

REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

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

If you use a version of Microsoft Word of before 2010:

- 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.

If you use a newer version of Microsoft Word:

- 1. When receiving the security warning "Some active content has been disabled", click "Enable content".
- 2. When receiving another security warning "Macros have been disabled", click "Enable content".

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	MONGOLIA		
1.2	Information on national contact responsible for preparation of the report:			
	Name and title of contact officer	Byambatogtokh Baasaikhuu, Officer in charge of Mental health; National Focal Point on Tobacco Control		
	Full name of institution	Public Health Division of the Policy Implementation and Coordination department, Ministry of Health		
	Mailing address	Government building VIII; Olympic street -2, Sukhbaatar district, 14210 Ulaanbaatar, Mongolia		
	Telephone number	976-51-263892		
	Fax number	(976-11) 32 35 41; (976-11) 32 09 16		
	E-mail	begy_b@yahoo.com; byambatogtokh@moh.mn		
1.3	1.3 Signature of government official submitting the report:			
	Name and title of officer	Byambatogtokh Baasaikhuu, Officer in charge of Mental health; National Focal Point on Tobacco Control		
	Full name of institution	Public Health Division of the Policy Implementation and Coordination department, Ministry of Health		
	Mailing address	Government building VIII; Olympic street -2, Sukhbaatar district, 14210 Ulaanbaatar, Mongolia		
	Telephone number	976-51-263892		
	Fax number	(976-11) 32 35 41; (976-11) 32 09 16		
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	Web page	www.moh.mn		

1.4	Period of reporting	2012-2013
1.5	Date the report was submitted	14 March 2014

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	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	49.1 %	10.3			
	Daily smokers	45.4 %				
	Occasional smokers	3.7 %				
	Former smokers	18.0 %				
	Never smokers	32.8 %				
	FEMALES					
	Current smokers	5.3 %	6.4			
	Daily smokers	4.5 %				
	Occasional smokers	0.8 %				
	Former smokers	3.4 %				
	Never smokers	91.3 %				
	TOTAL (males and f	females)				
	Current smokers	27.1 %	10.0			
	Daily smokers	24.8 %				
	Occasional smokers	2.3 %				
	Former smokers	10.6 %				
	Never smokers	62.3 %				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:		
	Manufactured cigarettes, hand-rolled cigarettes, pipes full of tobacco, cigars, cheroots, cigarillos and others. The majority of current smokers (95%) reported that they use manufactured cigarettes, whereas 8.8% used hand-rolled cigars, and only 0.9% of current smokers used tobacco pipes. None of survey respondents used whole leaf tobacco, shisha sessions, or water pipes.		
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:		
	2013, Mongolian STEPS survey on the Prevalence of NCD risk factors		
	Annex 1: preliminary survey data on tobacco use		
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-percentage of adults who currently smoke tobacco,		
	Daily smoker-percentage of adults who currently smoke tobacco daily,		
	Occasional smoker-is someone who smokes cigarettes occasionally		
	Former smokers-is someone who currently does not smoke cigarettes and has smoked in lifetime		
	Never smokers- is someone who currently does not smoke any cigarettes		
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.		
	Standardized prevalence of smoking in the study population was 27.1% (95%CI 25.2-29), which is nearly the same with the corresponding rate in 2009 (27.7%; 95%CI 26.0-29.4) with no statistically significant difference. Similarly, there was no statistically significant difference in gender distribution of current smokers between the two surveys.		

2.1.2	Smoking prevalence in the adult population (by age groups) (If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)				
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)		
	MALES				
	Current smokers ¹	15-24	24.9 %		
	SHIOKEIS	25-34	56.7 %		
	Add age group	35-44	56.6 %		
	Add ago group	45-54	49.2 %		
		55-64	46.9 %		
	FEMALES				
	Current smokers ¹	15-24	2.3 %		
	SHIOKEIS	25-34	6.7 %		
	Add age group	35-44	6.2 %		
	/ was ago group	45-54	5.2 %		
		55-64	3.9 %		
	TOTAL (male	es and females)			
	Current smokers ¹	15-24	14.1 %		
	Add age group	25-34	31.4 %		
		35-44	27.9 %		
		45-54	28.1 %		
		55-64	25.4 %		

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:
	Manufactured cigarettes, hand-rolled cigarettes, pipes full of tobacco, cigars, cheroots, cigarillos and others
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	2013, Mongolian STEPS survey on the Prevalence of NCD risk factors. See Annex 1.
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.
	Among daily smokers, the percentage of 15-24 years old smokers was lower as those among other age groups. It is commendable that smoking among young people aged 15-24 years decreased compared to the level from the previous survey.

