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

Launch by the Minister of Health of the joint needs assessment mission in Montenegro

May 2021

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Abbreviations and Acronyms used in this report:

CDC	Centres for Disease Control and Prevention
CPHA	Canadian Public Health Association
COP	Conference of the Parties
CSO	Civil society organization
CSR	Corporate social responsibility
DSA	Designated smoking area
EC	European Commission
EU	European Union
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENDS	Electronic nicotine delivery systems
ENNDS	Electronic non-nicotine delivery systems
ESPAD	European School Survey Project on Alcohol and Other Drugs
GATS	Global Adult Tobacco Survey
GHPSS	Global Health Professionals Student Survey
GYTS	Global Youth Tobacco Survey
HIF	Health Insurance Fund
IPH	Institute of Public Health
ISEA	Institute of Socio-Economic Analysis
NCD	Noncommunicable disease
NGO	Nongovernmental organization
NRT	Nicotine replacement therapy
PHC	Primary Health Care
STEPS	STEPwise Approach to NCD Risk Factor Surveillance
TAPS	Tobacco advertising, promotion and sponsorship
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

Introduction

The WHO Framework Convention on Tobacco Control

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

The needs assessment exercise

- The first session of the COP (COP 1) in February 2006 called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).[1]
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- A WHO FCTC needs assessment was requested by the Government of Montenegro through the Ministry of Health.
- In response, the Convention Secretariat led an international team to conduct a joint needs assessment with the Government of Montenegro from 10 to 12 May 2021. Meetings with local stakeholders, including representatives of the government agencies and nongovernmental organizations took place virtually to jointly review the status of implementation of the Convention and identify the main challenges in the implementation of tobacco control measures.
- Post-needs assessment assistance can be provided to the Parties that have conducted needs assessments, based on the reports and priorities identified. For Montenegro, post-needs assessment support is being provided through the FCTC 2030 project which is generously funded by the Governments of Australia, Norway and the United Kingdom (UK).

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

Montenegro: key data

Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality: Key Facts

Adult tobacco use prevalence

	Current tobacco smoking [1]
Male	36.2%
Female	34.5%
Total	35.4%

The average number of cigarettes smoked per day (2017 data) is high, with almost half of the active smokers estimated to smoke 10 to 20 cigarettes per day, and more than one-third (33.4 percent) estimated to smoke more than 20 cigarettes per day [1].

Youth tobacco use prevalence

	Current Tobacco user[2] [2]	Current Tobacco smoker[3] [2]	Current Cigarette smoker[4] [2]	Current Smokeless tobacco user[5] [2]	Current E-cigarette user[6] [3]
Boys	11.6%	10.3%	6.7%	2.8%	
Girls	8.1%	7.0%	5.3%	1.7%	
Total	9.9%	8.7%	6.0%	2.2%	4.3%

Some 64.4% of current cigarette smokers aged 13-15 bought cigarettes from a store, shop, street vendor or kiosk [2]. Among current cigarette smokers aged 13-15 who tried to buy cigarettes, 79.2% said that they were not prevented from buying them because of their age [2].

Exposure to tobacco smoke:

For adults, a 2020 survey-based study by the Institute of Socio-Economic Analysis[7] estimated that among non-smokers:

- 39.5% were exposed to second-hand smoke at home.
- 75.9% were exposed to second-hand smoke at work.

For youth aged 13-15 years old, the 2018 GYTS survey found that:

- 49% of students reported that they were exposed to tobacco smoke at home.
- 57.5% of students reported that they were exposed to tobacco smoke inside enclosed public places.

[2] Smoked cigarettes, smoked other type of tobacco, and/or used smokeless tobacco anytime during the past 30 days
[3] Smoked cigarettes or other type of tobacco anytime during the past 30 days.
[4] Smoked cigarettes anytime during the past 30 days
[5] Used smokeless tobacco anytime during the past 30 days
[6] Used e-cigarette anytime during the past 30 days
[7] https://tobacconomics.org/files/research/639/211-mne-report.pdf

Tobacco-related mortality:
Every year, tobacco use kills more than 1900 Montenegrins [4]. Tobacco-related illness accounts for 28% of all deaths in the country.

Tobacco prices (2021):
The retail sales price in 2020 for a pack of 20 of the most-sold brands of cigarettes (inclusive of tax) is EUR 2.30 [5].

Sources:

[1] Life quality, lifestyles, and health risks of inhabitants of Montenegro, 2017; National, ages 15-64[8]
[2] Global Youth Tobacco Survey, Montenegro, 2018, national, ages 13-15[9]
[3] European School Survey Project on Alcohol and Other Drugs (ESPAD), 2019; national, ages 15-16[10]
[4] Global Burden of Disease 2015[11]
[5] Country data, reported in the WHO Report on the Global Tobacco Epidemic, 2021.[12]

[8] https://s3.eu-central-1.amazonaws.com/web.repository/ijzcg-media/files/1568801609-istrazivanje-o-kvalitetu-zivota-zivotnim-stilovima-i-zdravstvenim-rizicima-stanovnika-crne-gore-u-2017.pdf
[9] https://extranet.who.int/ncdsmicrodata/index.php/catalog/923/study-description
[10] https://www.emcdda.europa.eu/publications/joint-publications/espad-report-2019_en
[11] https://ghdx.healthdata.org/record/ihme-data/gbd-2015-life-expectancy-all-cause-and-cause-specific-mortality-1980-2015
[12] https://www.who.int/publications/m/item/tobacco-mne-2021-country-profile

Milestones of tobacco control in Montenegro

2001	The **Law on Excise Taxes** was adopted to regulate tax and duties on tobacco products.
2004	The **Law on Tobacco** was adopted to govern the production, processing and trade in tobacco and to regulate the tobacco market. The **Law on Limiting Use of Tobacco Products** was the first comprehensive adopted in order to protect human life and health from tobacco use. Several amendments have taken place since 2004.
2005	The **Tobacco Control Strategy** was adopted in 2005 (expired 2008), and the government formed the **Committee for Tobacco Control**, which was active until 2008. The **National Strategy for Healthcare Development in Montenegro** was also adopted.
2006	**Montenegro** joined the **WHO FCTC** by succession **on 23 October 2006.**
2017	**Regional Centre for non-communicable diseases** formed and **Strategy for Prevention and Control of Chronic Non-communicable Diseases** was adopted to emphasize the importance of prevention of non-communicable diseases, such as cardiovascular diseases, smoking and smoking adverse effects.
2017	**Montenegro ratified the Protocol to Eliminate Illicit Trade in Tobacco Products** on 11 October 2017.
2019	**New Law on Limiting Use of Tobacco Products** adopted
2021	**Montenegro joined the FCTC 2030 project.**

Executive Summary:
Including key findings and recommendations

The WHO FCTC is an international treaty negotiated under the auspices of the WHO which was developed in response to the globalization of the tobacco epidemic. It was adopted in 2003 and entered into force in 2005. The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 183 Parties to date[13]. Montenegro joined the WHO FCTC on 23 October 2006.

For Montenegro to assess the level of implementation of the WHO FCTC, the Ministry of Health invited the Convention Secretariat to jointly conduct a needs assessment exercise. The Needs Assessment included an initial analysis of the status, challenges and potential needs deriving from the country's WHO FCTC implementation reports and other sources of information. Due to COVID-19-related travel restrictions, a virtual mission was launched on 10 May 2021 by Dr Jelena Borovinić Bojović, Minister of Health. The launch was followed by a series of bilateral and multilateral meetings between the international team, comprised of the Convention Secretariat, representatives of the WHO (both country and Regional Office for Europe) and the United Nations Development Program, and representatives from relevant government departments, legislative bodies, NGOs, and other stakeholders (see Annexes 1-3 for the international mission team, list of participants and mission programme).

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

First, the WHO FCTC is an international treaty and therefore international law. Having ratified the WHO FCTC, Montenegro is obliged to implement its provisions through national laws, regulations, or other measures. There is a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate to fully implement the Convention.

Second, Article 5.1 of the Convention requires Parties to develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans, and programs. Montenegro adopted a Tobacco Control Strategy in 2005, along with a number of other complementary plans emphasizing the importance of tobacco control in the realms of non-communicable disease prevention and control, healthcare development, and sustainable development. However, these plans have expired, and a new Tobacco Control Strategy has not been developed. Therefore, it is recommended that Montenegro develop and implement a comprehensive, multisectoral, evidence-based national tobacco control framework (to include strategies, plans, and programs), in line with the Global Strategy to Accelerate Tobacco Control 2019-2025 and the recommendations from the needs assessment.

Third, the Convention requires the establishment of a focal point or a national multisectoral coordinating mechanism to coordinate its implementation. While Montenegro has designated a tobacco control focal point within the Institute of Public Health, the mission noted that the focal point's work was hampered by difficulties communicating with other sectors of government. Further, while a coordinating mechanism was established in 2005 (the Committee for Tobacco Control), it became inactive in 2008.

There is no formalized permanent national coordinating mechanism (NCM) that meets regularly to coordinate the Convention's implementation. It is recommended to strengthen multisectoral cooperation to

[13] https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=_en
https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=_en

implement the WHO FCTC through the establishment of a Multisectoral Coordination Mechanism for tobacco control. Diverse ministries and other relevant stakeholders should be invited to participate in the NCM to achieve strong multisectoral coordination.

The contribution of civil society should also be designed in such a way as to be complementary to Government efforts and create conditions which support the implementation of strong tobacco control measures**.** The Government has recognized importance of strengthening collaboration with civil sector as an important vehicle to support tobacco control and promote democratic change in society. The Government intends to set up a collaboration mechanism for effective partnership with civil sector and strengthen their role and capacities in terms of providing evidence-based information, service provision, and enhancing government accountability**.** Engagement and participation of civil society and academics in tobacco control policy development and implementation should be encouraged, in line with Article 4.7 of the WHO FCTC**.**

Fourth, under Article 5.2(b), Parties shall adopt effective legislative, executive, administrative and/or other measures to prevent and reduce tobacco consumption, nicotine addiction, and exposure to tobacco smoke**.** Montenegro has adopted legislation and made progress in implementing time-bound measures under the Convention (including smoke-free regulations, packaging and labelling measures and advertising bans). However, some gaps remain. It is recommended to amend current legislation to address these gaps, including the removal of exceptions to the smoke-free law, increasing the size of graphic health warnings on tobacco packages, implementing a comprehensive ban on tobacco advertising, promotion, and sponsorship, and ensuring national implementation of WHO FCTC Article 5.3. The government should also consider amending legislation to further regulate Electronic Non-Nicotine Delivery Systems (ENNDS) and Electronic Nicotine Delivery Systems (ENDS), in line with relevant COP decisions. It is also recommended to ensure clear responsibilities for compliance building and enforcement of all tobacco control legislation at national and municipal levels and promote effective coordination between inspection bodies and the police.

Fifth, Article 5.3 of the Convention requires Parties to protect tobacco control measures from the influence of the tobacco industry's vested interests. Although the government has made some efforts to limit the industry's ability to influence health policymaking in Montenegro, more can be done in this respect.

Montenegro is encouraged to review current policies and legislation in light of the Implementation Guidelines for WHO FCTC Article 5.3, and then address outstanding gaps by implementing the recommendations made in those guidelines. Attention should also be given to ensuring policy coherence across government policymaking to prioritize public health and WHO FCTC implementation. In particular, it is recommended that Montenegro implement measures to protect public health policies from the commercial and other vested interests of the tobacco industry, including through a Code of Conduct for all government officials. Adopting a Code of Conduct would be a significant step towards ensuring the transparency of interaction between the tobacco industry and government officials and raising awareness of tobacco industry interference.

Sixth, increasing the price of tobacco through taxes is one of the most effective policy measures to decrease tobacco consumption, especially among young people. Montenegro has set out a commitment to developing and implementing a tobacco control taxation policy that aligns with WHO FCTC Article 6 and its guidelines. Taxation policies are also guided by relevant European Union Directives, which as a candidate country, Montenegro strives to fulfil. Montenegro is on track to fulfil the Council Directive 2011/64/EU obligations for overall excise taxes based on the currently scheduled excise tax increases in the coming months and years. It is recommended that Montenegro continue to increase its specific excise and ad valorem taxes on tobacco products in line with the EU Directive. In this manner, it will be possible to maximize the benefit to public health and broader public finances that tobacco tax increases can deliver. Additionally, the government may wish to consider earmarking revenues collected from excise taxes for health promotion and prevention programs related to reducing the adverse effects of tobacco use. It is also recommended to continue increasing excise duties on e-cigarettes, all other forms of tobacco including heated tobacco products.

Seventh, Guidelines for the implementation of Article 8 of the Convention state that Parties should strive to provide universal protection within five years of the treaty's entry into force for the Party. Universal protection includes effective measures to protect all citizens from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and as appropriate, other public places. Montenegro has adopted a smoke-free law and regulations, but designated smoking areas are permitted in certain circumstances. It is recommended to review and make amendments to the existing legislation to ensure the closure of all designated smoking areas and to remove current exemptions so that all enclosed work and public places would become fully smoke-free.

Eighth, under Article 11 of the Convention**,** each Party is obliged to adopt and implement effective measures on the packaging and labelling of tobacco products within three years after entry into force of the Convention. The amended Law on Limiting Use of Tobacco Products mandated combined health warning labels (text and picture), covering 65% of both sides of the pack, with a **three-year** transition period for this measure to be implemented (implementation was due in 2022). It is recommended to ensure the implementation of the new law which provides inclusion of large graphic health warnings on all tobacco packs in line with Article 11 of the WHO FCTC and its implementation guidelines. It also suggested that the Government consider the benefits of introducing requirements for plain/standardized packaging of tobacco products.

Ninth, Parties are encouraged to achieve the highest attainable standard of health through education, communication, and training. The Ministry of Health has undertaken work in this regard, organizing various public events to raise awareness of the adverse effects of tobacco use. Other institutions have also organized round tables, workshops, presentations, campaigns, and other community work and provide promotional material and some education and awareness-raising on the health risks of tobacco takes place in schools. However, this work has not been underpinned by an overarching strategy and no best-practice media campaigns have taken place in recent years. It is recommended that Montenegro develop a plan for the development and implementation of education, training, and public awareness activities within the tobacco control framework. The plan should include educational and public awareness programs on the health risks of tobacco, including as part of school curricula, and using digital technologies to raise health literacy on tobacco use and novel and emerging nicotine and tobacco-containing products. It is also essential to strengthen evidence-based research to evaluate the effectiveness of these programs.

Tenth, Parties are required to implement comprehensive bans on tobacco advertising, promotion, and sponsorship (TAPS) under Article 13 of the Convention within five years of its entry into force. While recent amendments to the Law on Limiting Use of Tobacco Products have prohibited most forms of TAPS, the Law is not comprehensive. Montenegro is recommended to introduce a ban on the display of tobacco products at points of sale. To achieve a comprehensive TAPS ban encompassing all forms of direct and indirect advertising, Montenegro should also ban advertising of tobacco products in international magazines and newspapers, the appearance of tobacco products in TV and film and all forms of tobacco industry sponsorship and corporate social responsibility activities. The Government of Montenegro can also consider including novel tobacco products in relevant provisions of the Law on Limiting Use of Tobacco Products to prevent their promotion among the population and particularly young people.

Eleventh, given the high smoking prevalence among adults, youth, and increased tobacco use in female groups, the demand reduction measures concerning tobacco dependence and cessation under Article 14 of the Convention are important. A cessation counselling program was introduced in Montenegro in 2008 for youth, but cessation services are not widely available for other populations. Moreover, Nicotine Replacement Therapy (NRT) and other pharmacotherapies are not readily accessible in Montenegro. The needs assessment mission found a number of gaps in Montenegro's capacity to deliver effective cessation support. It is recommended that Montenegro design and implement a national programme to promote tobacco use cessation, including updated cessation guidelines. Routine identification and recording of tobacco use status, brief advice, and, where possible, specialised tobacco dependence treatment service and the provision of cessation pharmacotherapy (including NRT) should be offered in primary care settings free of charge to

tobacco users. Options for the provision of tobacco cessation support on a population level (including the use of mobile technologies) should be considered. Cessation-related issues should be incorporated into the training of a broad range of health professionals, including medical doctors and nurses, so as to strengthen the capacity of multidisciplinary teams to provide cessation services at the primary healthcare level.

Twelfth, Montenegro has ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. Illicit trade remains an issue in Montenegro. The Government has taken steps to implement measures to address illicit trade as part of obligations under Article 15 of the Convention and the Protocol. These include the implementation of tax stamps, the conduct of regular operations to seize illicit tobacco, and the commencement of cooperation with regional and subregional stakeholders. It is recommended that Montenegro accelerate the implementation of the Protocol with a focus on the implementation of an effective tracking and tracing system, active engagement in international cooperation to promote action on illicit tobacco and achievement of Protocol obligations relating to free zones/international transit and duty-free sales. It is important to strengthen coordination between the work of all key stakeholders, including the police, customs officers, and inspection to combat the illicit trade of tobacco products.

Thirteenth, Parties should adopt measures to prohibit the sale of tobacco products to and by youth. Montenegro's national legislation provides for a ban on the sales of tobacco products to and by minors, but youth access remains high. It is strongly recommended to reduce the uptake of tobacco use by children and young people by fully implementing the WHO FCTC and strictly enforcing rules relating to the age of sale of tobacco.

Fourteenth, the United Nations Development Assistance Framework (now the UNSCDF) is the strategic planning and implementation instrument for UN development activities within countries. The current UNDAF has not included implementation of the WHO FCTC, despite evidence that WHO FCTC implementation is an accelerator for sustainable development. It is recommended that the Ministry of Health work with the WHO and other UN organizations at country level, as well as other relevant government ministries to ensure that tobacco control is included in future UNSCDFs and national sustainable development strategies.

Fifteen, under Article 20, Parties are required to develop and promote national research on tobacco control and to coordinate research programs at the regional and international levels. In Montenegro, research is regularly conducted in the area of tobacco use for both adults and youth populations (such as the National Health Survey, GYTS, ESPAD). However, there is a lack of analysis related to smoking-attributable expenditures, morbidity, and mortality due to tobacco use, illicit trade, and tobacco economic research. More could also be done to translate evidence into policy. It is recommended to establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators, and undertake regular tobacco surveillance surveys in accordance with relevant WHO methodologies. Consolidated publicly available databases would be a prerequisite for further high-quality research in this area and strongly encourage academic research into tobacco to inform policymaking in Montenegro.

Sixteenth, Article 26, recognizes the important role that financial resources play in achieving the objective of this Convention. It is recommended that Montenegro consider creating a National Fund for Tobacco Control to resource the comprehensive implementation of the WHO FCTC and the Protocol to Eliminate the Illicit Trade in Tobacco Products. Key actions that could be supported could include implementing programs to prevent tobacco use by young people, public education activities, and further development of tobacco cessation interventions (including making cessation therapies affordable and available). Such a fund could be financed through tobacco taxation.

Seventeenth, the Conference of the Parties has adopted eight guidelines to implement Articles 5.3, 6, 8, 9 and 10, 11, 12, 13 and 14. The aim of these guidelines is to assist Parties in meeting their legal obligations under the respective Articles of the Convention. The guidelines draw on the best available scientific evidence and the experience of Parties. The COP also adopted a set of policy options and recommendations in relation

to Articles 17 and 18 of the WHO FCTC. Montenegro is strongly encouraged to follow these guidelines and policy options and recommendations in order to fully implement the Convention. Montenegro should also give careful consideration to decisions made by COP and MOP relating to the implementation of the Convention and Protocol at the country level. For instance, COP decisions relating to ENDS and ENNDS provide regulatory options to Parties.

The needs identified in this report represent priority areas that require attention, especially those that relate to cessation services, implementation of the time-bound measures of the Convention, and education and awareness-raising activities. All identified gaps represent significant challenges, but Montenegro must define priorities that should be timely and comprehensively addressed. As Montenegro addresses these areas, the Convention Secretariat, in cooperation with WHO and other relevant international partners, are available and committed to providing technical assistance for the Convention's implementation.

Status of implementation, gaps and recommendations

This section of the report follows the structure of the Convention. It outlines the requirements of each of the Convention's substantive articles, reviews the stage of implementation of each article, outlines achievements, and identifies the gaps between the requirements of the treaty and the level of implementation by Montenegro. Finally, the report provides recommendations on how identified gaps can be addressed, with a view to supporting the country in meeting its obligations under the Convention.
Montenegro joined the WHO FCTC by succession on 23 October 2006.

Article 2. Relationship between this Convention and other agreements and legal instruments

Article 2.1. *"In order to better protect human health, Parties are encouraged 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."*

Montenegro does not currently have measures that go beyond those provided for in the Convention.

Montenegro is encouraged to ambitiously implement effective, evidence-based tobacco measures to protect present and future generations from the harms of tobacco.

Article 2.2. clarifies that the Convention does not affect "*the right of Parties to enter into bilateral or multilateral agreements, including regional or subregional 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."*

There are no bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to the Convention and its protocols.

It is recommended that all relevant government ministries review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements are identified, it is recommended that the Government of Montenegro communicate them to the Convention Secretariat either as part of their next WHO FCTC implementation report or independently.

Article 4. Guiding Principles

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

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

There are a limited number of CSOs in Montenegro tha focus on tobacco control and the implementation of the WHO FCTC. During the needs assessment, CSOs working on the following topics were identified:

- promotion of healthy lifestyles through education workshops, lectures, and educational programs;
- combating diseases related to tobacco use;
- substance use disorders;

- advocacy for decreasing tobacco use;
- youth tobacco use;
- rights of parents and their children; and
- economic research related to tobacco taxation and control.

Montenegro would benefit from greater attention to WHO FCTC implementation by the civil society sector. Existing CSOs are predominantly engaged with issues related to EU integration including the rule of law, organized crime and corruption, and electoral processes, among other issues. There seem to only be CSOs that are active in addressing public health issues, and a lack of sufficient funding for CSOs has been identified as a major reason for this.

Additionally, tobacco control is often not at the core of the operations for the currently limited number of CSOs working in the field. For example, CSOs may have mandates more broadly related to cancer prevention and deal with tobacco control as a single risk factor for this. Similarly, their activities may be limited to particular sub-sections of the population, such as educating women on the harmful effects of tobacco use.
So far, health sector representatives have collaborated with the following organizations on tobacco control: *Društvo za borbu protiv raka*, *Preporod* and *Donna Montenegrina.*

The Government of Montenegro has recognized the importance of strengthening collaboration with civil society as an important means to support tobacco control and promotion of public health and broader sustainable development. The Government intends to establish a collaboration mechanism for effective partnership with civil society and to strengthen their role and capacities in providing evidence-based information on tobacco control, enhancing government accountability on tobacco control policy and programmes, and providing relevant services.

During the mission, representatives from a small number of CSOs participated and contributed to the discussion. There would be benefits to not only expanding the number of organizations active in tobacco control but also strengthening cooperation among these institutions. Enabling more visible and comprehensive dissemination of research and activities across civil society in the country would be useful.

Gap: There are relatively few NGOs active in the field of tobacco control in Montenegro, and among those that exist there is insufficient cooperation and coordination. There is also low visibility of outputs created by these CSOs, including research evidence and other projects.

It is recommended to foster civil society organizations' and academics' engagement and participation in tobacco control policy development and implementation.

It is also recommended to establish a civil society coalition to mobilise and coordinate support for tobacco control. Civil society organizations should jointly promote the implementation of the WHO FCTC in a comprehensive manner (technical expertise, monitoring the tobacco industry, cooperating in law enforcement, awareness-raising, and developing educational programmes).

The government could also consider making funds allocated for tobacco control available to the NGO sector.

Article 5. General obligations

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

In 2005, Montenegro adopted a National Strategy for Tobacco Control.[14] The Strategy was developed in accordance with the *European Tobacco Control Strategy*[15], and covered different areas of tobacco control including TAPS, smoke-free public places and workplaces, decreasing the availability of tobacco products to youth, and cessation programs. The strategy's main objectives were the creation of smoke-free environments, reducing the prevalence of smoking, and offering the treatment of tobacco-related illnesses. The Strategy expired in 2008. Montenegro has also adopted various other Strategies which directly and indirectly cover some aspects of tobacco control.

The *Strategy for Health Care Development in Montenegro* (2003-2020)[16] outlines the country's strategy to improve the quality and efficiency of healthcare in the country to extend life expectancy, improve quality of life, and reduce health inequities. The Strategy emphasizes the importance of the prevention of non-communicable diseases and highlights the need for action on smoking and the consequences of smoking. It led to a pilot project on the development of counselling and other smoking cessation services.

The Master Plan for the Development of Health System in Montenegro[17] for the period 2015-2020 provided a framework for strengthening the health system, in line with the goals and recommendations from the strategic documents of the WHO and the European Union (Europe 2020[18], Health 2020). The plan recognizes as a priority the reduction in exposure to risk factors for the development of non-communicable diseases, including the use of tobacco, and calls or funding from the state budget to be allocated from tobacco taxes. The Government of Montenegro adopted the first *National Strategy for Sustainable Development*[19] in April 2007, together with a corresponding Action Plan (AP) for the period 2007-2012. The development of Montenegro's new sustainable development policy was organized in three phases from July 2013 to May 2016. As part of this process, the National Strategy for Sustainable Development until 2030 was prepared. The Strategy nationalized the SDG targets on tobacco control.

Gap: Montenegro does not have a current comprehensive multisectoral national tobacco control strategy.

It is recommended that the Government of Montenegro develop the next comprehensive tobacco control strategy to implement the Convention as soon as possible. This needs assessment report, as well as the Global Strategy to Accelerate Tobacco Control (2019-2025), can guide the prioritization of actions in the plan. It is further recommended that Montenegro engage relevant sectors outside of health, civil society, and academics in the process of developing and implementing the next national tobacco control strategy.

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

In 2004, the Ministry of Health designated a focal point responsible for matters related to the implementation of the WHO FCTC. The focal point is located in the Institute of Public Health. From 2004, the focal point participated in all activities related to tobacco control, including the obligations under the WHO FCTC and coordination of all research measuring the prevalence of tobacco use. The focal point coordinates work with stakeholders, such as relevant government institutions, civil society, and the WHO Country Office. Nonetheless, during the needs assessment mission, it was noted that the focal point experiences challenges in communicating with some government institutions in regard to the implementation of the Convention. In 2004 a multisectoral coordination mechanism, the National Committee for Tobacco Control, was formed although it has been inactive since 2008.

[14] https://www.gov.me/en/documents/8432a04c-3209-4735-a63b-34931faf869c
[15] https://iris.who.int/handle/10665/347629
[16] https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/montenegro/montenegro.pdf
[17] https://www.gov.me/en/documents/8fb012ab-45bc-40e1-8610-cb85d50c5956
[18] https://ec.europa.eu/health/europe_2020_en
[19] https://faolex.fao.org/docs/pdf/mne188721.pdf

There are other committees that support tobacco control-related work in Montenegro. The Committee on Health, Labour and Social Welfare, established by the Parliament of Montenegro, provides support in the context of legislation changes and improvement. As part of its jurisdiction, the Committee considers draft laws and other regulations related to healthcare and health insurance and establishing and organizing health institutions. The Committee also monitors and evaluates the harmonization and implementation of Montenegrin laws with the EU *acquis communautaire*. Additionally, the Committee participates in tobacco control activities on important dates from the health calendar.

In 2017, Montenegro became the Regional Health Development Centre for Non-Communicable Diseases,[20] the same year that the Strategy for the Prevention and Control of Chronic Non-Communicable Diseases was adopted. In the same period, the National Council on Non-Communicable Diseases Prevention and Control was formed. It is chaired by the Prime Minister and is comprised of line ministers.

Gap: Montenegro does not have an active multisectoral coordinating committee for tobacco control.

It is recommended to strengthen multisectoral cooperation for the implementation of the WHO FCTC including through the establishment of a Multisectoral Coordination Mechanism for tobacco control. This multisectoral body should be established through the appropriate legislative or executive means to secure the mechanism's political mandate and ensure sustainability. The mechanism should also be financed and include relevant representatives from civil society.

It is further recommended that while the Ministry of Health should take the lead in implementing the Convention, other relevant ministries should also allocate staff time and resources to support the implementation of the Convention.

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".*

In the early 2000s, Montenegro began creating an institutional and legal framework for tobacco control by adopting three different laws: the Law on Excise Taxes (2001), the Law on Tobacco (2004), and the Law on Limiting Use of Tobacco Products (2004). These laws represent a legislative basis for the development of national tobacco control policies and programmes. Each of the laws has since been amended several times to strengthen their provisions and achieve better alignment with the WHO FCTC.

The Law on Excise Taxes (Official Gazette of Republic Montenegro No. 65/01, 12/02, 76/05 and Official Gazette of Montenegro 76/08, 50/09, 78/10, 40/11, 61/11, 28/12, 38/13, 45/14, 8/15, 1/17, 50/17, 55/18, 76/20) introduced the obligation to pay excise tax on three groups of products: tobacco and tobacco products, alcohol and alcoholic beverages, and mineral oils and their derivatives and substitutes. The Ministry of Finance oversees implementation. Several amendments over the proceeding years have increased the excise tax rates and introduced excise duty for heated tobacco products and electronic cigarette liquids. A further amendment to the Law on Excise Taxes, currently being considered by Parliament, proposes further excise tax increases to achieve closer alignment with European requirements (EUR 90 per 1,000 sticks).

The Law on Tobacco (Official Gazette of Montenegro No. 48/08, 76/08, 40/11, 42/15), adopted in 2004, governs the production, processing, and trade in tobacco, as well as other issues relevant to the production and trade in tobacco and tobacco products. This Law covers the issues related to the definition of companies that can do business in the tobacco sector, processing and marking of tobacco products, tobacco company registration and license issuing, regulation of wholesale and retail tobacco trade, and penal provisions.

[20] http://seehn.org/montenegro/

A new *Law on Tobacco* was adopted in 2008 (with amendments made in the same year) and stipulates that legal entities that do not have a residence in Montenegro are permitted to engage in tobacco sales, import and export. Penalties for non-compliance were more precisely defined in further amendments to the law passed in 2011 and 2015. The 2015 amendments also added details related to the transportation of tobacco by allowing its transportation with other goods if appropriately separated.

The Law on Limiting Use of Tobacco Products (2004) (Official Gazette of Montenegro, No. 46/19 and 48/19) was adopted to protect human life and health from tobacco use and is the primary piece of tobacco control legislation in Montenegro. The Law prescribes measures to:

- Limit tobacco sales and advertising.
- Create smoke-free public spaces and workplaces.
- Educate children and youth about the harms of tobacco.
- Monitor regulated ingredients and emissions.
- Mandate health warnings on tobacco product packages.
- Monitor implementation of the law and establish penalties for violation.

The Law was amended in 2011 and again in 2016. 2011 amendments included changes to the definition of enclosed outdoor public places and working spaces. The amendment also allowed for designated smoking areas in indoor spaces. Graphic health warnings were introduced, penalties were precisely defined, and promotion through the Internet was banned, as was the sponsorship of events by the tobacco industry. In 2016, the most important amendments related to stricter regulation of second-hand smoking by expanding the list of places covered by smoking bans and prohibiting the sale of cigarette packs containing less than 20 sticks.

The implementation of the *Law on Limiting Use of Tobacco Products* was partially hampered by the adoption of the *Law on Fees for Access to Services of General Interest and for the Use of Tobacco Products, Electric – Acoustic and Acoustic Devices* and the *Law on Fees for the Use of Tobacco Products, Electric- Acoustic and Acoustic Devices*. These two Laws seemingly created a loophole in smoke-free legislation, allowing the catering industry to bypass smoke-free requirements by paying a small fee of EUR 1 per m^2.

In 2019, a new *Law on Limiting Use of Tobacco Products* was adopted to harmonize legislation with the EU directive 2014/40. The novel elements of this new law relate to a more comprehensive ban on smoking in all public and working places, removing exemptions for cafes, restaurants, bars, and catering facilities. Nonetheless, it still does not create comprehensively smoke-free enclosed workplaces and public places. The new law also introduces requirements for graphic health warnings, increasing coverage to 65% of the front and back of packaging, bans tobacco advertising at point-of-sale, and mandates the placement of a unique identifier and secure symbol on tobacco packages within 5 years of joining the European Union.

When Montenegro becomes part of the European Union, the country will need to fully transpose all EU legislation into national law, including any outstanding tobacco-related provisions.

In 2021, the *Decree on Marking Tobacco Products and Alcoholic Drinks with Control Excise Stamps* prescribed that tax stamps (including those for tobacco packs) must have a serial number, QR Code, MNE Coat of arms and label “Crna Gora Ministarstvo finansija”, hologram, and letter symbol. This decision respects the provisions of the Decision of the European Commission (EC) on technical standards for safety characteristics for tobacco products and the Law on Ratification of the Protocol on the Elimination of Illicit Trade in Tobacco Products.

The enforcement of tobacco control legislation sits among different ministries:

- The Ministry of Health leads enforcement of the Law on Limiting Use of Tobacco Products. The Ministry of Health’s main tasks focus on conducting regular tobacco use research; content and

emissions testing and control; reporting ingredients and emissions to the European Commission; and prescribing measures for health warnings and label appearance. The outcomes of inspection activities are reported back to the Ministry of Health.

- The Directorate for Inspection Affairs covers different areas of monitoring, divided among four types of inspectors. Under the Law on Limiting Use of Tobacco Products, market inspectors monitor compliance with tobacco product labelling requirements, bans on sales to minors, and other provisions of the law. Sanitary inspectors monitor the implementation of bans on smoking in public places, except for in the catering industry and health sector. The monitoring of the catering industry is under the jurisdiction of the tourist inspector. Health inspectors are responsible for monitoring bans on advertising in the media as well as monitoring smoking bans in health institutions.
- The Directorate for issuing licences for the production, processing and trade of tobacco products (under the Ministry of Finance), under the Law on Tobacco, is responsible for regulating the tobacco market. This includes issuing licences for tobacco production, processing and trade, as well as cooperation with authorities and institutions responsible for combating the illicit trade in tobacco products. Licences for production, processing and trade are issued for two years (trade) and five years (production), and the Law regulates the provisions on Tobacco.
- The Ministry of Finance and Social Welfare and the Directorate for Tax and Customs System under this Ministry are responsible for price and tax policies, excise stamp issuance, excise tax collection and combating illicit trade.
- The Ministry of Education, Science, Culture and Sports is responsible for the issues regarding informal and educational programmes.

Gaps

1. The Law on Limiting Use of Tobacco Products is not fully compliant with the Convention, particularly with gaps in implementation of the time-bound provisions of the Convention.

2. Enforcement of existing Law on Limiting Use of Tobacco Products legislation is hampered by weak cooperation between inspection bodies and police.

It is recommended that the Government of Montenegro review the current Law on Limiting Use of Tobacco Products and amend it to close gaps, including by:

- ***Ensuring that the WHO FCTC is implemented consistently for all forms of tobacco.***
- ***Removing exceptions to smoke-free laws, with implementation in line with WHO FCTC Article 8 and its implementation guidelines.***
- ***Implementing a comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS), including by ending advertising at point-of-sale, in line with WHO FCTC Article 13 and its implementation guidelines.***
- ***Considering the introduction of plain packaging of tobacco products (in line with the guidelines for implementation of Articles 11 and 13), taking into account regional and global experience and best practices.***
- ***Considering regulating ENDS and ENNDS in line with relevant COP decisions.***

It is also recommended to undertake compliance-building activities and to ensure the enforcement of all tobacco control legislation at the national and municipal levels, this should include developing more effective coordination between police and relevant inspection bodies.

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"*.

A resolution made by the World Health Assembly in 2001, citing the findings of the Committee of Experts on Tobacco Industry Documents, states that "the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic".[21] The Preamble of the WHO FCTC recognizes that Parties "need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts".

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

The tobacco market in Montenegro largely depends on imports and exports as there is little domestic production. In 2018 the former domestic producer Duvanski kombinat Podgorica (DKP) was acquired by BMJ Industries FZ, with the goal of producing goods for export. Until 2020, only one domestic producer, the Montenegro Tabaco Company, LLC, was registered. As of 2020, DKP has produced exclusively on the export market. Multinational tobacco companies do not have manufacturing plants in Montenegro. It is estimated that there are around 2000 tobacco retailers in Montenegro, with most in Podgorica.[22]

In 2019, the market was supplied with 3.5 tonnes of domestic cigarettes, while the quantity of imported cigarettes amounted to 730.5 tonnes in the same year, including 5157 kg of fine-cut tobacco. As of 2017, there were approximately 39 families engaged in tobacco growing.[23] In 2020, the land area devoted to tobacco growing was approximately 10 000 hectares.[24]

Montenegro has implemented some measures to safeguard public health policies from the commercial and other vested interests of the tobacco industry. However, the needs assessment found that the goals and principles of Article 5.3 of the WHO FCTC have not yet been fully translated into the country's laws and policies. For example, additional policies could be developed to govern the interactions of government officials with the tobacco industry in line with Article 5.3 and its guidelines for implementation.

Gaps

1. Article 5.3 is not covered in national legislation.

2. There are no policies in place to limit interactions between government stakeholders and the tobacco industry, or to ensure transparency where interactions occur.

It is recommended that Montenegro scales up action to protect the country's public health policies from the commercial and other vested interests of the tobacco industry. Montenegro is encouraged to review current policies and legislation in light of the Implementation Guidelines for WHO FCTC Article 5.3, and then address outstanding gaps by implementing the recommendations made in those guidelines. Attention should also be given to ensuring policy coherence across government policymaking to prioritise public health and WHO FCTC implementation.

To put this into place, the Government of Montenegro should develop a national plan for implementation of Article 5.3, which could be included as part of a new multisectoral tobacco control strategy. In addition, it is strongly recommended that Montenegro develop and adopt a Code of Conduct for public officials to

[21] 54th World Health Assembly resolution WHA54.18 'Transparency in tobacco control process' made in 2001: https://apps.who.int/gb/archive/pdf_files/WHA54/ea54r18.pdf
[22] http://tobaccotaxation.org/cms_upload/pages/files/National-study-Montenegro-1.pdf
[23] http://tobaccotaxation.org/cms_upload/pages/files/National-study-Montenegro-1.pdf
[24] https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/tobacco-agriculture-trade-country-profiles/tobacco-agriculture-trade-mne-2022-country-profile.pdf?sfvrsn=66227d65_3&download=true

limit interaction between the tobacco industry and public officials and ensure the transparency of interactions that do occur.

The Convention Secretariat and the WHO FCTC Knowledge Hub for Article 5.3 can offer support in implementing these recommendations, for example in the form of technical assistance and providing examples of best practices in implementation of Article 5.3.

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

Montenegro has participated in sessions 4 through 9 of the Conference of the Parties, to contribute towards the achievement of Article 5.4.

It is recommended that Montenegro continue to cooperate and participate actively in intergovernmental processes that will support the global and national implementation of the Convention, the Protocol, and other instruments adopted by the COP. Montenegro could also consider participating in relevant working or expert groups when established by the COP.

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

Montenegro has received technical, scientific, and legal assistance from WHO, the WHO country office in Montenegro, and the US Centre for Disease Control and Prevention (CDC) to develop and implement tobacco control programs and initiatives. The Ministry of Health conducted the Global Youth Tobacco Survey in 2004, 2008, 2014, and 2018 with the support of WHO, CDC, and the Canadian Public Health Association (CPHA). Additionally, the European School Survey Project on Alcohol and Other Drugs (ESPAD) was conducted in 2008, 2011, 2015, and 2019 with the support of the Swedish Council for Information on Alcohol and Other Drugs (CAN) and the European Monitoring Centre on Drugs and Drug Addictions (EMCDDA).

During the needs assessment mission, support was given by the UNDP Resident Representative and United Nations Resident Coordinator, who participated in bilateral meetings. The UN country team is committed to providing strategic support for implementing the WHO FCTC.

Montenegro is also receiving technical and financial support from the Convention Secretariat for WHO FCTC implementation, as a FCTC 2030 project country.[25]

It is recommended that Montenegro continue fostering strong cooperation, as appropriate, with competent international and regional intergovernmental organizations to fully implement the WHO FCTC.

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*".
Montenegro has received funding from different international agencies, including the Convention Secretariat (through the FCTC 2030 project) and from WHO for tobacco control activities. The needs assessment mission will provide an overview of gaps and recommendations for priority actions to address these. The needs assessment can serve as the basis for future technical or financial assistance requests to international and regional intergovernmental organizations.

It is recommended to continue seeking opportunities for expanded support for tobacco control measures and implementation of the treaty in line with Montenegro's obligations under Article 5.6.

[25] https://fctc.who.int/who-fctc/development-assistance/fctc-2030

Article 6. Price and tax measures

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"*.

Excise taxes

Montenegro has a mixed excise system that includes both specific tax and ad valorem tax components. The specific excise tax for cigarettes is a set amount per 1000 sticks. The excise duty on other tobacco products is paid per kilogram, and on e-cigarette liquid, is paid per millilitre. The ad-valorem component is determined as a percentage of the weighted average price of cigarettes (WAPC) per pack.[26] Starting in 2009, tobacco excise rates for cigarettes in Montenegro have changed most years. Tobacco excise hikes, undertaken between 2009-2011, were successful both in fiscal and public health terms. Revenues from tobacco excises are addressed in detail below.

Montenegro utilizes an excise tax calendar per the Law on Excise Taxes. In 2014, amendments were made to the Law, setting an annual increase in the specific excise tax on cigarettes at a rate of EUR 2 per 1,000 cigarettes, while decreasing ad valorem excise taxes by one percentage point. In 2017 the government passed an amendment to significantly increase the tax rates from EUR 2 to EUR 30 in 2017, EUR 40 in 2018 and EUR 50 in 2019, keeping the ad valorem as-is. However, in 2018 another amendment was passed which reduced these scheduled excise tax increases. In 2021, the Department of Public Revenues in Montenegro increased excise tax rates again on cigarettes to EUR 40.5 in 2022 and EUR 47.5 in 2024 while decreasing the ad valorem rate from 27.5 percent to 24.5 percent over the same period. Prices and taxes of the most sold brand of cigarettes *(standardized to a pack of 20)* are detailed in *Table 1.*

Table 1: ***Prices and taxes of most sold brand of cigarettes - WHO estimates for 2020***

In currency reported by country	*EUR 2.30*
In international dollars (purchasing power parity adjusted)	*6.61*
In US dollars at official exchange rates	*2.73*
Taxes on this brand (% of retail price)	
Total taxes	*77.49%*
Specific taxes	*29.13%*
Ad valorem excise	*31.00%*
Value added tax (VAT) or sales tax	*17.36%*
Import duty	*0.00%*
Other taxes	*0.35%*

Source: *WHO report on the global tobacco epidemic, 2021; Country Profile for Montenegro 2021*[27]

As described in *Table 2,* the Law on Excise Taxes prescribes an increasing reliance on specific excises over the period 2018 – 2023, and a reduction in the ad valorem component.

[26] https://openknowledge.worldbank.org/server/api/core/bitstreams/d4e8f659-5cb4-549a-bde2-def712d89e14/content
[27] https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_montenegro.pdf?sfvrsn=a1e1ee5f_5&download=true

Table 2: ***Excise calendar for manufactured cigarettes and fine-cut tobacco 2018 -2023***

Date	Specific excise tax EUR	Ad valorem excise tax %	Date	Fine-cut tobacco
1.09.2018-31.12.2019	30	32	1.09.2018-31.12.2018	30
1.01.2020-31.12.2020	33.5	30.5	1.01.2019-31.12.2019	35
1.01.2021-31.12.2021	37	29	1.01.2020-31.12.2020	40
1.01.2022-31.12.2022	40.5	27.5	1.01.2021-31.12.2021	45
1.01.2023-31.12.2023	44	26	1.01.2022-31.12.2022	50
1.01.2024-31.12.2024	47.5	24.5	1.01.2023-31.12.2023	55

Source: Law on Excise Taxes[28]

The most-consumed products are manufactured cigarettes (representing 95 percent of the market). Cigars, cigarillos, and other smoking tobacco are also subject to excise duty of EUR 25 per kilogram[29].

Article 49a of the revised excise tax law defines heat-not-burn tobacco as a tobacco product "intended for inhaling of vapor without the burning process." The taxable base of heat-not-burn tobacco was set as the weight of the tobacco mixture expressed in kilograms. The rate of tax per kilogram is equal to 40% of the minimum excise tax on 1000 cigarettes sold at the weighted average retail price.

Article 49a (2) of the revised excise tax law states that "the excise tax for the heat-not-burn tobacco shall be paid per kilogram of tobacco mixture in the amount of 40% of the minimum excise tax on 1,000 pieces of cigarettes set for the category of the weighted average retail price of cigarettes (WAP)."

Article 50(b) of the revised excise tax law specifies that "The average weighted retail price of cigarettes is the ratio of the total value of all cigarettes released for free circulation at retail prices, with the total quantity of all cigarettes released for free circulation in the previous year." It is determined by the Government and published in the *Official Gazette of Montenegro*. The tax excise on heat-not-burn tobacco became effective in July 2017. Since 2018, the WAP has been set at EUR 2.1 per 1000 sticks. As a result, the excise tax for heated tobacco was set at EUR 26.21 per kilogram in 2020 and increased to EUR 26.98 per kilogram in 2021.

As of 2020, the specific excise tax on cigarettes was EUR 33.5 per 1000 sticks and an ad-valorem tax of 30.5% of the retail price. In 2021, the specific excise tax on cigarettes increased to EUR 37 per 1000 sticks and an ad-valorem tax of 29% of the retail price.[30]

Affordability

As described in *Table 3*, Cigarettes became less affordable between 2010 and 2020. However, they were more affordable in 2020 than in 2018.

Table 3: ***Affordability of tobacco***

% of GDP per capita required to purchase 100 packs (or 2000 cigarettes) of the most sold brand of cigarettes (the higher the %, the less affordable)	*3.3%*
Cigarettes are less affordable in 2020 compared to 2018	*No*
Cigarettes have become less affordable between 2010 and 2020 (trend average)	*Yes*

Source: *WHO report on the global tobacco epidemic, 2021; Country Profile for Montenegro 2021*[31]

[28] https://portal-uat.who.int/fctcapps/sites/default/files/kh-media/e-library-doc/2019/08/National-study-Montenegro-1.pdf
[29] https://tobacconomics.org/files/research/639/211-mne-report.pdf
[30] https://www.tobaccofreekids.org/what-we-do/global/taxation-price/tax-gap-montenegro
[31] ibid

Tax revenues

Revenues from tobacco excises rose from about 4 million in 2007 to 44 million euro in 2011. Annual cigarette sales declined from more than 1.5 billion cigarettes in 2008-2011 to less than 1 billion cigarettes in 2014 and further years. However, in 2013-2016, tobacco excise increases were too small to reduce tobacco affordability and tobacco sales, and tobacco revenues did not change much. In August 2017, Montenegro adopted an ambitious plan of excise tax increases; however, the tobacco industry responded with a series of hidden actions (forestalling and price over-shifting) which temporarily reduced tobacco excise revenue in early 2018. As the next high increase of excise rates was scheduled for January 2018, and at the same time, VAT rate increased from 19 to 21%, the industry substantially increased cigarette supply in the second half of 2017 and sharply reduced it in early 2018 as it already had in stocks large numbers of cigarettes for which excise was paid in 2017. The excise revenue substantially increased in late 2017, but declined in early 2018 despite the excise rate increase. The industry organized the media campaign to persuade the government that this revenue decline was allegedly caused by tax-driven growth in cigarette smuggling (while no rigorous evidence of such growth was presented), and the only way to fight smuggling is the reduction of cigarette excise. From September 2018, the excise rates were reduced, while they are still higher than those planned before 2017.[32]

Gaps

1. Although the total tobacco tax in Montenegro is above 75 percent of the retail price of the most sold brand of cigarettes, the overall level of excise taxes is below the threshold set by both the WHO recommendations in the WHO Technical Manual on Tobacco Tax Policy and Administration[33] (at least 70 percent of the total retail price) and by the EU Directive (at least EUR 90 per 1000 cigarettes).

2. Tobacco products became more affordable between 2018 and 2020.

3. There is no earmarking of tobacco tax revenues to fund tobacco control, health promotion or any other specific governmental programme.

It is recommended that Montenegro:

- ***Continue to increase its specific excise and ad valorem taxes on tobacco products in accordance with the EU Directive, and the recommendations made in WHO FCTC implementation guidelines for Article 6[34] and by WHO in the WHO Technical Manual on Tobacco Tax Policy and Administration.***
- ***Continue to regularly raise tobacco excise taxes in line with inflation and income growth to decrease affordability across all tobacco products, preventing substitution and maximizing benefits for public health and public finances.***
- ***Continue to increase excise duties on e-cigarettes and all forms of tobacco including heated tobacco products.***
- ***Consider earmarking revenues collected from excise taxes to fund tobacco control, health promotion or any other specific governmental programme.***

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"*.

[32] https://portal-uat.who.int/fctcapps/fctcapps/fctc/kh/tobacco-taxation/e-library/montenegro-overview-tobacco-use-tobacco-control
[33] https://www.who.int/publications/i/item/9789240019188
[34] https://fctc.who.int/publications/m/item/price-and-tax-measures-to-reduce-the-demand-for-tobacco

In Montenegro, travellers aged 17 and over may import the following quantities of tobacco without incurring customs duty: 10 packs of cigarettes (200 cigarettes), 100 cigarillos, 50 cigars, or 250 grams of fine-cut tobacco.[35]

Duty-free shops in Montenegro can be found only in airports, and passengers can buy tobacco products only when leaving the country. According to the Law on Excise Taxes, excise tax does not have to be paid on products sold on ships and aircraft on international routes.

Gap: Duty-free sales are allowed in Montenegro, with some limits

It is recommended that consideration be given to prohibiting or restricting further, as appropriate, duty-free allowances of tobacco products by international travellers.

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

Montenegro provided this information in the eight reports submitted to the Convention Secretariat and has therefore met the obligations under Article 6.3.

It is recommended that Montenegro continue to provide such information in regular WHO FCTC implementation reports.

Article 8. Protection from exposure to tobacco smoke

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

The guidelines for the implementation of Article 8 emphasize that "*there is no safe level of exposure to tobacco smoke*" and call on each Party to *"strive to provide universal protection **within five years** of the WHO Framework Convention's entry into force for that Party"*.

Montenegro has achieved some progress with respect to implementation of Article 8. The new Law on Limiting Use of Tobacco Products (2019) includes a ban on smoking in the following places:

- All indoor workplaces, including enclosed spaces such as halls, elevators, stairs, vehicles, common areas, cafeterias, toilets, salons, dining rooms and auxiliary facilities, warehouses or barracks, as well as other merged spaces.
- All enclosed public spaces, in which: educational activity, health activity, production, control and trade of medicines and medical devices is performed; accommodation, stay, and food for children and students is provided; reception, accommodation, and care of elderly people and individuals in a state of social need is provided; cultural, entertainment, sports, and other events, performances, and competitions are performed; sessions and other organized meetings are held.
- All enclosed public spaces where trade activity and production, storage and trade of food is performed.
- All types of public transport (air, road, railway, maritime traffic); airport buildings and closed waiting rooms in railway and road traffic, as well as taxis and means of official transport.
- Playrooms for children.

[35] Rulebook on conditions and procedures for exercising the right of customs duties payment exemptions, Article 7

- Catering facilities in which accommodation, food preparation, and serving services are provided (restaurants, cafés, bars and other catering establishments, clubs, discotheques).
- Institutions for the accommodation of persons serving criminal sanctions.
- Halls, elevators and other common parts of residential buildings, and public toilets. Public space, in the sense of this law, is also an open fenced yard space of educational and health institutions and an open fenced space where public recordings and broadcasts of programs of any kind are performed and cultural and entertainment events are held.

However, Articles 18, 19 and 20 of the law establish some exceptions to the ban. These articles include provisions that allow for the creation of designated smoking spaces in some public and working spaces and allowing for smoking in casinos and lottery premises.

Enforcement of the provisions of the Law on Limiting Use of Tobacco Products is carried out by the Directorate for Inspection Affairs, which covers different areas of monitoring, divided among four types of inspectors (more details in Article 5.2(b)). Violations of the Law result in a fine, ranging from EUR 500 to EUR 20,000 for businesses (Article 68 of Law on the Law on Limiting Use of Tobacco Products), and EUR 30 to EUR 1,000 for individuals (Article 69 of the Law). During the mission, concerns were raised about low capacity for enforcement. A representative from the Directorate for Inspection Affairs noted that there are not enough inspectors, and that existing inspectors are often responsible for monitoring many areas.

Exposure to second-hand smoke remains a problem in Montenegro. For adults, a 2020 survey-based study by the Institute of Socio-Economic Analysis (ISEA) estimated that 39.5% of non-smokers were exposed to second-hand smoke at home, while 75.9% were exposed at work.[36] The 2018 GYTS survey found that 49.0% of young people aged 13-15 reported being exposed to tobacco smoke at home and 57.5% of reported being exposed to tobacco smoke inside enclosed public places.[37]

Gaps

1. The Law on Limiting Use of Tobacco Products creates exemptions from smoke-free laws for casinos and lotteries and allows for the creation of designated smoking areas in many public places.

2. There is limited capacity for enforcement.

It is recommended to amend current legislation to eliminate all designated smoking areas in enclosed public and workplaces to maximize protection from the harms of second-hand smoke. Exemptions in the legislation for casinos and lotteries should be removed, in accordance with WHO FCTC Article 8 and its guidelines.

It is also recommended that Montenegro strengthen its capacity for inspection and enforcement of smoke-free laws, including by clearly identifying the responsible enforcement authority at national and municipal levels and coordinating work between police and inspection authorities.

Montenegro should also provide adequate training for inspectors to improve their competencies in monitoring activities prescribed by the Law on Limiting Use of Tobacco Products. Montenegro could also consider raising fines for violations to enhance compliance.

Article 9. Regulation of the contents of tobacco products

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

[36] https://tobacconomics.org/files/research/639/211-mne-report.pdf
[37] https://extranet.who.int/ncdsmicrodata/index.php/catalog/923/study-description

The partial guidelines for the implementation of Articles 9 and 10 adopted by COP state that regulation of the contents and emissions of tobacco products has the potential to contribute to reducing tobacco attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) or reducing their overall toxicity.

Article 24 of the Law on Limiting Use of Tobacco Products sets limits on the levels of emissions for individual cigarettes as follows: 10 mg of tar, 1 mg of nicotine and 10 mg of carbon monoxide. Additionally, Article 37 prohibits the manufacture and sale of tobacco products containing additives such as vitamins, caffeine or taurine, colourings, ingredients that facilitate inhalation or nicotine uptake, or which have carcinogenic, mutagenic and reprotoxic properties in unburnt form. The law also prohibits the manufacture and trade of tobacco products containing flavourings in any of their components such as filters, papers, packages, capsules, or any technical characteristics that can change the palatability and smell of tobacco products (Article 36).

Gaps

1. The current regulations do not cover all aspects of tobacco contents and emissions, as set out in the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10.

2. Despite having a number of trained experts from the Public Health Institute laboratory, there is inadequate laboratory infrastructure and capacity to measure tobacco product contents and emissions within Montenegro.

It is recommended that Montenegro works closely with the Convention Secretariat and WHO in reviewing current standards in accordance with the guidelines for the implementation of Articles 9 and 10 and amend these accordingly. Relevant legislation and regulations providing for testing and measurement of the contents and emissions of tobacco products should be developed to implement the Articles 9 and 10 of the WHO FCTC.

It is also recommended that Montenegro assess the arrangements for testing, either by expanding national testing capacity or utilizing capable laboratories in the region through bilateral arrangements. The tobacco industry should bear the costs of such testing requirements. Montenegro could consider performing random sampling of classic tobacco products and other novel and emerging nicotine and tobacco products, and to test their contents and emissions.

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

With regard to the reporting obligations of producers and importers to the Ministry of Health and the Institute of Public Health, the Law on Limiting Use of Tobacco Products (articles 34 and 39) obligates that they submit the following information once a year, according to the brand and type of tobacco product:

- A list of all ingredients and the quantities used in production; data on toxic ingredients in flammable or non-flammable form, depending on the manner of use of the tobacco product and their impact on the health of consumers, including addiction; description of additives; list of data that represent a business secret in the production process; data on modified contents and reasons for modification in tobacco product, having the data on impact on health of consumers, including addiction.
- Levels of emissions of substances; type and maximum level of emissions of other substances, if any.

- Data on the registration of substances and mixtures in tobacco products and their classification for placing on the market, in accordance with the law governing chemicals.

During the needs assessment mission, it was noted that producers and importers are not submitting the required reports on the results of contents and emission measurements.

Gap: The tobacco industry is not reporting on contents and emissions, as required by the Law. As a result, the required information is not being collected.

It is recommended that Montenegro ensure that the tobacco industry provides information to Government authorities, disclosing the contents and emissions of tobacco products in accordance with the WHO FCTC Partial Guidelines for the implementation of Articles 9 and 10.

It is also recommended that Montenegro enable public access to information submitted by the tobacco industry.

Article 11. Packaging and labelling of tobacco products

Article 11 requires each Party *"within a period of three years after entry into force of the Convention for the Party to adopt and implement... effective measures"* on packaging and labelling of tobacco products. Article 11 carries with it a deadline of three years for implementation of specific measures.

Article 48 of the Law on Limiting Use of Tobacco Products bans the promotion of tobacco products in line with Article 11 of the WHO FCTC. Most tobacco packaging is compliant with the Law, but there are, anecdotally, some packs that carry words with misleading terms, which can create the false impression that a particular tobacco product is less harmful than other tobacco products. These terms are "light", "ultra-light", "silver", "gold" "less smell", "slim", "fine touch, or "soft"

The Law on Limiting Use of Tobacco Products requires combined pictorial and text health warnings that cover 65% of both the front and back of packages. The text should cover a minimum of 30% of the pack to ensure readability, and the health warning labels are presented in the local language. Provisions define a transition period of 3 years for the implementation (Law adopted in 2019), meaning that implementation should have occurred fully by 2022. Other tobacco products also have health warnings, with a precisely defined general text message. The health warning must be in a position that does not allow its removal when pack is opened.

Specific health warnings are referred to the Article 44 of the Law on Limiting Use of Tobacco Products and are divided into three groups that rotate in turn, so that each warning appears on an equal amount of manufactured or sold tobacco products on each brand during the year.
According to the Law on Limiting Use of Tobacco Products, each unit packet and package of tobacco products and any outside packaging and labelling of such products is required to display information about levels of tar, CO_2, and nicotine emissions. However, this information is displayed in quantitative terms, which may encourage users to erroneously seek to make comparisons of the harmfulness between different cigarette brands and brand variants.

The labelling of electronic cigarettes and refill containers are regulated by Article 59 of the Law on Limiting Use of Tobacco Products. The unit packet of electronic cigarettes and refill containers must include basic health warning which: 1) is imprinted on at least one largest side; 2) covers 30% of the surface on which it is imprinted; and 3) is imprinted in accordance with Article 42, paragraph 4 of this Law (in Montenegrin; in black, bold letters of the Helvetica font on a white background; in the middle of the prescribed surface, in the shape of a square on unit and all outside packages). The text of the health warning on these products is "This tobacco product is harmful for your health and causes addiction".

The Law on Limiting Use of Tobacco Products (Article 47) also requires health warnings for smokeless tobacco products (such as chewing tobacco, sniffing and oral use).

Gaps

1. Tobacco packages are required to display quantitative information on nicotine, tar, and carbon monoxide emissions levels.

2. Enforcement of the legislation could be strengthened, including the ban on the use of misleading terms, which can create the false impression that a particular tobacco product is less harmful than other tobacco products.

3. Plain/standardized packaging has not been introduced for tobacco products.

Given the evidence that the effectiveness of health warnings and messages increases with their size, it is recommended that Montenegro consider further increasing the size of graphic health warnings.

Montenegro could also consider introducing plain packaging to prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and style. Plain packaging also assists in making health warnings more prominent on the pack.

Montenegro should also ensure the inclusion of large graphic health warnings on ENDS and other novel tobacco products in line with WHO FCTC, its implementation guidelines, and relevant decisions of the COP.

Article 12. Education, communication, training and public awareness

Article 12 requires that *"each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote"* broad access to comprehensive education, public awareness on the health risks and exposure to tobacco smoke, benefits of the cessation of tobacco use and tobacco-free lifestyles and public access, in accordance with national law, to a wide range of information on the tobacco industry.

Montenegro has not recently undertaken any anti-tobacco mass media campaigns that conform to internationally accepted best practices.

However, some work has taken place to educate the population and raise awareness on the harms of tobacco use. For example, the Ministry of Health and Institute of Public Health have, at various points, organized round tables, workshops, presentations, campaigns and other community work. The work has included various forms of media and often specifically targets youth and members of vulnerable groups and has largely been limited to national and international tobacco control days (e.g. World No Tobacco Day).

Additionally, there are a number of activities aimed at education and awareness-raising among youth. There is a "healthy lifestyles" course that has been introduced in seventh, eighth, and ninth grade classes in Montenegro, which *inter alia* provides information to young people to prevent the uptake of smoking. Experts from the Centre for Health Promotion in the Institute of Public Health also conduct educational workshops according to the principles of modern healthcare strategies in elementary and secondary schools across the country. The Ministry of Sports has a project entitled "Promoting Population Counselling among Youth in Montenegro", and there is an annual basketball tournament on Youth Day that incorporates education on the harms of tobacco use.

During the mission, one stakeholder stressed the need to reshape current social norms around tobacco use in Montenegro, citing the country's high youth and adult tobacco use prevalence.

Gaps

1. There is no comprehensive plan for the systematic implementation of education, training, and public awareness activities within the tobacco control strategy.

2. Existing work on education and awareness-raising are mostly related to World No Tobacco Day and a national event.

3. There is little NGO engagement in work related to WHO FCTC Article 12.

4. There is a lack of systematic evaluation of the effectiveness of education, communication and training programs on tobacco use and its harms.

It is recommended that a multisectoral national action plan on education, communication, and training be developed as part of an evidence-based national tobacco control strategy. Resources should also be allocated to its implementation in order to strengthen education and public awareness on the consequences of tobacco use and how to quit, including through the use of digital technologies to raise health literacy about tobacco use.

It is also recommended that the Ministry of Health and all relevant organizations make efforts to pre-test and rigorously research and evaluate the impact of education and awareness raising activities to achieve the best possible outcomes. International cooperation may be useful to ensure that rigorous, systematic, and objective methods are used in designing and implementing these programmes.

It is further recommended that the Ministry of work closely with other stakeholders, including NGOs, to ensure greater synergy in the efforts of different media campaigns to increase effectiveness. Increasing public awareness of the law will contribute to better compliance with the tobacco control legislation.

Article 13. Tobacco advertising, promotion, and sponsorship

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

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

Montenegro regulates TAPS through several laws, including the Law on Limiting Use of Tobacco Products (2019; Articles 5-7), the Law on Media (Article 38), Law on Electronic Media (Article 85), Rulebook on Advertising and Sponsorship in Electronic Media, and the Law on Health Inspection (Article 9 and 10).

Many forms of advertising are prohibited, including on TV, the radio, and in domestic magazines and papers. The few important gaps that remain include the advertising of tobacco products at points of sale, advertising of tobacco products in international magazines and newspapers, the appearance of tobacco products in TV and films, and tobacco industry sponsorship and corporate social responsibility activities. Also, the advertisement of novel and emerging nicotine and tobacco products is not covered by legislation.

Fines for violations are also prescribed for each law, ranging from EUR 500 to EUR 6,000.

Gaps

1. Advertising of tobacco products at the point of sale is not prohibited.

2. ENDS and heated tobacco products are not covered by the legislation.

3. Tobacco Industry CSR activities are not banned, nor is there a ban on sponsorship contributions from the tobacco industry.

It is recommended that Montenegro review and amend legislation to ensure a comprehensive ban on all forms of TAPS. Following the experience of Parties in the WHO European region, Montenegro is recommended to introduce a ban on the display of tobacco products at points of sale. To achieve a comprehensive TAPS ban encompassing all forms of direct and indirect advertising, Montenegro should also ban advertising of tobacco products in international magazines and newspapers, the appearance of tobacco products in TV and film and all forms of tobacco industry sponsorship and corporate social responsibility activities.

It is also recommended to Montenegro to include all tobacco products, including novel and emerging tobacco products such as heated tobacco products in relevant provisions of the Law on Limiting Use of Tobacco Products to prevent their promotion among the population, particularly by young people.

Consideration should also be given to the regulation of ENDS, including the advertising, promotion and sponsorship of these products.

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

The Law on Ratification of the European Convention on Transfrontier Television (Article 15) bans any kind of tobacco product advertisement and tele-shopping.

While Montenegrin legislation does not explicitly address cross-border advertising, the ban on tobacco advertising on all TV and radio can be considered to apply at both domestic and international levels.

Gaps

1. The legislation does not specifically mention cross-border advertising, and

2. There is no ban on tobacco advertising in international magazines or newspapers.

Montenegro should consider amending legislation to address cross-border advertising of tobacco products.

Article 14. Demand reduction measures concerning tobacco dependence and cessation

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"*.

Tobacco cessation guidelines have been developed for use by primary care physicians as part of Montenegro's youth-focused cessation efforts. The Institute of Public Health prepared the *Smoking Cessation manuals* (2009, 2015) and published various guidelines related to the health consequences of tobacco use (*Smoking as a cause of the disease and dying of the population*, 2009; *Guide to the Prevention of Complications of the Use of Tobacco Products,* 2016).

Article 14.2 sets out that to achieve WHO FCTC Article 14.1, "*each Party shall endeavour to design and 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 ensure the accessibility and affordability of treatments for tobacco dependence*."

Cessation counselling programs are organized at the primary healthcare level and are currently available only for youth. These programs are delivered by medical doctors who are specifically trained in providing cessation services and offering counselling, and their work is subject to ongoing evaluation. Gynaecologists also offer counselling on the harms of tobacco use to pregnant women. The needs assessment found that while students in dentistry and medicine are educated on the negative effects of tobacco smoke, these healthcare providers do not receive training on tobacco cessation as part of their initial education. It was noted that very few primary care physicians offer tobacco treatment services.

During the mission, other factors were also uncovered that hamper the efficacy of cessation programs. For example, there is a low level of feedback on cessation programs and treatment among participants in the programs. More generally, data on the efficacy of the programmes is lacking.

There is no national toll-free quit line in Montenegro, and according to the *2021 Report on the Global Tobacco Epidemic*, nicotine replacement therapy (NRT) and other pharmacotherapies are not legally available for sale in the country.

Data from the Institute of Socio-Economic Analysis – ISEA (2019)[38] suggest that there is much room for improvement when it comes to cessation services in Montenegro. 10.9 percent of smokers tried to quit smoking in the past 12 months. Most smokers who tried to quit did so for health-related reasons (52.9 percent). One third of smokers who tried to quit in the past 12 months did so without any assistance.

Interviews during the mission emphasized the need to align smoking cessation measures with mass media campaigns promoting cessation, which would increase the demand for such services. Interviews with NGO stakeholders also focused on the need to enhance access to high-quality cessation services in the population, particularly among pregnant women.

Gaps

1. There is no comprehensive and integrated national cessation strategy in Montenegro.

2. Cessation support is not widely available. Existing programs target only youth and pregnant women and there are few providers.

3. There is no national toll-free quit line.

4. NRT and other pharmacotherapies are not available in Montenegro.

[38] https://tobacconomics.org/files/research/641/207-fs-mne.pdf

5. Tobacco use is not always recorded as a risk factor in personal health records, even though the system allows this information to be inserted.

It is recommended that the Ministry establish a national tobacco cessation programme in line with Article 14 of the WHO FCTC and its guidelines for implementation. This should include working with relevant government agencies to ensure that effective NRT and other pharmacotherapies are available in Montenegro free or at an affordable cost. The WHO Model List of Essential Medicines includes pharmacotherapies that should be considered.[39]

Cessation support should also be made available to adults in different settings, at zero cost or at an affordable cost. The government could consider training additional healthcare professionals to identify tobacco users, including brief advice to quit tobacco use and offer treatment services in primary and secondary care settings. Digital technologies could also be explored, such as smartphone applications, messaging platforms, social networking mediums, and offerings that combine several digital modalities to reduce costs and enhance reach for youth populations.

It is also recommended that the Ministry consider the establishment of a national toll-free quit line and other innovative evidence-based approaches (such as web-based quitting support).

Article 15. Illicit trade in tobacco products

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

The Protocol to Eliminate Illicit Trade in Tobacco Products (Protocol), adopted at COP5, provides an additional legal instrument to reduce supply. Montenegro ratified the Protocol in 2017 and became a Party when it entered into force in 2018.

Montenegro has taken a number of steps to address illicit trade in the country in line with obligations under Article 15 and the Protocol.

During the needs assessment, the Tax Administration and Customs Department noted that they conduct regular operations to seize illicit tobacco. According to WHO FCTC implementation reports, 41,123,010 illicit cigarette sticks were seized in 2018 and 122,162,440 sticks in 2019. The Customs Department also reported on challenges with illicit trade, specifically stemming from the differences in the prices of tobacco products across the Western Balkan region, and the opening of the Port of Bar free-trade zone in 2018. The needs assessment found a lack of reputable independent data and research on the size of and trends in the illicit tobacco market in Montenegro.

Confiscated illegal products (i.e. those lacking tax stamps) can be destroyed[40]. Destruction is carried out in accordance with the Decree on the Conditions and Manner of Customs Goods Sale and Other Procedures with Customs Goods[41]. Destruction is also carried out on the basis of the violation of intellectual property rights in accordance with the Regulation on the Treatment of Goods by the Customs Authority when there is a reasonable suspicion that it infringes intellectual property rights.[42]

[39] https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02
[40] https://wipolex-res.wipo.int/edocs/lexdocs/laws/en/me/me017en.pdf
[41] Official Gazette of the Republic of Montenegro, No. 22/03, 62/04. Available at: https://www.eurol3.eu/wp-content/uploads/2023/02/Decree-on-the-conditions-and-manner-of-sale-of-customs-goods-and-other-procedures-with-customs-goods-1.pdf
[42] Official Gazette of the Republic of Montenegro, No. 33/11.

In early 2021, the Tax Administration and Customs Department introduced a new mobile application that provides information on the validity of tax stamps on tobacco products, enabling anyone to verify whether cigarette packs sold in Montenegro are illicit or not. This process led to a change in excise tax stamp composition and appearance.

The Tax Administration and Customs Department monitor and collect data on the cross-border trade of tobacco products, which can be shared with relevant authorities. The Customs Administration has signed 12 bilateral cooperation agreements with other national institutions. Moreover, administrative assistance on customs issues is provided under:

- Protocol 6 of the Stabilization and Association Agreement between Montenegro and the European Union.
- CEFTA Agreement - Annex 4 Protocol relating to the definition of the concept of "originating products" and methods of administrative cooperation.
- Memorandum of Understanding for Cooperation and Mutual Assistance in Criminal Matters Related to Taxes, Customs and Similar Matters of Mutual Interest signed between Montenegrin and United Kingdom Government.
- Memorandum of Understanding of Bar-Bari Customs Offices.
- Protocols on Electronic Data Exchange of Countries in the Region SEED System (Bosnia and Herzegovina, Serbia, Albania and Kosovo).
- Information is also exchanged in accordance with the Agreements on Cooperation and Mutual Assistance in Customs Matters with other partner customs services (30 Agreements).

Gaps

1. A tracking and tracing system that would further secure the distribution system and assist in the investigation of illicit trade has not yet been implemented.

2. There is a low level of regional and subregional coordination and cooperation in combating illicit trade.

3. There is a lack of independent evidence-based research on the size and trends of illicit trade in tobacco products.

It is recommended that the Government of Montenegro accelerate the implementation of the Protocol to Eliminate the Illicit Trade in Tobacco Products, with a focus on the implementation of an effective tracking and tracing system that aligns with Protocol obligations and shares information with neighbouring countries and trading partners.

Montenegro should also strengthen coordination between the police, customs officers, and inspection agencies in combatting illicit trade, and strengthen cooperation with regional and subregional stakeholders.

It is further recommended to develop a comprehensive study that will estimate the effect of tax evasion on health, trade and government revenues.

Article 16. Sales to and by minors

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*."

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*".

Sales to and by minors are regulated by the Law on Limiting Use of Tobacco Products. The sale of tobacco products to persons under 18 years is prohibited. Persons under 18 are also not allowed to sell tobacco products (Articles 10 and 11). If a retailer suspects that the person is under 18 years, the retailer may ask that person to certify their age with an appropriate document, and if they refuse, retailers must refuse to sell the products.

Article 68 of the Law on Limiting Use of Tobacco Products regulates the fines for selling tobacco products to persons under 18 years of age, which range from EUR 500 to EUR 20,000. Article 69 prescribes fines for persons under 18 who sell tobacco products– EUR 30 to EUR 1,000.

Nonetheless, tobacco products remain accessible and available to youth. According to the most recent GYTS (2018), 64.4 percent of current cigarette smokers aged 13-15 bought cigarettes from a store, shop, street vendor, or kiosk. Among current cigarette smokers aged 13-15 who tried to buy cigarettes, 79.2 percent were not prevented from buying them because of their age. These findings point to insufficient enforcement of the Law.

It is recommended that the Ministry of Health and other relevant ministries undertake compliance building with all sellers of tobacco products. Sellers should place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors.

It is also recommended that the Government strengthen the enforcement of measures related to the sale and purchase of tobacco by minors.

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 Law on Limiting Use of Tobacco Products, it is prohibited to sell tobacco products that are directly accessible.

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 Law on Limiting Use of Tobacco Products prohibits the sale of tobacco products in any form intended for children, i.e. sweets, toys, or other products (Article 13).

Article16.1. (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"*.

The sale of tobacco through automatic vending machines is prohibited by the Law (Articles 12 and 13).

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 Limiting Use of Tobacco Products (Article 12) prohibits the manufacture, sale or offer of cigarettes in packages of less than twenty, including the sale of single sticks.

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

The Law on Limiting Use of Tobacco Products prescribes penalties under the Articles 68 and 69 and prescribes fines in a given range.

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*."

Montenegro has met this obligation as the Law on Limiting Use of Tobacco Products prohibits the sales of tobacco products by persons under the age of 18 (in Articles 10 and 69).

Article 17. Provision of support for economically viable alternative activities

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"*.

Montenegro has a low level of tobacco production, related only to the production of raw tobacco. Most tobacco products are imported. Measures and programs for providing economically viable alternatives for tobacco workers, growers, and individual sellers have not been explored, but might be of some benefit to people in those groups.

With reference to the WHO FCTC Policy Options and Recommendations: Article 17 and 18, it is recommended that Montenegro explore, as appropriate, economically viable alternative livelihoods for existing tobacco growers.

Article 18. Protection of the environment and the health of persons

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".*

There are some policies in Montenegro that regulate the environmental impact of tobacco cultivation and manufacture. These include the Environmental law (Official Gazette of Montenegro No. 52/16, 73/19), the Law on environmental impact assessment (Official Gazette of Montenegro No. 75/2018*)*, the Law on Waste Management (Official Gazette of Montenegro No.64/11, 39/16) and the Rulebook on waste classification and waste catalogue.

These laws require, for example, that companies engaged in manufacturing and processing tobacco must provide an environmental impact assessment to obtain ecological approval for tobacco product manufacturing. This assessment must contain details of the production process and an explanation of its overall impact on the environment and health of persons.

Tobacco producers must also provide information on hazardous and non-hazardous waste management, among other things, in accordance with national Rulebook on Waste Management.

It is recommended that Montenegro continue to acknowledge and address the environmental aspects of tobacco cultivation and manufacture, including by enforcing existing laws. Consideration could be given to addressing the wider impacts on the environment that tobacco causes (such as litter pollution), for example by exploring a "polluter pays" system.

Article 19. Liability

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 Law on Limiting Use of Tobacco Products (Articles 68 and 69), Law on Tobacco (Articles 43-45) and Law on Customs (Chapter 2) stipulate the civil liability of legal entities and individuals in case of violations of the law through prescribed fines. These Laws are in accordance with the Misdemeanour Law (Official Gazette of Montenegro No. 01/11, 06/11, 39/11, 32/14, 43/17, 51/17). Criminal liabilities are regulated through the Criminal Code of Montenegro (Official Gazette of Montenegro No. 40/2008, 25/2010, 32/2011, 64/2011, 40/2013, 56/2013, 14/2015, 42/2015, 58/2015, 44/2017, 49/2018, 3/20, 26/21) and Criminal Procedure Code of Montenegro (57/09, 49/10, 47/14, 2/15, 35/15, 58/15, 28/18, 116/20).

The Criminal Code of Montenegro regulates contraband through Article 265, counterfeiting by Article 286, and illegal trade by Article 284. Criminal liability is applied in cases when a subject does not have a licence to trade with goods, which is an obligation stipulated in the Law on Tobacco. This liability also applies in cases where tobacco products are on the market without a proper tax stamp (Law on Excise Taxes, Article 57).

Gap: There is no legal measure that provides for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs related to tobacco use.

It is recommended that the Government of Montenegro to all steps necessary to ensure that the tobacco industry complies with existing tobacco control legislation. It is also recommended that Montenegro consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate. The Government might find it useful to utilize the Convention Secretariat's toolkit to help Parties implement Article 19 on civil liability.

Along with this, Montenegro could consider creating a network of public lawyers with specialized knowledge and training related to tobacco control.

Article 20. Research, surveillance and exchange of information

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

Montenegro has researched the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Tobacco use is mainly addressed in the research, while there are fewer studies addressing the economic and health impacts of tobacco use.

Montenegro has conducted the following surveys:

- GYTS was carried out four times (2004, 2008, 2014, 2018) with the support of WHO, CDC and CPHA.
- ESPAD was conducted in 2008, 2011, 2015, and 2019.
- The National Health Survey was conducted by the IPH (Centre for Health Promotion) in 2000, 2008, 2012 and the Study of Quality of Life, Lifestyles and Health Risks in 2017, done by the Institute in cooperation with EMCDDA, within the IPA project CT-2015 / 361-979, "*Further preparation of IPA beneficiaries for participation in the work of the EMCDDA*".
- GHPSS was only performed once on a sample of medical students

Other tobacco-related data are collected by:

- The Statistical Office of Montenegro, related to the manufacturing of tobacco products, prices, household consumption and exports and imports.
- The Ministry of Finance and Social Welfare, related to the excise tax revenues and prices.
- The Institute of Public Health, related to the mortality and health aspects of tobacco use.

There is a need for more research related to the economics of tobacco and tobacco control. Only one NGO (ISEA) researches tobacco economics. ISEA's research since 2018 has included an analysis of the tobacco market, excise policies, consumption and government revenue simulations, adult tobacco use and extended cost-benefit analysis. More studies of this type would be useful, as well as research related to smoking-attributable healthcare expenditures, productivity losses, and morbidity and mortality due to tobacco use. Similarly, studies evaluating the contribution of smoking to leading causes of death in Montenegro (cardiovascular disease and cancer) would be useful.

Gaps

1. There is a lack of analysis related to the economics of tobacco use and tobacco control, including the costs of tobacco use to Montenegro and the potential benefits of implementation of tobacco control measures.

2. There is little engagement of civil society and academics in research related to the economics of tobacco control.

3. There is a lack of quality research in Montenegro on tobacco control issues such as illicit trade.

4. There is no national database of tobacco indicators.

It is recommended that the Government of Montenegro establish a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators, and undertake regular tobacco surveillance surveys in accordance with relevant WHO methodologies and utilize research findings and surveillance results in developing the national tobacco control programme and interventions.

It is also recommended to encourage academic research into tobacco and seek to coordinate research programmes at the regional and global levels.

Montenegro is able to seek technical support from the WHO FCTC Knowledge Hub on Surveillance to advance implementation of WHO FCTC Article 20.

Article 21. Reporting and exchange of information

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

Montenegro has provided eight FCTC reports, with the last having been prepared in 2020. These reports were used as the basis for conducting the mission and preparation of the needs assessment report. In accordance with decision FCTC/COP4, the Conference of the Parties (COP) requested global progress reports to be prepared based on the biennial implementation reports of Parties and submitted to each regular session of the COP. This report summarises global progress on implementation of the Convention and has been prepared by the Secretariat.

By submitting these biennial reports, Montenegro has met its obligations under Article 21, and is encouraged to continue doing so. The next implementation report is due to be prepared and sent in early 2023.

It is recommended that the Government of Montenegro submit its implementation report for 2023 in a timely manner. The creation of a Multisectoral National Coordination Mechanism and national strategic framework on tobacco control, as recommended earlier in this report, can facilitate the reporting process in future years by establishing a lead agency for the preparation of the reports and national targets to measure and drive progress on WHO FCTC implementation.

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

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

At its fourth session, in decision FCTC/COP4 (17), the COP acknowledged the importance of taking a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF (now UNSDCF[43]) and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level**.**

Montenegro receives continuous technical, scientific, and legal assistance from WHO and CDC in the form of expert support to develop and implement tobacco control programs and actions. Cooperation has also been established with the CPHA for GYTS research, as well as EMCDDA for conducting the National Health Survey. Montenegro is also receiving technical and financial support from the Convention Secretariat for WHO FCTC implementation, as a FCTC 2030 project country.

As part of the needs assessment, the United Nations Resident Coordinator and United Nations Development Program Resident Representative were engaged and gave their full support to the implementation of the Convention, emphasizing that the needs assessment mission is conducted at an important moment in terms of socio-economic recovery from the COVID-19 crisis. The UN and UNDP consider tobacco control an important strategic goal in protecting population health and promoting socio-economic welfare. The effects of the tobacco epidemic are recognized by the 2030 Agenda for Sustainable Development, as they impact inequality, poverty, and economic development.
During the needs assessment, the need for more international cooperation was emphasized. Such cooperation could be in the exchange of experience, training, and expert assistance in the development and improvement of tobacco control plans, programs, strategies, promotional materials, and the development of resources for monitoring implementation activities. In addition, it is also important to further strengthen national research on smoking prevalence to monitor the impact and efficacy of tobacco control policy and programme.

The Government of Montenegro's National Strategy for Sustainable Development until 2030[44] recognizes tobacco use as a risk factor in the development of NCDs and nationalizes SDG target 3a on strengthening implementation of the WHO FCTC. Montenegro's UNDAF for the period 2015-2020 included adolescent tobacco use as an indicator of progress on achieving more equitable health, education and decent work systems, but includes no more specific mention of support for WHO FCTC implementation.

[43] https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance
[44] https://faolex.fao.org/docs/pdf/mne180387.pdf

Gaps

1. There is a lack of intensive cooperation between Montenegro and other Parties, specifically at the regional and subregional level, in the context of scientific and technical support and knowledge exchange.

2. FCTC implementation is not reflected in Montenegro's UNDAF.

It is recommended that the Government of Montenegro strengthen international cooperation in the scientific, technical, and legal fields and provision of related expertise. This could take place also at the regional and subregional levels. More intensive cooperation with competent international organizations and development partners is also encouraged.

The Government of Montenegro should also make efforts to include tobacco control in Montenegro's wider development policies and frameworks and regional platforms to realize the benefits of the WHO FCTC as an accelerator of sustainable development.

Article 26. Financial resources

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"*.

Montenegro has not established a national fund to support tobacco control programmes and implementation of WHO FCTC. In line with the experience of a number of other countries, such funds can draw on earmarked revenue from tobacco excise taxes to provide sustainable, long-term funding for tobacco control programs and other national priorities. Such funds can in turn enable accelerated WHO FCTC implementation, which requires long-term, coordinated work underpinned by sustainable financing. In the case of Montenegro, additional resources are specifically needed for the expansion and improvement of cessation services.

Gaps

1. There are no dedicated budget lines for tobacco control, and current funding is not sufficient to fully implement the Convention and enforce the country's tobacco control laws and regulations.

2. No taxes are earmarked for the implementation of the WHO FCTC.

It is recommended that Montenegro strengthen tobacco control by allocating a regular budget for implementation and enforcement of tobacco control. The development of national tobacco control frameworks and action plans should include a clear estimate of the resources required to implement the plan.

In addition, Montenegro could consider innovative ways of providing this funding, including by creating a National Fund for Tobacco Control to be financed through, for example, a portion of the revenue from tobacco excise taxes. Key actions that could be resourced by such a fund could include programs to prevent tobacco use by young people, public education activities, cessation treatment for tobacco users (including making NRT and other pharmacotherapies accessible and affordable) and action to implement the Protocol.

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"*.

Gap

Montenegro has not fully utilized the bilateral, regional, subregional, and other multilateral channels available to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes.

In line with Article 26.3 of the Convention, Montenegro could consider seeking assistance from development partners and promote the inclusion of the implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

Annexes

I. International team members:

1. Mr Andrew Black: Coordinator, Development Assistance, Convention Secretariat
2. Dr Patrick Musavuli: Technical Officer, Development Assistance, Convention Secretariat
3. Ms Yoni Dekker: Technical Officer, Development Assistance, Convention Secretariat
4. Mr Dudley Tarlton: UNDP Istanbul Regional Hub for Europe and Central Asia
5. Dr Angela Ciobanu: Technical Officer, Tobacco Control, WHO Regional Office for Europe
6. Professor Jeff Drope: Temporary advisor, Development Assistance, Convention Secretariat
7. Dr Violeta Vulović: Temporary advisor, Development Assistance, Convention Secretariat

II. List of country participants:

Health Sector

1. MOH: Dr Ivana Živković, Director General
2. IPH: Professor Dr Agima Ljajević, National Tobacco Control Focal person
3. PHC Berane: Prim. Dr Marija Joksimović, Ranko Raketić
4. PHC Herceg Novi: Dr Knežević Dragana
5. HIF: Ms Blečić Tamara

Directorate for Inspection Affairs

1. Dr Jelena Pajović: Health Inspector

Ministry of Internal Affairs/Police

1. Mr Slaven Medenica: Non-Commissioned Officer for Security of EURO

Ministry of Economic Development

1. Ms Ivana Vukašinović: Directorate for Internal Market and Competition

Ministry of Finance

1. Mr Branislav Janković: Sector for Subsequent Customs Controls (Tax Administration and Customs)
2. Ms Milena Radović: Sector for Customs Investigations (Tax Administration and Customs)
3. Mr Petar Jovović: Advisor III, Directorate for Issuing Licences for Production, Processing and Trade of Tobacco Products (Tobacco Agency)

Ministry of Education

1. Ms Milica Adžić
2. Professor Dr Agima Ljaljević: Focal point, Faculty of Medicine

Parliament of Montenegro – Committee on Health, Labour and Social Welfare

1. Dr Srđan Pavićević: Chair of the Committee

WHO Country office in Montenegro

1. Dr Mina Brajović: WHO Representative
2. Ms Darja Radović: Administrative Assistant
3. Dr Ana Mugoša: Consultant

UNRC and UNDP

1. Mr Peter Lundberg: United Nations Resident Coordinator
2. Ms Daniela Gasparikova: UNDP Resident Representative
3. Mr Igor Topalović: UNDP Project Coordinator

NGOs

Institute for Socio-Economic Analysis

1. Dr Mirjana Čizmović: Consultant on project related to Tobacco Taxation in Montenegro
2. Dr Tanja Laković: Consultant on project related to Tobacco Taxation in Montenegro

Preporod

1. Mr Jovan Bulajić: CEO

III. Mission Programme:

Day 1, Monday 10 May 2021. WHO FCTC needs assessment in Montenegro – Stakeholders meeting	
8:45-9:00 (Podgorica /Geneva)	Participants connect to Zoom Meeting Room
9:00-9:30	Opening remarks - Director General, Ministry of Health - Dr Ivana Živković - Mr Andrew Black, Coordinator, Development Assistance team, Convention Secretariat - Dr Mina Brajovic, WHO Representative in Montenegro
9:30-9:45	Round of introductions
9:45-10:00	Overview of the WHO FCTC and mission objectives - Dr Patrick Musavuli, Technical Officer, Development Assistance team, Convention Secretariat
10:00-10:15	The WHO FCTC in the 2030 development agenda - Mr Dudley Tarlton, UNDP Istanbul Regional Hub for Europe and Central Asia
10:15-10:30	Tobacco control in the Region - Ms Angela Ciobanu, WHO Regional Office for Europe
10:30-11:00	Brief report on progress of tobacco control in Montenegro & priorities - Prof Agima Ljaljevic, National Tobacco Control Focal person
11:00-11:30	Open forum for Q&A and interventions from other stakeholders
11:30-11:45	Conclusion and closure of the meeting - Dr Ivana Živković, Director General, Ministry of Health -
11:45-12:45	Lunch
Day 1, Monday 10 May 2021. Bilateral Meetings	
Time	▪ Chair: Dr Mina Brajovic, WR Montenegro ▪ Rapporteur: Ms Ana Mugosa, Consultant Interpreters : #1 & #2
12:45-14:00	***Meeting with MOH, PHC Podgorica, IPH and HIF, Ministry of Education, Science, Culture and Sport, Directorate for Sport and Youth***

Day 2, Tuesday 11 May 2021. Bilateral Meetings	
Time	▪ Chair: Dr Mina Brajovic, WR Montenegro ▪ Rapporteur: Ms Ana Mugosa, Consultant
8:45-9:00	Participants connect to Zoom
9:00-10:00	***Meeting with Ministry of Internal affairs – Police, Directorate for Inspection Affairs***
10:00-10:15	Participants connect to Zoom
10:15-11:15	***Meeting with the Ministry of Economic Development and Ministry of Finance, Tax Administration, Customs and Tobacco Agency***
11:15-11:30	Participants connect to Zoom
11:30-12:30	***Meeting with NGOs***

Day 3, Wednesday 12 May 2021. Bilateral Meetings	
Time	▪ Chair: Dr Mina Brajovic, WR Montenegro ▪ Rapporteur: Ms Ana Mugosa, Consultant
8:45-9:00 Podgorica /Geneva	Participants connect to Zoom
9:00-10:00 Podgorica /Geneva	***Meeting with MOH and WHO Montenegro to review the proposed recommendations***
10:00-10:15 Podgorica /Geneva	Participants connect to Zoom
10:15-11:15 Podgorica /Geneva	***Meeting with the UN Resident Coordinator and UNDP Resident Representative to Montenegro.***
11:15-11:30 Podgorica /Geneva	Participants connect to Zoom
11:30-12:30 Podgorica /Geneva	***Debriefing with the MOH Director General and WHO Representative in Montenegro***

Day 4, Thursday 20 May 2021. Bilateral Meetings	
Time	▪ Chair: Dr Mina Brajovic, WR Montenegro ▪ Rapporteur: Ms Ana Mugosa, Consultant Interpreters : #1 & #2
8:45-9:00 Podgorica /Geneva	Participants connect to Zoom
10:00-11:00 Podgorica /Geneva	***Meeting with NGOs***
11:00-12:00 Podgorica /Geneva	***Meeting with a member of the Parliament (Chair of the Committee on Health, Labour and Social Welfare)***