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Influencing the Pakistan Government
on tobacco control:
a study of the Pakistan Anti-Tobacco
Coalition

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Abstract and acknowledgements

This paper examines the recent history of the Pakistan Anti-Tobacco Coalition (PATC), a campaigning group of civil society organisations which aims to reduce the prevalence of cigarette smoking and other tobacco uses in Pakistan. The perspective is one of an analysis of factors leading to success or failure for such an advocacy group wishing to change public policy in a developing country. The findings are designed to be relevant to NGOs wishing to structure campaigns, governments deciding whether to listen to them, and donor bodies considering providing money for them.

The PATC was founded in 2001, and came to play a significant role in lobbying for the Pakistan tobacco control Ordinance of 2002; however, it largely ceased activities as a coalition in the course of 2005. This related to changes in policy and reduced external financing for the body which was coordinating the PATC, TheNetwork for Consumer Protection, and the lack of another organisation to coordinate in its place for nearly two years. The findings of this research are that, where social policy is concerned, implementation is as important as the promulgation of a new policy and civil society has a continuing role. There were a number of significant tobacco-related developments in 2006-7, on which PATC could have little influence. These included: directives of the Supreme Court of Pakistan in October, 2006 to speed up implementation of the Ordinance; a significant rise in the price of cigarettes in the budget; the announcement by Philip Morris, an international tobacco firm that it will invest \$339M in Pakistanⁱ; and public relations activity by the industry which has sponsored two luxurious smoking lounges for legislators at the Parliament House, Islamabad.

A draft of this paper was presented to a review workshop in Islamabad on 15 February 2007, attended by PATC members from around Pakistan, and has been revised since. The workshop decided to transfer coordination of PATC to another member body, the Society for Alternative Media Research (SoMAR).

The author would like to thank PATC members and others (including staff of the Department for International Development in Islamabad) for their input, and especially Dr Ehsan Latif, former coordinator of PATC, and Khurram Hashmi, research assistant and now coordinator of PATC.ⁱⁱ

About the author

Richard Bourne is a senior research fellow at the Institute of Commonwealth Studies, London University and was the first Head of the Commonwealth Policy Studies Unit based there (1999-2005). He has been involved in Commonwealth affairs since 1982, was the first Director of the Commonwealth Human Rights Initiative when it was based in London, and is currently chairman of the editorial board of the *Round Table*, the Commonwealth journal of international affairs.

1. Brief description

a) Formation

Although there had been medical and NGO advocacy against smoking in the 1990s, and an anti-smoking case in the Lahore High Court in 1998 where the judge sought to ban tobacco advertisingⁱⁱⁱ, the immediate trigger for the setting up of the Pakistan Anti-Tobacco Coalition (PATC) was a demonstration against excessive cigarette advertising on state TV. This took place outside the offices in Islamabad of Pakistan Television (PTV)^{iv}. PATC was formed on 16 April, 2001 at a meeting in Islamabad initiated by Dr Zafar Mirza, executive coordinator of the TheNetwork for Consumer Protection. In practice its initial campaign aimed to achieve an anti-tobacco ordinance or law in Pakistan. Dr Mirza had been persuaded to adopt a Tobacco Free Initiative in Pakistan (TFI-Pakistan) by the World Health Organisation, as part of its world-wide campaign against the dangers to health from tobacco, which led to the adoption of a Framework Convention on Tobacco Control. TheNetwork, formerly known as the Association for Rational Use of Medicines, and founded in 1992, had just received a grant of 1.8M GB pounds over five years from the Department for International Development, UK (DfID); its staff had expanded from 12 to 60; anti-tobacco work was one of several advocacy and service projects indirectly funded by what was a large grant in Pakistani terms; others included Network campaigns for clean water, breastfeeding, against misuse of pharmaceuticals and for advice to consumers in the health field.

b) Membership

750 persons and organisations were invited to the launch meeting of PATC, but only 20 attended. Subsequently, ten more organisations joined^v. Members were a mixture of medical and activist bodies. Some organisations which were doing anti-smoking work (e.g. the College of Family Medicine, North West Frontier Province) were not listed as such. TheNetwork estimated that only ten of the 30 supporting bodies were really active^{vi}. One member of both organisations told us that in number, range and effectiveness this coalition was less significant than Pakistan's anti-tuberculosis coalition of 76 bodies. However it should be remembered that Pakistan suffers an estimated 250,000 premature deaths each year due to TB, as against around 100,000 from tobacco-related diseases; and TB campaigners do not face a powerful industry selling products that can cause TB.

In contrast to some other countries, doctors' organisations in Pakistan did not take on the tobacco issue as a top priority.

c) Internal organisation

Although TheNetwork offered the PATC secretariat to other member bodies in 2001, and again the following year, the inaugural meeting proposed that the secretariat should be run by TheNetwork. Dr Ehsan Latif, a medical doctor already working for TheNetwork and responsible for other advocacy campaigns, was chosen as coordinator. It was not his full-time occupation. There was to be no national committee, but four specialist committees, each with its own coordinator. These were for:

- advocacy,
- public awareness and networking (eight members);
- agriculture (two members);
- research and data generation (five members);
- legal aspects (three members).

It appears that this committee structure never operated, either in person or by correspondence. Distances in Pakistan, lack of finance and the competing interests of the persons concerned provide likely explanations for such failings. Instead the PATC membership depended heavily on the input and materials from its secretariat. For one year, in 2002, TheNetwork published a quarterly PATC newsletter, but it was not sustained. Five months after Dr Ehsan Latif had left TheNetwork, to do policy work for the Ministry of Health in 2005, the PATC had not been informed who was coordinating it, or what the future plans of the secretariat might be. In practice a less senior figure at TheNetwork, Ms Kaneez Zehra, was assisting the PATC and maintaining some anti-tobacco work at TheNetwork. Mr Ayyaz Kiani, directing TheNetwork from late 2005, was carrying out a review of all projects against available resources; he hoped to maintain the anti-tobacco work in some form. Reporting back to the secretariat by the PATC, throughout its life, was ad hoc and piecemeal, related to lobbying for the Ordinance and events such as World No-Smoking Day.

