World Health Organization
REGIONAL OFFICE FOR Europe

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TOBACCO CONTROL
FACT SHEET

Republic of Moldova

Health impact of tobacco control policies in line with the WHO Framework Convention on Tobacco Control (WHO FCTC)

Based on the current level of adult smoking in the Republic of Moldova *(1)*, premature deaths attributable to smoking are projected to be as high as 397 000 of the 794 000 smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths

Smoking prevalence (%)		Smokers (n)	Projected premature deaths of current smokers (n)					
Male	Female	Total	Male[a]	Female[a]	Total[a]	Male[b]	Female[b]	Total[b]
43.6	5.6	793 844	348 146	48 776	396 922	226 295	31 704	257 999

[a] Premature deaths are based on relative risks from large-scale studies of high-income countries.

[b] Premature deaths are based on relative risks from large-scale studies of low- and middle-income countries.

Source: WHO Regional Office for Europe *(1)*.

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC *(2)* are projected to reduce smoking prevalence by:

- **28%** by increasing excise cigarette taxes from its current level of 34% to 75% and prevent much youth smoking;
- **9.3%** with more comprehensive smoke-free laws and stronger enforcement;
- **7%** by banning just some forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement;
- **6.3%** by increasing from a low-level to a high-level mass media campaign;
- **4.5%** by requiring strong, graphic health warnings added to tobacco products; and
- **3.3%** by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy.

With this stronger set of policies and consistent with the WHO FCTC *(2)*, smoking prevalence can be reduced by 37% within 5 years, by 47% within 15 years and by 56% within 40 years. Almost 224 000 deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model *(3)* incorporates synergies in implementing multiple policies (e.g., strong media campaign with smoke-free laws and tobacco cessation policies).

TABLE 2.

Effect of tobacco control policies (individual and combined) on initial smoking prevalence and smoking-attributable deaths

	Relative change in smoking prevalence (%)		Reduction in smokers in 40 years (n)	Reduction in smoking-attributable deaths in 40 years (n)					
Tobacco control policy	5 years	40 years	Total	Male[a]	Female[a]	Total[a]	Male[b]	Female[b]	Total[b]
Protect through smoke-free laws	–8.1	–10.1	**80 132**	35 143	4 924	**40 067**	22 843	3 200	**26 043**
Offer tobacco cessation services	–1.9	–4.7	**37 346**	16 378	2 295	**18 673**	10 646	1 491	**12 137**
Mass media campaigns	–5.5	–6.6	**52 394**	22 978	3 219	**26 197**	14 936	2 092	**17 028**
Warnings on cigarette packages	–3.0	–6.0	**47 631**	20 889	2 927	**23 816**	13 578	1 902	**15 480**
Enforce marketing restrictions	–5.8	–7.5	**59 856**	26 250	3 678	**29 928**	17 063	2 391	**19 454**
Raise cigarette taxes	–18.6	–37.3	**295 904**	129 771	18 181	**147 952**	84 351	11 818	**96 169**
Combined policies	–36.6	–56.4	**447 533**	196 269	27 498	**223 767**	127 575	17 874	**145 449**

[a] Smoking-attributable deaths are based on relative risks from large-scale studies of high-income countries.
[b] Smoking-attributable deaths are based on relative risks from large-scale studies of low- and middle-income countries.

→ Monitor tobacco use

The prevalence of current adult smokers (18–69 years old) was 25.3% in 2013 (men: 43.6%; women: 5.6%) *(1)*.

→ Protect people from tobacco smoke

Health care facilities and education facilities including universities in the Republic of Moldova are completely smoke free (Table 3). Smoking violations consist of fines on the patron but not on the establishment. A system is in place for citizen complaints and further investigations; however, no funds are dedicated for enforcement *(4)*.

TABLE 3.

Complete smoke-free indoor public places

Health care facilities	Education facilities except universities	Universities	Government facilities	Indoor offices & workplaces	Restaurants	Cafés, pubs & bars	Public transport	All other indoor public places
✓	✓	✓	⊖	⊖	⊖	⊖	⊖	⊖

Source: WHO *(4)*.

✓ = completely smoke-free; ⊖ = not completely smoke-free.

→ Offer help to quit tobacco use

Smoking cessation services are available in some health clinics or other primary care facilities, and the national health service or the national health insurance fully covers its costs. Nicotine replacement therapy can be purchased over the counter in a pharmacy but is not cost-covered, and no toll-free quit line is available *(4)*.

→ Warn about the dangers of tobacco

Health warnings are legally mandated to cover 30% of the front and 40% of the rear of the principal display area, whereby 14 health warnings are approved by law. They appear on each package and any outside packaging and labelling used in the retail sale and describe the harmful effects of tobacco use on health. Moreover, health warnings rotate on packages and are written in the principal language(s) of the country. The law also mandates font style, font size and colour for package warnings. However, the warnings do not include a photograph or graphics *(4)*.

Total tobacco control expenditures, which may include mass media campaign expenditures, amount to US$ 137 437 in the Republic of Moldova, which is less than US$ 0.05 per capita and is, therefore, classified as a low level of funding *(4)*.

→ Enforce bans on tobacco advertising, promotion and sponsorship

The Republic of Moldova has a ban, through a law adopted in 2007 that repealed previous laws dated 1997 and 2011 *(5)*, on several forms of direct and indirect advertising (Table 4). The law does not require fines for violations of these direct and indirect advertising bans *(4)*.

TABLE 4.

Bans on direct and indirect advertising

Direct advertising		Indirect advertising	
National television and radio	✓	Free distribution in mail or through other means	⛔
International television and radio	✓	Promotional discounts	⛔
Local magazines and newspapers	✓	Non-tobacco products identified with tobacco brand names	✓
International magazines and newspapers	✓	Appearance of tobacco brands in television and/or films (product placement)	✓
Billboards and outdoor advertising	✓	Appearance of tobacco products in television and/or films	⛔
Advertising at point of sale	⛔	Sponsored events	✓
Advertising on internet	⛔	Tobacco products display at point of sale	⛔

Source: WHO *(4)*.

✓ = banned; ⛔ = not banned.

The Republic of Moldova does not have:

- bans on tobacco companies/tobacco industry publicizing their activities;
- bans on entities other than tobacco companies/tobacco industry publicizing their activities;
- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns including those directed at youth; and
- a requirement to present prescribed anti-tobacco advertisements before, during or after the broadcasting or showing of any visual entertainment *(4)*.

→ Raise taxes on tobacco

In the Republic of Moldova, a pack of cigarettes costs 15 MLD[1] (US$ 1.08), of which 50.67% is tax (16.67% is value added and 34.0% is excise taxes) *(4)*.

[1] The currency code is according to International Organization for Standardization, ISO 4217 currency names and code elements.

About the SimSmoke model

The abridged version of the SimSmoke tobacco control model, developed by David Levy of Georgetown University, United States of America, projects the reduction in smoking prevalence and smoking-attributable deaths as a result of implementing tobacco control policies (individually and in combination) *(3)*. Specifically, the model projects the effects from:

- protecting from secondhand smoke through stronger smoke-free air laws
- offering greater access to smoking cessation services
- placing warnings on tobacco packages and other media/educational programmes
- enforcing bans on advertising, promotion and sponsorship
- raising cigarette prices through higher cigarette taxes *(6)*.

For the SimSmoke model, data on smoking prevalence among adults were taken from the most recent nationally representative survey that covered a wide age range, and data on tobacco control policies were taken from the *WHO report on the global tobacco epidemic, 2015 (4)*.

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References[2]

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[2] Websites accessed on 19 March 2016.