

Society for

**Alternative media**  
and Research



The Union

SUSTAINABILITY OF  
**TOBACCO CONTROL EFFORTS**  
IN EASTERN MEDITERRANEAN REGION  
A CIVIL SOCIETY OBSERVATION REPORT 2017



OBSERVATION REPORT

PREPARED BY:  
SOCIETY FOR ALTERNATIVE MEDIA AND RESEARCH  
COALITION FOR TOBACCO CONTROL - PAKISTAN  
**#TOBACCOFREEPAKISTAN**

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### **DISCLAIMER:**

SAMAR and CTC-Pak acknowledge that tobacco control policy environment is rapidly evolving and data may have changed since the collection of data for use in this report. SAMAR and CTC-Pak request any users of this report to inform CTC-Pak for any discrepancy on the following email address [info@ctcpak.org](mailto:info@ctcpak.org).

## **INDEX OF TOBACCO CONTROL SUSTAINABILITY (ITCS):**

FOREWORD .....	4
SECTION ONE: INTRODUCTION.....	5
SECTION TWO: INDEX .....	7
SECTION THREE: INDICATORS .....	9
SECTION FOUR: THRESHOLDS.....	15
SECTION FIVE: METHOD.....	16
SECTION SIX: KEY FINDINGS.....	18
SECTION SEVEN: KEY ISSUES .....	19
SECTION EIGHT: RECOMMENDATIONS.....	22
SECTION NINE: 22 COUNTRY ASSESSMENTS .....	24
APPENDIX.....	46
REFERENCE:.....	47
BIBLIOGRAPHY .....	49

## FOREWORD

### FRANCIS THOMPSON

*Executive Director Framework Convention Alliance*

Dear Friends,

Tobacco use is a global killer, accounting for six million deaths per year, with smokers now living overwhelmingly in developing countries. Those millions of deaths – and the much more we can expect throughout the 21<sup>st</sup> century unless we can reverse present trends – are the reason why tobacco control is urgent.

It has now been 12 years since the WHO Framework Convention on Tobacco Control came into force. Almost all countries in the Eastern Mediterranean (EMRO) region are Parties to it and have thus made the treaty's provisions legally binding on themselves. It has been highly encouraging to see a number of countries in the region make progress on implementing the Convention, notably Article 8 (smoke-free spaces) and Article 13 (prohibition of tobacco advertising, promotion, and sponsorship).

However, EMRO is one of two regions in the world where tobacco use is still rising. Waterpipe use has become widespread in the region and indeed has now become a global phenomenon. The tobacco industry has been quick to find ways to profit from economic and social changes in the region, lobbying hard to prevent public health measures that threaten its profits.

A particular concern for many tobacco control advocates is the failure of many countries to achieve *sustainability* for their FCTC implementation efforts. In too many countries, tobacco control depends on a handful of advocates inside and outside government, on resources from abroad and on volunteer labour. This is not the way countries should be dealing with one of the century's biggest health challenges.

In 2015, governments of the world adopted the Sustainable Development Goals (SDGs) to guide their policies until 2030. The FCTC is one of a handful of treaties mentioned by name in the SDGs: accelerated implementation of the FCTC is a "means of implementation target" for the overall health goal. This is a recognition that tobacco control is essential not just to

prolong life-spans, but to achieve economic, social and environmental progress.

In particular, tobacco taxation has so far been the poor cousin of FCTC implementation. But is widely considered the *single most effective measure* to bring down tobacco use quickly, and can be a significant source of revenue for cash-strapped governments. For this reason, tobacco taxes are recognised in the Addis Ababa Action Agenda on Financing for Development, as "a revenue stream for development".

In this context, it is very encouraging to see members of the Framework Convention Alliance in the region compile a report on progress towards sustainability of FCTC implementation, and they are to be heartily commended for their work.

I trust governments; journalists and other civil society organisations will take note and see this report for what it is: an urgent call to deal with a major health and development threat, and a springboard for effective action.

Sincerely



Francis Thompson  
Executive Director  
Framework Convention Alliance



## PREFACE

For many years, tobacco control efforts have been undertaken by national and sub-national governments to save the people from the harms of tobacco use. There are no short-term solutions to effectively decrease tobacco consumption and needs long sustained efforts as parallel to these efforts tobacco industry has aggressively targeted low and middle-income countries including the EMRO region to increase its market share. To achieve its objectives the tobacco industry has gained political, social and corporate level influence through its tactics and campaigns to undermine the tobacco control initiatives in the region which have widely been documented by The Union and its partners.

Nonetheless, it is commendable to review the tobacco control achievements over a period of past 10 years which has significantly countered the overall influence of tobacco industry. While the tobacco control advocates have been successful in introducing the WHO's FCTC complaint laws, the industry has also revised its strategy to sabotage tobacco control enforcement efforts which is a major concern for civil society organizations engaged in tobacco control in the region.

If health professionals and decision-makers are to protect this region from the health threat caused by tobacco use, they must embrace a long-term sustainable future for tobacco control and must implement the necessary steps to save population in the region from tobacco use threat. It is the responsibility of the authorities of every country to protect the health of the future generations.

The prime aim of this regional observation report (*based on index for tobacco control sustainability developed by the Union*) is to exhibit the status of tobacco control from perspective of the civil society organizations of EMRO region This in-depth analysis has looked at how sustainable the current tobacco control efforts are and has projected the gaps which need to be taken immediately to make tobacco control sustainable and effective. In our opinion, the concluding results will provide a considerable level of information to the tobacco control advocates to develop a future roadmap in order to make tobacco control sustainable and effective.

Mazhar Arif  
Society for Alternative Media and Research

## SECTION ONE: INTRODUCTION

*The Index of Tobacco Control Sustainability (ITCS) is a tool published in British Medical Journal and was developed by authors Dr. Angela Jackson Morris and Dr. Ehsan Latif at International Union Against Tuberculosis and Lung Disease to assess and guide national tobacco control programmes to become sustainable*

### THE CONCEPT

The Index of Tobacco Control Sustainability (ITCS) is a tool to assess and guide national tobacco control programmes to become sustainable. It comprises a series of 31 indicators that have a critical influence on national capacity to deliver effective and sustainable tobacco control into the future. The ITCS identifies the structures, policies, and resources that a country already has in place, and thus its progress towards establishing a sustainable national tobacco control programme.

Importantly the ITCS also identifies gaps in structures, policies, and resources that are required to sustain a national tobacco control programme.

The greater the number of indicators a country has in place, the greater its ITCS score. The higher the score the more likely a country is to have a sustainable tobacco control programme.

### THE CONTEXT

Globally policies are being developed around the MPOWER package which is a range of six practical measures designed to help countries implement effective tobacco control. Implementation of the MPOWER policies is predicted to save millions of lives when adopted at the highest possible level.

In the EMR region, progress has been made to reduce tobacco use since the WHO FCTC came into force in 2005. There are now 19 Parties to the WHO FCTC in the region and

many of these countries have developed or strengthened tobacco control laws and policies to make these compliant to the treaty.

Despite this progress, the work is far from complete. Tobacco use remains the greatest preventable cause of premature death worldwide: it kills more than six million people each year, two-thirds of whom live in low and middle-income countries (Eriksen et al, 2015).

And even as tobacco control policies take effect, the tobacco industry develops new tactics to counter these trends and recruits new, young users. Adoption and implementation of the most effective tobacco control policies vary considerably between countries. The uptake of certain impactful policies, such as tobacco taxation reform and preventing tobacco industry interference in public health policymaking, is slow.

CTC-Pak, in order to support tobacco control work in the Eastern Mediterranean Region as grouped by The World Health Organization, has utilized ITCS to assess the status of tobacco control sustainability in the region from a civil society lens.

Through this report, it is hoped that both governments of the countries involved and the civil society can take a deeper look into the areas which still need strengthening and fill the gaps which can move tobacco

#### MPOWER MEASURES

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer to help quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

## COALITION FOR TOBACCO CONTROL - PAKISTAN

The Coalition for Tobacco Control – Pakistan (CTC-Pak), implemented by the Society for Alternative Media and Research (SAMAR) through its coalition partners spread across Pakistan, was established in 2007. The aim of CTC-Pak is to strengthen the development and implementation of tobacco control policies based on the provisions of Framework Convention on Tobacco Control (FCTC) through advocacy campaigns and acting as a technical resource for the Ministry of Health, Pakistan.

CTC-Pak has been advocating for stronger measures for tobacco control by the translation and adaptation of FCTC provisions into national tobacco control laws and was successful in convincing the signing and ratification of the FCTC by the Government of Pakistan. This led to the promulgation of the national tobacco control laws which ban smoking in public places and public service vehicles, restrictions on the advertising campaigns of the tobacco industry and bigger and clearer health warnings on cigarette packs.

Despite the introduction of these legislative measures, a comprehensive approach towards effective tobacco control is still lacking in the country.

The prevalence of smoking among youth as well as adults is high in Pakistan and the loopholes in the existing laws provide an environment for the tobacco industry to exploit, especially, in areas where implementation and enforcement of the law are not strong. As a result, the consumption of tobacco in various forms is high.

There is a strong need to keep the issue of tobacco control on the agenda of the policy-makers. With support from Bloomberg Global Initiative for Tobacco Control, Campaign for Tobacco-Free Kids and The Union Against Tuberculosis and Lung Diseases, CTC-Pak through its coalition members is in the process of monitoring the implementation of the tobacco control statutes in Pakistan.

CTC-Pak has been advocating for demand in reforms within the existing tobacco control legislation highlighting the need for the following so that a holistic legislative environment can be created for tobacco control:

- Efficient enforcement of tobacco control laws
- Enhanced and larger Pictorial health warnings
- Substantial rise in tobacco taxes
- Sustainable tobacco control program
- Development and adoption of legislative measures for a comprehensive ban on tobacco promotion and advertisements.

The strength of CTC-Pak is its members who are already engaged in tobacco control work. The partners of CTC-Pak bring a range of expertise to the coalition and together present a unified front which is dedicated to the control of tobacco consumption in Pakistan. CTC-Pak requires support and commitment from students, journalists, lawyers, educationists, teachers, health practitioners and civil society organizations for effective advocacy campaigns for raising awareness among masses on tobacco control issues by building their capacity and knowledge base on the tobacco control issue.

## SECTION TWO: INDEX

### *The Index of Tobacco Control Sustainability (ITCS) and how it works*

The ITCS is a set of 31 indicators: policies, structures and resources that were confirmed as critical or important factors for a sustainable national tobacco control programme. The indicators are weighted and listed in descending order based upon their relative importance. The methodology for developing the ITCS, is set out in full in the paper: Index of Tobacco Control Sustainability (ITCS): A Tool to Measure the Sustainability of National Tobacco Control Programmes (Jackson-Morris & Latif, 2016).

- Using the indicator definitions assessors discuss whether the particular indicator is present or absent in their country
- When an indicator is present the points allocation for that indicator are given; if the indicator is absent then it scores zero
- The points for all of these separate indicators are added together to provide a total score

#### **THE ITCS:**

- Provides a snapshot in time of a country's national tobacco control sustainability, and can show the development of tobacco control over time
- Identifies the presence or absence of key structures, policies, and resources that are critical indicators of tobacco control sustainability
- Identifies the overall level of national tobacco control sustainability

#### **THE ITCS DOES NOT:**

- Indicate the strength or quality of implementation of the policies and structures in place or the work that is required to ensure these are effective and that a country meets its WHO FCTC obligations



Figure 1: Index of Tobacco Control Sustainability

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

## SECTION THREE: INDICATOR

### >4 MPOWER POLICIES IN PLACE

A country has any four, or more, of the six MPOWER policies in place nationally, secured by law. To qualify, these policies must be compliant with WHO FCTC recommended levels, but levels of implementation or enforcement are not a consideration for scoring.

*Note: Countries must have a minimum of 4 'MPOWER' policies in place at WHO Global Tobacco Control Report (GTCR) 'Complete Policy', the strongest level for this indicator to be present.*

*This includes Monitor; Protect; Offer; Warn (Please note 'Warn' includes both packet Graphic Health Warnings and Mass Media campaigns, and either or both can be counted towards achieving the '>4 MPOWER in place' indicator.*

*See latest WHO GTCR report for the latest MPOWER country data and use this to assess the indicator for your country.*

*From the perspective of sustaining tobacco control and the purpose of the ITCS, the crucial feature is having the legal basis for more than four of the six critical, evidence-based strategies to reduce tobacco consumption (World Health Organization, 2008). If these policies exist, then stakeholders can ensure these laws are enacted effectively. This indicator has the highest individual ITCS score. It is also the only pre-requisite factor – meaning that without this, countries cannot have sustainable tobacco control, no matter what their ITCS score. Without a minimum of four MPOWER policies, a country does not have the core- evidence-based strategies needed to reduce tobacco use.*

### NATIONAL TOBACCO CONTROL BUDGET (ANNUAL)

An annual allocation of funds within the government budget, set as an amount per capita and proportionate to the size of the population, based on the recommended level of US \$ 0.11 per capita (Eriksen et al, 2015, p76). This level should be considered a lower threshold for middle-income countries and a minimum for high-income countries.

*Note: It is recognized that countries with very large populations may currently be making a substantial allocation to a national tobacco control budget, but not yet meeting recommended levels. Targets to progress towards this level over time should be set and can be boosted by mechanisms such as health promotion funds or similar, as outlined by indicator 10.*

### NATIONAL TOBACCO CONTROL LAW

National legislation on tobacco control, enforceable across the whole country. This law may include either multiple areas of tobacco control or just a single area.

*Note: A law regulating multiple aspects of tobacco control is preferable and should be a national goal, however, the ITCS is assessing whether having a legal framework in place establishes the legal principle of protecting public health by regulating tobacco. This may then be built upon with amendments and supplementary laws.*

### NATIONAL BUDGET ALLOCATION FOR TOBACCO CONTROL CAPACITY-BUILDING

A specific amount of the national tobacco control budget is earmarked for capacity- building in tobacco control.

*Note: For ITCS purposes 'capacity-building' is defined as the process by which awareness, knowledge, and skills in relation to tobacco control are provided to stakeholders. This capacity-building goes beyond clinical training in cessation and must encompass wider aspects of MPOWER.*

### TOBACCO TAXATION >75% OF RETAIL SALES PRICE

Tobacco taxation is one of the most powerful of the policies for reducing tobacco consumption (World Health Organization, 2015). *Note: Indicators 5 and 6 are complementary; each is a crucial mechanism for ensuring tobacco taxation is set and remains at an appropriate level. The first: tobacco taxation more than 75 percent of retail sales price, is to ensure that tobacco tax, and the price paid per packet, increases faster than prices for other goods so that tobacco remains relatively more expensive as compared to other items.*

*2015 WHO FCTC report recommends that tobacco taxation should be greater than 75 percent of the retail sales price. This may be increased in future if the WHO recommendation changes (World Health Organization, 2015). An example of the calculation can be found in the technical notes of the WHO Global Report for 2015 (World Health Organization, 2015b). One method is to use an average price across all tobacco brands sold in a country. Alternatively, the price of the most sold brand can be used. This data is often collected by ministries of health and finance and reported to the WHO (World Health Organization, 2015, 2013b, 2011, 2009, 2008).*

Table A in the appendix, shows the calculations for each of the countries that feature in the report section of this document for indicators 5 and 6.

### **TOBACCO TAXATION INCREASES FASTER THAN INFLATION PLUS GROSS DOMESTIC PRODUCT GROWTH**

The second tax indicator ensures that tobacco tax increases at a pace to keep ahead of income growth and inflation; if people have more income they can spend more on all goods, including tobacco. Tobacco taxes should increase faster than inflation to make tobacco more expensive compared to other goods.

*Note: Gross domestic product is used as an effective income proxy as data on average incomes can be difficult to obtain. An increase in gross domestic product per capita (measured over any period, here over two years) per price of 100 packs indicates that it takes more income to buy a pack, and/or the price of cigarettes has increased faster than prices of other goods (inflation) so cigarettes are less affordable. Examples of the calculation can be found at (World Health Organization, 2015c).*

*Data sources for gross domestic product per capita: World Bank, IMF, and UNSTAT.*

Table A in the appendix, p46, shows the calculations for each of the 24 countries that feature in the report section of this document for indicators 5 and 6.

### **NATIONAL TOBACCO CONTROL UNIT**

A government unit of staff, mandated by law, designated specifically to develop, lead and manage national tobacco control policy, plans and implementation. The unit staff holds permanent government positions.

### **CIVIL SOCIETY TOBACCO CONTROL NETWORK**

A national level coalition or network of civil society organisations that work on, or have an interest in, tobacco control. The coalition or network is independent of government and exists to enable collaboration amongst civil society organisations working together to reduce tobacco use.

### **CIVIL SOCIETY REPRESENTATION IN NATIONAL TOBACCO CONTROL ADVISORY COMMITTEES**

Civil society membership of one or more representatives is formally required in policy, law, or a related notification, for each official national committee established on tobacco control. This includes any national advisory committees relating directly or indirectly to tobacco control convened by the government, as well as any specific or short-life committees.

### **HEALTH PROMOTION FUND FOR, OR INCLUDING, TOBACCO CONTROL**

A health promotion fund or any other body mandated and acting as a permanent national mechanism.

This should be established in law, specifically for funding health activities on an ongoing basis and receiving funds from a source other than the mainstream government budget, such as a specific type of earmarked taxation, or fines or levies.

### **NATIONAL POLICY AGAINST TOBACCO INDUSTRY CORPORATE SOCIAL RESPONSIBILITY**

National legislation or policy exists to address and limit corporate social responsibility programmes by the tobacco industry.

*Note: Corporate social responsibility can be used by the tobacco industry as a loophole to circumvent tobacco advertising, promotion and sponsorship bans. The range of policies extends from an outright ban on tobacco industry corporate social responsibility programmes (the ideal level) to more limited regulation that restricts promotion of corporate social responsibility by the tobacco industry.*

### **TOBACCO-RELATED MORTALITY AND MORBIDITY RECORDING SYSTEM**

A national data system enabling collection of data on mortality and morbidity associated with tobacco use based on clinical patient records.

*Note: This does not need to be tobacco control specific or purpose-built, but be capable of providing epidemiologists with a dataset of tobacco use data relating to the national population.*

## **NATIONAL EVALUATION FRAMEWORK IN PLACE**

An official national framework that sets out a plan for evaluation across the full range of current tobacco control policy and implementation. This framework should be a public document and be part of or sit alongside, the national tobacco control strategy.

## **EVALUATION BUILT INTO ALL MAJOR POLICY IMPLEMENTATION PLANS**

Evaluation mechanisms are integrated with each key tobacco control policy and programme, enabling monitoring and assessment of progress and effectiveness.

## **NATIONAL TOBACCO CONTROL STRATEGY**

An official national strategy on tobacco control, approved by the government, and developed in collaboration with other stakeholders. This document sets out a roadmap of actions, timescales, and targets to be undertaken by various stakeholders with the aim of reducing tobacco consumption.

## **TOBACCO CONTROL AND NON-COMMUNICABLE DISEASES FORM PART OF THE NATIONAL HEALTH POLICY**

Both tobacco control and non-communicable disease reduction strategies and targets are formally included in national health policy.

## **TOBACCO CONTROL FORMS PART OF NATIONAL DEVELOPMENT PLAN**

A national development plan is the strategy document produced by low and middle-income country governments to identify their priorities for international aid support. Tobacco control should be identified as one of the national priorities for aid funding to improve population health.

## **HUMAN RESOURCE FOR IMPLEMENTATION (NATIONAL)**

Permanent government staff posts funded from the health budget specifically to work on tobacco control at national level. This includes staff within a national tobacco control unit. Staff positions may be full or part-time and should be dedicated to lead and guide

national implementation of the tobacco control strategy.

## **GLOBAL TOBACCO SURVEILLANCE SYSTEM SURVEYS**

A country should have undertaken at least one round of either the Global Adult Tobacco Survey or the Global Youth Tobacco Survey and should have a repeat of one of the surveys identified in the national strategy or action plan to take place within a given timeframe.

*Note: The Global Tobacco Survey System is an internationally recognised and standardised process for monitoring tobacco use ([www.cdc.gov/tobacco/global/gtss](http://www.cdc.gov/tobacco/global/gtss)). Some countries may have their own national surveys, however, we have opted to assess using the Global Tobacco Survey System internationally standardised survey tools, which are of verified quality and robustness and importantly enable the constructive comparisons between countries that can be a spur to tobacco control development.*

## **INTER-GOVERNMENTAL CO-ORDINATION MECHANISM**

A national level committee (or other appropriate structure) that enables communication and collaboration between relevant government ministries on tobacco control – health, finance, industry, commerce, agriculture, education, for example. This should be a permanent structure within the government.

## **CAPACITY-BUILDING PLAN FOR TOBACCO CONTROL PERSONNEL**

Government budget allocation specifically earmarked for capacity-building (training, competency development, and updating of knowledge and skills in relation to current developments in the field) of staff whose job specifically entails a remit to work on tobacco control.

## **DEVELOPMENT ASSISTANCE FUNDING INCLUDES TOBACCO CONTROL**

Development assistance is international funding support, sometimes known as ‘aid funding’, received by low and middle-income countries to achieve specific national development goals within a national development plan. By including tobacco control as a national priority within this national plan some of the development assistance funding received can be specifically allocated for tobacco control and

contribute to achieving the Sustainable Development Goals.

### **CODE OF CONDUCT FOR GOVERNMENT OFFICIALS AND PERSONNEL**

This is a general code of conduct for government staff that regulates all relationships, links, communication, and funding between government employees and external organisations and corporations. The code of conduct sets down terms on which this external organisation and corporation links may take place, requiring them to be publicly declared, for example. The code is not specific to tobacco control but would include government interactions with the tobacco industry.

### **MINISTRY OF HEALTH WHO FCTC ARTICLE 5.3 POLICY**

Article 5.3 of the WHO FCTC requires governments to protect tobacco control policies from the commercial and vested interests of the tobacco industry. An Article 5.3 policy within the ministry of health is critical. This means that the government sets rules to achieve this in law or official policy. Two vital aspects are:

To insulate policy development and implementation from tobacco industry involvement and interference.

To ensure transparency of any interactions that do occur. Interactions are only allowed if strictly necessary for regulation of the industry and its products – communication with the tobacco industry on how it must apply a new policy, for example.

### **WHO FCTC ARTICLE 5.3 POLICY ACROSS ALL MINISTRIES**

Beyond the ministry of health, various ministries relate to and contribute to tobacco control policy, for example, education, trade, industry, environment, agriculture. It is therefore important that each relevant ministry also understands and abides by the same rules as a ministry of health officials. This will ensure insulation and transparency, as above, so that the tobacco industry cannot seek to influence tobacco control policy through another government ministry.

### **ECONOMIC AND SOCIAL TOBACCO USE COSTS DATA**

Data on the costs of tobacco use to the economy and society should be available to enable a full understanding of the national impact of tobacco use. National surveys should include questions to capture such costs and enable national quantification and understanding. Examples include economic loss due to morbidity and mortality due to tobacco; household budget loss to tobacco; substitution of family spending on quality nutrition and family welfare due to tobacco expenditure.

### **NATIONAL FOCAL POINT POST**

A government staff member with specific responsibility for leading and coordinating national tobacco control under the national strategy. This post ideally should lead and be based within the national tobacco control unit. When a specific unit does not exist the post should be clearly identified as the national focal point for tobacco control.

### **NATIONAL ADVISORY COMMITTEE**

The primary national committee to steer the direction of national tobacco control policy and strategy and with a leading role to ensure effective implementation. This committee is constituted by the government and supported by the tobacco control unit and focal point. It includes stakeholders from a range of government departments and non-governmental organisations.

### **CAPACITY-BUILDING PLANS ON RESEARCH AND EVALUATION**

The national strategy includes activities to build capacity for tobacco control research and evaluation. This will strengthen and ensure the effectiveness of national tobacco control policy, strategy, and implementation. A budget should also be assigned to deliver this.

## **MASS MEDIA CAMPAIGNS FUNDED**

Mass media campaigns are a key component of an effective national tobacco control programme.

Funds specifically to deliver this should be assigned in the government's annual tobacco control budget.

## **CAPACITY-BUILDING PLAN FOR NON-TOBACCO CONTROL SPECIFIC PERSONNEL**

The national strategy should allocate a budget to deliver capacity-building for personnel, whose role is not focused on tobacco control, but who have important indirect involvement. For example, environmental health inspectors and police enforcing tobacco control law; officials within ministries of finance and trade who have a key role in tobacco taxation and customs regulation; media professionals who interpret and communicate issues, investigating and presenting facts to the public. Awareness, knowledge, and training in tobacco control are critical for those fulfilling these roles.

## SECTION FOUR: THRESHOLDS

### Thresholds

—*low, progressing, & sustainable*

Figure 2: ITCS thresholds



The ITCS provides an overall indication of the level of sustainability of tobacco control in a country within the bands set out in Figure 2 (right). The sustainability level was set based on the results of the first round of country assessments. In order to be considered sustainable, a country must score 100 or more and have at least four MPOWER policies in place. A country with a high ITCS score may still have gaps in its policies and structures. Completing an assessment identifies these gaps and creates a baseline from which to work.

Having established that these building blocks are in place countries must then ensure that they are functioning at a level that will reduce tobacco use effectively. Policies that were initially established at a lower level must be strengthened to reduce tobacco consumption, and budgets allocated for tobacco control must be maintained.

Countries that score below the threshold of tobacco control sustainability require further efforts to put in place the structures and policies that will improve the durability of national tobacco control. These countries can use the ITCS assessment to identify gaps and to prioritise future actions.

## SECTION FIVE: METHOD

### PROCESS

#### **Stage 1:**

Tobacco control experts in each country were identified and asked to complete an assessment using the ITCS. These stage 1 assessors consulted with colleagues where the status of an indicator required clarification or additional information was required to make the judgment on whether present or absent. The 'cut off' date for indicators to be in place for this assessment was 5 April 2017.

#### **Stage 2:**

The CTC - Pak team compiled the stage 1 assessments and data. The team then checked all present/absent designations.

CTC-Pak team due to a low response from civil society groups in EMR had to rely on data from WHO Global Tobacco Control Report 2015 and based on information available, patterns and themes were identified and the threshold levels – low, progressing and sustainable.

#### **Stage 3:**

An external assessor conducted a full review of each indicator for each of the countries using published data and information sources. This stage 3 assessor then highlighted any discrepancies within the findings of stages 1 and 2.



Figure 4: Snapshot of results, 2017

**SUSTAINABLE**  
**0 COUNTRY**



**PROGRESSING**  
**1 COUNTRY**



**ISLAMIC REPUBLIC OF**  
**IRAN**

**LOW**  
**21 COUNTRIES**



## SECTION SIX: KEY FINDINGS



### SUSTAINABLE TOBACCO CONTROL

Of the 22 countries assessed, none scored over 100, achieving the sustainability threshold.

It is notable that countries in EMR include both low and middle-income countries (16) and high-income economies (6). This shows that sustainability is multi-factorial. The full spectrum of indicators requires attention, not just financial resourcing for a country's tobacco control program to become sustainable.

Countries in EMR need to address gaps highlighted by the ITCS. This will ensure they can meet the present and future challenges posed by tobacco consumption in their countries.



### TOBACCO CONTROL SUSTAINABILITY PROGRESSING

One country (Islamic Republic of Iran) is in this category and is progressing towards sustainability, however, the indicators relating to insulating public health policies from tobacco industry influence need to be looked at and prioritized



### TOBACCO CONTROL SUSTAINABILITY LOW

Twenty-One countries scored 69 or less. Sixteen of these are low and middle-income countries, suggesting that availability of resources may have impacted progress toward achieving tobacco control sustainability. The scale of the population can be particularly challenging.

Establishing strong tobacco taxation mechanisms and health promotion funds are effective for overcoming these. This group must also focus on adopting MPOWER compliant policies.

Several high-income countries also fall into this bracket. They need to accord greater priority to tobacco control.

All countries in the 'low' sustainability bracket have indicators in place that provide valuable foundations to build from. It is hoped that highlighting areas for development will encourage a national dialogue on how best to address and prioritise gaps.

Figure 5: Indicator status

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

## SECTION SEVEN: KEY ISSUES

### MPOWER:

It is positive that 17 of the 22 countries have achieved the primary indicator: at least four MPOWER policies that comply with WHO FCTC recommendations.

The ITCS results highlight those MPOWER policies

- critical for effective tobacco control
- need to be strengthened further in many countries to meet best practice models. The range of measures must also be increased in order to reach the >4 target.

The countries that have at least four MPOWER policies in place should be recognized for their achievements. This a solid foundation for tobacco control and the 17 countries that have >4 MPOWER but score under 100 now needs to work on additional indicators in order to reach the sustainability threshold.

### NATIONAL LEGISLATION:

Many countries (21 out of 22) also have national level legislation for tobacco control in place, providing a vital legal cornerstone to build upon.

### BUDGETS:

A key piece of infrastructure that many countries lack is an officially stipulated allocation for an annual national tobacco control budget. Some countries despite allocating a budget do so on an ad hoc basis, or that tobacco control was part of a more general ‘pot’ of funding. Both these scenarios mean that budget levels for tobacco control can fluctuate considerably – newer political priorities, public health emergencies or disaster relief can all lead to funds being reassigned. Such arrangements hinder effective planning and so reduce the scope for strong long-term action.

Nine countries did not have an earmarked annual tobacco control budget that met the per capita threshold. This stable funding is needed to create the capacity to work on other structural and policy developments.

It is noted that countries face greater challenges to assign a budget sufficient to cover the per capita requirement due to other health priorities. As discussed below this provides a strong rationale for developing some of the other indicators relating to structural mechanisms that can boost the funding available for tobacco control.

### TAX:

Tobacco taxation has been assessed as one of the highest impact MPOWER policies to reduce tobacco use (World Health Organization, 2015, Levy et al, 2013). The ITCS uses two taxation indicators: tobacco taxation more than 75

percent of retail sales price, and tobacco taxation increases faster than inflation plus gross domestic product growth. Together they ensure that tobacco tax levels make cigarettes relatively more expensive compared to other goods and stay ahead of income growth.

Only 3 countries out of 22 assessed have at least one of these tax measures in place which creates a challenge for long-term reduction of tobacco use and sustainability efforts. Ideally, both need to be present in order to prevent these tax levels being undermined by other economic factors. Along with these two indicators, which will be adjusted if the WHO recommended level increases, policymakers must ensure that the basic price of tobacco is not so low that the impact of tax levels is entirely negated.

### HEALTH PROMOTION FUNDS:

As well as reducing tobacco use, taxation measures can be harnessed to provide the funds needed to deliver and develop effective tobacco control programmes. Only 2 countries have legislation that allocates a specific percentage of tax revenue for tobacco control.

Health promotion funds are particularly useful when government budgets are under pressure, or where there are multiple priority issues to address. In low and middle-income countries this may well be the issue where the communicable disease burden remains high while the non-communicable disease burden also increases.

### PREVENTING TOBACCO INDUSTRY INTERFERENCE:

16 ministries of health in countries assessed have a full Article 5.3 policy which insulates health policy as well as making all tobacco industry interactions transparent. None of the 24 countries has a cross-government Article 5.3 policy. This would cover all ministries as regards public health policy, creating an important firewall to prevent tobacco industry interference in public health policy via other government departments.

Governments in several countries have a generic code of conduct that regulates interaction with any commercial or non-governmental body. This can be useful for ensuring interactions are publicly declared and formally setting down a culture where it is not acceptable to accept gifts or financial recompense from the tobacco industry. However, this measure alone does not deliver the insulation required to protect public health policy. Transparency alone, though a positive start is inadequate (World Health Organization, 2013). Governments that are either owners or partial owners of a national tobacco industry face a complex context for Article 5.3 and should actively work to remove this gap.

### **CORPORATE SOCIAL RESPONSIBILITY BANS:**

A national policy that either limits or prevents corporate social responsibility activities by the tobacco industry is present in only one country at some level. Ideally, this measure should be strengthened to prevent these activities altogether, rather than simply banning adverts and promotions relating to this work. This is a loophole frequently used by the tobacco industry to overcome bans on advertising and promoting its products.

### **DEVELOPMENT PLANS AND FUNDS:**

Two indicators focus specifically on low and middle-income countries: development plans include tobacco control and development assistance includes tobacco control. Importantly they highlight that tobacco control is vital for preventing the negative impact of tobacco use on national development.

In a very practical sense, these measures can also boost the finances available for implementing effective tobacco control. Only two countries out of 22 include tobacco control in their development plans. This indicates a recognition that the tobacco epidemic is a development issue and highlights the potential to harness international aid funding to address this. There is, therefore, the scope for low and middle-income countries, in association with international funders, to further utilize this strategy.

### **NATIONAL STRATEGY:**

A majority of the 22 countries have a national tobacco control strategy, a national unit or cell and a focal point to lead and guide national tobacco control. The absence of these core structures in a small number of countries can undermine the effectiveness of other policies and strategies through a lack of coordination between government ministries and stakeholders.

### **CAPACITY-BUILDING:**

A key deficit appears to be the under-valuing of capacity-building. Capacity-building instils the awareness, knowledge, and skills required by various stakeholders for tobacco control to be effective. Four indicators relate to this – an allocated budget, capacity-building for tobacco control personnel, capacity-building for non-tobacco control specific personnel, and plans to build capacity for research and evaluation. A limited number of countries assessed had these four indicators in place.

### **CIVIL SOCIETY:**

Another notable gap in the countries of the region is the absence of formal civil society representation on the national tobacco control advisory committee. Civil society tobacco control networks are an important stakeholder in any national policy debate and should be included in all

relevant forums. A majority of countries have formalised policies to include civil society organisation representatives. However, some countries currently only issue ad hoc invitations, and so fail to benefit from the strengths civil society organisations can add to policies and strategic processes through their expertise, experience, and perspectives.

### **EVALUATION FRAMEWORKS:**

Only one country has a national tobacco control evaluation framework in place. This needs to be strengthened as it is important, along with the other data and evidence measures for strengthening and enhancing tobacco control programmes and policies to suit the needs on the ground.

## SECTION EIGHT: RECOMMENDATIONS

This first round of assessments using the ITCS captures a snapshot in time, identifying both strengths and areas requiring action in the development of national tobacco control in 22 countries in 2017.

It is encouraging that seventeen countries have more than 4 MPOWER policies in place and have achieved the basic legal frameworks in these countries which will assist them to move close to sustainability. It is notable that in this group all are not low and middle-income economies. This illustrates that financial resources may not be the sole, or even the primary factor, for sustainable tobacco control.

Evidently, one country is classified as 'progressing' and is working toward effective tobacco control systems, and its efforts deserve acknowledgement. The key is now to use the ITCS' findings to address gaps and prioritise action.

These countries should also work with World Health Organization at country, regional and Headquarter level and also with WHO FCTC Secretariat and other international bodies to ensure tobacco control measures are robust.

Considerable effort has gone into establishing a national legal framework for tobacco control in an encouraging number of countries. However having more than four MPOWER policies is far from universal, and implementation of these vital policies may require strengthening. It is also notable that tax measures on at least one of the two ITCS indicators are being implemented in many countries. Again, this represents a strong foundation for one of the most effective strategies to reduce tobacco consumption.

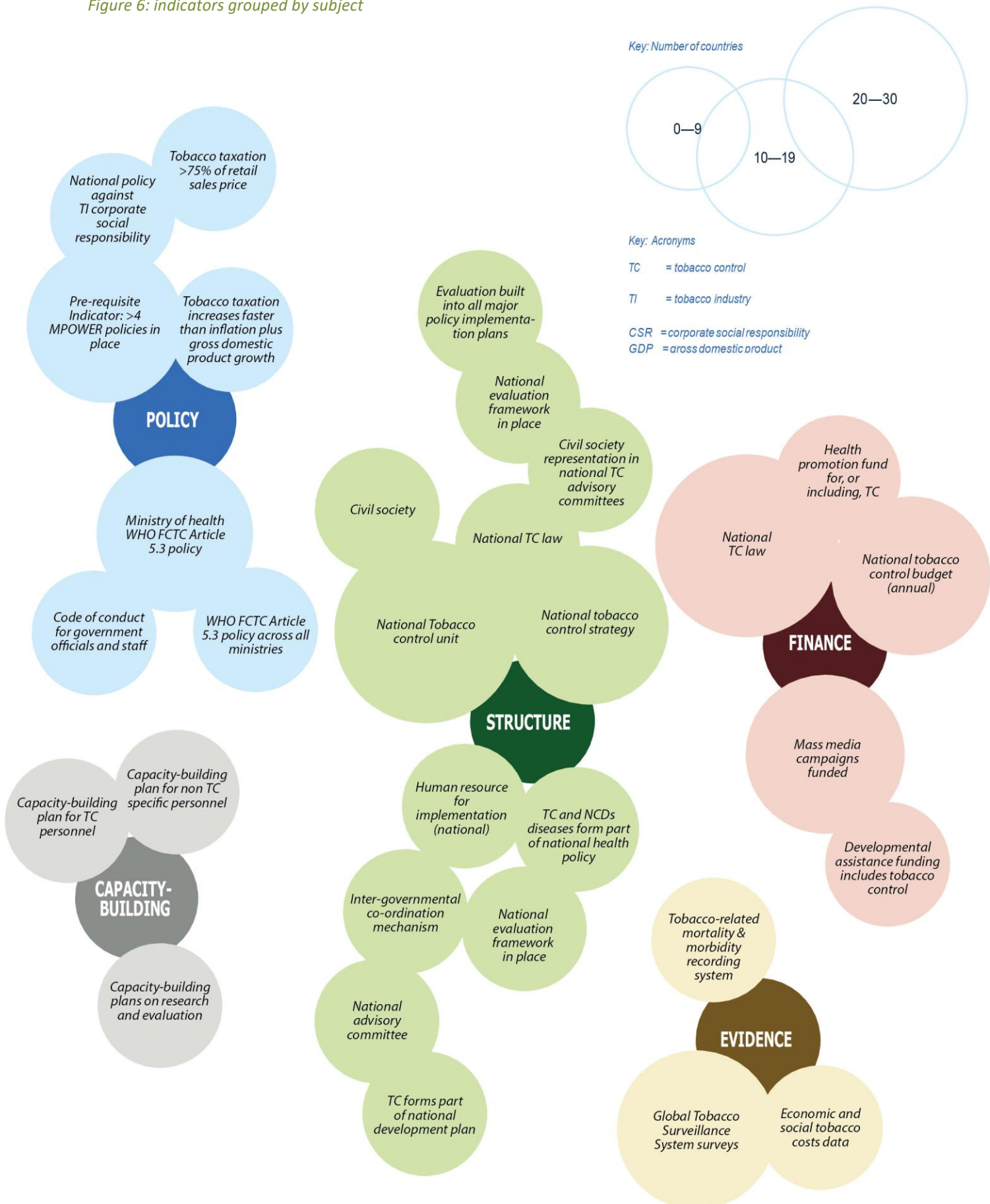
Several areas stand out as requiring action by many countries. These include critical measures for preventing tobacco industry interference. All countries need to develop laws banning tobacco industry corporate social responsibility programmes. These indicators are essential to ensure other tobacco control measures are effective. This gap identified by the ITCS should encourage governments to develop these protective policies as a priority, ensuring their investment in other areas of tobacco control will not be undermined.

Other factors highlighted for action include: earmarking a national tobacco control budget and developing health promotion funds or similar to achieve this; involvement of civil society organisations in an official capacity within national tobacco control committees; prioritising capacity- building for policymakers, the implementation workforce, and associated stakeholders.

Aside from the primary purpose of the ITCS, an important additional benefit was commonly reported by assessors and advisors: the process substantially enhanced their understanding of tobacco control in their country and provided new perspectives on familiar issues. CTC-Pak, therefore, endorses the ITCS as a process for creating insight and clarity into national tobacco control programmes. It shines a light on aspects that are delivering effective tobacco control, as well as factors that need development to function with impact. CTC-Pak hopes it will also encourage all stakeholders to take a holistic approach to tobacco control.

CTC-Pak strongly recommends that the ITCS assessment is completed by civil society in each country of the region every two years to gauge progress. This should be undertaken by a multi-stakeholder focus group that can help refine national action plans. It is hoped that that government, civil society, researchers and other stakeholders seriously consider the findings of this report and seek to work together to address the policy gaps identified to make tobacco control sustainable in their respective countries.

Figure 6: indicators grouped by subject



## SECTION NINE: 22 COUNTRY ASSESSMENTS

*The ITCS assessments  
in 22 countries of  
Eastern Mediterranean  
Region (WHO)*

IN ALPHABETICAL  
ORDER OF COUNTRY  
NAMES UNDER EMR  
REGION



## Sustainability Indicators Achieved

POLICIES	STRUCTURAL	FINANCIAL
<ul style="list-style-type: none"> <li>National Tobacco Control Law</li> <li>Article 5.3 in ministry of health policy</li> </ul>	<ul style="list-style-type: none"> <li>Global Tobacco Surveillance System</li> <li>National Tobacco Control Unit</li> </ul>	

## Sustainability Indicators for Further Development

POLICIES	STRUCTURAL	FINANCIAL
<ul style="list-style-type: none"> <li>4 MPOWER policies</li> <li>Taxation increases faster than inflation plus gross domestic product growth</li> <li>Code of conduct for government officials and staff</li> <li>Law against tobacco industry corporate social responsibility</li> <li>Tobacco taxation &gt;75% of retail sales price</li> <li>Article 5.3 policy across all ministries</li> </ul>	<ul style="list-style-type: none"> <li>National tobacco control strategy</li> <li>Tobacco control and non-communicable diseases are part of national health policy</li> <li>National tobacco control unit and focal point</li> <li>National advisory committee, and to include civil society official representation</li> <li>Inter-governmental coordination mechanism</li> <li>Tobacco-related mortality and morbidity data system</li> <li>National evaluation framework and incorporated evaluation into all policies</li> <li>Capacity-building plans for research and evaluation</li> <li>Human resource for implementation</li> <li>Capacity-building plans for tobacco control specific and wider personnel</li> <li>Tobacco control is included in national development plan</li> <li>Global Tobacco Surveillance System</li> <li>Civil society network</li> <li>Tobacco control data on economic and social costs</li> </ul>	<ul style="list-style-type: none"> <li>National budget allocated specifically for tobacco control</li> <li>National tobacco control capacity-building budget allocated</li> <li>Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget</li> <li>Mass media campaigns are funded</li> </ul>

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## APPENDIX

Table A:

### *ITCS taxation indicators 5 and 6 –affordability calculations*

Full calculation tables at [www.tobaccofreeunion.org](http://www.tobaccofreeunion.org)

Indicators	Price of a 20-cigarette pack of the most sold brand in local currency (WHO Figures 2014)	Taxes as a % price of the most sold brand 2014	Price of a 20-cigarette pack of the most sold brand in local currency (WHO Figures 2012)	Taxes as a % price of the most sold brand 2012	Indicator 5: Total taxes as % price > 75%	GDP per capita (local currency nominal) 2012	GDP per capita (local currency nominal) 2014	% change in nominal GDP per capita 2012-2014 (World Bank)	Indicator 6: If change in price > change in nominal GDP= P*
Afghanistan	20.00	2.78%	15.00	2.45%	A	14 592.00	14 124.00	321%	A
Bahrain	0.50	40.00%	1.00	20.00%	A	7 866.00	8 419.00	-703%	A
Djibouti	200.00	28.65%	200.00	28.65%	A	122 360.00	131 562.00	-752%	A
Egypt	8.00	73.13%	6.00	72.50%	A	19 071.00	19 183.00	-59%	A
Iran (The Islamic Republic of)	22 000.00	4.83%	12 000.00	2.70%	A	26 526 752.00	264 720 007.00	-89794%	P
Iraq	500.00	19.24%	500.00	4.20%	A	4 960 480.00	4 984 447.00	-48%	A
Jordan	1.20	83.29%	1.10	76.52%	P	1 316.00	1 265.00	388%	A
Kuwait	0.75	34.72%	0.65	28.83%	A	11 388.00	10 392.00	875%	A
Lebanon	3 250.00	43.21%	2 750.00	43.42%	A	12 147 413.00	10 947 831.00	988%	A
Libya	3.00	8.37%	1.50	15.71%	A				A
Morocco	19.50	70.46%	17.50	67.71%	A	23 788.00	24 766.00	-411%	A
Oman	0.90	22.22%	0.90	22.22%	A	7 036.00	6 587.00	638%	A
Pakistan	47.00	60.70%	33.00	60.00%	A	54 712.00	57 327.00	-478%	A
Qatar	10.00	20.00%	9.00	22.22%	A	328 415.00	316 773.00	354%	A
Saudi Arabia	10.00	20.00%	9.00	22.22%	A	78 961.00	79 438.00	-60%	A
Somalia	...	...	13 000.00	7.48%	A				A
Sudan	14.00	72.43%	8.00	72.43%	A	753.00	770.00	-226%	A
Syrian Arab Republic	...	...	60.00	58.00%	A				A
Tunisia	2.55	74.60%	2.25	77.81%	A	5 908.00	6 105.00	-333%	A
The United Arab Emirates	10.00	20.00%	8.00	25.00%	A	133 710.00	143 354.00	-721%	A
West Bank and Gaza Strip	22.00	82.63%	18.00	82.82%	P	1 808.00	1 738.00	387%	A
Yemen	280.00	53.80%	250.00	52.57%	A	13 992.00	13 893.00	71%	A

\*P = Present A = Absent

## REFERENCE:

CTC-Pak team has used the following sources to assess the ITCS indicators;-

WHO Global Tobacco Control Report 2015,  
[http://www.who.int/tobacco/global\\_report/2015/en/](http://www.who.int/tobacco/global_report/2015/en/)

WHO Report on the Global Tobacco Epidemic, 2015 Country Profiles,  
[http://www.who.int/tobacco/surveillance/policy/country\\_profile/en/](http://www.who.int/tobacco/surveillance/policy/country_profile/en/)

CTFK Tobacco Control Laws, Analysis of legislation and litigation from around the world,  
<http://tobaccocontrolaws.org/>



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