



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



Photo: The team of the Needs Assessment Mission meets Mrs Saira Afzal Tarar, Minister of State for National Health Services, Regulations and Coordination.

**Convention Secretariat
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Abbreviations

FCTC:	World Health Organization Framework Convention on Tobacco Control
MNHSRC:	Ministry of National Health Services, Regulation and Coordination
FAO:	Food and Agriculture Organization of the United Nations
PHRC:	Pakistan Health Research Council
WHO	World Health Organization
ICT:	Islamabad Capital Administration

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.
- An international team conducted a needs assessment mission to Pakistan from 14 to 17 March 2017. The visiting team was led by Dr Tibor Szilagyi, WHO FCTC Secretariat, Geneva, and included Dr Fatimah El-Awa, Regional Adviser EMRO TFI; Ms Jean Tesche, technical officer at the WHO PND, Mr Andrew Black, Team Leader – Development Assistance at the WHO FCTC Secretariat; and Mr Kazuyuki Uji, Policy Specialist, HIV, Health and Inclusive Development, Bangkok Regional Hub, UNDP.

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

Tobacco prevalence, exposure to tobacco smoke and tobacco-related mortality in Pakistan: key facts

Tobacco use prevalence

Adults:

- **WHO STEPS 2014**

Tobacco smokers:

The percentage of **current tobacco smokers** among both sexes was **13.9%** (27.8% of men and 4.2% of women). The percentage was the highest in the 45-59 age group (about 36% of men and 11.5 of women).

Daily smokers:

Among smokers, **12.7 % are daily smokers** (25.5% of men and 3.8% of women). The mean number of manufactured cigarettes smoked per day was 9.4 (10.7 for men and 2.9 for women). Men started smoking at the age of 21 and women at the age of 25.

Smokeless tobacco users:

The percentage of smokeless tobacco users was **6.9%** (9.9% of men and 4.7% of women). Among **daily smokeless** tobacco users, about 60% were using snuff by mouth, 23% use chewing tobacco, 20% use betel and quid¹, and 7% were using snuff by nose.

- According to the **2016 report submitted to the Convention Secretariat:**

Tobacco smokers: the prevalence of current smokers² was **12.4%** (20.1% of men and 2.1% of women).

Daily tobacco smokers: The percentage of **daily smokers** was **11.5%** (20.6% of men and 2% of women).

Youth:

- **Global Youth Tobacco Survey 2013**

¹ a combination of betel leaf, areca nut, and slaked lime. TO BE CHECKED OUT

² Smoking tobacco products included in calculating the prevalence: Cigarettes, Shisha/Hookah, Hand rolled cigarettes

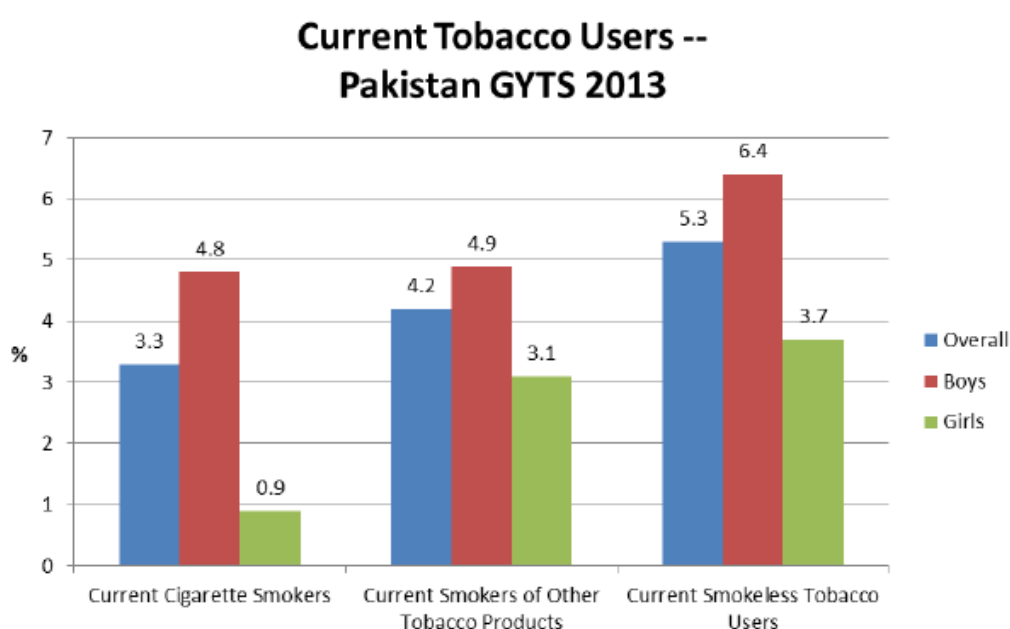
Tobacco users: the percentage of current users of any tobacco products was 10.7% (13.3% of boys and 6.6% of girls).

Tobacco smokers: the percentage of tobacco smokers was 7.2% (9.2% of boys and 4.1% of girls).

Current cigarettes smokers: the percentage of current cigarettes smokers was 3.3 (4.8 of boys and 0.9 of girls).

Smokeless tobacco users: the percentage of smokeless tobacco users was 5.3 (6.4 of boys and 3.7 of girls).

Cessation: 6 out of 10 current young smokers tried to stop smoking in the previous year.



Exposure to tobacco smoke

- **Global Youth Tobacco Survey 2013**

21% of students were exposed to tobacco **smoke at home**.

37.8% of students were exposed to tobacco smoke **inside enclosed public place**, and 30% in **outdoor public place**.

- **GATS 2014:**

More than two thirds of adults working in indoor places were exposed to tobacco smoke.

Half of adults were exposed to tobacco smoke at home at least monthly.

90% of adults were exposed to tobacco smoke while in restaurants.

80% were exposed to tobacco smoke when using public transportation.

Tobacco-related mortality:

- According to the “WHO global report: mortality attributable to tobacco”¹, 9% of deaths (15% of men and 1% of women) were attributable to tobacco in 2004.
- According to the 2015 “Tobacco Atlas”², in 2010, 12.2% of deaths among men and 4.5% of deaths among women were caused by tobacco.
- According to Pakistan’s 2016 FCTC implementation report³, in 2015, 108,800 deaths were attributable to tobacco.

Tobacco prices

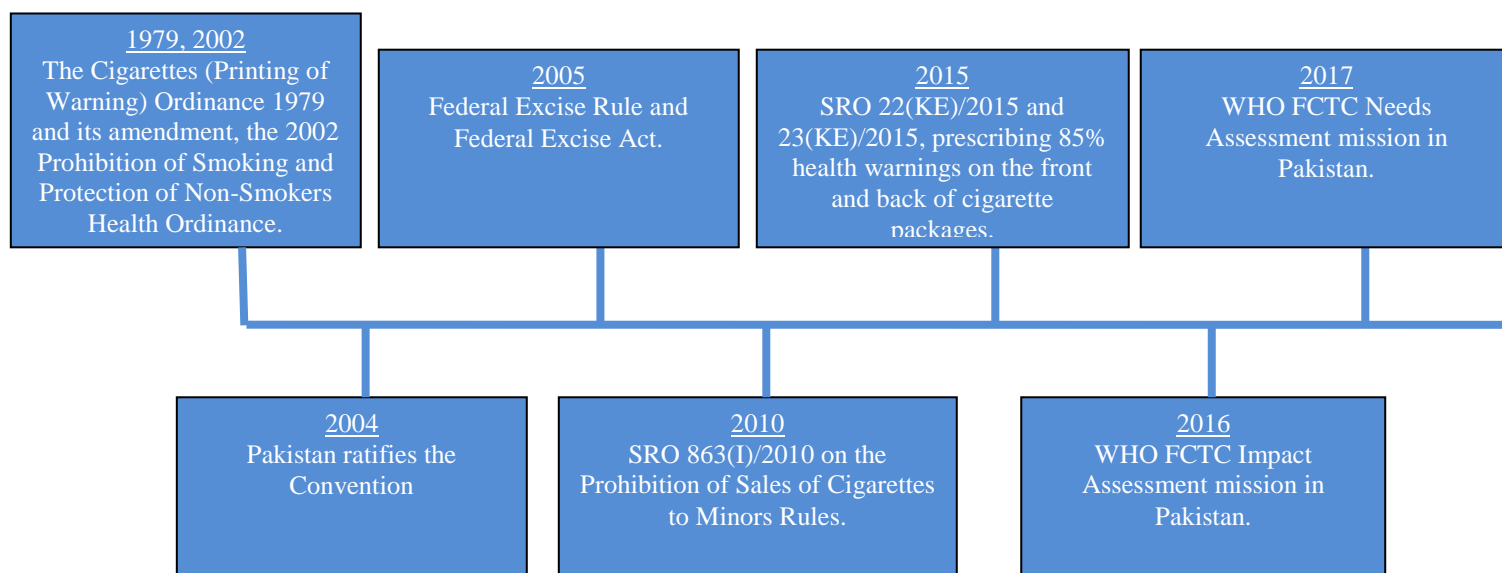
- The retail price of a 20-pack of Marlboro in 1.33 USD.

¹ http://www.who.int/tobacco/publications/surveillance/rep_mortality_attributable/

² <http://www.tobaccoatlas.org/>

³ http://apps.who.int/ctc/implementation/database/sites/implementation/files/documents/reports/pakistan_2016_report_0.pdf

Milestones of tobacco control in Pakistan (see details of the relevant milestones below)



1979 – The Cigarettes (Printing of Warning) Ordinance 1979 amended in 2002

It required health warnings to be printed on packets of cigarettes. It prohibits the manufacture, sale and possession of packets without such warnings.

2002 – Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002 (Ordinance No LXXIV 2002)

The ordinance prohibits:

- the use of tobacco in any public place as well as in public service vehicles
- advertisement of tobacco products
- sales to minors
- sales or distribution near educational institutions

2004 – Ratification of the WHO FCTC by Pakistan

18 May 2004 - Pakistan signs the WHO FCTC

3 November 2004 - Pakistan ratifies the Convention

2005 onwards – developing and implementing new tobacco control regulations

The existing tobacco control laws have been completed by a series of statutory regulation orders, notifications and acts, including the following ones:

- **Federal Excise Rule, 2005**

It includes provisions regulating minimum price, excise stamps and banderoles and some packaging and labelling requirements.

- **Federal Excise Act 2005**

It establishes the federal excise duties for tobacco and tobacco products.

- **SRO 863(I)/2010 on the Prohibition of Sales of Cigarettes to Minors Rules, 2010**

It requested retail sellers to take action to avoid the sales to minors. It also prohibited the manufacture or sale of sweets, snacks or toys in the form of cigarettes that may appeal to minors, and the manufacture of packs with fewer than 20 cigarettes sticks.

- **SRO 22(KE)/2015 and 23(KE)/2015**

It increased the size of health warnings to 85% of the front and the back of cigarettes packages and prescribed rules regarding the rotation and design of the warnings.

2-5 May 2016 – WHO FCTC Impact Assessment mission in Pakistan

Upon mandate from the COP, an independent expert group conducted a global review of the impact of the WHO FCTC. As part of this process, 12 country missions were implemented to collect information on the experience of individual FCTC Parties. Pakistan kindly participated in this exercise, and tobacco-control stakeholders from the country interacted with the experts visiting the country in May 2016.

Article of the Convention	Key observations and recommendations
5.1	<ul style="list-style-type: none"> • Need for a National tobacco control strategy and action plan that involves all sectors of the government at Federal and Provincial Level, as well as other partners.
5.2(a)	<ul style="list-style-type: none"> • The Tobacco Control Cell should be strengthened, its sustainability should be ensured. • Establish a provincial cell in each of the provinces. • The network of cells should also be used for effective enforcement of tobacco control laws.
5.2(b)	<ul style="list-style-type: none"> • All legislation should be developed at the federal level, in coordination with provincial governments. • Establish and regularly update an inventory of laws and regulations including their regular evaluation <i>vis-à-vis</i> the requirements of the FCTC. • The government should develop a plan of action on the enforcement of existing regulations throughout Pakistan and, to the extent possible, by utilizing existing mechanisms for enforcement.
5.3	<ul style="list-style-type: none"> • The Standard Operating Procedures (SOP) to prevent interference by the tobacco industry should apply to all government/state/public bodies involved in tobacco control, to ensure transparency of the interactions occurring between civil servants and the tobacco industry. • Every official involved in tobacco control at any level of the government, including any relevant body or committee, should sign a declaration of interest form concerning non-interaction with the tobacco industry.
6	<ul style="list-style-type: none"> • All tobacco products should be taxed in a similar manner, and tax rates increased every year above the inflation rate. • Create a single tier tobacco tax system to replace the current system. • There is a strong need to have unbiased, authentic data about production of tobacco products including cigarettes, illicit trade and tax from reputed organization with the ownership of Government of Pakistan. This should be independent and free from influence of TI. • Introduce tax stamps to prevent tax avoidance. • Conduct a study on the economic impact (direct and indirect costs) of tobacco use. • Produce factsheets with different tax scenarios including comparisons with other countries. • Consider a workshop on tobacco tax modeling to assist the Federal Board of Revenue and policy makers in analysis of possible tax changes. • Consider using part of tobacco tax revenues to fund health programmes including tobacco control, universal health coverage and other public health measures.
8	<ul style="list-style-type: none"> • Pakistan should strengthen enforcement of existing smoke free policies throughout Pakistan by utilizing the services of Provincial and District Focal points and with the help of respective governments and media. • Improve communication on matters related to second hand smoke and existing legislation on smoke free environments. This should be done by engaging and mobilizing communities effectively in urban and rural areas of Pakistan. A pilot project on community mobilization should be started

	in a district selected by the Government, with the support of subnational authorities and the media.
9 and 10	<ul style="list-style-type: none"> • Test random samples of tobacco products and compare findings on the contents and emissions of products with data provided by the tobacco industry. • Establishment of an independent laboratory for testing of tobacco products, to be funded from a fee special tax imposed on the tobacco industry or tobacco products. • Require the tobacco industry to report regularly on the contents and emissions of all brands of all tobacco products (including smokeless tobacco products) through appropriate legislations as mandated by the FCTC.
11	<ul style="list-style-type: none"> • Effective and coordinated efforts should be made for the enforcement of 85% pictorial health warnings • Conduct focus group testing on options of different size pictorial warnings on tobacco packages with or without plain packaging, to create new and local evidence to support legislation. • Consider introducing plain packaging as soon as possible. Effectively initiate the process in the light of experiences from other countries who have successfully implemented plain packaging.
12	<ul style="list-style-type: none"> • Integration of tobacco control into the educational curriculum at all levels of education (primary, secondary, university (including medical colleges)), in collaboration with the Ministry of Education and other relevant departments, agencies and also the provincial governments. • Communicate the harms of tobacco and second hand smoke and promote any other relevant action at community level. • Develop a communication strategy that seeks to reshape social norms on tobacco with a particular emphasis on communication to young people, both smokers and non-smokers. • Expand the use of social media in changing social norms • Develop an e-learning tool for communication of tobacco control for health care professionals and authorized persons responsible for the enforcement of tobacco control law, at all levels.
13	<ul style="list-style-type: none"> • Pakistan should ban remaining forms of tobacco advertising promotion and sponsorship, including: a ban on point of sale advertising, a ban on display of tobacco products at the points of sale, and a total ban on sponsorship.
14	<ul style="list-style-type: none"> • Develop national guidelines on tobacco cessation by adapting the existing WHO guidelines. • Integrate tobacco cessation (and prevention) with relevant vertical programmes such as those on TB and HIV prevention. • Integrate tobacco cessation in the primary healthcare system, in collaboration with health departments in provinces. • Conduct a study on the economic benefits of tobacco cessation.
15	<ul style="list-style-type: none"> • Consider ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products. • Consider better enforcement in the licensing of producers and also requiring licenses for all businesses which sell tobacco products, by enforcing the 1958 Vend Act across the country. • Consider introducing a tracking and tracing regime as soon as possible. • Utilize the experience of other countries on measuring, monitoring and reducing illicit trade. • Initiate research to provide exact data on the volume of illicit trade.

16	<ul style="list-style-type: none"> • Strengthen enforcement of measures on sales to and by minors including enforcing the legal age of sales of tobacco products. • Implement the ban on sales of loose cigarettes. • Ban vending machines.
17-18	<ul style="list-style-type: none"> • The Ministry of National Health Services, Regulation and Coordination (MNHSRC) needs to strengthen its cooperation with the Ministry of National Food Security and the Pakistan Agricultural Research Center, including in developing a new policy on alternative livelihoods/crops. • Coordinate with FAO on alternative livelihoods projects. • Consider incentive scheme for tobacco growers that are willing to shift to other crops. • Encourage the MNHSRC to engage in international cooperation projects in this area.
19	<ul style="list-style-type: none"> • Pakistan participated in the work of the expert group on Article 19 and should now consider how this article should be applied under the national circumstances/context. • Develop legal expertise on tobacco issues and a network of public lawyers sensitized to tobacco issues. • The Tobacco Control Cell should establish its own legal capacity to ease addressing legal matter related to tobacco control. • Include Pakistani lawyers in the trainings provided by the FCTC knowledge hub on litigation. • The ongoing litigation processes that aim to enforce existing tobacco control measures should be documented, published and disseminated.
20	<ul style="list-style-type: none"> • Integration of key questions from the Global Tobacco Surveillance system into ongoing surveys, and repeat on a regular manner one specific tobacco related survey (extended to all youth and other age groups, provinces etc.). • Strengthen the partnership between the MNHSRC, national research institutes and the Pakistan Bureau of Statistics. • Regularly collect data about tobacco use in the population by age group including disadvantaged group.
22	<ul style="list-style-type: none"> • International cooperation should be strengthened, also with a view to achieve SDG target 3.a and reducing prevalence of tobacco use by 30% by 2030. • Promote SDG monitoring and include FCTC implementation in the work of the newly established SDGs Support Unit of the Ministry of Planning, Development and Reform and in the next round of WHO Country Cooperation Strategy. • Engage the UN Country Team to ensure the UN system's support to FCTC implementation in coordination with the UN Resident Coordinator, including reference to TC/FCTC in UNDAF. • Articulate linkages between tobacco control and SDGs and identify entry point to engage non health sectors of the Government.

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 it was adopted in 2003. The Convention has since become one of the most widely and rapidly embraced treaties in the history of the United Nations, with 180 Parties to date¹.

Pakistan ratified the WHO FCTC 3 November 2004, the 35th country in the world and the 3rd country in the Eastern Mediterranean Region to become a Party to the Convention. The Convention entered into force Pakistan on 27 February 2005.

Still, challenges remain in order for Pakistan 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 initiated upon invitation by the Government of Pakistan; the needs assessment started with an initial analysis of the status, challenges and potential needs deriving from the country's most recent implementation report and other sources of information. Subsequently, 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 Pakistan from 14 to 17 March 2017. The assessment involved relevant ministries and agencies of Pakistan.

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 Pakistan 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, Pakistan is obliged to implement its provisions through national laws, regulations or other measures. There is therefore a need to identify all obligations under the Convention that were not addressed yet, identify the stakeholders that could contribute to their implementation, identify the needs and seek resources and support, both nationally and internationally, to address those needs.

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. The Tobacco Control Cell is currently engaged in drafting a national tobacco control strategy, and this provides the opportunity for using the recommendations of this needs assessment report when finalizing the strategy. All sectors of the Government at Federal and Provincial levels should have their stake in implementation of such strategy. To ensure integration with other health and development programmes, it is recommended that the Government includes implementation of the WHO FCTC in all relevant policy documents, including those that are developed with the UN system.

Third, under Article 5.2(a) of the WHO FCTC, Parties are required to establish a national multisectoral coordinating mechanism or focal point for tobacco control.

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

Pakistan has established a focal point for tobacco control within the Ministry of National Health Services, Regulations and Coordination. The Tobacco Control Cell, composed of six officials, was created in 2007, and operates under the leadership of the Director-General in the Ministry of Health. Apart from the Cell, however, there is no formalized national multisectoral (interministerial) coordinating mechanism that would meet on a regular basis to coordinate the implementation of the Convention. It is recommended that such mechanism be established, with the involvement of all relevant government departments, civil society organizations and other national and subnational stakeholders, as appropriate.

Fourth, the Government of Pakistan has made notable progress in implementation of time-bound measures under the Convention (including smoke-free regulations, packaging and labelling measures, and advertising bans). Pakistan has adopted multiple laws, ordinances, statutory regulation orders and notifications to introduce various measures required under the Convention. While smoke-free regulations provide for full compliance with the requirements of the Convention, packaging rules and advertising bans are still to be strengthened. The infrastructure for ensuring compliance and enforcing the different legal requirements should be scaled up to respond quickly and decisively to instances of non-compliance. This will require rethinking of who the enforcement authorities should be, and their capacity further strengthened through new staff, trainings and a system to warn of instances of non-compliance.

Fifth, 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 tobacco industry still wields substantial influence and has access to high-level policy-makers, which might be the reason for sometimes weaker or less comprehensive legislation or delays in adopting or implementing policies. A code of conduct (standard operating procedures) for public officials is being currently considered, for introduction at various levels of the Government, to counter tobacco industry lobbying efforts.

Sixth, although tobacco tax policies are in place, however, they only apply to cigarettes, but not to other tobacco products. Additionally, their level is not sufficient enough to ensure a decent price thus cigarettes are still very affordable (between 65 to 130 Pakistani rupees). In spite of the palpable interference of the tobacco industry with taxation policies, additional efforts need to be made to implement the recommendations contained in the Article 6 guidelines. Tobacco taxes could also be used as source of revenues to fund health programmes.

Seventh, smoke-free provisions of existing regulations are relatively well developed and comprehensive. Community based actions, such as the Smokefree Islamabad project, are commendable and worth extending to other cities to raise awareness on the benefits of smoke-free environments and extend the scope of smoke-free rules to outdoor areas. There is still room, however, for strengthening the enforcement of the existing regulations.

Eighth, eight measures under Article 11 of the Convention on packaging and labelling are time-bound, and Pakistan reached the deadline for their implementation on 27 February 2008. Although Pakistan progressively strengthened its package warning requirements, including the current graphic health warnings, the implementation of new increased size pictorial health warnings is now stalled due to a court case. There is hope

that the case is being solved in the near future, and the new warnings are implemented with no further delay.

Ninth, Article 13 of the Convention is also time-bound (it has a five-year deadline) and was to be implemented by 27 February 2010. Pakistan has a ban on tobacco advertising, promotion and sponsorship applied to most of traditional media. The ban, however, is not complete as tobacco sponsorship, internet and point-of-sale advertising, display ban and product placement is not covered. It is therefore room for further strengthening of promotion bans.

Tenth, the United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between the Government and the UN system addressing some priority areas of the Government. The current UNDAF in Pakistan, covering the period from 2013 to 2017 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 cycle, which is currently being developed. It is therefore recommended that the MNHSRC follows up with the Ministry of Foreign Affairs, UNRC and WHO to ensure that supporting implementation of the Convention is included in the programme activities of the next UNDAF.

Thirteenth, the needs identified in this report represent priority areas that require immediate attention, particularly treaty provisions and guidelines recommendations 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 Pakistan people. As Pakistan 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 and identifying internationally available resources for implementation of the Convention.

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 Pakistan in meeting its obligations under the Convention.

This joint needs assessment mission was financially supported by the European Union¹. 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 National Health Services, Regulation and Coordination of the Republic of Pakistan 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

Participating Government agencies

Ministry of National Health Services, Regulations and Coordination

1. Mrs. Saira Afzal Tarar, Minister for State for National Health Services, Regulations and Coordination
2. Mr. Muhammad Ayub Sheikh, Secretary, MNHSRC
3. Dr. Hashim Populzai, Additional Secretary, MNHSRC
4. Dr. Assad Hafeez, DG, MNHSRC

Tobacco Control Cell, Ministry of National Health Services, Regulations and Coordination

1. Mr. Muhammad Waqas Tarar, Director (TCC)
2. Dr. Ziauddin Islam, Technical Head (TCC)
3. Mr Muhammad Javed, Project Manager (TCC)
4. Gul Bibi, Manager (Admin & Finance), TCC

Ministry of Finance

1. Mr. Zaheer Qureshi, Secretary (ST & FED), Federal Board of Revenue
2. Mr. Zahid Baig, Second Secretary, Federal Board of Revenue

Ministry of Law and Justice

Mr. Khashih-ur-Rehman, Joint Secretary/Additional Draftsman

Ministry of Commerce

Mr. Salman Jamil, Deputy Director

Pakistan Health Research Council

Mr. Arif Nadeem Saqib, Senior Research Officer

Ministry of Capital Administration and Development

Dr. Minhaj-us-Siraj, Project Director, Smoke-free Islamabad project

Capital Development Authority

Mr. M. Iqbal Afridi, HO CDA

Nongovernmental organizations and civil society organizations

1. International Union for Tuberculosis and Lung Disease
2. Campaign for Tobacco Free Kids
3. The Network for Consumer Protection
4. Coalition for Tobacco Control
5. Pakistan National Heart Association (PANAHA)
6. Al-Shifa Trust Eye Hospital

WHO FCTC Secretariat

1. Dr Tibor Szilagyi, Team Leader – Reporting and Knowledge Management
2. Mr Andrew Black, Team Leader – Development Assistance

WHO Headquarters

Mr Jean Tesche, economist, WHO PND

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Mrs Fatimah El-Awa, Regional Adviser EMRO TFI

WHO Country Office in Pakistan

Dr. Mohammad Assai, WR

Mr. Shahzad Alam Khan, National Professional Officer

UNDP

Mr Kazuyuki Uji, policy specialist, AIDS and MDGs, HIV, Health and Development Practice

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 Pakistan. 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”.

Pakistan 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 consider 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”.

Pakistan has not yet engaged in any bilateral or multilateral agreements relevant to the Convention and its Protocols.

Gap – There is a lack of awareness of the obligations under this Article and about the legal binding effect of the provisions of the FCTC. The discussions revealed also that the Tobacco Control Cell does not have regular access to legal support from a government lawyer to support activities related to policy making and implementation.

It is recommended that Pakistan ensures that the different stakeholders involved in tobacco control are aware of the fully binding effect of the Convention. Pakistan should dispel the misunderstanding by which some assert that a “convention” would be less binding than “treaty”, when both have the same meaning under international law. It should also be made clear that there is no superiority of a treaty (for instance trade agreement) upon another treaty (here the FCTC). It is then recommended that Pakistan enters in South-South cooperation or any other form of cooperation that would allow it to benefit from the sharing of best practices.

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”*.

There are several civil society organizations that are active in tobacco control in Pakistan, including the Network for Consumer Protection, the Coalition for Tobacco Control, while other international NGOs, that are also Observers to the Conference of the Parties, such as Campaign for Tobacco Free Kids and the Union, implement programmes in Pakistan.

Civil society organizations support in many different ways implementation of the Convention by Pakistan. These areas include working vulnerable groups to reduce their tobacco consumption, promoting strong taxation policies, proposing draft legislations in various areas, and initiating court cases to ensure adoption and implementation of strong policies, for example, the ones on tobacco packaging and labelling. They also actively monitor the media and promote research to gather information that could support the policy development process. There are several programmes of civil society organizations that are supported by international donors that devote funding for tobacco control worldwide. This is important as it channels international resources into supporting Pakistan’s national efforts.

The civil society organizations interact with the TCC and the WHO Country Office with some regularity. There are attempts to arrange for such meetings more often, to discuss ongoing programmes as well as plans on a more regular basis. NGOs also approach and work with other stakeholders, including relevant Government departments, on matters related to specific policies. For example, recently, interaction and collaboration was sought with the Federal Bureau of Revenues in an attempt to promote tobacco tax increases.

However, there is specific mechanism of coordination between all different NGOs that work in the tobacco control field, to meet and brainstorm regularly.

The international team met with some civil society organizations during the mission. During the meeting, it was felt that further cooperation is needed between the Government and NGOs, as long as they are achieving the same purpose. It is also important to clearly define the roles and responsibilities of civil society organizations vis-à-vis the policy making and implementation processes to ensure that they work in synergy and reinforce the efforts of government-based agencies. This would also ensure more cost-efficient use of the available resources.

Taking into account that civil society organizations could support and complement the efforts of Government agencies, there seem to be room for further strengthening collaboration with the civil section. For example, should the Government establish a national coordinating mechanism for tobacco control in line with Article 5.2(a) of the Convention (see also under Article 5.2(a)), it could consider including the civil society

as a partner in such mechanism to improve synergies between the efforts of the Government and civil society.

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*”.

There is no comprehensive multisectoral national tobacco control strategy, plan or programme in place in Pakistan. The Tobacco Control Cell noted during the mission that such strategy is currently being contemplated at the level of the line Ministry. It is a good opportunity of having the needs assessment exercise completed at this stage, since its recommendations can feed into the strategy development process.

Gap – There is no formalized national tobacco control strategy in Pakistan.

It is recommended that Pakistan completes the development of, and adopts a comprehensive multisectoral national tobacco control strategy, plan or programme that involves all sectors of the Government at federal and provincial levels, as well as other partners. This programme needs to address the gaps identified during the needs assessment exercise and should support and lead to the fully implementation of the WHO FCTC. Consideration should be given to integrating FCTC implementation in vertical programmes such as those targeting people living with HIV/AIDS or suffering from tuberculosis.

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

A Tobacco Control Cell (TCC) was created in 2007, with the duty of reducing tobacco use prevalence in Pakistan through administrative and legislative measure and coordination of the work related to the implementation of the articles of the WHO FCTC.

The TCC is a body placed under the leadership of the Director-General of the MNHSRC and has a staff of six officials. The Cell coordinates with various stakeholders, for example, the WHO Country Office and civil society organizations, and contributes to developing, implementing and coordinating the enforcement of national policies. The TCC receives complaints about non-compliance with the existing legislation and regulations, through its email address. Although it does not have an enforcement role itself, it could initiate, by working with the authorities that have enforcement powers themselves, a review action.

The TCC also coordinates tobacco-control work with provincial governments. In some provinces, provincial tobacco control cells were established, for example in Khyber Pakhtunkhwa (KPK) and Balochistan, with plans for similar in other provinces (Punjab and Sindh).

In some cases, national regulations delegate powers to provinces. For example, SRO 1068(1)/2006 delegated its powers under the Prohibition of Smoking and Protection of Non Smokers Health Ordinance to provincial authorities.

Gaps:

The TCC itself identified the following priorities for its work, considering them gaps that prevent them to perform their work more efficiently:

- Strengthening coordination with the provinces and establishing tobacco control cells in the provinces where they do not exist yet;
- Improve coordination towards strengthened enforcement of the existing regulations;
- Greater focus on preventing uptake of tobacco use by children and young people.

In addition, the Tobacco Control Cell does not have ready access to legal advice/lawyer from the Government, who could help with drafting legislation or assist with any actions related to the enforcement of existing regulations.

It is recommended that the Tobacco Control Cell should be strengthened and its sustainability ensured. Provincial cells should also be established in each of the provinces and the network of cells should be established to ensure coordination and provide a platform to share experiences, especially on effective enforcement of regulations. Each cell, including the federal one, should have ready access to legal advice from a Government lawyer. It is nevertheless recommended that all tobacco control legislation continues to be developed/updated at the federal level.

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 Pakistan is committed to fully implementing the Convention. Notable achievements have been made in adopting new or amending existing legislation, regulation and policies¹.

There are many pieces of legislation and regulations individually addressing various areas of implementation of the Convention and they do not form part of a single piece of comprehensive tobacco control legislation. This is certainly an option, also followed by several other Parties to the Convention.

