PHASE 2 (GROUP 2 QUESTIONS) OF THE REPORTING INSTRUMENT UNDER THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

1. ORIGIN OF THE REPORT

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1.4	Period of reporting	Phase 2 reporting		
1.5	Date the report was submitted March 8, 2005			

2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

2.1	PREVALENCE OF TOBACCO USE					
2.1.1	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 2.1.1.2)					
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day			
	MALES					
	Current smokers	39.50 %	1212.00			
	Daily smokers	34.70 %	404.00			
	Occasional smokers	4.9 %				
	Former smokers	0.00 %				
	Never smokers	60.40 %				
	FEMALES					
	Current smokers	6.00 %	1782.00			
	Daily smokers	4.20 %	75.00			
	Occasional smokers	1.80 %				
	Former smokers	0.00 %				
	Never smokers	94.00 %				
	TOTAL (males and f	females)				
	Current smokers	23.10 %	2998.00			
	Daily smokers	19.80 %	480.00			
	Occasional smokers	3.30 %				
	Former smokers	0.00 %				
	Never smokers	76.90 %				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	All types of tobacco products the report does not specified what type of tobacco products
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	15 - 64
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Youth Risk Behavior Surveys, 2007
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Current smoker: are those who have smoked any tobacco product (such as cigarettees, cigars or rolled tobacco) in the past 12 months. Daily smoker: thos who are smoking any tobacco products every day
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.
	The greatest proportion of current daily smokers among males and female of high school ages 13-24 years were(49.6%) for female students and (51.0%) for males students. The trend increases sinces last report period and decreases with increasing age. Actually, the trends shows a downward mobility except for the younger people which is higher.

2.1.2	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)			
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)	
	MALES			
	Current	13-24	51.0 %	
	smokers ¹	25-34	42.90 %	
	A.1.1	35-44	43.20 %	
	Add age group	45-54	31.20 %	
		55-64	22.00 %	
	FEMALES			
	Current smokers ¹	13-24	49.00 %	
	smokers	25-34	5.90 %	
	Add and anound	35-44	8.50 %	
	Add age group	45-54	7.80 %	
		55-64	4.20 %	
	TOTAL (male	es and females)		
	Current smokers ¹	13-24	86.50 %	
		25-34	24.70 %	
		35-44	26.00 %	
	Add age group	45-54	20.60 %	
		55-64	13.60 %	

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	All types of tobacco products that are sold in the country:eg. Benson, Salem, Marlboro, Lucky and other tobacco brands.
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	YRBSS Survey of 2007
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.
	Generally, the smoking trend for the age group 13-24 demonstrates a increasing mobility compare to the previous years; the age group between 35-44 shows almost a smilar trend comprare to the previous years; however, the agre group between 45 -54 and 55 to 64 show a decreasing trend as the population gets older.

2.1.3	Prevalence of smokeless tobacco use in the adult population (all)			
	(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)			
		Prevalence (%)		
		(please include all smokeless tobacco products in prevalence data)		
	MALES			
	Current users	65.50 %		
	Daily users	na %		
	Occasional users	na %		
	Former users	na %		
	Never users	0.00 %		
	FEMALES			
	Current users	62.80 %		
	Daily users	na %		
	Occasional users	na %		
	Former users	na %		
	Never users	na %		
	TOTAL (males and	females)		
	Current users	65.10 %		
	Daily users	na %		
	Occasional users	na %		
	Former users	na %		
	Never users	na %		

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Copenhagen
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	15-54
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	YRBSS Survey of 2007
2.1.3.4	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 users" are those people who currently use the product whether daily or non daily; "daily users" those people who use smokeless tobacco every day of their life; "Occasional user" are those people who use the product on certain time time only: and "former users" those personalities who used the products at one time and stop; and "never user" are those personalities who have never tried to use smokeless tobacco.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past three years or since submission of your last report.
	The current trend of smokeless tobacco use has not been change since last year. However, it is more likely that trend seems to demonstrate an upward mobility in a less magnitude.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group					
	(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)					
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)			
	MALES					
	Current users ²	15-24	63.90 %			
	Add age group	25-34	67.10 %			
		35-44	76.90 %			
		45-54	na %			
		55-64	na %			
	FEMALES					
	Current users ²	15-24	61.80 %			
	Add age group	25-34	66.50 %			
		35-44	64.10 %			
		45-54	na %			
		55-64	na %			
	TOTAL (males	and females)				
	Current users ²	15-24	63.50 %			
	Add age group	25-34	67.10 %			
		35-44	75.00 %			
		45-54	na %			
		55-64	na %			

² Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	Copenhagen
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	STEPwise Survey of 2002
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past three years or since submission of your last report.
	The trend demonstrates an increase since the previous years as 32% if high school students do use smokeless tobacco according to 2007 Youth Risk Behavior Survey.

2.1.5	Tobacco use	by ethnic group	(s)		
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Males	Females	Total (males and females)
	Current users ³	Marshallese.	0.00 %	0.00 %	90.20 %
		Micronesians	na %	na %	2.90 %
	Add ethnic group	Other Pacific Islanders	na %	na %	1.40 %
		Other races	na %	na %	3.40 %
		na	na %	na %	na %
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	The report which I was using does not specify genders. It gives only the total prevalence for each ethnic group.				
2.1.5.2	Please in	dicate the age rar	nge to which the data	a used to answer qu	estion 2.1.5 refer:
	The age group included in this survey was 13-18; a "Youth Risk Behavio Survey"			Risk Behavior	
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				
	Youth R		urvey where a tota	l of 1,522 high stu	idents were

³ Please provide data on either all current users or daily users only, whichever is available.

