

Index for Tobacco Control Sustainability

PAKISTAN



The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	A	9	0
2	National tobacco control budget (annual)	A	7	0
3	National tobacco control law	P	6	6
4	National budget allocation for tobacco control capacity building	A	6	0
5	Tobacco taxation >75% of retail sales price	A	6	0
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	A	6	0
7	National tobacco control unit	P	5	5
8	Civil society tobacco control network	P	5	5
9	Civil society representation in national tobacco control advisory committees	P	5	5
10	Health promotion fund for, or including, tobacco control	A	5	0
11	National policy against tobacco industry corporate social responsibility	A	5	0
12	Tobacco-related mortality and morbidity recording system	A	5	0
13	National evaluation framework in place	A	5	0
14	Evaluation built into all major policy implementation plans	A	5	0
15	National tobacco control strategy	A	4	0
16	Tobacco control and non-communicable diseases form part of national health policy	P	4	4
17	Tobacco control forms part of national development plan	P	4	4
18	Human resource for implementation (national)	P	4	4
19	Global Tobacco Surveillance System surveys	P	4	4
20	Intergovernmental coordination mechanism	P	3	3
21	Capacity building plan for tobacco control personnel	A	3	0
22	Developmental assistance funding includes tobacco control	P	3	3
23	Code of conduct for government officials and staff	P	3	3
24	Ministry of health WHO FCTC Article 5.3 policy	A	3	0
25	WHO FCTC Article 5.3 policy across all ministries	A	3	0
26	Economic and social tobacco costs data	P	3	3
27	National focal point post	P	3	3
28	National advisory committee	P	2	2
29	Capacity building plans on research and evaluation	A	2	0
30	Mass media campaigns funded	A	1	0
31	Capacity building plan for non tobacco control specific personnel	A	1	0
Total Score			130	54

Explanation of the scores:

1. Prerequisite Indicator: >4 MPOWER policies in place: Per the most recent WHO Report on the Global Tobacco Epidemic, Pakistan fulfills only three out of seven measures of the MPOWER: Monitor, Protect, and Warn (GHW). This is a correction from the 2016 score.
2. National tobacco control budget (annual): There is no federal budget allocation earmarked for tobacco control.
3. National tobacco control law: There is a federal tobacco control law, Prohibition of Smoking and Protection of Non-smokers Health Ordinance LXXIV of 2002 and subsequent Notification/SRO issued thereunder.
4. National budget allocation for tobacco control capacity building: In the absence of a national tobacco control program, there is no budget allocated for capacity building programs. Any such programs rely on support from outside funding from such donors as WHO or The Union.
5. Tobacco taxation >75% of retail sales price: The total tax share of the retail sale price is 54%, lower than the recommended level.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: Pakistan raised tobacco tax in 2017, 2019, and 2022. Due to inconsistent tax increases and tax reductions in 2018, it remains lower than inflation plus GDP growth.
7. National tobacco control unit: There is a dedicated national tobacco control cell within MNHHS&C.
8. Civil society tobacco control network: There are dedicated CSOs including Coalition for Tobacco Control in Pakistan (CTC-PAK), National Alliance on Tobacco Control, and the recently established Pakistan Civil Society Alliance on Tobacco Control.
9. Civil society representation in national tobacco control advisory committees: CSOs are members of the government's committees on tobacco control such as the Committee on Tobacco Advertisement Guidelines and the National Specification Committee on Pictorial Health Warning.
10. Health promotion fund for, or including, tobacco control: There is no health promotion fund for tobacco control, though the government is working on a health contribution bill.
11. National policy against tobacco industry corporate social responsibility: There is no policy on tobacco industry corporate social responsibility. The proposed national tobacco control strategy has recommended a ban on it.
12. Tobacco-related mortality and morbidity recording system: District Health Information Systems record mortality and morbidity, but these do not include specific tobacco-related incidences.
13. National evaluation framework in place: There is no national tobacco control evaluation framework.
14. Evaluation built into all major policy implementation plans: None of the policies has a built-in implementation evaluation plan.
15. National tobacco control strategy: The MNHSR&C has developed a draft and submitted to the interministerial health and population committee for approval. At present, there is no national tobacco control strategy.
16. Tobacco control and noncommunicable diseases (NCDs) form part of national health policy: Tobacco control and NCDs are included in Pakistan's National Health Vision Document (2016–2025).
17. Tobacco control forms part of the national development plan: Tobacco control is included in Pakistan's National Health Vision Document (2016–2025), MNHSR&C Action Plan (2019–2023), and National Noncommunicable

diseases and Mental Health Framework 2021–2030 to achieve SDG goals and Universal Health Coverage.

18. Human resource for implementation (national): MNHSR&C has designated a deputy director level government officer as the focal point to coordinate tobacco control initiatives. At present other TCC staff are supported by the BI grants program.
19. Global Tobacco Surveillance System surveys: Pakistan has periodically monitored the prevalence through national-level surveys such as GATS 2014 and GYTS 2013. The MNHSR&C is working with WHO, CDC, and other government agencies to repeat GATS.
20. Intergovernmental coordination mechanism: There is a cabinet steering committee for interdepartmental coordination on various issues including health. MNHSR&C has used this forum for communication and collaboration with relevant ministries for tobacco control.
21. Capacity building plan for tobacco control personnel: There is no comprehensive and structured capacity building plan for tobacco control personnel. All capacity building programs are currently supported through external funding under government–CSO partnerships.
22. Developmental assistance funding includes tobacco control: Developmental assistance funding for tobacco control has been available through the BI initiative since 2007.
23. Code of conduct for government officials and staff: All government officials and personnel are required to comply with the code of conduct specified under the respective services act /rules like the Civil Servants Act 1973.
24. Ministry of Health WHO FCTC Article 5.3 policy: MNHSR&C does not have any policy aligned with WHO FCTC Article 5.3.
25. WHO FCTC Article 5.3 policy across all ministries: Pakistan has no WHO FCTC Article 5.3 policy applicable to all ministries.
26. Economic and social tobacco costs data: Pakistan Institute of Development Economics (PIDE), an autonomous research organization endorsed by the Government of Pakistan, has conducted an independent study and calculated the data.
27. National focal point post: A dedicated national tobacco control focal point at MNHSR&C oversees and coordinates national implementation efforts.
28. National advisory committee: There are national advisory committees on tobacco control, like CTAG and National Specification Committee on Pictorial Health Warning.
29. Capacity building plans on research and evaluation: There is no national or subnational level capacity building plan on TC research and evaluation.
30. Mass media campaigns funded: Pakistan has not allocated dedicated funds for mass media campaigns on tobacco control since 2019.
31. Capacity building plan for personnel not specific to tobacco control: There is no capacity building plan for non-tobacco-control-specific personnel. MNHSR&C has started a discussion for developing a comprehensive capacity building plan.

Key Findings:

Progress since 2016

Pakistan has made significant strides in tobacco control in recent years. In 2020, the country implemented a comprehensive ban on tobacco advertisement, promotion, and sponsorship at point of sale, which was successfully defended in Sindh and Punjab High Courts despite opposition from the tobacco industry and its front groups. The Ministry of National Health Services, Regulations and Coordination (MNHSR&C) has been working closely with the Federal Board of Revenue (FBR) and the WHO to develop a standard procedure for consulting with relevant stakeholders and sending tobacco tax recommendations for consideration in the national budget.

Moreover, in collaboration with local governments and civil society, MNHSR&C has developed a National Tobacco Control Strategy (NTCS) with evidence-based measures for sustainable tobacco control in Pakistan. The NTCS has been submitted to the interministerial Health and Population Committee for final approval before it becomes a national program. Pakistan has also recognized tobacco control as a strategy for achieving SDG goals and Universal Health Coverage in its National Health Vision Document (2016–2025), NHSR&C Action plan (2019–2023), and National Noncommunicable Diseases and Mental Health Framework (2021–2030).

Furthermore, Pakistan has finalized the protocol, questionnaires, and agency to repeat the Global Adult Tobacco Survey in 2023. The recent adoption and implementation of a track-and-trace mechanism is expected to restrict illicit trade and make it less affordable. These efforts demonstrate Pakistan's commitment to tobacco control and improving public health outcomes.

Changes since 2016 ITCS

The current score of Pakistan in terms of tobacco control stands at 54/130, which is only a slight improvement from the score of 56/130 in 2016. Despite a couple of increases in tobacco taxes during this period, inflation has outpaced these efforts, resulting in a tax rate that falls short of the recommended 75%. To address this issue, the MNHSR&C is collaborating with the FBR to develop a mechanism for annual raises to the tobacco tax, with the assistance of WHO.

However, the political environment and the COVID-19 pandemic have had a negative impact on the overall economy, leading to a reduction in funding for tobacco control activities such as mass media. Nevertheless, integration into other programs such as the National Action Plans on Noncommunicable Diseases and the Mental Health Framework, as well as the MNHSR&C action plans, offer additional opportunities for tobacco control in Pakistan.

At the subnational level, tobacco control initiatives have gained momentum, with the KPK province adopting a comprehensive and collaborative tobacco control roadmap. All provincial governments have designated a senior health department official as a focal point to coordinate and implement tobacco control policies and programs. The Punjab, KPK, and Sindh provincial governments have also included tobacco control in their ongoing health and law enforcement work, with support from donor funding.

Remaining gaps in tobacco control sustainability

The development of a national tobacco control program with sustainable government funding is of utmost importance in advancing tobacco control efforts. Such a program, equipped with adequate human resources, can fulfill the necessary prerequisites for sustainable tobacco control, including capacity building, mass media, implementation, and evaluation. However, there are significant gaps in tobacco control policies in Pakistan, particularly in the areas of tobacco tax raises and tobacco cessation. To make tobacco less affordable and discourage new initiation, it is imperative to increase tobacco taxes faster than inflation and yearly gross domestic product growth. Additionally, it is crucial to provide adequate cessation services to tobacco users to help them quit and avoid relapse.

The absence of any policy to curb interference by the tobacco industry and its front groups poses a constant threat to progress and future initiatives. The industry is actively working through corporate social responsibility and other activities to dilute and derail the tobacco control agenda and promote its products. With the emergence of novel tobacco products, a comprehensive ban policy is also necessary to avoid a new public health challenge.