

Index for Tobacco Control Sustainability

BULGARIA

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)	A	7	0
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	A	5	0
8	Civil society tobacco control network	P	5	5
9	Civil society representation in national tobacco control advisory committees	A	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	A	5	0
14	Evaluation built into all major policy implementation plans	A	5	0
15	National tobacco control strategy	A	4	0
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)	A	4	0
19	Global Tobacco Surveillance System surveys	P	4	4
20	Intergovernmental coordination mechanism	A	3	0
21	Capacity building plan for tobacco control personnel	A	3	0
22	Developmental assistance funding includes tobacco control	A	3	0
23	Code of conduct for government officials and staff	P	3	3
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	A	3	0
27	National focal point post	P	3	3
28	National advisory committee	A	2	0
29	Capacity building plans on research and evaluation	A	2	0
30	Mass media campaigns funded	A	1	0
31	Capacity building plan for non tobacco control specific personnel	A	1	0
Total Score			130	40

Explanation of the scores:

1. Prerequisite Indicator: >4 MPOWER policies in place: As per the 2021 WHO Report on the Global Tobacco Epidemic, Bulgaria has four out of six of the MPOWER measures rated as the highest level: M, P, W, and R. O and E are rated as moderate.
2. National tobacco control budget (annual): No annual allocation of funds is currently defined in the state budget as an amount per head of the population. However, it should be noted that the country earmarked 1% of excise duties on tobacco and alcohol products to finance national prevention programs, including those to reduce tobacco and related products use through the Health Act of Bulgaria, which, if well implemented, would exceed the recommended funding level. However, implementation of the policy is poor.
3. National tobacco control law: There is no separate Tobacco Control Act. Relevant regulations exist in the Health Act, the Tobacco, Tobacco and Related Products Act, the Child Protection Act, the Excise and Tax Warehouses Act, and the Radio and Television Act.
4. National budget allocation for tobacco control capacity building: No national budget allocation currently exists for tobacco control capacity building in Bulgaria.
5. Tobacco taxation >75% of retail sales price: The total tax share of the average price of a pack of cigarettes (BGN 5.41) in 2021 is 82.1%, which is higher than the recommended level of 75%. According to the 2021 WHO report, the total taxes on the most sold brand of cigarettes (also the cheapest) in 2020 is 85.27%.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: For the last five years (2016–2021), the excise tax rate on tobacco products has increased by 9.4%; for the same period, the Gross Domestic Product per capita grew by 26.74%. The affordability of cigarettes in Bulgaria has increased significantly. In 2010, the purchase of 100 packs of cigarettes required 4.13% of GDP per capita; in 2020, 2.9% of GDP per person was required. Considering GDP at purchasing power parity, the percentages are 1.89% and 1.56%, respectively. The price of cigarettes has increased significantly slower than the prices of other goods.
7. National tobacco control unit: No national tobacco control unit currently exists in Bulgaria. According to the 2021 WHO report, however, part-time staff equivalent to one full-time staff member works on tobacco control at the national level.
8. Civil society tobacco control network: The civil society tobacco control network in Bulgaria has been well established since 2010 and is now organized by the Smoke-free Life Coalition. Currently the network contains more than 40 civil society organizations, including medical professional bodies, patients' organizations, parents' organizations, charity organizations, youth organizations and others.
9. Civil society representation in national tobacco control advisory committees: Bulgaria has no national advisory committee and thus no civil society representation within such a committee.
10. Health promotion fund for, or including, tobacco control: No health promotion fund for or including tobacco control exists in Bulgaria. However, as mentioned in note 2, 1% of excise duties on tobacco and alcohol products are earmarked to fund national primary prevention programs, including those aiming to reduce tobacco use and related products, the abuse of alcohol, not allowing the use of narcotic substances, as well as not allowing the use of nitrous oxide (paradise gas) by persons under the age of 18. however, the policy is not currently implemented.
11. National policy against tobacco industry corporate social responsibility: There is no national policy against

tobacco industry corporate social responsibility activities in the country.

12. Tobacco-related mortality and morbidity recording system: No dedicated system exists in Bulgaria to record tobacco-related mortality and morbidity. The 2020 report submitted to WHO FCTC secretariat has information on tobacco-related mortality in the country, but no detailed data or additional information is available.
13. National evaluation framework in place: No national evaluation framework is in place in Bulgaria.
14. Evaluation built into all major policy implementation plans: There is a National Program for the Prevention of Chronic Noncommunicable Diseases 2021–2025, but the program does not include a plan to evaluate TC activities.
15. National tobacco control strategy: The national government has approved a National Health Strategy 2030, which is yet to be adopted by the Parliament (the National Assembly). It includes activities on prevention of risk factors, but no official national strategy on tobacco control.
16. Tobacco control and noncommunicable diseases form part of national health policy: Tobacco control is a part of the National Program for the Prevention of Chronic Noncommunicable Diseases (2021–2025). A National Health Strategy 2030 was also drafted that includes smoking as a risk factor for NCDs; that strategy is pending parliament's approval.
17. Tobacco control forms part of national development plan: The interventions for health promotion and disease prevention included measures for reduction of tobacco use, but did not include associated plan or performance indicators.
18. Human resource for implementation (national): No human resources are allocated to implementing tobacco control programs or activities at the national level.
19. Global Tobacco Surveillance System surveys: Bulgaria conducted GYTS surveys in 2002, 2008 and 2015, surveys of school professionals in 2008 and 2002, and a survey of health professional students in 2009. The country also conducted surveys in the EU region in 2017 (Eurobarometer – Attitudes of Europeans towards tobacco and electronic cigarettes, 2017; national, ages 15+) and in 2019 (European School Survey Project on Alcohol and Other Drugs (ESPAD), 2019; national, ages 15–16).
20. Intergovernmental coordination mechanism: The country lacks an intergovernmental coordination mechanism. The Ministry of Health developed a draft decree on the establishment of a national council for coordinating the implementation of the WHO FCTC, but it is not yet adopted. It was discussed at a meeting of the Council of Ministers, but the decision was postponed. It is expected that the next government after the parliamentary election in April 2023 will adopt it, and this National Council will act as an interdepartmental mechanism.
21. Capacity building plan for tobacco control personnel: There is no capacity building plan for tobacco control personnel in Bulgaria.
22. Developmental assistance funding includes tobacco control: In 2021, Bulgaria adopted a Development and Humanitarian Aid Program aimed at countries of the Western Balkans, the Middle East and North Africa. Thus, Bulgaria became a new donor and no longer receives such aid.
23. Code of conduct for government officials and staff: The general Code of Conduct for Civil Servants was adopted in 2020, and the Civil Servants Act includes provisions to regulate the relations of civil servants with representatives of business and society (individuals, legal entities and organizations), but there are no

specific requirements regulating the interactions with the industry.

24. Ministry of Health WHO FCTC Article 5.3 policy: Currently no WHO FCTC Article 5.3 policy has been adopted by the Ministry of Health.
25. WHO FCTC Article 5.3 policy across all ministries: Currently no WHO FCTC Article 5.3 policy has been adopted across all ministries.
26. Economic and social tobacco costs data: No data is available on the economic and social costs of tobacco in Bulgaria.
27. National focal point post: One person serves as the focal point for tobacco control at the national level, although not in a full-time capacity. The focal point is supported by the Protection of Public Health and Health Control Directorate of the Ministry of Health and by the Risk Behavioral Factors and Prevention of NCDs Department at the Health Promotion and Disease Prevention Directorate of the National Center for Public Health and Analysis at the national and subnational levels.
28. National advisory committee: No national advisory committee has been established in Bulgaria.
29. Capacity building plans on research and evaluation: The country does not have a capacity building plan on research and evaluation.
30. Mass media campaigns funded: There are no mass media campaigns funded by the government in Bulgaria.
31. Capacity building plan for non-tobacco control specific personnel: The country does not have a capacity building plan for non-tobacco control specific personnel.

Main findings:

Progress in tobacco control sustainability

Article 53 para. 3 of the Health Act of Bulgaria specifies that “One percent of the funds received in the state budget from excise taxes on tobacco products and alcoholic beverages are used to finance the national programs to reduce tobacco use and related products, the abuse of alcohol, not allowing the use of narcotic substances, as well as not allowing the use of nitrous oxide (paradise gas) by persons under the age of 18.” This, if well implemented, would ensure sustainable funding for national health programs including tobacco control related programs. However, more efforts should be made to fully implement the policy and effectively use the funding.

Remaining gaps in tobacco control sustainability

During the meeting, the focus group discussed improvements that would help the country achieve long-term tobacco control sustainability. These areas include strengthening the TAPS ban, significantly increasing excise duties on all tobacco- and nicotine-containing products, effective enforcement of smoke-free areas, and establishing a national council for coordinating implementation of the WHO FCTC. It is additionally critical for the country to consider adopting a national tobacco control strategy with specific targets and indicators as well as designated annual government funding and human resources to support implementation including capacity building. Bulgaria should also consider establishing a national tobacco control unit to direct the implementation of the national tobacco control strategy and forming a national advisory committee with civil society representatives to support its implementation.