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PAKISTAN

COUNTRY REPORT

PREPARED BY
Alternative Research Initiative

ALTERNATIVE RESEARCH INITIATIVE

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Executive Summary

Economic, Social, and Demographic Status

- Pakistan is a lower-middle-income country (LMIC; World Bank) with the 24th largest gross domestic product (GDP) in the world.
- Agriculture, industry, and services make up almost 100% of the GDP.
- With a population of more than 210 million (the fifth largest population in the world), Pakistan currently ranks 154th in the world's GDP per capita ratings according to the International Monetary Fund (IMF).
- Economic growth is being offset by a rapid increase in population.
- Poverty has declined significantly in Pakistan since 2001.
- Consumption inequality is rising. The Gini Coefficient reached its maximum in 2015.
- Pakistan's rural areas are typically poorer than its urban areas, but urban areas have more consumption inequality because of the mix of poor and more affluent people.
- Pakistan ranks 152 out of 189 on the United Nations Human Development Index. It has distinct gender inequality and is low on the gender parity list.
- Gender, residence, and class determine power differentials in Pakistan.
- Among South Asian countries, Pakistan has the highest urbanization rate at 3%.

Health Status and the Health System of Pakistan

- Key health care challenges in Pakistan include inadequate infrastructure, high costs, lack of human resources, rural-urban disparities, and gender disparities.
- Rising life expectancy and the double burden of both communicable and non-communicable diseases shape the nation's health landscape.
- Key health indicators are lower than international targets and averages for LMICs.
- Malnutrition, bad diet, high blood pressure, and tobacco use are the top four issues that contribute to the country's disability-adjusted life years.
- More than half (58%) of all deaths are caused by non-communicable diseases and injuries.

Tobacco Use in Pakistan

- Pakistan has more than 24 million users of smoked and smokeless tobacco.
- Prominent forms of use include cigarettes, water pipes, and chewing tobacco.

- According to the most recent estimates, 31.8% of men and 5.8% of women use tobacco.
- In 2013, 13.3% of boys and 6.6% of girls used tobacco, according to the World Health Organization (WHO) Global Youth Tobacco Survey.
- More women are starting to use tobacco, which is a worrisome trend.
- Key drivers of tobacco use include poverty, lower education status, and youth tobacco use.
- Many medical professionals and medical students use tobacco.
- Pakistan's attempted quit rate is 25%.

Tobacco and the Economy, Employment, and Trade

- Pakistan was the eighth largest producer of tobacco in the world in 2017.
- Tobacco is considered a source of revenue, employment, and foreign exchange.
- The majority of Pakistan's tobacco production is in three provinces: Khyber Pakhtunkhwa, the Punjab, and Balochistan.
- More than 75,000 people grow tobacco or produce tobacco products.
- Pakistan's tobacco market is controlled by two companies, British American Tobacco (BAT) and Philip Morris International (PMI), which have a 98% market share. There are 51 smaller tobacco companies in Pakistan.
- Pakistan exports tobacco leaf, although most tobacco grown in the country is used locally.
- Pakistan imposes a variety of taxes on tobacco products, with a multi-tier tax on cigarettes.
- Pakistan's government received 115.33 billion Pakistani rupees (PKR) (1.09 billion US dollars [USD]) from tobacco taxes in 2015-2016. This included roughly 90.4 billion PKR (0.86 billion USD) in federal excise tax, 23.7 billion PKR (0.23 billion USD) in general sales tax, and 1.23 billion PKR (0.012 billion USD) from export.
- Pakistan is one of the top ten illicit tobacco trade countries in the world and has the fourth highest illicit tobacco trade rate in Asia.

Regulation of Tobacco: Status, Benefits, and Gaps

- Pakistan ratified the WHO Framework Convention on Tobacco Control in 2004.
- Key successes include the prohibition of smoking in public places, establishing a federal tobacco control cell, a law that requires 85% of the material on cigarette packages to be health warnings, and setting national targets for tobacco, alcohol, and prescription medications. However, the law on health warnings on cigarette packs was withdrawn.
- There is poor application of the WHO's MPOWER (Monitor, Protect, Offer, Warn, Enforce, and Raise) measures and strategies.
- Smoking cessation programs and training for medical professionals in smoking cessation techniques are inadequate.

Contents

Economic, Social, and Demographic Status

A. Economic Trends and Outlook

Pakistan's economy, which was primarily agrarian at the time of its independence in 1947, has become increasingly diversified. Today, the country operates a mixed-type economy with three major sectors– agriculture, industry, and services. These sectors operate with both free-market and command characteristics. The changes in the composition of these sectors over the years have been significant. Agriculture's current share is close to 19% of the gross domestic product (GDP), down from 53% in 1947, but industry has risen from 21% to 61% and the service sectors have increased from 8% to 39% during the same time period.[1]

Pakistan is a lower-middle-income country (LMIC; World Bank) with the 24th largest GDP in the world and ranks 154th in the world's GDP per capita ratings according to the International Monetary Fund (IMF). Pakistan has generally maintained pace with the Asian GDP growth rate (5.4%), but the IMF recently produced revised economic estimates for 2019-2020, reporting that GDP per capita growth in Asia is down to 2.9% because of the relentless increase in population size in the region. This figure is supported by World Bank data.[2]

Figure 1. Real GDP Growth Rate (annual % change), 1980-2020.

Source: Adapted from IMF DataMapper.

B. Socioeconomic Status

Poverty has declined significantly in Pakistan in recent years. Between 2001 and 2015, the poverty headcount fell from 64% to 24%. Consumption inequality, as measured by the World Bank's Gini Index, fluctuated at around 33, with periods of increasing inequality alternating with periods of inequality reduction. Despite a 12% decrease in poverty between 2011 and 2015, there was a slight increase in inequality. The Gini Coefficient reached its maximum value of 33.5% in 2015, up 4.8% from its minimum in 1996.[3]

Pakistan's rural areas are typically poorer than its urban areas, but urban areas show higher inequality. The most recent estimates (2015) indicate twice as much poverty in rural areas (31%) as in urban areas (13%). In the provinces, however, the incidence of poverty is uneven. The province of Khyber Pakhtunkhwa has the lowest poverty rate at 18%, while Balochistan has the highest (42%).[4] In 2015, the literacy rate in rural areas was 49%, but it was 74% in urban areas.[5]

Figure 2. Pakistan Poverty Headcount Rate, 2001-2015.

Source: Adapted from World Bank Group, Poverty & Equity Brief (2019).

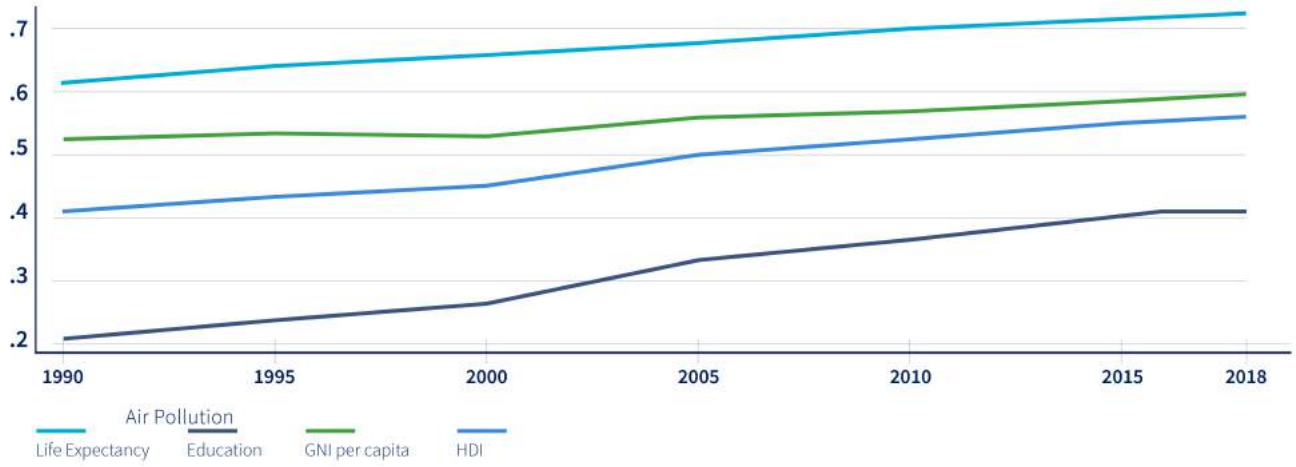
In 2018, Pakistan was ranked 152 out of 189 countries and territories on the United Nation's Human Development Index (UN HDI). Pakistan's social and development indicators compared poorly with those of other countries in the region, even though the HDI had increased by almost 40% over the past four decades, from 0.346 in 1975 to 0.560 in 2019. The HDI value for Pakistan is 0.464 for women and 0.622 for men, placing Pakistan in the group of countries farthest from gender parity.[6] More than 38% of Pakistan's population is multidimensionally poor, while an additional 13% is vulnerable. The share of the multidimensionally poor population, adjusted by the intensity of the deprivations, is 0.198. Since 2004/2005, Pakistan's place on the Multidimensional Poverty Index has continuously improved, and the intensity of deprivation has also declined from 53% to 51%.[7]

Table 1. Pakistan's HDI and Component Indicators for 2018 Relative to Selected Countries and Groups.

Selected Country or Group	HDI Value	HDI Rank	Life Expectancy at Birth	Expected Years of Schooling	Mean Years of Schooling	GNI Per Capita (2011 PPP US $)
Pakistan	0.56	152	67.1	8.5	5.2	5190
Bangladesh	0.61	135	72.3	11.2	6.1	4057
India	0.65	129	69.4	12.3	6.5	6829
South Asia	0.64		69.7	11.8	6.5	6794

Source: UNDP Human Development Report 2019.

Figure 3. Trends in Pakistan's Component Indices (1990-2018).

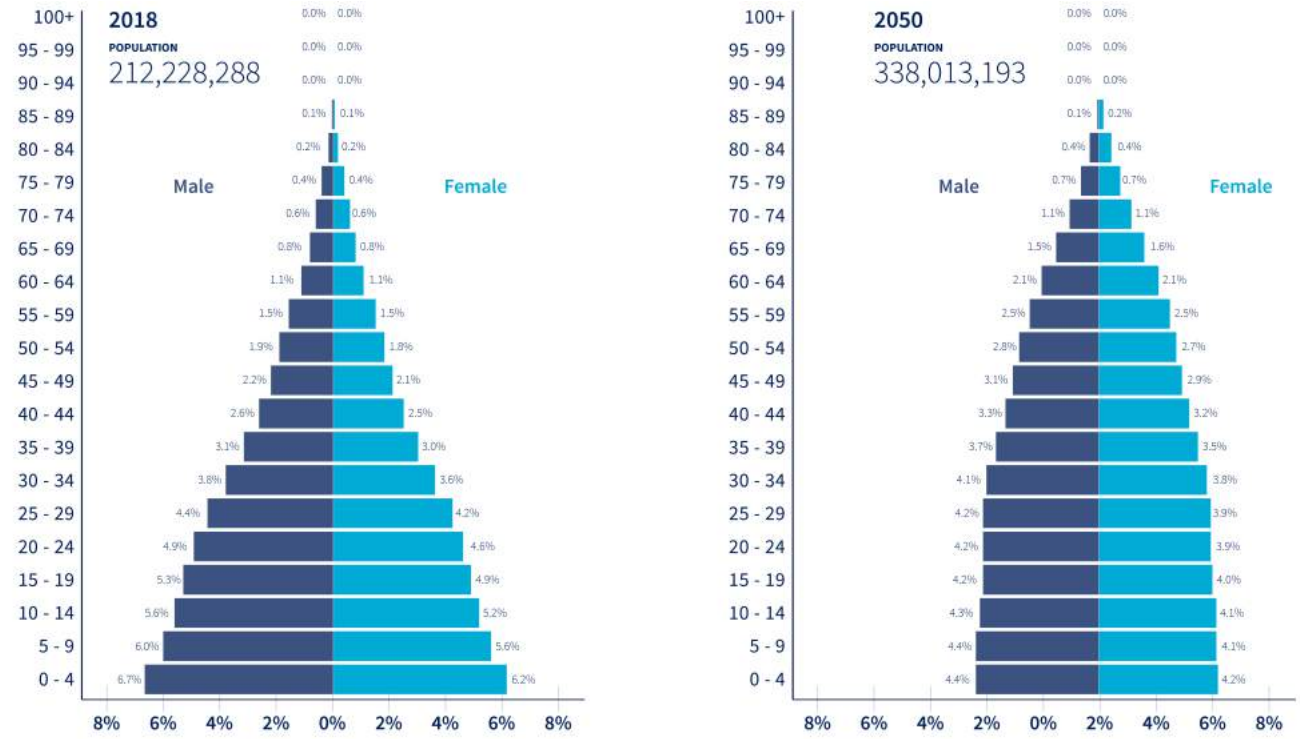


Source: Adapted from the UNDP Human Development Report 2019.

C. Population Demographics

Pakistan's economic transition has been accompanied by a rapid demographic transition since its founding. The country's population has grown almost sixfold since 1947 and totals more than 212 million people today. Two-thirds of those people are below the age of 30, and Pakistan's birth rate is the highest in its region at 3.7.[8] With a male-female ratio of 104, there are an estimated 106.4 million males and 101.3 million females. By 2050, Pakistan's population is expected to reach 338 million, and it will be among nine countries accounting for more than half of the projected increase in the global population by that date. The growth rate is expected to slow from almost 2% to less than 1% by this time.[9]

Figure 4. Pakistan's Population Pyramids Disaggregated by Sex, 2018 and 2050.



Source: Adapted from the UN's World Population Prospects: 2019 Edition.

D. Demographic Shifts and Urbanization

Urbanization in Pakistan is the highest in South Asia, at 2.7% per annum. According to the 2017 population census, the increase in the urban population since the last census in 1998 has been 75.6%, compared to 48% in rural areas. According to the UN, half of the country's population is expected to be living in cities by 2025. As Pakistan has not anticipated this shift and has not planned for it, the country is confronting serious urban challenges.

Table 2. Pace of Urban and Rural Population Growth (Provincial).

Province	Percentage increase in population during:				
	1951 - 1961	1961 - 1972	1972 - 1981	1981 - 1998	1998 - 2017
Punjab					
Urban	53.5	67.5	42.2	76.4	75.5
Rural	17.8	42.2	20.5	47.8	37.6
Sindh					
Urban	79.1	80.8	43.8	80.1	67.9
Rural	21.5	62.1	28.0	44.6	47.3
KP					
Urban	52.0	57.9	39.2	79.0	91.6
Rural	22.7	44.7	30.7	56.9	68.1
Balochistan					
Urban	64.3	73.9	70.0	130.9	116.6
Rural	10.8	79.6	80.3	36.6	78.8
Pakistan*					
Urban	61.1	71.9	43.7	80.5	75.6
Rural	16.1	51.2	24.0	47.0	48.0

Source: Adapted from UNDP Sustainable Urbanization Report 2019.

** Includes the population of erstwhile Federally Administered Tribal Areas and Islamabad.*

Urbanization is closely linked to GDP growth. Cumulatively, cities in Pakistan generate almost 55% of the GDP, and 10 cities are responsible for generating 95% of the government's tax revenue. However, urban population growth has not been matched by growth in housing, jobs, and productivity. The number of slums is an indication of this imbalance and suggests that there will be significant inequalities, disadvantages, and suffering in the future.

Health Status and the Health System of Pakistan

Pakistan's health care system is undergoing both a demographic and epidemiological transition. Healthy life expectancy is rising, but the country faces a double burden of communicable diseases (e.g., malaria, polio, tuberculosis [TB]) and non-communicable diseases (NCDs; e.g., heart failure, diabetes, asthma). This situation has caused many health system challenges.

E. Basic Health Statistics

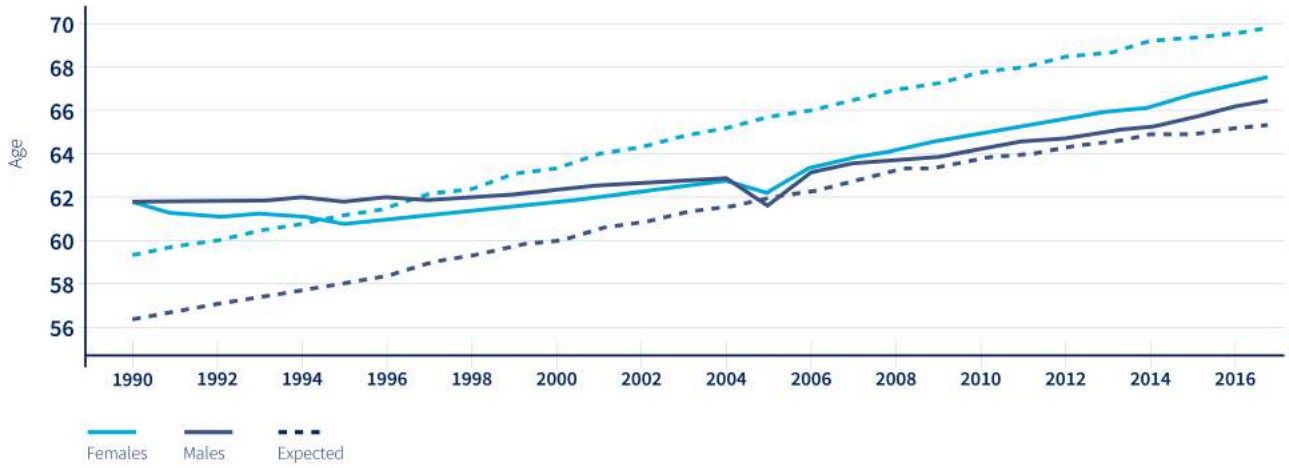
Many public health improvements have been made over the last six decades, mostly linked to government commitment and partner engagement. Pakistan's life expectancy; maternal, neonatal, and child health; and infectious disease burden have improved; but the country is still lagging in key health indicators, especially

Sustainable Development Goals and averages for low-income countries. Based on the most recent estimates, life expectancy at birth in Pakistan is the lowest in South Asia (66.5 years for both sexes), and inequality in life expectancy at birth (30%) is the highest.[10]

Life Expectancy

Although Pakistan has the lowest life expectancy in South Asia, there has been a steady and continuous rise in life expectancy at birth in Pakistan over the past 60 years: from 45 years in 1960 to 67 years in 2018.[11] As of 2004, females have had a higher life expectancy at birth than males.

Figure 5. Life Expectancy in Pakistan, 1990-2017, Males and Females, Expected and Observed.



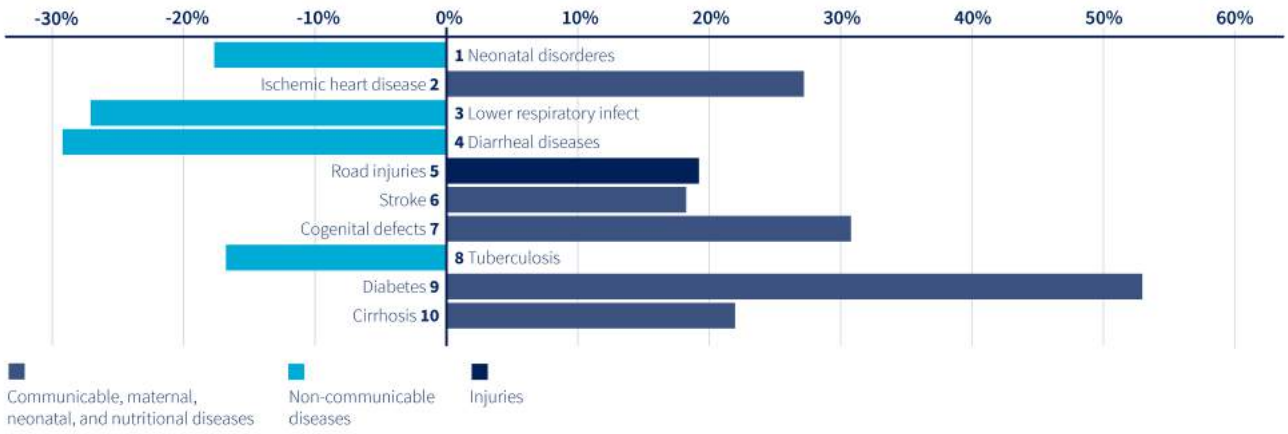
	Expected		Observed	
	1990	2017	1990	2017
Females	59.2	69.7	61.6	67.5
Males	56.2	65.2	61.7	66.4

Source: adapted from IHME 2018.

Double Burden of Disease

Pakistan is dealing with a double burden of both communicable and non-communicable diseases that is leaning progressively toward NCDs. In 2017, the top three causes of disability-adjusted life years (DALYs) in Pakistan were neonatal disorders, ischemic heart disease, and lower respiratory tract infections.[12]

Figure 6. Top 10 Causes of DALYs in 2017 and Annual Percent Change, 2007-2017, All Ages, Number.

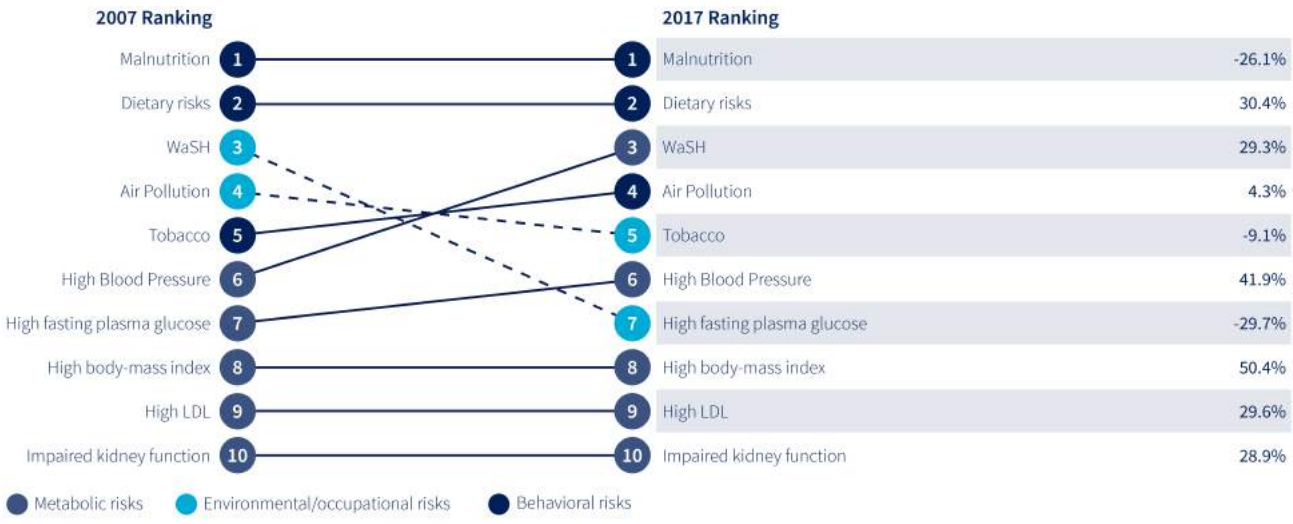


Source: Adapted from IHME Viz Hub 2018.

Pakistan accounts for 61% of the TB burden in the World Health Organization (WHO) Eastern Mediterranean Region and has the fifth largest incidence of TB worldwide.[13] It also has the fourth highest incidence of multidrug-resistant TB.[14] According to the WHO, the main reasons for the emergence of drug-resistant TB include delays in diagnosis; unsupervised, inappropriate, and inadequate drug regimens; poor follow-up; and lack of a social support program for high-risk populations.[15] All TB cases are rising, which indicates a weak system of basic health care at the community level.

DALYs are caused not only by diseases, but also by metabolic, environmental, and behavioural risk factors.

Figure 7. Top 10 Risks Contributing to DALYs in 2017 and Percent Change, 2007-2017, All Ages, Number.



Source: Adapted from IHME Viz Hub 2018.

Malnutrition, bad diets, tobacco use, and air pollution contributed the most to DALYs between 2007 and 2017. High blood pressure went from sixth place in 2007 to third place in 2017. Tobacco use also moved up from fifth place to fourth place in terms of risk factors that drive death and disability.

NCDs cause more deaths than communicable diseases in Pakistan today. According to the Global Burden of Disease Study 2017, funded by the Bill and Melinda Gates Foundation, NCDs and injuries account for 58% of all Pakistani deaths. WHO predicts that 169,400 lives could be saved by 2025 by implementing all of the WHO "Best Buys," including setting national targets for tobacco use, alcohol consumption, and physical activity.[16]

F. Pakistan's Health System

Public agencies, parastatal agencies, private agencies, philanthropic organizations, and donor agencies are the main players in Pakistan's mixed health care system. The system delivers preventive, promotive, curative, and rehabilitation services. Private sector agencies treat 70% of the population with both trained health team members and traditional faith healers.

Both vertical and horizontal health care delivery systems exist in Pakistan. The major strength of Pakistani health care is the primary health care delivered at the community level by Lady Health Workers, Lady Health Visitors, and Community Midwives. All three sets of caregivers are trained by the government facilities that employ them and serve the community by giving home care. Under the Pakistan Constitution's 18th

Table 3. **Health and Nutrition Expenditures.**

Health & Nutrition Expenditures					(Rs. Billion)
Fiscal Years	Public Sector Expenditure (Federal and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditure	Current Expenditure		
2007-08	59.90	27.23	32.67	19.80	0.56
2008-09	73.80	32.70	41.10	23.21	0.56
2009-10	78.86	37.86	41.00	6.86	0.53
2010-11	42.09	18.71	23.38	-46.63	0.23
2011-12	55.12	26.25	28.87	30.96	0.27
2012-13	125.96	33.47	92.49	128.51	0.56
2013-14	173.42	58.74	114.68	37.68	0.69
2014-15	199.32	69.13	130.19	14.94	0.73
2015-16	225.33	78.07	147.26	13.05	0.77
2016-17	291.90	101.73	190.17	29.54	0.91
2017-18	336.29	88.27	248.02	15.21	0.97
Jul-Mar					
2017-18*	197.25	47.28	149.97		0.49
2018-19*	203.74	24.03	179.72	3.29	0.53

*Expenditure figure for the respective year are for the period (July-Mar)
Source: Finance Division (PF Wing)

amendment, health care services are run by provincial governments, and there is a three-layer primary/secondary/tertiary approach.[17]

Figure 8. **Total Public Expenditures on Health.**

Source: Pakistan Economic Survey 2018-19

In 2018, Pakistan had 1,279 public sector hospitals, 5,527 Basic Health Units, 686 Rural Health Centres, and 5,671 dispensaries. The country has 220,829 registered doctors, 22,595 registered dentists, and 108,474 registered nurses.[18]

Table 4. Health Care Facilities and Providers in Pakistan.

Healthcare Facilities								(In Nos.)
Registered Doctors	2011	2012	2013	2014	2015	2016	2017	2018
Registered Dentists	152,368	160,880	167,759	175,223	184,711	195,896	208,007	220,829
Registered Nurses	11,649	12,692	13,716	15,106	16,652	18,333	20,463	22,595
Population per Doctor	77,683	82,119	86,183	90,276	94,766	99,228	103,777	108,474
Population per Dentist	1,162	1,123	1,099	1,073	1,038	997	957	963
Population per Nurse	15,203	14,238	13,441	12,447	11,513	10,658	9,730	9,413
Population per Bed	1,647	1,616	1,557	1,591	1,604	1,592	1,580	1,608

Source: Pakistan Bureau of Statistics

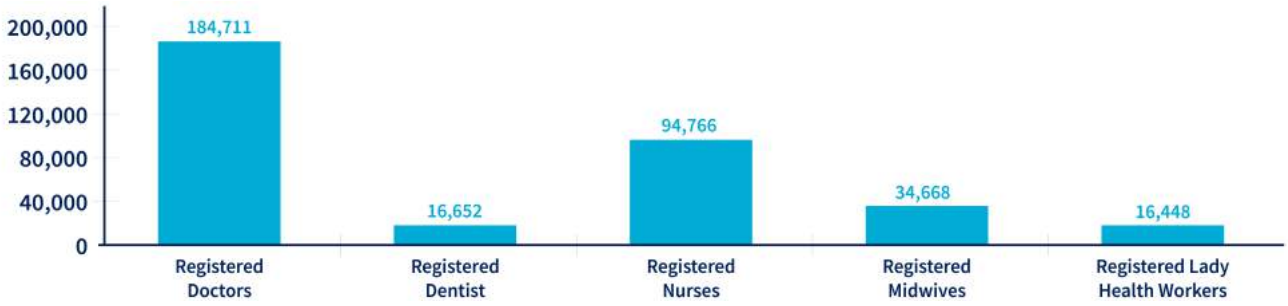
Demand

Pakistan has parallel public and private health care systems. Initially, the number of private sector facilities was small, but several factors have contributed to a high demand for private health care. These include an increasing population, increasing industrialization, environmental pollution, and the limited capacity of the public health care system.[19] Unfortunately, the health care provided by the private sector is costly and out of reach for a large segment of Pakistan's population.[20]

Supply

Pakistan has witnessed a steady increase in the number of health care professionals in the country. Each year, 5,000 people graduate from private and public medical colleges, but there is still only one doctor for every 1,183 people in Pakistan. The WHO recommends that there be at least one doctor for every 1,000 people.

