

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	Republic of Korea	
1.2	Information on national contact responsible for preparation of the report:		
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	Full name of institution	Ministry of Health and Welfare	
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1.3	Signature of government official submitting the report:		
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1.4	Period of reporting	May 2012 – March 2014	
1.5	Date the report was submitted	April 15, 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	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)				
		Average number of the most- consumed smoking tobacco product used per day			
	MALES				
	Current smokers	43.3	16.1		
	Daily smokers	40.2			
	Occasional smokers	3.1			
	Former smokers	30.1			
	Never smokers	26.6			
	FEMALES				
	Current smokers	7.4	8.0		
	Daily smokers	6.1			
	Occasional smokers	1.3			
	Former smokers	3.7			
	Never smokers	88.9			
	TOTAL (males and	females)			
	Current smokers	25.0	14.9		
	Daily smokers	22.9			
	Occasional smokers	2.2			
	Former smokers	16.7			
	Never smokers	58.3			

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	cigarette
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	19 years old and over
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Korea Health Statistics 2012 (published by Ministry of Health and Welfare in 2013). Please refer to appendix 1
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	*Current smoker: Those who have smoked more than 100 cigarettes in their lifeti me and been smoking currently *Former smoker: Those who have smoked more than 100 cigarettes in their lifeti me and used to smoke cigarettes in the past, but do not smoke cigarettes any more
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.
	Smoking prevalence in male adults has gradually reduced from 48.1% in 2010 to 4 3.3 in 2012 whereas smoking prevalence in female adults has slightly increased fro m 6.1% in 2010 to 7.4% in 2012 for last three years.

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 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	18-28	41.5		
	SHIOKEIS	29-38	54.8		
	Add age group	39-48	49.5		
	Add age group	49-58	41.8		
		59-68	26.9		
	FEMALES				
	Current smokers ¹	18-28	13.6		
	SHIOKEIS	29-38	9.0		
	Add age group	39-48	5.5		
	That age group	49-58	7.9		
		59-68	1.6		
	TOTAL (male	es and females)			
	Current smokers ¹	18-28	28.0		
	Add age group	29-38	32.5		
		39-48	27.7		
		49-58	24.6		
		59-68	13.4		

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:
	Cigarettes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Korea Health Statistics 2012 (published by Ministry of Health and Welfare in 2013). Please refer to appendix 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.
	Smoking prevalence in male adults has decreased in all age groups, particularly 20s -30s 1)20s (18-28): 47.3% in 2010, 44.9% in 2011, and 41.5% in 2012. 2)30s(29-38): 60.9% in 2010, 63.7% in 2011, and 54.8% in 2012.
	Contrary to reduction of smoking prevalence in male, smoking rate in female has in creased especially 20s20s(18-28): 7.4% in 2010, 10.4% in 2011, 13.6% in 2012.

Prevalence of smokeless tobacco use in the adult population (all)					
	revalence data for total adult population, and identify the age 2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)				
	Prevalence (%) (please include all smokeless tobacco products in prevalence data)				
MALES					
Current users					
Daily users					
Occasional users					
Former users					
Never users					
FEMALES					
Current users					
Daily users					
Occasional users					
Former users					
Never users					
TOTAL (males and	females)				
Current users					
Daily users					
Occasional users					
Former users					
Never users					
	(Please provide proconsidered in 2.1.3. MALES Current users Daily users Occasional users Females Current users Daily users Occasional users Former users Torner users Never users Former users Former users Daily users Occasional users TOTAL (males and Current users Daily users Occasional users Former users				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group						
	(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)						
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)				
	MALES						
	Current users ²						
	Add age group						
	FEMALES						
	Current users ²						
	Add age group						
	TOTAL (males	s and females)	ı				
	Current users ²						
	Add age group						

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

2.1.5	Tobacco use	by ethnic group	(s)		
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Males	Females	Total (males and females)
	Current users ³				
	Add ethnic group				
2.1.5.1	Please in	dicate the tobacc	o products include	d in the answer to qu	uestion 2.1.5:
2152	Dlaracia	The standard and a second	1 1 1 1.	414	215 - 6
2.1.5.2	Please in	uicate the age rai	ige to which the da	nta used to answer q	uestion 2.1.5 refer:
2.1.5.3 Please indicate the year and source of the data u		ta used to answer qu	nestion 2.1.5:		

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

		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Smoking tobacco	Smokeless tobacco	Other tobacco	
	Boys					
	Current users ⁴	13	7.5		2.1	
	Add youth	14	13.0		4.3	
	group	15	18.3		6.3	
		16	20.8		6.9	
		17	22.8%		7.4	
	Girls					
	Current users ⁴	13	3.3%		1.1	
	Add youth	14	3.8		0.9	
	group	15	5.4		1.4	
		16	7.0		1.5	
		17	6.4		1.1	
	TOTAL (boys and girls)					
	Current users ⁴	13	5.5		1.6	
	Add youth	14	8.6		2.7	
	group	15	12.1		3.9	
		16	14.3		4.3	
		17	15.0		4.5	
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:					
			arette / others: e-cigar otine delivery system (

 $^{^4}$ 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:
	Youth Health Behaviour Online Survey 2013 (published by Ministry of Health and Welfare in 2013). Please refer to appendix 2
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	For current smoking/tobacco use, the YHBOS used the term of current users which means those who have smoked at least once(e-cigarette) or one day(traditional cigarette) for the last 30 days.
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.
	Tobacco use in male and female adolescents has been decreased in all the age groups.

