REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE

In order to use the interactive features of the reporting instrument, please follow the instructions below.

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.

2. Ensure your Microsoft Word security settings allow you to run macros in this document:

(i) Under the "Tools" menu, select "Macro".

(ii) In the "Macro" menu, select "Security".

(iii) In the "Security" pop up menu, please ensure that you have selected "Medium".

3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).

4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".

5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.

V I confirm that I read the note and followed the instructions therein

1.1	NAME OF CONTRACTING PARTY	Bulgaria		
1.2	Information on national contact responsible for preparation of the report:			
	Name and title of contact officer	Vilia Velikova, senior expert, PhD		
	Full name of institution	Ministry of Health		
	Mailing address	5, Sveta Nedelya sq., 1000 Sofia, Bulgaria		
	Telephone number	+359 2 9301 267		
	Fax number	+359 2 9883 413		
	E-mail	vvelikova@mh.government.bg		
1.3	.3 Signature of government official submitting the report:			
	Name and title of officer	Desislava Dimitrova, deputy minister		
	Full name of institution	Ministry of Health		
	Mailing address	5 Sveta Nedelya sq., 1000 Sofia, Bulgaria		
	Telephone number	+359 2 9301 249		
	Fax number	+359 2 981 13 32		
	E-mail	ddimitrova@mh.government.bg		
	Web page	www.mh.government.bg		
1.4	Period of reporting	April 2009 - February 2011, updated March 2012		
1.5	Date the report was submitted	21.02.2011, updated 21.3.2012		

1. ORIGIN OF THE REPORT

2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

2.1	PREVALENCE OF TOBACCO USE					
2.1.1	Smoking prevalence in the adult population (all)					
	(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)					
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day			
	MALES					
	Current smokers	50.30 %				
	Daily smokers	40.50 %				
	Occasional smokers	9.80 %				
	Former smokers	%				
	Never smokers	49.70 %				
	FEMALES					
	Current smokers	28.20 %				
	Daily smokers	18.90 %				
	Occasional smokers	9.30 %				
	Former smokers	%				
	Never smokers	71.80 %				
	TOTAL (males and females)					
	Current smokers	38.80 %				
	Daily smokers	29.20 %				
	Occasional smokers	9.60 %				
	Former smokers	%				
	Never smokers	61.20 %				

Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
Mostly cigarettes, but in addition cigars, cigarillos, snuff, water pipe.
Please indicate the age range to which the data used to answer question 2.1.1 refer:
15+
Please indicate the year and source of the data used to answer question 2.1.1:
2008, European Health Interview Survey, part of European Systems of Health Surveys, in the frame of European Statistical System. The survey is of our National Statistical Institute.
Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
Current smoker - a person who smokes cigarettes or other smoke tobacco products.
Dayly smoker - a person who smokes minimum one cigarette per day or other smoke tobacco products.
Occasional smoker - a person who smokes minimum one cigarette or other smoke tobacco products but not every day.
Former smoker - dayly or occasional ex-smoker. We don't have data about them. We could only guess thanks to data from our National Statistical Institute concerning reducing cigarette consumption by households.
Never smoker - a person who have not ever smoked cigarette.
Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.
The main kind of consumption is the cigarette consumption. We dont't have scientific survey after 2008. The only indicator for the trend in smoking prevalence are the data about cigarettes consumption from households, average number of cigarettes per person montly:
2008 - 859.9 pices, 2009 - 773 pieces, 2010 - 612.8 pices of cigarettes. The data for 2010 are the average numer of all consumption up to September.

2.1.2	Smoking preval	ence in the adult	t population (by age groups)				
	(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)						
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)				
	MALES						
	Current smokers ¹	15-24	27.70 %				
	SHIOKEIS	25-44	54.80 %				
		45-64	46.30 %				
	Add age group	65+	12.00 %				
			%				
	FEMALES						
	Current smokers ¹	15-24	17.90 %				
		25-44	32.70 %				
		45-64	17.70 %				
	Add age group	65+	2.20 %				
			%				
	TOTAL (male	es and females)					
	Current	15-24	23.00 %				
	smokers ¹	25-44	43.90 %				
		45-64	31.40 %				
	Add age group	65+	6.20 %				
			%				

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Mostly cigarettes, but in addition cigars, cigarillos, snuff, water pipe.
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	2008, European Health Interview Survey, part of European Systems of Health Surveys, in the frame of European Statistical System. The survey is of our National Statistical Institute.
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.
	The main kind of consumption is the cigarette consumption. We dont't have scientific survey after 2008. The only indicator for the trend in smoking prevalence are the data about cigarettes consumption from households, average number of cigarettes per person montly:
	2008 - 859.9 pices, 2009 - 773 pieces, 2010 - 612.8 pices of cigarettes. The data for 2010 are the average numer of all consumption up to September.
	There are no data for cigarette consumption per household by age groups.

2.1.3	Prevalence of smol	keless tobacco use in the adult population (all)				
	(<i>Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2</i>)					
		Prevalence (%)				
		(please include all smokeless tobacco products in prevalence data)				
	MALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	FEMALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	TOTAL (males and females)					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
		1				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2122	Discontinuities to the end of the data used to ensure substitution 2.1.2 refere
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.
	There are no data what percentage from Bulgarian women use snuff but this kind of consumption is not so popular.

2.1.4	Prevalence of sm group	okeless tobacco use in th	e adult population (current users) by age				
	(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)						
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)				
	MALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	FEMALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	TOTAL (males and females)						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				

² Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

2.1.5	Tobacco use by ethnic group(s)					
		Ethnic group(s)	(please include a	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Males	Females	Total (males and females)	
	Current users ³		%	%	%	
			%	%	%	
	Add ethnic group		%	%	%	
			%	%	%	
			%	%	%	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:					
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:					
2.1.5.3	3 Please indicate the year and source of the data used to answer question 2.1.5:			estion 2.1.5:		

³ Please provide data on either all current users or daily users only, whichever is available.

2.1.6	Tobacco use by young persons					
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
	Boys					
	Current users ⁴	13-15	24.40 %	%	%	
	Add youth	15-16	36.00 %	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	Girls					
	Current users ⁴	13-15	31.60 %	%	%	
	Add youth	15-16	44.00 %	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	TOTAL (b	ooys and girls)				
	Current users ⁴	13-15	28.20 %	%	%	
	Add youth	15-16	40.00 %	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
2.1.6.1	Please i question		acco products included	in calculating pre	evalence for	
	cigaret	tes				

⁴ Please provide data on either all current users or daily users only, whichever is available.

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2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	For 13-15 years old - 2008 (GYTS); for 15-16 years old - 2007 (ESPAD, www.espad.org).
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	A person who uses cigarettes or other smoke tobacco products.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.
	There are no data for smoking tobacco after 2008. There are no data for smokeless tobacco or other tobacco products.
2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? \square Yes \square No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	1) 26.6 of the males and 16.7% of the females spent over 5 hours daily in an environment with exposure to smoking; from 1 to 5 hours daily, 28.5% and 27.5% of the males and females, respectively. City residents, singles (56.9%), subjects with primary and secondary education (50.9% and 51.8%, respectively), and the workers (industrial, construction, etc.), 61.1% were exposed to tobacco smoke at a higher rate.
	2)Exposure to Secondhand Smoke (SHS) of 13-15 years old children:
	- 71.9 live in homes where others smoke in their presence;
	- 70.1 are around others who smoke in places outside their home;
	- 71.9 have one or more parents who smoke.
	3) 46% of the Bulgarian don't allow smoking at their homes, 38% - only in certain rooms inside the house and 15% - everywhere incide the house.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	1) National behavioral risk factor survey among population aged 25-64, 2007, 16 p.;
	2) Bulgaria (ages 13-15). Global Youth Tobacco Survey (GYTS), 2008.
	3) Special Eurobarometer 332 / Wave 72.3 – TNS Opinion & Social. Tobacco.Fieldwork: October 2009. Publication: May 2010, 53 p.
2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? 🛛 Yes 🗌 No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 3478
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

2) Г. Цолова, Н. Василевски, П. Димитров. Смъртност, дължаща се на тютюнопушенето. Обща медицина. бр.2/2008; 21-27.
1) National Cancer Register, 2008;
Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:
45-64 years old - 10% (see source 2).
35-44 years old- 9%
and for women:
45-64 years old - 48%
35-44 years old- 43% and
As regards cardiovascular deaths, for men the mortality is:
source 2).
65 old women and above - 29% of deaths are due to tobacco smoking (see
45-64 years old women - 50% of deaths are due to tobacco smoking;
35-44 years old women- 21% of deaths are due to tobacco smoking;
The deaths among women because of lung cancer are lower:
65 years old men and above - 86% are due to tobacco smoking.
45-64 years old men - 93% of deaths are due to tobacco smoking;
35-44 years old men - 85% of deaths are due to tobacco smoking;
kind of deaths because of tobacco smoking:
The deaths among men because of lung cancer is the highest part from all
3478 deaths during 2008, i.e. 45.6 factual mortality per 100 000 because of lung cancer (see source 1).

2.4	TOBACCO-RELATED COSTS	
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? Yes No	
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).	
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:	

2.5			C CO AND TOBA cles 6.2(b), 20.4(c)		ГS	
2.5.1		upply of tobacco				
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco products	cigarettes	tonnes	15652928760. 00	8064.00	5426.00
	Add product	cigars and cigarillos	tonnes		0.19	21.00
	Smokeless tobacco products Add product					
	Other tobacco products Add product					
	Tobacco	Leaves	tonnes	4454798. 00	150.00	49.00
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					uct, unit,
2.5.3	Please 2.5.2:	indicate the yea	r and source of the	e data used to ans	wer questions	2.5.1 and
	2009;	National Statis	stical Institute			

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with r	eference to Art	icle 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking tobacco	2008	cigarettes	pieces	13742760.00	
	products	2009	cigarettes	pieces	71954368.00	
	Add row	2010	cigarettes	pieces	249589124.00	
	Smokeless					
	tobacco products					
	Add row					
	Other					
	tobacco					
	products					
	Add row					
2.6.2	-	u have any info tional tobacco r		entage of smuggled toba ⊠ No	acco products on	
2.6.3	-		" to question 2.6.2, v obacco products con	what percentage of the pastitute? %	national tobacco	
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?					
2.6.5	Please	e provide any fu	rther information on	illicit or smuggled toba	acco products.	
2.6.6	Please	e indicate the so	urce of the data used	l to answer questions in	section 2.6:	
	Natio	nal Customs A	gency of the Repu	blic of Bulgaria		
2.7	TOBA	CCO-GROW	ING			
2.7.1			growing in your juris	diction? 🛛 Yes 🗌	No	
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the numb of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.					
	There	e is a small inc	rease, but currently	we have about 32 00	0 workers	
	regist	ered as tobacc	o growers, except 1	their families who are	involved too.	
2.7.3		registered as tobacco growers, except their families who are involved too. Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. 2.07 % from the gross value added for the agricultural				

2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
	2010, Tobacco Fund

2.8	TAXATION OF TOBACCO PRODUCTS							
	(with reference to Articles 6.2(a) and 6.3)							
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? 86.64%							
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	s are levied)?				
	• Specif	ïc tax only		Yes	🛛 No			
	Ad val	lorem tax only		Yes	🖾 No			
	Combi	ination of specifi	c and ad valorem	taxes Xes	🗌 No			
	More	complex structure	e (please explain	:)				
2.8.3		rnment and be as		xation for tobacco ble (specify the typ				
		Product	Type of tax	Rate or amount	Base of tax ⁵			
	Smoking tobacco products	cigarettes	excise duty	148.00	1000 pieces			
	Add product	cigars, cigarillos	excise duty	270.00	1000 pieces			
		other smoking tobacco	excise duty	130.00	kilogram			
	Smokeless tobacco products							
	Add product							
	Other tobacco products							
	Add product							
2.8.4	Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.							
	The trend in the	The trend in the prices of tobacco products - the rates increases.						
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?							

⁵ The "base of the tax" should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer's price, 30% of the retail price. In this case the "base" is the manufacturer's price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

	(In reference to Article 26)
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:
	2011, Excise Duties and Tax Warehouses Act

2.9	PRICE OF TOBACCO PRODUCTS (with reference to Article 6.2(a))						
2.9.1			e provide the retail prices of the three most widely sold brands of domestic nported tobacco products at the most widely used point of sale in your capital				
		Most Smoking tobacco products	widely sold bra Smokeless tobacco products	nd Other tobacco products	Number of units or amount per package	Retail price	
	Domestic	The King			20	4.30	
		Victory			20	4.60	
		Bulgartabac 1			20	4.70	
	Imported	Marlboro Gold			20	5.00	
		Marlboro Gold original			20	5.20	
		Dunhill fine cut			20	6.00	

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	2011 www.tobacco.minfin.bg
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	1 € = 1.95583 BGN- February 2011
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.
	The prices of tobacco products increased.

3.1	Article	GENERAL OBLIGATIONS				
		(with reference to Article 5)				
3.1.1	5	General obligations				
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	🛛 Yes	🗌 No		
3.1.1.2	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	TYes	☐ No		
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?		🗌 No		
3.1.1.4	5.2(a)	Have you established or reinforced and financ	ed			
		• a focal point for tobacco control	Xes Yes	🗌 No		
		• a tobacco control unit	Yes	🛛 No		
		• a national coordinating mechanism for tobacco control	🛛 Yes	🗌 No		
3.1.1.5	If you answered "Yes" to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).					

3. LEGISLATION, REGULATION AND POLICIES

	Ministry of Health: There is a National Tobacco Control Program of Council
	of Ministers which is build on the basis of articles of FCTC. This year will
	be adopted the third issue of the Program (2002-2005; 2007-2010; 2011-
	2015). The Ministry of Health is responsible for the implementation of the
	Program. An expert from the Ministry of Health is a focal point for all the
	activities as regards implementation of the National Program The expert is
	responsible for the coordination and collaboration with the rest of
	administrative units - ministies, agencies, institutions who have to work
	together in order to fulfil the goals and tasks of Action Plan of the National
	Program.
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.
	As mentioned above this year we ellaborated the third issue of a National
	Program for Tobacco Control 2011-2015. It is elaborated in accordance with
	the guidance of FCTC. The goals and tasks are confomable to the guidance
	of art.5.1. and 5.2., too.
3.1.1.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry				
		 (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: 				
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	🛛 Yes	🗌 No		
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	🔀 Yes	🗌 No		
3.1.2.3		f you answered "Yes" to any of the questions undeprovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
	ſ	There is a web page of National Program for T	obacco Control:			
	v	www.aznepusha.bg. We publish there articles	which reveal the	tactic of		
	t	obacco industry to make more Bulgarian psych	hoaddictive. We	escape		
	n	neetings or other forms of communication with	h representatives	s of tobacco		
	i	ndustry.				
3.1.2.4		Please provide a brief description of the progress many new past two years or since submission of your la	•	ing Article 5.3		
	V	We planned in our last issue of the National Pr	ogram for Tobac	cco Control		
	2	2011-2015' to prepare text and to include it in a	a normative act f	or		
	t	ransperancy of all the state institutions and mu	inicipal structure	es when they		
	h	ave contacts with tobacco industry.				
3.1.2.5		f you have any relevant information pertaining to l lease provide details in the space below.	but not covered in	this section,		

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)				
3.2.1	6	Price and tax measures to reduce the den	nand for tobacco			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of th	or have you impl			
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	Yes Yes	🗌 No		
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	🔀 Yes	🗌 No		
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	Yes Yes	🗌 No		
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.					
		GULATIONS FOR APPLICATION OF THAT WAREHOUSES ACT (since 2007)	IE EXCISE DU'	FIES AND		
	Article 4c. (1) The manufactured tobacco and alcoholic beverages, bought in another Member State by natural persons for personal needs, which shall be exempt from excise duty, may not exceed the quantities laid down as follows:					
	1. for manufactured tobacco:					
	a) cigarettes- 800 pieces;					
	b)	cigars- 200 pieces;				
	c) (cigarillos- 400 pieces;				
	d) ⁻	tobacco for smoking- 1 kilogram.				
		addition, please find enclosed table: "Rates"				
3.2.1.5	•	you have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,		

3.2.2	8.2	Protection from exposure to tobacco smoke				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, wh administrative or other measures or have appropriate, programmes on any of the	e you implemented,			
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ? 	🛛 Yes	□ No		
3.2.2.2		If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?				
		• national law	🛛 Yes	🗌 No		
		• subnational law(s)	Xes Xes	🗌 No		
		administrative and executive orders	X Yes	□ No		
		voluntary agreements	🛛 Yes	🗌 No		
		 other measures (<i>please</i> specify:) 	Yes	□ No		
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and con	tent of the		
		The Health Act establishes a control public places and the necessary sanct law. There is an Ordinance of the Min conditions under regulation of the law by the state health inspectors from ou Each employer has an obligation to d employees/workers to follow the regu legislation. At this moment the Minis procedure to conclude an agreement f of the state health inspectors as regard public places.	ions when somebo nistry of Health wh v. The Ordinance i r 28 regional healt isseminate the Ord flations of tobacco try of Health and N for volunteers-in-h	dy infringes the hich specifies the s implemented h inspections. er for smoking NGO-s are in a elp from NGO-s		
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?	🛛 Yes	🗌 No		

3.2.2.5	If you answered "Yes" to question 3.2.2.4 please provide details of this system.					
	Each state health inspector has to be in a team with minimum one inspector or employee when realizes a control (in order to have a witness). Sometimes the control is realized with a policeman*woman in order the inspector to have a right to receive the identification card of the violator. The health inspector disposes of a blank for written administrative instructions, or devising an administrative act which could be litigate in the court (if the violator wants to do that). If the act is well proven then the director of the Regional Health Inspection juts a penal provision and the violator myst pay the penalty.					
3.2.2.6	If you answered "Yes" to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None		
	Indoor workplaces:					
	• government buildings		\boxtimes			
	health-care facilities		\boxtimes			
	• educational facilities ¹		\boxtimes			
	• universities		\boxtimes			
	• private workplaces		\boxtimes			
	• other (<i>please specify:</i>)					
	Public transport:					
	• airplanes	\boxtimes				
	• trains	\boxtimes				
	• ferries					
	• ground public transport (buses, trolleybuses, trams)	\boxtimes				
	• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	\boxtimes				
	• private vehicles			\square		

¹ except universities

	• other (<i>please specify</i> :)			
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	Indoor public places:					
	cultural facilities		\square			
	shopping malls		\square			
	pubs and bars		\square			
	nightclubs			\square		
	restaurants		\square			
	• other (<i>please specify</i> :)					
3.2.2.7	Please provide a brief summary of cor specific details of the partial measures			vith		
	Banning tobacco smoking in inde	or workplaces				
	any exceptions. A lot of employ ban in the administrative build manufactories inspite of the op rooms according the law. But smoking i.e. to enforce a partia allowed according to the legisl smoking in separate smoking in as smoking rooms, with specia	smoking is absolutely forbidden at the workplace - there are not any exceptions. A lot of employers forbid absolutely the smoking ban in the administrative buildings, pharmaceutical companies, manufactories inspite of the opportunity to allow separate smoking rooms according the law. But if the employer decide to allow smoking i.e. to enforce a partial ban of tobacco smoking then it is allowed according to the legislation only partial smoking i.e. smoking in separate smoking rooms. They have to be designated as smoking rooms, with special ventilation and they should be places forbidden for children up to 18 years old.				
	Banning tobacco smoking in public transport					
	taxies, trains, airplanes and so to legislation for floating vesse	There is a complete ban in the public transport: busses, trolleys, taxies, trains, airplanes and so on. There are exceptions according to legislation for floating vessels like ships, ferries etc. where there is no any ban for tobacco smoking.				
	Banning tobacco smoking in indoor public places					
	Whether the ban is complete or partial it depends on the employers because the legislator allows smoking rooms. When the ban is partial then the smoking is allowed in a sepsrste smoking rooms which have to be designated with special ventilation with a ban for entering from persons up to 18 years old. There is not any ban in hospitality sector when the premise is less than 50 sq. m.					
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.					
	The legislation forbidded persons under 18 years old to visit any kind of place where the smoking is allowed even with her/his parent or companie of adult. There are separate smoking rooms in the premises with area more than 50 sq.m. There are more specified requirements as regards ventilation signalization and marking. There are more kind and bigger penalties.					
3.2.2.9	If you have any relevant information pertain please provide details in the space below.	ing to but not cov	rered in this	section,		

3.2.3	9	Regulation of the contents of tobacco produced	ucts			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.3.1		 testing and measuring the contents of tobacco products? 	Xes Yes	🗌 No		
3.2.3.2		 testing and measuring the emissions of tobacco products? 	Xes Yes	No No		
3.2.3.3		 regulating the contents of tobacco products? 	Xes Yes	🗌 No		
3.2.3.4		 regulating the emissions of tobacco products? 	Xes Yes	🗌 No		
3.2.3.5	 .5 Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report. According to the Bulgarian Legislation, harmonized with the Europe Directive 2001/37/EC, the Tobacco and Tobacco Products Institute (TT). 					
	 member of the Agricultural Academy - Ministry of Agriculture and Food) i legitimately authorized state institution performing tobacco product researches from the viewpoint of health protection of the nation. As by Tobacco and Tobacco Products Law (TTPL) enacted, the scientific research and tobacco products analyses for the contents determination of the harmfu constituents including tar, nicotine and carbon monoxide have to b performed from TTPI. Since 2007 the Laboratory Testing Complex (LTC TTPI) is a member of GoToLab and later- a member of TobLabNet. LTC i supported to participate within the activities aiming the validation and verification of the methods for determination of the specified in the WHC priority list contents and emissions. The TTPI efforts were oriented to the improvement the accuracy of the measurement methods concerning the most harmful contents and emissions. With regard to this, within the period 2000 2010 TTPI has been equipped with new apparatus (GC and Rotative Smoking Machine). With the participation of the TTPI was upgraded the National program for Limitation of Tobacco Smoking in Republic o Bulgaria 2011-2015 and TTPI rely on the funds foreseeing in this Program to implement better the WHO FCTC Guidelines. 					
3.2.3.6						

3.2.4.1 3.2.4.2 3.2.4.3		 (Please check "Yes" or "No". For affirmations summary in the space provided at the end operation of the six official languages.) Have you adopted and implemented, where administrative or other measures or have you appropriate, programmes on any of the follor requiring manufacturers or importers of Government authorities information ab contents of tobacco products? requiring public disclosure of information at the contents of tobacco products? 	the section and attraction, if available appropriate, legislate understand the section of available appropriate, legislate understand the sector of tobacco products from the sector of	tach the lable, in one of tive, executive, ere	
3.2.4.2		 administrative or other measures or have yo appropriate, programmes on any of the follor requiring manufacturers or importers or Government authorities information ab contents of tobacco products? emissions of tobacco products? requiring public disclosure of information at contents of tobacco products? 	u implemented, whowing: f tobacco products out the: Yes Yes ion about the:	to disclose to	
3.2.4.2		 Government authorities information ab contents of tobacco products? emissions of tobacco products? requiring public disclosure of information of tobacco products? contents of tobacco products? 	ion about the:	No	
		 emissions of tobacco products? requiring public disclosure of information contents of tobacco products? 	ion about the:	□ No	
		 requiring public disclosure of information contents of tobacco products? 	ion about the:		
		contents of tobacco products?		□ No	
3.2.4.3		~	🔀 Yes	□ No	
3.2.4.3					
3.2.4.3		• emissions of tobacco products?	🔀 Yes	🗌 No	
	(1	lease provide a brief description of the progress Regulation of tobacco product disclosures) in the ubmission of your last report.	-	-	
	In compliance with the Bulgarian Legislation (Tobacco and Tobacco Products Law) the tobacco products manufacturers and importers have to submit the information about the tobacco products ingredients to the Tobacco and Tobacco Products Institute (TTPI, member of the Agricultural Academy - Ministry of Agriculture and Food). With regard to fulfil the DG SANCO requirements to use henceforth unified harmonized templates for information submitting, TTPI took part in the elaboration of some changes in this area the current Tobacco and Tobacco Products Law. TTPI is an associated partner participating in the international projects, financed from European Commission: "Electronic Model Tobacco Control – EMTOC" and "Public Information Tobacco Control – PITOC" and TTPI implements FCTC Art.10 according the best EU practices and experience.				
3.2.4.4	FCTC Art.10 according the best EU practices and experience. If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			this section,	

3.2.5	11	Packaging and labelling of tobacco prod	ucts		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of t	s or have you in		
3.2.5.1	11	 requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion? 	Xes Yes	🗌 No	
3.2.5.2	11.1(a)	 requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	Xes Yes	🗌 No	
3.2.5.3	11.1(b)	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use? 	X Yes	□ No	
3.2.5.4	11.1(b)(i)	 ensuring that the health warnings are approved by the competent national authority? 	Xes Yes	🗌 No	
3.2.5.5	11.1(b)(ii)	 ensuring that the health warnings are rotated? 	Yes	No No	
3.2.5.6	11.1(b)(iii)	 ensuring that the health warnings are clear, visible and legible? 	🛛 Yes	🗌 No	
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	Xes Xes	🗌 No	
3.2.5.8	11.1(b)(iv)	 ensuring that the health warnings occupy no less than 30% of the principal display areas? 	X Yes	🗌 No	
3.2.5.9		 ensuring that the health warnings occupy 50% or more of the principal display areas? 	Yes	🖂 No	
3.2.5.10	11.1(b)(v)	 ensuring that health warnings are in the form of, or include, pictures or pictograms? 	Yes	🖂 No	

3.2.5.11		If you answered "Yes" to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	🗌 Yes	🗌 No	
3.2.5.12		If you answered "Yes" to question 3.2.5.10, would you grant a non- exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	🗌 Yes	🗌 No	
3.2.5.13	11.2	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	X Yes	🗌 No	
3.2.5.14	11.3	 requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country? 	🔀 Yes	🗌 No	
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.				
	No progress in this area.				
3.2.5.16	If you have any relevant information pertaining to or not covered in this section, please provide details in the space below.				
		requirements mentioned above are enforced requirements at the present.	since 2005. 7	There is no	

3.2.6	<i>12</i> Education, communication, training and public awareness					
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, w one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.6.1	12(a)	 educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.) 	🔀 Yes	🗌 No		
3.2.6.2		, to whom are these programmes				
		• adults or the general public	🖂 Yes	🗌 No		
		children and young people	🖂 Yes	🗌 No		
		• men	🖂 Yes	🗌 No		
		• women	🖂 Yes	🗌 No		
		• pregnant women	🖂 Yes	🗌 No		
		ethnic groups	Yes	🛛 No		
		• other (<i>please specify:</i>)	Yes	No		
3.2.6.3	3.2.6.3 If you answered "Yes" to question 3.2.6.1, do you reflect the follo key differences among targeted population groups in educational public awareness programmes?					
		• age	X Yes	No		
		• gender	Yes	□ No		
		educational background	Yes	No		
		cultural background	Yes	No		
		socioeconomic status	Yes	No		
		• other (<i>please specify:</i>)	Yes	🗌 No		
3.2.6.4	12(b)	, do these educati	onal and public			
		• health risks of tobacco consumption?	Xes Xes	🗌 No		
		• health risks of exposure to tobacco smoke?	🔀 Yes	No		
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	🔀 Yes	No		
	12(f)	• adverse economic consequences of				

		- tobacco production?	X Yes	No		
		- tobacco consumption?	X Yes			
		adverse environmental consequences of				
		- tobacco production?	Xes	🗌 No		
		- tobacco consumption?	Xes Xes	🗌 No		
3.2.6.5	 awareness and participation of the following agencies and organizin development and implementation of intersectoral programmes strategies for tobacco control: 					
		• public agencies?	🖂 Yes	🗌 No		
		• nongovernmental organizations not affiliated with the tobacco industry?	🛛 Yes	🗌 No		
		• private organizations?	Xes Yes	🗌 No		
		• other (<i>please specify:</i>)?	🗌 Yes	🗌 No		
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	TYes Yes	⊠ No		
3.2.6.7	12(d)	2(<i>d</i>) Are appropriate and special training or sensitization and awarene programmes on tobacco control addressed to:				
		• health workers?	Xes Yes	🗌 No		
		• community workers?	Xes Yes	🗌 No		
		• social workers?	Xes Yes	🗌 No		
		• media professionals?	Xes Xes	🗌 No		
		• educators?	Xes Yes	🗌 No		
		• decision-makers?	Xes Yes	🗌 No		
		• administrators?	Xes Yes	🗌 No		
		• other (<i>please specify:</i>)?	Yes	🗌 No		

3.2.6.8	Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.
	- There is an internet page of our National Tobacco Control Program - www.aznepusha.bg, which ensure a broad access to informative and educational articles, news in tobacco control policy, forum for Bulgarian citizens, an opportunity for consultation by e-mail: consultant@aznepusha.bg;
	- There is a National Quitline 0700 10 323;
	- The Ministry of Health produced 3 short fiction-documentary films for passive smoking, parent smoking and smoking by pregnant women, advertizements on thier basis and internet banners;
	- During 2010/2011 realizes the third year in row a National School Competition "The Project of my Class - for a Life without Tobacco 3" for all the school students fro 1-st to 12-th grade;
	- There was realized a National Competition for water-paintings and art of paintings among school students from Art Schools and their paintings were published on school notebooks with the names of school authers. The notebooks were distributed all over the country;
	- We have educated medical specialists in methods for quit consultations;
	- All the 28-th Regional Health Inspectorates which work in 28-th administrative Bulgarian districts realized broad access to effective educational and public awareness programs on the health risks from tobacco consumption by the produced films from MoH, internet manners, advertisements, booklets, fact sheets, flyers, 28-th Consultative Quit Offices, TV and radio Campaigns etc.
3.2.6.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.2.7	13	Tobacco advertising, promotion and sponsorship				
		(Please check "Yes" or "No". For affirmative answers, please prove brief summary in the space provided at the end of the section and att relevant documentation. Please provide documentation, if available, of the six official languages.)				
		Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:				
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	Yes Yes	🔀 No		
If you answered "No" to question 3.2.7.1, please proceed to question 3.2.7.3.						
3.2.7.2		If you answered "Yes" to question 3.2.7.1, does your ban cover:				
		• display and visibility of tobacco products at points of sales?	Yes	🗌 No		
		• the domestic Internet?	🗌 Yes	🗌 No		
		• the global Internet?	Yes	🗌 No		
		• brand stretching and/or brand sharing?	Yes	🗌 No		
		• product placement as a means of advertising or promotion?	Yes	🗌 No		
		• the depiction of tobacco or tobacco use in entertainment media products?	Yes	🗌 No		
		• tobacco sponsorship of international events or activities and/or participants therein?	Yes Yes	🗌 No		
		• contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?	TYes Yes	☐ No		
		• cross-border advertising, promotion and sponsorship originating from your territory?	Yes Yes	🗌 No		

	13.7	• the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?	Yes	🗌 No
Pl	ease procee	ed to question 3.2.7.12.		
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	Yes	No No
3.2.7.4	13.3	 applying restrictions on all tobacco advertising, promotion and sponsorship? 	X Yes	🗌 No
3.2.7.5	13.3	 applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? 	X Yes	🗌 No
3.2.7.6	13.4(a)	 prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	X Yes	☐ No
3.2.7.7	13.4(b)	 requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship? 	🛛 Yes	🗌 No
3.2.7.8	13.4(c)	 restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public? 	Yes Yes	🔀 No
3.2.7.9	13.4(d)	 requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited? 	Yes Yes	⊠ No

3.2.7.10	10 <i>13.4(e)</i> – restricting tobacco advertising, promotion and sponsorship on:				
		• radio?	🛛 Yes	🗌 No	
		• television?	Xes Yes	🗌 No	
		• print media?	Xes Xes	🗌 No	
		• the domestic Internet?	🛛 Yes	🗌 No	
		• the global Internet?	🗌 Yes	No	
		 other media (<i>please specify:</i>)? 	Yes	🗌 No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		• international events and activities?	Xes Yes	No	
		• participants therein?	X Yes	🗌 No	
	W	hether you answered "Yes" or "No" to question	3.2.7.1, are you:		
3.2.7.12	13.6	 cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	Yes	No No	
3.2.7.13	13.7	 imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law? 	X Yes	No No	
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.				
	The depicted above requirements are adopted by the national legislation at 01.01. 2007. There is no new legislative rules at the present.				
3.2.7.15	-	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.8	14	Demand reduction measures concernin cessation	ng tobacco depend	dence and		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented where appropriate, programmes on any of the following:				
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	🔀 Yes	🗌 No		
3.2.8.2	14.1	 programmes to promote cessation of 	f tobacco use, incl	uding:		
		 media campaigns emphasizing the importance of quitting? 	🛛 Yes	🗌 No		
		programmes specially designed	for:			
		 underage girls and young women 	Xes Yes	No		
		o women	X Yes	🗌 No		
		 pregnant women 	🛛 Yes	🗌 No		
		telephone quitlines	X Yes	🗌 No		
		 local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? 	🔀 Yes	🗌 No		
		• other (<i>please specify:</i>)?	Yes	🗌 No		
3.2.8.3	3.2.8.3 14.2(a) – design and implementation of programmes aimed at prom cessation of tobacco use, in such locations as:		romoting the			
		• educational institutions?	🛛 Yes	🗌 No		
		health-care facilities?	🛛 Yes	🗌 No		
		• workplaces?	🛛 Yes	🗌 No		
		• sporting environments?	X Yes	🗌 No		

• other (<i>please specify</i> :)?	Yes	🗌 No

3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for: 		
		• tobacco control?	🖂 Yes	🗌 No
		• health?	🖂 Yes	🗌 No
		• education?	🖂 Yes	🗌 No
3.2.8.5		 inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? 	X Yes	🗌 No
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?	-	
		• primary health care	🖂 Yes	🗌 No
		• secondary and tertiary health care	🗌 Yes	🖂 No
		 specialist health-care systems (please specify:) 	🛛 Yes	🗌 No
		• specialized centres for cessation counselling and treatment of tobacco dependence	X Yes	🗌 No
		• rehabilitation centres	Yes	🖂 No
		• other (<i>please specify:</i>)	🗌 Yes	🗌 No
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8. these settings covered by public funding		
		• primary health care	🗌 Fully 🔀 Parti	ally None
		• secondary and tertiary health care	🗌 Fully 🔀 Parti	ally 🗌 None
		 specialist health-care systems (<i>please specify:</i>) 	🗌 Fully 🔀 Parti	ally None

		• specialized centres for cessation counselling and treatment of tobacco dependence	🗌 Fully 🔀 Parti	ally 🗌 None
		• rehabilitation centres	🗌 Fully 🗌 Parti	ally 🛛 None
		• other (<i>please specify</i> :)	🗌 Fully 🗌 Parti	ally None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8, professionals are involved in programme dependence and counselling services?		
		Health professionals including:		
		• physicians	🖂 Yes	🗌 No
		• dentists	🖂 Yes	🗌 No
		• family doctors	🖂 Yes	🗌 No
		• practitioners of traditional medicine	Xes Yes	No
		• other medical professionals (<i>please specify:</i>)	TYes	🗌 No
		• nurses	🖂 Yes	🗌 No
		• midwives	🖂 Yes	🗌 No
		• pharmacists	Yes	🔀 No
		Community workers	Yes	🔀 No
		Social workers	Yes	🔀 No
		Others (<i>please specify:</i>)	Yes	No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional train levels at the following schools: 		
	-	• medical?	Yes	🖂 No
		• dental?	Yes	No No
		• nursing?	🗌 Yes	🖂 No
		• pharmacy?	Yes	No No
		• other (<i>please specify</i> :)?	Yes	🗌 No
3.2.8.10	14.2(d)	 facilitating accessibility and/or 	Yes	No No

		affordability of pharmaceutical products for the treatment of tobacco dependence?			
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8.10, where and how can these products be legally purchased in your country?			
		These products can be purchased drugstores.	in both places - p	harmacies and	
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?			
		• nicotine replacement therapy	Xes Xes	🗌 No	
		• bupropion	Yes	No No	
		• varenicline	Xes Xes	🗌 No	
		• other (<i>please specify</i> : Tabex)?	Xes Xes	🗌 No	
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8 covered by public funding or reimburser		f these products	
		• nicotine replacement therapy	Fully Part	ially 🛛 None	
		• bupropion	Fully Part	ially 🛛 None	
		• varenicline	Fully Part	ially 🛛 None	
		• other (<i>please specify</i> :)?	Fully Part	ially 🗌 None	
3.2.8.14	Art	ase provide a brief description of the progress icle 14 (<i>Demand reduction measures concern</i> sation) in the past two years or since submiss	ning tobacco deper	idence and	
		ce 5 years there are free of charge 28-th o H's 28 Regional Health Inspections.	Consultative Qui	t Offices in	
	The	ere is a National Quitline 0700 10 323.			
		ere is a forum in our internet page www.a			
		e have trained in methods for quit consult ctitioners/family doctors.	ations 56 general		
	wh	ach year the MoH participates in a National Exibition "Alley of Health" here gives free of charge consultations of smokers and non-smokers and leasures the CO in exhaled air of smokers and non-smokers.			
3.2.8.15	-	ou have any relevant information pertaining ase provide details in the space below.	to but not covered	in this section,	

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO (with reference to Articles 15–17)			
3.3.1	15	Illicit trade in tobacco products	Illicit trade in tobacco products		
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	d of the section	and attach the	
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl		
3.3.1.1	15.2	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product? 	X Yes	🗌 No	
3.3.1.2	15.2(a)	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market? 	🛛 Yes	🗌 No	
3.3.1.3	15.2(a)	 requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in" or carry any other effective marking indicating the final destination of the product? 	TYes	No No	
3.3.1.4	15.2(b)	 developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade? 	X Yes	🗌 No	
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	🗌 Yes	No No	
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	Xes Yes	🗌 No	

	1			
3.3.1.7	15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	Xes Yes	☐ No
3.3.1.8	15.4(b)	 enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes? 	Xes Yes	🗌 No
3.3.1.9	15.4(c)	 requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment- friendly methods where possible, or disposed of in accordance with national law? 	Xes Yes	☐ No
3.3.1.10	15.4(d)	 adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties? 	Xes Yes	🗌 No
3.3.1.11	15.4(e)	 enabling the confiscation of proceeds derived from illicit trade in tobacco products? 	🛛 Yes	🗌 No
3.3.1.12	15.6	 promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels? 	TYes	No No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	Xes Yes	🗌 No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.
	Confiscation and seizure of tabacco products:
	2008 year - 13 742 760 cigarettes
	2009 year - 71 954 368 cigarettes
	2010 year 249 589 124 cigarettes
3.3.1.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3.2	16	Sales to and by minors			
		(Please check "Yes" or "No". For affirmativ brief summary in the space provided at the en- the relevant documentation. Please provide of one of the six official languages.)	nd of the sectio	on and attach	
		Have you adopted and implemented, where a executive, administrative or other measures or where appropriate, programmes on any of the	or have you im		
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18 ? 	Xes Yes	🗌 No	
3.3.2.2	16.1(a)	 requiring 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? 	TYes	🖾 No	
3.3.2.3	16.1(a)	 requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age? 	Xes Yes	🗌 No	
3.3.2.4	16.1(b)	 banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves? 	Xes Yes	🗌 No	
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	TYes Yes	🔀 No	
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	🛛 Yes	No	
If	you answere	d "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.		
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	TYes	🗌 No	
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	listribution of	
		• to the public?	Xes Yes	🗌 No	
		• to minors?	🛛 Yes	🗌 No	

3.3.2.9	16.3	_	prohibiting the sale of cigarettes individually or in small packets?	🛛 Yes	🗌 No
3.3.2.10	16.6	_	providing for penalties against sellers and distributors in order to ensure compliance?	🛛 Yes	🗌 No
3.3.2.11	16.7	_	prohibiting the sales of tobacco products by minors?	🛛 Yes	🗌 No
3.3.2.12	(Sale	Please provide a brief description of the progress made in implementing Article 16 (Sales to and by minors) in the past two years or since submission of your last report.			
3.3.2.13	If yo	u have an	v relevant information pertaining to but	not covered in	this section
5.5.2.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
		The requirements are adopted before 2007. No new requirements are adopted at the present.			

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities
		(Please check "Yes" or "No". summary in the space provided relevant documentation. Please the six official languages.)	at the end of th	he section ar	nd attach the
		Have you adopted and impleme programmes on any of the follo	· · · · · · · · · · · · · · · · · · ·	propriate, m	easures or
3.3.3.1	17	- promoting economically viable	e and sustainab	le alternativ	es for:
		• tobacco growers?	Yes	🖂 No	Not applicable
		• tobacco workers?	Yes	🛛 No	Not applicable
		• tobacco individual sellers?	Yes	🔀 No	☐ Not applicable
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.				
	The social impact for Bulgarian tobacco growers is still at the same stage b the government maintains a strong position to defend any public or non public initiative to promote alternative mode of production for the concerner regions. A research is made into the concerned area; also an alternative scheme for the income support is elaborated.		public or non for the concerned		
3.3.3.3		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.4	Article	OTHER MEASURES AND POL	ICIES		
		(with reference to Articles 18–21)			
3.4.1	18Protection of the environment and the health of persons		ons		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented executive, administrative or other m where appropriate, programmes on	neasures or	have you	implemented,
3.4.1.1	18	 implementing measures in respect territory, which take into consideration 		cultivation	n within your
		• the protection of the environment?	Xes Yes	🗌 No	Not applicable
		• the health of persons in relation to the environment?	X Yes	🗌 No	Not applicable
3.4.1.2	18	 implementing measures in respect territory, which take into considera 		manufactu	nring within your
		• the protection of the environment?	X Yes	🗌 No	Not applicable
		• the health of persons in relation to the environment?	X Yes	🗌 No	Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.				
	The Ministry of Agriculture and Foods implements the politics of the European Union which requires the soil to be kept in well agricultural and ecological condition when it distributes the resources for direct payments.			agricultural and	
3.4.1.4	•	you have any relevant information pertain ase provide details in the space below.	ning to but	not covere	ed in this section,

3.4.2	19	Liability		
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the ena relevant documentation. Please provide docum of the six official languages.)	l of the section of	and attach the
		Have you adopted and implemented, where appexecutive, administrative or other measures or where appropriate, programmes on any of the f	have you imple	
3.4.2.1	19.1	 dealing with criminal and civil liability, including compensation where appropriate? 	Yes	No No
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	TYes	No No
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	TYes	No No
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.			
3.4.2.5		you have any relevant information pertaining to but ease provide details in the space below.	not covered in	this section,

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	of the section	and attach the
		Have you adopted and implemented, where appropriate, administrative or other measures or where appropriate, programmes on any of the f	have you impl	
3.4.3.1	20.1(a)	- developing and/or promoting research that add	lresses:	
		• determinants of tobacco consumption?	🛛 Yes	🗌 No
		• consequences of tobacco consumption?	🛛 Yes	🗌 No
		• social and economic indicators related to tobacco consumption?	Xes Yes	🗌 No
		• tobacco use among women, with special regard to pregnant women?	🛛 Yes	🗌 No
		• the determinants and consequences of exposure to tobacco smoke?	🛛 Yes	No
		• identification of effective programmes for the treatment of tobacco dependence?	Xes Yes	🗌 No
		• identification of alternative livelihoods?	Xes Yes	🗌 No
		• other (<i>please specify</i> :)	Yes	🗌 No
3.4.3.2	20.1(b)	 training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation? 	🛛 Yes	🗌 No
3.4.3.3	20.3(a)	- a national system for epidemiological surveilla	ance of:	
		• patterns of tobacco consumption?	Xes Yes	🗌 No
		• determinants of tobacco consumption?	🛛 Yes	🗌 No
		• consequences of tobacco consumption?	🛛 Yes	🗌 No
		• social, economic and health indicators related to tobacco consumption?	Xes Yes	🗌 No
		• exposure to tobacco smoke?	Xes Yes	🗌 No
		 other relevant information (<i>please</i> specify:) 	Yes	No

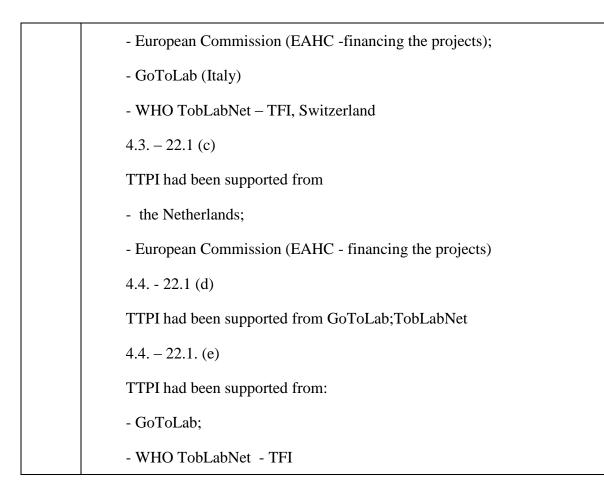
3.4.3.4	20.3(a)	If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.
		1997 - Balabanova, D., M. Bobak, and M. McKee Patterns of smoking in Bulgaria (1997), European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, UK. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1751442/. 38.4% of men and 16.7% of women smoke.
		2006 - Василева, Л., Александрова-Караманова, А., Александрова, Б., Богданова, Е., Димитрова, Е., Коцева, Т., Тодорова, И. (2008) Поведение и здраве при деца в училищна възраст. Резултати от представително изследване на български ученици на 11, 13 и 15 години – 2005/2006, София, Изд. РА Очи ЕООД, ISBN 978-954- 92156-6-3. (книга) (Vassileva, L., А. Aleksandrova-Karamanova, B. Bogdanova, E. Dimitrrova, T. Kotzeva, I. Todorova (2008). Translation: Bechaviour and Health of School children. Results from a representative survey of Bulgarian school students at 11, 13 & 15 years old - 2005- 2006, Sofia, Printed by RA Ochi EOOD, ISBN 978-954-92156-6-3)
		2007 - European School Survey Project on Alcohol and Other Drugs - ESPAD: the incidence among 15-16 years old students is 40%: 36% boys and 44% - girls.
		2007 - National Representive Survey among 25-65 years old respondents. It was realized from the National Center for Public Health and Analyses (before its name was National Center for Public Health Protection). The results about tobacco smoking: 46,6% males and 32,7% females are current smokers.
		2008 - It was realized from our National Statistical Institute: European Health Interview Survey (EHIS). The results about tobacco smoking: 38,8% from Bulgarian citizens on 15 and above years old are current smokers (50,3% male and 28,2% female).
		2008 - Global Youth Tobacco Survey (GYTS), realized from the structure of MoH: the National Center for Public Health Protection. The result about tobacco smoking among 13-15 years old school students are:
		58.8% of students had ever smoked cigarettes (Boys = 56.1%, Girls = 61.3%)
		29.3% currently use any tobacco product (Boys = 26.4%, Girls = 31.8%)
		28.2% currently smoke cigarettes (Boys = 24.4%, Girls = 31.6%)
		8.8% currently use other tobacco products (Boys = 10.5%, Girls = 6.8%)
		21.2% ever smokers initiated smoking before age ten (Boys = 26.6% ,

		Girls = 16.3%)		
		31.2% of never smokers are likely to initiate s 27.0%, Girls = 36.4%).	moking next	year (Boys =
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, does yo repeat any of the above or to undertake a new toba five years of your last survey? Please provide deta	acco survey wi	thin three to
		Yes, there are plans to repeat the surveys or B surveys:	ulgarian part	icipation in
		-European School Survey Project on Alcohol	and other Dr	ugs - ESPAD.
		- European Health Interview Survey - EHIS;		
		- Global Youth Tobacco Survey - GYTS;		
		Since 2012 every year the National Statistical investigate the incidence of tobacco consumption	0	oing to
3.4.3.6	20.4	- regional and global exchange of publicly avail	able national:	
		• scientific, technical, socioeconomic, commercial and legal information?	Xes Yes	🗌 No
		• information on the practices of the tobacco industry?	Yes Xes	No
		• information on the cultivation of tobacco?	🛛 Yes	No
3.4.3.7	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	🛛 Yes	🗌 No
		• information about the enforcement of laws on tobacco control?	Xes Yes	🗌 No
		• pertinent jurisprudence?	Yes	No No
3.4.3.8	(Re	ease provide a brief description of the progress made esearch, surveillance and exchange of information) is prission of your last report.	-	-
		oH regularly provides information to different in tion, WHO, and NGOs.	nstitutions: E	uropean
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

	Article	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	 development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? 	🗌 Yes 🖾 No	Yes 🗌 No
4.2	22.1(b)	 provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? 	🗌 Yes 🖾 No	🛛 Yes 🗌 No
4.3	22.1(c)	 appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? 	🗌 Yes 🖾 No	Yes 🗌 No
4.4	22.1(d)	 provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? 	🗌 Yes 🖾 No	Yes No
4.5	22.1(e)	 identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? 	Yes XNo	Yes No
4.6	22.1(f)	 promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? 	Yes 🛛 No	☐ Yes ⊠ No
4.7		f you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to w		
] 2	Answer of TTPI: 4.1 22.1. (a) : TTPI receive Netherlands. 4.2. – 22.1. (b) : TTPI had been supported from the Netherlands]		the



4.8	Please provide information about any assistance provided or received in the space below.
	Answer of Ministry of Health: The expert from the Ministry of Health have received and continue recieving help from:
	- WHO - uninterruptedly support;
	- EC - uninterruptedly support;
	- ENSP - since 2009 we are receiving very helpful News bulletin;
	- European Network of Quitlines (ENQ)- every year the specialist from the National Tobacco Smoking Quitline have been trained in different places in European Union (Poland, Netherlands, France, Spain, Portuguese); we have been trained in Bulgaria, too, our consultants from National Tobacco Smoking Quitline and the consultants from 28-th Consultative Quit Offices (CQO) from the 28 Reginal Health Inspections (structures of the Ministry of Health); the ENQ gave a great gift to Bulgarian CQO - 15 Smoke Check Devices which we use very effectively;
	- World Lung Foundation in collaboration with World Health Organization - Bulgarian experts from tobacco control area were trained in a seminar in Turkey and will be trained soon in Russia; the Ministry of Health received free of charge ad about the harms from tobacco consumption for media campaigns on national and regional level.
	Answer of TTPI: 4.1 22.1. (a) : TTPI received support from the Netherlands.
	Within the project "MATRA project Tobacco product control", TTPI - Bulgaria had profit the Dutch experience of the RIVM (National Institute for Public Health and the Environment) and VWA (Food and Consumer Product Safety Authority) experts. TTPI had received knowledge exchange, documentations with respect to tobacco product control, advanced training in tobacco product measurement (complying with international quality requirements to assay TNCO), and effective control of data submitted by industry, as required by the EU.
	4.2. – 22.1. (b) : TTPI had been supported from:
	- the Netherlands]
	- European Commission (EAHC -financing the projects);
	- As an associated partner in the projects EMTOC (Electronic Model Tobacco Control) and PITOC (Public information Tobacco Control), TTPI has the possibility to acquire and implement into practice the best European experience in compliance to EU Directive 2001/37/EU and to Art.9&10 of the WHO FCTC Guidelines.
	TTPI had profit the Dutch experience concerning the legal base (Dutch Tobacco Act) of the regulation about the data ingredients information. Applying the EMTOC project results into practice, Bulgaria will accomplish the DG SANCO recommendations about reporting ingredients data: to use

unified electronic formats for data ingredients submission; EMTOC system SOP to process, transfer and control the submitted to the National Regulator information, incl. the confidentiality data issues.

- Implementing into practice the results from the PITOC project, TTPI -Bulgaria will inform the public and consumers about the toxicological effects of the most harmful ingredients and the human health risks of tobacco smoking.

- - GoToLab (Italy)

- TTPI's experts had been sustained regularly, often on-line, from GoToLab and its leadership, to solve any problems in tobacco control area. GoToLab assists our efforts within the activities concerning the validation and verification of methods for testing and measurement of tobacco and tobacco products constituents and emissions. GoToLab provides us with precise and perfect SOP's, useful scientific information of interlaboratory testing, actual reports and presentations about others types tobacco products except cigarettes, such as the RYO-tobacco, the E-cigarettes, offering the most effective approach of their control.

- WHO TobLabNet - TFI, Switzerland

- TTPI's experts had been sustained regularly, often on-line, from GoToLab and its leadership, to solve any problems in tobacco control area. GoToLab assists our efforts within the activities concerning the validation and verification of methods for testing and measurement of tobacco and tobacco products constituents and emissions. GoToLab provides us with precise and perfect SOP's, useful scientific information of interlaboratory testing, actual reports and presentations about others types tobacco products except cigarettes, such as the RYO-tobacco, the E-cigarettes, offering the most effective approach of their control.

- TFI provides TTPI's experts(members of the Working Group Elaboration of guidelines for implementation of the Art.9&10WHO FCTC) with recent information in the field of tobacco product regulation, what helps us to develop and progress our national tobacco control strategy, programs and plans.

4.3. – 22.1 (c)

TTPI had been supported from

- the Netherlands;

- European Commission (EAHC - financing the projects)

Within the projects MATRA and EMTOC TTPI's experts had been trained in RIVM (National Institute for Public Health and the Environment) and VWA (Food and Consumer Product Safety Authority), the Netherlands. The training courses covered the ISO standards, procedures and protocols, lectures, practical experiments and training in RIVM and VWA and scientific knowledge exchange about tobacco products regulation.

The Dutch experts monitored TTPI laboratories in respect of TNCO determination, what was very useful experience exchange to evaluate and to

	improve TTPI analyses methodology, the personnel qualification and equipment capacity.
	4.4 22.1 (d)
	TTPI had been supported from GoToLab;TobLabNet
	TTPI receives from GoToLab (TobLabNet) regularly and in time the needful information concerning forthcomung concrete activities. GoToLab submits at our disposal the Standard Operating Procedures, in case of interlaboratory testing/measurement supply the necessary materials (monitor cigarettes etc); submits after the testing the final information/evaluation of the results.
	4.4. – 22.1. (e)
	TTPI had been supported from:
	- GoToLab;
	- WHO TobLabNet - TFI
	TTPI receives immediate and topical information from TFI (WHO TobLabNet), including actual documentation, scientific reports and updated data in the tobacco control sphere. Thank to this TTPI has been informed for the global tobacco control priorities and the most effective policies applied from the advanced countries. TTPI exerts efforts to use these informations to determine the most harmful constituents and emissions in tobacco and tobacco products, according the priority list, released from WHO. These international relations and submitted information supports TTPI to perform, besides its responsibilities according European and national legislation, but to realize its research programs and activities (determination of design characteristics of the cigarettes decisive the yield of the smoke components; more objective smoking machine regimes; means/ways for funding the tobacco control policies).
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? \Box Yes \boxtimes No
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.

5. **PRIORITIES AND COMMENTS**

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
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From Ministry of Health: the MoH implements the National Program for Tobacco Smoking Limitation 2011-2015 in Republic of Bulgaria of Council of Ministers. The Ministry of Health has under its jurisdiction articles 4, 5, 7, 8, 11, 12, 14, 19, 20, 21 and 22 and all of the rest articles which are connected with the national coordination of the implementation of FCTC in Republic of Bulgaria.
From Ministry of Finance: art. 6, 15 (the Customs Agency is under jurisdiction of MoF). Customs Agency s directly responsible for art. 15.
From Ministry of Economics, Energetics and Tourism: the imposition of Article 11, 13 and 16 of the WHO Framework Convention on Tobacco Control is in the competence of the Ministry of Economy, Energy and Tourism.
From Ministry of Agriculture and Foods: to promote the alternative production by art. 9, 10 (the TTPI is under jurisdiction of MoAF), 17 and 18.
From TTPI: In order to implement more effective the Art.9&10 WHO FCTC Guidelines, European Directive 2001/37/EU, as well as complying the obligations appointed under national legislation and the international engagements, Bulgarian Tobacco and Tobacco Products Institute nominates the following priorities in the tobacco control sphere:
- regarding the mandatory reports on tobacco products ingredients, as a Regulator, to process the submitted information through EMTOC system; to exert efforts in effective dialogue with the reporting parties, as appropriate, to convince them to submit their data on unified electronic formats, as DG SANCO (EC) recommendations;
- to change and supplement the Bulgarian Tobacco and Tobacco Products Act in the section concerning the ingredient information submission, as well as to elaborate a new Regulation to the Act, envisaging the EMTOC – system implementation;
- easy access on an internet public site containing information destined for the consumers about toxicological effects of some of the most dangerous additives, used in tobacco products manufacturing;
- scientific research and investigations aiming to develop and set into practice an effective Regulation of the TNCO contents of the RYO (fine-cut) tobacco on the national market, as well as to regulate the characteristics of the available auxiliary materials used when consume this type tobacco product; to inform the public and consumers about the smoke composition/contents and the health risks;
- improving the expert qualification of the personnel; the precision of the analyses; to implement the validated methods (SOP`s), established by WHO.
- comprehensive actions aiming to fund and to supply new TTPI's laboratories equipment, including apparatus allowing identification and quantity determination of the extended contents and emissions spectrum, except the controlled TNCO contents (such as benz[a]pyrene, TNSA's,

	pesticides residues etc).
	- prolonging the very useful cooperation and information, knowledge and experience exchange in tobacco control area with the European and the international institutions – GoToLab, TobLabNet , European Commission.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
	(Please refer to Article 21.1(b).)
	From Ministry of Health:
	- The hypocracy of the world - we don't forbid the tobacco but we want to forbid the tobacco consumption. The paradoxical strategy for making the world creates a paradoxical people - the smokers and rest of the tobacco users.
	- Very strong tobacco industry lobby.
	- There is not a statement in any Directive all the persons who are responsible in any way for implement the FCTC to be non-smokers. It is a great barrier when I work with such kind of colleagues.
	- One expert from a Ministry of Health feels very bad to elaborate legislation for tobacco smoking item for giving legal way to people to kill themselves.
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument