REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE

In order to use the interactive features of the reporting instrument, please follow the instructions below.

- 1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
- 2. Ensure your Microsoft Word security settings allow you to run macros in this document:
- (i) Under the "Tools" menu, select "Macro".
- (ii) In the "Macro" menu, select "Security".
- (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
- 3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
- 4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
- 5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.

▼ I confirm that I read the note and followed the instructions therein

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Fiji		
1.2	Information on national contact responsible for preparation of the report:			
	Name and title of contact officer	Elenoa Sagone		
	Full name of institution	Ministry of Health		
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1.3	Signature of government official submit	ting the report:		
	Name and title of officer	Dr. Neil Sharma-Minister for Health		
	Full name of institution	Ministry of Health		
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1.4	Period of reporting	January 2008 - December 2011		
1.5	Date the report was submitted	April 4, 2012		

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	53.00 %	8.60		
	Daily smokers	%			
	Occasional smokers	%			
	Former smokers	%			
	Never smokers	%			
	FEMALES				
	Current smokers	18.00 %	5.70		
	Daily smokers	%			
	Occasional smokers	%			
	Former smokers	%			
	Never smokers	%			
	TOTAL (males and	females)			
	Current smokers	36.60 %	8.30		
	Daily smokers	%			
	Occasional smokers	%			
	Former smokers	%			
	Never smokers	%			

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	cigarettes
	In table 2.1.1, of current smokers, 49% in men, 21.40% in women and 42.70% in total smoke daily.
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:
	NCD STEPS 2002; see the report in Annex 1.
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- refers to both daily, non-daily and or occassional user of tobacco products (cigarettes), daily smoker-smokes a cigarette roll or two daily, occasional smoker-refers to a person who smokes only sometimes, former smoker-use to smoke cigarettes at one time, never smoker-has never smoked ever.
2.1.1.5	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 table 2.1.1, the percentage of daily smokers refers to the share of daily smokers among current smokers, not the whole population.

2.1.2	Smoking preval	lence in the adult	t 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	15-24	18.70 %	
	smokers ¹	25-34	31.50 %	
		35-44	27.10 %	
	Add age group	45-54	29.60 %	
		55-64	27.80 %	
	FEMALES			
	Current smokers ¹	15-24	2.30 %	
	smokers	25-34	4.60 %	
	A 1 1	35-44	3.80 %	
	Add age group	45-54	5.20 %	
		55-64	5.00 %	
	TOTAL (male	es and females)		
	Current		%	
	smokers ¹		%	
	A11		%	
	Add age group		%	
			%	

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:
	smoking tobacco products; figures are given for daily smokers.
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	2002; NCD STEPS
2.1.2.3	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.

2.1.3	Prevalence of smol	keless 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	%			
	Daily users	%			
	Occasional users	%			
	Former users	%			
	Never users	%			
	FEMALES				
	Current users	%			
	Daily users	%			
	Occasional users	%			
	Former users	%			
	Never users	%			
	TOTAL (males and	females)			
	Current users	%			
	Daily users	%			
	Occasional users	%			
	Former users	%			
	Never users	%			
L	L				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
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.
2.1.3.5	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.

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		%				
	Add age group		%				
			%				
			%				
			%				
	FEMALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	TOTAL (males	s and females)					
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				

 $^{^{2}}$ 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:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
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 two years or since submission of your last report.

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	Fijian	26.40 %	5.00 %	%	
		Indian	25.40 %	1.40 %	%	
	Add ethnic group	Others	26.30 %	10.50 %	%	
			%	%	%	
			%	%	%	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:			estion 2.1.5:		
	smoking tobacco products					
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:					
	15-64					
2.1.5.3 Please indicate the year and source of the data used		used to answer que	estion 2.1.5:			
	2002; NO	CD STEPS				

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

2.1.6		Age range	(please include o	Prevalence (%) all smoking or sm	data)	
			Smoking tobacco	Smokeless tobacco	Other tobacco	
	Boys					
	Current users ⁴	13-15	12.30 %	%	12.80 %	
	Add youth		%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	Girls					
	Current users ⁴	13-15	7.90 %	%	8.30 %	
			%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	TOTAL (boys and girls)					
	Current users ⁴	13-15	10.20 %	%	10.50 %	
	Add youth		%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
.1.6.1	Please i question		acco products included	in calculating pre	evalence for	
	cigaret	te rolls (Benso	n & Hedges etc and s	suki)		

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:
	Global Youth Tobacco Survey 2005
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
2.1.6.4	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 is a significant rise in the prevalence when comparing data collected for the 2002 GYTS and 2005 GYTS
2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? ☑Yes ☐No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	Of pupils aged 13-15:
	47.1% live in homes where others smoke in their presence
	56.8% are around others who smoke in places outside their home
	39.1% think smoking should be banned from public places
	51.9% think smoke from others is harmful to them
	47.1% have one or more parents who smoke
	6.0% have most or all friends who smoke
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	GYTS 2005
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?
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.
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:
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 (health care-related) and indirect costs and, if possible, the method used to estimate these 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:

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 products	cigarettes	packs of 20	10175302.00		
	Add product					
	Smokeless tobacco products Add product					
	Other tobacco products Add product					
	Tobacco	Leaves				
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available. Between 1 July and 30 September 2011, 385600 packs of cigarettes were sold duty free. (This information was taken from BAT's Importation, Manufacture and Sale of Tobacco Products Quarterly Report as of 30/09/11that was submitted to the Ministry of Health.) See breakdown by brands in the annexed document.				les (e.g. produ	ict, unit,
					on,	
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					
		e 2.5.1, of the ly sold in Fiji.	locally manufact	ured cigarettes,	9082177 pac	ks were
		•	al tobacco compa itish American To	•	manufacturi	ng

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with 1	reference to Art	icle 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking tobacco					
	products					
	Add row					
	Smokeless tobacco					
	products					
	Add row					
	Other tobacco					
	products					
	Add row					
2.6.2		ou have any info tional tobacco n		entage of smuggled toba	acco products on	
2.6.3			" to question 2.6.2, vobacco products cor	what percentage of the institute? %	national tobacco	
2.6.4	is the	trend over the p	ast two years or sinc	nd you have information be submission of your later in relation to the nation	st report in the	
265	Dlagge			:11: -:		
2.6.5			llicit tobacco produ	illicit or smuggled toba	icco products.	
			nts – 100 Cartons			
	Red I	Flower – 4 Ship	oping container [19	999]		
266		Shipping – 4			·	
2.6.6	Please	e indicate the so	urce of the data used	to answer questions in	section 2.6:	
2.7	TORA	ACCO-GROWI	INC			
2.7.1			growing in your juris	ediction? X Yes	No	
2.7.2	of wo		n tobacco-growing.	please provide informat If available, please prov		
	Abou	it 350–400 farr	ners grow tobacco	in Fiji, the majority of	f whom are	

	contracted by BAT. There is also an uncontrolled segment of growers that supply suki tobacco.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. no information available
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
	2011; Needs Assessment Report, Fiji.

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))?					
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	s are levied)?		
	• Specif	ic tax only		Yes	No No	
	Ad val	lorem tax only		Yes	No No	
	• Comb	ination of specifi	c and ad valorem	taxes Xes	□ No	
	• More	complex structur	e (please explain	: VAT is also app	olied)	
2.8.3	.3 If available, please provide details on the rates of taxation for tobacco products all levels of Government and be as specific as possible (specify the type of tax, VAT, sales, import duties)					
		Product	Type of tax	Rate or amount	Base of tax ⁵	
	Smoking tobacco products Add product	cigarettes	specific excise	FJD 149.28	per kg or 1000 cigarettes, whichever is the greater	
		cigarettes	ad valorem excise	FJD 132.73	kg	
		cigarettes	VAT	15%	retail price	
		Cigars, cheroots and cigarillos, containing tobacco	specific excise	FJD 90.65	kg	
		Cigars, cheroots and cigarillos, containing tobacco	ad valorem excise	15%	retail price	

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.

		Cigars, cheroots and cigarillos, containing tobacco	VAT	15%	retail price
	Smokeless tobacco products				
	Add product				
	Other tobacco products				
	Add product				
2.8.4	Please briefly des years or since sub			pacco products in the jurisdiction.	ne past two
	Brief description	n of Fiji's taxati	on policy:		
	- Fiji applies a c	combination of ((excise) taxes ar	nd also value-add	ed-tax;
	 different tobac cigarettes attrac 	-		k levels; manufac igarillos;	tured
	remaining unch	anged in 2009 a	and 2010); but th	08 and 2011 (tax in the see increases we 2007 to 2011; and	re exceeded
	- the tax increas between tax lev			o products, but the	ne difference
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 pro	ovide details in the	space below.
-					
2.8.7	Please indicate th 2.8.6:	e year and source	e of the data used	to answer question	ns 2.8.1 to
	2011; Needs As	sessment Repor	t		

2.9	CE OF TOBACO		S			
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
	Most	widely sold bra	and	Number of	Retail price	
	Smoking	Smokeless	Other	units or		
	tobacco	tobacco	tobacco	amount per		
	products	products	products	package		

Domestic				
Imported	Pall Mall		20	5.90
	Benson and Hedges		20	6.30

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.				
	2011; Needs Assessment Report				
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.				
2.9.4	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.				
	In 2007, the tax inclusive retail price of the two lowest-cost brands of cigarettes was FJD 4.00 for a pack of 20 pieces of Pall Mall filter and FJD				

4.35 for a pack of Benson and Hedges.

In 2011, the tax inclusive price of the two lowest-cost brand of cigarettes was FJD 5.90 for a pack of Pall Mall and FJD 6.30 for a pack of Benson and Hedges (20 pieces filter).

While prices of cigarettes have increased in recent years in Fiji, prices of tobacco products are still relatively low compared with neighbouring Australia and New Zealand. Moreover, cigarette prices in Papua New Guinea, for example, are also almost twice as high as in Fiji, in spite of the fact that only 35% of the retail prices there consist of tax.

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	□ 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	⊠ Yes	☐ No		
		 a national coordinating mechanism for tobacco control 	Yes	⊠ No		
3.1.1.5	(e.g.	u answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, point for tobacco control or the tobacco control un	the institutio			
	Fiji has developed a Non-Communicable Diseases (NCD) Prevention and Control Strategic Plan for the years 2010 to 2014, tobacco control being one of its components. There is a yearly operational plan for the Tobacco Control Unit. Available in Annex The Ministry of Health set up the Tobacco Control Enforcement Unit in 2004 to serve as the Government's focal point on tobacco control issues. The core business of the Unit is the enforcement of tobacco control laws and regulations. The Unit has offices in three of the four administrative divisions and maintains working arrangements with most stakeholders involved in					
	The active toba	Unit currently has 13 staff planning and performation with the same with the same at the control regulations in force. The Unit operational plans, based on the tobacco components.	es mandated ates through	by the annual		

3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.
	Fiji has strengthened its regulatory framework concerning tobacco control, by adopting the Tobacco Control Decree 2010 (published in the Government Gazette on 13 December 2010), which repeals and replaces the Tobacco Control Act 1998 and some sections of the accompanying Tobacco Control Regulations 2000. Remaining sections of the 2000 regulations will only be replaced when the respective regulations are drawn up to provide guidance for the implementation of the Tobacco Control Decree 2010.
	The adoption of the 2010 Decree has made a great contribution to the alignment of Fiji's tobacco control regulatory framework with the requirements of the WHO FCTC.
	The Tobacco Control Decree 2010 came into effect on 13 December 2010.
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 Decree is annexed to this report.

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 under provide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
	Information is relayed to the Tobacco Control Enforcement Unit via the Minister or Permanent Secretary of Health when BAT submits quaterly reports on manufacture, imports and sale of tobacco products. No specific activity implemented so far that would fit within the scope of this article of the Convention.					
3.1.2.4		Please provide a brief description of the progress ment the past two years or since submission of your la		ing Article 5.3		
3.1.2.5		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	tl	n principle the officers of the Tobacco Contro heir allegiance and commitment in regards to Framework Convention on Tobacco Control T	upholding the W			

3.2	Article	MEASURES RELATING TO THE RED FOR TOBACCO (with reference to Articles 6–14)	UCTION OF DE	EMAND
3.2.1	6	Price and tax measures to reduce the den	nand for tobacco	
		(Please check "Yes" or "No". For affirmate brief summary in the space provided at the c 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	or have you imple	
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	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 two years or since submission of your last report.			
	Fiji implemented tobacco tax increases in 2008 and 2011 (tax rates remaining unchanged in 2009 and 2010); but these increases were exceeded by the combined inflation rates for the period 2007 to 2011.			
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			this section,
	lim On tax	i does not ban duty-free sales of tobacco produit sales of tobacco products to international the other hand, there is a limit of tobacco profree into the country by returning travellers of grams of cut tobacco.	travellers leaving coducts that can l	g the country. be introduced

3.2.2	8.2	Protection from exposure to tobacco smoke			
		(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, what administrative or other measures or have appropriate, programmes on any of the	e you implemented,		
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places? 	⊠ Yes	□ No	
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	.1, what is the type/i	nature of the	
		• national law	Yes	⊠ No	
		subnational law(s)	Yes	No No	
		administrative and executive orders	⊠ Yes	☐ No	
		voluntary agreements	Yes	⊠ No	
		• other measures (<i>please</i> specify: tobacco-free villages initiative)	⊠ Yes	□ No	
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and con	tent of the	
		The leading regulation in tobacco co Decree 2010, which applies to the wh		o Control	
		The community initiative "Tobacco-communities (villages) go beyond the including the requirements of the 201 Village in Fiji, Nabila, received the W Award in 2006. Since then, four other smoke-free. Villagers do not smoke a their homes; they are also required no	e scope of the nation of Decree. The first WHO World No To revillages have decomply where in the vilus of the	onal regulation, t Tobacco-Free obacco Day ided to become lage, including	
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/infrastructure for enforcement?	⊠ Yes	☐ No	

3.2.2.5	If you answered "Yes" to question 3.2.2.4 please provide details of this system.				
	Initial experiences with the enforcement of the 2010 Decree are positive, but there are also challenges. In outdoor areas, such as municipal markets and sports stadiums, signboards have been set up and regular checks are planned for the future. Enforcement is difficult in smaller islands and in remote areas that seem to be out of reach of the authorized officers, who, in line with requirements of section 27.–(1) of the Decree, carry out inspections and investigations and take enforcement actions against persons found to have violated any provision of the Decree. The Tobacco Control Enforcement Unit works with the police force and provincial officers based in rural areas and aims to undertake training to boost already existing capacities, for example enabling health inspectors working in these areas to become "authorized officers".				
3.2.2.6	If you answered "Yes" to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None	
	Indoor workplaces:				
	government buildings	\boxtimes			
	health-care facilities	\boxtimes			
	 educational facilities¹ 				
	• universities				
	private workplaces	\boxtimes			
	• other (please specify:)				
	Public transport:				
	• airplanes				
	• trains				
	• ferries	\boxtimes			
	• ground public transport (buses, trolleybuses, trams)				
	 motor vehicles used as places of work (taxis, ambulances, delivery 	\boxtimes			

¹ except universities

	vehicles)		
	• private vehicles		\boxtimes
	• other (please specify:)		

	Indoor public places:			
	cultural facilities	\boxtimes		
	shopping malls		\boxtimes	
	• pubs and bars		\boxtimes	
	• nightclubs		\boxtimes	
	• restaurants	\boxtimes		
	• other (please specify:)			
3.2.2.7	Please provide a brief summary of comspecific details of the partial measures			rith
	Banning tobacco smoking in indoc	or workplaces		
	Ban of tobacco smoking in encl Vunisea Hospital which is situa	-		_
	On World No Tobacco Day 202 University (all campuses that couniversity.		•	
	Banning tobacco smoking in public	c transport		
	ban of smoking in all modes of vans, water transport including passengers by sea or river.			xis, mini
	Banning tobacco smoking in indoc	or public places		
3.2.2.8	Please provide a brief description of the prog (<i>Protection from exposure to tobacco smoke</i>) submission of your last report.	_	_	
	Implementing the tobacco free initiative community halls. In the past year alone, thalls, one village, two workplaces and two declared tobacco free.	wo hospitals, se	even comm	unity
3.2.2.9	If you have any relevant information pertaini please provide details in the space below.	ng to but not cov	ered in this	section,

3.2.3	9	Regulation of the contents of tobacco prod	ucts		
		summary in the space provided at the end of	(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, who		
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 (Regulation of the contents of tobacco products) in the past two years or since submission of your last report.				
	Section 12.–(1) of the 2010 Decree outlines restrictions on the tar and nicotine content in cigarettes. Section 10.–(1) of the Decree also outlines obligations to print tar and nicotine content on every cigarette container. Manufactures are required to "clearly and conspicuously" print the maximum level of tar and nicotine in mg per cigarette on every cigarette container, and to comply with any regulations established by the Minister regarding the size, placement, colour and style of the statement.				
		Section 12.–(2) of the Decree mandates the Minister to "increase or decrease the maximum allowable levels of tar and nicotine".			
	Gap: The maximum levels of tar and nicotine, as required by the 2010 Decree, remained unchanged compared with the requirements of the 1998 Tobacco Control Act.			-	
	c is o	Furthermore, the Decree does not provide for content. During the stakeholder meeting the meeting to a Government facility that could test and need to to be a considered by the participants. While testing facilities are available in the Australia, New Zealand and Singapore, the possible testing facilities are available in the Australia Costs.	ission learned the neasure content a or reagents for in the stakeho region in coun	and emissions testing. Other older meeting. atries such as	
3.2.3.6		f you have any relevant information pertaining to lease provide details in the space below.	but not covered in	this section,	

3.2.4	10	Regulation of tobacco product disclosures		
		(Please check "Yes" or "No". For affirmativ summary in the space provided at the end of relevant documentation. Please provide docu the six official languages.)	the section and att	ach the
		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 Government authorities information about the control of the contro		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 nanched Regulation of tobacco product disclosures) in the ubmission of your last report.	_	-
		A statement of the level of tar and nicotine murigarette pack in line with section 10.–(1) of the		on each
3.2.4.4		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,

3.2.5	11	Packaging and labelling of tobacco prod	ucts	
		(Please check "Yes" or "No". For affirma brief summary in the space provided at the the relevant documentation. Please provide in one of the six official languages.)	end of the sect	ion and attach
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of	s or have you in	_
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
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
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	⊠ Yes	□No
3.2.5.8	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	⊠ Yes	☐ No
3.2.5.9		ensuring that the health warnings occupy 50% or more of the principal display areas?	⊠ Yes	□ No
3.2.5.10	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	⊠ Yes	□ No

			I	
3.2.5.11		If you answered "Yes" to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	Yes	☐ No
3.2.5.12		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
3.2.5.13	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
3.2.5.14	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
3.2.5.15	(Paci	be provide a brief description of the progress markaging and labelling of tobacco products) in the hission of your last report.	_	-
	pack Deta furth	3 of the Tobacco Control Decree regulates tages. ils of labelling of tobacco products, however in a regulation to be made by the Minister e Decree). Such a regulation has not been d	er, should be d er of Health (S	eveloped
	In relation to 3.2.5.10: With reference to Section 9.–(6) of the Tobacco Control Decree 2010 the Minister of Health is madated to develop regulations, ensuring inclusion of pictures and pictograms in the health warnings. Such regulation is still to be developed.			
3.2.5.16		u have any relevant information pertaining to or e provide details in the space below.	not covered in	this section,

3.2.6	12	Education, communication, training an	d public awaren	ess
		(Please check "Yes" or "No". For affirm brief summary in the space provided at th the relevant documentation. Please provid one of the six official languages.)	e end of the sectio	n and attach
		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 (please specify:)	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	X Yes	☐ No
		• gender	⊠ Yes	☐ No
		educational background	⊠ Yes	☐ No
		cultural background	Yes	⊠ No
		socioeconomic status	Yes	⊠ No
		• other (please specify:)	☐ 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 use and tobacco-free lifestyles?	⊠ Yes	□No
	12(f)	adverse economic consequences of		

		- tobacco production?	X Yes	☐ No
		- tobacco consumption?	X Yes	☐ No
		adverse environmental consequences	s of	
		- tobacco production?	X Yes	☐ No
		- tobacco consumption?	X 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 (please specify:)?	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 ser programmes on tobacco control addressed		areness
		• health workers?	Yes	☐ No
		• community workers?	Yes	⊠ No
		• social workers?	Yes	⊠ No
		media professionals?	Yes	⊠ No
		• educators?	X Yes	☐ No
		• decision-makers?	Yes	⊠ No
		• administrators?	Yes	⊠ No
		• other (please specify:)?	Yes	☐ No

3.2.6.8

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.

The National Centre for Health Promotion developed information materials and brochures aimed at the general public on matters such as:

- "Tobacco or Health"
- "Kick the Habit For a Healthy Fiji Smile"; and
- "Dealing with Stress: Smoking Doesn't Help!"

In addition, the National Centre for Health Promotion has been the leader in mass media campaigns such as "Winners don't smoke" and ad hoc antismoking campaigns and enforcement messages on television and radio. Most of these campaigns are targeted at the general public, while there are plans to provide youth-specific programmes. In addition, Fiji reports that there are skill-building exercises targeted at health workers, community workers, media professionals, educators, decision-makers, and administrators.

Fiji has also raised public awareness of tobacco through activities during World No Tobacco Day. The first village to become smoke-free in Fiji was Nabila village in Nadroga. Nabila was declared smoke-free in 2006 and won the World No Tobacco Day Award in the same year. Other Fijian villages followed suit: Nabukaluka was declared tobacco-free during World No Tobacco Day in 2010 and Naqumu in Vanua Levu during World No Tobacco Day 2011. The 2011 World No Tobacco Day (on the theme "The WHO Framework Convention on Tobacco Control") was celebrated in Fiji mainly at the sub-divisional/town level instead of at the national level in order to be closer to communities.

The Tobacco Control Enforcement Unit of the Ministry of Health conducts education and awareness-raising programmes in schools (sometimes in collaboration with the National Substance Abuse Council, see below), rural communities (in collaboration with Division Outreach teams), workplaces and religious denominations upon request.

The Tobacco Control Enforcement Unit implemented a half-year media campaign after the adoption of the 2010 Decree in December 2010 to raise awareness among the population on its content. The campaign included radio and television advertising, media advocacy and other actions. The Tobacco Control Enforcement Unit also reported on other media advocacy work. Members of the Unit regularly participate in talk-shows on radio and television. They also regularly contribute to the "Mailife" magazine11 with coverage of tobacco matters.

The Ministry of Education's National Substance Abuse Council implements training programmes for all teachers and students in collaboration with the National Centre for Health Promotion. These programmes target all addictive substances, including tobacco. They also implement awareness-raising programmes (workshops and intensive courses) in communities in villages and at district level.

	Tobacco use is covered as part of the substance abuse module of the "family life programme" in secondary schools.
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.

3.2.7	13	Tobacco advertising, promotion and sponsorship (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, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:		
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	⊠ Yes	☐ No
If you answered "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 cover:		
		display and visibility of tobacco products at points of sales?	⊠ Yes	☐ No
		• the domestic Internet?	Yes	⊠ 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

	1			
	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, promotion and sponsorship on:				
		• radio?	⊠ Yes	□No	
		• television?	⊠ Yes	☐ No	
		• print media?	⊠ Yes	☐ No	
		• the domestic Internet?	⊠ Yes	□ No	
		• the global Internet?	Yes	⊠ No	
		• other media (<i>please specify:</i>)?	Yes	☐ No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		 international events and activities? 	Yes	⊠ No	
		• participants therein?	Yes	⊠ No	
	WI	nether 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	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.				
	Refer Tobacco Control Decree 2010 Part 2-Prohibition on Advertising and Promotion of Tobacco Products.				
3.2.7.15		you have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,	
				,	

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:			
		o underage girls and young women	Yes	⊠ No		
		o women	Yes	⊠ No		
		o pregnant women	X Yes	☐ No		
		telephone quitlines	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:)?	Yes	☐ No		
3.2.8.3	14.2(a)	design and implementation of progrecessation of tobacco use, in such loc	_	romoting the		
		educational institutions?	X Yes	□No		
		health-care facilities?	∑ Yes	☐ No		
		• workplaces?	∑ Yes	□No		
		• sporting environments?	Yes	⊠ No		

other (pieuse specify.		• other (please specify:)?	Yes	☐ No
------------------------	--	-----------------------------	-----	------

3.2.8.4	14.2(b)	 inclusion of diagnosis and treatmen counselling services for cessation o programmes, plans and strategies for 	tobacco use in national		
		• 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:	X Yes	☐ No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional trair levels at the following schools: 	•	
		• medical?	⊠ Yes	☐ No
		• dental?	⊠ Yes	☐ No
		• nursing?	⊠ Yes	☐ No
		• pharmacy?	Yes	⊠ No
		• other (please specify:)?	Yes	☐ No
3.2.8.10	14.2(d)	 facilitating accessibility and/or 	⊠ Yes	☐ No

		affordability of pharmaceutical products for the treatment of tobacco dependence?							
3.2.8.11	14.2(d)		ou answered ducts be legal				where and how can these y?		
3.2.8.12	14.2(d)	pro		ılly available		10, which pharmaceutical atment of tobacco dependence in			
		•	nicotine rep	lacement the	rapy		Yes		☐ No
		•	bupropion				Yes		⊠ No
		•	varenicline				Yes		No No
		•	other (pleas	e specify:)?		Yes		☐ No
3.2.8.13	14.2(d)		ou answered ored by public				e costs of	these	e products
		•	nicotine rep	lacement the	rapy	Fully	Parti	ally	None
		•	bupropion			Fully	Parti	ally	None
		•	varenicline			☐ Fully	☐ Parti	ally	None None
		•	other (pleas	e specify:)?	☐ Fully	☐ Parti	ally	None
3.2.8.14	Art	icle 14 (ide a brief de Demand redu n the past two	iction measu	res concerr	ing tobac	co depen	dence	e and
	A handbook and pamphlets on smoking cessation ("Kick the habit – for a healthy Fiji smile") were produced by the National Centre for Health Promotion, in collaboration with the Fiji School of Medicine and the Fiji Dental Association, to assist medical professionals during counselling;								
	Nicotine replacement therapy (NRT) is available over the counter in pharmacies but the cost of a treatment is very high; the Tobacco Control Unit is currently engaged in discussions with a reputable pharmaceutical manufacturer for the supply of NRTs.								
3.2.8.15	-		any relevant ide details in			to but not	covered	in this	s section,
	Str	The tobacco component of the NCD Prevention and Control National Strategic Plan 2010–2014 plans to strengthen interventions aimed at assisting smokers to quit.							
			ving interver of the Plan:	itions are be	eing consid	dered in li	ine with	the	
	- in	ncreasin	g the propor	tion of smo	kers who	quit smok	ing in th	ne 15	-64

years age range through the NCD toolkit programme in nursing stations and health centres;

- building capacity in nursing stations and health centres by training staff on the NCD toolkit programme;
- building capacity of staff at health centre and subdivisional levels with regard to smoking cessation, including the engagement of professional counsellors;
- establishing quit smoking clinics in 30% of health centres and 30% of subdivisional hospitals in Fiji by 2014; and
- setting up a quitline.

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 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:				
3.3.1.1	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? 	X 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? 	X 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 two years or since submission of your last report.
	The inclusion of 13 members from the Customs Department. These officers were authorized under the 2010 tobacco control decree Section 8 by the Minister of Health in 2011. These officers are stationed at all points of entry into Fiji to help crack down on illicit trade in tobacco products.
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.
	Measures to prevent illicit trade in tobacco products have also been identified. All individual passengers arriving in Fiji are issued with arrival cards by pilots of aircraft or airline agents and masters of vessels or their shipping agents. Individual passengers should complete a form on arrival and declare any goods that exceed the prescribed personal allowance. (See the section on Article 6 of this report.)
	In addition to the control of goods imported by arriving passengers, there is a system of notification covering any means of transport or cargo arriving in Fiji. Customs officers ensure that the above-mentioned provisions of the Customs Act are efficiently administered, while risk management and profiling have greatly assisted customs in identifying illegal activities and enhancing the facilitation of trade. The Fiji Revenue and Customs Authority (FRCA) analyses information contained in advance notifications and acts as necessary, including searching vessels and imposing fines if there is proof beyond doubt that provisions of the customs legislation have been contravened.

3.3.2	16	Sales to and by minors				
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the entire the relevant documentation. Please provide of the six official languages.)	end of the section and attach			
		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 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? 	∑ Yes	□ No		
If	you answere	d "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?	X 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	(Sale	Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.						
	Tobacco Control Decree 2010: Part 5-Restrictions on Sale and Smoking of Tobacco Products; 13 (1)(a) A person must not-sell or supply any tobacco product to a person under the age of 18 years; (b) purchase a tobacco product for the use of a person under the age of 18 years.(2) A person retailing in tobacco products must- (a) place a clear and prominent notice inside the retail outlet, notifying on prohibition of sale tobacco products to any person under 18 years old and (b) prior to selling a tobacco product to any person suspected to be under the age of 18 years, must request for a document of identification.							
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.							
	The TCD 2010 also states the prohibition of the sale of cigarettes in a pack. Part 5 (15)(1)(a)(b) states that a person must not sell cigarettes in apackage containing less than 10 cigarettes; or portions of the product. A person found to be contravening subsection (1) commits an offence and shall be liable to a fixed penalty in schedule 7.(16)(1)(a)(b) states that a person must not sell or cause or permit to be sold loose cigarette sticks or cigarette roll or loose tobacco in a package that contains less than twenty (20) grams of tobacco.							

3.3.3	17	Provision of support for econ	sion of support for economically viable alternative activities			
	(Please check "Yes" or "No". For affirmative answers, please provide summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in the six official languages.)				nd attach the	
	Have you adopted and implemented, where appropriate, measures or programmes on any of the following:					
3.3.3.1	17	promoting economically viable and sustainable alternatives for:				
		• tobacco growers?	Yes	⊠ No	☐ Not applicable	
		• tobacco workers?	Yes	⊠ No	☐ Not applicable	
		tobacco individual sellers?	Yes	No No	☐ Not applicable	
3.3.3.2	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.			•		
		There is no policy and mechanism in place to support tobacco farmers shifting to alternative livelihoods.			acco farmers	
	In October 2010, the Ministry of Agriculture organized a consultation with respect to shifting to alternative crops, and discussions between the Tobacco Control Unit and the Ministry of Agriculture on this matter are still ongoing.			ween the Tobacco		
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.			red in this section,		

3.4	Article	OTHER MEASURES AND POLICIES			
		(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 brief summary in the space provide relevant documentation. Please pro of the six official languages.)	d at the ena	of the sec	ction and attach the
		Have you adopted and implemented executive, administrative or other n where appropriate, programmes on	neasures or	have you	implemented,
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 two years or since submission of your last report.				
3.4.1.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			ed in this section,	

3.4.2	19	Liability		
	(Please check "Yes" or "No". For affirmative answers, please brief summary in the space provided at the end of the section of relevant documentation. Please provide documentation, if available of the six official languages.)		and attach the	
		Have you adopted and implemented, where approximate executive, administrative or other measures or where appropriate, programmes on any of the factorial executive.	have you imple	
3.4.2.1	19.1	 dealing with criminal and civil liability, including compensation where appropriate? 	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 two years or since submission of your last report.			
3.4.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.		this section,	

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, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.4.3.1	20.1(a)	developing and/or promoting research that add	lresses:			
		determinants of tobacco consumption?	⊠ Yes	☐ No		
		consequences of tobacco consumption?	⊠ Yes	□No		
		 social and economic indicators related to tobacco consumption? 	\(\sum \text{Yes} \)	☐ No		
		tobacco use among women, with special regard to pregnant women?	∑ Yes	□No		
		the determinants and consequences of exposure to tobacco smoke?	\(\text{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?	\(\sum \text{Yes}	☐ No		
		exposure to tobacco smoke?	⊠ Yes	☐ No		
		• other relevant information (<i>please</i> specify:)	Yes	☐ No		

3.4.3.4	20.3(a)	If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.	
		Fiji has implemented a few studies concerning tobacco use prevalence in the past 12 years.	
		Fiji conducted the 1st round of the national NCD STEPS survey, coordinated by WHO, in 2002. This survey has a section on tobacco use and provides information on tobacco use prevalence among 15–64 year-olds. According to the 2002 STEPS report, daily smoking prevalence was 26.9% for males (53% reported being current smokers) and 4.8% for females (18% current smokers); overall, 36.6% of the population reported being current smokers.	
		WHO provided financial and technical support for training on STEPS surveys to Fiji and the country is currently working on the implementation of the 2nd round of the survey. Data collection was completed in October 2011. This will make Fiji the first Pacific island country to repeat STEPS.	
		Fiji conducted the Global Youth Tobacco Survey (GYTS) twice, in 1999 and 2005, obtaining information on tobacco use and exposure to tobacco smoke among school children aged 13–15 years. GYTS 2005 shows that 11.5% of students currently use any form of tobacco products; this was a slight increase from the 1999 GYTS.18 In addition, 47% of students live in homes where others smoke in their presence.	
		Fiji also implemented the Global School Personnel Survey (GSPS) in 2005.	
		A group of researchers under the coordination of Fiji School of Medicine, in cooperation with the Japan International Cooperation Agency (JICA), collected data and knowledge on tobacco use and on sources of information concerning tobacco matters. A representative sample of 457 individuals (aged 12–82 years) from the central division of Viti Levu were surveyed. Results of the study were published in the Pacific Health Dialogue in 1999.19	
		The main partner of the Government of Fiji in performing these studies has been the WHO Regional Office for the Western Pacific.	
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, 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.	
		WHO STEPS - the second survey is currently being implemented	
3.4.3.6	20.4	regional and global exchange of publicly available national:	
		• scientific, technical, socioeconomic, commercial and legal information?	
·	· · · · · · · · · · · · · · · · · · ·		

		 information on the practices of the tobacco industry? 	Yes	⊠ No
		 information on the cultivation of tobacco? 	Yes	⊠ No
3.4.3.7	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 Yes	□No
		• pertinent jurisprudence?	Yes	☐ No
3.4.3.8	(Re	ase provide a brief description of the progress made esearch, surveillance and exchange of information) is mission of your last report.	•	•
	A '	WHO STEPS survey is currently being implement	ented.	
3.4.3.9	•	you have any relevant information pertaining to but asse provide details in the space below.	not covered in	this section,

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		If you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to w		
	,	WHO South Pacific Office, WHO Regional Office Secretariat, the Secretariat of the Pacific Communications and the Pacific Communications are secretarial to the Pacific Communication and the Pacific Communications are secretarial to the Pacific Communication and the Pacific Com	office, the Conve	_

4.8	Please provide information about any assistance provided or received in the space below.
	WHO provides support to tobacco control activities in Fiji. The Government of Fiji received support from the WHO Regional Office for the Western Pacific for training programmes and for conducting advocacy campaigns.
	The WHO South Pacific Office provided technical assistance and support to the country in the process of development of the National NCD Strategic Plan 2010–2014.
	Fiji also received support from the WHO Regional Office for the Western Pacific and the Centers for Disease Control and Prevention (USA) for various surveys under the Global Tobacco Surveillance System.
	An assessment of the needs concerning implementation of the WHO FCTC by Fiji was conducted jointly by the Convention Secretariat and the Government of Fiji in September–October 2011, including the mission to Fiji of an international team, comprised of representatives of the Convention Secretariat, the WHO Regional Office for the Western Pacific and the WHO South Pacific Office (based in Fiji), from 26 September to 3 October 2011. The assessment involved relevant Fijian ministries and agencies, and also included a meeting with the UN Resident Coordinator for the UN System's Operational Activities, also based in Fiji.
	As part of its "2-1-22 Pacific NCD programme" 21 the Secretariat of the Pacific Community, a regional intergovernmental organization, supports 22 Pacific island countries in implementing their national NCD strategic plans. As part of this project, each country, including Fiji, receives technical assistance as well as a grant of AUD 450 000 over three years for related projects, including tobacco control.
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.
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 on Tobacco Control in your jurisdiction?
	To reduce level of tobacco consumption and smoking prevalence from its

	current rate by 10% by 2014
	• Prevent youth from beginning to use tobacco; and to reduce prevalence rate by 10% by 2014;
	• Protect the public, particularly infants and children from exposure to second hand smoke
	• Improve support for research, surveillance and evaluation.
	• Raise tobacco taxes
	• Strengthen enforcement
	• Awareness on Article 5.3
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.
	An assessment of the needs concerning implementation of the WHO FCTC by Fiji was conducted jointly by the Convention Secretariat and the Government of Fiji in September–October 2011, including the mission to Fiji of an international team, comprised of representatives of the Convention Secretariat, the WHO Regional Office for the Western Pacific and the WHO South Pacific Office (based in Fiji), from 26 September to 3 October 2011. The assessment involved relevant Fijian ministries and agencies, and also included a meeting with the UN Resident Coordinator for the UN System's Operational Activities, also based in Fiji.
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).)
	Lack of man power.
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument