

**PHASE 2 (GROUP 2 QUESTIONS) OF THE REPORTING INSTRUMENT
UNDER THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	INDIA
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	same as above
	Full name of institution	
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1.4	Period of reporting	27 February 2007 - 27 February 2010
1.5	Date the report was submitted	14 - 6 - 2010

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) <i>(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)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
MALES			
Current smokers		%	
Daily smokers		30.27 %	
Occasional smokers		3.03 %	
Former smokers		%	
Never smokers		%	
FEMALES			
Current smokers		%	
Daily smokers		1.57 %	
Occasional smokers		0.03 %	
Former smokers		%	
Never smokers		%	
TOTAL (males and females)			
Current smokers		%	
Daily smokers		16.51 %	
Occasional smokers		1.59 %	
Former smokers		%	
Never smokers		%	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes, bidis, cigars and pipe
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	15-49
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Prevalence rates from NFHS-3 (2005-06) and population estimates from UN Demographic Statistics for India, 2005.
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	Daily smoker = 1 or more in past 24 hours, occasional smoker = 0 in past 24 hours
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.

2.1.2	Smoking prevalence in the adult population (by age groups) <i>(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)</i>	
	Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
MALES		
Current smokers ¹		%
		%
Add age group		%
		%
		%
FEMALES		
Current smokers ¹		%
		%
Add age group		%
		%
		%
TOTAL (males and females)		
Current smokers ¹		%
		%
Add age group		%
		%
		%

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	<p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:</p>
2.1.2.2	<p>Please indicate the year and source of the data used to answer question 2.1.2:</p> <p>As per National Family Health Survey-3 (2005-06), the total prevalence of smoking cigarettes/bidis among males (15-49 years) is 32.7% and among females (15-49 years) is 1.4%. The tobacco products included are cigarettes/ bidis/ pipe.</p> <p>The data for current users and occasional users in not available.</p>
2.1.2.3	<p>Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.</p>

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <i>(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)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users	%
	Daily users	36.50 %
	Occasional users	%
	Former users	%
	Never users	%
	FEMALES	
	Current users	%
	Daily users	8.40 %
	Occasional users	%
	Former users	%
	Never users	%
	TOTAL (males and females)	
	Current users	%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%

2.1.3.1	<p>Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:</p>
2.1.3.2	<p>Please indicate the age range to which the data used to answer question 2.1.3 refer:</p>
2.1.3.3	<p>Please indicate the year and source of the data used to answer question 2.1.3:</p> <p>As per National Family Health Survey-3 (2005-06), the total prevalence of using any smokeless tobacco among males (15-49 years) is 36.5% and among females (15-49 years) is 8.4%. The tobacco products included are paan masala, gutkha, or other tobacco, snuff and other.</p>
2.1.3.4	<p>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.</p>
2.1.3.5	<p>Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past three years or since submission of your last report.</p>

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(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)</i>			
		Age group (adults) <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Prevalence (%)</td> </tr> <tr> <td style="text-align: center;"><i>(please include all smokeless tobacco products in prevalence data)</i></td> </tr> </table>	Prevalence (%)	<i>(please include all smokeless tobacco products in prevalence data)</i>
Prevalence (%)				
<i>(please include all smokeless tobacco products in prevalence data)</i>				
MALES				
Current users ² <input type="text" value="Add age group"/>		%		
		%		
		%		
		%		
		%		
FEMALES				
Current users ² <input type="text" value="Add age group"/>		%		
		%		
		%		
		%		
		%		
TOTAL (males and females)				
Current users ² <input type="text" value="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 three years or since submission of your last report.

2.1.5		Tobacco use by ethnic group(s)			
	Ethnic group(s)	Prevalence (%)			
		<i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
		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:				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				

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

2.1.6	Tobacco use by young persons			
	Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
		Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
Boys				
	Current users ⁴	13-15	5.80 %	16.20 %
	Add youth group		%	%
			%	%
			%	%
			%	%
Girls				
	Current users ⁴	13-15	2.40 %	7.20 %
	Add youth group		%	%
			%	%
			%	%
			%	%
TOTAL (boys and girls)				
	Current users ⁴		%	%
	Add youth group		%	%
			%	%
			%	%
			%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			
	Cigarettes, bidis and smokeless tobacco products including chewing tobacco.			

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:
	Global Youth Tobacco Survey (GYTS), 2009, India (see Annex 1)
2.1.6.3	Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past three years or since submission of your last report.
	There is no significant difference in the prevalence of tobacco use among students between 2006 and 2009 GYTS surveys.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).
	<p>21.9% live in homes where others smoke in their presence</p> <p>36.6% are around others who smoke in places outside their home</p> <p>63.9% think smoking should be banned from public places</p> <p>66.8% think smoke from others is harmful to them</p> <p>26.4% have one or more parents who smoke</p> <p>9.5% have most or all friends who smoke</p>
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Global Youth Tobacco Survey (GYTS), 2009, India

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? 8-9 lakhs
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:
	Report on Tobacco Control in India, 2004. The report is attached.

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).
	Rupees 30,833 crores (USD 7.2 billion) for the year 2002-03
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:
	Report on Tobacco Control in India, 2004. The report is attached.

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>				
2.5.1	Licit supply of tobacco products				
	Product	Unit (<i>e.g. pieces, tonnes</i>)	Domestic production	Exports	Imports
	Smoking tobacco products	cigarettes	Mn tonnes	2883.00	
	Add product	bidis	Mn tonnes	961.00	
		Cigars Cheroots	thousand	60277.00	3387.00
		Cigarillos	thousand	46627.00	48191.00
		bidis	thousand	234363.00	
		Cigarettes	thousand	1335614.00	272399.00
	Smokeless tobacco products	HT paste	Mn tonnes	8910.00	
	Add product	Chewing tobacco	Mn tonnes	2640.00	
	Other tobacco products	Cut tobacco	Mn tonnes	652.00	
	Add product	Snuff	Mn tonnes	19.00	
		Other	Mn tonnes	11.00	
		Other	Kgs	8487080.00	3160947.00
	Tobacco	Leaves	Kgs	20831445 3.00	594221.0 0
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.				
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:				
	Production data for 2001-2002 from the Tobacco Board. Import and export data for 2008-2009 from Ministry of Commerce & Industry				

2.6		SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products	2009	Cigarettes (000s)	(000s)	214205.00
		2009	Bidis (000s)	(000s)	14357.00
	Add row				
	Smoking tobacco products	2009	Chewing tobacco (000s)		21109.00
	Add row				
	Smoking tobacco products	2009	Other (000 kgs)		518.00
	Add row				
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? %				
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
2.6.5	Please provide any further information on illicit or smuggled tobacco products.				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:				
	For 2.6.1 is Department of Central Excise & Customs, Ministry of Finance				

2.7		TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	
	<ul style="list-style-type: none"> - The crop provides employment to 36 million people - Six million farmers are involved in tobacco cultivation - Nearly 2.2 million tribal people are engaged in plucking and sale of tendu 	

	<p>leaves which are used for making bidis.</p> <p>Women constitute 76% of the total employment in bidi manufacturing.</p> <p>10 million farmers, farm workers, middlemen, agents % bidi workers. (ILO 2002 estimates- 5.5 million bidi hand rollers, 85% of whom are women and children).</p>
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	<p>Please indicate the year and source of the data used to answer questions in section 2.7:</p> <p>As per Central Tobacco Reserach Institute, Indian Council of Agriculture Reserach, Rajamundhry, Andhra Pradesh</p> <p>Bidi Smoking and Public Health, 2008</p> <p>ILO 2002 estimates</p>

2.8	TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i>				
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))? 55%				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?				
	• Specific tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Ad valorem tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Combination of specific and ad valorem taxes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• More complex structure (<i>please explain:</i> Combination of excise types)				
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)				
		Product	Type of tax	Rate or amount	Base of tax ⁵
	Smoking tobacco products <input type="button" value="Add product"/>	Cigarette, filter & non-filter, not excedding 60 mm	Excise	669.00	Rs per 1000
		Cigarette, non-filter, 60-70 mm	Excise	1473.00	Rs per 1000
		Cigarette filter, 60-70 mm	Excise	969.00	Rs per 1000

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.

		Cigarette filter, 70-75	Excise	1473.00	Rs per 1000
		Cigarette filter. 75-85	Excise	1959.00	Rs per 1000
	Smokless tobacco products	Hookah or gudaku tobacco	Excise	60.00	ad valorem
	Add product	Homogenised or reconstituted tobacco	Excise	60.00	% ad valorem
		Chewing tobacco	Excise	60.00	% ad valorem
		Preparations containing chewing tobacco	Excise	60.00	% ad valorem
	Other tobacco products	Smoking mixtures of pipes & cigarettes	Excise	360.00	ad valorem
	Add product	Other	Excise	60.00	ad valorem
2.8.4	Please briefly describe the trends in taxation for tobacco products in the past three years or since submission of your last report in your jurisdiction.				
	Increased tax rates				
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.				
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:				
	For 2.8.1 to 2.8.4 is Tax Research Unit, Department of Revenue, Ministry of Finance, Government of India				

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	Department of Revenue, Ministry of Finance data for 2010-2011
2.9.3	Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	1 USD = 44.4 Indian Rupees (current rate)
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past three years or since submission of your last report in your jurisdiction.
	Prices of tobacco products, especially those of cigarettes are consistently increasing.

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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed		
		• a focal point for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a tobacco control unit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a national coordinating mechanism for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.5	If you answered “Yes” to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).			
	Tobacco Control Cell under National Tobacco Control Program, Ministry of Health & Family Welfare, Govt. of India			
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 three years or since submission of your last report.			

National Tobacco Control Program (NTCP): The Government of India has launched a dedicated National Tobacco Control Program (NTCP) in the 11th Five Year Plan to implement the Anti Tobacco Laws and to bring about greater awareness about the ill-effects of tobacco in 21 states and 42 districts. The Objective of NTCP is to build up an appropriate IEC and awareness campaign including School Health Programme, institute a regulatory mechanism including laboratory facility for effective monitoring and implementation of anti tobacco initiatives at State/ District level.

The Main components of the Programme are: (i) State Tobacco Control Cell: The State Tobacco Control Cell facilitates, drives and also monitors the proposed District Tobacco Control Programme. The Nodal Officer at the State level is responsible for the overall coordination, monitoring and evaluation of the Programme at the district level. This cell is assisted by a Consultant and a Programme Assistant. (ii). District Tobacco Control Cell: The District Tobacco Control programme brings about public awareness against the serious and adverse health ill-effects due to consumption of Tobacco. Apart from local IEC campaign, there is a School Health Programme; monitoring/enforcement mechanism. Dedicated Tobacco Cessation Centers under the supervision of the Government Medical Officers are an integral part of the district programme. Local NGO's are involved in implementation of many of these components. The specific components of District Tobacco Control Program include:

(a).Monitoring and implementation of Tobacco Control Laws; (b).Launching a IEC/ Mass media Campaign; (c).Carrying out School Health and Awareness Programme; (d)Training and Capacity building for enforcement of the various provisions of the Act.(e) Starting Tobacco Cessation Centre at District Level. This Cell would be supported by Psychologist/Counselor and Social Worker.

(iii).IEC/ Mass media Campaigns at National Level: A sustained public awareness campaign against all forms of tobacco using mass media (both print and electronic media) that reach out to rural audiences as also the lower socioeconomic classes. In addition, it also increases the public awareness about various provisions of Tobacco laws as public is not even aware of their rights to protect their health from Second hand smoke etc. (iv).Capacity building of existing Laboratories for testing Tobacco products. The strengthening of tobacco product testing laboratories is an important component of the program. One apex lab and 5 other regional/referral testing labs are being established for testing tobacco product contents.

(v).Research & Training: It will help in building empirical evidence to carry out action intervention studies, especially to bring about behavior change in tobacco consumption including Global Adult Tobacco Survey (GATS.)

(vi).Monitoring the enforcement of tobacco control laws: Monitoring the effective enforcement of the various provisions of the Tobacco Control Act and other proposed initiatives under the National Tobacco Control Programme.

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.
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3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(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.)</i></p>		
		<p>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:</p>		
3.1.2.1		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 view of the huge loss caused by tobacco use to the public health exchequer, a comprehensive legislation to prohibit advertising and regulate production, supply and distribution of cigarettes and tobacco products, the Ministry of Health & Family Welfare adopted the comprehensive tobacco control legislation in 2003.			
3.1.2.4	Please provide a brief description of the progress made in implementing Article 5.3 in the past three years or since submission of your last report.			
	A multi-sectoral mechanism has been established and Inter-Ministerial Task Force has been constituted to look into the inter-ministerial issues related to tobacco control and FCTC.			
3.1.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	A high level national steering committee and separate committees at the state and district level have been formed to look into cases of violation of ban on direct and indirect advertisements of tobacco products.			

3.2	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)		
3.2.1	6	<p>Price and tax measures to reduce the demand for tobacco</p> <p>(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.)</p> <p>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:</p>		
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	<p>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 three years or since submission of your last report.</p> <p>As per the customs baggage rules there is no change in the rules. The rules of 1998 (as amended in 2006) can be downloaded from:</p> <p>http://www.cbec.gov.in/customs/cs-act/formatted-htmls/cs-rulef.htm</p>			
3.2.1.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2.2	8.2	Protection from exposure to tobacco smoke <i>(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.)</i>			
		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:			
3.2.2.1		– protection from exposure to tobacco smoke in indoor workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.2		If you answered “Yes” to question 3.2.2.1, how comprehensive is the protection from exposure to tobacco smoke in the following indoor workplaces:	Complete	Partial	None
		• government buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• health-care facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• educational facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• private workplaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• motor vehicles used as places of work (e.g., ambulances, delivery vehicles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i> s per Section 3 (1) of the Tobacco Control Act, 2003 public place’ means any place to which the public have access, whether as of right or not, but does not include any open space. It includes: Auditorium ,Hospital Buildings, Health Institutions, Amusement Centres, Restaurants, Hotels, Public Offices, Court Buildings, Educational Institutions, Libraries, Public Conveyances, Open Auditorium, Stadium, Railway Stations, Bus Stops, Workplaces, Shopping Malls, Cinema Halls, Refreshment Rooms, Discotheques, Coffee House, Pubs, Bars, Airport Lounge)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.3		– protection from exposure to	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

