

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

Convention Secretariat

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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 175 Parties to date. The Kyrgyz Republic ratified the WHO FCTC on 25 May 2006. The Convention entered into force for the Kyrgyz Republic on 23 August 2006.

A needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of the Kyrgyz Republic and the Convention Secretariat, from April to July 2012, 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, and the mission of an international team from the Convention Secretariat, WHO, the World Bank, the United Nations Development Programme (UNDP) and the Finnish Lung Health Association to the Kyrgyz Republic on 18–22 June 2012. The assessment involved relevant ministries and agencies of the Kyrgyz Republic. The 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 the government of the Kyrgyz Republic to 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, the Kyrgyz Republic is obliged to implement its provisions through national laws, regulations or other measures. There is therefore a need to analyse the needs assessment report, identify all obligations in the substantive articles of the Convention, link them with the relevant 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 Kyrgyz Republic established its State programme for 2008–2015 on protecting its citizens from the harmful effects of tobacco consumption and exposure to tobacco smoke through Government Decree No.122 on 4 April 2008. Short-, medium- and long-term goals and strategic directions of the State programme have been identified. While the short-term action plan for 2008 and 2009 was developed, the mid-term and long-term multisectoral action plans with measurable indicators, timelines and responsibilities of different stake holders are yet to be developed. It is therefore recommended that a comprehensive national action plan taking into account the outcome of the joint needs assessment be developed with the assistance of the Convention Secretariat and international development partners and with the participation of all stakeholders in the country. Ideally, such an action plan could be launched by Government later in the year, preferably before the Joint Annual Review (JAR) meeting scheduled for October 15, 2012.

Third, a national tobacco control focal point and the Intersectoral Coordination Board

(Board) on protection of citizens from the harmful effects of tobacco consumption have been established, the latter being headed by the Deputy Premier Minister and with broad representation of different branches of government (at deputy minister level) and some nongovernmental organizations. The terms of reference of the Board are to coordinate the country's efforts in implementing both the WHO FCTC and its national legislation on tobacco control. However, the Board's decisions are advisory in nature and are often not enforced. Given the fact that the WHO FCTC is a legally binding instrument, the regulations should be changed to ensure that the decisions taken by the Intersectoral Coordination Board are implemented and that reports on the progress of implementation are regularly shared with the Board. It is also necessary to clearly define the responsibilities of each member of the Board (ministries and agencies) for implementation of the Convention, and the national law on tobacco control. To introduce more effective policy measures in a timely manner, there is a clear need to bring all key stakeholders on board and identify what measures to undertake. Furthermore, currently there is no separate budget line and expenditure line in the budget of the Ministry of Health for implementation of the Convention. The international team met the Deputy Minister of Finance during the mission. The Deputy Minister supported the creation of a budget line in accordance with Article 5.1 of the Convention and advised that the Ministry of Health first needs to propose it in its budget, following which the Ministry of Finance would be able to help to defend and approve it. The initiative of proposing a separate budget line must come from the Ministry of Health. It is therefore recommended that the Ministry of Health propose a separate budget and expenditure line for implementation of the Convention in its next budget for 2013. Other Stakeholder Ministries are also encouraged to do the same.

Fourth, the Kyrgyz Republic adopted its national tobacco legislation (No. 175) in 2006 and amended it in 2009 (No. 316). This in itself is a major milestone in implementing the Convention. Future amendments will be needed to ensure full compliance with the obligations under the Convention, such as creating a 100% smoke-free environment in all indoor public places, workplaces and, as appropriate, other places, banning tobacco advertising and promotion at points of sale and activities described as "socially responsible" by the tobacco industry, and introducing product regulation and disclosure to the public in line with Articles 9 and 10 of the Convention and the guidelines for their implementation. The Ministry of the Interior has conducted many effective activities in enforcing the current legislation, but further capacity building, awareness raising and training are needed to effectively enforce the legislation. In addition, revision of the existing legislation, such as eliminating smoking rooms in certain public places and workplaces will also enhance law enforcement. In order to make law enforcement more effective, the following administrative order, regulations and legislation will need to be amended or finalized in a timely fashion: the Law on Conducting Inspections of Entrepreneurs (No. 72), the Code of the Kyrgyz Republic on Administrative Responsibility (1998, No. 115), and the technical regulations on product regulations.

Fifth, Article 6 of the Convention recognizes that price and tax measures are an effective demand reduction measure to reduce tobacco consumption and achieve better health outcomes. Tobacco taxes in the Kyrgyz Republic are still lower than in neighbouring countries. The Ministry of Economy and Antimonopoly Policy introduced modest annual increases in excise tax for 2011 to 2013. Although the effect on reducing prevalence has not been shown, as the higher rates have been in effect only since October 2011, this is

the right direction to follow. The Government should progressively increase the tobacco tax to a higher level and also take into account inflation to ensure a real increase of the price of tobacco products.

Sixth, Article 11 of the Convention requires Parties to put in place, within three years of the Convention's entry into force for each Party (23 August 2009 for the Kyrgyz Republic), effective measures concerning packaging and labelling of tobacco products. The deadline for implementing Article 11 has therefore passed for the Kyrgyz Republic. The Article 11 guidelines recommend that Parties implement pictorial health warnings. The guidelines further recommend that Parties consider using health warnings and messages that cover more than 50% of the principal display area and cover as much of the principal display areas as possible. According to the Law on Protection of Health of Citizens of the Kyrgyz Republic against Harmful Tobacco Impact (No.175, of August 2006), the Ministry of Health determines the content (text and images) of pictorial health warnings within the medical regulations. The Ministry of Economy and Antimonopoly Policy determines how these pictorial warnings are printed on tobacco product packaging. The two Ministries met and agreement has been reached. The Ministry of Health has identified a list of 12 pictorial health warnings approved by the Health Council of the Eurasian Economic Community on 16 June 2011 (Protocol No.10, Astana, Kazakhstan). Taking into account the effectiveness of pictorial health warnings in educating the public about the harmful effects of tobacco consumption and exposure to second-hand smoke, there is an urgent need to approve the decision on pictorial warnings before October 2012. As these pictorial health warnings will need to be rotated, it is recommended that the Government consider selecting and approving more than one set for future rotation.

Seventh, the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system outlining priorities in national development. The current UNDAF (2012–2016) has not included implementation of the WHO FCTC as a priority area. The international team met the UN Resident Coordinator (UNRC), UNDP, the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Children's Fund (UNICEF) and brought this to their attention. These UN agencies showed interest in providing future assistance to the country in implementing the Convention within their mandates and agreed that it should be included within future UNDAFs. It is therefore recommended that the Ministry of Health follow this up with the UNRC to ensure that support to implementation of the Convention is included during the mid-term review of the current UNDAF and also in the next UNDAF (2017–2021).

Eighth, the Kyrgyz Republic has twice submitted its Party reports to the Conference of the Parties (COP). In order to facilitate future reporting obligations under the Convention in terms of data collection and surveillance, the international team met the Head of the National Statistics Committee and requested his support in fulfilling the reporting obligations under Article 21 of the Convention by integrating them within its routine and ongoing national household surveys. The response from the Minister was positive and the National Statistics Committee and the Ministry of Health will review the reporting instruments together in order to find the way forward. The development Partners supporting Den Sooluk Programme through SWAP have agreed to support inclusion of tobacco use data in studies supported under SWAP as appropriate.

Ninth, the COP has adopted seven guidelines to implement Articles 5.3, 8, 9 and 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 and have been unanimously adopted by the COP. The guidelines draw on the best available scientific evidence and the experience of Parties. The Kyrgyz Republic is strongly encouraged to follow these guidelines in order to fully implement the Convention.

Tenth, addressing the issues raised in this report, including paying particular attention to treaty provisions with a deadline (Articles 8, 11 and 13, and corresponding implementation guidelines) will make a substantial contribution to meeting the obligations under the WHO FCTC and improvement of the health status and quality of life in the Kyrgyz Republic.

The needs identified in this report represent priority areas that require immediate attention. As the Kyrgyz Republic addresses these areas, the Convention Secretariat and international development partners that joined the mission are available and committed to supporting the process of engaging potential partners and identifying internationally available resources for implementation of the Convention.

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 the Kyrgyz Republic in meeting its obligations under the Convention.

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Introduction

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. The Kyrgyz Republic ratified the WHO FCTC on 25 May 2006. The Convention entered into force for the Kyrgyz Republic on 23 August 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 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 extra budgetary 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 and fourth sessions (November 2008 and November 2010), the COP adopted the workplans and budgets for the bienniums 2010–2011 and 2012–2013, 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.

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

² See 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 the Kyrgyz Republic and the Convention Secretariat, including a mission to the Kyrgyz Republic by an international team of experts from 18 to 22 June 2012. The detailed assessment involved relevant ministries and agencies of the Kyrgyz Republic. 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 in the implementation guidelines adopted by the COP where relevant. Specific recommendations are then made 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 the Kyrgyz Republic. 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”*.

Article 12 of the Law on Protection of Health of Citizens of the Kyrgyz Republic against Harmful Tobacco Impact (No. 175, of August 2006) prohibits sales of tobacco products in health care and education institutions, sports halls and facilities, stadiums and adjacent areas and shops within 100 metres. This measure goes beyond the requirements of the Convention. Enforcement of this provision remains a challenge.

It is recommended that the Kyrgyz Republic continue to actively identify other areas in which it can implement measures beyond those required by the Convention, with special regard to the recommendations of the implementation guidelines.

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 the Kyrgyz Republic. The Ministry of Foreign Affairs, in consultation with the relevant line ministries, including the Ministry of Economy and Antimonopoly Policy, should identify these agreements and report them as appropriate.

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 recommended that relevant ministries and Government agencies review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, it is also recommended that when entering new agreements, the government should ensure they are compatible with its obligations under the Convention and if such agreements have been identified, it is recommended that the Government communicate them to the Secretariat either as part of their next WHO FCTC implementation report or independently.

Guiding Principles (Article 4)

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

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

The National Coalition “Smoke Free Kyrgyzstan” was established on 7 July 2004 and has 40 members that are officially registered nongovernmental organizations (NGOs), health associations, individual doctors and experts. The Coalition has organized World No Tobacco Day as a major advocacy event for many years. The following NGOs are the most active members of the National Coalition: the Public Health Protection Foundation, the Public Union “Lung Health”, and the Kyrgyz Thoracic Society.

The members of the Coalition have organized a competition for journalists, media campaigns, training sessions for medical students, and a campaign to support the Ministry of Health in advocating for the introduction of pictorial health warnings. They also helped to design some warnings. Research has also been conducted by member NGOs.

The Republican Health Promotion Centre, Kyrgyz State Medical Academy and “Lung Health” are running a community-based intervention against smoking in Chui from 2011–2013 in partnership with the Finnish Lung Health Association. The project involves civil society groups at the local level in addition to community health professionals, local decision-makers, media, etc. The project strives to increase awareness of the harmful effects of tobacco consumption and exposure to tobacco smoke, change the social norms around smoking, and encourage smokers to quit.

In general, the NGOs have good working relations with the Ministry of Health and have the Ministry’s support.

Gap – Most members of the Coalition are still not active and there is no strong national tobacco control advocacy movement among the NGOs due to lack of funds and resources.

It is therefore recommended that the capacity of the Coalition and coordination within its members be strengthened. It is further recommended that the NGOs play a greater role in supporting implementation of the Convention in the country and successful stories of some active NGOs in this regard should be shared with other NGOs to increase the potential contribution of civil society.

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*”.

The Kyrgyz Republic developed its State programme for 2008–2015 on protection of citizens of the Kyrgyz Republic against the harmful effects of tobacco on 4 April 2008 (Decree No.122). The strategic directions identified in the programme include: price and tax measures, protection from exposure to second-hand smoke, measures on tobacco advertising, promotion and sponsorship, education, communication, training and public awareness, demand reduction measures concerning tobacco dependence and cessation, regulation of the contents of tobacco products, regulation of tobacco product disclosures, illicit trade in tobacco products, sales to and by minors, provision of support to economically viable alternative activities, monitoring, scientific research, evaluation and accountability, and international cooperation. These cover the obligations under Articles 6, 8, 9, 10, 12, 13, 14, 15, 16, 17, 20 and 22 of the Convention.

Short-, medium- and long-term goals and strategic directions of the State programme have been identified. A short-term action plan for 2008 and 2009 was also developed. The Ministry of Health is now working on developing an action plan for 2012–2015 for implementation of the State programme. Members of the international team met the Deputy Speaker, the Head of Education and Science Committee and Deputy Head of the Social Policy Committee, and were informed that the national action plan will soon be adopted by the Government, and that the response from members of Parliament has so far been positive.

The National Health Reform Programme “Den Sooluk” was approved by the Government in June 2012. Implementation of the Convention has not been identified as a priority within the programme. However, some tobacco control activities have been included given the fact that tobacco is the main risk factor for cardiovascular disease, in the draft action plan of this programme (that has been approved by order of the Ministry of Health (№384 from July 5, 2012). Tobacco consumption causes 28% and 17% of mortality among males aged 35–69 years and among males over 70 years, respectively, and 4% and 5% of mortality among females aged 35–69 years and among females over 70 years, respectively.

Gaps–

1. Implementation of the State programme lacks adequate resources and a mechanism for periodically monitoring its progress and impact and revising it accordingly.
2. The 2008–2009 action plan lacks indicators, timeline and measurable outcomes.
3. The 2008–2009 action plan mainly concerns the Ministry of Health and the responsibilities of other relevant ministries are not reflected.
4. The National Health Reform programme addresses tobacco control under key area of NCD control. The implementation of the Convention under this programme should be strengthened.

It is recommended that mid- and long-term multisectoral action plans with measurable indicators, timelines and responsibilities of different stakeholders be developed. It is

also recommended that an action plan taking into account the outcome of the joint needs assessment be developed, ideally before the annual donor summit in October 2012; it should be officially approved by the Government with clear responsibilities of relevant stakeholders identified and included programme Den Sooluk supported by in SWAP2. It is further recommended that the national health and development policies identify implementation of the Convention as a priority to effectively prevent and control noncommunicable diseases and reduce their burden on the national health care system.

In support of the effort of the Government to develop a national action plan, the Convention Secretariat stands ready to provide the necessary technical assistance, with the active involvement of other development partners.

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

A national focal point for tobacco control was established on 15 September 2004 by Order of the Ministry of Health No. 426. The Intersectoral Coordination Board on protection of citizens from the harmful effects of tobacco consumption was established on 4 April 2008 by Decree No. 122 with the latter headed by the Deputy Premier Minister and with broad representation of different branches of government at deputy minister level as well as several NGOs. The terms of reference of the Board are to coordinate the country’s efforts in implementing both the Convention and its national legislation on tobacco control. It meets at least twice a year. The National Tobacco Control Coordinator serves as the Secretary of the Board. Various working groups have been established by the Board.

Currently there is no budget for tobacco control except for the salary of the National Tobacco Control Coordinator. The international team met the Deputy Minister of Finance and brought to his attention the obligation under Article 5.1 of the Convention to finance the national coordinating mechanism or focal points for tobacco control. The Deputy Minister supported the creation of a separate budget line for implementation of the Convention and advised that the Ministry of Health needs to propose it in its budget, following which the Ministry of Finance will be able to help to defend and approve it.

Gaps –

1. The Intersectoral Coordination Board only has an advisory role and relevant members of the Board are not obliged to implement recommendations made during its meetings; therefore there is no guarantee that the necessary action will be taken.
2. There is no monitoring to see whether or not the recommendations have been implemented or not.
3. Currently there is no separate budget line and expenditure line in the budget of the Ministry of Health and other stakeholder ministries and departments for implementation of the Convention.

It is therefore recommended that the functions of the Intersectoral Coordination Board be streamlined to provide a clear mandate to different members and to ensure that the

recommendations/decisions taken by the board are implemented. It is also recommended that the Board regularly monitor implementation of its recommendations/decisions. It is further recommended that the Ministry of Health create and propose a separate budget line and expenditure line to ensure that additional resources are secured for implementation of the Convention in its next budget for 2013.