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).
	1. Adults (19 years old and over): adults' tobacco smoke exposure rate is 45.3 (ma le 52.9%, female 38.7%) in the workplace and is 11.3% (male 4.5%, female 15.4%) at home. *These data show the current nonsmoker adults' smoking exposure rate in the workplace or at home indoors.
	2. Adolescents: minors' tobacco smoke exposure (second-hand smoke) rate is 30.7% (male 29.5%, female 32.0%)
	*In accordance with the Youth Health Behaviour Online Survey 2013, it defines t he second-
	hand smoking as that adolescents have been exposed to other family members or guests' smoking at home within 7 days
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	1. Adults: Korea Health Statistics 2012(published by Ministry of Health and Welf are in 2013). Please refer to appendix 1.
	2. Adolescents: Youth Health Behaviour Online Survey 2013 (published by Minis try of Health and Welfare in 2013). Please refer to appendix 2.

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? Ves 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? 58155

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.					
	*Male: 41.1% of all cancers, 73% of lung cancer, 72.5 % of laryngeal cancer death are attributed to tobacco use.					
	*Female: 5.1% of all cancers, 19.8% of lung cancer, 34.2% of laryngeal cancer death ar e originated from tobacco use.					
	*If 30-year-old man lives until 90 years old, the life expectancy of Non-smoker is 54.05 years; former smoker is 52.23 years; and current smoker is 47.61 year					
	s. * Tobacco related mortality in 2012 is 58,155(male 49,704; female 8,451)					
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:					
	The data was based on the following resources. Please refer to appendix 3. 1) Keum Ji Jung et al., "Smoking-					
	Attributable Mortality among Korean Adults, 2012", <i>Journal of The Korea Society of Health Informatics and Statistics</i> , 2013, 38(2), pp.36-48;					
	2) Young-ho Jeong, <i>Effectiveness of Health Outcome in Health Plan 2020</i> , 2011, The Korea Institute for Health and Social Affairs (KIHASA) and Korea Heal					
	th Promotion Foundation.					

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?
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).
	Health insurance expenditure by tobacco use is about 1691 billion KRW (15.73 billio n USD) in 2011 *This health insurance expenditure includes national insurance contribution and patients sharing. (1USD=1076KRW, as of March 26, 2014)
	Health insurance expenditures have increased 48.7% from 1051 billion KRW in 200 7 to 1563 billion KRW in 2011.
	Social economic cost by smoking is 5460 billion KRW in 2007. *Social economic c ost includes the direct and indirect cost such as medical expenses and income and pr oductivity loss by premature death.
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:
	The data was based on the following resources. Please refer to appendix 4. 1) Sunha Jee, "A study on health harms of smoking and its burden of medical costs: using national health insurance big data," <i>Health Insurance and Policy</i> , 2013, 12(1), pp.143-160. National Health Insurance Service.
	2) Sun Mi Lee et al., Measures to impose health care contribution on health risk fac tors for securing financial resources. 2012. Health Insurance Policy Institute of Nat ional Health Insurance Service.
	3) Young-ho Jeong et al., Lifetime cost of obesity and smoking and long- term effectiveness of health promotion. 2010. The Korea Institute for Health and S ocial Affairs (KIHASA) and Korea Management Centre for Health Promotion.

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS						
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)						
2.5.1	Licit supply of tobacco products						
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
	Smoking tobacco products	cigarette	A million of cigarettes	118320	88400	38542	1100
	Add product	e-cigarette	1 million ml		7		4
	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. 3144 millions of cigarettes						
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:						
	Minis	stry of Strate	egy and Finan	ce in 2013.			
	(The s	statistics of e	-cigarette is 20)12 data.)			

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS						
	(with	reference to Arti	cle 15.5)				
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized		
	Smoking tobacco						
	products						
	Add row						
	Add Tow						
	Smokeless						
	tobacco products						
	Add row						
	Other						
	tobacco products						
	Add row						
	Addiow						
2.6.2	_	ou have any informal tobacco marke		ntage of illicit tobacco	products on the		
2.6.3	If you	answered "Yes"		what percentage of the rate? %	national tobacco		
2.6.4	16		to avection 2.6.2 an	. d h in Commenties	- available vibat		
2.0.4	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						
	percen	tage of illicit tob	acco products in rel	ation to the national to	bacco market?		
2.6.5	Please	provide any furt	her information on i	illicit tobacco products			
	Korea Customs Service has uncovered 71 cases of tobacco products smuggling which is worth about 43.6 billion KRW (40.6 million USD) in 2013.						
2.6.6	Please	indicate the sour	ce of the data used	to answer questions in	section 2.6:		
	Korea Customs Service						

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.
	In 2013, the number of tobacco-

	growing household was 3,790 and the area of tobacco-growing was 3,858 hectares
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:
	Tobacco Grower's Union, 2013

2.8	TAXATION OF TOBACCO PRODUCTS							
	(with reference	to Articles 6.2(a) and 6.3)					
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? 62							
2.8.2	How are the excise taxes levied (what types of taxes are levied)?							
	• Spec	ific tax only		☐ Yes	▼ No			
	• Ad v	alorem tax only		☐ Yes	▼ No			
	• Com	bination of speci	fic and ad valorem	taxes Yes	☐ No			
	• More	e complex structi	are (please explain	::)				
2.8.3	_	e provide details on the rates of taxation for tobacco products at all nent and be as specific as possible (specify the type of tax, e.g. rt duties)						
		Product	Type of tax	Rate or amount	Base of tax ⁵			
	Smoking tobacco products	cigarette	Health prom otion fund co ntribution	354	KRW/ 20 cigarette			
	Add product	cigarette	Excise tax	641	KRW/ 20 cigarette			
		cigarette	Local educati	320.5	KRW/ 20 cigarette			
		cigarette	Waste manag ement charge	7	KRW/ 20 cigarette			
	cigarette VAT 10 of lu e-cigarette alth promotion d contribution 221 of n							
	e-cigarette Excise tax 400							

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.