d) Finance

Finance for the PATC was always in short supply. In effect, it was being funded indirectly by the DfID, UK, which was still funding 90 per cent of the budget of TheNetwork in

February 2006^{vii}. The only earmarked grant for tobacco work by TheNetwork was from the WHO, which made three annual grants of \$10,000 from 2003 for TFI-Pak, with a concluding grant of \$8,000 in 2006. From 2002, after two PATC meetings in Islamabad and Karachi in July that year when it was decided to appoint Regional Coordinators, member organisations were required to pay them R200 a year, for activities in the region. This money was never collected. TheNetwork has recently received funds from the Canadian International Development Agency (CIDA) and Unicef, and has 1700 individual members who pay R100 each. In certain cases the PATC secretariat was able to provide finance for its members' activities, paying up to R3000 at a time. At the Islamabad workshop in February 2007, TheNetwork indicated that it would try to maintain some anti-tobacco work, but it was happy for the PATC to be coordinated by another body.

e) Organisational changes

There have been three major organisational changes for PATC since its inception. First was the decision to appoint Regional Coordinators in July 2002. This was an attempt to provide country-wide dynamism for the campaign. The coordinators were unpaid, and either volunteered or were chosen by those attending the two PATC meetings that month. PATC was only able to appoint coordinators in nine of the fourteen regions of the country^{viii}. Duties of the Regional Coordinators included: coordination with the central secretariat, provision of reports every two months, collecting R200 from members for local use, arranging three meetings a year, and recruiting five new PATC members each year. Although some Regional Coordinators were active (for instance in Peshawar, where 150 smoke-free clinics were established, in Rawalpindi, where meetings and lectures have been held at fortnightly intervals, and in Karachi, where the Aga Khan University has provided strong medical research support) this structure was never nationally effective, or sustained. The second major organisational change for PATC was the departure of Dr Ehsan Latif as national coordinator, in the second half of 2005, and his non-replacement. This was accompanied by reduced support by TheNetwork for anti-tobacco activity, and put the future of PATC in jeopardy. The third major change was the appointment of SoMAR as coordinating body at the Islamabad workshop in February 2007, with Khurram Hashmi as a paid coordinator.

2. Objectives of the PATC

a) Immediate and long-term

The objectives of the Coalition were set out at the inaugural meeting in Islamabad on 16 April, 2001 and were quite long-term. Its mission stated: "PATC strives to make Pakistan a tobacco-free country, with its citizens being protected from tobacco-related disabling diseases and premature deaths." Its seven specific objectives were as follows: to build national support for evidence-based tobacco control measures; to contribute towards development of comprehensive anti-tobacco legislation; to undertake research to fill knowledge gaps for effective anti-tobacco policy and action; to build a national awareness campaign about the hazards of tobacco through partnerships at all levels; to act against the exploitation of the tobacco industry; to work towards the adoption of the Framework Convention for Tobacco Control at national and international levels; to phase out the tobacco crop by encouraging alternative crops. The long-term nature of this project may be understood by the fact that, in 1999, 35.7 per cent of male heads of households were smokers^{ix}. Tobacco is a significant crop in two districts of the North West Frontier Province, and it is supervised by a government Tobacco Board. Other types of tobacco use – for example the smoking of flavoured shisha by young people, the use of hookahs by rural people, the smoking of beedis and the chewing of tobacco – are important. The cigarette industry is a source of government revenue^x. The challenge of raising national awareness and achieving implementation applies to many social laws, where there is a disconnect between the bulk of the population and policymakers and lawmakers. In a system which is imperfectly democratic, with the majority of the people illiterate^{xi} and some 40 per cent below the poverty line, consent by the mass of the population is often lacking. The Islamabad workshop in February 2007 confirmed that the PATC will continue to aim for a long-term reduction in tobacco use, but will press for a more holistic approach, better adjusted to social conditions in Pakistan.

b) Targets of advocacy

TheNetwork's Tobacco-Free Initiative was inspired by and closely linked to an international WHO campaign, spearheaded by the then Director-General, Gro Harlem Brundtland. This was running for some years prior to the unanimous inter-governmental adoption of the Framework Convention for Tobacco Control in May 2003. Activity on both

sides of the debate in Pakistan was stepped up in 2000 – prior to the formation of the PATC. In that year a draft anti-smoking Ordinance, designed to limit cigarette advertising and to impose other restrictions, was circulated by the government. However, anti-smoking lobbyists regarded it as very weak, and suspected it had been promoted by the industry to avoid more serious restraints. There was a continuous struggle between the industry and anti-tobacco lobbyists from 2000 to 2003. From the outset, the PATC focused on obtaining the strongest possible Pakistani law – it was called an Ordinance during this period of military rule - and on overcoming the opposition of the cigarette firms. The industry in Pakistan is dominated by two players – Lakson, a Pakistani conglomerate^{xii} in which the US cigarette firm, Philip Morris, held 30 per cent of the shares prior to buying the majority in 2006, and the Pakistan Tobacco Company (PTC) which is a subsidiary of the UK's British American Tobacco^{xiii}. They were supported in their resistance by growers in the North West Frontier Province where they also had factories and employees (virtually all of their cigarettes are manufactured in Pakistan). The 'Prohibition of Smoking and Protection of Non-Smokers Health Ordinance' was promulgated by President Musharref on 15 October 2002. Its main points were that places of public work and public service vehicles were to be smoke-free; that guidelines should be introduced to restrict tobacco advertisements, both on TV, radio, the press and billboards; that violators should be ejected from places of public work or use; that cigarettes should not be sold to under-18s and no tobacco products should be sold within 50 metres of an educational institution; and that there were penalties rising from R1000 (around 10 GB pounds) to R100,000 (around 1,000 GB pounds, and a big sum in Pakistan). The Ordinance was signed by General Musharref after a divided cabinet meeting. Musharref, himself a smoker, said he would prefer the health of Pakistanis to the interests of multinationals. This Ordinance went through the cabinet at the same time as an Ordinance on the sale of baby formula milk, which raised similar issues of a commercial interest in conflict with public health. The signing of the anti-smoking Ordinance coincided with parliamentary elections in October 2002, which ushered in a somewhat more democratic system. All Ordinances were subsequently approved by the elected National Assembly, and statutory notifications for implementing the anti-tobacco Ordinance were issued in July 2003. This, for example, banned tobacco advertising on television and radio except between midnight and 6 am – in reality a total ban. In 2004 the Minister of Health arranged for the ratification of the FCTC, prior to becoming President of the World Health Assembly in that year. This meant that Pakistan was one of

the first 40 ratifications, which triggered the coming into effect of this international treaty at the end of February, 2005.

c) After the Anti-Tobacco Ordinance

Although the PATC felt that the Ordinance was insufficient in itself, and that Pakistan would also need to do more to implement the FCTC, it is clear that TheNetwork and the Coalition did not have a strategy for ensuring implementation of the Ordinance. Furthermore, by the second half of 2005, TheNetwork's capacity for and interest in activating the Coalition for implementation appeared to have waned. This resulted from changes in leadership and concerns over future funding at TheNetwork. There had been a few high-profile consequences of the Ordinance: cigarette advertising had disappeared from state electronic media at the end of 2003; from 30 June 2004 the state airline PIA had become smoke-free in the air – but not in its offices on the ground; an official at the Ministry of Health had been suspended for smoking in the office. But throughout the country the Ordinance was largely ignored, and its draconian penalties not administered. The issues arising after the detailed notifications for implementing the Ordinance in July, 2003 were: the limited capacity of the Ministry of Health to achieve implementation on its own^{xiv}; the limited buy-in by other central and local government agencies^{xv}; a failure of outreach and public education – particularly to poorer and illiterate people, and in rural areas; a lack of capacity in the PATC, without some continuing, energetic central coordination; a focus on cigarettes alone, rather than other Pakistani uses of tobacco; and the absence of an ongoing media campaign^{xvi}. Some of these issues are not unique to anti-smoking, or even the health field in Pakistan. They are part of a pattern of weak implementation of social laws and policies that results from elite, top-down policymaking, and which downplays the need for public knowledge and support in a system of praetorian democracy, with minority literacy, and disinterest by the media in social matters^{xvii}. Where it is part of an international agenda, one journalist has described it as “lawmaking by email” – where NGOs and officials merely substitute the name of one country for another in a draft law^{xviii}. While there have been a few exceptions to the overall pattern, for example in achieving progress against gender discrimination, and for rights for slum dwellers in the Islamabad/Rawalpindi area, these have been the result of persistence and a strategy of inclusion by activists.

d) The challenge for the PATC

Given the hesitancy of implementation of the Ordinance, and its own weakness as a result of reduced support from TheNetwork, the PATC itself was at a crossroads by the end of 2006 and could have collapsed. The Coalition was a loose association, and discussion with member bodies in early 2006 suggested that few realised that TheNetwork was reducing its input. When they understood this, they recognised that, although individual members would continue anti-tobacco activity, a PATC without central backing and coordination would be no more. Some of those involved hoped that a new system of coordination might be created in 2006-7, as actually came about. Fundamentally, the PATC had never developed a strategy to follow up its “success” in achieving the Ordinance.

3. The policy and practical environment for the PATC

a) National, professional, non-governmental, governmental, inter-governmental

There are several stakeholders in this policy environment, which elides into practice also. At the national level there is the government, especially but not only the Ministry of Health, and also the Ministry of Finance (with regard to tobacco revenue and health budgets) and the presidential and prime ministerial offices (two nodal points with differing functions under the Pakistani system). There is an environment of health professionals (for example the Pakistan Medical Association^{xix}, the Pakistan Islamic Medical Association, medical colleges, nurses etc). In other countries the unanimous opinion of medical experts has been persuasive in adopting and implementing restrictions on tobacco. This has not existed in Pakistan, and one of the decisions of the Islamabad workshop in February 2007 was to prioritise the health service itself in building support. There is, however, a vibrant civil society community in Pakistan which participates in policy-making, via its pressures on government, politicians and the media; since the serious earthquake in late 2005, service delivery NGOs have enjoyed heightened prestige in Pakistan, though this has not necessarily benefited advocacy bodies. Many social activists have a variety of interests (e.g. peace, women, farmers, the environment and health, often simultaneously). On the whole these activists are middle-class, and ineffective in representing or involving the poor and illiterate. There is also the international community, both inter-governmental and of civil society. The WHO, and the inter-governmental World Health Assembly which meets annually with the WHO as its secretariat, are established international institutions in which Pakistan has always played its part. The WHO and WHA negotiated the FCTC. Attached to this inter-governmental structure is an international network of NGOs. In the anti-smoking arena this has been persistent and effective; altogether 180 bodies belong to the Framework Convention Alliance, including the PATC and ASH-UK, for example, and the alliance is regularly represented by people from many nations at international meetings in Geneva^{xx}.

b) Players, structures and policy procedures with which the PATC interacts

Within Pakistan the main structures with which the Coalition had to interact in order to get a useful Ordinance were the Ministry of Health and the advisers to President General

Musharref, and to some extent the Law Ministry. A key personality in the Ministry was Mr Abdul Sattar Chaudhry, an official who had been pressing for 30 years for action on smoking and health, and the sympathy of the Permanent Secretary at the time was also significant^{xxi}. Several drafts of the Ordinance were circulated, with both the industry and activists commenting on them. Although the process had started in 2000, lobbying was at its most intense in September/October 2002, with at least one all-night session for the PATC Coordinator with officials. Members of the PATC and others were encouraged to write in to the Ministry and President. The PATC in Islamabad avoided direct contact with the tobacco industry. A much wider group of institutions are – or should be – required to take part in enforcement of the Ordinance. These include police, education authorities, and the large number of persons, ranging from shop managers to bus drivers, required to act under the July 2003 statutory notifications. This notification also set up a special Committee on Tobacco Advertisement Guidelines, to enforce advertising restrictions, including on billboards and cigarette packets. The committee is broad-based, including one representative of the tobacco industry^{xxii}, and had met five times between 2003 and early 2006. Almost half of its most regular participants came from the government side – the Ministry of Health, the Ministry of Information and PTV, the state television service. Members of TheNetwork were regular attendees, as consumer representatives on behalf of the PATC, and Heartfile, another PATC member, joined after the committee had started. At a meeting in the middle of 2006, when pressure was applied to end tobacco advertising in the press, the guidelines committee opted to end billboard advertising instead. Tobacco firms are a major press advertiser, which sometimes constrains journalists.

c) Nature of the policy interaction

In the run-up to publication of the Ordinance the PATC's interaction with the Ministry of Health and presidential office was intense – in person, on paper, by telephone and so on. It obviously changed its nature after publication and introduction of the Ordinance, and some lobbying attention switched to the work of the official committee on advertising guidelines. In just a few cases, advocacy and support were applied to implementing agencies. For example TheNetwork launched a one-off No Smoking poster drive on Islamabad buses, with posters also sponsored by the Ministry of Health, the Islamabad Traffic Police and the Pakistan Association of Road Users. However this petered out, and in an interview in early 2006 the responsible Superintendent of Police, who had herself

been involved some while before, affected to know nothing about the regulation prohibiting smoking on buses. She said no penalties had been applied, but it would be possible to start another drive^{xxiii}. Policy interactions by the PATC secretariat were cut back in 2005. Ironically some anti-tobacco activists thought that the arrival of a slightly more open political system after 2002 had not been helpful; they believed that elected politicians might be more exposed to the lobbying of the wealthy tobacco firms. In particular there was a regional angle, with some in the tobacco growing districts of the NWFP seeing restrictions as a Punjabi aggression; aware that the NWFP is a stronghold of conservative Islam, some activists responded by pointing to the tobacco firms' traditional use of attractive female images in advertising.

d) The role of personalities

It is clear that the involvement of interested personalities helped achieve the introduction of the Ordinance. Particularly notable among these were Mr Sattar Chaudhry at the Ministry and Dr Ehsan Latif, PATC's energetic Coordinator. The goodwill of President Musharref himself was decisive, in a situation where the cabinet was divided and tobacco had become a cause of public controversy. The keener Regional Coordinators were also able to make a difference locally. Personnel moves, in a phase where policy had to be complemented by enforcement, weakened the impact of PATC between 2004 and early 2007.

e) The lobbying power of the PATC

The lobbying power of the PATC depended on the vigour of its secretariat and members, the number of its members, and its ability to call on others to join in its letter-writing and other types of advocacy. Although it was rated as successful in the run-up to the Ordinance, by the Ministry of Health and DfID representatives among others^{xxiv}, it is also clear that the PATC was modest numerically. Its initial recruitment was disappointing, there were almost certainly some activist organisations and individuals who might have been expected to join, and a bigger coalition with more sustained advocacy might have achieved more in making the Ordinance effective at grassroots level. There was little recruitment of new members after the launch. For financial and other reasons there were only three national meetings for members, in 2001, 2002 and 2004. One Regional Coordinator, Dr Saeed-ul-Majeed in Peshawar, argued that the coalition had the 'wrong'

members; some felt that there should have been more medical bodies, or more civil society members working with the poor and the masses. Public activity on World No-Smoking Day, and Pakistan No-Smoking Day (designated as the first day of Ramadan, as many give up smoking in Ramadan) received publicity. However, media professionals complained that the PATC did not supply sufficient data-based or human interest stories, and failed to interact with television producers to find ways of putting across their health message.

f) Competition for the attention of policymakers and advocacy workers

The PATC was having to compete for time and attention. This was true in the Ministry of Health, where there were many other calls on the interest and budgets of officials, and their willingness to promote an Ordinance. Crucially, it was also true of the campaigners themselves, not only for Dr Ehsan Latif at TheNetwork who had other duties, but for Regional Coordinators. The Regional Coordinator in the Islamabad/Rawalpindi area, for example, was also active in peace campaigning, the protection of forests and the interests of farmers. It was the international aspect of the campaign, with the need for Pakistan to position itself in debates over the FCTC, that gave PATC an edge in attracting attention from 2001-3. However this also led to a counter-attack, even in some advocacy quarters, from those who argued that the anti-smoking campaign was not truly indigenous, and did not reflect the health priorities of Pakistan. The suggestion that this was an international, possibly Northern/western campaign foisted on Pakistan, was buttressed by knowledge that the FCTC was an international agreement, and that TheNetwork was significantly funded by DfID, UK.

g) Relations between PATC and other social advocacy bodies

The fact that there was an overlap in membership between PATC supporters and those involved in other social movements meant that on the whole their relationship seems to have been friendly. Many shared a suspicion of big business, and PTC and Lakson are two of the biggest companies in Pakistan. There was also a common feeling that social issues received insufficient attention and action. Although the English-language press showed more interest in social issues than the Urdu-language press, whose style favoured shorter stories, all social activists felt unloved by a media which gives overwhelming preference to political reporting.

4. Methods of advocacy

a) Techniques and targets of advocacy

As indicated earlier, the PATC and its secretariat focused heavily on influencing the Ministry of Health and the presidential advisers in the run-up to promulgation of the Ordinance. From the secretariat there were regular briefings, policy papers and personal contact; PATC members and others from around the country also wrote in, supporting restrictions on cigarette sale and advertising. Attempts were made to interest the media, although the concept of specialist health journalists in general print and electronic media is not much developed. Nonetheless there was some coverage of the battle lying behind the Ordinance. TheNetwork produced factsheets on smoking and health, smoking and poverty. One area which might have been significant in other countries – the National Assembly of parliamentarians – did not exist when the Ordinance was introduced; the Ordinance was promulgated at the time of the first parliamentary election after General Musharref took power. Even after the National Assembly began to sit it was unable to create a powerful system of departmental committees which might have taken up health issues. A small group of parliamentarians who are doctors has been formed. Interviews for this research with three key legislators indicated that, although they saw smoking as a health problem, they did not give it high importance; they said that, where health services reach only 20 per cent of the population, the top priority is to provide health care for all^{xxv}.

Although remote from the “war on terror”, the political environment for a campaign for tobacco restrictions became more sympathetic after 2001. Pakistan, whose nuclear ambitions had led to sanctions, became a front-line ally for the United States and United Kingdom, and General Musharref himself had to survive several assassination attempts by extremists. While it was clear in 2002 that General Musharref had no intention of leaving office – and the Commonwealth, for example, maintained his government’s suspension for a while after the 2002 elections and renewed it in late 2007 – he was probably aware that western governments were now supporting tobacco control. Substantial quantities of western aid, and not only military aid, were beginning to flow into Pakistan.

b) Changes over time

Its secretariat and the PATC were slow to change gear in the new context created by the coming into effect of the Ordinance. Achieving implementation required new approaches, involving more agencies, and the PATC lacked the capacity to drive this process, or monitor the failures of enforcement on a regular basis. There was an overriding need for 'quit smoking' advice to the public at large, and nicotine replacement therapies. Some elements in the Ordinance, such as the restriction on sale of cigarettes within 50 metres of any educational institution, did not take account of the realities of retailing in Pakistan; established vendors and small shops would have had their business totally disrupted^{xxvi}. It was as if the success in getting the Ordinance was itself sufficient, even though many campaigners appreciated that social pressures were significant in maintaining the habit, that addictions are hard to break, that non-cigarette tobacco use would have to be addressed, as well as the livelihoods of existing tobacco farmers. A strategic decision by the PATC to target a small number of enforcement agencies – such as traffic police with regard to smoke-free buses – could win dividends. This would, for example, require notices in all buses, appropriate amendments to police training, and reminders from the police leadership. Such a strategy would require persistence.

By February 2007, when an ESRC-funded workshop was held in Islamabad to share the findings of the case, the Coalition had effectively broken down. However some 30 individuals and organisations attended a review meeting and agreed that there was still a need for the coalition. They voted to pass the role of coordination from TheNetwork to the Society for Alternative Media Research, which was also a PATC member.

5. Policy-making within the PATC

a) How the PATC makes policy

The overall policy for the PATC was laid down at its inaugural meeting in 2001, and has not significantly altered. It has been followed up by the secretariat, based at TheNetwork, which has acted within this policy as it saw fit. In the complex negotiations leading up to the Ordinance the secretariat could not consult members on every change in a paragraph. But it knew that the overwhelming desire of the PATC was to gain as strong an Ordinance as possible. It appears that at some times Dr Ehsan Latif, as Coordinator, presented views on behalf of the PATC, which had its own notepaper; at others he was seen as representing TheNetwork, which itself is a member of the PATC. It is not clear whether organisations that joined PATC consulted their members or committees first, but it is likely that in most cases the decision was taken by one individual. There is no evidence that any member left the PATC over policy differences, though many were relatively inactive.

b) Changes of direction for the PATC

It is clear that any major change for the PATC should be put to the whole membership. The lack of any general meeting between 2004 and 2007, due to financial limitations and the gradual withdrawal of TheNetwork from coordination, meant that there could not be a full review of the tobacco situation in Pakistan since the Ordinance, nor a thorough policy review, nor a discussion of whether the PATC should continue. Although not all members were able to attend the ESRC-funded workshop in February 2007, related to the NGPA research, this gathering was felt to be sufficiently representative to make decisions about a transfer of the coordinating body and a renewal of purpose. Nonetheless there is a continuing financial question about the Coalition.

6. The policy impact of the PATC

a) Achievement of objectives

In terms of PATC's overall objective, to make Pakistan a healthier tobacco-free country, its success has so far been limited. But many credit it with a major role in achieving the breakthrough Ordinance of 2002. Implementation of the Ordinance, on the other hand, has as yet been patchy.

b) Tobacco use in Pakistan after the Ordinance

Discussion with the Pakistan Tobacco Company (PTC, the BAT subsidiary) suggests that the Ordinance had a clear impact, but that this has worn off and cigarette sales are now rising. PTC has been the largest seller by volume since November 2005. Its figures for the industry as a whole show that from 28 per cent of adult males smoking cigarettes in 2002 there was a fall to 26 per cent in 2004. This percentage jumped to 30 per cent in 2006. Smoking by females is very much less, although reliable statistics do not exist^{xxvii}. This percentage of 30 per cent is now rather higher than figures current in developed countries. Actual sales by PTC, calculated in millions of sticks, has varied from year to year, from a low of 18,694M in 1999 to a high of 27,103M in 2001, with 26,846M in 2004. Company expectation is that the total market may grow by around 2.5 per cent a year, even though the proportion who smoke may continue to drop^{xxviii}. There are striking differences between cigarette smoking in urban as against rural areas, and between younger and older people. The 2006 figures suggest that only 24 per cent of urban males smoke, and the same proportion of those under 30. However 33 per cent of rural men, and 35 per cent of men over 30, continue to smoke^{xxix}.

Focus on cigarette sales, and the high-profile advertising that used to exist, should not distract attention from large-scale and largely undocumented use of tobacco in other ways; in traditional beedis, hookahs and in shisha, which is now fashionable among smart young people. Industry figures indicate that cigarettes amount to only 30 per cent of the total market; the breakdown shows other tobacco at 46 per cent, snuff at 11 per cent, huqqa/chillum at 5 per cent, tobacco in pan at 4 per cent, and beedi/gutka at 1.9 per cent^{xxx}. These other uses are reckoned to be as damaging to health, and as addictive, as conventional cigarettes. Chewed tobacco is a major source of oral cancers, for example,

and bodies such as the Commonwealth Dental Association have campaigned against it. Further, there is a general view among professionals that the impact of the advertising bans, which have not been wholly effective^{xxxi}, is less than expected. For example alcohol, which is forbidden by the Koran and cannot be advertised in Pakistan, is widely sold, bought and consumed. Shisha parties and venues have become popular in a certain set without advertising – although the authorities have tried to crack down on them in Islamabad. PTC has overtaken Lakson in sales volume, even though Lakson had an uncontested run in PTV advertising for eleven months in 2003. The conclusion from evidence of this kind is that peer group and social pressures are more important than advertising in the maintenance of the cigarette habit, and that a comprehensive strategy is needed to reduce it further.

c) Reviewing policy effectiveness and implementation

Members of the PATC, and its secretariat, are fully aware of the shortcomings of the Ordinance as the main instrument for reducing tobacco addiction in Pakistan. However until the ESRC review workshop in February 2007 they had not had an opportunity since 2004 to meet nationally to discuss the situation, and adopt a fresh approach. The high dependence on funding external to the PATC membership has exposed a fundamental weakness. A number of PATC supporters, especially in rural areas, lack computers, internet access, and photocopying equipment. Given the budgetary constraints on the Ministry of Health, and its manifold other demands, the role of the PATC and its secretariat remains critical; it is certainly not redundant.

7. What lessons can be drawn from the policy performance of the PATC?

a) Targeted advocacy and sustainability of advocacy

The PATC, spearheaded by its secretariat, was successful in its short-term objective in achieving an Ordinance with controls on the advertising and sale of cigarettes. Its bridging between national and international actors, and its focused energy, were exemplary for a struggle that had national and international aspects. However it had neither the plan nor the resources to make a significant contribution to the vital business of implementation. Many laws and regulations, in many countries, exist only on paper. Because the Coalition was relatively small, and its secretariat depended on external resources which could not be provided in perpetuity, it was ill-prepared to exploit its initial success. If it is true that there has been a gentle decline since the early 1990s in the proportion of Pakistanis who smoke, it is not clear that the arrival of the Ordinance in 2002-3 triggered a sudden further decline. One lesson for other advocacy coalitions must be a need to look beyond an immediate target, and to consider how any success may be realised for the public benefit, and what that would require in terms of sustained activism.

b) Policy and implementation

The case of the campaign for tobacco restrictions in Pakistan illustrates the inapplicability of policymaking models from the developed world in certain developing countries. A simple developed world model would contend that policies are promoted by politicians, interested parties, governments, think-tanks and the like; they are widely aired in the media and in public discussion; suitably amended they are adopted by a parliament or democratic process; they are then practised country-wide, in circumstances where enforcement agencies and the public are aware of what has been decided and what must be done. Infringements are met with penalties. This model process does not always happen in developed countries. It is even less likely in some developing countries, where policies may be adopted for public relations reasons, with little appetite or capacity for implementation. Traditions of obedience to law, or respect for enforcement agencies, may be as weak as administrative capacity. In Pakistan, with its restricted governance, there was and is no guarantee that a social law or regulation will be enforced or obeyed. Even President Musharref has spoken out against the lethargic prosecution of vital development projects^{xxxii}. A further lesson from the PATC experience, therefore, is that in

countries with weak democratic and administrative institutions, advocacy coalitions need to conceive of policy and implementation together, from the start. It is unrealistic to separate the two. Otherwise, like ineffectual regulations, the advocacy bodies will lose respect. This too should be an issue for donor agencies, as well as individual civil society organisations.

c) Research, media and inclusion

The PATC has not had a strong research component at its heart, although some of its members – like a team at the Aga Khan University – have research strengths. In early 2006 TheNetwork was preparing a report on smoking among the young, a pertinent issue as many point out that not only are under-18s buying cigarettes, they are vendors too. As the issue in Pakistan moves to implementation, this kind of monitoring becomes more important. There is plenty of scope for harrying the authorities over the non-availability of nicotine therapy, and the absence of “quit smoking” advice – let alone the failure to impose penalties on violators of the Ordinance. The English-language press in particular is willing to run stories which combine research with some human interpretation; the Daily Times, in February 2006, took a report from the Hindustan Times which itself was quoting a US expert on the health benefits of giving up smoking^{xxxiii}. Media work is time-consuming, and the evidence from public health surveys in Pakistan is that smoking is heavily concentrated among illiterates, the least-educated and, among those who do read, among readers of the Urdu press. Part of the failure to get more public benefits from the PATC campaign, therefore, may be down to the lack of an inclusive strategy which could reach and involve poorer people. Although a media strategy is necessary, it would not be sufficient in itself. The particular Islamic culture of Pakistan offers certain opportunities to deepen anti-smoking advocacy. In the Arab world a number of Islamic authorities have recently stated that smoking is *haram*, or prohibited. Engagement with religious authorities in Pakistan might also be beneficial. A better understanding of the true scope of tobacco use in Pakistan, including beedis, hookahs and shisha, would also enable the campaign to choose its future priorities. This could require a better understanding of the situation of PTC and Lakson, as well as a different insight on the inadequacies of government. Government levies on PTC cigarette sales produced almost three times more than the profit of PTC in 2004, so that the big two cigarette firms are in a sense tax farmers^{xxxiv} for the government. Yet both the firms and the government have in the past been reluctant to do anything to raise the price of cigarettes – found to be

effective in other countries in reducing the incidence of smoking – because 20 per cent of the market is held by illicit producers and 3 per cent by smugglers^{xxxv}. Higher legitimate prices would hand them a bigger market share. The government knows, or could find out, where the illicit factories are. But it does not close them. A third lesson from the PATC case therefore is that good advocacy needs good ongoing research, ongoing media work, and a strategy of social inclusion. In a situation where much lawmaking is seen as top-down, irrelevant or hostile to the mass of the population, an elite approach cannot change a widespread and popular habit.

c) A pressure group, or a coalition?

Dr Ehsan Latif, former Coordinator of the PATC, suggests that there is a distinction between a coalition and a pressure group^{xxxvi}. He argues that a pressure group has a single goal and a restricted life. A coalition, by contrast, can have multiple goals which may change over time, and its members will stay together as long as they want to. The foundation document of the PATC, with its ambitious goal of making Pakistan a tobacco-free country, suggested that it was a genuine coalition in Dr Latif's terms. Yet its high level of activity in the run-up to the Ordinance of 2002 and consequent notifications in 2003, made it more like his definition of a pressure group. These distinctions and the challenges they raise are not confined to tobacco activism, or civil society movements in developing countries. It is frequently possible to generate media support, non-governmental alliances and public excitement for short-run political or social objectives. It is far more difficult to keep such alliances together in the longer term; enthusiasm wanes, individuals move on in their lives, and the task of implementing a law, a treaty or other iconic agreement may seem tiresome or specialist to temperaments which are attracted to protest and campaigning.

Yet in many countries, and international settings, it is precisely in the detail of enforcement or implementation that gains are or are not realised. Agreements can be subverted or forgotten without continuous vigilance and attention to detail. Recognising that different skills may be needed for short-run campaigning, as compared to long-term implementation, may require flexibility. Coalitions which have won one battle may have difficulty transmuting into the more patient fighting force which can win a war. It can be more appropriate for a single organisation to take on the long-term project, if the coalition as a whole loses interest. It is no disrespect to the PATC's initial success to say that it

has yet to resolve this problem. The lesson for other advocacy coalitions is that they need to decide what kind of organism they are, early on, and how they or one or more of their constituents can consolidate an initial success and resource the further work that will be needed. This also relates closely to the temperament, contractual term and staying power of personalities involved at different stages of a campaign.

d) The challenge for international supporters and donors

TFI-Pakistan was initiated by the WHO, and overwhelmingly funded by the UK Department for International Development (DfID).. There was a clear interest for international campaigners and the WHO in having a Pakistan wing to the international activity. This chimed with grant policy at DfID. However, in addition to the risk that this might be seen inside Pakistan as an external campaign – albeit a weak risk, given the longer history of indigenous Pakistani campaigns – the more serious issue was that the PATC lacked and lacks indigenous financial viability. Coupled with the inter-relationship between policy and implementation, discussed above, this has not only created a crisis for the PATC but raises wider concerns. How far is it responsible, for international allies and donors as well as domestic campaigners, for the stimulation of a non-governmental coalition in a developing country where there is no long-term resource strategy and external funding is bound to be cut off when, at best, a social reform is only half complete?

e) The challenge of the growers

Unlike other countries, where tobacco is not grown and cigarettes are not made, Pakistan is self-sufficient in this industry. Growers in Pakistan get relatively good guaranteed prices, and the big two companies provide community services in the tobacco districts of the NWFP. Whereas shops and vendors selling cigarettes could manage a gradual rundown in sales, any abrupt change could bring a real loss of income to the farmers. It is not clear that the PATC as such has devised or negotiated an agricultural strategy with the growers, the NWFP provincial government or the Ministry of Agriculture. One of the problems is that few other crops would give as good a return to growers, although the NWFP has seen a successful campaign to replace the opium poppy with other crops, sometimes tobacco. Dr Ehsan Latif, former Coordinator of the PATC, has argued that it would

be possible to devise a ten year tobacco-replacement strategy for the farmers. In a publication discussing the tobacco issue in Commonwealth countries, Dr Latif proposed that replacement crops could include cotton, soybean, okra, eggplant, tomatoes, chillies, fruit orchards, flowers and plantago (isbgul), an important plant of Indian origin^{xxxvii}. A further lesson from the PATC case study is therefore that, where the change that is advocated is a direct economic challenge to a vulnerable social group, the campaign body should interact with those concerned to prepare a plan for compensation.

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ⁱ Philip Morris International bought out the cigarette interests of Lakson, a Pakistani conglomerate; Lakson was one of the big two cigarette manufacturers and vendors in the country.

ⁱⁱ The revised draft was presented to the Institute of Commonwealth Studies International Workshop: 'The impact of transnational non-governmental public actors (NGPAs) on policy processes and policy outcomes: translating advocacy into sustainable policy engagement' held at the Brunei Gallery, SOAS, 11th – 12th September 2007. The Workshop was funded by the ESRC-NGPA Programme and the Commonwealth Foundation.

ⁱⁱⁱ The case was brought by the Pakistan Anti-Smoking Society on behalf of health victims. Cigarette companies appealed against the judge's decision. No action was taken.

^{iv} At this time around 25-30 per cent of PTV's advertising revenue came from tobacco companies, according to Khawar Azhar, Director, Marketing, PTV. He described the loss of this advertising, when an effective ban was introduced in November 2003, as "a blessing in disguise." PTV had almost a year to adjust as the Pakistan Tobacco Company, a signatory to the Industry Marketing Standards and one of the two major firms in Pakistan, withdrew its spend from January, 2003. This left the field clear to its rival, Lakson, for eleven months.

^v Staff at TheNetwork spoke of around 30, but a membership list yielded 36 names, of which at least six were from the interior of Sindh.

^{vi} These are: the Aga Khan University, Karachi; Heartfile, Islamabad; Pakistan Anti-Smoking Society; Pakistan Anti-Tobacco Association; Pakistan Chest Society; Pakistan Cancer Society (Karachi chapter); Pakistan Society for Cancer Prevention; Tobacco Control Legal Forum of Pakistan; Pasmandagan Welfare Trust; Sahkaar Dost Welfare Association; Najwan Sangat District Badin.

^{vii} The DFID's five year grant was extended to seven years; it was due to run out in March 2007; the DFID carried out strategic reviews of the work of TheNetwork in 2004 and again in early 2006.

^{viii} Appointments were made in Region 1 (Prof Saeed Ulla and Dr Sher Mohammad); Region 5 (Arshad Rizvi, assisted by Raja Akhtar and Sajid Gulzar); Region 6 (Naeem Bokhari); Region 7 (Ms Rukhsana Faiz, assisted by Mr Zubair); Region 8 (Omar Balooch); Region 10 (Sajjan Khan Ghangro); Region 11 (Irshad Khaskheli); Region 13 (Aijaz Memon) and Region 14 (Dr Sajid Ali).

^{ix} See Pakistan Health Education Survey, 1999, table 10.3.1 p 85. Although statistics are uncertain it appears that there may have been a drop of between 12 and 19 per cent in smoking by male heads of household over the previous seven years. However population increase and increasing numbers of cigarettes smoked by individuals helps to explain why the cigarette market has been growing by around 2.5 per cent a year since 2000.

^x The Pakistan government depends heavily on indirect taxes. It is estimated that 6 per cent of all government revenue comes from the tax on tobacco, and 25 per cent of excise revenue (see National Action Plan for Prevention of and Control of Non-Communicable Diseases and Health Promotion in Pakistan, 2004, Heartfile). For cheaper brands, 38 per cent of the retail price is tax; this rises to 73 per cent for premium brands.

^{xi} There is some dispute as to the definitions and rates of literacy in Pakistan. One estimate, published in February 2006 was that the literacy rate in Pakistan is 45 per cent, though with wide regional variations; in Azad Kashmir it may be as high as 78 per cent (see report by Teresita Schaffer, Centre for Strategic and International Studies, Washington reported by Daily Times, Lahore, 6 February 2006). Experienced media professionals believe that the average for effective literacy may be as low as 30 per cent.

A representative of Save the Children, USA has suggested that literacy among women and girls in NWFP could be less than 2 per cent.

^{xii} Lakson has a wide variety of businesses and franchises in Pakistan, including CyberNet, McDonalds, Colgate-Palmolive and food businesses.

^{xiii} Between them, Lakson and PTC (which overtook Lakson in volume of cigarette sales in November 2005, having been ahead in total value due to its premium brands) dominate the legitimate market. However they only supply 77 per cent of cigarettes in Pakistan; some 20 per cent are supplied by illicit factories, and 3 per cent are smuggled in.

^{xiv} The Ministry of Health, short of budget, could not launch a media campaign to coincide with the Ordinance coming into effect in 2003, although it had had an electronic public health campaign with anti-tobacco messages in the late 1990s. A Ministry plan to recruit singers and actors as “Anti-Smoking Ambassadors” had still not been activated by early 2006.

^{xv} Even other Ministry buildings were not declared smoke-free, Cabinet Ministers were photographed smoking in meetings, and the responsible Superintendent of the Islamabad Traffic Police – which had earlier supported no smoking notices in buses – feigned no knowledge of the prohibition, the penalties, or that police were responsible for enforcement.

^{xvi} Mr Khawar Azhar, Director of Marketing at Pakistan Television – the state service which claims a prime-time audience of 35-40 per cent of the population – was highly critical of the poor quality of government advertising, including that of the Health Ministry.

^{xvii} It is estimated that all newspapers sell only 1.5M copies a day, around 1 per cent of the total population, and are read by only some 8M.

^{xviii} Nadeem Iqbal, The News on Sunday and formerly consultant to PATC, interview 31 January 2006.

^{xix} The Pakistan Medical Association is willing to take high profile positions. On 6 February 2006 its general secretary for the Punjab, Shahid Rao, said it had taken a unanimous decision not to prescribe medicines made by firms based in Denmark, Norway, Switzerland, Germany and France, in protest at publication of blasphemous cartoons of the Prophet. It thereby risked sacrificing the health of Pakistanis who may depend on such medicines.

^{xx} Dr Ehsan Latif, Coordinator of the PATC, wrote an influential report, “Stubbing it out – a briefing for Commonwealth Health Ministers on how to implement the FCTC” in March 2004. At the time he was a Commonwealth Professional Fellow, attached to the Commonwealth Policy Studies Unit. This report, for the 53 Commonwealth Health Ministers, led to a high proportion of early ratifications of the FCTC by Commonwealth governments.

^{xxi} Mr Sattar Chaudhry attended the February 2007 workshop in Islamabad, and appealed to civil society to renew its efforts.

^{xxii} The Pakistani Tobacco Company was the industry representative for the first three years; after that the representation alternated annually with Lakson.

^{xxiii} Interview with Supt Helena Sayeed, 31 January, 2006. Supt Sayeed said that the Islamabad Traffic Police, in the middle of a drive to be “more helpful and polite” – following the introduction of a new uniform and a doubling of pay – have “other things on our agenda.”

^{xxiv} Interviews, early 2006.

^{xxv} Those interviewed in 2006 were: Dr Donia Aziz, Federal Parliamentary Secretary for Population Welfare; Dr Hajira Tariq Aziz, Chairperson of the Standing Committee on Health; and Ms Sumaira Malik, Federal Minister for Women’s Development and Youth Affairs.

^{xxvi} PTC regarded this as totally unworkable. Nevertheless in one case, where a new school was to be built next to an 87 year old cigarette factory, they drew the attention of the authorities to the Ordinance, and the school was moved.

^{xxvii} Figures of 13 and 9 per cent have been quoted officially, but the tobacco industry regards these as too high; accurate survey work amongst Pakistani women presents difficulties of a cultural and technical nature; activists think that 13 per cent may not be far out, and are conducting fresh research.

^{xxviii} Interview with Ali Naseer, PTC, responsible for regulatory matters and a member of the advertising guidelines committee, with PTC colleagues, 7 February 2006; sales figures from PTC report and accounts, 2004.

^{xxix} PTC statistics for the tobacco industry in Pakistan, supplied to the author, February 2007.

^{xxx} PTC statistics for the industry, as above.

^{xxxi} Both Lakson and PTC are active in corporate promotion, which includes afforestation, community health work and sponsorship. Their corporate advertising, which cannot mention tobacco or show smoking, still appears on PTV, though the spend is only around 10 per cent of what it was prior to 2003.

^{xxxii} President Musharref was quoted as saying, "I go to people and announce projects, but the next time I visit these areas, and ask the people about these projects, I find that there is nothing on the ground", Daily Times, Lahore, 8 February 2006.

^{xxxiii} Professor Richard Clayton, of Kentucky University, stated inter alia that eight hours after quitting an ex-smoker's carbon monoxide in the blood drops to normal, that chances of a heart attack drop after 24 hours, and that lung function increases by as much as 30 per cent between a fortnight and three months after giving up (report, 8 February, 2006).

^{xxxiv} The PTC annual report, 2004, showed profits of R665M compared with a government take of R16,294M.

^{xxxv} In the 2006 budget, however, the Pakistan Finance Ministry raised the price of cigarettes by 50 per cent.

^{xxxvi} Conversations with Dr Latif, Islamabad, February 2006.

^{xxxvii} See "Stubbing it out", Ehsan Latif, CPSU 2004, pp 35-6, available at www.cpsu.org.uk