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”.

The Kyrgyz Republic passed Law No.175 on Protection of the Health of Citizens of the Kyrgyz Republic against Harmful Tobacco Impact (the Law) in August 2006 and amended it in December 2009. This is a major milestone in the country’s effort to meet its obligations under the Convention. The Law is based on the Constitution and the international treaties ratified by the Kyrgyz Republic. It provides a guarantee that the State will develop, adopt, implement and fund programmes and socioeconomic measures aimed at reducing demand for tobacco products (Article 5 of the Convention), and provide health care and raise awareness about the harmful effects of tobacco consumption and exposure to tobacco smoke (Article 12 of the Convention). The Law is quite comprehensive and covers Articles 6, 8, 9, 10, 11, 13, 14, 15, 16 and 19 of the Convention. Some provisions are specific in nature while others provide general guidance for further administrative measures. But there is a need to review and amend the Law according to the Convention and the guidelines adopted by the COP. The revised law should make all public places, workplaces and as appropriate other public places 100% smoke free and ban point of sale advertising, including product displays. Regulations or administrative orders to introduce pictorial health warnings need to be issued and regulations of the contents of tobacco products and tobacco product disclosures need to be developed and approved. Further details are also included in the sections on the relevant articles below.¹

Article 3 of the Law clearly states that if the national law differs from the international treaty, in this case the Convention, then the provisions of the national law should follow the obligations of the treaty. The international team met the Deputy Speaker of Parliament and two other members of Parliament in charge of education, science and social issues. The Parliamentarians are very supportive of the need to amend the national legislation in line with the Convention, and to urge the Ministry of Health to submit the proposals for revision to Parliament as soon as possible. The Ministry of Health has developed the amendments of the Law and the regulations and is in the process of consulting other ministries. Different views among ministries have delayed the process.

In addition to the Law, the legislation on banning tobacco advertising (No. 155) was amended in December 2009 (amending the 1998 version). Two laws to increase tobacco taxes were adopted in 2008 and 2011. The Rules on tobacco product trade within the consolidated Rules of Trade were adopted on March 2, 2010.

¹ Articles 8, 9, 10, 11, 13, and 15.

Gaps –

1. The Law is not fully compliant with the Convention in a number of areas.
2. Lack of enforcement of the Law remains a challenge.
3. Certain administrative orders are obstacles to effective law enforcement.
4. Regulations on the contents of tobacco products, tobacco product disclosures, and packaging and labelling of tobacco products have not been approved due to different views among ministries, causing delay to implementation of the Convention.

It is therefore recommended that the Ministry of Health and other relevant ministries work closely with Parliament to review and amend the current national tobacco control legislation to make it fully in line with the obligations under the Convention. It is also recommended that relevant regulations be developed and approved in a timely manner to ensure that the provisions in the current national tobacco control legislation can be implemented. It is further recommended that the Order on Conducting Inspections of Entrepreneurs (No. 72) and the Code of the Kyrgyz Republic on Administrative Responsibility (No. 115) be amended to make law enforcement more effective.

In support of the Government's effort to amend national tobacco control legislation, the Convention Secretariat is committed to support the review of the draft amendment and regulations, upon the 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”.

The code of conduct of civil servants does not include the requirement to act in line with Article 5.3 of the Convention and its guidelines. When proposing the amendment in 2009, the Ministry of Health tried to expand Article 4 of the code to include “Protection of public health policy on tobacco control from commercial and other vested interests of the tobacco industry” and this proposal was approved by 17 ministries by Decree 228 in April 2009. Unfortunately this reference to Article 5.3 of the Convention was rejected by the last Parliament.

Representatives of the tobacco industry are still seen as normal partners by some sectors of the Government and are consulted when policies and regulations are being developed. The tobacco industry is active in lobbying against the introduction of pictorial health warnings, regulation of the contents of tobacco products and tobacco product disclosures, causing delays to the legislation process. The tobacco industry even participated in the development of the national technical guidelines on tobacco products initiated by the Ministry of Economy and Antimonopoly Policy.

Gaps –

1. There is a lack of awareness of Article 5.3 of the Convention and its guidelines among public officials.
2. There is no regulation banning tobacco industry interference in State policy.
3. The tobacco industry was invited by the Government to participate in the policy-making process regarding regulation of the contents of tobacco products and introduction of pictorial health warning.
4. Measures to protect implementation of the Convention from tobacco industry interference are not in place.

It is therefore recommended that the Kyrgyz Republic develop policy and disseminate information in line with Article 5.3 of the Convention and its guidelines and link this to the general requirements under the code of conduct for all public officials. It is also recommended that the Government establish measures to protect implementation of the Convention from tobacco industry interference and ensure the transparency of those interactions that occur. It is further recommended that the tobacco industry be immediately excluded from any policy-making or legislation process and that the draft policies or legislation be fully reviewed in line with the Convention and the guidelines on Article 5.3.

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”.

The Kyrgyz Republic has actively participated in the work of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. The Kyrgyz Republic has therefore met the obligation under Article 5.4. Further cooperation and participation in intergovernmental processes, such as working groups established by the COP, and promoting the adoption of the protocol at the fifth session of the COP, 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 cooperation between the Kyrgyz Republic and multilateral and bilateral organizations such as WHO, US Centers for Disease Control and Prevention (US CDC), the Finnish Lung Health Association, and the International Development Research Center (Canada). The members of the mission met the UNRC, representatives of UNDP, UNICEF and FAO. 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”.

The Kyrgyz Republic has sought and received funding from bilateral and international agencies including WHO, US CDC, the International Development Research Center (IDRC, Canada), the Finnish Lung Health Foundation, and the Campaign for Tobacco Free Kids. Further opportunities for expanded support to tobacco control measures and

implementation of the Convention are encouraged. The Kyrgyz Republic 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 legislation 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*”.

The level of total tobacco taxation in Kyrgyzstan (excise and VAT of 12%) on cigarettes in 2012 ranges from around 10% of the maximum retail sales price for the most popular non-filter cigarette, to 33% on the same price of domestic filtered cigarettes and 21% on the simple average of the most popular imported cigarettes. After eight years without a change in tobacco taxes, the Government began an ambitious increase in rates in 2011. A new tax code was adopted on 17 October 2008 by Law of the Kyrgyz Republic No. 231. On 1 January 2009 the excise tax was increased by 30%. The new rate (combined) was adopted on 30 June 2011 by Law of the Kyrgyz Republic No. 64 and entered into force on 1 October 2011.

The increases in rates set for 2012 and 2013 are higher than projected inflation. The new system combines a specific amount (100 som) plus 7.5% of the maximum retail price (MRP), with a minimum tax of 150 som in 2012. The specific rate will increase to 120 som in 2013, the ad valorem rate to 8% and the minimum tax to 180 som. For filter cigarettes, the new tax rates increase faster than inflation, but only through 2013. The Ministry of Economy and Antimonopoly Policy expressed concerns that increasing the tax to rates higher than in neighbouring countries would increase smuggling. In view of these apprehensions and especially in light of the coordination within the Commonwealth of Independent States and Kyrgyzstan's membership of a customs union with Russia and Belarus, a coordinated effort with neighbouring countries to increase tobacco taxes may be desirable. However, in the meantime, the minimum tax rate is still much lower than in all neighbouring countries, including China, with the exception of Tajikistan. The average total tax as a percentage of retail price is 33% in Russia, which also indicates room for increasing taxation rates.

The Ministry of Health supports increasing tobacco taxes along with earmarking part of tobacco taxes or even charging a separate fee that would be outside the budget. This measure has not gained support from other key stakeholders. Therefore, the immediate goal should be to submit a request for a budget line for tobacco control as agreed during the meeting with the Ministry of Finance, in order to be able to receive budget funds for the national tobacco control programme. Earmarking all or part of the tobacco tax will be less of a concern after the creation of a separate budget line. Generally, it is better to keep all funds within the budget framework.

Gaps –

1. The current law extends only through 2013. Without a new law or extension that continues to increase rates faster than inflation, tobacco taxes will quickly decline relative to other products, erasing all gains made through the law. The new increases have been in effect for less than a year, too short a period to evaluate their effects on smoking prevalence.
2. The minimum tax rate is significantly below most neighbouring countries, and tax as a percentage of retail sales price is well below that recommended to successfully decrease tobacco consumption (estimated to be around 70%).
3. The difference between rates for filter and non-filter cigarettes is large and the rates on cigars, cigarillos and nasvay (a form of smokeless tobacco) are very low. Indeed, nasvay is not taxed at all. This makes tax increases less effective, since smokers can switch to cheaper tobacco products.

It is therefore recommended that the Government continue to increase excise taxes on tobacco and tobacco products on a regular basis to take inflation into account and ensure a real increase in price, in order to reduce tobacco consumption. It is also recommended that taxes on non-filter cigarettes be raised until they are at the same level as that applied to filter cigarettes. It is further recommended that rates on cigars and other tobacco products be increased to reduce switching to products taxed at lower rates. Nasvay should be included in the tax base in future legislation.

In support of the Government's efforts to implement effective tax and price measures to reduce tobacco consumption, the Convention Secretariat is committed to facilitating the provision of expertise and technical support from relevant partners, as requested during the mission.

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 duty-free tobacco product allowance for travellers from Russia, Belorussia, and Kazakhstan (the Customs Union area) is 200 cigarettes. The duty-free allowance for international travellers coming to Kyrgyzstan is up to 400 cigarettes, 250 grams of tobacco or 50 cigars. The Kyrgyz Republic has met the requirements of the Convention in relation to Article 6.2(b). However it is recommended that consideration be given to further prohibiting or restricting, as appropriate, duty-free allowances of tobacco products by international travellers.

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

The Kyrgyz Republic has provided this information in its two-year and five-year reports, and has therefore met the obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

In Article 8.1, Parties recognize that “*scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability*”.

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 “*the engineering approaches, such as ventilation, air exchange and the use of designated smoking areas, do not protect against exposure to tobacco smoke*”.

The Article 8 guidelines 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 7 of the Law protects the right of citizens of the Kyrgyz Republic to a smoke-free environment. Smoking tobacco products is prohibited in all educational institutions of all levels, recreational facilities for children and medical institutions independent of their departmental subordination and ownership, in buildings and premises occupied by public authorities and local authorities, in fire-prone places, including fuel stations; in cinemas, theatres, sports premises and arenas, circuses, concert halls and other closed cultural and enlightenment and sports institutions; in museums, libraries, exhibition halls and lecture halls; in passenger compartments of urban, inter-urban, shuttle taxi and urban electric transport; in water and air transport; in elevators; and in any work place where services are delivered to population. Since April 2007, a partial smoke-free policy has been in place in the buildings and halls of intercity bus stations, railway stations and airports and in local and long-distance trains and in public catering places. The authorities of such institutions, enterprises and public places must allocate smoking rooms and equip them in accordance with sanitary and hygienic requirements established by the national public health authority.

The 2008 Global Youth Tobacco Survey (GYTS) indicated that over half (58%) of students aged 13–15 years are around others who smoke in places outside their home, while 9 out of 10 students think that smoking should be banned from public places. This high percentage of young people who have been exposed to tobacco smoke indicated that much work remained to be done in implementing Article 8 and its guidelines.

A multi-country cross-sectional study to assess second-hand smoke exposure in bars and nightclubs around the world was conducted in 2008 in cooperation with the John Hopkins Bloomberg School of Public Health. The study shows that hospitality workers are exposed to high-levels of second-hand smoke at work compared to customers. Airborne nicotine concentrations in hospitality venues in the Kyrgyz Republic have been found to be much higher than in other European and Latin American countries. Some 82% of

employees stated they would prefer to work in smoke-free environment.¹ A pilot study conducted in a mining company found that the level of awareness of national tobacco control legislation was very low among miners but that they were ready to support a total ban on smoking in work places.²

The newly established State Inspectorate of Food, Sanitary, Veterinary and Phytosanitary Security is responsible for the enforcement of the tobacco control legislation. There are 65 inspectors at the central level and 280 at the district and local levels. According to the current administrative procedure, the agency has to inform establishments 10 days in advance of any pending inspection. No random inspections can be conducted without advance notice or on receipt of a public complaint. The Ministry of the Interior has conducted many effective activities to enforce the legislation but further capacity building, awareness raising and training are needed to ensure that the legislation is effectively enforced. Community police are actively engaged in law enforcement.

The Ministry of Health is developing an amendment to introduce a 100% ban on smoking in public places and workplaces including cafes, bars, restaurants and night clubs.

Gaps-

1. The five year deadline of the Kyrgyz Republic as of August 2011, as required by Article 8 guidelines to provide for universal protection, has not been met. Smoking rooms are still allowed in some public places and many workplaces.
2. Exposure of the public to second-hand smoke in public places and workplaces remains high.
3. The approach taken by the current Law to list smoke-free places makes it difficult to include all public place and workplaces.
4. Enforcement of tobacco free policy remains weak, particularly given the constraints of the inspection procedures and lack of human resources in enforcement;

It is recommended that the Kyrgyz Republic amend the current tobacco control legislation to become fully compliant with the obligations under the Convention and create a 100% smoke-free environment in all indoor public places, workplaces and, as appropriate, other public places. In order to make law enforcement more effective, the following administrative orders, regulations and legislation will need to be amended or finalized: Order on Conducting Inspections of Entrepreneurs (No. 72), Code of the Kyrgyz Republic on Administrative Responsibility (No. 115, of 1998) and the technical regulations on product regulations.

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

¹ Vinnikov D et al. Excessive exposure to secondhand tobacco smoke among hospitality workers in Kyrgyzstan. *International Journal of Environmental Research and Public Health*, 2010, 7:966–974 (doi:10.3390/ijerph7030966).

² Vinnikov D et al. How big is support for smoking prohibition in public places in Kyrgyzstan among mining employers? *CVD Prevention and Control*, 2009, 4:139–145.

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

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

Articles 9 and 10 of the Law require the Government to develop guidelines and procedures for assessing the safety of both locally manufactured and imported tobacco products and monitoring of the safety of these products. The health authority should set the annual maximum permissible value of tobacco product ingredients or toxic components of tobacco smoke and inform the population. Tobacco manufactures are required to submit annual reports to the health authority according to the Government’s requirements. The content of toxic components must be checked by health and standards authorities to verify that they are in line with the requirements of national legislation. The Ministry of Health’s reporting requirement for tobacco manufacturers in its Decree No. 426, issued on 19 August 2008, has been cancelled by the Ministry of Justice in its Decree No. 6 of 12 January 2009. Two international tobacco manufacturers submit their annual report to the Ministry of Health.

The Ministry of Economy and Anti-monopoly Policy has taken the lead in developing the national technical regulations (Rule) on tobacco products since 2009. Unfortunately, the working group set up to deal with this matter included a heavy presence of the tobacco industry. The draft guidelines are being circulated to obtain comments from the relevant Ministries. However, the recommendations from the Ministry of Health have not been included yet.

Based on the mandate given by Articles 9 and 10 of the Law, the Ministry of Health has developed the Medical Regulation of Kyrgyzstan on Prevention and Reduction of Tobacco Dependence, in which Chapter 7 aims to introduce measures in line with Articles 9 and 10 of the Convention.

Gaps –

1. Regulations have not been developed and approved to implement Articles 9 and 10 of the Law and of the Convention.
2. The competent authority has not designated a laboratory for the testing of tobacco products.
3. The testing, submitting of reports, and disclosing of contents and emissions of tobacco products have not been vigorously enforced. There are no measures for public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.
4. The Law does not have any provision to make the tobacco industry responsible for the cost of tobacco product regulation measures.

It is recommended that the Ministry of Health take the lead in developing regulations to implement Articles 9 and 10 of the Convention and its guidelines, together with the State Inspectorate of Food, Sanitary, Veterinary and Phytosanitary Security, the Ministry of Economy and Antimonopoly Policy, and the Ministry of Justice. It is also recommended that the technical regulations (Rule) drafted by the Ministry of Economy and Anti-monopoly Policy be carefully reviewed according to the obligations under Articles 9 and 10 of the Convention and the recommendations of its guidelines, due to the heavy involvement of the tobacco industry throughout their development. It is further recommended that the regulations make the tobacco industry responsible for the cost of the testing and monitoring complaints of their products according to the financing recommendations of the guidelines on Articles 9 and 10.

In support of the Government's efforts to develop regulations in line with Articles 9 and 10 of the Convention, the Convention Secretariat is committed to providing technical support as requested by the Government.

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.

Article 11 of the Convention requires Parties to put in place, within three years of the Convention's entry into force (23 August 2009 for the Kyrgyz Republic), effective packaging and labelling of tobacco products. The deadline for implementing Article 11 has therefore passed for the Kyrgyz Republic.

Article 11 of Law No.175 states that each unit packet and package of tobacco product should carry text and graphic health warnings occupying 40% of both front and back of package. It also mandates the Ministry of Health to approve the pictorial health warnings. The administrative orders by both the Ministry of Health and the Ministry of Justice to introduce pictorial health warnings in 2008 have been cancelled.

The Ministry of Health has selected the pictorial health warnings and obtained permission to use them. Agreement was also reached with the Health Council of Integration Committee of the Eurasian Economic Community Council on 16 June, 2011 (Protocol No.10, Astana, Kazakhstan) to approve same set of pictorial health warnings in member countries.

The Ministry of Economy and Antimonopoly Policy is responsible for determining how the pictorial warnings should be printed on tobacco product packaging.

Table 1. Comparison of the treaty requirements and level of compliance with these requirements in the Kyrgyz Republic, concerning measures under Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
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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.	
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 met	
1(b)(i)	[The warning] shall be approved by the competent national authority.	Obligation met.	Approved by Ministry of Health.
1(b)(ii)	[The warnings] shall be rotating.	Obligation not met.	The Law requires rotation every three years but this has not been implemented.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	Obligation met.	
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.	Obligation met.	40% of the area on both front and back of each package
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms.	Not yet implemented.	Text warnings only.
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.	Not yet implemented.	
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	Obligation met.	

	packaging and labelling of such products in its principal language or languages.		
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It is therefore recommended that the Ministry of Health take the lead as mandated by the Law and finalize the administrative procedure with other relevant ministries and agencies in order to introduce the pictorial health warnings as soon as possible, preferably before October 2012. It is also recommended that future amendments of the Law increase the pictorial health warnings to at least 50% and place the pictorial health warnings at the top rather than at the bottom of the front and back of packages.

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.”

The Law emphasizes that the State guarantees that it will “create conditions for raising awareness among the citizens of the Kyrgyz Republic about the harmful effects of tobacco consumption and exposure to tobacco smoke”. The State programme on health protection of citizens of the Kyrgyz Republic against the harmful effects of tobacco for 2008–2015 has identified one main direction on education and awareness raising among the population. The Ministry of Health has organized education, communication and public awareness raising programmes targeting the general public, children and young people, and men and women. Educational and public awareness programmes are tailored according to the age, gender, educational and cultural background, and socioeconomic

status of target audiences. The programmes cover the health risks of tobacco consumption and exposure to tobacco smoke, the benefits of the cessation of tobacco use and tobacco-free lifestyles, and the adverse economic and environmental consequences of tobacco production and tobacco consumption. The Ministry of Health coordinates with two NGOs in conducting campaigns on an ad hoc basis, mainly in conjunction with the annual World No Tobacco Day. The Public Health Protection Foundation, in partnership with the Ministry of Health, has conducted tobacco control educational projects in Bishkek schools, such as organizing interschool conferences on smoke-free lifestyles and competitions using posters, poetry and songs, on the harmful effects of tobacco consumption. The Public Health Protection Foundation, in partnership with Republican Health Promotion Centre, conducted training for sanitary doctors in primary health care of Bishkek on the national tobacco control law in 2010 in Bishkek, gave presentations and provided information materials to Bishkek family group practitioner centres, such as collections of normative acts on tobacco control, posters, booklets and DVDs.

The Ministry of Education and Science has promoted the tobacco control education programme as part of the Global Fund Project “Healthy Generation” (2005–2010). Currently, tobacco control is not included in the school curriculum. The international team met the Deputy Minister and encouraged the Ministry to further strengthen its role in tobacco control education and training and to support the country’s overall implementation of the Convention. The response from the Deputy Minister was positive and the Ministry welcomes any initiative or cooperation opportunities with the Ministry of Health and relevant development partners working in the country.

The Republican Centre for Health Promotion of the Ministry of Health, the Kyrgyz State Medical Academy, the Public Union “Lung Health” and the Finnish Lung Health Association are running a Kyrgyz-Finnish tobacco project in Chui Oblast from 2011 to 2013. The Ministry of Education and Science is a partner in the project with regard to teachers and schoolchildren. Funding for this project comes from the Ministry of Foreign Affairs, Finland. The project aims at creating a model for a community-based approach to tobacco control that could be implemented in the whole country during the years 2014–2016. It concentrates on a community-based approach and capacity building for health professionals (primary health care and medical/nurses students), teachers and students (aged 10–14 years), Village Health Committees (VHC), and through them families at grass-roots level, local politicians and media (information and discussion about the existing Tobacco law and the Convention). A communication strategy and plan have been developed and campaigns have been organized at the community level. It is expected that the tobacco control campaign will involve at least 60% of the households of Chui Oblast. Training for national and local mass media will also be arranged during 2012. A seminar/training session for parliamentarians is scheduled for 2013. VHC members throughout Chui Oblast have been trained during the autumn 2011 and spring of 2012. Introducing modern training techniques on healthy lifestyles, including tobacco in schools is a high priority for the project. Standardized extracurricular lessons for 5th to 7th grade schoolchildren have been developed in both the Russian and Kyrgyz languages. The Ministry of Education and Science issued an order on the training of school teachers in Chui Oblast. Two teachers from the region have been trained as part of the project. These teachers will train other teachers in their own schools as well as the schoolchildren.

A number of NGOs are also involved in supporting implementation of Article 12 of the Convention. The Public Health Protection Foundation regularly organizes debates on tobacco control on local TV channels and holds press conferences with the participation of health professionals. The Health Protection Foundation also developed information, education and communication booklets and has established a national toll-free telephone quit line and a web site. Due to lack of resources, the quit line is currently not functioning.

With the financial support of the Campaign for Tobacco Free Kids, the Public Health Protection Foundation developed and broadcast six video clips with doctors from the National Hospital, the National Oncology Centre and the National Centre Cardiology and Internal Diseases informational video and audio clips in the Kyrgyz and Russian Languages in 2008. The Public Health Protection Foundation in close collaboration with Kyrgyz Medical Academy and Kyrgyz Justice Academy conducted a student conference “Tobacco or Health”, in 2008, 2010 and 2012, provided participants with information on tobacco control, and encouraged exchanges of knowledge. With the support of the Public Health Protection Foundation, youth activities were organized by students of the Medical Academy, Justice Academy and Kyrgyz-Russian and Bishkek humanitarian Universities.

The 4th National Congress of Lung Diseases in 2009 also promotes exchange of knowledge and expertise in cessation and treatment of tobacco dependence among more than 200 experts.

The international team met with the Head of the Public Broadcasting Corporation in charge of national television and radio stations and requested their support in broadcasting video clips and messages to raise awareness of harmful effect of tobacco consumption and exposure to tobacco smoke. In principal, the response to the request to provide free air time has been positive. The Public Broadcasting Corporation proposes the establishment of a working group with the Ministry of Health to develop a media plan and campaign materials.

Gaps –

1. There are no routine and systematic education, training, communication and public awareness activities due to lack of resources and Government budget allocated to implementation of the Convention.
2. Action plans for the implementation of education, communication and training activities within a comprehensive multisectoral tobacco control programme have not been established and the mandates of relevant ministries, Government agencies and other key stakeholders have not yet been defined.
3. There is limited evidence-based research being conducted with regard to education, communication and training programmes aimed at raising awareness of tobacco control issues.
4. Public access to wide range of information on the tobacco industry is not yet promoted in a systematic way.

It is therefore recommended that the Ministry of Health work together with other ministries and civil society organizations to mobilize more resources and further develop and implement evidence-based education, communication, public awareness and training programmes. It is also recommended that a national action plan on education, communication and training be developed in the overall national action plan and resources allocated to its implementation. It is further recommended that the Ministry of Health work together with the Ministry of Education to ensure that health professionals obtain adequate pre-service and in-service training on tobacco control and that the necessary training be provided to teachers and students. It is recommended that the Ministry of Health establish a working group with the Public Broadcasting Corporation to develop media plan and identify campaign materials.

In support of the country's mass media campaign efforts the Convention Secretariat is available to facilitate the sharing of international experience and campaign materials to be adapted by national television and radio stations.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 requires recognition by Parties 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”.

All direct and indirect tobacco product advertising, promotion and sponsorship have been banned in the Kyrgyz Republic according to Article 15 of the Tobacco Control Law (No. 175) and Article 16 of Kyrgyz Law on Advertising (No. 155) with a few exceptions. Advertising of tobacco products is permitted only in areas of sales of tobacco products. Promotional material must be no larger than 2000 sq. cm. All in-store promotional material must be accompanied by health warnings that take up at least 40% of the advertising space.

Gaps-

1. Displays of tobacco products at points of sale are still allowed by the national legislation.
2. “Corporate social responsibility” activities of the tobacco industry are not banned or regulated.
3. Packaging and product features have not been controlled (packaging is an important element of advertising and promotion).

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

The Kyrgyz Republic 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”.

The Kyrgyz Republic has banned cross-border tobacco advertising, promotion and sponsorship but it is difficult to implement these measures, particularly to ban advertising from international satellite television channels and the Internet.

It is therefore recommended that the Kyrgyz Republic revise the Law (No. 175) and the Law on Advertising (No. 155) to implement a complete ban on tobacco advertising, promotion and sponsorship, including a ban on “socially responsible” activities of the tobacco industry as this is a form of sponsorship, and a ban on advertising at points of sale. It is further recommended that the Kyrgyz Republic introduce pictorial health warnings as soon as possible with the long-term aim of introducing plain packing, as packaging is an important element of advertising and promotion according to the guidelines for implementation of Article 13.

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”.

The Ministry of Health developed and approved a clinical protocol on tobacco treatment dependence (Decree No.127) on March 2010. Tobacco dependence has been coded according to the International Classification of Diseases (10th revision) as the following: F17 Mental and behavioural disorders due to use of tobacco; F17.1 Harmful use; F17.2 Dependence Syndrome; and F17.3 Abstinence.

The Ministry of Health together with the Intersectoral Working Group drafted and presented the medical regulations of the Kyrgyz Republic on “Prevention and Reduction of Tobacco Dependence” to the Government Office. The regulations were developed in the period July-October 2011 and were approved by 15 ministries and departments during November 2011 – March 2012 and presented for adoption in the Government Office. However one week before the needs assessment mission, the regulations were returned, owing to disagreements between the Ministry of Health and the Ministry of Economy and Antimonopoly Policy on pictorial health warnings. Now the two ministries have resolved the matter and the regulations are ready to be submitted to the Government Office.

Gap –There is no national cessation strategy yet.

It is therefore recommended that the national cessation strategy, as part of the national action plan, be developed in order to promote tobacco cessation and provide tobacco dependence treatment. It is also recommended that the Government Office approve the medical regulations on prevention and reduction of tobacco dependence, preferably by October 2012.

Article 14.2 stipulates that “towards this end, 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”.

The Ministry of Health has trained 25 to 30 specialists on smoking cessation and treatment of tobacco dependence. There are three cabinets for the treatment of tobacco dependence in Bishkek. These are located in the National Centre of Cardiology and Internal Medicine, the National Oncology Centre and No.1 Hospital of Bishkek. The consultation is free of charge but patients have to pay for medicines if needed. All family doctors at primary health care centres are required to provide brief advice on cessation and refer to specialists for further treatment if patients are ready to quit.

A national toll-free quit line was established by Public Health Protection Foundation in collaboration with Ministry of Health and functioned for about two years, operated by six staff. It is currently not functioning owing to lack of resources. It was planned through the free telephone quit line to organize training and treatment of tobacco dependence. Training on tobacco dependence treatment has been incorporated into the curricula of health professionals (physicians and nurses). The Ministry of Health is in the process of revising the medical record to include smoking.

The Kyrgyz-Finnish tobacco control project in Chui Oblast 2011–2013 aims at systematization of the tobacco use prevention and cessation activities of local primary health care centres, including training of both Family Group Physicians and Feldshers (FAP) in the region, as well as monitoring of their activities. A one-day training course

for family physicians has been developed. The objective of the training is to improve knowledge and skills on structured consulting of patients who use tobacco and skills in use of the Kyrgyz national clinical protocol (guideline) on tobacco cessation. The training module was piloted during 2011 in Family Medical Centres (FMCs) of Alamudun rayon following which all family doctors and narcologists (addiction specialists) of rayon FMCs of Chui Oblast were trained during 2011. The project also aims to develop elements of the antismoking programmes within the curricula of pre-graduate and post-graduate medical courses. The Kyrgyz State Medical Academy is revising the training programmes and modules for medical students and these will be included in the training curriculum 2012–2013. The project has also conducted training of trainers at the Kyrgyz State Medical Institution of Continuing Medical Education (KSSMI CME) that is responsible for the continuous education of medical doctors and nurses. A KSSMI CME working group is planning further implementation of continuous education in tobacco cessation. As part of project activities, the current patient cards used nationwide are being revised and during 2012 will include tobacco dependence diagnosis.

Gaps –

1. There is no comprehensive and integrated programme concerning tobacco dependence and cessation in the Kyrgyz Republic.
2. The national quit line for tobacco cessation is not working.
3. Pharmaceutical products for treatment of tobacco dependence in the public health service are expensive and not affordable .

It is therefore recommended that national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established. It is also recommended that the national quit line be made operational again as soon as possible. All health care workers should be trained to record tobacco use, give brief advice and encourage quit attempts. These services should be integrated into the national health and education systems, especially in primary health care centres.

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 Kyrgyz Republic does not consider that it has a major problem with smuggling of cigarettes or tobacco products. According to the Customs Service, there is no large scale illicit trade of tobacco in the country.

The current Customs Code was enacted in April 2004 and became effective on January 2005. Tobacco products are not dealt with separately in the Code, but are part of the section dealing with contraband goods entering or leaving the country (Article 387).

An overview of the measures taken against illicit trade in tobacco products, with identified needs, is given in **Table 2** below.

Table 2. Overview of measures taken against illicit trade in tobacco products in the Kyrgyz Republic

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.	Article 11 of the Law requires that each unit package of tobacco products show the origin of the products.
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 but Customs Service in practice does not check.	Article 11 of the Law requires that each unit package of tobacco product bear the words: “Sales allowed in the Kyrgyz Republic”.
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	Obligation partially met.	Importation and exportation through customs are traced but there is no tracing through the retail and other distribution systems.
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 are monitored and collected. Information on the total amount, without mentioning individual importers and exporters, is publicly available and shared with National Tax Administration and National Statistics Committee.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	Obligation met.	Fines of over 100 000 som may be levied in line with the criminal code and as determined by the criminal courts
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco	Obligations not met.	Illicit tobacco products are not usually confiscated, especially for first offences and small amounts. Usually if the Customs duties are paid, the

	products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law.		illicit tobacco products will be returned to the owner. Criminal cases will be determined by the courts. In practice, no illicit tobacco products have been destroyed.
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 partially met.	Measures in criminal cases are determined by the courts.
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.	Obligation met.	
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.	The Kyrgyz Republic is a member of the Commonwealth of Independence States agreement to cooperate on customs controls and also a member of the World Customs Organization
7	Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	Obligation partially met.	Tobacco product importers need to have a license. The annual license fee is only 300 som. Retailers do not need to have a licence.

Gaps–

1. The provision on the origin and destination of tobacco products in Article 11 of the Law (No. 175) has not been enforced.
2. Illicit tobacco products are not usually confiscated and destroyed.
3. A practical tracking and tracing regime has not been established.

It is therefore recommended that the Customs Service, the Ministry of Health and other law enforcement agencies work together to review current practices and implement measures in line with the Convention. It is also recommended that ministries and agencies make a greater effort to estimate the level and changes in illicit trade. It is

also recommended that the Environmental Protection Agency adopt environmentally friendly methods to destroy confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade.

Sales to and by minors (Article 16)

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 12 of the Law prohibits sales of tobacco products on the territory of the Kyrgyz Republic to and by those under 18 years of age. It also prohibits sales of tobacco products in health and education buildings, sports halls and constructions, in stadiums and adjacent areas within a radius of 100 metres of these facilities. The decree on rules of trade in the Kyrgyz Republic issued on March 2010 (No. 118) strengthened these provisions. However, enforcement is still a challenge. Tobacco products are still easily accessible to minors. According to the Global Youth Tobacco Survey (GYTS) conducted in 2008, 58.1% of students aged 13 to 15 years bought cigarettes in a store, and 64.7% who bought cigarettes in a store were not refused purchase because of their age

The Kyrgyz Republic has met the obligations under Article 16.

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

Article 15 of the Law prohibits the sale of tobacco products through vending machines.

The Kyrgyz Republic has met the obligations under Article 16.1.

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 12 of the Law prohibits sales of tobacco products in quantities of fewer than 20 pieces per package.

The Kyrgyz Republic has met the obligations under Article 16.3. However, law enforcement needs to be further enhanced.

It is therefore recommended that the Government enhance enforcement efforts and that the relevant administrative orders, as mentioned in the recommendations for Article 8, be amended.

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

Article 17 calls on Parties to promote, as appropriate, “*in cooperation with each other and with competent international and regional intergovernmental organizations...*

economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers”.

Tobacco accounts for only 1% of agricultural production. Tobacco is currently grown only in the south. Tobacco growing has declined 20 times from 80 000 tonnes (32 000 hectares) in 1980 to 4000 tonnes (2 000 hectares) in 2012. There are no large-scale tobacco plantations in the country, but around 30 000 – 35 000 farmers grow tobacco on a very small scale in addition to other crops. The Kyrgyz Republic produces a unique type of tobacco – aromatic Sort Dubek 4407 – and 80% of this unique type of tobacco is exported. Reemstma is the only local tobacco industry in the country, with less than 300 employees.

With the support of the Government, farmers who formerly grew tobacco in the Talaskaya Region successfully shifted to more profitable beans for export. The Government helped to sign the bean exportation agreement with Turkey and supported the shift from tobacco growing in this region. The Ministry of Agriculture and Melioration is approaching farmers in other regions to replace tobacco growing. The Government’s agriculture policy focuses on food security. The international team met personnel of FAO, which is actively working on crop diversification with the Ministry of Agriculture. There are very promising opportunities for the Government, which should take advantage of the presence of FAO in the country to expand the success in Talaskaya Region to other parts of the country with the technical support of FAO.

The Kyrgyz Republic has met the obligations under Article 17 and has been very successful in supporting farmers to shift to bean cultivation. The fifth session of the COP, to be held in November 2012, will discuss policy options for implementing Article 17 and the Kyrgyz Republic is encouraged to share its experience.

The Ministry of Agriculture and Melioration currently lacks resources to provide an outreach service to farmers on crop diversification and ***it is therefore recommended that the Ministry of Agriculture and Melioration follow up with FAO for possible cooperation in supporting the country in meeting the obligations under Article 17 of the Convention.***

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*”.

Gap - there is no measure taken to implement this Article yet.

It is recommended that the Ministry of Agriculture and Melioration, the Environmental Protection Agency and the Ministry of Health work together to develop policies to implement Article 18 of the Convention.

The fifth session of the COP will discuss policy options in implementing Articles 17 and 18.

It is further recommended that the Kyrgyz Republic follow the discussion at the fifth session of the COP and develop appropriate policies.

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*”.

Article 18 of the Law gives citizens the right to compensation for harm to their health in the production and processing of tobacco and the consumption of tobacco products. People who have been harmed should be reimbursed by both individual and legal entity employers regardless of ownership. So far there have not been any court cases seeking compensation from the tobacco industry in relation to any adverse health effects caused by tobacco use for full or partial reimbursement of medical, social and other relevant costs related to tobacco use or harm caused in the production and processing of tobacco.

Article 19 will be included in the agenda of the fifth session of the COP.

In the Kyrgyz Republic, while the law is in place, it has so far not been utilized either by government or by public.

However, it is recommended that the Kyrgyz Republic review and promote the options for implementing Article 19 under its current national legislation and actively participate in the discussion during the fifth session of the COP.

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*”.

In its 2012 report, information on youth and adult tobacco use prevalence is missing due to lack of representative surveys during the five year reporting period of 2008 to 2011. The National Statistics Committee routinely collects data on household expenditure on tobacco products.

Some earlier surveys conducted in the Kyrgyz Republic are as follows:

- (1) National Representative Tobacco Use study for 2005–2006.¹ The Public Centre on Tobacco Control carried out a survey with a grant from IDRC; the copyright of this research was transferred to the Public Health Protection Foundation.
- (2) GYTS 2004 and 2008.

¹ Research on tobacco for strengthening national policy: the experience of Kyrgyzstan. In: *The European Tobacco Control Report 2007*. Copenhagen, WHO Regional Office for Europe, 2007: 113–116.

- (3) Economic Study of Tobacco Control in the Kyrgyz Republic 2006 with support from WHO/EURO, 2006.¹
- (4) The prevalence of tobacco use among medical students (297 people) with verification of responses (by measuring the level of carbon monoxide) in 2006 by Public Union “Lung Health”.
- (5) The prevalence of tobacco use among health care workers (doctors and nurses) of The Kyrgyz Republic in 2006–2007.² The Public Centre on Tobacco Control undertook a survey with a grant from IDRC. The copyright of this research was transferred to the Public Health Protection Foundation.
- (6) Baseline studies on smoking prevalence, knowledge and attitude in Chui Oblast as part of the Kyrgyz-Finnish tobacco control project have been conducted in 2011 and a follow-up survey will be conducted in 2013. A tailored questionnaire for 5th-7th graders regarding the same issues was also developed and piloted in 18 schools in Chui Oblast in May 2011.

Tobacco use is a severe health and economic burden for the Kyrgyz Republic. It is estimated that one third of the annual deaths in the country are attributable to tobacco use. Tobacco consumption and exposure to second-hand smoke are a major cause of mortality and impose high health and economic costs on the population: 28% of the deaths of men (all causes) in the Kyrgyz Republic aged 35–69 years and 17% of deaths among men aged more than 70 years are attributable to tobacco use, while the percentages for women are 4% and 5%, respectively.³ The overall economic losses of tobacco use for the year 2010, including disability from cardiovascular disease (without loss of labour capacity due to premature mortality and disability from obstructive lung diseases and cancer) accounted for more than 44 billion soms, including property damage to a value of 17.7 billion soms from fires caused by smoking.

In order to facilitate future reporting obligations under the Convention in terms of data collection and surveillance, the international team met the Deputy Head of the National Statistics Committee and requested his support in fulfilling the reporting obligations under Article 21 of the Convention by integrating them within its routine and ongoing national household surveys. The response from the Minister was positive.

Gaps –

1. There is no recent national epidemiological surveillance of tobacco consumption and related social, economic and health indicators.
2. There is a lack of national data on adult tobacco use and burden of disease related to tobacco, direct costs attributable to tobacco use and exposure to tobacco smoke.

It is therefore recommended that:

¹ Bekbasarov T, Bekbasarova C. *Economic fundamentals of the national policy and strategy for regulation, control and reduction of tobacco use*. Bishkek, 2008.

² Bekbasarova C. *Tobacco use prevalence study among physicians and nurses and their attitudes towards tobacco control in the Kyrgyz Republic*. Bishkek, Public Centre for Tobacco Control, 2007. Available at: <http://idl-bnc.idrc.ca/dspace/handle/10625/35327>

³ Peto R. *Mortality from smoking in developed countries 1950 –2000. Indirect Estimates from National Vital Statistics*. New York, Oxford University Press, 1994.

1. *the National Statistics Committee support the efforts of the Ministry of Health to fulfil the country's reporting obligations under Article 21 of the Convention by integrating these reporting requirements within its routine and ongoing national household surveys;*
2. *the National Statistics Committee and Ministry of Health coordinate efforts to include questions related to reporting requirements under the Convention in future household surveys or censuses and monitor trend data; and*
3. *national research capacity be strengthened and a national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators be improved and integrated into national, regional and global health surveillance.*

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”.

The Kyrgyz Republic has submitted its first and second Party reports on time. The first report was submitted in August 2008 and the second in April 2012. The next reporting period will be 1 January – 30 April 2014.

The Kyrgyz Republic has met the obligation under Article 21 of the Convention.

The COP has established a new two-year cycle for 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, in order to meet the deadline in 2014 and thereafter. It is also recommended that all relevant Government agencies contribute proactively to the Party reporting process under the coordination of the Ministry of Health.

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

WHO and US CDC supported the Kyrgyz Republic in conducting the GYTS in 2004 and 2008, and WHO supported Economics of Tobacco Control in the Kyrgyz Republic in 2006. IDRC provided a small grant to support the national representative tobacco use study for 2005–2006. The Finnish Lung Health Association has been implementing the WHO Practical Approach to Lung Health (PAL) strategy in Kyrgyzstan during the years 2000–2010, integrating it into the National Health Care Reform. A small tobacco-related pilot project was conducted in the Kochkor region. A Kyrgyz-Finnish tobacco control project for the period (2011–2013) has started in Chui Oblast, and has been well received by the Government.

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 acknowledged 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. The decision 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 the Kyrgyz Republic covers the period 2012–2016. It does not directly include work related to implementation of the Convention. The next UNDAF will cover the period 2017–2021. The international team met the UNRC for the Kyrgyz Republic together with representatives of UNDP, UNICEF and FAO. The UNRC supports implementation of the Convention in the country and agreed to consider including it in the mid-term review and the next cycle of the UNDAF. The WHO country office will support further liaison with the UNRC and the UN country team and share the needs assessment report with the team, with a view to obtaining possible technical support for the country. During the meeting, the FAO representative mentioned that they would be open to supporting the country in crop diversification. The Ministry of Agriculture and Melioration would be requested to provide further coordination with FAO. UNICEF informed the team that it is working very closely with the schools through various programmes and is open to bringing anti-tobacco messages to schools. The matter was further discussed with the Ministry of Education for coordination with Ministry of Health.

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

It is therefore recommended that the Government of the Kyrgyz Republic actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country. It is recommended to strengthen and scale up existing successful projects in the country such as the Kyrgyz-Finnish tobacco control project. It is also recommended that the Ministry of Health work together with the UNRC and WHO to ensure that implementation of the Convention is included in the mid-term review of the current UNDAF 2012–2016 and the next UNDAF 2017–2021. It is further recommended that the Ministry of Agriculture work together with FAO on implementation of Article 17 of the Convention and that the Ministry of Education and Ministry of Health should work together with UNICEF on implementation of Articles 8 and 12 of the Convention. It is recommended that SWAP which is contributing 13% of total health expenditure is utilized further in terms of resources to ensure sustainable funding for implementation of the Convention. Further SWAP and its contribution to Den Sooluk provides an existing platform which can support the activities related to UNDAF.

Financial resources (Article 26)

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

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*”.

Gaps –

1. Currently, there is no budget allocation line in the national budget for implementation activities. During the mission this was brought to the notice of the Ministry of Finance. The Ministry agreed to allocate funds provided the Ministry of Health requested and prioritized activities related to implementation of 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 to ensure adequate funding and close the gaps, in addition to budget allocation for Ministry of Health the Ministry of Health and Ministry of Finance should work together to maximize efficiency of use of health funds to be able to finance implementation activities..

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*”.

Health sector support/financing is managed through SWAPs. It is a well-functioning mechanism and the Government has so far followed the Millennium Development Goal indicators in identifying its priorities.

Gaps – Implementation of the Convention is not yet part of this mechanism but given the relevance of the Convention to targets related to cardiovascular diseases, tuberculosis and other MDG indicators, there is a need to bring implementation of the Convention (priority areas duly identified) under this mechanism.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of the Kyrgyz Republic seek assistance from development partners under the Den Sooluk Programme supported by SWAP2 and bring implementation of the Convention under this mechanism.

Article 26.3 specifically points out those projects 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 Kyrgyz Republic grows tobacco and there is also local manufacturing of tobacco products. The Ministry of Agriculture is promoting food security and has gained good experience in guiding tobacco farmers to shift to the cultivation of beans, which are more profitable.

It is therefore recommended that the Ministry of Agriculture and Melioration work with the FAO in promoting crop diversification.

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”.

During the meeting in the Ministry of Foreign Affairs, the Ministry affirmed its commitment to ensuring that the Kyrgyz Republic will promote implementation of the Convention in the relevant bilateral and multilateral forums.

Gap –The Kyrgyz Republic has not to date been very successful in mobilizing financial assistance from other Parties, regional and international organizations and financial and development partners for implementation of the Convention.

It is therefore recommended that the Kyrgyz Republic utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. It is also recommended that other ministries, such as the Ministries of Foreign Affairs, Finance and Health, representing the Kyrgyz Republic 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 and promote regional and sub-regional cooperation in appropriate areas such as taxation, elimination of illicit trade, information exchange, exchange of expertise and technology, etc.

ANNEX

List of Government agencies, members of the international team, development partners and nongovernmental organizations participating in the joint needs assessment

Participating Government agencies of the Kyrgyz Republic

Ministry of Health
Ministry of Foreign Affairs
Ministry of Agriculture and Melioration
Ministry of Economy and Antimonopoly Policy
Ministry of Finance
Ministry of the Interior
Ministry of Youth, Labour and Employment
Ministry of Education and Science
Tax Service
National Statistics Committee
Environmental Protection Agency
State Inspectorate of Food, Sanitary, Veterinary and Phytosanitary Security
Public Broadcasting Corporation
Customs Service

The Jogorku Kenesh (Parliament) of the Kyrgyz Republic

Mrs Sasykbayeva Asiya, Deputy Speaker
Mr Baltabayev Tasholot
Mr Osmonaliyev Kanybek

Governmental organizations

Republican Health Promotion Centre
Kyrgyz State Medical Academy
Kyrgyz State Medical Institution of Continuing Medical Education
National Oncology Centre
National Cardiology and Internal Medicine Centre

Nongovernmental organizations

Public Health Protection Foundation
Lung Health
Kyrgyz Thoracic Society
Village Health Committee of the Kyrgyz Republic
Oncology Association of the Kyrgyz Republic
Cardiology Association of the Kyrgyz Republic
Family Group Physicians Association of the Kyrgyz Republic

Convention Secretariat

Mr Vijay Trivedi
Ms Guangyuan Liu
Ms Hanna Hopko, Temporary Advisor

WHO Country Office in Kyrgyzstan

Mr Emil Omuraliev, Acting Head

International organizations and development partners

Dr Jean Tesche, World Bank
Mr Nedim Jaganjac, World Bank Regional Health Focal Point
Ms Asel Sargaldakova, World Bank Country Office Health Focal Point

Ms Janyl Rakhmanova, Programme Associate, United Nations Development Programme

Dr Patrick Sandstrom, Finnish Lung Health Association

In addition, the international team met Mr Aleksander Avanesov, UN Resident Coordinator for the Kyrgyz Republic, and representatives of the Food and Agriculture Organization of the United Nations, the United Nations Children's Fund, and the European Union Delegation in Kyrgyzstan.