

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

Republic of Korea

Information on national contact responsible for preparation of the report:

Title

Deputy Director, Bureau of Health Policy

Family name

JEON

First name

GAEUN

Full name of institution

Ministry of Health and Welfare

Mailing address

Mailing address 1 13 Doum 4-ro

Mailing address 2

Post code 30113

Post box

City Sejong

Country

Republic of Korea

E-mail

wjsrkdms07@korea.kr

Alternative email address

Telephone number

+82 44 202 2822

Fax number

+82 44 202 3938

Signature of government official submitting the report:

Title

Deputy Director, Bureau of Health Policy

Family name

JEON

First name

GAEUN

Full name of institution

Ministry of Health and Welfare

Mailing address

Mailing address 1 13 Doum 4-ro

Mailing address 2

Post code 30113

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City Sejong

Country

Republic of Korea

E-mail

wjsrkdms07@korea.kr

Alternative email address

Telephone number

+82 44 202 2826

Fax number
+82 44 202 3938

Web page
www.mohw.go.kr

Period of reporting:

	Month	Year
Start date	April (4)	2018 (19)
End date	March (3)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	35.8	14.2
FEMALE	6.5	8.1
TOTAL (males and females)	21.1	13.2

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	31.7	
FEMALE	4.7	
TOTAL (males and females)	18.2	

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	4.1
FEMALE	1.9
TOTAL (males and females)	3.0

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	35.1
FEMALE	4.6
TOTAL (males and females)	19.8

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	29.1
FEMALE	88.8
TOTAL (males and females)	59.0

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarettes

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	19	

Please indicate the year of the data used to answer question B11:

2018

Please indicate the source of the data used to answer question B11:

Korea National Health & Nutrition Examination Survey 2018 (published by Ministry of Health and Welfare in 2019). Please refer to Appendix 1.

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	Those who have smoked more than 100 cigarettes in their lifetime and been smoking currently
Daily smoker	Those who have smoked more than 100 cigarettes in their lifetime and been smoking daily
Occasional smoker	Those who have smoked more than 100 cigarettes in their lifetime and been smoking occasionally
Former smoker	Those who have smoked more than 100 cigarettes in their lifetime and used to smoke cigarettes in the past, but do not smoke cigarettes any more
Never smoker	Those who have never smoked or have smoked less than 100 cigarettes in their lifetime

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

In recent 2 years, adults smoking prevalence had stagnated (21.1% in 2017, 21.1% in 2018). Smoking prevalence among male adults had decreased to stand at mid 30% in 2018 (37.0% in 2017, 35.8% in 2018). Smoking prevalence among female adults has increased over the last two years, from 5.2% in 2017 to 6.5% in 2018.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	19	29	35
MALES - current smokers ¹	30	39	40
MALES - current smokers ¹	40	49	44
MALES - current smokers ¹	50	59	41
MALES - current smokers ¹	60	69	27
MALES - current smokers ¹	70	100	15
FEMALES - current smokers ¹	19	29	11
FEMALES - current smokers ¹	30	39	8
FEMALES - current smokers ¹	40	49	9
FEMALES - current smokers ¹	50	59	5
FEMALES - current smokers ¹	60	69	4
FEMALES - current smokers ¹	70	100	1
TOTAL (males and females) - current smokers ¹	19	29	24
TOTAL (males and females) - current smokers ¹	30	39	25
TOTAL (males and females) - current smokers ¹	40	49	27
TOTAL (males and females) - current smokers ¹	50	59	23
TOTAL (males and females) - current smokers ¹	60	69	15
TOTAL (males and females) - current smokers ¹	70	100	7

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Cigarettes

Please indicate the year of the data used to answer question B12:

2018

Please indicate the source of the data used to answer question B12:

Korea National Health & Nutrition Examination Survey 2018 (published by Ministry of Health and Welfare in 2019). Please refer to Appendix 1.

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

Smoking prevalence among males in their 70s and older decreased, and smoking rates for males in their 40s or younger has kept decreased.

*Ages 19 to 29: 37.3% in 2017, 34.9% in 2018.

*Ages 30 to 39: 42.7% in 2017, 39.9% in 2018.

*Ages 40 to 49: 46.3% in 2017, 44.1% in 2018.

*Ages 50 to 59: 37.0% in 2017, 40.6% in 2018.

*Ages 60 to 69: 26.6% in 2017, 26.7% in 2018.

*Ages 70 and older: 18.2% in 2017, 14.7% in 2018.

Smoking rates among female adults have increased for all age groups except those in their 70s and older.

*Ages 19 to 29: 9.7% in 2017, 10.9% in 2018.

*Ages 30 to 39: 6.8% in 2017, 8.3% in 2018.

*Ages 40 to 49: 5.7% in 2017, 8.7% in 2018.

*Ages 50 to 59: 3.3% in 2017, 5.0% in 2018.

*Ages 60 to 69: 2.8% in 2017, 3.6% in 2018.

*Ages 70 and older: 1.9% in 2017, 1.1% in 2018.

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

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Please indicate the age range to which the data used to answer question B13 refer:

From To

Please indicate the year of the data used to answer question B13:

Please indicate the source of the data used to answer question B13:

Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.

Current user
Daily user
Occasional user
Former user
Never user

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

There is no official or available data on prevalence of smokeless tobacco.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13	1.1		0.6
BOYS - Current users ⁴	14	4.2		2.6
BOYS - Current users ⁴	15	6.5		3.7
BOYS - Current users ⁴	16	11.1		5.7
BOYS - Current users ⁴	17	14.6		7.0
BOYS - Current users ⁴	18	16.8		7.8
GIRLS - Current users ⁴	13	0.8		0.2
GIRLS - Current users ⁴	14	2.6		1.3
GIRLS - Current users ⁴	15	3.5		1.2
GIRLS - Current users ⁴	16	5.3		2.0
GIRLS - Current users ⁴	17	5.0		1.9
GIRLS - Current users ⁴	18	5.4		2.3
TOTAL (boys and girls) - Current users ⁴	13	1.0		0.4
TOTAL (boys and girls) - Current users ⁴	14	3.5		2.0
TOTAL (boys and girls) - Current users ⁴	15	5.0		2.5

TOTAL (boys and girls) - Current users 4	16	8.3	3.9
TOTAL (boys and girls) - Current users 4	17	10.0	4.6
TOTAL (boys and girls) - Current users 4	18	11.4	5.2

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoking tobacco: cigarette / Other tobacco: liquid e-cigarette

Please indicate the year of the data used to answer question B16:

2019

Please indicate the source of the data used to answer question B16:

Korea Youth Risk Behavior Web-based Survey 2019 (published by Ministry of Health and Welfare in 2019). Please refer to Appendix 2.

Please provide the definition of “current smoking/tobacco use” used to answer question B16 in the space below.

Current users means those who have smoked at least one day (for cigarette) or at least once (for liquid type e-cigarette) over the last 30 days.

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

There has been no major change in cigarette smoking prevalence among boys and girls, and liquid e-cigarette use has slightly increased in both groups.

Please attach the relevant documentation.

Appendix 1. National & Nutrition Examination Survey 2018	No comment	File type "pdf"
Appendix 2. Youth Risk Behaviour Web- based Survey 2019	No comment	File type "pdf"

Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
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B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

1. Adults (19 years old and over): Rates of exposure to tobacco smoke among adults were 11.9 % (male 15.2%, female 8.9%) in the workplace, 3.9% (male 0.9%, female 5.9%) at home, and 15.4%(male 18.2%, female 13.5%) in indoor public places.

*These data show the rates of exposure to tobacco smoke among current non-smokers in the indoor workplace, at home, and indoor public places within 7 days.

2. Adolescents(13 to 18 years old): Rates of exposure to tobacco smoke among adolescents were 37.1%. (male 29.3%, female 34.3%) at home, 21.6% (male 20.8%, female 22.4%) at indoor of school, and 52.5%(male 46.2%, female 59.3%) in indoor public places.

*These data show the rates of who have been smelled tobacco smokes from others' smoking among adolescents at home within 7 days. And the rates of exposure to tobacco smoke from others' smoking at indoor of school(classroom, restroom, hallway, etc) or indoor public places(store, restaurant, shopping mall, theatre, internet café, etc) within 7 days.

*Pay attention when comparing data of previous years since questionnaire for 'Adolescents exposure to tobacco smoke' was changed from 2019

Please indicate the year of the data used to answer question B21:

2019

Please indicate the source of the data used to answer question B21:

1. Adults: Korea National Health & Nutrition Examination Survey 2018 (published by Ministry of Health and Welfare in 2019). Please refer to Appendix 1. 2. Adolescents: Youth Risk Behaviour Web-based Survey 2019 (published by Ministry of Health and Welfare in 2019). Please refer to Appendix 2.

Please attach the relevant documentation.

Appendix 1. National & Nutrition Examination Survey 2018	No comment	File type "pdf"
Appendix 2. Youth Risk Behaviour Web- based Survey 2019	No comment	File type "pdf"

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

61723

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

*B32

- Tobacco related mortality in 2017 was 61,723(male 52,412; female 9,311).

*B33

- To break the smoking attributable mortality into per disease, it is in the order of lung cancer, ischemic heart disease(IHD), stroke, and chronic obstructive pulmonary disease(COPD).

- In the case of lung cancer, there was a linear association between smoking and lung cancer with increasing smoking. When smoking 30 cigarettes a day, the risk of death jumped to 8.9 times higher than that of non-smoker.

Please indicate the year of the data used to answer question B32 and 33:

2017

Please indicate the source of the data used to answer questions B32 and B33:

*The data was based on the following resources. Please refer to Appendix 3. 1) Keum Ji Jung et al., "The effect of smoking on the public health of Korea : Expectation of the numbers of smoker and smoking attributable death", Tobacco Free, Korea Health Promotion Institute, 2019, 20(1), pp.6-15.

Please submit a copy of the study you refer to:

**Appendix 3. The
effect of
smoking on the
public health of
Korea**

No comment

File type "pdf"

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

-Health insurance expenditure caused by tobacco use was about 2,427 billion KRW (2.01 billion USD) in 2013.

*Health insurance expenditure includes national insurance contribution and patients sharing.

*Health insurance expenditures have increased by 2.7 times compared with 935 billion KRW in 2005.

-Social economic cost caused by smoking was 7,126 billion KRW in 2013.

*Social economic cost has increased by 1.6 times, compared with 409 billion KRW in 2005.

*Social economic cost includes the direct cost (medical expenses) and indirect costs such as income and productivity losses by premature death.

Please indicate the year of the data used to answer question B42:

2013

Please indicate the source of the data used to answer question B42:

The data was based on the following resource. Please refer to Appendix 4. *Sun Mi Lee et al. Socioeconomic impacts of major health risk factors and evaluation on effects of regulatory policy. 2015. Health Insurance Policy Institute of National Health Insurance Service.

Please submit a copy of the study you refer to:

Appendix 4.	No comment	File type "pdf"
Socio-economic impacts of major health risk factors and evaluation on effects of regulatory policy		

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Cigarettes	One million cigarettes	117,464	61,274	54,616	4,402
Smoking tobacco products	e-cigarette	One million ml		3.5		0.6
Other tobacco products	Heated Tobacco Products	One million sticks	15,078	7,262	8,108	0.04

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

4,340 millions of cigarettes

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

Ministry of Strategy and Finance.

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
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Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

Korea Customs Service has uncovered 2,325 cases of tobacco product smuggling which is worth about 15.1 billion KRW (12.4 million USD) in 2019.

- The number of the case has raised due to a small unit of smuggling by inbound travelers.

Please indicate the source of the data used to answer questions in section B6:

Korea Customs Service

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

In 2019, the number of tobacco-growing household was 2,880 and the area of tobacco-growing was 3,308 hectares.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

Please indicate the year of the data used to answer questions in section B7:

2019

Please indicate the source of the data used to answer questions in section B7:

Tobacco Grower's Union

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

74

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	Yes
Ad valorem tax only	No
Combination of specific and ad valorem taxes	No
More complex structure (please explain below)	No

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Cigarettes	Health Promotion Fund	KRW 841	20 cigarette
Smoking tobacco products	Cigarettes	Excise tax	KRW 2,049	20 cigarette
Smoking tobacco products	Cigarettes	Waste management charge	KRW 24.4	20 cigarette
Smoking tobacco products	Cigarettes	VAT	10% of retail price excluding VAT	
Smoking tobacco products	Pipe tobacco	Health Promotion Fund	KRW 1,510	50 grams
Smoking tobacco products	Pipe tobacco	Excise tax	KRW 3,642	50 grams
Smoking tobacco products	Cigar	Health Promotion Fund	KRW 4,290	50 grams
Smoking tobacco products	Cigar	Excise tax	KRW 10,465	50 grams
Smokeless tobacco products	Chew	Health Promotion Fund	KRW 1,720	Per 50grams
Smokeless tobacco products	Chew	Excise tax	KRW 36,956	Per 50grams
Smokeless tobacco products	Snuff	Health Promotion Fund	KRW 1,070	Per 50grams
Smokeless tobacco products	Snuff	Excise tax	KRW 2,622	Per 50grams
Smokeless tobacco products	Snus	Health Promotion Fund	KRW 26,725	Per 50grams
Smokeless tobacco products	Snus	Excise tax	KRW 36,956	Per 50grams
Other tobacco products	Waterpipe	Health Promotion Fund	KRW 52,505	Per 50 grams
Other tobacco products	Waterpipe	Excise tax	KRW 72,576	Per 50 grams
Other tobacco products	E-cigarettes (with e-liquid)	Health Promotion Fund	KRW 525	1ml of liquid nicotine
Other tobacco products	E-cigarettes (with e-liquid)	Excise tax	KRW 1,274	1ml of liquid nicotine

Other tobacco products	E-cigarettes (with e-liquid)	Waste management charge	KRW 24.4	20 cartridge
Other tobacco products	E-cigarettes (with e-liquid)	VAT	10% of retail price excluding VAT	

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

Yes ✓

Please provide details in the space below.

KRW 143.8 billion in 2018 and KRW 136.0 billion in 2019 of Health Promotion Fund were used for national tobacco control policy and programmes.

Please indicate the year of the data used to answer questions B81 to B86:

2020

Please indicate the source of the data used to answer questions B81 to B86:

The data are based on Health Promotion Act, Local Tax Act, Enforcement Decree of the Act on the Promotion of Saving and Recycling of Resources, Individual Consumption Tax Act, Enforcement Regulation of the Tobacco Business Act, and Value-Added Tax.

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Esse	20 cigarettes	4,500	KRW
Smoking tobacco products	This	20 cigarettes	4,500	KRW
Smoking tobacco products	Raison	20 cigarettes	4,500	KRW
Other tobacco products	Fiit for lil(HTPs)	20 sticks	4,300	KRW

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Dunhill	20 cigarettes	4,500	KRW
Smoking tobacco products	Marlboro	20 cigarettes	4,500	KRW
Smoking tobacco products	Mevius	20 cigarettes	4,500	KRW
Other tobacco products	Heets for IQOS(HTPs)	20 sticks	4,300	4,300
Other tobacco products	Neostick for Glo(HTPs)	20 sticks	4,300	4,300

Please indicate the year of the data used to answer question B91:

2019

Please indicate the source of the data used to answer question B91:

Ministry of Strategy and Finance

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

Japan Tobacco International(JTI) launched Mevius Super Slim 1mg with the price of KRW 4,500 (Mar 2018)

Korean Tobacco & Ginseng(KT&G) launched 2 variants of Fiit for lil(HTPs) with the price of KRW 4,500 (Apr 2018)

Philip Morris International(PMI) launched 2 variants of Heets for IQOS(HTPs) with the price of KRW 4,500 (May 2018)

British America Tobacco(BAT) launched Rothmans Silver with the price of KRW 4,100 (Nov 2018)

KT&G launched Esse Change Himalaya with the price of KRW 4,500 (Apr 2019)

BAT launched 2 variants of Kent with the price of KRW 3,500 (Jun 2019)

BAT increased the price of Kent from KRW 3,500 to 4,000 (Oct 2019)

KT&G launched Bohem Pipe with the price of KRW 5,000 (Oct 2019)

* There have been no changes in cigarette prices in the past two years due to the governments increase in cigarette tax, but there have been cases in which the tobacco company has raised prices on its own.

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

*Focal points for tobacco control

-Division of Health Promotion of the Bureau of Health Policy at the Ministry of Health and Welfare is responsible for the national tobacco control policies including pictorial warning, smoke free policy, public awareness programs and education, smoking cessation services and youth smoking prevention program in schools, etc.

-Five government officials including two deputy directors and three officers are fully involved in tobacco control policies and programs.

*Tobacco control units

- Division of Health Promotion of the Bureau of Health Policy at the Ministry of Health and Welfare :

- National Tobacco Control Centre: established in Korea Health Promotion Foundation, an affiliated agency of Ministry of Health and Welfare, in March 2015. NTCC is composed of two divisions and four teams. It supports and advocates policy implementation, develops guidelines and programmes, promotes cooperation among various stakeholders in tobacco control, and conducts monitoring and evaluation of the national tobacco control policies.

- Laboratory for Harmful Use of Tobacco: established in Korea Centres for Disease Control and Prevention, an affiliated agency of Ministry of Health and Welfare, in November 2015. It is composed of 11 members in charge of testing and measuring contents and emissions of cigarettes.

*National coordinating mechanism for tobacco control

- National Health Promotion Policy Committee: An inter-ministerial agency to examine and review the health promotion issues such as tobacco control. The chair of the committee is vice-minister of Ministry of Health and Welfare and the committee members consist of fifteen people from eight ministries' bureau directors and non-government sector.

- Tobacco Control Policy Advisory Group: The advisory group, managed by the NTCC, is composed of 7 sub-groups including the topics with respect to regulation, academic parts, education, communication, adolescents, monitoring and service with more than 40 experts in related areas.

- Tobacco Control Policy Expert Committee under National Health Promotion Policy Committee(establish on July 24th, 2018): A committee composed of 13 policymakers and experts in related fields for advice and deliberation on tobacco control policies and projects.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

*Ministry of Health and Welfare announced the Comprehensive Tobacco Control Policies to uproot smoking-encouraging environment(May 21st, 2019)

1) Reinforcement restrictions on tobacco ads and promotional activities: Expand of pictorial health warning of the package, introduction of plain packaging, regulatory requirement of anti-smoking campaign inside stores having tobacco ads, prohibition of the use of animal/cartoon characters for the tobacco ads and reinforcement of crackdown of external exposure of tobacco ads, introduction of voluntary preliminary deliberation of tobacco ads, consolidation of regulation and monitoring on tobacco promotional activities, and active response to smoking scene exposure to media

2) Reinforcement of tobacco and other nicotine-included product and smoking device: Gradual prohibition of flavor addition to tobacco, reinforcement of control and management of nicotine-included product and smoking device, requirement of the submission and disclosure of the tobacco products contents and emissions

3) Active cut-off of exposure to tobacco smoke for the protection of public health: Gradual prohibition of indoor smoking inside public facilities and shut down of smoking area, and separate designation of outdoor smoking zone to prevent exposure to tobacco smoke in the street

4) Reinforcement of smoking prevention education and smoking cessation: Consolidation of smoking prevention education for children/teenager/youth, provision of active support and sophisticated services of smoking cessation care for smokers, and review of the national health insurance payment for smoking cessation care

5) Preparation of scientific ground of tobacco control policy and stronger international cooperation: Preparation of science-based policy, ratification of protocol to eliminate illicit trade in tobacco products

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

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✗

If you answered “Yes” to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

In accordance with Code of Conduct for Public Officials (Presidential Decree), it addresses the government officials’ conduct in general. It prohibits officer to receive all sorts of treats from any individual or organization that will get advantages or disadvantages as a direct result of decision or implementation of government policies or public projects (defined in Article 2.1(g)) as well as encourages impartially performing their tasks.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire.

Response to this question or to the additional questionnaire

is **voluntary**. <https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>

(<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

* Everyone involved or engaged in tobacco control related projects, researches, policy development, etc. is asked to certify his/her conflict of interest with tobacco industry.

* Especially for a person who may affect directly/indirectly tobacco-related decision making, such as a member of Tobacco Health Warnings Committee, should sign the Conflict of Interest Statement.

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

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the 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.

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en> (<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

*When preparing and consulting with relevant ministries and stakeholders regarding measures described in C214 (Imposing the National Health Promotion Fund on tobacco products other than cigarette, raising tobacco tax, restricting sales to international travellers of tax-free tobacco products), the Guideline has been widely used in order to advocate importance of implementing the measures.

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

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	Yes
other measures (please specify in C223 below)	Yes

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

There are mainly five types of measures banning tobacco smoking in Korea.

- 1) National law: National Health Promotion Act 1995 sets the target facilities for the smoking ban and also imposes fines on offenders up to KRW 100,000 for smoking in non-smoking area.
- 2) Municipal by-laws: any municipalities are able to designate non-smoking areas and impose fines to the offenders through municipal by-laws.
- 3) Administrative order: Enforcement Regulations of National Health Promotion Act specifies the range of penalties to offenders like smoking in smoke-free zone or violation against smoke-free regulations.
- 4) Voluntary agreements: some institutions such as student clubs at universities, company, and apartment dwellers have their own self-regulating rules for banning tobacco smoking based on bottom-up voluntary movements.
- 5) Others: a number of private companies reflect employees' smoking habit in performance assessment as well as entrance examinations; and Ministry of Health and Welfare awards a prize every year, on the World No Tobacco Day, to the best company for its effort for employees' health promotion with smoking cessation programs.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

Amended National Health Promotion Act provides a legal ground. Mayors or governors of local governments are able to appoint officers called a smoking-surveillant for monitoring smoking behaviours in smoke-free areas and its compliance. This was entered into force in July 2014.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Partial
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space below

Nursery facilities

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Partial
private vehicles	None
other (please specify below)	None

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Partial
shopping malls	Complete
pubs and bars	Partial
nightclubs	None
restaurants	Complete
other (please specify below)	Partial

Please provide a brief explanation of any "other" policies in the space below

Sports facilities

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

The whole of the following facilities are designated as non-smoking area.

-Government offices, public institutions, schools, health-care facilities, child nursing facilities, private teaching institutes, and office buildings, factories and complex buildings with a total floor area of at least 1,000 square meters.

Banning tobacco smoking in public transport

The whole of the following facilities are designated as non-smoking area.

-The public transport including lobbies, platforms and underground passages in transportation facilities such as airports, ferries, railway stations, bus terminals, taxis, transportation with a seating capacity of at least 16 passengers, children transport vehicles.

Banning tobacco smoking in indoor public places

The whole of the following facilities are designated as non-smoking area.

1. Youth activity centre, library, children's play facilities.
 2. Places of public performance with at least 300 seats
 3. Superstores and shopping malls in an underpass.
 4. Tourist lodging facilities.
 5. Sports facilities with a capacity of at least 1,000 spectators.
 6. Social Welfare facilities, public baths.
 7. Juvenile game providing business, general game providing business, business providing Internet computer game facilities, and combined distribution and game providing business under the Game Industry Promotion Act
 8. Restaurants, cafeteria and bakeries, comic book rental business.
-

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

An area within a radius of 10m from the boundary of a kindergarten and a childcare centers(since Dec 31st, 2018), smoking cafe(since Jan 1st, 2019), and virtual sports facility industry(from Sep 19th, 2019) have been newly designated as non-smoking area pursuant to the amendment to the National Health Promotion Act.

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en> (<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

To cut-off of exposure to tobacco smoke for the protection of public health described in the comprehensive tobacco control policies announced in May 2019, it established plans of a gradual expansion of smoke-free zone and shut down of all smoking rooms in indoor public places by 2025 based on WHO FCTC Article 8 and Guideline.

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

Pursuant to the Article 9 of the National Health Promotion Act, all indoor public areas should be smoke-free. The Act allows designated smoking rooms under certain condition if needed, but in order to protect vulnerable populations(patients, children,etc) from harm of secondhand smoke, medical institutions and schools are not allowed to have a DSR indoor.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

No ✗

regulating the emissions of tobacco products?

No ✗

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

*Korea Center for Disease Control

- Acquired ISO/IEC 17025 accreditation for tobacco contents and emissions testing and establishment of a method of measurement of harmful substance (From Aug. 2017)
- Tobacco toxicity laboratory based construction(From 2018)

*Korea Food and Drug Administration

- Released results on contents analysis of 11 harmful substances(including nicotine, tar) of Heated Tobacco Product(Jun. 2018)
 - Released results on contents analysis of severe lung disease inducing substances(including hemp-induced substances, Vitamin E acetate) from domestically circulated liquid type e-cigarette(Dec. 2019)
-

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en> (<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

* Based on FCTC Article 9, 10 and implementation guideline, it established plans of gradual prohibition of flavor addition to tobacco, reinforcement of control and management of nicotine-included product and smoking device, requirement of the submission and disclosure of the tobacco products contents and emissions.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

* Review of Regulation on Article 12 of Enforcement Decree of the Tobacco Business Act (Presidential Decree) mentions that every three years the validity of labeling standard of tobacco product's contents should be reviewed pursuant to Article 9(2) and required improvement measures should be made. (inserted on December 30, 2013)

*Indication of tobacco products constituents(Article 25-2 of Tobacco Business Act)

-Article 25-2, indication of tobacco products constituents newly inserted on January 21, 2014. This provision states labeling of the emission contents in one cigarette and testing and measuring its emission is required.

*Establishment of the analytical method of 68 contents of cigarettes, 25 contents of liquid type e-cigarettes and 11 contents of HTPs(Dec, 2019)

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	No
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	Yes

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

*Indication of tobacco products constituents(Article 25-2 of Tobacco Business Act)

- Manufacturers, importers and sellers of tobacco products must label the emissions (limited to nicotine, tar) in one cigarette on the product package.

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

No ✘

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✔

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✔

ensuring that the health warnings are approved by the competent national authority?

Yes ✔

ensuring that the health warnings are rotated?

Yes ✔

ensuring that the health warnings are clear, visible and legible?

Yes ✔

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products?	No
emissions of tobacco products?	Yes

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

*Implementation of 2nd period pictorial health warning on tobacco products (Dec 23rd, 2018 ~ Dec 22nd, 2020)

- Development and implementation of pictorial health warning for HTPs which marketed since June 2017 to deliver correct health information.

- Tobacco Control Policy Expert Committee to review and develop health warnings for regular rotation (every 24 months) pursuant to the law has been established.

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en> (<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

*The Ministry of Health and Welfare has been utilizing the Guidelines for implementation of Article 11 when drafting the Decree of the National Health Promotion Act and relevant notifications in order to assure full implementation of pictorial health warning. Pictorial Warning Database has been widely used when developing new warnings for regular rotation mandated by the law.

*Based on FCTC Article 11 and implementation guideline, it established plans to expand of pictorial health warning of the package, introduction of plain packaging

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

In regard to the answer of C252, Korean government has restricted the labelling which possibly misleads the public from January 21, 2015 pursuant to Article 25-5 of Tobacco Business Act (inserted January 21, 2014). It states that manufacturers and importers should not use a false sense of any term, sentence, brand, shape, or signs on the packaging or advertising.

In regard to the answer of C2513, According to the Article 25-2 of Tobacco Business Act, Indication of Tobacco Ingredients, it stated that the major contents in the smoke of one cigarette are indicated on the wrapping paper of each tobacco pack. The contents in the smoke are not tobacco constituents but its emissions.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
- Military men, riot policemen. Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
- health risks of exposure to tobacco smoke?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
- adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption?
- adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
- school Other

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- | | |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | health workers? |
| <input checked="" type="checkbox"/> | community workers? |
| | social workers? |
| | media professionals? |
| <input checked="" type="checkbox"/> | educators? |
| <input checked="" type="checkbox"/> | decision-makers? |
| <input checked="" type="checkbox"/> | administrators? |
| <input checked="" type="checkbox"/> | other (please specify) |
| Military men, riot policemen. | Other |

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

< Anti-tobacco campaigns in 2018>

- With the theme of “Smoking, it kills you and others”, to stress the death and addiction caused by tobacco. In particular, producing and broadcasting anti-tobacco campaigns targeting the HTPs.
- Besides, encouraging people to post messages on their SNS of joining the activities to protect beloved people from smoking.

< Anti-smoking campaigns in 2019>

- Implementing public advertisement under the theme “Wake up! no-smoking instinct in us” which focuses on advantage of smoking cessation instead of harmfulness of smoking via TV, theater, radio, and outdoor billboard.
- Promoting anti-smoking campaigns for TV and online banner about e-cigarette to deliver harm to novel and emerging tobacco and nicotine products.
- Since 2007, Anti-tobacco Campaign Supporters, groups of college students(young adults) for tobacco control advocacy activities, have been recruited and operated every year to promote tobacco-free environment.

Have you utilized the “Guidelines for implementation of Article 12 of the WHO FCTC” when developing and implementing policies in this area?

No ✘

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

Please refer to the Appendix 5 : National anti-tobacco campaign for 2018 & 2019

Please attach the relevant documentation.

Appendix 5. No comment
Anti-smoking ad

File type "pdf"

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
- the domestic Internet?
- the global Internet?
- brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion?
- the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein?
- contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
- cross-border advertising, promotion and sponsorship originating from your territory?
- the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✗

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✘

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

The revision of the Public Health Promotion Act of restrictions on direct and indirect promotional activities of tobacco, alternative tobacco products, and smoking device of e-cigarette was resolved by the Cabinet meeting(Jan 21st, 2020).

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✔

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en> (<https://extranet.who.int/dataform/655321?token=ep7gf4m49d5t5xa&lang=en>)

*Utilizing as basis for the development and proposal of revision of Public Health Promotion Act described in C2714

*Based on FCTC Article 13 and implementation guideline, it established plans to prohibit the use of animal/cartoon characters for the tobacco ads, consolidation of regulation and monitoring on tobacco promotional activities

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

*C276

The Minister of Health and Welfare may order any person who puts an advertisement misleading the citizens about health awareness to take corrective measures, such as change of contents, or to prohibit the relevant advertisement (Art. 7 (1) of the National Health Promotion Act)

*C277

A manufacturer or an importer and distributor of tobacco under the Tobacco Business Act (hereinafter referred to as "manufacturer or importer") shall print and inscribe the following phrases on the front, rear, and sides of the packaging of tobacco and advertisements (Art. 9-2 (1) of the National Health Promotion Act)

*C278

Any manufacturers, import and sale business entities and wholesalers shall not conduct any act of offering money or goods to retailers or any similar act prescribed by Presidential Decree, in order to promote their tobacco sales (Art. 25-4 of the Tobacco Business Act)

*C2710

Advertisement on Tobacco may be placed only by the following means : displaying or posting advertising materials inside the retail shops, inserting and advertisement in printed media(limited up to ten times a year for each group of products and not more than two pages each time, and banning advertisement in printed media for women or juveniles), sponsoring events(excluding those intended for women or juveniles), placing an advertisement in an airplane and a passenger ship operating on an international line. (Art. 9-4 of the National Health Promotion Act)

* Broadcasting

- According to the Article 28(Soundness) of the Broadcasting Review Regulations, broadcasting companies should take prudence when describing or airing contents related to smoking.
- Especially, a scene describing smoking of children or adolescent is banned in under Article 45(Appearance).
- In accordance with the Article 44(Acceptance level) of the Regulation, the Korea Communication Standards Commission warns the broadcasting companies not to air smoking scene during the Juvenile Protection Times(7~9 a.m., 1~10 p.m. in principle; 7 a.m.~10 p.m. on a national holiday or vacation)
- Furthermore, Korean Broadcasting System(KBS), after its announcement that drama scenes containing tobacco consumption leads to the enticement of smoking among viewers, declared December 1st, 2002 as "KBS Drama No Smoking Day" and eliminated all scenes containing tobacco in dramas. SBS (Seoul Broadcasting System) participated on the same month, and MBC (Munhwa Broadcasting Corporation) joined on 2004, and these three major public networks have essentially eliminated smoking scene in TV drama since then.
- However, emergence of cable/satellite TV channels where tobacco product and smoking scenes are presented without regulation poses challenges

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
- programmes specially designed for underage girls and young women?
- programmes specially designed for women?
- programmes specially designed for pregnant women?
- telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?

Anti-tobacco Campaign
Supporters

Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
- workplaces?
- sporting environments?
- other (please specify)?

The military

Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres
- Prisons Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	Fully
specialized centres for cessation counselling and treatment of tobacco dependence	Fully
rehabilitation centres	Fully
other (please specify below)	Partially

Please provide other details in the space below.

- Specialist health-care systems: National hospitals for tuberculosis
- other: Correctional facility

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- counsellors Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- | | |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | medical? |
| <input checked="" type="checkbox"/> | dental? |
| <input checked="" type="checkbox"/> | nursing? |
| <input checked="" type="checkbox"/> | pharmacy? |
| School of public health | Other |

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

*(Public Health Centre) National Smoking Cessation Clinic currently in service

- Offering free advice and counselling service, with provision of NRT-gum, patch (up to 12 weeks per person)

*(Hospitals & Clinics) Clinics and hospitals are registered for smoking cessation service and equipped to handle and provide advice and counselling on smoking cessation, NRT and prescription, medical expenses, including medication are fully covered.

*(Specialized Centres) By designating 17 community-based smoking cessation clinics(Jan 10th, 2018) within a central proximity of the regionally delegated hospital, services such as public relations and promotion, education, and comprehensive treatment of smoking cessation is provided for the local population.

-As part of the smoking cessation program for long-term/heavy smokers, financial expenses for pharmaceutical products are partially covered and fully covered for the low-income groups.

*(Smoking cessation services for military men and riot policemen) As the Republic of Korea enforces a mandatory military service, smoking cessation services has been implemented since 2009 to combat the temptation to light up due to the stress during service term.

-During first 5-week period, non-smoking is mandatory. After then, during the following service term, assistance regarding smoking cessation in terms of counselling, NRTs, smoking prevention education and even medication for long-term/heavy users are provided at their own request, free of charge.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- | | |
|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | nicotine replacement therapy |
| <input checked="" type="checkbox"/> | bupropion |
| <input checked="" type="checkbox"/> | varenicline |
| | other (please specify) |
| | Other |

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Partially
bupropion	Partially
varenicline	Partially
other (please specify below)	None

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

*Reinforcing national smoking cessation support services and systems.

- Operating of the smoking cessation education campaign at the workplace (linking 4 agencies in 2018, and 7 agencies in 2019)
 - Designation of specialized smoking cessation centers (17 centers in total) at local level
 - Addition of information sharing function of nicotine additives purchasing by the public health center to smoking cessation services comprehensive information system
 - Distribution of Triple Crown Life Coaching Program(CROWN) booklet to encourage adolescents smoker to quit from 2019
-

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

No

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

*C282

-In addition to the National Smoking Cessation Clinic which can be utilized in-person (refer to section C2811), to support smokers, and under the auspice of the Ministry of Health and Welfare, the quit-line under the National Cancer Centre has been implemented since 2006.

-The Internet is already being utilized to disseminate information on smoking cessation since 2002 in the form of a guide (<http://nosmokeguide.or.kr/>).

*C288

-In regards to C288, there is no separate restriction for smoking cessation counselling, so general medical practitioners including practitioners who complete public health are also able to provide counselling.

-In addition, only those in possession of a nursing license are able to conduct the services of a midwife in Korea, thus it'd be ambiguous and inefficient to distinguish the two in terms of licensing.

*C289

-(Medicine, Pharmacology) To include curriculum on the diagnosis of smokers, circumstances and ingredients of medication

-(Dentistry) To include curriculum on the relationship between smoking and plaque, cavity and carcinoma of the oral cavity

-(Nursing) To include curriculum on community-based nursing interventions for the treatment of smoking

-(Health Sciences) To include content on smoking-related diagnosis and examination on medical records

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

No ✘

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

No ✘

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

No ✘

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✘

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

No ✘

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

No ✘

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

No ✘

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✔

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✔

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

No ✘

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

No ✗

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

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

* Monitoring information for illicit tobacco trade and execution of special investigation (2 times per year)

* C314

- To prevent any possible smuggling or bootlegging of duty-free cigarettes due to the price hike in January 2015, a monitoring mechanism to surveil entire processes including, but not limited to, manufacturing, logistics and distribution of tobacco is under development by the Korea Customs Service and Ministry of Interior. The idea is to liaise the "Import and Export System" and "Local Taxes Management System" of the Korean Customs Service and the Ministry of Interior respectively to create the "Integrated Tobacco Management System"

*C319

- Confiscated goods have been disposed of in accordance with the Anweisung of Korea Customs Service.

*C3111

- In accordance with Article 30 of the Tobacco Business Act, tobacco leaf and related products that are related to crime should be confiscated, and when confiscation is not possible, an estimated price of the products should be paid.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

19

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

No ✗

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

No ✗

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

to the public?

to minors?

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

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

*C321

- In accordance with Article 17(Cancellation, etc. of Designation as Retailer) of the Tobacco Business Act, when a retailer has sold tobacco to adolescents(minors), the city mayor, governor or head of Gu can order business suspension for up to a maximum of 1 year.
- Tobacco retailer or tobacco seller through vending machine shall indicate the phrase 'Ban on selling tobacco to minors' in retail store or front of the machine under Paragraph 1 of Article 25(Indication of harmfulness to juveniles, etc.) of Enforcement Decree of the Juvenile Protection Act. According to Paragraph 2 of the same Article, it is stipulated that the warning phrase of 'It is prohibited to sell cigarettes to minors under the age of 19' should be posted on the back of the cigarette pack.

*C3211

- Minors shall be prohibited from registering the business of importing and selling tobacco or the business of wholesaling tobacco under Article 14(Disqualification of the Registration of Tobacco Sales Business) of the Tobacco Business Act.
- In accordance with Article 16(Designation of the Retailers) of the Tobacco Business Act, the person wishing to conduct tobacco retail sales business (refers to the business of selling directly to consumers) shall be designated as the retailer by the mayor or governor. However, minors do not apply.

*Amended definition of tobacco related articles harmful to juveniles(from "device and components for inhaling nicotine liquid" to "device and components for inhaling tobacco contents including nicotine liquid, etc.") and banned sale of device for Heated Tobacco Product to minors (Oct.2017)

*Designated product mimicking smoking behaviour as articles harmful to juvenile under the Juvenile Protection Act, such as Vitamin Stick and banned its sale to minors (Dec. 2017)

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	No
tobacco workers?	No
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

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

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	No
the health of persons in relation to the environment?	No

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	No

Please provide a brief description of the 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.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

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

*C412

-In accordance with Article 12 (1) of the Act on the Promotion of Saving and Recycling of Resources (waste management charge), the costs of disposal and its collection and processing of tobacco products will be imposed and collected annually.

- Manufacture and import of reduced ignition propensity and its performance certification on Article 11(5) and designation of certification authority to fire prevention performance on 11(6) of Tobacco Business Act were included on January 21, 2014. In accordance with these provisions, fire protection performance by presidential decree should be equipped in all domestic manufactured or imported cigarettes from July 21, 2015.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

No

Do you have any civil liability measures that are specific to tobacco control?

No

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

Yes

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

* The National Health Insurance Service filed a lawsuit against three domestic and foreign tobacco manufacturing companies — KT&G, British American Tobacco and Philip Morris — in April of 2014, and 13th court hearing had been made as of Feb. 2020.

- Tobacco litigation consists of five issues: 1) the possibility of the NHISs direct claim for the damages against tobacco companies; 2) the causality between smoking and lung cancer; 3) product liability of tobacco companies; 4) tort liability, and 5) the range of the amount of damages.

- Through the 12th open court hearings, there was a fierce confrontation between the NHIS and the tobacco companies on the three issues, including the possibility of the NHISs direct claim for the damages against tobacco companies, smoking and lung cancer, and product liability of tobacco companies.

- After the 13th court hearing, NHIS has investigated and submitted the factors effecting on the incidence of lung cancer for each subject and now they prepare for the 14th court hearing.

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

*In regard to C421 answer, it is addressed in Penal Provisions, Chapter 5, Tobacco Business Act.

*In regard to C424 answer, it is addressed generally in Product Liability Act and Torts in Article 750 of Civil Act.

*In regard to C425 answers, it is addressed in Right of Indemnity, Article 58 of National Health Insurance Act. It stated that Article 58(1), When the Corporation (it means National Health Insurance Service) has provided an insurance benefit to a policyholder or dependent because the grounds for the insurance benefit have arisen due to the act of a third party, the Corporation shall have the right to claim compensation from the third party up to the amount of the expenses incurred for the benefit concerned.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social and economic indicators related to tobacco consumption?
- tobacco use among women, with special regard to pregnant women?
- the determinants and consequences of exposure to tobacco smoke?
- identification of effective programmes for the treatment of tobacco dependence?
- identification of alternative livelihoods?

Policy evaluation and effect analysis, Analysis on harm substance of e-cigarette, Development of policies and programs related to tobacco control, etc.

Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social, economic and health indicators related to tobacco consumption?
- exposure to tobacco smoke?

Recognition rates on Anti-smoking campaign; e-cigarette experience rates

Other

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Appendix 1. Korea National Health & Nutrition Examination Survey 2018 (published by Ministry of Health and Welfare in 2019)

Appendix 2. Korea Youth Risk Behavior Web-based Survey 2019 (published by Ministry of Health and Welfare in 2019)

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

Under Article 16 of National Health Promotion Act, Korea National Health & Nutrition Examination Survey has been carried out annually for adults. It includes current smoking rates and second-hand smoking exposure rates. From 2014, urine cotinine test has been also added.

In addition, Korea Youth Risk Behavior Web-based Survey is conducted every year to determine adolescents' health risks including current smoking rates and age of first smoking.

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

* Research projects funded by the National Health Promotion Fund from 2018 to 2019

- The 2nd comparison study of before and after smoke-free zone application to indoor sports facilities including billiard hall: focusing on economic effect and smoking exposure (Eulji University, Jinwon Noh, 2018)
- Tobacco control and systematic management policy study (Korea Institute for Health and Social Affairs, Eunjin Choi, 2018)
- Study for tobacco price policy improvement (Korea Institute of Public Finance, Sung-eun Choi, 2018)
- Understanding the reality of smoking scenes from digital media and its effect on adolescents and policy proposal (Sogang University, Hyunjae Yoo, 2018)
- Establishment of smoking prevention and smoking cessation roadmap for children and adolescents (Dankook University, Yooseok Jeong, 2018)
- International enforcement cases of plain packaging and introduction plan research (Korea Society for Research on Nicotine and Tobacco, Yoojin Baek, 2018)
- Understanding of HTPs use trend and its impact on smoking cessation effort (Ulsan University, Hongjoon Jo, 2018)
- Analysis of the novel tobacco products marketing and plan for countermeasure (Sogang University, Hyunjae Yoo, 2019)
- Review of implementation status of WHO protocol to eliminate illicit trade of tobacco products and establishment and revision of the local acts (Korea Institute for Health and Social Affairs, Eunjin Choi, 2018)
- Plain packaging introduction plan research according to the local condition (Dongkuk University, Kyeonghee Kwon, 2019)
- Evaluation of national smoking cessation service result and preparation of operation enhancement plan (National Cancer Center, Minkyung Lim, 2019)
- Study on tax rate adjustment method of liquid-type e-cigarette (Korea Institute of Local Finance, Honghwan Kim, 2019)

* Research projects managed by related agencies funded by the National Health Promotion Fund from 2018 to 2019

- Research on regulation of tobacco additives and disclosure of tobacco contents information (Yonsei University, Heejin Kim, 2018)
- What factor makes people stop smoking and how long they want to keep (Inje University, Eonsook Lee, 2018)
- Intermediate evaluation of smoking cessation support campaigns of Korea (National Cancer Center, Minkyung Lim, 2018)
- Simulation study of how the changes in smoking inequality as a result of tobacco control policy effects on inequality in health outcomes (Seoul National University, Youngho Kang, 2018)
- Evaluation of smoke-free zone installation and development of operation guideline: from smoke-free apartment complex (Seoul National University, Sungil Cho, 2018)
- National bio-monitoring of harmful consequences of smoking (National Cancer Center, Dohoon Lee, 2016~2018)
- Preliminary survey of youth health panel composition (Daegu Catholic University, Soonwoo Park, 2017~2018)
- The 4th follow-up survey and in-depth analysis of smoker panel based on Korea National Health & Nutrition Examination Survey (Seoul National University, Seungsik Hwang, 2019)
- Survey of exposure level to secondhand smoking in multipurpose facilities having indoor smoking zone

(Korea Society of Environmental Health, Kiyoung Lee, 2019)

- Analysis of job execution status of smoking cessation service providers and research of capacity building method (BPS co. Ltd., Joohee Jang, 2019)
- Study of how smoking affects loss of labor and policymaking direction (Korea Behavioral economics research center, Jaehong Choi, 2019)
- Evaluation of success factors of smoking cessation and factors of re-smoking of those registered to the national smoking cessation service and development of effective strategy (Inha University, Youngmi Ahn, 2019)
- Research for review of legislation on tobacco product safety and regulation (Korea Legislation Research Institute, 2019)
- Execution and in-depth analysis of adult smoker panel follow-up study (Seoul National University, Seungsik Hwang, 2019)
- Establishment of research foundation of smoking consequence and socioeconomic burden measurement (Seoul National University, Sungil Cho, 2019)
- Quality control of youth health panel survey (the Korean Association for Survey Research, Inho Park, 2019)
- Understanding of adolescents health and reliability assessment (Macromill Embrain co. Ltd., Jongmook Park, 2019)
- Biomonitoring of smoking biomarkers (Samsung Seoul Hospital, Suyeon Lee, 2019)
- Outsourcing consulting for smoking consequence laboratory ISO 17025 system improvement (Korea Conformity Laboratories, Seon Hwang, 2019)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	Yes
Assistance received	Yes

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided	Yes
Assistance received	Yes

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided	Yes
Assistance received	Yes

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

- Taking part in the WHO–hosted expert meeting on tobacco addition reduction measures, to promote how Korea has proactively approach to regulate novel tobacco products and dedicate to the development of key agenda of the 8th COP meeting (May 2018)
- Participating in the 8th COP of WHO FCTC as one of legislating countries of the EU legislation(Draft) related to HTPs, to dedicate to the adoption of Decision that can be the basis to strengthen the novel tobacco products in Korea (Sep 2018)
- Participating in the 1st Conference of the Parties of WHO FCTC protocol to eliminate illicit trade of tobacco products, to monitor and review implementation status of both parties and non-parties and their pending issues for swift ratification of Korea (Oct 2018)
- Hosting “Global Forum on Tobacco Control 2018: Strengthening Evidence for Future Generations”, to share both the domestic and foreign academic grounds for the significance and necessity of promoting tobacco control policy, and to exchange countermeasures by discussing key achievements and issues related to local and global tobacco contents regulation and tobacco marketing regulation (Nov 2018)
- Taking part in WHO hosted workshop on International investment treaty and public health to learn practical knowledge required to sign new treaties such as international investment treaty and recent disputes cases (Dec 2018)
- Participating in the 5th WHO Expert Advisory Meeting for the development of tobacco regulatory behavioral plan in West Pacific Region, to monitor the regional trend regarding latest tobacco control policy development and its implementation (Feb 2019, Apr 2019)
- Participate in expert workshop co-hosted by WHO and SEATA to share the latest opinion, international trend, and implementation protocol required to execute FCTC Article 9 and 10 (Mar 2019)
- Planning and operating overseas workshop for high performing local smoking cessation services, to exchange domestic and global experiences of smoke cessation services provided by local autonomous governments (Jun 2019)
- Taking part in WHO hosted Middle East Meeting on novel tobacco products regulation including e-cigarette and HTPs to promote the related local policies and monitor the development of international regulation on novel tobacco products (Jul 2019)
- Hosting APQN(Asia Pacific Quitline Network) workshop to share experience and domestic cases on providing smoking cessation services in the Asia-Pacific region (Sep 2019)
- Participating in the 3rd Global Tobacco Regulators Forum(GTRF) to discuss the action plan establishment of electronic nicotine delivery system(ENDS) (Sep. 2019)
- Dispatching Young and capable researchers from tobacco control policy area to CTCRE of University of California San Francisco and SRITA of Standford University for information exchange (Nov 2019)

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

Yes ✓

Please provide details in the space below.

* While covering the national smoking cessation service as best practice in the 2019 WHO Report on the Global Tobacco Epidemic, it shares the case which makes invests the financial resource secured by tax raise in expansion and improvement of smoking cessation services

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Reinforcement restrictions on tobacco ads and promotional activities, Reinforcement of tobacco and other nicotine-included product and smoking device, Active cut-off of exposure to tobacco smoke for the protection of public health, Reinforcement of smoking prevention education and smoking cessation, Preparation of scientific ground of tobacco control policy and stronger international cooperation

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

No ✘

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

* Deterioration of smoking cessation environment due to the launch of novel tobacco products and diverse tobacco advertisement and promotional activities including Youtube

- Establishment and implementation of the Comprehensive Tobacco Control Policy which includes reinforcement of tobacco and other nicotine-included products and smoking device control to eradicate smoking-encouraging environment and properly respond to novel tobacco products (May 21, 2019)

* Requirement of measures to protect the public health as severe lung disease occurred due to the use of liquid type e-cigarette in the USA (Sep 2019) and suspected domestic cases of lung disease (Oct 2019)

- Establishment of the Safety Management Policy for liquid type e-cigarette jointly by related Ministries and agencies to take precautionary measures such as education of risk of liquid type e-cigarette use and recommendation of cessation (Oct. 2019)

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
 - water pipe tobacco
 - Electronic Nicotine Delivery Systems (ENDS)
 - Electronic Non-Nicotine Delivery Systems (ENNDS)
 - heated tobacco products (HTPs)
 - Other
-

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

*E5 and E6

- Warning texts shall be labelled on all types of tobacco products including chewing tobacco, snus, and waterpipe tobacco, ENDS, and HTPs (Please refer to the answer of C2515)
- Health Promotion Fund has been imposed on tobacco products other than cigarette including ENDS, smokeless tobacco products and waterpipe tobacco, and HTPs. (Please refer to the answer of B83 and B84)
- In case of ENNDS, if the product is approved by the Ministry of Food and Drug Safety (previously Korea Food and Drug Administration) as Quasi-Drug product, it can be advertised and sold in domestic market as a smoking cessation device.
- Regulations applied to cigarette also apply to the HTPs, including similar tax level and structure, banning use of product in non-smoking areas, implementing health warnings on packages, etc.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

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