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	Marshall Islands		
1.2	Information on national contact responsible for preparation of the report:			
	Name and title of contact officer	Justina R. Langidrik, Secretary of Health		
	Full name of institution	Ministry of Health		
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1.3	Signature of government official submitting the report:			
	Name and title of officer	Russell Edwards, Assistant Secretary of Health/Focal Point		
	Full name of institution	Ministry of Health		
	Mailing address	Box 16, Majuro, Marshall Islands 96960		
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	Web page			
1.4	Period of reporting	2007 to 2011		
1.5	Date the report was submitted	November 30, 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	32.30 %	10.00				
	Daily smokers	%					
	Occasional smokers	%					
	Former smokers	%					
	Never smokers	%					
	FEMALES						
	Current smokers	6.80 %	10				
	Daily smokers	%					
	Occasional smokers	%					
	Former smokers	%					
	Never smokers	%					
	TOTAL (males and females)						
	Current smokers	19.60 %	10.00				
	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:
	Cigarette: 26.1%; Cigar:7%; Pipe: 2.2%; Chew: 12.9%; Other: 1.4%.
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	Age 15-21 + ages
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	RMUI Individual Survey, 2010
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	The RMI Individual Survey defines current smokers as those who have smoked at least on cigerette in the past 30 days
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 2002 Step Survey, it recorded an adult smoking prevalence rate of 19.8%. The trend demonstrates very little change at 19.6% which is lower than the previous years.

	lable nlease provi	I			
group considered	(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 smokers ¹	21 +	46.30 %			
Smokers		%			
Add and many		%			
Add age group		%			
		%			
FEMALES					
Current	21 +	7.00 %			
smokers		%			
		%			
Add age group		%			
		%			
TOTAL (male	es and females)				
Current	21 +	23.00 %			
smokers		%			
		%			
Add age group		%			
		%			
	Current smokers 1 Add age group FEMALES Current smokers 1 Add age group TOTAL (male	(adults) MALES Current 21 +			

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:
	Cigerette: 21.2%; Cigar: 1.9%; Pipe: 1.4%; Chew: 5.2%; Others: 0.9%
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Sources: RMI Individual Survey, 2010; GYTS 2009
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.
	The trend is comparatively increaseing with upward mobility. According to STEP Survey the the prevalence rate was 18.2 for all genders for the youth. At this report, the total prevalence is 25.9% which is much higher.

2.1.3	Prevalence of smokeless tobacco use in the adult population (all)					
	(Please provide prevalence data for total adult population, and identify 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	25 %				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	FEMALES					
	Current users	6.50 %				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	TOTAL (males and females)					
	Current users	13.50 %				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
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2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Copenhagen, chewing
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	21 plus age group
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	Source: RMI Individual Survey, 2010
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 user is defined as the one who chew, smoke or use one or more within one month. Daily user is the one who is smoking any type of tobacco everyday. Occassional user is the onw who at certain selected times. Former user will be the one who has been a smoker but has stopped. And, Never user will be the one who has never smoke one cigarettee.
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.
	The trend is just about the same; however, it seems as more young men are using smokeless (chewing) tobacco more than adults.

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	21and above	25.00 %			
	Add age group		%			
			%			
			%			
			%			
	FEMALES					
	Current users ²	21 and above	6.50 %			
	Add age group		%			
			%			
			%			
			%			
	TOTAL (males	TOTAL (males and females)				
	Current users ²	21 and above	13.50 %			
	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:
	Copenhagen/chewing tobacco
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	Source: RMI Individual Survey, 2010
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.
	Since the submission of the last report, the trend in current use of smokeless tobacco among the adult population has been decreased to 6.5%.

