than 250 grams.

Georgia has met the obligation under Article 6.2 (b).of the Convention.

It is therefore recommended that Government further reduce 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".

Georgia has provided this information in both its two-year and five-year report so has therefore met the obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

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.*”

The 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 WHO Framework Convention’s entry into force for that Party*”.

Article 10 of the Tobacco Control Law 2010 prohibits smoking at the childcare, educational and child-educational institutions and indoor sports premises; at the premises of medical and pharmaceutical facilities; at the total area of petrol, gas and gas-distribution stations; at the building and facilities where flammable substances are kept; in public transportation, including buses, fixed-route-taxi-vans, aircrafts, metro, tram and trolley-bus. A partial smoke-free policy has been in place in other types of indoor buildings and in case of no possibility of designating special smoking places total ban is applicable. Restaurants and bars should designate smoking areas or at least 50% of the territory should be smoke-free.

The 2008 Global Youth Tobacco Survey (GYTS) indicated that 62.7 % live in homes where others smoke in their presence, 74.4% are around others who smoke in places outside their home. This high percentage of young people aged 13–15 years who have been exposed to tobacco smoke indicated that much work remained to be done in implementing Article 8 and its guidelines. 82.5% think smoking should be banned from public places.

Scientific evidence has proved that no safe levels of exposure to second-hand smoke exist, engineering approaches, such as ventilation, air exchange and the use of designated smoking areas, do not protect against exposure to tobacco smoke.¹ Only 100% smoke-free works. International experiences also show that smoke-free laws do not harm the hospitality and tourism industries. The WHO International Agency for Research on Cancer reviewed 165 studies and found that “smoke-free policies do not have an adverse economic impact on the business activity of restaurants, bars, or establishments catering to tourists, with many studies finding a small positive effect of these policies.”²

The newly established State Tobacco Control Committee is developing amendments to Tobacco Control Law towards introducing total ban of smoking in indoor public places, working places, and public transport and as appropriate, other public places on a gradual basis. The Government is also studying the enforcement agency(ies) and exploring the possibility of simplifying the enforcement procedures to better implement the tobacco

¹Guidelines for implementation of Article 8, p23, 2013 Edition

²World Health Organization International Agency for Research on Cancer. Evaluating the Effectiveness of Smoke-free Policies. IARC Handbook of Cancer Prevention. Lyon: WHO IARC, 2009 <http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/handbook13-0.pdf>

control legislation. Currently the patrol police and district police are enforcing the smoke-free legislation. They cannot fine the violators on the spots but have to file a case in the court for any amount of fine.

The international team met the representatives of the Ministry of Environment and Resources Protection and learned that the Ministry has recently enhanced its enforcement capacity and has 50 environment inspectors in place. These inspectors have authority to enter into any establishments and workplaces.

Gaps-

1. The five year deadline for Georgia of 15 May 2011 (as recommended by the guidelines on implementation of Article 8) to provide for universal protection, has not been met.
2. Smoking is not banned in all indoor public places. Exposure of the public to second-hand smoke in public places remains high.
3. Indoor workplaces have not been specifically mentioned in the Tobacco Control Law 2010. Cafés, bars, restaurants night clubs and hotels are public places but at the same time workplaces for the employees.
4. The Tobacco Control Law 2010 has not placed clear responsibility for compliance on the owner, manager or other persons in charge of the premises.
5. Enforcement of tobacco-free legislation remains weak, particularly given a lack of human resources in enforcement and complicated procedures to apply fines.

It is therefore recommended that:

1. ***The current tobacco control law be amended so that a 100% smoke-free policy is applied to all indoor public places, indoor public workplaces, public transport and as appropriate, other public places.***
2. ***The legislation should place main responsibility for compliance on the owner, manager or other persons in charge of the premises and also include appropriate administrative sanctions for the individual violators who refuse to comply.***
3. ***The legislation identify the authority or authorities responsible for enforcement and include a system both for monitoring compliance and for prosecuting violators, including by giving the enforcement officers the authority to fine on the spots.***
4. ***Wherever possible, existing inspectors or enforcement agents should be fully utilized. Environmental inspectors could possibly be used to enforce smoke-free policies and legislation in public places and workplaces.***
5. ***Enhance the effectiveness of a monitoring-and-enforcement programme of smoke free legislation by mobilizing and involving the community, including the relevant NGOs, wherever applicable and appropriate.***
6. ***Effective communication campaigns involving the community can be utilized to enhance compliance and monitoring of the smoke-free legislation.***

In support of the Government's efforts to implement 100% smoke-free policies and enforce the tobacco control legislation, the Convention Secretariat is committed to facilitating provision of international best experiences and technical support upon the request of the Government.

**Regulation of the contents of tobacco products (Article 9) and
Regulation of tobacco product disclosures (Article 10)**

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.