2.1.6	Tobacco use	by young pers	sons			
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
		Smoking tobacco	Smokeless tobacco	Other tobacco		
	Boys					
·	Current users ⁴	13-18	87.60 %	42.30 %	0.00 %	
	Add youth		%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	Girls					
·	Current users ⁴	13-18	91.70 %	21.60 %	0.00 %	
	Add youth		%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	TOTAL (boys and girls)					
'	Current users ⁴	13-18	89.30 %	32.00 %	0.00 %	
	Add youth group		%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2.1.6.1	Please i question		acco products included	in calculating pre	evalence for	
			nt were reflected in the		nson, Marlboro,	

⁴ Please provide data on either all current users or daily users only, whichever is available.

1	
2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	The year the YRBS Survey was done was FY2007
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Current smoking/tobacco use are those students who have been smoking for the last 12 month; although, some of them attempted to quit smoking.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past three years or since submission of your last report.
	Given the statistical data collected during the YRBS, the trend seems to be escalating especially for female students.

2.2	EXPOSURE TO TOBACCO SMOKE			
2.2.1	Do you have any data on exposure to tobacco smoke in your population? XYes No			
2.2.2 If you answered "Yes" to question 2.2.1, please provide details in the sp. (e.g. exposure by gender, at home, in the workplace, on public transport)				
	RMI does not have data on second hand smoke by gender; however, the following are included in the RMI/WHO STEPwise Survey of 2002: Home (18.9%); Workplace (14.3%); Public eating establishments (11.2%); and Public transport (8.4). But, the percentage should be reduced given that that are laws and regulation and Tobacco Act with panelty to pay. The Tobacco Act of 2006 has already being implemented by both government and non-government organizations.			
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:			
	FY 2002			

2.3	TOBACCO-RELATED MORTALITY						
2.3.1	Do you have information on tobacco-related mortality in your population? ✓ Yes No						
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 12						
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.						
	Lunc cancer: 8; Nasopharyngeal: 2; Oral cancer: 1; Laryngeal: 1						
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:						
	National Comprehensive Cancer Registry, 10/1, 2008 - 09/30, 2009. However, during FY2002 out of 40 deaths reported 5% was attributed to lung cancer; during FY 2003 out of 46 deaths 13% was attributed to lung cancer,; in 2004 out of 54 deaths again 13% was attributed to lung cancer and 7% was accountable for colon. Again the source is also from the National Comprehensive Cancer Registry.						

2.4	TOBACCO-RELATED COSTS					
2.4.1	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 No					
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (her care-related) and indirect costs and, if possible, the method used to estimate the costs).					
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:					
	na					

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS (with reference to Articles 6.2(b), 20.4(c), and 15.5)					
2.5.1	Licit s	upply of tobacco	products			
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco	All Cegarettes	cases	na	na	659.00
	products			na	na	
	product			na	na	
	Smokeless tobacco products Add product	Copenhagen		na	na	1997.00
				na	na	
				na	na	
	Other tobacco products Add product			na	na	
				na	na	
				na	na	
	Tobacco	Leaves		na	0.00	
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					uct, unit,
	Data hare not available					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					
	Division of Custom's Report, FY 2006					

2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized		
	Smoking			oj pieces)			
	tobacco						
	products						
	Add row						
	Smoking						
	tobacco						
	products						
	Add row						
	Smoking						
	tobacco						
	products						
	Add row						
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? Yes No						
2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? 0.00 %						
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?						
	na						
2.6.5	Please provide any further information on illicit or smuggled tobacco products.						
	na						
2.6.6	Please	indicate the sou	rce of the data used	to answer questions in	section 2.6:		
	na						
2.7	TOBACCO-GROWING						
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes No						
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.						
	na						
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. na						

SEIZURES OF ILLICIT TOBACCO PRODUCTS

Product

Unit (e.g. millions Quantity seized

(with reference to Article 15.5) Year

2.6

2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
	2010, Personal knowledge and personal conversation with the Division of Custom

2.8	TAXATION OF TOBACCO PRODUCTS						
	(with reference to	Articles 6.2(a)	and 6.3)				
2.8.1	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))? \$1.00 per pack of 20 rolls						
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	es are levied)?			
	• Specif	ic tax only		Yes	☐ No		
	• Ad va	lorem tax only		Yes	☐ No		
	• Comb	ination of specifi	c and ad valorem	taxes Xes	☐ No		
	• More	complex structur	e (<i>please explain</i>	:)			
2.8.3	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 tax ⁵		
	Smoking tobacco products	All c igarettes	Ad valorem	1.00	per pack of 200 rolls		
	Add product						
	Smokless tobacco products	Copenhagen	Ad valorem	2.75	per 34.2 grams of 1.2 oz		
	Add product						
	Other tobacco products	Cigars	Ad valorem	151.00	Per cents		
	Add product						
2.8.4				bacco products in t in your jurisdiction			

⁵ The "base of the tax" should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer's price, 30% of the retail price. In this case the "base" is the manufacturer's price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.
	At present, the portaion of the taxation income is given to the College of the Marshall Islands.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:
	Marshall Islands Revised Code PL 2005-40, Import Duties Act 1989.