		tobacco smoke in public transport?			
3.2.2.4		If you answered “Yes” to question 3.2.2.3, how comprehensive is the protection from exposure to tobacco smoke in the following types of public transport:	Complete	Partial	None
		• airplanes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• trains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• ground public transport (buses, trolleybuses, trams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• taxis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.2.5		– protection from exposure to tobacco smoke in indoor public places?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.6		If you answered “Yes” to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:	Complete	Partial	None
		• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• bars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• nightclubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> • other (<i>please specify</i>: As per Section 4 of the Tobacco Control Act, 2003: No person shall smoke in any public place: Provided that in a hotel having thirty rooms or a restaurant having seating capacity of thirty persons or more and in the airports, a separate provision for smoking area or space may be made. • For more details for designated smoking rooms/space please refer to G.S.R. 417 (E) attached as annexure) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.			
		<ul style="list-style-type: none"> • Protection from exposure to tobacco smoke in indoor workplaces 			
		<p>As per Section 3 (1) of the Tobacco Control Act, 2003 public place’ means any place to which the public have access, whether as of right or not, but does not include any open space. It includes: Auditorium ,Hospital Buildings, Health Institutions, Amusement Centres, Restaurants, Hotels, Public Offices, Court Buildings, Educational Institutions, Libraries, Public Conveyances, Open Auditorium, Stadium, Railway Stations, Bus Stops, Workplaces, Shopping Malls, Cinema Halls, Refreshment Rooms, Discotheques, Coffee House, Pubs, Bars, Airport Lounge. As per Section 4 of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution Act, 2003 smoking in all public places is prohibited.</p> <p>The Section 21. (1) of the Tobacco Control Act also provides:</p>			

	<p>The Prohibition of Smoking in Public Places Rules, 2008 came into force from 2 October, 2008. As per these Rules, the authorized officers mentioned in schedule III shall be competent to act under and compound the offences committed in violation of section 4 of the Act. Schedule III will be attached .</p> <ul style="list-style-type: none"> • Protection from exposure to tobacco smoke in public transport <p>The Rules are applicable to all public places mentioned in the above definition.</p> <ul style="list-style-type: none"> • Protection from exposure to tobacco smoke in indoor public places <p>same as above</p>
3.2.2.8	<p>Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past three years or since submission of your last report.</p> <p>With the enforcement of smoke free rules in October 2008, a mechanism for monitoring of smoke free laws has been established. Various states have started conducting raids and challans by the dedicated staff for the violations related to ban on smoking in public places. There are also examples of cities, states, districts, villages going smokefree, all over the country. The awareness regarding smokefree legislation has also enhanced, subsequent of the media campaign and other steps taken by the govt.</p>
3.2.2.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>A national toll-free 24 x 7 tobacco control helpline number- 1800 110 456 has been set up for reporting violations related to tobacco control. The violations reported are forwarded to concerned state focal points for tobacco control for their appropriate action.</p>

3.2.3	9	<p>Regulation of the contents of tobacco products</p> <p><i>(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.)</i></p>		
		<p>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:</p>		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.5	<p>Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past three years or since submission of your last report.</p> <p>The Section 11 of the Tobacco Control Act, 2003 provides "for puposes of testing nicotine and tar contents in cigarettes and any other tobacco products the Central Government shall by notification in the Official Gazette grant recognition to such testing laboratory as that Government may deem necessary".</p> <p>The labs have been identified and their capacity being built up for testing of tobacco products, but the rules are yet to be notified.</p>			
3.2.3.6	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>The labs are yet to get functional. There is also a proposal to create "National Tobacco Regulatory Authority".</p>			

3.2.4	10	Regulation of tobacco product disclosures <i>(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.)</i>		
		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:		
3.2.4.1		– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:		
		• contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.2		– requiring public disclosure of information about the:		
		• contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.3	Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past three years or since submission of your last report.			
	One apex lab and 5 other regional/referral testing labs are being established for testing tobacco product contents.			
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.			
	The Rules (legislation) regarding display of contents and emissions of tobacco products have not been notified yet.			

3.2.5	11	Packaging and labelling of tobacco products		
		<i>(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.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.5.1	11	– requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.4	11.1(b)(i)	– ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.5	11.1(b)(ii)	– ensuring that the health warnings are rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.6	11.1(b)(iii)	– ensuring that the health warnings are clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.7	11.1(b)(iv)	– ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.8		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.9	11.1(b)(v)	– ensuring that health warnings are in the form of, or include, pictures or pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.5.10		If you answered “Yes” to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.11		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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past three years or since submission of your last report.			
	The Ministry of Health & Family Welfare has already notified the pictorial health warnings which came into force on 31 May, 2009. The new set of pictorial health warnings have also been notified and will come into force from 1 st December, 2010.			
3.2.5.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.6	12	<p>Education, communication, training and public awareness</p> <p><i>(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.)</i></p>		
		<p>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:</p>		
3.2.6.1	12(a)	<p>– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2	<p>If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?</p>			
		<ul style="list-style-type: none"> • adults or the general public 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • children and young people 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • men 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • women 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • pregnant women 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • ethnic groups 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other <i>(please specify: A wide range of public awareness programmes have been launched covering rural/urban population of the country)</i> 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.3	<p>If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?</p>			
		<ul style="list-style-type: none"> • age 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • gender 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • educational background 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • cultural background 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • socioeconomic status 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other <i>(please specify:)</i> 	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health risks of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• adverse economic consequences of		
		- tobacco production?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• adverse environmental consequences of		
		- tobacco production?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• nongovernmental organizations not affiliated with the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• private organizations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		• health workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• community workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• media professionals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• educators?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none">• decision-makers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none">• administrators?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none">• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past three years or since submission of your last report.</p>
	<p>In India, Ministry of Health & Family Welfare in collaboration with WHO has developed a focused and strategic mass media campaign to counter tobacco promotion as well as to increase the awareness about ill-effects of tobacco use among the masses.</p> <p>Development of the anti-tobacco logo:</p> <p>The first step was to develop an official logo symbolizing the anti-tobacco program in India. The anti-tobacco logo was developed in 2002 and has helped in the tobacco control efforts in the country a definite identity. The logo is of a flower being held in between two fingers (instead of a tobacco product) with a positive catch-line, “Choose Life, not Tobacco”. This logo has been translated into Hindi and other regional languages.</p> <p>Anti-tobacco television and audio advertisements:</p> <p>Under the MoH/WHO collaborative program, a repertoire of 12 anti-tobacco television and 6 radio advertisements (30 & 15 seconds) targeting the entire spectrum of tobacco products were developed in the period 2002-03. Other anti-tobacco spots featuring various popular film stars and youth role models such as Vivek Oberoi, Urmila Matondkar and Shashi Kapoor were developed in collaboration with Cancer Patient Aid Association. In collaboration with Indian Cancer Society, the Australian anti-tobacco campaign ‘Each cigarette is causing you damage’ was adapted in Indian context and 3 anti-tobacco spots were developed focusing on damage caused to lungs, heart and the brain due to smoking. These anti tobacco spots are being disseminated to various stakeholders and aired through various media channels from time to time. These spots have been intensively used for mass media campaigns, schools/community based interventions at grassroot level and have also used by Tobacco Cessation Centers (TCC’s) for screening in their OPD’s, hospitals. These advertisements and infomercials have also been extensively used for campaigns around World No Tobacco Days.</p> <p>Anti-tobacco posters, stickers, brochures and mobile exhibition kits:</p> <p>In 2002-03, under the collaborative program of MOH/WHO, support was provided to Nehru Yuvak Kendra (NYK) and Directorate of Audio Video Publicity (DAVP) to develop anti-tobacco IEC materials like posters, flip charts, brochures, mobile exhibition kits and stickers. These IEC materials were disseminated through 268 Field Publicity Units of Directorate of Field Publicity (DFP) by organizing anti-tobacco campaigns. Grassroot level activities like debates/painting/elocution contests, rural sports, symposia and seminars were organized to create awareness. The anti-tobacco IEC materials have been widely disseminated across the country through various health institutions, NGOs, Tobacco Cessation Centers etc. A youth based organization, Nehru Yuva Kendra Sangathan, which has pan-India presence at grassroots level successfully disseminated the anti-</p>

tobacco message through South- East Asian Anti-Tobacco (SEAT) Flame Yatra in 14 states through an innovative medium of street plays. In 2005, a new set of anti-tobacco posters developed by MOHFW in collaboration with WHO. In 2008-09, MOH/WHO developed a new series of posters in Hindi and English languages in partnership with civil society. The anti-tobacco IEC materials have also been used by Tobacco Cessation Centers for organizing health camps. Since 2006, the Indian International Trade Fair (IITF) have been displaying the anti-tobacco posters and screening audio-visual spots in the exhibition stall of National Rural Health Mission. IEC materials were displayed in the exhibition stall on tobacco control during Surajkund Crafts Mela.

Outdoor publicity: Anti-tobacco slogans and visuals have been displayed through bus back panels as outdoor publicity for mass reach. Outdoor campaigns against passive smoking have been done through Pole kiosks.

Anti-tobacco campaign through Media Post: The Department of Posts launched an innovative means of taking messages to the masses called Media Post in 2003. This media vehicle offers the option of printing health messages on postal stationery like postcards, inland letters and aerogrammes. Anti-tobacco messages were printed on these post cards to reach rural masses. The Meghdoot Postcards were also used to disseminate anti-tobacco awareness.

Anti-tobacco mass media campaigns:

Kalyani- a weekly television programme:

In 2001–2002, the Ministry of Health, in collaboration with Prasar Bharti, launched a weekly television program called “Kalyani” which is telecast on various regional Doordarshan kendras. WHO Country Office provides technical inputs for this programme which provides in depth information to its viewers through panel discussions, expert interviews, success stories, quizzes and slogan writing/painting competitions on the issue of tobacco control along with other health issues. It covers issues related to six diseases including those related to tobacco use. Several anti-tobacco commercials are aired during the show and detailed discussions on the ill-effects of tobacco use are shown. This programme is largely for rural audiences in the Hindi-speaking belt, where tobacco prevalence is high. Resource persons from Tobacco Cessation Centers have been regularly participating in Kalyani programme through talk shows, panel discussions.

Specific media campaigns targeting vulnerable population like youth and key issues like ill-effects of second hand smoke and announcements regarding enactment of the tobacco control legislation were carried out. In addition, MOHFW also released a half-page advertisement through Central Health Education Bureau (CHEB) on World No Tobacco Day every year in all national/regional dailies. WHO Country Office provided technical inputs for development of these print advertisements based on the global WNTD theme.

Launch of the National Tobacco Control Program:

With the launch of National Tobacco Control Program (NTCP) in 2007-08

	<p>in the 11th Five Year Plan, adequate funds were made available to Govt. of India to carry out sustained public awareness campaigns. Under NTCP, approximately 5 million USD have been allocated for carrying out national public/mass media awareness campaigns for 2008-09. In addition, under the District Tobacco Control program, funds are also available for carrying out awareness programmes at district level. a media campaign in which two TV and three radio spots developed by MoH/WHO, were broadcast over a two-month period leading up to WNTD 2008. This campaign was evaluated by the Public Health Foundation of India to assess the reach, recall and impact of the tobacco control campaign in 8 states and the results showed that the reach of the campaign was about 20 percent. The TV spot on ‘Lungs vs. Smoking’ had highest recall by respondents.</p> <p>Smoke Free Campaigns:</p> <ul style="list-style-type: none"> - The MoH notified the revised rules related to prohibition of smoking in public places which came into effect from 2nd October, 2008. An intensive smoke free- public awareness campaign was undertaken through print advertisements and public notice which were published in the national and regional dailies. - MoH/WHO adapted the ‘Sponge’ advertisement from Australian anti-tobacco campaign in local languages and including bidi, in addition to cigarettes. The advertisement depicts the harmful effects of tobacco smoke on human lung and an intensive media campaign was launched around this year’s World No Tobacco day. - A campaign on ill-effects of smokeless tobacco was also launched and aired. <p>Print advertisements on WNTD theme and public notices on notification of tobacco control laws have also been developed and published in national/regional dailies.</p>
3.2.6.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
	<p>The messages are also focussed on information related to provisions under the law.</p>

3.2.7	13	Tobacco advertising, promotion and sponsorship <i>(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.)</i>		
		Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered “No” to question 3.2.7.1, please proceed to question 3.2.7.3.				
3.2.7.2	If you answered “Yes” to question 3.2.7.1, does your ban cover:			
		<ul style="list-style-type: none"> display and visibility of tobacco products at points of sales? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> the domestic Internet? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> the global Internet? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> brand stretching and/or brand sharing? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> product placement as a means of advertising or promotion? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> the depiction of tobacco or tobacco use in entertainment media products? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> tobacco sponsorship of international events or activities and/or participants therein? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> 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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> cross-border advertising, promotion and sponsorship originating from your territory? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please proceed 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 three years or since submission of your last report.			
	Steering Committees at national, state and district level to look into and take action on instances of violation of direct and indirect advertisements.			
3.2.7.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	For 3.2.7.2, the display of tobacco products at point-of-sales is allowed but with restrictions (please see annex 3).			

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation		
		<p><i>(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.)</i></p> <p>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:</p>		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• programmes specially designed for women and/or pregnant women?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• sporting environments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.8.4	14.2(b)	– inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:			
		• tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• education?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		• primary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialist health-care systems (<i>please specify:</i>)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• rehabilitation centres	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i> Both public and private health care institutions)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		• primary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• specialist health-care systems (<i>please specify:</i> Private hospitals and health care facilities.)	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i> Under the MOHFW/WHO collaborative program a network of 19 Tobacco Cessation Centres have been established. These TCC's are providing free-of-cost counseling services at both clinical and community levels. However, if any NRT is prescribed, the client has to buy as a Over-The-Counter drug as out of pocket expense.) 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	<p>If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?</p> <p>Health professionals including:</p>			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		• medical?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• dental?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• nursing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• pharmacy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are available for the treatment of tobacco dependence in your jurisdiction?			
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• bupropion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• varenicline	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i> Nortryptiline)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of treatment with these products covered by public funding or reimbursement?			
		• nicotine replacement therapy	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		• bupropion	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• varenicline	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• other (<i>please specify:</i> Nortryptiline)?	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.13	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 three years or since submission of your last report.				
	These existing TCC's have been strengthened and their role has been extended as Resource Centers for Tobacco Control for providing tobacco cessation training to other health care institutions and will also help the District Tobacco Control Cells in establishing cessation facilities.				

3.2.8.14	<p data-bbox="500 199 1396 262">If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p data-bbox="500 336 1409 441">Steps have been taken to incorporate tobacco cessation, especially "Brief advice" on tobacco cessation, as advocated by WHO, in training of primary health care doctors and staff so as to make it a part of primary health care.</p> <p data-bbox="500 457 1399 562">The efforts are also being made to set up TCCs at medical/dental colleges, TB hospitals, general hospitals and other health care facilities in the public and private sector.</p> <p data-bbox="500 579 1377 684">The tobacco cessation is also being integrated in the other national programmes of the Govt., Cancer control, NCD programme, TB control, School health programme etc.</p> <p data-bbox="500 701 1341 732">Training material has also been developed for doctors/health workers.</p> <p data-bbox="500 749 1114 781">A website has been created for Tobacco Cessation.</p> <p data-bbox="500 798 1341 861">The Govt is working on developing "National Guidelines on Tobacco Cessation".</p> <p data-bbox="500 877 1377 940">Tobacco cessation is also being incorporated in the course curriculum of medical and dental graduates.</p>
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3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(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.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.1.1	15.2	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 three years or since submission of your last report.
	India has actively participated and contributed to all INB negotiations.
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 <i>(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.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18 ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> • to minors? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past three years or since submission of your last report.</p> <p>A series of advocacy workshops have been carried out all over the country in the last two years to spread awareness and sensitize law enforcers on the provisions under the law for effective implementation.</p> <p>State and substate level cells have also been created to monitor the implementation.</p> <p>The communications have been sent by the central govt to all states for undertaking measures for effective implementation of this provision.</p>			
3.3.2.13	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>The law provides for ban on sale of tobacco products within 100 yards of all education institutions.</p> <p>Govt has developed "Tobacco Free Schools" Guidelines, which have been adapted by Central Board of Secondary Education. The Education ministry has also directed all states to implement these guidelines.</p> <p>Many universities including Delhi University (North and South campuses, Delhi), Banaras Hindu University (Uttar Pradesh.), Annamalai University (Chennai, Tamil nadu), other educational institutions have gone Smokefree during last 2 years.</p>			

3.3.3	17	Provision of support for economically viable alternative activities <i>(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.)</i>			
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	– promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 three years or since submission of your last report.				
	<p>Economically viable alternative activities</p> <p>The Ministry of Health and Family Welfare, GOI in collaboration with Central Tobacco Research Institute (CTRI) Rajahmundry, Andhra Pradesh) a research Institution promoted by Directorate of Agriculture Research and Extension (DARE) has implemented a pilot project on developing "Alternative cropping system to bidi and chewing tobacco" in 5 different agro-ecological regions in the country.</p> <p>The pilot project is aimed to establish viable, and sustainable alternatives to bidi/chewing tobacco crops. This pilot will be for a period of 3 years in different agro-ecological sub-regions of Nandyal (Andhra Pradesh), Anand & Dharmaj(Gujarat), Nipani (Karnataka), Vedasandur (Tamil Nadu) and Dinjata (West Bengal).</p> <p>Alternative vocation/livelihood for Bidi Rollers</p> <p>Grassroot level intervention for sensitizing women and minors engaged in bidi-making and training for possible alternate vocations taken up in seven states viz. Maharashtra, Orissa, West Bengal, Bihar & Jharkhand, Tamil Nadu and Gujarat in collaboration with civil society.</p> <p>The Ministry of Labour launched the pilot programme for skill based vocational training of bidi rollers functional since 2008 in Bangalore, Kengeri, Nagpur, Solapur, Ajmer, Tonk, Beawar, Karauli, Nasirabad, Bundi, Kota, Jabalpur, Indore, Hyderabad, Karimnagar, Kolkata and Murshidabad.</p> <p>On the request of Ministry of Health, Ministry of Rural Development wrote to all states, where bidi rolling is taking place to provide for alternate livelihoods to bidi rollers under ongoing schemes of the govt.</p>				
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.				

	<p>India is a key facilitator for WG on Article 17, 18 and hosted the first meeting in September 2009 at New Delhi, India.</p>
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With support from BI, civil society organizations have made documentaries on the plight of bidi rollers and Tendu leaf pluckers to create awareness and sensitization on the issue.

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i>		
3.4.1	18	Protection of the environment and the health of persons <i>(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.)</i>		
		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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:		
		• the protection of the environment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 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 three years or since submission of your last report.			
3.4.1.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.4.2	19	<p>Liability</p> <p><i>(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.)</i></p>		
		<p>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:</p>		
3.4.2.1	19.1	– dealing with criminal and civil liability, including compensation where appropriate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 three years or since submission of your last report.			
	Some action against the tobacco industry for prosecution by filing court cases was being considered by the civil society but no case/suit has been filed yet.			
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 information <i>(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.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.4.3.1	20.1(a)	– developing and/or promoting research that addresses:		
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of alternative livelihoods?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.2	20.1(b)	– training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.3	20.3(a)	– a national system for epidemiological surveillance of:		
		• patterns of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social, economic and health indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other relevant information (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.4.3.4	20.4	– regional and global exchange of publicly available national:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information on the cultivation of tobacco?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.5	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pertinent jurisprudence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.6	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past three years or since submission of your last report.			
	<p>Ministry of Health & Family Welfare is implementing the Global Adult Tobacco Survey in collaboration with the International Institute of Population Sciences (IIPS), Mumbai as the implementing agency and WHO and Centre for Disease Control (CDC) are providing technical assistance. The GATS will provide the baseline data & estimates of the prevalence, levels of awareness about tobacco laws etc. The information will be used for prioritizing the activities under the NTCP & for evaluating outcomes of the program.</p> <p>The writing of the GATS report is underway and data will be released in mid-September 2010.</p> <p>The other surveys used are the National Family Health Survey (NFHS) and the Global Youth Tobacco Survey (GYTS).</p>			
3.4.3.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	GYTS, GSPS and GHPSS were carried out in 2006 and 2009.			

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.

	<i>Article</i>	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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.		
		Government of India as the Regional Coordinator for FCTC provided technical support to other countries. Assistance received for Tobacco Control in India:		

WHO biennium country budget (2008-09) - Rs. 2.3 crores

Ministry of Health & Family Welfare (April 2008- March 2009)- Rs 29 crores; April 2009- March 2010 -14.91 crore and March 2010-April 2011- 23 crore (For Public Awareness Campaign)

Centers for Disease Control and Prevention (CDC) (For carrying out surveillance programmes like Global Youth Tobacco Survey , Global School Personnel Survey and Global Health Professional Survey)

In addition, assistance from Bloomberg Initiative was also received

Ministry of Health & Family Welfare participated in the WHO TFI Mission to Bangladesh for smokeless tobacco and the training and IEC material was shared with Govt. of Bangladesh.

4.8	Please provide information about any assistance provided or received in the space below.
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Please refer to Article 26.4.)</i>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	<p>Capacity Building:</p> <p>(i) Capacity building at state and national level for effective implementation of tobacco control laws with special focus on smoke free, mandatory depiction of pictorial health warnings and ban on sale of tobacco products to minors.</p> <p>(ii) Training of civil society groups, health professionals, media, law enforcers for effective implementation of tobacco control laws.</p> <p>(iii) Sensitizing various stakeholder ministries and government departments on tobacco control programme and measures.</p> <p>(iv) Integration of tobacco control with other national health programmes.</p> <p>(v) Development of various training materials/modules.</p> <p>(vi) Strengthening Tobacco Cessation facilities in the country by training of doctors/health workers.</p> <p>Media Campaigns:</p> <p>(i) Implementation of a sustained Public Awareness Campaign against use of tobacco using both electronic and print media.</p> <p>(ii) Intensive mass media campaigns have been launched with special impetus on harmful effects of smoking and smokeless tobacco use.</p> <p>(iii) Develop and disseminate IEC materials at grassroot level.</p>

	<p>Tobacco Cessation:</p> <p>(i) Integration of the tobacco cessation services into the existing health system.</p> <p>(ii) Strengthening existing Tobacco Cessation Centres as Resource Centers for Tobacco Control.</p> <p>(iii) Working with various sectors both private and govt for expanding cessation facilities in the country.</p> <p>(iv) Develop and disseminate national guidelines for tobacco cessation.</p> <p>Building tobacco testing lab capacity:</p> <p>(i) Build capacity for testing and regulating tobacco products.</p>
5.2	<p>Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.3	<p>If you answered “Yes” to question 5.2, please provide details in the space below.</p> <p>There is no dedicated mechanism and fund at any level for implementation of tobacco control strategies recommended by FCTC. Some of the provisions are covered under the law. The resources available under ongoing programmes including NTCP are not enough for effective implementation of tobacco control strategies.</p>
5.4	<p>What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?</p> <p><i>(Please refer to Article 21.1(b).)</i></p> <p>In India plethora of tobacco products (smoking forms and smokeless forms) are being used. India is the second largest consumer and third largest producer of tobacco in the world and large percentage of tobacco products are produced in unorganized sector.</p> <p>A large number of people belongs to lower-socio economic strata and has low levels of awareness on ill-effects of tobacco use.</p> <p>The awareness regarding harmful effects of SHS is low.</p> <p>Number of court cases challenging the provisions of the Tobacco Control Act/Rules which is hindering its effective implementation.</p> <p>Lack of adequate resources for capacity building at state level for implementation of the provisions of the tobacco control laws.</p> <p>No dedicated mechanism for implementation of FCTC provisions.</p> <p>lack of interventions for tobacco producers especially for livelihood/ alternate vocations and their rehabilitation.</p> <p>Some of the Government departments are working in promotion of tobacco. There is lack of intersectoral coordination for tobacco control.</p>

	No action is initiated against the tobacco industry e.g. filing legal suits for compensation etc. at personal level or by the civil society.
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