According to the Article 4 of the Tobacco Control Law 2010, the ingredients of tobacco products shall be measured by the producer of tobacco product and/or importer with its own expenses. Decree #122/N from March 27 of 2009 regulates that a unit can contain maximum level of 1 mg of nicotine, 10 mg of tar and 10 mg of carbon monoxide measured by ISO standards. The producer of tobacco product and/or importer should prove that the measurement was performed in accordance with the standards, and should submit information to the Ministry of Labour, Health and Social Affairs concerning the laboratory having the right to perform respective testing. Unfortunately this has not been implemented. Official standard requires only nicotine, tar and carbon monoxide substance to report.

Gaps–

1. The partial guidelines for the implementation of Articles 9 and 10 adopted by the Conference of the Parties have not been used in the development of the national regulations and standards concerning contents, emissions and disclosures of tobacco products, including the banning of additives as a strong public health measure.
2. The national standards on tobacco products are limited to the scope of constituents to harmful constituents, such as nicotine, tar and carbon monoxide.
3. The Ministry of Labour, Health and Social Affairs has not designated competent governmental or independent laboratory for the testing of tobacco products.

It is therefore recommended that the Ministry of Labour, Health and Social Affairs work with relevant ministries or agencies to regulate the contents of tobacco products in accordance with the guidelines for implementation of Articles 9 and 10 adopted by the Conference of the Parties. Tobacco control legislation should be amended to include testing and measurement of the contents and emissions of tobacco products in order to implement the guidelines on Articles 9 and 10. It is also recommended that the Ministry of Labour, Health and Social Affairs assess the arrangements for testing, either by developing their own testing capacity or utilizing either independent or state owned capable laboratories in the region through bilateral arrangements. The tobacco company should bear all the costs of such testing requirements.

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*”.

Gaps –

1. The current legal requirement of submitting reports from the tobacco industry has not been enforced.
2. The current tobacco control legislation lacks provisions on penalties in cases of non-compliance with the requirement to submit reports and disclose to the Government information about the contents and emissions of tobacco products.
3. There are no measures for public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.

It is therefore recommended that Georgia include stronger regulations in the amended tobacco control legislation on the information that the tobacco industry is required to disclose to Government authorities concerning the contents and emissions of tobacco products. It is also recommended that the tobacco control legislation be amended to include penalties for non-compliance by the tobacco industry with the requirements on submission of reports and disclosure to the Government of information on the contents and emissions of tobacco products. It is further recommended that Georgia enable public access to information submitted by the tobacco industry.

Packaging and labelling of tobacco products (Article 11)

Article 11 requires each Party “within a period of three years after entry into force of the Convention for the Party to adopt and implement... effective measures” on packaging and labelling of tobacco products.

This is one of the articles of the Convention that contains a deadline of three years from entry into force for implementation of specific measures. For Georgia, the deadline was 15 May 2009.

Article 6 of the Tobacco Control Law 2010 requires all manufactured tobacco product packages have health warning not less than 30% of the whole surface. The national quit line (116001) is also required to be printed on the packing and labelling of tobacco products.

The Ministry of Labour, Health and Social Affairs has approved three main health warnings, 9 additional health warnings and nine pictograms (EU pictorial health warnings). The Law requires pictorial health warnings on a voluntary basis but in reality no tobacco industry has implemented any pictorial health warnings.

The Tobacco Control Committee is planning to introduce 80% pictorial health warnings through amending the Tobacco Control Law 2010 and there is broad support among the members of the Committee for this initiative.

The table below provides status of Tobacco Control Law 2010 in Georgia in relation to measures covered under Article 11 of the treaty.

Table 2. Comparison of the treaty requirements and level of compliance with these requirements in Georgia concerning measures under Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”.	OBLIGATION MET BUT ENFORCEMENT NEEDS TO BE ENHANCED	Article 6 of the Tobacco Control Law 2010 bans promotion of tobacco products in line with Article 11. While most tobacco product packaging and labelling is compliant with the Law, some packages carry words with misleading terms such as “slim”, “gold”, “silver”, etc. The tobacco company also uses colours, numbers and other design elements to mislead the public and create a false impression that a particular tobacco product is less harmful than others.
1(b)	Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	OBLIGATION PARTIALLY MET	Health warnings are required in each unit packet and package of tobacco products but not on outside packaging and labelling such as a block of 10 packages.
1(b)(i)	[The warning] shall be approved by the competent national authority.	OBLIGATION MET	The Ministry of Labour, Health and Social Affairs approves the warning.
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION MET	Health warnings are subject of rotation the following way: a) A producer and/or importer of tobacco products should use all the main health warnings during a year so that they are evenly distributed on the packs and blocks of all types of tobacco products that are for sale; b) A producer and/or importer of tobacco products should select three additional health warnings during a year, and if so wishes – respective pictograms too, so that they are evenly distributed on the packs and blocks of all types of tobacco products that are for sale.
1(b)(iii)	[The warning] shall be large,	COMPLIANCE	The Law requires the health

	clear, visible and legible.		warnings to be clear and visible.
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	PARTIAL COMPLIANCE	The Law requires health warning to occupy no less than 30% of the total area. However the borders of the health warnings are included in the 30%.
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	NOT YET IMPLEMENTED	The law requires pictograms on a voluntary basis and it has not been implemented by any tobacco companies.
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	OBLIGATION MET PARTIALLY	The law has a provision on printing only the tar, nicotine and carbon monoxide levels, which is not recommended by the guidelines on Article 11 as it may create the impression one brand is less harmful than others.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	OBLIGATION MET	The law requires health warnings to be in the State language of Georgia and in Abkhazian in the Autonomous Republic of Abkhazia.

