These step-by-step instructions were drawn up in accordance with decisions FCTC/COP3(17) and FCTC/COP4(16) to assist Parties in completing the reporting instrument of the WHO FCTC.
**Introduction and general observations**

The aim of these instructions is to assist Parties in completing the reporting instrument of the WHO FCTC, and they follow the structure of the questionnaire.

I. Access to basic documents

The reporting instrument reflects the content of the articles of the WHO FCTC.

**The text of the Convention can be accessed at:** [http://www.who.int/fctc/text_download](http://www.who.int/fctc/text_download)

The reporting instrument also reflects the content of the guidelines adopted so far by the Conference of the Parties.

**These guidelines can be accessed as follows:**

- Guidelines for implementation of Article 5.3 (on protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry): [http://www.who.int/fctc/guidelines/article_5_3](http://www.who.int/fctc/guidelines/article_5_3)

- Guidelines on Article 8 (*Protection from exposure to tobacco smoke*): [http://www.who.int/fctc/guidelines/article_8](http://www.who.int/fctc/guidelines/article_8)

- Partial guidelines for implementation of Articles 9 and 10 (*Regulation of the contents of tobacco products and Regulation of tobacco products disclosures*): [http://www.who.int/fctc/guidelines/article_9and10](http://www.who.int/fctc/guidelines/article_9and10)

- Guidelines for implementation of Article 11 (*Packaging and labelling of tobacco products*): [http://www.who.int/fctc/guidelines/article_11](http://www.who.int/fctc/guidelines/article_11)

- Guidelines for implementation of Article 12 (*Education, communication, training and public awareness*): [http://www.who.int/fctc/guidelines/article_12](http://www.who.int/fctc/guidelines/article_12)

- Guidelines for implementation of Article 13 (*Tobacco advertising, promotion and sponsorship*): [http://www.who.int/fctc/guidelines/article_13](http://www.who.int/fctc/guidelines/article_13)

- Guidelines for implementation of Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*): [http://www.who.int/fctc/guidelines/article_14](http://www.who.int/fctc/guidelines/article_14)

II. General observations and recommendations

**The format** of the reporting instrument was adopted by the Conference of the Parties at its third session and amended at its fourth session. Reports **must** be submitted in the format provided on the WHO FCTC web site at: [http://www.who.int/fctc/reporting/reporting_instrument](http://www.who.int/fctc/reporting/reporting_instrument).

Please do not modify the structure or content of this interactive, password-protected Word document or use any other format for submission of the report. Please do not send in
questionnaires completed by hand, and do not transform the completed Word document into a PDF file, which is not compatible with the database in which data communicated in the reporting instrument are being stored by the Convention Secretariat.

Please do not copy and paste very large documents and picture files and do not include narratives of more than 3000 words in the data entry fields of the interactive questionnaire. Additional information and documents are to be submitted with the completed questionnaire but in separate files. These files can be submitted electronically, as attachments to an e-mail or posted to the Secretariat. Additional documents are to be submitted, if possible, in one of the official languages of the Conference of the Parties: Arabic, Chinese, English, French, Russian or Spanish.

Collection of national data and completing the reporting instrument

Answers to all questions in the reporting instrument are mandatory. You are requested to provide data, if they are available. If you do not have data available for a section, leave that part of the questionnaire blank. Please do not insert text such as ‘not available’ or ‘no data’ in the data entry fields of tables. If data are available, please ensure that you provide the latest available data.

In view of the volume and diversity of data and information that are to be reported, completion of this questionnaire and preparation of your report may be time-consuming.

Bearing in mind that regular reports need to be submitted every second year beginning from 2012, 1 enough time should be left for data collection before completion of the report. Therefore, those who are responsible for preparing and submitting the report are advised to identify the information needed and the sources they will have to use, and to establish a process for obtaining the information in a timely manner.

The process of data collection may involve contacting and requesting data from different government departments (ministries), units, agencies or organizations. As you should provide data that are already available in your jurisdiction, there is usually no need to launch new data collection initiatives or studies only for the preparation of this report.

III. Observations concerning Section 2: Tobacco consumption and related health, social and economic indicators

When data have been collected, either as part of a national surveillance programme or within the framework of another international data collection initiative, please use those data in completing the tables and data entry fields in this section. In addition to the figures and brief explanations given in the data entry fields, a copy (or copies) of the study (or studies) that served as the basis for the figures provided in this section should be submitted as an annex to this reporting instrument in a separate file. Alternatively, you could provide a link to the study in question, if it is available online.

1 In the reporting period that will be communicated to the Parties each time (in 2012, the reporting period is 1 January to 30 April 2012).
IV. Observations concerning Section 3: Legislation, regulation and policies, and Section 4: International cooperation and assistance

For each affirmative response, please provide as much detail as possible about the measures implemented. Relevant documentation, including copies of legislation, regulations, executive, administrative and other instruments, should be attached to the completed report. Alternatively, you can provide links to such documentation, if available online.

When legal measures on any aspect of tobacco control are part of wider, more extensive laws, please submit either the whole text of the law or only the paragraphs concerning tobacco control; in either case, the full name and date of adoption of the full legislation must be provided, for example, when regulation of tobacco excises are part of a fiscal act or code.

If any aspect of tobacco control legislation is amended by a new act, please provide the text of both the original law and that of the legislation amending it.

When legal measures have been taken in a form that is not amenable to reproduction and inclusion in your answers to this questionnaire, please provide as much detail as possible about the measure(s) taken in the spaces provided.

Only completed policies should be reported. A policy is completed if adopted by the national legislature, signed by the president, proclaimed in the national gazette, etc. Please do not tick ‘Yes’ to any question that refers to the content of a draft legislation or bill or any measure or policy that has not yet been adopted by the relevant authority.

It is crucial that you also provide a brief description of progress made in implementing the measures and also refer to arrangements for enforcement and monitoring of implementation of the measures.

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1 In all questions, the term "law" includes any form of legislation or regulation approved by the legislative or executive branches of government, including all relevant ministerial orders, administrative orders, decrees, etc.
### SECTION 1: Origin of the report

<table>
<thead>
<tr>
<th></th>
<th>Please give the name of your country here.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Please give the name of the national contact or focal point representing the country who is responsible for completion of the questionnaire.</td>
</tr>
<tr>
<td>1.3</td>
<td>Please give the name and details of the government official responsible for submitting this report (if different from the above).</td>
</tr>
<tr>
<td>1.4</td>
<td>Please provide the start and end dates for the reporting period (Day/Month/Year to Day/Month/Year).</td>
</tr>
<tr>
<td>1.5</td>
<td>Please insert the date on which the report was submitted (Day/Month/Year).</td>
</tr>
</tbody>
</table>
SECTION 2: Tobacco consumption and related health, social and economic indicators

This section refers to Articles 6.2(a−b), 6.3, 8, 15.4, 15.5, 17, 19.2(a), 20.1(a), 20.2, 20.3(a), 20.4 and 20.4(c) as indicated in the subsections below.

2.1 Prevalence of tobacco use
(This subsection refers to Articles 20.2 and 20.3(a).)

2.1.1 Smoking prevalence in the adult population (all)

This table is for reporting data on smoking prevalence in the entire adult population. The age range to which the data used to complete this table refers is to be determined by Parties. This age range (e.g. 15 years and over, 18−64 years) is to be given in the space under 2.1.1.2. (For groups of people aged 15 years or less, please provide data in Table 2.1.6.)

Please be sure that you provide the prevalence of smoking, not the number of smokers or users.

Data, if available, are to be reported for the following categories: ‘current smokers’, ‘daily smokers’, ‘occasional smokers’, ‘former smokers’ and ‘never smokers’. These categories are listed in the first column of this table.

Definitions of current smoker, daily smoker, occasional smoker, former smoker and never smoker are to be provided by the Parties. As definitions vary internationally, please ensure that you give a definition relevant to your country. These definitions are to be reproduced in the space under 2.1.1.4.

Please report prevalence figures in the second column of this table. Check horizontal lines for the categories against which you are providing data.

In the third column of this table, the average number of the most widely consumed smoking tobacco product used per day can be given for current and/or daily smokers, if the data are available.

When possible, separate these data into numbers for males and females and also provide the total smoking prevalence.

When data have been collected as part of a surveillance programme or within the framework of another international data collection initiative, copies of the report(s) should be submitted with the completed questionnaire.

If national data are not available, subnational data can be reported. In these cases, enter the data in the relevant sections of the table and provide information about the study (e.g. year, source, name of the region concerned and referred adult population group) in the space under 2.1.1.3.
| 2.1.1.1 | Please list the smoking tobacco products included in calculations of prevalence in this field. |
| 2.1.1.2 | Please indicate here the age range to which your prevalence data for the entire adult population refer (e.g. 15 years and over, 18 years and over, 18–64 years) |
| 2.1.1.3 | Please provide the year and source of the data used to complete Table 2.1.1. |
| 2.1.1.4 | Please insert your definitions of ‘current smoker’, ‘daily smoker’, ‘occasional smoker’, ‘former smoker’ and ‘never smoker’ in this space. |
| 2.1.1.5 | Please provide here a description and, if possible, an explanation of the trend in smoking prevalence you have observed in the adult population in your country, preferably over the past three years or since submission of your last report. Alternatively, you may wish to highlight any changes that occurred between your last two prevalence surveys. Please provide, if possible, data from surveys based on the same (standard) methods, thus ensuring comparability of data. |
| 2.1.2 | Smoking prevalence in the adult population (by age group) |

If available, please provide data on smoking prevalence by age group (preferably by 10-year category, e.g. 25–34, 35–44) in this table. There are five preset lines in this table for age groups. Should you need more lines for entering more age groups, please use the ‘Add age group’ button.

In this table, please provide data on either all current smokers or daily smokers only, whichever is available, and specify which data you used under 2.1.2.2.

