

**Republic of Armenia Government DECREE**

29 April 2010 475-N

On approving State tobacco control program of  
Republic of Armenia for 2010-2015 and the List of priority actions

According to the 2nd article of the RA Law on "On restrictions of tobacco sale, consumption and use"  
RA Government decides.

1. To approve.

1) State tobacco control program of Republic of Armenia for 2010-2015 as in Annex 1

2) List of priority actions for 2010-2015 as in Annex 2.

2. This decree comes into force the next day after the official publication.

RA Prime Minister T. Sargsyan  
5 May 2010, Yerevan

**Appendix 1**

**Decision N-475 of the**

**RA Government, 29 April, 2010**

**THE STATE TOBACCO CONTROL 2010-2015  
PROGRAM OF THE REPUBLIC OF ARMENIA**

**1. Introduction**

1. The use of tobacco and high rates of associated diseases and mortality pose serious health and economic problem in the Republic of Armenia, as in many countries of the world.

2. Smoking contributes to development of the most wide-spread non-communicable diseases. According to 2009 statistics, 27% of the adult population in Armenia (above the age of 16) are regular (everyday) smokers; among whom 52% are men, and among able-bodied men (above the age of 20) 57.7% are smokers. Among men, such a situation with tobacco-addiction provides the high rates of those diseases, for which tobacco use is the main risk factor.

3. According to 2008 data, among the Armenian population, the blood circulation system diseases make up the biggest share (50%) in the mortality rate of NCD; malignant tumors - 20.08%, diabetes mellitus - 4.7 %. In general, there are four main causes of mortality among population: cardio-vascular disease, three types of malignant tumors (most of all, lungs), then – diabetes mellitus and hepatocirrhosis. In addition, among males, the most widespread are the respiratory, bronchial, lung cancers. In 2007 among 1192 people with lung cancer diagnosis the number of males (1011) was five times higher than females (181). The same picture was in the morbidity and mortality gender structures, which is also significantly caused by the tobacco use.

## General obligations

4. Tobacco control has been one of the priority health problems in the republic in the recent years. The National Assembly of the Republic of Armenia ratified the WHO Framework Convention on Tobacco Control On October 12, 2004.

5. The aim of the mentioned Convention and its protocols is to protect present and future generations from the effects of the use of tobacco and tobacco smoke, harmful for human health, as well as social, ecological and economic consequences by means of frameworks for tobacco control measures. Such frameworks are subject for implementation on the international, national and regional levels with aim of permanent and significant reduction of tobacco use and exposure of tobacco smoke.

6. The ratification of the Convention has significantly contributed to working out of the new tobacco control legislation. On December 24, 2004, the RA National Assembly adopted the the RA Law "On sale, consumption and restrictions of tobacco," and on September 22, 2005, the RA Government approved the State Tobacco Control Program for 2005-2009 and the List of Priority Actions.

7. The Program was aimed at reducing the demand for tobacco products and prevalence of tobacco use among all sections of society, based on scientifically-grounded activity. The Program mentioned tobacco control mechanisms, approaches and directions. Cooperation with public organizations was especially stressed in the Program.

8. Based on the provisions of the RA Law "On Advertising" (December 16, 2005), related to Advertising of tobacco and tobacco products, some changes have been carried out In particular, on October 1, 2006, the external tobacco advertising by posters, billboards, announcements, illumination signs and other means. The Government of the Republic of Armenia decided to consider October 12 as the national October 12 as a Tobacco control national day.

9. Implementation of the Program, which was adopted on September 22, 2005, has significantly contributed to stabilization and positive shifts of the tobacco prevalence rate, raising the level of public awareness, according to the survey of the efficiency of the public health activity; it has also contributed to raising the level of importance of the local/ national/ public organizations, engaged in anti-tobacco activity and to realization of events, aimed at public awareness, which were designed jointly with them, and to implementation of education programs for health professionals.

10. The tobacco control activities are continuous. They must be regularly reviewed and, if necessary, appropriate strategies should be changed and working programs should be elaborated for concrete periods. The efficiency of the anti-tobacco activities depends on availability of efficient systems of their implementation, monitoring and assessment.

11. It is planned that the State Tobacco Control Program will be implemented in 2010-2015. The aims and goals of the Program can be achieved by means of a complex implementation of the main strategies. The proposed strategies, activities and events are based on the experience, approaches and recommendations of the international health organizations (in particular, the World Health Organization), European countries, taking into account the possibilities of our country, national specifics, current legislation, etc.

## **2. The goal of the Program**

**12. The goal of the Program is to protect the health of people from the effects of the tobacco use and tobacco smoke, as well as from the social, ecological and economic consequences.** The Program is aimed at the following objectives:

- 1) The main objective: to consistently reduce the tobacco use prevalence (annually 1,5-2%), carrying out a target policy for raising the rates of quitting and the number of non-smoking people;
- 2) To protect the health of population, preventing exposure to the impact of the second hand smoke;
- 3) To elaborate and consistently improve an epidemiological control program for tobacco use and tobacco-related diseases;
- 4) To provide public awareness on the hazard of diseases, caused by tobacco and tobacco smoke, as well as information about the harmful tobacco ingredients.

## **3. Implementation of the target policy aimed at raising the quitting rates and the number of non-smokers.**

**13. Goal:** the result of the tobacco control target policy is achieving the raise of the quitting rates and number of non-smokers by means of the following strategies:

### ***1) Strategy 1***

**Establishment of a system to manage the tobacco control activities**

### ***2) Activities***

- a. Creation of a commission for coordination of the tobacco control activities in the Ministry of Health and approval of its regulations, maintaining cooperation with international and public and organizations.
- b. Improving the monitoring of implementation of the State Tobacco Control Program and List of Actions.
- c. Placing of the annual report on implementation of the State Tobacco Control Program in the official site of the RA Ministry of Health.

### ***3) Strategy 2***

**Improvement of the tobacco control-related legislation in accordance with provisions of the WHO Framework Convention on Tobacco Control and other international treaties.**

### ***4)Activities***

General obligations

- a. Reviewing the tobacco control related legislation, in particular, elaboration of amendments to the RA Law “On Advertising,” in accordance with the requirements, stipulated by Article 13 of the FCTC and principles, fixed in the guidelines; as well as reviewing and, if required, working out of an amendments and supplements package for the RA Law “On Tobacco sale, consumption and use Restrictions.”
- b. Elaboration and introduction of the tobacco control legal draft bills, including sanitary epidemic rules, and norms and guidelines.

### **5) Strategy 3**

**Education, personnel training, development of specialized services supporting tobacco control activities, working out of medical and training programs.**

### **6) Activities**

- a. Redesigning of training programs for health system workers, students of the medical educational facilities with incorporation of the tobacco control related issues, in cooperation of the international and public organizations and funds.
- b. Retraining of the health professionals, i.e. doctors, nurses, in tobacco control methodology, cooperating with international and public organizations and funds.
- c. Improvement of tobacco addiction counseling and treatment guidelines in primary health care institutions.
- d. Incorporation of the quitting activities into state target health programs /primary aid, underage health, reproduction health support and other programs/, cooperating with international and public organizations and funds.

## **4. Information of the population on the hazard of the tobacco-related diseases and promotion of tobacco smoking cessation**

14. The aim is to raise the level of awareness of the population regarding tobacco-related diseases by means of the following strategies:

### **1) Strategy 1**

**Raising the population awareness regarding hazards of the tobacco use and second hand smoke effects**

### **2) Activities**

## General obligations

- a. Enhancing public awareness on the harmful impact of tobacco use and tobacco smoke on health, propagandizing benefits of the tobacco free lifestyle, particularly, among the underage and women, cooperating with international and public organizations and funds.
- b. Improvement of health warning texts used on consumed packages (tobacco packets) in wholesale and retail trade of tobacco products.
- c. Cooperation with mass media in anti-tobacco activities and information of population by means of mass media.

### **3) Strategy 2**

**Cooperation with public organizations, joint redesigning and implementation of the public awareness programs**

### **4) Activities**

- a. Cooperation with public and civil organizations in implementation of anti-tobacco activities.

## **5. Improvement of the tobacco use epidemic control system**

15. The aim is to enhance the efficiency of the tobacco use epidemic control system by means of the following strategies:

### **1) Strategy 1**

Elaboration and application of the epidemic control systems for individual diseases caused by the tobacco use.

### **2) Activities**

- a. Elaboration of the tobacco use epidemic control system.
- b. Elaboration of the epidemic control systems for individual diseases caused by the tobacco use.

### **3) Strategy 2**

**Development of national surveys in tobacco control, establishment of the regularly updated data bases.**

### **4) Activities**

- a. Carrying out of national surveys on tobacco use and second hand smoke prevalence among adult population and youth.

General obligations

b. Preparation of reports on the results of national surveys regarding tobacco use prevalence and other determinants and their publication in the MoH website.

## **6. International cooperation**

16. The aim is engagement into the tobacco control activities, carried out by international structures, by means of the following strategies:

### **1)\_Strategy 1**

#### **Framework Convention on Tobacco Control**

#### **2) Activities**

- a. Preparation and presentation of regular reports on implementation of the International Framework Convention on Tobacco Control.
- b. Participation in the sessions of the conference of the Parties to the International Framework Convention on Tobacco Control.

### **3) Strategy 2**

#### **Cooperation with international health organizations and the WHO member states**

#### **5) Activities**

- a. Cooperation with the WHO European regional office in the legal, scientific and information fields.
- b. Cooperation with other countries in the scientific, technological and legal fields and exchange/ providing of appropriate experience.

## **7. Tobacco products quality control**

17. The aim is to ensure the stipulated quality conformance of tobacco products by means of the following strategies:

### **1) Strategy 1**

#### **Tobacco production quality control.**

#### **2) Activities:**

- a. Introducing new methods, based on the WHO guidelines and recommendations, into the process of testing of the requirements and norms concerning the tobacco products, stipulated by the RA legislation.
- b. Improving the methods of determination of the tobacco smoke content.

## **8. Monitoring of the Actions task program implementation process**

18. Monitoring is aimed at defining the current situation of the program implementation, assessing the changes and adjusting the activity by means of the following strategies:

### **1) Strategy 1**

**Monitoring and assessment of the situation, working out of recommendations**

### **2) Activities**

- a. Preparation/ publication of the annual report on monitoring, assessment and tobacco consumption.
- b. Regular publication of statements and reports on the tobacco control national strategies, legislation analyses, tobacco use prevalence.

### **3) Financing of the Program**

The Program shall be financed from the following sources:

- a. The RA state budget,
- b. Target financing from international organizations,
- c. Target financing from public and private organizations,
- d. Other finance sources, not prohibited by the RA legislation.