Prevalence of smokeless tobacco use in the adult population (all)					
(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)					
	Prevalence (%)				
	(please include all smokeless tobacco products in prevalence data)				
MALES					
Current users	0.8 %				
Daily users	0.2 %				
Occasional users	%				
Former users	%				
Never users	%				
FEMALES					
Current users	0.2 %				
Daily users	0.0 %				
Occasional users	%				
Former users	%				
Never users	%				
TOTAL (males and females)					
Current users	0.5 %				
Daily users	0.1 %				
Occasional users	%				
Former users	%				
Never users	%				
	(Please provide proconsidered in 2.1.3. MALES Current users Daily users Occasional users FEMALES Current users Daily users Occasional users Former users Total (males and Current users) Daily users Occasional users Former users Total (males and Current users) Daily users Former users Daily users				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Snuff, chewing tobacco
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	15-24,25-34,35-44,45-54 and 55-64
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	2013, Mongolian STEPS survey on the Prevalence of NCD risk factors
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.
	Daily user- is someone who currently smokes cigarettes every day
	Current smoker-is someone who currently smokes cigarettes regularly,
	Occasional smoker-is someone who smokes cigarettes occasionally and current non-daily smokers
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.
	In regard to frequency of smokeless tobacco use, there was no statistically significant difference in the percentage the two surveys

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	ES					
	Current users ²	15-24	0.3 %				
	Add age group	25-34	0.2 %				
		35-44	0.4 %				
		45-54	1.1 %				
		55-64	3.4 %				
	FEMALES						
	Current users ²	15-24	0.0 %				
	Add age group	25-34	0.2%				
		35-44	0.2 %				
		45-54	0.6 %				
		55-64	0.0 %				
	TOTAL (males and females)						
	Current users ²	15-24	0.2 %				
	Add age group	25-34	0.2 %				
		35-44	0.3 %				
		45-54	0.9%				
		55-64	1.7 %				

 $^{^{2}}$ 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:			
	Smokeless tobacco product- Snuff, chewing tobacco or betel			
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:			
	2013, Mongolian STEPS survey on the Prevalence of NCD risk factors			
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.			
	Reduction of use rate of smokeless tobacco			

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		%	%	%
			%	%	%
	Add ethnic group		%	%	%
			%	%	%
			%	%	%
2.1.5.1	Please in	dicate the tobacco	products included in	the answer to que	estion 2.1.5:
2.1.5.2	Please in	dicate the age ran	ge to which the data u	used to answer que	estion 2.1.5 refer:
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				

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

2.1.6	Tobacco use	by young pers	sons			
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
	Boys					
•	Current users ⁴	7-12	34.7%	%	%	
	Add youth	13-15	35.2%	%	25.7 %	
	group		%	%	%	
			%	%	%	
			%	%	%	
	Girls	-				
j	Current users ⁴	7-12	13.1%	%	%	
	Add youth	13-15	13.3%	%	16.0 %	
	group		%	%	%	
			%	%	%	
			%	%	%	
	TOTAL (boys and girls)					
j	Current users ⁴	7-12	23.3 %	%	%	
	Add youth	13-15	23.4 %	15.4 %	20.7 %	
	group		%	%	%	
			%	%	%	
			%	%	%	
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:				valence for	
	Any to	bacco use, ciga	rettes, other tobacco	use		

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	2011, Global School-Based 7-12 years Student Health Survey, WHO, MCA Health Project and 2007, GYTS, 13-15 years of school-based survey, WHO
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Current smoker - someone who at the time of the survey smokes any tobacco product.
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 smoking prevalence was 38.8% among students in 2003 and has decreased by 15 percentage points reaching 23.4 percent in 2007. Presently, this rate has decreased to 18% for males and 13% for females.