Figure 9. Registered Health Care Workers.



Source. Pakistan Economics Survey 2015-16

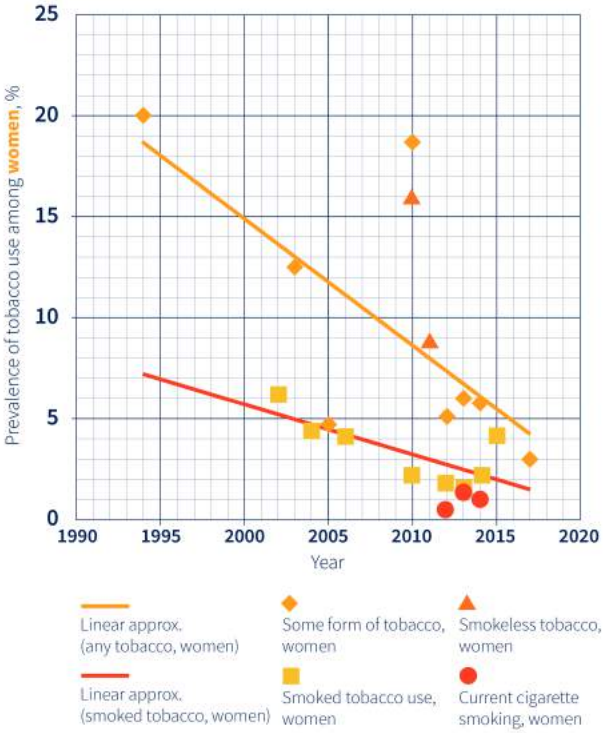
A number of doctors, dentists, and nurses are not registered with the Pakistan Medical and Dental Council but are practicing in private hospitals and clinics. Most private clinics are located in urban areas.[21]

Private clinics in urban areas are in demand. In rural areas, their fees are unaffordable, so very few people in private practice work in rural areas. Welfare organizations, nongovernmental organizations, and trusts play an important role in health care in Pakistan. Most of these nonprofit organizations depend on donations and grants plus the charitable offerings of devout Muslims called Zakat. Prominent among them are the hospitals of Agha Khan University, Liaqat National Hospital, and Shaukat Khanum Cancer Hospital.[22]

Figure 10. **Prevalence of Tobacco Use Among Men in Pakistan.**

Source: WHO 2019

Figure 11. **Prevalence of Tobacco Use Among Woman in Pakistan.**



Source: WHO 2019

Because the public health care sector has been unable to meet the country's health care needs, the government of Pakistan is encouraging public-private hospital partnerships, asking private hospitals to provide facilities in villages and small towns. The role of the private sector will continue to expand because of low government spending on public health, lack of expansion in the public health sector, and the increasing population.[23] At the same time, the private health sector is more expensive than the public sector.

Federal and provincial governments need to spend more on health and provide better-quality facilities across Pakistan. Recently, several government programs have been implemented, including the Sehat Sahulat Program, Civil Registration & Vital Statistics, the Deworm Islamabad Incentive, and others.[24]

Table 5. **Demand and Supply in the Health Sector.**

Factors	Comments
Demand	With growing number of patients, increase in population, greater health awareness and lack of maintained infrastructure in pubic sector, high preference is places on the private sector hospitals.
Supply	Private sector hospitals are comparatively very expensive than the public sector and unaffordable for the majority of the population.
Key Players	Agha Khan Hospital, Ziauddin and Liaqat National Hospital are the biggest players in the private sector hospitals in Karachi. Shaukat Khanum Cance Hospital and National hospital are amongst the leading in Lahore.
Trade Body	Private Hospitals Association

Source: Health and Social Work Private Sector Hospitals.

Tobacco Use in Pakistan

G. Product Type, Prevalence, and Use

According to the Global Adult Tobacco Survey (GATS) 2014, more than 23.9 million adults used any form of tobacco in Pakistan.[25] Of them, 31.8% are men and 5.8% women. In 2014, 19.4% of men smoked at the rate of 4,500 cigarettes per year per person. Men in rural areas smoked at a slightly higher rate (11.2%) than men in urban areas (9.3%).[26] Moreover, in 2013, 13.3% of boys and 6.6% of girls used tobacco, according to WHO's Global Youth Tobacco Survey.

Table 6. Percentage of Adults Aged 15 or Older Who Are Current Users of Smoked Tobacco and/or Smokeless Tobacco in Pakistan.

Current Tobacco Use	Men (%)	Women (%)	Urban (%)	Rural (%)	Overall (%)
Current Tobacco Use	31.8	5.8	15.9	21 .1	19.1
Current tobacco smokers	22.2	2.1	10	13.9	12.4
Current cigarette smokers	19.4	1	9.3	11.2	10.5
Current smokeless tobacco use	11.4	3.7	6.7	8.2	7.7
Average number of cigarettes smoked per day among daily smokers	13.7	10.3	14.1	13.3	13.6

Source: GATS 2014

H. Product Use by Gender, Age, Region, and Socioeconomic Class

According to the GATS 2014, most of the tobacco users were in the age bracket of 45-64 years, followed by 65 and above. The use of water pipes was also higher in the 45-64 and 65 and above age groups. The Pakistan Demographic and Health Survey 2012-2013 found that in ever-married women between 15 and 49 years of age, 4% smoked water pipes and 2% used chewing tobacco. Both of these habits are associated with poverty, lower education, and youth tobacco use.

Table 7. Percentage of Tobacco Users in Pakistan by Tobacco Use Pattern, According to Age in Years.

Age (Years)	Any smoked tobacco product	Any cigarette	Water pipe	Other smoked tobacco
15-24	2.7	2.6	0.5	0.0
25-44	13.2	12.0	1.9	0.5
45-64	23.3	19.2	6.1	1.0
65+	21.4	12.7	12.0	0.7

Any smoked tobacco product: Combustible cigarette smoking is high in adults with lower education levels Data on tobacco and cigarette use show that 14.5% of tobacco smokers and 11.1% of cigarette smokers are uneducated, 14.0% of tobacco smokers and 12.6% of cigarette smokers have primary or lower educational attainment, 10.9% of tobacco smokers and 10.5% of cigarette smokers have a high school education or less, and only 7.6% of tobacco smokers and 6.8% of cigarette smokers have no secondary education. Lower socioeconomic status and less education are more likely to push men to smoking.27 The prevalence of smoking generally decreased with increasing education levels in both genders.28

Figure 12. **Tobacco and Cigarette Use**

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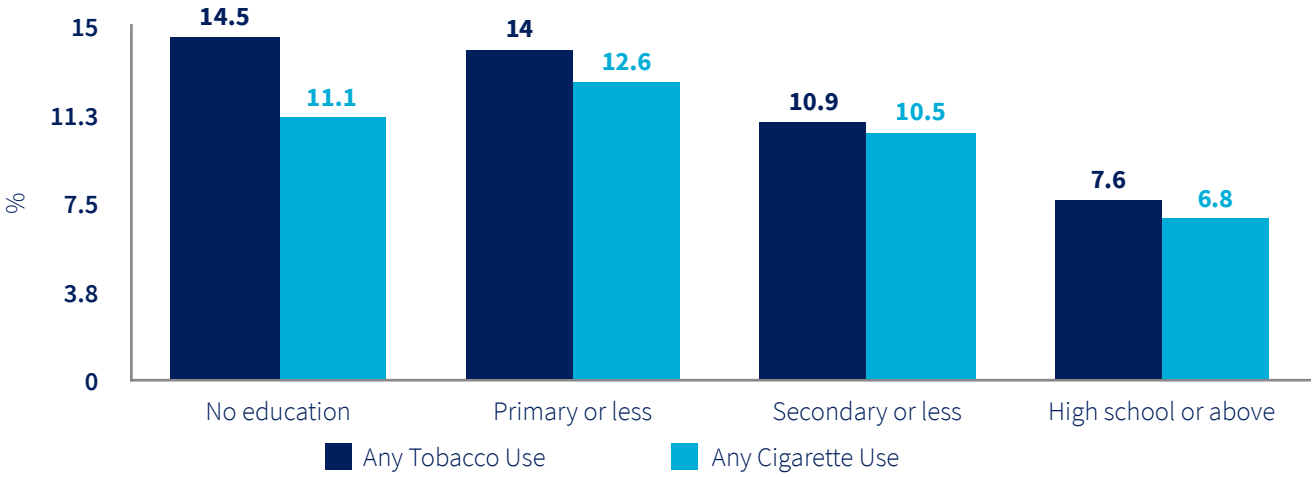


Figure 13. **Water pipe Use.**

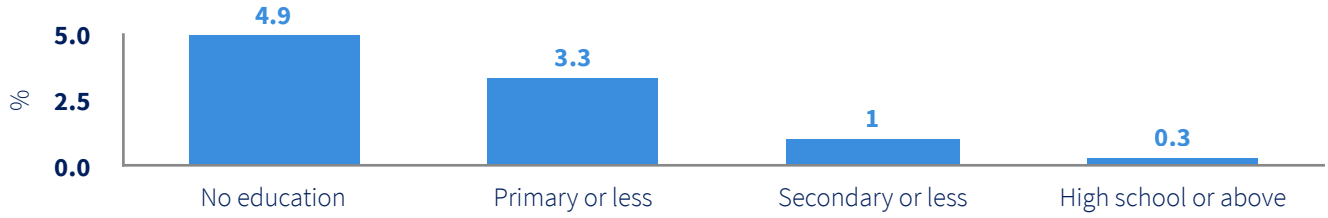
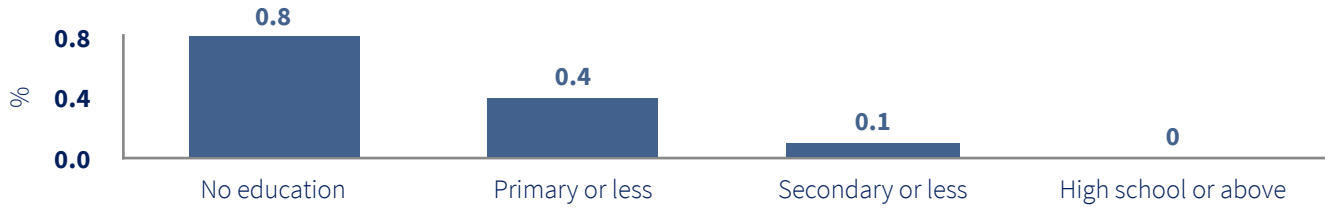


Figure 14. **Other Smoked Tobacco Use.**



Prevalence of smoking among medical students and professionals: Although they are aware of its harmful effects, medical students in Pakistan have a high smoking prevalence. The rate among medical students and professionals is 29%.29 This number is higher than in Malaysia, but lower than in India. Sampling procedures in these studies were cross-sectional and did not link cause and effect, but a comprehensive, multi-sectorial campaign was urgently suggested to overcome this challenge by raising levels of awareness.30

Smoking cessation and health care seeking behaviour: According to GATS 2014, one-fourth of adult smokers tried to stop smoking during the past year. Those attempting to quit were mostly between 25 and 44 years of age or over

Table 8. Percentage of Smokers (15+) Who Tried to Stop Smoking in the Past 12 Months, by Use of Cessation Method.

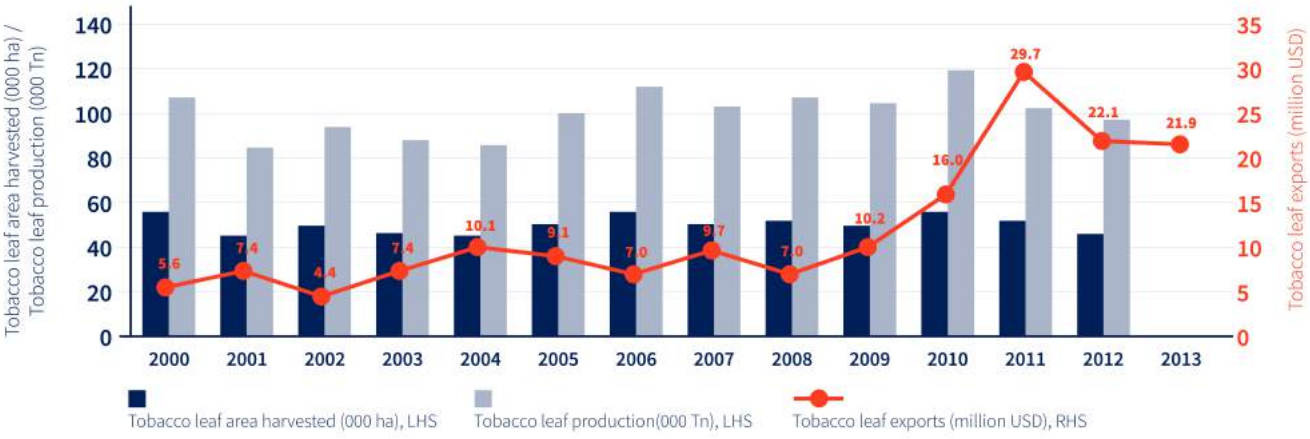
Smoking cessation and health care seeking behavior				
Demographic Characteristics	**Made quit attempt**	**Visited a HCP**	**Asked by HCP if a smoker**	**Advised to quit by HCP**
Overall	24.7	42.9	61	51.8
Gender				
Male	24.4	43.9	62.2	52 .8
Female	27.9	32	44	36.3
Age (years)				
15-24	20.2	51.3	53 .6	35 .7
25-44	26.8	39.2	59	48.1
45-64	21.9	46.6	63.3	56.2
65	28.4	40.7	66.4	62.5
Residence				
Urban	33.6	48	59.9	56 .6
Rural	20.5	40.5	61.6	49.1
Education Level				
No education	21.4	41.8	62.8	51 .6
Primary or less	21.3	47.6	60.1	48.5
Secondary/ less	30.9	40.2	53.4	48.6
High school/above	34.8	45.4	66.7	63.1

Source: GATS 2014

Tobacco and the Economy, Employment, and Trade

In Pakistan, tobacco is a source of revenue, employment, and foreign exchange. In 2015-2016, the federal government received 114.2 billion Pakistani rupees (PKR) (1.09 billion US dollars [USD]) in taxes and duties. PKR 90.4 billion (0.86 billion USD) was federal excise duty (FED) and PKR 23.7 billion (0.23 billion USD) was general sales tax (GST). The country earned an additional PKR 1.23 billion (0.012 billion USD) from tobacco export, but tobacco farmers' earnings remained minimal. In 2016, farmers were paid PKR 184.46 million (1.56 million USD) for growing 49.45 million kg of tobacco.[31]

Figure 15. Pakistan Industry Trends, Tobacco Leaf Growing 2000-2013. Source: International Labour Organization, Tobacco Sector Employment Statistical Update 2014



The tobacco value chain in Pakistan has three products: cigarettes, hukkah (a type of water pipe) tobacco, and naswar (snuff or chewing tobacco). Two types of tobacco are grown in the country – Nicotiana tabacum (including flue-cured, light air-cured, light sun-cured, and dark air-cured) and indigenous variety Nicotiana rustica (including semi-oriental and dark sun-cured). Nicotiana tabacum was first cultivated in Pakistan in 1948. Pakistan's annual tobacco production is 49.7 million kg, which meets the domestic needs of its 53 tobacco production companies. Of this, flue-cured tops the list with 47.9 million kg, followed by dark air-cured with 0.81 million kg, semi-oriental with 0.50 million kg, and light-air cured with 0.06 million kg.[32]

Table 9. Types of Tobacco Produced in Pakistan, Area Grown, and Associated Products.

Types of Tobacco	Botanical Name	Popular Name	Area where grown	Usage
Flue-cured	Tabacum	Virginia	KPK/Punjab	Cigarettes
Light Air-cured	Tabacum	Burley	Swat	Cigarettes
Light Sun-cured	Tabacum	Hokkah	Punjab/Sindh	Hokkah
Dark Air-cured	Tabacum	Dark Air-cured	Punjab	Cigarettes and Biri
Semi-oriental	Rustica	White Patta	KPK	Chewing and Hokkah
Dark Sun-cured	Rustica	Naswar	KPK, Punjab and Balochistan	Snuff (Naswar) and Cigarettes

I. Tobacco Production by Type and Geographical Location

Pakistan was the eighth largest producer of tobacco in the world in 2017. Tobacco production in Pakistan is concentrated in Khyber Pakhtunkhwa's eight districts: Charsadda, Nowshera, Swabi, Mansehra, Malakand, Swat, Dir, and Buner. The area is known for its high quality and yield. Swabi produces 40 million kg of tobacco every year, followed by Mardan with 8.3 million kg and Nowshera with 3.8 million kg.[33] The rest of the factories are in Sindh and Punjab. Pakistan's share in the global tobacco production is 1.8%.[34]

Tobacco processing and cigarette making started in 1951, right after Pakistan's independence in 1947. Only

two of Pakistan's 53 tobacco production companies are multinational companies: British American Tobacco (BAT) and Philip Morris International (PMI). The rest are national companies. The two multinational companies use 74% (36.37 million kg) of the total tobacco crop.

Table 10. Area, Production, and Yield per Hectare (Kg) in Various Geographical Locations.