Gaps -

1. Georgia has missed the deadline in fully implementing Article 11 and its guidelines which was 15 May 2011.
2. The size of the health warnings is only 30% while the recommendation of the Article 11 guidelines is more than 50%.
3. Pictorial health warnings have not been implemented.
4. There is a requirement for the amount of nicotine and other substances to be printed on the packaging, which is not aligned with the guidelines.

It is therefore recommended that Georgia:

1. ***Amend the Tobacco Control Law 2010 and implement effective pictorial health warnings that cover more than 50% of both front and back of the main display areas on all tobacco packaging and labelling. If a border is required, the space dedicated to framing health warnings and messages should be excluded from the size of the health warnings.***
2. ***Amend the tobacco control legislation and require relevant qualitative statements on tobacco products packing and labelling concerning constituents and emissions.***
3. ***Amend the tobacco control legislation and prohibit quantitative or qualitative statements and design elements, such as colour and numbers, that might imply that one brand is less harmful than another – such as tar, nicotine and carbon***

monoxide figures or statements such as “these products contain reduced levels of nitrosamines”.

4. *While the Government gaining experience in implementing pictorial health warnings, it is recommended that plain packaging could be considered at an appropriate time in the future to better implement Article 11 and the guidelines on its implementation.*

Education, communication, training and public awareness (Article 12)

Article 12 requires that “each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

(a) *broad access to effective and comprehensive educational and public awareness programmes on health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;*

(b) *public awareness about the health risks of tobacco consumption, exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14;*

(c) *public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;*

(d) *effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;*

(e) *awareness and participation of public and private nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and*

(f) *public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.”*

Ministry of Labour, Health and Social Affairs through its National Centre for Disease Control and Public Health has conducted education and public awareness programmes targeting different groups of population reflecting the differences on age and educational background. These programmes cover health risks of tobacco consumption, health risks of exposure to tobacco smoke, benefits of the cessation of tobacco use and tobacco-free lifestyles, adverse economic and environmental consequences of tobacco consumption. Health workers, media professionals, educators, decision-makers and administrators have been trained or sensitized. Education and communication materials are pretested. Government agencies and NGOs work very closely in implementing the Article 12 and its guidelines. 300 journalists, policemen and teachers were trained in the smoke-free project in healthcare institutions and secondary schools funded by the Union from 2012.

The First Lady's Healthy Lifestyle Initiative "Don't worry, be healthy" have been running for the last one and half years to promoting healthy lifestyles including smoke-free lifestyle through campaigns in the national TV and radio and organizing activities in the schools.

The Ministry of Labour, Health and Social Affairs, Ministry of Education and Science and NGOs observe the annual World No Tobacco Day and organize No Tobacco Week with intensified public awareness-raising of tobacco control. Every year March 29 is Georgian No Tobacco Day.

The Ministry of Sport and Youth Affairs works with youth through peer education to promote healthy life styles. The Ministry is planning to conduct Anti-Drug and Anti-tobacco campaign from June-October 2013 in eight cities in Georgia. The Ministry works very closely with UNICEF and UNFPA and will organize Development of the State Youth Policy in Georgia in 2013 together during which tobacco control will be covered.

Healthy Life style is in curriculum in the secondary schools. Tobacco control is a part of it. Tobacco control is included in the curriculum since students are around eight years old and healthy life styles including smoke-free life style is in the secondary school curriculum. Universities are authorized to develop their own curriculum subject to the certification of the Ministry but there is no specific requirement for including tobacco control. The situation is the same for universities to train public health professionals. The Ministry of Education and Science is elaborating new curriculum and the representative of NCDC is a member of the working group.

The international team had a very productive meeting with the General Producer of Georgian Public Broadcaster which has two television channels and two radio channels. These channels cover majority of the population and can play leading role in supporting the communication and awareness campaigns on tobacco control. The General Producer kindly agreed the international team's request to support the implementation of the Article 12 and its guidelines in Georgia and particularly by providing free air time to broadcast anti-smoking video clips or radio messages. Various programmes of the television or radio channels could also be utilized to discuss and educate the public about tobacco control. The international team also had very encouraging discussion with the Department of Integrated Public Communications of Chancellery of the Government of Georgia. The Department is committed to coordinate and lead the education, communication and public awareness campaigns once the National Tobacco Control Action Plan is adopted. Both agencies welcome international assistance in developing or utilizing existing effective audio/visual materials.

The State Tobacco Control Committee is planning to include implementation of Article 12 and its guidelines into the National Action Plan.

Gaps –

1. Ministries, Government agencies and other key stakeholders in implementing Article 12 have not coordinated their efforts and developed operational communication plans yet.

2. The education, communication, training and public awareness activities have not been systematically conducted.
3. Georgian Public Broadcaster has not been formally involved in tobacco control and the working group.
4. There are limited pre-service and in-service training and sensitization for health professionals.
5. There is a lack of systematic evaluation of the effectiveness of the conducted activities with regard to education, communication and training programmes aimed at raising awareness of tobacco control issues.

It is therefore recommended that:

- 1. A national action plan on education, communication and training be developed in the overall National Action Plan and resources sustainably allocated to its implementation.***
- 2. The Chancellery of the Government of Georgia coordinate the national communication campaigns on educating the public about the National Tobacco Control Strategy and the future National Action Plan and the Amended tobacco control legislation in the near future, including mobilizing systematic support from the media and journalists.***
- 3. The Ministry of Labour, Health and Social Affairs send an official request to the Georgian Public Broadcaster for allocating free air time in both public television and radio channels for tobacco control messages.***
- 4. International cooperation may be useful to ensure that rigorous, systematic and objective methods are used in designing and implementing these programmes.***
- 5. The Ministry of Labour, Health and Social Affairs strengthen both pre-service and in-service training for public health professionals.***

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat is committed to facilitating provision of expertise and technical support upon request from the Government.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 of the Convention notes that the Parties “recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products”.

Article 13.2 of the Convention requires each Party to: “in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21”.

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The five-year deadline from the date of entry into force of the Convention for Georgia was 15 May 2011.

Article 8 of the Law of Georgia on Advertising (1998) prohibited tobacco products advertising via radio, TV, newspaper and magazine cover pages. There are some restrictions on the locations of the outdoor tobacco advertising such as educational, medical and sports facilities and the advertising intended to attract minor appeals are banned. Advertising of tobacco products shall be accompanied with the warning about harmful effect of smoking. The tobacco products advertising shall contain, namely, the following text written with big black letters against the white background: “Health Ministry’s warning: Smoking is harmful for your health”.

Article 10 of the Tobacco Control Law 2010 prohibits demonstrating tobacco smoking by mass media, other print or electronic media, mass media shows and theatre performances, if it is not an accidental recording and/or a part of creative intention.

Data from the 2008 GYTS shows that more than half of the students saw pro-cigarette ads on billboards and nearly half saw pro-tobacco ads in newspapers or magazines in the past 30 days. 14.6% of the students reported having an object with a cigarette brand logo.

There are cigarette advertisements on billboards, newspapers and magazines. Point of sale advertisement is quite visible in almost all shops selling tobacco products.

Gaps –

1. The ban is partial and Georgia has missed the five year deadline to implement Article 13 as of 15 May 2011.
2. Advertising in print media, outdoor and at points of sales have not been banned.
3. The definition of sponsorship in the Law of Georgia on Advertising is not comprehensive and not in line with the definition in the Convention.
4. Sponsorship is not banned.
5. “Socially responsible” activities by the tobacco industry have not been banned.

It is therefore recommended that Georgia amend the relevant provisions in the Law of Georgia on Advertising, the Tobacco Control Law 2010 and/or any other relevant laws to achieve 100% ban on tobacco advertising, promotion and sponsorship including but not limited to banning “socially responsible activities”, point of sales display of tobacco products, outdoor advertising and smoking screens in the TV programme and films, taking into account the gaps identified in this report. The definitions on tobacco advertising and promotion¹, tobacco sponsorship² in Article 1 of the Convention serves

¹ “tobacco advertising and promotion” means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly. (<http://www.who.int/fctc/en/>)

² “tobacco sponsorship” means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly. (<http://www.who.int/fctc/en/>)

as a valid reference when defining these terms in the amended national tobacco control legislation.

Article 13.5 encourages Parties to: “*implement measures beyond the obligations set out in paragraph 4*”.

Currently Georgia has not implemented any measures beyond the obligations set out in paragraph 4.

Article 13.7 reaffirms Parties’ “*sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law*”.

Article 4 of the Law of Georgia on Advertising stipulates that the advertising transmitted from foreign countries to Georgia shall follow its advertising legislation.

It is therefore recommended that Georgia ban tobacco advertising both originating from and entering into its territory and include specific provisions to this effect in the amended national tobacco control legislation and the advertising legislation.

Measures concerning tobacco dependence and cessation (Article 14)

Article 14.1 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*”.

Currently, Georgia has developed and disseminated guidelines concerning tobacco dependency treatment. The guidelines are elaborated and adopted by the Ministry of Labour, Health and Social Affairs.

Georgia has met the obligations under Article 14.1 of the Convention.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, “*each Party shall endeavour to:*

(a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;

(b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;

(c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and

(d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate”.

National quit line was established in 2002. Since 2008, the quit line number was printed on tobacco packages and is operated by NCDC office during working hours of the week day. The quit line is toll-free for the landline callers but there is a charge for the mobiles. It is not fully utilized. There is only one line for clients to call. Recording of tobacco use in medical note is mandatory but no counselling service or brief advice is systematically provided. Medicines such as Varenicline (Chantix and Champix) and Tabex are available in the pharmacies but they are not affordable.

