



Government of Pakistan  
Ministry of National Health Services,  
Regulations & Coordination



# NATIONAL TOBACCO CONTROL STRATEGY

## 2022-2030



STRATEGY TO PROTECT  
AND IMPROVE THE HEALTH  
OF PEOPLE OF PAKISTAN





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**@ 2023**

National Tobacco Control Strategy Pakistan

**Produced by:**

Tobacco Control Cell, Ministry of National Health Services, Regulations & Coordination and Health Departments of Provincial Governments of Punjab, Sindh, Khyber Pakhtun Khawa, Balochistan and Islamabad Capital Territory

**Reviewed by:**

National Advisory Committee – 25th August 2022

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**Technical Assistance:**

World Health Organization

International Union Against Tuberculosis and Lung Disease



# JOINT MESSAGE

2030 Agenda for Sustainable Development recognizes tobacco epidemic under the agenda of NCD & Mental Health conditions as a major challenge for sustainable development. As part of the National Health Vision and Universal Health Coverage (UHC) approach, we, the Federal, Provincial and Area Health Ministers commit to develop and implement ambitious response, to prevent rising prevalence of tobacco and new tobacco products as an integral part of UHC benefit package of Pakistan. We also pledge to work together for better health of our people and communities and therefore, endorse this document.



**Dr. Abdul Qadir Patel**  
Federal Health Minister



**Dr. Javed Ikram**  
Care Taker Health Minister,  
Punjab



**Dr. Azra Pechuho**  
Health Minister, Sindh



**Dr. Abid Jameel**  
Care Taker Health Minister,  
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**Mr. Ehsan Shah**  
Health Minister, Balochistan



**Mr. Haji Gul Bar Khan**  
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**Mr. Nisar Ansar Abdali**  
Health Minister, Azad Jammu &  
Kashmir

# FOREWORD

As a part of National Health Vision, National Action Framework for NCDs & MH and Universal Health Coverage approach, Pakistan is committed to implement sustainable and cost-effective measures to reduce tobacco even more in order to prevent masses, especially the youth, from taking it up in the first place. This is incremental to improve health outcomes for all our communities both now and into the future. To furthermore reduce the harmful impact of using tobacco products on individuals and society, a comprehensive collaborative approach is needed, requiring all relevant sectors to reduce the risks associated with tobacco usage while promoting interventions to prevent and control them.

Significant progress has been made in the past years to further strengthen tobacco control legislations and enforcement in Pakistan. "Smoking and Protection of Non-Smokers Health Ordinance, 2002" was passed in year 2002. The successful implementation of this ordinance will only be realized, if this strategic document is implemented through the collective collaboration of Government, non-Government agencies and other stakeholders. Maintaining strong partnerships, strengthening legislation, and progressing the comprehensive range of strategies outlined in the plan will ensure that the quality of life of all Pakistanis is advanced. This is the foundation upon which this delivery plan has been developed.

I would urge the Provincial/ Area Governments to put in place strategic actions provided in the document in order to achieve the set targets of SDG3 by 2030 that also includes Target SDG3.a - To "strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate." Commitment to strengthening implementation of the WHO FCTC is a crucial component of action by Government.

Without society as a whole accepting the need to change attitudes towards tobacco control, all the efforts of Governments, enforcement agencies and international donor agencies will not succeed in a long-term sustainable way. Together we're working towards making Pakistan an even better place to live, work and play in a culture where a premium is placed on safety and wellbeing.

I wish to convey my sincere thanks to Special Secretary, Mr. Mirza Nasir-ud-Din Mashhood Ahmad and all the professionals who contributed to this endeavor. I sincerely look forward to the full dedications of all the officials of the M/o NHR&C to strive towards achieving the Universal Health Coverage.



A blue handwritten signature of Dr. Muhammad Fakhr e Alam.

**Dr. Muhammad  
Fakhr e Alam**  
Secretary (NHR&C)

# ACKNOWLEDGEMENT

The National Tobacco Control Strategy (NTCS) 2023-2030 brings forth an important chapter of health reform. It outlines the key directions for tobacco control in Pakistan. The NTCS is unique as it focuses on a number of evidence-based interventions drawing its principles from the provisions of the World Health Organization Framework Convention on Tobacco Control (FTC).

The development of the National Tobacco Control Strategy has been led by Mr. Naeem Akhter, Deputy Director Coord-ICT, under the supervision of Ministry of NHR&C. He has been involved in instrumenting this complex and significant task under the guidance of the Ministry of NHR&C, tobacco control experts and stakeholders involved and deserves the utmost praise.

Special gratitude is due to Dr. Raza Zaidi, Health System Specialist, HPSIU and Dr. Saira Kanwal, Project Coordinator Tobacco Control Cell, Ministry of NHR&C for providing technical support in development of the document and accomplishing task with full dedication.

I am also grateful to Dr. Mahipala Palitha, Head of WHO office in Pakistan, and deeply appreciate the continued strategic and technical support by National Professional Officer, WHO Office Pakistan, Mr. Shahzad Alam Khan, and the WHO Office in Pakistan in finalization of the strategy. Technical and Financial support from Mr. Khurram Hashmi, Senior Technical Advisor, The Union is also acknowledged and appreciated.

Cooperation of all Provincial and Area health and other ministries departments and especially role of Secretaries and Director General Health Services, who worked tirelessly, is acknowledged for their inputs and contributions.

I would like to express my sincerest appreciation to the tobacco control focal points from all Provincial/ Areas Health Departments, line ministries/ departments, development partners, civil society organizations, non-Governmental organizations, academia, and all those who participated in the series of meetings and consultations held to develop the strategy for their valuable contributions.

Finalization of National Tobacco Control Strategy completes a critical policy requirement of the health sector reform process undertaken by the Government and partners. It is envisaged that this strategy document will be put to use by respective Health and other relevant departments for extracting the utmost advantage from the existing resources for improving the health of the people.



A handwritten signature in black ink, appearing to read 'Baseer Khan Achakzai', written over a light blue background.

**Dr. Baseer Khan  
Achakzai**

Director General  
(Health)

# CORE THEME OF STRATEGY





# EXECUTIVE SUMMARY

The health landscape in Pakistan has undergone significant changes in the last two decades. These changes have occurred at legislative, health system and health policy level besides the epidemiological transition of disease burden. Legislative actions via the eighteenth constitutional amendment have devolved health functions from Federal to Provincial level, while various vertical programs have been horizontally integrated into the provincial health departments. The Government has undertaken the most significant and far-reaching health sector reforms by finalizing National Non communicable Diseases and Mental Health Action Framework and the Universal Health Coverage Benefit-Package/ Essential Package of Health Services (EPHS) to address the health needs of the populations based on localized evidence which shows that the country is transitioning to a greater burden of Non-communicable diseases (NCDs) & injuries with downward trajectory of reproductive, maternal, new-born & child health and communicable disease burden.

Tobacco serves as one of the major preventable risk factors for developing NCDs. According to GBD 2019, almost 17.53% of total NCDs deaths are attributable to tobacco. Given the increasing burden of NCDs in Pakistan with tobacco being a major contributor, a robust policy response was required to address the tobacco control challenge in the country through a multi-sectoral approach. The tobacco control component of the National Non-Communicable Diseases & Mental Health Action Framework deems it critical to address this issue and recognizes the importance of development of National Tobacco Control Strategy. To curb the tobacco epidemic, Tobacco Control Cell, Ministry of National Health Services, Regulations and Coordination (Mo NHR&C) undertook the responsibility of providing the much-needed policy direction with respect to tobacco control in the shape of National Tobacco Control Strategy 2022-2030.

This document sets out the National Framework to reduce tobacco-related harm in Pakistan. The goal of the strategy is to achieve sustainable tobacco control in Pakistan by reducing the morbidity & mortality caused by tobacco-related diseases. It details objectives and targets for tobacco control until 2030 and 12 priority areas for action in alignment with obligations of FCTC. The proposed strategic visions have been informed by the extensive National and Provincial evidence base for tobacco control and reflect best practice approaches to reducing tobacco-related harm. This strategy provides a framework that supports the strengthening and expansion of these partnerships and coordination within Pakistan.

A range of cost-effective interventions are part of this comprehensive effort; these involve regulating access and limiting demand through restrictions on advertising, marketing, promotion and through price and taxation. The document encompasses community and school interventions, enforcement of tobacco control policies, cessation programs, mass media counter-marketing campaigns for both prevention and cessation, surveillance and evaluation of efforts. Other priority areas include the gradual phasing out of all types of tobacco advertising and eventually a complete ban on advertising; allocation of resources for policy and operational research around tobacco and building capacity in the health system in support of tobacco control. This policy also outlines stresses on the need to develop and enforce legislation on smuggling contrabands and counterfeit products. The adoption of measures for integration of guidance on tobacco use cessation into health services and ensuring the availability and access to nicotine replacement therapy.

The development of this document followed a comprehensive review of evidence and consultative process. It has been developed with input from a range of stakeholders, including Federal and Provincial Governments, developmental partners, NGOs, community-based organizations and academics. The priority areas and actions in this strategy are underpinned by strong interdisciplinary research.

While the targets are ambitious, substantial progress will be made towards achieving them if the actions in this strategy are fully implemented. The document will contribute to meet the global target of reducing the prevalence tobacco use by 30% in people over 15 years of age and the global targets of reducing premature mortality from NCDs by 25% by 2025 (WHO) and by one-third by 2030, as established in Sustainable Development Goal 3.4 (6, 8).

# CONTENTS

JOINT MESSAGE .....	ii
FOREWORD.....	iii
ACKNOWLEDGEMENT.....	iv
EXECUTIVE SUMMARY.....	vi
CONTENTS.....	1
ABBREVIATIONS .....	2
GLOSSARY.....	3
INTRODUCTION.....	5
SITUATION ANALYSIS .....	7
SNAPSHOT OF TOBACCO USE PREVALENCE .....	9
NEW EMERGING NICOTINE/TOBACCO PRODUCTS IN PAKISTAN (E-cig/vapes/HTPSs/ONPs).....	11
POLICY CONTEXT .....	23
PROCESS FOR FORMULATION OF NTCS .....	15
UNIVERSAL HEALTH COVERAGE INDEX.....	17
NATIONAL RESPONSE.....	19
COUNTRY ACHIEVEMENTS .....	21
WORKING IN PARTNERSHIP .....	33
GUIDING PRINCIPLES.....	35
NATIONAL TOBACCO CONTROL STRATEGY .....	36
SETTING THE CONTEXT .....	37
STRATEGIC ACTIONS .....	39
MONITORING FRAMEWORK .....	45
FINANCING .....	47
FORMULATION OF TOBACCO CONTROL OPERATIONAL ACTION PLAN .....	49
TOBACCO CONTROL OPERATIONAL ACTION PLAN .....	51
MONITORING & EVALUATION.....	62
CONTRIBUTORS IN THE NATIONAL AND PROVINCIAL DIALOGUE FOR STRATEGIC PLANNING: .....	63
ANNEXURES.....	65
Annexure – A LIST OF TOBACCO AND NEW TOBACCO PRODUCTS.....	66
Annexure B MPOWER .....	67
Annexure – C WHO BEST BUYS .....	68

# ABBREVIATIONS

<b>CD</b>	Communicable Diseases
<b>CSO</b>	Civil Society Organization
<b>EMRO</b>	Eastern Mediterranean Regional Office
<b>ENDS</b>	Electronic Nicotine Delivery System
<b>ENNDS</b>	Electronic Non-Nicotine Delivery System
<b>FBR</b>	Federal Board of Revenue
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>FLH</b>	First Level Hospital
<b>GATS</b>	Global Adult Tobacco Survey
<b>GDP</b>	Gross Domestic Product
<b>GYTS</b>	Global Youth Tobacco Survey
<b>HTP</b>	Heated Tobacco Products
<b>ICT</b>	Islamabad Capital Territory
<b>IHD</b>	Ischemic Heart Disease
<b>LMIC</b>	Low Middle-Income Countries
<b>M/o NHR&amp;C</b>	Ministry of National Health Services, Regulations & Coordination
<b>NAP</b>	National Action Plan
<b>NCD</b>	Non-Communicable Diseases
<b>NGOS</b>	Non- Governmental Organizations
<b>NRT</b>	Nicotine Replacement Therapy
<b>PEN</b>	Package of Essential Non-Communicable (Pen) Disease Intervention
<b>PDHS</b>	Pakistan Demographic & Health Survey
<b>PHC</b>	Primary Healthcare
<b>RMNCH</b>	Reproductive, Maternal, Newborn and Child Health
<b>SHS</b>	Second-Hand Smoke
<b>SDG</b>	Sustainable Development Goal
<b>TAPS</b>	Tobacco Advertising, Promotion, And Sponsorship
<b>UHC</b>	Universal Health Coverage
<b>UHC-BP</b>	Universal Health Coverage- Benefit Package
<b>WHO</b>	World Health Organization



# GLOSSARY

- **Bidi** – hand-rolled, flavored or unflavored cigarette made of unprocessed tobacco wrapped in tendu leaves; smoke from a bidi contains 3–5 times the amount of nicotine as a regular cigarette
- **Chewing tobacco** – tobacco that is chewed
- **Cigar** – roll of chopped fermented tobacco leaves wrapped in either a tobacco leaf or paper made of tobacco pulp
- **Cigarette** – a roll of cut tobacco leaves enclosed in a thin paper
- **Cigarillo** – short and thin roll of chopped tobacco leaf wrapped in a tobacco leaf or paper made of tobacco pulp; a small cigar that usually does not include a filter
- **Dipping tobacco (dip, rub)** – finely chopped tobacco placed in a lump between the lip and the gum
- **Dissolvable** – tobacco shaped in small lozenges, orbs, pellets, strips, or toothpick sized sticks that dissolves in the mouth
- **E-cigarettes (ENDS/ENNDS)** produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air.
- **Gutka** – crushed areca nut, tobacco, catechu, paraffin wax, slaked lime, and sweet/savory flavorings
- **Heated Tobacco Products** - HTPs heat processed tobacco leaf, allowing users to inhale nicotine into their lungs.
- **Khaini/jarda** – finely chopped mix of tobacco and lime placed between the lip and gum
- **Kretek** – cigarette blend of tobacco and cloves, also referred to as clove cigarettes; originated from Indonesia
- **Naswar** – powdered mixture of tobacco, lime, indigo, cardamom, oil and menthol placed in the floor of the mouth under the lip or inside the cheek; most commonly used in Central Asia, Iran, Afghanistan and Pakistan
- **Qiwam** – dried paste made from tobacco leaves that were boiled and soaked with spices, then mashed and strained into a pulp
- **Shisha tobacco** – usually a combination of tobacco and flavors with aromatic substances, or simply molasses-based tobacco
- **“Smoke”** and **“Smoking”** mean inhaling, exhaling, burning, or carrying any cigarette, cigar, electronic or non-electronic smoking device, pipe, hookah or other product or substance; or any other smoking of tobacco, nicotine, plant or substance, whether natural or synthetic, in any manner or in any form.
- **Snuff** – powdered tobacco sniffed up the nose
- **Snus** – refrigerated, moist powdered tobacco product placed between the lip and gum originated from Sweden in the early 19th century; contains similar levels of nicotine content to cigarettes, though considered to be less harmful
- **“Tobacco”** means any product that contains tobacco or nicotine that is intended or expected to be introduced into the human body, including any cigarette, cigar, pipe, electronic or non- 2 electronic tobacco product, or any other smoked or smokeless tobacco product, excluding any product that has been approved by the FDA for tobacco cessation or other medical purposes.
- **“Tobacco-free”** means that smoking of tobacco, nicotine, or tobacco-like product, plant or substance, whether natural or synthetic, in any manner or in any form is prohibited.

- **Waterpipe/Hookah/Narghile/Shisha** – instrument that burns tobacco using specialized hookah charcoal; the smoke passes through water contained in a bowl via a long tube

**Note:**

- (E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic nicotine delivery systems (ENDS), electronic non-nicotine delivery systems (ENNDS)”
- Heated tobacco products heat actual tobacco leaf. By contrast, e-cigarettes heat liquids that typically contain nicotine derived from tobacco, as well as flavorings and other ingredients.
- Oral Nicotine Pouches: Nicotine pouches are white pre-portioned pouches containing either tobacco derived nicotine or synthetic nicotine, but no tobacco leaf, dust, or stem, and are described as either similar to or a tobacco-free version of snus

# INTRODUCTION

Pakistan is the fifth most populous country of the world and largest in the WHO Eastern Mediterranean Region (EMR). Pakistan has population of over 236 million in 2022. (Projected population based on census 2017). The current life expectancy of Pakistan is around 67.64 years <sup>1</sup>. The urban population stands at 36.4% and literacy rate around 59% (47% women and 71% men). 24.3% of the population of Pakistan lives below the poverty line (2014-15)<sup>2</sup>.

The administrative units of Pakistan are four provinces (Punjab, Sindh, Balochistan and Khyber Pakhtunkhwa), Federating areas (Gilgit Baltistan and Azad Jammu Kashmir) and Islamabad Capital Territory. Federally Administered Tribal area (FATA) has been merged with KP province through a constitutional amendment in 2018.

A significant proportion of population resides in rural areas but due to swift urbanization, mega cities are emerging with associated social and cultural changes. Area wise, Pakistan is the 33rd largest country, spanning 881,913 square kilometers.

Pakistan possesses a mixed economy model, where a significant portion of Gross Domestic Product (GDP) is contributed by Government-owned establishments, departments, and enterprises. Pakistan had an agricultural economy at the time of independence which has now evolved diversely. In the 1980s, the country witnessed paradigm shift of the economy through Industrialization. Major share of the GDP comes from the services and industrial sectors, while agriculture contributes only 19.2 percent to the GDP and provides employment to around 38.5 percent<sup>3</sup>. But still, agriculture is the backbone of the country's economy as most of the manufacturing concerns, i.e., sugar and textile industries, etc., are heavily reliant on agricultural products. Pakistan has witnessed negative GDP growth (i.e., -0.4%) in FY 2019-2020.<sup>4</sup>

In April 2010, the Parliament of Pakistan passed the 18<sup>th</sup> Amendment, which devolved 17 Ministries, including the Ministries of Agriculture, Education, Food, and Health from the Federal to the provinces. Before decentralization, reforms had generally bypassed the provincial tier by decentralizing administrative responsibility for most social services directly to the sub-provincial district level. This was the first time that such power was granted to the provinces to mitigate the crisis, control law and order, generate resources and reform their institutions.



<sup>1</sup> <https://www.macrotrends.net/countries/PAK/pakistan/life-expectancy#:~:text=The%20current%20life%20expectancy%20for,a%200.23%25%20increase%20from%202020.> United Nations - World Population Prospects

<sup>2</sup> [https://www.finance.gov.pk/survey/chapters\\_21/15-Social%20Protection.pdf](https://www.finance.gov.pk/survey/chapters_21/15-Social%20Protection.pdf)

<sup>3</sup> [https://www.finance.gov.pk/survey/chapters\\_21/02-Agriculture.pdf](https://www.finance.gov.pk/survey/chapters_21/02-Agriculture.pdf)

<sup>4</sup> Pakistan Economic Survey 2020-2021

Despite a well-developed and multi-tiered health infrastructure, the country has poor health indicators such as high maternal, infant and under-5 mortality and a high burden of communicable diseases in addition to rising trend of non-Communicable diseases.

Pakistan is currently at the cross roads of classical epidemiological transition and faces a double burden of disease i.e., Communicable and Non-Communicable Diseases. This paradigm shift has critical health implications for the health sector, health care service delivery capacities and corresponding resource allocation in the country.

This rising burden of non-communicable diseases with tobacco being one of its major risk factors, constitute a major public health challenge in Pakistan. This challenge imposes a significant negative impact on social and economic development and also a serious threat to the progress related to sustainable development goals and universal health coverage.



# SITUATION ANALYSIS

Tobacco is a single most preventable cause and common risk factor to the major Non-Communicable Disease i.e., cardiovascular disease, cancer, chronic respiratory disease, and mental illness. Exposure to second-hand smoke also causes disease and premature death in adults and children who do not smoke. It can not only lead to chronic diseases and death, but also reduces a person’s productivity and hamper their potential to work, which results in a huge economic cost.



Globally, more than 80% of the population of a 1.3 billion tobacco users live in low-income and middle- income countries. More than 8 million people each year die due to tobacco use. Almost, 7 million of those deaths are the result of direct tobacco use whole and around 1.2 million are the result of non-smokers being exposed to second-hand smoke.<sup>5</sup>

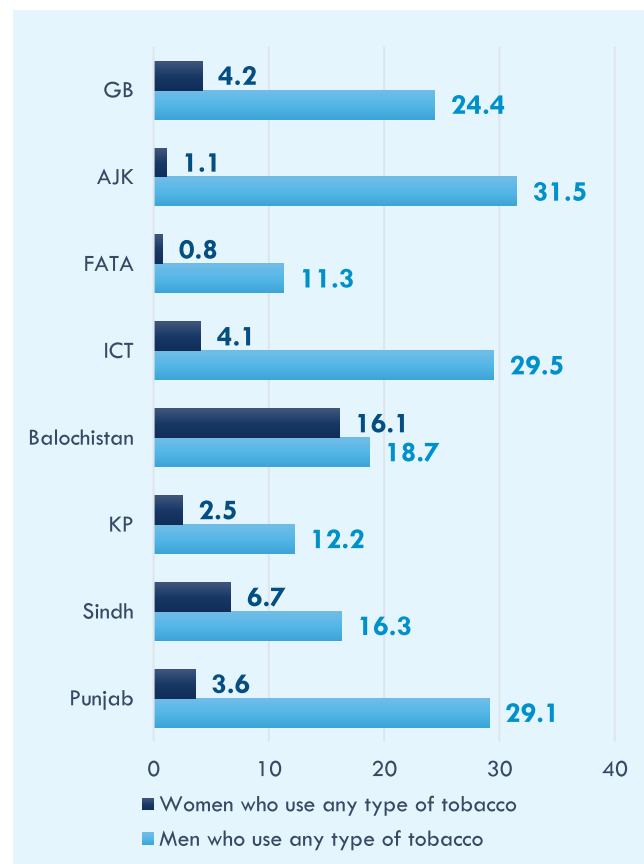
## MAGNITUDE OF PROBLEM

Reducing tobacco use is critical to reducing the burden of non-communicable diseases, which account for 71% of deaths globally.

Pakistan is amongst the fifteen countries of the world, having a heavy burden of tobacco-related ill health and faces a double burden of disease primarily cancers, cardiovascular diseases, diabetes and chronic respiratory diseases. According to Global Burden of Disease Study 2019, approximately, 55.33 % of all deaths are due to non-communicable diseases (NCDs) and 17.53% of the deaths due to NCDs are attributable to tobacco.

In Pakistan, the usage of tobacco among adults is very common. As per GATS Survey 2014, 19.1% of adults (around 24 million) in the country are tobacco users. A further breakdown of tobacco usage area-wise (Figure 1) shows that tobacco usage is most common among men in AJK, ICT, and Punjab, whereas women are more susceptible to tobacco usage in Balochistan. (PDHS 2017-18).

**Figure 1: Percentage share of any type of tobacco users across the country among men and women of age 15-49 years.** Source: PDHS 2017-18

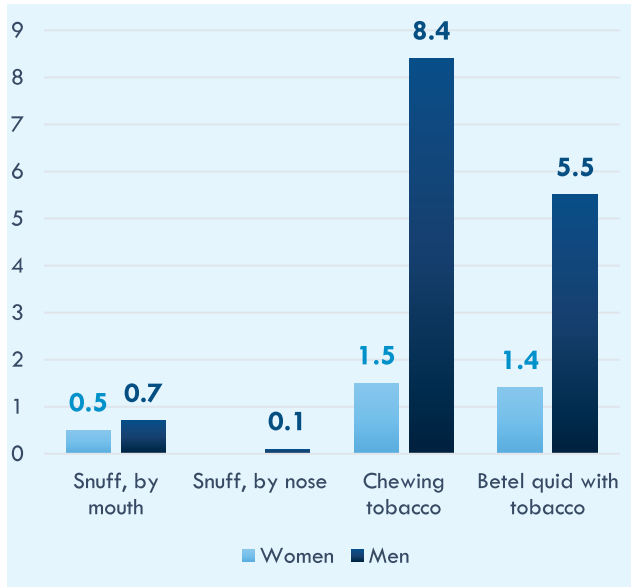


Tobacco can be further segregated into two types, smoked and/or smokeless. As per GATS Survey 2014, 12.4% of tobacco users are smoked tobacco users, whereas 7.7% are smokeless tobacco users. As per PDHS 2017-18, chewed tobacco is most common form

<sup>5</sup>World Health Organization. Tobacco factsheet <https://www.who.int/>; updated 2021 July. Available from: (<https://www.who.int/news-room/fact-sheets/detail/tobacco>)

of smokeless tobacco among men and women (Figure 2).

**Figure 2: Usage of smokeless tobacco among men and women of age 15-49 years.** Source: PDHS 2017-18



Although, 85.8% people in Pakistan believes that smoking is a serious health hazard as per GATS 2014, however, around 45% households report tobacco use. This shows that usage of tobacco is prevalent due to lack of information on the cost associated with it.

## ECONOMIC BURDEN

According to World Health Organization's (WHO) estimates, there are 13.1 million adults (age 15 +) or about 10.3 percent of adult population that use cigarettes in 2021-22. Cigarette consumption kills almost 164,000 persons. As per Pakistan Institute of Development Economics' (PIDE) study: *The Economic Cost of Tobacco Induced Diseases in Pakistan*, the total costs attributable to all smoking-related diseases and deaths for 2019 are Rs 615.07 billion (\$3.85 billion), and the indirect costs (morbidity and mortality) make up 70 percent of the total cost.

According to household integrated economic survey 2018-19, household spent 2.7% of their income on

tobacco use. Lower income households spent almost 3% of their income on tobacco use. The production of

cigarettes have varied across each year in Pakistan. The production of cigarettes was at 51.6 billion sticks in 2020-21, it is 11.9 % higher as compare to 2019-20.<sup>6</sup>

The World Health Organization has estimated that the worldwide economic cost of tobacco is half a trillion dollars comprising of both direct and indirect costs<sup>7</sup>. In Pakistan, it has been estimated that the smoking attributable cost from three major diseases is PKR 437.8 billion that is equivalent to 1.15% of the GDP in 2019 according to PIDE. Whereas, in Vietnam it has been reported to be around 0.97% of their GDP for five smoking related diseases<sup>8</sup>. India on the other hand has reported that the total economic cost of tobacco usage (all types) is around 1.04% of their GDP<sup>9</sup> and Bangladesh has reported that Tobacco-induced deaths and diseases have costed around USD 3.61 billion a year, which is equivalent to 1.4 % of their GDP which is the highest in the sub-continent region<sup>10</sup>.

It is pertinent to mention that for Pakistan only smoking attributable cost from three major diseases is used, therefore it is likely that the overall economic cost is much higher than reported. The reason for high economic cost in Pakistan is a consequence of high demand of tobacco products in the country. Its low prices, because of disproportionate taxes, and high accessibility and availability makes it an attractive habit for individuals



<sup>6</sup> Pakistan Bureau of Statistics, Quantum Index Numbers of Large-Scale Manufacturing Industries, Pakistan Bureau of Statistics

<sup>7</sup> World Health Organization. *WHO report on the global tobacco epidemic: enforcing bans on tobacco advertising, promotion and sponsorship*. Geneva, Switzerland: 2013. [Accessed December 5, 2013]. Available at: [http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf).

<sup>8</sup> Direct and indirect costs of smoking in Vietnam, <https://tobaccocontrol.bmj.com/content/tobaccocontrol/25/1/96.full.pdf>







<sup>9</sup> Economic Costs of Diseases and Deaths Attributable to Tobacco Use in India, 2017-2018

<sup>10</sup> The Economic Cost of Tobacco Farming in Bangladesh, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7766910/#:~:text=Tobacco%2Dinduced%20deaths%20and%20diseases,in%20the%20year%202017%E2%80%932018.>

# SNAPSHOT OF TOBACCO USE PREVALENCE

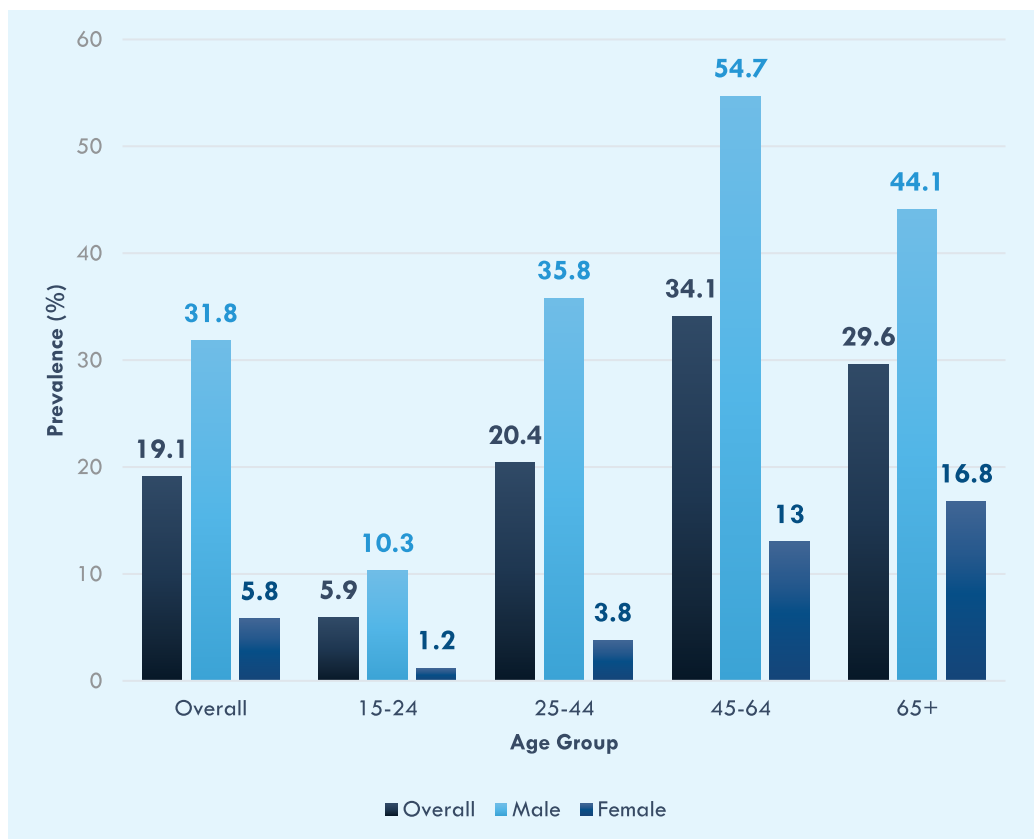
## Tobacco uses Prevalence Adults (GATS 2014)

smokers:









TOBACCO USERS		DAILY SMOKERS		SMOKELESS TOBACCO USERS	
Current tobacco users in Male & Female	19.1%	Current tobacco smokers:	12.4%	Current smokers: cigarettes	7.7%
 31.8% of men	 5.8% of women	 22.2% of men	 2.1% of women	 11.4% of men	 3.7% of women

## Current Tobacco Use by Age Group and Gender, GATS Pakistan, 2014

Among daily smokeless tobacco users, about 60% were using snuff by mouth, 23% use chewing tobacco, 20% use betel and quid and 7% were using snuff by nose. Moreover, 7 in 10 adults who worked in indoor workplaces, 8 in 10 who travel in public transport and 9 in 10 adults who visited restaurants were found exposed to Second-Hand Smoke (SHS). Smokeless tobacco use in Pakistan is also on the rise particularly with the advent of new tobacco products. As many as 24.7 % adults made quit attempts



## YOUTH: (GLOBAL YOUTH TOBACCO SURVEY 2013)

TOBACCO USERS		TOBACCO SMOKERS	
Current users of any tobacco products:	<b>10.7%</b>	Current tobacco smokers:	<b>7.2%</b>
 <b>13.3%</b> of boys	 <b>6.6%</b> of girls	 <b>9.2%</b> of boys	 <b>4.1%</b> of girls
SMOKELESS TOBACCO USERS		CURRENT CIGARETTES SMOKERS	
Smokeless tobacco users:	<b>5.3%</b>	Current cigarettes smokers:	<b>3.3%</b>
 <b>6.4%</b> of boys	 <b>3.7%</b> of girls	 <b>4.8%</b> of boys	 <b>0.9%</b> of girls

### Current Tobacco Users - Pakistan GYTS 2013

Overall, 37.8 % of students found exposed to SHS inside enclosed public places. Alarming, 87.6 % of current cigarette smokers bought cigarettes from a store or from street vendors or shop near schools. Moreover, 6 in 10 current smokers showed signs of dependence and the same percentage of the current smokers tried to quit. Disturbingly, 9.3 students were offered free tobacco products by tobacco company representatives.



# NEW EMERGING NICOTINE/TOBACCO PRODUCTS IN PAKISTAN (E-cig/vapes/HTPSs/ONPs)

Currently, there is a trend of new Emerging Nicotine and Tobacco Products globally and in Pakistan. They are further classified into Electronic Nicotine Delivery System (ENDS) Electronic Non-Nicotine Delivery System (ENNDS), Heated Tobacco Products (HTPs) and Oral Nicotine Pouches (ONPs) commonly named as Velo in the market.

## E-CIGARETTES/VAPES

In a statement of January 2017, World Health Organization (WHO) describes electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS) as “battery powered devices that heat a solution (e-liquid) to create an aerosol which frequently contains flavorings, usually dissolved into Propylene Glycol or/and Glycerin. All ENDS (but not ENNDS) contain nicotine. Electronic cigarettes, the most common prototype, are devices that do not burn or use tobacco leaves but instead vaporize a solution the user then inhales. The main constituents of the solution, in addition to nicotine when nicotine is present, are propylene glycol, with or without glycerol and flavoring agents. ENDS solutions and emissions contain other chemicals, some of them considered to be toxicants.”<sup>11</sup>

E-cigarettes come in many shapes and sizes. Most have a battery, a heating element, and a place to hold a liquid. E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air.

E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic nicotine delivery systems (ENDS).” Some e-cigarettes are made to look like regular cigarettes, cigars, or pipes. Some resemble pens, USB sticks, and other everyday items. Larger devices such as tank systems, or “mods,” do not



resemble other tobacco products. Using an e-cigarette is sometimes called “vaping.”<sup>12</sup>

E- Cigarettes/Vapes are not under regulations in Pakistan at present as these products of Nicotine Delivery System are not covered under the definition of Tobacco under the current tobacco control law of country.

## HEATED TOBACCO PRODUCTS

Heated tobacco products (HTPs) produce aerosols containing nicotine and toxic chemicals when tobacco is heated or when a device containing tobacco is activated. These aerosols are inhaled by users during a process of sucking or smoking involving a device. They contain the highly addictive substance nicotine as well as non-tobacco additives, and are often flavored. HTPs have been recognized as tobacco products and

<sup>11</sup> Information notes on classification of emerging tobacco products. Secretariat of the WHO Framework Convention on Tobacco Control: FCTC/ COP8 (22)

<sup>12</sup> Center for Disease Control & Prevention, USA

are therefore subject to the full complement of measures in the WHO FCTC, and monitored and regulated like other tobacco products. Currently, HTPs are regulated in Pakistan.

*(Types of Tobacco and Tobacco related products – Annexure A)*

# POLICY CONTEXT

## RATIONALE:

Tobacco is a highly profitable product, because of its large-scale production and huge customer base. Reducing tobacco-related harm in our community is a priority for Government of Pakistan. Given the increasing burden of tobacco use in Pakistan, a robust policy response is required to address the tobacco challenge in the country through a multi-sectoral approach.

National Non-Communicable Diseases and Mental Health Action Framework Pakistan (2023-2028) also recognizes the importance of Development of National Tobacco Control Strategy. In this regard, M/o NHR&C undertook the responsibility of providing the much-needed policy direction with respect to tobacco control in the shape of this document.

The policy document has been prepared through the consultative and participatory approach with inputs from a range of stakeholders, including provincial Governments, health groups, community-based organizations and academia's. The strategy is designed to provide a policy framework to reduce the demand and supply of tobacco products leading to a reduction in the prevalence of tobacco use in the country. The



strategy provides an overview of the impact of tobacco use in Pakistan, and outlines shared goals, objectives and targets for tobacco control across Government and non-Government agencies for the next eight years.

This document is guided by the WHO Framework Convention on Tobacco Control (FCTC) which asserts the importance of tobacco demand reduction strategies as well as supply issues. There are exceptional obligations to take coordinated and focused whole-of-Government action to achieve policy coherence and to remove the barriers across all sectors, that are hindering the full and effective implementation of the commitments included under the WHO FCTC. The document aims to mitigate the challenges and threats, build on the opportunities and to provide a strategy towards halting the tobacco epidemic and tobacco-related NCDs.



**Excessive smoking causes the brain to weaken and shrink. It also results in adult cognitive decline and persists for many years together, even if one stops smoking**

# PROCESS FOR FORMULATION OF NTCS

Pakistan being signatory to **WHO FCTC**, is mandated to meet its international obligations under the FCTC and to protect its revenues. Article 5.1 requests member state to develop national tobacco control strategies, plans and programs aligned with the WHO FCTC. Moreover, in response to **National Action Framework for NCDs & MH (2021-2030)**, Tobacco Control Cell at the Ministry of National Health Services, Regulations & Coordination, Pakistan has subsequently developed the National Tobacco Control Strategy (NTCS). The strategy followed a comprehensive review of Global and National evidence and has been developed through participatory and consultative approach with a wide range of stakeholders from Government and non-Government organizations that have an interest in tobacco control issues. The work commenced in 2021. Inputs from provincial/ area representatives, development partners, civil society organizations and academics were obtained to finalize the NTCS.

The consultation process for development of the National Tobacco Control Strategy provided stakeholders with a number of avenues through which to contribute their feedback. These consisted of:

<p><b>1</b></p> <p>Development of draft strategy by Tobacco Control Cell at Ministry of NHR&amp;C</p>	<p><b>2</b></p> <p>A consultative meeting of core team constituting designated provincial tobacco control focal persons held at the Ministry of NHR&amp;C in November 2021</p>	<p><b>3</b></p> <p>Distribution of a draft document in December 2021 seeking comments</p>
<p><b>4</b></p> <p>A consultative Meeting for finalization of National Tobacco Control Strategy in February 2022</p>	<p><b>5</b></p> <p>Distribution of a draft strategy March 2022 to stakeholders seeking further comments</p>	<p><b>6</b></p> <p>Collation of stakeholder comments and recommendations in April 2022</p>
<p><b>7</b></p> <p>Finalization of the strategy by the core team members</p>	<p><b>8</b></p> <p>Approval of the Finalized strategy by Secretary Ministry of NHR&amp;C</p>	
<p><b>9</b></p> <p>Approval of the Finalized strategy in National Advisory Committee Meeting in August 2022</p>	<p><b>10</b></p> <p>Approval in the Inter-Ministerial Health and Population Council in 2023</p>	

# UNIVERSAL HEALTH COVERAGE INDEX

The UHC Index provides a snapshot of the current status of the health system and is a composite of 16 tracer indicators across four domains i.e., Reproductive, Maternal, Neonatal and Child Health (RMNCH), Communicable disease, NCDs and Health Services (Table 1). Pakistan's UHC target for 2030 is 65%. The 2021 UHC Index of the Pakistan is 47.53% that indicates that country is less than half way through in terms of achieving targets in the four domains. Improvement in indicators has been pictured in an overall score based on the aggregated score of the four domains.



**Table:1 UHC Index Score**

TRACER AREA	INDICATOR	AREA SCORE
<b>RMNCH</b>	Family Planning: Demand satisfied with modern method	64.74
	Antenatal Care: 4+visits	
	Child Immunization	
	Care seeking behavior for child pneumonia (%)	
<b>Communicable Diseases</b>	Tuberculosis effective treatment	37.68
	HIV Treatment	
	Insecticide-treated nets	
	At least basic sanitation	
<b>Non-Communicable Diseases</b>	Normal Blood Pressure	54.15
	Normal Blood sugar	
	Cervical Cancer screening among women 30-49 years	
	<b>Tobacco non-smoking</b>	
<b>Service Access &amp; Capacity</b>	Hospital beds per 10,000 population against threshold	53.10
	Doctor density against threshold	
	Availability of essential medicines in PHC	
	IHR core capacity	
<b>Total</b>		<b>52.0</b>





# NATIONAL RESPONSE

The National 12<sup>th</sup> Five Year Plan (health chapter), The National Health Vision (2016–25), National Action plan (2019-23) defines health’s purpose and priorities of Pakistan. These documents provide a well thought strategic vision and policy framework for implementation of good governance parameters for the federation of Pakistan and its provinces, that can positively influence the achievement of health-related targets set in **Sustainable Development Goals 2030** and **Universal Health Coverage**. Subsequently, recognizing the significance of NCDs agenda, **National Action Framework for NCDs & Mental Health (2021-2030)** have been developed with the suggested challenges to combat NCDs and their risk factors within the context of socioeconomic, culture and development agenda.



A range of policy and environmental tobacco control strategies are part of this comprehensive effort to combat tobacco epidemic.

## UHC BENEFIT PACKAGE OF PAKISTAN

UHC is based on the principle that all individuals and communities have equitable access to their needed health care, in good quality, without suffering financial hardship. Disease Control Priorities – Edition 3 (DCP3) defines a model concept of essential universal health coverage that provides a starting point for analysis of priorities. Pakistan is one of the first countries in the world to use the global review of evidence by the DCP3 to inform the definition of its EPHS/ UHC benefit package.

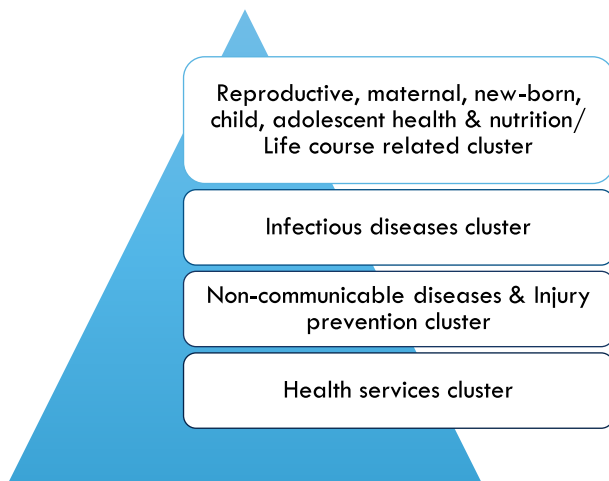
To transform the National Health Vision into reality, one of the key actions was to develop national and provincial/area specific UHC Benefit Packages. ‘UHC

Benefit Package’ consists of i) Essential Package of Health Services (EPHS) at five platforms and ii) Inter-sectoral Interventions/ policies.

The objective of EPHS documents is to define which services are to be covered through five different platforms (both through public and private sector) for ALL people:

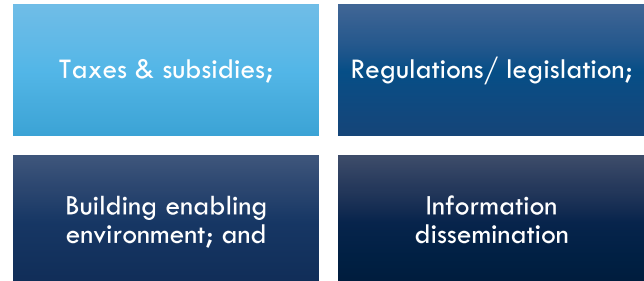


In addition, inter-sectoral policies also play an important role in moving towards UHC and addressing around half of the burden of disease in Pakistan by mitigating risk factors. The localized evidence was used to organize priority services into four clusters:

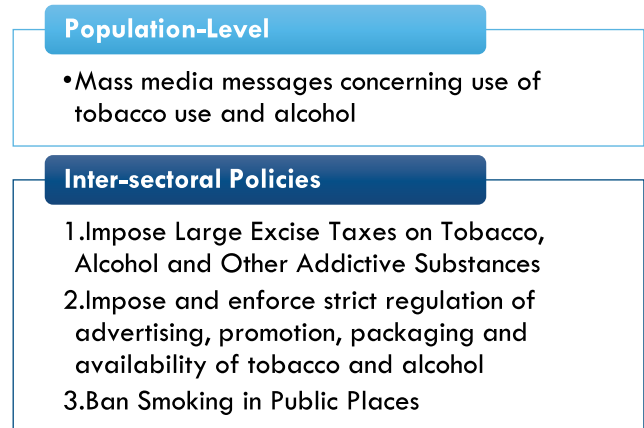


National Action Framework for NCD and mental health is linked to both EPHS and Inter-sectoral policies in

Pakistan at national and provincial/ area level. Package of Essential Non-communicable disease (PEN) interventions are an integral part of UHC - BP. Tools for implementation of NCD related inter-sectoral interventions include:



Following is the Tobacco Interventions that have been prioritized in whole deliberative and consultative process of development of UHC-BP.



# COUNTRY ACHIEVEMENTS

Following are some major achievements for tobacco control in Pakistan:

Enhancement of size of Pictorial Health Warning on cigarette packs and outers to 60%

Ban on free goods, cash rebates, free samples, discount or goods below the market value offered for the purpose of advertisement of tobacco or tobacco products.

Ban on manufacturing or offering for sale sweets, snacks and toys in the form of cigarettes that may appeal to any person under the age of eighteen

Ban on printing of messages on the packet that directly or indirectly promote a specific brand or cigarette usage

Ban on manufacturing, importing and selling of cigarette packs having less than 20 cigarette sticks

Declaration of places of public work or use completely smoke-free/ Illegalization of "Designated Smoking Areas"

Reconstitution of Committee on Tobacco Advertisements Guidelines (CTAG)

Establishment of Provincial Tobacco Control Cell in Khyber Pakhtunkhwa

Designation of Tobacco Focal Points in all the Provincial Health Departments

Pakistan is member of High level Inter-ministerial Group on control of tobacco & Emerging products in Eastern Mediterranean Region

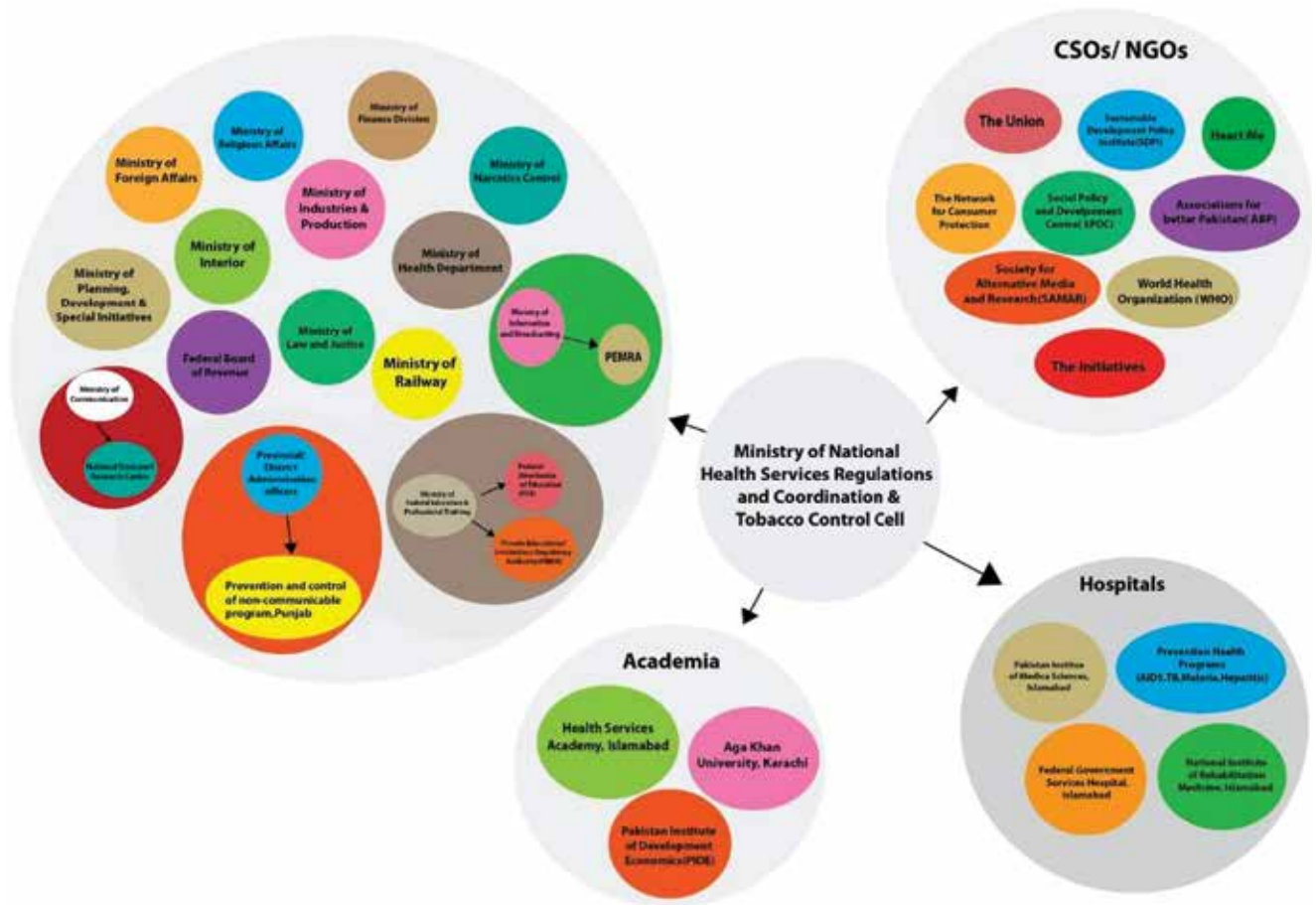
Inclusion of Messages on Harmful effects of Tobacco use in Revised Lady Health Worker's Curriculum with the goal of discouraging its use to underserved populations in rural and urban areas

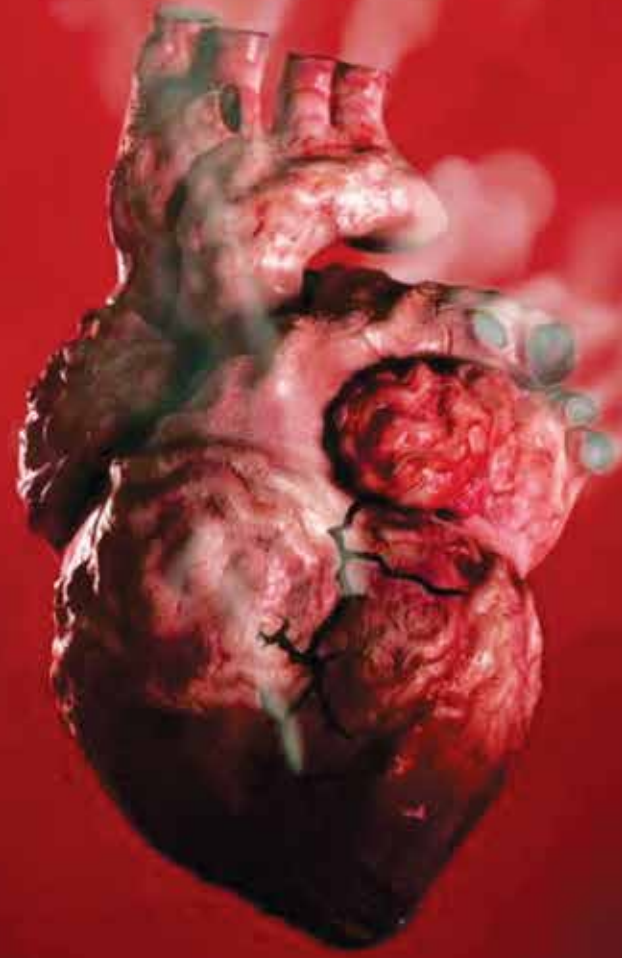
Inclusion of Smoking status indicator in Tuberculosis Patient Card to collect accurate data of smokers in TB patients in country



# WORKING IN PARTNERSHIP

Reductions in smoking prevalence cannot be achieved by Governments alone. A strength of the Pakistan approach to tobacco control has been the strong and enduring partnerships developed between Governments, non-Government organizations and community-based organizations & civil societies to reduce the harm caused by smoking. These partnerships assist in underpinning the continued roll-out of policies and programs to tackle harmful effects of tobacco and tobacco related products and contribute to efforts to 'close the gap' in relation to health outcomes





**Hundreds of millions  
of tobacco users don't  
realize tobacco causes  
heart disease**





## GUIDING PRINCIPLES

<p><b>Governance</b></p> <p>Strengthen national capacity infrastructure</p>	<p><b>Tobacco industry influence</b></p> <p>combating/countering Fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests</p>	<p><b>Evidence-based strategies</b></p> <p>Evidence-based policy interventions towards demand reduction and supply restrictions</p>
<p><b>Integrated approach</b></p> <p>Integrated Prevention and control of NCDs at PHC level by mainstreaming tobacco control in all health care programs (like TB, MNCH Programs, cancer etc.) and healthcare professionals.</p>	<p><b>Multi-sectoral action</b></p> <p>Inter-sectoral collaboration at Federal and Provincial levels as well as professional organizations civil society and academia</p>	<p><b>Cost effective interventions</b></p> <p>Promote cost effective interventions (WHO Best Buys and UHC-BP)</p>
<p><b>Surveillance, monitoring and research</b></p> <p>Evidence-based data for relevant action (GYTS and GATS)</p>	<p><b>Sustainability</b></p> <p>Approval of the Finalized strategy by Secretary Ministry of NHR&amp;C</p>	

*These guiding principles are in alignment with FCTC obligations.*

# NATIONAL TOBACCO CONTROL STRATEGY



**Vision**

Creating tobacco-free environment by enhancing implementation of tobacco control measures for translating into reality the concept of Universal Health Coverage



**GOAL**

**“To achieve sustainable tobacco control in Pakistan for reducing the morbidity & mortality caused by tobacco-related diseases”**



**OBJECTIVES**

**Based upon the WHO global targets, the National Tobacco Control Strategy has adopted following objectives:**

- To reduce the prevalence by 30% of all forms of tobacco usage by 2030 through effective implementation of FCTC and MPOWER strategies
- To implement the action plan for decreasing availability and accessibility of tobacco and new emerging tobacco products
- To improve coordination with provinces, partners & relevant cross sectors for sustainable country-level tobacco control initiatives
- To establish comprehensive monitoring mechanisms to track compliance to the National laws


# SETTING THE CONTEXT

This section describes briefly a unified and common set of National, Provincial/ Area strategic priorities and actions to control tobacco epidemic. Aligned to the FCTC and MPOWER strategic priorities, the National tobacco control strategies will further add actions at provincial level, along with further elaboration of the common actions.

This National Tobacco Control Strategy builds its narrative on FCTC strategic areas to ensure access, coverage, quality and safety - essential requisite for achieving tobacco control related SDGs through an integrated approach and ultimately contributing to the progress on Universal Health Coverage in Pakistan.

The challenges and strategic actions will form the basis of the over- arching technical support that the Federal Government and partners will offer and coordinate the provinces/ federating areas.



An aerial photograph of a village nestled in a valley, with a river flowing through it. The houses have dark roofs, and the surrounding landscape is hilly and forested. The entire image has a dark, teal-blue color cast.

**100% smoke-free  
environments are the only  
proven way to adequately  
protect the health of people  
from the harmful effects of  
second-hand tobacco  
smoke**

# STRATEGIC ACTIONS



GOVERNANCE		FCTC Article 5
CHALLENGES	STRATEGIC ACTIONS	
<ul style="list-style-type: none"> <li>▪ Governance has been a constant challenge, undermining qualitative service delivery for tobacco control through a defined strategic framework</li> <li>▪ Political will at various levels of decision making is not strong enough to be translated into adequate material resources for curbing tobacco challenge</li> <li>▪ Enforcement &amp; compliance of tobacco control laws has remained a challenge</li> <li>▪ Tobacco Industry Influence is a major bottleneck</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establishment of Federal Steering Committee with representation from relevant Government organizations for tobacco control to oversee the implementation of existing ordinance</li> <li>▪ Develop National Tobacco Control Strategy while ensuring Provincial autonomy and diversity</li> <li>▪ Bring National legislation in conformity with FCTC provisions</li> <li>▪ Strengthen tobacco control activities in Pakistan through multifaceted efforts starting from planning, resource mobilization, institutional strengthening, public-private partnership and monitoring</li> <li>▪ To expose and counter industry behavior that undermines public health measures for tobacco control</li> <li>▪ Strengthen coordination with provinces for implementation of tobacco control laws</li> <li>▪ Ensure strict implementation of penalties for violation of tobacco control laws</li> </ul>	

PRICE AND TAX MEASURES TO REDUCE THE DEMAND FOR TOBACCO		FCTC Article 6
CHALLENGES	STRATEGIC ACTIONS	
<ul style="list-style-type: none"> <li>▪ Resistance to taxation reforms on tobacco and new tobacco products</li> <li>▪ Non-existence of a National tobacco taxation policy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bring all tobacco products under uniform tax net</li> <li>▪ Provide recommendations on tax reforms to raise revenue efficiently and equitably</li> <li>▪ Regularly adjusting tax rates according to inflation and income growth to reduce affordability of tobacco products</li> <li>▪ Establish Federal committee on tobacco tax policies and control of illicit trade of tobacco</li> </ul>	

PROTECTION FROM EXPOSURE TO TOBACCO SMOKE		FCTC Article 8
CHALLENGES	STRATEGIC ACTIONS	
<ul style="list-style-type: none"> <li>▪ Ineffective implementation of smoke free policies</li> <li>▪ Weak coordination between Health Departments</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen enforcement of existing smoke free policies across country</li> </ul>	

CHALLENGES	STRATEGIC ACTIONS
<p>and District Implementation Monitoring committees on TC activities</p>	<ul style="list-style-type: none"> <li>▪ Utilize the services of provincial and district tobacco control focal points and with the help of respective Governments</li> <li>▪ Ensure effective legislative, executive, administrative and/or other measures, providing protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places, hotels &amp; restaurants and, as appropriate, other public places</li> </ul>

<h2>REGULATION OF THE CONTENTS AND DISCLOSURE OF TOBACCO PRODUCTS</h2>	<p>FCTC Article 9 &amp; 10</p>
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CHALLENGES	STRATEGIC ACTIONS
<ul style="list-style-type: none"> <li>▪ Insufficient regulatory powers to enforce standards for monitoring tobacco product ingredients</li> <li>▪ Absence of institutional capacity with well-defined functions for testing, measuring and monitoring and generation of the evidence regarding the contents and emissions of tobacco products</li> <li>▪ Reliance on the data reported by tobacco industry regarding contents and emissions of tobacco products serves as major challenge</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regulation of tobacco product ingredients in order to reduce their attractiveness, addictiveness, and toxicity <ul style="list-style-type: none"> <li>▪ Prohibiting or restricting ingredients which may be used to increase tastiness in tobacco products, including added sugars and sweeteners, flavorings, herbs and spices</li> <li>▪ Prohibiting or restricting ingredients in tobacco products that have coloring properties</li> <li>▪ Prohibiting or restricting ingredients used to create the impression that products have health benefits (such as vitamins, essential oils, and amino acids)</li> <li>▪ Prohibiting or restricting ingredients associated with energy and vitality (such as stimulants)</li> </ul> </li> <li>▪ Prohibition of misleading descriptors on tobacco products</li> <li>▪ Test random samples of tobacco products and compare findings on the contents and emissions of products with the data provided by the tobacco industry</li> <li>▪ Initiate services of tobacco testing laboratories in country that should also be accredited in accordance with the International Organization for Standardization (ISO) Standard 17025 for testing of tobacco products</li> </ul>



## PACKAGING AND LABELLING OF TOBACCO PRODUCTS

FCTC Article 11

### CHALLENGES

- Lack of legal measures addressing application of requirements on all tobacco products, whether domestically manufactured or imported
- Lack of control on tobacco packaging that serves as a potent marketing and advertising tool
- Influence of Tobacco industry to prevent or delay implementation of Pictorial/graphical health warnings on tobacco products

(Pack design and color are used to manipulate people's perception of the level of harm and increase the products' appeal, especially among the young, including young women)

### STRATEGIC ACTIONS

- Need for coordinated efforts for the enforcement and enhancement of display of pictorial/graphical health warning on packaging and labeling of all tobacco products
- Continuation of National Specification Committee for providing recommendations on rotation and enhancement on size of pictorial/graphical health warning every two years
- Introduce Plain packaging regulations for all tobacco products
- Strict prohibition on false, misleading, or deceptive packaging and labeling on the entire package, inside and out, and to the product itself

## EDUCATION, COMMUNICATION AND PUBLIC AWARENESS

FCTC Article 12

### CHALLENGES

- Lack of comprehensive multi-sectoral approach to raise tobacco health risk awareness especially among school age children, youth and socially disadvantaged people
- Lack of advocacy, behavioral change communication, information exchange, and evidence-based decision making through joint efforts with various sectors to encounter the challenges of interference of tobacco industry
- Non-existence of sustainable financing mechanism for implementation of mass media campaign programs

### STRATEGIC ACTIONS

- Integration of harmful effects of tobacco & tobacco prevention activities and awareness sessions at all levels of education (primary, secondary, university including medical colleges) in joint efforts with relevant organizations and departments
- Utilize outreach, community members and key stakeholders (local community boards, community-based organizations, and influential decision makers) to support the prevention and reduction of tobacco use
- Clinicians need to integrate tobacco counselling into health assessments for all (especially youth and women)
- Utilization of internet marketing (social media platform) to communicate people on the health, social, economic and environmental consequences of tobacco production, consumption and exposure to tobacco smoke
- Mainstreaming tobacco control messaging including mass media campaigns in all health care programs (like TB, HIV/AIDS etc.) through health systems strengthening
- Sustainable wider support and collaborations with the community must be solicited during mass awareness/ advocacy programs to ensure least interference of resilient tobacco industry
- Ensure broad public access to information regarding the adverse health, economic, and environmental consequences of tobacco production



CHALLENGES	STRATEGIC ACTIONS
	<ul style="list-style-type: none"> <li>and consumption</li> <li>Allocate finances for sustained mass media campaigns</li> </ul>

## TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP FCTC Article 13

CHALLENGES	STRATEGIC ACTIONS
<ul style="list-style-type: none"> <li>Interference of Tobacco Industry in public health policies</li> <li>Lack of implementation on retail display bans (point-of-sale display ban) have been challenged on the grounds of freedom of commercial speech/expression either in terms of ability to communicate or consumer's ability to receive marketing information (brand names and prices)</li> <li>Retailer's participation in tobacco industry incentive programs</li> </ul>	<ul style="list-style-type: none"> <li>Enact and enforce comprehensive ban on Corporate social responsibility (CSR) (direct and indirect tobacco advertising, promotions, and sponsorships including all form of commercial communication, recommendation or action and all forms of contribution to any event, activity for promoting a tobacco product)</li> <li>Strengthen efforts to reduce tobacco industry interference</li> <li>Strengthen monitoring system to check compliance on retailer's participation in incentive programs</li> </ul>

## DEMAND REDUCTION MEASURES CONCERNING TOBACCO DEPENDENCE AND CESSATION FCTC Article 14

CHALLENGES	STRATEGIC ACTIONS
<ul style="list-style-type: none"> <li>Inadequate infrastructure and standards, along with poor-quality tobacco cessation services that includes the sustainable resources required to support tobacco measures</li> <li>Absence of assistance to offer tobacco users to quit</li> <li>Critical shortage of trained health care professionals for providing evidence-based tobacco cessation treatments</li> <li>Availability of expensive nicotine replacement therapy (NRT) products</li> </ul>	<ul style="list-style-type: none"> <li>Integrate sustainable tobacco cessation clinics across all levels of existing health care facilities</li> <li>Ensure trained and certified physicians at tobacco cessation clinic for providing effective tobacco dependence treatment, counselling, and medications to help clients quit successfully from the usage of tobacco products</li> <li>Ensure availability of affordable NRT at cheaper rates by subsidizing them</li> <li>Ensure implementation of WHO Best Buys and prioritized UHC-BP tobacco control interventions</li> </ul>

## ILLICIT TRADE IN TOBACCO PRODUCTS FCTC Article 15

CHALLENGES	STRATEGIC ACTIONS
<ul style="list-style-type: none"> <li>Illicit Trade (smuggled, counterfeit and non-duty paid locally manufactured products) undermines the possible effects of tobacco taxes in reducing consumption</li> <li>Lack of orientation of newly signed protocol i.e.,</li> </ul>	<ul style="list-style-type: none"> <li>Enhance and ensure close coordination with Federal Board of Revenue for implementation of protocol</li> <li>Establish tracking and tracing regime activities</li> <li>Strengthen enforcement of the Tobacco Vend Act 1958, by licensing of manufacturers and also</li> </ul>

CHALLENGES	STRATEGIC ACTIONS
<p>“Eliminate Illicit Trade in Tobacco Products”</p> <ul style="list-style-type: none"> <li>▪ Adapting and enforcement of the Tobacco Vend Act 1958</li> <li>▪ Lack of coordination with relevant authorities responsible for controlling illicit trade in all tobacco products</li> </ul>	<ul style="list-style-type: none"> <li>▪ requiring licenses for all businesses which sell tobacco products, including banning tobacco retailers selling tobacco products without a tobacco vend license</li> <li>▪ Illicit trade needs to be addressed by multi-sectoral collaboration bringing together revenue, customs, border control, justice, and other relevant Government departments</li> </ul>

<b>SALES TO AND BY MINORS</b>	FCTC Article 16
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CHALLENGES	STRATEGIC ACTIONS
<ul style="list-style-type: none"> <li>▪ A central challenge to FCTC implementation is the effective enforcement of sales-to-minors regulations</li> <li>▪ Innovations in tobacco products are complicating the issue of both marketing and minor access restrictions.</li> <li>▪ Implementation of regulatory measures on restriction of sale of loose cigarette is weak</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhance enforcement of laws that ban tobacco sales to minors can reduce access of minors to tobacco products</li> <li>▪ Institute heavy penalties against sellers and distributors who violate minor access regulations</li> <li>▪ Prohibition of the sales of tobacco products including loose cigarettes to minors which increase the affordability of such products to minors</li> <li>▪ Ensure compliance of prohibition of tobacco shop and distribution of tobacco products close to an educational institution</li> <li>▪ Establish a uniform monitoring system for sales-to-minor’s compliance checks</li> <li>▪ Each tobacco purchaser must display appropriate evidence of having reached full legal age to sell tobacco products</li> </ul>

<b>RESEARCH, SURVEILLANCE, AND EXCHANGE OF INFORMATION</b>	FCTC Article 20
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CHALLENGES	STRATEGIC ACTIONS
<ul style="list-style-type: none"> <li>▪ Absence of updated and reliable data and information system for monitoring tobacco indicators</li> <li>▪ Poor quality research is conducted with limited capacity and resources which is critical for effective tobacco control planning, implementation and monitoring</li> <li>▪ Research is often conducted in silos, seldom relevant to local issues as a result of lack of connection between researchers, implementers, and policy makers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure implementation of accurate information system and generation of reliable data to be utilized for lesson learning and further reforms</li> <li>▪ Good quality research to determine the long-term cost effectiveness of tobacco interventions by providing cost data on the same, while also addressing the concern of whether policies in the health sector are achieving the desired results</li> <li>▪ Strengthen the partnership between Ministry of NHR&amp;C, national research and academic institutes, for conducting collaborative research on tobacco control, emerging tobacco products etc.</li> <li>▪ Build capacity among tobacco control advocates</li> </ul>

CHALLENGES	STRATEGIC ACTIONS
	<p>and researchers to strengthen the localized evidence base approaches</p> <ul style="list-style-type: none"><li data-bbox="810 344 1442 416">▪ GATS and GYTS surveys should mandatorily be conducted every 3 to 5 years</li><li data-bbox="810 427 1442 499">▪ Integration of key tobacco indicators in ongoing survey/census to monitor tobacco use trends</li></ul>

# MONITORING FRAMEWORK

Key indicators to monitor the implementation of Action Plan adopted from “Regional framework for action on tobacco control, 2019–2023” are as following:

Strategic Intervention	Progress Indicator	Relevant WHO Framework Convention on Tobacco Control (FCTC)
<b>GOVERNANCE AND POLITICAL COMMITMENT</b>		
<ul style="list-style-type: none"> <li>▪ <b>Become a Party to the WHO FCTC</b></li> <li>▪ <b>Develop national tobacco control strategies, plans and programs aligned with the WHO FCTC</b></li> <li>▪ <b>Assign a full-time focal point for tobacco control</b></li> <li>▪ <b>Adopt measures to protect public health policies from the influence of the tobacco industry</b></li> <li>▪ <b>Ensure the sustainability of tobacco control programs</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ A comprehensive national tobacco control law is in place, in line with WHO FCTC commitments</li> <li>▪ Comprehensive, multisectoral national tobacco control strategies, plans and programs, consistent with the WHO FCTC, are enacted</li> <li>▪ A designated national multisectoral coordinating mechanism for tobacco control is in place</li> <li>▪ A tobacco control focal point is in place</li> <li>▪ Measures to address Article 5.3 of the WHO FCTC are included in national tobacco control plans</li> <li>▪ Funding is available in the ministry of health budget for tobacco control programs</li> </ul>	<b>Article 5</b>
<b>DEMAND REDUCTION</b>		
<ul style="list-style-type: none"> <li>▪ <b>Increase tobacco taxes to at least 75% of the retail price, and include all tobacco products in tax increases</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Tobacco tax is at least 75% of retail price for all tobacco products, through using excise tax</li> </ul>	<b>Articles 6–14</b>
<ul style="list-style-type: none"> <li>▪ <b>Expand current smoke-free policies to cover all public places and workplaces</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ All public places and workplaces are totally smoke-free with no designated smoking areas</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Establish a complete ban on tobacco advertising, promotion and sponsorship, including a ban on tobacco promotion in drama</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ All forms of tobacco advertising, promotion or sponsorship are banned</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Enforce graphic health warnings at least 50% of the pack size on all tobacco products and packaging in line with WHO FCTC guidelines</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ All tobacco products have graphic health warnings at least 50% of pack size</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Incorporate delivery of brief cessation advice into essential services package for primary health care, including establishment of</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Brief tobacco cessation advice is integrated into primary health care, health promotion, risk reduction and disease control programs. Primary health care workers are trained in brief tobacco cessation advice. Quit line is</li> </ul>	

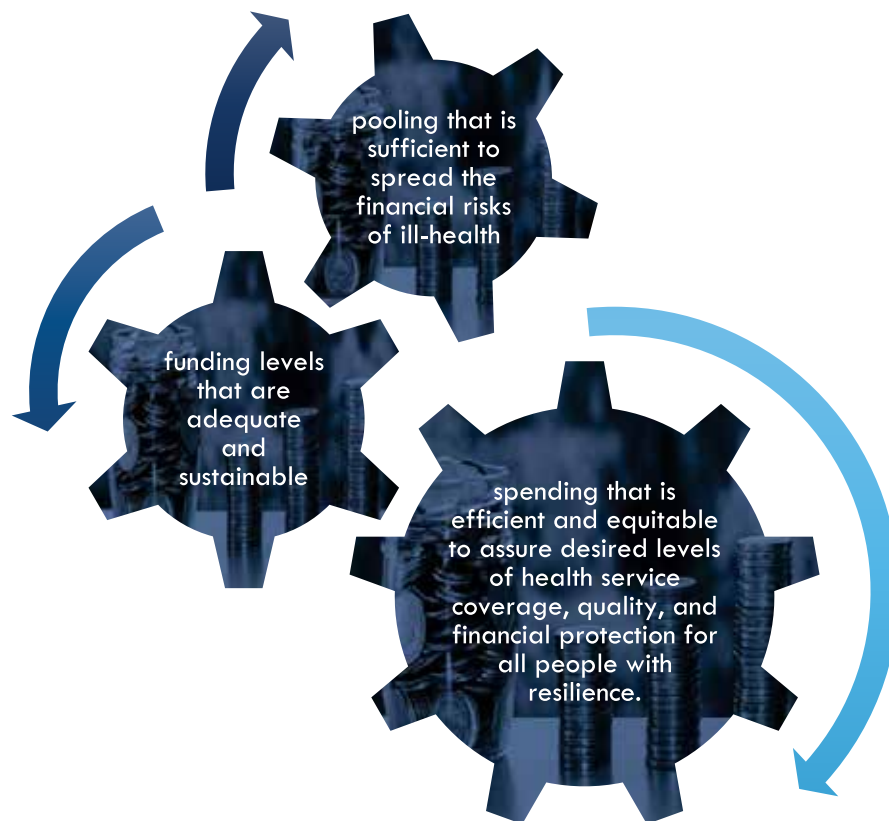
Strategic Intervention	Progress Indicator	Relevant WHO Framework Convention on Tobacco Control (FCTC)
quit line, and ensure availability of nicotine replacement therapy and mandate training of all health professionals in giving brief cessation advice	established	
<b>SUPPLY RESTRICTION</b>		
<ul style="list-style-type: none"> <li>▪ For Member States that are Parties to the WHO FCTC, pursue ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products</li> <li>▪ Adopt measures to minimize illicit trade in tobacco products</li> <li>▪ Ban tobacco sales to and by minors</li> <li>▪ Transition tobacco farmers towards other crops</li> <li>▪ Eliminate incentives for tobacco agriculture</li> </ul>	<ul style="list-style-type: none"> <li>▪ The number of WHO FCTC Parties that have ratified the Protocol to Eliminate Illicit Trade in Tobacco Products has increased to nine</li> <li>▪ Tracking and tracing system of tobacco products is in place</li> <li>▪ Legislation banning sales of tobacco products to and by minors is enacted in all Member States</li> <li>▪ Policies and programs to reduce tobacco agriculture are being established</li> </ul>	<b>Articles 15–17</b>
<ul style="list-style-type: none"> <li>▪ Regularly implement standard global/regional surveys (e.g., Global Tobacco Surveillance System surveys) and evaluation on tobacco control activities and disseminate results widely</li> <li>▪ Institute research to monitor tobacco industry efforts to circumvent tobacco control in the Region</li> </ul>	<ul style="list-style-type: none"> <li>▪ National adult and youth surveys are regularly conducted, every 5 years</li> <li>▪ Tobacco industry monitoring and research is actively being implemented in the Region</li> </ul>	<b>Article 20 and part of Article 5</b>

# FINANCING

**Bloomberg Initiative (BI)** awards funds in Pakistan for the projects delivering high-impact tobacco control interventions aiming to reduce tobacco control in Pakistan. Tobacco Control Cell, Ministry of NHR&C secures grant from Bloomberg Foundation USA from 2008 until present to strengthen the existing tobacco control interventions. The BI extends project grant, considering the progress achieved by Pakistan in tobacco control activities.

The Government of Pakistan has finalized a generic costed Essential Package of Health Services / UHC benefit package that is to be implemented across five levels of health service delivery. Provincial/ area level localization has also been done considering local situation, milestones and priorities. NCD interventions including Tobacco Control are included. Intersectoral interventions/ policies are being prioritized from the 71 DCP3 recommended interventions entailing tobacco control interventions as well.

The success of the National Tobacco Control Strategy and UHC Benefit Package is dependent on high-performance health financing based on:



On the direction of Inter-Ministerial Health & Population Council, the Ministry is also working to develop a health financing strategy to ensure enhanced generation of resources for health, pooling of funds, purchasing and provision of services.



**100% smoke-free environments are the only proven way to adequately protect the health of people from the harmful effects of second-hand tobacco smoke**



# FORMULATION OF TOBACCO CONTROL OPERATIONAL ACTION PLAN

In line with the strategic direction already set out in the National Tobacco Control Strategy, Tobacco Control Action plan has been developed with consultation from provincial health departments, nongovernment organizations and civil societies organizations. The Action plan is intended to reflect comprehensive set of interventions in line with obligations as a Party to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The document outlines action areas and recommended activities Timeframes for key indicators are provided and those involved in the development and implementation of activities have been identified.

The consultation process for development of the Action plan for Tobacco Control provided stakeholders with a number of avenues through which to contribute their feedback. These consisted of:

<p><b>1</b></p> <p>Development of draft action plan by Tobacco Control Cell at Ministry of NHR&amp;C</p>	<p><b>2</b></p> <p>A consultative meeting of core team constituting designated provincial tobacco control focal persons held at the Ministry of NHR&amp;C in May 2022</p>	<p><b>3</b></p> <p>Distribution of a draft document for seeking comments</p>
<p><b>4</b></p> <p>A consultative Meeting for finalization of Tobacco Control Action Plan in all 4 provinces was held in June 2022</p>	<p><b>5</b></p> <p>Distribution of a draft strategy to relevant stakeholders seeking further comments</p>	<p><b>6</b></p> <p>Collation of stakeholder comments and recommendations</p>
<p><b>7</b></p> <p>Finalization of the Action plan by the core team members</p>		

The action areas and recommended activities described in action plan has been attached as Annexure D



# TOBACCO CONTROL OPERATIONAL ACTION PLAN

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
<b>A-5: Governance</b>	Develop Tobacco Control (TC) Strategy while ensuring provincial autonomy and diversity	<ul style="list-style-type: none"> <li>Develop draft and share with partners</li> <li>Conduct National Consultation meeting with Federal and provincial and tobacco control stakeholders</li> <li>Approval of draft in inter-ministerial meeting</li> <li>Launch of Strategy</li> </ul>	National Tobacco Control Strategy Developed	2022	29,200,000	Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell (TCC), Ministry of National Health services, Regulations & Coordination, (M/o NHR&C)
	Bring legislation conformity with FCTC provisions	<ul style="list-style-type: none"> <li>Coordinate with relevant departments/stakeholders</li> <li>Recommendation for inclusion of new tobacco products in existing ordinance and any other</li> </ul>	Upgradation of Existing Tobacco Control laws/policies Laws formulated and passed/ SRO issued	2023		Provincial Tobacco Control Focal persons, Excise and Taxation Department, Provincial, Education Department Provincial and District Administration Law and Parliamentary	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
						Affairs Department, The Union, WHO	
	Strengthen TC activities in Pakistan through multifaceted efforts starting from planning, resource mobilization, institutional strengthening, PPP and monitoring	<ul style="list-style-type: none"> <li>▪ Adoption of evidence based best practices for tobacco control</li> <li>▪ Strengthen mechanisms for resource mobilization in tobacco control agenda</li> <li>▪ Allocation of funds by provinces for TC activities</li> <li>▪ Building partnerships and coordination with health departments and relevant organizations</li> </ul>	Tobacco Control activities strengthened country wide at National and provincial level	2022 (ongoing)		Provincial Tobacco Control Focal persons, Excise and Taxation Department, Provincial Education Department, Provincial and District Administration Law and Parliamentary Affairs Department, The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Expose and counter industry behavior that undermines public health measures for TC	<ul style="list-style-type: none"> <li>▪ Maintain transparency while interaction with the tobacco industry on tobacco control matters</li> <li>▪ Discourage partnerships and non-enforceable</li> </ul>	Protection of public health policies from vested interest of Tobacco Industry	2023		Provincial Tobacco Control Focal persons, Provincial and District Administration	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
		<p>agreements with Tobacco industry</p> <ul style="list-style-type: none"> <li>Discourage industry involvement in policymaking, public education, or other tobacco control initiatives</li> <li>Create awareness for tobacco industry tactics</li> <li>Mapping and development of registry of all representatives of the tobacco industry, their allies, front groups, affiliated organizations, and individuals acting on their behalf</li> </ul>				The Union, WHO	
	Strengthen coordination with provinces for implementation of tobacco control laws	<ul style="list-style-type: none"> <li>Designate provincial tobacco control focal persons</li> <li>Establish Tobacco Control Cell in each province</li> <li>Notify and establish Provincial Implementation Monitoring Committee</li> <li>Ownership and responsibility of focal persons for activities in their jurisdiction</li> </ul>	Coordination with provinces strengthened Dedicated resources (human & financial) allocated	2023		TCC, Ministry of NHR&C and Provincial Tobacco Control Focal persons The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
		<ul style="list-style-type: none"> <li>Quarterly coordination meeting with provinces</li> </ul>					
	Ensure strict implementation of penalties for violation of tobacco control	<ul style="list-style-type: none"> <li>Coordinate with district administration to ensure               <ul style="list-style-type: none"> <li>warnings and on-the-spot fines</li> <li>Initiate legal proceedings for breaches of the smoking laws</li> </ul> </li> <li>Respond to complaints</li> <li>inspect premises</li> <li>provide advice about the smoking laws</li> <li>develop monitoring and reporting mechanism</li> </ul>	Strict implementation & compliance of tobacco control laws	2022 (ongoing)		Provincial Tobacco Control Cell, Provincial Health Department Provincial Focal persons, Provincial District Administration The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Establishment of Federal Steering Committee with representation from relevant Government organization for Tobacco Control to oversee the implementation of existing ordinance	<ul style="list-style-type: none"> <li>Mapping of members for the committee</li> <li>Conduct regular meeting</li> </ul>	Tax Recommendation Committee established	2022		Tobacco Control Cell, NHSR&C The Union, WHO	Tobacco Control Cell, M/o NHSR&C

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
A-6 Price and Tax measures to reduce the demand of tobacco	Regularly adjusting tax rates according to inflation and income growth making it less affordable	<ul style="list-style-type: none"> <li>Provide recommendations to relevant higher authorities for inflation adjusted tax raise on tobacco products</li> </ul>	Reduction in affordability of tobacco products	2022		Tobacco Control Cell, NHSR&C M/o	Tobacco Control Cell, M/o NHSR&C
	Bring all tobacco products under uniform tax net	<ul style="list-style-type: none"> <li>Coordination with Excise and Taxation department <ul style="list-style-type: none"> <li>Data collection of numbers and geographical distribution of retail tobacco outlets</li> <li>Registration of retail tobacco outlets</li> <li>Monitoring by local administration</li> </ul> </li> </ul>	All Tobacco vendors registered to pay tax	2022		Provincial Tobacco Control Focal persons, Provincial and District Administration The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Provide Recommendations on Tax reforms to raise revenue efficiently and equitably	<ul style="list-style-type: none"> <li>Provide recommendations to relevant higher authorities</li> </ul>	Improved Tax Reforms	2022		Provincial Tobacco Control Focal persons The Union, WHO	Tobacco Control Cell, M/o NHSR&C
	Establish Federal committee on tobacco tax policies and control of illicit trade of tobacco	<ul style="list-style-type: none"> <li>Provide recommendations to relevant higher authorities</li> </ul>	Improved Tax Reforms	2022		Provincial Tobacco Control Focal persons The Union, WHO	Tobacco Control Cell, M/o NHSR&C



FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
<p><b>A-8 Protection from exposure to tobacco smoke</b></p>	<p>Ensure effective legislative, executive, administrative and/or other measures, providing protection from exposure to tobacco smoke in indoor work places, public transport, indoor public places, hotels &amp; restaurants and, as appropriate, other public places</p>	<ul style="list-style-type: none"> <li>■ Ensure Strict implementation of existing laws to achieve smoke free environment</li> <li>■ Development of check list</li> <li>■ (Written policy, signage, no ashtray)</li> <li>■ Periodic orientation sessions to relevant organizations</li> <li>■ Coordination with PEMRA on TAPS</li> </ul>	<p>Enhanced protection from exposure to tobacco smoke</p>	<p>2022</p>	<p>1,240,000</p>	<p>Provincial Tobacco Control Cell, Provincial Health Department Focal persons, Provincial and District Administration Provincial food Authorities, Health Development Partners The Union, WHO PEMRA</p>	<p>Provincial Tobacco Control Cell, Provincial Health Department</p>
	<p>Strengthen enforcement of existing smoke free policies across country by utilizing the services of provincial and district focal points and with the help of respective departments</p>	<ul style="list-style-type: none"> <li>■ Raising awareness in public</li> <li>■ Establishment of District administration committees</li> <li>■ Sharing of information and guidance from legislative authorities</li> </ul>	<p>Enhanced protection from exposure to tobacco smoke  Increased advocacy against tobacco usage</p>	<p>2023</p>		<p>Provincial Tobacco Control Cell, Provincial Health Department Focal persons, Health Development Partners Provincial and District Administration The Union, WHO</p>	<p>Provincial Tobacco Control Cell, Provincial Health Department</p>

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
<b>A-9&amp;10 Regulation of the contents and disclosure of tobacco products</b>	Regulation of tobacco product ingredients in order to reduce their attractiveness, addictiveness, and toxicity	<ul style="list-style-type: none"> <li>Adoption and implementation of WHO guidelines for testing and measuring the contents</li> <li>Conduct capacity building to test tobacco products for analytical measurements</li> </ul>	Contents Regulated	2025	840,000	Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C
	Prohibition of misleading descriptors on tobacco products	<ul style="list-style-type: none"> <li>Adoption of effective measures for public disclosure of information about the toxic constituents</li> <li>Introduction of risk statements on the package with the warning label</li> </ul>	Contents Regulated	2025		Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C
	Test random samples of tobacco products and compare findings on the contents and emissions of products with the data provided by the tobacco industry	<ul style="list-style-type: none"> <li>Demand of content related data generated by TI for analysis</li> </ul>	Generation of reliable data of Tobacco products	2025		Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO) Health Development Partners	Tobacco Control Cell, M/o NHR&C
	Initiate services of tobacco testing laboratories in country that should also be	<ul style="list-style-type: none"> <li>Use an external laboratory for reliable results</li> </ul>	Generation of reliable data of Tobacco products	2025		Provincial Tobacco Control Focal persons,	Tobacco Control Cell, M/o NHR&C

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	accredited in accordance with the International Organization for Standardization (ISO) Standard 17025 for testing of tobacco products					The Union, World Health Organization (WHO) Health Development Partners	
<b>A-11 Packaging &amp; Labelling of tobacco products</b>	Need for coordinated efforts for the enforcement and enhancement of display of pictorial /graphical health warning on packaging and labeling of all tobacco products (both smoked and smokeless products)	<ul style="list-style-type: none"> <li>■ Ensure prominent health warnings and messages with larger fonts and picture size on cartons and dandas</li> <li>■ Ensure identification and display of multiple health warnings and messages on point of sales</li> <li>■ Periodic revision of health warnings and messages on point of sales through district administration</li> </ul>	Tobacco usage Reduction through reforms in packaging and labelling that would appeal low target audiences	2022	50,000	Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C
	Continuation of National Specification for committee providing recommendation on rotation and enhancement on size of pictorial/graphical health warning every two years	<ul style="list-style-type: none"> <li>■ Biannual Meeting of committee members on update of relevant subject</li> </ul>	Tobacco usage Reduction through reforms in packaging and labelling that would appeal low target audiences	2022		Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	Introduce Plain packaging regulations for all tobacco products	<ul style="list-style-type: none"> <li>Provide recommendations to National Specification Committee for introducing plain packaging on all tobacco products</li> </ul>	Tobacco usage Reduction through reforms in packaging and labelling that would appeal low target audiences	2022		Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C
	Strict prohibition on false, misleading, or deceptive packaging and labeling on the entire package, inside and out, and to the product itself	<ul style="list-style-type: none"> <li>Provide recommendations to National Specification committee for introducing plain packaging on all tobacco products</li> </ul>	Tobacco usage Reduction through reforms in packaging and labelling that would appeal low target audiences	2022		Provincial Tobacco Control Focal persons, The Union, World Health Organization (WHO)	Tobacco Control Cell, M/o NHR&C
<b>A- 12 Education, Communication and Public Awareness</b>	Integration of harmful effects of tobacco & tobacco prevention activities and awareness sessions at all levels of education, Utilizing outreach, community members, key stakeholders and clinicians, utilization of social media platform, preventive programs	<ul style="list-style-type: none"> <li>Enhancement of health promotion using mass media programs on hazards of tobacco use and other impacts</li> <li>Develop and implement effective and appropriate basic curricula (tool kit for educational institutes) and training programs</li> </ul>	Tobacco usage Reduction through reforms in packaging and labelling that would appeal low target audiences	2022 ongoing	5,900,00	Provincial Tobacco Control Focal persons, Provincial and District Administration Department of Education	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
		<ul style="list-style-type: none"> <li>Addition of Anti- tobacco messages on Government emails, official letters</li> <li>Awareness raising campaign in educational institutes</li> </ul>				The Union, WHO	
	Sustainable wider support and collaborations with the community must be solicited during mass awareness/ advocacy programs to ensure least interference of resilient tobacco industry	<ul style="list-style-type: none"> <li>Provision of relevant and adequate health education and information to the community through wide media coverage, especially youth</li> </ul>	Raised awareness against tobacco usage	2022 ongoing		Provincial Tobacco Control Focal persons, Provincial District Administration The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Ensure broad public access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption	<ul style="list-style-type: none"> <li>Develop guidance and awareness raising messages for professionals in the health care system</li> <li>Strengthening of existing health communication mechanism</li> </ul>	Tobacco control Information and communication system strengthened	2024		Provincial Tobacco Control Focal persons, Provincial District Administration The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Allocate finances for sustained mass media campaigns	<ul style="list-style-type: none"> <li>Recommendations by TC focal person to find ways for sustainable activities</li> </ul>	Sustainable mass media campaigns	2022		Provincial Tobacco Control Focal persons,	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
						Provincial and District Administration The Union, WHO	
<b>A-13 - Tobacco Advertising, Promotion and Sponsorship (TAPS)</b>	Enact and enforce comprehensive ban on tobacco advertising, promotions, and sponsorships including all form of commercial communication, recommendation or action and all forms of contribution to any event, activity for promoting a tobacco product		Comprehensive ban imposed	2022 ongoing	620,000	PEMRA, Information and Public Relations Department, Provincial Provincial Tobacco Control Focal persons, The Union World Health Organization (WHO) Health Development Partners	Tobacco Control Cell, M/o NHR&C,  Provincial Tobacco Control Cell, Provincial Health Department
	Strengthen efforts to reduce tobacco industry interference in introducing and enforcing such comprehensive bans	<ul style="list-style-type: none"> <li>Implementation of restriction on the use of direct or indirect incentives on purchase of tobacco products</li> </ul>	Restrictions imposed on receiving incentives	2025 ongoing		Information and Public Relations Department Provincial Tobacco Control Focal persons, The Union	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
<b>A-14 - Demand Reduction Measures Concerning Tobacco Dependence and Cessation</b>	Strengthen monitoring system to check compliance on retailer's participation in incentive programs	<ul style="list-style-type: none"> <li>Organize training and orientation for regional and district officials responsible for enforcement</li> <li>Periodic data collection of compliance</li> </ul>	Strict surveillance imposed	2024		World Health Organization (WHO) Provincial Tobacco Control Focal persons, Provincial and District Administration World Health Organization (WHO)	Provincial Tobacco Control Cell, Provincial Health Department
	Integrate sustainable tobacco cessation clinics across all levels of existing health care facilities	<ul style="list-style-type: none"> <li>Develop and disseminate tobacco cessation related guidelines</li> <li>Identify and allocate sustainable funding</li> <li>Raising awareness in public</li> </ul>	Integration of tobacco cessation clinics in existing PHC facilities	2025	4,010,000	Provincial Tobacco Control Focal person	Provincial Tobacco Control Cell, Provincial Health Department
	Ensure trained and certified physicians at tobacco cessation clinic for providing effective tobacco dependence treatment, counselling, and medications to help clients quit successfully from the usage of tobacco products	<ul style="list-style-type: none"> <li>Provide training on smoking cessation to first level health service providers (physician, nurse, midwife, health clerk, psychologist)</li> <li>Adoption and dissemination of the smoking cessation Advice Line in light of new technologies</li> </ul>	Trained staff on tobacco cessation	2025		Provincial Tobacco Control Focal persons General Physician's Association Pakistan Medical Association The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department



FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
		<ul style="list-style-type: none"> <li>Establishment of Toll-free number</li> <li>Provision of WHO's NCD Risk assessment charts at all level of health facilities</li> </ul>					
	Ensure availability of affordable NRT	<ul style="list-style-type: none"> <li>Mechanisms may be sought to facilitate accessibility and affordability of expensive treatment of tobacco dependence</li> <li>Introduction of low-cost, community-based interventions</li> <li>Coordinate with Pharmaceutical companies for lowering rates of cessation aids</li> </ul>	Readily available tobacco cessation aids	2025		Provincial Tobacco Control Cell, Focal persons, DRAP, Provincial Health Department, Provincial regulatory Authorities, Provincial The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Ensure implementation of WHO Best Buys and prioritized UHC-BP tobacco control interventions	<ul style="list-style-type: none"> <li>Conduct training to orient HCWs on Best buys and UHC-BP Interventions</li> <li>Ensure allocation of funds for the implementation of interventions (e.g., through PC-1 or any other appropriate way)</li> <li>Mainstreaming interventions in health programs</li> </ul>	Implementation of international best practices and fulfillment of global commitments on TC	2025		Provincial Tobacco Control Cell, Focal persons, Health Development Partners, The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
A-15 - Illicit Trade in Tobacco Products	Enhance and ensure close coordination with Federal Board of Revenue/regional offices for implementation of protocol	<ul style="list-style-type: none"> <li>Coordinate with FBR and Regional FBRs to raise awareness on the harms caused by illicit tobacco</li> </ul>	Enhanced coordination with FBR on Illicit Trade in Tobacco Products	2024	2,525,000	FBR, Excise and Taxation Department, Provincial Tobacco Control Focal persons, Provincial and District Administration	Tobacco Control Cell, M/o NHR&C, Provincial Tobacco Control Cell, Provincial Health Department
	Establish tracking and tracing regime activities	<ul style="list-style-type: none"> <li>Coordination with FBR to ensure and implement track and trace system and in place via FBR <ul style="list-style-type: none"> <li>Strict implementation of track and trace system</li> <li>Monitoring and collection of data</li> </ul> </li> </ul>	Track and Trace System implemented	2024		FBR, Excise and Taxation Department, Provincial Tobacco Control Focal persons, Provincial and District Administration, The Union, WHO	Tobacco Control Cell, M/o NHR&C, Provincial Tobacco Control Cell, Provincial Health Department
	Strengthen enforcement of the Tobacco Vend Act 1958, by licensing of producers and also requiring licenses for all businesses which	<ul style="list-style-type: none"> <li>Introduce/Enact Tobacco Vend Act 1958 in Provincial <ul style="list-style-type: none"> <li>Recommend and encourage district administration for the registration of tobacco</li> </ul> </li> </ul>	Introduction/Enact of Tobacco Vend Act 1958	2023		Law, Parliamentary Affairs and Human Rights department, Provincial,	Tobacco Control Cell, M/o NHR&C, Provincial Tobacco Control Cell,

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	sell tobacco products, including banning tobacco retailers selling tobacco products without a tobacco vend license	<ul style="list-style-type: none"> <li>retailers to enable enforcement agencies to track and target activities <ul style="list-style-type: none"> <li>When appropriate routinely promote illicit tobacco seizures as a way of discouraging this activity</li> </ul> </li> </ul>				Provincial district administration The Union, WHO	Provincial Health Department
	Illicit trade needs to be addressed by multi-sectoral collaboration bringing together revenue, customs, border control, justice, and other relevant Government departments	<ul style="list-style-type: none"> <li>Develop awareness raising training for community workers, health professionals and criminal justice services</li> <li>Advocacy for controlling illicit trade of smoked and smokeless tobacco products</li> <li>Develop guidelines to educate and inform local communities on the dangers of involvement in the illicit trade of tobacco</li> <li>Strengthening coordination with relevant departments for recommendations on illicit trade in tobacco</li> </ul>	Multisectoral coordination strengthened	2023 ongoing		Provincial Tobacco Control Focal persons, Excise, Taxation and Narcotics Control Department, Provincial Education Department Provincial and District Administration Law, Parliamentary Affairs & Human Rights Department, Provincial The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
<b>A-16 - Sales to and By Minors</b>	Enhance enforcement of laws that ban tobacco sales to minors can reduce access of minors to tobacco products	<ul style="list-style-type: none"> <li>■ Ensure district administration to have a regular check visit on tobacco vendors</li> <li>■ Organizing media campaigns on the subject</li> <li>■ Conduct Anti-tobacco campaigns targeting at youth, both in school and out of school</li> <li>■ Ensure tobacco vendors to place a clear and prominent indicator inside their point of sale</li> </ul>	Law enforced and implemented	2022 ongoing		Provincial and District Administration The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Institute implementation of heavy penalties against sellers and distributors who violate minor access regulations	<ul style="list-style-type: none"> <li>■ Ensure to educate retailers on the subject about the legal consequences</li> <li>■ Ensure district administration to enhance enforcement programs that disrupt the sale of tobacco to minors</li> <li>■ Conveying special messages regarding harmful effects of tobacco use through social media</li> <li>■ Display of warning messages at point of sale</li> </ul>	Law enforced and implemented	2022 ongoing		Provincial and District Administration The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	Prohibition of the sale of loose cigarettes to minors which increase the affordability of such products to minors	<ul style="list-style-type: none"> <li>Raise public awareness on the subject</li> <li>Encourage violations to be reported</li> </ul>	Sale of loose cigarettes to minors prohibited	2022 ongoing		Provincial District Administration, The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Ensure compliance of prohibition of tobacco shop and distribution of cigarettes close to an educational institution	<ul style="list-style-type: none"> <li>Mapping of tobacco vendors</li> <li>Implementation of Tobacco Vendor licensing policy (issue license only if the shop is 50 meters away from educational institute)</li> </ul>	Tobacco Vendor licensing policy implemented	2022 ongoing		Provincial District Administration, The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Establish a uniform monitoring system for sales-to-minor's compliance checks	<ul style="list-style-type: none"> <li>Develop an inspection system on the subject</li> </ul>	Surveillance strengthened	2022 ongoing		Provincial District Administration, The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
	Each tobacco purchaser must display appropriate evidence of having reached full legal age to sell cigarettes	<ul style="list-style-type: none"> <li>Coordination with district administration to ensure the registering of sellers above 18 years of age</li> </ul>	Tobacco Vendor licensing policy implemented	2022 ongoing		Provincial District Administration, The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department
<b>A-20 - Research, Surveillance, and Exchange of Information</b>	Ensure implementation of accurate information system and generation of reliable data to be	<ul style="list-style-type: none"> <li>Determining the type of data that has yet to be collected</li> </ul>	Information System on Tobacco Control Established	2027		Provincial Tobacco Control Cell, Provincial Health Department	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	utilized for lesson learning and further reforms	<ul style="list-style-type: none"> <li>Mapping of organizations on the subject</li> </ul>				Health Development Partners Academic Research Institutes The Union, WHO	Department Tobacco Control Cell, M/o NHR&C
Good quality research should be carried out to determine the long-term cost effectiveness of tobacco interventions by providing cost data on the same	<ul style="list-style-type: none"> <li>Conduct needs-based research on a Provincial level (according to each provincial priorities)</li> <li>Development of a standardize form for the assessment on effects/impacts of priority new tobacco product</li> <li>Publication of regular biennial tobacco surveillance report at provincial level</li> <li>Efforts to get research grant for tobacco control related studies</li> <li>Conduct survey to assess compliance in regards to smoke-free, TAPS ban, pictorial health warning</li> <li>Carry out health cost studies</li> </ul>	Evidence based research conducted on Tobacco and new tobacco products	2027			Provincial Tobacco Control Cell, Provincial Health Department Academic Research Institutes The Union, WHO	Provincial Tobacco Control Cell, Provincial Health Department

FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	Strengthen the partnership between Ministry of NHR&C, research and academic institutes, for conducting collaborative research on tobacco control, emerging tobacco products etc.	<ul style="list-style-type: none"> <li>Mapping of research institutes involved in TC activities</li> <li>Coordinate with research institutes</li> <li>Carry out collaborative research activities</li> </ul>	Evidence based research conducted on Tobacco and new tobacco products	2025		Provincial Tobacco Control Cell, Provincial Health Department, Academic and Research Institutes The Union, WHO	Tobacco Control Cell, M/o NHR&C
	Build capacity among TC advocates and researchers to strengthen the localized evidence base approaches	<ul style="list-style-type: none"> <li>strengthen collaboration between various research organizations</li> <li>Ensure utilization of latest evidence based- research</li> </ul>	Evidence based research conducted on Tobacco and new tobacco products	2025		Provincial Tobacco Control Cell, Provincial Health Department, Academic and Research Institutes The Union, WHO	Tobacco Control Cell, M/o NHR&C
	Conduct GATS and GYTs every 5 years	<ul style="list-style-type: none"> <li>Continuing to prepare the GATS and GYTs studies on a periodical basis</li> </ul>	Updated generation of Tobacco indicators data	2022		WHO, National Institute of population studies	Tobacco Control Cell, M/o NHR&C
	Integration of key tobacco indicators in ongoing survey/census to monitor tobacco	<ul style="list-style-type: none"> <li>Adding new questions to the standard survey/census form</li> </ul>	Updated generation of Tobacco indicators data	2022		WHO, Provincial Tobacco Control Cell, Provincial	Tobacco Control Cell, M/o NHR&C



FCTC Article	Output	Key Program / Activity	Desired Outcome	Time Frame	Cost (PKR)	Key Stakeholders	Lead Agency
	trends for monitoring tobacco use	<ul style="list-style-type: none"> <li>▪ Generating and allocating funds for tobacco control research</li> </ul>				Health Department National Institute of population studies, Pakistan Bureau of Statistics, Bureau of Statistics Provincial	Provincial Tobacco Control Cell, Provincial Health Department

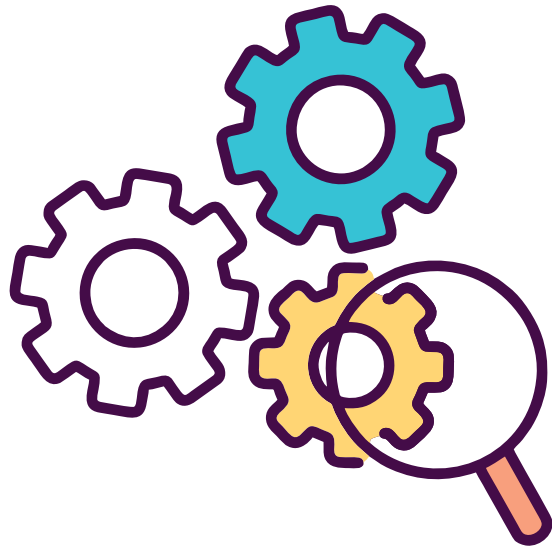


## MONITORING & EVALUATION

Monitoring and Evaluation (M&E) will be done continuously as a management or leadership function to assess if progress is made in achieving expected results/ objectives, to spot bottlenecks in implementation and to highlight whether there are any unintended effects (positive or negative) in implementation of interventions. (Strategic actions)

The mid-term evaluation of the proposed interventions in the operational action plan will be carried out on annual basis internally at Ministry of National Health Services, Regulations & Coordination.

There will be third party evaluation after every 3 years. The third party will be assessing implementation of proposed strategic activities and evaluating the achievement of stated goals.



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# ANNEXURES

# Annexure – A

## LIST OF TOBACCO AND NEW TOBACCO PRODUCTS

Types	Smoked Tobacco	Smokeless Tobacco Products	Tobacco Edibles	Sniffing Products	Tobacco	Dissolvable Tobacco	New Tobacco Products
1.	<b>Cigarette</b>	Chewing Tobacco	Tobacco gum	Dry Snuff Powdered Tobacco		Strips	ENDS* ENNDS***
2.	<b>Cigars/Little Cigars</b>	Loose leaf		Moist Snuff (Ground Tobacco)		Sticks	E-Cigarettes
3.	<b>Cigarillos</b>	Gutka		Naswar		Orbs	Vape pens/ dab pens / deb rings
4.	<b>Bidis</b>	Toombak		Shammaah		Compressed Tobacco	e-pens
5.	<b>Kretek /Clove Cigarettes</b>	Chimo		Nass		Lozenges	e-pipes
6.	<b>Waterpipes/Hookah (Sheesha)</b>	Twist		Khaini		Sticks	e-hookas
7.	<b>Smoked Plug</b>	Pan Masala/Betel Quid		Snus		Orbs	e-cigars
8.	<b>Loose leaf</b>	Pellets					Tanks
9.	<b>Roll your own</b>	Chewed Plug					Vaporizers
10.	<b>Blunts</b>	Pouches					Mods
11.	<b>HTPs*</b>						Pod-mods
12.							Oral Nicotine pouches

\*HTPs-Heated Tobacco Products

\*\*ENDS – electronic nicotine delivery systems

\*\*\*ENDS – electronic non-nicotine delivery systems

**Note: This is not an exhaustive list of tobacco or other new tobacco products.**



# Annexure B

## MPOWER



### Monitor

Monitor tobacco use and prevention policies



### Protect

Protect people from tobacco smoke



### Offer

Offer help to quit



### Warn

Warn about the dangers tobacco



### Enforce

Enforce bans on tobacco advertising, promotion and sponsorship

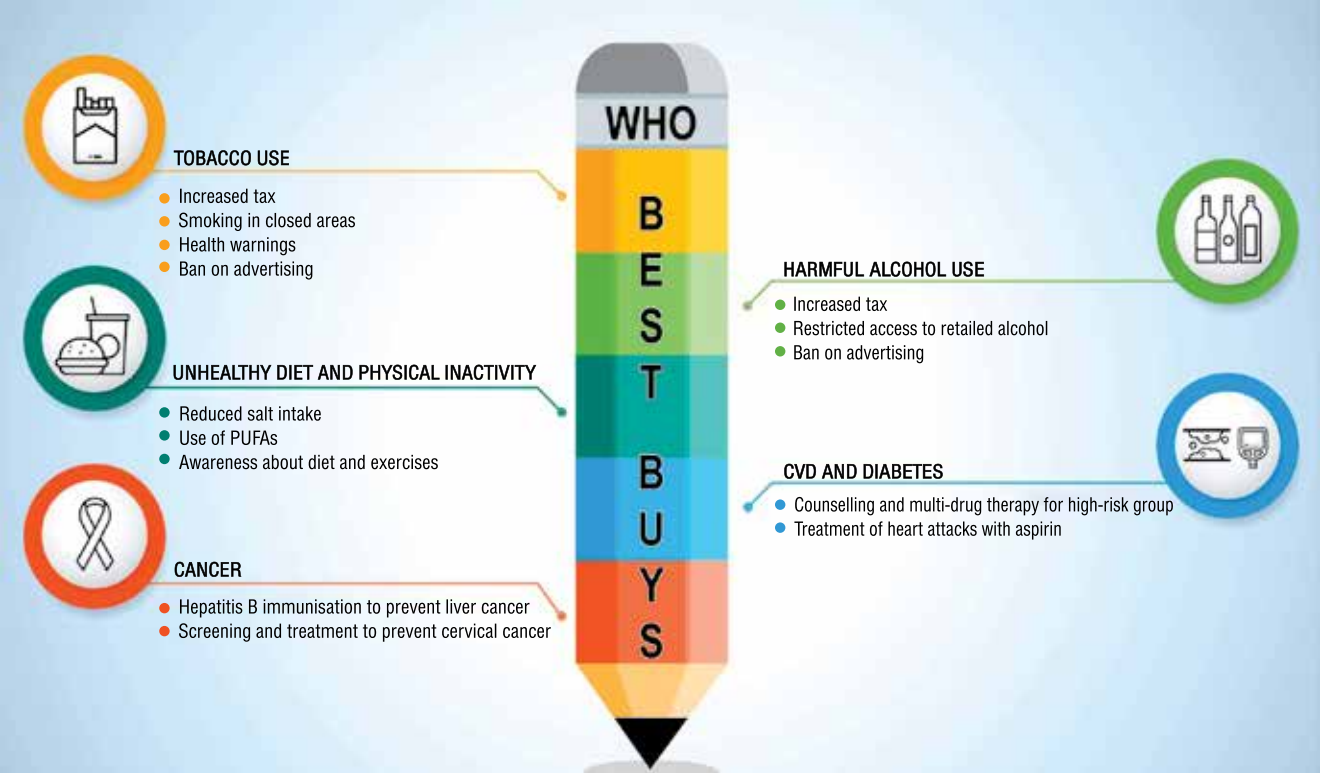


### Raise

Raise Taxes on tobacco

# Annexure – C

## WHO Best Buys





The Union

International Union Against  
Tuberculosis and Lung Disease


**TCC**  
Tobacco Control Cell





**World Health  
Organization**



**Ministry of National Health Services,  
Regulations & Coordination  
Government of Pakistan**

 Kohsar Block, Pak Secretariat, Islamabad

 051-9245933

 [www.nhsrcc.gov.pk](http://www.nhsrcc.gov.pk)