Please enter age groups in the second column and the corresponding prevalence figures in the third column of this table.

When possible, separate the data into those for males and those for females and also give the total smoking prevalence.

**When data have been collected as part of a surveillance programme or within the framework of another international data collection initiative, copies of the report(s) or other relevant publications should be submitted with the completed questionnaire.**

If national data are not available, subnational data can be reported. In these cases, enter data in the relevant sections of the table and provide information regarding the study (e.g. year, source, name of the region concerned and the referred adult population group) in the space under 2.1.2.2.

| 2.1.2.1 | Please list the smoking tobacco products included in calculations of prevalence for question 2.1.2, in this field. |
| 2.1.2.2 | Please provide the year and source of the data used to complete the table in 2.1.2. Please also specify here if you used data for all current smokers or for daily smokers only for completion of Table 2.1.2. |
2.1.2.3 Please provide here a brief description and, if possible, an explanation of the trends you have observed in smoking prevalence in different adult age groups in your country, preferably in the past two years or since submission of your last report. Alternatively, you may describe the changes that occurred between your last two prevalence surveys.

2.1.3 Prevalence of smokeless tobacco use in the adult population (all)

This table is provided for reporting data on the prevalence of use of smokeless tobacco, including snuff and chewing tobacco, in the entire adult population. The age range to which the data used to complete this table refers is to be determined by Parties. This age range (e.g. 15 years and over, 18–64 years) is to be given in the space under 2.1.3.2. (For age groups of people aged 15 years and under, please provide data in Table 2.1.6.)

Please be sure that you provide the prevalence of smokeless tobacco use, not the number of users.

To complete this table, follow the instructions for completion of Table 2.1.1.

When data have been collected as part of a surveillance programme or within the framework of another international data collection initiative, copies of the report(s) or other relevant publications should be submitted with the completed questionnaire.

If national data are not available, subnational data can be reported. In these cases, enter data in the relevant sections of the table and provide information about the study (e.g. year, source, name of the region concerned and the referred adult population group) in the space under 2.1.3.3.

If the use of smokeless tobacco products is forbidden in your jurisdiction, please provide, if possible, the text of the relevant legislation.

<p>| 2.1.3.1 | Please list the smokeless tobacco products included in calculations of prevalence in this field. |
| 2.1.3.2 | Please indicate here the age range to which the prevalence data for the entire adult population refer (e.g. 15 years and over, 18 years and over, 18–64 years). |
| 2.1.3.3 | Please provide the year and source of the data used to complete the table in 2.1.3. |
| 2.1.3.4 | Please insert definitions of ‘current user’, ‘daily user’, ‘occasional user’, ‘former user’ and ‘never user’ of smokeless tobacco products in this space. |
| 2.1.3.5 | Please provide here a brief description and, if possible, an explanation of the trends you observed in your country in the prevalence of smokeless tobacco use in the adult population, preferably in the past two years or since submission of your last report. Alternatively, you may also wish to describe any changes that occurred between your last two prevalence surveys. |</p>
<table>
<thead>
<tr>
<th>2.1.4</th>
<th><strong>Prevalence of smokeless tobacco use in the adult population (current users) by age group</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If available, please provide prevalence data for smokeless tobacco use by age group (preferably by 10-year categories, e.g. 25–34, 35–44) in this table. There are five preset lines in this table for age groups. Should you need more lines for entering more age groups, please use the ‘Add age group’ button.</td>
</tr>
<tr>
<td></td>
<td>In this table, please provide data on either all current users or daily users only, whichever is available, and specify which data you used under 2.1.4.2.</td>
</tr>
<tr>
<td></td>
<td>Please enter age groups in the second column and the corresponding prevalence figures in the third column of this table.</td>
</tr>
<tr>
<td></td>
<td>When possible, break down these data into those for males and those for females and also provide the total prevalence of smokeless tobacco use.</td>
</tr>
<tr>
<td></td>
<td><strong>When data have been collected as part of a surveillance programme or within the framework of another international data collection initiative, copies of the report(s) or other relevant publications should be submitted with the completed questionnaire.</strong></td>
</tr>
<tr>
<td></td>
<td>If national data are not available, subnational data can be reported. In these cases, enter data in the relevant sections of the table and provide information regarding the study (e.g. year, source, name of the region concerned and the referred adult population group) in the space under 2.1.4.2.</td>
</tr>
<tr>
<td>2.1.4.1</td>
<td>Please list the smokeless tobacco products included in calculations of the prevalence given in the answer to question 2.1.4.</td>
</tr>
<tr>
<td>2.1.4.2</td>
<td>Please provide the year and source of the data used to complete the table in 2.1.4. Please also specify here if you used data for all current users or for daily users only for completion of Table 2.1.4.</td>
</tr>
<tr>
<td>2.1.4.3</td>
<td>Please provide here a brief description and, if possible, an explanation of the trends you observed in your country in the prevalence of smokeless tobacco use in different adult age groups, preferably in the past two years or since submission of your last report. Alternatively, you may describe any changes that occurred between your last two prevalence surveys.</td>
</tr>
<tr>
<td>2.1.5</td>
<td><strong>Tobacco use by ethnic group(s)</strong></td>
</tr>
<tr>
<td></td>
<td>There are five preset lines for the provision of prevalence data for ethnic groups in this table. Provide the name of the ethnic group for which you are reporting current tobacco use in the second column of this table. Please provide data on either all current tobacco users or daily users only, whichever is available.</td>
</tr>
<tr>
<td></td>
<td>Use the ‘Add ethnic group’ button to insert more lines, if needed.</td>
</tr>
</tbody>
</table>
|       | **Please be sure to report the prevalence of tobacco use by ethnic groups, not the**
### Tobacco use by young persons

Please report prevalence figures for tobacco use by young persons in this table. Please use the definition and/or age range for ‘young persons’ used in your jurisdiction. (This can be provided under 2.1.6.2.)

Please provide data on either all current users or daily users only, whichever is available, and specify which data you used under 2.1.6.2.

In the third column of this table, the average number of the most widely consumed smoking tobacco product used per day can be given for current and/or daily smokers, if data are available.

There are five preset lines for the provision of prevalence data for different age groups. Use the ‘Add youth group’ button to create more lines, if needed.

**Please be sure to report the prevalence of tobacco use by youth groups, not the number of smokers or users.**

Prevalence data, if available, should be provided for the following categories of tobacco products: ‘smoking tobacco’, ‘smokeless tobacco’ and ‘other tobacco’ (e.g. water pipe).

The following tobacco products\(^1\) can be included in the three categories defined above:

- **Smoking tobacco products** (of which tobacco is the main component): cigarettes, bidis, cigars, fine-cut smoking articles (roll-your-own), kreks
- **Smokeless tobacco products** (of which tobacco is the main and the only active component): chew, loose-leaf; chew, twist or roll; mishri (masher, misheri); plug or chew tobacco; red tooth powder; snuff, creamy; snuff, dry; snuff, moist; snus (snuff)
- **Other tobacco products** (either smoking or smokeless, which, in addition to tobacco, have other components or are smoked in a particular device): chimo, gul, guthka,

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When possible, separate the prevalence data into those for boys and those for girls and also provide the combined (total) prevalence.

When data have been collected as part of a surveillance programme or within the framework of another international data collection initiative, copies of the report(s) or other relevant publications should be submitted with the completed questionnaire.

If national data are not available, subnational data can be reported. In these cases, enter data in the relevant sections of the table and provide information about the study (e.g. year, source, name of the region concerned and the referred youth group) in the space under 2.1.6.2.

| 2.1.6.1  | Please indicate the tobacco products included in calculations of the prevalence in the table in 2.1.6. |
| 2.1.6.2  | Please provide the year and source of the data used to complete the table in 2.1.6. Please also specify here if you used data for all current users or for daily users only in completing Table 2.1.6. |
| 2.1.6.3  | Please insert definitions of ‘current smoking’ and/or ‘current tobacco use’ in this space. |
| 2.1.6.4  | Please provide here a brief description and, if possible, an explanation of the trends you observed in your country in the prevalence of tobacco use by young persons, preferably in the past two years or since submission of your last report. Alternatively, you may describe the changes that occurred between your last two prevalence surveys. |

iq'mik, khaini, mawa, nass (naswar, niswar), pan masala (betel quid), qiwam (kimam), tobacco used in water pipes (sheesha, narghile, arghile, hookah, hubble-bubble, goza), toombak, zarda
### 2.2 Exposure to tobacco smoke

(This subsection refers to Articles 8, 20.1(a) and 20.2.)

#### 2.2.1
Data on exposure to tobacco smoke\(^1\) should be reported in this subsection, if available.

For example, if you implemented research programmes, in accordance with Articles 20.1(a) and 20.2 of the Convention, on determinants and consequences of exposure to tobacco smoke, you may wish to report the data obtained here.

Studies on implementation of Article 8 (*Protection from exposure to tobacco smoke*) concerning exposure to tobacco smoke and its health impact can also be referred to in this subsection.

Please answer ‘Yes’ to this question if you have any data on exposure to tobacco smoke. If you don’t, please answer ‘No’.

#### 2.2.2
Detailed data on exposure to tobacco smoke should be provided in this subsection. You may also wish to provide details of the methods used in the research from which the data on exposure were derived.

#### 2.2.3
Please provide the year and source of the data used to answer questions 2.2.1 and 2.2.2.

### 2.3 Tobacco-related mortality

(This subsection refers to Articles 20.1(a) and 20.2.)

#### 2.3.1
Data on tobacco-related mortality should be reported in this subsection, if available.

For example, if you implemented research programmes, in accordance with Articles 20.1(a) and 20.2 of the Convention, on the consequences of tobacco consumption and exposure to tobacco smoke, you may wish to report the data obtained here.

Please answer ‘Yes’ to this question if you have any data on tobacco-related mortality (due to active smoking or tobacco use and/or exposure to tobacco smoke (passive smoking)). If you don’t, please answer ‘No’.

#### 2.3.2
If you have data on tobacco-related mortality, please provide the estimated **number** of deaths attributable to tobacco use in your population in the data entry field. If you have data on mortality caused by both active smoking and exposure to tobacco smoke, please provide the **combined** mortality data here and provide further details under 2.3.3.

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\(^1\) The guidelines for implementation of Article 8 of the Convention define "second-hand tobacco smoke" as "the smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker".
2.3.3 Please insert any additional data on tobacco-related mortality in the space provided. If you have the necessary data, you may break down mortality by disease category attributable to tobacco use. You may wish to provide separate data for active smoking or tobacco use and exposure to tobacco smoke.

2.3.4 Please provide the year and source of the data used to answer questions 2.3.1–2.3.3 and submit a copy of the study referred to in this subsection as a separate document.

2.4 Tobacco-related costs

(This subsection refers to Articles 20.1(a) and 20.2.)

2.4.1 Data on tobacco-related costs should be reported in this subsection, if available.

If you have completed a report on the estimated burden of tobacco use on your society (e.g. the overall costs), answer ‘Yes’ to this question. If not, please answer ‘No’.

2.4.2 If you answered ‘Yes’ to question 2.4.1, provide details here. You may wish to refer to cost items, such as direct costs (e.g. health-care-related costs of tobacco use) and indirect costs (e.g. lost income due to early death related to tobacco use). Please also describe briefly the methods used in each study.

2.4.3 Please provide the year and source of the data used to answer questions 2.4.1 and 2.4.2 and submit a copy of the study referred to in this subsection as a separate document.

2.5 Supply of tobacco and tobacco products

(This subsection refers to Articles 6.2(b), 15.4, 15.5 and 20.4(c.).)

2.5.1 In this table, data on licit (legal) supply can be provided for the following categories of tobacco products: ‘smoking tobacco products’, ‘smokeless tobacco products’ and ‘other tobacco products’ (see definitions of these categories under 2.1.6). A fourth category is provided in the last row of this table; those Parties which, in addition to the above, also have data for tobacco leaves, should complete this line.

The name of the product is to be given in the first column (‘Product’) of the table. There are three preset lines for each of the above-mentioned categories. Use the ‘Add product’ button to create more lines for data entry.

In the second column of the table (‘Unit’), insert the unit in which the data on supply are given, e.g. pieces, millions of pieces, tonnes, thousands of packages.

Licit supply will be calculated, as appropriate, by analysing the data provided by Parties, from the following formula: domestic production + (imports – exports). To allow calculation of this information, the table has different columns for domestic production, exports and imports.

Please provide additional documentation, if relevant.
2.5.2 Please provide information on duty-free sales volumes here, if available.

Please specify the product, the units in which the duty-free sales volumes are provided and the quantity or volume of duty-free sales.

Please use the latest available data and provide additional documentation if relevant.

2.5.3 Please provide the year and source of the data used to complete the table in 2.5.1. The source of these data could be a government department, agency or any other organization affiliated to the government, which is responsible for collecting data on licit supply of tobacco products.

2.6 Seizures of illicit tobacco products

(This subsection refers to Articles 15.4 and 15.5.)

2.6.1 In this table, data on seizures of illicit tobacco products (which may include, for example, smuggled, illicitly manufactured or counterfeit products) can be provided for the following categories of tobacco products: ‘smoking tobacco products’, ‘smokeless tobacco products’ and ‘other tobacco products’ (see definitions of these categories under 2.1.6).

In the first column, please give the year to which the information applies, ensuring that you use the latest available data.

The name of the product is to be given in the second column of the table.

There are three preset lines for tobacco products in each of the above-mentioned categories. Use the ‘Add product’ button to create more lines if necessary.

The unit in which the seizures are reported should be given in the third column, e.g. millions of pieces, thousands of packages.

The quantity seized should be given in the fourth column. Please insert a number in this data entry field.

2.6.2 Please answer ‘Yes’ here if you have any information on the percentage of illicit tobacco products in the national tobacco market. If you don’t, please answer ‘No’.

2.6.3 If you answered ‘Yes’ to question 2.6.2, please provide the corresponding number in the data entry field.

2.6.4 This question refers to the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market. If you have at least two data sets on the percentage of illicit tobacco products (even if you did not provide these data in your previous report), please briefly describe and explain the trend in the space provided.

2.6.5 Please provide any further information you may have on illicit tobacco products in this space.
2.6.6 Please provide the source of the data, e.g. a government department, the customs, any public agency or other organization or the tobacco industry. Please ensure that you use the latest available data.

<table>
<thead>
<tr>
<th>2.7</th>
<th>Tobacco-growing</th>
<th>(This subsection relates to Article 17, 20.1(a) and 20.4.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7.1</td>
<td>If tobacco is grown in your country, please answer ‘Yes’. If not, please answer ‘No’.</td>
<td></td>
</tr>
<tr>
<td>2.7.2</td>
<td>This space is for reporting the number of workers involved in tobacco-growing. If you answered ‘Yes’ to question 2.7.1 and have the number of workers, please insert it here. If possible, the data should be broken down into full-time, part-time and seasonal workers. Please provide the figure(s) broken down by gender, if available.</td>
<td></td>
</tr>
<tr>
<td>2.7.3</td>
<td>This question refers to the proportion of the national gross domestic product represented by tobacco leaf-growing or production. Please insert a number in this data entry field.</td>
<td></td>
</tr>
<tr>
<td>2.7.4</td>
<td>Please provide the year and source of the data used to answer questions 2.7.1–2.7.3.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.8</th>
<th>Taxation of tobacco products</th>
<th>(This subsection refers to Articles 6.2(a), 6.3 and 20.1(a).)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8.1</td>
<td>This question refers to the proportion (in percentage) of the retail price of a unit pack and/or package of tobacco product, of the most popular price category, that consists of taxes. Please consider the sum of all taxes levied on tobacco products, such as excise tax, sales and import taxes, value-added tax and goods and services taxes (VAT/GST), if applicable. Please insert a number in this data entry field.</td>
<td></td>
</tr>
<tr>
<td>2.8.2</td>
<td>Please provide details of the types of excise taxes that are levied on tobacco products in your jurisdiction by answering this question. Please tick ‘Yes’ or ‘No’ accordingly. The following preset answers are provided: ‘specific tax only’, ‘ad valorem tax only’ and ‘combination of specific and ad valorem taxes’. As the nature of levied taxes on tobacco products can vary substantially by jurisdiction, if you apply a more complex tax structure on tobacco products, please provide details in the data entry field in the last row of this question.</td>
<td></td>
</tr>
</tbody>
</table>
### 2.8.3
Data on taxation can be provided by category of tobacco product, e.g. smoking, smokeless or other tobacco products (see definitions of these categories under 2.1.6). There are three preset lines for each category of product. If you wish to report on more tobacco products, use the ‘Add product’ button. You can also use the ‘Add product’ button if you need more lines in the ‘Type of tax’ column. It is important that you be as specific as possible. Please list each tax separately and, for each tax, specify the rate (e.g. in the case of excise tax and ad valorem tax) or amount (e.g. in the case of a specific tax) and the base (i.e. the rate or amount applied to). Please provide documentation on the rates of taxation, if relevant.

### 2.8.4
This question refers to the trends in taxation of tobacco products over the past three years or since submission of your last report. Please describe trends in the overall proportion of taxes in the retail price of a unit pack or package of tobacco product and changes in the tax structure applied to tobacco products in your jurisdiction, if applicable. In addition, you may state whether excise taxes are regularly adjusted for inflation and, if applicable, the frequency of such adjustments. You may also wish to refer to changes in the overall tax burden on tobacco products by category of tobacco product (e.g. whether all tobacco products are taxed similarly to prevent substitution in consumption, such as shift from a more expensive, more heavily taxed tobacco product to a cheaper tobacco product with a lower tax burden). Please indicate whether, in your opinion, this trend can be linked to any specific tobacco control policy adopted in your jurisdiction during the period concerned.

### 2.8.5
This question refers to the earmarking of any percentage of taxation income derived from the sale of tobacco products for funding any national strategy, plan or programme in reference to Article 26 of the Convention (Financial resources). Tick the ‘Yes’ box in the case of an affirmative answer.

### 2.8.6
This space is for further details on earmarking. If you answered ‘Yes’ to question 2.8.5, insert the details here. You can also provide additional documentation (e.g. text of legislation requiring earmarking), if applicable.