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).
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:

2.3	TOBACCO-RELATED MORTALITY							
2.3.1	Do you have information on tobacco-related mortality in your population?							
	✓ Yes							
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.							
	Morbidity: 817 per 10000 for cardiovascular diseases and 1099.4 per 10000 for respiratory diseases in 2013. Mortality: 20.91 per 10000 for cardiovascular diseases and 12.60 per 10000 for cancer in 2013							
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	
∠.⊶	TODACCO-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?					
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		upply of tobac					
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
	Smoking tobacco	Cigarette	Millions	6299.8			1948.0
	products Add product	Pipe tobacco	Thousand kg				245.6
	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.						ct, unit,
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:						
	Ministry of Industry and Agriculture						

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS							
	(with r	eference to Artic	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 infor al tobacco marke		ntage of illicit tobacco	products on the			
2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do illicit tobacco products constitute?							
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?							
	P	B						
2.6.5	Please provide any further information on illicit tobacco products.							
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:							

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes
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	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
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 PRODUCTS						
	(with reference t	to Articles 6.2(a) d	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	es are levied)?						
	• Speci	ific tax only		▼ Yes	□ No		
	• Ad v	alorem tax only		☐ Yes	▼ No		
	• Com	bination of specifi	c and ad valoren	n taxes Yes	▼ No		
	• More	complex structure	e (please explain	<i>:</i> :			
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)						
		Product	Type of tax	Rate or amount	Base of tax ⁵		
	Smoking tobacco products	Cigarette- imported	Excise tax specific	US\$1.2	100 cigarettes		
	Add product	Pipe tobacco- imported	Excise tax specific	USD1.8	1 kg		
		igarette-domestic production	Excise tax specific	US\$ 0.6	100 cigarette		
	Smokeless tobacco products						
	Add product						
	Other tobacco products						
	Add product						
2.8.4	_	escribe the trends in the describe the trends in the describe the trends in the describe the describe the described by the de		l bacco products in t ir jurisdiction.	he past two		

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.

	The excise tax of domestic and imported tobacco products increased twice than 2011.
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.
	Health promotion fund consisted from 2% of the excise tax of tobacco products; 1% of the excise tax of alcohol products and 2% of the custom and VAT of the imported drug
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:
	Mongolian law on Excise tax. www.legalinfo.mn

2.9	PRICE OF TOBACCO PRODUCTS (with reference to Article 6.2(a))							
2.9.1		ease provide the retail prices of the three most widely sold brands of domestic d imported tobacco products at the most widely used point of sale in your capital y.						
		Most Smoking tobacco products	widely sold bra Smokeless tobacco products	Other tobacco products	Number of units or amount per package	Retail price		
	Domestic	Ulaan shonkhor			20	850 MNT		
		Altan navchis			20	700 MNT		
	Imported	Parliament			20	2500 MNT		
		Esse			20	2600 MNT		
		Vest			20	2000 MNT		

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.				
	Retailers, 2013				
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.				
	1US\$-1780 MNT (Mongolian 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.				
	All of the goods price has been increased in the past 2 years.				

${\bf 3.\, LEGISLATION, REGULATION\, AND\, POLICIES}$

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		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		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	If you answered "Yes" to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).				
	Focal point for tobacco control is officer in Mental health of the Ministry of Health.				
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.				
	Quar And	Revised version of law of Mongolia on Tobacco conterly national coordinating working group meeting developed and start implemented the regulation on auction, import, trade and service	was organize	ed regularly.	
3.1.1.7	-	u have any other relevant information pertaining to on, please provide details in the space below.	but not cove	ered in this	

A new comprehensive revision of the 2005 Tobacco Control Law was adopted by the State Great Hural of Mongolia and entered into force on 1 March 2013. See the text of the law in Annex 2.