		:	Local educati	50	% of excise	
		e-cigarette	on tax	50	tax	
		e-cigarette	Waste management charge	7	KRW/ 20 ca rtridge	
		e-cigarette	VAT	10	% of retail price excluding VAT	
		Pipe tobacco	Excise tax	1150	KRW/50 grams	
		Pipe tobacco	Local educati on tax	50	% of excise tax	
		Cigar	Excise tax	3270	KRW/50 gr ams	
		cigar	Local education tax	50	% of excise tax	
		Cut tobacco	Excise tax	1150	KRW /50grams	
		Cut tobacco	Local education tax	50	% of excise tax	
	Smokeless tobacco products	Chew	Excise tax	1310	KRW/50 gr ams	
	Add product	Chew	Local educati on tax	50	% of excise tax	
		Snuff	Excise tax	820	KRW/50 gr	
		Snuff	Local educati on tax	50	% of excise tax	
	Other tobacco products					
	Add product					
2.8.4			in taxation for tol last report in you	bacco products in a jurisdiction.	the past two	
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)					
2.8.6	If you answered '	'Yes" to question	2.8.5, please pro	ovide details in the	space below.	
	KRW 22.9 billion is	n 2012 and KRW	21.6 billion in 2	013 of Health Pro	motion Fund w	
	as used for national	tobacco control p	oolicy and program	ms		
2.8.7	Please indicate the 2.8.6:	e year and source	e of the data used	to answer questio	ns 2.8.1 to	
	In accordance with amended Tobacco Business Act, ecigarette is included in tobacco products and imposed the tax. The data are based on Health Promotion Act, Local Tax Act, Enforcement Decree of the Act on the Promotion of Saving and Recycling of Resources and Value-					

Added Tax(2014)
From 2.8.1: 62.8% consisting of the following elements;
1) Health promotion fund KRW 354 (the Health Promotion Act, Article 23)
2) Excise tax KRW 641 (The Local Tax Act, Article 229)
3) Local education tax KRW 320.5 (The Local Tax Act, Article 260(2) and 260(3))
4) Waste management charge KRW 7(The Act on the Promotion of Saving Resources
and Recycling, Article 10)
5) Value-Added Tax(VAT) KRW 227.27(The VAT Law, Article 14)
Subtotal KRW 1.549.77(62% of 20 cigarettes, KRW 2.500)

2.9	PRICE OF TOBACCO PRODUCTS (with reference to Article 6.2(a))						
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.						
		Most	t widely sold bra	and	Number of	Retail price	
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products	units or amount per package		
	Domestic	Esse			20	2500	
		The one			20	2500	
		Raison			20	2500	
	Imported	Dunhill			20	2700	
		Marlboro			20	2700	
		Parliament			20	2700	

2.9.2	Please indicate the year and	l source of th	ne data used to	answer question	2.9.1.	
	Ministry of Strategy and	Finance, F	KT&G, 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.					
	KRW: 1,000KRW=0.93(as of March 27, 2014)					
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.					
	Philip Morris in Korea released new Marlboro in March 2013 and sells it for KRW 2,700.					
	British American Tobacco it for KRW 2,700. (≒USD		eased new Dun	hill in October 2	013 and sells	

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

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	(e.g.	ou answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, I point for tobacco control or the tobacco control un	the institution	

	Department of Health Promotion of Bureau of Health Policy of Ministry of Health and Welfare is implementing the national smoking cessation support services including public awareness promotion, education, smoking cessation clinic at health community centres and smoking-preventive education in schools. -Three government officials including a deputy director and two officers are fully involved in tobacco control and smoking cessation support programmes.
	Ministry of Health and Welfare operates National Health Promotion Policy Committee, the interministerial agency to examine and review the health promotion issues such as tobac co control. The chair of the committee is viceminister of Ministry of Health and Welfare and the committee members consist of f ifteen people from eight ministries' bureau directors and non-government sector.
	- Korea Health Promotion Foundation, an affiliated agency of Ministry of Health and Welfare has operated regular meeting of Tobacco Control Policy Advisory Group since 2013. The advisory group is composed of 5 sub-groups including the topics with respect to regulation, academic parts, education, communication and service with 30 professionals.
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.
	Korea Association on Smoking or Health, a non-governmental organization, had carried out the monitoring on tobacco industry's promotion and marketing activities from April 2012 to January 2013. It researched the actual condition of tobacco promotion in convenient stores and minors' perception on it.
3.1.1.7	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	▼ Yes	□ No		
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	Yes	▼ No		
3.1.2.3		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. In accordance with Code of Conduct for Public Officials (Presidential Decree), it a ddresses the government officials' conduct in general. It prohibits officer to receive all sorts of treats from any individual or organization that will get advantages or dis advantages as a direct result of decision or implementation of government policies or public projects (defined in Article 2.1(g)) as well as encourages impartially performing their tasks.				
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. Partially amended Local Tax Act and Health Promotion Act to raise tobacco products' price were proposed in 2013 by law-makers and Minister of Health and Welfare also commented higher price is needed to prevent the minors' smoking.					
3.1.2.5	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.					
	i	To prepare implementation of the article, "Finding mplement the WHO FCTC Article 5.3" was conducted. Please refer to Appendix 5.				
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 affirmat brief summary in the space provided at the relevant documentation. Please provide doc of the six official languages.)	end of the section	and attach the	
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the	or have you impl		
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	▼ Yes	□ No	
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	☐ Yes	▽ No	
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	▼ Yes	□ No	
3.2.1.4	(Pr	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.			
3.2.1.5		you have any other relevant information pertaining to but not covered in this ction, please provide details in the space below.			

3.2.2	8.2	Protection from exposure to tobacco s	smoke		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, what administrative or other measures or have appropriate, programmes on any of the	e you implemented, wi		
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/na	ture 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: The private company regulations)	✓ Yes	□ No	
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and conte	nt of the	
		There are mainly five types of measure	s banning tobacco smo	oking in Korea.	
		1) National law: National Health Promotion the ban and also imposes fines on offenders on-smoking area. 2) Municipal by-laws: any municipalities as smoking areas and impose fines to the offen 3) Administrative order: Enforcement Rule ecifies the restaurants classified as smokefree indoors and presents the range of penalte-free zone or violation against smoke-free	up to KRW 100,000 for able to designate not ders through municipals of National Health Paties to offenders like stregulations.	on- al by-laws. Promotion Act sp moking in smok	
		4) Voluntary agreements: some institutions ompany, and apartment dwellers have their regulating rules for banning tobacco smoking up voluntary movements.	own self-	at universities, c	

	5) Others: a number of private companies reperformance assessment as well as entrance and Welfare awards a prize every year, on the company for its effort for employees' health programs.	examinations; a ne World No Tol	nd Ministr bacco Day,	y of Health , to the best
3.2.2.4	If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/infrastructure for enforcement?	▽ Yes		No
3.2.2.5	If you answered "Yes" to question 3.2.2.	4 please provide	details of	this system.
	Amended National Health Promotion Mayors or governors of local government smoking-surveillant for monitoring smok and its compliance. This will be entered in	ts are able to apping behaviours in	oint office n smoke-fr	rs called a
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	V		
	private workplaces		V	
	• other (<i>please specify:</i> nursery facilities)	>		
	Public transport:			
	• airplanes	>		
	• trains	>		
	• ferries	~		
	• ground public transport (buses, trolleybuses, trams)	V		

¹ except universities

 motor vehicles used as places of work (taxis, ambulances, delivery vehicles) 	V	
• private vehicles		
• other (please specify:)		

	Indoor public places:					
	• cultural facilities					
	shopping malls					
	pubs and bars					
	• nightclubs					
	• restaurants					
	• other (please specify: Sports facilities)					
3.2.2.7	Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.					
	Banning tobacco smoking in indoor workplaces					
	The whole of the following facilities will be designated as non-smoking area.					
	Government offices, public institutions, schools, health-care facilities, child nursing facilities, private institutes, office buildings, factories and multipurpose buildings, which are with a floor a ea of 1,000 m² and more.					
	Banning tobacco smoking in public transport					
	The whole of the following facilities will be designated as non-smoking area.					
	The public transport including lobbies, platforms and underground pas- ges in transportation facilities such as airports, ferries, railway stations us terminals, other types of transportation with more than 16 seats, chi- en transport vehicles.	s, b				
	Banning tobacco smoking in indoor public places					
3.2.2.8	The whole of the following facilities will be designated as non-smoking area. 1. Youth activity centre, library, children's play facilities. 2. Theatres with more than 300 seats, large stores. 3. Underground shopping malls. 4. Tourist accommodations. 5. Sports facilities whose capacity is more than 1,000 spectators. 6. Welfare facilities, public baths. 7. Game software suppliers targeting both youth and adults, internet computer g me facilities and multimedia game content facilities. 8. Large restaurants, cafeteria and bakeries, comic book stores.					
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.	8				

	All restaurants which registered as 'general restaurant' will be included in non-smoking areas from January 1, 2015. In the case of owner's violation against law, KRW 1.7 million for the first offence, KRW 2.3 million for second offence and KRW 5 million for third offence. In regard to individual smoker's infringement of the law, KRW 100,000 will be imposed.
3.2.2.9	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 8 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 8 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 .
3.2.2.10	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	In regard to 3.2.2.6 answers, private work places, cultural and sports facilities were responded as "complete" smoke-free zone in 3 rd reporting period in 2012. However, precisely interpreting the regulat ion, those are "partial" non-smoking areas because it specifies certain standards. Only the following spaces are fully banned smoking and the places less than its standard are not prohibited. 1)Private work places: the buildings such as private institutes, office buildings, fact
	ories and multipurpose structures with a floor area of 1,000 m² and more 2) Cultural facilities: theatres with more than 300 seats 3) Sports facilities whose capacity is more than 1,000 spectators.
	Smoking in taxi has been fully banned in Seoul from August 1, 2013 pursuant to Seoul Metropolitan Government's by-laws. It prohibits smoking in taxi whether passenger is on board or not. If the driver infringed regulation, a fine, KRW 1.2 million is imposed to him or her.
	In accordance with article 21 of Enforcement Decree of the Food Sanitation Act (T ypes of Business), night club is classified as entertainment bar business and it is not included in non-smoking areas. Article 6 of the National Health Promotion Act specifies non-smoking areas as 'rest restaurant business', 'general restaurant business' and 'baker y business'.

3.2.3	9	Regulation of the contents of tobacco prod	ucts		
		(Please check "Yes" or "No". For affirmativ summary in the space provided at the end of relevant documentation. Please provide docu the six official languages.)	the section and att	tach the	
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh		
3.2.3.1		 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 management in Regulation of the contents of tobacco products) in ubmission of your last report.	_	-	
	Review of Regulation on the Article 12 of Enforcement Decree of the Tobacco Bus iness Act (Presidential Decree) mentions that in every three years the validity of lab elling standard of tobacco product's contents should be reviewed pursuant to Articl e 9(2) and required improvement measures should be made. (inserted on December 30, 2013)				
3.2.3.6		USE OF THE GUIDELINES ADOPTED BY THE PARTIES	E CONFERENCE	OF THE	
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 9 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 .				
	Two provisions with respect to reduced ignition propensity (RIP) cigarette were ne wly established on Article 11 of Tobacco Business Act; manufacture and import of reduced ignition propensity and its performance certification on article 11(5) and de signation of certification authority to fire prevention performance on article 11(6).(i nserted on January 21, 2014, entry into force on July 22, 2015)				
3.2.3.7		f you have any other relevant information pertaini ection, please provide details in the space below.	ng to but not cove	red in this	
	d to e	The researches to develop the international standard lomestic manufactured and sold tobacco products to public have being carried out by Ministry of Focal Food and Drug Administration). The budget of 1 for 5 years until 2018.	and its emissions and and Drug Safety	and to disclose y (previous Kor	
	_				

Article 25(2), indication of tobacco products constituents newly inserted on Januar y 21, 2014. This provision states labelling of the emission contents in one cigarette and testing and measuring its emission is required.

3.2.4	4 10 Regulation of tobacco product disclosures					
		(Please check "Yes" or "No". For affirmative answers, please provide a base 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.)				
		administrative or other measures or have you	ve you adopted and implemented, where appropriate, legislative, executive, ministrative or other measures or have you implemented, where propriate, programmes on any of the following:			
3.2.4.1		 requiring manufacturers or importers of Government authorities information abo 	r importers of tobacco products to disclose to formation about the:			
		contents of tobacco products?	☐ Yes	▼ No		
		emissions of tobacco products?	✓ Yes	□ No		
3.2.4.2	requiring public disclosure of information 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 implem (<i>Regulation of tobacco product disclosures</i>) in the past two years submission of your last report.			_	-		
3.2.4.4	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES					
	j d p	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 10 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 .				
3.2.4.5	.4.5 If you have any other relevant information pertaining to but not covered is section, please provide details in the space below.			red in this		

3.2.5 Packaging and labelling of tobacco products					
		(Please check "Yes" or "No". For affirmative and brief summary in the space provided at the end of the relevant documentation. Please provide documentation one of the six official languages.)		of the section and attach	
	Have you adopted and implemented, where appropriate, executive, administrative or other measures or have you 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	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 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 Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.				
	-	stablished provision on Article 25(5) of Tobacco ables to mislead the public. (inserted on January		limits labelling	
3.2.5.16	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 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 .				
	In regard to the answer of 3.2.5.10, preparations will be conducted to develop Kor ean pictorial health warning in 2014.				
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.				
	In regard to the answer of 3.2.5.2, Korean government will restrict the labelling w hich possibly misleads the public from January 21, 2015 pursuant to Article 25(5) of Tobacco Business Act (inserted January 21, 2014). It states that manufacturers and importers should not use a false sense of any term, sentence, brand, shape, or s				

igns on the packaging or advertising.

In regard to the answer of 3.2.5.13, According to the Article 25(2) of Tobacco Bus iness Act, Indication of Tobacco Ingredients, it stated that the major contents in the smoke of one cigarette are indicated on the wrapping paper of each tobacco pack. The contents in the smoke are not tobacco constituents but its emissions.

3.2.6	12	Education, communication, training and public awareness			
		(Please check "Yes" or "No". For affirmative answers, please provide of brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, one of the six official languages.)			
		Have you adopted and implemented, where appropriate, legislative executive, administrative or other measures or have you implement 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 targeted?	es" to question 3.2.6.1, to whom are these programmes		
		adults or the general public	▼ Yes	□ No	
		children and young people	✓ Yes	□ No	
		• men	V Yes	□ No	
		• women	✓ Yes	□ No	
		• pregnant women	▽ Yes	□ No	
		ethnic groups	□Yes	▼ No	
		• other (<i>please specify:</i> Military men, riot policemen.)	▼ Yes	□ No	
3.2.6.3 If you answered "Yes" to question 3.2.6.1, do you reflect key differences among targeted population groups in educ 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, awareness programmes cover:	do these educati	ional 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	of	
		- tobacco production?	☐Yes	▽ No
		- tobacco consumption?	∨ Yes	□ No
3.2.6.5	 awareness and participation of the following agencies and in development and implementation of intersectoral prog 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: school)?	▼ 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 sens programmes on tobacco control addressed to		vareness
		• 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: Military men, riot policemen.)?	∨ Yes	□No			
3.2.6.8	Please provide a brief description of the progress 12 (<i>Education, communication, training and pub</i> years or since submission of your last report.	_	-			
	<smoke-free 2012="" campaigns="" in=""></smoke-free>					
	 Conducting public advertisement, slogan with 'territory is getting wider' to promulgate tobacco respect to extending of smoke-free areas. 					
	Intensively promoting the fifth session of Confe TC which held from 12 to 17 November 2012.	Intensively promoting the fifth session of Conference of the Parties of WHO FC TC which held from 12 to 17 November 2012.				
	- Cooperating with the Yeosu Expo organizing c smoke-free campaigns to expo visitors.	- Cooperating with the Yeosu Expo organizing committee and carrying out smoke-free campaigns to expo visitors.				
	< Smoke-free campaigns in 2013>					
	Implementing public advertisement, slogan with "anywhere people are, there is s mokefree zone in Korea" to promulgate tobacco control policy, particularly with respect to extending of smoke-free areas.					
	Producing 'social movie' beyond the traditional media such as TV, radio, print, outdoor. It is an omnibus style film composed of three short films. A famous acto r and two directors participated in making movies. It drew attention through internet and SNS from young generations.					
	- Making a storybook to prevent smoking and pro- ion targeted children.	ovide useful educa	tional informat			
3.2.6.9	USE OF THE GUIDELINES ADOPTED BY TI PARTIES	HE CONFERENC	E OF THE			
	Please use the space below to provide additional "Guidelines for implementation of Article 12 of jurisdiction (please refer to the section on Article instructions document when responding to this q wish to provide detailed information through the	the WHO FCTC" the 12 of the step-by uestion). Alternati	in your -step ively, you may			

	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.
	As for the nation-wide anti- smoking ads aired for the last two years, please refer to Appendix 6

3.2.7	13	Tobacco advertising, promotion and spo	nsorship	
		(Please check "Yes" or "No". For affirmal 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 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, promot 	ion and sponsorsl	nip on:	
		• radio?	✓ Yes	□ No	
		• television?	▼ Yes	□ No	
		• print media?	✓ Yes	□ No	
		• the domestic Internet?	▼ Yes	□ No	
		• the global Internet?	☐ Yes	▼ No	
		• other media (please specify: Movie theatre.)?	▼ Yes	□ No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		• international events and activities?	☐ Yes	▼ No	
		• participants therein?	☐ Yes	▼ No	
	W	hether you answered "Yes" or "No" to question 3	3.2.7.1, are you:		
3.2.7.12	13.6	 cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	☐ Yes	▼ No	
3.2.7.13	13.7	 imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law? 	☐ Yes	▼ No	
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.				
3.2.7.15	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	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.
	In regards to the answer of 3.2.7.8, any sort of money and values offered by manuf acturers and wholesalers to retailers for promoting tobacco sales is prohibited pursu ant to Tobacco Business Act amended on January 21 2014. Providing money and v alues (Article 25(4) of Tobacco Business Act) and sales incentives, free gifts, gift v ouchers, or other goods (Article 10 of Enforcement Decree of the Tobacco Business Act) are banned.
	In regards to the answer of 3.2.7.13, we responded "yes" in 3 rd reporting period in 2012 but it reveals incorrect in this time. According to Article 9 of Enforcement Decree of Tobacco Business Act, tobacco advertisement on foreign periodicals written in its language and sold domestically and in international airlines or ferries is still permitted. Therefore we change this answer from yes to no.

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation		
		(Please check "Yes" or "No". For affirm brief summary in the space provided at th the relevant documentation. Please provid one of the six official languages.)	e end of the section	on and attach
		Have you adopted and implemented, whe executive, administrative or other measur where appropriate, programmes on any of	es or have you im	
3.2.8.1	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: "smoke-free supporters")?	✓ Yes	□ No
3.2.8.3	14.2(a)	design and implementation of progra cessation 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 (<i>please specify</i> : The military)?	▼ Yes	□ No
3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment counselling services for cessation of programmes, plans and strategies for 	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: National hospital s for tuberculosis) 	▽ Yes	□ No
		 specialized centres for cessation counselling and treatment of tobacco dependence 	☐ Yes	▽ No
	-	rehabilitation centres	✓ Yes	□ No
	-	• other (please specify: Prisons)	✓ 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	ally None
		secondary and tertiary health care	☐ Fully ☐ Partia	ally None
		• specialist health-care systems (<i>please specify:</i> National hospitals for tuberculosis)	Fully Partia	ally None

		 specialized centres for cessation counselling and treatment of tobacco dependence 	Fully Partia	ally None
		• rehabilitation centres	☐ Fully ☐ Partia	ally None
		• other (please specify: prisons)	☐ Fully ☐ Partia	□ 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: counsellors)	▼ Yes	□ No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional train levels at the following schools: 		
		• medical?	▼ Yes	□ No
		• dental?	▼ Yes	□ No
		• nursing?	✓ Yes	□ No
		• pharmacy?	▼ Yes	□ No

		• other (<i>please specify</i> : School of public health)?	▽ 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 products be legally purchased in your co		v can these
		In regards to affordability of pharment of tobacco dependence, it shows 5, government has offered National ce at the community health centre ovides visitors with successive commonths via telephone, email and SMS. Also, the service of k-dosage such as NRT gum, NRT local criptions to those who want to pur propion, Varenicline and Nortript xpense.	ould be considered all Smoking Cessati throughout the na sultation up to 9 ti fers medications for the senge for free, which are medications	that since 200 ion Clinic servintion, which primes within 6 or up to 6 wee le it gives pressincluding Bu
3.2.8.12	3.2.8.12 14.2(d) If you answered "Yes" to question 3.2.8.10, which pharma products are legally available for the treatment of tobacco your jurisdiction?			
		nicotine replacement therapy	▽ Yes	□No
	-	• bupropion	▽ Yes	□No
	-	• varenicline	▽ Yes	□No
		• other (please specify:)	☐ Yes	□No
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8 covered by public funding or reimburse		f these products
		nicotine replacement therapy	☐ Fully	ally None
		• bupropion	☐ Fully ☐ Parti	ally None
		• varenicline	☐ Fully ☐ Parti	ally None
		• other (please specify:)	☐ Fully ☐ Partic	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.
	In regards to Article 14, Korean government provides mainly three national servic es; smoking cessation clinic, quitline and smoking cessation program for military men and riot policemen. Please see the answer to 3.2.8.11 for further information on smoking cessation clinic and the answer to 3.2.8.16 for details on the quitline. The Smoking cessation program for military men and riot policemen have be en financed by Health Promotion Fund since 2009. It provides them with counsell ing and NRTs for free during their period of service.
3.2.8.15	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 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.
	In regards to 3.2.8.7, although we responded "yes" in the 3 rd reporting period in 2012 it reveals incorrect answer. At the 3 rd reporting period, we regarded the smoking cessation clinic at health community centre as specialized centre. However this response is overlapped with primary health care.
	In regards to 3.2.8.8, there is no separate restriction for smoking cessation co unselling, so other medical professionals are also able to provide counselling. In addition, only the person who owned a nurse license is able to be a midwiv f in Korea.
	In regards to 3.2.8.9 answer, medical and pharmacy schools' curriculum include diagnosis and inspection on smoking and drugs. In the case of dental schools, the relations among smoking, tartar, cavity and oral cancer are address ed. Nursing school teaches intervention on smoking cessation treatment in so cial nursing. Lastly, in the curriculum of public health school, smoking is included in pathology reporting and diagnosis.
	To support the smokers, the smoking cessation clinic at health community ce ntre which mentioned on 3.2.8.11. Furthermore a quitline and website have o perated by National Cancer Centre. A quitline(1544-9030) has implemented since 2006 and provided 1 year counselling to smoker s via telephone. Through online, it has offered useful information about smoking cessation and smoking prevention (http://www.nosmokeguide.or.kr/).

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

3.3.1.7	15.4(a)	-	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.
	Korean government signed the Protocol to eliminate illicit trade in tobacco products on January 1, 2013 and has prepared its ratification.
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: 19 	✓ 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	ed "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.	
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	✓ Yes	□ No
3.3.2.8	16.2	prohibiting and/or promoting the proh free tobacco products:	ibition of the d	istribution of
		• to the public?	▼ Yes	□ No

		• to minors?	▼ Yes	□ No	
3.3.2.9	16.3	 prohibiting the sale of cigarettes individually or in small packets? 	▼ Yes	□ No	
3.3.2.10	16.6	 providing for penalties against sellers and distributors in order to ensure compliance? 	▼ Yes	□ No	
3.3.2.11	16.7	prohibiting the sales of tobacco products by minors?	▼ Yes	□ No	
3.3.2.12	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.				
	ntent s pur -Min	ording to Juvenile Protection Act amended in 201 as for youth is imposed the penalties. The Act also pose (entry into force in August 7, 2014.) istry of Gender Equality and Family has a plan to eco use-prevention program for adolescents in 20	specifies the f	ines' use and it	
3.3.2.13	If yo	u have any other relevant information pertaining on, please provide details in the space below.		red in this	

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	ad attach the
		Have you adopted and impleme programmes on any of the following the foll	-	propriate, m	easures or
3.3.3.1	17 – promoting economically viable and sustainable 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.				
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 POLICIES		
		(with reference to Articles 18–21)		
3.4.1	18	Protection of the environment and the health of persons		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.4.1.1	18	 implementing measures in respect of tobacco cultivation within your territory, which take into consideration: 		
		• the protection of the environment?		
		• the health of persons in relation to the environment?		
3.4.1.2	18	implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:		
		• the protection of the environment?		
		• the health of persons in relation to the environment?		
3.4.1.3	1.3 Please provide a brief description of the progress made in implementing As (<i>Protection of the environment and the health of persons</i>) in the past two y since submission of your last report.			
	an uth ud per	regard to 3.4.1.2 answer, manufacture and import of reduced ignition propensity ad its performance certification on Article 11(5) and designation of certification a nority to fire prevention performance on 11(6) of Tobacco Business Act were included on January 21, 2014. In accordance with these new provisions, fire protection reformance by presidential decree should be equipped in all domestic manufacture or imported cigarettes from July 21, 2015.		
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.)	he 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 primplementing Article 19 (<i>Liability</i>) in the pyour last report.			
		National Health Insurance Service are preprelated lawsuit). It is the first litigation by a industry.			

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.
	In regard to 3.4.2.1 answer, it is addressed in Penal Provisions, Chapter V, Tobacco Business Act.
	In regard to 3.4.2.4 answer, it is addressed generally in Product Liability Act and
	Torts in Article 750 of Civil Act.
	In regard to 3.4.2.5 answers, it is addressed in Right of Indemnity, Article 58 of N ational Health Insurance Act. It stated that Article 58(1), When the Corporation (it means National Health Insurance Service) has provided an insurance benefit to a policyholder or dependent because the grounds for the insurance benefit have arise n due to the act of a third party, the Corporation shall have the right to claim comp ensation from the third party up to the amount of the expenses incurred for the ben efit concerned.

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	of the section	and attach the
		Have you adopted and implemented, where approximately 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: Analysis on harm substance of e-cigarette, preparation of related policy.)	✓ 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: Recognition rate on Smokefree promotion; e-cigarette experience rate)	▼ 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 past.	_	
		Appendix 1. Korea Health Statistics 2012 (lth and Welfare in 2013) Appendix 2. Youth Health Behavior Online Ministry of Health and Welfare in 2013)		·
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, deplans to repeat any of the above or to undert within three to five years of your last survey the space below.	take a new tob	acco survey
		Under Article 16 of National Health Promo Survey has been carried out annually targete current smoking rate and second-and smoking urine cotinine test is also added.	ed at adults an	d it includes
		In addition, Youth Health Behaviour Online every year to determine adolescents' health smoking rate and age of first smoking.		
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 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report.			-
	* Research projects funded from National Health Promotion Fund from 2011 to 2013 - Evidence-based Practice Guideline development for Health Promotion			

	(Hangzhong univeristy, Sunghee Park, 2011)
	A study on the present condition analysis and policy planning for electronic cigare ttes(Hanyang Women's University, Cho Jun-Ho, 2011)
	 Analytical research of toxic substances in liquid phase of electronic cigarettes (Kongju National University, Jaeyoung Lee, 2012) A Study on Coping Strategies of The side effects of Cigarette price increase (Korea Aerospace University, Young-soo Lee, 2012) Toxicity assessment of gas phase of electronic cigarettes based on the analytical result of liquid phase of electronic cigarettes (Kongju National University, Ho-sang Shin, 2012) Study of Developing The Korea's National Health Promotion Model: Focused on the Tobacco Control (Yon-nyon Kim, Korea University, 2012) A Basic Study on the Development of Center for Tobacco Product Control in Korea(Korea National Cancer Center, Min-kyung Lim, 2012) Socioeconomic Status – Specific Correlates of Secondhand Smoking Among Adolescents and Improvement Plan (Kyunghee University, Sunhee-Park, 2013) Comparative Studies for Composite Index of Tobacco Control Policy (Korea Institute for Health and Social Affairs, Young-ho Jeong, 2013) Evaluation of Effects of National Smoke-Free Law by Measuring Indoor Secondhand Smoke (Seoul Medical Center, Kyusang Kim, 2013)
	Development of smoking cessation motivation program for high school students(S ahmyook University, Sung Rae Shin, 2011) - Development of a Smoking Cessation Program for High School Students (Catholic University of Daegu, Soon-woo Park, 2011) - Assessment of smoking cessation school program for adolescents (Hallym University, Yu Jin Paek, 2011) - Assessment of smoking cessation clinic and development of manual of smoking cessation counselling for Koreans (Hallym University, Yu Jin Paek, 2012) - Finding an effective strategy to implement the WHO FCTC 5.3 (Yonsei University, Sungkyu Lee, 2012) - Effectiveness assessment of smoking prevention programmes in schools and its measures for development(Catholic University of Daegu, Soon-woo Park, 2012) - Assessment of Smoking Cessation Programme for Youth(Hallym University, Young-Su Ju 2012) - Assessment of smoking cessation clinic projects (Seoul National University, Dong-Wook Shin, 2013) - Development of the Korean Antismoking Campaign Evaluation Index (Kyunghee
	University, Jong-min Park, 2013)
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 □ No	
4.4	22.1(d)	provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	▼ Yes □ No	▼ Yes □ No	
4.5	22.1(e)	identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	▼ Yes □ No	▼ Yes □ No	
4.6	22.1(f)	promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	▼ Yes □ No	▼ Yes □ No	
4.7	If you answered "Yes" to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.				
		sistance received from: World Health Organizat		-	

4.8	Please provide information about any assistance provided or received in the space below.
	Participating in the 15 th World Conference on Tobacco or Health, promoting WHO FCTC 5 th session of Conference of the Parties as a host country and sharing key iss ues in tobacco control in March 2012. - As a partner of drafting group of guidelines for WHO FCTC Article 6, participating in session meeting in June 2013.
	Participating in intermediate inspection for regional action plan (RAP) on tobacco control in the 63 rd session of Western Pacific Regional Office in September 2012. - Attending the Meeting on strengthening the effectiveness of tobacco control measures in WHO WPRO and discussing the regional level measures in October 2013.
	Hosting the 1st Global Health Conference and inviting major scholars to discuss the risk factors of non-
	communicable disease (NCDs) and preventive measures in Seoul, October 2013. Particularly, the key figures in tobacco control issues, Dr. Haik Nikogosian(Head of the Convention Secretariat of WHO FCTC), Dr. Supreda Adulyanon(Deputy CEO of Thai Health Promotion Foundation), Dr. Srinath Reddy(President of Public Health Foundation of India) and Dr. Simon Chapman(Professor of University of Sydney) visited and debated international tobacco control measures and recommendations for Korean government.
	- Participating in Tobacco control fellowship program in WHO Collaborating Centre in Hong Kong and completing 5-day curriculums in November 2013.
	Visiting in Department of Health in UK and Ministry of Social Affairs and Health in France to learn the best practices of nicotine dependence treatment and smoking prevention education in November 2013. It is a great opportunity to build up the capacity of the staffs in charge of health in municipalities.
	 Held Training Workshop on Quit Lines in Smoke-Free Cities to assist setting- up quitlines and trainings for staffs in Asia- Pacific regions endorsed by WHO WPRO in July 2012.
	- National Cancer Centre Korea supported the Asian Pacific Quitline Workshop in Thailand and was appointed as a secretariat of Asian Pacific Quitline in August 2013.
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental
4.10	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.

After the 5th session of Conference of the Parties of WHO FCTC which was held on 12 to 17 November in Seoul, Korean government donated the rest of conference hosting budget to FCTC Secretariat for promoting the relevant activities of Protocol to Eliminate Illicit Trade in Tobacco Products.

* Purpose: Implementation of activities related to the Protocol

* Total: USD 151,714

- Korea National Cancer Center planned and implemented the international training workshop for professionals in the Asia-Pacific region sharing the best practices and experience of quitline. This training pr

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?		
	Introduction of pictorial health warning(non-price policy),		
	Price increase to prevent the minors' smoking (price policy).		
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? No		
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.		
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).)		
	Legislative action (Introduction of pictorial warning, tobacco advertising and sponsorship ban etc.) was insufficient. It was suspended because it needed more consultation in legislative process.		
5.5	Please provide any other relevant information not covered elsewhere that you consider important.		
5.6	Your suggestions for further development and revision of the reporting instrument:		

ogram was held in July 2012 endorsed by WPRO.

End of reporting instrument