### 2.8.7
Please provide here the year and source of the data used to answer questions 2.8.1–2.8.6. Please specify the source of the data, e.g. a government department, the customs, any public agency or other organization or the tobacco industry. Please ensure that you used the latest available data.
| 2.9 | **Price of tobacco products**  
*This subsection refers to Article 6.2(a) and 20.1(a).* |
|---|---|
| **2.9.1** | Please provide the retail prices of the three most popular brands of domestic and imported smoking, smokeless and other tobacco products in your jurisdiction.  
Please specify the brand name you are referring to, not the type of tobacco product.  
Please use the three preset lines to insert the names of smoking, smokeless and other tobacco brands. Please insert the brand names in the respective columns (smoking or smokeless tobacco) of the table.  
Please provide the prices of these brands in the latest available year, preferably in the capital city, from a retail outlet widely used by the local population. If the price(s) has (have) changed in the year to which your data refer, please provide the latest price available.  
Please specify the number of units (e.g. pieces) or amount (e.g. weight in grams) per package. (Small packets, tins, sachets, metal or glass containers of various sizes, toothpaste-like tubes and candy-like wrapped cylinders are examples of packages in which smokeless tobacco products can be sold. In these cases, the unit can be the weight of the packaged product.) |
| **2.9.2** | Please provide the year and source of the data used to complete the table in 2.9.1.  
Please specify the source of data, e.g. a government department, the customs, any public agency or other organization or the tobacco industry. Please ensure that you use the latest available data. |
| **2.9.3** | Please state the currency used to complete the ‘Rate or amount’ column in Table 2.8.3 and the ‘Retail price’ column in Table 2.9.1.  
Nominal values can be given in local currency. In this case, please provide the exchange rate to US dollars of this currency, preferably on the date for which the prices given in Table 2.9.1 apply. (Online tools are available for calculating the value of the price expressed in local currency in US dollars, such as [http://www.x-rates.com/calculator.html](http://www.x-rates.com/calculator.html), [http://www.xe.com/](http://www.xe.com/) or [http://www.oanda.com/convert/classic](http://www.oanda.com/convert/classic).  
Alternatively, prices expressed in US dollars can be inserted in the respective columns of the tables in 2.8.3 and 2.9.1. |
| **2.9.4** | This question refers to the trend in the prices of tobacco products over the past three years or since submission of your last report. Please describe briefly how the prices of tobacco products have changed in the reporting period and provide, if possible, an explanation of this trend (e.g. whether, in your opinion, the trend can be linked to any specific tobacco control policy adopted in your jurisdiction). |
### SECTION 3: Legislation, regulation and policies

<table>
<thead>
<tr>
<th>3.1</th>
<th>GENERAL OBLIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>General obligations</td>
</tr>
</tbody>
</table>

#### 3.1.1.1
Please answer ‘Yes’ to this question if you have developed, adopted and have already started implementation of **comprehensive**, multisectoral, national tobacco control strategies, plans and/or programmes in accordance with the requirements of the Convention.

If you answered ‘Yes’ to this question, please provide details in the space under question 3.1.1.7 and submit a copy of these strategies, plans and/or programmes.

If you have not yet adopted and started implementation of such strategies, plans and/or programmes, please answer ‘No’ to this question. If the development of such strategies, plans and/or programmes is under consideration or under way, please provide details under question 3.1.1.7.

#### 3.1.1.2
Please answer ‘Yes’ to this question if **some elements** of a comprehensive, multisectoral, national tobacco control strategy, plan and/or programme are included in a more general national health, public health or health promotion strategy, plan or programme.

If you answered ‘Yes’ to this question, you can provide details in the space provided under question 3.1.1.7 and submit a copy of this strategy, plan or programme.

If you have not yet adopted and started implementation of a strategy or plan that includes elements of a comprehensive tobacco control strategy, plan and/or programme, please answer ‘No’ to this question. If the development of such a strategy or plan is under consideration or under way, please provide details under question 3.1.1.7.

#### 3.1.1.3
Please answer ‘Yes’ to this question if any aspect of tobacco control referred to in the Convention is included in any national strategy, plan or programme.

If you answered ‘Yes’ to this question, you can provide details in the space provided under question 3.1.1.7 and submit a copy of the strategy, plan or programme.

#### 3.1.1.4
Please answer ‘Yes’ to these questions if you have established, reinforced or financed a focal point for tobacco control, a tobacco control unit and/or a national coordinating mechanism for tobacco control.

In this question, a focal point for tobacco control means a person who works part-time or full-time on tobacco control, e.g. the national counterpart on tobacco to WHO. A ‘tobacco control unit’ is a specialized agency or unit solely or predominantly responsible for tobacco control within the government (e.g. health ministry or another agency affiliated with the health ministry). A ‘national coordinating mechanism for tobacco control’ means a specific, sustainable structure that coordinates tobacco control efforts in a country (e.g. an intersectoral or interministerial board or committee for tobacco control).
### 3.1.1.5
If you responded affirmatively to any of the questions under 3.1.1.4, please provide details to support your answers in the space provided here. Please take into account the definitions given under 3.1.1.4 for the focal point for tobacco control, the tobacco control unit and the national coordinating mechanism for tobacco control.

For example, you may wish to provide the following information: the government department that hosts the focal point for tobacco control and/or the tobacco control unit; how the tobacco control unit is financed; whether the sustainability of the unit is ensured; the number of staff working full-time in this unit or within the government; the nature of the national coordinating mechanism for tobacco control; whether it is intersectoral in its composition; the government departments represented in the coordinating mechanism.

### 3.1.1.6
If you have begun implementing Articles 5.1 and 5.2 *(General obligations)* of the WHO FCTC, please provide the details here.

### 3.1.1.7
Please provide any additional information pertaining to but not covered in this subsection, in relation to the requirements of Articles 5.1 and 5.2.

Please send any document(s) containing supporting information as an attachment to your report; alternatively, you can provide the Internet address of the document, if it is available online. For example, please provide the text of the national tobacco control programme.

### 3.1.2
**Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry**  
*(This subsection refers to Article 5.3 and to the guidelines for implementation of Article 5.3 as adopted by the Conference of the Parties at its third session.)*

### 3.1.2.1
This question refers to any legislative, executive, administrative or other measures adopted and implemented to protect public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

Such measures may include: awareness raising; limiting interactions with the tobacco industry and ensuring the transparency of interactions that occur; rejecting partnerships and non-binding or non-enforceable agreements with the tobacco industry; avoiding conflicts of interest for persons involved in setting and implementing public health policies with respect to tobacco control; ensuring the transparency of all tobacco industry operations and activities; preventing activities described as ‘socially responsible’ by the tobacco industry from being accepted as normal; and not granting incentives, privileges or benefits to the tobacco industry.

For further details of such measures, please refer to the guidelines on implementation of Article 5.3 *(http://www.who.int/fctc/guidelines/article_5_3)* adopted by the Conference of the Parties at its third session.
| **3.1.2.2** | This question refers to a specific measure that may contribute to preventing the use of tobacco products and/or of the behaviour and practices of the tobacco industry from being accepted as normal. This measure is raising public awareness about the tobacco industry by providing public access to a wide range of information on its activities relevant to the objectives of this Convention.

In this question, the term ‘wide range’ refers to, *inter alia*, information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including but not limited to, lobbying, philanthropy, political contributions and all other activities not prohibited, or not yet prohibited, under Article 13 of the Convention (*Tobacco advertising, promotion and sponsorship*).

| **3.1.2.3** | If you responded affirmatively to any of the questions in 3.1.2.1 and 3.1.2.2, please provide details to support your answers.

| **3.1.2.4** | This question refers to progress made in implementing Article 5.3 (on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry) in the past two years or since submission of your last report.

Please describe here any *new* regulation, legislation or policy adopted in your jurisdiction with respect to this requirement of the treaty. Please report measures adopted during the period defined above and state whether you have begun implementing those measures.

| **3.1.2.5** | Please provide any additional information pertaining to but not covered in this subsection, in relation to the requirements of Article 5.3. You can follow the recommendations and structure of the guidelines for the implementation of Article 5.3 ([http://www.who.int/fctc/guidelines/article_5_3](http://www.who.int/fctc/guidelines/article_5_3)) when reporting this information.

For example, you may wish to report any research and/or study performed with a view to substantiating an intervention in this area or assessing the impact of implementation of these policies. You could also describe your experience in implementing such policies, with special regard to their enforcement, monitoring and evaluation.

Please send any document(s) or other supporting information in this subsection as an attachment to your report; or you can give the Internet address of the document, if it is available online.
### 3.2 MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

*(This subsection refers to Articles 6–14.)*

#### 3.2.1 Price and tax measures to reduce the demand for tobacco

*(This subsection refers to Article 6.)*

**3.2.1.1 to 3.2.1.3**

Please tick ‘Yes’ or ‘No’, as appropriate, when answering these questions; please refer to Articles 6.2(a) and 6.2(b).

For questions 3.2.1.2 and 3.2.1.3 please tick ‘Yes’ if your policies provide for either ‘prohibition’ or ‘restriction’. Please further describe the extent of these measures in the data entry field under 3.2.1.5.

**3.2.1.4**

This question refers to progress made in implementing Article 6 *(Price and tax measures to reduce the demand for tobacco)* in the past two years or since submission of your last report.

**3.2.1.5**

Please provide any additional information pertaining to your affirmative answers to questions 3.2.1.1–3.2.1.3 or to issues not covered in this subsection, in relation to requirements of Article 6.

Please state, as appropriate, if your ‘Yes’ answers to questions 3.2.1.2 and 3.2.1.3 refer to a ‘prohibition’ or a ‘restriction’. You may provide further details on these measures here.

Please send any document(s) or other supporting information in this subsection as an attachment to your report; or, you can provide the Internet address of these documents, if they are available online. Such documents may include, inter alia, the text of any legislation, regulation or policy regarding taxation of tobacco products; the report of any research or study on the health impact of tobacco taxation policies.

#### 3.2.2 Protection from exposure to tobacco smoke

*(This subsection refers to Article 8 and to the guidelines on protection from exposure to tobacco smoke as adopted by the Conference of the Parties at its second session.)*

For answering these questions, the following definitions apply:

A smoking ban is ‘complete’ if smoking is not allowed in the area at any time under any circumstance, including in separate smoking rooms or other designated areas and private functions.

A ban is ‘partial’ if there are any qualifications on or exemptions to the prohibition, for example, if smoking is allowed in specific areas or at particular times.

‘None’ should be checked if there is no prohibition or restriction on smoking (e.g. no legislative, executive, administrative or other measure adopted and implemented).

The guidelines on protection from exposure to tobacco smoke
(http://www.who.int/fctc/guidelines/article_8) provide further guidance and definitions, which may be of use in answering these questions, such as:

‘**Indoor**’ areas include any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides and regardless of whether the structure is permanent or temporary.

‘**Workplace**’ is any place used by people during their employment or work. This includes not only those places at which work is performed but also all attached or associated places commonly used by workers in the course of employment, including, for example, corridors, lifts, stairwells, lobbies, joint facilities, cafeterias, toilets, lounges, lunchrooms and also outbuildings such as sheds and huts.

‘**Public transport**’ includes any vehicle used for the carriage of members of the public, usually for reward or commercial gain.

‘**Public place**’ includes all places accessible to the general public or places for collective use, regardless of ownership or right to access. Within this category the following definitions apply:

"**Governmental buildings**" includes all buildings used in carrying out government business, not limited to office buildings.

"**Health-care facilities**" are all publicly and privately managed places where health care is provided in a public setting (i.e. not in the home).\(^1\)

"**Educational facilities**" includes all primary and secondary schools, both private and public. This also includes the schools facilities, meaning any building used as a part of the students’ educational programme.

"**Universities**" includes all public and private post-secondary educational institutions, usually intended for adults.\(^2\)

"**Public transport**" includes aircraft (domestic and international air transport), trains, ferries (domestic and international water transport, including ships and other watercraft), ground public transport (buses, trolleybuses, trams), and motor vehicles used as places of work (taxis, ambulances, delivery vehicles). It also covers spaces expected to be used by employees or patrons of public transport during the normal course of work or patronage, such as waiting shelters.

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\(^1\) Laws that prohibit tobacco smoking only in hospitals are not complete bans for health-care facilities. Under the definition of complete smoking ban, health-care facilities may exempt enclosed rooms in psychiatric facilities and long term facilities, such as nursing homes for patients or residents' use, and government facilities may exempt designated smoking rooms in prison facilities or other similar institutions.

\(^2\) A university, as an educational institution, may be covered under the same law as other educational facilities if the language is broad enough. Often laws for educational facilities do not include higher education facilities such as universities. Universities may have an internal policy that bans smoking, but under question 3.2.2.6 it should be reported if the government bans smoking in all universities, not whether a university has banned smoking on its own. Prior to answering "yes" to this question, please make sure that the ban is required by government law.
"Cultural facilities" may include, for example, museums, galleries, theatres, concert venues and cinemas.

"Pubs and bars" make a substantial portion of their profits from the sale of beverages, whether alcoholic or not. They may also sell food or other items.

"Restaurants" primarily serve food that is made and consumed on the premises, though it may be taken-away. Restaurants may also serve alcoholic beverages, but the majority of profit should come from the sale of food.

| 3.2.2.1 | Please tick ‘Yes’ if you have adopted and implemented legislative, executive, administrative or other measures or implemented programmes banning tobacco smoking in indoor workplaces, indoor public places and, as appropriate, other public places. |
| 3.2.2.2 | Parties are asked to specify the type/nature of the measure(s) (legislative, executive, administrative or other measures) banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. For example, if this measure is provided through national legislation, please tick "Yes" for "national law". If you do not have national legislation on the matter, but subnational law(s) exist, please tick that answer. In this question, a "subnational jurisdiction" may be any jurisdictional area below the national level, which has the power to enact and implement law. |
| 3.2.2.3 | Please provide details concerning the type/nature and content of the measures providing for the ban. Parties with subnational jurisdictions that have the authority to regulate tobacco use in public places should provide information on the content and coverage of such legislation in this space. |
| 3.2.2.4 | This question refers to the enforcement of policies under Article 8 of the Convention (Protection from exposure to tobacco smoke). Please tick "Yes" if the measures reported in question 3.2.2.3 provide for a mechanism/infrastructure the enforcement of measures banning tobacco smoking. Please provide details of the enforcement mechanism/infrastructure in the space under 3.2.2.5. Please take into account paragraphs 31 to 45 of the implementation guidelines (http://www.who.int/fctc/guidelines/article_8) and refer especially to the authority or authorities responsible for enforcement, the process for inspection and monitoring of the implementation of legislation, penalties for non-compliance and/or violations, enforcement strategies, etc. Please also report if you have implemented a complaint driven system enabling citizens to call or otherwise report to the enforcement agency violations that they encounter.1 |

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1 Following a report of a violation, the government must follow up on the alleged violation.
<table>
<thead>
<tr>
<th><strong>3.2.2.6</strong></th>
<th>Please check either ‘Complete’, ‘Partial’ or ‘None’ with regard to the extent/comprehensiveness of measures banning tobacco smoking in the listed indoor workplaces, public transport, indoor public places and, as appropriate, other public places. Please note that workplaces include most public transport vehicles and public places, as well as some private places such as homes and dwellings. The types of workplace, public transport and public places included in these questions have been selected as examples. While some of the examples provided fall into more than one category, you should respond to the questions, as far as possible, using the structure provided. You may add additional places in the spaces marked ‘Other’. If you choose ‘Other’, please indicate the relevant environment or setting. For example, some Parties’ measures may also cover other indoor public places, such as cafes, shops, shopping centres, hotels, stadiums and sports facilities. Please provide further details on your policies applicable to various settings under 3.2.2.7.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.2.2.7</strong></td>
<td>Please provide details of any complete or partial bans, by setting, including the year in which a specific policy was adopted or entered into force, following the order of the settings used in question 3.2.2.6.</td>
</tr>
<tr>
<td><strong>3.2.2.8</strong></td>
<td>This question refers to progress made in implementing Article 8 in the past two years or since submission of your last report. Please also provide information about whether the guidelines were helpful in implementation of this Article. Please take into account that, in line with paragraph 24 of the Guidelines on protection from exposure to tobacco smoke (<a href="http://www.who.int/fctc/guidelines/article_8">http://www.who.int/fctc/guidelines/article_8</a>), each Party should strive to provide universal protection within a period of five years after entry into force of the Convention for that Party. Please describe here any new regulation, legislation or policy adopted in your jurisdiction with respect to this requirement of the treaty. Please report measures adopted in the period defined above and state whether you have begun implementing those measures.</td>
</tr>
</tbody>
</table>
| 3.2.2.9 | Please provide any additional information pertaining to but not covered in this subsection, in relation to the requirements of Article 8. You can follow the structure and recommendations of the guidelines for implementation of Article 8 ([http://www.who.int/fctc/guidelines/article_8](http://www.who.int/fctc/guidelines/article_8)) when providing this information.

Please also describe, if appropriate, the monitoring and evaluation of your policies on protection from exposure to tobacco smoke.

You should send any document(s) and other supporting information in this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, you should provide the text of national (or subnational, if appropriate) legislation for protection from exposure to tobacco smoke. |

| 3.2.3 | **Regulation of the contents of tobacco products**

*(This subsection refers to Article 9.)*

For this subsection the following definition of "emissions" provided in the partial guidelines for implementation of Articles 9 and 10 ([Regulation of the contents of tobacco products](http://www.who.int/fctc/guidelines/article_9and10)) and [Regulation of tobacco product disclosures](http://www.who.int/fctc/guidelines/article_9and10) apply:

**“Emissions”** are substances that are released when the tobacco product is used as intended. For example, in the case of cigarettes and other combusted products, emissions are the substances found in the smoke. In the case of smokeless tobacco products for oral use, emissions are the substances released during the process of chewing or sucking, and in the case of nasal use, refer to substances released by particles during the process of snuffing. |

| 3.2.3.1 to 3.2.3.4 | Please tick ‘Yes’ if you have adopted and implemented legislative, executive, administrative or other measures for regulating the contents of and/or emissions from tobacco products. |

| 3.2.3.5 | This question refers to progress made in implementing Article 9 in the past two years or since submission of your last report.

Please describe here any new regulation, legislation or policy adopted in your jurisdiction with respect to this requirement of the treaty. Please report measures adopted in the period defined above and state whether you have begun implementing those measures. |
3.2.3.6 Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 9. You can follow the structure and recommendations of the guidelines for the implementation of Articles 9 and 10 ([http://www.who.int/fctc/guidelines/article_9and10](http://www.who.int/fctc/guidelines/article_9and10)) when reporting this information.

Please describe the monitoring, evaluation and enforcement of policies relating to regulation of the contents of and emissions from tobacco products.

You should send any document(s) and other supporting information in this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, you should provide the text of your legislation regulating the contents of tobacco products.

3.2.4 **Regulation of tobacco product disclosures**

*(This subsection refers to Article 10.)*

For this subsection the following definition of "emissions" provided in the partial guidelines for implementation of Article 9 and 10 ([Regulation of the contents of tobacco products](http://www.who.int/fctc/guidelines/article_9and10) and [Regulation of tobacco product disclosures](http://www.who.int/fctc/guidelines/article_9and10)) apply:

"Emissions" are substances that are released when the tobacco product is used as intended. For example, in the case of cigarettes and other combusted products, emissions are the substances found in the smoke. In the case of smokeless tobacco products for oral use, emissions are the substances released during the process of chewing or sucking, and in the case of nasal use, refer to substances released by particles during the process of snuffing.

3.2.4.1 In this subsection, please state whether your country requires manufacturers and/or importers of tobacco to disclose information about the contents of or emissions from tobacco products. Please check ‘Yes’ or ‘No’, as appropriate.

According to the partial guidelines for implementation of Article 9 and 10 ([http://www.who.int/fctc/guidelines/article_9and10](http://www.who.int/fctc/guidelines/article_9and10)) "the primary objective of requiring disclosure to governmental authorities is to obtain from manufacturers and importers relevant information on the contents and emissions of tobacco products, as well as on their toxicity and addictiveness. This information is required for the development and implementation of relevant policies, activities and regulations, such as further analysis of tobacco product contents and emissions, monitoring of market trends, and assessment of tobacco industry claims".

3.2.4.2 In this subsection please state whether your country requires public disclosure of information about the contents of or emissions from tobacco products. Please check ‘Yes’ or ‘No’, as appropriate.
3.2.4.3 This question refers to progress made in implementing Article 10 in the past two years or since submission of your last report.

Please describe here any new regulation, legislation or policy adopted in your jurisdiction with respect to this requirement of the treaty. Please report measures adopted in the period defined above and state whether you have begun implementing those measures. In the absence of any new legislation, regulation or policy adopted in this period, please state whether you have strengthened enforcement of previously adopted policies.

3.2.4.4 Please provide any additional information pertaining to but not covered in this subsection, in relation to the requirements of Article 10. You can follow the structure and recommendations of the guidelines for the implementation of Articles 9 and 10 (http://www.who.int/fctc/guidelines/article_9and10) when reporting this information.

Please describe the monitoring, evaluation and enforcement of policies relating to the regulation of tobacco product disclosures.

You should send any document(s) and other supporting information in this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, you should provide the text of your legislation regulating tobacco product disclosures.

3.2.5 Packaging and labelling of tobacco products

(This subsection refers to Article 11 and to the guidelines for implementation of Article 11 as adopted by the Conference of the Parties at its third session.)

Paragraph 37 of the guidelines for implementation of Article 11 (Packaging and labelling of tobacco products) (http://www.who.int/fctc/guidelines/article_11) states that measures relating to packaging and labelling of tobacco products should apply to “each type and shape of packaging such as tins, boxes, pouches, flip-tops, slide and shell packages, cartons, transparent wrappers, clear packaging or packages containing one product unit”.

3.2.5.1 Please tick ‘Yes’ if you have adopted and implemented legislative, executive, administrative or other measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style (plain packaging). Please refer to paragraph 46 of the guidelines for implementation of Article 11 (http://www.who.int/fctc/guidelines/article_11).

Please provide details of these measures in the space under 3.2.5.16.
### 3.2.5.2
Please tick ‘Yes’ if you have adopted and implemented legislative, executive, administrative or other measures requiring that packaging and labelling 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. These means include, but are not limited to:

- any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other products, including, for example, terms such as ‘low tar’, ‘light’, ‘ultra-light’, ‘mild’, ‘extra’, ‘ultra’ and similar terms in any language;

- the display of figures for emission yields (such as tar, nicotine and carbon monoxide), including when used as part of a brand name or trademark; and

- industry package design techniques that may suggest that some products are less harmful than others, including, for example, use of logos, colours, brand images or promotional information.

Please refer to paragraphs 43–46 of the guidelines for implementation of Article 11 ([http://www.who.int/fctc/guidelines/article_11](http://www.who.int/fctc/guidelines/article_11)).

Please provide details of these measures in the space under 3.2.5.16.

### 3.2.5.3
Please tick "Yes" if the health warnings are required to describe, in words or images, the health effects, side effects or other consequences related to the product's use and consumption.

You can provide the text of the warning(s) in the space under 3.2.5.16.

### 3.2.5.5
Please tick "Yes" if the health warnings are rotated. According to paragraph 19 of the guidelines for implementation of Article 11 ([http://www.who.int/fctc/guidelines/article_11](http://www.who.int/fctc/guidelines/article_11)) "rotation can be implemented by having multiple health warnings and messages appearing concurrently or by setting a date after which the health warning and message content will change".

### 3.2.5.6
This question refers to the type and visibility of the text, not the substance of the warning.

Please refer to paragraph 8 of the guidelines for implementation of Article 11 ([http://www.who.int/fctc/guidelines/article_11](http://www.who.int/fctc/guidelines/article_11)) for further guidance on measures aimed at ensuring maximum visibility for the warning(s).

### 3.2.5.7
Please only answer "Yes" to this question if your country adopted legislation which mandates, as a minimum, a style, size and colour of font to render the warning clear, visible and legible.

Please refer to paragraphs 12–13 and 18 of the guidelines for implementation of Article 11 for further guidance, including information on the style, size and colour of warnings.
For these questions, the "principal display area" can be defined as the front and the back of the cigarette package. Writing or images on the sides, top or bottom of a pack would not be a part of the principal display area. Also, the figures refer to the warnings covering the respective percentage of each of these sides.

For example, if you require that health warnings cover 30% of each principal display area, you tick "Yes" in question 3.2.5.8, but "No" in question 3.2.5.9. If your health warnings cover 60% of each principal display area of the cigarette pack you tick "Yes" in both questions.

Please refer to paragraphs 12–13 of the guidelines for implementation of Article 11 (http://www.who.int/fctc/guidelines/article_11) for further guidance concerning the size of warnings.

Please provide details of these measures in the space under 3.2.5.16.

Please tick "Yes" if you have adopted and implemented legislative, executive, administrative or other measures requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contains health warnings in the form of a photographic or other graphic image (other than text).

Please provide a link to such images in the space under 3.2.5.16.1

Only Parties that indicated that they require health warnings in form of or including, pictograms (answered "Yes" to question 3.2.5.10) are required to answer these questions.

Please tick ‘Yes’ if you have adopted and implemented legislative, executive, administrative or other measures requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on the relevant constituents and emissions of tobacco products.

Please refer to paragraphs 32–35 of the guidelines for implementation of Article 11 (http://www.who.int/fctc/guidelines/article_11) for further guidance, including with respect to the form and location of such information.

Please provide details of these measures in the space under 3.2.5.16.

1 Following a decision by the Conference of the Parties to the WHO FCTC at its third session WHO's Tobacco Free Initiative developed a web site designed to facilitate the sharing of such pictorial health warnings and messages among countries and Parties. The web site is updated on a regular basis as countries and Parties provide these images. Parties which mandate warnings containing images should contact the Convention Secretariat for the inclusion of their warnings in this database.
### 3.2.5.14

This question refers to whether the government requires that the health warnings be written in the principal language or languages of the country. If the law does not refer to the language and the tobacco industry is free to select the language, please tick "No". This question applies to all Parties that require a specific warning or a set of specific warnings.

Please provide details of these measures in the space under 3.2.5.16.

### 3.2.5.15

This question refers to progress made in implementing Article 11 in the past two years or since submission of your last report.

Please note that paragraph 1 of Article 11 requires Parties to implement particular policies **within a period of three years** after entry into force of the Convention for that Party.

Please describe here any new regulation, legislation or policy adopted in your jurisdiction with respect to packaging and labelling. You may wish to highlight important developments in this area, such as the introduction of pictorial warnings if your earlier legislation required only textual warnings.

### 3.2.5.16

Please provide any additional information pertaining to or not covered in this subsection in relation to requirements of Article 11. You can follow the structure and recommendations of the guidelines for the implementation of Article 11 ([http://www.who.int/fctc/guidelines/article_11](http://www.who.int/fctc/guidelines/article_11)) when reporting this information.

For example, please further clarify issues such as: the percentage of the principal display areas required to be occupied by health warnings; whether the border that frames warnings is included in calculating the display area; the content of pictorial warnings, as appropriate; whether you sought and/or received copyright permission to use pictures used by other Parties; and whether you are considering the introduction of plain packaging in your jurisdiction.

Please also describe the monitoring, evaluation and enforcement of measures on packaging and labelling of tobacco products.

You should send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, you should provide the text of your legislation on packaging and labelling of tobacco products.

### 3.2.6

**Education, communication, training and public awareness**

(*This subsection refers to Article 12.*)
3.2.6.1 Please tick ‘Yes’ if you have adopted and implemented legislative, executive, administrative or other measures or implemented educational and public awareness programmes since submission of your last report. You should also check ‘Yes’ if programmes that commenced before submission of your last report were continued in the period covered by this report.

Please provide further details of these programmes by answering questions 3.2.6.2–3.2.6.7.

3.2.6.2 to 3.2.6.7 For these questions, ‘Yes’ or ‘No’ should be checked for each item related to education, communication, training and public awareness.

If the answer is ‘Yes’, please provide a brief description in 3.2.6.9.

3.2.6.8 This question refers to progress made in implementing Article 12 (Education, communication, training and public awareness) in the past two years or since submission of your last report.

Please describe here any new programme that you have begun implementing. You may also state whether the programme is being implemented as part of your national tobacco control strategy, plan or programme.

Please note that the guidelines on implementation of Article 5.3 of the Convention (http://www.who.int/fctc/guidelines/article_5_3) recommend that “Parties should not accept, support or endorse the tobacco industry organizing, promoting, participating in, or performing, youth, public education or any initiatives that are directly or indirectly related to tobacco control.”

3.2.6.9 Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 12. You can follow the structure and recommendations of the guidelines for the implementation of Article 12 (http://www.who.int/fctc/guidelines/article_12) when providing this information.

Such information may include, inter alia, results of any research or study on the development, monitoring or evaluation of relevant programmes. Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. Please also report on programmes implemented in your jurisdiction but not financed or supported by a government agency.

3.2.7 Tobacco advertising, promotion and sponsorship

(This subsection refers to Article 13 of the Convention and to the guidelines for implementation of Article 13, as adopted by the Conference of the Parties at its third session.)

For this subsection, with reference to Article 1, the following definitions provided in the guidelines for implementation of Article 13 (Tobacco advertising, promotion and sponsorship) (http://www.who.int/fctc/guidelines/article_13) apply:

A comprehensive ban on all tobacco advertising, promotion and sponsorship applies to
all forms of commercial communication, recommendation or action and all forms of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly.

A comprehensive ban on tobacco advertising, promotion and sponsorship should include cross-border advertising, promotion and sponsorship. This includes both out-flowing advertising, promotion and sponsorship (originating from a Party’s territory) and in-flowing advertising, promotion and sponsorship (entering a Party’s territory).

To be effective, a comprehensive ban should address all persons or entities involved in the production, placement and/or dissemination of tobacco advertising, promotion and sponsorship.

Please provide an indicative (non-exhaustive) list of the forms of advertising, promotion and sponsorship that fall under the ban in Article 13 of the Convention, which is attached in the appendix to the guidelines for implementation of Article 13.

Partial bans only restrict marketing activities by the tobacco industry and do not usually cover indirect or alternative forms of marketing and promotion, such as sponsorship of events.

| 3.2.7.1 | Please check ‘Yes’ in answer to this question if you have instituted a comprehensive ban on all tobacco advertising, promotion and sponsorship, in accordance with the definition above. Depending on the answer to this question, you may proceed in one of two ways:

- **If you answered ‘Yes’ to this question**, please proceed to question 3.2.7.2. (Questions under 3.2.7.2 are intended to facilitate better understanding of a ‘comprehensive ban’.)

- **If your ban is not comprehensive**, please answer ‘No’ to this question. **If you answered ‘No’ to this question**, you do not have to answer question 3.2.7.2 and may proceed to question 3.2.7.3 and answer questions 3.2.7.3–3.2.7.13.
<table>
<thead>
<tr>
<th>Section</th>
<th>Text</th>
</tr>
</thead>
</table>
| 3.2.7.2 | **If you answered ‘Yes’ to question 3.2.7.1, you should answer this question. If you answered ‘No’ to question 3.2.7.1, please skip this question and proceed to question 3.2.7.3.**
|        | This question refers to elements falling within the scope of a comprehensive ban but which could pose challenges for regulators in introducing a comprehensive ban. |
|        | Please refer to paragraphs 12–34 of the guidelines for implementation of Article 13 ([http://www.who.int/fctc/guidelines/article_13](http://www.who.int/fctc/guidelines/article_13)), which address aspects that could pose challenges for regulators in introducing a comprehensive ban. |
|        | Please provide any other relevant information pertaining to this subsection in the space under 3.2.7.15. Please attach additional documentation on aspects related to tobacco advertising, promotion and sponsorship and submit it with your report. |
|        | After you have answered this question, please proceed to question 3.2.7.12. |
| 3.2.7.3 | **If you answered ‘No’ to question 3.2.7.1, you should answer questions 3.2.7.3–3.2.7.13.**
|        | Questions 3.2.7.3–3.2.7.11 refer to restrictions on tobacco advertising, promotion and sponsorship. |
|        | Please provide any other relevant information pertaining to these questions in the space under 3.2.7.15. |
| 3.2.7.12 and 3.2.7.13 | **These questions are to be answered, irrespective of your answer to question 3.2.7.1.**
|        | Please provide any other relevant information pertaining to these questions in the space under 3.2.7.15. |
| 3.2.7.14 | Please provide a brief description of progress made in implementing Article 13 in the past two years or since submission of your last report. |
|        | Please note that paragraph 2 of Article 13 requires Parties to implement particular policies regarding tobacco advertising, promotion and sponsorship **within a period of five years** after entry into force of the Convention for that Party. |
|        | Please describe here any **new** regulation, legislation or policy adopted in your jurisdiction with respect to tobacco advertising, promotion and sponsorship or any new measure under consideration, if appropriate. |
### 3.2.7.15

Please provide any additional information pertaining to but not covered in this subsection in relation to requirements of Article 13. You can follow the recommendations and structure of the guidelines for implementation of Article 13 ([http://www.who.int/fctc/guidelines/article_13](http://www.who.int/fctc/guidelines/article_13)) when reporting this information.

Please pay special attention to any form of tobacco advertising that could pose challenges for regulators in introducing a comprehensive ban. Please refer to paragraphs 12–34 of the guidelines for implementation of Article 13 ([http://www.who.int/fctc/guidelines/article_13](http://www.who.int/fctc/guidelines/article_13)).

You may also wish to describe the forms of advertising that correspond only to restriction or to which a comprehensive ban applies.

Please also describe the monitoring, evaluation and enforcement of policies appropriate to this subsection.

Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, please provide the text of any legislation, regulation or policy concerning tobacco advertising, promotion and sponsorship of tobacco products.

### 3.2.8

**Demand reduction measures concerning tobacco dependence and cessation**  
*(This subsection refers to Article 14.)*

For this subsection the following definitions provided in the guidelines for implementation of Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) ([http://www.who.int/fctc/guidelines/article_14](http://www.who.int/fctc/guidelines/article_14)) apply:

- **“Tobacco addiction/dependence”**: a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated tobacco use and that typically include a strong desire to use tobacco, difficulties in controlling its use, persistence in tobacco use despite harmful consequences, a higher priority given to tobacco use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

- **“Tobacco cessation”**: the process of stopping the use of any tobacco product, with or without assistance.

- **“Tobacco dependence treatment”**: the provision of behavioural support or medications, or both, to tobacco users, to help them stop their tobacco use.

For questions concerning reimbursement of the cost of services and pharmaceutical products for cessation of tobacco use the following definitions apply:

- **‘Fully’** means that the service or product is free of charge for the patient.

- **‘Partially’** means that the patient must pay some part of the cost of medications or treatment.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
</table>
| **3.2.8.1** | Please check ‘Yes’ if you have developed and disseminated comprehensive and integrated guidelines for demand reduction based on scientific evidence and best practices. 

The *WHO handbook for guideline development* (March 2008) ([http://www.searo.who.int/LinkFiles/RPC_Handbook_Guideline_Development.pdf](http://www.searo.who.int/LinkFiles/RPC_Handbook_Guideline_Development.pdf)) defines a WHO guideline as “any document containing recommendations about health interventions, whether they are clinical, public health or policy”. It adds that the name of the document is not relevant. This definition can be applied to any guideline, not only those developed under the auspices of WHO. 


If you answered ‘Yes’ to this question, please provide details of such guidelines in the space under 3.2.8.14 and submit a copy of the document to the Secretariat. |
| **3.2.8.2 to 3.2.8.13** | Please check ‘Yes’ or ‘No’ with regard to each item related to policies concerning tobacco dependence and cessation. 

If the answer is ‘Yes’, please give details in the space under 3.2.8.15. |
| **3.2.8.11** | If you answered "Yes" to question 3.2.8.10 indicating that you implement programmes facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence, you should indicate in the space provided where and how such products can be legally purchased in your country. 

You can indicate, for example, if such products are available over the counter or prescription only. You can also refer to the type/nature of retail units where such products can be purchased. |
| **3.2.8.14** | Please provide a brief description of progress made in implementing Article 14 in the past two years or since submission of your last report. 

Please describe here any **new** regulation, legislation, policy or programme adopted in your jurisdiction with respect to tobacco dependence and cessation. Please describe any new measure that is under consideration, if appropriate. |
| **3.2.8.15** | Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 14. You can follow the structure and recommendations of the guidelines for the implementation of Article 14 ([http://www.who.int/fctc/guidelines/article_14](http://www.who.int/fctc/guidelines/article_14)) when reporting this information. 

Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. Please provide the text of your national... |
| guidelines on tobacco dependence and cessation, if appropriate. |
| 3.3 | MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO  
(This subsection refers to Articles 15–17.) |
|---|---|
| 3.3.1 | Illicit trade in tobacco products  
(This subsection refers to Article 15.) |
| 3.3.1.1 to 3.3.1.12 | Please check ‘Yes’ if you have developed and implemented measures addressing illicit trade in tobacco products.  
In the case of an affirmative answer, further details should be given in the space provided under 3.3.1.14. |
| 3.3.1.13 | Please give a brief description of progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report, taking into account the answers to questions 2.6.1–2.6.5.  
Please describe here any *new* regulation, legislation, policy or programme adopted in your jurisdiction with respect to combating illicit trade in tobacco products. Please describe any new measure that is under consideration, if appropriate.  
Please note that the guidelines on implementation of Article 5.3 of the Convention ([http://www.who.int/fctc/guidelines/article_5_3](http://www.who.int/fctc/guidelines/article_5_3)) recommend that Parties “reject partnerships and non-binding or non-enforceable agreements with the tobacco industry” (recommendation (3)). |
| 3.3.1.14 | Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 15.  
Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, please provide the text of your regulation, legislation or policy on illicit trade in tobacco products, if appropriate. |
| 3.3.2 | Sales to and by minors  
(This subsection refers to Article 16.) |
<p>| 3.3.2.1 | Please answer ‘Yes’ to this question if you have adopted and implemented measures prohibiting the sale of tobacco products to minors. In the case of an affirmative answer, please specify the legal age by inserting a number in the data entry field at the end of the question. |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.2.2 to 3.3.2.11</td>
<td>Please check ‘Yes’ to these questions if you have developed and implemented measures to prohibit sales of tobacco products to minors. In the case of an affirmative answer, further details should be given in the space under 3.3.2.13. Paragraph 3 of Article 16 (<em>Sales to and by minors</em>) refers to ‘small packets’ of cigarettes, which increase the affordability of such products to minors. So-called ‘kiddie packs’ usually contain fewer than 20 or 19 cigarettes (depending on the jurisdiction) and are cheaper than ‘regular’ packs. If you prohibit the sale of such packs, please answer ‘Yes’ to question 3.3.2.9 and provide further details under 3.3.2.13.</td>
</tr>
<tr>
<td>3.3.2.12</td>
<td>Please provide a brief description of progress made in implementing Article 16 in the past two years or since submission of your last report. Please describe here any <strong>new</strong> legislation, regulation or policy adopted in your jurisdiction with respect to sales of tobacco products to and by minors. Please describe any new measure that is under consideration, if appropriate.</td>
</tr>
<tr>
<td>3.3.2.13</td>
<td>Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 16. Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. For example, please provide the text of your regulation, legislation or policy on sales to and by minors, if appropriate.</td>
</tr>
<tr>
<td>3.3.3</td>
<td><strong>Provision of support for economically viable alternative activities</strong> <em>(This subsection refers to Article 17.)</em></td>
</tr>
<tr>
<td>3.3.3.1</td>
<td>Please answer ‘Yes’ to this question if you have adopted and implemented measures or programmes promoting economically viable and sustainable alternatives for tobacco growers, tobacco workers or individual sellers, as appropriate. If there is no tobacco growing or tobacco production in your jurisdiction, please tick ‘Not applicable’ in these questions. If you answered ‘Yes’ to this question, please provide details of the policies in the space under 3.3.3.3.</td>
</tr>
<tr>
<td>3.3.3.2</td>
<td>Please provide a brief description of progress made in implementing Article 17 (<em>Provision of support for economically viable alternative activities</em>) in the past two years or since submission of your last report, if applicable. Please describe here any <strong>new</strong> measure adopted in your jurisdiction and any measure that is under consideration, if appropriate.</td>
</tr>
</tbody>
</table>
| 3.3.3.3 | Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 17.

You may wish to refer to the report of the study group on economically sustainable alternatives to tobacco growing ([http://www.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf](http://www.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf)) and the progress report of the working group on economically sustainable alternatives to tobacco growing ([http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_9-en.pdf](http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_9-en.pdf)) submitted for consideration by the Conference of the Parties at its third and fourth sessions, respectively, with respect of possible activities and measures in this area.

Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online. |
### 3.4 OTHER MEASURES AND POLICIES

(This subsection refers to Articles 18 to 21.)

#### 3.4.1 Protection of the environment and the health of persons

(This subsection refers to Article 18.)

- **3.4.1.1 and 3.4.1.2**
  
  Please check ‘Yes’ if you have developed and implemented measures concerning protection of the environment and the health of persons.
  
  In the case of an affirmative answer, further details should be given in the space under 3.4.1.4.
  
  If this item is not applicable in your jurisdiction, please tick ‘Not applicable’.

- **3.4.1.3**
  
  Please give a brief description of progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.
  
  Please describe here any **new** measure adopted in your jurisdiction and any measure that is under consideration, if appropriate.

- **3.4.1.4**
  
  Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 18.
  
  You may wish to refer to the report of the study group on economically sustainable alternatives to tobacco growing ([http://www.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf](http://www.who.int/gb/fctc/PDF/cop3/FCTC_COP3_11-en.pdf)) and the progress report of the working group on economically sustainable alternatives to tobacco growing ([http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_9-en.pdf](http://apps.who.int/gb/fctc/PDF/cop4/FCTC_COP4_9-en.pdf)) submitted for consideration by the Conference of the Parties at its third and fourth session, respectively, with respect of possible activities and measures in this area.
  
  Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online.

#### 3.4.2 Liability

(This subsection refers to Article 19.)

- **3.4.2.1**
  
  Please check the ‘Yes’ answer to this question if, for the purpose of tobacco control, you have taken legislative action or adopted measures to promote laws to deal with criminal and civil liability, including compensation.
  
  In the case of an affirmative answer, further details should be given in the space under 3.4.2.5.
<table>
<thead>
<tr>
<th>3.4.2.2 and 3.4.2.3</th>
<th>Please check either ‘Yes’ or ‘No’ in answer to these questions. In the case of an affirmative answer, further details should be given in the space under 3.4.2.5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4.2.4</td>
<td>Please provide a brief description of progress made in implementing Article 19 (<em>Liability</em>) in the past two years or since submission of your last report. Please describe here any <em>new</em> action that you have taken in relation to the provisions of this Article and any measure that is under consideration, if appropriate.</td>
</tr>
<tr>
<td>3.4.2.5</td>
<td>Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 19. For example, please report any assistance you afforded to any other Party in legal proceedings relating to civil and criminal liability consistent with the Convention, if appropriate. Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online.</td>
</tr>
<tr>
<td>3.4.3</td>
<td><strong>Research, surveillance and exchange of information</strong> <em>(This subsection refers to Article 20.)</em></td>
</tr>
<tr>
<td>3.4.3.1 to 3.4.3.5</td>
<td>Please check ‘Yes’ in answer to these questions if you have implemented measures related to research, surveillance and exchange of information. In the case of affirmative answers, further details should be given in the space under 3.4.3.9. If any programmes of research, surveillance and exchange of information were coordinated at subnational, national, regional or international level, check ‘Yes’ in answer to the question and give details in the space under 3.4.3.9.</td>
</tr>
<tr>
<td>3.4.3.3</td>
<td>Please check ‘Yes’ in answer to these questions if you have established a national system for epidemiological surveillance of the listed matters. WHO recommends that specific surveys on the listed matters are conducted regularly so that their repetition contributes to the creation of tobacco-related national surveillance systems as envisaged in paragraph 3(a) of Article 20 of the Convention (<em>Research, surveillance and exchange of information</em>). Please pay attention to the fact that apart from the repeatability and frequency of the survey there are other criteria that characterize a good national surveillance system, including: comparability; validity and reliability; mechanisms to translate findings into action; and sustainability (of financial and human resources).</td>
</tr>
</tbody>
</table>
### 3.4.3.4
If you answered ‘Yes’ to question 3.4.3.3, you should answer this question. Please refer to all surveys, including the year of the survey that you have undertaken in the past or in the past 10 years as a minimum.

Please indicate whether the survey is nationally representative, or whether the sample is representative only subnationally (e.g. a subnational jurisdiction or some other some subnational area such as urban or rural.)

For the year of survey please give the year when data were collected, as opposed to the year of publication of the survey results/report. Please submit the report(s) of the survey(s) as annexes to your implementation report or you can provide the Internet address of these documents, if they are available online.

### 3.4.3.5
Based on experience of established international data collection systems, repetition of the same survey is recommended as often as practical, but at least every three to five years.\(^1\)

If you answered ‘Yes’ to any of the questions under 3.4.3.3, please indicate here if your country have any plans to repeat any of the surveys or to undertake a new tobacco survey within three to five years of your last survey. Please provide details of such plans.

### 3.4.3.8
Please provide a brief description of progress made in implementing Article 20 in the past two years or since submission of your last report.

Please describe here any new programme developed and implemented in your jurisdiction, providing details, if appropriate, on the areas of research concerned, the implementing agencies, sources of funding, outputs and possible impact on tobacco control policy. If these programmes were implemented as part of an international collaboration, please give the details here.

### 3.4.3.9
Please provide any additional information pertaining to but not covered in this subsection, in relation to requirements of Article 20.

Please indicate whether any of the research and surveillance programmes you reported on were implemented only at subnational level. Please also indicate, if applicable, any regional and/or global tobacco or health surveillance programmes in which your country took part.

Please send any document(s) and other supporting information related to this subsection as an attachment to your report, or you can provide the Internet address of these documents, if they are available online.

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## SECTION 4: International cooperation and assistance

(This section refers to Article 22 (Cooperation in the scientific, technical, and legal fields and provision of related expertise) and Article 26 (Financial resources).)

<table>
<thead>
<tr>
<th>4.1 to 4.6</th>
<th>These questions refer to assistance provided or received for development and strengthening of multisectoral, comprehensive tobacco control programmes (or their components) in developing country Parties or Parties with economies in transition. Please state whether you either provided or received assistance, pursuant to Article 21.1(c). If you answered ‘Yes’ to any of these questions, please provide the additional details listed below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.7</td>
<td>Please provide the name of the Party or Parties from or to which assistance was received or provided.</td>
</tr>
<tr>
<td>4.8</td>
<td>Please provide further information about any assistance provided or received, e.g. full details of the nature and level of assistance.</td>
</tr>
<tr>
<td>4.9</td>
<td>If you answered ‘No’ to questions 4.1–4.6 with regard to either the provision or the receipt of assistance, but financial or technical assistance is under consideration, please provide the details here. This may include assistance that you have requested but not received or assistance that you have considered providing but not yet provided. This information will assist the Convention Secretariat in matching available skills and resources with identified needs.</td>
</tr>
<tr>
<td>4.10</td>
<td>If your country is a member of any relevant regional or international intergovernmental organization or financial and development institution and you have suggested or recommended that that organization or institution provide financial assistance to a developing country Party or a Party with an economy in transition in meeting its obligations under the Convention, please answer ‘Yes’ to this question.</td>
</tr>
<tr>
<td>4.11</td>
<td>If you answered ‘Yes’ to question 4.10, please provide details in this space. In order to promote international cooperation in tobacco control, it is recommended that you review the list of relevant regional and international intergovernmental organizations, including observers to the Conference of the Parties (<a href="http://www.who.int/fctc/cop/observers_cop">http://www.who.int/fctc/cop/observers_cop</a>), of which your country is a member and the objectives of which are relevant to tobacco control. Another source for reviewing your country’s possible contribution through relevant organizations to progress in international tobacco control is the database on international resources for implementation of the Convention, developed at the request of the Conference of the Parties (<a href="https://extranet.who.int/fctcresources).%C2%B9">https://extranet.who.int/fctcresources).¹</a> Furthermore, Parties are required to implement the requirements of Article 26.4, with respect to providing financial assistance for developing country Parties and Parties</td>
</tr>
</tbody>
</table>

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¹ The database is a tool for Parties to the WHO FCTC to assist in implementation of the Convention. Access will be provided upon request to the tobacco control or WHO FCTC focal point or other relevant government authority. To request access please contact the Secretariat at fctcresources@who.int
with economies in transition to assist them in meeting their obligations under the Convention, if appropriate.
SECTION 5: Priorities and comments

<table>
<thead>
<tr>
<th>5.1</th>
<th>Please list the priority areas for implementation of the WHO FCTC in your country.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2</td>
<td>This question refers to any gaps you may have identified between the resources available and the needs assessed. If you answered ‘Yes’ with regard to the identification of specific gaps, please provide details in the space under 5.3.</td>
</tr>
<tr>
<td>5.3</td>
<td>If you answered ‘Yes’ to question 5.2, please provide details in this space.</td>
</tr>
<tr>
<td>5.4</td>
<td>Please identify and report on the constraints or barriers you have encountered in implementing the Convention.</td>
</tr>
<tr>
<td>5.5</td>
<td>Please provide any additional comments or relevant information not covered elsewhere in this questionnaire.</td>
</tr>
<tr>
<td>5.6</td>
<td>Please make any suggestions for future development and revision of the reporting instrument.</td>
</tr>
</tbody>
</table>