2.9	PRICE OF TOBACCO PRODUCTS (with reference to Article 6.2(a))					
2.9.1	Please provide the retail prices of the three most widely sold brands of do and imported tobacco products at the most widely used point of sale in your city.					
		Most Smoking tobacco products	Smokeless tobacco products	Other tobacco products	Number of units or amount per package	Retail price
	Domestic	na			na	na
		na-			na	na
		-na			na	na
			na		na	na
			na		na	na
			na		na	na
				na	na	na
				na	na	na
				na	na	na
	Imported	USA Gold				\$2.00
		Benson				\$2.00
		Marlboro				\$3.50
			Copenhagen			\$5.00

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	Revised PL 2005-40
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	US currency is used in the Marshall Islands. It is our medium of exchange
2.9.4 Please briefly describe the trend in the prices of tobacco products in th years or since submission of your last report in your jurisdiction.	
	The prices of tobacco products has gone up a little since the submission of the last report. The prices of all tobacco products was \$1.00 a pack on retail prices. Few years later, the prices have gone up between \$2.00 and \$3.50 a pack of 20 rolls.

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article GENERAL OBLIGATIONS						
		(with reference to Article 5)					
3.1.1	5	General obligations					
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	⊠ Yes	□ No			
3.1.1.2	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes Yes	□ No			
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	⊠ Yes	☐ No			
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed				
		a focal point for tobacco control	⊠ Yes	☐ No			
		a tobacco control unit	X Yes	□ No			
		 a national coordinating mechanism for tobacco control 	Yes	⊠ No			
3.1.1.5	1.5 If you answered "Yes" to any of the questions under 3.1.1.4, please provide d (e.g. the nature of the national coordinating mechanism, the institution to whi focal point for tobacco control or the tobacco control unit belongs).						
	The focal point for tobacco control is in the Ministry of Health and so as the tobacco control unit. Today, the focal point within the Ministry of Health is working in collaboration and partnership with the MIEPI, a non-government organization that decided to take initiative to assist in the control of abusive substances including tobacco. The Focal Point by all means collaborated with Division of Custom within the Ministry of Finance, Office of the Attorney General and Ministry of Education, Division of Health Education.						
3.1.1.6	and 3	se provide a brief description of the progress made is 5.2 (<i>General obligations</i>) in the past three years or steport.	-	-			

	The Focal Point has been established within the Ministry of Health to coordinating all the activities in the FCTC with other sectors both government and non-government organizations. The Marshall Islands Tobacco Act was signed and retified by RMI Congress in June of 2006. After that time, the Ministry of Health develop regulations/policies to address Atricles 8, 9,10, 11 and 13. A cancer Registry has been established and MIEPI a non-government organization and other private sectors have included tobacco control as part of their initiative to assist control the tobacco burdens.
3.1.1.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	The Marshall Islands has a Focal Point which is the Ministry of Health, and at present we have been working with other NGOs to collaborate our efforts in reducing and control the use of tobacco in the Marshall Islands. In due time, we will be able to strengthen the work of the coordinating mechanism to be active again.

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh	
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	⊠ Yes	□ No
3.1.2.2		 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? 	⊠ Yes	□ No
3.1.2.3		f you answered "Yes" to any of the questions underovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please
	The Marshall Islands Tobacco Act was signed and parts of it have been implemented by relevant sectors. Again, regulations with regard to Article 8,9,10, 11, 12 and 13 have been developed and currently awaiting approval of the RMI Congress. The Ministry of Health and other non organizations have develop health education materials and disseminated to the public as part of their tobacco awareness program; including use of media.			
3.1.2.4		Please provide a brief description of the progress n n the past three years or since submission of your	_	ing Article 5.3
	The RMI has done very little on that apart from our making the general public about the addictive and harful nature of the tobacco products. Education on tobacco is promoted by both government and non-government groups.			
3.1.2.5		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,
	1	No further comments		

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)		
3.2.1	6	Price and tax measures to reduce the den	nand for tobacco	
		(Please check "Yes" or "No". For affirmat brief summary in the space provided at the relevant documentation. Please provide doc of the six official languages.)	end of the section	and attach the
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the state o	or have you impl	
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	Yes	⊠ No
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	Yes	⊠ No
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	Yes	⊠ No
3.2.1.4	(Pr	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past three years or since submission of your last report.		
	rep	The price of tobacco and tax measure have not changed since the las reporting period. There is attempts to raise the tax measures and the price of tobacco to address the FCTC but its in slow process.		
3.2.1.5		ou have any relevant information pertaining to lase provide details in the space below.	out not covered in	this section,
	No	further comments		

3.2.2	8.2	Protection from exposure to tobacco smoke					
		(Please check "Yes" or "No". For affirm summary in the space provided at the en relevant documentation. Please provide the six official languages.)	nd of the section	and attach	the		
		Have you adopted and implemented, what administrative or other measures or have appropriate, programmes on any of the	e you implement		e, executive,		
3.2.2.1		 protection from exposure to tobacco smoke in indoor workplaces? 	∑ Yes		□ No		
3.2.2.2		If you answered "Yes" to question 3.2.2.1, how comprehensive is the protection from exposure to tobacco smoke in the following indoor workplaces:	Complete	Partial	None		
		government buildings	\boxtimes				
		health-care facilities	\boxtimes				
		educational facilities	\boxtimes				
		private workplaces			\boxtimes		
		 motor vehicles used as places of work (e.g., ambulances, delivery vehicles) 	\boxtimes				
		• other (please specify: Restaurants)					
3.2.2.3		 protection from exposure to tobacco smoke in public transport? 	⊠ Yes		□ No		
3.2.2.4		If you answered "Yes" to question 3.2.2.3, how comprehensive is the protection from exposure to tobacco smoke in the following types of public transport:	Complete	Partial	None		
		• airplanes	\boxtimes				
		• trains					
		ground public transport (buses, trolleybuses, trams)					
		• taxis					

• other (please specify:)		
Promot aprospy.	,	<u> </u>	

3.2.2.5	 protection from exposure to tobacco smoke in indoor public places? 	⊠ Yes		□ No
3.2.2.6	If you answered "Yes" to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:	Complete	Partial	None
	 cultural facilities 			
	• bars		\boxtimes	
	 nightclubs 		\boxtimes	
	 restaurants 	\boxtimes		
	• other (please specify: Terminals)	\boxtimes		
3.2.2.7	Please provide a brief summary of comp specific details of the partial measures t			vith
	Protection from exposure to tobacc	co smoke in indo	or workplac	es
	Complete measures refer to regulation which does not leave room for anyone to violate such a regulation., eg. smoking is prohabite in all public places where many people are gathered. In some office, the regulation is there to be implemented but the office employees sometimes don't follow the regulation and also it applies to the situation where in the terminal, part of the terminal set aside for smoker to smoke or some areas are designated as a smoking areathat is partial measure.			
	Protection from exposure to tobacc	o smoke in publ	ic transport	
	Public transportation in the Mar especially inside a bus or a taxi.		completely	banned,
	Protection from exposure to tobacc	o smoke in indo	or public pla	aces
	Smoking places is completely prin some restaurant where an are area.			
3.2.2.8	Please provide a brief description of the progression (<i>Protection from exposure to tobacco smoke</i>) submission of your last report.			
	The Ministy of Health Health Promotion government organiztions are educating th intervention through use of media, presen materials have been developed to discourseven private homes where there are childred time again not to smoke in public. Our cu discouraging people from smoking in the tobacco have been developed on second seco	e public through tations, dramas age smokers from ten. People are alture has been public. Health	h their pub and music om smokin being told playing a b warnings o	g inside time and oig role in
3.2.2.9	If you have any relevant information pertaining please provide details in the space below.	ng to but not cov	ered in this	section,

No further comments

3.2.3	9	Regulation of the contents of tobacco products (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) 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:			
3.2.3.1		 testing and measuring the contents of tobacco products? 	Yes	⊠ No	
3.2.3.2		 testing and measuring the emissions of tobacco products? 	Yes	⊠ No	
3.2.3.3		 regulating the contents of tobacco products? 	Yes	⊠ No	
3.2.3.4		 regulating the emissions of tobacco products? 	Yes	⊠ No	
3.2.3.5	(,	Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past three years or since submission of your last report.			
	n p	We have not really been addressing Article 9, however, our intervention measure of this Article is through public health education and health promotion to alert the public of the harmful and what are the chemicals that are found in the tobacco products.			
3.2.3.6	•				
	N	None			

3.2.4	10 Regulation of tobacco product disclosures				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh		
3.2.4.1	- requiring manufacturers or importers of tobacco products to disclose Government authorities information about the:			to disclose to	
		• contents of tobacco products?	Yes	⊠ No	
		emissions of tobacco products?	Yes	⊠ No	
3.2.4.2		requiring public disclosure of information	on about the:		
		• contents of tobacco products?	Yes	⊠ No	
		emissions of tobacco products?	Yes	⊠ No	
3.2.4.3	(.	Please provide a brief description of the progress na Regulation of tobacco product disclosures) in the ubmission of your last report.			
	a F b	Again, we have developed teaching and health eduction materials that are addressing the harmful effects of Tobacco product and what damages these products can do to our body and our system. owever, our regulations having been developed will play a big roll in discouraging people, especially younger people from getting involved in tobacco smoking.			
3.2.4.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			this section,	
	N	None			

3.2.5	11	Packaging and labelling of tobacco products			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of	s or have you ir		
3.2.5.1	11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	Yes	⊠ No	
3.2.5.2	11.1(a)	 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	⊠ No	
3.2.5.3	11.1(b)	 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	⊠ No	
3.2.5.4	11.1(b)(i)	 ensuring that the health warnings are approved by the competent national authority? 	Yes	No No	
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	Yes	⊠ No	
3.2.5.6	11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	Yes	No No	
3.2.5.7	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	Yes	⊠ No	
3.2.5.8		ensuring that the health warnings occupy 50% or more of the principal display areas?	Yes	No No	
3.2.5.9	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	Yes	⊠ No	

3.2.5.10		If you answered "Yes" to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	Yes	⊠ No
3.2.5.11		If you answered "Yes" to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	Yes	⊠ No
3.2.5.12	11.2	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	Yes	⊠ No
3.2.5.13	11.3	 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	⊠ No
3.2.5.14	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past three years or since submission of your last report.			
	I inserted "No" to all the questions because these regulation to address Article 11 have already been developed; however, they have not been approved by the Government of the Marshall Islands. These regulations are now being reviewed by the Office of the Attorney General prior to the approval of the Congress as well. When they are approved we can use them and they may or may not be own since we are borrowing from other nations.			
3.2.5.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	None	2		

3.2.6	12	Education, communication, training an	id public awaren	ess		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, whe executive, administrative or other measur where appropriate, programmes on any of	es or have you im			
3.2.6.1	12(a)	- educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)	⊠ Yes	☐ No		
3.2.6.2		If you answered "Yes" to question 3.2.6.1 targeted?	, to whom are the	se programmes		
		adults or the general public	⊠ Yes	☐ No		
		children and young people	⊠ Yes	☐ No		
		• men	⊠ Yes	☐ No		
		• women	⊠ Yes	☐ No		
		• pregnant women	⊠ Yes	☐ No		
		ethnic groups	⊠ Yes	☐ No		
		• other (<i>please specify:</i> All groups of people)	⊠ Yes	☐ No		
3.2.6.3		If you answered "Yes" to question 3.2.6.1 key differences among targeted populatio public awareness programmes?				
		• age	⊠ Yes	☐ No		
		• gender	∑ Yes	☐ No		
		educational background	∑ Yes	☐ No		
		cultural background	⊠ Yes	☐ No		
		socioeconomic status	⊠ Yes	☐ No		
		• other (<i>please specify:</i> all level and educational backgrounds)	⊠ Yes	☐ No		
3.2.6.4	12(b)	If you answered "Yes" to question 3.2.6.1 awareness programmes cover:	, do these education	onal and public		
		health risks of tobacco consumption?	⊠ Yes	☐ No		
		health risks of exposure to tobacco smoke?	⊠ Yes	☐ No		
		• benefits of the cessation of tobacco	⊠ Yes	☐ No		

		use and tobacco-free lifestyles?		
	12(f)	adverse economic consequences of		
		- tobacco production?	X Yes	☐ No
		- tobacco consumption?	X Yes	□ No
		adverse environmental consequences	of	
		- tobacco production?	⊠ Yes	☐ No
		- tobacco consumption?	⊠ Yes	☐ No
3.2.6.5	12(e)	 awareness and participation of the follow in development and implementation of in strategies for tobacco control: 		
		• public agencies?	⊠ Yes	☐ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	⊠ Yes	☐ No
		• private organizations?	⊠ Yes	☐ No
		• other (<i>please specify:</i> Church groups)?	⊠ Yes	☐ No
3.2.6.6	12	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	□ No
3.2.6.7	12(d)	Are appropriate and special training or set programmes on tobacco control addressed		areness
		• health workers?	⊠ Yes	☐ No
		• community workers?	X Yes	☐ No
		• social workers?	X Yes	☐ No
		media professionals?	⊠ Yes	☐ No
		• educators?	⊠ Yes	☐ No
		• decision-makers?	\times Yes	☐ No
		administrators?	⊠ Yes	☐ No
		• other (<i>please specify:</i>)?	Yes	☐ No

3.2.6.8	Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past three years or since submission of your last report.
	The Ministry of Health has a Division of Health Education and Health Promotion has the mandate to educate the general public of any health challenges and health issues including alal tobacco products and other dangerous substances. All the health educators have had training on disseminating health information and tobacco hazards. Radio spots and use of media, use of billboards and posters are methods included in the country's program of public awareness on tobacco. Other NGOs are educating the public along the Health Educator from the Ministry of Health. Further training on health education is an ongoing thing.
3.2.6.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	No further comments

3.2.7	7.7 Tobacco advertising, promotion and sponsorship				
		brief summary in the space provided at the	Please check "Yes" or "No". For affirmative answers, please provide a prief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes:		_	
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	⊠ Yes	☐ No	
If	you answe	red "No" to question 3.2.7.1, please proceed to	question 3.2.7.3.		
3.2.7.2		If you answered "Yes" to question 3.2.7.1,	does your ban cov	er:	
		display and visibility of tobacco products at points of sales?	Yes	⊠ No	
		• the domestic Internet?	Yes	No No	
		• the global Internet?	Yes	⊠ No	
		 brand stretching and/or brand sharing? 	Yes	⊠ No	
		 product placement as a means of advertising or promotion? 	Yes	⊠ No	
		the depiction of tobacco or tobacco use in entertainment media products?	⊠ Yes	☐ No	
		 tobacco sponsorship of international events or activities and/or participants therein? 	Yes	⊠ No	
		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?	⊠ Yes	□ No	
		 cross-border advertising, promotion and sponsorship originating from your territory? 	Yes	⊠ No	

	13.7	 the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	⊠ Yes	□ No
Pl	ease procee	ed to question 3.2.7.12.		
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	Yes	⊠ No
3.2.7.4	13.3	 applying restrictions on all tobacco advertising, promotion and sponsorship? 	Yes	☐ No
3.2.7.5	13.3	 applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? 	Yes	⊠ No
3.2.7.6	13.4(a)	 prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco 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	□ No
3.2.7.7	13.4(b)	requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	⊠ Yes	□ No
3.2.7.8	13.4(c)	restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	⊠ Yes	□ No
3.2.7.9	13.4(d)	 requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited? 	⊠ Yes	□ No

3.2.7.10	13.4(e)	 restricting tobacco advertising, promot 	ion and sponsorsh	nip on:
		• radio?	⊠ Yes	☐ No
		• television?	⊠ Yes	□ No
		• print media?	⊠ Yes	☐ No
		• the domestic Internet?	Yes	⊠ No
		• the global Internet?	Yes	⊠ No
		• other media (please specify:)?	⊠ Yes	☐ No
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 		
		• international events and activities?	Yes	⊠ No
		• participants therein?	Yes	⊠ No
	W	hether you answered "Yes" or "No" to question	3.2.7.1, are you:	
3.2.7.12	13.6	 cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	Yes	⊠ No
3.2.7.13	13.7	 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? 	⊠ Yes	□ No
3.2.7.14	(Ta	rase provide a brief description of the progress made bacco advertising, promotion and sponsorship) omission of your last report.	•	•
	The Marshall Islands Tobacco Act of 2006 stipulates that no person of enterprises shall promote or cause top mromote tobacco products of brand elements in a mannaer that allows a consumer to purchase a product which will decceive or misled concerning its character, properties, toxicity, composition, merit or safety; the Act also stipulates that subsection 2(e) of Part IV Section 6 on requirements for advertising and promotion, that it shall prevent a person from sponsoring or causing to be sponsored bny athletic, musical, artist or any other social or culture events and so fort. A Regulation with regard to Article 13 has been developed and waited to be approved by the Cabinet and the Congress of the RMI. The rgulation discourages all types of promotion of tobacco products inside and outside of a building or any establishments.			

3.2.7.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	No further comments

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, who executive, administrative or other measure where appropriate, programmes on any o	res or have you im	_	
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	Yes	⊠ No	
3.2.8.2	14.1	programmes to promote cessation of	f tobacco use, incl	uding:	
		media campaigns emphasizing the importance of quitting?	⊠ Yes	☐ No	
		 programmes specially designed for women and/or pregnant women? 	⊠ Yes	☐ No	
		local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	⊠ Yes	□ No	
		• other (please specify: Kick Butt Day)?	⊠ Yes	☐ No	
3.2.8.3	14.2(a)	design and implementation of progracessation of tobacco use, in such loc	-	romoting the	
		educational institutions?	Yes	⊠ No	
		health-care facilities?	Yes	⊠ No	
		• workplaces?	Yes	⊠ No	
		sporting environments?	Yes	⊠ No	
		• other (please specify:)?	Yes	⊠ No	

3.2.8.4	14.2(b)	counselling services for cessation of	 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?	Yes	⊠ No	
		• health?	Yes	⊠ No	
		• education?	Yes	⊠ No	
3.2.8.5		 inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? 	Yes	⊠ No	
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?			
		primary health care	Yes	⊠ No	
		secondary and tertiary health care	Yes	⊠ No	
		• specialist health-care systems (please specify:)	Yes	⊠ No	
		specialized centres for cessation counselling and treatment of tobacco dependence	Yes	⊠ No	
		rehabilitation centres	Yes	⊠ No	
		• other (please specify:)	Yes	⊠ No	
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8. these settings covered by public funding			
		primary health care	Fully Parti	ally None	
		secondary and tertiary health care	Fully Parti	ally None	
		• specialist health-care systems (please specify:	Fully Parti	ally None	

		 specialized centres for cessation counselling and treatment of tobacco dependence 	Fully Parti	ally None
		rehabilitation centres	☐ Fully ☐ Parti	ally None
		• other (please specify:)	☐ Fully ☐ Parti	ally None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?		
		Health professionals including:		
		 physicians 	Yes	⊠ No
		• dentists	Yes	⊠ No
		family doctors	Yes	⊠ No
		practitioners of traditional medicine	Yes	⊠ No
		• other medical professionals (please specify:)	Yes	⊠ No
		• nurses	Yes	⊠ No
		• midwives	Yes	⊠ No
		• pharmacists	Yes	⊠ No
		Community workers	Yes	⊠ No
		Social workers	Yes	⊠ No
		Others (please specify:)	Yes	⊠ No
3.2.8.9	14.2(c)	training on tobacco dependence trea curricula of health professional train levels at the following schools:		
		• medical?	⊠ Yes	☐ No
		• dental?	⊠ Yes	☐ No
		• nursing?	⊠ Yes	☐ No
		• pharmacy?	⊠ Yes	☐ No
		• other (<i>please specify</i> : Administrators)?	⊠ Yes	☐ No

3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	⊠ Yes	□ No	
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2. products are available for the treatmen jurisdiction?			
		nicotine replacement therapy	⊠ Yes	☐ No	
		• bupropion	∑ Yes	☐ No	
		• varenicline	Yes	☐ No	
		• other (please specify:)?	Yes	☐ No	
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2. these products covered by public fundi			
		nicotine replacement therapy	☐ Fully ☐ Parti	ially None	
		 bupropion 	Fully Parti	ially None	
		• varenicline	Fully Parti	ially None	
		• other (please specify:)?	Fully Parti	ially None	
3.2.8.13	Art	ase provide a brief description of the progresicle 14 (<i>Demand reduction measures concesation</i>) in the past three years or since subm	erning tobacco depen	idence and	
	Actually, the medications as specified above are dispensed for those who needs them. However, The Ministry of Health has just completed a comprehensive tobacco cessation counseling training and a program is yet to be installed and operated. About 21 participants from the hospital participated in the comprehensive training on tobacco cessation counseling.				
3.2.8.14	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	The Ministry of Health is encouraging other non government organization to sponsor tobacco cessation counseling to all age categories. At the same time, the Ministry of Health is planning to have tobacco cessation programs to be available for every one including the government ministries and agencies. At the moment, tobacco cessation is non existence but the plan is there to be implemented in times to come.				

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO		
		(with reference to Articles 15–17)		
3.3.1	15	Illicit trade in tobacco products		
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	d of the section	and attach the
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl	
3.3.1.1	15.2	 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? 	Yes	⊠ No
3.3.1.2	15.2(a)	 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? 	Yes	⊠ No
3.3.1.3	15.2(a)	 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? 	Yes	⊠ No
3.3.1.4	15.2(b)	 developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade? 	⊠ Yes	⊠ No
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	⊠ Yes	□ No
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	⊠ Yes	□ No

3.3.1.7	15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate 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?	⊠ Yes	□ No
3.3.1.8	15.4(b)	enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	⊠ Yes	□ No
3.3.1.9	15.4(c)	 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	□ No
3.3.1.10	15.4(d)	 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? 	⊠ Yes	□ No
3.3.1.11	15.4(e)	 enabling the confiscation of proceeds derived from illicit trade in tobacco products? 	⊠ Yes	☐ No
3.3.1.12	15.6	 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? 	Yes	⊠ No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	X Yes	□ No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past three years or since submission of your last report.
	Marshall Islands Revised Code on Import Duties and Licenses cover a lot of areas with regard to control the importation of tobacco products from being victim of illicit trade of tobacco product. There is a protocol under the Division of Custom to discourage any illicit trade. At present both the Duvision of Custom and the office of the AGs collaborate to control the practice of illicit trade. Again, RMI is currently developing regulations to control the practice of illicit trade of tobacco products addressing WHO FCTC. The Marshall Islands Tobacco Act of 2006 stipulates that "No tobacco product enables the Ministry of Health to design regulation to taack and trace of tobacco products through the distribution from the manufacturer to the point where all relevant duties and taxes have been paid, for the purpose of assisting law enforcement autoorities to detect and investigate illicit manufacturer and distibution of tobacco product. Failure to comply, the manufacturers and importers shall pay a heavy fine.
3.3.1.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	None

3.3.2	16	Sales to and by minors				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a executive, administrative or other measures of where appropriate, programmes on any of the	or have you imp			
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18 ? 	⊠ Yes	☐ No		
3.3.2.2	16.1(a)	 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	□ No		
3.3.2.3	16.1(a)	 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	□ No		
3.3.2.4	16.1(b)	banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	Yes	⊠ No		
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	Yes	⊠ No		
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	X Yes	☐ No		
If	you answer	ed "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.			
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, 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	☐ No		
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	istribution of		
		• to the public?	Yes	⊠ No		

			• to minors?	⊠ Yes	☐ No
3.3.2.9	16.3	_	prohibiting the sale of cigarettes individually or in small packets?	Yes	⊠ No
3.3.2.10	16.6	_	providing for penalties against sellers and distributors in order to ensure compliance?	⊠ Yes	☐ No
3.3.2.11	16.7	_	prohibiting the sales of tobacco products by minors?	∑ Yes	☐ No
3.3.2.12		es to and b	a brief description of the progress made <i>y minors</i>) in the past three years or since	-	•
	Years after the submission of the last FCTC report, the practic of selling to and selling by the minors was reduced and decreased due to the enforcement of the law against seeling to the minors and especially e=after the establishment of an interest group which tried to see the selling of tobacco to the minors be given a heavy fine.				
3.3.2.13	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	No 1	further co	mments		

3.3.3	17	(Please check "Yes" or "No". summary in the space provided relevant documentation. Please the six official languages.) Have you adopted and implement	Provision of support for economically viable alternative activities (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	promoting economically viabletobacco growers?tobacco workers?	e and sustainab	le alternativ	es for: Not applicable Not applicable	
		tobacco individual sellers?	Yes	⊠ No	☐ Not applicable	
3.3.3.2	(Please provide a brief description of Provision of support for economical hree years or since submission of yo	lly viable alterr			
	The Marshall Islands is a small country where we know everyone who sell tobacco. No attempts has yyet been made to discourage them from selling tobacco. But, through our health promotion efforts, such messages of alternative means are given. The situation reported is that there are no growers or someone who does just selling tobacco. Tobacco are being sold in the supermarker and retails. All tobacco products are imported from US through a clearning house in Guam.					
3.3.3.3	.3 If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					
	I	No further comments				

3.4	Article	other Measures and Policies				
		(with reference to Articles 18–21)	(with reference to Articles 18–21)			
3.4.1	18 Protection of the environment and the health of persons					
	(Please check "Yes" or "No". For affirmative answers, please brief summary in the space provided at the end of the section as relevant documentation. Please provide documentation, if available of the six official languages.)					
		Have you adopted and implemented, where appropriate, legislate executive, administrative or other measures or have you implemented where appropriate, programmes on any of the following:				
3.4.1.1	18	implementing measures in respect territory, which take into considerate.		cultivatio	n within your	
		• the protection of the environment?	Yes	☐ No	Not applicable	
		• the health of persons in relation to the environment?	Yes	☐ No	Not applicable	
3.4.1.2	18	implementing measures in respect territory, which take into considerate.		manufactı	uring within your	
		• the protection of the environment?	Yes	☐ No	Not applicable	
		• the health of persons in relation to the environment?	Yes	☐ No	Not applicable	
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past three years or since submission of your last report. I could not respond to the questions as we do not cultivate growing of tobacco in the Marshall Islands. People smoke because it is here but it is no part of the culture and its not something people would want to grow.					
3.4.1.4		you have any relevant information pertain ease provide details in the space below.	ning to but	not covere	ed in this section,	
	No	o further comments				

3.4.2	19	Liability (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) 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:		
3.4.2.1	19.1	dealing with criminal and civil liability, including compensation where appropriate?	Yes Yes	☐ No
3.4.2.2	19.1	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	□ No
3.4.2.3	19.1	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	⊠ No
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past three years or since submission of your last report.			
	po	ne Office of the Attorney General attempted to assible illicit trade of tobacco products but lost to formation presented in the court.		
3.4.2.5	.2.5 If you have any relevant information pertaining to but not covered in this so please provide details in the space below.		this section,	
	No	one		

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	of the section	and attach the
		Have you adopted and implemented, where appropriate, administrative or other measures or where appropriate, programmes on any of the f	have you impl	
3.4.3.1	20.1(a)	developing and/or promoting research that add	dresses:	
		determinants of tobacco consumption?	⊠ Yes	No No
		consequences of tobacco consumption?	⊠ Yes	No No
		• social and economic indicators related to tobacco consumption?	Yes	No No
		• tobacco use among women, with special regard to pregnant women?	∑ Yes	☐ No
		the determinants and consequences of exposure to tobacco smoke?	Yes	⊠ No
		identification of effective programmes for the treatment of tobacco dependence?	Yes	⊠ No
		identification of alternative livelihoods?	⊠ Yes	☐ No
		• other (please specify:)	Yes	☐ No
3.4.3.2	20.1(b)	 training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation? 	Yes	⊠ No
3.4.3.3	20.3(a)	a national system for epidemiological surveilla	ance of:	
		• patterns of tobacco consumption?	Yes	⊠ No
		determinants of tobacco consumption?	Yes	⊠ No
		consequences of tobacco consumption?	Yes	⊠ No
		social, economic and health indicators related to tobacco consumption?	Yes	⊠ No
		exposure to tobacco smoke?	Yes	⊠ No
		• other relevant information (please specify:)	Yes	No No

3.4.3.4	20.4	regional and global exchange of publicly available national:		
		scientific, technical, socioeconomic, commercial and legal information?	Yes	⊠ No
		information on the practices of the tobacco industry?	Yes	⊠ No
		• information on the cultivation of tobacco?	Yes	⊠ No
3.4.3.5	20.4(a)	- an updated database of:		
		laws and regulations on tobacco control?	Yes	⊠ No
		• information about the enforcement of laws on tobacco control?	Yes	⊠ No
		• pertinent jurisprudence?	Yes	⊠ No
3.4.3.6	$(R\epsilon$	ase provide a brief description of the progress made esearch, surveillance and exchange of information) is ce submission of your last report.		
	In FY 2007, the RMI Ministry of Education has undertaken a Youth Risk Behavior Survey to determine the envolvement of High School students in tobacco products, what is the prevalence of tobacco smoking amongst the students. The Ministry of Health in collaboration with the WHO has undergone at GYTS (Global Youth Tobacco Survey) last year (2009) and it is being analyzed. The STEPwise Survey was administered in FY 2002. These researches have given us baseline data on tobacco use in the Marshall Islands and we are now able to determine what action to be taken to remedy the use of tobacco in the country.			
3.4.3.7		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.		
	No	ne		

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

	Article	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:	Assistance provided	Assistance received
4.1	22.1(a)	 development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? 	Yes No	Yes No
4.2	22. <i>I</i> (<i>b</i>)	 provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? 	☐ Yes ⊠ No	⊠ Yes □ No
4.3	22.1(c)	 appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? 	☐ Yes ⊠ No	⊠ Yes □ No
4.4	22.1(d)	 provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? 	☐ Yes ⊠ No	⊠ Yes □ No
4.5	22.1(e)	 identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? 	Yes No	Yes No
4.6	22.1(f)	 promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? 	☐ Yes ⊠ No	Yes No
4.7		f you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to v		
	1	None		

4.8	Please provide information about any assistance provided or received in the space below.
	With regard to tobacco cessation capacity building, RMI received training from Guam Dept of Public Health and Social Services and Guam Dept of Mental Health and Substance Abuse on the Basic Tobacco Intervention
4.9	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.
	Marshall Islands will need more training on tobacco cessation methods; and also on Health Education on Tobacco.
4.10	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 No
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention Tobacco Control in your jurisdiction?	
	Developing the regulations with with regard to "Packaging and Labeling" (1) develop regulations regarding exposure from tobacco smoking incliding education on second hand smoking and public awarenes programs and controling the advertisement and sponsorship on tobacco promotion, and finally, ensure selling of tobacco to the minor is completely banned.	
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? ✓ Yes ☐ No	
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.	
	It is difficult to create pictorial health warning messages and perhaps dealing with the manufacturers abroad.	
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? (Please refer to Article 21.1(b).)	
	One of the barriers that Marshall islands would have is inability to get the necessary data on time that are relevant to reporting of the FCTC. Sometimes data are lacking and ready to use. Otherwise, RMI supports activities suggested in article 21.	

5.5	Please provide any relevant information not covered elsewhere that you consider important.	
	None	
5.6	Your suggestions for further development and revision of the reporting instrument:	
	None	

End of reporting instrument