The Tobacco Control Committee is planning to include the implementation of Article 14 and its guidelines into the National Tobacco Control Action Plan.

Gaps –

1. There is no comprehensive and integrated programme concerning tobacco dependence and cessation in Georgia.
2. Health professionals have not been well trained in providing brief cessation advice and counselling.
3. Brief cessation advice and counselling have not been provided in the primary health care facilities and there is also no referral clinics for the treatment of tobacco dependence
4. The national quit line for tobacco cessation is not fully toll-free, does not operate after the working hours and during weekends and has limited capacity.
5. Pharmaceutical products for treatment of tobacco dependence are not freely available in the public health service.

It is therefore recommended that national tobacco control programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established and integrated into the national health and education systems. Community-based counselling and cessation programmes should be a primary approach; all health care workers be trained to give brief advice and encourage quit attempts both in pre-service and in-service training. It is recommended that Georgia strengthen the capacity of the quit line and extend the service hours of the quit line and make it total toll-free. It is further recommended that Georgia facilitate accessibility and affordability of pharmaceutical products for treatment of tobacco dependence and collaborate with other Parties as necessary.

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”.

The Protocol to Eliminate Illicit Trade in Tobacco Products adopted at COP5 provides an additional legal instrument to reduce supply. The Protocol has opened for signature by all Parties to the Convention since 10 January 2013. Parties can sign it at the United Nations Headquarters in New York until 9 January 2014.

The Ministry of Finance estimates that the level of illegal imports is small, just 1% of the market in Georgia. Tax-paid domestically produced cigarettes are also exported to other countries, where they are imported illegally.

There is a track and trace system in place in Georgia. Tax stamps are affixed in the factory for both domestic production and imports. This stamp shows the country of manufacture, and the bar code on each pack includes the code for the destination country, although it is not written on the package. Both Customs and the Revenue Office are able to follow cigarettes from production or import to final sale.

Georgia is a member of the World Customs Organization (WCO). Harmonization of national legislation with European Union is in process.

An overview of the measures against illicit trade in tobacco products, with identified needs is given in **Table 3** below.

Table 3. Overview of measures taken against illicit trade in tobacco products in Georgia

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products.	OBLIGATION MET	According to the Tax Code, all domestically produced and imported cigarettes must have excise stamps that indicate the country of origin by the code.
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	OBLIGATION MET	The bar code on every pack of cigarettes indicates the country of sale, so this can be determined. However, it is not written in plain text.
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution	OBLIGATION MET	The machine readable stamp system is an effective way to track and trace production and imports.

	system and assist in the investigation of illicit trade.		
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.	OBLIGATION MET	Data on cross-border trade in tobacco products is collected and can be shared with relevant ministries.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	OBLIGATION MET	It is under the Tax Code and Criminal Offence Code.
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.	OBLIGATION PARCIALLY MET	Illicit manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are confiscated and destroyed. But the Ministry of Environment and National Resources Protection has not established environmentally-friendly methods to destroy them.
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.	OBLIGATION MET	
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	OBLIGATION NOT MET	There is no such provision in the current legislation.
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	NOT IMPLEMENTED	Information on illicit trade in tobacco products was not reported in both the two-year and five-year implementation reports submitted by Georgia.
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	OBLIGATION MET	Georgia is a Member of the WCO.
7	Each Party shall endeavour to adopt and implement further	OBLIGATION NOT MET	Currently there is no licensing to regulate or control the

	measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.		production, importation, distribution and sale of tobacco products in Georgia.
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Gaps –

1. There is no licensing regime in place to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.
2. Environmentally-friendly methods to destroy confiscated illicit manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products have not been established.

It is therefore recommended that Georgia reintroduce licensing to control or regulate the production and distribution of tobacco products in order to eliminate illicit trade. It is also recommended that the Ministry of Labour, Health and Social Affairs work closely with the Ministry of Environment and National Resources Protection to establish environmentally-friendly methods of destroying confiscated illicit manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products. It is further recommended that Georgia become an early signatory to the Protocol to Eliminate Illicit Trade in Tobacco Products, followed by ratification, and promote international bilateral and multilateral cooperation to curb illicit trade in tobacco products. It is further recommended that Georgia share its experiences of establishing an effective tracking and tracing regime to control illicit trade in tobacco products with other Parties, as appropriate.

Article 16 requires “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 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 5 of the Tobacco Control Law (2010) prohibits the sale of tobacco products to persons less than 18 years of age and in case of doubt, to request appropriate document. The Law also prohibits tobacco sales in the sections where children’s clothes and toys are sold and in childcare and educational facilities and within 50 metres of such facilities.

The Ministry of Interior started to enforce these provisions Law after the establishment of the State Tobacco Control Committee in March 2013. The Ministry filed 67 violations in the last week of May 2013 and the number of cases dropped to six in the first week of June 2013. In addition, 42 cases in May 2013 and 14 cases in the first week of June 2013 were filed for selling cigarettes near schools, which is also banned by the Law.

