

Index for Tobacco Control Sustainability

GEORGIA

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	P	9	9
2	National tobacco control budget (annual)	P	7	7
3	National tobacco control law	P	6	6
4	National budget allocation for tobacco control capacity building	A	6	0
5	Tobacco taxation >75% of retail sales price	P	6	6
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	A	6	0
7	National tobacco control unit	P	5	5
8	Civil society tobacco control network	P	5	5
9	Civil society representation in national tobacco control advisory committees	P	5	5
10	Health promotion fund for, or including, tobacco control	A	5	0
11	National policy against tobacco industry corporate social responsibility	A	5	0
12	Tobacco-related mortality and morbidity recording system	A	5	0
13	National evaluation framework in place	P	5	5
14	Evaluation built into all major policy implementation plans	A	5	0
15	National tobacco control strategy	P	4	4
16	Tobacco control and non-communicable diseases form part of national health policy	P	4	4
17	Tobacco control forms part of national development plan	A	4	0
18	Human resource for implementation (national)	P	4	4
19	Global Tobacco Surveillance System surveys	P	4	4
20	Intergovernmental coordination mechanism	P	3	3
21	Capacity building plan for tobacco control personnel	A	3	0
22	Developmental assistance funding includes tobacco control	P	3	3
23	Code of conduct for government officials and staff	A	3	0
24	Ministry of health WHO FCTC Article 5.3 policy	A	3	0
25	WHO FCTC Article 5.3 policy across all ministries	A	3	0
26	Economic and social tobacco costs data	P	3	3
27	National focal point post	P	3	3
28	National advisory committee	P	2	2
29	Capacity building plans on research and evaluation	A	2	0
30	Mass media campaigns funded	P	1	1
31	Capacity building plan for non tobacco control specific personnel	A	1	0
Total Score			130	79

Explanation of the scores:

1. Pre-requisite Indicator: >4 MPOWER policies in place: According to the 2021 WHO Report on the Global Tobacco Epidemic, Georgia has successfully implemented all MPOWER measures. Notably, four out of the seven MPOWER measures have been rated as highest level achievements, specifically the M, W (health warnings and mass media campaigns), and R measures.
2. National tobacco control budget (annual): The National Strategy and Action Plan for Noncommunicable Diseases, as well as the National Tobacco Control Strategy and Action Plan, allocate a yearly sustained budget for tobacco control.
3. National tobacco control law: The legislation pertaining to tobacco control, known as the “New Generation” law, has been implemented since May 1, 2018. This law is in accordance with the guidelines set forth by the WHO FCTC.
4. National budget allocation for tobacco control capacity building: The National Tobacco Control Program’s budget does not currently include provisions for capacity building, nor are any funds specifically earmarked for this purpose.
5. Tobacco taxation >75% of retail sales price: Based on 2021 data, the total tax share of the retail sale price is 81.24%, surpassing the recommended 75% level, and has remained unchanged since then.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: No change in tax rates since 2021.
7. National tobacco control unit: The National Tobacco Control Group operates under the auspices of the National Center for Disease Control and Public Health (NCDC), functioning as a pivotal national focal point for tobacco control.
8. Civil society tobacco control network: The Tobacco Control Alliance (TCA) is the leading NGO for tobacco control in Georgia, with seven local coalitions in various municipalities working to reduce secondhand smoke in their communities.
9. Civil society representation in national tobacco control advisory committees: In 2013, the government of Georgia formed the State Tobacco Control Committee chaired by the prime minister. The committee includes members from civil society (TCA) and medical associations.
10. Health promotion fund for, or including, tobacco control: Georgia lacks a health promotion fund but has a government-funded Health Promotion State Program with a tobacco control component. The indicator is scored as absent since the funding comes solely from the central government budget without earmarking or other sources.
11. National policy against tobacco industry corporate social responsibility: National tobacco control legislation restricts direct or indirect sponsorship, but no specific policy prevents tobacco industry CSR activities.
12. Tobacco-related mortality and morbidity recording system: There is no dedicated system for recording tobacco-related mortality and morbidity in the country. However, previous data can be found in The Case for Investing in WHO FCTC Implementation report, developed by NCDC, UNDP, RTI International, WHO FCTC Secretariat, and WHO, and funded by the UK government.
13. National evaluation framework in place: An official national framework exists to plan evaluations for the full range of current tobacco control policies and implementation.

14. Evaluation built into all major policy implementation plans: Individual tobacco control policies lack specific evaluation indicators, but the Tobacco Control Strategy, NCDs strategy, and related strategic documents include distinct evaluation indicators.
15. National tobacco control strategy: The periodically renewed National Tobacco Control Strategy (NTCS) covers 2021 to 2025, outlining goals, objectives, targets, activities, and funding mechanisms for tobacco control implementation.
16. Tobacco control and noncommunicable diseases (NCD) form part of national health policy: The national health policy focuses on tobacco control and NCD prevention, with the Noncommunicable Diseases Prevention and Control Strategy 2023–2030, aimed at strengthening tobacco control, to be endorsed soon.
17. Tobacco control forms part of national development plan: Tobacco control is part of the national strategic plan for UN Sustainable Development Goals, but isn't prioritized for aid funding, resulting in the indicator being marked as absent.
18. Human resource for implementation (national): The National Centre for Disease Control (NCDC) operates a fully operational Tobacco Control Group, funded by the government budget.
19. Global Tobacco Surveillance System surveys: The Global Youth Tobacco Survey (GYTS) has been conducted in Georgia in 2003, 2008, 2011, 2014, and 2017, with plans to repeat the survey in 2023. Additionally, the first round of the Global Adult Tobacco Survey (GATS) is scheduled to be implemented in 2023. In 2019, the country also conducted a national tobacco survey and participated in the European School Survey Project on Alcohol and Other Drugs (ESPAD). The Global Tobacco Surveillance System surveys in Georgia have included the 2008 Global School Personnel Survey (GSPS) and the 2009 Global Health Professions Student Survey (GHPSS).
20. Intergovernmental coordination mechanism: The National Tobacco Control focal point, represented by the NCDC under the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, coordinates government structures alongside the Health Promotion and Disease Prevention Scientific Advisory Council of the Parliament of Georgia.
21. Capacity building plan for tobacco control personnel: there are no dedicated funds for capacity building.
22. Developmental assistance funding includes tobacco control: Tobacco control is included in Georgia's SDG plan, with international funding supporting the overall initiative.
23. Code of conduct for government officials and staff: Government officials must follow the code of conduct, but it doesn't cover relationships, links, communications, contracts, and funding with external entities, leading to the indicator being marked as absent.
24. Ministry of health WHO FCTC Article 5.3 policy: article 5.3 is under discussion but not yet adopted as of March 2023.
25. WHO FCTC Article 5.3 policy across all ministries: article 5.3 is under discussion but not yet adopted as of March 2023.
26. Economic and social tobacco costs data: In 2018, a tobacco investment case study, supported by UNDP and the WHO FCTC Convention Secretariat, assessed the economic burden of tobacco in Georgia. In 2022, an NCD investment case study with a tobacco component was conducted and presented to policymakers and stakeholders.
27. National focal point post: NCDC is the national tobacco control focal point.

28. National advisory committees: Georgia has the National Tobacco Control Committee, chaired by the prime minister, and the Health Promotion and Disease Prevention Scientific Advisory Council of the Parliament, both guiding national tobacco control policies and strategies.
29. Capacity building plans on research and evaluation: The national tobacco control strategy includes activities focused on building capacity for research and evaluation in tobacco control, promoting evidence-based approaches and best practices.
30. Mass media campaigns funded: The tobacco component of the National Health Promotion State Program, which is funded by the central government, encompasses mass media campaigns.
31. Capacity building plan for personnel not specific to tobacco control: No specific budget is allocated for capacity building programs.

Main findings:

Progress in tobacco control sustainability

Georgia has made significant strides in achieving tobacco control sustainability, with 18 out of 31 indicators rated as “Present.” The country has successfully implemented all MPOWER measures, with three measures reaching the recommended level set by the World Health Organization (WHO). In 2018, Georgia adopted a new national tobacco control law in line with the WHO Framework Convention on Tobacco Control (FCTC).

Georgia’s strong national civil society network, has played a crucial role in the country’s tobacco control efforts, as have several local coalitions. Civil society is represented in the State Tobacco Control Committee, which is chaired by Georgia’s prime minister. Additionally, an intergovernmental coordination mechanism has been established to facilitate coordination among ministries on tobacco control.

Furthermore, Georgia has a national tobacco control strategy in place, with human resources and an annual budget allocated for tobacco control at the national level. Tobacco control and noncommunicable diseases are also integral components of the national health policy. Overall, Georgia’s comprehensive approach to tobacco control has yielded impressive results and serves as a model for other countries to follow.

Remaining gaps in tobacco control sustainability

There is room for improvement in the development and adoption of WHO FCTC Article 5.3 policy within the Government of Georgia. It is also important to identify alternative funding sources to support tobacco control related research, capacity building, health promotion activities, and any other initiatives aimed at strengthening tobacco policy and its implementation in the country. The focus group has identified low and unequal tax rates for tobacco products as a sustainability gap. Furthermore, Georgia has yet to become a party to the protocol to eliminate illicit trade of tobacco products. Exemptions to the smoking ban exist in indoor spaces, such as theaters, casinos, and cigar bars. Strong advocacy is also needed to implement plain packaging in a timely manner.