The main provisions of the new law are as follows:

- Requires that the state policy on tobacco control is included in is now included in a broader state public health policy and provides for principles guiding such policy, including its protection from the interests of the tobacco industry;
- Defines basic duties of the state, citizens and legal entities in tobacco control;
- Introduces new requirements concerning the import, export, manufacturing and trade of tobacco, including limits of quantities imported for personal use;
- Requires that all tobacco products carry health warnings and messages covering at least 50% of the surface, including text, pictures and pictograms.
- Forbids sale of tobacco products to and by people under 21 years of age and in packages of less than 20 pieces of cigarettes or not more than 200 grams of pipe tobacco in a one package;
- Prohibits the sale of tobacco through vending machines and the Internet, as well as in bars and entertainment places;
- Provides for new rules concerning licensing of tobacco growing, and of tobacco manufacturing, importation and sale;
- Prohibits all forms of tobacco advertising, promotion and sponsorship, including cross-border advertising originating and entering from the country's territory. The ban also applies to the free distribution of tobacco products and donations made by the tobacco industry;
- Prohibits smoking in public places and public transport facilities, including outdoor areas, parks and playgrounds;
- Establishes a Health Promotion Foundation, utilizing 2% of tobacco excise taxes, aimed at promoting healthy lifestyles and reduce tobacco consumption in the population;
- Measures to monitor and enforce the law, including higher fines for noncompliance with the required measures.

The text of the law is available in annex 2.

The Permanent representative of Mongolia to the United Nations has signed the Protocol to Eliminate Illicit trade in Tobacco products in November, 2013.

3.1.2	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	If you answered "Yes" to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.					
	,	State policy on Tobacco control reflected in the law on Tobacco control.				
3.1.2.4	Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.					
	The Sta	The State Policy on Tobacco Control shall be intimate part of the State Policy on Public Health and shall be guided by the principles set out below:				
	 prevent the initiation of the minors and reduce the consumption of tobacco products by sustainable financing of tobacco control and health promoting activities through tax increases reaching to the level indicated in the Convention Framework on Tobacco Control; 					
	 protect the public health policies from negative influences of tobacco industry within the legal framework; 					
	•	support for participation of private and non-gover any affiliation with tobacco industry in developing and programs on tobacco control;				
	•	increase the accessibility of scientific and compre and communication activities on health hazards, consequences of tobacco consumption and pass treatment of nicotine addiction;	economic and env	/ironmental		
	•	require the tobacco industry and those "legal enti- interests to operating and acting in the manner the transparent;	-			
	•	it is not recommended to give rewards, tax discouthe tobacco industry;	unts and other frin	ge benefits to		
	•	treat tobacco industry equally regardless of form	of ownership in th	е		

	 implementation of Tobacco Control Law; tobacco industry and those working to further its interests shall not be involved directly or indirectly in drafting, endorsing and implementing tobacco control legislation or policy; all branches of government and the public shall be provided with information about strategies and tactics used by the tobacco industry including setting and implementation of the government's public health related policies and need to be
3.1.2.5	protected from vested interests of the tobacco industry and its advertisement, promotion and sponsorship activities. USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE
	PARTIES Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 5.3 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.1.2.6	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

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	or have you impl			
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	▼ Yes	□ No		
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	Yes	▽ No		
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	☐ Yes	▽ No		
3.2.1.4	(Pr	rase provide a brief description of the progress marice and tax measures to reduce the demand for the ce submission of your last report.	_			
	La	w on Excise Tax revised in 2012 and tax increas	sed			
3.2.1.5				red in this		

3.2.2	8.2	Protection from exposure to tobacco smoke				
		(Please check "Yes" or "No". For affirmative answers, please provide a brie 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, 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/i	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		
		Smoking shall be restricted in the factories and public transportation vehicles 2. entertainment and public service area; 3. gasoline stations, factories, manufacturin explosive substances and machine oil, their 4. public transportation station, public loun, smoking restricted rooms of hotel; 5. public eatery, shops, bar, entertainment p 6. indoor areas of companies and business of 7. airplanes, passenger transportation trains 8. Kinder gardens, all levels of schools, schentrance of public apartments, elevators, chi	g flammable and storage areas; ges of hotels, blaces; organizations; ;	_		
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 t	his system.
	Business entities and organizations tobacco control measures in their organiz its implementation. Business entities and sign informing about prohibition of smok corridors, toilets and other necessary place of the organization, telephone numbers, n addressed comments, complaints and other sign shall be endorsed by the state adminitration of health issues.	ational code of corganizations shing in entrance at the sees. Warning signame of an officier information.	conduct and call place a vareas, waiting shall contral for receivations of the design	monitor warning ng lounge, ain name ving the of warning
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	~		
	health-care facilities	V		
	• educational facilities ¹		V	
	• universities		>	
	private workplaces		>	
	• other (please specify:)			
	Public transport:			
	• airplanes		V	
	• trains		>	
	• ferries		V	
	ground public transport (buses, trolleybuses, trams)		V	
	 motor vehicles used as places of work (taxis, ambulances, delivery vehicles) 		V	
	private vehicles			