Area, Production and Yield Per Hectare (Kgs) in various Geographical locations					
Year	**Punjab**	**Sindh**	**KPK**	**Balochistan**	**Pakistan**
(Area in '000' Hectares)					
2005-06	17.7	0.1	36.5	2.1	56.4
2006-07	17.6	0.1	30.8	2.4	50.9
2007-08	16.6	0.3	32.7	1.8	51.4
2008-09	16.3	0.4	31. 1	1.9	49.7
2009-10	17.8	0.2	36.2	1.6	55.8
(Production '000' Tons)					
2005-06	21.6	0.1	87.9	3	112.6
2006-07	21.5	0.2	78.2	3.4	103.3
2007-08		0.4	84.9	2.4	107.8
2008-09	20	0.5	81.7	2.6	104.9
2009-10	23.4	0.3	94. 1	1.5	1 19.3
(Yield Per Hectare in Kgs)					
2005-06	1220	IOOO	2408	1429	1996
2006-07	1222	2000	2539	1417	2029
2007-08	1 199	1333	2594	1444	2097
2008-09	1227	1250	2627	1421	2111
2009-10	1315	1500	2599	938	2138

Table 11. **Company-Wise Cigarette Manufacturing (in Million Pieces) from 2005 to 2010.**

Company-Wise Cigarette Manufacturing from 2005-06 to 2009-10 (In Million Pieces)					
	2005-06	**2006-07**	**2007-08**	**2008-09**	**2009-10**
Tobacco Company					
Pakistan Tobacco Company	33056	36029	38537	43927	37600
Philip Morris Pak (Pvt) Ltd	30355	29200	28125	30991	27112
Souvenir Tobacco Company	472	475	0	372	273
Sarhad Tobacco Industry	100	106	0	133	0
Khyber Tobacco Company	0	0	0	168	341
Saleem Tobacco Industry	92	0	8	1 1	5
Universal Tobacco Company	30	0	0	0	0
Imperial Cigarette Industry	85	105	0	133	113
International Cigarette Industry	19	18	18	18	21
Total	**64209**	**65933**	**66688**	**75753**	**65465**

J. Tobacco-Related Employment

According to the Pakistan Tobacco Board (PTB), approximately 75,000 farmers are involved in tobacco cultivation, but the board points out that these statistics might be from the tobacco industry.[35] Tobacco has a less than 1% share of the country's total farming labour force.

The PTB estimates that the tobacco industry's annual income is approximately PKR 300 billion (2.86 billion USD) and that it directly and indirectly employs about 1.2 million people. The cigarette-making factories in Pakistan have a staff of approximately 50,000 workers. During fiscal year 2016-2017, the tobacco industry paid PKR 114 billion (1.09 billion USD) in taxes.[36]

Tobacco growers mostly use basic implements and machinery. The availability of cheap labour (men, women, and teenagers) discourages the use of advanced machinery except for tractors and ploughs.

K. Illicit Trade

In 2013, Pakistan ranked fourth in Asia in terms of the share of illicit cigarettes in its total market. Out of every four cigarettes sold, one was illicit, making Pakistan 137 basis points higher than the global average. More than 19.5 billion illicit cigarettes were sold worldwide in 2014: 1.6 billion every month. Over the last 6 years, the share of illicit cigarettes has grown 43.5%, while the volume of tax-paid cigarettes has shrunk 11%.

Employment rate, income, and inflation affect cigarette affordability and are directly linked with the level of illicit trade. Another factor is the pricing and regulatory differential with Afghanistan – a major source of smuggled cigarettes (more than 2 billion cigarettes were smuggled into Pakistan in 2014). Retailers' high margin on illicit products also boosts the growth of tax-evaded products.

A total of 17.3 billion local tax-evaded (LTE) cigarettes were sold in Pakistan in 2014, which was a 21.1% market share. An average pack of legal cigarettes costs PKR 33.80 (0.32 USD), and most tax-paid brands cost PKR 57 (0.54 USD). An average pack of cheap LTE cigarettes costs PKR 27 (0.26 USD). The price differential between tax-paid and tax-evaded brands has widened by 100% over the last 4 years, fueling the growth of LTE cigarettes,

making them 89% of the total illicit segment in Pakistan.[37]

Consequences of illicit cigarettes include annual revenue loss of more than PKR 24 billion (0.23 billion USD). If the decline in domestic revenue generation makes Pakistan dependent upon foreign aid and loans, it will undermine the country's public health agenda. Pakistan's smoking incidence has remained unchanged, despite increased regulatory activity driven by the public health burden. There was only a 0.2% reduction in smoking between 2008 and 2013, and the volume shifted from the tax-paid to the illicit segment. During those 5 years, the volume of the tax-paid segment declined 10.1%. The tax-paid segment, with a 76.3% market share, contributes 99.3% of the total annual tax revenue from the cigarette industry, but the illicit segment, with a 23.7% market share, contributes only 0.7% of the total revenue.[38]

Estimates of illicit consumption have been produced by credible research agencies that measure the size, trends, and dynamics of the illicit cigarette trade in Pakistan. Euromonitor International (2012) based its research on data from secondary sources, including its in-house database on cigarette products, macroeconomic indices, and websites of leading industry associations, businesses, and the trade press. The International Tax and Investment Centre and Oxford Economics 2014 report based their research on empty packet surveys, consumer research, and the Retail Audit. KPMG UK's 2015 report based its research on the Retail Audit. The estimates of illicit trade in *The Challenge of Illicit Trade in Cigarettes: Impact and Solutions for Pakistan, 2015* and those in the KPMG UK 2015 report are similar. A brief overview of some of the research published on the issue is presented below.39

L. Taxation

A report from the State Bank of Pakistan (SBP) in 2014 called the tobacco value chain the most enterprising small- and medium-enterprise sector since 1947 but added, "The value chain is heavily taxed and is the only value chain in agriculture in Pakistan where tax on the raw material is also being imposed in the form of tobacco cess. This additional tax is being collected by the government besides federal excise duty (FED) and general sales tax (GST) collected on the finished goods."[40]

Table 12. Overview of Research Done on Illicit Cigarette Trade in Pakistan.

Research Agency	Share of Illicit in Overall Market (%)	Annual Volume Of Illicit Sales (Billion Sticks)	Local Tax-Evaded Share of Illicit (%)	Smuggled Share of Illicit (%)	Counterfeit Share of Illicit (%)	Government Revenue Loss (Rs. Billion)
Euromonitor International	26.7	23.5	84.5	12	3.5	18.5
ITIC & Oxford Economics	22.8	18.8	81.6	18.4		26.2
KPMG UK	22	18.3	84.5	12	3.5	20.9
Nielsen	23.7	19.5	89	11		24.6

A number of taxes are imposed on cigarettes and tobacco products in Pakistan. These include a provincial tobacco development cess, FED on cigarettes, GST, and customs and regulatory duties. The main source of revenue is the FED, which accounts for almost 80% of the taxes collected from the tobacco industry. The FED on cigarettes has been modified from time to time.

The FED structure consists of "a specific tax on low-priced brands, an ad valorem tax on high-priced brands, and a combined specific and ad valorem tax on mid-priced brands." In 2013, a two-tiered tobacco excise tax system was introduced, and the ad valorem tax was withdrawn. Apart from setting tax rates for locally manufactured premium and mid-priced cigarette brands at up to 75% and 57%, respectively, a third tax tier of a minimum rate of 27% was announced in the 2017-2018 budget.[41] According to the government, the third tier was introduced "to document and curb the menace of the illicit trade of substandard low-priced cigarettes."[42]

Tobacco control activists opposed the introduction of the third tier, saying it increased the gross turnovers and sales volumes of the Pakistan Tobacco Company (PTC) and Philip Morris Pakistan Limited (PMPL). They reported that the sales volume of PTC rose 23% in the third quarter of 2017 compared to the second quarter. The sale volume of PMPL also rose during the third quarter of 2017.

After the introduction of the third tier, revenue collected from the tobacco industry decreased. The country collected 88 billion rupees (Rs) from tax on cigarettes in 2017-2018, down from Rs 111 billion in 2015-2016. According to the SBP's second quarterly report for the financial year 2017-2018, "Cigarette production witnessed a major turnaround in H1-FY18, with its production expanding sharply by 69.8% compared to a contraction of 30.9% seen during the same period last year. The government's clampdown on counterfeits, smuggling, and tax evasion helped enhance the share of formal producers in the market." Pakistan's Central Bank attributed the slow increase in the overall collection of the FED to "a fall in revenue collection from cigarettes by 11.8%, despite a substantial increase in cigarette production. The sudden fall in FED collection from cigarettes was an outcome of a reduction in tax rates on lower tier brands."[43]

In September 2018, the government of Pakistan did not abolish the third tier but increased the third-tier tax by 46%, a measure cautiously welcomed by tobacco control stakeholders.[44] The third tier was finally abolished in the June 2019 budget. The government announced but did not impose a sin tax on cigarette packs.

Key Players and Stakeholders

M. Key Players in the Tobacco Industry

As mentioned previously, the two big multinational companies in Pakistan are PTC, a subsidiary of BAT, and PMPL, a subsidiary of PMI. Together these companies control 98% of the market in Pakistan. PTC controls 55% of the market. PMI took over Lakson Tobacco Company in 2007, which had more than 50% of the market share, and renamed it PMPL in 2011. It controls 43% of the market share. Several smaller domestic cigarette-producing companies are functioning in the country. Some of them underreport production and/or manufacture counterfeit cigarettes.[45]

Pakistan's smaller 17 tobacco companies comprise 20 cigarette manufacturing factories with installed capacity of 134,284 million sticks every year. Half (ten) of these cigarette factories are in Khyber Pakhtunkhwa (42,670 million sticks per year). The rest of the factories are in Sindh (one factory, 24,700 million sticks), the Punjab (five factories, 60,198 million sticks), and Azad Jammu and Kashmir (four factories, 6,716 million sticks).[46]

Pakistan Tobacco Board (PTB)

The PTB is a semi-autonomous department of the Pakistani government under the Ministry of Commerce. It promotes the cultivation, manufacture, and export of tobacco and tobacco products in Pakistan.[47] It also regulates, controls, and promotes export; creates grading standards; conducts research; and trains people to test tobacco.

The PTB also regulates affairs between farmers and the tobacco companies. In October of every year, at the start of the sowing season, the PTB negotiates agreements between tobacco growers and the tobacco companies and decides on Minimum Indicated Prices, which cannot be less than the Weighted Average Tobacco Prices of the preceding year. The law allows tobacco prices to be revised, and the PTB ensures that companies buy excess tobacco in case of surplus growth.[48]

Table 13. Programs Funded by the Bloomberg Initiative

Projects	Grants	Focuses
Establishing sustainable funding mechanism for tobacco control in Pakistan	Association for Better Pakistan (ABP)	Tobacco Control Policy
To assess tobacco control status in 5 model Districts of Pakistan	Capital Administration and Development Division, Government of Pakistan	Tobacco Control Policy
"Taxation — the best way to cut tobacco use."	Fikar-e-Farda Welfare Or]ganization	Tax/Price
Protecting youth through strong legislation policy on tobacco control.	Human Development Foundation	Awareness Campaign
Campaign Against Tobacco (CAT)	INCISION	Awareness Media Campaign
National Advocacy Measures to Support Tax and TAPs Reforms	Pakistan National Heart Association (PANAH)	Awareness Campaign
Moving towards tobacco control sustainability in Pakistan.	Society for Alternative Media and Research	Tobacco Control Policy
Making Smoke Free Karachi a Reality	Society for the protection of the rights of the child - SPARC	Awareness Campaign
Smoke-Free Gilgit-Baltistan	Socio-economic & educational development organization	Enforcement

N. Status of Media Awareness and Coverage of Tobacco-Related Issues

Over the last two decades, media campaigns have been launched against the use of tobacco in Pakistan. The country has come a long way from the 1970s and 1980s, when tobacco companies sponsored sports events. Today there are no tobacco sponsorships for sports events and no cigarette advertisements in print or electronic media.

There are, however, messages against the use of tobacco on cigarette packages and anti-smoking messages on television and radio. According to GATS 2014, "37.7% [of people] noticed anti-cigarette smoking information, which was mostly noticed on television or radio (29.9%). Among current smokers, 29.7% thought about quitting because of health warning labels on cigarette packages. Overall, 17.6% noticed cigarette advertisements in stores where cigarettes were sold."[49]

Regulation of Tobacco: Status, Benefits, and Gaps

O. Tobacco Policy Landscape

The first major legislation for tobacco control in Pakistan was the Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance of 2002. The ordinance was issued by the fourth military government and prohibits smoking in public; tobacco advertisements; the sale of cigarettes to minors; and the storage, sale, and distribution of cigarettes in the immediate vicinity of educational institutions. Another ordinance – the Cigarettes (Printing of Warning) (Amendment) Rules of 2010 – allowed the government to replace the health warnings on cigarette packages with larger and more specific warnings than were mandated by the Cigarettes (Printing of Warning) Ordinance of 1979 made by the third military government.[50]

It is important to note that no law on tobacco control has been passed by an elected legislature in Pakistan. A bill on tobacco control introduced in the provincial assembly of Khyber Pakhtunkhwa in October 2016 lapsed after the legislature's term expired in 2018. The bill, prepared with WHO's technical assistance, was opposed by cigarette manufacturers and tobacco farmers.

WHO credits Pakistan with significantly restricting tobacco advertisements, including the ship-sized billboards on roadsides, advertisements on electronic media, and advertisements in newspapers and magazines.[51]

Table 14. Chronology of Tobacco-Related Legislation in Pakistan.

Legislations	Description
Motor Vehicles Ordinance, 1965 (as amended) - July 10, 1965	Sets forth the definition of "public service vehicle." The Prohibition of Smoking in Enclosed Places and Protection of Non-Smokers Health Ordinance, 2002 incorporates this definition with regard to its smoke free provisions. Has been amended several times since.
Cigarettes (Printing of Warning) Ordinance No. LXXIII, 1979 -September 1, 1980	Requires that health warnings be printed on packets of cigarettes. It prohibits the manufacture, sale, or possession of packets on which the warning is not printed. Has been amended several times.
Prohibition of Smoking in Enclosed Places and Protection of Non-Smokers Health Ordinance No. LXXIV, 2002 - June 30, 2003	Prohibits the use of tobacco in any place of public work or use and in public service vehicles. It also prohibits advertisement of tobacco products, sales to minors, and sale or distribution of cigarettes near educational institutions.
SRO 655(I)/2003 - June 30, 2003	Establishes the Committee on Tobacco Advertisement Guidelines, names its members, and outlines its functions.
SRO 654(I)/2003 - July 3, 2003	Declares several officials and individuals as persons competent to enforce the 2002 Ordinance.
SRO 653(I)/2003 - July 3, 2003	Declares additional locations as places of public work or use for purposes of the ban on using tobacco products contained in the 2002 Ordinance.
SRO 652(I)/2003 - July 3, 2003	Establishes June 30, 2003 as the effective date for the Prohibition of Smoking in Enclosed Places and Protection of Non-Smokers Health Ordinance, 2002.
SRO 1001(1)/2003 - October 27, 2003	Establishes a detailed health warning.
Notification F.13-5/2003 - October 27, 2003	Announces new guidelines issued by the Committee. The new guidelines address a range of issues concerning tobacco advertising, promotion, and sponsorship.
SRO 22(1)/2004 on Cigarette (Printing of Warning) Rules, 2003 - January 13, 2004	The Rules provide the specifications (text, font, size, colour) of the new health warning established by SRO 1001(1)/2003. The Rules also set forth the date when the new health warning will come into force for each of the three types of advertisements.

Federal Excise Rules, 2005 (as amended) - July 1, 2005	For the purpose of tobacco control, the rules include provisions regulating minimum price, excise stamps and banderoles, and some packaging and labelling requirements, among other things.
Federal Excise Act, 2005 (as amended) - July 1, 2005	For purposes of tobacco control, the Federal Excise Act, 2005 establishes the federal excise duties for tobacco and tobacco products.
SRO 882(I)/2007 - August 21, 2007	Announces guidelines on tobacco product advertisements in various types of media.
SRO 956 DSA 2008 - September 6, 2008	Allowed establishment of designated smoking areas at all places of public work or use except health, education, and public transport vehicles and flights.
SRO 51(KE)(Withdrawal of DSAs)/2009 - June 15, 2009	Requires all places of public work or use to be 100% smoke free. It rescinded SRO 956(I)/2008, which had permitted owners of places of public work or use to establish designated smoking areas or rooms.
SRO 53(KE)/2009 - July 1, 2009	Amends the advertisement guidelines issued in SRO 882(I)/2007. SRO 53(KE)/2009 inserts new text addressing free goods, cash rebates, free samples, and discount or below-market-value goods as a form of tobacco advertising, promotion, and sponsorship.
SROs 01(KE)/2010 and 02(KE)/ 2010, Amending the Cigarettes (Printing of Warning) Rules, 2009 - January 11, 2010	Delayed the effective date of pictorial warnings from February 1, 2010 to May 31, 2010.
SROs 86(KE)/2009 and 87(KE)/ 2009 on Cigarettes (Printing of Warning) Rules, 2009 - February 1, 2010	The Rules include the specifications for the new health warning, including size, placement, and rotation requirements. SRO 87(KE)/2009 contains the text and image of the warning to be displayed.
SRO 277(I)/2011 - March 29, 2011	Identifies additional enforcement authorities under the 2002 Ordinance on the Prohibition of Smoking in Enclosed Places and Protection of Non-Smokers Health.
SRO 863(I)/2010 on The Prohibition of Sales of Cigarettes to Minors Rules, 2010 - October 1, 2011	The Rules prohibit the manufacture and retail on the sale of sweets, snacks, or toys in the form of cigarettes that may appeal to minors, as well as packs with fewer than 20 cigarette sticks.
SRO 1086(I)/2013 - May 31, 2014	Establishes further restrictions on tobacco advertising, promotion, and sponsorship.
SROs 22(KE)/2015 and 23(KE)/ 2015 - March 30, 2015	Originally issued to increase the size of the health warnings to 85% of both front and back of cigarette packages. Additionally, the SROs prescribed rules regarding the rotation, manner, look, and design of the single health warning. The original effective date was March 30, 2015, but implementation was delayed several times. Ultimately, the size of the health warnings was amended to require warnings covering 50% of cigarette packs and outer packaging beginning June 1, 2018.
SRO 562 (I)/2018 - April 18, 2018	Raised federal excise duty (FED) on all three tiers of cigarettes that were announced earlier in the finance bill.
SRO 128(KE)/2017 - June 1, 2018	Establishes the warnings required to appear on packs and outer packaging of cigarettes beginning June 1, 2018.
SRO 127(KE)/2017 - June 1, 2018	Amends the Cigarettes (Printing of Warnings) Rules, 2009 to require pictorial health warnings on 50% of the front and back surfaces of packs and outer packaging of cigarettes. The size of the warnings will increase to 60% on June 1, 2019.

Source: Adapted from Economics of Tobacco Taxation and Consumption in Pakistan.

Efforts Toward Tobacco Control and Smoking Cessation in Pakistan

Pakistan has adopted a number of initiatives to control tobacco use, including ratifying and implementing the WHO Framework Convention on Tobacco Control (FCTC), prohibiting smoking in public places, creating a National Tobacco Control Cell, and initiating the National Tobacco Control Plan.

Under the FCTC, Pakistan has completely banned smoking at health care facilities, schools, universities, government offices, public transport facilities, and restaurants. It has also banned tobacco advertising, promotion, and sponsorship and placed health warnings on combustible smoking products.[52]

In addition, Pakistan has created policies, developed infrastructure, launched anti-smoking awareness campaigns, enforced the monitoring of tobacco use, and conducted FCTC assessment exercises.

Table 15. Status of Tobacco Control Policies in Pakistan, India, Bangladesh, and Sri Lanka.

	Pakistan	India	Bangladesh	Sri Lanka
Smoke-free environments - complete smoking ban				
Health care facilities	Yes	Yes	Yes	Yes
Primary and secondary schools	Yes	Yes	Yes	Yes
Universities	Yes	Yes	Yes	Yes
Governmental facilities	Yes	Yes	Yes	Yes
Private offices	Yes	Yes	Yes	Yes
Public transport	Yes	No	No	Yes
Restaurants	Yes	No	No	No
Bans on tobacco advertising, promotion, and sponsorship				
Domestic TV and radio	Yes	Yes	Yes	Yes
Domestic magazines and newspapers	Yes	Yes	Yes	Yes
Outdoor advertising	Yes	Yes	Yes	Yes
Point-of-sale advertising	No	Yes	Yes	Yes
Retail product display	No	Yes	Yes	Yes
Internet advertising	No	Yes	Yes	Yes
Free distribution	Yes	Yes	Yes	Yes
Promotional discounts	Yes	Yes	Yes	Yes
Non-tobacco products or services with tobacco brand names	No	Yes	No	Yes
Tobacco products with non-tobacco brand names	No	Yes	No	No
Paid placement in media	Yes	Yes	Yes	Yes
Financial sponsorship, including corporate social responsibility	No	No	No	No
Publicity of sponsorships	No	No	Yes	No
Health warnings on smoking tobacco products				
Text warnings describe health impact	Yes	Yes	Yes	Yes
Warnings include a picture or graphic	Yes	Yes	Yes	Yes
Health warnings on smokeless tobacco products	Yes	Yes	Yes	Yes
Warnings are written in the principal language(s)	No	Yes	Yes	No
Ban on misleading packaging and labelling	No	Yes	No	No

Source: Adapted from Tobacco Control (2018), Pakistan - Country Fact Sheets

Table 16. Tobacco and Combustible Smoking Control Efforts.

Tobacco and Combustible Smoking Control Efforts
Prohibition of Smoking and Protection of Non-Smoker's Health Ordinance, 2002
1. Ban on smoking in places of public work or use
2. Ban on smoking in public service vehicles
3. Regulation of tobacco advertisements
4. Ban on sale of cigarettes to under-18s
5. Ban on sale or storage of cigarettes/tobacco products in/near educational institutions
6. Mandatory display of "No Smoking" signs at public places
Cigarette (Printing of Warning) Ordinance, 1979: Amendment in 2002
1. Ban on possessing, selling, or offering for sale packets of cigarettes without health warning
2. Ban on sale of cigarettes in loose form
3. Ban on import of Sheesha (tobacco and non-tobacco) and related substances
4. Ban on tobacco advertisements in print, electronic, and outdoor media
5. Ban on manufacturing, importing, and selling of cigarette packs having fewer than 20 cigarette sticks
6. Enhancing the size of pictorial health warning to be printed on cigarette packs and outers
7. Ban on free samples, cash rebates, discounts, and sponsorship of events
8. Declaration of places of public work or use completely smoke-free; illegalization of "designated smoking areas"
9. Increased FED on cigarette packs in 2016-2017 and 2015-2016
Infrastructure development / Institutionalization
1. Restructuring/Strengthening of National Tobacco Control Cell at federal level
2. Establishment of Provincial TCC at KPK and Balochistan. Punjab and Sindh committed to same
3. Formation of National Technical Advisory Group (TAG) at federal level
4. Formation of Technical Working Group on Tobacco Taxation
5. Notified Provincial Implementation & Monitoring Committees / Taskforces
6. Notified Districts Implementation & Monitoring Committees
Awareness / Capacity Building
1. Launched two national mass media campaigns on tobacco control with the assistance of the World Lung Foundation
2. More than 402 capacity-building sessions with law enforcement officers and authorized persons
3. Provincial and District Implementation Committee meetings
4. Development, printing, and direct dissemination to districts of communication materials (1,157,000 units)
5. Installation of plates / posters carrying "Smoking is an Offense" message in ministries
6. Installation of 200 boards with tobacco control messages at public places in Islamabad
7. Coordination with PEMRA to air tobacco control messages as mandatory public service messages
8. Development and dissemination of advocacy kits on tobacco control (for parliamentarians and journalists)
9. TV/ radio programmes/ newspapers articles / city branding
10. Production and airing of two documentary films in national and regional languages
11. Incorporation of tobacco control messages in curriculum (Punjab has incorporated)
12. Branding of buses with tobacco control messages in Islamabad/ Rawalpindi
Enforcement
1. Letters to Provincial CMs to enforce tobacco control laws
2. Letter to all federal secretaries and provincial chief secretaries to enforce tobacco control laws
3. Capacity building of law enforcement officers / authorized persons
4. Raids by law enforcement teams
5. Penalized Philip Morris Pakistan by Hyderabad Court, on violation of tobacco advertisement guidelines
6. Registration of 1396 cases across the country under various sections of 2002 Ordinance
7. Directions by provincial IGs for strict enforcement of tobacco control laws
Monitoring Tobacco Use
1. Conducted Global Adult Tobacco Survey (GATS), 2015, first time in Pakistan
2. Conducted Pakistan Demographic Health Survey (PDHS), 2012-2013
3. Conducted Global Youth Tobacco Survey (GYTS), 2013
FCTC Assessment Exercises

1. Conducted FCTC Needs Assessment Exercise (14-17 March 2017)
2. Conducted FCTC Impact Assessment Exercise (2-5 May 2016)

Source: Government of Pakistan – Achievements of Tobacco Control Cell available at http://www.tcc.gov.pk/achievements.php

P. Gaps and Challenges for Smoking Cessation

Smoking cessation clinics and services in Pakistan are very limited. The WHO country report for Pakistan published in 2018 revealed that cessation services were negligible and there were almost no nicotine-replacement therapies (NRTs) or products available in the country. Since 2018, there has been no effort to make these services or products available in government hospitals or to place NRTs on the National Essential Drug List.[53]

Pakistan's mortality and morbidity rates from tobacco use are among the top 15 in the world.[54] Only 25% of Pakistan's smokers try to quit in a given year, and the success rate of quit attempts is less than 3%.[55] According to the WHO Cessation Index, Pakistan technically offers NRTs and/or some cessation services with at least one cost covered, but the smoking cessation clinics established by the Tobacco Control Cell in one of the leading public hospitals in Islamabad turned out to be "ghost" clinics.[56]

Because information about smoking cessation services is not widely disseminated, hardly anybody knows they are available. Even young, educated, well-to-do smokers who want to quit do not know about such services.[57] Because of this lack of knowledge, almost half of the quit attempts in Pakistan are unaided. An inadequate health care system, lack of a smoking cessation policy, the strong influence of the tobacco industry, and the people's lack of awareness of the serious health hazards of smoking are the main barriers to smoking cessation in Pakistan.[58] The primary tobacco law in Pakistan – the Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002 – is also silent on smoking cessation.

E-cigarettes are the main option for a safer nicotine delivery system available in Pakistan and are used by middle- and upper-middle-class smokers in upscale urban localities.[59] A few of these people also use Juul, IQOS, and snus.[60] The Pakistani government has no official policy on e-cigarettes, which are legally imported from China as a consumer product.[61] In 2017-2018, the finance minister told the National Assembly that e-cigarettes in Pakistan were "not properly classified and subject to only 3% customs duty," adding that "keeping in view the harmful effect on health, it is proposed that electric cigarettes may be properly classified with 20% customs duty." The stakeholders working on tobacco control in Pakistan, including the government, health care professionals, and civil society, are following the position of WHO's precautionary approach.[62]

There are no accurate data available on the number of vapers in Pakistan, although it is estimated at about 30,000.[63] There are approximately 100 vaping stores in the country's 11 large urban districts, all in upscale localities.

A recent survey done by the Alternate Research Initiative revealed that smokers who are poor know about vaping only from the Internet, and their knowledge is vague. The price of vaping products compared to cigarettes is high and is beyond the reach of people with low incomes, especially those in culturally or economically marginalized communities.[64]

The principal challenges to achieving smoking cessation and increasing the availability of tobacco harm-reduction products are as follows:

- The lack of research on harm reduction and the economics of tobacco harm reduction

- Inadequate implementation of pertinent FCTC articles, including MPOWER, and limited or no focus on smoking cessation within the country
- A lack of awareness of harm-reduction products and strategies among the general population, policy makers, and smokers
- The lack of smoking cessation clinics in health care institutions at all levels of the health care system, provincial to national
- Insufficient training for health care professionals on smoking cessation strategies and tobacco harm-reduction strategies and products

Acronyms and Abbreviations

BAT	British American Tobacco
DALYs	disability-adjusted life years
FCTC	Framework Convention on Tobacco Control
FED	federal excise duty
FY	fiscal year (July-June In Pakistan)
GATS	Global Adult Tobacco Survey
GDP	gross domestic product
GNI	gross national income
GST	general sales tax
HDI	Human Development Index
IHME	Institute for Health Metrics and Evaluation
IMF	International Monetary Fund
ITIC	International Tax and Investment Centre
KP, KPK	Khyber Pakhtunkhwa Province of Pakistan
LMIC	lower-middle-income country
LTE	local tax-evaded
MPOWER	Monitor, Protect, Offer, Warn, Enforce, and Raise
NCDs	non-communicable diseases
NRT	nicotine-replacement therapy
PKR	Pakistani rupees
PMI	Philip Morris International
PMPL	Philip Morris Pakistan Limited
PTB	Pakistan Tobacco Board
PTC	Pakistan Tobacco Company
SBP	State Bank of Pakistan
TB	tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
USD	US dollars
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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