

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Serbia

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Period of reporting:

	Month	Year
Start date	April (4)	2018 (19)
End date	March (3)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

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 B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	36.9	18.9
FEMALE	32.1	15.1
TOTAL (males and females)	34.4	17.1

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	32.0	21.1
FEMALE	26.0	17.5
TOTAL (males and females)	28.9	19.4

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	4.9
FEMALE	6.0
TOTAL (males and females)	5.5

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	19.0
FEMALE	17.4
TOTAL (males and females)	18.2

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	44.1
FEMALE	50.5
TOTAL (males and females)	47.4

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Tobacco products included are cigarettes.

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	18	100

Please indicate the year of the data used to answer question B11:

2019

Please indicate the source of the data used to answer question B11:

Survey of the effects and attitudes related to the Law on Protection of the Citizens from Exposure to Tobacco Smoke, December 2019, based on the nationally representative sample of adults (N = 1052), unpublished data of the Office for Smoking Prevention of the Institute of Public Health in Serbia. The full report will be available in late 2020.

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	currently smoke daily or occasionally
Daily smoker	currently smoke at least one cigarette daily
Occasional smoker	currently smoke, but not every day
Former smoker	quit smoking and now does not smoke at all
Never smoker	never smoked during lifetime

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.

Generally speaking, prevalence of current smoking for men is the same as in the previous reports (2016 - 37.9% vs. 2018 -37.1% vs. 2020 - 36.9%). Among women there is fluctuating trend in previous years (2016 - 31.6% vs. 2018 -37.7% vs. 2020 - 32.1%). In both men and women percentage of smokers is highest among younger age groups.

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)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	18	24	40
MALES - current smokers ¹	25	34	48
MALES - current smokers ¹	35	44	43
MALES - current smokers ¹	45	54	39
MALES - current smokers ¹	55	64	35
MALES - current smokers ¹	65	74	24
MALES - current smokers ¹	75	100	14
FEMALES - current smokers ¹	18	24	37
FEMALES - current smokers ¹	25	34	36
FEMALES - current smokers ¹	35	44	47
FEMALES - current smokers ¹	45	54	37
FEMALES - current smokers ¹	55	64	32
FEMALES - current smokers ¹	65	74	23
FEMALES - current smokers ¹	75	100	3
TOTAL (males and females) - current smokers ¹	18	24	38
TOTAL (males and females) - current smokers ¹	25	34	42
TOTAL (males and females) - current smokers ¹	35	44	45
TOTAL (males and females) - current smokers ¹	45	54	38
TOTAL (males and females) - current smokers ¹	55	64	33

TOTAL (males and females) - current smokers ¹	65	74	23
TOTAL (males and females) - current smokers ¹	75	100	8

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Smoking tobacco products included are cigarettes.

Please indicate the year of the data used to answer question B12:

2019

Please indicate the source of the data used to answer question B12:

Survey of the effects and attitudes related to the Law on protection of the citizens from exposure to tobacco smoke, December 2019, based on the nationally representative sample of adults (N = 1052). The full report will be available in late 2020.

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.

Among women in younger and middle age groups (18 - 54) one third of women smoke (except for the age group 35-44 where almost a half of women are smokers) which is less than in the previous report. Among the men trend is similar with younger men smoking the most.

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

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Please indicate the age range to which the data used to answer question B13 refer:

From To

Please indicate the year of the data used to answer question B13:

Please indicate the source of the data used to answer question B13:

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.

Current user
Daily user
Occasional user
Former user
Never user

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.

In this report 2020, the Tobacco Administration of the Ministry of Finance for the first time reported that there are some smokeless tobacco products on the market (specifically chewing tobacco). Therefore, their use was not included in any survey studying the prevalence of tobacco use neither in adults nor in youth.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (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)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

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.

In this report 2020, the Tobacco Administration of the Ministry of Finance for the first time reported that there are some smokeless tobacco products on the market (specifically chewing tobacco). Therefore, their use was not included in any survey studying the prevalence of tobacco use neither in adults nor in youth.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13 - 15	15.5	2.4	9.2
GIRLS - Current users ⁴	13 - 15	15.2	1.2	8.7
TOTAL (boys and girls) - Current users ⁴	13 - 15	15.3	1.8	9.0

Please indicate the tobacco products included in calculating prevalence for question B16:

Data were already reported in the previous report as GYTS in Serbia had been performed in 2017.

All tobacco products are defined according to the methodology used in GYTS in the following way:

- Smoking tobacco includes cigarettes being the most frequent, and fine-cut smoking articles (roll-your-own).
- Smoking other tobacco products includes waterpipes/hookah/shisha/narguileh, tobacco product that recently has gained in popularity and use.
- Smokeless tobacco includes snuff, snus, and chewing tobacco.

Please indicate the year of the data used to answer question B16:

2017

Please indicate the source of the data used to answer question B16:

Global Youth Tobacco Survey Serbia 2017, <http://www.batut.org.rs/index.php?content=1678>.

Please provide the definition of “current smoking/tobacco use” used to answer question B16 in the space below.

According to the GYTS methodology current smoking/tobacco use in all three categories means using tobacco product anytime during the past 30 days.

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.

We do not have new data since the previous report in 2018.

Please attach the relevant documentation.

Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
ADULT POPULATION - Males	18+	0.3	0.6		
ADULT POPULATION - Females	18+	1.7	1.2		
ADULT POPULATION - Total (males and females)	18+	1.1	1.0		
YOUNG PERSONS - Boys	13 - 15		7.6		
YOUNG PERSONS - Girls	13 - 15		4.8		
YOUNG PERSONS - Total (boys and girls)	13 - 15		6.2		

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Survey of effects and attitudes related to the Law of Protection of the Citizens from Exposure to Tobacco Smoke is based on the representative sample of population of adults older than 18 years of age and performed in December 2019 (unpublished data). The exposure to SHS is as follows:

- at work 39.7% among working population
- in educational institutions - 14.9%
- in restaurants/cafes/bars - 77.7%

Please indicate the year of the data used to answer question B21:

2019

Please indicate the source of the data used to answer question B21:

Results of the survey on the effects and attitude related to the Law on protection of citizens from exposure to tobacco smoke, 2019

Please attach the relevant documentation.

No comment

File type "pdf"

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

15088

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

The number of smoking attributable mortality for adult population older than 35 in Serbia in 2016 presents the results from the ongoing study on economic and social impact of tobacco use in Serbia, supported by the WHO Office for Europe and performed by the Institute of Public Health of Serbia. (Kilibarda, S. Mitov Scekcic, L. Stankovic, J. Vitrai, A. Bojovic, Z. Pusztai, K. Mauer-Stender. Smoking-attributable number of deaths in Serbia. Abstract book ECTOH 2019.

https://www.ectoh.org/files/content/Program/ECToH-2020_Abtract-Book_final_1.pdf

Please indicate the year of the data used to answer question B32 and 33:

2016

Please indicate the source of the data used to answer questions B32 and B33:

Data from ongoing study on economic and social impact of tobacco use in Serbia

Please submit a copy of the study you refer to:

Tobacco-related costs

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?

No

Please submit a copy of the study you refer to:

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	cigarettes	tonnes	32,704		22,272	2,719
Smoking tobacco products	cigars	pieces				3,130,050
Smoking tobacco products	cigarillos	pieces				2,713,035
Smoking tobacco products	rolling tobacco	tonnes	45			161
Smoking tobacco products	pipe tobacco	tonnes				1.0
Smokeless tobacco products	chewing tobacco	tonnes				0.1
Other tobacco products	heated tobacco products	tonnes of tobacco mixture				110
Tobacco leaves		tonnes	6,957 (data for 2019 not completed)			

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

According to the Law on Customs (Official Gazette of the Republic of Serbia, No.18/10) duty-free sale is allowed only at the airport. In 2019 at the Duty Free Shop at the Airport in Belgrade the following was put on market:

- cigarettes - 22,317.96 kilograms
- cigars and cigarillos - 430.81 kilograms
- cut tobacco - 70.50 kilograms
- HTP - 3,427.62 kilograms

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

Tobacco Administration and Customs Administration of the Ministry of Finance of the Republic of Serbia

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2019	cigarettes	pieces	18,910,080
Smoking tobacco products	2019	cigares and cigarillos	pieces	1,900
Smoking tobacco products	2019	raw tobacco and tobacco leaves	tonnes	86.6

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

We do not have any data on illicit trade trends.

Please indicate the source of the data used to answer questions in section B6:

Tobacco Administration of the Ministry of Finance summarized data from the Criminal Police Administration of the Ministry Interior, Department of the Trade Inspection of the Ministry of Trade, Tourism and Telecommunication, Customs Administration and Tax Administration of the Ministry of Finance and Communal Police. Tobacco Administration of the Ministry of Finance summarized data from Criminal Police Administration of the Ministry Interior, Department of the Trade Inspection of the Ministry of Trade, Tourism and Telecommunication, Customs Administration and Tax Administration of the Ministry of Finance and Communal Police.

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

In 2018, there were 992 tobacco growers (802 men and 190 women) and in 2019 there were 885 tobacco growers (705 men and 180 women) in the Republic of Serbia.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

The share of the value of tobacco leaf production in the national gross domestic product was 0.03% in 2017, and 0.03% in 2018 based on the data published by the Statistical Office of the Republic of Serbia. Data for 2019 are not available yet.

Please indicate the year of the data used to answer questions in section B7:

2018

Please indicate the source of the data used to answer questions in section B7:

Tobacco Administration of the Ministry of Finance of the Republic of Serbia and Statistical Office of the Republic of Serbia (www.stat.gov.rs)

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

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))?

77.7

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	No

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	cigarettes	excise + VAT	Excise rate 72.22 RSD per pack + 33% of retail price per pack + 20% VAT since July 1 to December 31, 2019	20 pieces
Smoking tobacco products	cigars & cigarillos	excise + VAT	Excise rate 23.73 RSD per piece + 20% VAT	per piece
Smoking tobacco products	cut tobacco, tobacco for pipes, chewing tobacco and snuff	excise + VAT	43% of retail price per kilogram + 20% VAT	per kilogram
Smoking tobacco products	heated tobacco products	excise + VAT	40% of the minimal excise rate per 1,000 pieces of cigarettes established for the average weighted retail price for cigarettes + 20% VAT	per kilogram of tobacco mixture
Smoking tobacco products	liquids for electronic cigarettes	excise + VAT	4.32 RSD/milliliter + 20% VAT	milliliter

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.

According to the Excise Law the excise calendar is defined for the period 2017 to 2020.

For cigarettes the increase in specific excise since 2018 is as follows:

January 1 – March 16, 2018 - 67.00 RSD/per pack

March 17 – June 30, 2018 - 67.67 RSD/per pack

July 1 - December 31, 2018 - 69.19 RSD/per pack

January 1 – June 30, 2019 - 70.70 RSD/per pack

July 1 – December 31, 2019 - 72.22 RSD/per pack

January 1 – June 30, 2020 - 73.73 RSD/per pack

July 1 - December 2020 - 75.25 RSD/per pack

Ad valorem excise on cigarettes is 33% of the retail price no matter of the period of implementation.

The excise tax for cigarillos and cigars has increased steadily being 23.26 RSD/per piece in 2018 and 23.73 RSD/per piece in 2019.

The excise tax for other tobacco products such as cut tobacco and tobacco for pipes has not been changed since October 2016 and is 43%. The base for excise calculation for these tobacco products is retail price per kilogram, and for the products that are in the packages other than 1 kilogram, the excise rate is proportional to the package.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No

Please indicate the year of the data used to answer questions B81 to B86:

2019

Please indicate the source of the data used to answer questions B81 to B86:

Sector for Fiscal System of the Ministry of Finance

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	L&M Loft XL (Blue)	20 cigarettes/pack	230/240 per pack	RSD
Smoking tobacco products	Winston 100s Red (gold)	20 cigarettes/pack	280/290 per pack	RSD
Smoking tobacco products	Pall Mall (Longs Blue)	20 cigarettes/pack	230/240 per pack	RSD

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Winston XStyle LONG BLUE	20 cigarettes/pack	270/280 per pack	RSD
Smoking tobacco products	KARELIA SLIMS	20 cigarettes/pack	290/300 per pack	RSD
Smoking tobacco products	LD Club Long Blue	20 cigarettes/pack	230/240 per pack	RSD

Please indicate the year of the data used to answer question B91:

2019

Please indicate the source of the data used to answer question B91:

Tobacco Administration of the Ministry of Finance

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 trend in prices of tobacco products is growing in the weighted average retail selling price category:

2018/2017 = 6.11%

2017/2016 = 8.58%

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	No

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).

The Ministry of Health of the Republic of Serbia has established the National Committee for Tobacco Control in 2003 and since then the focal points for tobacco control have been selected and appointed usually within the members of the National Committee for Tobacco Control. A focal point communicates with the Sector for European Integration and International Cooperation of the Ministry of Health in all relevant matters regarding WHO and Secretariat of the WHO FCTC.

Since October 2015 members of the National Committee for Tobacco Control have received the fee for attending the meetings of the Committee. However, the position of focal point is voluntary and is not paid.

The National Office for Smoking Prevention has been established in 2006 within the Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" in Belgrade, with three employees. The main task of the National Office is to coordinate tobacco control activities along with the National Committee for Tobacco Control, to implement measures together with all public health institutes in Serbia, to prepare and perform studies regarding tobacco use prevalence and tobacco related mortality, to propose the methods for smoking cessation, etc.

The National Multisectorial Council for Tobacco Control was established in 2006 and was active till 2011. Since then it has not been appointed again.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

No progress has been made.

The amendments to the Law on Protection of the Citizens from Exposure to Tobacco Smoke (2010) that completely ban smoking in all enclosed premises, including hospitality sector, prepared by Working Group appointed by the Ministry of Health in December 2015 along with the National Committee for Tobacco Control have not been considered yet.

The same is with the draft version of the Tobacco Control Strategy 2016-2025 with accompanying Action Plan 2016- 2020 which were submitted to the Ministry of Health in July 2016. The focus of the Strategy was to include as much as possible all effective and scientifically approved measures of tobacco control that are mentioned in the WHO FCTC and EU directives. However, so far they were not taken into consideration.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

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:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

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?

No ✗

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

Ministry of Health has a policy not to accept any kind of financial support from tobacco industry, such as donations, sponsorship or any kind of partnership.

The previous Tobacco Control Strategy of the Republic of Serbia 2007-2015 in the article 4.4 "Financing tobacco control activities", emphasized that "by no means, partnership and direct funding from the tobacco industry for implementation of tobacco control activities will be accepted". The same statement was included in draft version of the Strategy of Tobacco Control in Serbia 2016-2025.

The Code of Procedure of the National Committee for Tobacco Control specifies that each member should sign the statement that there is no any conflict of interest regarding connection to tobacco industry.

However, implementation of the Article 5.3 of the WHO FCTC has not been included in any legal binding documents. There is a low awareness on tobacco industry tactics among policy makers, government and public, no legal measures to prevent partnerships with the tobacco industry, interaction of public officials with the tobacco industry nor preferences to the tobacco industry.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

No improvements have been made since 2016.

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

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:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

The Republic of Serbia continues to implement the policy of steady increase of specific excise rate every six months while the value of ad valorem is constant. The Excise Law regulates the excise policy of cigarettes and other tobacco products until 2020 with the aim to harmonize with the European Union tax policy and total excise burden according to the Council Directive No. 2011/64. In this way there is a steady increase of the Government budget due to excise from cigarettes, since the budget revenue cannot rely on the price policy of manufacturers and importers (The Government does not directly regulate the price policy of tobacco products). However, through the tax policy measures Government indirectly influences on constant increase of tobacco product prices to avoid changes in structure and scope of consumption that would jeopardize budget revenues, having in mind that the measures should not oppose public health policy objectives.

The specific earmarking on all tobacco products according to the Tobacco Law, that was intended for preventive activities, was abolished in 2012. Therefore, no fund for preventive activities exists any more.

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

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:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✔

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	No
administrative and executive orders	No
voluntary agreements	No
other measures (please specify in C223 below)	

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

The Law on Protection of the Citizens from Exposure to Tobacco Smoke has been in force since 2010, and no new amendments have been adopted since. Briefly, smoking is banned in all enclosed public and workplaces, and public transportation (including taxicabs and in all vehicles used as a workplaces, waiting rooms and lounges). Total ban of smoking is introduced in government and local authority administration, health care, education (all levels), child care, social care, culture, sport, recreation, production, control and sale of drugs, production, storage and sale of food, communal catering, media and areas designated for recording and public broadcasting, conferences and public meetings. Employers may provide designated smoking places at the premises where the employer's business is not conducted that are enclosed, with separate ventilation, under very strict rules. These requirements apply for private and public/state owned work. Another huge exception is hospitality sector, where premises less than 80 m² can choose to be completely smoke-free or smoking can be allowed and if the size is over 80 m² non-smoking area should be at least 50% of the area with no physical separation. Regardless of the size, all hospitality premises can have separate designated smoking rooms that need to fulfill strict standards. Smoking is completely banned in all restaurants/cafes/bars which are a part of the premises where smoking is completely banned, such as shopping moles, enterprises, hospitals, schools, governmental and local authority buildings, etc.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

The Law imposes legal responsibilities for compliance for individuals, business establishments, their managers, employers, owners and any other responsible persons. It provides penalties for violations for individuals and for the employer who is according to the Law responsible for the implementation of the Law. The responsible person may authorize one or several employees to oversee the implementation of the smoking ban, for himself and on his behalf. Different inspectorates are responsible for the enforcement of the Law, such as: sanitary, health and medicines inspectorates of the Ministry of Health, inspectorate under the ministries of education, labor, trade and internal affairs. They control the enforcement of the Law during their regular activities, not particularly for this Law. Penalties can be charged on the spot.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Partial
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space below

According to the Law, smoking is totally banned in the enclosed social and child care, culture, sport, recreation, production, control and sale of drugs, production, storage and sale of food, communal catering, media and areas designated for recording and public broadcasting, conferences and public meetings where no designated smoking rooms are allowed. In these facilities smoking is also banned in outdoor space that belongs to them.

Employer may provide within an enclosed workplace a designated smoking room, where the employer's business shall not be conducted that fulfill strict conditions. Based on this article in 2018 designated smoking rooms were opened at the Belgrade Airport.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	None
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space below

In public transportation, smoking is banned in waiting rooms and lounges as well.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Partial
nightclubs	Partial
restaurants	Partial
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Smoking is banned in all enclosed public and workplaces. However, employers may provide designated smoking rooms at the premises where the employer's business is not conducted that are enclosed, with separated ventilation, under very strict rules. Exception for introduction of designated smoking areas are premises where the following activities are performed: in government and local authority administration, health care, education (all levels), child care, social care, culture, sport, recreation, production, control and sale of drugs, production, storage and sale of food, communal catering, media and areas designated for recording and public broadcasting, conferences and public meetings. These requirements apply for private and public/state owned work and public places.

There are exemptions for the special institutions such as institutions of social care for immobile patients, psychiatric departments and hospitals, departments for palliative care, and prisons. These institutions should have designated smoking rooms with strict requirements. Total smoking ban applies for employees of these institutions.

Another exemption is hospitality sector which is public place for customers but workplace for the staff. The exemption is as follows for restaurants/cafes/bars/pubs:

- smoking can be completely banned regardless of the size of the premises;
- if the size of the hospitality premises is less than 80 m² the owner can choose to be completely smoke-free or smoking can be allowed;
- if the size is over 80 m² non-smoking area should occupy at least 50% of the area;
- regardless of the size, all hospitality premises can have separate designated smoking rooms that need to fulfill strict standards.

Banning tobacco smoking in public transport

Smoking is completely banned in all public transportation, including taxis and in all vehicles used as a workplaces, as well as in all waiting rooms and lounges.

Banning tobacco smoking in indoor public places

Smoking is banned at all public places, such as theaters and cultural premises, shopping malls, sports, conferences, and public meetings.

Hotels, hostels, motels etc. can have designated room where smoking is allowed according to the written documents in which exact number of rooms and floor are described. In other parts of the hotels smoking is banned. For the hotels restaurants or bars the same rules are applied as for the whole hospitality sector.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

No progress has been made.

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en> (<https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

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:

testing and measuring the contents of tobacco products?

No ✘

testing and measuring the emissions of tobacco products?

Yes ✔

regulating the contents of tobacco products?

No ✘

regulating the emissions of tobacco products?

Yes ✔

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

There is no progress since the previous report in 2018.

As is stated in the Law on Tobacco (Official Gazette of the Republic of Serbia, No. 101/05, 90/07, 95/10, 36/11, 93/12, 108/13 and 91/19), in article 74 since January 1, 2011 the cigarettes sold on the territory of the Republic of Serbia can not contain more than 10 mg of tar per cigarette, 1 mg of nicotine per cigarette and 10 mg of carbon monoxide per cigarette. Article 75 of the same Law defines ISO standard 4387 for tar measurements, ISO 10315 for nicotine measurements and ISO 8454 for carbon monoxide measurements.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Non of these features have been incorporated or implemented in the country.

Please attach the relevant documentation.

Regulation of tobacco product disclosures

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:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

There is no progress since the latest FCTC Report 2018.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Non of these features have been incorporated or implemented in the country.

Please attach the relevant documentation.

Packaging and labelling of tobacco products

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:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

No ✘

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 ✔

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 ✔

ensuring that the health warnings are approved by the competent national authority?

Yes ✔

ensuring that the health warnings are rotated?

Yes ✔

ensuring that the health warnings are clear, visible and legible?

Yes ✔

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✔

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✔

ensuring that the health warnings occupy 50% or more of the principal display areas?

No ✘

ensuring that health warnings are in the form of, or include, pictures or pictograms?

No ✘

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No
emissions of tobacco products? No

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 ✔

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

No progress has been made since the latest FCTC progress report 2018.

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Packaging and la labelling are regulated by the Law on Tobacco (Official Gazette of the Republic of Serbia, No 101/05, 90/07, 95/10, 36/11, 93/12, 108/13 and 91/19), articles 76 and 77.

Regarding the question C.2.5.2, the Law bans terms as terms such as “low tar”, “light”, “ultra-light” or “mild”. This list is indicative but not exhaustive. There are no expiry dates on tobacco packaging and labelling, as well as no ban on the display of colors or other industry package design techniques or figures for emission yields on packaging and labelling.

Regarding the question C.2.5.13. the information on tar, nicotine and carbon monoxide levels must be printed on one side of each cigarette pack or package (article 76 of the Law).

In response to the question C.2.5.14, only health warnings must appear in the principal language of the country.

No newly adopted or implemented legislative, executive, administrative or other measures were implemented since the latest FCTC 2018 Report.

Please attach the relevant documentation.

Education, communication, training and public awareness

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:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✔

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
 - Other
-

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
 - gender
 - educational background
 - cultural background
 - socioeconomic status
 - other (please specify)
 - Other
-

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
 - health risks of exposure to tobacco smoke?
 - benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - adverse economic consequences of tobacco production?
 - adverse economic consequences of tobacco consumption?
 - adverse environmental consequences of tobacco production?
 - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

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 ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
- community workers?
- social workers?
- media professionals?
- educators?
- decision-makers?
- administrators?
- other (please specify)
- Other

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

There has not been much progress since the previous report in 2018. Very limited amount of money has been allocated for prevention in tobacco control, including education, training and public awareness. Seminars were organized by the public health institutions in Serbia.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en> (<https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
- the domestic Internet?
- the global Internet?
- brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion?
- the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein?
- 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?
- cross-border advertising, promotion and sponsorship originating from your territory?
- the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✗

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?

No ✗

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

The Advertising Law ("Official Gazette of the RS", No 6/2016 and 52/2019 – other law) regulates the advertising of tobacco products. In addition to a comprehensive ban on advertising, it is also forbidden to distribute free tobacco products to consumers.

There is a ban of displaying or imitating smoking and sponsorship, with an exception for anti-smoking advertising. The electronic cigarettes are also subjected to tobacco product advertising rules, in the same way as cigarettes.

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en> (<https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en>)

Ministry of Trade, Tourism and Telecommunication - Sector of Market Inspection is undertaking the restrictive measures in accordance to the above-mentioned Law on Advertising with the aim to implement the prohibition of advertising of tobacco and tobacco products in accordance to the the „Guidelines for implementation of Article 13 of the WHO FCTC“

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Special attention has been paid to detect and remove misleading messages on the water-pipes tobacco labels.

Please attach the relevant documentation.

**Law on
Advertising**

No comment

File type "doc"

Demand reduction measures concerning tobacco dependence and cessation

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:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
programmes specially designed for underage girls and young women?
- programmes specially designed for women?
- programmes specially designed for pregnant women?
telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?

Application for oncological patients "ONKO" prepared by the Serbian Institute of Oncology and Radiology has been applied that includes also smoking cessation.

Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
workplaces?
sporting environments?
- other (please specify)?

Seminars for smoking cessation have been organized by the institutes of public health for the health professionals in the institutes of public health in Serbia.

Other

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?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres
- Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	Fully
specialized centres for cessation counselling and treatment of tobacco dependence	Fully
rehabilitation centres	
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- psychologists
- Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

NRT and Cytisine are OCT and can be purchased in all pharmacies without the prescription. For Bupropion a physicians prescription is needed.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
 - bupropion
 - varenicline
 - other (please specify)
- Cytisine Other

Are the costs of these products covered by public funding or reimbursement?

- | | |
|------------------------------|------|
| nicotine replacement therapy | None |
| bupropion | None |
| varenicline | |
| other (please specify below) | None |

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

There is no progress since the previous report in 2018.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

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(<https://extranet.who.int/dataform/655321?token=wap4xdu72mub2zm&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Smoking cessation in oncology patients, 2015	In Serbian	File type "pdf"
Smoking cessation, 2017	In Serbian	File type "pdf"

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

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:

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 ✓

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 ✓

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?

No ✘

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes ✔

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✔

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✔

facilitating 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 ✔

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✔

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 ✔

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 ✔

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✔

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 ✔

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

No progress has been made since the previous FCTC Report 2018.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

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:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

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 ✓

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 ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

to the public?

to minors?

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

No ✗

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.

To the inspectors a new power have been given, e.g., "mystery shopper" that can help detecting the offenders.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	No
tobacco workers?	No
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

No progress has been made since the report in 2018.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Since 2012, tobacco production has been integrated into the general system of subsidies for crop production through direct payments, per hectare of area. Tobacco production itself is not further subsidized.

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

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:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	No
the health of persons in relation to the environment?	No

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

No progress has been made and no new measures adopted since the previous report in 2018.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

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:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

No

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

No

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

Yes

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?

No

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?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

No progress have been made since the last report in 2018.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

- Question C421: Tobacco control legislation contains measures regarding misdemeanor liability.

- Question C422: Basic provisions of the criminal liability are provided in the Criminal Code of the Republic of Serbia ("Official Gazette of RS", No. 85/2005, 88/2005 - correction, 107/05 - correction, 72/09, 111/09, 121/12, 104/13, 108/14, 94/16 and 35/19). This Law defines several offences in relation to tobacco control - Unlawful Manufacture (Article 234), Unlawful Commerce (Article 235), Smuggling (Article 236).

- Questions C424 and C425: Basic provisions dealing with the civil liability are stipulated by the Law on Contracts and Torts ("Official Journal of SRJ", No. 31/93 and "Official Journal of SCG", No. 1/03 – Constitutional Charter). Chapter 2, Section 2 of this Law thoroughly defines civil wrongs (torts) as the origin of obligations.

Please attach the relevant documentation.

Research, surveillance and exchange of information

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:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social and economic indicators related to tobacco consumption?
 - tobacco use among women, with special regard to pregnant women?
 - the determinants and consequences of exposure to tobacco smoke?
 - identification of effective programmes for the treatment of tobacco dependence?
 - identification of alternative livelihoods?
 - Other
-

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

No ✘

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

1. The Burden of Disease and Injury in Serbia. Nationally representative study; data from 2000; published 2003 (Atanaskovic-Markovic Z. et al. The Burden of Disease and Injury in Serbia. Belgrade: Ministry of Health of the Republic of Serbia, 2003).
http://www.who.int/fctc/reporting/party_reports/R_Serbia_annex6_burden_of_disease_study_2003.pdf.
2. Health status, health needs and use of health care among adults in the Republic of Serbia. Nationally representative sample; performed in 2000; published in 2002 (Grujic V. Glas Inst Zast Zdr Srb Yu 2002;76:23-147).
3. Global Youth Tobacco Survey in Serbia. Nationally representative sample; performed 2003; published 2005 (Ministry of Health of the Republic of Serbia, National Committee for Smoking Prevention. Global Youth Tobacco Survey in Serbia 2003. Belgrade: Ministry of Health of the Republic of Serbia, 2005; only hard copy available) - first round.
4. National Health Survey Serbia, 2006. Nationally representative survey performed in 2006; published in 2007. Ministry of Health of the Republic of Serbia. National Health Survey Serbia, 2006, Key findings. Belgrade: Ministry of Health of the Republic of Serbia. (<http://www.batut.org.rs/>;
<http://www.zdravlje.gov.rs/>), second round
5. Global Health Professional Survey (GHPS) in Serbia, 2006. Nationally representative study of the 3rd year students in medical, dental and pharmacy faculties, and 3rd year nursing school; performed and published in 2006. Stojiljkovic Dj. Global Health Professional Study - A Study of Tobacco Use and Attitudes among Future Health Professionals (unpublished report).
6. Global Youth Tobacco Survey in Serbia, 2008. Nationally representative sample; performed in 2008, Public Health Association of Serbia (Warren CW, Asma S, Lee J, Lea V, Mackay J. Global Tobacco Surveillance System - The GTSS. Atlanta: CDC Foundation, 2009; and unpublished report for Serbia) - second round.
7. Global School Personnel Study in Serbia 2008. Nationally representative study; performed in 2008; Public Health Association of Serbia. (Warren CW, Asma S, Lee J, Lea V, Mackay J. Global Tobacco Surveillance System - The GTSS. Atlanta: CDC Foundation, 2009; and unpublished report).
8. European School Survey Project on Alcohol and Other Drugs - ESPAD, in Serbia 2008. Nationally representative survey (Ministry of Health of the Republic of Serbia and National Institute of Public Health. European Survey on Alcohol and Other Drug use in young People in Serbia - Report for the Republic of Serbia. Belgrade: Ministry of Health of the Republic of Serbia and National Institute of Public Health, 2009 (www.batut.org.rs/download/publikacije/ESPAD%20eng%202008.pdf).
9. National Survey on Pre- and Post-natal Smoking in the Republic of Serbia; Nationally representative sample of postpartum women; performed 2008/2009, Public Health Association of Serbia (Krstev S, Marinkovic J, Simic S, Kocev N, Bondy SJ. Prevalence and predictors of smoking and quitting during pregnancy in Serbia: results of a nationally representative survey.
<http://www.ncbi.nlm.nih.gov/pubmed/21922318>; Krstev S, Marinkovic J, Simic S, Kocev N, Bondy SJ. The Influence of Maternal Smoking and Exposure to Residential ETS on Pregnancy Outcomes: A Retrospective National Study. *Matern Child Health J* (2013) 17:1591–1598).
<http://www.ncbi.nlm.nih.gov/pubmed/23090285>.)
10. Assessment of smoke-free policy and practice in healthcare institutions in Serbia, 2009/2010. Nationally representative sample of health institutions and health care workers, Public Health Association of Serbia. (Krstev S, Marinkovic J, Simic S, Jovicevic A, Markovic-Denic Lj. Determinants of smoking and smoking cessation among health professionals in Serbia: a cross-sectional study in Serbia. *Vojnosanit Pregl* 2014;71 (5); <http://www.vma.mod.gov.rs/sr/vojnosanitetski-pregled/Arhiva/2014#.Vswq8vkrLIU>)
11. ESPAD Serbia 2011: Substance Use Among Students in 36 European Countries, 2011. Nationally representative sample. National report not available. (Björn Hibell et al. The 2011 ESPAD Report - Substance Use Among Students in 36 European Countries. Stockholm: Swedish Council for Information

- on Alcohol and other Drugs (CAN), 2012.) - second round;
http://www.espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_10_29.pdf.
12. Global Youth Tobacco Survey (GYTS) in Serbia 2013 (third round). Nationally representative sample.
<http://www.batut.org.rs/download/publikacije/2014gytsSerbiaReport.pdf>. (published 2014)
13. National Health Survey in Serbia, 2013 (third round). Nationally representative sample.
<http://www.batut.org.rs/download/publikacije/2013SerbiaHealthSurvey.pdf>. (published 2014).
14. National survey on life styles of citizens in Serbia 2014 - substance use and gambling. Nationally representative sample, published in 2014, authors: Kilibarda B, Mravcik V, Sijeroslavski J, Gudelj Rakic J, Martens S. <http://www.batut.org.rs/download/publikacije/lzvestaj%20engleski%20web.pdf>. (Kilibarda B, Mravcik V, Martens MS. E-cigarette use among Serbian adults: prevalence and user characteristics. *Int J Public Health* 2016;61(2):167-75; Kilibarda B, Mravcik V, Oechsler H, Martens MS. Association of smoking status with substance use and psychological distress in Serbia. *Public Health* 2017;152:95-8.)
15. Survey of smoking in hospitality sector-exposure to tobacco smoke and attitudes of citizens of Serbia, 2017, within the Bloomberg project „Building consensus for adoption and full compliance with 100% smoke free law in Serbia“.
16. Global Youth Tobacco Survey (GYTS) in Serbia, 2017 (fourth round).
<http://www.batut.org.rs/index.php?content=1678>. (Kilibarda B, Vukovic D, Krstev S. Prevalence and correlates of concurrent use of cigarettes, electronic cigarettes, and waterpipes among Serbian youth *Tob Induc Dis.* 2019 Sep 13;17:66. doi: 10.18332/tid/111357).
17. Health Behavior in School-aged Children Survey (HBSC), 2018; Gudelj Rakić J, Jovanović V, Kilibarda B, Vasić M, Tošić M, Kisić Tepavčević D. <http://www.batut.org.rs/index.php?content=1967> (In Serbian)
18. ESPAD 2019 (report under preparation)
19. National Health Survey in Serbia, 2019 (fourth round). National representative sample, data not released yet.
20. Economic of Tobacco and Tobacco Taxation, National Study in Serbia, conducted within the project „Accelerating Progress on Effective Tobacco Tax Policies in Low- and Middle-Income Countries“; Institute of Economic Sciences, 2018, 2019. <http://tobaccotaxation.org/>
21. Study on economic and social impact of tobacco use. Study supported by WHO, implemented by the Institute of Public Health of Serbia with the support of the Ministry of Health – ongoing (B. Kilibarda, S. Mitov Scekcic, L. Stankovic, J. Vitrai, A. Bojovic, Z. Pusztai, K. Mauer-Stender. Smoking-attributable number of deaths in Serbia. Abstract book ECTOH 2019.
https://www.ectoh.org/files/content/Program/ECToH-2020_Abstract-Book_final_1.pdf)
22. National Survey on effects and Attitude Regarding the Law on Protection of the Citizens from Exposure to Tobacco Smoke (2010, 2011 (three times), 2012, 2014, 2015, 2016, 2017). National representative sample, published in 2015, 2016, 2017; 2018 and 2019 under preparation; Kilibarda B, Nikolic N, Gudelj Rakic J. (In Serbian). <http://www.batut.org.rs/index.php?content=1597>. (B. Kilibarda, S. Krstev, M. Milovanovic, K. Foley. E-cigarette use in Serbia: Prevalence, reasons for trying and perceptions. *Addict Behav* 2019;91:61-7.)

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.

GYTS 2021
HBSC 2022
ESPAD 2023

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

1. ESPAD 2019 (report under preparation)
2. National Health Survey in Serbia, 2019 (fourth round). National representative sample, data not released yet.
3. Economic of Tobacco and Tobacco Taxation, National Study in Serbia, conducted within the project „Accelerating Progress on Effective Tobacco Tax Policies in Low- and Middle-Income Countries“; Institute of Economic Sciences, 2018, 2019. <http://tobaccotaxation.org/>
4. Study on economic and social impact of tobacco use. Study supported by WHO, implemented by the Institute of Public Health of Serbia with the support of the Ministry of Health – ongoing (B. Kilibarda, S. Mitov Scekcic, L. Stankovic, J. Vitrai, A. Bojovic, Z. Pusztai, K. Mauer-Stender. Smoking-attributable number of deaths in Serbia. Abstract book ECTOH 2019. https://www.ectoh.org/files/content/Program/ECToH-2020_Abtract-Book_final_1.pdf)
5. National Survey on effects and Attitude Regarding the Law on Protection of the Citizens from Exposure to Tobacco Smoke(2018 and 2019). National representative sample, reports under preparation; Kilibarda B, Nikolic N, Gudelj Rakic J. (In Serbian). <http://www.batut.org.rs/index.php?content=1597>. (B. Kilibarda, S. Krstev, M. Milovanovic, K. Foley. E-cigarette use in Serbia: Prevalence, reasons for trying and perceptions. Addict Behav 2019;91:61-7.)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

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:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	No
Assistance received	Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	No
Assistance received	No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

WHO Regional Office for Europe
 Bloomberg Initiative
 European Network for Smoking Cessation
 European Commission

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

1. Grant by the Bloomberg Initiative to Reduce Tobacco Use for the project „Building consensus for adoption and full compliance with 100% smoke-free law in Serbia“, April 2017 – March 2019.
 2. WHO Regional Office for Europe financed the on-going "Study on economic and social impact of tobacco use in Serbia".
 3. Institute of Public Health of Serbia participated in adaptation to Serbian language the "Guidelines for smoking cessation" of the European Network for Smoking Cessation.
 4. Joint Action on Tobacco Control, EU funded project, a collaborative action between the European Commission and 30 project partners/institutions. Institute of Public Health of Serbia participates in this project after being nominated by the Ministry of Health of Serbia.
-

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.

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?

No ✘

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

1. The adoption of the Strategy of Tobacco Control till 2025, along with the Action Plan;
2. Higher priority in national policy of tobacco control preventive activities;
3. The adoption by the Parliament the amendments to the Law on Protection of the Citizens from Exposure to Tobacco Smoke, that include total smoking ban in all enclosed public and workplaces, particularly in the whole hospitality sector;
4. Renewal of the Tobacco Law with the aim to introduce pictorial health warnings, information on content and additives in tobacco and nicotine products, tracking and tracing, etc.;
5. Increasing the price of all tobacco and nicotine products;
6. Legal regulation of novel tobacco products;
7. Obtaining the steady and sufficient funding of all tobacco control activities;
8. In long term drafting and adopting one comprehensive law that will cover all tobacco control activities, now regulated by the several laws and jurisdictions with the aim of better implementation, and eventually higher reduction in tobacco consumption and tobacco related diseases;
9. Expanding the national network of smoking cessation services, including establishing quit line;
10. Establishing more NGO's in tobacco control;

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✓

Please provide details in the space below.

Since 2012 the earmarking from tobacco products was abolished. Funds allocated to tobacco control activities in the Budget of the Republic of Serbia are very scarce and cannot cover even basic activities. Moreover, due to restriction in employment, human resources in tobacco control are scarce.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

1. Lack of awareness and knowledge of obligations that originate from the WHO FCTC which has been in force since 2006 in Serbia;
2. Low priority of tobacco control in the governmental policy;
3. Strong influence of tobacco industry through difference routes, including government, various employers' organizations, foreign chamber of commerce, etc.;
4. Insufficient multisectorial coordination;
5. Scarce and scattered human resources in tobacco control;
6. Insufficient involvement of civil society organizations in different aspects of tobacco control.

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Water pipe tobacco is regulated under the Law on Tobacco (2005), as other tobacco products. E-cigarettes, their parts and liquids as well as other products that represent or replace cigarettes is included in the Law on Advertising (2016). Advertising of these products is regulated in the same way as other tobacco products.

Heated tobacco products have been on the market in Serbia since 2017, and all provision in the Law on Tobacco, Law on Advertising and Law on Protection of Citizens from Exposure to Tobacco Smoke should be applied.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

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