

Needs assessment for the implementation of the WHO FCTC in Lithuania



**The team of the Needs Assessment Mission meets Mr Algirdas Šešelgis,
Vice-minister of Health of the Republic of Lithuania**

**Secretariat of the WHO FCTC
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**Supported by:
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Abbreviations

COP:	Conference of the Parties of the Convention
DTACD:	Drug, Tobacco and Alcohol Control Department
ENDS:	Electronic Nicotine Delivery Systems
ENNDS:	Electronic Non-Nicotine Delivery Systems
ITP:	Protocol to Eliminate Illicit Trade in Tobacco Products
Lithuania:	Republic of Lithuania
MoH:	Ministry of Health of Lithuania
MoF:	Ministry of Finance of Lithuania
NTACC:	National Tobacco and Alcohol Control Coalition (NGO)
TPD:	Tobacco Products Directive (2014/40/EU)
WHO:	World Health Organization
WHO FCTC:	World Health Organization Framework Convention on Tobacco Control

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The objective of the Convention is *“to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”*.
- The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end. Parties are also encouraged, in Article 2 of the Convention, to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).
- The needs assessment that involves the Secretariat of the WHO FCTC is an exercise undertaken jointly with the government of the respective country to identify any implementation gaps, the next steps in implementation of the WHO FCTC, and the resources available to the Party concerned for implementation. It is based on a review of all substantive articles of the WHO FCTC so as to establish the needs and gaps.
- Since 2008, the Convention Secretariat assisted more than 50 Parties to the Convention to conduct needs assessments.
- In Lithuania, a needs assessment mission was conducted on 6-7 June 2018. The mission's team was led by Dr Tibor Szilagyi from the WHO FCTC Secretariat, and included Ms Jelena Talačkienė, focal point for the WHO FCTC in the Ministry of Health, Ms Gražina Belian, Deputy Director of the Drug, Tobacco and Alcohol Control Department, Ms Ingrida Zurlytė, Head of the WHO Country Office in Lithuania and Mr Andrii Skipalskyi, consultant to the WHO FCTC Secretariat.
- The needs assessment exercise has been financially supported through the Biennial Collaborative Agreement between the Ministry of Health of Lithuania and WHO Regional Office for Europe, 2018/2019.

Tobacco in Lithuania: some key facts

Tobacco use

Adults:

- **Health interview survey of the Population of Lithuania (2014), tobacco smokers:** percentage of **daily tobacco smokers** among both sexes was **20.4%** (**33.9%** of men and **9.2%** of women). In the same survey, conducted in 2005, the daily smoking prevalence was **24.5%** (both sexes combined). This indicates a 4.1 percentage point decrease between 2005 and 2014.
- **Per capita cigarette consumption data of Statistics Lithuania:** in 2017, the per capita (15+) consumption based on cigarettes purchased in retail trade outlets and catering units was 1202 pieces, 6.4% less than in 2016.

Youth:

Global Youth Tobacco Survey 2014

- 27.6% of students, 30.1% of boys and 25.1% of girls were current users of any tobacco products
- 26.4% of students, 28.6% of boys, and 24.1% of girls were current smoking tobacco users
- 19.4% of students, 20.0% of boys, and 19.0% of girls currently smoked cigarettes
- 2.2% of students, 3.1% of boys, and 1.2% of girls were current smokeless tobacco users

ESPAD 2015¹: lifetime prevalence rates of cigarette smoking accounted for 65% and 24% in the last 30 days, this was one of the highest rates among European countries.

Exposure to tobacco smoke:

- **According to the Global Youth Tobacco Survey 2014²** 43.6% of students were exposed to tobacco smoke at home and 53.3% of students were exposed to tobacco smoke in enclosed public places.
- According to the Health Behaviour among Lithuanian Adult Population in 2014 survey, conducted by Lithuanian University of Health Sciences (Kaunas) 28 % of men and 12% of women (total - 18 percent) exposed to tobacco smoke at last one hour daily at work. 23 % of men and 19% of women (total - 21 percent) exposed to tobacco smoke at home.

Tobacco-related mortality:

¹ <http://www.espad.org/sites/espad.org/files/TD0116475ENN.pdf>

² <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>

- According to the Institute of Hygiene, in 2017, tobacco-related morbidity per 100000 persons was: 28043 respiratory system diseases, 11674 circulatory system diseases and 1382 chronic lower respiratory tract diseases.
- According to the data of the Institute of Hygiene, provided in the FCTC implementation report 2018, total number of tobacco use-attributable deaths is approx. 6000.
- According to the data provided in the FCTC implementation report 2018, in 2013, 13.9% of total mortality or 5771 deaths in Lithuania were attributable to smoking (5181 men and 590 women). The two leading causes of SADs were ischaemic heart disease (2861) and lung cancer (1054) that accounted for 67.8% of the smoking attributable mortality. In the same year, smoking accounted for 39 279 years of potential life lost (34 663 years for men and 4615 years for women)³.

Tobacco prices: the retail prices of a 20-pack of Marlboro is 3.75 Euros and Winston 3.40 Euros.

³ <https://academic.oup.com/eurpub/article-abstract/27/4/736/3100255?redirectedFrom=fulltext>

Milestones of tobacco control in Lithuania

- The first tobacco control law (“**Law on control of tobacco, tobacco products and related products** No I-1143”) (hereinafter the tobacco control law), that covered various aspects of tobacco control, was adopted on **20 December 1995**.
- Lithuania ratified the WHO FCTC on 16 December 2004 and the Convention entered into force for Lithuania on **16 March 2005**.
- **In April 2015**, the Parliament of the Republic of Lithuania adopted amendments to the Law on Health System and established the **National public health promotion fund**. This fund is created with a certain percentage (0.5% in 2018) of revenues from excise duty revenues from alcohol, tobacco and gambling. These funds are being used for public health programmes, including prevention projects, mass media campaigns, scientific research, etc. The fund is administered by the Ministry of Health and a Council established for this purpose. The fund collected over 1.3 million Euros in 2017 and plans to operate with around 2.7 million Euros in 2018.
- The ban of use and possessing of tobacco products for persons under 18 years of age was introduced on **1 May 2015**.
- The ban on smoking tobacco products inside vehicles, if any persons under 18 years of age and/or pregnant women are present, was introduced on **1 July 2015**.
- A ban on the use of ENDS in places where smoking of tobacco products is banned was introduced on **3 July 2015**.
- In order to transpose the EU Tobacco Products Directive (2014/40/EU), several **amendments of the tobacco control law were adopted in 2015-2016** that resulted in a full transposition of TPD.
- A ban on internal and cross-border distance sales of ENDS and refill containers of ENDS was introduced on **1 July 2016**.
- Lithuania ratified the WHO FCTC **Protocol to Eliminate Illicit of Tobacco Products** (ITP) on **14 December 2016**.
- A comprehensive ban for any tobacco advertising and promotion, and any sponsorship of events, persons or mass media in any form was introduced on **1 January 2017**. Also, the amendments included strengthening FCTC Article 5.3 provision by introducing a phrase in the law *“in setting and implementing state tobacco control policies it should be required to protect these policies from commercial and other interests of the tobacco industry”*.
- A new Drugs, Tobacco and Alcohol Prevention Inter-Institutional Action Plan for 2018-2020 was adopted by the Government of the Republic of Lithuania on **9 May 2018**.

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 by the World Health Assembly in 2003. The Convention has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 181 Parties to date⁴.

Lithuania ratified the WHO FCTC on 16 December 2004 and the Convention entered into force for Lithuania on 16 March 2005. As Lithuania is also member of the European Union since 2004, it also needs to comply with the European Union's tobacco-related directives.

The first tobacco control law of Lithuania was adopted in 1995. Lithuania's tobacco control landscape has since changed significantly, with further upscaling and acceleration taking place since 2015. This brought Lithuania closer to its alignment with the requirements of the WHO FCTC and with the EU directives. (It is to be noted that the EU is also Party to the Convention, thus it is bound to it in the areas that fall under EU competence.)

With strong political leadership of the current Government, and especially that of the Minister of Health, the country's tobacco control legislation was significantly strengthened since 2015. These developments were mostly attributable to the need for harmonization of national legislation with the EU's Tobacco Control Directive, enforced in April 2014, and bringing the obligation of its naturalization by all Member States starting May 2016. The impact of stronger measures is already visible, reductions in tobacco consumption and prevalence is tangible.

The Government is currently considering the additional measures that are in line with the requirements of the WHO FCTC and its implementation guidelines, already embedded in Government programmes. With this in mind, a needs assessment exercise for implementation of the WHO FCTC was initiated by the Government of Lithuania, to identify and consider next legislative and programmatic steps.

The needs assessment started with an initial analysis of the status, gaps, needs and challenges, based on a thorough review of the country's most recent WHO FCTC official implementation report and other sources of information. Subsequently, a team led by the Convention Secretariat conducted a mission in Lithuania on 6-7 June 2018. The needs assessment involved meetings and brainstorming sessions with representatives from relevant ministries and agencies of Lithuania.

This needs assessment report presents an article-by-article analysis of the status of implementation of the WHO FCTC by Lithuania, the gaps that may exist and the subsequent actions that can be taken to fill those gaps. The key measures that need to be put in place to enable Lithuania to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

⁴http://www.who.int/fctc/signatories_parties/

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Lithuania is legally bound to implement its provisions through national laws, regulations or other measures. The needs assessment exercise helped identify those obligations under the Convention, as well as needs that were not addressed yet and identifying the stakeholders that could contribute to their implementation.

Second, Article 5.1 of 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 leading agencies involved in tobacco control work (MoH and DTACD) are currently engaged in drafting a new “National Program to Prevent the Use of Drugs, Tobacco and Alcohol” for the period 2018–2028, planned for adoption by the end of 2018. This provides the opportunity for using the recommendations of this needs assessment report when finalizing the programme that should also include actions on tobacco cessation. To ensure integration with other health and development programmes, it is recommended that the Government includes reference to WHO FCTC implementation in all relevant policy documents.

Third, under Article 5.2(a) of the WHO FCTC, Parties are required to establish a national multisectoral coordinating mechanism or focal point for tobacco control. Currently, tobacco control coordination work is done primarily through MoH, the Department of Public Health (which has a designated focal point for the WHO FCTC), and DTACD. Also, the National Health Board is engaged in coordination of tobacco control measures on the strategic level. MoH coordinates the work of the ad-hoc inter-ministerial working group that develops a new set of tobacco related legislative amendments. However, there is no formalized permanent national multisectoral (inter-ministerial) coordinating mechanism that would meet on a regular basis to coordinate the implementation of the Convention. It is recommended that such mechanism be established, with the involvement of all relevant government departments, civil society organizations and other national and subnational stakeholders, as appropriate, to ensure coherence and improve cost-efficiency of various programmes. This body, eg, a standing committee, would serve as an information exchange and coordination platform and will advise on actions necessary to implement, monitor and evaluate implementation of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products (that will enter into force on 25 September 2018 and to which Lithuania is a Party). The focal point(s) for tobacco control in MoH and DTACD should be strengthened and the sustainability of the posts/functions should be ensured and the focal points should be designated in all relevant non-health ministries.

Fourth, the Government of Lithuania has made notable progress in implementation of time-bound measures under the Convention (including smoke-free regulations, packaging and labelling measures, and advertising bans). Lithuania has recently adopted multiple amendments to the 1995 tobacco control law thus strengthening implementation of several areas under the WHO FCTC. There seems to be a political momentum, and public support also exists, to further strengthen and consolidate implementation of the WHO FCTC. This refers to introducing the standardized package labelling, complete ban for point of sales display and eliminating existing loopholes in regulations concerning smoke-free environments. The proposed amendments should also cover all forms of ENDS/ENNDS as well as novel tobacco products (including, but not limited to heated tobacco products), along with the lines established in the decisions of COP6 and COP7.

Fifth, Article 5.3 of the Convention requires Parties to protect tobacco control measures from the influence of the vested interests of the tobacco industry. The tobacco industry still wields influence and has access to policy-makers. Recently, through new legislative amendments, Lithuania also made progress in safeguarding its legislative process from tobacco industry influence. As next steps, and by utilizing the guidelines for implementation of Article 5.3, measures such as developing a code of conduct (standard operating procedures) for public officials to guide their interactions with the tobacco industry and ensuring transparency of the meetings that still occur, should be considered. Every official meeting that is deemed necessary between any government representatives with the tobacco industry or entities that further the interests of the tobacco industry should be transparent. The minutes of such meetings should be made public, in accordance with Article 5.3 guidelines⁵ adopted by the COP in 2008. MoH should inform other Government departments and the Parliament of their obligations under Article 5.3 of the Convention. This can be done through, for example, a circular letter, referring to Article 5.3 and its guidelines, and attaching a copy of the guidelines to the letter. Availability of the guidelines in local language would be of help. The WHO FCTC Secretariat commissioned a report entitled “*Good country practices in the implementation of WHO FCTC Article 5.3 and its guidelines*”, published in January 2018. This report could be referred for best practices.⁶

Sixth, Lithuania Government demonstrates commitment and systemic policy development and implementation of tobacco control taxation policy, which is line with FCTC Article 6 and its guidelines. These policies are also guided by the relevant EU directives. Continued tobacco tax increases, as pursued by the Ministry of Finance, are advisable, to reduce affordability of tobacco products. Excise taxes should also be applied to ENDS/ENNDS and refilled containers. Earmarking revenues from tobacco and alcohol sales and gambling is an praiseworthy initiative and the use of these revenues through the National Public Health Promotion Fund is a good mechanism to ensure sustainability of tobacco control programmes that are resource-intensive. Tax contributions to the Fund should be increased from 0,5% to 1%, to ensure the appropriate level of sustainable funding for tobacco control interventions, as stipulated in Article 26 of the Convention. Excises taxes should also be considered to apply to ENDS/ENNDS liquids.

Seventh, smoke-free provisions of existing regulations are relatively well developed and comprehensive. But there are loopholes in the legislation that exist and this continues to create conditions for second-hand smoking. Therefore, the exemptions in the current regulation of smoking in public places should all be eliminated. These include, but are not limited to, introducing a complete ban of tobacco and ENDS/ENNDS use in government facilities, all public transport (including all trains), and other indoor public places. It is recommended to coordinate the work with smoke-free law enforcement authorities (the police and municipal police) to raise their awareness and develop their capacity and awareness to implement the law.

Eighth, all measures under Article 11 of the Convention on packaging and labelling are time-bound, and Lithuania complies of those measures. However, the design of the pack is advertising in itself, therefore amending existing legislation to require plain/standardized

⁵ http://www.who.int/fctc/guidelines/article_5_3.pdf

⁶ <http://www.who.int/fctc/publications/fctc-article-5-3-best-practices.pdf>

packaging is an appropriate measure to further restrict tobacco advertising and promotion. Plain packaging is supported by more than 2/3 of the population (according to Euromonitor), is stipulated in the Governmental Program Implementation Plan 2018-2020, and is also recommended by the Guidelines for implementation of Article 11 and the Guidelines for implementation of Article 13 of the WHO FCTC.

Ninth, additional resources are available through the National Public Health Promotion Fund and should be allocated to the development of sustained strategic media campaigns targeted at specific audiences, with special regard to young people and smokers who wish to quit. Health warnings on tobacco packages and communication campaigns work well together, with each increasing the impact of the other. The development of a comprehensive communication strategy, in accordance with the Guidelines for implementation of Article 12 of the WHO FCTC, would be welcome. A working group should be established to review and harmonize the broad range of voluntary school-based health education programmes that include tobacco use as a subject, to ensure that the most efficient are pursued. The Government funding should be targeted to the most efficient programmes. It is recommended that systematic work is undertaken to incorporate risks of tobacco use into the mandatory school curriculum (e.g. health, biology, etc., as appropriate) at all levels of education. Naturally, health professionals' training programmes should cover risks of tobacco use as well as tobacco cessation. The collaboration between MoH and Ministry of Education and Science should be strengthened at the policy level, and coordination of work should also be strengthened between schools, municipalities, MoH and MoES, as appropriate.

Tenth, Article 13 of the Convention is also time-bound (it has a five-year deadline) and Lithuania implemented most of the requirements of this Article by the recent amendments to the 1995 tobacco control law. As a further measure to be considered, the introduction of a ban on display of tobacco products at the points of sales is included in the Governmental Program Implementation Plan 2018-2020. Appropriate legislation changes should be prepared based on best international practices and necessary supporting argumentations. It is recommended that DTACD (responsible enforcement institution) continues to monitor compliance with the advertising and promotion ban. To help with the enforcement, a telephone hotline should be established where the public should report on any infringement of the advertising ban (as well as of the smoke-free environments and packaging and labelling legislations).

Eleventh, Article 14 remains one of the less implemented areas of the Convention. More attention is needed to ensure provision of assistance to those tobacco users that wish to quit. For this purpose, the Government should develop a national tobacco cessation strategy by utilizing the Guidelines for implementation of Article 14. Actions that might need urgent attention include the development of national guidelines for tobacco cessation treatment, establishment of a tobacco quit line, provision of training to health professionals and other providers that will be involved in providing cessation advice. It is recommended that a tobacco quit line is established under the direct supervision of MoH or DTACD and funded through the National Public Health Promotion Fund. Training should be provided on tobacco cessation to service providers as well as to health professionals that provide brief advice at all levels of health services.

Further, provision of brief advice should be integrated in the primary healthcare system and, as appropriate, at other levels of the country's health care system as part of the universal health coverage. The social marketing campaign to promote tobacco cessation through the cessation services should be organized annually and be incorporated into a wider national communication campaign. Further opportunities to integrate tobacco cessation interventions in the primary healthcare system, in collaboration with health departments in provinces, should be explored, identified and implemented.

Twelfth, Lithuania was one of the first countries that ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. The assessed level of illicit trade of tobacco products remains as high as around 15-20% in recent years. The customs services' capacities need to be improved if reduction of illicit market share is to be achieved. Regular studies by a state agency (e.g. DTACD) should be conducted on the magnitude of the illicit tobacco market. It is recommended to utilize the experience of the WHO FCTC Secretariat's Knowledge Hub on Tobacco Taxation and Illicit Trade when carrying out such studies, especially with respect to the methodology used to measure illicit tobacco trade. An effective tracking and tracing system in accordance with EU requirements and Article 8 of the Protocol, to which Lithuania is a Party. More generally, implementation of the Protocol will result in the emergence of new opportunities to address illicit tobacco trade in Lithuania, e.g. through stronger international cooperation.

Thirteenth, the Government is recommended to consider a policy option of increasing the legal age to purchase tobacco products to 20 years old to harmonize tobacco regulation with similar requirements in the case of alcohol products, and to strengthen enforcement of measures restricting the sales to and by minors including enforcing the current legal age as children indicate to have easy access to cigarettes.

The needs identified in this report represent priority areas that require attention, especially those that relate to full and strong implementation of time-bound measures (i.e. Articles 8, 11 and 13). Addressing the issues raised in this report will make a substantial contribution to meet the obligations under the WHO FCTC and improve the health status and quality of life of Lithuania's people. As Lithuania addresses these areas, the Convention Secretariat in cooperation with WHO Headquarters, Regional and Country Offices and other relevant international partners are available and committed to providing technical assistance for implementation of the Convention.

This joint need assessment mission was financially supported by the WHO Country Office of Lithuania as part of the Biennial Collaborative Agreement between the Ministry of Health of Lithuania and the WHO Regional Office for Europe. The MoH, DTACD and the WHO Country Office provided significant logistical and technical support to the needs assessment exercise, which is warmly appreciated.

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

Ministry of Health

1. Mr Aurelijus Veryga, Minister of Health
2. Mr Algirdas Šešelgis, Vice-minister of Health
3. Mr Audrius Ščeponavičius, Director of Public Health Department, Ministry of Health
4. Ms Jelena Talačkienė, Focal Point for the WHO FCTC, Ministry of Health
5. Ms Edita Bishop, Head of Primary Health Care Coordination Division, Ministry of Health
6. Kristina Medžiaušytė, Assistant to the Minister of Health (on public mental health issues)
7. Justė Pečeliūnaitė, Chief Specialist, International Cooperation Division, Ministry of Health

Statistics Lithuania

1. Ms D. Jurelevičienė (Head of the group), Deputy Director General
2. Ms S. Mačiukienė, Executive Head of Social protection and health statistics Division
3. Ms G. Vanagaitė, Deputy Head of Foreign Trade Statistics Division
4. Ms L. Brakauskienė, Head of Internal Trade Statistics Division
5. Ms Ž. Gold, Specialist of Industry Statistics Division
6. Ms N. Alejeva, Head of Price Statistics Division

Institute of Hygiene

1. Ms Aušra Želvienė, Head of Biostatistical Analysis division, Centre of Health Information
2. Ms Raimonda Janonienė, Head of Technologies Assessment Division, Centre of Public Health Technologies
3. Mr Vincentas Liuima, Specialist of Public Health Surveys Division, Centre of Public Health Technologies

Drug, Tobacco and Alcohol Control Department

1. Ms Gražina Belian, Deputy Director
2. Ms Violeta Verseckienė, Head of Tobacco, Alcohol, Narcotic and Psychotropic Substances Precursors Licensing Division
3. Mr Jurgis Kazlauskas, Head of the Tobacco and Alcohol Control Division

Parliament of the Republic of Lithuania,

The Committee on Health Affairs, the Commission for Addiction Prevention

1. Ms Asta Kubiliene, Head of the Committee on Health Affairs

2. Ms Laimute Matkeviciene, Head of the Commission for Addiction Prevention
3. Mr Jonas Varkalys, Member of the Commission for Addiction Prevention
4. Mr Antanas Vinkus, Member of the Committee on Health Affairs
5. Ms Jolanta Bandzienė, Head of the Bureau of the Committee on Health Affairs

Ministry of Economy:

1. Mr Vaidas Gričius, Director of Industry and Trade Department
2. Ms Birutė Janutėnienė, Head of Internal Trade Policy Division
3. Ms Ieva Žaunierienė, Chief Specialist of Internal Trade Policy Division

Ministry of Finance:

1. Mr Redas Zelba, Chief Specialist, Tax Administration Policy Division
2. Ms Gintarė Meškėnaitė, Chief Specialist, Indirect Taxes Division, Tax Policy Department
3. Ms Asta Zelo, Deputy Head, Indirect Taxes Division, Tax Policy Department
4. Ms Dovilė Rėksnienė, Chief Specialist, Income Analysis and Planning Division, Financial Policy Department
5. Ms Lina Lekavičiūtė, Chief Specialist, Income Analysis and Planning Division, Financial Policy Department

State Tax Inspectorate under the Ministry of Finance:

1. Mr Vygasdas Maleckas, Chief Specialist, Services Division, Excise Administration Department
2. Mr Žygintas Grekas, Deputy Head, International Excise Administration Division, International Cooperation Department

Customs Department under the Ministry of Finance:

Mr Vygasdas Paigožinas, Deputy Director General

State Consumer Rights Protection Authority:

1. Mr Arvydas Naina, Director of Products Safety and Quality Department
2. Ms Ingrida Stulgienė, Chief Specialist, Consumer Goods Division
3. Ms Simona Bieliauskaitė, Chief Specialist, International Relations Division
4. Mr Aleksas Žalpis, Chief Specialist, Market Surveillance Planning, Analysis and Control Division

Ministry of Education and Science

1. Mr Algimantas Šimaitis, Chief Specialist, Informal Education Division, Lifelong Learning Department, Ministry of Education and Science
2. Ms Sandra Valantiejienė, Social worker, National Centre for Special Needs Education and Psychology
3. Mr Rytis Šiautkulis, Social worker, National Centre for Special Needs Education and Psychology

4. Ms Stasė Ustilaitė, Associate professor, Lithuanian University of Educational Sciences, Sports and Health Faculty, Department of Theory of Sports and Health Education

Vilnius University

Ms Viktorija Andrejevaitė, Family Doctor, Clinic of Internal Diseases, Family Medicine and Oncology

State Mental Health Centre

Ms Aurelija Čepulytė, Head of Addictions Prevention Division

National Tobacco and Alcohol Control Coalition (NTACC)

1. Ms Nijolė Goštautaitė Midttun, President of NTACC
2. Mr Antanas Goštautas, Union of Lithuanian Health Psychologist, distinguished researcher in smoking and NCDs, the leader of the GYTS team in Lithuania
3. Ms Vaida Liutkutė, tobacco and public health researcher in Lithuanian University of Health Sciences and board member of NTACC

WHO FCTC Secretariat

1. Dr Tibor Szilagyi, Team Leader – Reporting and Knowledge Management
2. Mr Andrii Skipalskyi, WHO FCTC Consultant

WHO Country Office in Lithuania

Ms Ingrida Zurlytė, WHO Country Office Director

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 Lithuania. Finally, it provides recommendations on how the gaps identified could be addressed, with a view on how to support Lithuania meet 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”*.

Lithuania does not have measures that go beyond those provided for by the Convention. All measures planned to be introduced in accordance with the Governmental Program Implementation Plan 2018-2020 are all in line with the requirements of the Convention, supported by the implementation guidelines adopted by the COP.

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”*.

The mission was informed that in December 2017 Lithuania, Latvia and Estonia signed the Memorandum of Intent on cooperation in reduction of alcohol consumption, smoking and tackle morbidity trends related to nutrition⁷.

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 Tobacco and Alcohol Control Coalition (NTACC – or NTAKK in Lithuanian) unites over 40 different organizations including scientific and civil society organizations. NTAKK is an umbrella organization and a member of the Framework

⁷ <http://sam.lrv.lt/uploads/sam/documents/files/2017-12-11.pdf>

Convention Alliance. NTAKK focuses on promoting implementation of the WHO FCTC in a comprehensive manner. It also promotes public health policies in the field of psychoactive substance control and addictions. NTAKK has a long tradition of working with state institutions, including strong cooperation with the Drug, Tobacco and Alcohol Control Department and Ministry of Health of Lithuania. There is a high degree of consensus among state agencies and NGO in tobacco control and joint innovative measures promoting effective tobacco control measures are implemented in partnership.

NTAKK members play an important role in strengthening and implementing the tobacco control policies in Lithuania. They support implementation of the Convention in many ways, including working with policy makers to provide technical expertise, monitoring of the tobacco industry activities and cooperating in the area of law enforcement and developing awareness raising and educational programmes. For example, during the missions' meeting with civil society organizations, NGO experts mentioned that they were preparing argumentations in support of the new legislative initiatives, such as plain packaging and POS display ban.

The NTAKK also expressed their wish to seek for further strengthening their collaboration with Government. Simplifying and reducing bureaucratic barriers of NGOs' participation in developing tobacco control and public health policies would be appreciated by the civil society. Additionally, NGOs' could be involved at all levels of developing tobacco control policies, including planning, funding, implementation and monitoring. The civil society organizations interact with MoH, DTACD and the WHO Country Office with some regularity. However, resources for systemic tobacco control work for the civil society organizations are very limited. This might change with the availability of more resources for tobacco control through the National Public Health Promotion Fund, part of which could be used to support advocacy and public awareness programmes organized by communities.

Considering that civil society organizations could support and complement the efforts of Government agencies, there seem to be room for further strengthening collaboration with the civil section. For example, the Government could consider including the civil society in any coordination mechanism or initiative, including ad-hoc working groups, to improve synergies between the efforts of the Government and civil society. Also, it is recommended that resources available for tobacco control through the National Public Health Promotion Fund be also made available to the civil society organizations.

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 mission was pleased to learn that **Programme of the Government of Republic of Lithuania for 2016-2020** prioritizes the tobacco control objectives (see picture 1.)

Picture 1. Extract from the Government Programme

Specific tobacco control measures

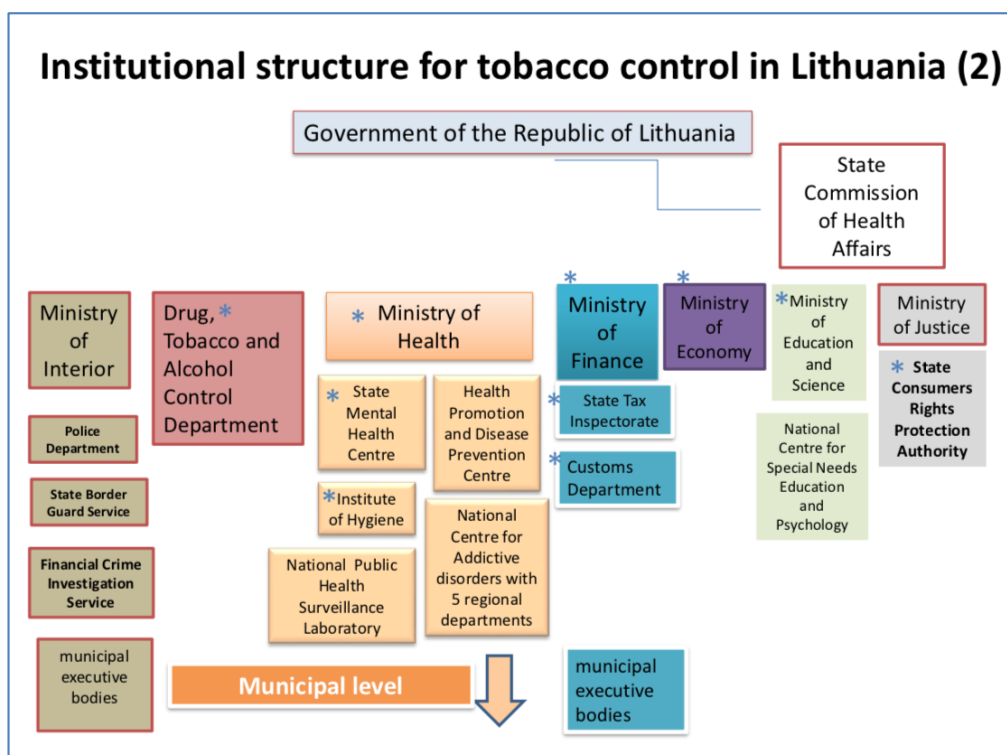
- 50. implementation of the WHO FCTC , its protocols and guidelines,
- 50.1 consistent increase of excises for tobacco products, eliminate illicit trade in tobacco products ,
- 50.2. introduction of standartised packaging of tobacco products,
- 50.3. tobacco display ban at the points of sale, reduction of exposure to tobacco smoke, introduction of new smoke-free public places

Lithuanian Health Strategy for 2014-2025 contains the goal of reducing the prevalence of tobacco consumption, demand and supply of tobacco by (1) reducing of accessibility of tobacco products, ban of sales via internet, increase of prices, (2) extending of list of smoke-free place, (3) ensuring protection from sales to and by minors, and (4) education, training and public awareness raising.

Also, a **new Drugs, tobacco and alcohol prevention inter-institutional action plan for 2018-2020** was developed under the coordination of MoH and DTACD and adopted by the Government, 2018/05/09. This action plan includes interaction of 13 implementing institutions, has DTACD as the coordinating body, supposes to allocate the budget of € 27.5 million and has 38 indicators to monitor the implementation progress. Tobacco use prevalence and consumption are one of them.

The recommendations of the needs assessment report can feed into the new 2018-2028 state programme for the control and prevention of use of drugs, tobacco and alcohol (expected to be approved by the end of 2018) in addition to supporting and strengthening new legislative initiatives.

The whole institutional structure of the tobacco control is represented on the picture below.



It is recommended that Lithuania completes the development of and adopts the new national program that includes tobacco control objectives. This programme needs to address the gaps identified during the needs assessment exercise (e.g. tobacco cessation) and should support and lead to the full implementation of the WHO FCTC.

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

There are two main actors in tobacco control in Lithuania. The two can both be considered tobacco control focal points.

The Ministry of Health, under the Department of Public Health, designated a focal point that is responsible for matters related to the implementation of the WHO FCTC. It is also involved in coordinating policy development work on the national level.

The Drug, Tobacco and Alcohol Control Department (DTACD), affiliated with the Ministry of Health, was created in 2011, to develop policies and coordinate programmatic work also in tobacco control. This work necessarily includes areas related to the implementation of the WHO FCTC.

Also, the **National Health Board** established by the Lithuanian Seimas (Parliament), its main function is to participate in the formation of health policy by coordinating the activities of health education, alcohol, tobacco, drug and psychotropic substances control and drug addiction prevention activities; implementing public health safety and disease prevention and control policies, assessing the scope of compulsory health promotion activities, indicators of the state of health as well as public health program projects.

Both MoH and DTACD coordinate the work with various stakeholders, for example, the WHO Country Office, Government institutions and authorities, and civil society organizations, and contribute to developing, implementing and coordinating the enforcement of tobacco control policies.

Both DTACD and MoH coordinate tobacco-control work with provincial governments, particularly through a network of Public Health Bureaus. National law delegates powers to provincial governments in areas working to expand smoke-free zones and legislation enforcement.

Intersectoral bodies to advance tobacco control policies are also formed on a case-by-case basis. For example, currently MoH coordinates the work of the ad-hoc inter-ministerial working group that develops the new set of legislative amendments in line with the programme of the Government. However, there is no formalized permanent national multisectoral (inter-ministerial) coordinating mechanism that would meet on a regular basis to coordinate the implementation of the Convention. (Its functions could also include advising on policy development, monitoring their implementation and evaluating their impact).

Gaps:

- No permanent national coordinating mechanism for tobacco control.

It is recommended that the focal point(s) for tobacco control in MoH and DTACD be strengthened and their sustainability ensured. Furthermore, focal points for the implementation of the WHO FCTC should be designated in all relevant non-health ministries, to coordinate FCTC implementation work in their domains. Such focal points could be mobilized in case their participation is needed by MoH focal point (for example, in relation to the preparation of biennial WHO FCTC implementation reports).

A national coordination mechanism for tobacco control, to ensure coherence between various sectoral policies in tobacco control, and also at programmatic level, should be established, and MoH or DTACD designated to serve as its secretariat. This body, eg, a standing committee, could be chaired by the Minister of Health. This body should be intersectoral in its composition, and should involve all relevant government departments, civil society organizations and other national and subnational stakeholders, as appropriate. If it is more appropriate, and if it fits better into the government's structure, the committee could coordinate work related to all NCDs; if this option is chosen, tobacco control could have a subcommittee.

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”.

Tobacco control work in Lithuania is governed by the comprehensive tobacco control law (“Law on control of tobacco, tobacco products and related products No I-1143”) that covered various aspects of tobacco control and was adopted on 20 December 1995.

The law was amended several times since Lithuania ratified the WHO FCTC.

In terms of national legislation, Lithuania is also required to apply European Union’s – also a WHO FCTC Party – directives related to tobacco control. This mainly includes the Tobacco Product Directive⁸ and the Directive 2011/64/EU⁹ on tobacco taxation.

The most recent legislative changes were driven by the need of full implementation of the Convention as well as alignment with the European Union directives. These are as follows:

- **In April 2015**, the Parliament of Lithuania adopted changes to the Law on Health System that enabled establishment of the National Public Health Promotion Fund. The goal of this fund is to accumulate a certain percent (it is half of one percent as of 2018) of funds from excise duty on alcohol, tobacco and gambling revenues, and use them for public health related activities: prevention projects, media campaigns, scientific research, etc. Subsequently, the National Public Health Promotion Fund was established in 2016 and is currently administered by the MoH and the Council of the National Public Health Promotion Fund.
- Lithuania ratified the Protocol to Eliminate Illicit Trade in Tobacco Products on **14 December 2016**.
- The tobacco control law was amended on **20 December 2016** (No XIII-157) and the amendments entered into force starting on 1 January 2017. The changes included:
 - A comprehensive ban of sponsorship of events, activities, persons and mass media for any tobacco producer or the companies which main activity is to trade with tobacco products and related products;
 - A new provision covering Article 5.3 of the WHO FCTC requires that tobacco control policies to be protected from the commercial and other vested interests of the tobacco industry.

Functions related to the implementation and especially enforcement of tobacco control policies are split among different institutions. These include DTACD (enforcement of advertising, promotion bans, licensing control, reporting about ingredients and emissions, smoke-free legislation enforcement), State Consumer Rights Protection Authority (packaging and labelling, content and emissions testing and controlling), Police and local municipal police (smoke-free legislation enforcement), State Tax Inspectorate under the Ministry of Finance (price and tax control), Customs Department (illicit trade) and Ministry of Education and Science (informal and educational programmes), Ministry of Economy (tobacco marketing regulation).

The intergovernmental working group was established under the coordination of the Ministry of Health to develop amendments to the tobacco control law and submit it to the

⁸ https://ec.europa.eu/health/sites/health/files/tobacco/docs/dir_201440_en.pdf

⁹ <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:176:0024:0036:EN:PDF>

Government by the end of summer 2018. There seems to be a political momentum, and public support also exists, to further strengthen and consolidate implementation of the WHO FCTC. This refers to introducing the standardized package labelling, complete ban for point of sales display and eliminating existing loopholes in regulations concerning smoke-free environments. The proposed amendments should also cover all forms of ENDS/ENNDS, along with the lines established in the decisions of COP6 and COP7. It is worth noting MoH demonstrated commitment to introduce these changes that will definitely improve the FCTC implementation and may include Lithuania to the best practice country list.

Gaps:

- The legislative gaps were identified by the Government of Lithuania and included in the government plan. A new legislative amendment is being prepared now.
- Some work on the time-bound provisions of the Convention, such as in the areas of Article 8 (smoke-free environments), Article 11 (packaging and labelling) and Article 13 (tobacco advertising, promotion and sponsorship) is still to be completed, for the legislation to be fully aligned to the requirements of the WHO FCTC.

It is therefore recommended that the Government of Lithuania, while developing new set of amendments to the Tobacco Control Act of 1995, should address all areas of the Convention, that are not yet fully covered in the national legislation, with special regard to matters related to FCTC's time-bound measures. These include but are not limited to eliminating exemptions for smoking bans, introducing plain packaging of tobacco products and a display ban of tobacco products at the points of sale.

The proposed amendments should also cover ENDS/ENNDS, along the lines established in the decisions of COP6 and COP7 and as stipulated in the EU Tobacco Product Directive. This endeavour should also include regulation of heated tobacco products (formerly known as “heat-not-burn” products) that are being introduced on the market. Such regulations should prevent promotion of these products and provide for appropriate taxation.

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

Tobacco industry interference with policy making is still an area which needs attention, especially based on anecdotal reports by civil society organizations. The Ministry of Economy explained that such interference is minimal especially after the legislative changes banning tobacco industry sponsorship was implemented.

The mission was informed about one of the entities that promote the interests of the tobacco industry is the Free Market Institute. After the legislative changes banning tobacco industry sponsorship, the official note regarding financial support from the tobacco industry disappeared from the website of this organization.

In May 2016, key national tobacco control stakeholders – the MoH, DTACD, the Parliamentary Committee on Health Affairs, the National Health Board and the National Tobacco and Alcohol Control Coalition (NGO) – signed the **“Consensus Position Regarding Protection of Tobacco Control Policies from Tobacco Industry Interference”**. This document played an important role in raising awareness on tobacco industry interference and soon resulted in a legislative change.

New amendments to the tobacco control law that came into effect on 1 January 2017 addresses compliance with Article 5.3 of the Convention. The law requires protection of public health policies from commercial and other interests of the tobacco industry when setting and implementing state tobacco control policies (Article 3, item 12 of the tobacco control law). However, this requirement only provides a framework for action, but does not include implementation details or provides for an enforcement mechanism. Also, the law contains a set of requirements for the manufacturers and traders of tobacco products regularly (every quarter) submit a quarterly report on manufacture and sales of tobacco products to DTACD.

During the mission, the representative of the customs authority reported that they terminated a cooperation agreement with Philip Morris International on combatting illicit trade, and that the customs authority no longer receives technical assistance from the tobacco industry. However, Lithuania continues to receive due payments in relation to the EU-PMI cooperation agreement (a cooperation that was terminated by the European Union) that is being phased out by the end of 2018. The mission learned of a recent case, when Philip Morris contested in the court a regulatory letter issued by DTACD concerning a case of advertising of their heated tobacco product (iQOS).

There is another piece of legislation that could be used to further measures that are in line with the Guidelines for implementation of Article 5.3 of the Convention. The Law “On the adjustment of public and private interests in the public service”¹⁰, all public servants (and other persons who are obliged to declare their interests are listed in the Article 4) are obliged to fill in a declaration of interest form and thus declare their private interests. This form should be filled out via a central portal within 30 calendar days after appointment to office in the civil service; the form should be modified/updated within 30 calendar days of any change that may give rise to a conflict of interest. The declarations are publicly available according to the Article 10. The law also prescribes that a civil servant shall be prohibited from participating in the preparation, consideration or taking of decisions in case when a conflict of interest situation might exist. This legal requirement could be used to identify any conflict of interest vis-a-vis the tobacco industry.

Establishment of a national tobacco industry monitoring programme could help promoting a better understanding of implementation of Article 5.3 provisions and the changes they resulted in. This could also result and promote a better transparency of the governmental institutions in their interactions with the tobacco industry.

¹⁰ <http://vtek.lt/index.php/en>

Gaps:

- There is no legal requirement that could make all interactions with the tobacco industry or with organizations and individuals that work to further the interests of the tobacco industry transparent.

It is recommended that the Government, using existing legislative clauses, develops a code of conduct for public officials in their interactions with the tobacco industry or any organizations and individuals that work to further the interests of the tobacco industry. Every official meeting between any government representative with the tobacco industry or entities that further the interests of the tobacco industry should be transparent. The minutes of such meetings should be made public, in accordance with the Guidelines for implementation of Article 5.3 of the Convention adopted by the COP in 2008. MoH should also inform other Government departments and the Parliament of their obligations under Article 5.3 of the Convention. This can be done through, for example, a circular letter, referring to Article 5.3 and its guidelines, and attaching a copy of the guidelines to the letter.

The Convention Secretariat and its Knowledge Hub for Article 5.3 could support Lithuania in taking those steps, including through providing examples of best practices in implementation of Article 5.3 or through providing specialized advice by experts, including on monitoring the activities of the tobacco industry and identifying any possible interference by the tobacco industry with decision making.

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”.

Lithuania has never participated in the work of any working or expert group mandated by the Conference of the Parties. It has, however, participated in the development of the Protocol to Eliminate Illicit Trade in Tobacco Products.

It is recommended that Lithuania follows the COP decisions that establish working or expert groups and participates in those that work in areas where Lithuania has experience to share. This way Lithuania could influence international processes and development of guiding documents that have the capacity to promote implementation of the WHO FCTC internationally.

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”.

Lithuania has met its obligations under Article 5.5 of the Convention by conducting close collaborative work with the European Commission regarding proper implementation and enforcement of the TPD. For example, Lithuania coordinates the implementation of the requirement to control the tobacco additives and flavourings, conduct testing in EU accredited laboratories and negotiations on implementation of the TPD requirements regarding the illicit trade of tobacco products. Lithuania does cooperate regularly with the

WHO country office, and the Public Health Department (MoH) and DTACD have regular meetings with the country office to discuss ongoing matters.

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*”.

Lithuania has fully met its obligations under Article 5.6.

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

The cigarette market in Lithuania constitutes about 95% of the overall tobacco market. The retail prices of a 20-pack of “Marlboro” is EUR 3.75 and “Winston” – EUR 3.60 as of June 2018. On average, the taxation constitutes over 70% of the price of a cigarette pack. Excise duty on cigarettes is levied at the combined rate, that includes a specific component (in EUR for 1,000 cigarettes) and the *ad valorem* component (in percentage from the maximum retail selling price). Excise duty on cigarettes is levied at the following rate: the specific component – EUR 59 and the *ad valorem* component – 25%, where overall excise duty rate shall be not less than EUR 96 for 1,000 cigarettes (from 1 March 2018). The applicable VAT rate is 21 %.

The excise duty policy of Lithuania is consistent with the country’s commitments under the relevant EU requirements, according to which Lithuania should establish minimum tobacco taxation rate that equals to EUR 90 per 1,000 cigarettes. This objective was reached on 1 March 2017, preceded by an annual increase for excise duty rates on cigarettes. Thus, excise duty rates during the period of 2012 – 2018 were gradually increased from 5 per cent to almost 9 per cent yearly. Along with the relevant EU requirements and to avoid the substitution effect, during this period, the excise duty rates were also increased on other tobacco products (cigars, cigarillos and smoking tobacco).

The increase in excise duty rates expectedly influenced the prices for tobacco products: in the period of 2012-2015 the prices of tobacco products increased annually by about 5 per cent (of which, due to fee factors, about 4 per cent), in 2016-2017 – by 7.5 per cent each year (of which, due to fee factors, by about 5 and 6 per cent, accordingly). The inflation rates ranged from 0,7 per cent to 3,7 per cent annually between 2012-2017. The result of such taxation policy implementation was a shrinking of the cigarette market: as confirmed by statistical data, per capita cigarette consumption of persons aged 15 years and over decreased by 0.3% in 2016 and 6.4% in 2017.

As a result of Lithuania's 2015 policy implementation, 0,5% of revenues from tobacco taxes, alcohol taxes and gambling taxes are being redirected to the special account under the National Public Health Promotion Fund. In 2017, the Fund accumulated over EUR 1,3 million, and the plan for 2018 is EUR 2,6 million. Being inspired by this initiative, the MoH proposes to increase the earmarking level to 1% in 2019 and that will redirect over EUR 6 million to the fund (final decision will be made by the Government).

An increase in tobacco tax rates is foreseen for the next three years. The tax increase for cigarettes will be about 6% and for other tobacco products (including heated tobacco) an average of 14% from 1 March of each year. From 1 March 2019, an excise duty will be applied for e-liquids (0,12 euros/ml for e-liquids with or without nicotine). The expected increase of the budget revenues due to the above described policy changes is around EUR 12 million in 2019.

Though the cigarette market constitutes a significant part of the tobacco market, in recent years the demand for novel tobacco products increased. Heated tobacco products were launched on the Lithuanian market in 2017 and the consumption of electronic cigarettes is growing as well. It is therefore important that such products are included in tobacco taxation schemes, in accordance with Article 5.2(b) of the Convention (that requires appropriate policies to prevent and reduce nicotine addiction). The table below demonstrates total revenues from excise duty for the last seven years in dynamics, and the share of tobacco excise duty. There is a stable growth of the budget revenues from tobacco taxes.

Excise duty collected, thousands, EUR	2011	2012	2013	2014	2015	2016	2017
Total revenue from excise duty	920,480	967,668	995,506	1,061,046	1,146,293	1,201,763	1,326,765
Revenues from tobacco products excise duty, total:	186,423	202,303	212,147	223,528	260,667	274,054	283,636
for cigarettes	182,894	198,405	207,655	219,124	256,641	269,363	277,233
for cigars and cigarillos	2,234	1,713	1,674	1,766	1,755	2,029	2,568
for smoking tobacco	1,296	2,185	2,818	2,638	2,271	2,662	3,835

The mission observed, while visiting shops selling tobacco, that some tobacco (in this case cigarillo) packs have distinctive (colour) price tags that defiantly attract attention (see picture below).

It can therefore be concluded that tobacco products are still affordable in comparison with other EU countries (see picture below). More attention should therefore be given to

decreasing affordability of tobacco products in accordance with the Guidelines for implementation of Article 6 of the Convention.



Additionally, the mission also observed that some tobacco products are sold at discounted prices. In the second picture, the product that regularly costs 2.95 euros can be bought for 2.80 if two packs are purchased at the same time (see picture below). Display of such price incentives are not explicitly prohibited. In this case it is considered as legislative loophole that should be addressed in future. The tobacco control act could be amended to prohibit the announcement of any price discounts/reductions.



The policies foreseen by the Ministry of Finance should be sustained on a longer term to ensure further reductions in tobacco affordability. Introducing excise duties on ENDS/ENNDS e-liquids is also a welcome move.

To ensure sustainable funding for tobacco control programmes, it is recommended that the percentage of tobacco taxes diverted in the National Public Health Promotion Fund are increased gradually, for example, from 0.5% to 1%, in accordance with Article 26 of the Convention.

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”.

Duty free sales are allowed in duty free shops.

A traveller coming to the Republic of Lithuania may bring: 40 packs of cigarettes from EU countries, 10 packs of cigarettes from third countries via air transport, 2 packs of cigarettes from third countries via other means of transportation.

A traveller coming to the Republic of Lithuania may bring free of customs duties and taxes tobacco products having no commercial character with some limits.

According to the order of the Minister of Economy No 4-200, travellers can transport and possess 100 packets of cigarettes that are not labelled with LT tax stamps when imported from EU Member States; 10 packets of cigarettes when imported from third countries.

According to the Resolution of the Government No. 439 no taxation applies in case of air transport - 200 units, and for another means of transport - 40 units.

The Government of Lithuania should consider eliminating duty free sales, including to non-EU countries.

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*”.

Lithuania provided this information in the reports submitted to the Convention Secretariat and has therefore met the obligations under Art 6.3.

Protection from exposure to tobacco smoke (Article 8)

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

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

Second-hand smoking remains a problem as 28 % of men and 12% of women (average: 18%) declared that they are exposed to tobacco smoke at their workplace. Additionally, 23 % of men and 19% of women (average: 21%) indicated that they are exposed to tobacco smoke at home (2014).

Article 19 (Restrictions on the Use of Tobacco Products) of the Law on Control of Tobacco, Tobacco Products and Related Products regulates smoke-free areas in the country. Thus, it is prohibited to smoke (e.g. use any tobacco products, including electronic cigarettes):

- 1) at all educational and social services establishments providing social care and/or social guardianship services for children, at health care facilities and in their territories;
- 2) at indoor workplaces;
- 3) in common residential and other common premises of a building where non-smokers may be forced to breathe tobacco smoke-polluted air;
- 4) in all types of public transport, except for long-distance trains where individual cars must be designated for smokers and non-smokers, as well as on aircraft where separate places must be designated for non-smokers and smokers;
- 5) in restaurants, cafés, bars and other catering establishments, clubs, discotheques, internet cafés (internet clubs and the likes), casinos, slot machines or bingo halls and other leisure venues, premises where sporting events or other events take place, and at other premises offering services to people, except for cigar or pipe clubs specially set out for this;
- 6) inside vehicles if there are any persons under 18 years of age and/or pregnant women.

However, as per paragraph 2 of Article 19 “Special facilities (areas) may be set up in enterprises, establishments and organisations where smoking is permitted. The requirements for setting up and operating smoking facilities (areas) shall be laid down by the Government of the Republic of Lithuania or an institution authorised by it”. This provision allows designated places to be set up for smoking.

Municipal councils have the power (and they are increasingly using it) to extend smoking bans to outdoor public places (such as parks, squares, etc.) and other public places falling within the scope of their competence.

The administration of the institution (legal person) holds responsibility for the smoke-free law violation and, in accordance to the law *“must ensure that its staff members, clients and visitors are not forced to breathe tobacco smoke-polluted air; they must also ensure that non-smoking warnings or signs are displayed in visible locations and special facilities (areas) be set out for smoking with notices or signs indicating their location”*.

Enforcement of the provisions of the tobacco control law, in accordance with the provisions of the Law of the Republic of Lithuania on control of tobacco, tobacco products and related products and the Administrative offences code, is carried out by various institutions, such as the Drug, Tobacco and Alcohol Control Department, the State Consumer Rights Protection Authority, municipal executive bodies, the State Tax Inspectorate, customs, the police and other state supervisory and law enforcement institutions. Violation of the law causes imposing financial sanctions (fine) of 289 - 8 688 EUR on legal persons. The police enforce that individuals (natural persons) wouldn't smoke in those places.

Fine is outlined in Article 26 part 12 of the tobacco control law: legal persons and branches of foreign legal persons shall be punished for a violation of the smoke-free law from two hundred and eighty-nine euros to one thousand four hundred forty-eight euros. Natural persons fines are outlined in the Administrative offences code, in Article 492 1 and 2 parts

(caution or fine from 20 to 50 euros, repeated violation - from 50 to 90 euros, in both cases confiscation of tobacco or associated products is applied).

Gaps:

- *There are several gaps spotted by the mission in relations to Article 8 implementation related to designated smoking rooms in offices and government institutions and allowing smoking in some public transport facilities.*
- *Enforcement mechanisms and responsible authorities are not clearly identified, particularly referring to legal persons' responsibility.*

It is recommended that the Government of Lithuania eliminates all exemptions in the current law on smoking in public places. Smoking and other tobacco use should be completely banned in trains and no smoking zones/areas/rooms should be allowed in any public places. These same rules should apply to ENDS/ENNS and novel nicotine products.

It is also recommended to clearly identify responsibility of the enforcement authority at both national and municipal levels and coordinate the work with smoke-free law enforcement authorities (the police and municipal police) to raise their awareness and develop their capacity and awareness to implement the law.

MoH raised awareness of the gaps in smoke-free legislation and is committed to working on eliminating these gaps. Thus, the working group designated by MoH to draft legislation amendments should also include provisions to close these gaps.

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

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

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 the 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”.

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

Lithuania made a significant progress in implementing Articles 9 and 10 by amending its legislation in 2015, in accordance to the requirements of EU's new tobacco products directive, and enforcing it starting mid-May 2016.

Articles 4 to 7 of the tobacco control law regulate the contents and emissions of cigarettes and roll-your-own tobacco, as follows:

- prohibiting the placement on the market of tobacco products with a characterising flavour;
- setting the maximum emission levels from cigarettes sold or manufactured, imported or exported, in or from Lithuania shall not be greater than: 10 mg of tar, 1 mg of nicotine and 10 mg of carbon monoxide per cigarette;
- prohibiting tobacco products containing the following additives: 1) vitamins or other additives that create the impression that a tobacco product has a health benefit or presents reduced health risks; 2) caffeine or taurine or other additives and stimulant compounds that are associated with energy and vitality; 3) additives having colouring properties for emissions; 4) for tobacco products for smoking, additives that facilitate inhalation or nicotine uptake; 5) additives that have carcinogenic, mutagenic and reprotoxic properties in unburnt form;
- prohibiting the placement on the market of tobacco products containing flavourings in any of their components such as filters, papers, packages, capsules or any technical features allowing modification of the smell or taste of the tobacco products concerned or their smoke intensity.

Article 9 of the law regulates the reporting rules and procedures for the importers and manufactures on ingredients and emissions. Manufacturers and/or importers of tobacco products must submit to DTACD the following information, by brand name or type:

- a list of all ingredients, and quantities thereof, used in the manufacture of the tobacco products with a statement setting out the reasons for the inclusion of such ingredients in the tobacco products concerned, the toxicological data regarding the ingredients in burnt or unburnt form, as appropriate, referring to their effects on the health of consumers and to any addictive effects;
- the emission levels from cigarettes;
- sales volumes per brand and type, reported in sticks or kilograms;
- internal and external studies available to them on market research and preferences of various consumer groups, including young people and current smokers, relating to ingredients and emissions, as well as executive summaries of any market surveys they carry out when launching new products.

The format of such reports is laid down by the European Commission. The law also obliges the manufacturers and importers to submit the above information to DTACD prior to placing the product on the market.

The law also requests to make all reports and information publicly available on the website of DTACD, in accordance with Article 10 of the Convention. However, the EU legislation leaves the right to manufactures to protect commercial (trade) secrets when making that information publicly available. The mission was informed that in all recent reports provided by tobacco manufactures, they label all information related to ingredients, additives and flavourings as “commercial secrets”, making it impossible to publicize the report.

New regulations were also imposed on ENDS and this includes refill containers (liquids with nicotine), which were not regulated at all before 2016. Thus, it is prohibited to place on the market, electronic cigarettes and refill containers containing the following additives in nicotine-containing liquid:

- vitamins or other additives that create the impression that electronic cigarettes and refill containers have a health benefit or presents reduced health risks;
- caffeine or taurine or other additives and stimulant compounds that are associated with energy and vitality;
- additives having colouring properties for emissions;
- additives that have carcinogenic, mutagenic and reprotoxic properties in unburnt form.

Manufactures and exporters of ENDS and nicotine-containing liquids are obliged to report on ingredients, trends and consumption figures to the responsible Government institutions, and these products are subjected for compliance checks by the Consumer Protection Authority. However, testing facilities do not allow additives and flavourings to be checked on these products. Also, there is no laboratory that is accredited in accordance with the International Organization for Standardization (ISO) Standard and that can conduct comprehensive testing of contents and emissions of tobacco products in the country. Thus, testing is being done in another EU country.

Gaps:

- Testing of ingredients, additives and flavourings in cigarettes and roll-your-own tobacco has not been performed yet under the new regulations;
- The toxic constituents and emissions of tobacco products are not made available to the public yet;
- New regulations do not cover other tobacco products such as cigars and cigarillos, that poses a threat for the increase of use of such products, that still will have flavourings;
- Regulations of ENNDS are not covered by the law in the same way as regulations for ENDS.

It is recommended that Lithuania, as appropriate, continues random sampling of tobacco products and tests them for ingredients and emissions, and extends those tests to ENDS/ENNDS, as appropriate. Lithuania is encouraged to regulate contents, emissions and testing of ENDS/ENNDS as per the decisions of COP6¹¹ and COP7¹²;

In line with the Partial guidelines for implementation of Articles 9 and 10, Lithuania should consider making information about the toxic constituents and emissions of tobacco products and other information disclosed to governmental authorities publicly accessible (e.g. via the Internet) in a meaningful way. E.g, if specific quantities / formulae are not published, but as a minimum, the ingredients should be listed.

It is also recommended that Lithuania streamlines the consultations under European Commissioning regards to the content and ingredients reporting issue (commercial

¹¹ [http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6\(9\)-en.pdf](http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6(9)-en.pdf)

¹² http://www.who.int/fctc/cop/cop7/FCTC_COP7_9_EN.pdf



secret) that would enable the country to publicize the tobacco industry reports as requested by law.

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.

Lithuania has fully met its obligations under this Article. Please see details in the table below.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”.	IMPLEMENTED	
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	65% text plus picture warnings on each main side
1(b)(i)	[The warning] shall be approved by the competent national authority.	OBLIGATION MET	Regulated by the tobacco control law
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION MET	Rotation happens annually
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	OBLIGATION MET	The 65% size, with the text covering 50% of the pack provide enough readability.

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	Combined text and pictorial health warnings should occupy 65% of the front and back sides of the packs, placed in the top of the pack
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	OBLIGATION MET	Pictorial health warnings first appeared on packs in 2016.
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	OBLIGATION MET	According to the law that is based on recommendations of EU TPD, printing information about the content of tar, CO2 and nicotine, as well as any other constituents and emissions is prohibited as misleading.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.	OBLIGATION MET	See pictures of the packs below
			

The tobacco control law also establishes requirements for the labelling of electronic cigarettes and refill containers, and labelling of ENDS/ENNDS. The unit packet of electronic cigarettes and refill containers must include a leaflet with information on: 1) instruction for use and storage of the product, including a reference that the product is not recommended for use by young people and non-smokers, 2) warnings for specific risk groups; 3) possible adverse effects, addictiveness and toxicity; and 4) contact details of the manufacturer or importer and a legal or natural contact person within the European Union.

Article 9 of the tobacco control law regulates labelling of herbal products used for smoking and requires that each unit packet and any outside packaging of herbal products for smoking carries the warning “Smoking this product damages your health.” The health warning shall be printed on the front and back external surface of the unit packet and on any outside packaging. The health warning shall comply with the requirements set out in Article 8 of the law and it must cover 30% of the area of the corresponding surface of the unit packet and of any outside packaging.

Regarding the next steps, the mission was also informed that MoH coordinates an intersectional working group that is drafting a new set of amendments to the law. Among other provisions, this will include a proposal to introduce standardized packaging in accordance with the Government’s program.

It is recommended that the Government completes the amendment of the national law to require plain/standardized packaging as soon as possible.

The Convention Secretariat can coordinate the provision of technical support in this area upon request from the Government.¹³

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” education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles as well as training to all concerned professionals and persons and public access to information on the tobacco industry.

During the mission, the Ministry of Education and Science demonstrated full awareness about the need of integrating information on tobacco use and its consequences into the school curriculum. Additionally, there are several optional teaching modules that complement the general education content, and that might be used to promote additional information on tobacco use

Examples of such programmes include:

¹³ A four-country study on display bans is available for viewing and utilization at: http://www.who.int/fctc/publications/best_practices_art13_whoftc.pdf. Information on plain packaging is available: <http://untobaccocontrol.org/impldb/indicator-report/?wpdvar=3.2.5.15>. Examples of actual legislative texts are available on the CTFK (a COP-observer) website at: https://www.tobaccocontrolaws.org/legislation/finder/#_packwarning-tab.

- “*Alcohol, tobacco and other psychoactive substances prevention program*” (in place since 2006, utilized in about 900 schools - 80% of all schools). It is mandatory to dedicate 6 hours per each academic year to the respective topics, in relation to the prevention of psychoactive substance use. The school itself selects specific topics and forms of activities.
- “*General program for health, gender education and preparation for family life*” (established in 2017, in 865 schools). The aim of the program is to help pupils to learn the comprehensive concept of health, develop healthy abilities and habits, take responsibility for their own health and health of others, as well as to choose a healthy lifestyle. There are no hours allocated only to tobacco related topics. However, the life skills of pupils are being developed and during the implementation of this program attention is paid to the theme of resilience.

Some other prevention programmes (see picture below) are utilized to a lesser extent by a lower number of schools. Additionally, MoES and DTACD developed and adapted the “Psychoactive substance abuse prevention program for parents” that is targeted at social

Prevention programs:					
Prevention programs for the psychoactive substances abuse	Grade	The number of schools	Programs of social emotional education	Grade	The number of schools
My Way (Lithuanian authors program)	1-12 grade	81 (7,2 %)	Zippy's Friends	Pres school	249 (22,1 %)
UNPLUGGED	6-8 grade	92 (8,1 %)	Second Step	1-4 grade	262 (23,2 %)
Linus – help for children	1-6 grade	101 (8,9 %)	Apple's Friends	1-3 grade	180 (16 %)
Snowball	7-12 grade	43 (3,8 %)	Lions quest programmes	1-12 grade	195 (17,3 %)

12 % of schools did not implement any preventive activities or any prevention programs at all;
88 % of schools have implemented only short-term prevention measures;
63 % of schools have implemented at least one prevention program.

workers, parents, teachers and decision makers at all levels.

No national anti-tobacco mass media campaign on the health risks of tobacco use has been implemented since 2014. The establishment of the National Public Health Promotion Fund, and the availability of more resources, made it possible that a campaign is now underway and will be launched later in 2018.

World No Tobacco Day (31 May) is celebrated by Lithuania each year under the leadership of MoH and the WHO Country Office. There are public events such as press conferences,

flash mobs and presentations organized on these days in coordination with municipalities and the regional network of Public Health Bureaus (see picture below).

The role of NGOs varies depending on the campaign. Some campaigns are initiated by NGOs, there lead role and implementation decisions belong to NGOs. In the campaigns initiated by the state agencies dominant role is assigned to media and marketing professionals through a tendering procedure and NGOs are invited to partner and cooperate with them. NGOs in these cases provide more supportive role - distribute and share information on the platforms available to them, participate as jury in case of competition, as expert-lecturers and sometimes advisors.

World No Tobacco Day 2018 campaign organised by the MoH LT with partners



... and more than in 42 Lithuanian municipalities by Municipal Public Health Bureaus



Gaps –

- No communication strategy exists to reflect on Article 12 of the Convention and its guidelines;
- As the tobacco control law has changed several times in recent years, sustained education and communication programmes are needed for the public and enforcement agencies on the requirements of the law and the need for their strict monitoring and enforcement;
- Need for stronger coordination between the communication and public awareness programmes is needed;
- Tobacco-control messages and subjects are not yet included in the curricula of students at all levels of national education, let alone in the curricula of health professionals.

It is therefore recommended that Lithuania:

- (i) *develops a communication strategy that seeks to reshape social norms on tobacco with a emphasis on communication to young people, both smokers and non-smokers, and at community level;*
- (ii) *integrates tobacco control into the educational curriculum at all levels of education (primary, secondary, university (including medical colleges), in collaboration with the Ministry of Education and Science and other relevant departments, agencies and the provincial governments;*
- (iii) *expands the use of social media in changing social norms;*
- (iv) *develops and sustains communication programmes (e.g, an e-learning tool) for communication of tobacco control measures and their enforcement for authorized persons responsible for the enforcement of tobacco control law.*

Tobacco advertising, promotion and sponsorship (Article 13)

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

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

Lithuania has taken a series of measures to regulate tobacco advertising, promotion and sponsorship, and this includes a sponsorship ban that was introduced on 1 January 2017. The law also banned all types of advertising possibilities for ENDS and nicotine-containing liquids in accordance with the decisions of the COP (see earlier under Articles 9 and 10).

The only element that is not yet in place is the ban of display of tobacco products at the points-of-sale. The Government’s program contains the introduction of this measure, and this is being pursued by the Ministry of Health through the work of the ad-hoc working group that works on the new legislative amendments.

There have been several challenges that have been reported on the application of advertising bans in case of novel tobacco products such as heated tobacco products. For example, DTACD spotted cases of such advertising, carried out by Philip Morris and issued a regulatory statement that bans such advertising at national level. However, the tobacco company decided to challenge the statement stating that the regulations do not apply to such products.

Also, the mission’s team, while visiting retail outlets (kiosks) that sell tobacco products, spotted cigarettes sold at discounted prices. In the photo below, one can see that consumers are offered EUR 0.30 discount if they purchase two packs of cigarettes (meaning a reduction of 10% per pack).

Enforcement of the TAPS ban is the responsibility of DTACD, and this also has a regional network. The mission was informed that this practice also caught the attention of DTACD

authority, but such activities are allowed and may be considered as a “loophole” of the existing legislation.



Gaps –

- No display ban at points-of-sale is in place;
- Some forms of tobacco promotion through price incentives are allowed;
- ENNDS and no-nicotine liquids are not included beyond the regulations of TAPS ban and this may cause the confusion while such products will be promoted on the market and get easily confused with ENDS and nicotine-containing liquids.

It is recommended that Lithuania, following the experience of many European states¹⁴ introduces a ban of display of tobacco products at points-of-sales. This will increase the effectiveness of communication campaigns, of packaging and labelling regulations, as it eliminates one of the last forms of tobacco advertising and promotion.

It is also recommended to identify the loopholes in the legislation that allow price incentives for cigarettes and develop amendments to close this loophole and address and strengthen the regulation on ENDS/ENNDS advertising.

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

¹⁴ Best practices on implementation of the tobacco advertising and display ban at point of sale (Article 13 of the WHO FCTC) - a four-country study: Ireland, Norway, Finland and the United Kingdom. http://www.who.int/fctc/publications/best_practices_art13_whoctc.pdf.

penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law”.

Cross-border advertising is banned in Lithuania as required under the EU’s tobacco product directive and the EU advertising directive.

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*”.

There are no national guidelines on tobacco dependence and there is no national strategy for tobacco cessation developed in Lithuania.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, “*each Party shall endeavour to implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use; include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes; establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and facilitate the accessibility and affordability for treatment of tobacco dependence, including pharmaceutical products.*

Lithuania only has a few initiatives concerning tobacco dependence treatment and cessation. For example, there is no infrastructure or network available to provide tobacco cessation advice. DTACD operates a website (www.nerukysiu.lt) that contains information on potential harm and consequences of tobacco use as well as the possibilities for tobacco cessation and obtaining assistance. The link to this website is included on both sides of tobacco packs as part of the pictorial health warnings. There is a mandatory requirement for recording tobacco use status in medical notes. Tobacco cessation is included in the curricula of medical and other health professionals. Tobacco dependence treatment is available; however, patients need to fully cover their costs.

In 2017 the Institute of Hygiene conducted an evaluation of the possible interventions and the cost-effectiveness of telephone counselling as an aid to smoking cessation for Lithuania. Overall, the study showed that operating a quit line would be beneficial in promoting tobacco cessation at an affordable cost for the general budget.

This evaluation, among other things, concluded that:

- Sustaining a reactive telephone counselling service in Lithuania could cost around € 30699 annually;
- The running cost per one smoker is relatively low - € 61 per year -, and the cost per one saved year of life would be € 9 per year;
- By introducing such an intervention, the costs related to lost productivity could be reduced around 13%;

Based on the conclusions of the study, MoH, in cooperation with DTACD, made proposals to set up and operate tobacco cessation services, including a quit line. Appropriate financial resources were secured for this project from the National Public Health Promotion Fund. MoH plans to select the service provider and conclude a contract by the end of autumn 2018, for an initial period of one year.

Gaps–

- There is no national tobacco cessation treatment guidelines or a national cessation strategy available;
- Tobacco cessation is not integrated in the primary healthcare system: requirements for interventions on primary healthcare are not part of doctors' responsibility;
- There is no mechanism for the reimbursement of pharmaceutical products for treatment of tobacco dependence;
- There are no efforts to curb tobacco use among health professionals;
- There is no national quit line/cessation service.

It is therefore recommended that

- (i) *Lithuania develops an infrastructure to support tobacco cessation and treatment of tobacco dependence in accordance with the recommendations of the Guidelines for implementation of Article 14 of the Convention;*
- (ii) *national guidelines on tobacco cessation and a national strategy for tobacco cessation be developed, including cessation counselling, as soon as possible, and be disseminated among the medical professionals (the guidelines could be developed under the guidance of the Ministry and with the involvement of medical and other health professionals' associations, as well as other relevant stakeholders);*
- (iii) *cessation services be integrated into the primary, secondary and tertiary health care systems, as well as other relevant national programmes and services, such as those on TB and HIV/AIDS control, to increase efficiency and outreach;*
- (iv) *national toll-free quit-line (or cessation service) to assist those who want to quit tobacco use be developed, capitalizing on experiences of other Parties with health programmes; the quit line number should be included on all tobacco packs as part of the health warnings;*
- (v) *tobacco use is recorded in medical history notes in all health services upon guidance provided in the national cessation guidelines*
- (vi) *tobacco dependence treatment be incorporated into the curriculum at medical, dental, nursing and pharmacy schools*
- (vii) *the website that is printed on tobacco packs be considered to changes to the one that is fully devoted to tobacco cessation.*

The Convention Secretariat and WHO could provide Lithuania with experience from other countries, examples of national cessation guidelines and could facilitate provision of targeted assistance through expert advice. Upon request, the Convention secretariat could coordinate provision of technical assistance to train a first group of health professionals to carry out cessation programmes, including provision of brief advice.

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 Customs Department, under the Ministry of Finance, indicated that illicit trade in tobacco products is an area of great concern for the Government. Therefore, it is not surprising that Lithuania was among the first European states to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products, on 14 December 2016. The Protocol will soon enter into force giving a global impetus to the fight against illicit tobacco trade worldwide.

According to Article 15.2 *“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 WHO Framework Convention on Tobacco Control 14 tobacco products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of tobacco products and their legal status.”*

In 2016, also ensuring alignment with the relevant provisions of the EU’s tobacco product directive of 2014, Lithuania adopted a set amendment to the tobacco control law regarding the control of illicit trade.

Article 14 of the law introduced a set of requirements for selling, trading (import/export), storing and shipping of tobacco products as well as on licensing. It also deals with the traceability of tobacco products. On this matter, the implementation rules will be finalized at the EU level and this process is still ongoing.

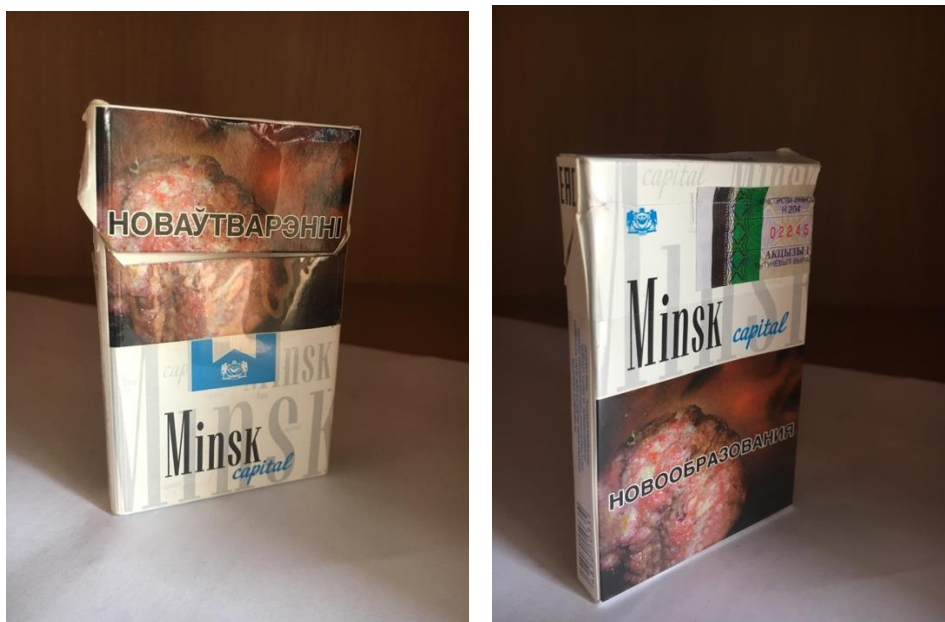
Article 14 (1) on traceability sets the following requirements:

- Each unit packet of tobacco products must contain the number or an equivalent of the batch to which the tobacco product belongs, by which the tobacco product, its place and time of manufacturing may be identified.
- Unit packets of tobacco products to be placed on the market must be marked with a unique identifier (see picture below) which would allow to determine the place and time of manufacturing of the tobacco products; the manufacturing facility; the machine used to manufacture the tobacco products; the production shift or time of manufacture; the product description; the intended market of retail sale; the intended shipment route; and, where applicable, the importer into the European Union; the actual shipment route from manufacturing to the first retail outlet, including all warehouses used as well as the shipping date, shipment destination, point of departure and consignee, the identities of all the purchasers from manufacturing to the first retail outlet; the invoices or VAT invoices, order number and payment records of all purchasers from manufacturing to the first retail outlet.

- All economic operators involved in the trade of tobacco products, from the manufacturer of tobacco products to the last economic operator before the first retail outlet, record the entry of all unit packets into their possession, as well as all intermediate movements and the final exit of the unit packets from their possession.



The Customs Department of the Ministry of Finance informed the mission that they regularly conduct operations to seize illicit tobacco. According to the FCTC implementation report, in 2016 the seizures counted for 1 166 384 packs of cigarettes and in 2017 – 1 222 248 packs. See some packs of illicit tobacco products (cigarettes “Minsk”) originating from Belarus in the photo below.



According to the Law, illicit tobacco trade is the subject to criminal or administrative liability depending to the value of illicit tobacco products. The law reads “*contraband, counterfeit tobacco products sold, stored or shipped in the Republic of Lithuania, tobacco products without special markings – tax stamps as well as tobacco products the purchase of which is not evidenced by legally binding documents or which have been stored or sold*”

without a licence shall be confiscated in accordance with the Code of Administrative Offences or the Criminal Code, respectively”. Confiscated tobacco products should be destroyed according to the procedure set up by the Cabinet of Ministers, and the mission was informed that confiscated or seized cigarettes are processed into the fertilizers for agricultural needs.

According to the information provided by the officials, the market share of the illicit trade dropped from 42% in 2010 to 19% in 2017. Most of the illicit cigarettes arrive from Belarus, another Party to the Convention, and they are moved towards Western Europe. But some quantities also fuel the Lithuanian illicit tobacco market. However, figures on illicit tobacco trade are proactively produced through tobacco industry affiliated research, and they are produced with an aim to fuel anti-taxation argumentation. In the FCTC implementation report, no official data on illicit tobacco market share is provided.

The Customs Department reported on challenges they face in their work to identify, confiscate and dispose of illicit tobacco products, including insufficient technical capacity to inspect and control illicit tobacco trade, and more recently, lack of experience in tracking e-cigarettes and nicotine-containing liquids.

The Customs Department also revealed that they had cooperated with Philip Morris in this regard. As an EU-member state, Lithuania also benefited from the payments of the EU-PMI agreement that was terminated by the European Commission in July 2016, but some payments are still due in accordance with the agreements with the other two major tobacco companies with which the agreements of the Commission are still in place.

There is a good relationship between MoH, DTACD and the customs authorities. During the mission, the DTACD informed about a call for proposals to design and conduct research on illicit trade in Lithuania (that will be funded from the National Public Health Promotion Fund). The applications are due by September 2018 and MoH plans to select the service provider and conclude a contract by the end of autumn 2018, for an initial period of one year.

Gaps:

- A tracking and tracing system that complies with the requirements of the Protocol and the EU’s tobacco product directive is not in place yet;
- Lack of sufficient capacity in combatting illicit trade;
- Information on Article 15 provided in the FCTC implementation report is very basic and most questions remain unanswered;
- Lack of independent research on the magnitude, trends and characteristics of the illicit tobacco trade market.

It is therefore recommended that Lithuania continues its efforts at EU level to introduce a tracking and tracing system to combat illicit trade. The capacities of the authorities that are involved in combatting illicit tobacco trade should be increased.

It is also recommended to utilize diplomatic channels with the relevant countries to raise the issue of illicit tobacco trade, in accordance with Articles 2.2 and 5.6 of the Convention. Furthermore, as a Party to the Protocol to Eliminate Illicit Trade in

Tobacco Products, Lithuania should play an active role in promoting its interests, also with a view to becoming part of a global tracking and tracing regime. The entry into force of the Protocol on 25 September 2018 will certainly provide for more opportunities for stronger illicit trade control policies.

Sales to and by minors (Article 16)

Article 16 requires Parties to “adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.” The Article also gives a non-exhaustive list of the measures that could be taken by the Parties to reduce sales to and by minors.

Article 15 of the tobacco control law regulates restrictions regarding tobacco retail outlets and modes of retail sales, as required under the WHO FCTC. It is prohibited to sell tobacco products in Lithuania:

- through automatic vending machines;
- through distance sales of tobacco products (e.g, via the internet);
- at shops, kiosks and other retail outlets where the proportion of goods intended for children comprise 50% or more of the total turnover of retail goods;
- at pharmacies, health care, educational and cultural establishments, internet cafes;
- to persons under 18 years of age.

In particular, Article 14 states it shall be prohibited (1) to sell in the Republic of Lithuania tobacco products to persons under 18 years of age. Whenever doubts arise that a person is under 18 years of age, tobacco sellers must request a document certifying the age of the buyer. Where such a person fails to present a document certifying his age, tobacco sellers must refuse to sell him tobacco products. (2) to purchase or otherwise transfer tobacco products to persons under 18 years of age.

It shall also be prohibited to sell goods to be used for smoking tobacco products (or preparing to smoke tobacco products), i.e. pipes, cigarette holders, mouthpieces for pipes, scrapers for pipes, cigarette holders, home cigarette rolling machines, any type of cigarette (smoking) paper (cut or uncut, glued into tips, with or without filters) to persons under 18 years of age.

Despite these regulations in place, 64% of students declared the access to the tobacco products and “fairly easy” and “very easy”, according to ESPAD 2015, which means that enforcement of measures to prevent sales to minors is still to be strengthened.

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

The law requires every retail seller of cigarettes to clearly and prominently display a warning on this policy within their premises.

Lithuania has met its obligations under this Article.

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

According to the national law only cigarette cartons could be accessible at the store shelves but not by single packs.

Lithuania has met its obligations under this Article.

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

The tobacco control law prohibits to manufacture or offer for sale sweets, snacks, or toys in the form of cigarettes that may appeal to any person under the age of eighteen. Additionally, it is prohibited to sell cigarettes at shops, kiosks and other retail outlets where the proportion of goods intended for children comprise 50% or more of the total turnover of retail goods.

Lithuania has therefore met its obligations under Article 16.1(c) of the Convention.

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*”.

Sales through automatic vending machines in prohibited by Article 15 of the tobacco control law.

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*”.

The law on tobacco control prohibits the manufacture, sale or offer for sale of cigarettes if not in a packet of at least twenty sticks, and this includes sale of single sticks.

There is need for strengthening enforcement of the regulatory requirement on purchase of single sticks to reduce accessibility of children to tobacco products.

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

The Law on Tobacco Control by Article 25 and Article 26 “Economic Sanctions” regulates all types of the offences and the fines for infringements of the Law.

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

Lithuania has therefore met its obligations under Article 16.7 of the Convention.

Gaps:

- Stronger enforcement of measures on tobacco sales should be ensured.

Capacities to monitor and enforce measures on sales to and by minors, to reduce accessibility of children to tobacco products, should be strengthened.

The Government could also consider the possibility of increasing the legal age to purchase tobacco products to 20 years, to harmonize tobacco regulation with similar requirements in the case of alcohol products, and to strengthen enforcement of measures restricting the sales to and by minors including enforcing the current legal age as children indicate to have easy access to cigarettes.

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”.

There is no tobacco growing in Lithuania, therefore this article is not applicable in the case of tobacco growers. There are no measures put in place to provide alternatives to individual sellers or tobacco workers.

However, there is a separate clause on the tobacco control law (Article 3) that “prohibits the use of state and municipal budget funds for tobacco growing and developing the manufacture, trade, import and entry of tobacco products.”

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”.

The Lithuanian tobacco control legislation does not provide any regulations in regard to the requirement of this article in respect of tobacco cultivation or manufacturing.

It is recommended therefore that this area is addressed in conjunction with the recommendations on Article 17 of the Convention.

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”.

The tobacco control law stipulates that natural persons shall be held liable for the infringements of the law in accordance with the procedure laid down by the Code of Administrative Offences of the Republic of Lithuania and the Criminal Code of the Republic of Lithuania, respectively. Criminal liability is applied only in cases described in the Article 25 of the law, including *“contraband, counterfeit tobacco products sold, stored or shipped in the Republic of Lithuania, tobacco products without special markings – tax stamps – as well as tobacco products the purchase of which is not evidenced by legally binding documents or which have been stored or sold without a license ...”*

Violation of the rest of the provisions of the law in regard to the labelling requirements, advertising and sponsorship ban, smoke-free restrictions, etc., are regulated by the Law on control of tobacco, tobacco products and related products (in case of legal persons). Administrative liability for natural persons is established in the Administrative offences code (civil liability).

Lithuania, as a member of European Union has effective regulations that promote information exchange, through Article 23 of the law, as follows:

“Competent institutions authorized by the Government of the Republic of Lithuania to maintain contacts with the European Union must provide all the information required for cooperating with institutions of the European Union and fulfilling the commitments of the Republic of Lithuania under this Law or at the request of the Commission of the European Communities”.

The tobacco industry is still using litigation to challenge regulatory measures issued by the Government.

Gaps:

- There is no legal measure that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs related to tobacco use. That is usually covered in the general civil and other laws at national level.

It is recommended that Lithuania:

- (i) ***develops legal expertise on tobacco issues through, for instance, creating a network of public lawyers sensitized to tobacco issues; as a first step, a roster of legal experts at national and provincial levels should be established and provided them a training on tobacco related matters. The Secretariat could coordinate with its Knowledge Hub on litigation (operated by the McCabe Centre on Law and Cancer in Australia) on involving Lithuanian lawyers in this training programme;***
- (ii) ***documents, publishes and disseminates the ongoing litigation processes that aim to enforce existing tobacco control measures.***

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 relation to Article 20.2, Lithuania implemented several studies addressing the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Most of them address tobacco use, but less research has been done to address health, social, economic consequences of tobacco use as well as alternative livelihoods for tobacco workers and sellers. Following surveys implemented in the past few years include chapters related to tobacco use:

- the Global Youth Tobacco Survey (GYTS) was carried out four times (in 2001, 2005, 2009 and 2014);
- the European School Survey Project on Alcohol and Other Drugs (ESPAD); Lithuania participated in all 6 rounds of the survey starting from 1995, 1999, 2003, 2007, 2011, and the last one in 2015);
- Health Behaviour in School-aged Children (HBSC) was last conducted in 2014 and in 2018 another round was conducted by the Lithuanian University of Health Science;
- National surveys on preventive activities and prevention programs in Lithuanian general education schools (2015, 2017);
- Institute of Hygiene conducts National Lifestyle Survey every four years: in 2016 for school-age children (age 10 – 17) and in 2018 for adults (18+, data collection currently ongoing); data collection is done by the network of Municipal Public Health Bureaus;

Other tobacco related data are collected from other institutions as follows:

- Statistics Lithuania regularly collects information on the following: manufacturing of tobacco products, sales data, price data, exports and imports, consumption and smoking prevalence.
- The Institute of Hygiene is responsible for official health statistics, and they have data on tobacco-related morbidity data (from Compulsory Health Insurance Fund) and mortality statistics collected annually (from the “Causes of Death Register”).
- Lithuania participates in European-level, so-called Eurobarometer surveys.

Both the Institute of Hygiene and Statistics Lithuania are important and reliable resources for public health-focused research, as regular provider of information demanded by the Government, is currently also looking at the implementation status of a few elements of the tobacco control legislation. Both institutions are engaged into the collecting data on novel tobacco products and their consumption, such as the use of ENDS/ENNDS, that represents a threat among the youth.

The regular Eurobarometer surveys produce data that could be used to support the positions of the Government regarding the introduction of new tobacco control policies, such as plain

packaging and display ban at point of sales. The Eurobarometer produces data on the support of the public for the measures planned.

Gaps

- Some, mostly economic research and illicit trade related, reliable data are missing or are not produced on regular basis;
Coordination between the various surveys should be improved.

It is recommended that more coordination is pursued between the agencies that are running a broad range of data collection programmes. Particularly, the partnership between the Ministry of Health, the Institute of Hygiene and Statistics Lithuania is worth strengthening to ensure better coordination.

Better harmonization of research activities is needed to ensure that data collection periods of various surveys led by various institutions do not overlap, and a harmonized methodology and the use of a standard set of indicators would allow for better comparison of the information collected by various research groups. Such harmonization could be facilitated by stronger multisectoral coordination of WHO FCTC implementation in general, and MoH could take the lead in achieving this.

It is also recommended that key questions from the Global Tobacco Surveillance System¹⁵ (tobacco questions for surveys) are integrated into ongoing (omnibus) surveys. This will ensure the availability of up-to-date data on a more regular basis.

It is also important that FCTC-specific indicators, as described in the WHO FCTC Indicator Compendium, are utilized in surveys and other data collection efforts.¹⁶ This will ensure that data are collected by those indicators that are used in the WHO FCTC reporting instrument.

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”.

Lithuania has provided six implementation reports so far. The first report was submitted on 16 January 2009, the second report on 21 April 2010, the third report on 26 April 2012, the 4th one on 9 April 2014, the 5th one on 15 April 2016 and the last one on 6 April 2018. The implementation reports and their annexes were used as resources when preparing for the needs assessment mission and this report. They were also used in the assessment of global progress in implementation of the Convention, a document that is produced by the Secretariat every second year for consideration by the Conference of the Parties.

By submitting the implementation reports, Lithuania has met its obligations under Article 21, and is encouraged to continue doing so. The next implementation report is due in early

¹⁵ <http://www.who.int/tobacco/surveillance/tqs/>

¹⁶ <http://www.who.int/fctc/reporting/Compendium/>

2020 period. It is also worth mentioning that the different sectors cooperate effectively in the preparation of the FCTC implementation reports.

It is also critical to note that Lithuania submitted its first volunteer progress report on UN Sustainable Development Goals in May 2018. The mission recommended the report contains information on Goal 3a¹⁷ because it calls on strengthening implementation of the WHO FCTC.

It is recommended that the Government starts the preparation of the next WHO FCTC implementation report well in advance, already in 2019, to meet the timeline of submission of reports in the 2020 reporting cycle and ensure provision of accurate and up-to-date information. It is also advisable that Lithuania establishes a mechanism to involving the relevant stakeholders in the preparation of successive implementation reports, for example through a national coordinating mechanism for tobacco control

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

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

Lithuania, as part of the European Union, developed close relations with the European Commission. The European Commission provides technical assistance to its Member States for the implementation of EU’s tobacco product directive, and in particular in the area of tobacco product testing and the establishment of a tracking and tracing system for tobacco products.

Lithuania has received technical assistance from WHO through the expert support of the development of implementing tobacco control strategies into governmental programmes.

The Ministry of Environment coordinates a SDGs Support Unit. This entity provides with the opportunity of collaboration in the areas of implementation and monitoring of target 3.a (*Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate*).

Gaps – Lithuania has plenty of experience in the implementation of the Convention and should utilize and share this experience by becoming more active in international tobacco control.

It is therefore recommended that Lithuania further engages in international cooperation with a view to achieve SDG target 3.a and to promote SDG monitoring.

¹⁷ <https://www.un.org/sustainabledevelopment/health/>

Financial resources (Article 26)

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

The Government of Lithuania fully recognizes the importance of financial resources in implementation of the Convention. In 2015 Lithuanian Government, under the MoH’s initiative, established the National Public Health Promotion Fund and started earmarking tobacco and alcohol excise duties, and gambling activities to ensure financial support of the fund. The earmarking constitutes 0.5% of the revenues from the above-mentioned sources and generated over EUR 1.3 million income in 2017 (the estimate for 2018 is EUR 2.6 million. The first disbursements from the funds have been done this year. Inspired by the success of this initiative, the Government proposes to increase the percentage of earmarking from 0.5% to 1% in 2019.

Earmarking will secure funding for a broad range of tobacco control programmes in compliance with the WHO FCTC and its guidelines. There several fields in tobacco control that need to be sustainably supported, in particular smoking cessation services and informational and media campaigns.

It is therefore recommended that the Government of Lithuania continues to utilize funds from the National Public Health Promotion Fund to support a broad range of tobacco control programmes.

The plan to increase of the earmarking level from 0.5% to 1% is also welcome. It is also recommended that Lithuania promotes this practice as a good practice to implement Article 26.

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*”.

Lithuania utilized the bilateral channels available to provide funding for the development and strengthening of a multisectoral comprehensive tobacco control programme through cooperation with the EU. At the same time, Lithuania is initiating several legislative changes that refer to the “golden standard” in tobacco control (plain packaging and package display ban) but may require international assistance in case of litigation.

It is therefore recommended that in line with Article 26.3 of the Convention the Government of Lithuania seeks assistance from other partners and promotes the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

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This report was jointly prepared by all stakeholders that participated in the needs assessment exercise in Lithuania.