



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Needs assessment for the implementation of the WHO Framework Convention on Tobacco Control in Mongolia

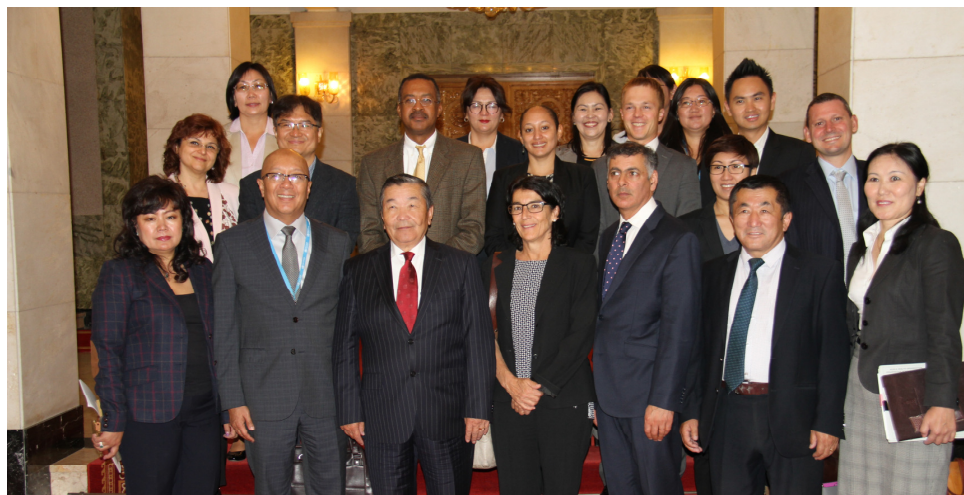


Photo: The team of the Needs Assessment Mission with Mr Sambuu Lambaa, Senior Adviser to the Chairman of the Parliament

The WHO Framework Convention Secretariat would like to thank the Ministry of Health of Mongolia for the invitation to conduct this needs assessment mission

**Convention Secretariat
September 2015**

Supported by:



Table of abbreviations

ADB	Asian Development Bank
COP	Conference of Parties
FAO	Food and Agriculture Organization
GHPSS	Global Health Professions Student Health Survey
GSHS	Global School-based Student Health Survey
GSPS	Global School Personnel Survey
GYTS	Global Youth Tobacco Survey
MOA	Ministry of Food and Agriculture
MOECS	Ministry of Education, Culture and Science
MOF	Ministry of Finance
MOFA	Ministry of Foreign Affairs
MOHS	Ministry of Health and Sports
MOI	Ministry of Industry
MOJ	Ministry of Justice
MOL	Ministry of Labour
MOPDSP	Ministry of Population Development and Social Protection
NGO	Nongovernmental organizations
SISS	Social Indicator Sample Survey
STEPS	WHO STEPwise Approach to Surveillance
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNIATF	United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases
UNICEF	United Nations Children's Fund
US CDC	United States Center for Disease Control and Prevention

The WHO FCTC

- The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of tobacco epidemic, which has taken place since the 20th century.
- The Convention is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.
- The objective of the Convention is “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”, The Convention asserts the importance of demand-reduction measures as well as supply-side strategies to achieve this end, and Parties are also encouraged to implement measures beyond those required by the treaty.
- The Conference of the Parties (COP) is the decision-making body of the Convention. The Convention Secretariat was established as a permanent body to support the implementation of the Convention in accordance with Article 24 of the WHO FCTC.

The needs assessment exercise

- COP1 (February 2006) called upon developing country Parties and Parties with economies in transition to conduct needs assessments in light of their total obligations related to the implementation of all provisions of the Convention and to communicate their prioritized needs to development partners (decision FCTC/COP1(13)).¹
- The needs assessment is an exercise undertaken jointly with a government to identify the objectives to be accomplished under the WHO FCTC, resources available to the Party concerned for implementation, and any gaps in that regard. It is based on all substantive articles of the WHO FCTC so as to establish a baseline of needs.
- Post-needs assessment assistance has been provided to the Parties that have conducted needs assessments, based on the reports and priorities identified.
- The international team composed by Dr Enkhzaya Tazna , tobacco focal point from the Ministry of Health, Dr Tsogzalmaa Bayandorj, tobacco control focal point WHO Mongolia, Dr Luminita Hayes, PND-HQ WHO, Mr Kelvin Khaw, WPRO, and led by Dr Carmen Audera-Lopez, WHO FCTC Secretariat, Geneva, conducted a needs assessment mission to Mongolia from 7-11 September 2015

¹See COP1/1/2006/CD, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop1.htm.

Impact of tobacco use in Public Health

Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in Mongolia: Key Facts

Adult tobacco prevalence:

Current tobacco smokers	STEPS 2005	STEPS 2009	STEPS 2013
Total	27.6%	27.7%	27.1%
Male aged 15–64	48.4%	48.0%	49.1%
Female aged 15–64	5.5%	6.9%	5.3%
Daily tobacco smokers	STEPS 2005	STEPS 2009	STEPS 2013
Total	24.2%	24.3%	24.8%
Male aged 15–64	43.1%	43.0%	45.4%
Female aged 15–64	4.1%	5.2%	4.5%
Average no. of cigarettes smoked per day by daily smokers	STEPS 2005	STEPS 2009	STEPS 2013
Male aged 15–64	12.6	8.9	10.3
Female aged 15–64	7.5	7.0	6.4

- [STEPS 2013] Highest prevalence of smoking was among men aged 25–44 at 56.7%.
- [STEPS 2013] 0.5% of adults aged 15–64 (0.8% of men and 0.2% of women) currently use smokeless tobacco such as snuff, chewing tobacco and betel.
- [SISS 2013] Prevalence of tobacco use (smoked and smokeless) at any time in the past month was 56.1% among men and 7.8% among women aged 15–49.
- [MICS 2010] Smoking prevalence among men aged 15–54 was 56% in rural areas and 54% in urban areas; and the smoking prevalence among women aged 15–49 was 3% in rural areas and 8% in urban areas.
- [MICS 2010] Highest prevalence of tobacco use among men was in the Central and Eastern Regions (58–60%), and among women, in the Central Region and Ulaanbaatar City (7–10%).
- [GSPS 2007] One fifth (19.4%) of school personnel (administrative and teachers) currently used any form of tobacco.

Youth tobacco prevalence:

Current any tobacco product users	GYTS 2003	GYTS 2007	GYTS 2014
Total	15.5%	20.7%	14.3%
Boys aged 13–15	21.4%	25.7%	20.3%
Girls aged 13–15	10.6%	16.0%	8.3%
Current cigarette smokers	GYTS 2003	GYTS 2007	GYTS 2014
Total	-	-	3.9%
Boys aged 13–15	-	-	5.9%
Girls aged 13–15	-	-	1.9%
Current cigarette smokers	GSHS	GSHS 2010	GSHS 2013
Total aged 13–15	-	5.4%	5.9%
Boys aged 13–15	-	9.2%	8.3%
Girls aged 13–15	-	2.0%	3.5%
Total aged 16–17	-	-	17.5%
Boys aged 16–17	-	-	26.9%
Girls aged 16–17	-	-	9.7%
Current smokeless tobacco users	GYTS 2003	GYTS 2007	GYTS 2014
Total	-	-	9.5%
Boys	-	-	13.6%
Girls	-	-	5.7%
Current tobacco smokers	STEPS 2005	STEPS 2009	STEPS 2013
Total	-	19.9%	14.1%
Men aged 15–24	8.9%	35.0%	25.0%
Women aged 15–24	4.0%	4.0%	2.3%
Daily tobacco smokers	STEPS 2005	STEPS 2009	STEPS 2013
Total	8.9%	16.4%	10.7%
Men aged 15–24	16.2%	-	19.3%
Women aged 15–24	1.3%	-	1.3%

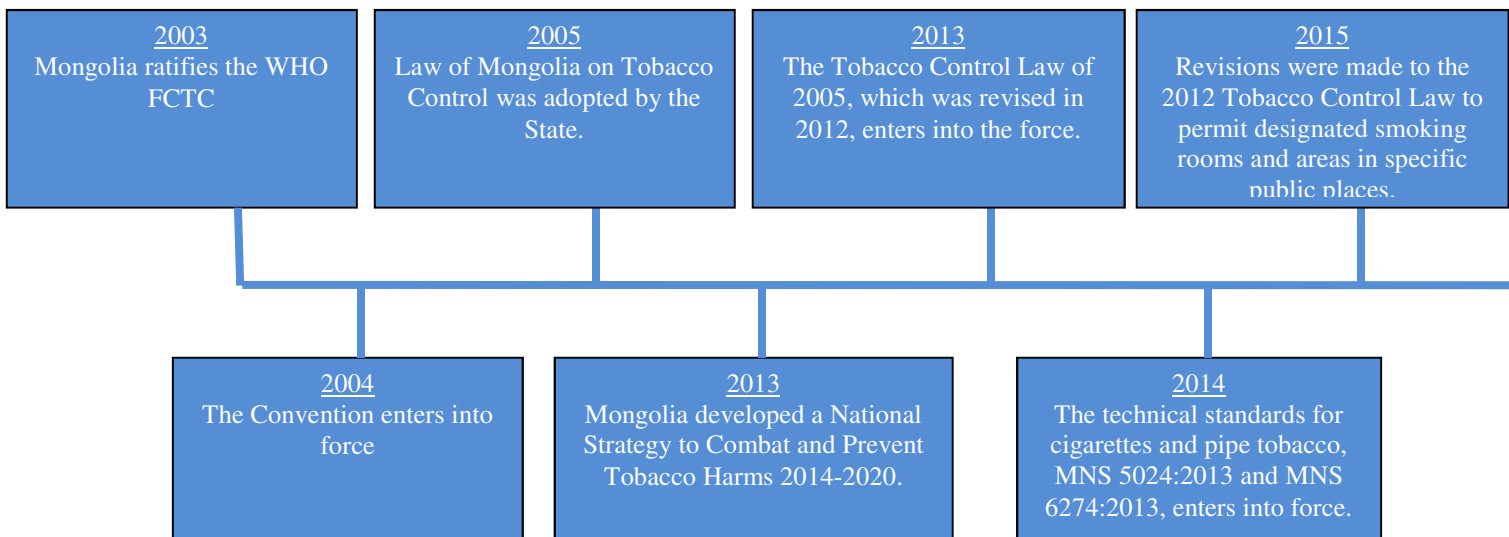
Exposure to tobacco smoke:

Exposure to second-hand smoke in homes	STEPS 2005	STEPS 2009	STEPS 2013
Total	-	42.9%	40.9%
Male aged 15–64	-	38.2%	36%
Female aged 15–64	-	47.6%	45.8%
Exposure to second-hand smoke in workplaces	STEPS 2005	STEPS 2009	STEPS 2013
Total	-	35.6%	25.5%
Male aged 15–64	-	43.3%	31.9%
Female aged 15–64	-	27.7%	19.4%
Exposure to second-hand smoke in homes	GYTS 2003	GYTS 2007	GYTS 2014
Total aged 13–15		54.4%	42.4%
Boys aged 13–15	See below	60.7%	42.5%
Girls aged 13–15		50.7%	41.9%
Exposure to second-hand smoke in enclosed public places	GYTS 2003	GYTS 2007	GYTS 2014
Total aged 13–15	See below	55.5%	49.8%
Boys aged 13–15			48.4%
Girls aged 13–15			50.8%
Exposure to second-hand smoke in homes and workplaces	STEPS 2005	GSHS 2010	STEPS 2013
Total aged 13–15	-	63.8%	59.6%
Boys aged 13–15	-	65.6%	61.8%
Girls aged 13–15	-	62.2%	57.5%
Total aged 16–17	-	-	64.2%
Male aged 16–17	-	-	68.3%
Female aged 16–17	-	-	60.8%
Exposure to second-hand smoke in public places		GYTS 2003	
Total aged 13–15 who never smoked		40.4%	
Boys aged 13–15 who never smoked		44.5%	
Girls aged 13–15 who never smoked		38.3%	
Total aged 13–15 who currently smoked		79.4%	
Boys aged 13–15 who currently smoked		78.7%	
Girls aged 13–15 who currently smoked		80.5%	
Exposure to second-hand smoke in homes		GYTS 2003	
Total aged 13–15 who never smoked		58.7%	
Boys aged 13–15 who never smoked		58.8%	
Girls aged 13–15 who never smoked		58.8%	
Total aged 13–15 who currently smoked		79.5%	
Boys aged 13–15 who currently smoked		76.3%	
Girls aged 13–15 who currently smoked		87.2%	

Tobacco-related mortality:

- According to the 2015 Tobacco Atlas, in 2010, 23.7% of deaths among men and 10.4% of deaths among women were caused by tobacco.
- According to the 2014 report submitted to the Convention Secretariat, death rate attributable to tobacco was 20.91 per 10000 from cardiovascular diseases and 12.60 per 10000 from cancer in 2013.
- According to the 2014 Global Status Report on Noncommunicable Diseases (NCDs), 8 500 male deaths and 6 400 female deaths in Mongolia were associated with NCDs, of which tobacco is a key risk factor. Of these deaths, 67.4% among males and 50.8% among females were premature.

Milestones of tobacco control legislation in Mongolia (2003 – 2015)



Key recommendations

1. MOH to continue to ensure WHO FCTC is included in the next National Development Strategy, Health Sector Master Strategic Plan, Country Cooperation Strategy, the next UNDAF and any other relevant policy documents.
2. MOH to operationalize the multisectoral Health Committee to coordinate the implementation of the Convention.
3. MOH to submit within the next 20 days a proposal to MOF to raise specific excise tax and to do so on a regular basis, taking into account both increases in consumer prices and household incomes to decrease affordability of all tobacco products.
4. Government to redirect funds to the Health Promotion Foundation and make it operational as soon as possible.
5. To protect tobacco control policy process from tobacco industry interference by enforcing Art 4 and 5 of the tobacco control law and the anti-corruption law
6. MOH and the MOJ to submit proposal to the Minister of the Government Cabinet and the Parliamentary Women's Caucus to withdraw the amendment that permits establishment of designated smoking rooms and areas in indoor public places, public transport and indoor workplaces.
7. Other amendments to the TC Law should be made:
 - Remove provision that permits display of tobacco products as well as name and price at point of sale.
 - Remove provision that requires declaration of the amount of tar, nicotine and expiry date on the tobacco product packaging.
 - Include provision that bans free distribution of tobacco products.
 - Include provisions to regulate/ban Electronic Nicotine Delivery Systems and shisha in the TC Law.
8. MOH to collaborate with relevant NGOs and improve synergy and efficiency of the action undertaken by civil society.
9. MOH to mobilize public support and identify key champions to establish a comprehensive TC Law.
10. MOH to work with MOJ to disseminate and raise awareness of the TC Law and for full implementation of the Convention.
11. MOH to work with MOJ, MOECS and other relevant ministries to develop and implement a strategic communication strategy with the long-term goal of denormalizing tobacco use. Particular attention should be paid to youth, women and parliamentarians.

Executive summary

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is the first international health treaty negotiated under the auspices of WHO and was adopted in 2003. It has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 180 Parties to date¹.

Mongolia ratified the WHO FCTC on 16 June 2003, the 6th country in the world and the 2nd country in the Western Pacific Region to become a Party to the Convention. The Convention entered into force for Mongolia on 27 January 2004.

Still, challenges remain in order for Mongolia to be fully compliant with the WHO Framework Convention on Tobacco Control. With this in mind, a needs assessment exercise for implementation of the WHO FCTC was conducted jointly by the Government of Mongolia and the WHO FCTC Secretariat from July - September 2015, including the initial analysis of the status, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. An international team, led by the Convention Secretariat and representatives of the WHO Prevention of Noncommunicable Diseases Department and the United Nations Development Programme, conducted a mission in Mongolia, from 7 to 11 September 2015. The assessment involved relevant ministries and agencies of Mongolia (see Annex).

This needs assessment report presents an article-by-article analysis of the progress the country has made in implementation; the gaps that may exist and the subsequent possible action that can be taken to fill those gaps. The key elements that need to be put in place to enable Mongolia to fully meet its obligations under the Convention are summarized below. Further details are contained in the report itself.

First, the WHO FCTC is an international treaty and therefore international law. Having ratified this treaty, Mongolia is obliged to implement its provisions through national laws, regulations or other measures. There is therefore a need to identify all obligations in the substantive articles of the Convention, link them with the relevant ministries and agencies, obtain the required resources and seek support internationally where appropriate.

Second, Article 5.1 of the Convention requires Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention. Mongolia has a National Strategy to Combat and Prevent Tobacco Harms 2014-2020 that highlights implementation of the WHO FCTC. Mongolia is currently developing the next phase of the National Public Health Policy, Health Sector Strategic Master Plan and WHO Country Cooperation Strategy. It is recommended that the Government include implementation of the WHO FCTC in all relevant policy documents. It is also recommended that Mongolia utilize the needs assessment report as a reference in finalizing these documents.

Third, under Article 5.2(a) of the WHO FCTC, Parties are to establish a national multisectoral coordinating mechanism or focal point for tobacco control. Mongolia has established a focal point for tobacco control within the Ministry of Health, but who is

¹http://www.who.int/fctc/signatories_parties/

also responsible for other technical programmes. Currently, several Ministries and agencies are responsible for implementing the TC Law and meet to provide updates on activities. However, there is no formalized national multisectoral coordinating mechanism that meets on a regular basis to coordinate implementation of the TC Law. It is recommended that a full-time staff be put in place for tobacco control; and that a multisectoral coordinating mechanism which includes civil society organizations be established to coordinate implementation of the Convention.

Fourth, the Government of Mongolia is committed to fully implementing the Convention and notable achievements have been made in legislation (Annex II), efforts to increase taxes and establish smoke-free bans. Mongolia adopted the revised Tobacco Control Law (the TC Law) in 2012, which came into force on 1 March 2013. Further amendments were made to the TC Law dated 29 January 2015 that reversed the country's progress in tobacco control. There are also Mongolian Standards which set technical requirements for tobacco products such as MNS5024:2013 for cigarettes and MNS6274:2013 for pipe tobacco. The TC Law has strong provisions in some areas. However, to fully implement the requirements of the Convention, the TC Law needs to be further strengthened in several areas as described below.

Fifth, the TC Law (Article 10.1) established the Health Promotion Foundation to promote healthy lifestyles and reduce tobacco consumption. Article 10.2 of the TC Law states that the Foundation will receive a budget equal to 2 percent of tobacco excise tax and can also receive external donations. However, due to the current economic situation and governance concerns, the Health Promotion Foundation has been temporarily decommissioned. It is recommended that the Government make the Foundation operational as soon as possible and direct funds from tobacco excise tax to its budget in accordance with TC Law (Article 10.2). It is also recommended that the Government review different models of a health promotion foundation or equivalent and consider the best structure for Mongolia that is sustainable, accountable and effective.

Sixth, Article 5.3 of the Convention requires Parties to protect tobacco control measures from the influence of the vested interests of the tobacco industry. The TC Law (Articles 4.1.2, 4.1.3, 4.1.6, 4.1.8, 4.1.9, 5.1.3–5.1.5 and 5.2.3) aims to protect public health policies from the negative influences of tobacco industry. The Law on Anti-Corruption (Articles 4.1 and 7) also prohibits people from using their official position to engage in conduct that may adversely affect tobacco control. However, the tobacco industry still wields substantial influence and has access to high-level policy-makers, which has led to weakened legislation and amendments that are not comprehensive in coverage. This has adversely impacted legislation on taxation and smoke-free bans. It is recommended that Mongolia enforce these provisions to ensure adherence to both laws and Article 5.3 of the Convention and the implementation guidelines.

Seventh, tax policies on cigarettes, pipe tobacco and other tobacco products are in place in Mongolia. The different types of taxes imposed include specific excise, value-added and profit tax. The Government revised the Excise Law in 2012, applying US\$2.40 on both domestic and imported cigarettes, US\$1.80 on pipe and other bulk tobacco products. Other laws apply a 10% value-added tax on all tobacco products and a 10% profit tax. The tax burden on cigarettes is low in Mongolia at 42.4% compared to 66% in Singapore and 74% in the Philippines. The price of a pack of 20 cigarettes is also cheap at MNT 3000 (US\$1.50). This prevents Mongolia from achieving its health objectives in line with

Article 6 of the WHO FCTC and the relevant guidelines adopted by COP6.¹ It is recommended that Mongolia implement the recommendations contained in the Article 6 guidelines. It is further recommended that the Ministry of Finances raise taxes on a regular basis to take into account both increases in consumer prices and household incomes in order to decrease the affordability of all tobacco products. In this regard, it is recommended that the Ministry of Health submit a proposal to the Ministry of Finance to raise the specific excise tax rate on all tobacco products.

Eighth, the TC Law (Article 9) has provisions to create smoke-free environments in public places. Article 5.1.7 of the 2015 amended TC Law calls for the local government to provide a budget for establishing smoking rooms and areas at any outdoor public places except those specified in Articles 9.1.1-9.1.4, 9.1.7 and 9.1.8. Article 5.2.5 of the 2015 amended TC Law allows designated smoking areas and rooms in places specified in Articles 9.1.5 and 9.1.6. (i.e. public eateries, shops, bars, entertainment places, restaurants and in companies and business organizations) which are equal to or larger than 300 square meters in size. Mongolia is legally bound to provide universal protection to prevent exposure to tobacco smoke in all indoor public places. Mongolia's TC Law (Article 2.2) also states that the provisions of the International Treaty shall prevail if the TC Law is inconsistent with the International Treaty, to which Mongolia is a Party. As such, the FCTC, which calls for 100% smoke-free indoor environments should override the amendments to the TC Law, which has provisions for designated smoking rooms and areas indoors. The guidelines for the implementation of Article 8 include a five-year deadline, which for Mongolia was reached on 27 January 2009. It is recommended that the TC Law and its amendment be revised to be fully compliant with the obligations under the Convention and the recommendations contained in the guidelines. In this regard, it is recommended that the Ministry of Health and Sports and the Ministry of Justice write a letter to the Minister of the Government Cabinet to reverse the law amendments and implement 100% smoke free policies in indoor public places, public transport and indoor workplaces.

Ninth, Article 11 of the Convention on packaging and labelling has a three-year deadline, which was reached on 27 January 2007. At present, the TC Law (Article 6.4–6.6, 6.7.1, 6.7.3, 6.7.5, 6.7.6, 6.7.11) and Mongolian Standards MNS 5024:2013 and 6274:2013 require manufacturers, importers and distributors to adhere to the standards on labels and health warnings. However, the TC Law and Standards require the declaration of the amount of tar, nicotine and expiry date on the tobacco product packaging. At present, shisha and electronic nicotine delivery systems are not regulated and do not need to adhere to packaging and labelling standards. It is recommended that the Government of Mongolia revise the TC Law and Standards to be in line with the recommendations of the guidelines for implementation of Article 11. It is also recommended that shisha and electronic nicotine delivery systems be included in the regulation.

Tenth, Mongolia has a comprehensive ban on tobacco advertising, promotion and sponsorship as outlined in the TC Law (Articles 8, 6.7.6, 6.7.10 and 6.7.13). However, Article 8.1.7 of the TC Law permits display of tobacco products as well as name and price at point of sale. There is also no provision banning free distribution of tobacco products; and electronic nicotine delivery systems can be sold through social media sites. Article 13 of the Convention has a five-year deadline and was to be implemented by 5

¹ See http://apps.who.int/gb/ctc/E/E_cop6.htm

December 2009. It is recommended that the Government amend the TC Law to be in accordance with Article 13 of the Convention and the guidelines for its implementation.

Eleventh, the TC Law has not been implemented and fully enforced, which weakens the effectiveness of the legislation. It is recommended that the MOH, together with the State Inspection Agency, Customs, Police and other relevant enforcement agencies, work closely together to implement the TC Law. It is also recommended that training be provided to law enforcement officials in all relevant ministries and agencies. It is further recommended that support be provided to local governments to establish smoke-free ordinances.

Twelfth, education, communication, training and public awareness are important and constitute a key provision of the Convention. The Government recognizes the importance of nongovernmental organizations (NGOs) and civil society in mobilizing public support for a comprehensive TC Law, for disseminating and raising awareness of the TC Law, and for full implementation of the Convention. It is recommended that the Ministry of Health and relevant NGOs continue to collaborate and improve the synergy and efficiency of the action undertaken by civil society. It is also recommended that the Ministry of Health work closely with the Ministry of Justice, Ministry of Education, Culture and Science and other relevant ministries to develop and implement a strategic communication strategy with the long-term goal of denormalizing tobacco use. Particular attention should be paid to youth, women and parliamentarians.

Thirteenth, the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system outlining priorities in national development. The current UNDAF (2012–2016) does not include prevention and control of noncommunicable diseases (NCDs) nor the implementation of the WHO FCTC. As implementation of the Convention is central to reducing NCDs and their burden, it is important to include support to the implementation of the WHO FCTC in the next UNDAF, which is currently being developed. The international team met with the UN Resident Coordinator (UNRC), the UN Country Team and the WHO Representative and brought this matter to their attention. It is therefore recommended that the MOH follow up with the Ministry of Foreign Affairs, WHO and the UNRC to ensure that supporting implementation of the Convention is included in the programme activities of the next UNDAF.

Fourteenth, the needs identified in this report represent priority areas that require immediate attention, particularly treaty provisions with deadlines (i.e. Articles 8, 11 and 13). Addressing the issues raised in this report will make a substantial contribution to meeting the obligations under the WHO FCTC and improving the health status and quality of life of Mongolia people. As Mongolia addresses these areas, the Convention Secretariat in cooperation with WHO Headquarters, Regional and Country Offices and other relevant international partners are available and committed to providing technical assistance in the above areas, and to engaging potential partners and identifying internationally available resources for implementation of the Convention. The Convention Secretariat is also committed to providing the following assistance upon the request of the Ministry of Health: (1) to support submission of the proposal to raise tobacco excise tax including conducting a cost-benefit analysis, (2) to support and facilitate the stakeholder workshop to consider the needs assessment report, and (3) to provide immediate support for any priorities identified by the Ministry of Health.

The full report, which follows this summary, can also be used as the basis for any proposal(s) that may be presented to relevant international partners to support Mongolia in meeting its obligations under the Convention.

This joint needs assessment mission was financially supported by the European Union*¹. The MOH and the WHO/WPRO Country Office provided resources and logistic support to the needs assessment exercise, including organizing the meetings during the mission.

¹This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the Ministry of Health of the Republic of Mongolia and the WHO FCTC Convention Secretariat and can in no way be taken to reflect the views of the European Union.

List of Government agencies and their representatives, legislative bodies, members of the international team and nongovernmental organizations participating in the joint needs assessment

Office of the President of Mongolia

Mr Tsagaan Puntsag, Chief of Staff of the President of Mongolia

Ministry of Health and Sports

1. Mr Gankhuyag Shilegdamba, Minister of Health and Sports
2. Dr Gombosuren Ganchimeg, State Secretary, Ministry of Health and Sports

Ministry of Finance

Mr Khurelbaatar Gantsogt, State Secretary, Ministry of Finance

Cabinet Secretariat of Mongolia

Mr Bat-Ochiriin Batsaikhan, Adviser to Prime Minister

Parliament

1. Mr Sambuu Lambaa, Senior Adviser to the Chairman of the Parliament
2. Uyanga Gantumur, Member of the Parliament
3. Ms Erdenechimeg Luvsan, Member of Parliament, Chair of the Parliamentary Women Caucus
4. Ms Chimgee Janchivdorj, Consultant, Standing Committee on Social Policy, Education and Science

Participating Government agencies

1. Ministry of Education, Culture and Science
2. Ministry of Food and Agriculture
3. Ministry of Finance
4. Customs General Administration
5. Tax Department, Ministry of Finance
6. Ministry of Foreign Affairs
7. Public Health Institute, Ministry of Health and Sports
8. Ministry of Industry
9. Ministry of Justice
10. Ministry of Labour
11. Ministry of Population Development and Social Protection
12. State Professional Inspection Agency

Local government

1. Ulaanbaatar Department of Health
2. Bayangol District Health Center

3. Head of Citizen's Representative Khural, Darkhan-Uul Province
4. Orkhon-Uul Province
5. Songinokhairkhan District Health Center
6. Umnugovi aimags

Convention Secretariat

1. Dr Carmen Audera-Lopez, Technical Officer
2. Ms Trinette Lee, Consultant

WHO Headquarters

Dr Luminita Sanda, Medical Officer for Capacity Building

WHO Regional Office for the Western Pacific

Mr Kelvin Khaw, Acting Team Leader, Tobacco Free Initiative

WHO Country Office in Mongolia

1. Dr Nyunt-U Soe, WHO Representative to Mongolia
2. Dr Woo-Jin Lew, Senior Programme Management Officer
3. Dr Tsogzolmaa Bayandorj, Technical Officer
4. Ms Nomin Lkhagvasuren, Communication and Health Promotion Officer

UNDP

Mr Dudley Tarlton, Policy Specialist: AIDS and MDGs, HIV, Health and Development Practice

Other UN Organizations and International Bodies

UN Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases

UN Resident Coordinator

UNICEF

UNDP

UNFPA

FAO

ADB

Academia

School of Public Health, Mongolian National University of Medical Sciences

Nongovernmental organizations and civil society organizations

1. Association of Mongolia Public Health Professionals
2. Hope Cancer Free NGO Mongolia

3. New Public Health Association
4. World Vision
5. Adventist Development Relief Agency
6. Association Against Alcoholism and Drug Abuse
7. Mongolian Diabetes Association
8. Youth Development Center
9. Mongolian Men's Union
10. Mongolian Volunteer Center
11. Future Development Institute
12. Mongolian Youth Federation
13. The Mongolian Red Cross Society
14. Association on Protection of People from Bad Habits
15. Association on Protection of People from Narcotic Substances
16. Intelligent Teenager
17. Hope hospis
18. Food Safety Research Center
19. Trade Unions
20. Psychological Sense
21. Men's Development Association
22. Mitchell Fund
23. Civil Development for Green Culture
24. Mongolian Women's Fund

Status of implementation, gaps and recommendations

This core section of the report follows the structure of the Convention. It outlines the requirements of each of the substantive articles of the Convention, reviews the stage of implementation of each article, outlines achievements and identifies the gaps between the requirements of the treaty and level of implementation by Mongolia. Finally, it provides recommendations on how the gaps identified could be addressed, with a view to supporting the country in meeting its obligations under the Convention.

Relationship between this Convention and other agreements and legal instruments (Article 2)

Article 2.1 of the Convention, in order to better protect human health, encourages Parties “to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law”.

Mongolia does not currently have measures that go beyond those provided for by the Convention.

It is recommended that the Government, while working on meeting the obligations under the Convention, also identify areas in which measures going beyond the minimum requirements of the Convention can be implemented.

Article 2.2 clarifies that the Convention does not affect “the right of Parties to enter into bilateral or multilateral agreements ... on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat”.

Mongolia has not yet provided information on bilateral or multilateral agreements relevant to the Convention and its Protocols. The Ministry of Foreign Affairs, in consultation with the relevant line ministries including Ministry of Finance, and Ministry of Planning and Investment, should identify these agreements and report them as appropriate.

Gap – There is a lack of awareness of the obligations under this Article and the proactive role that all relevant ministries need to play in the reporting process.

It is recommended that the Ministry of Foreign Affairs and relevant Government departments review any agreements in their jurisdictions that may fall under the scope of Article 2.2 of the Convention. Furthermore, if such agreements have been identified, it is recommended that the Government of Mongolia communicate them to the Secretariat either as part of its next WHO FCTC implementation report or independently.

Guiding Principles (Article 4)

The Preamble of the Convention emphasizes *“the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women’s, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts”*.

Article 4.7 recognizes that *“the participation of civil society is essential in achieving the objective of the Convention and its protocols”*.

The Health Promotion Foundation (HPF) of Mongolia and the Millennium Challenge Account Mongolia (MCA-Mongolia) Health Project supported numerous tobacco control initiatives in the past. For example, MCA-Mongolia Health Project supported the 2009 STEPS survey; studies on tobacco-related knowledge, attitudes and practices; legislative efforts; and behavioural change campaigns. These two entities established by the government have also awarded grants to nongovernmental organizations (NGOs) and through the process, developed their technical, entrepreneurial, project management and writing skills. Both are no longer operational, which led to discontinuation of activities.

Members of the international team met with representatives of NGOs involved in NCD prevention and control including tobacco control. For example, the Association of Mongolian Public Health Professionals, previously funded by MCA-Mongolia Health Project and HPF of Mongolia, conducted the following activities: developed fact sheets on reducing tobacco use through increasing tobacco taxes; and raised awareness about the importance of tobacco control in the workplace among military personnel, journalists and district governments.

There is currently no formal mechanism such as a tobacco control committee that includes civil society as members. However, several senior government officials emphasized the need to mobilize civil society to support and drive policy change. This signals recognition of the role civil society plays. The Government can benefit from a stronger relationship with civil society and should include them in the national tobacco control strategic plan. There is a need for greater coordination among themselves and for a coherent strategy and approach to supporting the Government of Mongolia in meeting the obligations of the Convention.

Gaps–

1. There is no formal coordinating mechanism or committee that includes civil society as members.
2. There is no coordination amongst civil society groups and implementation is limited at the moment.

It is therefore recommended that the Government include civil society as members in any coordination mechanism that seeks to address NCDs or tobacco use. It is also recommended that the Government mobilize civil society organizations and improve synergy to support implementation of the Convention.

General obligations (Article 5)

Article 5.1 calls upon Parties to “develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention”.

In accordance with MOH Order No. 497 dated 30 December 2013, MOH developed a National Strategy to Combat and Prevent Tobacco Harms, to be implemented between 2014 and 2020. The goal is to reduce tobacco consumption by 25% by 2025 through implementation of the demand and supply reduction measures of the WHO FCTC.

Guided by the National Security Concept of Mongolia, the following policies and plans also include activities that address tobacco use or promote healthy lifestyles:

- National Public Health Policy 1991-2016: MOH has established a workgroup to develop the new Public Health Policy.
- Health Sector Strategic Master Plan 2006–2015: Proposed increasing health sector resources through raising tobacco taxes; strengthening linkages with other sectors within the government such as Justice, Finance, Trade and Industry, Radio and Television, print mass media, professional associations, NGOs and the private sector; and conducting anti-tobacco campaigns. MOH is currently working on the next phase.
- Second National Programme on Prevention and Control of Diseases Caused by Unhealthy Lifestyles, approved by Government Resolution No. 34 dated 7 February 2014, and its implementation plan for the period 2014–2021: Details actions to be undertaken by different ministries and each government administrative level to reduce NCDs. Actions include implementation of tax policies to reduce risk factor such as tobacco use; raising awareness about the harms of tobacco use; campaigns to promote healthy lifestyles; settings-based prevention programmes; and smoke-free policies.
- National Cancer Control Program 2007–2017: Stated the need to work with the existing tobacco control programme to monitor and reduce prevalence of tobacco use.
- Millennium Development Goals-based Comprehensive National Development Strategy Plan of Mongolia (2007–2021): The plan was divided into two phases. Specific to the healthcare sector development objective, Phase One (2007–2015) is about creating health-supportive environments to decrease incidence of diseases and premature mortality. Phase Two (2016–2021) is about ensuring access to essential medicines and technologies. The Government of Mongolia is currently developing Sustainable Development Goals: Vision of Mongolia 2016-2030.
- National Program in Establishing a Healthy City, District, Soum, Workplace and School (2012–2016): aims to create environments that support healthy living and behavior.

In addition, the WHO Country Cooperation Strategy (2010–2015) prioritizes the prevention and control of key risk factors such as tobacco use to reduce the burden of noncommunicable diseases.

Mongolia has met the obligation under Article 5.1 of the Convention. It is recommended that Mongolia together with all relevant stakeholders implement the measures in the

tobacco control strategic plan. It is also recommended that Mongolia include the need to fully implement the WHO FCTC in its development and health strategic plans.

Article 5.2(a) calls on Parties to “*establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control*”.

Mongolia has designated a focal point for tobacco control in the Ministry of Health (MOH). However, the focal point is also responsible for other technical programmes.

According to the tobacco control implementation plan, one of the activities is to strengthen the national coordination mechanism for implementation of the TC Law. Currently, there is no operational multisectoral coordinating mechanism for tobacco control or for NCD prevention and control. Mongolia plans to reactivate the multisectoral Health Committee and convene regular meetings to coordinate implementation of the Convention.

The TC Law (Article 10.1) established the Health Promotion Foundation (HPF) to promote healthy lifestyles and reduce tobacco consumption. Article 10.2 of the TC Law states that the Foundation will receive a budget equal to 2 percent of tobacco excise tax and can also receive external donations. According to the report submitted in 2014 to the Convention Secretariat, the HPF also receives 1 percent of the excise tax of alcohol products, and 2 percent of the customs and value-added tax of imported drugs. Article 10.6 states that the Government (Cabinet) will adopt the Foundation’s charter, and determine the composition of the Board and its operational regulations.

In previous years, the HPF received about US\$2 million each year and has supported disease prevention programmes since 2007. The HPF was decommissioned in 2014. The reasons cited were governance concerns and reallocation of budget to other priorities due to the economic downturn. MOH strives to reactivate the HPF and regain its budget by 2016.

Gaps:

1. There is no full-time focal point for tobacco control.
2. There is no operational multisectoral coordinating mechanism for tobacco control.
3. The Health Promotion Foundation has been decommissioned and budget redirected to other priorities.

It is therefore recommended that the Ministry of Health designate a tobacco control focal point within the Ministry dedicated exclusively to tobacco control. It is also recommended that the Ministry of Health operationalize the multisectoral Health Committee to implement the WHO FCTC. It is further recommended that the Health Promotion Foundation be reactivated and its budget reinstated as soon as possible.

The Convention Secretariat can assist with the establishment of the intersectoral coordinating mechanism by promoting advanced practices and experiences from other Parties to the Convention; and can participate, in coordination with WHO Regional and Country Offices, in the finalization of the terms of reference of such a mechanism.

Article 5.2(b) calls on Parties to “adopt and implement effective legislative, executive, administrative and/or other measures, and cooperate, as appropriate, with other Parties in developing appropriate policies, for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke”.

The Government of Mongolia is committed to fully implementing the Convention and notable achievements have been made in legislation. The State Great Hural of Mongolia adopted the Tobacco Control Law (TC Law) in 2005 and revised it in 2012, which entered into force on 1 March 2013. In addition to the TC Law, there are other laws including standards for cigarettes and pipe tobacco, excise tax, value-added tax and customs. The list of tobacco control related legislation is in Annex II of this report. The TC Law and other legislation address most of the substantive articles of the Convention – Articles 5.3, 6, 8, 11, 12, 13, 14, 15, 16, 19, 20 and 26.

It is to be noted that the TC Law (Article 2.2) states that if an international treaty, to which Mongolia is a Party, is inconsistent with this Law, then provisions of the international treaty shall prevail. This is key in countering the 29 January 2015 amendment to the TC Law that has provisions that are in violation of the Convention.

The 2012 TC Law was comprehensive but the 2015 amendments reversed the country’s progress. Revisions need to be made to ensure tobacco control measures in Mongolia are fully in line with the Convention. Inclusion of the following would strengthen the legislation: a provision that prohibits designated smoking rooms and areas in all indoor public places and workplaces; bans point-of-sale tobacco advertising; bans misleading terms and design elements; bans free distribution of tobacco products; bans or regulates electronic nicotine delivery systems and shisha; and a provision that requires qualitative statements about the harmful substances in tobacco products.

According to the TC Law (Articles 6.1–6.3), the inspection agency is responsible for issuance of certificate on the sanitary conditions for tobacco manufacturing, import, export, trade and on toxic ingredients by brand; customs determines the quantity of tobacco products permitted for import for personal use; and the National Council on Standardization determines the maximum content of tar, nicotine and other toxic substances permitted in the manufacture, trade, import and export of tobacco. The list of national standards for cigarettes, tobacco and tobacco products can be found in Annex II.

The TC Law (Article 11) states that the Government, Governors, State Inspection Agency, police and other authorized officials are to monitor the execution of this law. Business entities are to monitor the execution of the law within their framework of authority; and the association for the protection of consumer rights and other NGOs are to serve as a public monitor. Article 13 of the TC Law details the liabilities for offenders. Article 13.1 states that Governors, the police and the state inspector are responsible for imposing administrative penalties; and Article 13.3 states that repeated violations of Articles 13.1.1–13.1.4 and 13.1.6 pertaining to health warnings, packaging and labeling, sale to minors, advertising and smoke-free bans will lead to license revocation.

The international team notes that the enforcement agencies are committed to ensuring compliance with the TC Law and to protecting the welfare of the Mongolian people. However, there are instances whereby violations were not detected. Members of the

international team observed that purchases of individual cigarettes and sale by vendors without a license had taken place at night.

Gaps –

1. The TC Law is not fully WHO FCTC-compliant in a few areas, particularly the time-bound provisions in Articles 8, 11 and 13 of the Convention, and other areas discussed in this report.
2. The TC Law is not fully enforced.

It is therefore recommended that the Government revise the TC Law and Standards to ensure full compliance with the Convention and the guidelines for its implementation. It is also recommended that the Government strengthen law enforcement in order to implement the current legislation, including through the provision of training to officials in all relevant ministries and agencies.

The Convention Secretariat, in coordination with WHO Headquarters, Regional and Country Offices, can provide assistance to Mongolia in drafting a comprehensive bill and training enforcement officials to ensure full implementation of the Convention.

Article 5.3 stipulates that in setting “public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”. Further, the guidelines for implementation of Article 5.3 recommend that “all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible”.

The guidelines for implementation of Article 5.3 recommend that “all branches of government... should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible”.

The State Policy on Tobacco Control in Article 4 of the TC Law sets several guiding principles that aim to protect public health policies from commercial or vested interests of the tobacco industry. Articles 4.1.2, 4.1.3, 4.1.6, 4.1.8 and 4.1.9 of the TC Law serve to protect public health policies from negative influences of the tobacco industry and its affiliates; to ensure preferential treatment is not given to the tobacco industry; and to ensure the tobacco industry is not involved in the drafting, endorsement or implementation of tobacco control legislation or policy.

Articles 5.1.3–5.1.5 and 5.2.3 of the TC Law outlines the duties of the state, citizen and legal entity on tobacco control. Any personnel involved with setting and implementing public health or education policies and activities are to avoid partnerships with the tobacco industry and its affiliates; reject offers, contributions or partnerships when there is a conflict of interest.

In addition, Mongolia’s Law on Anti-Corruption can be applied to govern and protect public health policies from commercial or other vested interests of the tobacco industry.

There is some level of awareness that as civil servants responsible for implementing the TC Law, they should not endorse, support or form partnerships with the tobacco industry.

However, there are also representatives from key agencies who are not aware of the WHO FCTC especially Article 5.3 and its guidelines. The international team was informed that there have been instances whereby the tobacco industry has sought to influence senior government officials and elected officials. One key consequence of this influence is the 2015 amendment to the TC Law. Enforcement officials have also been told to not apply too much pressure.

Gaps –

1. Awareness of Article 5.3 and its guidelines among relevant ministries is limited.
2. No penalties are imposed for violations of the TC Law and the Law on Anti-Corruption related to protection of public health policies from commercial or vested interests of the tobacco industry.
3. There is no specific code of conduct for civil servants in relation to the implementation of Article 5.3 and its guidelines. In addition, there are no measures in place requiring that all interactions with the tobacco industry deemed necessary are conducted in a transparent manner.

It is therefore recommended that the Government of Mongolia develop and implement a Code of Conduct for Government officials and civil servants for their interactions with the tobacco industry, in line with Article 5.3 and its guidelines. It is also recommended that any meetings that may occur between Government officials and the tobacco industry be made transparent and that any relevant information or notes for record be made available to the public. It is further recommended that the Government of Mongolia, in collaboration with civil society, continue to raise awareness on protection of public health policy from the vested interests of the tobacco industry among all government agencies and public officials.

Article 5.4 calls on Parties to “cooperate in the formulation of measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties”.

Mongolia participated in all five sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products; and attended all six sessions of the COP. Mongolia participated in the working group on Article 6 established by the COP. Mongolia is encouraged to participate in existing and future working or expert groups. Further cooperation and participation in intergovernmental processes in this regard will facilitate implementation of the Convention, its Protocol, and other instruments adopted by the COP.

Article 5.5 calls on Parties to “cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties”.

Mongolia regularly cooperates with international organizations and other development partners, such as the WHO and the US Centers for Disease Control and Prevention (CDC). Further details on international cooperation are given under Article 22.

Mongolia has met its obligations under Article 5.5 of the Convention, and is encouraged to continue to do so.

Article 5.6 calls on Parties to “*within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms*”.

Mongolia has received funding from international agencies such as the Millennium Challenge Corporation through MCA-Mongolia Health Project and WHO. Funds supported legislation, policy development, capacity building, advocacy and surveillance activities. Mongolia is encouraged to mobilize additional resources for funding full-time tobacco control staff, and for effective implementation of the Convention and enforcement of the TC Law.

Mongolia has met its obligations under Article 5.6.

Price and tax measures (Article 6)

In Article 6.1, the Parties recognize that “*price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons*”.

Article 6.2(a) further stipulates that each Party should take account of its national health objectives concerning tobacco control in implementing “*tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption*”.

The TC Law (Article 4.1.1) states that financing of tobacco control and health promotion activities are to be sustained through tax increases towards the level recommended in the WHO FCTC.

According to the General Tax Law 2008 (Article 8.1), the Parliament or the Government and Citizens Representative Assembly of the province or capital city as authorized by the Parliament are responsible for establishing the tax rates.

The TC Law (Article 7.1) states that the Government of Mongolia is the authority that issues licenses for manufacturing of tobacco products, for growing tobacco and for importation. Currently, the Ministry of Industry (MOI) is the responsible agency for issuing tobacco farming, manufacturing and importation licenses. The Tax Department of the Ministry of Finance (MOF) is responsible for printing and selling the excise stamps to tobacco manufacturers, and for inspections to ensure compliance. The Customs Department is responsible for collection of duties on imported cigarettes.

Taxation of tobacco products:

Mongolia has a uniform excise tax system. Excise and value-added taxes are imposed on local and imported tobacco products, and profit tax is imposed on tobacco companies. There are no excise duties on snuff tobacco or tobacco for export. The table below shows the most updated tax rates.

Source	Type of tax	Product	Rate or Amount	Base of tax
Excise Tax Law 2006 (Article 6.1) Amended by law dated 12 Mar 2009.	Excise tax	Cigarettes and similar tobacco – domestic production	US\$2.40	100 pieces
		Cigarettes and similar tobacco – imported	US\$2.40	100 pieces
		Pipe tobacco and similar bulk tobacco – domestic production	US\$1.80	1 kg
		Pipe tobacco and similar bulk tobacco – imported	US\$1.80	1 kg
		Snuff tobacco & other tobacco for export	Exempt	Exempt
Law on Value-added Tax 2006 (Article 11.1)	Value-added tax	Tobacco products – imported, manufactured or sold	10%	Base customs value
Law on Tax 2008 - Income Tax (Article 5.2)	Profit tax	Profit from sale of tobacco products	10%	-

Excise tax has increased from US\$0.60 to US\$2.40 per 100 cigarettes in 2012, and for pipe tobacco from US\$0.30 per kg to US\$1.80 per kg in 2012.

According to the WHO Report on the Global Tobacco Epidemic, tax as a proportion of price has increased from 37% in 2009 to 42% in 2015, though it is lower than the 49% in 2013.

Changes in the law are usually adopted at the end of a fiscal year (31 December–1 January) to be implemented at the beginning of the next year. MOH was encouraged to submit their proposal to increase taxes on tobacco products to MOF before 1 October 2015 for consideration.

During the mission, many ministries expressed the belief that if prices and tax rates of tobacco products increase, there will be a problem with illicit trade and sale. The international team clarified that this is a myth perpetuated by the tobacco industry. Illicit trade thrives when governance is weak, when customs and excise administration is lacking, and when there is corruption.

Prices of tobacco products

According to the WHO Report on the Global Tobacco Epidemic 2015, the retail price of the cheapest pack of 20 cigarettes was 1300 MNT (US\$0.69) in 2014; 2700 MNT (US\$1.44) for the most sold brand; 3000 MNT (US\$1.60) for a premium imported brand; and 6200 MNT for 350 grams of the most sold type of smoked tobacco product other than cigarettes.

The most popular domestic brands in Mongolia are Ulaan Shonkhor and Altan Navchis and the most popular imported brands are Parliament, Esse and Vest.

Government revenue from tobacco taxes and expenditure on tobacco control:

According to the WHO Report on the Global Tobacco Epidemic 2015 and 2013, the annual tax revenue from tobacco products in Mongolia increased substantially from 10 937 600 MNT in 2011 to 87 145 014 250 MNT in 2013. The amount spent on tobacco control remained the same at 234 000 000 MNT in 2012 and 2014.

Cigarette production and tobacco import:

There are two local tobacco product manufacturers and five companies with the license to import. Mongol Tamkhi So is one of the Top 100 Mongolian enterprises, and produces the two most popular local cigarettes, Ulaan Shonkhor and Altan Navchis. According to information provided by customs, almost 2.41 million sticks of cigarettes were imported into Mongolia between January and August 2015. This includes duty-free cigarettes sold within the airport.

The international team was informed that 3.058 billion excise stamps are issued each year. This is for approximately 1.9 billion imported cigarettes and 1.1 billion domestic cigarettes.

Gaps –

1. Currently the tobacco product taxation level is still very low, and tax rates do not take into account changes in household incomes and inflation.
2. There are no taxes imposed on snuff tobacco and smokeless tobacco.

It is therefore recommended that the Government monitor, increase or adjust tobacco tax rates on a regular basis, potentially annually, taking into account inflation and income growth developments in order to reduce consumption of tobacco products. To this end, Mongolia should consider having regular adjustment processes or periodic reevaluation of tobacco tax levels. This should be accompanied by strong tax administration such as strengthening enforcement agencies to minimize tax evasion by manufacturers and criminal organizations.

Article 6.2(b) requires Parties to prohibit or restrict, “as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products”.

The revised Customs Law of Mongolia (Article 173.1.4) that came into effect on 1 July 2008 prohibits duty-free shops from selling tobacco packed in quantities exceeding the permitted amount for personal use or for retail sale. Duty-free sales are limited to 200 sticks of cigarettes, 50 cigars and 250 grams of tobacco leaves.

Mongolia has met the requirements of the Convention in relation to Article 6.2(b). However it is recommended that consideration be given to further prohibit or restrict the sale to and/or importation by international travellers, of tax-free or duty-free tobacco products.

Article 6.3 requires that Parties shall “provide rates of taxation for tobacco products ... in their periodic reports to the Conference of the Parties, in accordance with Article 21”.

Mongolia has provided this information in the reports submitted in 2012 and 2014, and has therefore met the obligations under Article 6.3.

Protection from exposure to tobacco smoke (Article 8)

Article 8.2 requires Parties to “*adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.*”

The Article 8 guidelines emphasize that “*there is no safe level of exposure to tobacco smoke*” and call on each Party to “*strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party*”.

The five-year time line to provide universal protection from exposure to second-hand smoke in indoor public and work places, as provided for by the Guidelines for the implementation of Article 8 concluded on 27 January 2009.

The TC Law (Article 9) has a comprehensive ban on smoking in public places such as public transportation stations and vehicles, entertainment and public service area, hotel lounges, shops, eateries, bars, entertainment places, indoor areas of companies and businesses, schools, gasoline stations and factories which manufacture and store flammable substances, elevators and entrances to public apartments among others. However, there is no explicit provision that bans designated smoking rooms or smoking areas in buildings.

Recently, in the 2015 amendment to the TC Law, Article 5.1.7 states that the local government shall approve the budget and location of designated smoking area at any outdoor public places except those prohibited under Articles 9.1.1-9.1.4, 9.1.7 and 9.1.8 such as schools and health care facilities. Members of the international team saw a smoking cabin constructed by the local government for smokers in Ulaanbaatar, modeled after those in Japan. This will only serve to encourage smokers to continue smoking, as there is now a designated safe place for smokers even during Mongolia’s harsh winters. Article 5.2.5 of the 2015 amended TC Law states that legal entities may build at least one designated smoking room or area per 300 square meters inside the following public places specified in Articles 9.1.5 and 9.1.6 – public eateries, shops, entertainment and service places, bars, restaurants and workplaces of companies and business organizations.

Articles 9.2 and 9.3 of the TC Law require business entities and organizations to enforce the smoking ban and to display the ‘no-smoking’ signs where appropriate. Article 9.4 states that the design of the warning sign has to be endorsed by the Ministry of Health and must contain necessary contact information. Article 13.1.6 of the TC Law lists the penalties for violations of Article 9.1; and Article 13.1.7 for violations of Articles 9.2 and 9.3. Members of the international team have seen the signage, which has the phone number of the building administrator for people to report violations. However, signage cannot be seen in key areas such as entrances to government buildings and violations can be difficult to enforce. In the 2015 amendment to the TC Law, Article 5.1.6 states that a permission sign needs to be displayed in designated smoking areas.

According to GYTS 2014 data, 42.4% of youth (42.5% of boys and 41.9% of girls) were exposed to second-hand smoke at homes and 49.8% (48.4% of boys and 50.8% of girls) in enclosed public places. This is a decrease from previous years where GYTS 2007, GSHS 2010 and STEPS 2013 data showed that more than 50% of youth aged 13–15 were exposed to second-hand smoke in homes and public places. According to both the 2013 and 2009 STEPS, more people were exposed to second-hand smoke in homes than in workplaces. At home, more women than men were exposed to second-hand smoke, and the contrary was true in workplaces, both in 2013 and 2009.

Awareness about the harms of second-hand smoke is still low. GYTS 2014 found that only 36.4% of youth aged 13–15 thought that second-hand smoke was harmful to them (33.2% of boys and 39.4% of girls). Nonetheless, there is substantial support for smoke-free public places. Almost 9 in 10 favored banning smoking inside enclosed public places and 7 in 10 favored banning at outdoor public places.

Gaps:

1. The 2015 amended TC Law permits designated smoking rooms or areas in public eateries, shops, entertainment and service places, bars, restaurants and workplaces of companies and business organizations.
2. The 2015 amended TC Law states that the local government shall approve the budget and location of designated smoking area (e.g. smoking cabins) at any outdoor public places except in schools and health care facilities.

It is therefore recommended that Mongolia amend the TC Law in line with Article 8 and its guidelines, implement 100% smoke-free policies in all indoor workplaces, public transport, indoor public places and, as appropriate, other public places. It is further recommended that all levels of government do not construct nor pay for the construction of smoking cabins.

In support of the Government's efforts to implement 100% smoke free policies and enforce the tobacco control legislation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are committed to facilitating provision of expertise and technical support.

**Regulation of the contents of tobacco products (Article 9) and
Regulation of tobacco product disclosures (Article 10)**

Article 9 requires Parties to “adopt and implement effective legislative, executive and administrative or other measures” for the testing and measuring of the contents and emissions of tobacco products.

The partial guidelines for the implementation of Articles 9 and 10 recommend a range of measures in relation to Article 9, including that Parties should prohibit or restrict ingredients that may be used to increase palatability in tobacco products, that have colouring properties, that may cause tobacco products to be perceived as having health benefits, and that are associated with energy and vitality such as stimulant compounds.

The TC Law (Article 6.1) states that the State Administrative Body in charge of inspection is responsible for issuance of certificate on sanitary conditions for tobacco manufacturing, import, export, trade and on toxic ingredients by brand. Article 6.3 of the TC Law states that the National Council on Standardization in consultation with MOH are responsible for determining the permissible level of tar, nicotine and other toxic substances in the manufacture, import, export and trade of tobacco.

There is a list of 37 standards for cigarettes, tobacco and tobacco products, which can be found in Annex II. Two standards in particular, MNS 5024:2013 and MNS 6274:2013, specify the technical requirements of cigarettes and pipe tobacco and how they will be evaluated and tested.

There are three laboratories in Mongolia that can test and measure some of the contents of tobacco products. The National Council on Standardization has a lab that can test nicotine, nitrosamine, pesticides and carbon monoxide; the Customs Department's lab can test nicotine and tar; and the State Inspection Agency's lab can test nicotine and other components to ensure safety.

Currently, shisha and electronic nicotine delivery systems are not regulated.

Gaps–

1. There is no laboratory that is accredited in accordance with the International Organization for Standardization (ISO) Standard 17025 and that can conduct comprehensive testing of contents and emissions of tobacco products.
2. There are no measures and standards to regulate shisha and electronic nicotine delivery systems.

It is recommended that the MOH and the enforcement agencies assess the arrangements for testing, in particular by utilizing capable laboratories in the region through bilateral arrangements. The tobacco company should bear all the costs of such testing requirements. It is further recommended that Mongolia include shisha and electronic nicotine delivery system in its regulation and mandate testing and measuring of contents and emissions.

Article 10 requires each Party to “adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce”.

Currently the TC Law (Article 6.7.1), MNS 5024:2013 (Article 7.3) and MNS 6274:2013 (Article 8.3) require tobacco products to indicate the amount of tar, nicotine and other toxic chemical contents on tobacco product packaging.

The enforcement agencies stated that if tobacco importers would like to import a new product, they are to submit a report on the contents and emissions and samples for testing prior to importation.

There are no measures that require tobacco manufacturers and importers to disclose the contents and emissions of tobacco products to the public.

Gaps:

1. The TC Law and Standards require tobacco products to indicate the amount of tar, nicotine and other toxic chemical contents on the packaging.
2. Only new tobacco products proposed for importation need to be tested and its contents and emissions submitted to government authorities.
3. There are no measures on public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.

It is therefore recommended that Mongolia amend the TC Law and Standards to require only relevant qualitative statements about the constituents and emissions on tobacco product packaging in accordance with Article 11 and its guidelines .It is also recommended that Mongolia require manufacturers and importers of tobacco products disclose to the government authorities information on the content and emissions by product type and brand at specified intervals. It is further recommended that Mongolia enable public access to information submitted by the tobacco industry.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices affirmed its commitment to facilitate exchanges of expertise and experiences from other Parties on regulation of tobacco products.

Packaging and labelling of tobacco products (Article 11)

Article 11 requires each Party “*within a period of three years after entry into force of the Convention for the Party to adopt and implement... effective measures*” on packaging and labelling of tobacco products.

This is one of the articles of the Convention that contains a deadline for implementation of specific measures. The three-year deadline for Mongolia is 27 January 2007.

The TC Law (Article 5.3.2) states that any standards set by the authority regarding tobacco packaging are to be fulfilled within one year from the date the standards become effective. As the Standards for cigarettes and pipe tobacco came into effect on 1 May 2014, the tobacco manufacturers should have fulfilled these requirements at the time of the mission.

Articles 6.4–6.6 of the TC Law require pictorial health warnings covering at least 50% of both front and back sides of a cigarette pack and front cover of a pipe tobacco or packaging; state that there will be six variants of the health warning which will be approved by the Ministry of Health and renewed every three years; and require the text to be large, visible and clearly written in Mongolia. Article 13.1.1 of the TC Law lists the penalties for violations.

Articles 6.7.1, 6.7.3, 6.7.5, 6.7.6, 6.7.11 of the TC Law prohibits the import, export, manufacturing and trade in Mongolia of products that have not indicated the amount of tar, nicotine and other toxic chemical contents and the expiry date; does not have health warnings or have health warnings that do not meet the legal requirements; were

manufactured in another country but have the label “Made in Mongolia”; have terms that may give the impression that a particular tobacco product is less harmful than others; does not have an excise tax tag, the name of the producing country, manufacturer, importer and date of manufacture, and that does not have a note permitting sale in Mongolia on its packaging. Article 13.1.1 of the TC Law lists the penalties for violations. These requirements do not apply to tobacco products sold at the airport.

Mongolian Standard MNS 5024:2013, the technical requirement for cigarettes, became effective on 1 May 2014 and replaced MNS 5024:2008. Mongolian Standard MNS 6274:2013, the general requirements for pipe tobacco, became effective on 1 May 2014 and replaced MNS 6274:2011. Article 7 of MNS 5024:2013 for cigarettes reinforces the requirements stated in the TC Law and provides details on the text, pictures, font type and size and colors of the health warnings. Articles 8 and 9 of MNS 6274:2013 for pipe tobacco detail the information that are to be included on the packaging, the text, size, pictures of the health warnings.

The international team was informed that the TC Law (Article 6.4) mandating health warnings on tobacco packaging has not been enforced for shisha and electronic nicotine delivery systems even though these are considered tobacco products.

Table 2. Comparison of the treaty requirements and level of compliance with these requirements in Mongolia, concerning measures under Article 11.

Paragraph in Art. 11	Content	Level of compliance	Comments and identified gaps
1(a)	tobacco product packaging and labelling do not 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, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”.	OBLIGATION MET	Addressed in the TC Law (Article 6.7.6) and MNS 6274:2013 (Article 8.6) that prohibits tobacco packaging containing terms that may mislead people into thinking that the product is less harmful than others.
1(b)	Each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages.	OBLIGATION MET	Addressed in the TC Law (Articles 6.4 and 6.5), MNS 5024:2013 (Article 7.2.7) and MNS 6274:2013 (Article 9).
1(b)(i)	[The warning] shall be approved by the competent	OBLIGATION MET	Addressed in the TC Law (Article 6.5), MNS

	national authority.		5024:2013 (Article 7.2.7) and MNS 6274:2013 (Article 9.8). The Ministry of Health determines the health warnings.
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION MET	Addressed in the TC Law (Article 6.5). Warnings are to be changed every three years.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	OBLIGATION MET	Addressed in the TC Law (Article 6.4.2).
1(b)(iv)	[The warning] should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.	PARTIALLY MET	The TC Law (Article 6.4.1) and MNS 5024:2013 (Article 7.2.5) mandates 50% of the principal display area for cigarette packaging. However, for pipe tobacco, TC Law (Article 6.4.1) and MNS 6274:2013 (Article 9.4) only require 50% of the front display area.
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	OBLIGATION MET	Addressed in the TC Law (Article 6.4.1), MNS 5024:2013 (Article 7.2) and MNS 6274:2013 (Article 9.1).
2	Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.	NOT YET IMPLEMENTED	Currently the TC Law (Article 6.7.1), MNS 5024:2013 (Article 7.3) and MNS 6274:2013 (Article 8.3) require tobacco products to indicate the amount of tar, nicotine and other toxic chemical contents as well as expiry date. According to the guidelines for implementation of Article 11, only relevant qualitative statements are to be displayed on the packet about the emissions of the tobacco products.
3	Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal	OBLIGATION MET	Addressed in the TC Law (Article 6.6), MNS 5024:2013 (Article 7.3) and MNS 6274:2013 (Article 8.3) that require the health warning and other required notes to be written in Mongolian.

	language or languages.		
--	------------------------	--	--

Gaps:

1. The TC Law (Article 6.7.1), MNS 5024:2013 (Article 7.3) and MNS 6274:2013 (Article 8.3) require tobacco products to indicate the amount of tar, nicotine and other toxic chemical contents as well as expiry date.
2. The TC Law (Article 6.4.1) and MNS 6274:2013 (Article 9.4) only require 50% of the front of the package for pipe tobacco to be covered by health warnings.
3. The TC Law mandating health warnings on tobacco packaging has not been enforced for shisha and electronic nicotine delivery systems even though these are considered tobacco products.
4. There is no law prohibiting the use of descriptors depicting flavors.
5. The packaging and labeling requirements stipulated in the TC Law currently does not apply to tobacco products sold at the airport for purchase by passengers arriving into Mongolia.

It is therefore recommended that Mongolia revise the TC Law and the Mongolian Standards for cigarettes, pipe tobacco and other tobacco products including electronic nicotine delivery systems to be in line with recommendations of the Article 11 guidelines. It is also recommended that Mongolia require tobacco products sold at the airport to passengers arriving into the country to meet the Mongolian Standards for cigarettes and pipe tobacco. It is further recommended that Mongolia consider increasing the size of the pictorial health warning.

In support of the Government's efforts to implement Article 11 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Office are committed to facilitating provision of expertise and technical support upon request from the Government.

Education, communication, training and public awareness (Article 12)

Article 12 requires that “each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote” education, communication and public awareness about the health, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke, the benefits of tobacco cessation and tobacco-free lifestyles as well as training to all concerned professionals and persons and public access to information on the tobacco industry.

The TC Law has several provisions to educate, communicate and raise awareness about the harms of tobacco use and benefits of a tobacco-free lifestyle:

- Article 4.1.4: set out the principle of increasing accessibility of information and programmes to raise awareness about the adverse health, economic and environmental impact of tobacco consumption and passive smoking.
- Article 4.1.9: states that all branches of government and the public shall be provided with information about the tobacco industry's strategies and tactics.
- Article 5.2.2: states our duty to disseminate scientifically proven information about the hazards, risks and consequences of active and passive smoking.

- Article 10.5: states that the HPF is to direct its resources towards tobacco control and health promotion programmes such as: public awareness campaigns, monitoring and evaluation, treatment of tobacco dependence, research on health and economic impact of tobacco use.

As the HPF has been decommissioned, there are currently no funds for tobacco control and health promotion programs to raise awareness about the harms of tobacco use. MOH is working to regain its US\$2 million budget by 2016.

The international team has noted MOH's interest in conducting economic studies to provide justification for implementing strong tobacco control policies. WHO and UNDP are committed to supporting the conduct of economic analysis on the impact of tobacco use in Mongolia as well as a cost-benefit analysis of raising tobacco taxes.

The national strategies and implementation plans listed in Article 5.1 of this report all include actions aimed at raising awareness about the harms of tobacco use. Through grants provided by HPF from 2007 to 2013 and MCA-Mongolia Health Project from 2008 to 2013, MOH and NGOs implemented activities to reduce tobacco use. For example, they worked to develop and pass the 2012 TC Law, trained public health and allied health personnel to encourage tobacco cessation, and developed and disseminated information, education and communication materials. Since funding ceased, the activities have also stopped. WHO had recently introduced a mapping tool, Action for Healthier Families, which is used to identify a family's health priorities. The effectiveness of the tool in addressing risk factors needs to be further explored. MOE indicated that the harms of tobacco use are included in the school curriculum and integrated into other subjects.

A review of STEPS, GYTS, GSHS, GSPS, SISS and MICS data found that in addition to ensuring comprehensive smoking bans in workplaces and indoor public places, we need to prevent second-hand smoke exposures in home as well. Interventions aimed at cessation need to target reduction in tobacco use prevalence among men nationwide, and among women particularly those living in Ulaanbaatar. Particular attention needs to be paid to raising awareness of the harms of smokeless tobacco use, especially among the youth; and to preventing early initiation of tobacco use, particularly among male youth from the richest households. There is also a need to increase anti-tobacco messaging in the media; to increase knowledge of the harms of tobacco use and of second-hand smoke, particularly among the youth; and to enhance teacher training and youth life-skills education.

MOH needs to focus on evidence-based research in promoting and strengthening public awareness of tobacco control issues. Rigorous pretesting, monitoring and evaluation is required to enhance the effectiveness of awareness-raising efforts.

Gaps –

1. Lack of sustainable financing mechanism for implementation of education, communication and training activities with the involvement of all stakeholders.
2. There is no sustained mass media campaign targeting all relevant segments of the society. The exposure to anti-tobacco messaging in the media has decreased among youth aged 13–15 between 2007 and 2013.

3. Behavioural change interventions targeted at families and homes are in the initial phase.
4. The awareness of the harms of second-hand smoke among youth aged 13–15 decreased between 2007 and 2013.
5. Insufficient and ineffective interventions (e.g. school curriculum or life-skills education) to reduce prevalence of youth tobacco use and prevent early smoking initiation.
6. There is a lack of pre-service and in-service cessation training for health professionals.

It is therefore recommended that (i) the Government reactivate the HPF and reinstate its budget to support disease prevention programmes; (ii) MOH work closely with other ministries, parliamentarians and civil society organizations to develop a sustained mass media campaign targeting all relevant stakeholders; (iii) MOH together with key partners mobilize high-level support for a smoke-free Asia-Europe Meeting that Mongolia will host in 2016; and (iv) MOH work together with the MOE and other civil society organizations to strengthen training for teachers and health professionals.

In support of the Government's efforts to implement Article 12 and the guidelines for its implementation, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are committed to facilitating provision of expertise and technical support upon request from the Government.

Tobacco advertising, promotion and sponsorship (Article 13)

Article 13.1 of the Convention notes that the Parties “*recognize that a comprehensive ban on advertising, promoting and sponsorship would reduce the consumption of tobacco products*”.

Article 13.2 of the Convention requires each Party to: “*in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21*”.

This is one of the articles of the Convention that contains a five-year deadline for implementation of specific measures. The deadline for Mongolia was 27 January 2009.

The TC Law (Article 4.1.9) states that all branches of the government and the public need to be protected from vested interests of the tobacco industry and its advertisement, promotion and sponsorship activities. Article 5.2.3 of the TC Law prohibits citizens and legal entities from accepting contributions including donations, aids and sponsorships from the industry.

The TC Law (Article 8) has a comprehensive ban on tobacco advertising, promotion and sponsorship including a ban on “brand stretching”, “brand sharing” and contributions for “socially responsible causes”. However, there is no ban on the appearance of tobacco products in television or film.

Articles 6.7.6, 6.7.10 and 6.7.13 of the TC law ban misleading terms on tobacco packaging; the organization of promotional sales in any form and lotteries; and sale of tobacco through the internet. However, Article 8.1.7 of the TC Law permits display of tobacco products as well as name and price at point of sale. There is also no provision banning free distribution of tobacco products. The international team was informed that there is a rise in sale of tobacco products such as electronic nicotine delivery systems through social media sites, which is difficult to regulate.

Article 13.1.4 of the TC Law lists the penalties for violations of Articles 8.1.1–8.1.3 and 8.1.5–8.1.12; Article 13.1.5 for violations of Article 8.1.4; Article 13.1.1 for violations of Articles 6.7.6, 6.7.10; Article 13.1.3 for violation of Article 6.7.13; and Article 13.1.4 for violations of Article 8.1.7. There is no penalty for Article 8.4 of the TC Law which prohibits contributions by the tobacco industry for “socially responsible” causes”.

According to the 2014 GYTS, 11.6% of students aged 13–15 who visited a point of sale noticed tobacco advertisements or promotions at these sites; and 63.1% of those who watched television, videos or movies in the past 30 days saw someone use tobacco in the media. In 2014, 3.2% of students aged 13–15 were ever offered a free tobacco product from a tobacco company representative; and 6.2% owned something with a tobacco brand logo on it. These figures saw a decrease compared to what was found in 2007 and 2003 GYTS. According to the 2007 GSPS, only 51.7% of school personnel think that the tobacco industry deliberately encourages youth to use tobacco though 82.4% think that tobacco advertising should be completely banned. According to the 2007 GHPSS, 77.7% of dental students think that there should be a complete ban on tobacco advertising.

Gaps –

1. The five-year deadline to implement 100% ban on tobacco advertising has not been met.
2. There is no provision in the TC Law that bans depiction of tobacco products in media such as films or television.
3. Point of sale advertising and display of tobacco products are permitted under Article 8.1.7 of the TC Law.
4. There is no provision banning free distribution of tobacco products.
5. There is no penalty for violations to Article 8.4 of the TC Law which prohibits contributions by the tobacco industry for “socially responsible” causes.

It is therefore recommended that the Government revise the TC Law to be fully in line with Article 13 and its guidelines, ban tobacco product display at point of sale and ban free distribution of tobacco products. It is also recommended that the MOH and other relevant stakeholders develop a strategy to detect violations of the ban on tobacco advertising, promotion and sponsorship and strengthen enforcement. It is further recommended that penalties for violations to Article 8.4 of the TC Law, which prohibits contributions by the tobacco industry for “socially responsible” causes, be established.

Article 13.5 encourages Parties to: “*implement measures beyond the obligations set out in paragraph 4*”.

Mongolia has not implemented any measures beyond the obligations set out in paragraph 4.

Article 13.7 reaffirms Parties’ “*sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law*”.

The TC Law (Articles 8.2 and 8.3) prohibits all kinds of tobacco advertisement materials from entering the national border; and bans cross border advertising, promotion and sponsorship activities of tobacco.

Article 13.1.1 lists the penalties for violations of Article 8.2.

It is recommended that Mongolia enforce this provision.

Measures concerning tobacco dependence and cessation (Article 14)

Article 14.1 requires each Party to “*develop and disseminate appropriate, comprehensive and integrated guidelines [concerning tobacco dependence and cessation] based on scientific evidence and best practices... [and] take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence*”.

Mongolia has not yet developed and disseminated appropriate, comprehensive, and integrated guidelines to emphasize the importance of quitting.

It is therefore recommended that Mongolia draft guidelines on cessation counseling as soon as possible, taking into account the recommendations of the guidelines for the implementation of Article 14 of the Convention.

Article 14.2 stipulates that to achieve the end outlined in Article 14.1, “*each Party shall endeavour to*” implement effective tobacco cessation programmes aimed at promoting the cessation of tobacco use, include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence, and ensure the accessibility and affordability of treatments for tobacco dependence.

The TC Law (Article 5.2.1) states that citizens and legal entity have a duty to provide all kinds of support to implement tobacco control measures, to assist individuals to quit smoking, and to prevent exposure to second-hand smoke.

Currently, only districts have established quit lines. There is no national toll-free quit line.

Nicotine replacement therapy is on the country’s essential drugs list and is available in pharmacies without a prescription. NRT is also partially covered by the national health

insurance scheme. Other products such as bupropion and varenicline, however, are not sold in Mongolia. Cessation services are available only at the National Mental Health Center. Recently, WHO supported a workshop in Mongolia aimed at integrating tobacco dependence treatment into the primary health care system. For next steps, MOH plans to train more health professionals on brief intervention and cessation counseling; include tobacco cessation in the medical and nursing curriculum; and to run a national toll-free quitline when there are available resources.

The 2013 STEPS found that 42.1% of male current smokers and 44.8% of female current smokers aged 15–64 tried to stop smoking; and 34.1% of men and 23.1% of women have been advised by the doctor to stop smoking. The 2014 GYTS found that 78.9% of youth aged 13–15 (76.4% of boys and 93.9% of girls) who currently smoked tried to stop smoking in the past 12 months. Of the current youth smokers, 76.1% want to stop smoking now; and 12.6% have ever received help from a programme or professional. According to GYTS data, more youth smokers wanted to stop smoking and more received help to do so in 2007 and 2003.

The 2007 GHPSS found that 85.0% of dental students who currently smoked wanted to stop smoking and 60.0% ever received help to stop smoking. Three-quarters (78.4%) thought that health professionals have a role in giving advice about smoking cessation to patients; 95.7% thought that health professionals should receive specific cessation training; and 9.4% have received formal smoking cessation training during dental school.

Gaps–

1. There is no comprehensive and integrated tobacco cessation programme.
2. Not all pharmaceutical products for treatment of tobacco dependence (e.g. bupropion and varenicline) are freely available in the public health service.
3. There is no national quit line for substance abuse.
4. Recording of tobacco use in medical history notes is not mandatory.
5. Curriculum on tobacco dependence treatment at medical, dental, nursing and pharmacy schools are limited.

It is therefore recommended that (i) national programmes and services on diagnosis and treatment of tobacco dependence, and counselling services on cessation of tobacco use be established and promoted in different settings, as required under Article 14 of the Convention (e.g. educational institutions, health care facilities, primary health care centres, workplaces and sporting environments); (ii) Mongolia facilitate accessibility and affordability of pharmaceutical products for treatment of tobacco dependence, including if appropriate, by collaborating with other Parties in the region; (iii) a national toll-free quit line for substance abuse be established; (iv) the recording of tobacco use in medical history notes be made mandatory; (v) the training of health care workers to give brief advice and encourage quit attempts be strengthened; (vi) tobacco dependence treatment be incorporated into the curriculum at medical, dental, nursing and pharmacy schools.

Illicit trade in tobacco products (Article 15)

In Article 15 of the Convention the “Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and

counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control”.

Mongolia signed the Protocol to Eliminate Illicit Trade in Tobacco Products on 1 November 2013 and is the fourth Party to the Protocol.

The TC Law has several provisions that contribute to preventing illicit trade in tobacco products. Articles 6.7.4 and 6.7.5 prohibits the import, export, manufacture and trade of tobacco products that do not have a sanitary certificate; and that was manufactured in another country but has the label “Made in Mongolia”. Article 6.7.11 prohibits sale of tobacco products that do not have an excise tax stamp, the name of the producing country, manufacturer, importer and manufacturing date, and that do not have notes permitting sale in Mongolia on the packaging. Article 13.1.1 of the TC Law lists the penalties for violations.

Article 7 of the TC Law establishes a licensing system to regulate production, manufacture and sale of tobacco products. Article 7.1 states that the Government of Mongolia will issue licenses for the farming, manufacture and importation of tobacco products. The cost of the import license is US\$7 000 and the license is valid for three years. Article 7.2 restricts licensing for the farming and manufacture of tobacco products to a period of two years. The cost of the manufacturing license is US\$3500-4000. Article 7.3 states that the Soum and District Governors are the authorities that issue the license to sell tobacco products.

The international team was informed that there are products that have evaded the law, such as shisha and electronic nicotine delivery systems. The enforcement agencies have been advised to test these products to identify the constituents and to ensure proper regulation. Enforcement agencies have expressed an interest in obtaining training on the WHO FCTC and on general enforcement.

The international team was also informed that the authority responsible for issuing tobacco farming, manufacturing and import licenses has been changing in the past few years due to restructuring. The Ministry of Industry is the agency currently with the authority to issue these licenses. However, MOI was newly established in December 2014 with little historical knowledge of the process and their responsibilities in relation to implementing the WHO FCTC. This may diminish the Government’s authority and oversight of entities with the license to conduct these business activities.

In case of violation of Article 7.1 of the TC Law, the offending business entities shall be regulated by the Law on Licensing of Business Activities.

An overview of the measures against illicit trade in tobacco products, with identified needs is given in **Table 3** below.

Table 3. Overview of measures taken against illicit trade in tobacco products in Mongolia

Paragraph in Art. 15	Content	Level of compliance	Comments and identified gaps
2	Each Party shall adopt and	OBLIGATION	Addressed in TC Law

	implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products.	MET	(Article 6.7.11) that requires tobacco products to indicate the name of the producing country, manufacturer, importer and manufacturing date.
2(a) and 3	require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “ <i>Sales only allowed in (insert name of the country, subnational, regional or federal unit)</i> ” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market.	OBLIGATION MET	Addressed in TC Law (Article 6.7.11) that requires tobacco product packaging to have notes permitting sale in Mongolia.
2(b) and 3	consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.	OBLIGATION MET	As of 1 September 2015, the Ministry of Finance (Tax Department) will have barcodes on tobacco packaging to be able to trace and obtain information on the manufacturer.
4(a)	monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements.	OBLIGATION MET	The customs department collects information on import volume of tobacco products. Enforcement agencies state that illicit trade is minimal and committed by individuals on a small scale.
4(b)	enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes.	OBLIGATION MET	The TC Law (Article 13) imposes penalties on violations to Articles 6.7.4, 6.7.5 and 6.7.11.
4(c)	take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with	OBLIGATION MET	

	national law.		
4(d)	adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction.	OBLIGATION MET	
4(e)	adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.	NOT YET IMPLEMENTED	
5	Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the COP, in accordance with Article 21.	NOT YET IMPLEMENTED	Information has not been provided in the report to the COP. However further improvement of providing concrete data on seizures of illicit tobacco products is encouraged.
6	Promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.	OBLIGATION MET	Mongolia is a member of the World Customs Organization and attend overseas training. There is ongoing cooperation on smuggling control in general with Russia and China.
7	Each Party shall endeavor to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.	OBLIGATION MET	Addressed in the TC Law (Article 7) that requires licensing for the production, manufacture and importation of tobacco products.

Gaps –

1. The ministry with the authority to issue tobacco manufacturing, farming and import licenses changes regularly due to restructuring. Due to periodic changes, the ministry has limited knowledge of their responsibilities in relation to implementation of the WHO FCTC.
2. There is limited information on illicit trade.

It is therefore recommended that the ministry with the authority to issue tobacco manufacturing, farming and import licenses be informed of their responsibilities in

relation to implementation of the WHO FCTC. It is also recommended that Mongolia establish an effective tracking and tracing system for tobacco products to secure the distribution system and facilitate the investigation of illicit trade.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to facilitate the sharing of international experience, to support training in enforcement, and to coordinate any assistance needed to combat illicit trade in tobacco products.

Sales to and by minors (Article 16)

Article 16 requires “*measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.*”

The TC Law (Article 6.7.7) prohibits the sale of tobacco to minors under the age of 21. Article 13.1.1 of the TC Law imposes penalties for violations of Article 6.7.7 on sale to and by minors. Article 6.8.1 of the TC Law requires citizens and legal entity engaged in trading of tobacco products to request personal identification or equivalent to confirm the age of the purchaser. In case of violations of Article 6.8.1 of the TC Law, the license to sell tobacco products will be withdrawn.

According to 2014 GYTS, 70.4% of current cigarette smokers aged 13–15 were able to buy cigarettes from a store, shop, street vendor or kiosk; 51.4% were not prevented from buying cigarettes because of their age; and 57.1% bought individual sticks of cigarettes. These have seen a decrease compared to what was found in 2007 and 2003 GYTS.

Gap–

1. Minors are still able to purchase cigarettes in a store and were not refused because of their age.
2. Cigarettes can still be purchased in individual sticks.

It is therefore recommended that the Government strengthen enforcement of the law.

The Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are available to support training in enforcement.

Article 16.1.(a) requires Parties to ensure 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 and, in case of doubt, [to] request that each tobacco purchaser provide appropriate evidence of having reached full legal age*”.

Gap – There is no provision in the TC Law that requires the sellers of tobacco products to place a notice at points of sale about the prohibition of tobacco sales to minors.

It is therefore recommended that Mongolia include a legal provision that requires sellers of tobacco products to place a notice at points of sale indicating that no tobacco products shall be sold to persons under the age of 21 years.

Article 16.1. (b) requires Parties to “*ban the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;*”.

Gap – There is no specific provision in the TC Law banning the sale of tobacco products in any manner by which they are directly accessible.

It is therefore recommended that Mongolia include in the TC Law a provision that explicitly bans the sale of tobacco products in any manner by which they are directly accessible, such as store shelves.

Article 16.1(c) requires Parties to prohibit “*the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors*”.

The TC Law (Article 8.1.6) prohibits the manufacture of candies, toys and other non-tobacco products imitating tobacco products. Article 8.1.5 of the TC Law also prohibits the use of tobacco trademarks, trade names and logos on goods, clothes and consumer items. Article 13.1.4 of the TC Law lists the penalties for violations.

Mongolia has met the obligations under Article 16.1(c) of the Convention.

Article 16.1(d) calls on each Party to ensure “*that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors*”.

The TC Law (Article 6.7.9) prohibits the introduction of tobacco vending machines.

Mongolia has met the obligations under Article 16.1(d) of the Convention.

Article 16.3 calls on Parties to “*endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors*”.

The TC Law (Articles 6.7.2 and 6.7.8) prohibits the import, export, manufacture and trade of tobacco products that have less than 20 sticks of cigarettes in a pack or that have more than 200 grams of pipe tobacco; and prohibits the sale of individual sticks, hand-wrapped tobacco and loose tobacco or equivalent.

Mongolian Standard MNS 5024:2013 (Article 7.1) reinforces the TC Law and states that there should be no less than 20 cigarettes in a pack. Mongolian Standard MNS 6274:2013 (Article 8.1) states that the net weight of a pipe tobacco pack should not exceed 200–500 grams.

Article 13.1.1 of the TC Law lists the penalties for violations of Articles 6.7.2 and 6.7.8 of the TC Law.

The international team observed that cigarettes could still be purchased in individual sticks from street vendors at night.

Gap – Cigarettes could still be purchased in individual sticks from street vendors at night.

It is therefore recommended that the Government strengthen enforcement of the TC Law.

Article 16.6 calls on Parties to “*provide penalties against sellers and distributors in order to ensure compliance.*”

Article 13.1.1 of the TC Law imposes penalties for violations of Articles 6.7.7 on sale to and by minors. Article 6.8.2 of the TC Law states that violations of Article 6.8.1 that requires presentation of document to prove legal age will lead to the withdrawal of the citizen or legal entity’s license to sell tobacco products.

Mongolia has met the obligations under Article 16.6 of the Convention.

Article 16.7 calls on Parties to “*adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products **by** persons under the age set by domestic law, national law or eighteen.*”

The TC Law (Article 6.7.7) prohibits the sale of tobacco by persons under the age of 21. Article 13.1.1 of the TC Law lists the penalties for violations.

Mongolia has met the obligations under Article 16.7 of the Convention.

Provision of support for economically viable alternative activities (Article 17)

Article 17 calls on Parties to promote, as appropriate, “*in cooperation with each other and with competent international and regional intergovernmental organizations... economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers*”.

Tobacco is not grown or cultivated in Mongolia. Mongolia imports tobacco to manufacture cigarettes. According to the 2014 report submitted to the Convention Secretariat, Mongolia produced 6299.8 million cigarettes, and imported 1948 million cigarettes and 245600kg of pipe tobacco. There is no promotion of economically viable and sustainable alternatives for tobacco workers or individual tobacco sellers.

Gaps –

1. There is no plan to identify economically viable alternatives for tobacco sellers.

It is recommended that Mongolia identify and promote economically viable alternatives for tobacco workers and individual tobacco sellers.

Protection of the environment and the health of persons (Articles 18)

In Article 18, Parties agree to “*have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture*”.

Gap – There is no information on any measure or policy in place to protect the environment and health of persons involved in tobacco manufacturing.

It is therefore recommended that the MOH and the Ministry of Environment, Green Development and Tourism work together to meet this treaty obligation, and to require tobacco factories to pass an environmental impact assessment and to have an environmental protection plan in place. It is also recommended that the MOH work together with the Ministry of Labour to meet this treaty obligation.

Liability (Article 19)

Article 19 requires Parties to consider, for the purpose of tobacco control, “*taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate*”.

The TC Law (Article 12) states that citizens and legal persons can file complaints to the relevant authorities if they consider that their rights and legal interests have suffered due to violations to the tobacco control law and regulations.

It is recommended that Mongolia improve its tobacco control legislation to deal with criminal and civil liability, including compensation where appropriate.

Research, surveillance and exchange of information (Article 20)

Article 20 requires Parties to “*develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control*”.

Substantial research and surveillance in the field of tobacco control have been conducted. For each survey, financial and technical assistance were provided as well as training for key country personnel on survey methodology, implementation and analysis.

The tobacco control-related studies that have been conducted in Mongolia involving MOH, the National Statistical Office and/or the Public Health Institute include:

- WHO STEPwise approach to Surveillance (WHO STEPS) – 2005, 2009 and 2013
- WHO and US CDC – GSHS in 2013 and 2010; GYTS in 2014, 2007 and 2003; GSPS in 2007; and GHPSS in 2007
- UNICEF, UNFPA – SISS 2013 and MICS 2010;
- MCA-Mongolia Health Project and Millennium Challenge Corporation – Knowledge, Attitudes and Practices Related to Noncommunicable Diseases Among Mongolian General Population 2010.

The international team has discussed conducting economic analysis on the cost of tobacco use and cost-benefit analysis of tobacco control measures with MOH and MOF; and has committed to supporting the endeavor.

Gaps–

1. There is no research on the burden of tobacco-related deaths and diseases, the economic costs of tobacco use and the costs and benefits of tobacco control measures.

2. There is no research on alternative livelihoods and a lack of evaluation studies on the effectiveness of interventions to reduce tobacco use prevalence.

It is therefore recommended that the Government conduct research on the burden of tobacco-related deaths and diseases, economic costs of tobacco use, on the costs and benefits of tobacco control measures, on alternative livelihoods and on the effectiveness of interventions to reduce tobacco use prevalence.

In support of the Government's effort to strengthen research and surveillance, the Convention Secretariat together with the WHO Headquarters, Regional and Country Offices are committed to facilitating provision of expertise and technical support.

Reporting and exchange of information (Article 21)

Article 21 requires each Party to “submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention”.

Mongolia has provided four implementation reports. The first report was submitted on 27 February 2007, the second report on 18 January 2011, the 2012 report on 8 June 2012 and the 2014 report on 14 March 2014. The next report is due 1 January – 15 April 2016.

Mongolia has met the obligations under Article 21, and is encouraged to continue to do so.

As the COP established a new two-year cycle of Parties' implementation reports starting from 2012 with a deadline of submission six months prior to each COP session, it is therefore recommended that the Government start the preparation of the next report well in advance in 2015/2016 to meet the deadline in 2016 and thereafter, and to ensure complete and accurate reports.

It is also recommended that the relevant Government departments contribute to the preparation of country reports by providing data as requested in the reporting instrument of the WHO FCTC in a timely manner.¹

Cooperation in the scientific, technical, and legal fields and provision of related expertise (Article 22)

Article 22 requires that Parties “shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes”.

¹One of the approaches found efficient in other countries is to coordinate with the government agencies and other stakeholders who have the necessary information to contribute to the preparation of the national implementation report, for example through requesting initiation of data collection by such entities in a circular note sent by the Ministry of Health focal point and later, once data have been collected by the relevant entities, to organize a meeting for the finalization of the implementation report.

Mongolia has received assistance from WHO through the Country Cooperation Strategy, specifically in developing and implementing policies and strategies for the prevention and control of tobacco. Support has also been provided to promote healthy cities and settings for risk factor reduction. Mongolia has also received support from other organizations such as MCA-Mongolia Health Project and the Health Promotion Fund of Mongolia.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system outlining priorities in national development. At its fourth session, in decision FCTC/COP4 (17)¹ the COP fully acknowledges the importance of implementation of the Convention under the UNDAF as a strategic approach to ensure long-term and sustainable implementation, monitoring and evaluation of progress for developing countries. It encourages developing countries to utilize the opportunities for assistance under the UNDAF and requests the Convention Secretariat to actively work with the UN agencies responsible for implementation of the UNDAF and coordination of the delivery of assistance, in order to strengthen implementation of the Convention at country level. The United Nations Economic and Social Council adopted resolution E/RES/2012/4 in August 2012 on United Nations system-wide coherence on tobacco control. The resolution highlights the need to strengthen the multisectoral and interagency response for the full implementation of the WHO FCTC in order to address the health, social, economic and environmental consequences of tobacco use.

The current UNDAF in Mongolia, covering the period from 2012 to 2016 did not discuss NCD prevention and control. As implementation of the Convention would be key to reducing NCDs and their burden, it is important for the Convention to be reflected in the next UNDAF. During the mission, the international team met the United Nations Resident Coordinator and representatives of the United Nations Country Team – UNDP, UNFPA, UNICEF, FAO and WHO – and brought this to their attention. The UNRC and UNCT were supportive.

Gap – Implementation of the Convention was not included in the current UNDAF.

It is therefore recommended that the MOH actively follow up with the UNRC and MOFA to include implementation of the Convention under the programme activities of the next UNDAF. The activities may include priorities identified based on the joint needs assessment report. It is further recommended that the Government of Mongolia actively seek opportunities to cooperate with other Parties, competent international organizations and development partners present in the country to support implementation of the Convention.

Financial resources (Article 26)

In Article 26, Parties recognize “the important role that financial resources play in achieving the objective of this Convention”. Furthermore, Article 26.2 calls on each Party to “provide financial support in respect of its national activities intended to achieve the

¹ See FCTC/COP4/REC/1, Decisions and ancillary documents, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm.

objective of the Convention, in accordance with its national plans, priorities and programmes”.

The Government of Mongolia fully recognizes the importance of financial resources in implementation of the Convention. The State Policy on Tobacco Control (Article 4.1.1 of the TC Law) sets out the guiding principle to secure sustainable financing of tobacco control and health promotion activities through tax increases.

Article 10.1 of the TC Law established the Health Promotion Foundation to promote healthy lifestyles and reduce tobacco consumption. Article 10.2 states that the Foundation will have a budget equal to 2 percent of the tobacco excise tax. However, as mentioned in Article 5.2(a), the HPF has been decommissioned and the budget redirected to other priorities due to governance issues and economic downturn. This has led to the discontinuation of many disease control and health promotion activities, which may adversely impact health outcomes.

Gap—The HPF has been decommissioned and budget redirected to other priorities.

It is therefore recommended that the Government of Mongolia reactivate the Health Promotion Foundation and reinstate its budget as soon as possible.

The Convention Secretariat together with WHO Headquarters, Regional and Country Offices can assist with supporting visits to other health promotion foundations or equivalent to learn about their models and governance practices.

Article 26.3 requires Parties to “*promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition*”.

As described in Article 22, Mongolia has received funding through MCA-Mongolia Health Project and from WHO and the US CDC. The funds have supported the development of national tobacco control legislation and policies, the implementation of education, communication and training activities, and conduct of research.

The UNDP, UNICEF, UNFPA, and other United Nations agencies present in the country could play a more active role in supporting implementation of the Convention under the UNDAF in various programmes including education of children and young people, and promotion of economically viable alternatives to selling tobacco products.

Gap— Mongolia has not yet fully utilized the bilateral, regional, subregional and other multilateral channels available to provide funding for the development and strengthening of a multisectoral comprehensive tobacco control programme.

It is therefore recommended in line with Article 26.3 of the Convention that the Government of Mongolia seek assistance from development partners and promote the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies.

Article 26.3 specifically points out that “*economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development*”.

Mongolia does not produce tobacco.

Article 26.4 stipulates that “*Parties represented in relevant regional and international intergovernmental organizations and financial and development institutions shall encourage these entities 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, without limiting the rights of participation within these organizations*”.

Mongolia was successful in mobilizing financial assistance from international organizations and development partners (listed under Article 22 of this report), thus meeting the obligation under Article 26.4 of the Convention.

Mongolia is encouraged to further utilize the potential of Article 26.4 to advocate for moving the Convention higher up the international development agenda. Ministries such as the MOFA, MOF and MOI, when representing Mongolia in other regional and global forums, are encouraged to urge regional and international organizations and financial institutions to provide financial assistance to support implementation of the Convention.