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.

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

1. ORIGIN OF THE REPORT

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1.4	Period of reporting	May 2009-April 2012	
1.5	Date the report was submitted 30 April 2012		

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 product used per day prevalence data) Average number of the reconsumed smoking tobacconsumed smoking tobacconsu			
	MALES			
	Current smokers	51.10 %		
	Daily smokers	%		
	Occasional smokers	%		
	Former smokers	%		
	Never smokers	%		
	FEMALES			
	Current smokers	7.10 %		
	Daily smokers	%		
	Occasional smokers	%		
	Former smokers	%		
	Never smokers	%		
	TOTAL (males and	females)		
	Current smokers	28.00 %		
	Daily smokers	%		
	Occasional smokers	%		
	Former smokers	%		
	Never smokers	%		

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	in men 15-59, in women 15-49
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	2005, Demographic and Health Survey, implemented by the National Centre of Public Health.
	Total figures are not given in this survey; calculation of the National Centre of Public Health indicates that, among the adult population, 28.2% of adults smoke (men and women together).
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Current smokers: persons who had smoked at least 1 cigarette daily for a continuous period of at least 1 month
2.1.1.5	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.
	In relation to figures in table 2.1.1, information on the average number of tobacco products smoked per day is the following:
	- among men, 84.6% of smokers consume more than 10 cigarettes per day; 5% consume 6-9 cigarettes; 7% consume 3-5 cigarettes; 2.9% consume only 1-2 cigarettes per day.
	- among women, 40% of smokers consume more than 10 cigarettes per day; 14.1% consume 6-9 cigarettes; 26.1% consume 3-5 cigarettes; 16.4% consume only 1-2 cigarettes per day.
	The latest available survey data on tobacco use among adults dates back to 2005 and there are no more recent data available on tobacco use among the adults. However, the 2008 WHO Report on the Global Tobacco Epidemic provides an estimate for the combined (men and women) age standardized adult smoking prevalence for the Republic of Moldova. According to this study, 21.6% of the adult population smokes, compared to 27% in Romania and 38.2% in Ukraine (the two neighbouring countries). Earlier, the European Tobacco Control Report 2007 produced daily smoking prevalence estimates (for the year 2005) using data from WHO Infobase for countries of the European Region of WHO. Based on these findings in 2005, the Republic of Moldova presented the sixth highest prevalence rates (almost 50%) in the WHO European Region and the seventh lowest prevalence rates (around 5%) for women.

2.1.2	Smoking prevalence in the adult 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	15-19	30.00 %		
	smokers ¹	20-34	59.10 %		
		35-59	53.20 %		
	Add age group		%		
			%		
	FEMALES				
	Current	15-19	4.30 %		
	smokers ¹	20-34	9.80 %		
	Add age group	35-49	5.80 %		
	Add age group		%		
			%		
	TOTAL (male	es and females)			
	Current smokers ¹	15-19	17.10 %		
	smokers	20-34	33.40 %		
	Add one arrain	35-49	28.40 %		
	Add age group		%		
			%		

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:
	Cigarettes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	2005, Demographic and Health Survey, implemented by the National Centre of Public Health.
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.

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) (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)					
		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	%				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
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.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group					
	(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)	group(s) (please include		Prevalence (%) all smoking or smokeless tobacco ucts 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:			uestion 2.1.5:		
2.1.5.2	Please in	dicate the age ran	ge to which the data	used to answer qu	nestion 2.1.5 refer:	
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:					

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

2.1.6	Tobacco use	Age range	(please include	Prevalence (%) all smoking or sm	
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
	Boys				
	Current users ⁴	13-15	18.50 %	%	11.6 %
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	Girls				
	Current users ⁴	13-15	5.60 %	%	5.10 %
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	TOTAL (b	oys and girls)			
	Current users ⁴	13-15	11.30 %	%	8.2 %
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
2.1.6.1	Please i		acco products included	in calculating pre	evalence for
	use of	any tobacco pr	roduct		

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:
	GYTS, 2008
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Current smoking: use of any smoking tobacco product in the last 30 days
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.
	Global Youth Tobacco Survey (GYTS) has already been conducted twice in the Republic of Moldova, in 2003 and 2008. In 2008, 13.4% of respondents indicated that they currently use any tobacco product (Boys = 20.8%, Girls = 7.1%). As compared to data collected in 2003, the trend is not worsening; moreover, a few percentage point decrease (from 23% to 18.5%) could be observed among boys. For girls, figures did not change (6% and 5.6%, respectively). The factsheet of the 2008 GYTS is provided in Annex 1 of this report.
	The factsheet of the 2003 survey is available at: http://www.cdc.gov/tobacco/global/gyts/factsheets/eur/2003/moldova_factsheet.htm
	In addition to information on the age group 13-15, the Global Health Professional Students Survey (GHPSS) for dental, nursing and pharmacy students was also conducted in the Republic of Moldova in 2008. 65% of dental students, 20% of nursing students and 30% of pharmacy students reported that they currently smoke cigarettes. The findings of these reports are provided in Annex 2 of this report.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? ⊠Yes ☐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).
	Latest data is available from the 2008 GYTS report. According to this survey, 20.3% of students aged 13-15 live in homes where others smoke in their presence and 57% are around others who smoke in places outside their home.
	The 2003 GYTS also provides information on students' exposure to tobacco smoke. In 2003, 62.7% of students reported that they live in homes where others smoke in their presence, while 96.4% indicated that they are around others who smoke in places outside their home.
	The two figures indicate a significant reduction of exposure to tobacco smoke among the youth.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	GYTS, 2008. The factsheet of the 2008 GYTS is provided in Annex 1 of this report.

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? t103800th20					
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.					
	Among the ten disease risk factors causing the highest DALYs, tobacco is the second most frequent case in men (total DALYs 14.9%), only preceded by alcohol, and the fifth most frequent cause in women (total DALYs 3.2%), after hypertension, high colesterol, alcohol, obesity.					
2.3.4	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:					
	Povara bolilor si deceselor in Republica Moldova pe cauze, 2009 with information from WHO Infobase 2003.					

