



Right-sizing the Health WARNING: Tobacco Control Initiative in Pakistan

Use of tobacco in any form is deadly. Smoking kills almost half of its users. The World Health Organization (WHO) predicts that the rise of tobacco-related deaths will likely reach ten million per year by the year 2025, necessitating development and implementation of stringent and rapid preventive strategies. Pakistan has been a signatory to the Framework Convention on Tobacco Control (FCTC) since 2004, and multiple anti-tobacco laws have been developed to remain in compliance with the Convention. Alarming, Pakistan is also among the top ten countries in the world with the prevalence of highest tobacco use.

Bollyky et al. (2017), Miranda et al. (2008) contend that low and middle-income countries are also overburdened with serious communicable and non-communicable diseases, and Pakistan is no exception. As a cause of lung, mouth and throat cancer, tobacco is the single most preventable cause of death and disease in the world today (WHO 2008). In most countries, significant measures have been taken to curb tobacco use as disease prevention strategy. Such steps include implementation of clean air laws (Levy and Friend 2003), increased taxation/price of tobacco products (Bader et al. 2011), educating the public and policymakers on tobacco hazards (Paoletti et al. 2012) and Graphic Health Warning (GHW) on the cigarette packing (Heydari et al. 2011). Factors such as lack of awareness among masses and slackness on the part of implementation authorities, large tax revenue from the tobacco industry and excessive tobacco-industrial pressure etc. have resulted in failed outcome of these laws. The capacity to prevent, control and treat tobacco-related diseases, is hampered by weak health information systems and lack of experienced personnel to provide the information needed to enhance policy and practice (Gollust et al. 2008).

Successful campaigns for reducing tobacco use have also shown that GHW on tobacco packages increases risk perception, reduces the appeal of tobacco use and promotes smoking cessation. Globally, out of over 100 countries with existing textual/pictorial warning laws, regional neighbours such as Nepal and India have 90 percent and 85 percent package warning, respectively. However, in Pakistan, the package warning was proposed to cover 85 percent of the package in 2015, but was later lowered to 50 and 60 percent during 2018-19. Khan (2012) argues that Pakistan is seriously lagging behind rest of the world in its efforts to control the tobacco epidemic. The realisation of these shortfalls demands raising awareness and capacity building for policymakers leading to robust policy formulation and strict implementation.

With this backdrop, in collaboration with the Bloomberg Initiative (BI) for Tobacco Control and The International Union against Tuberculosis and Lungs Disease (The Union), SDPI is launching a project for capacity building within the legislative framework to right-size the pictorial and health WARNING on tobacco products. In this vein, this panel will try to seek answers in the following three areas:

1. What are the impediments in promulgation and implementation of stringent tobacco control laws such as sizeable GHW?
2. What are the regional best practices in GHW, and other tobacco control measures, which could be replicated in Pakistan in the larger health interests of the nation?
3. The tobacco industry traditionally pays large amounts of money in taxes, which gives it undue leverage and access to legislative processes globally. What measures can be

taken to prevent such practices, especially when the governments are always looking at broadening the tax base and exploring diversification in the taxation portfolio?

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