

## REVISED REPORTING INSTRUMENT<sup>1</sup>

<b>1.</b>	<b>Origin of the report</b>	
<b>1.1</b>	<b>Name of Contracting Party</b>	Pakistan
<b>1.2</b>	<b>Information on national contact or focal point:</b>	
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<b>1.3</b>	<b>Information on contact officer submitting the national report, if different from the above:</b>	
	Name and title of contact officer	
	Mailing address	
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	E-mail	
<b>1.4</b>	<b>Signature of the officer responsible for submitting the report:</b>	
	Name and title of officer	
	Full name of institution	
	Mailing address	
	Telephone number	
	Fax number	
	E-mail	
<b>1.5</b>	<b>Period of reporting</b>	2006-2008
<b>1.6</b>	<b>Date the report was submitted</b>	February 2009

<sup>1</sup> Revised by the Convention Secretariat in accordance with decision FCTC/COP2(9) for consideration by the Bureau of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

## 2. Demographics

### 2.1 Age and sex

(If available, please provide demographic data by age group, preferably by 10-year categories, e.g. 25–34, 35–44)

Add age group	Year (latest available)	Age group	Percentage of male population (%)	Percentage of female population (%)	Percentage of total population (%)
	2002	0-9	15.5	14.5	30
		10-19	12.2	11.3	23.5
		20-29	8.4	7.6	16
		30-39	6.15	5.2	11.35
		40-49	4.5	3.65	8.15
		50-59	2.7	3	5.7
		60-69	1.4	1.65	3.05
		75 & above	1.05	1.2	2.25

2.1(a)(i) Please indicate the **source of the data** used to answer question 2.1:

National Institute of Population Studies, Islamabad (2002)

### 2.2 Ethnicity (optional)

Add ethnic group	Name of ethnic group	Percentage of total population
	N.A.	N.A.

2.2(a)(i) Please indicate the **year and source of the data** used to answer question 2.2:

N.A.

## 3. Tobacco use

### 3.1 Prevalence

(Please refer to Articles 19.2(a), 20.2 and 20.3(a).)

3.1(a)	Smoking tobacco			
	(Please provide prevalence data for total adult population, e.g. 15 years old and over, 18–64 years)			
		Age group (adult)	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of smoking tobacco products smoked per day
	<b>Males</b>			
	Daily smokers <sup>2</sup>	18+	27.3 %	16

<sup>2</sup> Definitions to be provided by the Parties.

3.1(a)	Smoking tobacco <i>(Please provide prevalence data for total adult population, e.g. 15 years old and over, 18–64 years)</i>		
	<b>Age group (adult)</b>	<b>Prevalence (%)</b> <i>(please include all smoking tobacco products in prevalence data)</i>	<b>Average number of smoking tobacco products smoked per day</b>
	<b>Occasional smokers<sup>2</sup></b>	<b>18+</b>	<b>0.0%</b>
	<b>Females</b>		
	<b>Daily smokers</b>	<b>18+</b>	<b>4.4 %</b>
	<b>Occasional smokers</b>	<b>18+</b>	<b>0.2%</b>
	<b>Total (males and females)</b>		
	<b>Daily smokers</b>	<b>18+</b>	<b>15.9 %</b>
	<b>Occasional smokers</b>	<b>18+</b>	<b>0.1%</b>
3.1(a)(i)	Please indicate the <b>tobacco products included</b> in calculating prevalence for question 3.1(a):		
	<b>Cigarettes</b>		
3.1(a)(ii)	Please indicate the <b>year and source of the data used</b> to answer question 3.1(a): <i>(Please ensure that you have used the latest available data.)</i>		
	<b>WHO Report on the Global Tobacco Epidemic, 2008 &amp; based on informal discussions with relevant stake holders.</b>		
	<b>Heartfile Survey (2003-04)</b>		
	Industry does conduct detailed research on such matters but the Government has yet to formally conduct an independent thorough research on smoking patterns. Need for assistance in this regard has been highlighted at appropriate fora.		

3.1(b)	Smoking tobacco		
	<i>(If data are available, please provide prevalence data by age group, preferably by 10-year categories, e.g. 25–34, 35–44)</i>		
	Age group (adult)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of smoking tobacco products smoked per day
<b>Males</b>			
<b>Daily smokers</b> <input type="button" value="Add age group"/>	18+	27.3%	16
		%	
		%	
		%	
<b>Occasional smokers</b> <input type="button" value="Add age group"/>	18+	0.0%	
		%	
		%	
		%	
<b>Females</b>			
<b>Daily smokers</b> <input type="button" value="Add age group"/>	18+	4.4%	N.A.
		%	
		%	
		%	
<b>Occasional smokers</b> <input type="button" value="Add age group"/>	18+	0.2%	
		%	
		%	
		%	
<b>Total (males and females)</b>			
<b>Daily smokers</b> <input type="button" value="Add age group"/>	18+	15.9%	N.A.
		%	
		%	
		%	
<b>Occasional smokers</b> <input type="button" value="Add age group"/>	18+	0.19%	
		%	
		%	
		%	

3.1(b)(i)	<p>Please indicate the <b>tobacco products included</b> in calculating prevalence in the answer to question 3.1(b):</p> <p>Cigarettes</p>
3.1(b)(ii)	<p>Please indicate the <b>year and source of the data used</b> to answer question 3.1(b):  <i>(Please ensure that you have used the latest available data.)</i></p> <p>WHO Report on the Global Tobacco Epidemic, 2008 &amp; based on informal discussions with relevant stake holders.</p> <p>Heartfile Survey (2003-04)</p> <p>Industry does conduct detailed research on such matters but the Government has yet to formally conduct an independent thorough research on smoking patterns. Need for assistance in this regard has been highlighted at appropriate fora.</p>

3.1(c)	Smokeless tobacco, including snuff and chewing tobacco (optional) <i>(Please provide prevalence data for total adult population, e.g. 15 years old and over, 18–64 years)</i>	
		<b>Age group (adult)</b>
		<b>Prevalence (%)</b>
	<b>Males</b>	
	<b>Daily users<sup>3</sup></b>	18+
		7.6%
	<b>Occasional users<sup>3</sup></b>	18+
		0.7%
	<b>Females</b>	
	<b>Daily users</b>	18+
	1.7%	
<b>Occasional users</b>	18+	
	0.3%	
<b>Total (males and females)</b>		
<b>Daily users</b>	18+	
	4.2%	
<b>Occasional users</b>	18+	
	0.5%	

3.1(c)(i)	Please indicate the <b>tobacco products included</b> in calculating prevalence for the answer to question 3.1(c):
	Niswar
3.1(c)(ii)	Please indicate the <b>year and source of the data</b> used to answer question 3.1(c): <i>(Please ensure that you have used the latest available data.)</i>
	Heartfile Survey (2003-04)

<sup>3</sup> Definitions to be provided by the Parties.

3.1(d)	Smokeless tobacco, including snuff and chewing tobacco (optional) <i>(If data are available, please provide prevalence data by age group, preferably by 10-year categories, e.g. 25–34, 35–44)</i>	
	<b>Age group (adult)</b>	<b>Prevalence (%)</b> <i>(please include all smokeless tobacco products in prevalence data)</i>
<b>Males</b>		
<b>Daily users</b> <input type="text" value="Add age group"/>	18+	7.6%
		%
		%
		%
<b>Occasional users</b> <input type="text" value="Add age group"/>	18+	0.7%
		%
		%
		%
<b>Females</b>		
<b>Daily users</b> <input type="text" value="Add age group"/>	18+	1.7%
		%
		%
		%
<b>Occasional users</b> <input type="text" value="Add age group"/>	18+	0.3%
		%
		%
		%
<b>Total (males and females)</b>		
<b>Daily users</b> <input type="text" value="Add age group"/>	18+	4.2%
		%
		%
		%
<b>Occasional users</b> <input type="text" value="Add age group"/>	18+	0.5%
		%
		%
		%

3.1(d)(i)	Please indicate the <b>tobacco products included</b> in calculating prevalence for the answer to question 3.1(d):  <input type="text" value="Niswar"/>
3.1(d)(ii)	Please indicate the <b>year and source of the data used</b> to answer question 3.1(d): <i>(Please ensure that you have used the latest available data.)</i>  <input type="text" value="Heartfile Survey (2003-04)"/>

3.1(e)	If prevalence data are appropriate and available for ethnic groups, please provide them.			
		<b>Ethnic group</b>	<b>Prevalence (%)</b>	
			<b>Smoking tobacco</b>	<b>Smokeless tobacco, including snuff and chewing tobacco</b>
	<b>Daily users</b> <b>Add ethnic group</b>	N.A.	%	%
			%	%
			%	%
			%	%
	<b>Occasional users</b> <b>Add ethnic group</b>	N.A.	%	%
			%	%
			%	%
		%	%	

3.1(e)(i)	Please indicate the <b>tobacco products included</b> in calculating prevalence for the answer to question 3.1(e):
	N.A.
3.1(e)(ii)	Please indicate the <b>year and source of the data</b> used to answer question 3.1(e): <i>(Please ensure that you have used the latest available data.)</i>
	N.A.



3.1(f)	If prevalence data are appropriate and available for youth groups, please provide them.		
		<b>Youth group<sup>4</sup></b>	<b>Prevalence<sup>5</sup> (%)</b>
			<b>Smoking tobacco</b>
			<b>Smokeless tobacco, including snuff and chewing tobacco (optional)</b>
	<b>Males</b>	N.A.	%
			%
			%
	<b>Add youth group</b>		%
			%
			%
	<b>Females</b>	N.A.	%
			%
		%	
<b>Add youth group</b>		%	
		%	
		%	
3.1(f)(i)	Please indicate the <b>tobacco products included</b> in calculating prevalence for the answer to question 3.1(f):		
	N.A.		
3.1(f)(ii)	Please indicate the <b>year and source of the data</b> used to answer question 3.1(f): <i>(Please ensure that you have used the latest available data.)</i>		
	N.A.		

<sup>4</sup> Definitions to be provided by the Parties.

<sup>5</sup> Parties should provide a definition for the prevalence of current smoking among youth; e.g. at least one smoking tobacco product smoked or smokeless tobacco product used in the past 30 days or the last week.

## 3.2 Supply of tobacco products

3.2(a) Licit supply of tobacco products

*(Please refer to Articles 20.4(c) and 15.4(a) in accordance with Article 15.5.)*

Note: licit supply = domestic production + (imports – exports)

		<b>Product</b>	<b>Unit (e.g. millions of pieces)</b>	<b>Domestic production*</b>	<b>Exports</b>	<b>Imports**</b>
<b>Smoking tobacco products</b> <b>Add product</b>		Cigarettes	Million Sticks	65,465	26.12	42.58
		Cigars	Million Sticks		0.76	
		Cigars	Volume in Rupees			25,769,000
<b>Smokeless tobacco products</b> <b>Add product</b>		N.A.				
<b>Other tobacco products</b> <b>Add product</b>		N.A.				
3.2(a)(i)	Please indicate the <b>year and source of the data</b> used to answer question 3.2(a): <i>(Please ensure that you have used the latest available data.)</i>					
	Tobacco Statistical Bulletin 2007 by Pakistan Tobacco Board, Ministry of Commerce, Government of Pakistan.					
3.2(b)	Please provide information on volumes of duty-free sales (e.g. product, unit, quantity), if available: <i>(Please ensure that you have used the latest available data.)</i>					
	N.A.					

\* There are basically two licit manufacturers in Pakistan:  
(a) Pakistan Tobacco Company (B.A.T.); and  
(b) Lakson Tobacco Company (P.M.I.)  
They both have nearly 80% of the total market and more than 99% of the licit market.

\*\* The legal imports of cigarettes for domestic consumption are very low. Some of these legal imports are actually re-exported to neighboring countries like Iran & Afghanistan. However, the smuggled cigarettes are nearly 1.5% of the market.

3.2(c)	Seizures of illicit tobacco products <i>(Please refer to Article 15.4(a) in accordance with Article 15.5.)</i>				
		<b>Year</b>	<b>Product</b>	<b>Unit (e.g. millions of pieces)</b>	<b>Quantity seized (Smuggled only)</b>
	<b>Smoking tobacco products</b> <input type="button" value="Add row"/>	2007	Cigarettes	No. of Sticks	460,000
		2008	Cigarettes	No. of Sticks	4,267,000
(optional: Give information about other illicit tobacco products seized.)					
	<b>Smokeless tobacco products</b> <input type="button" value="Add row"/>	N.A.			
	<b>Other tobacco products</b> <input type="button" value="Add row"/>	N.A.			

3.2(c)(i) Please indicate the **source of the data** used to answer question 3.2(c):  
*(Please ensure that you have used the latest available data.)*

Since no formal data is available, the data has been compiled through informal discussions with relevant stake holders.

This data is only about seizure of smuggled/counterfeit cigarettes. Smuggled/counterfeit cigarettes constitute a very small position of the total illicit trade in Pakistan, which is primarily about local duty non-paid cigarettes. No data of seizure of locally duty non-paid cigarette is available. Government is taking many other measures to control the illicit sector which has not increased beyond 20% in the last few years.

3.2(d)	Please provide information on illicit or smuggled tobacco products (optional) <i>(Please refer to Article 15.4(a) in accordance with Article 15.5.)</i>
3.2(d)(i)	Do you have any information on the percentage of smuggled tobacco products in the national tobacco market?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.2(d)(ii)	If you answered ‘Yes’ to question 3.2(d)(i), according to the most recent information available, what percentage of the national tobacco market does smuggled tobacco products constitute?  The smuggled tobacco products constitute nearly 1.5% of the Market. Since no formal data is available, the data has been compiled through informal discussions with relevant stake holders. Industry does not conduct detailed research on such matters but the Government has yet to formally conduct an independent thorough research on smoking patterns. Need for assistance in this regard has been highlighted at appropriate forum.
3.2(d)(iii)	If you answered ‘Yes’ to question 3.2(d)(i) and you have information available, what is the trend over recent years in the percentage of smuggled tobacco products in relation to the national tobacco market?  In Pakistan, total illicit sector is of about 20% out of which local duty-non-paid is about 18%, smuggled product is about 1.5% and remaining is counterfeit. Thus, more than 90% of the illicit sector comprises of <b>local duty-non-paid</b> cigarettes. This break-up of incidence is contrary to the conventional illicit trade break up in most other markets of the world where DNP is normally absent or minimal, and most of the illicit trade is in the form of smuggling or counterfeit. The Government has been taking many steps to control this illicit trade that is why the share of illicit sector including smuggling has not increased in the last few years.
3.2(d)(iv)	Please provide any further information on illicit or smuggled tobacco products.  The legitimate sector has about 80% of the market and <b>government collects nearly Rs: 37 billion</b> (2007-08) revenue from it annually. The rest of the 20% market, which has more than 55 players and more than 120 brands (including manufacturers in Azad Jammun Kashmir), pays <b>only Rs: 0.3 billion in taxes annually</b> . It is estimated that the Government annually loses approximately Rs. 7.0 billion due to such tax evasion by the illicit sector in Pakistan. Presence of large illicit sector creates hurdle in increasing tax incidence on cigarettes because increase in taxes will not reduce demand but merely change composition of supply from legitimate to duty-non-paid sector. This will also hamper efforts to block underage sales and will promote criminality (smuggling, counterfeit, duty evasion, etc.). As products of the illicit sector do not follow the same regulatory requirements, this will further expose consumers to products that fail to comply with national regulatory standards. Government is, however, fully committed to ensure that there is a level playing field for all industry players and that all of them pay the taxes.
3.2(d)(v)	Please indicate the <b>year and source of the data</b> used to answer questions 3.2(c)(i)–(iv): <i>(Please ensure that you have used the latest available data.)</i>  Since no formal data is available, the data has been compiled through informal discussions with relevant stake holders. Industry does not conduct detailed research on such matters but the Government has yet to formally conduct an independent thorough research on smoking patterns. Need for assistance in this regard has been highlighted at appropriate forum.

## 4. Taxation

4.1

Please state the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

*(Please refer to Article 6.3.)*

	Product	Type of tax	Rate or amount	Base of the tax <sup>6</sup>
Unmanufactured Tobacco (Leaf) <b>Add product</b>	Tobacco (Unmanufactured)	Tobacco Development Cess (Provincial Tax)	Rs. 2/- (FCV, Burley, DAC) Rs. 1/- (WP)	Per Kg.
	Tobacco (Unmanufactured)	Federal Tobacco Cess	3%	Ad valorem (Price fixed by PTB <sup>7</sup> )
	Tobacco (Unmanufactured)	Federal Excise	Rs. 5/-	Per Kg.
Cigarettes	Cigarettes	Federal Excise (Low) Below Rs. 7.43	Rs.3.17 (Fixed)	10 Cigarette Pack
	Cigarettes	Federal Excise (Medium) From Rs. 7.43-16	Fixed Rs. 3.17 + 69% of retail price exceed Rs. 7.43	10 Cigarette Pack
	Cigarettes	Federal Excise (High) Above Rs. 16/-	63% (Ad valorem)	10 Cigarette Pack
	Cigarettes	Sales Tax	16%	Retail price
	Cigarettes	Special Excise Duty	1%	Difference between Retail & Fixed Excise
Imports (Tobacco, Cigarettes)	Tobacco	Import Duty	5%	Ad valorem
	Tobacco Product	Custom duty on Imports	35%	Ad valorem
	Cigarettes	FED on Imports	63%	Retail Price
	Cigarettes (Wrapping Material)	Import Duty	10-25%	
Smokeless tobacco products <b>Add product</b>	No Federal Excise duty is collected.			
Other tobacco products <b>Add product</b>	N.A.			
Please attach the relevant documentation in one of the six official languages, if available. <i>(Please refer to Article 6.3.)</i>				

<sup>6</sup> The 'base of the tax' should clearly indicate on what the tax rate or amount is based. If the tax is expressed as a percentage, the base of the tax is the actual value of the good that is taxed. For example, a sales tax that is applied at the final stage of distribution will be calculated on top of those taxes that have previously been levied. If the tax is expressed as an amount, then the base of the tax is the volume of goods that is taxed. For example, if a tax is US\$5 per 100 cigarettes, the amount of tax is US\$5 and the base of the tax is 100 cigarettes.

<sup>7</sup> Pakistan Tobacco Board

**1. Federal Excise Duty (FED):** It is charged and collected on locally manufactured and imported cigarettes on the basis of Retail price. For locally manufactured cigarettes, there exists a 3-tier FED structure based on retail price. It is a combination of **fixed** duty on the low segment, **ad valorem** on the high segment and a **mixture of fixed and ad valorem** in the middle segment.

**2. Sales Tax:** Sales tax is levied @ 16%, applied on retail prices for local goods.

Excise per 10 cigarettes	Ad. Valorem (%)	Fixed (Rs.)	Sales Tax	Total
<b>Low:</b> Below Rs: 7.43	--	3.17	16%	59%
<b>Medium:</b> From Rs: 7.43 – 16	69% of retail price exceed. Rs: 7.43	3.17	16%	73%
<b>High:</b> Above Rs: 16	63%	--	16%	79%

**3. Federal Tobacco Cess (FTC):** FTC is levied on tobacco produced at a rate of 3% *ad valorem* and 95% goes to Pakistan Tobacco Board (PTB), which is a regulatory body responsible for development and trade of tobacco in the country and 5% goes to Excise and Taxation Department NWFP as collection charges.

**4. Tobacco Development Cess (TDC):** In 1996, the NWFP Government started charging a Tobacco Development Cess (TDC) on tobacco purchase requirements as indicated by the tobacco companies. It is a provincial levy on green leaf at the rate of Rs. 2 per kg for FCV, Burley, and DAC, and Rs. 1 per Kg for WP varieties.

**5. Other taxes:** A number of small levies also exist, but the weightage of these taxes in overall tax volume is quite low. These include Workers Profit Participation Fund (WPPF) and Workers Welfare Fund (WWF), etc.

**6. Customs Duty:** The Customs Duty on import of tobacco products is 35% on *ad valorem* basis.

**7. Federal Excise Duty:** For imported cigarettes, FED is applied at the rate of 63% of the retail price.

**8. Import Duty:**

- i. Tobacco - 5%
- ii. Wrapping Material - 10% to 25%
- iii. Tobacco products - 35% on *ad valorem* basis

**4.2** Please provide retail prices for the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.  
*(Please refer to Article 6.2(a).)*

	Most widely sold brands		Number of units or amount (e.g. weight) per package <b>Billion Sticks</b>	Retail price
	Smoking tobacco products	Smokeless tobacco products, including snuff and chewing tobacco (optional)		
<b>Domestic</b>	Gold Flake (20's Pack)		26	PK Rs. 19/-
	Morven Gold (20's Pack)		25	PK Rs. 19/-
	Gold Leaf (20's Pack)		7	PK Rs. 50/-
		N.A.		
<b>Imported</b>	N.A.			

4.2(a)(i) Please indicate the **year and source of the data** used to answer questions 4.1 and 4.2:  
*(Please ensure that you have used the latest available data.)*

Since no formal data is available, the data has been compiled through informal discussions with relevant stake holders. Industry does conduct detailed research on such matters but the Government has yet to formally conduct an independent thorough research on smoking patterns. Need for assistance in this regard has been highlighted at appropriate forum.

4.2(a)(ii) Please provide the currency used to complete the 'Rate or amount' section of table 4.1 and the 'Retail price' section of question 4.2. Please provide the exchange rate of this currency to US dollars, if known.

PK Rs. = Pak Rupees  
 1 US\$ = PK Rs. 80 (as of 31<sup>st</sup> December 2008)

## 5. Legislative, executive, administrative and other measures

5.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	Article	<p>Pursuant to <b>Article 21.1(a)</b>, have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b>:</p> <p>(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of Section 5 and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b>, if available and please specify sections of your legislation related to each 'Yes' response.)</p>		
5.1(a)	6.2(b)	<b>Price and tax measures to reduce the demand for tobacco</b>		
		by prohibiting or restricting sales to or imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(b)	8.2	<b>Protection from exposure to tobacco smoke</b>		
5.1(b)(i)		by protection from exposure to tobacco smoke in <b>indoor workplaces</b> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(b)(ii)		If you answered 'Yes' to question 5.1(b)(i), how comprehensive is the protection from exposure to tobacco smoke in the following <b>indoor workplaces</b> :	<b>Complete</b>	<b>Partial</b>
		• Government buildings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• health-care facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• educational facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• private workplaces?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• other ( <i>please specify: Auditoriums, Conference Halls, Waiting Lounges</i> )?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1(b)(iii)		by protection from exposure to tobacco smoke in <b>public transport</b> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(b)(iv)		If you answered 'Yes' to question 5.1(b)(iii), how comprehensive is the protection from exposure to tobacco smoke in the following <b>types of public transport</b> :	<b>Complete</b>	<b>Partial</b>
		• airplanes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		• trains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



5.1		Core questions			
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.					
	Article	<p>Pursuant to <b>Article 21.1(a)</b>, have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b>:</p> <p>(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of Section 5 and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b>, if available and please specify sections of your legislation related to each 'Yes' response.)</p>			
		<ul style="list-style-type: none"> <li>ground public transport (buses, trolleybuses, trams)?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>motor vehicles used as places of work (taxis, ambulances, delivery vehicles)?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i> <input type="text"/>)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1(b)(v)		by protection from exposure to tobacco smoke in <b>indoor public places</b> ?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
5.1(b)(vi)		If you answered 'Yes' to question 5.1(b)(v), how comprehensive is the protection from exposure to tobacco smoke in the following <b>indoor public places</b> :	<b>Complete</b>	<b>Partial</b>	<b>None</b>
		<ul style="list-style-type: none"> <li>cultural facilities?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>bars and nightclubs? (Not relevant)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>restaurants?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>other (<i>please specify: Amusement Centres, Public Offices, Cinema Halls, Hotel Lounges, Libraries</i>)?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1(b)(vii)		Please provide a <b>brief summary</b> of <b>complete and partial</b> measures below with specific details of the partial measures that have been implemented.			
		<ul style="list-style-type: none"> <li>Protection from exposure to tobacco smoke in <b>indoor workplaces</b></li> </ul>			
		<p>Prohibition of Smoking &amp; Protection of Non-Smokers Health Ordinance 2002 (Annex-A) has introduced restrictions on smoking in all places of public work or use. These include private and public buildings and also public transport. In line with the provisions of the said Ordinance of 2002, Government has notified guidelines (Annex-B) for permitting smoking areas in premises or places where adequate arrangements are made to protect the health of non-smokers. These guidelines mandate that smoking area is to be physically partitioned, properly ventilated, prominently marked and frequently cleaned. It cannot exceed 1/3<sup>rd</sup> of the premises. Setting up these separate areas is, however, not mandatory in any case. Hospitals, dispensaries and other health care establishment, education institutions, domestic flights, buses &amp; wagons have been completely excluded from the guidelines.</p>			

5.1	<p><b>Core questions</b></p> <p>Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.</p>	
	<b>Article</b>	<p>Pursuant to <b>Article 21.1(a)</b>, have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b>:</p> <p>(Please check ‘Yes’ or ‘No’. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of Section 5 and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b>, if available and please specify sections of your legislation related to each ‘Yes’ response.)</p>
		<ul style="list-style-type: none"> <li>• Protection from exposure to tobacco smoke in <b>public transport</b></li> </ul> <p>Prohibition of Smoking &amp; Protection of Non-Smokers Health Ordinance 2002 has introduced restrictions on smoking in public service vehicle including wagon, bus, taxi, other public transports and also railways and aeroplanes.</p> <ul style="list-style-type: none"> <li>• Protection from exposure to tobacco smoke in <b>indoor public places</b></li> </ul> <p>Prohibition of Smoking &amp; Protection of Non-Smokers Health Ordinance 2002 has introduced restrictions on smoking in all places of public work or use. These include private and public buildings and also public transport. In line with the provisions of the said Ordinance of 2002, Government has notified guidelines for permitting smoking areas in premises or places where adequate arrangements are made to protect the health of non-smokers. These guidelines mandate that smoking area is to be physically partitioned, properly ventilated, prominently marked and frequently cleaned. It cannot exceed 1/3<sup>rd</sup> of the premises. Setting up these separate areas is, however, not mandatory in any case. Hospitals, dispensaries and other health care establishment, education institutions, domestic flights, buses &amp; wagons have been completely excluded from the guidelines.</p> <p>Government has come up with a three-pronged strategy to increase the level of implementation of the existing provisions of law:</p> <p>a) Education: Awareness campaigns regarding public place smoking, especially in public transport, is being conducted through the media and also in association with the local traffic police. This includes putting warning stickers on all public transport in cities of Islamabad and Rawalpindi.</p> <p>b) Engineering: Guidelines have been issued (under the provisions of law) to provide for setting up physically separate designated areas in some places in order to restrict the smokers. These guidelines aim at ostracizing smokers and pushing them into a corner in all places.</p> <p>c) Enforcement: Islamabad Traffic Police has also taken legal action against those who violate the law by smoking in public transport.</p> <p>We are also considering arranging training and awareness workshops for personnel of law-enforcement agencies in order to educate and motivate them in implementing existing provisions of national laws.</p>
5.1(c)	<b>10</b>	<b>Regulation of tobacco product disclosures</b>

5.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	<b>Article</b>	<p>Pursuant to <b>Article 21.1(a)</b>, have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b>:</p> <p>(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of Section 5 and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b>, if available and please specify sections of your legislation related to each 'Yes' response.)</p>		
		requiring manufacturers or importers of tobacco products to disclose to government authorities information about the:		
		<ul style="list-style-type: none"> <li>contents of tobacco products?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>emissions of tobacco products?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><b>Brief Summary:</b> Finance Act 2005 prescribes that no cigarettes factory shall clear cigarettes unless they conform to the health standards prescribed by the federal government. This provision has not been operationalized in view of the absence of internationally accredited laboratory system capable of accurately testing and reporting tobacco products in Pakistan. GoP is actively following international developments on the matter. We understand that WHO Tobacco Laboratory Network has proposed to validate methods for testing and measuring cigarette contents and emissions. As per the Progress Report of the FCTC Working Group on the subject (dated 21st August 2008), this validation of the three methods for contents and the four methods for emissions by WHO is estimated to take five and a half. We are also looking forward to the evolution of the proposed global database regarding tobacco product contents and emission disclosure. We are considering the option of earmarking special funds to set up internationally accredited laboratory in Pakistan to test the contents and emissions, as has been done by some countries in the Region. Introduction of the requisite product regulations in Pakistan is subject to requisite know-how at the national level and availability of funds.</p>				
5.1(d)	<b>15</b>	<b>Illicit trade in tobacco products</b>		
5.1(d)(i)	<b>15.2</b>	requiring marking of packaging to assist in determining the origin of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(d)(ii)	<b>15.2(a)</b>	requiring marking of packaging to assist in determining whether the product is legally sold on the domestic market?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.1(d)(iii)	<b>15.3</b>	requiring that marking is presented in legible form or appears in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(d)(iv)	<b>15.4(b)</b>	enacting or strengthening legislation against illicit trade in tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.1(d)(v)	<b>15.4(e)</b>	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	<b>Article</b>	<p>Pursuant to <b>Article 21.1(a)</b>, have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b>:</p> <p>(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of Section 5 and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b>, if available and please specify sections of your legislation related to each 'Yes' response.)</p>		
5.1(d)(vi)	<b>15.7</b>	licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Brief Summary:</b> In Pakistan, local duty-non-paid is about 18% out of the <i>total illicit sector of about 20%</i>. Thus, more than 90% of the illicit sector comprises of <b>local duty-non-paid</b>. Government of Pakistan has already taken many steps to curb the share of the illicit sector. One key measure is the minimum price law. In addition to that, Government has mandated the following:</p> <ul style="list-style-type: none"> <li>• Printing of manufacturer's name &amp; retail price</li> <li>• Third party Audits</li> <li>• Destruction of machinery and Confiscation of Conveyance used for counterfeit</li> <li>• Disclosure of Bank Accounts</li> <li>• Submission of Audited Bank Accounts to FBR</li> <li>• Sealing of excess capacity</li> <li>• Installation of CCTV Cameras (Under Implementation Stage).</li> </ul> <p>However, due to weak enforcement levels these measures law have not been able to create any substantial dent in the share of the duty-non-paid sector, though it has not increased during the last few years. One critical factor in this is the nature of the retail universe in Pakistan. There are 600,000+ retail outlets and it is not easy to control all these outlets.</p> <p>Presence of large illicit sector hampers efforts to block underage sales and promotes criminality (smuggling, counterfeit, duty evasion, etc.). As products of the illicit sector do not follow the same regulatory requirements, this further exposes consumers to products that fail to comply with national regulatory standards. Above all, without controlling the illicit sector considerably, any increase in rate of taxation may be counterproductive.</p> <p>The Tobacco Cell is working as a catalyst to increase awareness about the need for proper enforcement of laws related to illicit trade.</p>				
5.1(e)	<b>16</b>	<b>Sales to and by minors</b>		
5.1(e)(i)	<b>16.1</b>	prohibiting the sales of tobacco products to minors? If 'Yes', please specify the legal age: 18	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(e)(ii)	<b>16.2</b>	Prohibiting or promoting the prohibition of the distribution of free tobacco products:		
		<ul style="list-style-type: none"> <li>• to the public?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• to minors?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(e)(iii)	<b>16.3</b>	prohibiting the sale of cigarettes individually or in small packets?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

5.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	<b>Article</b>	<p>Pursuant to <b>Article 21.1(a)</b>, have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b>:</p> <p>(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of Section 5 and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b>, if available and please specify sections of your legislation related to each 'Yes' response.)</p>		
5.1(e)(iv)	<b>16.6</b>	providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.1(e)(v)	<b>16.7</b>	prohibiting the sales of tobacco products by minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Brief Summary:</b> The Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002 (LXXIV of 2002), prescribes that there is to be no sale of tobacco products to persons under 18-years of age. This law is not being fully implemented (which is not a unique position in a developing country like Pakistan). The Government is considering a two-pronged strategy to raise the level of compliance with this provision of law:</p> <p>a) Raise awareness of retailers / shopkeepers about their duty not to sell tobacco products to those under 18 years of age;</p> <p>b) Arrange training and awareness workshops for personnel of law-enforcement agencies in order to educate and motivate them in implementing existing provisions of national laws.</p>				
5.1(f)	<b>19</b>	<b>Liability</b>		
	<b>19.1</b>	dealing with criminal and civil liability, including compensation where appropriate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

5.2		Optional questions		
Note: Responses to these questions were not required at the time of Group 1 reports, but may be answered at this time, if applicable.				
	Article	Have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b> :		
		(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of the table and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b> , if available and please specify sections of your legislation related to each 'Yes' response.)		
5.2(a)	<b>9</b>	<b>Regulation of the contents of tobacco products</b>		
5.2(a)(i)		testing and measuring the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2(a)(ii)		testing and measuring the emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2(a)(iii)		regulating the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2(a)(iv)		regulating the emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<p><b>Brief Summary:</b> Finance Act 2005 prescribes that no cigarettes factory shall clear cigarettes unless they conform to the health standards prescribed by the federal government. This provision has not been operationalized in view of the absence of internationally accredited laboratory system capable of accurately testing and reporting tobacco products in Pakistan. GoP is actively following international developments on the matter. We understand that WHO Tobacco Laboratory Network has proposed to validate methods for testing and measuring cigarette contents and emissions. As per the Progress Report of the FCTC Working Group on the subject (dated 21st August 2008), this validation of the three methods for contents and the four methods for emissions by WHO is estimated to take five and a half. We are also looking forward to the evolution of the proposed global database regarding tobacco product contents and emission disclosure. We are considering the option of earmarking special funds to set up internationally accredited laboratory in Pakistan to test the contents and emissions, as has been done by some countries in the Region. Introduction of the requisite product regulations in Pakistan is subject to requisite know-how at the national level and availability of funds.</p>		
5.2(b)	<b>11</b>	<b>Packaging and labelling of tobacco products</b>		
5.2(b)(i)	<b>11.1(a)</b>	requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2(b)(ii)	<b>11.1(b)</b>	requiring that packaging and labelling also carry health warnings describing the harmful effects of tobacco use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**5.2** **Optional questions**  
 Note: Responses to these questions were not required at the time of Group 1 reports, but may be answered at this time, if applicable.

Article	Have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b> :		
	<b>(Please check 'Yes' or 'No'. For affirmative answers, please provide a brief summary in the space provided at the end of the table and attach the relevant documentation. Please provide documentation in one of the six official languages, if available and please specify sections of your legislation related to each 'Yes' response.)</b>		
5.2(b)(iii)	11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.2(b)(iv)	11.1(b)(ii)	ensuring that the health warnings are rotating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.2(b)(v)	11.1(b)(iii)	ensuring that the health warnings are large, clear, visible and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.2(b)(vi)	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.2(b)(vii)		ensuring that the health warnings occupy 50% or more of the principal display areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.2(b)(viii)	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.2(b)(ix)	11.2	requiring that packaging and labelling contain information on relevant constituents and emissions of tobacco products?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.2(b)(x)	11.3	requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Brief Summary:** Following initiatives have been taken by the Government of Pakistan in recent past (Annex-C);

1. 6-monthly rotational health warnings will be printed on cigarette packs and outers.
2. For the first time the health warning has been extended from packs to outers also (packaging containing few packets of cigarettes).
3. The packs with new health warning are required to be printed and sent to market with effect from July 1, 2009. Pakistan regulations prescribe 30% size of health warning.
4. The four new rotational health warnings will continue for two years. We are working to increase the size of the health warning (to 40%) and to introduce pictorial health warnings by the end of that period of two years.

5.2(c)	<b>13</b>	<b>Tobacco advertising, promotion and sponsorship</b>
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**5.2** **Optional questions**  
 Note: Responses to these questions were not required at the time of Group 1 reports, but may be answered at this time, if applicable.

	<b>Article</b>	Have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b> :		
		(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of the table and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b> , if available and please specify sections of your legislation related to each 'Yes' response.)		
5.2(c)(i)	<b>13.2</b>	instituting a comprehensive ban of all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2(c)(ii)		If you answered 'Yes' to question 5.2(c)(i), does the ban include a ban on cross-border advertising, promotion and sponsorship originating from your territory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2(c)(iii)	<b>13.3</b>	If you answered 'No' to <b>either of the above</b> questions, 5.2(c)(i) or 5.2(c)(ii), are there restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered 'Yes' to question 5.2(c)(i), please proceed directly to question 5.3.				
5.2(c)(iv)	<b>13.3</b>	applying restriction, in the absence of a comprehensive ban, on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.2(c)(v)	<b>13.4(a)</b>	prohibiting all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2(c)(vi)	<b>13.4(b)</b>	requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.2(c)(vii)	<b>13.4(c)</b>	restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



<b>5.2</b>					<b>Optional questions</b>				
Note: Responses to these questions were not required at the time of Group 1 reports, but may be answered at this time, if applicable.									
<b>Article</b>		Have you adopted and implemented legislative, executive, administrative or other measures on <b>any of the following</b> :							
(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of the table and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b> , if available and please specify sections of your legislation related to each 'Yes' response.)									
5.2(c)(viii)	<b>13.4(d)</b>	requiring the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/> Yes					<input checked="" type="checkbox"/> No	
5.2(c)(ix)	<b>13.4(e)</b>	restricting tobacco advertising, promotion and sponsorship on radio, television, print media and other media, such as the Internet?	<input checked="" type="checkbox"/> Yes					<input type="checkbox"/> No	
5.2(c)(x)	<b>13.4(f)</b>	prohibiting or restricting tobacco sponsorship of international events, activities or participants therein?	<input checked="" type="checkbox"/> Yes					<input type="checkbox"/> No	
<b>5.3</b>		If you have any additional legislation or other measures not covered in Section 5, you may provide additional details below:							

In line with the provisions of the Non-Smokers Health Ordinance 2002 the Federal Government, in 2003, set up the Committee on Tobacco Advertisements Guidelines (CTAG) headed by Director General Health, Ministry of Health. The objectives of Committee on Tobacco Advertisements Guidelines are:

- (a) prepare, plan and implement guidelines for the advertisements of tobacco and tobacco products;
- (b) monitor the implementation of the guidelines; and
- (c) evaluate the effectiveness of guidelines and in the light of collected data, improve them from time to time.

Violations of the decisions of the CTAG is punishable with fine which may extend to five thousand rupees and in case of second or subsequent offence, shall be punishable with imprisonment which may extend to three months, or with a fine not less than one hundred thousand, or with both.

The CTAG has held 9 meetings since 2003 and has acted on its mandate of stipulating stringent restrictions on tobacco advertising, promotion and sponsorship by making the following decisions (Annex-D):

- HW (20% of display area) on all types of advertising (2004);
- Restrictions on content of advertising and models (2004);
- Prohibition on using sports stars and young people using or smoking cigarettes in posters, films or on record albums. A similar ban applies to the use of historical figures and members of the learned professions (2004);
- Prohibition of association of tobacco advertisement with sports, adventure, sex and success in life (2004);
- Prohibition of encouraging smoking as a means of improving concentration or performance (2004);
- Prohibition of marketing to minors (2004);
- Prohibition of presenting Tobacco products as prizes/gifts in contests on television and radio (2004);
- Prohibition on Distribution of cigarette samples to the minors (2004);

- Complete ban on sponsoring of sports events by tobacco industry (2004);
- Ban on sponsoring any activity or event targeted towards youth (2004);
- Sponsorship of any type of events whereby tobacco is promoted shall not be prohibited (2004).
- Prohibition of Tobacco advertisements in theatres, cinemas in which persons under 18 years of age are allowed (2004);
- Virtual prohibition on advertisements through bill-boards (2006);
- Virtual prohibition on advertisements on the electronic media like TV, and Radio (2007);
- Virtual prohibition on advertisements in the print media (2007);
- Virtual prohibition on advertisements through shop fascias and sunshades (2007).

There are some violations of these restrictions by the illicit sector. The Government keeps taking appropriate action under national laws and policies against these violations. There is already a virtually complete ban on advertisement and sponsorship. However, there is a need to put further restrictions on use of consumer incentives by the tobacco industry in order to restrict this promotion mechanism.

## 6. Programmes and plans

6.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	Article			
6.1(a)	<b>5</b>	<b>General obligations</b>		
6.1(a)(i)	<b>5.1</b>	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to question 6.1(a)(i), please go directly to question 6.1(a)(iv).				
6.1(a)(ii)	<b>5.1</b>	If you answered 'No' to question 6.1(a)(i), have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies plans and programmes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to question 6.1(a)(ii), please go directly to question 6.1(a)(iv).				
6.1(a)(iii)	<b>5.1</b>	If you answered 'No' to question 6.1(a)(ii), is <b>any</b> aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'No' to question 6.1(a)(iii), please go to Section 7.				
6.1(a)(iv)	<b>5.2(a)</b>	a national coordinating mechanism for tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(a)(v)		If you answered 'Yes' to question 6.1(a)(iv), what is the nature of the national coordinating mechanism?		
		• a tobacco control unit within the Government	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• a tobacco control unit within the Ministry of Health	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a tobacco control unit within another agency affiliated with the Ministry of Health	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	• a national or federal agency that is solely responsible for tobacco control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

6.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
		Article		
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i> [redacted])</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(a)(vi)		a focal point for tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(a)(vii)		If you answered 'Yes' to question 6.1(a)(vi), to which institution does the focal point belong?		
		<ul style="list-style-type: none"> <li>the Ministry of Health</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>a national tobacco control agency</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>a national reference centre for tobacco control</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>a national resource centre for tobacco control</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i> [redacted])</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(a)(viii)	<b>5.3</b>	protection of policies from the commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Brief Summary:</b> Following measures has been taken during last few years by the Ministry of Health, Government of Pakistan				
1. A Tobacco Control Initiative Cell headed by Director General has been established in the Ministry of Health w.e.f. 1st July, 2007.				
2. Following Committees/Programs/Forums have been notified:				
a. Advertisement Guidelines Committee w.e.f. 3rd July, 2003				
b. Technical Advisory Group to steer the project technically				
c. Inter Ministerial Committee				
d. Focal points for tobacco control program				
e. Implementation Committees in the provinces				
f. District Implementation Committees				
g. Journalist Health Forum				
3. National coordinating mechanism in place as above.				
4. Substantive measures have been taken to regulate the activities of the tobacco industry				
6.1(b)	<b>12</b>	<b>Education, communication, training and public awareness</b>		

6.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	Article			
6.1(b)(i)	12(a)	broad access to effective and comprehensive educational and public-awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(b)(ii)		If you answered 'Yes' to question 6.1(b)(i), at whom are these programmes targeted?		
		<ul style="list-style-type: none"> <li>adults or the general public</li> <li>children and youth</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(b)(iii)	12(b)	public awareness about the:		
		<ul style="list-style-type: none"> <li>health risks of tobacco consumption?</li> <li>health risks of exposure to tobacco smoke?</li> <li>benefits of the cessation of tobacco use and tobacco-free lifestyles?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(b)(iv)	12(c)	public access to a wide range of information on the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(b)(v)	12(e)	awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Brief Summary:</b> Public awareness has been undertaken through different target groups <ol style="list-style-type: none"> <li>Orientation of university teachers and professors (in coalition with Higher Education Commission and Ministry of Education, Youth Voluntary Organizations and Youth NGOs through Ministry of Youth Affairs)</li> <li>Media - Journalists Health Forum</li> <li>Nursing Professionals – Two Federal Hospitals declared as Smoke Free Provincial line departments police/transporters.</li> <li>Involvy civil society</li> <li>Coalition of Tobacco Control / Network</li> <li>Bloomberg Partner in Coalition with Agha Khan University.</li> </ol>				
6.1(c)	14	<b>Demand reduction measures concerning tobacco dependence and cessation</b>		
6.1(c)(i)	14.1	developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
	Article			
6.1(c)(ii)	14.1	taking effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.1(c)(iii)	14.2(d)	facilitation of accessibility and affordability for treatment of tobacco dependence including pharmaceutical products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><b>Brief Summary:</b> Following initiatives have been taken by the Government</p> <ol style="list-style-type: none"> <li>National Guidelines for Tobacco Cessation have been formulated and shared with Pakistan Cardiac Society, Chest Society, Cancer Society, ENT Society; the latter two have endorsed the guidelines.</li> <li>These would be adopted after provincial consultations.</li> <li>Five programs have been conducted by the private sector in different cities of Pakistan for training general practitioners about cessation.</li> <li>Agha Khan University has taken lead where a psychologist sits from 9:00am to 5:00pm and counsel smokers who wish to quit smoking.</li> </ol>				
6.1(d)	17	<b>Provision of support for economically viable alternative activities</b>		
		promotion of economically viable alternatives for:		
		• tobacco workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• tobacco growers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• individual sellers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><b>Brief Summary:</b> Government of Pakistan was member of the study group set up at COP-2 regarding alternative for tobacco crops. In line with the Report of the said study group, submitted to COP-3, we are considering the following measures:</p> <ul style="list-style-type: none"> <li>Research on alternate crop cycles that are economically viable for farmers</li> <li>Marketing mechanisms for the new crops</li> <li>Modern Agriculture Extension Services for farmers</li> <li>Subsidy to farmers to grow alternate crops</li> <li>Capacity building of farmers regarding new crops</li> <li>Media/ info campaigns to educate farmers</li> </ul> <p>Any alternate crop has to be economically viable for farmers. Any plans for introduction of such crops must take into account the economies of the region where tobacco is grown. Any mandated sudden change may result in law and order situation and political problems for local governments.</p> <p>This will require inter-ministerial work and sustained effort as livelihoods of 80,000 farmers with annual income of Rs 7.0 billion is to be taken into consideration.</p>				
6.1(e)	20	<b>Research, surveillance and exchange of information</b>		
6.1(e)(i)	20.1(a)	research that addresses:		

6.1		Core questions		
Note: The measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.				
		Article		
		<ul style="list-style-type: none"> <li>the determinants and consequences of tobacco consumption?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>the determinants and consequences of the exposure to tobacco smoke?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>the identification of alternative crops?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.1(e)(ii)	20.4(b)	updated data from national surveillance programmes in respect of:		
		<ul style="list-style-type: none"> <li>tobacco consumption?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>related social, economic and health indicators?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Brief Summary:</b>				
1. Project Report of the National Tobacco Program has a major Focus on Research.				
2. WHO is carrying on Research e.g. Global Youth Surveys etc				
3. More research & surveys are required through intergovernmental efforts.				
6.1(f)	Please provide a brief summary about what your strategies, plans and programmes on tobacco control cover in the space below.			

### **Management**

- Formulation and notification of a Technical Advisory Group
- Formulation/notification of Inter-Ministerial Committee
- Formulation and notification of Research Advisory Group on TCI
- Appointment of Focal Persons in the Provinces and districts

### **Planning**

- Acceleration of the implementation of the FCTC and the Ordinance 2002
- Implementation of strategic Plan of Action cross sectorally and holistically
- Preparation of a National communication strategy for tobacco with various stakeholders to make ongoing Programs innovative
- Mainstreaming tobacco control in the Health Policy and National Development Agenda (social and economic policies) in coordination with Ministries / Divisions
- Providing technical and catalytic support to other Ministries
- Updating data with latest medical research (evidence based research) through Technical Advisory Group (TAG)
- Piloting of tobacco cessation through setting up of cessation clinics, registration of nicotine patches. Nicotine gums etc.
- Making all the hospitals / healthcare facilities smoke free
- Revision of the Ordinance 2002
- Innovative anti-smoking campaigns i.e. TV Talk Shows, Goodwill ambassador, TVCs, documentaries
- Designing, producing and distributing attractive billboards, stickers, posters as a part of anti-tobacco efforts

- Activating provincial and district coordination committees through refresher trainings/workshops
- Alliance building with NGOs and media in the implementation of the ordinance through Public Private Partnership and seminars
- Enlisting support of Ministry of Education and private school forum for Tobacco related health education in a comprehensive school health program
- Inter provincial visits for enlisting high level support, with focus on piloting TCI in 20 districts identified through provincial consultations
- Capacity development workshops on the implementation of the Ordinance for the health providers, local government and federal ministries
- Awareness programs on tobacco control for health purposes to health officers, professionals, educators, decision makers, administrative staffs, and those concerned with TCI for health purposes
- Forging partnerships with Lady Health Workers Program, UNICEF, PAIMAN, UNFPA, Save the Children and MNCH Cell to mainstream Anti Tobacco Initiative into the Maternal and Child health activities
- Forging partnerships with professional associations i.e. Pakistan Chest Society, Cancer Society, Cardiac Society, CSP, PMA to expose hazard of tobacco epidemic and to enlist their support for implementation of the Ordinance 2002

### **Research**

- Formative / Knowledge, Attitude, Practices (KAP) research in 26 districts all over Pakistan including AJK and FATA
- Estimating the social cost of tobacco vis a vis revenue gained
- Research into economic effect of tobacco growth, estimates for cost of alternative crops, research into alternative use of land under tobacco cultivation
- Research for estimating the effect of raising the taxes on tobacco, demand analysis and projections of effect on revenue
- Research for identifying major factors leading to tobacco uptake by age group in the country; effects of advertisements, peer pressure, price, availability
- Estimate the incidence and cost of tobacco related diseases to the country, direct costs to consumers, cost to Ministry of Health, other societal costs
- Estimating exposure to second hand smoke in the workplace, schools and homes
- Estimating the nicotine and tar content of major brands of cigarettes in the country
- Prevalence of Shisha use in major cities of Pakistan
- Development of clinical guidelines to promote cessation of tobacco use and adequate treatment for tobacco dependents
- To mainstream tobacco control as a larger part of NCD agenda in the PRSP's with linkages with MDGs.



6.2		Optional questions		
	Article	Do these strategies, programmes and plans cover <b>any of the following</b> :		
		(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of the table and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b> .)		
6.2(a)	<b>12</b>	<b>Education, communication, training and public awareness</b>		
6.2(a)(i)	<b>12(d)</b>	appropriate training or sensitization and awareness programme on tobacco control addressed to:		
		• health workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• community workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• media professionals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• educators?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• decision-makers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• administrators?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify:</i> <input type="text"/> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2(a)(ii)	<b>12(f)</b>	public awareness of and access to information regarding the adverse health, economic and environmental consequences of tobacco production and consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Brief Summary:</b> Public awareness has been undertaken through different target groups				
1. Orientation of university teachers and professors (in coalition with Higher Education Commission and Ministry of Education, Youth Voluntary Organizations and Youth NGOs through Ministry of Youth Affairs)				
2. Media - Journalists Health Forum				
3. Nursing Professionals – Two Federal Hospitals declared as Smoke Free Provincial line departments police/transporters.				
4. Involving civil society				
5. Coalition of Tobacco Control / Network				
6. Bloomberg Partner in Coalition with Agha Khan University.				
6.2(b)	<b>14</b>	<b>Demand reduction measures concerning tobacco dependence and cessation</b>		
6.2(b)(i)	<b>14.2(a)</b>	design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6.2		Optional questions		
Article		Do these strategies, programmes and plans cover <b>any of the following</b> :		
		(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of the table and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b> .)		
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• sporting environments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify:</i> <input type="text"/> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<p>Prohibition of Smoking &amp; Protection of Non-Smokers Health Ordinance 2002 has introduced restrictions on smoking in all places of public work or use. These include private and public buildings and also public transport. In line with the provisions of the said Ordinance of 2002, Government has notified guidelines for permitting smoking areas in premises or places where adequate arrangements are made to protect the health of non-smokers. These guidelines mandate that smoking area is to be physically partitioned, properly ventilated, prominently marked and frequently cleaned. It cannot exceed 1/3<sup>rd</sup> of the premises. Setting up these separate areas is, however, not mandatory in any case. Hospitals, dispensaries and other health care establishment, education institutions, domestic flights, buses &amp; wagons have been completely excluded from the guidelines.</p>		
6.2(b)(ii)	<b>14.2(b)</b>	diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.2(b)(iii)	<b>14.2(c)</b>	establishment in health-care facilities and rehabilitation centres of programmes for diagnosing, counselling, preventing and treating tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Brief Summary:</b> Following initiatives have been taken by the Government</p> <ol style="list-style-type: none"> <li>National Guidelines for Tobacco Cessation have been formulated and shared with Pakistan Cardiac Society, Chest Society, Cancer Society, ENT Society; the latter two have endorsed the guidelines.</li> <li>These would be adopted after provincial consultations.</li> <li>Five programs have been conducted by the private sector in different cities of Pakistan for training general practitioners about cessation.</li> <li>Agha Khan University has taken lead where a psychologist sits from 9:00am to 5:00pm and counsel smokers who wish to quit smoking.</li> </ol>				
6.2(c)	<b>18</b>	<b>Protection of the environment and the health of persons</b>		

6.2		Optional questions		
	<b>Article</b>	Do these strategies, programmes and plans cover <b>any of the following</b> :		
		<b>(Please check 'Yes' or 'No'. For affirmative answers, please provide a brief summary in the space provided at the end of the table and attach the relevant documentation. Please provide documentation in one of the six official languages.)</b>		
		due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within your territory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Brief Summary:</b>				
<ol style="list-style-type: none"> <li>1. Pakistan Tobacco Board keeps working with the different stakeholders to run programs that include training of farmers regarding safe use of pesticides, integrated pest management, and use of specially formulated fertilizer.</li> <li>2. Government is considering collaboration of the Tobacco Control Cell with the Pakistan Tobacco Board to raise the issue of protection of the health of the persons involved in tobacco cultivation.</li> <li>3. The following laws are applicable to tobacco manufacturing process in Pakistan: <ol style="list-style-type: none"> <li>a. Pakistan Environmental Protection Act 1997 (Annex-E) and National Environmental Quality Standards.</li> <li>b. Section 14 of Factory's Act 1934, Factories Rules 1978, Electricity Rules, 1937, and Boiler and Pressure Vessels Ordinance 2002.</li> </ol> </li> </ol>				
6.2(d)	<b>20</b>	<b>Research, surveillance and exchange of information</b>		
6.2(d)(i)	<b>20.1(b)</b>	training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.2(d)(ii)	<b>20.2</b>	programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.2(d)(iii)	<b>20.3(a)</b>	a national system for epidemiological surveillance of:		
		• tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• related social, economic and health indicators?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.2(d)(iv)	<b>20.4</b>	exchange of publicly available:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information on the cultivation of tobacco?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.2(d)(v)	<b>20.4(a)</b>	an updated database of:		

6.2		Optional questions		
	Article	Do these strategies, programmes and plans cover <b>any of the following</b> :		
		(Please check 'Yes' or 'No'. For affirmative answers, please provide a <b>brief summary</b> in the space provided at the end of the table and <b>attach</b> the relevant documentation. Please provide documentation in one of the <b>six official languages</b> .)		
		<ul style="list-style-type: none"> <li>laws and regulations on tobacco control?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>information about the enforcement of laws and regulations on tobacco control?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>pertinent jurisprudence?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><b>Brief Summary:</b></p> <ol style="list-style-type: none"> <li>Project Report of the National Tobacco Program has a major Focus on Research.</li> <li>WHO is carrying on Research e.g. Global Youth Surveys etc</li> <li>More surveys are required through intergovernmental efforts.</li> </ol>				
6.2(e)	Please provide a brief summary about what your strategies, plans and programmes on tobacco control cover in the space below.			

### **Management**

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### **Planning**

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- Alliance building with NGOs and media in the implementation of the ordinance through Public Private Partnership and seminars

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- Inter provincial visits for enlisting high level support, with focus on piloting TCI in 20 districts identified through provincial consultations
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- Awareness programs on tobacco control for health purposes to health officers, professionals, educators, decision makers, administrative staffs, and those concerned with TCI for health purposes
- Forging partnerships with Lady Health Workers Program, UNICEF, PAIMAN, UNFPA, Save the Children and MNCH Cell to mainstream Anti Tobacco Initiative into the Maternal and Child health activities
- Forging partnerships with professional associations i.e. Pakistan Chest Society, Cancer Society, Cardiac Society, CSP, PMA to expose hazard of tobacco epidemic and to enlist their support for implementation of the Ordinance 2002

## **Research**

- Formative / Knowledge, Attitude, Practices (KAP) research in 26 districts all over Pakistan including AJK and FATA
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- Estimating the nicotine and tar content of major brands of cigarettes in the country
- Prevalence of Shisha use in major cities of Pakistan
- Development of clinical guidelines to promote cessation of tobacco use and adequate treatment for tobacco dependents
- To mainstream tobacco control as a larger part of NCD agenda in the PRSP's with linkages with MDGs.

## 7. Technical and financial assistance

Note: The goal of this Section is to assist the Convention Secretariat in facilitating the matching available skills and resources with identified needs.

7.1	Article	Pursuant to <b>Article 21.1(c)</b> , have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition <b>in any of the following areas:</b>	Assistance provided (please give details below)	Assistance received (please give details below)
7.1(a)	<b>22.1(a)</b>	development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.1(b)	<b>22.1(b)</b>	provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.1(c)	<b>22.1(c)</b>	appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.1(d)	<b>22.1(d)</b>	provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.1(e)	<b>22.1(e)</b>	identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.1(f)	<b>22.1(f)</b>	promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.1(g)	<p>If you answered 'Yes' to <b>any</b> of the questions under <b>7.1</b>, please identify the Party or Parties from which assistance was received or to which assistance was provided.</p> <p>Pakistan was amongst the countries that were granted Bloomberg Grant Initiative assistance in 2007 amounting to US\$ 371,425.</p>			
7.1(h)	Please provide information about any assistance provided or received in the space below.			

The objective of Bloomberg assistance project to Pakistan to enhance tobacco control in Pakistan. The specific objectives of the project are:

1. Build national capacity in tobacco control by setting and/or strengthening of infrastructure for tobacco control i.e. setting up of Provincial & District Committees.
2. Build a national coalition of all stakeholders including civil society for tobacco control by establishing Technical & Research Advisory Groups, Inter-ministerial Committee, Inter-coordination Committees and enforcement Committees at Federal, Provincial & District levels.
3. Mainstreaming tobacco in the existing preventive programs like Lady Health Workers Program & MNCH Program.
4. Strengthen the current Ordinance through identified amendments.
5. Increase support and awareness for tobacco control through intersectoral strategies.

7.1(i) If you **have not received or provided** assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

<b>7.2</b>	<b>Pursuant to Article 21.3, have you either provided or received financial or technical assistance to support developing country Parties and Parties with economies in transition in meeting reporting obligations?</b>	<b>Assistance provided (please give details below)</b>	<b>Assistance received (please give details below)</b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

7.2(a) If you answered ‘Yes’ to question 7.2, please identify the Party or Parties from which assistance was received or to which assistance was provided.

7.2(b) If you **have not received or provided** assistance, please identify any financial or technical assistance that may be under consideration.

<b>7.3</b>	<b>Have you identified any specific gaps between the resources available and the needs assessed, for the financial and technical assistance provided or received?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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## 8. Priorities for implementation of the WHO Framework Convention on Tobacco Control

**8.1** What are the priorities implementations of the WHO Framework Convention on Tobacco Control in your jurisdiction? *(Please refer to Article 21.1(b).)*

1. Increasing capacity of the tobacco control unit in Ministry of Health.
2. Review of legislation to bring it in conformity with FCTC.
3. Increase in taxation and pricing.
4. Research and communication to assist in advocacy related to hazards of smoking.

**8.2** What, if any, are the constraints or barriers you have encountered in implementing the Convention? *(Please refer to Article 21.1(b).)*

Pakistan is new to tobacco control. Government of Pakistan has made significant achievements in implementing the Convention in its letter and spirits. Most of it's been done indigenously with indigenous resources. However, there are certain constraints which now are becoming more glaring than before and require assistance and support. They are as follows:

1. Lack of Capacity
2. Lack of scientific knowledge about technical aspects
3. Non availability of data/research
4. Lack of resources allocated for the task involved

## 9. Additional comments

Please provide any relevant information not covered elsewhere that you feel is important.

## 10. Questionnaire feedback

Please provide input for the Group 2 questionnaire.

**End of reporting instrument**