¹ except universities

		• other (please specify:)			
--	--	--------------------------	---	--	--	--

	Indoor public places:			
	cultural facilities	V		
	 shopping malls 			
	• pubs and bars	V		
	• nightclubs	V		
	 restaurants 			
	• other (please specify:)			
3.2.2.7	Please provide a brief summary of comspecific details of the partial measures			rith
	Banning tobacco smoking in indo	or workplaces		
	Banning tobacco smoking in publ	ic transport		
	Banning tobacco smoking in indo	or public places		
3.2.2.8	Please provide a brief description of the progression of the progressi	_	-	
	Public eatery, bar, pub and restaurant were	recently made smo	oke free.	
3.2.2.9	USE OF THE GUIDELINES ADOPTED B'PARTIES	Y THE CONFER	ENCE OF T	THE
	Please use the space below to provide addition "Guidelines for implementation of Article 8 jurisdiction (please refer to the section on Andocument when responding to this question) provide detailed information through the additional guidelines. Response to this section or to the	of the WHO FCT ticle 8 of the step. Alternatively, you	C" in your -by-step ins ou may wish aire on the u	tructions to use of
3.2.2.10	If you have any other relevant information p section, please provide details in the space b	-	ot covered in	n this

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	
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.			
3.2.3.6		USE OF THE GUIDELINES ADOPTED BY THE	CONFERENCE	OF THE	
	P " jı d	PARTIES Please use the space below to provide additional in Guidelines for implementation of Articles 9 and 1 arisdiction (please refer to the section on Article 9 ocument when responding to this question). Alterrovide detailed information through the additional uidelines. Response to this section or to the additi	0 of the WHO FC of the step-by-ste natively, you may questionnaire on	TC" in your p instructions wish to the use of	
	condition	ate Administrative Body in charge of inspection slon for tobacco manufacturing, import, export, trad- brand of tobacco.		•	
3.2.3.7		f you have any other relevant information pertaining ection, please provide details in the space below.	ng to but not cove	red in this	

3.2.4	10 Regulation of tobacco product disclosures						
		(Please check "Yes" or "No". For affirmative answers, please provide a be summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one 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 Government authorities information abo 		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 made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.					
	The legal entity producing tobacco shall be responsible for the following provisions on tobacco control:						
	The name, address, business activities, and other related information of the tobacco industry and its shareholders owning more than 20 percent shall be made available and transparent to the public at their web sites; Any standards set by the authorized organization regarding tobacco boxes, pack and packages shall be fulfilled within one year from the day of endorsement. It shall be prohibited to provide financial, material aids and contributions to social, health, welfare and environmental organizations by the tobacco industry or through another organization under the name of "Social responsibility".						
3.2.4.4		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES					
	jı d p	Please use the space below to provide additional in Guidelines for implementation of Articles 9 and 1 urisdiction (please refer to the section on Article 1 locument when responding to this question). Alterprovide detailed information through the additional guidelines. Response to this section or to the additional	0 of the WHO FC 0 of the step-by-st natively, you may I questionnaire on	TC" in your tep instructions wish to the use of			
2245	т	f you have any other relevant in farmentian and initial	na to but not some	rad in this			
3.2.4.5	1	f you have any other relevant information pertaining	ng to dut not cove	rea in unis			

section, please provide details in the space below.

3.2.5	11	Packaging and labelling of tobacco products		
		 (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: 		
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 "" 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	2.5.13 - requiring that each unit packet and package of tobacco products de packaging and labelling of such products contain in on relevant:			•
		• constituents of tobacco products	✓ Yes	□ No
		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	Please provide a brief description of the progress made in implementing A (Packaging and labelling of tobacco products) in the past two years or sir submission of your last report.			-
	The tobacco products shall carry health warnings and messages which shall meet the following requirements: the health warnings shall be approved by the State Central Administrative Body in charge of health matters. Six variants of health warning design will be produced during one period and the designs shall be renewed once in every three years; The health warning and other required notes shall be written in Mongolian.			
	 The picture health warning shall cover at least 50% of both front and back sides of a cigarette pack and front cover of a pipe tobacco or tobacco packages equal to that; Shall be large, visible and clearly written text, describe by pictures or pictograms on health risks caused by tobacco products. The text of the MNS5024: 2013 standard for cigarette and MNS6274: 2013 standard for pipe tobacco law are available in annex 3 and 4. 			l to that;
				3 standard for
3.2.5.16	USE PAR'	OF THE GUIDELINES ADOPTED BY THE C	CONFERENCE	E OF THE
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 11 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .			

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

3.2.6	12	Education, communication, training and public awareness		
		 (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: 		
3.2.6.1	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, to whom are these prog targeted?			se programmes
		adults or the general public	☐ Yes	▼ No
		children and young people	V 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, do you reflect the fe key differences among targeted population groups in education public awareness programmes?			•
		• age	☐ 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, do these educational and public awareness programmes cover:			
		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	▼ No	
		- tobacco consumption?	☐ Yes	▼ No	
3.2.6.5	12(e)	 awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and 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	.6.7 12(d) Are appropriate and special training or sensitization and awa programmes on tobacco control addressed to:			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 (please specify:)?	☐ 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.			
	Ministry of Health has approved the program on the prevention and fight of tobacco related harm.			
3.2.6.9	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 12 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.			
3.2.6.10	If you have any other 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 spo	nsorship		
		(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:			
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 o	question 3.2.7.3.		
3.2.7.2		If you answered "Yes" to question 3.2.7.1,	does your ban cov	ver:	
		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 on: 				
		• radio?	▼ Yes	□ No		
		• television?	▼ Yes	□ No		
		• print media?	✓ Yes	□ No		
		• the domestic Internet?	▼ Yes	□ No		
		• the global Internet?	▼ Yes	□ No		
		• other media (please specify:)?	Yes	□ No		
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 				
		 international events and activities? 	▼ Yes	□No		
		• participants therein?	▼ Yes	□ No		
	WI	nether you answered "Yes" or "No" to question 3	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	(To	lease 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 abmission of your last report.				
	- advertising sport ever advertising cultural and tobacco, in the advertising cultural and tobacco, in the advertising related audios of the advertising culture and tobacco, in the advertising culture advertising sports of the advertising culture advertising sports of the advertising sport even advertising sport of the advertising sports of the advertising sport even advertising spor	Tobacco advertising are banned in the following forms: dvertising of tobacco by means of press, media, movies, fashion how, tertainment, ort events, competition, cell phone, and other advanced technologies, billboard, street vertising signs, poster, passenger ticket, and other direct physical forms involving ltural artists and sport celebrities, sportsman and famous public figures by using pacco, rolling paper, pipe, facilities for rolling cigarettes, and other releted materials, me of the tobacco manufacturer, logo, tobacco products, brandname, trade-mark and related colors, combination of colors, wording, design, pictures, images, smells and dios of tobacco products and manufacturers; teach and encourage children to tobacco smoking naming of legal entity by the trade name of the tobacco industry and tobacco products; sponsorship of health, education, cultural, sports and other social events and any nations, contributions or grants by the tobacco industry; the use of trade-mark, trade-name and logos of the tobacco industry and tobacco				

	products on goods, clothes and consumer items; - manufacturing of candies, toys, and other non-tobacco products imitating tobacco products, distributing them as a free gifts, free samples and advertising tobacco via any forms of lotteries, competitions, contests, sales, promotions, discounts and sponsorships; - all other forms except tobacco name, price and in direct physical forms in any sales points of tobacco; - include an additional image, message and other information on the outside or inside of tobacco box and packages to attract consumers attention except national standards; - activities of the tobacco industry on "Brand stretching" and "Brand sharing"; - advertise tobacco directly or indirectly by means of financial and material donation by the tobacco industry themselves or through other organization and legal entity; - placing tobacco brand image, logo in nearby of entertainment areas and service organizations; - all kinds of advertisements that could give wrong, misleading information or perception about tobacco. 2. All kinds of tobacco advertisement materials shall be prohibited to enter the national border. 3. Cross border advertisement, promotion, and sponsorship activities of tobacco is prohibited It shall be prohibited to provide financial, material aids and contributions to social, health, welfare and environmental organizations by the tobacco industry or through another organizations under the name of "Social responsibility".
3.2.7.15	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 13 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.7.16	If you have any other 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.)					
		executive, administrative or other measur	Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.8.1	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 	tobacco use, inclu	uding:			
		media campaigns emphasizing the importance of quitting?	Yes	▼ No			
		programmes specially designed	for:				
		 underage girls and young women 	☐ 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?	✓ Yes	□ No			
		• other (please specify:)?	☐ Yes	□ No			
3.2.8.3	14.2(a)	design and implementation of progracessation of tobacco use, in such loc	_	romoting the			
		educational institutions?	☐ Yes	▼ No			
		health-care facilities?	▼ Yes	□ No			
		• workplaces?	□Yes	✓ No			

		• sporting environments?	☐ Yes	▼ No
		• other (please specify:)?	☐ Yes	□No
3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment counselling services for cessation of programmes, plans and strategies fo 	f tobacco use in na	
		• 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 ☐ Partia	□ None
		secondary and tertiary health care	☐ Fully ☐ Partia	ally None
		• specialist health-care systems (please specify:)	☐ Fully ☐ Partia	□ None

		 specialized centres for cessation counselling and treatment of tobacco dependence 	Fully	Partially	None
		• rehabilitation centres	☐ Fully ☐	Partially	None
		• other (please specify:)	☐ Fully ☐	Partially	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	5	□ No
		• dentists	☐ Yes	5	□ No
		• family doctors	☐ Yes	5	□ No
		 practitioners of traditional medicine 	☐ Yes	6	□ No
		• other medical professionals (please specify:)	☐ Yes	S	□ No
		• nurses	☐ Yes	5	□ No
		• midwives	☐ Yes	5	□ No
		• pharmacists	☐ Yes	5	□ No
		Community workers	☐ Yes	6	□ No
		Social workers	☐ Yes	3	□No
		Others (please specify:	☐ Yes	6	□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	5	▼ No
		• dental?	☐ Yes	5	▼ No
		• nursing?	☐ Yes	5	▼ No
		• pharmacy?	☐ Yes	6	▼ No

		• other (please specify:)?	Yes	▼ No
3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	☐ Yes	▼ No
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8.10, where and how can these products be legally purchased in your country?		
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2. products are legally available for the tr your jurisdiction?	_	
		nicotine replacement therapy	✓ Yes	□No
		• bupropion	☐ Yes	▽ No
		• varenicline	☐ Yes	▼ No
		• other (please specify: plaster)	✓ Yes	□ No
3.2.8.13 14.2(d) If you answered "Yes" to question 3.2.8.10, are the covered by public funding or reimbursement?			s of these products	
		nicotine replacement therapy	☐ Fully ☑ P	artially None
		• bupropion	☐ Fully ☐ P	artially None
		• varenicline	☐ Fully ☐ P	artially None
		• other (please specify: plaster)	□ Fully □ P	artially None
3.2.8.14	Art	ase provide a brief description of the progre icle 14 (<i>Demand reduction measures conce</i> sation) in the past two years or since submis	rning tobacco de	pendence and
3.2.8.15		E OF THE GUIDELINES ADOPTED BY '	THE CONFERE	NCE OF THE
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 14 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .			

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

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 document the six official languages.)	d of the section	and attach the		
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl			
3.3.1.1	15.2	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product? 	Yes	▼ No		
3.3.1.2	15.2(a)	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market? 	Yes	▼ No		
3.3.1.3	15.2(a)	 requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in" or carry any other effective marking indicating the final destination of the product? 	Yes	▼ No		
3.3.1.4	15.2(b)	 developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade? 	Yes	▼ No		
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	Yes	▼ No		
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	Yes	▼ No		

3.3.1.7	15.4(a)	_	facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	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.
	Mongolia has signed the Protocol to eliminate illicit trade in tobacco products, in November 2013
3.3.1.15	If you have any other 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 a executive, administrative or other measures or where appropriate, programmes on any of the	or have you im		
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 21 	✓ 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	П 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?	▼ 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 vei	nding mac	of tobacco to and by persons under the a hines; the organization of promotional obacco sales	-			
3.3.2.13	If you have any other 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". summary in the space provided relevant documentation. Please the six official languages.)	at the end of th	he section an	nd attach the	
		Have you adopted and implement programmes on any of the following	•	propriate, m	easures or	
3.3.3.1	17	promoting economically viable	e and sustainab	ole alternative	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.					
2222	,	h		4 . 1	annual in this	
3.3.3.3		If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	Article	OTHER MEASURES AND POI	LICIES			
		(with reference to Articles 18–21)				
3.4.1	18	Protection of the environment and the health of persons				
		(Please check "Yes" or "No". For affirmative answers, please 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 executive, administrative or other where appropriate, programmes or	measures or have you	u implemented,		
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 manufacturi territory, which take into consideration:		turing 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 other relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.4.2	19	Liability (Please check "Yes" or "No". For affirmative summary in the space provided at the end of the documentation. Please provide documentation languages.)	ne section and	attach the	relevant
3.4.2.1	19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	▼ Yes	□ No	Not applicable
3.4.2.2	19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	▼ Yes	□No	Not applicable
3.4.2.3	19.1	Do you have any civil liability measures that are specific to tobacco control?	▼ Yes	□No	Not applicable
3.4.2.4	19.1	Do you have any general civil liability provisions that could apply to tobacco control?	▼ Yes	□No	Not applicable
3.4.2.5	19.1	Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?	▼ Yes	□ No	Not applicable
3.4.2.6	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	Not applicable
3.4.2.7	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	Not applicable
3.4.2.8		Please provide a brief description of any pr implementing Article 19 (<i>Liability</i>) in the p your last report.	-		
		In case of the violation of the legislation on Tobal district, bag, horoo and an authorized police office administrative penalties on the guilty person for the punishable under the Penal Code.	er and state ins	spector, sh	all impose the

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

3.4.3	20	Research, surveillance and exchange of info	rmation			
		(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 approximate executive, 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?	▼ Yes	□ No		
		• the determinants and consequences of exposure to tobacco smoke?	▼ Yes	□ No		
		• identification of effective programmes for the treatment of tobacco dependence?	☐ Yes	▼ No		
		• identification of alternative livelihoods?	☐ Yes	✓ No		
		• other (please specify:)	☐ Yes	□ No		
3.4.3.2	20.1(b)	 training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation? 	✓ Yes	□No		
3.4.3.3	20.3(a)	a national system for epidemiological surveilla	ance of:			
		• patterns of tobacco consumption?	☐ Yes	▼ No		
		determinants of tobacco consumption?	☐ Yes	▼ No		
		consequences of tobacco consumption?	☐ Yes	▼ No		
		social, economic and health indicators related to tobacco consumption?	☐ Yes	▼ No		
		exposure to tobacco smoke?	☐ Yes	▼ No		

		• other relevant information (please specify:)	☐ Yes	□ No	
3.4.3.4	20.3(a)	If you answered "Yes" to any question unde surveys, including the year of the survey, the the past.	_		
		WHO, MOH, STEPS survey on Risk fac diseases, 2013	tors of Non co	ommunicable	
		Global tobacco surveillance system-Mongol survey, school personnel survey & health pr			
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, d plans to repeat any of the above or to undert within three to five years of your last survey the space below.	ake a new tob	acco survey	
3.4.3.6	20.4	regional and global exchange of publicly avail	able 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 20 (Research, surveillance and exchange of information) in the past two years or since submission of your last report.				
3.4.3.9	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

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
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	☐ 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	Pa W	you answered "Yes" to any of questions 4.1–4.6 rties from which assistance was received or to w WHO, MCA-Mongolia, Government of the USA, ongolia	which assistance w	vas provided.

4.8	Please provide information about any assistance provided or received in the space below.
	Build capacity of health and other sector staff on 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.
	WHO and Health Promotion Fund of Mongolia
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?
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.
	Technical and financial assistance to implement FCTC and National Law on tobacco control

5. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
100% indoor smoke-free environment, excise tax on tobacco and tobacco cessation
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
If you answered "Yes" to question 5.2, please provide details in the space below.
Build capacity of health and other sector staff on tobacco cessation
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 capacity on tobacco cessation
Please provide any other relevant information not covered elsewhere that you consider important.
Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument