

**REPORTING INSTRUMENT
OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE

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

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
2. Ensure your Microsoft Word security settings allow you to run macros in this document:
 - (i) Under the "Tools" menu, select "Macro".
 - (ii) In the "Macro" menu, select "Security".
 - (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

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

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Republic of Serbia
1.2	Information on national contact responsible for preparation of the report:	
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1.3	Signature of government official submitting the report:	
	Name and title of officer	
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1.4	Period of reporting	June 2008 - May 2011
1.5	Date the report was submitted	5 May 2011

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

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

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

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
2.1.1.5	<p>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.</p> <p>The last national data on smoking prevalence in the adult population were presented in the 2008 FCTC Report - data from the National Health Survey, conducted in 2006 (Reference: Ministry of Health of the Republic of Serbia (2007). National Health Survey 2006. Key Findings.) Results showed significant decrease in adults smoking rate by 6.9% in comparison with 2000. Reduction of smokers was higher among male (for 9.8%) than among female population (for 3.8%).</p> <p>National Health Survey should be repeated by 2012.</p>

2.1.2	Smoking prevalence in the adult population (by age groups) <i>(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)</i>		
		Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
MALES			
	Current smokers ¹		%
			%
	Add age group		%
			%
			%
FEMALES			
	Current smokers ¹		%
			%
	Add age group		%
			%
			%
TOTAL (males and females)			
	Current smokers ¹		%
			%
	Add age group		%
			%
			%

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.
	No new data since 2008 FCTC Report. As mentioned under 2.1.1.5, repeated National Health Survey, from which this kind of data is regularly drawn, should be conducted by 2012.

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

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.
	Data on smokeless tobacco use are not available, since use of smokeless tobacco products is extremely rare in Serbia. For this reason there is no ban on use of smokeless tobacco products in our country.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(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)</i>	
	Age group (adults)	Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
MALES		
Current users ²		%
Add age group		%
		%
		%
		%
FEMALES		
Current users ²		%
Add age group		%
		%
		%
		%
TOTAL (males and females)		
Current users ²		%
Add age group		%
		%
		%
		%

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.
	Please refer to the answer to question 2.1.3.5.

2.1.5	Tobacco use by ethnic group(s)					
		Ethnic group(s)	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
			Males	Females	Total (males and females)	
	Current users ³			%	%	%
				%	%	%
		Add ethnic group		%	%	%
				%	%	%
				%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:					
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:					
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:					
	There are no data on tobacco use by ethnic groups in Serba.					

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

2.1.6	Tobacco use by young persons				
		Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
	Boys				
	Current users ⁴	13-15	9.30 %	1.60 %	%
	Add youth group		%	%	%
			%	%	%
			%	%	%
			%	%	%
	Girls				
	Current users ⁴	13-15	8.90 %	0.70 %	%
	Add youth group		%	%	%
			%	%	%
			%	%	%
			%	%	%
	TOTAL (boys and girls)				
	Current users ⁴	13-15	9.30 %	1.20 %	%
	Add youth group		%	%	%
			%	%	%
			%	%	%
			%	%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:				
	Smoking tobacco means only cigarette smoking. Smoking water pipe was not included in the questionnaire, being quite rare.				

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

2.1.6.2	<p>Please indicate the year and source of the data used to answer question 2.1.6:</p> <p>GYTS 2008 (Warren CW, Asma S, Lee J, Lea V, Mackay J. Global Tobacco Surveillance System - The GTSS Atlas. Atlanta: CDC Foundation, 2009). Survey included school children age 13-15. Current cigarette smokers are presented.</p>
2.1.6.3	<p>Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.</p> <p>Smoking cigarettes at least 1 day in the past 30 days (one month).</p>
2.1.6.4	<p>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.</p> <p>In the last FCTC Report 2008, data from the National Health Survey 2006 were presented, and referred to different age group 15 - 19. This report is based on the results of the GYTS 2008. Survey included school children age 13-15. Current cigarette smokers are presented. Compared to the previous GYTS 2003, current cigarette smoking was reduced for 3,5% in total (from 12.8 to 9.3), in boys for 2.9% (from 12.2. to 9.3) and in girls for 4.2% (from 13.1 to 8.9), based on the same definition of smoking.</p>

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.2.2	<p>If you answered “Yes” to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).</p> <p>National Health Survey 2006 also provided data on exposure to tobacco smoke at home and at work. Although, in comparison with the data from the same survey conducted in 2000, the level of exposure showed a decrease, still unacceptably high percentage of people was exposed to second-hand tobacco smoke at home (6 out of 10 people) and at work place (45%). Exposure to tobacco smoke at home was higher for woman (62.1%), while men were more exposed at work (49%). The greatest percentage of exposure to tobacco smoke at home (64.6%) and at work (50.5%) was noted in people classified as well-off and those with secondary school education (66.8% and 51.8%, respectively). Age-wise, exposure to tobacco smoke at home was highest among the 20-30 and 35-44 years age groups.</p> <p>National Survey on Pre- and Post-Natal Smoking in the Republic of Serbia carried out in 2008 revealed that nearly 7 out of 10 pregnant women were exposed to SHS at home, in 2/3 of cases by husband who smoked. (Reference: National Survey on Pre- and Post-Natal Smoking in the Republic of Serbia, 2008, CPHA, ACSP, Public Health Association of Serbia).</p> <p>In comparison with GYTS 2003, repeated GYTS in 2008 showed 20% reduced, but still extremely high, exposure of schoolchildren, age 13-15, to SHS at their homes (77%) and in other places (72%).</p> <p>In May 2010, new smoke-free legislation was adopted in Serbia, and fully enacted on 11 November 2011. It is expected that new data of the National Health Survey, and other repeated surveys, will show the decrease in</p>

	exposure to SHS in working and public places, as well as at home, as a result of enforced legislation and increased level of public awareness.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Answer provided in the above answer to question 2.2.2.

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.3.2	If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 10187
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction. Based on the data from the Burden of Disease Study, conducted in 2000 and published in 2003, total number of deaths due to smoking as a risk factor was 10.187 (9.8% of all deaths). According to the same study, total number of lung cancer was 4.101, coronary heart disease 2.082, stroke 1816, COPD 1390.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to: Atanackovic-Markovic Z. at all. The Burden of Disease and Injury in Serbia. Belgrade: Ministry of Health of the Republic of Serbia, 2003.

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

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>					
2.5.1	Licit supply of tobacco products					
	Product	Unit (<i>e.g. pieces, tonnes</i>)	Domestic production	Exports	Imports	
	Smoking tobacco products	Cigarettes	tonnes	21912.72	1927.71	5162.86
	<input type="button" value="Add product"/>	Cigars	pieces			820422.00
		Cigarillos	pieces			922520.00
		Rolling tobacco	tonnes			8.14
		Pipe tobacco	tonnes			0.25
	Smokeless tobacco products <input type="button" value="Add product"/>					
	Other tobacco products <input type="button" value="Add product"/>					
	Tobacco	Leaves	tonnes	10249.00	6354.23	9777.73
2.5.2	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. Volume of duty-free sales in 2010 was 5.9 tonnes for all tobacco products and in 2009 was 2.14 tonnes for all tobacco products.					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					
	Source: Tobacco Administration and Customs Administration of the Ministry of Finance of the Republic of Serbia, 2009 and 2010.					

2.6		SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>			
2.6.1		Year	Product	Unit (<i>e.g. millions of pieces</i>)	Quantity seized
	Smoking tobacco products <input type="button" value="Add row"/>	2010	Cigarettes	millions of pieces	35.11
		2009	Cigarettes	millions of pieces	20.09
	Smokeless tobacco products <input type="button" value="Add row"/>				
	Other tobacco products <input type="button" value="Add row"/>				
	2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? %			
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
2.6.5	Please provide any further information on illicit or smuggled tobacco products.				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6: Source: Tobacco Administration of the Ministry of Finance of the Republic of Serbia Information presented above on seizure of illicit tobacco are provided by the Tobacco Administration of the Ministry of Finance which mandate is to collect data from different sources: Tax Administration of the Ministry of Finance, Customs Administration of the Ministry of Finance, Trade Inspectorate of the Ministry of Agriculture, Trade, Forestry and Water Management, Police Directorate of the Ministry of Internal Affairs and Material and Financial Operations Sector of the Ministry of Justice.				
2.7		TOBACCO-GROWING			
2.7.1	Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

2.7.2	If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.
	In 2010, there were 2,079 male tobacco growers, and 417 female tobacco growers, total of 2,496 tobacco growers in the Republic of Serbia.
2.7.3	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 0.047% in 2009, based on the data published by Statistical Office of the Republic of Serbia. Data for 2010 are not yet available.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
	Sources: Tobacco Administration of the Ministry of Finance, 2010, and Statistical Office of the Republic of Serbia, 2009 (www.stat.gov.rs).

2.8	TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i>				
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? 79.13%				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?				
	• Specific tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Ad valorem tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Combination of specific and ad valorem taxes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• More complex structure (<i>please explain:</i> see under 2.8.4)				
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)				
		Product	Type of tax	Rate or amount	Base of tax ⁵
	Smoking tobacco products <input type="button" value="Add product"/>	Cigarettes	specific excise	26 RSD	pack of 20 cigarettes
		Cigarettes	ad valorem excise	35%	retail price
		Cigarettes and all other tobacco products	VAT	18%	retail price
		Cigars and cigarillos	specific excise	17.55 RSD	piece
Smoking tobacco and other tobacco products (cut		ad valorem	35%	retail price per kilogram	

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

		tobacco, pipe tobacco, chewing tobacco and snuff)			
	Smokeless tobacco products				
	Add product				
	Other tobacco products				
	Add product				
2.8.4	Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.				
	<p>In relation to question 2.8.1:</p> <p>Law on excises demands paying excises on tobacco products (cigarettes, cigars, cigarillos, smoking tobacco and other tobacco products) according to paragraphs 40a, 40b, 40g and 40d of the law. This applies to all tobacco products produced in the country as well as to imported tobacco and tobacco products. If the calculated excise on cigarettes, cigars, cigarillos, smoking tobacco and other tobacco products is smaller than the minimal excise according to this law, the minimal excise will be paid.</p> <p>The minimal excise is:</p> <ol style="list-style-type: none"> 1) on cigarettes - 100% of the total excise from articles 40a and 40b of the law, established for this category of cigarettes with the most popular price. 2) on cigars and cigarillos - 100% of the total excise from article 40g, established for the category of cigars and cigarillos with the most popular price. 3) on smoking tobacco and other tobacco products (cut tobacco, pipe tobacco, chewing tobacco and snuff) - 100% of the total excise from article 40d, established for smoking tobacco and other tobacco products with the most popular price. <p>The most popular price is the retail price of those price categories of cigarettes, cigars, cigarillos, smoking tobacco and other tobacco products that have the biggest sale in the Republic of Serbia in the last half year period.</p> <p>The latest Decision on the amounts of the most popular prices and minimal excises for tobacco products was adopted in February 2011. It states that the most popular price category for cigarettes is 90.00 RSD per package, and the minimal excise for this price category is 57.50 RSD per package . [26.00 RSD per package (Specific excise) + 31.50 RSD per package ad valorem excise (35% on retail price of cigarettes)] The overall tax burden – excise and VAT for the most popular price category of the cigarettes that cost 90 RSD per package is 79.13% in which excises (specific and ad valorem)</p>				

make 63.88 % and VAT 15.25%. VAT is paid on turnover of tobacco products in the country, and the VAT for imported tobacco is 18%.

In relation to 2.8.2:

Republic of Serbia has mixed system of cigarettes taxation – there is specific and ad valorem excise. The law regulates different amounts of specific excises depending on the period. In the period from January 1 to December 31 of 2011 excise was 26.00 RSD per package, and starting January 1, 2012 specific excise is 30 RSD per package. Ad valorem excise is 35% of the retail price of cigarettes. Excise on cigarettes is paid per package of 20 cigarettes, and for the cigarettes in other kinds of packages excise is proportional to the number of the cigarettes in those packages. Base for calculating the ad valorem excise is the retail price of cigarettes, determined by the manufacturer, or the importer of cigarettes.

Specific excise on cigars and cigarillos is 17.55 RSD per piece (the last harmonized amount from January 2011). Excise on cigars and cigarillos is paid per piece.

Excise on smoking tobacco and other tobacco products is 35%. The base for calculating the excise tax is retail price per kilogram.

In relation to the trends in taxation:

In the period 2008-2010 Serbia applied the following excise taxation system for tobacco products:

Cigarettes were under mixed taxation system (specific excise + ad valorem excise). The amounts of specific excise and ad valorem excise were:

- In 2008, from February 1 to 14 – 7.70 RSD per package and 33% of the retail price of cigarettes and from February 15 to December 31 – 8.48 RSD per package and 33% of the retail price of cigarettes. The change in the amount of taxes was not due to the law change, but to the regular yearly harmonization of excise with growth rate of retail prices.

- In 2009, from January 1 to 29 – 8.92 RSD per package and 33% of the retail price of cigarettes. From January 30 to May 7, 2009 specific excise remained the same, but ad valorem excise grew to 38% of the retail price of cigarettes. From May 8 to the end of the year – 12.00 RSD per package and 35% of the retail price of cigarettes. In this year amounts and rates of excises were changed twice due to the change of the law.

- In 2010, from January 1 to January 22 – 17.00 RSD per package and 35% of the retail price of cigarettes and from January 23 to the end of the year there was specific excise of 17.27 RSD per package and ad valorem excise of 35% of the retail price of cigarettes. The change in the amount of taxes in 2010 was not due to the law change, but to the regular yearly harmonization of excise.

Taxation system and excises on cigarettes, cigars, cigarillos, smoking tobacco and other tobacco products (cut tobacco, pipe tobacco, chewing tobacco and snuff) in the period from 2008 to 2010 were not changed. There was ad valorem excise of 33% of the retail price per kilogram in 2008 and partly in 2009 when the new rate (that is valid today) of 35% was established. In 2008 and the beginning of 2009 there was also ad valorem

	<p>excise of 33% of the retail price per piece. The law was changed in the end of January 2009 and specific excise was introduced for the above mentioned tobacco products. According to the new law the specific excises in 2009 were 14.50 RSD per piece and 15.50 RSD per piece. In 2010 the excise was 15.74 RSD per piece.</p> <p>It should be noted that the part of the Law on excises regulating different cigarettes excises depending on the period, was changed in the end of 2010. Implementation of these changes started on January 1, 2011. The excise from January 1 to December 31, 2011 was 26.00 RSD per package, and from January 1, 2012 specific excise is 30 RSD per package. Ad valorem excise is 35% of the retail price of the cigarettes.</p>
2.8.5	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(In reference to Article 26)</i></p>
2.8.6	<p>If you answered “Yes” to question 2.8.5, please provide details in the space below.</p> <p>In 2005, in accordance with the Law on tobacco, the Budget fund was established in order to implement the program for preventing tobacco consumption related diseases. Before submitting a request for control excise stamps for cigarettes, the producers and importers of cigarettes shall pay specific tax for all excise stamps they request. The proof of this payment shall be submitted to the Ministry of finance when applying for control excise stamps. The amount of the specific tax for financing the Budget fund, is yearly harmonized with the annual growth rate of retail prices according to the relevant statistics office. The last harmonization was in January 2011 and the specific tax is 1.55 RSD per each package of cigarettes for which control excise stamps were requested. Therefore, before submitting a request for control excise stamps for cigarettes, the producers and importers of cigarettes shall pay specific tax (which is now 1.55 RSD) for all excise stamps they request and submit a proof of this payment to the Ministry of Finance when applying for control excise stamps. This fund is run by the Ministry of Health.</p>
2.8.7	<p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p> <p>Source: Fiscal System Department of the Ministry of Finance, April 8, 2011.</p>

2.9	PRICE OF TOBACCO PRODUCTS				
<i>(with reference to Article 6.2(a))</i>					
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.				
	Most widely sold brand			Number of units or amount per package	Retail price
	Smoking tobacco products	Smokeless tobacco products	Other tobacco products		

	Domestic	Fast, hard package			20	80 RSD
		Classic Gold			20	90 RSD
		Drina, hard package			20	85 RSD
	Imported	Drina Definine			20	85 RSD
		Ronhill (white)			20	110 RSD
		West Red			20	90 RSD

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	Source: Tobacco Administration of the Ministry of Finance, 2010
2.9.3	Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	Prices are presented in national currency, Serbian Dinar (RSD). The exchange rate used on 31.12.2010 was 79.2802 RSD for one USD.
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.
	In the past two years the trend in prices of tobacco products is growing by

	38% in the most popular price category.
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3. LEGISLATION, REGULATION AND POLICIES

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

In January 2007, the Government of the Republic of Serbia adopted National Tobacco Control Strategy for the period 2007-2015 and National Plan of Action for the period 2007-2011. National Tobacco Control Strategy is in line with the FCTC, ratified in Serbia in 2006. National Plan of Action for the period 2012-2015, will be developed in 2011, based on the same strategy document. National Tobacco Control Strategy should be upgraded in 2015.

The Ministry of Health of the Republic of Serbia, early in 2003, established the National Committee for Smoking Prevention, with the purpose to define comprehensive tobacco control policy and coordinate its implementation. A representative of the MoH, also a coordinator of this committee has been nominated for the WHO national counterpart for tobacco control. National Committee for Smoking Prevention played the key role in:

- Raising awareness in the Government and among public about harmful effects of tobacco consumption and exposure to tobacco smoke;
- Advocacy and facilitation for signing and ratification of the FCTC;
- Development and implementation of the National Tobacco Control Strategy and Action Plan;
- Implementation of the FCTC provisions into tobacco control regulations, and applying FCTC measures in comprehensive tobacco control programmes;
- Establishment of the Office for Tobacco Control at the Institute of Public Health of Serbia in 2006;
- Establishment of the Council for Tobacco Control of Serbia, by the decision of the Government of the Republic of Serbia in 2006, as a multi-sectorial national coordinating mechanism for tobacco control;
- Continuous campaigning, surveillance, reporting, international cooperation, exchange of information and experiences with respect to tobacco control etc.

National Committee for Smoking Prevention of the Ministry of Health of the Republic of Serbia received 2007 WNTD award for European Region, and again, in 2010, WNTD award has been given to the representative of the Committee.

With adoption of the new smoke-free legislation in Serbia ("Law on the Protection of the Population from the Exposure to Tobacco Smoke", Official Gazette of the Republic of Serbia, No. 30/10), in line with the Article 18, National Committee for Smoking Prevention became Committee for Tobacco Prevention, and its responsibilities and scope of work were described in Article 19 of the same legislation. By the Article 16 of the same Law, legal framework was also given to the Office for Tobacco Control of the Institute of Public Health of Serbia, which became Office for Smoking Prevention, in accordance with its scope of work and responsibilities, described in Articles 16 and 17.

3.1.1.6	<p>Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.</p> <p>With reference to Article 5.1, as described above, national tobacco control strategy and action plan will be regularly updated in accordance with the FCTC. National Action Plan will be updated in 2011 to be effective from 2012 to 2015, while in 2015 National Tobacco Control Strategy will be upgraded and based on it new national action plan developed.</p> <p>In relation with Article 5.2, as also described above, Committee for Tobacco Prevention of the Ministry of Health and Office for Smoking Prevention of the Institute of Public Health of Serbia had become legally embedded in the health system by the Law on Protection of the Population from Exposure to Tobacco Smoke (Official Gazette of the Republic of Serbia, No. 30/10) in May 2010, to be responsible for the overall planning, implementation, monitoring and evaluation of tobacco control programme.</p> <p>Implementation of the National Action Plan for Tobacco Control within the health care system and work of the Office for Smoking Prevention are financed from the "Budget Fund", established at the end of 2005, by the Law on Tobacco (Official Gazette of the Republic of Serbia, No. 101/05). Office for Smoking Prevention has only two employees.</p> <p>Committee for Tobacco Prevention of the MoH provides leadership in national tobacco control. Members of the Committee for Tobacco Prevention perform their everyday work on voluntary basis, in addition to their full-time jobs.</p> <p>Council for Tobacco Control of Serbia is composed of representatives of relevant ministries, medical organizations and media, which is technically and logistically supported by the Committee for Tobacco Prevention of the MoH and Office for Smoking prevention of the IPH of Serbia. Its role is to advocate for and facilitate the implementation of the National Tobacco Control Strategy and FCTC through all relevant sectors in the government and through cooperation with medical, civil and international organizations.</p>
3.1.1.7	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.1.2.1		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		– ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p> <p>In 2005 the Ministry of Health of the Republic of Serbia embraced and distributed all over the country Code of Practice on Tobacco Control for Health Professional Organizations. Since 2005 policy of the Ministry of Health is that no health care institution in Serbia can accept any kind of financial or other support, such as donations, sponsorships or engage in any kind of partnership with tobacco industry.</p> <p>Serbian Tobacco Control Strategy, adopted in 2007, articulates following:</p> <p>"The sustainable sources of funding for the implementation of tobacco control activities will be identified and ensured. To this end, all available sources will be used including the general governmental budget. However, by no means, funding from the tobacco industry for implementation of tobacco control activities will be accepted."</p> <p>Codes of procedure for members of the Council for Tobacco Control and National Committee for Tobacco Prevention specify that their members can not have any kind of relation with tobacco industry which can be perceived as conflict of interests. All members of the Council for Tobacco Control and National Committee for Tobacco Prevention are therefore obliged to sign declaration of interests.</p>			
3.1.2.4	<p>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.</p> <p>There has been no further progress in implementation of the Article 5.3 of the Convention from the last FCTC Report in 2008. As a country in transition, Serbia improved a lot its tobacco control during the last decade, and for that reason faces a spectrum of tobacco industry's tactics that need be</p>			

	delt with in accordance with the Article 5.3.
3.1.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO <i>(with reference to Articles 6–14)</i>		
3.2.1	6	Price and tax measures to reduce the demand for tobacco <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.			
	<p>As a way of further harmonisation of its excise policy with the system of cigarettes taxation in the EU, the Republic of Serbia is increasing total excise burden on cigarettes because, according to the general rule from the Council Directives 92/79/EEC, 99/81/EEC and 02/10EC, the total excise burden (specific excise + proportional excise) must not be below 57% of the retail price of one package of cigarettes in the category of cigarettes with the most popular price and the total excise must not be below 64€ per 1000 cigarettes in the category of cigarettes with the most popular price.</p> <p>By the applicable excise policy, in terms of increase of specific excise, Serbia has further approached the mentioned EU standards. In this manner higher income from cigarettes excise is acquired, bearing in mind that the budget income to a large extent does not depend on price policy of cigarettes producers and importers. Consequently, the market is also protected from cheaper cigarettes of low quality. This has influence on decrease of cigarettes consumption and helps implementing the Framework Convention on Tobacco Control</p> <p>There are also other measures influencing reduction of tobacco products consumption, such as certain prohibitions and restrictions sanctioned by the Law on tobacco (for example: prohibition of selling tobacco products to</p>			

	<p>underaged persons, prohibition of retail self-service selling of tobacco products, prohibition of selling tobacco products on vending machines, prohibition of production and selling of sweets, snacks and toys in form of tobacco products; prohibition of production, import and selling of cigarette packages with less than 20 pieces of cigarettes; obligation of marking tobacco products with health warnings etc.).</p> <p>Restrictions concerning the sales to international travellers of tax-and duty-free tobacco products are regulated by, as follows: Article 208 of Customs Law (Official Gazette of the Republic of Serbia, No.18/10) and Article 562 of Regulation on customs-approved treatment to goods (Official Gazette of the Republic of Serbia, No.93/10), where is only allowed sales to travellers who are leaving the customs territory of the Republic of Serbia.</p> <p>Restrictions concerning the imports to international travellers of tax-and duty-free tobacco products are regulated by, as follows: Article 5 of Law on Foreign Trade (Official Gazette of the Republic of Serbia, No.36/09), Article 216 of Customs Law (Official Gazette of the Republic of Serbia, No.18/10) and Article 3 of Regulation on the type, quantity and value of goods relieved from import duties, time limits, conditions and procedure for claiming relief from import duties (Official Gazette of the Republic of Serbia, No.48/10), where is allowed imports of tobacco products to travellers for personal use only (personal luggage).</p>
3.2.1.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
	<p>Information provided by Fiscal System Department and Customs Administration of the Ministry of Finance, April 2011.</p>

3.2.2	8.2	<p>Protection from exposure to tobacco smoke</p> <p><i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.2.1		<p>– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		<p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p>		
		<ul style="list-style-type: none"> • national law 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • subnational law(s) 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • administrative and executive orders 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • voluntary agreements 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • other measures (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.3		<p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p>		
		<p>The Law on the Protection of the Population from Exposure to Tobacco Smoke was adopted by the Serbian Parliament on 5 May 2010 and was published two days later in the Official Gazette of the Republic of Serbia, No 30/2010. It came into power on 15 May 2010, but for legal persons and entrepreneurs there was a transitional period, thus full enforcement started on 11 November 2010.</p> <p>According to the new smoke-free legislation, smoking is prohibited in all enclosed areas whether working or public; employers may provide a dedicated area for smoking, at places where the employer's business is not conducted, except for those enclosed areas where following activities are carried out: in government and local authority administration, health care, education, public child care, social care, culture, sport and recreation, production, control and sale of drugs, production, storage and sale of food, communal catering, media ad areas designated for recording and public broadcasting, conferences and public meetings.</p>		

	<p>The regulation is equal for private and public/state owned working and public places.</p> <p>Smoking is completely bnned in all public transportation, including taxis and in all vehicles used as places of work. Smoking is also completely banned in all waiting rooms and lounges.</p> <p>Smoking is completely banned in all restaurants/bars which belong to buildings in which smoking is completely banned, like shopping moles, enterprises, hospitals, schools and other etc.</p> <p>Other restaurant and bar owners/managers, according to the new Law:</p> <ul style="list-style-type: none"> - Can completely ban smoking in their restaurant/bar regardless of restaurant/bar's size; - If the size of a restaurant/bar is less than 80 m2 they can choose if the restaurant/bar will be smoke-free or smoking will be allowed; - Must designate smoking and non-smoking areas if the size of a restaurant/bar is over 80 m2 , where non-smoking area has to be at least 50% of the size; - Regardless of restaurant/bar size separate room for smoking can be designated, and it has to fulfill standards set in Article 6 of the Law. 			
3.2.2.4	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?</td> <td style="width: 20%; text-align: center; padding: 5px;"><input checked="" type="checkbox"/> Yes</td> <td style="width: 20%; text-align: center; padding: 5px;"><input type="checkbox"/> No</td> </tr> </table>	If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
3.2.2.5	<p>If you answered "Yes" to question 3.2.2.4 please provide details of this system.</p> <p>The new Law imposes legal responsibility for compliance not only on individual smokers but aslo on business establishemtns, their managers, owners or other responsible persons. It also provides significant penalties for violations. The key authority responsible for the enforcement is the Sanitary Inspectorate of the Ministry of Health. It coordinates the work of other inspectorates responsible for the enforcement: Health Inspectorate and Medicines Inspectorate of the Ministry of Health, Inspectorate of the Ministry of Education, Inspectorate of the Ministry of Labour, ministry in charge of Trade and Trade Insection and Inspectorate for preventive protection of the Ministry of Internal Affairs. According to the Law, all inspectorates are obliged to cooperate, exchange information, provide each other necessary technical assistance and undertake common measures and activities with the purpose of the Law enforcement. Representatives of all inspectorates comprise a common intersectorial body which is obliged to regulary meet in order to prepare joint annual action plans and evaluate performance. At municipality level, enforcement monitoring is entrusted to communal police.</p>			

3.2.2.6	If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None
Indoor workplaces:				
• government buildings		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• health-care facilities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• educational facilities ¹		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• universities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private workplaces		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• other (<i>please specify:</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport:				
• airplanes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• trains		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ferries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ground public transport (buses, trolleybuses, trams)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private vehicles		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• other (<i>please specify:</i> waiting rooms and lounges)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ except universities

	Indoor public places:			
	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• pubs and bars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• nightclubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.7	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			
	Please refer to answer to question 3.2.2.3.			
	• Banning tobacco smoking in public transport			
	Please refer to answer to question 3.2.2.3.			
	• Banning tobacco smoking in indoor public places			
	Please refer to answer to question 3.2.2.3.			
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.			
	<p>Implementation of the new smoke-free legislation noticeably increased number of smoke-free working and public places. Opinion poll, conducted three months after the full enforcement of the Law (from 23 February to 2 March 2011), showed that public support has grown and that 80% of adult population was in favour of the legislation (77% in November 2010, at the moment of full enforcement). In comparison with the November 2010 opinion poll, exposure to tobacco smoke significantly decreased - from 45% to 35% in workplaces, and from 44% to 23% in schools. Number of people who allowed smoking in their homes also decreased from 48% to 42%. Changes in smokers' behaviours were noticed as well - 27% of them reduced the number of daily smoked cigarettes, while 18% considered quitting. Among ex smokers, 38% of them said their decision was related to the enforcement of the new legislation. The opinion poll showed that citizens of Serbia are aware of the health benefits of the newly enforced legislation.</p>			
3.2.2.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.3	9	Regulation of the contents of tobacco products <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.5	Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report.			
	According to Law on Tobacco (Official Gazette of the Republic of Serbia, No. 101/05, 90/07 i 95/10), Article 74: - Starting with January 1st, 2009, cigarettes sold on the territory of the Republic of Serbia could not contain more than: 10 mg of tar per cigarette, 1.2 mg of nicotine per cigarette and 12 mg of carbon monoxide per cigarette; - Starting with January 1st, 2010, the cigarettes sold on the territory of the Republic of Serbia could not contain more than: 10 mg of tar per cigarette, 1.1 mg of nicotine per cigarette and 11 mg of carbon monoxide per cigarette; - Starting with January 1, 2011 the cigarettes sold on the territory of the Republic of Serbia could 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 measuring, ISO 10315 for nicotine measurement and ISO 8454 for carbon monoxide.			
3.2.3.6	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.4	10	<p>Regulation of tobacco product disclosures</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		<p>• contents of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> No</p>
		<p>• emissions of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> No</p>
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		<p>• contents of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> No</p>
		<p>• emissions of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> No</p>
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.</p>			
3.2.4.4	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

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

3.2.5.11		If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.14	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.			
	Status quo since the FCTC Report 2008.			
3.2.5.16	If you have any relevant information pertaining to or not covered in this section, please provide details in the space below.			
	<p>Affirmative answers are regulated by Law on Tobacco (Official Gazette of the Republic of Serbia, No 101/05, 90/07 i 95/10), articles 76 and 77. Regarding the answer to question 3.2.5.2, the Law bans the use of text, names, signs and symbolic and other representations, in Serbian or in any other language, suggesting that the tobacco product is less harmful than other tobacco products, and especially the emphasis of the words 'low tar', 'light', 'ultra light', 'mild', and similar, is forbidden on the packs and within the names of the brands of tobacco products. This list is indicative but not exhaustive. There are no expiry dates on tobacco packaging and labeling, but there is no ban on the display of colours or other industry package design techniques or figures for emission yields on packaging and labeling. In response to the question 3.2.5.14, only health warnings must appear in the principal language of the country.</p> <p>No newly adopted or implemented legislative, executive, administrative or other measures since the latest FCTC 2008 Report.</p>			

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

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

3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.</p>
	<p>Education, communication, training and public awareness are continuously implemented as a part of national tobacco control strategy and action plan.</p> <p>Mass media campaign "Tobacco Smoke is a Serial Killer" of the Ministry of Health and Institute of Public Health of Serbia, has been launched at the press conference on 22 December 2008, and ran until the WNTD 2010. This campaign was followed by the campaign "Expel the Tobacco Smoke" that was run till the end of 2010. Both campaigns were national campaigns designed to prepare the public for the new smoke-free legislation enforcement (adopted in May 2010 and fully enforced in November 2010). Before the campaign, focus groups research has been conducted about the target audience and development/testing of the campaign messages and materials. Media agency was engaged for the campaign design and preparation and monitoring of the media plan. The campaign ran in national media (TV, radio, print...).</p> <p>In relation with the enforcement of newly adopted smoke-free legislation, in October 2010, a workshop for editors and journalists of national and local media (TV, radio, press) "Improving media support to smoke-free policies in Serbia" was organized with the purpose to raise awareness about harmful health consequences of exposure to tobacco smoke and increase media attention to the subject. The workshop was organized by the National Committee for Tobacco Prevention of the Ministry of Health and Serbian Society for Fight Against Cancer with the financial support of the WHO Regional Office for Europe.</p> <p>In 2010, there was also "Quit&Win" campaign in which 6287 people participated, out of which 3226 smokers and 3061 supporters. The winners were announced on the National No Smoking Day 2011.</p> <p>Following the two media campaigns on protection from exposure to second hand smoke (SHS), in 2011, a forum "Dimopedia" was established on the social network "Facebook" which provides information on harmful effects of exposure to SHS, benefits of smoke-free legislation and quitting tobacco use.</p> <p>Important messages are regularly sent also within other programmes and campaigns, run by the health sector or/and other government or civil organizations (such as Red Cross of Serbia).</p> <p>In addition, trainings were provided for cessation teams, as described under 3.2.8.14.</p>
3.2.6.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

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

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please proceed to question 3.2.7.12.				
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.6	13.4(a)	– prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.8	13.4(c)	– restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	– requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	– imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.			
	<p>Advertising is regulated by the Law on Advertising (Official Gazette of the Republic of Serbia, No 79/2005) enacted in September 2005. Since submission of the FCTC 2008 Report there were no new legislative, executive, administrative or other measures adopted or implemented in the country.</p> <p>Law on Advertising ("Official Gazette of the Republic of Serbia" No 79/2005) prohibited all forms advertising of tobacco and tobacco products, including any trademark or other display tags manufacturers of these products, in print, on radio and television, through cinema slides, films, posters, signs, labels, advertising resources on the streets, public places, in public facilities and means of transportation, books, magazines and clothing labels and over, posters and leaflets if those stickers, posters and leaflets, except publishing information on quality and lohg features of tobacco</p>			

	<p>products at point of sale, in professional books, journals and other professional publications that are reserved for manufacturers and retailers of these products.</p> <p>Prohibited the distribution of free tobacco products to citizens and promotional discounts for tobacco products.</p> <p>It is prohibited to display the mark or other indication manufacturers of tobacco and tobacco products in the above manner and in an ad message, which is recommended by the manufacturer of tobacco and tobacco products, including an ad message that recommends sponsored activity.</p> <p>Law on Advertising and Law on Consumer protection also regulates the advertising ban specific types of deceptive, misleading and comparative advertising and unfair commercial practices.</p> <p>All government prohibitions and penalties for violation of these prohibitions apply to advertisers, manufacturers and transmitters advertisements such as public media (newspapers, radio and television programs, service news agencies, Internet and other electronic editions of the media and other media for public distribution and unspecified number of users), and the organizers of cultural, entertainment, sporting or other public events that advertisements transferred his audience.</p> <p>Serbian Law on Advertising is applied to the territory of the Republic of Serbia, but prohibits advertising, promotion and sponsorship under the same conditions for domestic and foreign entities. This means that the prohibited forms of advertising, promotion and sponsorship that are applicable national regulation can not enter into our territory.</p> <p>When it comes to audio-visual commercial communication it is important that, in addition to the prohibition under the Law on Advertising, Serbia has been adopted Law on ratification of the European Convention on Transfrontier Television ("Official Gazette of the Republic of Serbia-International Treaties", No 42/2009), which prohibited advertising and tele-shopping of tobacco products and sponsorship. The Parties undertake to render each other mutual assistance in order to implement this Convention, and Serbia supports and participates in cooperation between the Parties.</p>
3.2.7.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• programmes specially designed for:		
		○ underage girls and young women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		○ women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		○ pregnant women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• telephone quitlines	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• other (<i>please specify</i> : Education of PHC teams in smoking cessation based on the Manual for Smoking Cessation developed by national experts in 2006)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

		<ul style="list-style-type: none"> • sporting environments? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.8.4	14.2(b)	– inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:			
		• tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• education?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		• primary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialist health-care systems (<i>please specify:</i> There are teams within the university hospitals in big cities and also in some secondary health care institutions pulmonologists provide treatment of tobacco dependence)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• rehabilitation centres	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• other (<i>please specify:</i> Several NGOs provide counselling and treatment of tobacco dependence)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		• primary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• specialist health-care systems (<i>please specify:</i>)	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify</i>: NGOs) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify</i>: defectologists, see in 3.2.8.15) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others (<i>please specify</i> : psychologists)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		<ul style="list-style-type: none"> medical? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify</i>:)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	<p>If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?</p> <p>NRT is classified as OCT and can be purchased in all pharmacies without prescription. For purchase of Bupropion a physician's prescription is needed. In line with the National Action Plan on Tobacco Control 2007 - 2011, on several occasions, certain quantities of pharmaceutical products for the treatment of tobacco dependence have been procured, from the budget collected from an earmarked tax on tobacco products, and distributed to the cessation services across the country, free of charge.</p>			
3.2.8.12	14.2(d)	<p>If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?</p>			
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• bupropion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• varenicline	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• other (<i>please specify</i> : cytizine)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.13	14.2(d)	<p>If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?</p>			
		• nicotine replacement therapy	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• bupropion	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• varenicline	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• other (<i>please specify</i> :)?)?	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.14	<p>Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.</p> <p>As a part of the Continuing Medical Education, the National Committee for Tobacco Prevention organized 6 educational courses in smoking cessation methods, in 2009 and 2010, for 72 smoking cessation teams, mostly from primary health care services (equals to 217 participants in total). All scientifically approved methods of smoking cessation were included in educational program.</p>				
3.2.8.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>				

	In relation to question 3.2.8.8, "defectologist" means special need educationalist".
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3.3	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.1.1	15.2	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.2	15.2(a)	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.3	15.2(a)	– requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.4	15.2(b)	– developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.5	15.3	– requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.6	15.4(a)	– requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.</p>
	<p>There is no progress in implementation of Article 15 since submission of the previous report. However, the Rep. of Serbia actively participates in the negotiations for a Protocol on Illicit Trade in Tobacco Products, with the intention to ratify the agreed protocol when adopted by the Conference of the Parties.</p>
3.3.1.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3.2	16	Sales to and by minors <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18 ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.5	16.1(c)	– prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 3.3.2.8.				
3.3.2.7	16.1(d)	If you answered “No” to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>Prohibition of sales of tobacco products to minors, under 18, is regulated by the Law on Tobacco ("Official Gazette of the Republic of Serbia", No 101/05, 90/07 i 95/10).</p> <p>According to Article 26 (1) of Law on Consumer Protection ("Official Gazette of the Republic of Serbia", No 73/2010), sale, serving and gift of tobacco products to persons below the age of 18 is prohibited and this Article 26 (2) rules: "In case of a doubt whether the consumer is a person below the age of 18, the trader is not obliged to sell... tobacco product, until the consumer shows valid identity document, passport, or driving licence".</p> <p>A fine in the amount of RSD 300,000 - 2,000,000 shall be imposed on a legal entity for: Selling, serving and giving the alcohol drinks and tobacco products to persons under 18 years of age, against Article 26 Paragraph 1 of this law; a fine in the amount of RSD 50,000.00 - 150,000.00 shall be imposed on a natural entity, or a responsible person in a legal entity for acts referred to in Paragraph 1 of this article; a fine in the amount of RSD 50,000.00 - 500,000 shall be imposed on an entrepreneur for acts under Paragraph 1 of this article (Article 151 of Law on Consumer Protection).</p> <p>Consumer Protection Act was passed in 2010, and is applied from January 2011.</p>			
3.3.2.13	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.3.3	17	Provision of support for economically viable alternative activities <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	– promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.				
	<p>In 2009 agrarian policy for tobacco switched from the price support (tobacco premium) to direct payments (payments per hectare). Regulation on terms and conditions of use of the funds for reimbursement of materials for farming and vegetable production, from 2009 and 2010 (“Official Gazette of RS”, No. 12/09, 17/09, 36/09, 7 / 10, 23/10, 43/10, 59/10 and 67/10), regulates the subsidies for tobacco production. According to this regulation, subsidies for tobacco are 20.000 RSD per hectare, which represents significant decrease, in comparison with previous years, when the average tobacco premium per registered farm amounted to 146.000 RSD. Only those farmers who reported tobacco in the crop structure in 2009 were eligible to receive subsidies, which implies that new tobacco growers were not eligible for subsidies.</p> <p>Moreover, in 2009 was published the Decree on the program measures for refinancing of long-term liabilities arising from investments in tobacco production in 2009 (“Official Gazette of RS”, No. 23/09). The aim is to help farmers to switch to alternative production and settle previously undertaken commitments to the tobacco industry. Farmers whose tobacco production in 2009 was registered to be 50% less than in 2008, were eligible for this funding. This measure was implemented in the way that funds were used for long-term lending for private individuals engaged in the production of tobacco, and for settling financial commitments for the purchase of dryers and other equipment and machinery for manufacturing of tobacco. Ministry of Agriculture provides for this purpose 100 % of funds. Repayment period is four years with one year grace period and interest rates are not charged.</p>				
3.3.3.3	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i>			
3.4.1	18	Protection of the environment and the health of persons <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.				
		<p>In the National CEHAP (Children's Environment and health Action Plan) 2009-2019, adopted in October 2009, the Regional Priority Goal III related to indoor air quality and one of the Mid-term objectives planned for 2012 is the adoption of laws and secondary legislation related to indoor air quality, that is harmonized with EU regulations. Laws and regulations related to protection of the environment and health of children exposed to tobacco smoke have to be created, according to this plan.</p> <p>Within the Mid-term activities - Project on reduction of tobacco use in young people and reduced exposure of children to second-hand tobacco smoke is planned, with expected results in the reduced prevalence of tobacco use in young people, also the reduced exposure to environmental tobacco smoke.</p> <p>Legislation that is in correlation with tobacco packaging is regulated through the Law on waste management and in the Law on package and packaging waste</p>			

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

3.4.2	19	<p>Liability</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.4.2.1	19.1	– dealing with criminal and civil liability, including compensation where appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.			
	<p>With regards to the question 3.4.2.1:</p> <p>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, 107/2005 - correction, 72/2009 and 111/2009). This Law defines several offences in relation to tobacco control- Unlawful Manufacture (Article 242), Unlawful Commerce (Article 243), Deceiving Byers (Article 244).</p> <p>Basic provisions dealing with the civil liability are stipulated by the Law on Contracts and Torts (“Official Journal of SFRJ”, No. 29/78, 39/85, 45/89 – decision of the Constitutional Court of YU and 57/89, "Official Journal of SRJ", No. 31/93 and "Official Journal of SCG", No. 1/2003 – Constitutional Charter). Chapter 2, Section 2 of this Law thoroughly defines civil wrongs (torts) as the origin of obligations.</p>			
3.4.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

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

3.4.3.4	20.3(a)	If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.		
		See 3.4.3.6.		
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.		
3.4.3.6	20.4	– regional and global exchange of publicly available national:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the cultivation of tobacco?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.7	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• pertinent jurisprudence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.8	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report.			
	<p>In 2008, Global Youth Tobacco Survey and Global School Personnels Survey were performed. (Warren CW, Asma S, Lee J, Lea V, Mackay J. Global Tobacco Surveillance System - The GTSS Atlas. Atlanta: CDC Foundation, 2009).</p> <p>In 2008/2009 study on smoking in pre- and post-natal women on the national representative sample was conducted, including determinants of smoking and smoking cessation, as well as health of newborns. (Krstev S et al. Smoking Prevalence in Pre- and Post-Natal Women in Serbia, 2008-2009. Belgrade: Public Health Association of Serbia, 2009.).</p> <p>In 2009/2010 study dealing with assessment of smoke-free policy and practice in healthcare institutions of Serbia was performed in all health care institutions. As a second part, a study on the smoking prevalence in the representative sample of all employees of health care institutions was also conducted. Krstev S et al. Assessment of Smoke-free Policy and Practice in Healthcare Institutions in Serbia. (Final technical Report for the International Development Research Center (IDRC) in Canada (Unpublished document)).</p>			

	<p>In 2010 study was completed among journalists and editors dealing with raising awareness of tobacco smoke and exposure to SHS and the importance of total smoking ban at all public and work places. (Krstev S, Lazarevic N. Improving media support to smoke-free policies in Serbia, 2011. (Unpublished report for the WHO)).</p>
3.4.3.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	<i>Article</i>	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.			
	Committee for Tobacco Prevention of the Ministry of Health of the Republic of Serbia provided technical assistance to neighboring countries (Macedonia, Montenegro and Bosnia and Herzegovina) in capacity building of health care workers for the implementation of smoking cessation and tobacco control programs, including sharing of nationally developed guidelines for smoking cessation, campaign materials and information			

related to the earmarking of tobacco products.

Following national surveys were financially supported by the Canadians: GYTS 2008 and National Survey on Pre- and Post-Natal Smoking 2008 (Canadian International Development Association - Public Health Association of Canada) and Assessment of smoke-free policy and practice in healthcare institutions of Serbia 2009 (International Development Research Center / Research for International Tobacco Control).

In 2010, WHO Regional Office granted Serbia a USD 5.000 amount for the implementation of the small project IMPROVING MEDIA SUPPORT TO SMOKE-FREE POLICIES IN SERBIA in relation with the enforcement of newly adopted smoke-free legislation.

Participation of national experts in capacity building workshops and meetings organized by the WHO and partner organizations was financially supported on several occasions. WHO and FCTC Secretariat continue to provide updated information and guidelines in relation with successful tobacco control.

4.8	Please provide information about any assistance provided or received in the space below.
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please refer to Article 26.4.)</i>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.
	A suggestion has been made to the Global Fund to Fight AIDS, Tuberculosis and Malaria, through a recent survey of the Global Fund, to include financing of national tobacco control programs.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Presently, the first priority is implementation of the smoke-free legislation, adopted in May 2010 and fully enacted in November 2011. The following priorities are: taxation policy, pictorial health warnings, counseling services, financing of tobacco control, involvement of civil organizations etc.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
	Gaps were not calculated since there is not enough human resources in area of tobacco control, since only two persons in the country are full-time employed to work in tobacco control, all other are volunteers.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? <i>(Please refer to Article 21.1(b).)</i>
	Some of the constrains/barriers are listed: - Lack of knowledge and awareness within the Government and its institutions about the FCTC; - Country in transition with lot of priorities; - Great interest and influence of tobacco industry;

	<ul style="list-style-type: none"> - Weak intersectorial coordination and cooperation; - Undeveloped civil sector; - There is no sustainable national leadership in tobacco control.
5.5	<p>Please provide any relevant information not covered elsewhere that you consider important.</p>
5.6	<p>Your suggestions for further development and revision of the reporting instrument:</p> <p>The questionnaire is comprehensive and follows the structure of the FCTC. However, the Word format is not very much user friendly for following reasons:</p> <ul style="list-style-type: none"> - Specific chapters cannot be accessed directly, it takes time and effort to scroll constantly through a such a big document; - It occurred, a number of times, during the completion of the questionnaire, the Word signaled that it cannot save the document, even if renamed, only as rescued document, which could not be re-opened in any way after being saved and closed – that required re-entering of the data and information, which was additional burden in terms of time and efforts. <p>Therefore, the suggestion is to try to translate the questionnaire in a simpler and more user friendly program or format.</p>

End of reporting instrument