Some of the key legislations and regulations developed over the past decades at the federal level include:

- In 1979, legislation was passed to introduce a 20% written warning label “Smoking is injurious to health”;
- In 2002, the “Prohibition of Smoking and Protection of Non-smokers’ Health Ordinance” introduced: (1) a ban of smoking in all enclosed public spaces, (2) a ban of smoking on all public transport, (3) an advertising ban covering most forms of media, but not point-of-sale, (4) a ban of sales of tobacco to those under the age of 18 years, (5) a ban on sales of cigarettes within 50 meters from

¹ See Annex for a full list of tobacco control legislation, regulations and policies.

- educational institutions, and (6) the requirement that all public places where smoking is not allowed to prominently display “No smoking” signs.
- The Statutory Regulatory Order (SRO) 655 (I)/2003 created a Committee on Tobacco Advertisements Guidelines. It was followed by the Notification F.13/2003 HE which introduced restrictions on various forms of advertising.
- The main tobacco control laws and regulations have been complemented by a series of statutory regulation orders and notifications.

Although all pieces of legislation seem to have a national scope, the SRO 1068(I)/2006 and S.R.O. 46(I)/2007 on the “Prohibition of Smoking and Protection of Non-smokers’ Health Ordinance” gives power to provincial governments and Islamabad Capital Territory (ICT) Administration regarding the enforcement of its provisions.

Most recently, a ban on the import of all kinds of shisha, its substances and flavoured tobacco was introduced through an SRO 970(1)/2016 by the Ministry of Commerce on 13 October 2016.

In terms of the content of tobacco-control laws and regulations, almost all substantive articles of the Convention seem to be covered. There are however some exemptions: articles 9 and 10 (on regulation of the contents and emissions of tobacco products and disclosure of contents and emissions of tobacco products); article 15 (control of illicit trade in tobacco products); articles 17 and 18 (promoting alternatives to tobacco growing and protection of the environment and the health of persons). These areas are not included in any previous piece of regulation, thus they should be the primary targets on any upcoming legislative efforts. Additionally, some regulations are fully in line with the requirements of the Convention; however, there are some articles of the Convention that are only partially addressed. Full alignment with the requirements of the Convention could be done in the latter cases during the forthcoming legislative reviews. Of such reviews, there is a sense of urgency in case of time-bound measures under the Convention (Article 11 – packaging and labelling and Article 13 – advertising, promotion and sponsorship).

In terms of enforcing the existing regulations, difficulties are still palpable. On one hand, there is clear need for the exact designation of the authorities responsible for the enforcement of the different regulations. On the other hand, capacity should be further developed for those authorities, including increase in the headcount, trainings provided to the new officers and information campaigns for the need to comply with the tobacco-control regulations. All these activities require additional resources. One possible solution could be the rechanneling of the fines applied into such programmes.

The MNHSRC is committed to strengthen its implementation of the Convention. At the meeting with the international team on 14 March 2017, Minister Saira Afzal Tarar indicated that there is “zero tolerance against hurdles in tobacco control”. This commitment should be capitalized upon when moving towards closing the gaps identified during the mission.

Gaps:

- The regulatory framework for tobacco is not fully compliant with all requirements of the WHO FCTC, and some of the FCTC articles are not addressed at all;

- Some of the time-bound provisions of the Convention have not yet been addressed;
- Overall, the compliance with and enforcement of the tobacco control regulations is not sufficient.

It is therefore recommended that the country's regulatory framework should be aligned to reflect all requirements of the WHO FCTC, by including the requirements of the Convention not addressed yet. All legislations should be developed at federal level, with inputs from and in coordination with provincial governments. The Government should establish and regularly update an inventory of laws and regulations including their regular evaluation vis-à-vis the requirements of the WHO FCTC. The Government should also develop a plan of action on the enforcement of existing regulations throughout Pakistan and, to the extent possible, by utilizing existing mechanisms for enforcement.

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”.

According to the findings of the impact assessment mission that took place in Pakistan in May 2016, “FCTC Article 5.3 guidelines have heightened awareness of tobacco industry activities to intervene with tobacco control, and have helped to limit governments’ interactions with the tobacco industry”.

Draft standard operating procedures (SOP) to guide government officials’ interactions with the tobacco industry¹ have been developed by civil society organizations and submitted to the Tobacco Control Cell. The draft SOP follows the recommendations of the implementation guidelines of Article 5.3.

The SOP was discussed in the meetings with various stakeholders during the mission. The mission learned that the overall feeling of key stakeholders calls for a gradual implementation of the SOP: starting with the Tobacco Control Cell and extended to all units of the line Ministry. After certain period of implementation, upon documentation of the experience with its implementation may soon be recommended for government-wide implementation. The Tobacco Control Cell is also engaged in the development of a

¹ There are two major domestic tobacco companies operating in Pakistan: Philip Morris Pakistan, formerly Lakson Tobacco Company and Pakistan Tobacco Company, a subsidiary of British American Tobacco. There are also more than 50 small companies operating all around the country. Exact data on the total output of the factories operating within the country are not available; according to some sources the reported installed production capacity is around 120 billion pieces of tobacco products, but the actual output is expected to be lower than that.

national action plan on protecting health policies from vested interests of the tobacco industry.

For the time being, there are no measures in place requiring that the public has access, either in accordance with Article 12(c) to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, or to the minutes or information about meetings between Government officials and tobacco industry representatives.

The tobacco industry is very active in lobbying against effective implementation of the Convention. One relatively recent example of the interference of the tobacco industry related to the adoption of SRO 22(KE) 2015 requiring the introduction of pictorial health warnings covering 85% of tobacco packs. To prevent implementation of the regulation the tobacco industry allied with the British High Commissioner and managed to reach, through him, the Prime Minister as well as the Ministry of Finance. The latter created an Inter-Ministerial Committee that considered the content of the SRO and provided an alternative approach to increasing the size of the graphic health warning on a gradual manner. Eventually this approach was accepted by the Committee, imposed on the line Ministry, which resulted in an outcry and court case initiated by the civil society. The overall outcome of the tobacco industry initiated process is a delay in implementing this otherwise advanced measure, required under the Convention and detailed in the relevant guidelines for implementation on Article 11.

The Pakistan Tobacco Board, operating under the Ministry of Commerce, includes in its Board of Directors, representatives of tobacco manufacturers and growers. This body, at an arm length from the Government's decision making, and in the absence of a clear government policy to separate the functions of overseeing this body and setting and implementing of tobacco control policies (as recommended in the guidelines for Article 5.3 of the Convention), could interfere with policy making and represent the interests of the tobacco sector.

Gaps –

- There is no formal policy in place to guide interactions between public officials and the tobacco industry, ensure transparency of the interactions that still occur or reflect on any other recommendations of the Article 5.3 guidelines.

It is therefore recommended that the draft Standard Operating Procedures (SOP) is applied to as many government/state/public bodies involved in tobacco control as possible, to ensure transparency of the interactions occurring between civil servants and the tobacco industry. It is also recommended that every official involved in tobacco control at any level of the government, including any relevant body or committee, sign a declaration of interest form concerning non-interaction with the tobacco industry.

The Convention Secretariat and the Regional Office both expressed their willingness to support Pakistan in taking those steps, including provision of best practices in implementation of Article 5.3 or through providing specialized advice by experts.

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*”.

Pakistan attended all six sessions of the COP and five sessions of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products. Pakistan also participated in and contributed to the work of the following intersessional groups mandated by the Conference of the Parties:

- Working group on economically sustainable alternatives to tobacco growing (Articles 17 and 18);
- Working group on Article 6 and open-ended drafting group on Price and tax measures to reduce the demand for tobacco (Article 6 of the FCTC);
- Expert group on Article 19 of the WHO FCTC – “Liability”
- Working group on sustainable measures to strengthen implementation of the WHO FCTC;
- Expert group to review reporting arrangements under the WHO FCTC.

Pakistan is encouraged to participate in existing and future working or expert groups. This will assist to further exposing Pakistan to international processes under the COP work plan, to experience of other Parties and will provide the country with the opportunity to share its experience and knowledge with fellow Parties thus contributing to the development of treaty instruments and policy recommendations.

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*”.

Pakistan does cooperate regularly with the WHO country office, and the Tobacco Control Cell has regular meetings with the country office to discuss ongoing matters. Pakistan also participates and contributes to meetings organized by the WHO Regional Office for the Eastern Mediterranean.

Additionally, some of the Pakistani civil society organizations working in tobacco control implement projects funded the Bloomberg Initiative to Reduce Tobacco Use Grants Program. Further details on international cooperation projects are given under Article 22.

Pakistan has met its obligations under Article 5.5 of the Convention, and is encouraged to continue to do so. Pakistan is encouraged to continue existing partnerships and find new partners in its international cooperation efforts.

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*”.

Pakistan received funding from international agencies such as the Bloomberg Initiative. The funds received supported the development of legislation and policies, capacity building, advocacy and surveillance activities. Pakistan is encouraged to mobilize additional resources for funding full-time tobacco control staff, especially with legal background, and also to secure more resources for enforcing tobacco control regulations.

As at the time of the mission, advanced discussions have taken place for receiving additional funds for new projects from the Bloomberg Initiative.

Pakistan 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”*.

Pakistan modified its tobacco excise tax system for cigarettes in 2013, moving from a three-tiered mixed, ad valorem plus specific tax system to a two-tier specific tax system. Additionally, average excise taxes have increased 40% in the last two years.

The two tiers are the following:

2017	PKR per 1000	% of tax per pack	increase from 2016
Tier 1 <= 88 PKR /pack	3705	74.1	7.8%
Tier 2 > 88 PKR /pack	1649	32.98	7.5%

Pakistan also applies a VAT rate of 17% on the VAT exclusive retail sales price.

Despite these efforts, cigarettes prices in Pakistan remain very affordable – they are among the lowest in the world. Cigarette prices are also lower than neighboring countries for the most part. The only exception is the most sold brand in Afghanistan, which is less expensive than the most popular brand in Pakistan.

	International Dollars*	
	Most popular brand	Marlboro
Pakistan	1.10	2.60
Afghanistan	0.59	2.95
India	4.50	8.07
Nepal	3.02	5.72
*based on purchasing power parity		

Source: WHO Global Tobacco Control Report 2015

Pakistan explained during the mission that the Ministry of Finance was developing a roadmap for progressive increase in tobacco taxation. A technical working group on tobacco taxation created for that purpose has been in existence for 3 years.

During the mission, the Government of Pakistan pointed out the lack of independent, unbiased, authentic data about production of tobacco, including cigarettes, illicit trade and tax from reputed organization with the ownership of Government of Pakistan. This should be independent and free from influence of the tobacco industry.

Gaps –

- Currently the taxation level on cigarettes is still very low, and tax rate increases have not kept up with changes in household incomes and inflation.
- There are no taxes imposed on other forms of tobacco.
- The government is reliant on sales data reported by the tobacco industry on their tax declarations.

It is therefore recommended that Pakistan conducts a study on the economic impacts (direct and indirect costs) of tobacco use to support the idea of raising taxes on cigarettes. Other tobacco products should be taxed in a comparable manner. Pakistan could consider moving to a single specific tobacco tax system, especially since nearly 90% of cigarettes are taxed at the lower level. A first step would be to increase the tax on the lower tier, and is less than half of the level of the higher tier. This will have a large impact on tax revenues and consumption, and therefore, health. The Federal Board of Revenue is encouraged to proceed with plans to introduce tax stamps to avoid tax avoidance (see Article 15 below). The Government should also consider dedicating part of tobacco tax revenues to fund health programmes including tobacco control, universal health coverage and other public health measures.

In terms of activities to reach the scopes listed above, the following could be considered:

- Conduct a study on the economic impact (direct and indirect costs) of tobacco use.
- Produce factsheets with different tax scenarios including comparisons with other countries.
- Consider a workshop on tobacco tax modeling to assist the Federal Board of Revenue and policy makers in analysis of possible tax changes.

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”.

Duty free sales are allowed in duty free shops in airports. In addition several exemptions from excise taxes on cigarettes are allowed in Schedule 3 of the Federal Excise Act: the Navy, the President of Pakistan, the President of Azad Jammu and Kashmir and the Governors of Provinces and their families and guests can purchase tobacco products duty free.

The Government of Pakistan should consider eliminating these duty free sales.

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”.

Pakistan has provided this information in the reports submitted to the Convention Secretariat and has therefore met the obligations under Art 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** [emphasis added] of the WHO Framework Convention’s entry into force for that Party*”.

The five-year timeline to provide universal protection from exposure to second-hand smoke, as recommended by the “Guidelines for Implementation of Article 8” expired for Pakistan on 27 February 2010.

In 2002, the “Prohibition of Smoking in Enclosed Places and Protection of Non-Smoker’s Health Ordinance” addressed most of the areas contained in the WHO FCTC. Among other measures, it introduced a partial ban of tobacco use in public workplaces and public service vehicles. The SRO 652(1)/2003 established 30 June 2003 as the effective date of the regulation. In line with the provisions of the Ordinance, the Government issued guidelines for implementation that permitted smoking areas in premises or places where adequate arrangements are made to protect the health of non-smokers. These guidelines mandated that smoking area is to be physically partitioned, properly ventilated, prominently marked and frequently cleaned, provided they do not exceed 1/3 of the premises.

A few years later, the SRO 51(KE)/2009 required all places of public work or use to be totally smokefree, removing the possibility of establishing smoking areas in any indoor places, making Pakistan fully compliant with the requirements of Article 8 of the Convention and the recommendations of the Article 8 Guidelines. This new regulation also ensured that such requirements are introduced within the timeframe recommended by the Guidelines. The regulations also establish which “authorized officers” are responsible for the enforcement of the measures under the relevant Ordinances.

Some additional developments occurred at subnational level. In October 2012, the High Court of Lahore then ruled that restaurants and hotel lounges were in the scope of the “public places” and therefore covered by the prohibition of smoking. It would also apply to open air places adjacent to hotels and restaurants. Islamabad became the first smoke-free city of Pakistan: public parks, health and educational institutions are intended to be completely smoke-free. This project led by the Capital Administration and Development Division promotes awareness of hazards of tobacco use in the general population and involves several stakeholders that could facilitate implementation of the project, such as District Management, Revenue Collectors, Bazaar Unions, Hotel Associations, Education

Managers, Hospitals Management, Authorized Persons and Law Enforcement.¹ There are plans to extend the project to other cities; initiating a Tobacco-Free Villages project is also among the plans for the future by the Tobacco Control Cell.



Photo: Rawal Lake Park, Islamabad.

Pakistan is also focusing on strengthening implementation of the smoke-free regulations. On 10 March 2017, the Ministry of National Health Services (NHS) requested all provincial governments to play a proactive role in discouraging tobacco use and urging for strict implementation of tobacco control laws. A notification was issued to all chief ministries in September 2016, whereby, the Ministry notified that violations of tobacco control laws had been observed across the country and all provincial governments must ensure strict compliance with existing tobacco control laws. For example, the Chief Ministers were advised to ensure that no smoking signs are visibly displayed in all public places and police officers were encouraged and authorized to take action against the violators. Additionally, the Chief Ministers were asked to issue necessary directives to relevant authorities to ensure strict compliance with existing tobacco control laws. The number of cases registered under various sections of the “Prohibition of Smoking in Enclosed Places and Protection of Non-Smoker’s Health Ordinance” in 11 model districts is almost 1400, and 45 warnings have been issued by district governments. Still, much remains to do to ensure that smoke-free regulations are broadly implemented. This will

¹ <http://tsfc.gov.pk/>

require involvement of additional capacities and resources for their training as well as sustained raids in different workplaces.

Despite the existing smoke-free regulations, surveys such as the Global Adult Tobacco Survey (GATS) of 2014 and Global Youth Tobacco Survey (GYTS) of 2013, reveal that exposure to tobacco smoke remains an important health concern. According to GATS 2014, more than two thirds of adults working in indoor places were still exposed to tobacco smoke. Half of them were exposed to tobacco smoke at home at least once every month. 90% of adults said that they were exposed to tobacco smoke in restaurants and 80% reported the same when using public transportation. According to GYTS 2013, almost 40% of students were exposed to tobacco smoke inside enclosed public places and 30% in outdoor public places. It has also been pointed out during the mission that the GYTS only covers students attending educational institutions. Figures concerning out-of-school youth might be even more alarming. Discussions also revealed that education related to second hand smoke might not target enough people living in rural areas.

Gaps:

- Hotels can still have smoking rooms. Some hotels, that have voluntarily become smoke-free, face difficulties in actually enforcing their voluntary commitment;
- Enforcement of smoke-free regulations remained insufficient.

It is therefore recommended that Pakistan strengthens enforcement of existing smoke-free policies throughout the country by utilizing the services of provincial and district focal points and with the help of respective governments. This should include, inter alia, a review of previous experience with enforcing smoke-free rules, designating new authorized officers, provide them with appropriate training, and ensure sustainability the network created. This can be achieved, at least in part, through utilizing the collected fines for creating additional enforcement capacities.

Engaging with and mobilizing communities in urban and rural areas for enforcing smoke-free rules should also be pursued. This might be done in collaboration with the civil society. A pilot project on community mobilization could be started in a district selected by the Government, with the support of subnational authorities.

In support of the Government's efforts to strengthen enforcement of smoke-free policies, the Convention Secretariat and WHO are committed to facilitating provision of expertise and technical support, upon request.

**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.

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”.

The partial guidelines for the implementation of Articles 9 and 10 recommend a wide 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 coloring 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 only regulation relevant to this matter is the ban on the import of all kinds of shisha and flavoured tobacco to be used in shisha, which was introduced through an SRO 970(1)/2016 by the Ministry of Commerce on 13 October 2016. The SRO only covers shisha, and does not regulate the content of any other tobacco products.

Apart from this, there is no implementation of any other aspect of Articles 9 and 10 by Pakistan. In addition, the country lacks an independent, non-tobacco industry related accredited laboratory, capable of accurately testing contents and emissions of tobacco products. Pakistani officials met during the mission informed that there is consideration of dedicating funds for the setup of an internationally accredited laboratory to test tobacco products.

The Finance Act 2005 prescribed that no cigarette factory shall clear cigarettes unless they conform to the health standards, but these provisions are not applied.

Gaps:

- 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.
- There are no legal requirements regarding the testing, measuring and disclosing by the tobacco industry, to the government authorities, the toxic components and emissions of tobacco products and publishing their amounts on the packaging of tobacco products.
- There are no measures on public disclosure of information about the toxic constituents of tobacco products and the emissions that they may produce.
- There are no measures to address electronic nicotine delivery systems.

It is recommended that Pakistan test random samples of tobacco products and compares findings on the contents and emissions of products with data provided by the tobacco industry.

Pakistan should also consider the establishment of an independent laboratory for testing of tobacco products, to be funded from a fee special tax imposed on the tobacco industry or tobacco products.

Pakistan should then require the tobacco industry to report regularly on the contents and emissions of all brands of all tobacco products (including smokeless tobacco products) through appropriate legislations as mandated by the FCTC.

The Convention Secretariat, the WHO Headquarters and the Regional Office are ready to facilitate provision of expertise and experiences from other Parties on regulation of

tobacco products. Specifically, WHO and the Convention Secretariat will help in communication with the relevant testing laboratories, including those in the region, which could help with tests as well as with know-how on how to establish a reference laboratory.

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.

There are several requirements in Article 11 of the Convention to which a three-year deadline applies. This deadline for Pakistan expired on 27 February 2008. However, Pakistan did not fully meet all requirements of this Article yet (see table below).

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”.	NOT YET IMPLEMENTED	Not covered in any regulation
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	There is one health warning, whose text is health-related.
1(b)(i)	[The warning] shall be approved by the competent national authority.	OBLIGATION MET	Prescribed by the Ministry of Health as per - SROs 86(KE)/2009 and 87(KE)/2009
1(b)(ii)	[The warnings] shall be rotating.	OBLIGATION MET	Although SRO 86(KE)/2009 prescribes rotation, but no further warnings were prescribed/developed by the Ministry, thus there is no other warning option.
1(b)(iii)	[The warning] shall be large, clear, visible and legible.	OBLIGATION MET	
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	OBLIGATION MET	According to SRO 86(KE)/2009, health warnings must cover at least 40% of each side of tobacco product

	areas.		packaging.
1(b)(v)	[The warning] may be in the form of or include pictures or pictograms	OBLIGATION MET	Pictorial health warnings required as per 86(KE)/2009 and 87(KE)/2009.
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	Not covered in any regulation
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 language or languages.	OBLIGATION PARTIALLY MET	The requirement only applies to cigarettes. No other tobacco products are covered.

In the past years, before and after ratification of the Convention, Pakistan progressively set up rules imposing warnings on tobacco packages. The relevant regulations are as follows:

- The Cigarettes (Printing of Warning) Ordinance, 1979 (Amended in 2002) required health warnings to be printed on cigarette packaging in both Urdu and English. According to the Ordinance:
 - o “No person shall
 - (a) manufacture packets of cigarettes ; or
 - (b) sell or offer for sale cigarettes from packets of cigarettes ; or
 - (c) possess or sell or offer for sale packets of cigarettes, on which the warning is not printed.”

Contraveners to those provisions shall be punishable with an up to ten thousand rupees fine, and/or up to two years imprisonment.

- SRO 1001(1)/2003 established a new health warning (“smoking causes cancer and heart diseases”) and SRO 22(1)/2004 gave details about its enforcement (size and colors of the warnings).
- SRO 86(KE)/2009 (the “Cigarettes (printing of warning rules) 2009”) further regulates the warnings including introduction of pictorial health warnings and increase in their size. In fact, these are the rules currently implemented in Pakistan (see picture, below). The picture and warning must be placed on the front (top) of the pack in Urdu and on the back (top) of the pack in English. The warning covers 40% of the pack (30% the picture and 10% the text). According to the regulations, the warnings “*shall be rotated generally every year or as may be directed by the Federal Government from time to time*”. As the Ministry issued only one warning/picture in the SRO, future action by the government is needed for

rotation to occur. The initial pictorial warning was to appear on packages for one year, beginning on 1 February 2010. The Government has since twice altered the rotational time period. First, SRO 01(KE)/2010 and SRO 02(KE)/2010 delayed the implementation date, instructing that the pictorial warning was to begin appearing on packages on May 31, 2010 and continuing for one year. Second, a Ministry of Health Memorandum (No. F. 02-162007-FCTC) issued in May 2011 extends the rotation period for the current pictorial warning until 31 December 2011.



Photo: Graphic health warnings on the most sold brand in the shop.
(See also the open box for sale of single sticks.)

- The next regulation relevant to cigarette packaging was only issued in 2015. SRO 22(KE)/2015 require that the health warning shall cover at least 85% of each the front and back side of cigarette packets. However, implementation of these requirements has been delayed.

The tobacco industry, somewhat surprised with the new regulation, reacted quickly, and engaged with different national and international partners to undermine its implementation. As a response to the tobacco industry outcry, the Government created an inter-ministerial Committee (IMC). The Committee reviewed the potential impact of the pictorial health warning on Government revenue and illicit trade in tobacco products, and finally opted for a gradual approach in increasing the size of the health warning, starting with covering 60% of the outers, to be followed by an impact assessment, and then decide the way forward.

Two civil society organizations (the “Network for Consumer Protection” and the “Society for Alternative Media and Research (SAMAR)”) filed a petition challenging the decision of the IMC in the Islamabad High Court. The court case is still pending, and waiting for a final ruling by the court the Government of Pakistan did not move forward with the implementation of the IMC recommendations.

During the discussions with the international team, Pakistan has pointed out the lack of

evidence on the impact of different size graphic health warnings to support the gradual versus one-move increase to the size envisaged by SRO 22(KE)/2015.

Gaps:

- There is only one graphic health warning currently on cigarette packs, subsequently there is no rotation of health warning(s).
- There are no warnings on other tobacco products.
- There is no ban on the use of misleading terms such as “low tar”, “light”, “ultra-light”, or “mild”.

It is therefore recommended that Pakistan clears the way towards the enforcement of the largest possible health warnings as soon as possible. Additionally, the requirements of Article 11 not yet implemented should be addressed in an additional ordinance. It is further recommended that Pakistan conducts pre-testing on options of different size pictorial warnings on tobacco packages with or without plain packaging, to create new and local evidence to support legislation, as already planned.

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.

There are educational and public awareness programs implemented that target genders, children, youth, adults and pregnant women. They do reflect the key differences among targeted populations. They do cover health risk of tobacco consumption, of exposure to tobacco smoke, the benefits from cessation, the adverse economic and environmental consequences of tobacco production and consumption. Additionally, health workers, social workers, media professional, educators, decision makers and administrator are being addressed special trainings or sensitization and awareness programmes on tobacco control.

The Tobacco Control Cell has used various strategies to warn masses about the dangers of tobacco use. It built capacity of provincial and district law enforcers. Provincial and District Implementation Committees on tobacco control have been set up and their members have been sensitized. More than 400 awareness-raising and capacity building sessions have been conducted for enforcement officers. The Tobacco Control Cell disseminated communication materials (more than 1 million copies). It also used documentary films and radio spots as campaigning materials.

In November 2015, the Tobacco Control Cell launched the first national anti-tobacco mass media campaign health risks of tobacco use. The campaign featured a public service announcement with the slogan “Tobacco Is Hollowing You Out” that highlighted the many harmful illnesses caused by tobacco use, including lung cancer, heart disease, stroke and oral cancers. The PSA ended with the call “Tobacco Kills – Quit Today!” Pakistan is now at the stage of evaluating the impact of this campaign. In November 2016, the second such campaign (“Sponge”) was launched, with focusing on the harmful effects on health. The campaign has been displayed on 14 TV channels, in the radio and on billboards, during six weeks. Some of the outdoor posters were still on display at the time of the visit of the international team (see picture, below). More than 200 of such posters were placed all around Islamabad.



World No Tobacco Day (31 May) is celebrated by Pakistan each year. There are public events, such as seminars or demonstrations organized by the civil society and in hospitals, where the Ministry participates. There is good coverage in newspapers that include interviews with government representatives and NGOs.

Some other communication efforts have also taken place. These include the development and dissemination of advocacy kits on tobacco control among parliamentarians and journalists; promoting tobacco control in TV and radio programmes; production and airing of two documentary films in national and regional languages; incorporation of tobacco control messages in curriculum (in Punjab); branding of buses with tobacco control messages in Islamabad/ Rawalpindi.

In national media, free air time is provided to public service announcements, including to messages of the national anti-smoking communication campaign, according to Section 2 of PEMRA (Pakistan Electronic Media Regulatory Authority) Ordinance 2002 as

amended by PEMRA Ordinance Act 2007 and clause 9 of general terms and condition of license contained in Schedule C of PEMRA Rules 2009¹.

Consideration was also given to requesting a famous personality (national sport champion) to become the face of the campaign.

In summary, there are many communication and public awareness programmes ongoing in Pakistan. However, as indicated under the section on Article 5, there is no national strategy for tobacco control or a national communication strategy for tobacco control, thus there is only little coordination between the various programmes implemented at federal or provincial levels and targeting the different audiences. This might need to be addressed in the future to ensure higher impact of the communication campaigns. Additionally, more varied messages, including those that inform on the newly introduced policy measures, would raise awareness and, at the same time, would enhance compliance with the respective policies.

Gaps –

- Stronger coordination between the communication and public awareness programmes is needed;
- There is lack of sustainable financing mechanism for implementation of such programmes;
- Mass media campaigns only convey health messages. Diversification of messages is needed (e.g, second-hand smoke is not addressed in campaigns, though it is a strong concern);
- Tobacco-control messages and subjects are not yet included in the curricula of students at all levels of national education, let alone in the curricula of health professions.

It is therefore recommended that Pakistan (i) develops a communication strategy that seeks to reshape social norms on tobacco with a particular emphasis on communication to young people, both smokers and non-smokers, and at community level; (ii) integrates tobacco control into the educational curriculum at all levels of education (primary, secondary, university (including medical colleges), in collaboration with the Ministry of Education and other relevant departments, agencies and also the provincial governments; (iii) expands the use of social media in changing social norms; (iv) develops an e-learning tool for communication of tobacco control for health care professionals and authorized persons responsible for the enforcement of tobacco control law, at all levels.

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”.

¹ According to the Ordinance, a licensee is obliged to broadcast Public Service Programs, which may be provided by the Authority or the Government, provided that duration of such mandatory programs do not exceed ten per cent of total duration of broadcast.

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 time-bound articles of the Convention; the deadline for introduction of a comprehensive advertising ban in Pakistan was 27 February 2010.

Pakistan has taken a series of measures to regulate tobacco advertising, promotion and sponsorship, including:

- The “Prohibition of Smoking and Protection of Non-Smoker’s Health Ordinance, 2002”;
- Notification SRO 665(I)/2003 constituted the Committee on Tobacco Advertisements Guidelines, as foreseen in the 2002 Ordinance;
- The Notification F.13-5/2003 concerning the Guidelines for tobacco and tobacco products advertisements that regulates the following areas: tobacco advertising, promotion and sponsorship in electronic media, on billboards, on public transport; prohibition of promotion through the distribution of samples, prohibition of using celebrities to promote tobacco;
- SRO 882(1)/2007 set up new guidelines on the size of advertisements in print media, magazines, shop fronts, billboards and on the use of electronic media for tobacco products advertisements; and finally
- SRO 1086(1)/2013 that introduced the current set of measures concerning tobacco advertising, promotion and sponsorship.

As a result of the subsequent amendments concerning measures under Article 13 of the Convention as specifically SRO 1086, currently, advertisements in the following media are banned: domestic TV and radio (including all broadcast media such as satellite and cable); domestic newspapers and magazines; other domestic print media, such as pamphlets, leaflet, flyers, posters, signs (not including print advertising at the point of sale). However, tobacco advertising at points of sale is not prohibited and display of tobacco products at the points of sale is still allowed (see picture, below). The ban also does not cover internet advertising, vending machines (even though there is none of them in the country so far), product placement in movies (etc.), brand sharing and stretching, and financial sponsorship (including corporate social responsibility).

Some of the measures on tobacco advertising, promotion and sponsorship have been challenged by the tobacco industry. In 2013, for instance, the ban of tobacco advertisements in print, electronic and outdoor media has been challenged by Philip Morris Pakistan Ltd in front of the Sindh High Court. The Court’s ruling upholds the restrictions.

Gaps –

- The five-year deadline to implement a complete ban on tobacco advertising has not been met.
- Some forms of tobacco advertising, promotion and sponsorship are still allowed.

It is therefore recommended that Pakistan should ban all remaining forms of tobacco advertising promotion and sponsorship, including: point of sale advertising, display of tobacco products at the points of sale and a total ban on sponsorship. It is also recommended that the Tobacco Control Cell and other relevant stakeholders develop a strategy to detect violations of the ban on tobacco advertising, promotion and sponsorship and strengthen enforcement.

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”.

Gap –

- There are no specific provisions regarding cross-border advertising currently in place in Pakistan.

It is recommended that, to be in line with the requirements of the Article 13 of the Convention and its guidelines, the existing regulatory framework on tobacco advertising is revised to prohibit cross-border forms of tobacco advertising.

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”.

Pakistan has not developed national guidelines on tobacco cessation. Although WHO guidelines on tobacco cessation exist and could be used, but these are not adapted by Government of Pakistan.

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.

Pakistan established cessation clinics at national and sub-national level with government funds. Two clinics have been established in Pakistan Institute of Medical Sciences and National Institution for Rehabilitation Medicine and one clinic has been established in District Headquarters Hospital (secondary level) in Gujranwala. Two clinics have been established by the Smoke-Free Islamabad project at Pakistan Institute of Medical Sciences and National Institution for Rehabilitation Medicine (tertiary level hospitals).

Some pharmaceutical products for the treatment of tobacco dependence are available in pharmacies, but the cost of these products are not covered by public funding nor reimbursed.

However, diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use are not included in national programmes, plans and strategies, or with health care services at any level or with other programmes that provide national coverage (e.g, TB or HIV/AIDS). There are also no standard mechanisms for the medical professionals to record tobacco use by the patients in medical notes.

There is no national quit line.

Surveys show that there is need for scaling up of cessation services. In 2016, the WHO STEPS survey found that almost 60% of smokers aged 18-59 tried to stop smoking, and according to GATS 2014, about one out of four smokers made an attempt to quit in the previous year. Youth surveys, for example, the 2013 GYTS reported around the same rate of quit attempts among the 13-15 year olds.

Gaps–

- Pakistan has not yet developed comprehensive and integrated national tobacco cessation guidelines;
- There is no mechanism for the reimbursement of pharmaceutical products for treatment of tobacco dependence;
- There is no national quit line to assist those who would like to quit;
- Recording of tobacco use in medical history is not mandatory.
- Tobacco cessation is not integrated in the primary healthcare system.

It is therefore recommended that

- (i) ***national guidelines on tobacco cessation be developed, including cessation counseling, as soon as possible, taking into account the recommendations of the guidelines for the implementation of Article 14, and disseminates those guidelines among the medical professionals (the guidelines could be developed under the guidance of the Ministry and with the involvement of medical and other health professionals' associations, and the representatives of the functioning cessation clinics as well as other relevant stakeholders);***
- (ii) ***cessation services are integrated into the primary, secondary and tertiary health care systems, as well as other relevant national programmes and services, such as those on TB and HIV/AIDS control, to increase efficiency and outreach;***
- (iii) ***national toll-free quitline to assist those who want to quit tobacco use be developed, capitalizing on experiences of other Parties with Mhealth programmes;***
- (iv) ***tobacco use is recorded in medical history notes in all health services upon guidance provided in the national cessation guidelines***
- (v) ***tobacco dependence treatment be incorporated into the curriculum at medical, dental, nursing and pharmacy schools.***

The Convention Secretariat and WHO could provide Pakistan with experience from other countries, examples of national cessation guidelines and could facilitate provision of targeted assistance through expert advice.

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*”.

Pakistan has not yet signed nor ratified the Protocol to Eliminate Illicit Trade in Tobacco Products and none of the regulations in place address this issue.

However, illicit trade is a major concern in the country and is a major argument of the tobacco industry against effective tax policies. Perceived illicit trade hinders government efforts in increasing tobacco taxes and therefore undermines the possible effects of tobacco taxes in reducing consumption. According to the information provided by Pakistan in its implementation report of 2016, 18% of the total domestic tobacco market of cigarettes in Pakistan constitutes of illicit products. This includes smuggled, counterfeit and non-duty paid locally manufactured products. (See picture below, showing products that were test-purchased by the mission team: the pack of Gold Leaf on the right carries the warning requested by SRO 86(KE)/2009. The product on the right does not carry the warning requested by the regulation and is not intended for sale in Pakistan.)



According to estimations by, Euromonitor¹, the loss in tax revenues due to illicit tobacco sales was 18.5 billion rupees in 2011.

The following measures were taken by Pakistan to control illicit trade in tobacco products: printing the manufacturer's name and the retail price of the product on packs; third party audits (at the production facilities); destruction of machinery and confiscation of conveyance used for counterfeit production; disclosure of producer bank accounts; submission of audited bank accounts to the Federal Bureau of Revenues; establishment and operation of mobile enforcement teams. On the latter, raids by the enforcement teams of allegedly illicit production facilities are reported on a regular manner.

Article 15.7 foresees introducing of a licensing regime to control and regulate production and distribution of tobacco products in order to prevent illicit trade. According to the Vendor Act 1958 ... [COULD YOU PLEASE CHECK DEAR COLLEAGUES?]

There is no, however, tracking and tracing regime implemented yet in Pakistan, and tax stamps are also not used to indicate payment of taxes for the products that are commercialized in the national market. The Convention itself, in its Article 15.2(b) calls for the implementation of a tracking and tracing regime.

The Federal Bureau of Revenues informed that they are currently preparing a request for proposals for companies interested to propose a system of tax stamps that will include, among other information, the place of production and the serial number of the production machinery as well as some other information.

The Tobacco Control Cell is coordinating with Custom Intelligence and other law enforcement agencies for proper enforcement of measures related to illicit trade.

Gaps:

- There is no marking of unit packages nor a tracking and tracing system in place.
- There is no facilitation of exchange of information among custom, tax and other authorities.
- Pakistan has not signed nor ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

It is therefore recommended that Pakistan

- (i) conduct research to provide exact data on the volume of illicit trade;***
- (ii) considers strengthening enforcement of the Tobacco Vend Act 1958, by licensing of producers and also requiring licenses for all businesses which sell tobacco products, including banning tobacco retailers selling tobacco products without a tobacco vend license;***
- (iii) introduces an efficient tracking and tracing regime as soon as possible ;***
- (iv) request assistance and utilizes the experience of other Parties on measuring, monitoring and reducing illicit trade;***
- (v) considers ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products.***

¹ A custom research project combined with Euromonitor International, Illicit trade in cigarettes: the impact on Pakistan, 2010.

Sales to and by minors (Article 16)

Article 16 requires Parties to “*adopt and implement effective legislative, executive, administrative or other 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 Article also gives a non-exhaustive list of the measures that could be taken by the Parties to reduce sales to and by minors.

The 2002 “Prohibition of Smoking in Enclosed Places and Protection of Non-Smoker’s Health Ordinance” prohibits the sales of tobacco products to minors. According to its provisions “no person shall sell cigarettes or any other smoking substance to any who is below the age of eighteen years”. It also prohibits the storage sale and distribution of cigarettes in the immediate vicinity of educational institutions. It also prescribes the fines in case of non-compliance.

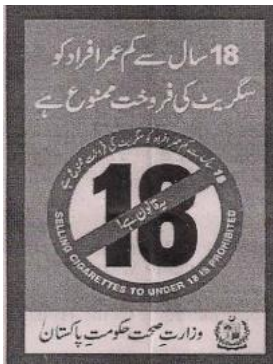
The “Prohibition of Sale of Cigarettes to Minors Rules 2010” came into force on 1 October 2011 and prohibits the sale by minors and introduces some other measures that could prevent the sales of tobacco products to minors under the age of 18.

More details on the specific measures are provided below.

In spite of the regulations put in place, the 2013 GYTS found that 87.6% of current cigarette smokers aged 13–15 were able to buy cigarettes from a store, shop, street vendor or kiosk; 44.9 % were not prevented from buying cigarettes because of their age; and 35.2% bought individual sticks of cigarettes.

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*”.

The “Prohibition of Sale of Cigarettes to Minors Rules 2010” requires every retail seller of cigarettes to clearly and prominently display the following warning (in minimum A4 size) within his premises. Pakistan has met its obligations under this Article.



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 any regulation banning the sale of tobacco products in any manner by which they are directly accessible.

It is therefore recommended that Pakistan include in any relevant regulation 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 “Prohibition of Sale of Cigarettes to Minors Rules 2010” prohibits the manufacture or offer for sale sweets, snacks, or toys in the form of cigarettes that may appeal to any person under the age of eighteen.

Pakistan has therefore met its 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*”.

There are no tobacco vending machines in Pakistan. For that reason, those machines are not regulated, which leaves room for legal uncertainty if they were to be introduced on territory of Pakistan in the future.

It is therefore advisable that this matter is considered by Pakistan, for instance, by prohibiting the introduction of tobacco vending machines in the country.

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*”.

Article 2.3 of the “Prohibition of Sale of Cigarettes to Minors Rules 2010” prohibits the manufacture, sale or offer for sale of cigarettes if not in a packet of at least twenty sticks. This includes sale of single sticks; the latter provision, however, is weakly enforced, and children report being able to buy individual cigarette sticks.

There is need for strengthening enforcement of the regulatory requirement on purchase of single sticks to reduce accessibility of children to tobacco products.

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

The 2002 “Prohibition of smoking in enclosed places and protection of nonsmoker’s health Ordinance” provides for specific penalties in case of non-compliance with its provisions. According to its wording, anyone infringing the prohibition of selling of cigarettes to minors or the one of sale and distribution of cigarettes close to an educational institution “*shall be punishable with fine which may extend to five thousand rupees and in case of second or subsequent offence, shall be punishable with imprisonment which may extend to three months, or with a fine which shall not be less than one hundred thousand, or with both*”.

It is recommended that Pakistan ensures the strict enforcement of those provisions.

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 “Prohibition of Sales of Cigarettes to Minor Rules 2010” prohibits the sales of cigarettes by minors. According to its wording, retail sellers have the responsibility to ensure that, within his premises, no minor is permitted to sell or offer for sale cigarettes.

Gap: There is no clear penalty in case of breach of the provisions.

In summary, several measures required under Article 16 of the Convention are included in different regulations introduced over the years. Overall, there are two types of gaps that will need to be addressed:

- (i) closing the gap in terms of addressing areas that are not yet regulated but required under Article 16 through amending existing rules;***
- (ii) enforcement of the regulations need to be strengthened.***

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”.

Pakistan was a member of the working group on Articles 17 and 18 of the WHO FCTC, in spite of the fact that there is no state policy that corresponds to requirements of these articles.

A state policy exists to support shifting from opium poppy to tobacco cultivation, introduced a few decades ago. The Pakistan Tobacco Board, a semi-autonomous body under Ministry of Commerce had been created to supervise this shift. Although the process is now finished, the Board still exists, and one of its functions is to “render assistance for the development of new tobacco growing areas”.

Currently, according to a 2016 study¹, tobacco is grown on over 50000 hectares, with about 100 million kilograms of tobacco produced every year. According to data from the Pakistan Tobacco Board, about 75000 workers were involved in tobacco growing.

During the mission, it has been identified the need that MNHSRC strengthens its cooperation with the Ministry of National Food Security and the Pakistan Agricultural Research Center, including in developing a new policy on alternative livelihoods/crops. These efforts should capitalize upon the policy options and recommendations adopted by the Conference of the Parties in relation to Articles 17 and 18 of the Convention.

¹ Euromonitor, Tobacco in Pakistan, September 2016

Gaps –

- There is no policy in place to promote alternatives to tobacco growing, or alternatives to tobacco workers or individual tobacco sellers;
- The few attempts to shift to alternative crops are not documented.

It is recommended that the:

- MNHSRC engages with the Ministry of National Food Security and the Pakistan Agricultural Research Center, and other relevant stakeholders, in developing a new national policy to promote alternatives to tobacco growing; international experience could be used in this area, including through expert advice and joining of south-south and triangular cooperation projects managed by the Convention Secretariat;*
- Government, through the UN Country Team, engages with FAO to develop alternative livelihoods projects;*
- Government considers introduction of an incentive scheme for tobacco growers that are willing to shift to other crops.*

The policy options and recommendations on Articles 17 and 18, adopted by the Conference of the Parties in 2014, need to be used when moving forward with the development of new policies.

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”.

In the areas relevant to Article 18 of the Convention the following laws are applicable in Pakistan:

- Pakistan Environmental Protection Act 1997 and National Environmental Quality Standards;
- Section 14 of Factory's Act 1934;
- Factories Rules 1978;
- Electricity Rules, 1937; and
- Boiler and Pressure Vessels Ordinance 2002.

The Pakistan Tobacco Board works with various stakeholders to develop and implement programmes for tobacco farmers on the safe use of pesticides, integrated pest management and use of specially formulated fertilizers.

Gap –

- There is no clear policy in place specifically governing the environment and health of persons involved in tobacco production and manufacturing.

It is recommended that this area is addressed in conjunction with recommendations Article 17 (above) and the guidance of the COP-adopted policy options and recommendations are used when giving them consideration. As a first step, the MNHSRC calls upon an intersectoral workshop involving relevant ministries, with the participation of the relevant UN agencies through the UN Country Team, to review

recommendations of the above mentioned policy options. Second, once agreement was reached on principles and main areas of action, some concrete activities could be integrated in the national tobacco control strategy (see under Article 5, above).

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*”.

Pakistan participated in the work of the expert group on Article 19.

Regulations in place do contain measures regarding criminal liability for violation of their contents, while in civil law there are measures well set for civil liability.

The “Cigarettes Printing of Warnings Ordinance 1979 (as amended)” contains provisions about “penalties” and “offences by companies”. Similarly, the 2002 “Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance” regarding the prohibition of smoking in places of public work or use, public service vehicles, advertisement of cigarettes and sales to minors also contains such provisions.

However, no regulation addresses measures that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs. That is usually covered in the general civil and other laws at national level.

It is therefore recommended that Pakistan:

- (i) improves its tobacco control legislation by introducing criminal and civil liability, including compensation schemes where appropriate;***
- (ii) develops legal expertise on tobacco issues through, for instance, creating a network of public lawyers sensitized to tobacco issues; as a first step, a roster of legal experts at national and provincial levels should be established and provided them a training on tobacco related matters. Some of them could attend the training organized by the WHO FCTC Secretariat’s Knowledge Hub on litigation (operated by the McCabe Center on Law and Cancer in Australia);***
- (iii) documents, publishes and disseminates the ongoing litigation processes that aim to enforce existing tobacco control measures.***

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*”.

In relation to Article 20.2, Pakistan implemented several studies addressing the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.

The following surveys include chapters on the above matters and they were implemented over the past few years:

- the Global Adult Tobacco Survey Pakistan 2014, as a collaboration between the Pakistan Bureau of Statistics, Pakistan Health Research Council (PHRC), WHO and CDC (covering tobacco use prevalence, exposure to tobacco smoke, advertising and promotion, taxation);
- the WHO STEPwise approach to Surveillance (STEPS) 2016;
- the Global Youth Tobacco Survey (GYTS) 2013; and the
- Pakistan Demographic Health Survey 2012-2013.

In its meeting with the Pakistan Health Research Council (PHRC), the mission was informed of two ongoing surveys (the slum youth tobacco survey and the slum adult tobacco survey), currently being conducted in Islamabad in collaboration with the Centers for Disease Control and Prevention, USA. This survey is especially relevant in view of monitoring implementation of several SDGs, including target 3.a (strengthening implementation of the WHO FCTC).

In relation to economic indicators, in line with Article 20.3(a), a study on the health care costs of tobacco use is currently being conducted. On a related matter, the PHRC also informed that a population-based cancer registry was started in 2014, this would help, on a longer term, monitoring the health impact of tobacco control measures.

The PHRC, which is an important and reliable resource for public health-focused research, as regular provider of information demanded by the Government, is currently also looking at the implementation status of a few elements of the tobacco control legislation. Upon request by the members of the international team and with a view to clearing the way for the 85% pictorial health warnings, PHRC stood ready to engage in a focus group research on the impact of various size health warnings on tobacco packaging, including plain packaging.

PHRC also noted that better harmonization of research activities is needed to ensure that data collection periods of various surveys led by various institutions do not overlap, and a harmonized methodology and the use of a standard set of indicators would allow for better comparison of the information collected by various research groups. Such harmonization could be facilitated by stronger multisectoral coordination of WHO FCTC implementation in general, and MNHSRC could take the lead in achieving this.

If such coordination efforts are successful, through the Pakistan Bureau of Statistics, some questions of the Tobacco Questions for Surveys of WHO could more frequently be integrated in any ongoing household and other types of surveys. This would not only improve cost-effectiveness of resources available for tobacco control research, but could also generate up-to-date information on tobacco-related matters on a regular basis, that could provide timely support to policy development.

It is also important to note the contribution civil society organizations are making to implementation of Article 20 by Pakistan. For example, the Network for Consumer Protection recently provided a review of tobacco advertising and promotion practices by tobacco companies. Similarly, the Society for Alternative Media and Research and the

Coalition for Tobacco Control – Pakistan developed a status report on the enforcement of tobacco control laws in February 2017.

Gaps–

- Some areas of research required under Article 20 of the Convention have not yet been covered. The first health care cost study is currently going on, while no studies were done so far on alternative livelihoods;
- More coordination between the MNHSRC and research entities would be beneficial and cost-efficient on the long run.

It is therefore recommended that Pakistan strengthens the partnership between the MNHSRC, national research institutes and the Pakistan Bureau of Statistics. It is also recommended that key questions from the Global Tobacco Surveillance system¹ are integrated into ongoing surveys. It is also important that FCTC-specific indicators, as described in the WHO FCTC Indicator Compendium, are utilized in surveys and other data collection efforts.² This will ensure that data are collected by those indicators that are used in the WHO FCTC reporting instrument.

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”.

Pakistan has provided five implementation reports so far. The first report was submitted on 16 February 2009, the second report on 4 October 2010, the third report on 10 July 2012, the 4th one on 15 April 2014, and the last one on 4 April 2016. The implementation reports and their annexes were used as resources when preparing for the needs assessment mission and this report. They were also used in the assessment of global progress in implementation of the Convention, a summary that the Secretariat submits every second year for consideration by the Conference of the Parties.

By submitting its implementation reports, Pakistan has met its obligations under Article 21, and is encouraged to continue to do so. The next implementation report is due in the 1 January – 31 March 2018 period.

It is also important to note that Pakistan also participated in the work of the expert group on reporting arrangements, established by COP6. Further, Pakistan participated in the so-called “impact assessment” exercise, mandated by the COP, and its participation is highly commendable. By doing so, Pakistan participated in a groundbreaking exercise initiated under the umbrella of the WHO FCTC, this being the first international treaty engaging in such procedure. The outcome of the process was an informative report to COP7, with

¹ <http://www.who.int/tobacco/surveillance/tqs/en/>

² <http://www.who.int/fctc/reporting/Compendium/en/>

other efforts to disseminate its findings, including that of the mission and engagement with Pakistan, to follow soon.

It is recommended that the Government starts the preparation of the next WHO FCTC implementation report well in advance, already in 2017, to meet the timeline of submission of reports in the 2018 reporting cycle, and ensure provision of accurate and up-to-date information. It is also advisable that Pakistan establishes a mechanism to involving the relevant stakeholders in the preparation of successive implementation reports.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”.

Pakistan has received assistance from WHO through the Country Cooperation Strategy, specifically for 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. Pakistan has also received support from other organizations such as Bloomberg and the Union Against Tuberculosis and Lung Disease. WHO’s contribution (of both the regional and country offices) was instrumental in understanding the overall tobacco control policy environment in Pakistan, how that fits into the overall UN work in the country and how the work at regional level could contribute to promoting the country’s endeavours. The next Country Cooperation Strategy would benefit from its enrichment with actions related to implementation and monitoring of target 3.a of SDGs² by Pakistan.

The United Nations Development Assistance Framework (UNDAF) is the strategic programme framework jointly agreed between governments and the United Nations system, articulating major areas of UN support to national development. At its fourth session, in decision FCTC/COP4(17)³ 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

¹ One 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 with 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.

² <https://sustainabledevelopment.un.org/sdg3>

³ See FCTC/COP4/REC/1, *Decisions and ancillary documents*, available at: http://apps.who.int/gb/fctc/E/E_cop4.htm.

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 Pakistan (“Pakistan One UN Programme II”), covering the period from 2013 to 2017, does 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 in line with the Sustainable Development Goals.

During the mission, the UN Resident Coordinator was briefed on the scopes of the working with the UN agencies in Pakistan, and promoting their contribution to the achievement of Pakistan’s obligations under the Convention. The collaboration between the UN Country Team and the Tobacco Control Cell would be beneficial to promoting implementation of recommendations of this report. Such collaboration could be formalized with the support of the WHO Country Office.

The Ministry of Planning, Development and Reform recently established a SDGs Support Unit. This new entity provides with the opportunity of collaboration in the areas of implementation and monitoring of target 3.a.

Gaps –

- implementation of the Convention was not included in the current UNDAF, and greater multisectoral engagement is necessary to advance a ‘whole-of-government,’ ‘whole-of-society’ approach to tobacco control.

It is therefore recommended that Pakistan

- (i) further engages in international cooperation with a view to achieve SDG target 3.a and reducing prevalence of tobacco use by 30% by 2030;***
- (ii) promotes SDG monitoring and include FCTC implementation in the work of the newly established SDGs Support Unit of the Ministry of Planning, Development and Reform and in the next round of WHO Country Cooperation Strategy;***
- (iii) engages the UN Country Team to ensure the UN-wide and multisectoral support to FCTC implementation in coordination with the UN Resident Coordinator, including reference to the FCTC implementation in the next round of Pakistan One UN Programme;***
- (iv) articulates linkages between tobacco control and development, particularly relevant non-health SDGs such as poverty reduction and gender equality, and identify entry points to engage government sectors and development partners beyond health.***

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

The Government of Pakistan fully recognizes the importance of financial resources in implementation of the Convention. However, the regulations related to any aspect of tobacco control did not set up guiding principles to secure sustainable financing of tobacco control and health promotion activities, for instance, through dedication of sustainable resources for tobacco control. In spite of this, the Tobacco Control Cell, some of the cessation clinics and other projects related to WHO FCTC implementation benefited from the Government’s support in the past few years.

It is therefore recommended that the Government of Pakistan secures sustainable funds for implementation of the WHO FCTC.

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*”.

Pakistan 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 that in line with Article 26.3 of the Convention the Government of Pakistan seeks assistance from development partners and promotes the inclusion of implementation of the Convention in bilateral and multilateral agreements and action plans developed with these agencies. This can be also done through the UN Country Team and beyond.

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*”.

In line with recommendations of the section on Article 17 of the Convention, the Government of Pakistan should seek for partnerships within the country, among the other Parties to the Convention, UN partners and other stakeholders to move this agenda forward.

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*”.

Pakistan 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 MNHSRC, Ministry of Finance and the Ministry of Interior, when representing Pakistan 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.