

**REPORTING INSTRUMENT  
OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

**PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE**

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

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

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

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

## 1. ORIGIN OF THE REPORT

<b>1.1</b>	<b>NAME OF CONTRACTING PARTY</b>	<b>INDIA</b>
<b>1.2</b>	<b>Information on national contact responsible for preparation of the report:</b>	
	Name and title of contact officer	Mr. Amal Pusp, Director
	Full name of institution	Ministry of Health & Family Welfare
	Mailing address	'406 - D' Nirman Bhawan, Maulana Azad Road, New Delhi - 110108
	Telephone number	91-11-23063968
	Fax number	91-11-23063968
	E-mail	amal.pusp@gmail.com
<b>1.3</b>	<b>Signature of government official submitting the report:</b>	
	Name and title of officer	Smt. Shakuntala D. Gamlin, Joint Secretary,
	Full name of institution	Ministry of Health & Family Welfare
	Mailing address	343 'A Wing' Nirman Bhawan, Maulana Azad Road, New Delhi - 110108
	Telephone number	91-11-23061481
	Fax number	91-11-23063506
	E-mail	gamlin07@gmail.com
	Web page	
<b>1.4</b>	<b>Period of reporting</b>	March 2010 - April 2012
<b>1.5</b>	<b>Date the report was submitted</b>	

## 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
	<b>MALES</b>		
	Current smokers	24.30 %	
	Daily smokers	18.30 %	
	Occasional smokers	5.90 %	
	Former smokers	1.40 %	
	Never smokers	4.50 %	
	<b>FEMALES</b>		
	Current smokers	2.90 %	
	Daily smokers	2.40 %	
	Occasional smokers	0.50 %	
	Former smokers	0.30 %	
	Never smokers	0.20 %	
	<b>TOTAL (males and females)</b>		
	Current smokers	14.00 %	
	Daily smokers	10.70 %	
	Occasional smokers	3.30 %	
	Former smokers	0.90 %	
	Never smokers	2.50 %	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	tobacco smoking includes bidi, manufactured cigarette, hand -rolled cigarette, pipe, cigar, hookah,water pipe and some other forms like chutta, dhumti and chillum
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	15 years and above
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Year 2009-10 ; Source - Global Adult Tobacco Survey - India
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	<p>current tobacco smoker: person who currently smokes any tobacco product, either daily or occasionally.</p> <p>daily tobacco smoker: person who currently smokes any tobacco prodcey every day.</p> <p>occasional smoker: person who currently smokes less than daily.</p> <p>former daily smoker: person is currently a non smoker but has previously smoked over a period of one month or more.</p>
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.
	GATS has been conducted for the first time in India hence trends on smoking tobacco are not available. However, the next survey is planned in 2014-15 which will give the trend analysis.

2.1.2	<b>Smoking prevalence in the adult population (by age groups)</b> <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>
<b>MALES</b>			
	Current smokers <sup>1</sup>	15 years and above	24.30 %
			%
	<b>Add age group</b>		%
			%
			%
<b>FEMALES</b>			
	Current smokers <sup>1</sup>	15 years and above	2.90 %
			%
	<b>Add age group</b>		%
			%
			%
<b>TOTAL (males and females)</b>			
	Current smokers <sup>1</sup>	15 years and above	14.00 %
			%
	<b>Add age group</b>		%
			%
			%

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Tobacco smoking includes bidi, manufactured cigarette, hand -rolled cigarette, pipe, cigar, hookah,water pipe and some other forms like chutta, dhumti and chillum
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Year 2009-10 ; Source - Global Adult Tobacco Survey - India
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.
	GATS has been conducted for the first time in India hence trends on smoking tobacco are not available. However, the next survey is planned in 2014-15 which will give the trend analysis.

<b>2.1.3</b>	<b>Prevalence of smokeless tobacco use in the adult population (all)</b> <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>
	<b>MALES</b>	
	Current users	32.90 %
	Daily users	27.40 %
	Occasional users	5.40 %
	Former users	1.50 %
	Never users	4.00 %
	<b>FEMALES</b>	
	Current users	18.40 %
	Daily users	14.90 %
	Occasional users	3.50 %
	Former users	1.20 %
	Never users	2.30 %
	<b>TOTAL (males and females)</b>	
	Current users	25.90 %
	Daily users	21.40 %
	Occasional users	4.50 %
	Former users	1.40 %
	Never users	3.10 %

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Smokeless tobacco product includes chewing tobacco items such as betel quid with tobacco, khaini, gutkha, paan masala and other such products like mishri, gul, gudakhu, snuff etc.
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:  15 years and above
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:  Year 2009-10 ; Source - Global Adult Tobacco Survey - India
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> <p>current user: person who currently uses any smokeless tobacco product, either daily or occasionally.</p> <p>daily user: person who currently uses any smokeless tobacco product everyday.</p> <p>occasional user: person who currently uses any smokeless tobacco product less than daily.</p> <p>former user: person does not currently use smokeless tobacco but has previously used smokeless tobacco products daily over a period of one month or more.</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 two years or since submission of your last report.</p> <p>GATS has been conducted for the first time in India hence trends on consumption of smokeless tobacco are not available. However, the next survey is planned in 2014-15 which will give the trend analysis.</p>

<b>2.1.4</b>	<b>Prevalence of smokeless tobacco use in the adult population (current users) by age group</b>		
	<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 smokeless tobacco products in prevalence data)</i>
	<b>MALES</b>		
	Current users <sup>2</sup>	15 years and above	32.90 %
	<b>Add age group</b>		%
			%
			%
			%
	<b>FEMALES</b>		
	Current users <sup>2</sup>	15 years and above	18.40 %
	<b>Add age group</b>		%
		%	
		%	
		%	
<b>TOTAL (males and females)</b>			
Current users <sup>2</sup>	15 years and above	25.90 %	
<b>Add age group</b>		%	
		%	
		%	
		%	

<sup>2</sup> Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	Smokeless tobacco product includes chewing tobacco items such as betel quid with tobacco, khaini, gutkha, paan masala and other such products like mishri, gul, gudakhu, snuff etc.
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	Year 2009-10 ; Source - Global Adult Tobacco Survey - India
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.
	GATS has been conducted for the first time in India hence trends on consumption of smokeless tobacco are not available. However, the next survey is planned in 2014-15 which will give the trend analysis.

<b>2.1.5</b>	<b>Tobacco use by ethnic group(s)</b>					
		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 <sup>3</sup>	Add ethnic group	NA	%	%	%
			NA	%	%	%
			NA	%	%	%
			NA	%	%	%
			NA	%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:					
	NA					
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:					
	NA					
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:					
	NA					

<sup>3</sup> 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)
<b>Boys</b>				
	Current users <sup>4</sup>	13-15 years	5.80 %	0.00 %
	<b>Add youth group</b>		%	%
			%	%
			%	%
			%	%
<b>Girls</b>				
	Current users <sup>4</sup>	13-15 years	2.40 %	0.00 %
	<b>Add youth group</b>		%	%
			%	%
			%	%
			%	%
<b>TOTAL (boys and girls)</b>				
	Current users <sup>4</sup>	13-15 years	4.40 %	0.00 %
	<b>Add youth group</b>		%	%
			%	%
			%	%
			%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			
	Cigarettes, bidis and smokless tobacco products including chewing tobacco.			

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	2009; Source - Global Youth Tobacco Survey - India
2.1.6.3	Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.
	N.A.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.
	GYTS has not been conducted after 2009, hence trends during this period are not available

<b>2.2</b>	<b>EXPOSURE TO TOBACCO SMOKE</b>
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).
	52% of adults exposed to SHS at Home (Male-52.2%: Female-52.5%) 30% of adults exposed to SHS at workplace (Male 32.2%;Female - 19.4%) 18% of adults exposed to SHS in Public transport( Male-22%; Female - 12.6%)
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	2009-10, Global Adult Tobacco Survey - INDIA

<b>2.3</b>	<b>TOBACCO-RELATED MORTALITY</b>
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? 800000
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.
	9% of deaths due to non-communicable diseases are attributable to tobacco, with 58% of such deaths due to trachea, bronchus, lung cancers caused due to tobacco use. In addition, 25% of deaths caused by respiratory diseases and 28% of deaths caused by Chronic Obstructive Pulmonary Disease (COPD) are attributable to tobacco.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:
	2.3.2: As per “Report on Tobacco Control in India” released by Ministry of Health & Family Welfare in 2004 2.3.3: WHO Global Report on “Mortality attributable to tobacco” released in February 2012

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:
	As per “Report on Tobacco Control in India” released by Ministry of Health & Family Welfare in 2004

2.5	<b>SUPPLY OF TOBACCO AND TOBACCO PRODUCTS</b> <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 <b>Add product</b>	cigarette	million pieces	110821.00	9259.00	482.88
		Bidis	million pieces		672.00	0.00
		Cigars	million pieces			1.21
	Smokeless tobacco products <b>Add product</b>	Chewing tobacco	tonnes		14172.00	2.00
		Cut tobacco	tonnes		5534.00	399.00
		hookah tobacco	tonnes		9969.00	9.00
	Other tobacco products <b>Add product</b>	snuff	tonnes		121.00	
Tobacco	Leaves	tonnes	734000.00	212573.00	1245.00	
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					
	NA					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					
	2.5.1: Tobacco Board India 2010-11 Data related to domestic production of bidis, cigars, chewing tobacco, cut tobacco, hookah tobacco, snuff are not available.					

<b>2.6</b>	<b>SEIZURES OF ILLICIT TOBACCO PRODUCTS</b> <i>(with reference to Article 15.5)</i>				
2.6.1		Year	Product	Unit ( <i>e.g. millions of pieces</i> )	Quantity seized
	Smoking tobacco products <input type="button" value="Add row"/>	2011	cigarette	millions of pieces	<b>20.22</b>
		2012	cigarette	millions of pieces	10.43
	Smokeless tobacco products <input type="button" value="Add row"/>	2011	Gutkha	Kilogram	<b>4206.00</b>
	Other tobacco products <input type="button" value="Add row"/>				
		2011	Chewing Tobacco	Kilogram	<b>1035.00</b>
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 two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
	NA				
2.6.5	Please provide any further information on illicit or smuggled tobacco products.				
	NA				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:				
	Directorate General of Central Excise Intelligence, New Delhi				
<b>2.7</b>	<b>TOBACCO-GROWING</b>				
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.				
	<p>The total employment in the tobacco sector is 34.6 million people.</p> <p>Nearly 6 million farmers and 20 million farm workers are involved in tobacco cultivation.</p> <p>Nearly 2.2 million tribal people are engaged in plucking and sale of tendu leaves which are used for making bidis.</p>				

	Women constitute 76% of total employment in bidi manufacturing. 5.5 million bidi hand rollers, 85% of whom are women and children.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. NA
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7: Directorate of Tobacco Development, Ministry of Agriculture Bidi Smoking and Public Health, 2008 Number of bidi rollers [Ministry of Labour & Employment].

<b>2.8</b>	<b>TAXATION OF TOBACCO PRODUCTS</b> <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 type="checkbox"/> No		
	• Ad valorem tax only	<input type="checkbox"/> Yes	<input 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> )				
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 <sup>5</sup>
	Smoking tobacco products  <b>Add product</b>	Cigarette non filter < 65mm	Excise Duty including Health Cess	Rs. 669	Rs. per 1000 cigarettes
		Cigarette non filter 65-70 mm	Excise Duty including Health Cess	Rs. 1473 +10%	Rs. per 1000 cigarettes
		Cigarette filter <65 mm	Excise Duty including Health Cess	Rs. 669	Rs. per 1000 cigarettes
		Cigarette filter 65-70 mm	Excise Duty including Health Cess	Rs. 969 +10%	Rs. per 1000 cigarettes
		Cigarette filter 70-75 mm	Excise Duty including Health Cess	Rs. 1473 + 10%	Rs. per 1000 cigarettes
		Cigarette filter 75-85 mm	Excise Duty including	Rs. 1959 +10%	Rs. per 1000 cigarettes

<sup>5</sup> 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.

			Health Cess		
		# In addition to above, an 'Education Cess @ 2%' and 'Secondary and higher Education Cess @1%' on aggregate of duties of excise is charged. *			
Smokeless tobacco products <b>Add product</b>	Chewing tobacco	excise	60%	% ad valorem	
	Pan Masala containing tobacco Guthka	excise	60%	% ad valorem	
	Preparations containing chewing tobacco	excise	60%	% ad valorem	
	Jarda Scented tobacco	excise	60%	% ad valorem	
	# In addition to above, an 'Education Cess @ 2%' and 'Secondary and higher Education Cess @1%' on aggregate of duties of excise is charged				
Other tobacco products <b>Add product</b>	hand made bidi	excise	Rs. 16	Rs. per 1000 bidi	
	machine made bidi	excise	Rs. 28	Rs. per 1000 bidi	
	Smoking mixtures for pipes or cigarettes	excise	360%	% ad valorem	
2.8.4	Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.				
	Excise duty has been increased progressively every year. In addition the States impose VAT on tobacco products, which is generally being raised each year.				
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:
	Tax Research Unit, Ministry of Finance Year of data: 2011-12

2.9	<b>PRICE OF TOBACCO PRODUCTS</b> <i>(with reference to Article 6.2(a))</i>
-----	-------------------------------------------------------------------------------

2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
		Most widely sold brand			Number of units or amount per package	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
	Domestic	Gold Flake (King size)			20	Rs. 116
	Imported	NA				

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	2012-13
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.
	Indian Rupees (1US \$ = Rupees 53.78 as on 2.11.2012)
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.
	The prices of tobacco products (smoking & smokeless tobacco) have increased due to increase in central excise duty levied by the Union Government as well as in VAT levied by State Governments.

### 3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	<b>General obligations</b>		
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 checked="" 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).			
	<p>National Tobacco Control Cell, Under National Tobacco Control Programme, Ministry of Health and Family Welfare, Government of India.</p> <p>A national coordinating mechanism in form of the Inter-ministerial task force has been formed at national level under chairpersonship of Secretary (Health &amp; Family Welfare) and includes representatives from 12 Departments of Government of India. In addition representatives from 7 State Governments &amp; 2 from Civil Society Organizations are special invitees to the task force</p>			
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 ( <i>General obligations</i> ) in the past two years or since submission of your last report.			

National Tobacco Control Program (NTCP): The Government of India launched a dedicated National Tobacco Control Program (NTCP) in 21 states and 42 districts in the 11th Five Year Plan to implement the Anti Tobacco Laws and to bring about greater awareness about the ill-effects of tobacco use. The Objective of NTCP is to build up an appropriate awareness campaign including School Health Programmes, advocacy workshops, monitoring implementation of anti-tobacco laws, institution of a regulatory mechanism including testing laboratories 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 awareness campaigns, there is a School Health Programme and a 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 awareness campaign; (c) Carrying out School Health and Awareness Programme; (d) Training and Capacity building for enforcement of various provisions of the Anti-tobacco laws; (e) Starting Tobacco Cessation Centre at District Level. This Cell is supported by Psychologist/Counselor and Social Worker.

(iii) Media and outdoor publicity campaigns at National Level: A sustained public awareness campaign against all forms of tobacco using mass media (both print and electronic) and outdoor publicity to reach out to all segments of the population

(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 4 other regional/referral testing labs have been identified for testing tobacco product contents and emissions, and are in the process of being set up.

(v) Research & Training: Global Adult Tobacco Survey (GATS-India) has been conducted in 2009-10 to estimate prevalence of tobacco use and track key tobacco control indicators.

(vi).Monitoring enforcement of tobacco control laws: Guidelines have been developed for enforcement of tobacco control laws. Important instructions, rules, regulations, court judgements and orders are shared with states.

3.1.1.7	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
	<p>India has enacted a comprehensive food regulation called Food Safety &amp; Standards Act 2006, to regulate the contents and for laying down standards of food products, with the objective of making safe and wholesome food available for human consumption. The definition of food under this regulation is wide enough to cover the chewable smokeless tobacco products. In pursuance of this regulation, a rule was notified in August 2011 laying down a general standard that tobacco and nicotine cannot be used as ingredients in any food product. The apex Court of India has also held that some of the forms of chewable tobacco products like Gutka are food under the food regulation. The regulation has, therefore, paved the way for a comprehensive ban on the chewable smokeless forms of tobacco products in India. By April 2012, some of the states had already started implementing and enforcing the provisions of this regulation. Other states are expected to follow suit.</p>

3.1.2	5.3	<p><b>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</b></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.			
	The Government of India enacted a comprehensive anti-tobacco legislation in 2003 to prohibit advertisement/promotion and to regulate production, supply and distribution of cigarettes and other tobacco products. The enabling rules and regulations are notified under the framework of the anti-tobacco legislation, thus insulating them from any commercial and other vested interests of the tobacco industry.			
3.1.2.4	Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.			
	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. Further, in order to facilitate the implementation of Article 5.3 of WHO-FCTC a draft 'Code of Conduct for Public Officials' has been prepared and circulated to different Ministries for their comments and views.			
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.			

<b>3.2</b>	<b>Article</b>	<b>MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO</b> <i>(with reference to Articles 6–14)</i>		
3.2.1	6	<b>Price and tax measures to reduce the demand for tobacco</b> <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:		
3.2.1.1	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	Please provide a brief description of the progress made in implementing Article 6 ( <i>Price and tax measures to reduce the demand for tobacco</i> ) in the past two years or since submission of your last report.			
	In the Budget for the year 2012-13 the Ministry of Finance, Government of India increased the central excise duty on cigarettes, bidis and smokeless tobacco products. Moreover, 13 states increased VAT on all tobacco products during financial year 2011-12. Ministry of Health, Government of India also wrote to states to increase tax on all tobacco products (smoking as well as smokeless).			
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	India is a member of the working group on Article 6 of WHO FCTC and participated in its meeting held in December, 2011.			

3.2.2	8.2	<p><b>Protection from exposure to tobacco smoke</b></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>		
3.2.2.1		<p>– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		<p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p>		
		<ul style="list-style-type: none"> <li>• national law</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• subnational law(s)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• administrative and executive orders</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• voluntary agreements</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• other measures (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.3		<p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p>		
		<p>The definition of 'public place' is comprehensive and includes all places visited by public whether as of right or not and includes all public places and private workplaces but does not include any open space. In addition, smoking is also prohibited at the open spaces that are visited by the public like open auditoriums, stadiums, railway stations, bus stops and such other places. 'No Smoking' signages as per provided specifications have to be prominently displayed in all public places. A physically segregated smoking area, subject to specifications provided by rules, may only be allowed in the following places:-</p> <p><input type="checkbox"/> Airports</p> <p><input type="checkbox"/> Hotels with 30 or more rooms.</p> <p><input type="checkbox"/> Restaurants with 30 or more seats.</p>		
3.2.2.4		<p>If you answered “Yes” to any options in 3.2.2.2, do any of these measures provide for a mechanism/</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		infrastructure for enforcement?			
3.2.2.5		<p>If you answered "Yes" to question 3.2.2.4 please provide details of this system.</p> <p>The rules have designated 21 categories of authorized officers to ensure enforcement of smokefree rules in public places. As per these rules the owner/in-charge/proprietor/manager of a public place must ensure that:</p> <p><input type="checkbox"/> No person smokes in the public place under his jurisdiction</p> <p><input type="checkbox"/> A 60 X 30cm board saying, “No Smoking Area – Smoking Here is an Offence” is prominently displayed at each entrance, floors, staircases, entrance of the lifts and at conspicuous place(s) inside</p> <p><input type="checkbox"/> Name of the person to whom a complaint may be made is prominently displayed</p> <p><input type="checkbox"/> No ashtrays, lighters and matchsticks etc. are provided.</p> <p><input type="checkbox"/> ‘Smoking area or space’ is not provided at the entrance or exit of a restaurant, hotel or airport. Such area is distinctively marked as “Smoking Area” in English and the local language. “Smoking Area” is used only for the purposes of smoking and no service(s) are allowed therein.</p> <p>If owner, manager, supervisor etc. fails to act upon any complaint he is liable to a fine equivalent to the number of individual offences recorded on his premises.</p> <p>Guidelines have been developed and disseminated by Ministry of Health &amp; Family Welfare to facilitate the state governments in implementation of the smokefree Rules.</p> <p>National level toll free reporting helpline has been established (1800110456) for reporting violations.</p>			
3.2.2.6		<p>If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.</p> <p>Indoor workplaces:</p> <ul style="list-style-type: none"> <li>• government buildings</li> <li>• health-care facilities</li> <li>• educational facilities<sup>1</sup></li> </ul>	Complete	Partial	None
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> except universities

	<ul style="list-style-type: none"> <li>universities</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>private workplaces</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>other (<i>please specify</i>: auditorium, stadium, railway station, bus stand/stop )</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport:				
	<ul style="list-style-type: none"> <li>airplanes</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>trains</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>ferries</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>ground public transport (buses, trolleybuses, trams)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>motor vehicles used as places of work (taxis, ambulances, delivery vehicles)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>private vehicles</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>other (<i>please specify</i>: )</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>Indoor public places:</p> <table border="1"> <tr> <td>• cultural facilities</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• shopping malls</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• pubs and bars</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• nightclubs</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• restaurants</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• other (<i>please specify</i>: hotels and airports )</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• pubs and bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	• other ( <i>please specify</i> : hotels and airports )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
• pubs and bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
• restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
• other ( <i>please specify</i> : hotels and airports )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
3.2.2.7	<p>Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.</p> <ul style="list-style-type: none"> <li>• Banning tobacco smoking in indoor workplaces</li> </ul> <p>The definition of 'public places' is comprehensive and includes all places visited by public whether as of right or not and includes auditorium, hospital buildings, railway waiting rooms, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances, refreshment rooms, banquet halls, discotheques, canteen, coffee house, pubs, bar, airport lounge, shopping malls, cinema halls and the like. However hotels having 30 or more rooms and restaurants having seating capacity of 30 or more persons and airports may create a separate smoking rooms as per the specifications and ventilation standards provided in rules.</p> <ul style="list-style-type: none"> <li>• Banning tobacco smoking in public transport</li> </ul> <p>All public conveyance including railways. In addition sale of tobacco is banned in railways and its premises.</p> <ul style="list-style-type: none"> <li>• Banning tobacco smoking in indoor public places</li> </ul> <p>Public place includes all indoor workplaces, including private workplaces.</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 two years or since submission of your last report.</p> <p>Regular communications are sent to the states to implement the smokefree Rules. Public advertisements are published from time to time in the leading national and regional dailies. The number of jurisdictions becoming smokefree has been increasing. Regular mass media campaign is being carried out under the National Tobacco Control programme to increase awareness against tobacco use and smokefree rules. Violations of anti-tobacco laws have been made part of monthly crime reporting by police authorities.</p> <p>A series of advocacy workshops have been organised at state level to sensitise the key stakeholders on tobacco control laws.</p> <p>The orders of the various courts of law for implementation of the smokefree rules have been shared with all the states to strengthen implementation of the</p>																								

	<p>smokefree rules.</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.</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>Ministry of Health &amp; FW has been advocating with the State Governments to make compliance to anti-tobacco laws a necessary condition for issue of licenses to eataries.</p>

3.2.3	9	<b>Regulation of the contents of tobacco products</b> <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:		
3.2.3.1		– 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	Please provide a brief description of the progress made in implementing Article 9 ( <i>Regulation of the contents of tobacco products</i> ) in the past two years or since submission of your last report.			
	Section 11 of the Tobacco Control Act of India (COTPA-2003) mandates setting up of tobacco product testing labs. The process of setting of the 4 testing labs and 1 apex lab has been finalised. The process of procurement of equipments has been initiated.			
3.2.3.6	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	The labs are yet to become functional. The Rules related to testing of tobacco products for its contents and emissions have not been notified yet.			

3.2.4	10	<p><b>Regulation of tobacco product disclosures</b></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>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		<p>• contents of tobacco products?</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
		<p>• emissions of tobacco products?</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		<p>• contents of tobacco products?</p>	<p><input checked="" type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
		<p>• emissions of tobacco products?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.</p>			
		<p>The process of setting of the 4 testing labs and 1 apex lab has been finalised. The labs have been identified and the process of procurement of equipments has been initiated.</p>		
3.2.4.4	<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 Rules related to testing of tobacco products for its contents and emissions have not been notified yet.</p>		

3.2.5	11	<b>Packaging and labelling of tobacco products</b>		
		<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)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.8	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
3.2.5.9		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.10	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

3.2.5.11		If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 ( <i>Packaging and labelling of tobacco products</i> ) in the past two years or since submission of your last report.			
	<p>A new set of pictorial health warnings was notified vide GSR 417(E) dated 27<sup>th</sup> May, 2011 and implemented w.e.f 1<sup>st</sup> December, 2011. The pictorial health warnings have been developed in 18 languages including Hindi and English and have been uploaded on the website of the Ministry of Health &amp; Family Welfare in downloadable format. Alternatively the same may also be procured from the Ministry free of cost.</p> <p>Further, to strengthen its enforcement, the guidelines for implementation of these Rules have also been developed and circulated to states. Public notice in this regard has been published in all the leading national and regional dailies and communication has been sent by Ministry of Health to all the enforcement agencies and states for enforcement of the new pictorial health warnings.</p>			
3.2.5.16	If you have any relevant information pertaining to or not covered in this section, please provide details in the space below.			
	N.A.			

3.2.6	12	<b>Education, communication, training and public awareness</b> <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:		
3.2.6.1	12(a)	– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2		If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?		
		• adults or the general public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• children and young people	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• men	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• ethnic groups	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other <i>(please specify: rural and urban population )</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.3		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?		
		• age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• educational background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• cultural background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• socioeconomic status	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• 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
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• adverse economic consequences of		

		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• adverse environmental consequences of		
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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
		• decision-makers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• administrators?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify:</i> law enforcers)?	<input checked="" 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 two years or since submission of your last report.</p>
	<p>Under the National Tobacco Control Programme, approximately US \$ 5 million per year has been earmarked for national level public awareness campaigns. A number of new health spots have been developed in India while some international health spots have been adapted to suit Indian conditions.</p> <p>India specific advertisement like bidi smoking and linking it to cardiovascular disease and advertisement on harmful effects of consumption of smokeless tobacco has been developed and aired.</p> <p>In addition to the mass media pan India outdoor publicity has been carried out to create awareness about the harmful effects of tobacco use. The outdoor campaign supplemented the mass media campaign. Outdoor publicity campaign was on depiction of ill effects of tobacco use. Under the outdoor publicity campaign, posters on "Tobacco is eating you alive", harmful effects of tobacco use and "tuberculosis and tobacco" have been displayed at prominent places all over the country. The outdoor publicity campaign was carried out through:</p> <ul style="list-style-type: none"> <li>- State transport buses in the cities of Hyderabad, Rajasthan, Himachal Pradesh, Uttaranchal, Haryana, Uttar Pradesh, Odisha, Chandigarh and Punjab.</li> <li>- Bus Queue Centers at New Delhi Municipal Corporation, Municipal Corporation of Delhi, Bus Rapid Transport (New Delhi), Mumbai, Hyderabad, Bangalore, Ahmedabad, Ranchi Bhopal, Amritsar, Lucknow, Kanpur, Gorakhpur, Allahabad, Bareilly, Chennai.</li> <li>- Kiosks in the cities of Kolkata, Mumbai, Surat, Bareilly, Jaipur.</li> </ul> <p>A musical song highlighting the harmful effects of tobacco use and giving the message that using tobacco is not cool has been developed by a very prominent singer 'SHAAN', the jingles have been aired in TV as well as on FM/ radio.</p> <p>Ministry of Health is also extensively using the print media for dissemination of information on the provisions under the tobacco control Act. On the occasion of the World No Tobacco Day (31<sup>st</sup> May) and the 2<sup>nd</sup> October (Birthday of father of the nation Mahatma Gandhi - when the smokefree rules were implemented), prominent advertisements on the theme are published in National and Regional news paper every year.</p> <p>The tobacco control spots are also a part of the mass media campaign aired under the National Rural Health Mission.</p> <p>The Information, Education and Communication Department of the Ministry of Health &amp; Family Welfare has printed tobacco control messages in the tickets issued by Indian Railways.</p> <p>Ministry of Health &amp; Family Welfare also aired tobacco control media campaign - Sponge and Mukesh during the cricket tri-series of India-</p>

	<p>Australia- Sri Lanka.</p> <p>Over 10 advertisements were aired using the exclusive channels used for airing the sessions in the Parliament of India during the budget session, which is among the most important sessions of the parliament.</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>Generating earned media has been a very important strategy of the programme, as on the eve of the airing of all the new spots a media release is organised in the premises of the Ministry of Health &amp; family Welfare.</p>

3.2.7	13	<b>Tobacco advertising, promotion and sponsorship</b>		
		<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, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:</p>		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input 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:		
		• display and visibility of tobacco products at points of sales?	<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
		• brand stretching and/or brand sharing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• product placement as a means of advertising or promotion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the depiction of tobacco or tobacco use in entertainment media products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco sponsorship of international events or activities and/or participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
• cross-border advertising, promotion and sponsorship originating from your territory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

	13.7	<ul style="list-style-type: none"> <li>the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?</li> </ul>	<input checked="" 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 type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input 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 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 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 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 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 type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input 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 two years or since submission of your last report.			
	<p>Section -5 of the Tobacco control Act of India prohibits all forms of tobacco advertisement (direct/indirect/surrogate), promotion and sponsorship of tobacco products.</p> <p>The rules notified on 11<sup>th</sup> August 2011, vide G.S.R.619(E), prohibit display of tobacco products in a manner that enables easy access of tobacco products to persons below the age of 18 years.</p> <p>The rules notified on 27<sup>th</sup> October, 2011 vide G.S.R 786(E) and implemented from 14<sup>th</sup> November, 2011 prohibit closeups, brand placement and product placement of tobacco products in movies and TV Programmes. The rules further regulate depiction of tobacco or tobacco use in entertainment media (TV &amp; Films) and bans depiction of tobacco products/smoking in all promotional materials and posters. To ensure</p>			

	<p>implementation of the rules, the Ministry organized a sensitization workshop on 28<sup>th</sup> Sept., 2011 for the Central Board of Film Certification (CBFC). The objective of the workshop was to sensitize the various stakeholders from the Central Board of Film Certification (CBFC) and its nine regional centers and Ministry of Information &amp; Broadcasting along with relevant partners on recognizing tobacco as a major public health hazard causing death and how films can play a vital role in shaping the behavior of the youth in the country.</p> <p>During the workshop WHO Report on “Smoke Free Movies: From Evidence to Action” (2nd Edition) was released and a guideline to facilitate the members of CBFC assessing a film with respect to tobacco usage was also discussed.</p>
3.2.7.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
	<p>Steering Committees have been formed at national, state and district level to look into and take action on instances of violation of direct and indirect advertisements.</p>

3.2.8	14	<b>Demand reduction measures concerning tobacco dependence and cessation</b> <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:		
3.2.8.1	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:		
		○ underage girls and young women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• telephone quitlines	<input type="checkbox"/> Yes	<input checked="" 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> local and traditional events)?	<input checked="" 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

		<ul style="list-style-type: none"><li>• other (<i>please specify:</i> )?</li></ul>	<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: Both public and private health care institutions)</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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• other <i>(please specify: )</i>	<input type="checkbox"/> Yes	<input checked="" 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: Both public and private health care institutions)</i>	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> <li>specialized centres for cessation counselling and treatment of tobacco dependence</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>rehabilitation centres</li> </ul>	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	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?			
		Health professionals including:			
		<ul style="list-style-type: none"> <li>physicians</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>dentists</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>family doctors</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>practitioners of traditional medicine</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>other medical professionals (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>nurses</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>midwives</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>pharmacists</li> </ul>	<input type="checkbox"/> Yes	<input checked="" 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:			
		<ul style="list-style-type: none"> <li>medical?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>dental?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>nursing?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>pharmacy?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i> )?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.10	14.2(d)	– facilitating accessibility and/or	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

		affordability of pharmaceutical products for the treatment of tobacco dependence?			
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?			
		if any NRT is prescribed, the person can buy it Over-The-Counter. Bupropion (2 mg) can be purchased as an Over The Counter (OTC ) drug without a prescription and above 2mg with prescription.			
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally 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> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.13	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?			
		• nicotine replacement therapy	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• bupropion	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• varenicline	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• other ( <i>please specify:</i> Nortryptiline)?	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
3.2.8.14	Please provide a brief description of the progress made in implementing Article 14 ( <i>Demand reduction measures concerning tobacco dependence and cessation</i> ) in the past two years or since submission of your last report.				
	National guidelines for Tobacco Cessation Treatment developed.				
3.2.8.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	<p>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>Tobacco Cessation is the vital components of the National Tobacco Control Programme. Technical support has been provided to set up cessation services at medical/dental colleges, TB hospitals, general hospitals and other health care facilities in the public and private sector.</p> <p>The tobacco cessation is also being integrated in the other national programmes</p>				

	<p>of the Govt., Cancer control, NCD programme, TB control, School health programme etc.</p> <p>Training material has also been developed for doctors/health workers.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>3.3</b>	<b>Article</b>	<b>MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO</b> <i>(with reference to Articles 15–17)</i>		
3.3.1	15	<b>Illicit trade in tobacco products</b> <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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 two 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.
	Few State Governments (Goa, Sikkim, Tripura) have used local instruments for licencing of tobacco shops.

3.3.2	16	<b>Sales to and by minors</b> <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 checked="" type="checkbox"/> Yes	<input 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 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
		• 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 two years or since submission of your last report.</p> <p>The revised Rules relating to prohibition on sale of tobacco products to and by minors has been notified vide G.S.R. 619 (E) dated 11<sup>th</sup> August, 2011 and implemented w.e.f 11<sup>th</sup> August, 2011. The rules provide for placement of board at point of sale containing health warning along with pictorial depiction of ill effects of tobacco. Further it also lists the officers who can initiate action on violation of the Rules.</p> <p>Government 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>A guideline for implementation of the rules has also been developed and disseminated to all the states.</p> <p>A series of public notice was published in the leading national and regional dailies to create awareness about the revised Rules.</p> <p>A series of State Level Advocacy workshop have been organised all over the country to sensitise law enforcers.</p> <p>Some of the states have used innovative strategies like partnering with corporates for display of the signages at point of sale.</p> <p>Many educational institutions/universities/colleges at sub-national level are declaring themselves tobaccofree.</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>Ministry of Health also shared the High courts' orders regarding the implementation of the said Rules with all the states urging them to strengthen enforcement.</p> <p>The Anti tobacco law in India (COTPA 2003) also prohibits sale of tobacco products within a radius of 100 yards of all educational institutions.</p>			

3.3.3	17	<b>Provision of support for economically viable alternative activities</b> <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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input type="checkbox"/> Yes	<input checked="" 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 two years or since submission of your last report.				
	<p>The Ministry of Health instituted a research project on alternate crops to FCV tobacco, which was executed by the Central Tobacco Research Institute, Andhra Pradesh. The evidence on economically viable options of alternate crops to tobacco has been established in various regions of the country. A sensitization workshop was held with tobacco farmers of Guntur in Andhra Pradesh and the response for shifting over to alternate crops was overwhelming provided the concerned departments provided support, both monetary and technical for some period, to ensure that the farmers do not suffer losses. The Ministry of Health has accordingly requested the Ministry of Agriculture to initiate special programmes for providing alternate crops to tobacco growers and also economically viable options with support for the tobacco growing farmers and workers who are willing to shift over from tobacco, as a part of the 12th Five Year Plan. Ministry of Health has also written to Ministry of Commerce to consider schemes aimed at a time bound and targeted reduction in FCV tobacco crop in the coming years so as to meet our obligations under WHO FCTC as well as to reduce the health threat to our people from tobacco use. It has been suggested that for this purpose, the tobacco farmers who are willing to shift over to other alternatives could be provided with support, both monetary and technical, for some period so that they do not suffer losses. Further, the issue has been taken up with the Ministry of Rural Development as well, for integrating special schemes for alternative livelihoods for bidi workers under the National Rural Livelihood Mission.</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.				
	India is a key facilitator for the working group formed for development of guidelines under Articles 17-18 of WHO FCTC.				

3.4	<i>Article</i>	<b>OTHER MEASURES AND POLICIES</b> (with reference to Articles 18–21)			
3.4.1	18	<b>Protection of the environment and the health of persons</b> (Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input 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 two years or since submission of your last report.				
	Ministry of Environment & Forest has banned the packaging of smokeless tobacco products in plastic sachets.				
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.				
	3.4.1.2: In order to protect the environment from the environmental hazards of the plastic pouches used for packaging the smokeless tobacco/chewing tobacco (Gutkha), upon the directions of the Hon'ble Supreme Court, the Ministry of environment through its notification dated 5 <sup>th</sup> February, 2011 has banned the use of plastic for packaging of smokeless/chewing tobacco.				

3.4.2	19	<b>Liability</b> <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:		
3.4.2.1	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 checked="" type="checkbox"/> Yes	<input 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 two years or since submission of your last report.			
	A case suit was filed by a smoker in the High Court of Mumbai who got cancer due to smoking, but it was dismissed by the court.			
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.			
	N.A.			

3.4.3	20	<b>Research, surveillance and exchange of information</b> <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> Status of implementation of tobacco control laws)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.4.3.4	20.3(a)	If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.		
		National Family Health Survey 2005-06 Global Adult Tobacco Survey (2009-10) Global Youth Tobacco Survey, 2009		
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.		
		Preliminary discussion is underway to repeat GATS in the 12 <sup>th</sup> Five year plan and mainstreaming key indicators on tobacco control in the ongoing health surveys of the country.		
3.4.3.6	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
3.4.3.7	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
3.4.3.8	Please provide a brief description of the progress made in implementing Article 20 ( <i>Research, surveillance and exchange of information</i> ) in the past two years or since submission of your last report.			
	The Global Adult Tobacco Survey (GATS) was conducted in 2009-10 and released by the Health Minister in October, 2010. One National and 5 Regional GATS dissemination workshops have been organised to sensitise the key policy makers and media on the findings of the GATS. The reports of the GATS are also disseminated through the state level dissemination seminars.			
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	N.A.			

#### 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:	<b>Assistance provided</b>	<b>Assistance received</b>
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 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.			
	<p>Assistance received for Tobacco Control in India:</p> <p>WHO biennium country budget (2009-10) - Rs. 1.91 crores</p> <p>Technical assistance received for conducting the GATS- India Survey (WHO, CDC, RTI)</p>			

	<p>Centre for Disease Control (CDC) for carrying out Global Youth Tobacco Survey.</p>
--	---------------------------------------------------------------------------------------

Technical Assistance for the national level mass media campaigns (World Lung Foundation)

Leadership training programme conducted by Johns Hopkins University, Baltimore.

Assistance from Bloomberg Initiative (BI) has also been received to assist the National and State Tobacco Control Cells.

4.8	Please provide information about any assistance provided or received in the space below.
	N.A.
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.
	N.A.
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 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.
	N.A.

## 5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	<p>Upscaling the National Tobacco Control Programme to all states and districts in phases during the next 5-year plan.</p> <p>Capacity building at national and sub-national level for implementing tobacco control laws with special focus on smokefree rules, TAPS and sale around educational Institutions.</p> <p>Training of diverse groups like civil society, health professionals, media, law enforcers for monitoring and implementation of tobacco control laws.</p> <p>Advocacy and sensitisation of various stakeholder ministries on tobacco control laws and related issues.</p> <p>Development of training modules for diverse stakeholders.</p> <p>Strengthening and upscaling of the cessation services at sub-national level including partnership with private sector</p> <p>Upscaling Mass Media and development of communication strategy for sustained mass media campaigns.</p> <p>Develop and disseminate IEC and training materials at grassroot level.</p> <p>Strengthen the tollfree helpline for reporting of violations under COTPA.</p> <p>Workout alternative viable livelihood strategies for tobacco farmers and bidi rollers.</p> <p>Build the lab capacity for testing of contents and emissions of tobacco products.</p>

	<p>Work out strategies for regulation of smokeless/chewing tobacco</p> <p>Tobacco is the major NCD risk factor. Integrating National Tobacco Control Programme under NRHM umbrella and synergy with Non Communicable Disease (NCD) Programme and other communicable disease programme like Tuberculosis and HIV. In addition, tobacco cessation may be included as part of the counseling services under National Mental Health Programme/ Drug de-addiction programmes etc.</p> <p>Mainstreaming tobacco surveillance in the existing health surveys like- District Level Health Survey, Annual Health Surveys/Health Management Informatics System under National Rural Health Mission (NRHM).</p> <p>Setting up national/sub-national telephone quitline for cessation.</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>The National Tobacco Control Programme is under pilot implementation in only 42 districts of the country. The limited resources under NTCP are not sufficient to implement the strategies recommended under FCTC.</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>India is the second largest producer and consumer of tobacco products in the world and a plethora of tobacco products (both smoking and smokeless) are used in India. Further, a very large section of the tobacco industry is unorganised and bidi industry is a home based industry providing employment to 5.5 million people mostly women from the lower socio-economic strata of the society.</p>
5.5	<p>Please provide any relevant information not covered elsewhere that you consider important.</p> <p>N.A.</p>
5.6	<p>Your suggestions for further development and revision of the reporting instrument:</p> <p>N.A.</p>

**End of reporting instrument**