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:
	A study calculating direct and indirect costs of tobacco was carried out in 2011.

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS					
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)					
2.5.1	Licit s	upply of tobacco	products			
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco	cigarettes	million sticks			
	products	cigars, cigarillos	sticks			
	product					
	Smokeless tobacco products Add product					
	Other	nargile	pieces			
	Add product					
	Tobacco	Leaves				
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:			2.5.1 and		

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with 1	eference to Arti	cle 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking tobacco	2008	cigarettes	packs of 20	218774.00	
	products	2009	cigarettes	packs of 20	1149775.00	
	Add row	2010	cigarettes	packs of 20	1028879.00	
	Smokeless tobacco					
	products					
	Add row					
	Other					
	tobacco products					
	Add row					
2.6.2		u have any infortional tobacco m		ntage of smuggled toba	acco products on	
2.6.3			'to question 2.6.2, wobacco products con-	what percentage of the isstitute? %	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 three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?					
		ion 2.6.1: the in		only refers to the pe	eriod from	
	questions 2.6.2 and 2.6.3: According to the information received from the Customs Services, the share of smuggled or counterfeit tobacco products the local market is not significant, especially because the Republic of Moldova has the lowest tobacco prices in the whole Europe. Illicit trade i tobacco products affects the country in respect to locally produced cigarettes or cigarettes transiting the country and reaching the illegal mar of neighbouring countries, Romania and Ukraine.					
	The cross-border traffic of illicit tobacco products seem to increase (see table 2.6.1). There was a significant increase in the volume of seizures between 2008 and 2009, and there number of seizures continues to increase. Information on seizures is also available by border crossing points, this information is given in Annex to this report.					
2.6.5	Please	provide any fur	ther information on	illicit or smuggled toba	acco products.	
2.6.6	Please	e indicate the sou	arce of the data used	to answer questions in	section 2.6:	

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS
	(with reference to Article 15.5)
	Customs Services, October 2010.
2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes No
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.
	No information is available on the number of workers involved in tobacco growing???
	Tobacco growing has a more than 300 years tradition in the Republic of Moldova, with the production growing after the second World War. Tobacco growing reached its top output in 1986 with 77000 hectares of land covered by tobacco plantations and total leaf production reaching 1232000 tons.
	After the disintegration of the former Soviet Union (FSU) the tobacco output of the Moldavian agricultural sector shrank to around 3000-4000 hectares and the total leaf production decreased to around 5000 tons per year. Of this volume only 1000 tons are used locally and about 4000 tons are exported. Overall, the economic importance of tobacco growing decreased substantially and the Ministry of Agriculture and Food Industry indicated that revitalizing tobacco growing is not considered a priority.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
	Ministry of Agriculture, October 2010
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))? 27.7%

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))? 27.7%					
2.8.2	How are the excise taxes levied (what types of taxes are levied)?					
	Specific tax only Yes No					
	Ad valorem tax only Yes No					
	Combination of specific and ad valorem taxes ☐ Yes ☐ No					
	• More complex structure (<i>please explain:</i>)					
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)					

		Product	Type of tax	Rate or amount	Base of tax ⁵		
	Smoking tobacco products	filter tipped cigarettes	specific tax	6.60	Moldavian Lei per 1000 cigarettes		
	Add product	filter tipped cigarettes	ad valorem tax	12%	price of 20 cigarettes		
		filter tipped cigarettes	value added tax	20%	price increased by excises		
		non filter tipped cigarettes	specific tax	7.00	Moldavian Lei per 1000 cigarettes		
		non filter tipped cigarettes	value added tax	20%	price increased by excises		
		cigarettes made of leaves, including cigars and fine tobacco products	ad valorem tax	25%	trade value in Lei per 1000 pieces		
		other cigarettes made of leaves, including cigars and other tobacco products containing replacements for tobacco	specific tax	10.80	Moldavian Lei per 1000 pieces		
	Smokeless tobacco products						
	Add product						
	Other tobacco products						
	Add product						
2.8.4	=	I scribe the trends i bmission of your		bacco products in t r jurisdiction.	he past two		
	Although tobacco taxes were raised a few times in the past ten years, the increases never reached not even that year's actual rate of inflation. In the years when there were any tax increases performed these remained around at the same level as the average inflation for that year.						

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.

	There was no tax increase in any tobacco product category between 2000 and 2003; between 2004 and 2005; between 2007 and 2008.
	In 2010, a change was observed in the calculation of taxation rates of fine tobacco products and there were significant increases in the tax rates for all cigarette categories (filter-tipped and non filter-tipped).
	On 1 April 2011, an increase in excises was implemented.
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? Yes No (In reference to Article 26)
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.
	Introduction of an earmarked tax will be considered as one of the action points in the national strategy for tobacco control, to be developed in 2011.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:
	Ministry of Finance, March 2011

2.9	PRICE OF TOBACCO PRODUCTS (with reference to Article 6.2(a))					
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
		Most Smoking tobacco products	Smokeless tobacco products	Other tobacco products	Number of units or amount per package	Retail price
	Domestic	Nistru (non- filter tipped)			20	1.35
		Plugarul (non- filter tipped)			20	2.50
		Temp (filter tipped)			20	4.25
	Imported	Winston			20	9.00

	Marlboro		20	17.00
	Monte Carlo		20	7.50

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	2010, Ministry of Economic Affairs. The list of prices of all tobacco products is given in Annex
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.
	All prices in table 2.9.1. are given in Moldavian Lei (MDL). 1USD=11.90 (31 March 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.
	In the case of the most popular and cheapest locally manufactured cigarettes prices were not changed between 2008 and 2010 (see table 2.9.1
	For some imported cigarettes prices were incressed between 2008 and 2010. For example, the price of a pack of Marlboro increased from 15 to 17 MDL. Prices are expected to raise after the introduction of higher specific tax rates on 1 April 2011.

3. LEGISLATION, REGULATION AND POLICIES

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?	Yes	□ 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?	Yes	□ No
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed	
		a focal point for tobacco control	⊠ Yes	☐ No
		a tobacco control unit	⊠ Yes	☐ No
		 a national coordinating mechanism for tobacco control 	⊠ Yes	☐ No
3.1.1.5	(e.g.	u answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, point for tobacco control or the tobacco control un	the institution	
	A national tobacco control focal point was nominated in July 2010. A new unit (on the surveillance and control of addictions), also dealing with the implementation of the Convention, was established in the National Centre for Public Health in February 2011, by an order of the Minister of Health. (1 FTE, 5 1/2 other positions (3 doctors, 1 psychologist, 1 sociologist, part time assistant) are foreseen). The Centre is a specialized agency of the Ministry of Health, led by the General Director. The Deputy Director responsible for health promotion and control of noncomunicable diseases, leads activities implemented by the Unit on the control of addictions.			
3.1.1.6	Pleas	se provide a brief description of the progress made 5.2 (<i>General obligations</i>) in the past two years or si		

	The process of developing the first ever national tobacco control strategy of the country started in January 2011. A public consultation is planned on the first draft and the adoption of the strategy by the Government is planned for the second half of 2011.
	The National Health Policy of the Republic of Moldova 2007-2021 dedicates a separate chapter to the control of tobacco, alcohol and illicit drugs. The National Policy is available at http://www.ms.gov.md/_files/1002-PoliticaNationala_rom_rus_finall.pdf
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.
	The public budget for tobacco control activities in 2010 was MDL 1700000 (approx USD 141000).

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.)					
			adopted and implemented, where appropriate, legislative, executive, rative or other measures or have you implemented, where				
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 underovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please			
3.1.2.4		Please provide a brief description of the progress ment the past two years or since submission of your la	_	ing Article 5.3			
3.1.2.5		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,			
	So far, there are no production facilities operated by transnational tobacco companies in the Republic of Moldova. Products of multinational tobacco companies are imported into the country (around 5-5.5 billion pieces/year).						
	There is only one manufacturing company (Societatea pe Actiuni Combinatul de Tutun Chisinau) in the country, with is 90% state-owned at the control over this manufacturing unit is provided by the Ministry of Agriculture and Food Industry. Actually total local production accounts for 2.8-3 billion pieces annually (the factory's capacity would allow 9 billion pieces), distributed among about 60 brands (out of which about ten are not filter-tipped). There are two companies dealing with the processing of ray tobacco, one of these is currently being privatized.						

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 demand 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 the	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	⊠ 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	(Pr	hase provide a brief description of the progress making and tax measures to reduce the demand for the ce submission of your last report.			
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			this section,	
	question 3.2.1.1: Although tobacco taxes were raised a few times in the past ten years, the increases never reached not even that year's actual rate of inflation. This practice indicates that a net increase in tobacco taxes is perhaps never reached, thus this policy does not take into account the achievement of health objectives as required by article 6.2 of the Convention.				
	Convention. question 3.2.1.3: The importation of tobacco products by international travellers is limited to 200 cigarettes and 50 sticks of cigars/cigarillos per entry to the country. While there is no information available on the volume of such personal imports, it can be expected that this remains insignificant, especially taking into account the low taxes/prices for tobacco products in the country in comparison with other European countries, but also worldwide.				

3.2.2	8.2	Protection from exposure to tobacco smoke			
		(Please check "Yes" or "No". For affirmative answers, please provide a brie 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:			
3.2.2.1		 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 measure providing for the ban?	.1, what is the type/na	ture of the	
		• national law	⊠ Yes	☐ No	
		• subnational law(s)	Yes	⊠ No	
		administrative and executive orders	Yes	⊠ No	
		voluntary agreements	Yes	⊠ No	
		• other measures (please specify:)	Yes	☐ No	
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and conte	nt of the	
	Article 16 of the 2007 Tobacco Act contains "restrictions for the consumption of tobacco products and prevention of harmful effect health". The new Code of Offences, adopted on 24 October 2008 introduced after its publication in the Government's Monitor on 10 January 2009, entered ito force 31 May 2009, in its Articles 91 and impose penalties for smoking in the following places:			nful effects on ber 2008 and itor on 16	
		o in all places where there is a fire	e danger;		
		o in all educational facilities (primary, secondary, specialty, high education), sports stadiums and other sporting areas, shops and pub restaurants;			
		o all children's shops and cafeteria	as;		
		o in locals dedicated for non-smok	cers;		
		o in government buildings, cinema	as, theatres, concert	and exhibition	

	halls, circus, museums, libraries, waiting rooms, bus stops, train stations, public transport, other public institutions, elevators, facilities/zones for leisure and rest, with the exemption of designated smoking areas. The designated smoking areas in hopitality industry establishments should not occupy more than 50% of the public place.			
	Penalties are expressed in "conventional units" as provided in Annex or web: http://www.justice.md, search for code number CCRMM218/2008.			
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.
	Authorities controlled by the Ministry of Internal Affairs have elaborated internal rules for implementation of the 2007 Tobacco Act. In addition, based on articles 91 and 203 of the Code of Offences, these authorities have initiated sanctions and/or legal actions for the infringement of rules regulating smoking in public places, including public places where a ban of smoking applies and also in public transport facilities. In 2010-2011 only more than 3300 cases of violation of smoking rules have been observed in different economic units and around 5000			
3.2.2.6	additional cases were observed in public places and, as appropriate, other public places.	Complete	Partial	None
	Indoor workplaces:			
	• government buildings	\boxtimes		
	• health-care facilities	\boxtimes		
	• educational facilities ¹			
	• universities			
	• private workplaces			

¹ except universities

		• other (please specify:)		
	Public transport:			
		• airplanes		
		• trains		
		• ferries		
		ground public transport (buses, trolleybuses, trams)		
		motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		
		private vehicles		
		• other (please specify:)		

	Indoor public places:			
	cultural facilities		\boxtimes	
	 shopping malls 		\boxtimes	
	• pubs and bars		\boxtimes	
	• nightclubs		\boxtimes	
	• restaurants		\boxtimes	
	• other (please specify:)			
3.2.2.7	Please provide a brief summary of conspecific details of the partial measures			rith
	Banning tobacco smoking in inde	or workplaces		
	In government buildings, ciner halls, circus, museums, libraric institutions, elevators, facilitie exemption of designated smok	s, waiting room zones for leisu	s, other pul re and rest,	olic with the
Private public places are not referred to separately in the legislation. Regulation of smoking in various settings is irrespective of the fact that they are public or private.				
	Banning tobacco smoking in pub.	ic transport		
	question 3.2.2.6: In waiting roo stations smoking is completely		bus and trai	in
	question 3.2.2.6: Ferries are no Moldova.	t operational in	the Republ	ic of
	Banning tobacco smoking in inde	or public places		
	Designated areas for smoking	can be operation	al in restau	rants.
3.2.2.8	Please provide a brief description of the pro (Protection from exposure to tobacco smoke submission of your last report.		_	
	No new measures were introduced in the	past two years.		
3.2.2.9	If you have any relevant information pertain please provide details in the space below.	ing to but not cov	ered in this	section,
	Penalties of 600 to 1,000 MDL (US\$ 60 a public place where smoking is not allo		oplied for si	moking in

3.2.3	9	Regulation of the contents 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.)					
			ou adopted and implemented, where appropriate, legislative, executive, strative or other measures or have you implemented, where riate, programmes on any of the following:				
3.2.3.1		 testing and measuring the contents of tobacco products? 	Yes	⊠ No			
3.2.3.2		 testing and measuring the emissions of tobacco products? 	⊠ Yes	☐ No			
3.2.3.3		 regulating the contents of tobacco products? 	Yes	No No			
3.2.3.4		 regulating the emissions of tobacco products? 	⊠ Yes	☐ No			
3.2.3.5		Please provide a brief description of the progress n (Regulation of the contents of tobacco products) in submission of your last report.	_	-			
3.2.3.6	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below. question 3.2.3.1: Testing and measuring and regulating the contents: As some content elements are concerned, the 2007 Tobacco Act regulates the maximum leve of pesticides and other toxic substances in cigarettes. According to the legislation, limits are to be set by the Ministry of Health, and measurement be made based on international standards. However, no requirement exists in the legislation for the analysis of the content of tobacco products. question 3.2.3.2: Testing and measuring emissions: The 2007 Tobacco Act stipulates that determination of emissions of smoked tobacco products (tar, nicotine and carbon-monoxide levels of cigarettes) should be done by accredited laboratories. With respect to testing/measuring, the Republic of Moldova does not have the necessary infrastructure and capacity in place to perform such testing. Only one laboratory for testing "the quality of tobacco products" exists in the country at the Chisinau Tobacco Factory. This laboratory is accredited by			some content aximum level ording to the measurements ment exists in ts. stipulates that nicotine and by accredited c of Moldova ce to perform "exists in the accredited by culture would			
	support the establishment of an independent and objective laboratory in a institution controlled by the Ministry of Health. question 3.2.3.4:						
		Regulating emissions: Article 10 of the 2007 levels for tar, nicotine and carbon-monoxide is					

to the legislation, the level of these substances is 1 mg for tar and 10 mg for nicotine and carbon-monoxide from 1 January 2012. Different levels apply for cigarettes without a filter.

3.2.4	10 Regulation of tobacco product disclosures					
		 (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: 				
3.2.4.1	 requiring manufacturers or importers of tobacco products to disclose Government authorities information about the: 			to disclose to		
		• contents of tobacco products?	X Yes	☐ No		
		emissions of tobacco products?	X Yes	☐ No		
3.2.4.2		requiring public disclosure of information	on about the:			
		• contents of tobacco products?	X Yes	☐ No		
		• emissions of tobacco products?	⊠ Yes	☐ No		
3.2.4.3	()	Please provide a brief description of the progress management Regulation of tobacco product disclosures) in the submission of your last report.	-	•		
3.2.4.4		f you have any relevant information pertaining to lease provide details in the space below.	but not covered in	this section,		
	Disclos	isclosure of content and emissions information to the Government				
		12 of the 2007 Tobacco Act calls for disclosurernment and the public.	are of content inf	Formation to		
		w stipulates that by 30 May each year produce ts should present to the Ministry of Health the				
	o content	commercial brands and their tar, nicotine, car t, as referred to in Article 10 of the same legis		and pesticide		
		list and quantity of all ingredients utilized durive tobacco product, by brand and product typents in the decreasing order of their quantity;				
	o with sp	toxicological data owned by the producer for pecial regard to their health effects, including of		-		
	Public	disclosure of information on the content				

The same article of the 2007 Act requires public disclosure of the following information:

- o maximum allowed content in toxic substances for the respective product (tar, nicotine, carbon-monoxide);
- o results of the tests of tobacco products which can be found in the Republic of Moldova;
- o other data and information, with exemption of confidential information on receipts and product formulae, which can be considered commercial secret;
- o all results and toxicological data resulted from supplementary tests performed in the country on the request of the Ministry of Health cannot be considered as confidential and should be made public;
- o the deadlines and modes of disclosure are to be determined by the Ministry of Health.

3.2.5	11	Packaging and labelling of tobacco products			
		(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	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?	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? 	⊠ 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?	⊠ Yes	□ No	
3.2.5.4	11.1(b)(i)	 ensuring that the health warnings are approved by the competent national authority? 	⊠ Yes	☐ No	
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	⊠ Yes	☐ 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?	Yes	⊠ No	
3.2.5.8	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	⊠ 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 3.2.5.9, 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? 	⊠ 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.			
	pack	tion 3.2.5.13: Since 1 January 2010, on 10% information should be published on tar, nic sions.		
	(Cha 2010 direc prev Dire	"EU-Republic of Moldova Association Agrapter on Public Health, section on Tobacco) on harmonization of national legislation we tives and recommendations provides for the ent cross-border advertising of tobacco proceedive EC/2001/37 will have to be implement into force of the agreement (by 2018).	concluded in ith the require adoption of illucts. Measure	December ments of EU measures to es in line with
3.2.5.16		u have any relevant information pertaining to one provide details in the space below.	not covered in	this section,
	both warr arou	tion 3.2.5.2: Article 11(2) of the 2007 Toba general warnings and additional warnings. nings (smoking kills; smoking seriously harned you). These should rotate, to ensure that larly, in equal time intervals.	There are two ms your health	general and those
	Act)	re are 12 additional warnings (Article 11(2)). The rules of their rotation is the same as in sings.		

question 3.2.5.7: There is no explicit requirement in the legislation, but requirements of Article 11(6) of the 2007 Tobacco Act allow for clarity, legibility and good visibility.

questions 3.2.5.8 and 3.2.5.9: The general warning should occupy at least 30% of the side it is printed. In addition, there is no requirement for the frame to be excluded from this 30% size of the warning itself.

The additional warning is to be printed on the other main side, and should be at least 40%.

3.2.6	12	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, 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:				
3.2.6.1	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		If you answered "Yes" to question 3.2.6.1 targeted?	5.1, to whom are these programmes			
		adults or the general public	⊠ Yes	☐ No		
		children and young people	Yes Yes	☐ No		
		• men	Yes	⊠ No		
		• women	⊠ Yes	☐ No		
		• pregnant women	⊠ Yes	☐ No		
		• ethnic groups	Yes	No No		
		• other (please specify:)	Yes	☐ No		
3.2.6.3		If you answered "Yes" to question 3.2.6.1 key differences among targeted populatio public awareness programmes?	ed population groups in educational and			
		• age	⊠ Yes	☐ No		
		• gender	⊠ Yes	☐ No		
		educational background	Yes	No No		
		cultural background	Yes	No No		
		socioeconomic status	Yes	No No		
		• other (please specify:)	Yes	☐ No		
3.2.6.4	12(b)	If you answered "Yes" to question 3.2.6.1 awareness programmes cover:	s" to question 3.2.6.1, do these educational and public es cover:			
		health risks of tobacco consumption?	⊠ Yes	☐ No		
		health risks of exposure to tobacco smoke?	⊠ Yes	☐ No		
		benefits of the cessation of tobacco use and tobacco-free lifestyles?	X Yes	☐ No		
	12(f)	adverse economic consequences of				

		- tobacco production?	Yes	⊠ No		
		- tobacco consumption?	Yes	⊠ No		
		adverse environmental consequences of				
		- tobacco production?	Yes	⊠ No		
		- tobacco consumption?	X Yes	☐ No		
3.2.6.5	12(e)	 awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: 				
		• public agencies?	⊠ Yes	☐ No		
		 nongovernmental organizations not affiliated with the tobacco industry? 	⊠ Yes	☐ No		
		• private organizations?	Yes	No No		
		• other (please specify:)?	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?	Yes	⊠ No		
3.2.6.7	12(d)	Are appropriate and special training or ser programmes on tobacco control addressed				
		• health workers?	X Yes	☐ No		
		• community workers?	Yes	⊠ No		
		• social workers?	Yes	⊠ No		
		media professionals?	⊠ Yes	☐ No		
		• educators?	Yes	⊠ No		
		• decision-makers?	X Yes	☐ No		
		administrators?	X 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.
	Communication campaign implemented in 2010.
	Another national communication campaign is planned and budgeted for 2012 with the support of the EU and WHO Europe.
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.
	question 3.2.6.1: Activities aimed at increasing public awareness on such matters were presented by a number of ministries and organizations, as follows:
	o the Ministry of Education reported that tobacco-related matters appear in basic and optional subjects/curricula and in various extracurricular activities, for example,
	o in both primary and secondary schools as part of curricula of the protection of the environment and health; biology; and hygiene;
	o in the curricula of "civic education" (which is aimed at empowering students and formulation of attitudes against smoking);
	o in various extracurricular activities (for example, smoke-free day is organized in school with presentations, discussions, contests and sports activities which are presented as alternatives to tobacco use in everyday life);
	o with respect to some extracurricular activities collaboration has been established with local organizations, NGOs and UN agencies;
	o the Ministry of Health reports implementation of activities linked to the World No Tobacco Day each year; in addition workshops were organized in the regions for health workers and information materials on tobacco use and prevention of smoking were sent to local agencies;
	o the Ministry of Internal Affairs also reported having implemented awareness raising programmes in schools, with a focus on implementation and enforcement of the legislation concerning smoking in public and sales of tobacco products to minors;
	o the Ministry of Youth and Sports indicated that the law on young people also focuses on promoting healthy lifestyles among the young people. It also reported implementation of various programmes targeted at young people promoting healthy lifestyles, including smoke-free environments. The Ministry is also coordinates the establishment of a network of "youth friendly" clinics; there are 12 such establishments all over the country, which not only provide medical assistance to young people, if necessary, but also focus on health education. Finally, a television anti-tobacco campaign was implemented in 2010 by the Ministry, in collaboration with other ministries and agencies;
	o UNICEF also reported promotion of health-related curricula in schools;

In summary, various government ministries implemented various programmes to promote healthy lifestyles, including smoke-free life, but is unlikely that these projects reached the society as a whole. Less focus was found on cessation of tobacco use and treatment of tobacco dependence. Overall, the function of implementing such programmes seem to be scattered among different organizations and seem not to be sustainable.

question 3.2.6.2: The "Campaign on Public Awareness on Tobacco Control" was launched on 31 May 2010 and concluded on 1 November 2010. The campaign messages were disseminated mainly through radio (Moldova National radio, Vocea Basarabiei), private TV channel (Jurnal TV), roundtables, articles in the press; campaign materials (leaflets).

question 3.2.6.5: There are a couple of agencies with interest in tobacco control, including non-governmental organizations, such as the National Coalition of NGOs on Tobacco Control, leaded by the NGO "Young and free". At the beginning of 2011 a new project started with the support of the Bloomberg Foundation and implemented through the Center for Public Health Policies and Studies in close coordination with the National Center of Public Health advocating for strengthened tobacco control policies.

question 3.2.6.7: Implementation of such programmes was reported by the Ministry of Health. In addition, other ministries also reported organizing training programmes for their officials (for example, the Ministry of Internal Affairs for law enforcement officials or the State Chancellery's guide for mayors), which can be used to raise awareness among the government officials on matters related to the implementation of the Convention.

On 4-9 April 2011 a workshop was organized by the Ministry of Health, in collaboration with the WHO country office, on strengthening national capacities for cost-effectiveness analysis of measures on tobacco control. Representatives from various ministries, government agencies, media, NGOs participated in this training workshop.

A series of events dedicated to World No Tobacco Day 2011 were organized in Moldova by the Ministry of Health in collaboration with partners on 31 May 2011. A round table with participation of representatives from the Ministry of Health, the Ministry of Finance, the Ministry of Agriculture, the food industry, the WHO Country Office, civil society and the mass media. The event included formal presentations by different sectors regarding the progress and gaps in implementing the WHO FCTC, as well as a session of questions and answers with mass media and broader discussions among stakeholders on the way forward.

A round table discussion dedicated to the finalization of the National Tobacco Control Programme for 2012-2016, was organized by the Ministry of Health of the Republic of Moldova, with the support of the WHO Regional Office for Europe on 24 August 2011. The event was part of the joint WHO/Europe and WHO FCTC Secretariat's mission to the country which took place 22-25 August 2011. It brought together the main stakeholders involved in tobacco control policy development over the past year. Almost 70 participants attended, including NGOs and mass media.

3.2.7	13	Tobacco advertising, promotion and spo	nsorship	
		(Please check "Yes" or "No". For affirma brief summary in the space provided at the relevant documentation. Please provide do of the six official languages.)	end of the section	and attach the
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes:		
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	Yes	⊠ No
If	you answe	red "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 cov	/er:
		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	☐ 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?	Yes	□ No
		 cross-border advertising, promotion and sponsorship originating from your territory? 	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
3.2.7.4	13.3	 applying restrictions on all tobacco advertising, promotion and sponsorship? 	⊠ 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? 	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? 	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	□ 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	⊠ No

3.2.7.10	13.4(e)	 restricting tobacco advertising, promotion and sponsorship on: 			
		• radio?	⊠ Yes	☐ No	
		• television?	⊠ Yes	☐ No	
		• print media?	⊠ Yes	☐ No	
		• the domestic Internet?	Yes	⊠ No	
		• the global Internet?	Yes	⊠ No	
		• other media (please specify:)?	Yes	☐ No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		 international events and activities? 	Yes Yes	☐ No	
		• participants therein?	Yes 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	
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? 	Yes	⊠ No	
3.2.7.14	(Ta	case provide a brief description of the progress made bacco advertising, promotion and sponsorship) omission of your last report.	_	_	
	(C 20 dir pre Di	e "EU-Republic of Moldova Association Aghapter on Public Health, section on Tobacco 10 on harmonization of national legislation vectives and recommendations provides for the event cross-border advertising of tobacco protective EC/2003/33 will have to be implementary into force of the agreement (by 2014).) concluded in E with the requirement adoption of moducts. Measures	December nents of EU neasures to s in line with	
3.2.7.15	-	you have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,	
	Ar	e 2007 Tobacco Act regulates advertising of ticle 13). The law bans all tobacco advertising itten and electronic press, cinema halls, and	ng in television a	and radio, in	

are made for the publication of the brand name and logo in the following places: on the buildings of the economic persons who produce, import or wholesale tobacco products and inside such buildings; at the points of sale of tobacco products; on accessories to smoking (lighters, ashtrays, litter bins, etc). All remaining advertising should carry health warnings (one of the two general warnings), occupying 20% of the central-bottom part of the item on which the advertising appears.

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation			
		(Please check "Yes" or "No". For affirm brief summary in the space provided at the the relevant documentation. Please provi one of the six official languages.)	he end of the section	on and attach	
		Have you adopted and implemented, who executive, administrative or other measure where appropriate, programmes on any o	res or have you im		
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 	Yes	⊠ No	
		o women	Yes	⊠ No	
		o pregnant women	Yes	⊠ No	
		telephone quitlines	Yes	⊠ No	
		 local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? 	⊠ Yes	□ No	
		• other (please specify:)?	Yes	☐ No	
3.2.8.3	14.2(a)	design and implementation of progrecessation of tobacco use, in such loc		romoting the	
		educational institutions?	Yes	⊠ No	
		health-care facilities?	Yes	⊠ No	
		• workplaces?	Yes	⊠ No	
		sporting environments?	Yes	⊠ No	

• other (please specify:	Yes	⊠ No
<i>)</i> .		

3.2.8.4	14.2(b)		of diagnosis and treatment of tobacco dependence and g services for cessation of tobacco use in national es, 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? 	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 (<i>please specify:</i>)	Yes	☐ No	
		 specialized centres for cessation counselling and treatment of tobacco dependence 	Yes	□ No	
		rehabilitation centres	Yes	☐ No	
		• other (please specify:)	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	ially None	
		• specialist health-care systems (please specify:)	Fully Parti	ially None	

		 specialized centres for cessation counselling and treatment of tobacco dependence 	Fully Parti	ially None
		• rehabilitation centres	Fully Parti	ially None
		• other (please specify:)	Fully Parti	ially 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 	Yes	☐ No
		• other medical professionals (please specify:)	Yes	☐ No
		• nurses	Yes	☐ No
		• midwives	Yes	☐ No
		 pharmacists 	Yes	☐ No
		Community workers	Yes	☐ No
		Social workers	Yes	☐ No
		Others (please specify:	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
		• nursing?	Yes	⊠ No
		• pharmacy?	Yes	⊠ No
		 other (please specify: School of Public Health Management, postgraduate training courses for medical doctors)? 	⊠ Yes	□ No

3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	Yes	⊠ No	
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8.1 products be legally purchased in your cou		v can these	
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8. products are legally available for the treat your jurisdiction?			
		• nicotine replacement therapy	Yes	□No	
		• bupropion	Yes	☐ No	
		• varenicline	Yes	☐ No	
		• other (please specify:)?	Yes	☐ No	
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8 covered by public funding or reimbursem		f these products	
		nicotine replacement therapy	Fully Parti	ally None	
		• bupropion [Fully Parti	ally None	
		• varenicline	Fully Parti	ally None	
		• other (please specify:)?	Fully Parti	ally None	
3.2.8.14	Art	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.			
	cer the the Na	According to National Programme on Tobacco Control, the reference centres for cessation counselling are planned to be established in 2011. In the pilot phase, five such centres are planned to be established in each of the five economic regional structures of the country, while the National Narcological Centre will be responsible for the implementation of this project, under the coordination of National Centre of Public Health.			
3.2.8.15		ou have any relevant information pertaining to ase provide details in the space below.	o or not covered in	n this section,	
	me pro	question 3.2.8.4: The National Health Policy 2007-2021 provides for measures and interventions aimed at cessation of tobacco use. Such programmes will need to be included in the forthcoming national tobacco control action plans.			

3.3	Article	MEASURES RELATING TO THE REDUCTORY TOBACCO	CTION OF TH	HE SUPPLY
		(with reference to Articles 15–17)		
3.3.1	15	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? 	⊠ 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? 	Yes	⊠ 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? 	⊠ 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
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	⊠ Yes	□ No

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?	⊠ 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?	⊠ 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? 	Yes 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?	Yes	⊠ No
3.3.1.11	15.4(e)	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	X 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?	⊠ Yes	□ No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	X 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.
	The "Border Treaty" between Republic of Moldova and Romania was signed by the two Parties on 9 November 2010. Reference is included in the Treaty on combatting illicit trade in tobacco products and guides cooperation and border management between the two countries.
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.
	questions 3.3.1.6 and 3.3.1.7: Provided by the 2007 Tobacco Act and various agreements on the matter concluded by the Customs Services.
	question 3.3.1.9: Confiscated products are burnt.
	question 3.3.1.12: Agreement on illicit trade in tobacco products concluded with Romania. No such agreement with other states. Cooperation between national agencies should be further improved.
	question 3.3.1.13: All stakeholders within the tobacco sector should hold a licence to perform economic activities (2007 Tobacco Act).

3.3.2	16	Sales to and by minors		
		(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 executive, administrative or other measures of where appropriate, programmes on any of the	or have you imp	
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18? 	⊠ 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?	⊠ Yes	□ 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? 	⊠ 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?	X 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? 	⊠ Yes	□ No
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	⊠ Yes	☐ No
If	you answere	ed "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?	Yes	□ No
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	istribution of
		• to the public?	× Yes	☐ No
		• to minors?	X 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	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		u have any relevant information pertaining to but se provide details in the space below.	t not covered in	this section,		
		(3) of the 2007 Tobacco Act covers the majo of the Convention, including:	rity of items re	equired under		
	- bans the	sale of tobacco products to and by children u	nder 18 years	of age;		
	- bans sale	es through vending machines and mobile com	nmercial units;			
	- bans sale of tobacco products in institutions of all levels of education (incuniversities) and in health care facilities, as well as in sports facilities, stad and all retail units which are placed in a radius of less than 200 meters of the settings listed before;					
	- ban of sale of all products which do not carry an excise stamp (except at duty-free shops) or do not comply with packaging requirements provided for in the same legislation;					
	- in packs	of less than 20 pieces.				
	Artio smo	ddition to the above mentioned requirements cle 14(1) of the same legislation prevents corkeless tobacco product (snuff or tobacco integing).	nmercialisatio	n of any		
	2009 toba	stion 3.3.2.10: The Code of Offence, which e 9, previews fines of 1200-2000 MDL (US\$ 1 cco products to minors. The mission has lear such offences were recorded by the Ministry	20-200) to sell nt that in 2010	lers who sell more than		
		orcement has more emphasis in the recently a gramme on Tobacco Control.	pproved Natio	onal		

3.3.3	17	Provision of support for econo	omically viabl	e alternativ	e activities
		(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 impleme programmes on any of the follo		propriate, m	neasures or
3.3.3.1	17	7 – promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	Yes	No 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.				
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 POLICIES (with reference to Articles 18–21)			
3.4.1	18	Protection of the environment and	d the healt	h of nerso	ons
3.1.1		(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 relevant documentation. Please provide documentation, if available, in o of the six official languages.)			
		Have you adopted and implemented executive, administrative or other n where appropriate, programmes on	neasures or	have you	implemented,
3.4.1.1	18	implementing measures in respect territory, which take into considerate.		cultivatio	n within your
		• the protection of the environment?	⊠ 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 considerate.		manufactı	uring within your
		• the protection of the environment?	⊠ 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.				
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,
	A number of measures required under the 2007 Tobacco Act actually to the implementation of this article. Chapter II (Articles 3 to 5) of this refer to the production and post-harvest processing of tobacco. With reto tobacco growing and post-harvest processing reference is made to national standards concerning processing technologies which must be into account during the process. Agricultural inputs involved in tobacco growing are required to maint improve fertility of the soil and to only apply technologies which do n have a negative impact on the environment. Further, only fertilizers are phyto-sanitary products registered in the country can be used. During growing or processing of leaf tobacco, standard rules of workers healt protection and security should be respected. In this regard, employment				to 5) of this law cco. With respect s made to
					which do not ertilizers and ed. During the orkers health

minors and pregnant women is not allowed in growing, harvesting or post-harvest processing of tobacco.

Similar rules apply to industrial processing of tobacco, including manufacturing of tobacco products (Chapter III of Tobacco Act, articles 6 to 9). Again, the law forbids employment of minors and pregnant women for manufacturing of tobacco products.

3.4.2	19	Liability (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:		
3.4.2.1	19.1	dealing with criminal and civil liability, including compensation where appropriate?	Yes	⊠ 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?	Yes	⊠ 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?	Yes	⊠ 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	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.3	20	Research, surveillance and exchange of information				
		(Please check "Yes" or "No". For affirmative answers, please provided at the end of the section and attained at the end of the six official languages.)				
		Have you adopted and implemented, where appeared executive, 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	dresses:			
		determinants of tobacco consumption?	⊠ Yes	☐ No		
		consequences of tobacco consumption?	⊠ Yes	☐ No		
		social and economic indicators related to tobacco consumption?	⊠ 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?	Yes	⊠ No		
		identification of alternative livelihoods?	Yes	⊠ No		
		• other (please specify:)	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?	Yes	⊠ No		
		determinants of tobacco consumption?	Yes	⊠ No		
		consequences of tobacco consumption?	Yes	⊠ No		
		social, economic and health indicators related to tobacco consumption?	Yes	⊠ No		
		exposure to tobacco smoke?	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 including the year of the survey, that you have under	-	-
		- GYTS in 2003 and 2008		
		- the "National Baseline Evaluation of Knowled Practices of Young People in relation to their is a study implemented in 2004 by the Associate with financial support from UNICEF Moldovator for Development and the Canadian Public Heat	Health and Dation "Health Heattha, the Canadi	Pevelopment" for Youth" an Agency
		- GHPSS in 2008		
		- adult prevalence survey in 2005 by the Natio	onal Centre o	f Public
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.		
		Arrangements were made to repeat GYTS and	GHPSS in 2	2012.
		In addition, MICS will also be implemented in on tobacco use among the adult population.	n 2012 to col	lect new data
		The process of establishment of a national epic system concerning tobacco use and its impact February 2011 with the creation of a departme control of addictions at the National Center of responsibility of evaluating prevalence, consect of tobacco use.	on health wa ent on surveil Public Heal	s started in lance and th, with the
		New studies concerning the cost-effectiveness interventions and on morbidity and mortality in 2011 (Please see attached WHO Health Pol Effects and Cost-Effectiveness of Tobacco Co Republic of Moldova").	elated to tob icy Paper "C	acco finished osts, Health
3.4.3.4	20.4	regional and global exchange of publicly available.	able national:	
		scientific, technical, socioeconomic, commercial and legal information?	X Yes	☐ No
		information on the practices of the tobacco industry?	Yes	⊠ No
		• information on the cultivation of tobacco?	X Yes	☐ No
3.4.3.5	20.4(a)	- an updated database of:		
		• laws and regulations on tobacco control?	Yes Yes	☐ No

	• information about the enfo laws on tobacco control?	orcement of Yes	☐ No
	• pertinent jurisprudence?	⊠ Yes	☐ No
3.4.3.6	Please provide a brief description of the (Research, surveillance and exchange of submission of your last report.	1 0	•
3.4.3.7	If you have any relevant information populate provide details in the space belo	e	this section,
	The Customs' Services indicated that participating, together with other rein a joint study on the trends on licit including the health impact of both. better understanding of the interrelated health impact of tobacco use and we tobacco control efforts in the countril	levant departments of the Cot and illicit trade in tobacco Such a joint effort would cotionship between trade, corould, again, facilitate the str	Sovernment, products, contribute to assumption and

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 No	☐ 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 v	•	•
	a	EU provided funding for exchange of informa and editing of Report on Cost-effectiveness in provided funding for a communication campa	tobacco control	in 2011 and

4.8	Please provide information about any assistance provided or received in the space below.
	question 4.1: A joint needs assessment was undertaken by the Government of the Republic of Moldova and the Convention Secretariat, with the collaboration of the WHO country office, in October 2010 to assess implementation of the Convention. The report of the mission is now taken into account when building the national tobacco control strategy.
	Another mission from the European Union was also undertaken in October 2010 on matters related to implementation of tobacco-related directives of the EU by Moldova.
	A mission coordinated by the WHO country office on the development of a national tobacco control strategy was undertaken as part of the Biennial Collaborative Agreement between the Ministry of Health of the Republic of Moldova and the WHO Regional Office for Europe (for 2010-2011). With this support was developed and approved National Programme on Tobacco Control By Government Decision nr.100/16.02.2012.
	question 4.1: the Convention Secretariat also provided assistance to the preparation of this implementation report.
	question 4.2: Convention Secretariat, WHO Regional Office for Europe.
	questions 4.1 to 4.4: a Bloomberg Foundation grant project is ongoing, focusing on advocacy efforts targeted at the establishment and maintaining of a national coordinating council for tobacco control and the development of an FCTC-compliant national legislation.
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.
	Discussions are ongoing concerning implementation of a Global Adult Tobacco Survey (GATS) in the Republic of Moldova in 2012 or 2013.
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? Yes 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?
	Creation of an appropriate legal framework with development of a new Law on Tobacco Control, which is FCTC-compliant and enforcement of National

	Programme on Tobacco Control and assure functionality of established National Steering committee for tobacco control.
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.
	A needs assessment was jointly undertaken by the Government and the Convention Secretariat in October 2010. Gaps and needs have been identified and follow-up is ongoing for the provision of resources for meeting these needs.
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).)
	Insufficient level of understanding of the obligations of the treaty other ministries than health; insufficient enforcement of legislation in force by the agencies responsible for enforcement (e.g., concerning smoke-free environments); the use of sophisticated methods by the tobacco industry to promote tobacco products.
5.5	Please provide any relevant information not covered elsewhere that you consider important.
	none
5.6	Your suggestions for further development and revision of the reporting instrument:
	none

End of reporting instrument