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	25.50 %	6.30 %	20 %	
			%	%	%	
	Add ethnic group	Other groups	%	%	11.32 %	
			%	%	%	
			%	%	%	
2.1.5.1	Please in	dicate the tobacc	o products included i	n the answer to qu	estion 2.1.5:	
	Cigarettes: Benson, Marlboro,					
2.1.5.2	Please in	dicate the age ran	ge to which the data	used to answer qu	estion 2.1.5 refer:	
	21 + ages					
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:					
	Preventi	•	2012; MIEPI (Mar report, 2011. Please	-	•	

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

2.1.6	Tobacco use	e by young pers	sons	D		
		Age range	·-	Prevalence (%) all smoking or smale in prevalence	data)	
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
	Boys					
	Current users ⁴	<21 years	18.20 %	12.30 %	2.7 %	
	Add youth	na	0.00 %	0.00 %	0.00 %	
	group	na	%	%	%	
		na	%	%	%	
		na	%	%	%	
	Girls					
	Current users ⁴	<21 years	6.60 %	5.50 %	2.10 %	
	Add youth group	na	%	%	%	
		na	%	%	%	
		na	%	%	%	
		na	%	%	%	
	TOTAL (boys and girls)					
	Current users ⁴	<21 years	12.40 %	8.90 %	2.40 %	
	Add youth	na	%	%	%	
	group	na	%	%	%	
		na	%	%	%	
		na	%	%	%	
2.1.6.1	.6.1 Please indicate the tobacco products included in calculating p question 2.1.6:		in calculating pre	evalence for		
	Cigare	ttes; Cigars, Pi	pe, Copenhagen (che	ewing); others		

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

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2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	RMI Individual Survey, 2010; MIEPI report, 2011
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Smoking any tobacco products within the past 12 months.
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.
	The trend is slightly higher compared to last report but not a significant jump.
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).
	52.1% at home; 59.7% are around other smoke outside their home; 42.6% have one or more parents who smoke and 8% have most or all friends who smoke at their presence.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Global Youth Tobacco Survey, 2009.
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? 2005: 16 deaths; 2006: 7 deaths; 2007: 5 deaths at a total of 28 in three years. However, from 2005 to 2009 there were a total of 34 deaths due to lung cancer.
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.
	Sepsis, Cardiopulmonary arrests, Cancer(all types), Cardiorespiratory Failure, Cardiac Arrest, CHD/CHF, Myocardial Infarction, Respiratory Arrest, Sudden Cardiac, and Birth Asphyxia
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:
	Annual Reports 2005 to 2009, Ministry of Health
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

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 r	(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	USA Gold	Piece/stick	Unknown	Unknown	1092235.ht	
	products	Marboro Red		0.00	0.00	0.00	
	Add product	Marboro Regular & Light		0.00	0.00	0.00	
	Smokeless tobacco products	Copenhagan		0.00	0.00	0.00	
	Add product						
	Other tobacco products Add product						
	Tobacco	Leaves	n/a	0.00	0.00	n/a	
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					act, unit,	
	There has not been any survey or study ever done on duty free sales.						
2.5.3	Please 2.5.2:	indicate the yea	r and source of the	data used to ans	wer questions	2.5.1 and	
	Sources: Custome & Revenues, RMI, 2011, and RMI Epidemiological Workgroup Report 2011 (MIEPI).						

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS				
	(with r	eference to Arti	cle 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		u have any infortional tobacco m		entage of smuggled toba No	acco products on
2.6.3			" to question 2.6.2, obacco products cor	what percentage of the rastitute? %	national tobacco
2.6.4	is the	trend over the partage of smuggle	ast two years or sind	nd you have information be submission of your later in relation to the nation	st report in the
2.6.5	Please	provide any fur	ther information on	illicit or smuggled toba	acco products.
2.6.6	Please	indicate the sou	arce of the data used	I to answer questions in	section 2.6:
2.7	TOBA	CCO-GROWI	NG		
2.7.1			rowing in your juris	sdiction? 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.				
2.7.3	Dlagge	provide if eve	lable the share of the	ha value of tabaasa lasf	production in the
2.1.3		al gross domest		he value of tobacco leaf	production in the
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:				

2.8	TAXATION OF	TOBACCO PR	ODUCTS					
	(with reference to	Articles 6.2(a) 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))? n/a							
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	s are levied)?				
	• Specif	fic tax only		Yes	☐ No			
	Ad va	lorem tax only		Yes	☐ No			
	• Comb	ination of specific	c and ad valorem	taxes Xes	☐ No			
	• More	complex structure	e (please explain	:)				
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 Add product	USA, Marboro Red, Light, Marboro Regular, Peter Jackson and Mighty	Excise and VAT taxes	Excise \$1.00 & VAT: \$0.35 for all brands	Pack of 20 cigerettes			
	Smokeless tobacco products	Copenhagan	n/a	n/a	n/a			
	Add product							
	Other tobacco products							
	Add product							
2.8.4	_			l pacco products in the priprisdiction.	he past two			
	years or since submission of your last report in your jurisdiction. The trend has not changed since the last report but there is a reason to believe it will be slightly altered							

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. 60% is earmarked for the Ministry of Health to enhance health conditions caused by tobacco and also enhancement of the program.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6: 2011

2.9		CE OF TOBACC		S		
2.9.1		ase provide the retail prices of the three most widely sold brands of domestimported tobacco products at the most widely used point of sale in your of the control of the c				
		Most	widely sold bra	and	Number of	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products	units or amount per package	
	Domestic	products	products	products	Parame	
	Imported	USA Gold			20 per pack	\$2.00
		Marlboro Red			20 per pack	\$2.65
		Marlboro Lights			20 per pack	\$2.65
			Copenhagan		n/a	n/a

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	2011
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.
	USD currency
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.
	Very little change

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)	(a) Have you established or reinforced and financed				
		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			
	The focal point is employed by the Ministry of Health. Further, there is a tobacco control unit also within the Ministry of Health and an non-government organizations namely, MIEPI. We do have a National Coordinating Mechanism and a Coalition Group for the NCD which very much has attempt to reduce both cancer, tobacco and conditions of NCD. Very more NGOs are very much involved in the implementation of tobacco and alcohol among adults, youth and children. As such, regulations have been drafted pending more assistance from the AGs office.					
3.1.1.6		se provide a brief description of the progress made 5.2 (<i>General obligations</i>) in the past two years or sint.	_	-		

	The Marshall Islands has fulfilled Article 5.1 and 5.2; as such, tobacco control has made part of the NCD Coordinating Mechanism that is represented by both government sectors as well as non-government organizations whereby its task is to the tobacco use, alcohol use and diabetes in general are under control. Second, there is already a Focal Point being recruited who is also working at the Ministry of Health who is also coordinating its efforts with the civil societies as well as non private organization in the control of tobacco use amongst the smoking populations.
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.
	There is also, apart from the Focal Point who is employed by the Ministry of Health, a Tobacco Coordinator whose tasks is to provide awareness education on tobacco products and its danger to our health. This person is also working in coordination with MIEPI, one of the strongest NGOs that deals with tobacco use. Also there is a Tobacco Act of 2006 being signed and ratified by the government.

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					
		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				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, who				
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		If 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			
	i 6	Having realized the important of protecting the public, the Marshall Islands, in June of 2006, has signed and ratified a National Tobacco Act which enables the Ministry of Health and/or any interested group to educate and and provide public awareness with regard to the danger of tobacco use. MIEPI (Marshall Islands Epidemiological & Prevention Initiative Inc.) has printed a report on Substance Abuse Profile for 2011. The Annual Report for the Ministry of Health provide the awareness activities performed by the Health Education and Promotion Division, Ministry of Health all years.					
3.1.2.4		Please provide a brief description of the progress m in the past two years or since submission of your la	_	ing Article 5.3			
	1	Policies have been made, however, regulations need to be made in order to protect the policies. The policies spell out the consequences, that might be applied, should not any tobacco companies or individuals who are selling tobacco not in accordance to the Tobacco Act. therefore, regulations have been drafted pending approval of the appropriate authority(ies).					
3.1.2.5		If you have any relevant information pertaining to please provide details in the space below.	but not covered in	this section,			

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 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 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	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.				
	There is a tax on tobacco but it is not adequate to cause smokers from buying the products. There is a need to increase the tax on tobacco. There is a plan to increase the tax on tobacco to address the health consequences as such. The Ministry of Health is in the process to launch a tax increase on tobacco importation.				
3.2.1.5		ou have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,	
1					

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 enterelevant documentation. Please provide the six official languages.)	nd of the section and	attach the
		Have you adopted and implemented, whadministrative 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/r	nature of the
		• national law	∑ Yes	☐ No
		• subnational law(s)	⊠ Yes	☐ No
		administrative and executive orders	Yes	☐ No
		voluntary agreements	∑ Yes	☐ No
		• other measures (<i>please</i> specify:	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
		There is are laws created by both Nata Government against smokin in public as store, supermarket, public transport as hospital and other government built the Tobacco Act of 2006.	places, including tations, churche pr	public buildings emises as well
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 deta	ails of this system.
		Fines or imprisonment or both will be the law. Other consequences is in the suspension and/or termination.		-

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 facilities ¹	\boxtimes		
	 universities 	\boxtimes		
	• private workplaces			
	• other (please specify:)			
	Public transport:			
	• airplanes	\boxtimes		
	• trains			
	• ferries			
	 ground public transport (buses, trolleybuses, trams) 			
	motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	\boxtimes		
	• private vehicles			
	• other (please specify:)			

¹ except universities

	Indoor public places:			
	cultural facilities			
	shopping malls			
	• pubs and bars			\boxtimes
	• nightclubs			\boxtimes
	• restaurants	\boxtimes		
	• other (please specify:)			\boxtimes
3.2.2.7	Please provide a brief summary of comspecific details of the partial measures			rith
	Banning tobacco smoking in indo	or workplaces		
	Tobacco is banned in any publi still spots that are designated for	-		re are
	Banning tobacco smoking in publ	c transport		
	As far as public transportations	, everywhere sm	oking is p	rohabited
	Banning tobacco smoking in indo-	or public places		
	Tobacco smoking is completely	banned in the i	ndoor publ	ic 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.			
	Public education on secondhand smoke he through the use of mass media and through whereby the general public is involved. advertisment in favor of smoking is seen also coming out in certain preachers' preacher workshops sponsored by the MOH Education and Health Promotion.	gh workshops are Our efforts in cool by the public. Suching in the chu	nd other me ounter attac Such educa arch. There	eans king tion is
3.2.2.9	If you have any relevant information pertains 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	
		(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	
3.2.3.1		 testing and measuring the contents of tobacco products? 	Yes	⊠ No
3.2.3.2		 testing and measuring the emissions of tobacco products? 	Yes	No 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 two years or since submission of your last report.			
		Marshall Islands has not attempt to begin the process as such. RMI may be needing assistance on such attempt.		
3.2.3.6		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.		

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 to Government authorities information about the: 		
		• 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 nanches and the progress of	_	-
		Many of the tobacco products have health war he information on emissions of tobacco	nings on the cove	er but without
3.2.4.4		f you have any relevant information pertaining to but not covered in this section, lease provide details in the space below.		

3.2.5	11	Packaging and labelling of tobacco prod	ucts	
		(Please check "Yes" or "No". For affirmative answers, please provided brief summary in the space provided at the end of the section and attathe 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
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

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 material kaging and labelling of tobacco products) in the hission of your last report.	_	-
	This report is responding mostly with "No" because we are in the process of developing our health warning and there have not been approved yet. We are still in the process of deciding what sizes to be employed and we have yet to shop around for picturesnto be use. We may be needing assistance from WHO to the the process continue to the finish. The health warnings are pending the approval and further work ups of the Attorney General Office.			
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 providen one of the six official languages.)	e end of the sectio	n and attach
		Have you adopted and implemented, whe executive, administrative or other measure 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: Anyone)	⊠ 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	Xes	☐ No
		• gender	∑ Yes	☐ No
		educational background	Yes	⊠ No
		cultural background	Yes	⊠ No
		socioeconomic status	Yes	⊠ No
		• other (<i>please specify:</i> Any general public)	⊠ 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?	∑ Yes	□ No
		- tobacco consumption?	∑ Yes	□ No
		adverse environmental consequences	of	
		- tobacco production?	Yes Yes	☐ No
		- tobacco consumption?	Xes Yes	☐ No
3.2.6.5	12(e)	 awareness and participation of the following in development and implementation of instrategies 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?	Yes	⊠ No
		decision-makers?	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 two years or since submission of your last report.
	A smaller developing country like the Marshall Islands does lack a lot of the sophisticated means to educate the general public and others. However, the Ministry of Health has developed partnerships and networkings with a lot of private organizations, civil societies, non-goverbnment organizations and women fellowships and certain interested local government to provide and disseminate relevant information on tobacco control, the danger of the productions. Mass media has been our major means of communication to the public, other means as seminars, workshops with powerpoint presentations have been great assistance to postulate the information to the general public. Such power presentations have been made available during churches conferences and similar conferences.
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 affirmate brief summary in the space provided at the relevant documentation. Please provide do 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:			
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	
		• 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, promotion and sponsorship			nip on:	
		• radio?	⊠ Yes	☐ No	
		• television?	Yes	⊠ No	
		• print media?	Yes	⊠ No	
		• the domestic Internet?	Yes	No 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	
Whether 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)	ase provide a brief description of the progress made bacco advertising, promotion and sponsorship) omission of your last report.	_		
	cor are iso sm suc WI pro 200 and Ma	e Marshall Islands has not been able to continuing from outside of the country but we are applied for the domestic violators of the law dated place whereby it does have a lot crossauggling. However, we are in our time to creat misleadings as per importing of the tobace then our health warnings are produced and applicate will be required to bear the health war 06 restrict advertising tobacco on the public diradio and the radio program are all local in arshall Islands is not producing tobacco no or oducts. So the answers provided may be in "ere has not been a problem. However, in continuity of the country of the cou	applying the sand v. The Marshall bordering in termate regulations to products into approved all the tomings. The Toba media which incompature and signature and signature is advertising No" it is due to the control of the control o	ne law that Islands is an ms of tobacco o address the country. bbacco acco Act of clude the TV ce the such the fact that	

	are attempting to develop regulations to put more teeth to implement the FCTC as well as Marshall Islands Tobacco Act of 2006.
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.

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, whe executive, administrative or other measur where appropriate, programmes on any o	es 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, inclu	uding:		
		media campaigns emphasizing the importance of quitting?	⊠ Yes	□ No		
		programmes specially designed for:				
		o underage girls and young women	X Yes	☐ No		
		o women	⊠ Yes	☐ No		
		o pregnant women	⊠ Yes	☐ No		
		telephone quitlines	Yes	⊠ No		
		local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	X Yes	□ No		
		• other (<i>please specify:</i> Interventions by the church rules and regulations as members)?	Yes Yes	□ No		
3.2.8.3	14.2(a)	 design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: 				
		educational institutions?	⊠ Yes	☐ No		
		health-care facilities?	X Yes	□No		
		• workplaces?	Yes	⊠ No		

• sporting environments?	⊠ Yes	☐ No
• other (please specify:)?	Yes	□No

3.2.8.4	14.2(b)	 inclusion of diagnosis and treatmen counselling services for cessation of programmes, plans and strategies for 	f tobacco use in na	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: NGOs)	☐ 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 (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)	If you answered "Yes" to question 3.2.8.10, where and how can these products be legally purchased in your country?		
		Hospital and in private pharmaceu	tical companies	
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8, products are legally available for the treatyour jurisdiction?		
		nicotine replacement therapy	Yes	⊠ No
		• bupropion	Yes	⊠ No
		• varenicline	Yes	⊠ No
		• other (<i>please specify</i> : Necotine gum and necotine batches)?	⊠ Yes	☐ No
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8. covered by public funding or reimburser		f these products
		nicotine replacement therapy	Fully Parti	ally None
		• bupropion	Fully Parti	ally None
		• varenicline	Fully Parti	ally None
		• other (please specify:)?	Fully Parti	ally None
3.2.8.14	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.			
	Yes, the Marshall Islands has provided cessation training to the staff of the Ministry of Health as well as to the NGOs and civil societies. As such, counseling of those who wants to quit is the main intervention as far as cessation. Further, the physicians are also prescribing such medicines as Necotine gum and necodine batches at the moment.			
3.2.8.15	_	ou have any relevant information pertaining asse provide details in the space below.	to but not covered	in this section,

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 docun 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? 	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? 	⊠ 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? 	⊠ 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.
	Marshall Islands has not created regulation addressibng tobacco illicit trade only. However, illicit trade of any kinds of good imported is contemned including 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.

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 appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 	⊠ 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? 	∑ 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 prohibition of the distribution free tobacco products: 			
		• 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	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.				
	Selling tobacco to any minor is prohibited in the Marshall Islands and penalties will be applied to the non-complied individuals or companies.				
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.				

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities	
	(Please check "Yes" or "No". For affirmative answers, please provide a bri 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 impleme programmes on any of the following the foll	•	propriate, m	neasures or	
3.3.3.1	17	- promoting economically viable	e and sustainab	le alternativ	es for:	
		• tobacco growers?	Yes	☐ No	Not applicable	
		• tobacco workers?	Yes	☐ No	Not applicable	
		• tobacco individual sellers?	Yes	☐ No	Not applicable	
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.					
	The Marshall islands does not have any tobacco growers so I marked the box with N/A.				o I marked the	
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.					

3.4	Article	OTHER MEASURES AND POLICIES				
		(with reference to Articles 18–21)				
3.4.1	18	Protection of the environment an	d the healt	h of perso	ons	
		(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 t relevant documentation. Please provide documentation, if available, in or of the six official languages.)				
	Have you adopted and implemented, where appropriate, legislative executive, administrative or other measures or have you implemen where appropriate, programmes on any of the following:					
3.4.1.1	18		implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		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	4.1.2 18 — implementing measures in respect of tobacco manufactur territory, which take into consideration:				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.					
	There is no manufacturers and tobacco cultivation in the Marshall Islands, s I marked the box with Not applicable.				Iarshall Islands, so	
3.4.1.4		you have any relevant information pertain asse provide details in the space below.	ning to but	not covere	ed in this section,	

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.)		and attach the
		Have you adopted and implemented, where appeared executive, administrative or other measures or where appropriate, programmes on any of the f	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,
	Aticle 19 has not been fully implemented in the Marshall Islands, except to during the previous years, there was an attempt to sue an tobacco industry although, the case was terminated.			

3.4.3	20	Research, surveillance and exchange of infor	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 approximative, 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	lresses:	
		determinants of tobacco consumption?	Yes	⊠ No
		consequences of tobacco consumption?	Yes	⊠ No
		 social and economic indicators related to tobacco consumption? 	Yes	⊠ No
		tobacco use among women, with special regard to pregnant women?	X Yes	☐ No
		the determinants and consequences of exposure to tobacco smoke?	X 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 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 (<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.		
		Yes, we have taken the following tobacco sur 2002; GYTS 2009, Individual Survey 2010, a 2009.	•	•
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, does yo repeat any of the above or to undertake a new toba five years of your last survey? Please provide deta	acco survey wi	ithin three to
		Yes, the Ministrty of Health will be asking W such surveys as NCD STEP Survey, and Glob Survey (GYTS).		
3.4.3.6	.6 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
3.4.3.7	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	⊠ No
		pertinent jurisprudence?	Yes	⊠ No
3.4.3.8	Please provide a brief description of the progress made in implementing Article (Research, surveillance and exchange of information) in the past two years or singular submission of your last report.		•	
	The Marshall Islands has not done a lot with Article 20 as we do not have the cability to do such a process, we may be needing help from WHO-FCT on that.			
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.		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	22.1(b)	 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	I	f you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to w	•	•

4.8	Please provide information about any assistance provided or received in the space below.
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.
	The Marshall Islands will need TA for training of staff on developing ads discouraging smoking and so on.
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.
	No

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	(1) Development of Regulations to address the FCTC articles as well as RMI Tobacco Act ratified in 2006and (2) to assist in creating health warning with pictorial and how to start it.
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.
	I responded with no because the Marshall Islands has not have its needs assessment for implementation of the WHO FCTC which I hope RMI will have it soon.
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).)
-	RMI lacks capability to measure nicotine and emission in the tobacco products, and so as creating such things as using pictorial in the health warning and/or do research on certain areas of tobacco production.
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:

No comments

End of reporting instrument