REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE

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

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

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

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY Republic of Korea			
1.2	Information on national contact responsible for preparation of the report:			
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1.3	Signature of government official submitting the report:			
	Name and title of officer	Hyung Won Kwon, Deputy Director, Bureau of Health Policy		
	Full name of institution	Ministry of Health and Welfare		
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1.4	Period of reporting	2011 ~ April 2012		
1.5	Date the report was submitted 30 June 2012			

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

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

2.1	PREVALENCE OF TOBACCO USE			
2.1.1	Smoking prevalence in the adult population (all)			
	(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)			
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day	
	MALES			
	Current smokers	48.10 %	16.20	
	Daily smokers	%		
	Occasional smokers	%		
	Former smokers	29.80 %		
	Never smokers	%		
	FEMALES			
	Current smokers	6.10 %	9.10	
	Daily smokers	%		
	Occasional smokers	%		
	Former smokers	4.90 %		
	Never smokers	%		
	TOTAL (males and	females)		
	Current smokers	26.90 %	15.40	
	Daily smokers	%		
	Occasional smokers	%		
	Former smokers	17.20 %		
	Never smokers	%		

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	cigarettes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	18 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 2010 (published by the Ministry of Health and Welfare in 2011). 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 l ifetime and been smoking currently.
	Former Smoker: Those who have smoked more than 100 cigarettes in their lifetime and used to smoke cigarettes in the past, but do not smoke cigarettes anymore.
	The data above is adjusted by age standardization, which is based on estimate population in 2005.
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 prevalance of male adult has hardly decreased in the past two years , rather it increased in 2010; 47.7% in 2008, 46.7% in 2009, 48.1% in 2010.
	Smoking prevalance of female adult shows continuous decreasing trend, but its difference is very small; 7.3% in 2008, 6.9% in 2009, 6.1% in 2010.

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	18-28	47.30 %	
	smokers ¹	29-38	60.90 %	
		39-48	53.60 %	
	Add age group	49-58	45.00 %	
		59-68	30.80 %	
	FEMALES			
	Current smokers ¹	18-28	7.40 %	
	smokers	29-38	7.60 %	
	A 1 1	39-48	6.60 %	
	Add age group	49-58	5.20 %	
		59-68	2.90 %	
	TOTAL (male	es and females)		
	Current	18-28	27.80 %	
	smokers ¹	29-38	35.00 %	
		39-48	30.50 %	
	Add age group	49-58	25.10 %	
		59-68	16.10 %	

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 2010 (published by the Ministry of Health and Welfare in 2011). 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.
	There is little change in smoking prevalence in the male adult population exc ept for the group of 30s showing slight increase; 56.4% in 2008, 56.2% in 20 09 and 60.9% in 2010.
	For the female adult population, the group of 20s shows decreasing smoking prevalence while the group of 40-50s shows increasing.
	1) 40s: 5.7% in 2008, 5.5% in 2009 and 6.6% in 2010.
	2) 50s: 3.4% in 2008, 4.1% in 2009 and 5.2% in 2010.

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

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

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

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

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

2.1.5	Tobacco use l	y ethnic group	(s)		
		Ethnic group(s)	-	Prevalence (%) all smoking or smo	
			Males	Females	Total (males and females)
	Current users ³		%	%	%
			%	%	%
	Add ethnic group		%	%	%
			%	%	%
			%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:			estion 2.1.5:	
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:			estion 2.1.5 refer:	
2.1.5.3	2.1.5.3 Please indicate the year and source of the data used to answer		used to answer que	estion 2.1.5:	

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

2.1.6	Tobacco use	Age range				
		Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)		
	Boys					
	Current users ⁴	14	11.80 %	%	%	
	Add youth	15	15.50 %	%	%	
	group	16	21.60 %	%	%	
		17	23.10 %	%	%	
		18	24.60 %	%	%	
	Girls					
	Current users ⁴	14	5.30 %	%	%	
	Add youth	15	5.80 %	%	%	
	group	16	8.60 %	%	%	
		17	8.10 %	%	%	
		18	8.10 %	%	%	
	TOTAL (boys and girls)					
	Current users ⁴	14	8.70 %	%	%	
	Add youth	15	10.90 %	%	%	
	group	16	15.50 %	%	%	
		17	16.10 %	%	%	
		18	16.90 %	%	%	
2.1.6.1	Please i		acco products included	in calculating pre	evalence for	
	cigaret	tes				

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

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2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	Youth Health Behavior Online Survey 2011(published by the Ministry of Health and Welfare in 2012). 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 a month preceding the survey.
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.
	Overall trend in tobacco use by young persons in the past two years shows a slight decrease; 12.8% in 2009, 12.1% in 2020 and 12.1% in 2011.

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).
	Adults' tobacco smoke exposure rate is about 38.1% (male 45.9%, female 3 3.8%). Looking at the data on tobacco smoke exposure by settings, it varies; 49.1% in the workplace(male 57.6%, female 42.3%), 14.4% at home(male 5.4%, female 19.2%), while the data on public transport is not available.
	The tobacco smoke exposure rate in this answer means the number of adult who are exposure to tobacco smoke divided by the number of adult of former smoker and never smoker. The data above is adjusted by age standardization, which is based on estimate population in 2005.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Korea Health Statistics 2010 (published by the Ministry of Health and Welfare in 2011).

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? ✓ Yes ✓No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? In 2001, the National Statistical Office reported that 86.3 per 100,000 persons - 166 per 100,000 male persons and 10.5 per 100,000 female persons - died from diseases attributable to tobacco use.
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.
	Number of deaths attributable to tobacco use in 2007: male 65,225, female 10,685
	Smokers' life expectancy as of 2010: 47.61 for current male smokers whose life expectancy is 30, and 54.04 for current male non-smokers whose life

	expectancy is 30
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 Sung Lim Yoo, Trends of Smoking Attributable Mortality in Korea, Public Health and Social Science, Vol.17, 2005, pp.133-148.
	Sung Il Cho, Prediction for smoking prevalence and smoking attributable death according to tobacco control policy, Seoul National University and Korea Management Center for Health Promotion, 2008
	Young- Ho Jeung, Effectiveness of Health Outcome in Health Plan 2020, Korea Inst itute for Health and Social Affairs and Korea Health Promotion Foundation.
	Please refer to appendix 3.

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? Yes No
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
	The socio-economic cost of tobacco use in Korea was KRW 5,460,300 million based on the smoking prevalence in 2007. It was estimated by referring to both direct health care-related cost and indirect cost including loss of productivity due to premature death. And the relative risk of tobacco use on diseases by population group is also used.
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 Young Ho Jeung, Lifetime cost of obesity and smoking and longterm effectiveness of health promotion, Korea Institute for Health and Social Affairs and Korea Management Center for Health Promotion.
	Please refer to appendix 4.

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	Exports	Imports
	Smoking tobacco products	cigarette	million of cigarettes	131748.00	41870.00	2072.00
	Add					
	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.					
	3,448	millions of cig	arettes.			
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:			2.5.1 and		
	The M	linistry of Strat	tegy and Finance(data provided	refer to 2011))

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS						
	(with r	eference to Arti	cle 15.5)				
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized		
	Smoking tobacco						
	products						
	Add row						
	Smokeless						
	tobacco products						
	products						
	Add row						
	Other						
	tobacco						
	products Add row						
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? Yes No						
2.6.3			'to question 2.6.2, we obacco products cons	vhat percentage of the r stitute? %	national tobacco		
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 smuggled tobacco products in relation to the national tobacco market?						
265	Di	.1	4		1		
2.6.5	5 Please provide any further information on illicit or smuggled tobacco produ						
2.6.6	Please	indicate the sou	arce of the data used	to answer questions in	section 2.6:		
				-			
2.7	TOBA	CCO-GROWI	NG				
2.7.1	Is there any tobacco-growing in your jurisdiction? ✓ Yes ✓ No						
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.						
	In 2011, the number of tobacco-growing household was 5,550 and the area						
2.7.3	of tobacco-growing was 5.396 hectares. 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 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 pr oduct 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%, consisting of the following elements;							
	1) Health promoti	on fund KRW 3	54 (The Health Pr	comotion Act, Artic	cle 23)			
	2) Excise tax KRV	W 641 (The Loca	al Tax Act, Article	e 229)				
	3) Local Education Article 260 Section		5 (The Local Tax	Act, Article 260 s	ection 2,			
	4) Waste manager Resources and Re	•	·	the Promotion of S	aving			
	5) Value-Added Tax (VAT) KRW 227.27(The VAT Law, Article 1)							
	# Subtotal KRW	1,549.77 (62%	of 20 cigarettes, F	KRW 2,500)				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?							
	Specific tax only Yes No							
	Ad valorem tax only Yes No							
	Combination of specific and ad valorem taxes							
	More complex structure (please explain:)							
2.8.3		rnment and be a		xation for tobacco ble (specify the type	_			
	_	Product	Type of tax	Rate or amount	Base of tax ⁵			
	Smoking tobacco products	cigarettes	health promotion fund contribution	KRW 354	20 cigarettes			
	Add product	cigarettes	excise tax	KRW 641	20 cigarettes			
		cigarettes	local education tax	KRW 320.5	20 cigarettes			
		cigarettes	waste management charge	KRW 7	20 cigarettes			
	cigarettes VAT 10 % of value of supply							

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.

	Smokeless tobacco products Add product					
	Add product					
	Other tobacco products	e-cigarettes	health promotion fund contribution	KRW 221	1ml of liquid nicotine	
	Add product	e-cigarettes	excise tax	KRW 400	1ml of liquid nicotine	
		e-cigarettes	local education tax	KRW 200	1ml of liquid nicotine	
		e-cigarettes	waste management charge	KRW 7	20 cartridge	
		e-cigarettes	VAT	10 % of value of supply		
2.8.4	Please briefly des years or since sub			pacco products in the jurisdiction.	ne past two	
	The National Health Promotion Act was amended to impose burden of charge on electronic tobacco, which came into effect from Dec. 2012.					
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.					
	KRW 354 per 20 cigarettes is earmarked for the Health Promotion Fund (Health Promotion Act, Article 23). And in 2011, KRW 24.6 billion was funded for the national tobacco contorl policy and programs.					
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:					
	Health Promotion http://www.who	, , , ,		_annex_miscella	neous.pdf	

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	widely sold bra	and	Number of	Retail price
		Smoking	Smokeless	Other	units or	
		tobacco	tobacco	tobacco	amount per	
		products	products	products	package	
	Domestic	Esse			20 cigarettes	KRW 2,500
		Raison			20 cigarettes	KRW 2,500
		The one			20 cigarettes	KRW 2,500

Imported	Dunhill Light		20 cigarettes	KRW 2,700
	Dunhill 1mg		20 cigarettes	KRW 2,700
	Mild Seven		20 cigarettes	KRW 2,700
	Light			

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	Ministry of Strategy and Finance & KT&G, 2012
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.
	Korean Won(KRW)
	1,000KRW=0.88USD(as of 26 April 2012)
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.
	DUNHILL by British American Tobacco in Korea, was increased from KRW 2,500 to KRW 2,700 in April 2011
	Mild Seven by Japan Tobacco International was increased from KRW 2,500 to KRW 2,700 in May 2011

Marlboro by Philip Morris Korea was increased from KRW 2,500 to KRW 2,700 in Feb. 2012

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	icle GENERAL OBLIGATIONS			
		(with reference to Article 5)			
3.1.1	5	General obligations			
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	⊠ Yes	□ No	
3.1.1.2	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes	□ No	
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	Yes	☐ No	
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed		
		a focal point for tobacco control	Yes Yes	☐ No	
		a tobacco control unit	Yes Yes	☐ No	
		 a national coordinating mechanism for tobacco control 	\(\text{Yes} \)	☐ No	
3.1.1.5	(e.g.	u answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, point for tobacco control or the tobacco control un	the institutio		
	_	uty director for Division of Health Promotion is cy, Ministry of Health and Welfare	n the Bureau	ı 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.				
	In 2010, the Ministry of Health and Welfare of Korea developed the National Health Promotion Policy Plan(Health Plan 2020) in order to improve the health of the nation by the year 2020, which covers national anti-smoking policies.				
	In pursuant to Article 4 in the National Health Promotion Act, it was established as a comprehensive pan-government policy initiative with the aim of directing policy vision for national health promotion and disease control from the mid-to-long term viewpoint. It sets up a reduction target of tobacco prevalence of male adults at 29.0% and that of male youth at 12.0% by 2020.				

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

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	⊠ Yes	□ No		
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	Yes	⊠ No		
3.1.2.3		f you answered "Yes" to any of the questions underovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
		The National Health Promotion Act and the Tone TAPS (Tobacco advertisement, promotion a		_		
3.1.2.4		Please provide a brief description of the progress made in implementing Article 5.3 n the past two years or since submission of your last report.				
3.1.2.5		you have any relevant information pertaining to but not covered in this section, lease 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 demand for tobacco					
	(Please check "Yes" or "No". For affirmative answers, please provide brief summary in the space provided at the end of the section and attain relevant documentation. Please provide documentation, if available, if 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:					
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	⊠ Yes	□ No		
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	Yes	⊠ No		
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	⊠ Yes	□ No		
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.					
	The National Health Promotion Act was amended to impose burden of charge on electronic tobacco, which came into effect from Dec. 2012.					
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.2.2	8.2	Protection from exposure to tobacco smoke				
		(Please check "Yes" or "No". For affirm summary in the space provided at the enterelevant documentation. Please provide the six official languages.)	nd of the section and	attach the		
		Have you adopted and implemented, wh administrative or other measures or have appropriate, programmes on any of the	e you implemented,			
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places? 	⊠ Yes	□ No		
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	.1, what is the type/r	nature of the		
		• national law	⊠ Yes	☐ No		
		• subnational law(s)	⊠ Yes	□ No		
		administrative and executive orders	Yes	□ No		
		voluntary agreements	⊠ Yes	□ No		
		• other measures (please 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		
		Non smoking areas in accordance with National Health Promotion has set the target facility.				
		For smoking in smoke-free areas, off 100,000.	fenders will be fine	ed up to KRW		
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/infrastructure for enforcement?	⊠ Yes	☐ No		
3.2.2.5		If you answered "Yes" to question 3.2.2.	4 please provide deta	ails of this system.		
		Regulatory enforcement and crackdor government	wn is carried out b	y local		

3.2.2.6	If you answered "Yes" to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None
	Indoor workplaces:			
	government buildings	\boxtimes		
	health-care facilities	\boxtimes		
	• educational facilities ¹			
	• universities	\boxtimes		
	• private workplaces			
	• other (<i>please specify:</i> nursery facilities)			
	Public transport:			
	• airplanes	\boxtimes		
	• trains			
	• ferries			
	• ground public transport (buses, trolleybuses, trams)			
	 motor vehicles used as places of work (taxis, ambulances, delivery vehicles) 			
	private vehicles			
	• other (please specify:)			

¹ except universities

	Indoor public places:						
	 cultural facilities 						
	shopping malls						
	• pubs and bars		\boxtimes				
	• nightclubs			\boxtimes			
	• restaurants		\boxtimes				
	• other (please specify:)			\boxtimes			
3.2.2.7	Please provide a brief summary of con specific details of the partial measures			rith			
	Banning tobacco smoking in inde	or workplaces					
	The whole of the following factories.	ilities will be de	signated as	smoking			
	- Government offices, public in care facilities, child nursing facilities.						
	office buildings, factories and multipurpose buildings, which with a floor area of 1,000 m² and more. • Banning tobacco smoking in public transport						
	The whole of the following facilities will be designated as smoking area.						
	- The public transport including lobbies, platforms and underground passagges in transportation facilities such as airports, ferries, railway stations, bus terminals, other types of transportation with more than 16 seats, children transport behicles						
	Banning tobacco smoking in indoor public places						
	The whole of the following factories.	lities will be designated as smoking					
	1. Youth activity center, library	, children's play	facilities				
	2. theaters with more than 300	seats, large stor	res				
	3. underground shopping malls						
	4. tourist accomodations						
	5. sports facilities whose capac	ity is more than	1,000 spec	tators.			
	6. welfare facilities, public baths						
	8. Game software suppliers targetting both youth and adults, internet computer game facilities and multimedia game content facilities.						
	9. Large restaurants, cafeteria a	and bakery, com	ic book sto	res.			
3.2.2.8	Please provide a brief description of the pro- (<i>Protection from exposure to tobacco smoke</i> submission of your last report.	-	-				
	On 7 June 2011, the National Health Pro	motion Act was	amended t	0			

	introduce a comprehensive ban on smoking in public facilities, which came into effect from 8 Dec.2012.
	In addition to the extension of non-smoking areas, it contains stricter rules concerning operation of public facilities and setting up of indoor smoking rooms.
3.2.2.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	Under a comprehensive ban on smoking in public facilities, setting up of indoor smoking room is also allowed.

3.2.3	9	Regulation of the contents of tobacco produced	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 Regulation of the contents of tobacco products) in the past two years or since ubmission of your last report.					
3.2.3.6		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,			
	The major ingredients (Nicotine and Tar) and their amounts in the smoke one cigarette shall be indicated on one side of the tobacco package, poster, and magazine advertisement in accordance with Article 9.2 in the orcement Decree of the Tobacco Business Act.						
	It also stipulates that tobacco manufacturers and importers shall request test to agent authorized by the Finance Minister to conduct a quarter measure of tobacco ingredients by items within one month after start every new quarter.						

3.2.4	10 Regulation of tobacco product disclosures					
		(Please check "Yes" or "No". For affirmative answers, please provide a summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in on the six official languages.)				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.4.1		 requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the: 				
		contents of tobacco products?	Yes	⊠ No		
		emissions of tobacco products?	X Yes	☐ No		
3.2.4.2		requiring public disclosure of information	 requiring public disclosure of information about the: 			
		contents of tobacco products?	Yes	⊠ No		
		emissions of tobacco products?	X Yes	☐ No		
3.2.4.3	(,	Please provide a brief description of the progress made in implementing Article 10 (Regulation of tobacco product disclosures) in the past two years or since submission of your last report.				
3.2.4.4		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.2.5	11	Packaging and labelling of tobacco products		
		(Please check "Yes" or "No". For affirmative answers, please provide brief summary in the space provided at the end of the section and attacthe the relevant documentation. Please provide documentation, if available in one of the six official languages.)		
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of	s or have you ir	•
3.2.5.1	11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	Yes	⊠ No
3.2.5.2	11.1(a)	 requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	Yes	⊠ No
3.2.5.3	11.1(b)	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use? 	⊠ Yes	□ No
3.2.5.4	11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	⊠ Yes	□ No
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	⊠ Yes	☐ No
3.2.5.6	11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	⊠ Yes	☐ No
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	⊠ Yes	□No
3.2.5.8	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	⊠ Yes	☐ No
3.2.5.9		ensuring that the health warnings occupy 50% or more of the principal display areas?	Yes	⊠ No
3.2.5.10	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	Yes	⊠ No

3.2.5.11		If you answered "Yes" to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	Yes	□ No	
3.2.5.12		If you answered "Yes" to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	Yes	□ No	
3.2.5.13	11.2	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	⊠ Yes	□ No	
3.2.5.14	11.3	 requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country? 	⊠ Yes	□ No	
3.2.5.15	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.				
	As the Health Promotion Act was revised in 2011, two additional notes including Quitline number and amount of tar inhalation must be informed on the tabacco product package excluding flavor sustances from December 8 th in 2012.				
3.2.5.16	.16 If you have any relevant information pertaining to or not covered in this section please provide details in the space below.				
	_	arding 3.2.5.7, while a style and color of heapthic and complementary color respectively.	_	-	

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, 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 progr targeted?			se programmes
		adults or the general public	Yes Yes	☐ No
		children and young people	Yes Yes	☐ No
		• men	Xes	☐ No
		• women	Yes Yes	☐ No
		pregnant women	Yes Yes	☐ No
		ethnic groups	Yes	⊠ No
		• other (<i>please specify:</i> military men, riot policemen)	⊠ Yes	☐ No
3.2.6.3	.2.6.3 If you answered "Yes" to question 3.2.6.1, do you reflect the folkey differences among targeted population groups in educational public awareness programmes?			
		• age	⊠ Yes	☐ No
		• gender	⊠ Yes	☐ No
		educational background	Yes	No 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 (<i>please specify:</i> 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				rareness
		• health workers?	⊠ Yes	☐ No
		• community workers?	⊠ Yes	□No
		• social workers?	Yes	⊠ No
		• media professionals?	Yes	⊠ No
		• educators?	⊠ Yes	☐ No
		• decision-makers?	⊠ Yes	☐ No
		• administrators?	⊠ Yes	☐ No
		• other (<i>please specify:</i> military men, riot policemen)?	⊠ 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.
	In 2011, campaign for 'Smoke Free Healthy Korea' was transmitted via public media in order to enhance public awareness regarding harmful effects of secondhand smoking and necessary expansion of non-smoking areas. Particularly, in addition to public TV, new media such as UCC was used for targeting youth.
	Through hosting 'World No Tobacco Day' ceremony and No Tobacco Week Campaign, effective PR activities have been pursued in relation to anti-smoking policy such as extended non-smoking areas and hosting of the 5th Session of COP to the WHO FCTC in Seoul.
	Smoke-free Supporters consisting of voluntary college students have been recruited and operated with the aim of encouraging college students to quit smoking and of enhancing public awareness.
	Effective educational material was developed for preventing smoking among children and youth, and disseminated as a pilot program to schools and kindergartens nationwide.
3.2.6.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	Refer to Annex5 for the activities of non-smoking advertisements in 2011

3.2.7	13	Tobacco advertising, promotion and sponsorship (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where 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 cover:		
		display and visibility of tobacco products at points of sales?	Yes	☐ No
		• the domestic Internet?	Yes	☐ No
		• the global Internet?	Yes	☐ No
		 brand stretching and/or brand sharing? 	Yes	☐ No
		 product placement as a means of advertising or promotion? 	Yes	☐ No
		 the depiction of tobacco or tobacco use in entertainment media products? 	Yes	☐ No
		 tobacco sponsorship of international events or activities and/or participants therein? 	Yes	☐ No
		contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?	Yes	□ No
		 cross-border advertising, promotion and sponsorship originating from your territory? 	Yes	☐ No

	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, promoti 	ion and sponsorsh	nip on:
		• radio?	⊠ Yes	☐ No
		• television?	⊠ Yes	☐ No
		• print media?	⊠ Yes	☐ No
		• the domestic Internet?	⊠ Yes	☐ No
		• the global Internet?	Yes	⊠ No
		• other media (<i>please specify:</i> movie theater)?	∑ 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	(Ta)	ase provide a brief description of the progress management of the progress	-	-
	In 2011, the Health Promotion Act was amended so that restriction on tobacco product advertisement on megazines was be strengthend. According to the act, the number of advertisement on megazines was limited to 10 times from 60 times per year.			
3.2.7.15		you have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,
	Ko pro	e answer to the question 3.2.7.1 in the 5-year orean government only restricts some of tobacomotion and sponsorship rather than compreherefore, we answered "no" to the question at	cco product adv nensive ban on a	ertisement,

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

	• other (<i>please specify</i> : the military)?	⊠ Yes	☐ No
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3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment counselling services for cessation of programmes, plans and strategies fo 	tobacco use in national		
		• tobacco control?	⊠ Yes	☐ No	
		• health?	⊠ Yes	☐ No	
		• education?	⊠ Yes	☐ No	
3.2.8.5		 inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? 	∑ Yes	□ No	
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?		•	
		• primary health care	⊠ Yes	☐ No	
		secondary and tertiary health care	⊠ Yes	☐ No	
		 specialist health-care systems (please specify: national hospitals for tuberculosis) 	⊠ Yes	□ No	
		 specialized centres for cessation counselling and treatment of tobacco dependence 	⊠ Yes	□ No	
		rehabilitation centres	∑ Yes	☐ No	
		• other (<i>please specify:</i> 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 ☐ Part	ially None	
		secondary and tertiary health care	Fully Part	ially None	
		• specialist health-care systems (<i>please specify:</i> national hospitals for tuberculosis)	☐ Fully ⊠ Part	ially None	