Article 5 of the Law also requires a warning about the prohibition of sales to minors and the national quit line number to be displayed at points of sale. The large shops usually comply. However in small shops tobacco companies provide their own stickers but these are more like indirect advertisements than warnings.

Georgia has met the obligations under Article 16.1(a) under the Convention.

It is therefore recommended that enforcement be continued and enhanced, particularly in regard to warnings at the points of sale.

Gaps–

1. There are no effective warning signs of the prohibition on sales of tobacco products to minors inside points of sale in most shops.
2. According to the 2008 GYTS, more than 57.3% of youth reported buying cigarettes in a store, a figure which is higher than that reported in the 2002 GYTS (53%).

It is recommended that Georgia step up enforcement of the provision prohibiting sales of tobacco products to persons less than 18 years of age. It is also recommended that the necessary regulatory mechanisms be enforced (for prohibitions related to distribution of tobacco products that are often violated)

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;*”.

Gap- There is no provision in the national tobacco control legislation banning the sale of tobacco products in a directly accessible manner.

It is therefore recommended that the Government amend the Tobacco Control Law 2010 and ban the sale of tobacco products in any manner by which they are directly accessible.

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

There is no provision in the Tobacco Control Law 2010. Georgia has not met the obligations.

It is therefore recommended that the Tobacco Control Law 2010 to be amended and prohibit the manufacture and sale of all objects that illustrate tobacco products in a manner which appeals to minors.

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 5 of the Tobacco Control Law 2010 prohibits sales of tobacco products through electronic or mechanical vending machines in Georgia. Georgia has met the obligations under Article 16.1(d) of the Convention.

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 5 of the Tobacco Control Law 2010 prohibits the sale of single cigarettes and in packets containing less than 20 cigarettes.

Georgia has met the obligations under Article 16.3 of the Convention. However single cigarettes are still sold by street vendors.

It is therefore recommended that the relevant ministry enhance enforcement efforts relation to Article 16.3 of the Convention. It is also recommended that enforcement procedure be simplified to allow on the spot fine of violations.

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 5 of the Tobacco Control Law 2010 prohibits the involvement of persons aged less than 18 years in the industry. Georgia has met the obligations under the Article 16.7 of the Convention.

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”.

Protection of the environment and the health of persons (Articles 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”.

Georgia is no longer a major producer of tobacco as it used to be during the Soviet time. According to statistics produced by the Food and Agriculture Organization of the United Nations, the area under tobacco cultivation has been less than 800 hectares and production at less than 100 tons since 2006. The Ministry of Agriculture does not promote tobacco leaf production. There are about 500 employees involved in growing and production of tobacco in the country.

Cigarettes are both imported and produced domestically using imported tobacco leaf. Domestic production and import levels were similar until 2010 when taxes on imports and domestic production were equalized. Today imports of cigarettes are twice as high as domestic production, according to the number of excise stamps issued by the Ministry of Finance.

The agricultural sector is one of the priorities of the Georgian Economic Development Strategy as well as hydro energy, tourism, and wine, nut, tea and fruit production. More than 50% of the population live in rural areas. The Ministry of Economy and Sustainable

Development actively promotes these economically viable alternative activities, which have seen positive results. Georgia is a member of the Articles 17&18 working group.

Georgia has met the obligations under Articles 17 and 18 of the Convention.

It is therefore recommended the State Tobacco Control Committee invite the Ministry of Environment and National Resources to work on implementing Article 18 of the Convention. It is also recommended that Georgia share its experience in implementing Articles 17 and 18 of the Convention and actively contribute to the relevant working group.

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 is no special provision in the tobacco control legislation to deal with criminal and civil liability. The international team was informed that there was an unsuccessful court case seeking compensation in relation to damage to health caused by smoking and public disclosure of information related to the diseases caused by smoking during 2008 and 2010. The court case attracted much media coverage.

The fifth session of the Conference of the Parties established an expert group on liability comprising no more than three experts per WHO region. The expert group will submit a report to the sixth session of the Conference of the Parties.

It is recommended that Georgia promote its existing laws and as necessary introduce provisions into 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*”.

Georgia conducted the GYTS in 2002 and 2008, the Global School Personnel Survey in 2008 with the support of WHO. The GYTS (2008) reported that 8.6% of respondents currently used any tobacco product (boys – 15.2%; girls – 2.8%); that 62.7% lived in homes where others smoked; and that 74.4% were around others who smoked in places outside their home.

Georgia conducted the STEPS survey in 2006–2007 and 2010 with support from WHO and the EU. The 2010 GYTS Survey found that smoking prevalence was 30.3% (male – 55.5%; female – 4.8%). The NCDC is planning to conduct a new STEPS survey in 2014–2015 and the questionnaire is being finalized.

Georgia conducted research on active smoking attributable mortality in 2011, and a pilot study on Alcohol and Other Drug Use in Georgian Students under the European School Project on Alcohol and other Drugs (ESPAD) in 2009 with the support of the United Nations Development Programme (UNDP) and the EU. Georgia also conducted a Reproductive Health Survey in both 2005 and 2010, with the support of UNFPA, which found slightly higher smoking prevalence among the women of reproductive age than the STEPS. Georgia conducted the Migrant Health Survey in 2012. All these studies or surveys include tobacco use. Georgia conducted studies on public opinion on tobacco control measures and found public support smoke free policies and banning tobacco advertising.

Gaps–

1. There is lack of recent national youth and adult epidemiological surveillance of tobacco consumption and related social, economic and health indicators.
2. There is lack of evaluation on the effectiveness of interventions to reduce tobacco use prevalence.
3. There is a lack of morbidity and cost attributable to tobacco use and exposure to tobacco smoke.

It is therefore recommended that the Government of Georgia:

1. *Develop and promote more coordination and cooperation between national research capacity and relevant initiatives supported by competent international organizations/bodies.*
2. *Identify a set of questions related to tobacco use to be included in future national household surveys and other relevant surveys and conduct these surveys on a regular basis so that trends can be monitored.*
3. *Include indicators related to exposure to tobacco smoke in indoor public places, indoor workplaces, public transport and home into the upcoming STEPS.*
4. *Conduct research addressing the determinants and consequences of tobacco consumption and exposure to tobacco smoke, including data on mortality and morbidity attributable to tobacco use.*
5. *Ensure that that data required for the country's implementation reports to the Conference of the Parties are included in the routine data collection mechanisms.*
6. *Utilize research findings and surveillance results in developing and monitoring the National Tobacco Control Programme and interventions.*

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”.

Georgia has provided all of the required implementation reports on time. The two-year (first) report was submitted on 23 May 2008, the five year (second) report on 10 February 2012.

Georgia has met the obligation under Article 21 of the Convention.

As the COP established two-year cycle of Parties implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is recommended that the Government start the preparation of the next report well in advance in 2013/2014 to meet the deadline in 2014 and similarly thereafter.

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 fulfill 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*”.

The Ministry of Labour, Health and Social Affairs work closely with WHO in conducting the GYTS the Global School Personnel Survey and the STEPS. UNFPA and UNICEF joint efforts in 2012 to support the Ministry on Sports and Youth Affairs of Georgia with the development of Youth Policy aimed at creating a favourable youth friendly environment and promoting a healthy lifestyle. Currently, National Action Plans covering a broad range of health issues based on the Youth Policy are being developed. UNFPA, UNICEF and USAID supported the Ministry of Education and Science to develop Educational Plan in 2010 which includes the healthy lifestyles. UNDP is also well positioned to support the designing of the new National Development Strategy. All these activities represent good entry points and opportunities for support to the implementation of the Convention. The World Bank is committed to provide technical expertise in tobacco taxation policies. The Government of Georgia invited all relevant UN agencies to be a member of the working group of the National Tobacco Control Committee.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the UN system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)¹ 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 current UNDAF in Georgia, covering the period 2011 to 2015, does not include specific outcome areas on noncommunicable diseases (NCDs) and tobacco control, however, this work falls under the broader outcome areas of Outcome 3 – Vulnerable

¹See FCTC/COP4/REC/1, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm.

groups enjoy improved access to quality health, education, legal aid, justice and other essential social services – and Outcome 5 – Institutions develop policies based on reliable data and clear, fair and participatory legislative processes. The international team met the UN Residence Coordinator and members of the UN Country Team (UNDP, UNICEF, UNFPA, UNHCR and WHO) and gained support to incorporate implementation of the Convention into the next programming phase of the UNDAF. The midterm review of the UNDAF is being conducted. Upcoming consultations for the development of the next UNDAF shall encourage the inclusion of support the country's implementation of the Convention as a priority. UN Agency specific Country Programme Action Plans also provide an opportunity at the operational level to include NCD and Convention specific activities in the work of UNCT members.

Gap – Supporting implementation of the Convention has not been highlighted as a priority in the current UNDAF.

It is therefore recommended that the Ministry of Labour, Health and Social Affairs actively follow up with the UNRC, UNDP and WHO on the midterm review of the current UNDAF and the consultation process of developing the next UNDAF, to include implementation the Convention under the UNDAF programming activities in 2013 and beyond. An explicit mention of support for the Government of Georgia in implementing the Convention in the next UNDAF, and the United Nations commitment to providing technical assistance to facilitate this, would help ensure inter-agency action to support a multisectoral approach to tobacco control. It is also recommended that the Government of Georgia 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”.

The National Centre for Disease Control and Public Health (NCDC) serves as the national tobacco control focal point. The State Tobacco Control Committee coordinates the national efforts in implementation of the Convention and is consisted of ten ministers. NCDC serves as the Secretariat of the Committee and the working group of the Committee. NCDC has allocated 100 000 lari out of its overall budget to carry out tobacco control activities and fulfil the function of the Secretariat. However currently there is no separate budget line on tobacco control in NCDC and other relevant ministries also have not allocated budget in this area. The budget for State Tobacco Control Program has to be presented to the Ministry of Finance at the end of August 2013.

The Government of Georgia fully recognize the important role of financial resources in implementing the Convention. Each member ministry in the State Tobacco Control Committee will propose budget for the 2014 to 2016 and submit to the Ministry of

Finance and later the Parliament for approval before the end of August 2013. The estimated total budget is 1.5 million lari for 2014, 1.7 million lari for 2015 and 2016 respectively. The international team met the honourable Deputy Minister of Finance and requested the Ministry's strong support in this area and was assured of positive consideration. The international team also discussed the importance of allocating budget line to all relevant ministries the members of the Health and Social Affairs Committee of the Parliament.

Gaps–

1. The funding allocated by the NCDC is not sufficient to fully implement the Convention.
2. Other relevant ministries that have obligations to implement the Convention have not allocated staff time and budget to implementation of the Convention.

It is therefore recommended that the Government allocate sufficient budget to all relevant ministries to implement measures to meet the obligations under the Convention.

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”.

The Government of Georgia has been working closely with WHO, UNDP, UNICEF, UNFPA, European Union and other bilateral and regional organizations in implementing the Convention.

Georgia has met the obligations under Article 26.3 of the Convention.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of Georgia continue to 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 26.3 specifically points out that project promoting “economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development”.

The Ministry of Economics and Sustainable Development and the Ministry of Agriculture implement such projects (details as mentioned in Article 17&18 before). Georgia has met the obligations under Article 26.3 under the Convention.

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”.

The Ministry of Labour, Health and Social Affairs is committed to ensuring that Georgia will promote implementation of the Convention in the relevant bilateral and multilateral forums.

Gap – Although there are some international organizations support Georgia in implementing the Convention, Georgia has not to date been successful in mobilizing substantial financial assistance from other Parties, regional and international organizations and financial and development partners that are able to provide aid to developing countries.

It is therefore recommended that Georgia utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda, including engaging in on going consultations related to the post 2015 agenda and including the implementation of the Convention into the Sustainable Development Goals as the Convention is an effective tool to prevent and control NCDs and achieve better health outcome of the population. It is also recommended that other ministries from the State Committee for Strengthening Tobacco Control Measures, representing Georgia in other regional and global forums, also proactively urge regional and international organizations and financial institutions to provide financial assistance to developing countries with regard to supporting them in implementation of the Convention.

ANNEX

List of Government agencies and their representatives, legislative bodies, members of the international team and nongovernmental organizations participating in the joint needs assessment

Names of the Minister and key persons involved:

Ministry of Labour, Health and Social Affairs

1. Mr David Sergeenko, Honourable Minister of Labour, Health and Social Affairs
2. Dr Mariam Jashi, Deputy Minister of Labour, Health and Social Affairs

National Centre for Disease Control and Public Health (NCDC) of Georgia

1. Dr Amiran Gamkrelidze, General Director
2. Dr Ekaterine Kavtaradze, Deputy Director
3. Dr Lela Sturua, Head, Noncommunicable Diseases Department
4. Dr Nino Maglakelidze, Senior Specialist, Noncommunicable Diseases Department
5. Dr Sopo Alavidze, Senior Specialist, Noncommunicable Diseases Department,

Participating Government agencies

1. Chancellery of the Government of Georgia
2. Ministry of Education and Science
3. Ministry of Justice
4. Ministry of Interior
5. Ministry of Sports and Youth
6. Ministry of Finance
7. Ministry of Economy and Sustainable Development
8. Ministry of Regional Development and Infrastructure
9. Ministry of Agriculture
10. Ministry of Environment and Natural Resource Protection
11. Georgian Public Broadcaster
12. Ministry of Environment and Natural Resources Protection

Parliament of Georgia

1. Dr Guguli Magradze, First Deputy Chairman Committee on Health and Social Affairs, Member of Parliament
2. Dr Gia Khechinasvili, Member of the Committee on Health and Social Affairs, Member of Parliament

International team

Convention Secretariat

1. Mr Vijay Trivedi, Coordinator
2. Ms Guangyuan Liu, Technical Officer

3. Ms Hanna Hopko, Temporary Advisor

WHO

1. Dr Rusudan Klimiashvili, Head of WHO Georgia Office
2. Dr Nino Mamulashvili, National Professional Officer

UNDP

Mr John Macauley, Regional Analyst for HIV, Health and Development in Europe and the Commonwealth of Independent States(CIS)

World Bank

Ms. Jean Tesche, Senior Economist

Nongovernmental organizations

Mr. Kakha Gvinianidze, Head, Institute of Public Health
Mr. George Bakhturidze, Head, Tobacco Control Alliance
Welfare Foundation

International organizations and other development partners in Georgia

1. Mr Jamie McGoldrick, UNDP Resident Representative
2. Mr David Mushkudiani UNRC Office/UNDP
3. Ms Inita Paulovica,UNDP
4. Ms Natia Natsvlishvili, Governance Team Leader, UNDP Georgia
5. Ms Meskerem Mulatu, Sector Leader, EA Human Development Unit, The World Bank, South Caucasus Regional Office
6. Ms Tamar Khomasuridze, Head, UNFPA Georgia Country Office
7. Ms Nana Pruidze, UNICEF
8. Ms Maja Zotovic, UNHCR