		 specialized centres for cessation counselling and treatment of tobacco dependence 	☐ Fully ⊠ Parti	ally None
		• rehabilitation centres	☐ Fully ☐ Parti	ally None
		• other (please specify: prisons)	☐ Fully ☐ Parti	ally None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?	•	
		Health professionals including:		
		 physicians 	⊠ Yes	□No
		• dentists	⊠ Yes	□No
		family doctors	⊠ Yes	☐ No
		practitioners of traditional medicine	⊠ Yes	☐ No
		• other medical professionals (please specify:)	Yes	⊠ No
		• nurses	⊠ Yes	□No
		• midwives	Yes	⊠ No
		• pharmacists	⊠ Yes	□No
		Community workers	⊠ Yes	☐ No
		Social workers	Yes	⊠ No
		Others (please specify: 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 3.2.8.1 products be legally purchased in your cou	·	v can these	
		In regards to affordability of pharmaceutical products for the treatment of tobacco dependence, it should be considered that since 1995, government has offered National Smoking Cessation Clinic service at the community health centre throughout the nation, which provides visitors with successive consultation up to 7 times within 6 months via telephone, e-mail and SMS. Also, the service offers medications for up to 6 week-dosage such as NRT gum, NRT patch and NRT lozenge for free, while it gives prescriptions to those who want to purchase medications including Bupropion, Varenicline and Nortriptyline at pharmacy at their own expense.			
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8.1 products are legally available for the treat your jurisdiction?	_		
		nicotine replacement therapy	⊠ Yes	☐ No	
		• bupropion	X Yes	□No	
		• varenicline	X Yes	□No	
		• other (please specify:)?	Yes	⊠ No	
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8.1 covered by public funding or reimbursem		f these products	
		nicotine replacement therapy	☐ Fully ☐ Parti	ally None	
		• bupropion [Fully Parti	ally None	
		• varenicline	Fully Parti	ally None	
		• other (please specify:)?	☐ Fully ☐ Parti	ally None	
3.2.8.14	Art	ase provide a brief description of the progress icle 14 (<i>Demand reduction measures concernisation</i>) in the past two years or since submissi	ing tobacco depen	dence and	
3.2.8.15	-	ou have any relevant information pertaining to ase provide details in the space below.	o but not covered	in this section,	
		sides the National Smoking Cessation Clinestion 3.2.8.11, telephone counseling servi			

9030" have also been provided by the National Cancer Center in Korea. In addition, since 2002, online smoking cessation services via the website have been provided; available at 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 end relevant documentation. Please provide docum of the six official languages.)	d of the section	and attach the	
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl		
3.3.1.1	15.2	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product? 	Yes	⊠ No	
3.3.1.2	15.2(a)	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market? 	Yes	⊠ No	
3.3.1.3	15.2(a)	 requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in" or carry any other effective marking indicating the final destination of the product? 	Yes	⊠ No	
3.3.1.4	15.2(b)	 developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade? 	Yes	⊠ No	
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	Yes	⊠ No	
3.3.1.6	15.4(a)	requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?	Yes	⊠ No	

3.3.1.7	15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	Yes	⊠ No
3.3.1.8	15.4(b)	 enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes? 	⊠ Yes	□ No
3.3.1.9	15.4(c)	 requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment- friendly methods where possible, or disposed of in accordance with national law? 	Yes	⊠ No
3.3.1.10	15.4(d)	 adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties? 	Yes	⊠ No
3.3.1.11	15.4(e)	 enabling the confiscation of proceeds derived from illicit trade in tobacco products? 	Yes	⊠ No
3.3.1.12	15.6	- promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	Yes	⊠ No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	X Yes	□No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.
3.3.1.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3.2	16	Sales to and by minors		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where a executive, administrative or other measures of 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: 18? 	⊠ Yes	□No
3.3.2.2	16.1(a)	 requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors? 	⊠ Yes	□ No
3.3.2.3	16.1(a)	 requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age? 	⊠ Yes	□ No
3.3.2.4	16.1(b)	 banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves? 	Yes	⊠ No
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	⊠ Yes	□ No
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	Yes	⊠ No
If	you answere	d "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.	
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	⊠ Yes	□ No
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	istribution of
		• to the public?	⊠ Yes	☐ No
		• to minors?	X Yes	□No

3.3.2.9	16.3	-	prohibiting the sale of cigarettes individually or in small packets?	Yes 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 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.				
	In 2011, the Juvenile Protection Act was amended so that those who buy tobacco products with the purpose of giving them to minors and those who distribute tobacco products among minors for free are punished by the law.				
3.3.2.13	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)					
	Have you adopted and implemented, where appropriate, measures or programmes on any of the following:						
3.3.3.1	17	 promoting economically viable 	e and sustainab	le alternativ	es for:		
		• tobacco growers?	Yes	⊠ No	☐ Not applicable		
		tobacco workers?	Yes	⊠ No	☐ Not applicable		
		• tobacco individual sellers?	Yes	⊠ No	☐ Not applicable		
3.3.3.2	(Please provide a brief description of Provision of support for economical wo years or since submission of you	ly viable altern				
3.3.3.3	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.						

3.4	Article	OTHER MEASURES AND POLI	ICIES		
		(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 provided at the end of the section and a relevant documentation. Please provide documentation, if available of the six official languages.)			ction and attach the	
		Have you adopted and implemented executive, administrative or other m where appropriate, programmes on a	easures or	have you	implemented,
3.4.1.1	18	implementing measures in respect of territory, which take into considerate.		cultivatio	n within your
		the protection of the environment?	Yes	⊠ No	Not applicable
		• the health of persons in relation to the environment?	Yes	⊠ No	☐ Not applicable
3.4.1.2	.2 18 — implementing measures in respect of tobacco manufacturing within territory, which take into consideration:				uring within your
		• the protection of the environment?	Yes	⊠ No	Not applicable
		• the health of persons in relation to the environment?	Yes	⊠ No	Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.				
3.4.1.4	.4 If you have any relevant information pertaining to but not covered in this section, please provide details in the space below. Anyone who throws away cigarette butts in any place other than a trashbin or uses any tobacco product in designated smoke-free areas shall be fined a maximum of KRW 30,000 by the Minor Offenses Act (Article 1).			ed in this section,	
				s shall be fined a	

3.4.2	19	Liability			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, where appeared executive, administrative or other measures or where appropriate, programmes on any of the factorial execution.	have you imple		
3.4.2.1	19.1	 dealing with criminal and civil liability, including compensation where appropriate? 	Yes	⊠ No	
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	⊠ Yes	□ No	
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	Yes	⊠ No	
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.				
	- In 1999, the claimant consisting of 31 persons including patients of lung cancer and larynx cancer, and family members of those who had already died from tobacco-related disease filed a suit in a court for compensatory damages against the government and KT&G(government-run tobacco company at that time). They lost the second trial and are in on-going final appeal.				
	sı K	In 2005, a family of police officer who had died uit in a court for compensatory damages against T&G(domestic tobacco company privatized in a rial and are in on-going second appeal trial.	the governme	ent and	
3.4.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	of the section	and attach the
		Have you adopted and implemented, where appropriate, administrative or other measures or where appropriate, programmes on any of the f	have you impl	
3.4.3.1	20.1(a)	developing and/or promoting research that add	lresses:	
		determinants of tobacco consumption?	⊠ Yes	☐ No
		consequences of tobacco consumption?	⊠ Yes	☐ No
		social and economic indicators related to tobacco consumption?	Yes 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 (<i>please specify</i> : Impacts of different tobacco policies on smoking rate)	⊠ 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 (<i>please</i>	⊠ Yes	☐ No

3.4.3.4 20.3(a) If you answered "Yes" to any question under 3.4.3.3, please first all surveys, including the year of the survey, that you have undertaken in the past.			specify: patterns of quitting smoking)			
3.4.3.5 20.3(a) In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below. The survey of the National Health Statistics is conducted every year for adults in accordance with Article 16 in the National Health Promotion A ct and it contains items such as current smoking rate, secondhand smoking rate. The survey of the Youth Health Behavior Online Survey is conducted every year for young persons to identify the prevalence of health risk behaviors among youths and it contains items such as current smoking rate, age of first tried cigarette smoking. 3.4.3.6	3.4.3.4	20.3(a)				
repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below. The survey of the National Health Statistics is conducted every year for adults in accordance with Article 16 in the National Health Promotion A ct and it contains items such as current smoking rate, secondhand smoking rate. The survey of the Youth Health Behavior Online Survey is conducted every year for young persons to identify the prevalence of health risk behaviors among youths and it contains items such as current smoking rate, age of first tried cigarette smoking. 3.4.3.6 20.4 - regional and global exchange of publicly available national: • scientific, technical, socioeconomic, commercial and legal information? • information on the practices of the tobacco industry? • information on the cultivation of Yes No tobacco? 3.4.3.7 20.4(a) - an updated database of: • laws and regulations on tobacco control? Yes No No laws on tobacco control? • pertinent jurisprudence? • pertinent jurisprudence? • pertinent jurisprudence? • pertinent jurisprudence? *Research, surveillance and exchange of information) in the past two years or since submission of your last report. *Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention			Please refer to appendix 1,2,3			
adults in accordance with Article 16 in the National Health Promotion A ct and it contains items such as current smoking rate, secondhand smoking rate. The survey of the Youth Health Behavior Online Survey is conducted every year for young persons to identify the prevalence of health risk behaviors among youths and it contains items such as current smoking rate, age of first tried cigarette smoking. 3.4.3.6 20.4 - regional and global exchange of publicly available national: • scientific, technical, socioeconomic, commercial and legal information? • information on the practices of the tobacco industry? • information on the cultivation of Yes No tobacco? 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? • 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention	3.4.3.5	20.3(a)	, , , , , , , , , , , , , , , , , , ,			
every year for young persons to identify the prevalence of health risk behaviors among youths and it contains items such as current smoking rate, age of first tried cigarette smoking. 3.4.3.6 20.4 - regional and global exchange of publicly available national: • scientific, technical, socioeconomic, commercial and legal information? • information on the practices of the tobacco industry? • information on the cultivation of Yes No tobacco? 3.4.3.7 20.4(a) - an updated database of: • laws and regulations on tobacco control? Yes No • information about the enforcement of Yes No • information about the enforcement of 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention			adults in accordance with Article 16 in the Na ct and it contains items such as current smoking	tional Health	Promotion A	
scientific, technical, socioeconomic, commercial and legal information? information on the practices of the tobacco industry? information on the cultivation of Yes No tobacco? 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? 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention			every year for young persons to identify the p behaviors among youths and it contains items	revalence of	health risk	
commercial and legal information? • information on the practices of the tobacco industry? • information on the cultivation of tobacco? • information on the cultivation of tobacco? • laws and regulations on tobacco control? Yes No • information about the enforcement of laws on tobacco control? • 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention	3.4.3.6	20.4	regional and global exchange of publicly avail	able national:		
tobacco industry? information on the cultivation of tobacco? 3.4.3.7 20.4(a) — an updated database of: laws and regulations on tobacco control?				Yes	⊠ No	
tobacco? 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? • 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention			_	Yes	⊠ No	
laws and regulations on tobacco control? Yes No information about the enforcement of laws on tobacco control? 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention				Yes	⊠ No	
information about the enforcement of laws on tobacco control? 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention	3.4.3.7	20.4(a)	an updated database of:			
laws on tobacco control? • pertinent jurisprudence?			laws and regulations on tobacco control?	⊠ 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. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention				⊠ Yes	☐ No	
 (Research, surveillance and exchange of information) in the past two years or since submission of your last report. * Research funded by the National Health Promotion Fund in 2011 - The present condition analysis and policy planing for electronic cigarettes - Toxicity assessment of liquid and gas phase of electronic cigarettes - Policy mearures for safe management of tabacco products and smoking prevention 			• pertinent jurisprudence?	⊠ Yes	□No	
 The present condition analysis and policy planing for electronic cigarettes Toxicity assessment of liquid and gas phase of electronic cigarettes Policy mearures for safe management of tabacco products and smoking prevention 	3.4.3.8	(Research, surveillance and exchange of information) in the past two years or			•	
 Toxicity assessment of liquid and gas phase of electronic cigarettes Policy mearures for safe management of tabacco products and smoking prevention 		* F	Research funded by the National Health Promoti	ion Fund in 2	2011	
- Policy mearures for safe management of tabacco products and smoking prevention					•	
prevention				_		
			•	products and	ı sinoking	
Diamandi of Solutional Lix programs for smoking provention and		_		oking prever	ntion and	

	tobacco control from 2005 to 2011
* Surveillance system: The survey of the National Health Statistics is cted for adults and Youth Health Behavior Online Survey is conduct oung persons. This surveys have items on tobacco consumption information.	
	* Exchange of Information : An internet based national anti-smoking information system, called No-smoking Guide (http://www.nosmokeguide.or.kr/)), has provided tobacco related information for health professionals and the public.
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

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.I(d)	 provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? 	⊠ Yes □ No	⊠ Yes □ No
4.5	22.1(e)	identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	⊠ Yes □ No	⊠ Yes □ No
4.6	22.1(f)	 promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? 	⊠ Yes □ No	⊠ Yes □ No
4.7		f you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to w	_	-
	1	Assistance provided: Australia, China, Hong Kong, Macau, New Zealand, Taiwan, Thiland, USA etc. Assistance received: USA, UK, Thiland etc.		

4.8	Please provide information about any assistance provided or received in the space below.
	Providing financial and technical support for workshop of Asian Pacific Quitline Network (APQN) by National Cancer Center of Korea to facilitate function of Quitlines in member countries (June 2011)
	*member countries : Australia, China, Hong Kong, Macau, New Zealand, Taiwan, Thiland, USA(California, Hawaii) and Korea
	*Sharing experience on tobacco control of USA, UK
	Receiving techinical and financial supporting for measuring secondhand smoking exposure through the 'Regional Workshop on Monitoring Secondhand Smoke Exposure' from Johns Hopkins Bloomberg School of Public Health (JHSPH) & WHO Centre for Health Development
	Attending the focal point meeting which was held by the FCTC Secretariat a nd WPRO in Bangkok, Thailand, and Sharing progress on implementing the Article 5 of the WHO FCTC (September 2011)
	*Case study of Thailand Health Promotion Foundation and FCTC COP2
	Attending the International Tobacco Regulator's Conference held by FDA and WHO, and discussing success and failure factors of tobacco control policie s(November 2011)
	Attending the conference of working group on Article 6 of the WHO FCTC(December 2011)
	Participation in International Quitline Institute(IQI) to provide practical kno wledge and experience on national smoking cessation program
	Publishing some academic papers on the effect of tobacco control policies in Korea including the effectiveness of smoking cessation service
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? ☑ Yes ☐ No
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.
	In 2011, Asian Pacific Quitline Network(APQW) was activated and expanded their role to encourage other countris to develop their own Quitline based on the FCTC article 14
	As a follow up to the APQW, in 2012, leadership training workshop was planned and under process for country representatives, where the

development or improvement of Quitline is under the consideration, by
National Cancer Center of Korea and WPRO

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Price policy, non-price policy(introduction of pictorial warning etc.)
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
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 relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument