



NATIONAL TOBACCO CONTROL STRATEGY

2017 - 2022

PHILIPPINES



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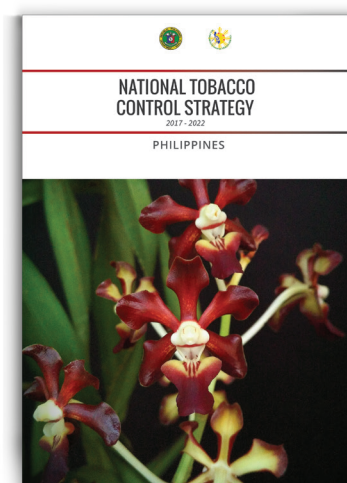
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About the Cover

World-renowned photographer, Ashvin Gatha, a former smoker, designed the image for the WHO 1999 World No Tobacco Day. “People underestimate the power of images,” he explains, and that the concept of a white marble ashtray on which is posed a bright red orchid means “Life and flower, instead of ash and death.” “The choice of the red orchid is no accident. Reminiscent of a famous tobacco brand, Gatha wants to turn the power of colours and images on those very people in the tobacco industry whose mission it is to sell poisoned dreams.” (WHO Regional Action Plan on Tobacco for Health 2000-2004)

On the cover is the orchid *Vanda merrillii* var. *rotorii*, a variant of the type species, *Vanda merrillii*, both are endemic to the Philippines, particularly in Luzon. The variant *rotorii*, distinguished from the type form of the species, has mostly deep red to maroon front surface of the flowers, while the backside has a creamy yellow tone. *Vanda merrillii* has flowers of about 1 to 2 inches each that are somewhat curved at the edges, and emits a sweet spicy fragrance. One inflorescence can form a cluster of up to 15 flowers. (Rommel Arriola, ASH Philippines)



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- Balanga City Government
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Civil Society Organizations

- Action for Economic Reforms
- Action on Smoking & Health, Philippines (ASH Philippines)
- Campaign for Tobacco-Free Kids
- Framework Convention on Tobacco Control Alliance Philippines, Inc. (FCAP)
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- Philippine Cancer Society, Inc.
- Southeast Asia Tobacco Control Alliance

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FOREWORD



As we enter the second decade of our work in tobacco control, we look back at the gains while considering at the same time the challenges that remain. Together with our partners, we see the great many strides we took in order that the key mechanisms for its success are in place.

In 2003, Republic Act No. 9211 or the Tobacco Regulation Control Act of 2003 was passed. The Philippines ratified the World Health Organization Framework Convention on Tobacco Control in 2005. In 2010, the Joint Memorandum Circular No. 2010-01 with the Civil Service Commission was issued, promulgating the policy on the protection of the bureaucracy from tobacco industry interference, covering all national and government officials and employees.

In 2012, we launched the country's first National Tobacco Control Strategy 2011-2016, which was an important instrument in reviewing and assessing our past efforts. Within this period, two landmark legislations were passed: Republic Act No. 10351 or the Sin Tax Reform Law of 2012 and the Republic Act No. 10643 or the Graphic Health Warnings Law of 2014.

Since then, we have seen the positive effects of these policies that aim to safeguard the health of the Filipino people. Foremost of these results is the decline in tobacco use among our adult population. We have seen fewer people being exposed to second-hand smoke in their homes, in their workplaces and significantly in public places because of the efforts in creating smoke-free environments across the country. Tobacco users have tried to quit more times in the last six years. More people have believed in the dangers of tobacco. They have noticed less and less tobacco advertisements around them. More than three-quarters of the population have observed graphic health warnings on cigarette packs.



Taken altogether, the past efforts should significantly lower the incidence of non-communicable diseases with which tobacco use is associated, such as cardiovascular diseases, which account for the highest cause of deaths; followed by cancers, diabetes mellitus, and chronic respiratory diseases.

Guided by the initiatives under the Philippine Health Agenda 2016-2022: Healthy Filipinos by 2022, we are given a boost to step up the energy and enthusiasm in getting all our efforts together at the helm of a tobacco control champion, no other than President Rodrigo Duterte, whose work to achieve a smoke-free Davao City cannot be ignored.

We see this second national plan on tobacco control as an encouraging step toward its sustainability beyond 2022. This plan aims to address the challenges that remain.

We will be vigilant of the results of this plan, knowing that the Philippines, though still one of the countries with the highest tobacco burden, has been found to be progressing in relation to the sustainability of its tobacco control program by The Union Index of Tobacco Control Sustainability, a tool that assess and guides our plan via indicators that influence our capacity to deliver effective and sustainable tobacco control in the future.

Congratulations to all our partners and supporters in developing and writing the National Tobacco Control Strategy 2017-2022. As tobacco control advocates, I call on all of us to continue to set our eyes on the very reason why we are together in this health initiative, and that is, to safeguard the health of the people.


PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health

EXECUTIVE SUMMARY

The Philippines has been successful in reducing smoking prevalence over the last decade. We have seen the decline of tobacco use prevalence among adults between 2009 and 2015, from 29.7%¹ to 23.8%² respectively. Yet the Philippines is still one of the countries with the world's largest smoking populations.³

The National Tobacco Control Strategy (NTCS) 2017-2022 embodies the commitment of the Philippines to reduce the tobacco use prevalence to 18% to a maximum of 15% by 2022 over the 2009 baseline. This benchmark will be measured with reference to the current tobacco use among the adult population aged 15 years old and above. The commitment likewise includes increasing the protection from second-hand smoke to 85% or higher by 2022, thereby reducing the exposure to 15%. This yardstick will be measured with reference to the exposure of the adult population to second-hand smoke.

These benchmarks may seem bold, but with the commitment of everyone working in tobacco control in fully implementing the actions outlined in this strategy, the desired results will be achieved.

The Disease Prevention and Control Bureau (DPCB) of the Department of Health (DOH) have developed this strategy with inputs from the other offices of the DOH, national government agencies, and civil society organizations (CSOs) working in tobacco control.

This document summarizes the framework to reduce tobacco-related burden on non-communicable diseases and its related health, economic, and social costs, with the end-in-view of helping the Filipino people lead healthier and happier lives. It details the objectives and targets for tobacco control until 2022 and outlines nine priority areas for action, which are informed by the review and assessment of the previous strategy as well as the evidences and best practice approaches in reducing the harm of tobacco.

These priority areas are as follows:

1. Protecting public health policies from tobacco industry interference
2. Eliminating remaining tobacco advertising, promotion, and sponsorship
3. Reducing affordability and accessibility of tobacco products
4. Implementing stronger measures to protect the public from exposure to tobacco smoke
5. Strengthening surveillance data
6. Levelling up the DOH Red Orchid Award
7. Strengthening mass media campaign and other communication strategies to sustain public awareness
8. Institutionalizing tobacco control
9. Regulating tobacco products and strengthening cessation of tobacco use and management of tobacco dependence

The multi-sectoral collaboration and partnership among tobacco control advocates at the national, regional, and local levels have proved an effective approach in this effort. Through agreements and commitments, based on the mandates and activities of the various stakeholders, allow advocacy and awareness campaigns, research, information exchange, referrals, and resource sharing. Partnership building and networking is recognized as an important component in the country's tobacco control program.

This strategy recognizes the contribution of and supports the country's engagement in international cooperation as it participates in the exchange of scientific, technical, and legal expertise and learning the best practices in tobacco control in the process.

Embodied in this strategy are the actions to be taken in monitoring its progress.

¹ GATS Philippines: Executive Summary (DOH February 2017)

² Ibid

³ Tobacco Industry Interference Index 2015 ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3 (Southeast Asia Tobacco Control Alliance: 2015)

Part 1. | BACKGROUND

The NTCS 2017-2022 is the country's second strategic plan on tobacco control, which builds on the major gains achieved and addresses the remaining challenges in the first strategic plan for 2011-2016.

The development of this strategic plan was based on the results of the series of planning workshops and meetings held in 2016 and attended by the different stakeholders working in tobacco control that are committed to its implementation.

While building on the gains of the past period and continuing to address the challenges that remain, this strategic plan likewise situates and aligns the country's overall goals and actions in tobacco control within the aspirations of the 2016-2022 Philippine Health Agenda: All for Health Towards Health for All—Healthy Filipinos by 2022. The priority areas and key actions in this strategic plan were identified, taking into account the three guarantees of the healthy system under this agenda: “population- and individual-level intervention for all life stages that promote health and wellness, prevent and treat the triple burden of disease, delay complications, facilitate rehabilitation, and provide palliation; access to health interventions through functional Service Delivery Networks; and financial freedom when accessing these interventions through Universal Health Insurance.”⁴

Moreover, this plan is aligned with the actions for the Philippines as a member of the Western Pacific Region, strategically aiming to do its part in achieving Goal 3a of the Sustainable Development Goals: “Ensure healthy lives and promote wellbeing for all at all ages,” with respect to strengthening the implementation of World Health Organization Framework Convention on Tobacco Control (WHO FCTC).⁵ “Tobacco control is considered fundamental to meeting sustainable development goals and is an essential component of the post-2015 development agenda.”⁶

⁴ *The Philippine Health Agenda 2016-2022 (DOH Office of the Secretary, AO No. 2016-0038: October 26, 2016)*

⁵ *SDG3: Ensure healthy lives and promote wellbeing for all at all ages (Sustainable Development Goals: The goals within a goal: Health targets for SDG3), <http://www.who.int/sdg/targets/en/>*

⁶ *Regional Plan of Action for the Tobacco Free Initiative in the Western Pacific Region 2015-2019 (WHO WPRO: 2015), 19*

Part 2. | THE SIZE OF THE PROBLEM

Prevalence of tobacco use in the country in 2015 was estimated at 23.8% of the population or 16.6 million adult Filipinos, aged 15 years and older. It was higher among males (41.9%) than in females (5.8%). Those who smoked tobacco daily numbered 13.1 million adults or around 18.7%, with prevalence among males at 33.9% and females at 3.6%, respectively. The average number of cigarette sticks smoked daily, for both males and females, is 11.0, where males had the higher number of cigarette sticks smoked per day than in females (11.2 and 8.6, respectively).⁷

In 2015, 16.0% of students aged 13-15 years old were current tobacco users, of which 22.2% were boys and 10.4% were girls. Those who smoked cigarettes were 12.0% of students, of which 17.6% were boys and 7.0% were girls. Those who currently used smokeless tobacco were 2.5% of students, 2.9% were boys and 2.1% were girls.⁸

In 2013, 25.4% of Filipinos aged 20 and above were current smokers, of which 44.7% were males and 7.9% were females. More male smokers (48.1%) were found in the 30-39.9 years old bracket, while more female smokers (13.2%) were found in the greater than 70 years old bracket. Overall, more smokers (27.3%) were found in the 40-49.9 years old bracket. The rural poor had a higher prevalence of smoking compared to their urban counterpart with

the poorest as having the highest rates of smoking regardless of place of residence. The prevalence of smoking showed a decreasing trend with increasing wealth regardless of place of residence.⁹

The health expenditures due to all non-communicable diseases reached PHP 185.6 billion in 2014, with cardiovascular diseases registering the highest expenditures at PHP 48.8 billion.¹⁰

⁷ *GATS Philippines Global Adult Tobacco Survey: Executive Summary 2015 (DOH:2016)*

⁸ *GYTS Global Youth Tobacco FACT SHEET Philippines 2015 (DOH:2016)*

⁹ *8th National Nutrition Survey (Food and Nutrition Research Institute Department of Science and Technology: 2013), 104-117*

¹⁰ *Racelis, Rachel, PhD, et.al., Philippine Health Accounts Based on the 2011 System of Health Accounts for CY 2012 (Revised), 2013 and 2014 (Provisional): Tables, Estimates and Analysis (DOH/WHO NHA Project “Continuing Training on the System of Health Accounts (SHA) 2011 and Updating of the Philippine National Health Accounts Based on the SHA (PNHA-SHA): 2015), 20*

Part 3 | GAINS AND CHALLENGES

The prevalence of tobacco use significantly decreased among adult Filipinos, from 29.7% in 2009 to 23.8% in 2015, which represents a 19.9% relative decline of the tobacco use prevalence (15.3% decline for males and 42.8% decline for females).¹¹

This reduction is the result of a combination of tobacco control measures in place, such as the local implementation of ordinances compliant with the WHO FCTC by the awardees of the DOH Red Orchid Award (ROA) for 100% tobacco free environment that includes 100% smoke-free and ban on tobacco advertising, promotions and sponsorship (TAPS), information, education, and communication (IEC) materials depicting ill-effects of tobacco use and tobacco cessation, among others.

Significant among these measures that contributed to the decrease in tobacco use prevalence was the Sin Tax Reform Law. Its effect manifested in the decrease in tobacco use from 29.7% in 2009 to 23.8% in 2015, as well as in smoking prevalence from 28.2% in 2009 to 22.7% in 2015.¹²

The country looks back at some of the major milestones that contributed to these gains as it likewise prepares for the challenges ahead in further decreasing tobacco use prevalence to 18% to a maximum of 15% by 2022 as articulated in this NTCS 2017-2022.

DOH Red Orchid Awards of 2009

The DOH Administrative Order (AO) No. 2009-0010: *Rules and Regulations Promoting a 100% Smoke Free Environment* became the basis of the Red Orchid Award (ROA) that began in 2009, which called for the absolute smoking ban in DOH offices, hospitals and attached agencies, government offices, and encouraging local government units to do the same in their health facilities and other public places.¹³ The ROA is anchored on the MPOWER strategic policies, which is the “set of measures that correspond to one or more of the demand reduction provisions in the WHO FCTC.”¹⁴

The Search for 100% Tobacco-Free DOH Regional Offices, DOH hospitals, local government units (provinces, municipalities, cities), and other government offices has continued to be a major gain for achieving smoke-free environments in these locations. The first ROA awards were granted in 2010.¹⁵

The ROA is stringent in its selection process and criteria, which are based on the World Health Organization (WHO) MPOWER strategies. The selection process starts with a self-assessment comprised of indicators of the MPOWER strategies, and finalized with a validation conducted by the DOH ROA Central Office Awards Committee.¹⁶

Corollary, in the same year, the Civil Service Commission (CSC) issued Memorandum Circular (MC) No. 17, which adopted and promulgated a 100% Smoke Free Policy and a Smoking Prohibition in all areas of government premises.

The Civil Service Commission-Department of Health Joint Memorandum Circular (CSC-DOH JMC) of 2010

The CSC-DOH JMC No. 2010-01, or the “*Protection Against Tobacco Industry Interference in the Bureaucracy*,” has gained headway since its issuance in 2010. The JMC provides specific guidelines for the bureaucracy as regards interaction with the tobacco industry, in accordance with the implementation of WHO FCTC Article 5.3 under *General Obligations*, which provides guidelines in protecting tobacco control policies from commercial and other interests of the tobacco industry in accordance with national law. The JMC requires government personnel to avoid interaction with the tobacco industry, but when the need arises for purposes of regulation, supervision, and control, the interaction must be transparent and accountable.¹⁷

The CSC-DOH JMC marked its sixth year in 2016. The CSC has reported that more than 200 national government agencies, local government units, state universities and colleges, and government-owned

or controlled corporations in the country have thrown their support for the CSC-DOH JMC or have implemented measures in their own jurisdictions.¹⁸

In 2015, the Philippines scored a slight improvement in efforts in this area, jumping from 71 in 2014 to 65 in 2015 in the Association of Southeast Asian Nations (ASEAN) Tobacco Industry Interference Index (TIII), ranking third among its counterparts. The TIII is a tool of 7 indicators to assess the implementation of WHO FCTC Article 5.3 under *General Obligations* in seven ASEAN countries, which ranks the countries from the lowest level of tobacco industry interference to the highest¹⁹ (See Figure 1).

The Philippines shows no improvement—the highest among the subject-countries, 18 in 2014 and 18 in 2015—in the first indicator, *Level of Participation in Policy-Development*,²⁰ citing that Republic Act (RA) No. 9211 or Tobacco Regulation Act of 2003, provides the tobacco industry a seat in the Inter-Agency Committee-Tobacco (IAC-T) (See Figure 2). The Philippine Tobacco Institute (PTI), a private organization of tobacco companies, uses its position as an IAC-T member to weaken tobacco control policies, according to the report.

¹¹ MPOWER Summary Indicators GATS Philippines 2009 and 2015 (GATS Philippines Global Adult Tobacco Survey: Executive Summary 2015)

¹² *Ibid.*, 7

¹³ ROA Call for Nomination 2011 (Department of Health:2010)

¹⁴ Regional Plan of Action for the Tobacco Free Initiative in the Western Pacific Region 2015-2019 (World Health Organization Western Pacific Region: 2015), iv

¹⁵ Bunoan, Rowena The DOH Red Orchid Awards The Search for 100% Tobacco-Free Environment (DOH Health Promotion and Communication Service), 8

¹⁶ ROA Call for Nomination 2011 (Department of Health:2010)

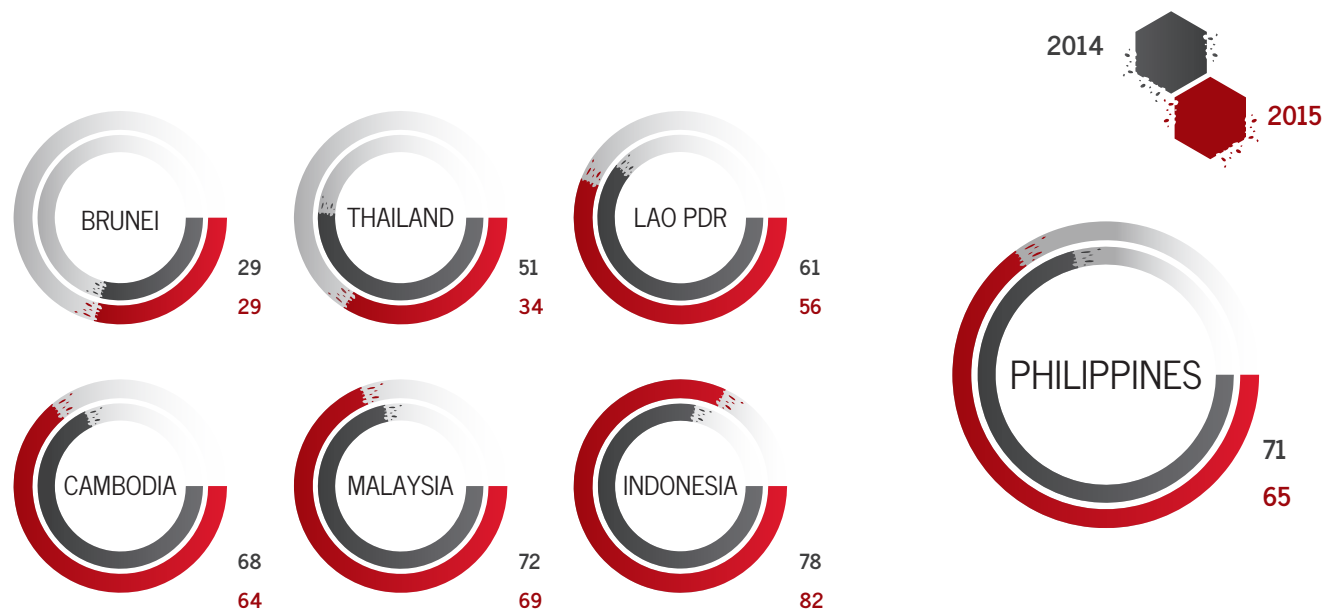
¹⁷ Civil Service Commission-Department of Health Joint Memorandum Circular (CSC-DOH JMC) 2010-01. Subject: Protection Against Tobacco Industry Interference in the Bureaucracy (CSC-DOH AO 2010-01:2010), 2

¹⁸ Civil Service Commission. “CSC, DOH celebrate six-year campaign vs. tobacco industry interference.” <http://www.csc.gov.ph/new-updates/1177-csc,-doh-celebrate-six-year-campaign-vs-tobacco-industry-interference>

¹⁹ Tobacco Industry Interference Index 2015 ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3 (Southeast Asia Tobacco Control Alliance: 2015), 1

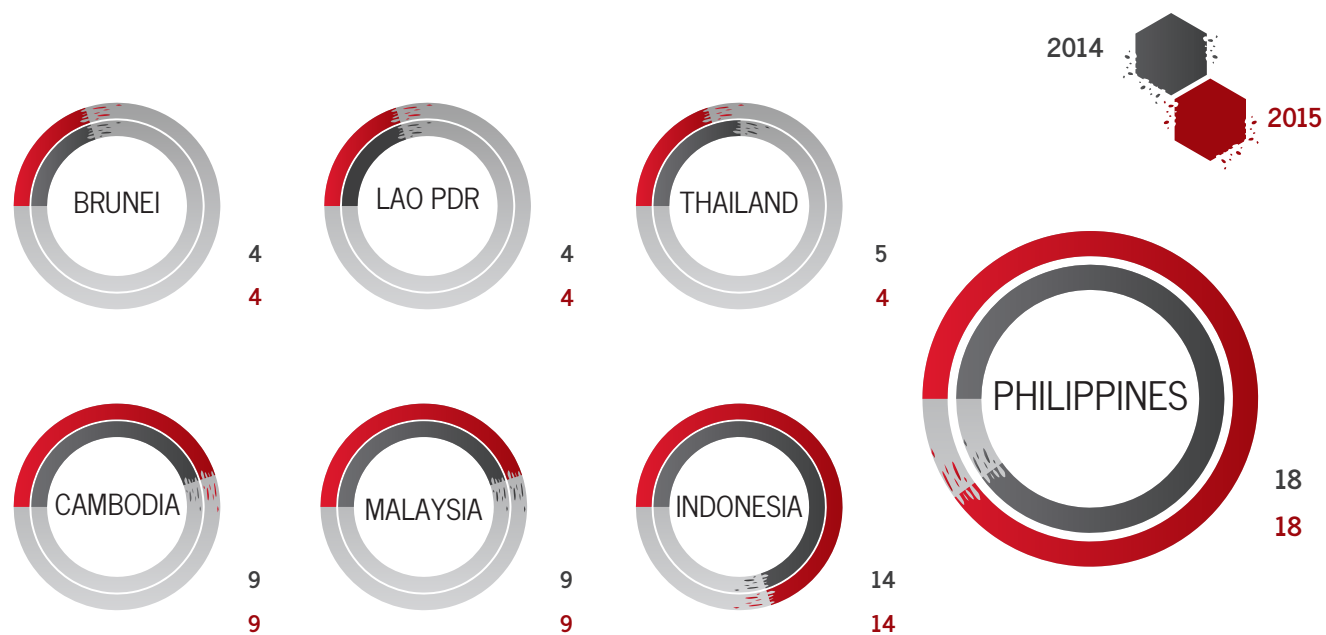
²⁰ For a comparative summary of the Tobacco Industry Interference Index among ASEAN countries, see table on pages 11-12 of the Tobacco Industry Interference Index 2015 ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3.

FIGURE 1 | Level of Tobacco Industry Interference in Seven ASEAN Countries



Source: 2015 Tobacco Industry Interference, ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3 under General Obligations

FIGURE 2 | Level of Participation in Policy-Development



Source: 2015 Tobacco Industry Interference, ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3 under General Obligations

However, the report cited the Philippines as having instituted concrete measures to prevent or reduce tobacco industry interference through the JMC, which has resulted in many government departments to draw up their respective Codes of Conduct banning government officials from receiving or supporting TI-related corporate social responsibility (CSR) activities.

Furthermore, there has been no monitored instance of top government officials meeting or fostering relations with the tobacco industry in the Philippines during the year. The index credited the CSC-DOH JMC, stating that disclosures of such meetings or relations are required of government departments. Overall, the TIII report ranked the Philippines as first in instituting a concrete preventive measure in curbing tobacco industry interference through the CSC-DOH JMC.²¹

The strict implementation of the Sin Tax Reform Law accorded a slight improvement in the third indicator, *Benefits to the Tobacco Industry*, since the annual increase of tax rates of tobacco products has been strictly implemented.²²

The protection of public health policies from tobacco industry interference is a key priority area in the next 6 years. The strict implementation of the CSC-DOH JMC, along with other related measures, will be continued to expand its gains.

The Sin Tax Reform Law of 2012

Another landmark legislation during the period 2011-2016 was the Sin Tax Reform Act of 2012, or RA No. 10351 *An Act Restructuring the Excise Tax on Alcohol and Tobacco Products*, on 11th December 2012 by the House of Representatives and the Senate at the 15th Congress, and signed by the President on 19th December 2012.²³

Among the various restructurings mandated by RA No. 10351 was the addition of excise taxes on cigarettes, following a specific schedule of imposition, beginning in 2013 (See Figure 3):

Effective on January 1, 2017, a unitary excise tax of PHP 30.00 will be levied, assessed, and collected on cigarettes packed by machines, and will be increased by four percent (4%) every year thereafter, effective on January 1, 2018.

Fifteen percent (15%) of the incremental revenues arising from the excise tax on tobacco products are earmarked and divided among the provinces producing burley and native tobacco. The funds will be utilized on programs that aim 'to promote economically viable alternatives' for tobacco farmers. The remaining 85% are divided between the universal health care under the National Health Insurance Program (80%), the attainment of Millennium Development Goals and health awareness programs, and the remaining 20% for medical assistance and Health Facilities Enhancement Program.

The sin tax incremental revenue earmarked for health reached PHP 44.72 B in 2013 and PHP 42.60 B in 2014.²⁴ Of the 2015 DOH budget of PHP 86.97B, 38% or PHP 33.74 B was funded by the sin tax incremental revenue for health. A total of PHP 24.56 B was allocated to PhilHealth subsidy for the insurance premiums of the poor,²⁵ equivalent to 73% of the sin tax incremental revenue, or 66% of the National Health Insurance Program's total budget of PHP 37.19 B for the year. In the middle of 2015, PhilHealth coverage reached 45.41 M identified poor Filipinos. Furthermore, the allocation for non-communicable diseases (NCDs) reached PHP 586 M or a 729% increase, 88% of which was funded by sin tax incremental revenue.²⁶

²¹ Tobacco Industry Interference Index 2015 ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3 (Southeast Asia Tobacco Control Alliance: 2015), 6

²² Ibid., 5

²³ Republic Act No. 10351

²⁴ Sin Tax Law Incremental Revenue for Health Annual Report CY 2015: Details of Expenditures of the Amounts Earmarked for Health (DOH:2015), 3

²⁵ Ibid., 4

²⁶ Ibid., 8

FIGURE 3 | Schedule of Revised Tax Rates of Tobacco Products

Cigars	
Date of Effectivity	Excise Tax
January 1, 2013	Ad valorem tax equivalent to 20% of the net retail price (excluding the excise tax and value-added tax) per cigar In addition to the ad valorem tax, a specific tax rate of PHP 5.00 per cigar
January 1, 2014	In addition to the ad valorem tax, a specific tax rate of PHP 5.00 per cigar
Cigarettes packed by hand	
Date of Effectivity	Excise Tax Ad Valorem Tax
January 1, 2013	PHP 12.00 per pack
January 1, 2014	PHP 15.00 per pack
January 1, 2015	PHP 18.00 per pack
January 1, 2016	PHP 21.00 per pack
January 1, 2017	PHP 30.00 per pack
Increase by 4% every year	
Other tobacco products	
Date of Effectivity	Excise Tax
January 1, 2013	PHP 1.75 each kilogram of the following tobacco products: <ul style="list-style-type: none"> Tobacco twisted by hand or reduced into a condition to be consumed in any manner other than the ordinary mode of drying and curing; Tobacco prepared or partially prepared with or without the use of any machine or instruments or without being pressed or sweetened; Fine-cut shorts and refuses, scraps, clippings, cuttings stems and sweepings of tobacco.
January, 2014 onwards	Increase by 4% every year

*Note: Excluding the excise tax and the value-added tax (VAT)

Source: Sin Tax Law 2012

“With the 2013 DOH Budget as baseline, the projected Sin Tax incremental revenue for health in the DOH budget proposal for 2016 is PHP 69.51 B (See Figure 4).”²⁷

These rounds of excise tax increases likewise increased the selling price per stick of cigarettes on the average, from PHP 1.21 in 2012 to PHP 1.99 in 2015,²⁸ which is expected to make the product less affordable by the Filipinos and projected to reduce their tobacco consumption by half.

Raising tobacco prices through increased taxation is the single most effective way to encourage smokers to quit as well as prevent children from starting to smoke. Increasing tobacco taxes by 10% equals decreasing tobacco consumption by 4%-8%.²⁹ Overall, a reduction in smoking prevalence, smoking take-up, and consumption contribute to the reduction of the government’s health expenditures associated with tobacco use.

The Philippines’ newest legislation on sin taxes, specifically on tobacco, corresponds to another component of the WHO MPOWER measures in tobacco control: Raise taxes on tobacco— guided by FCTC Article 6, *Price and Tax Measures to Reduce the Demand for Tobacco*. The principles that support the implementation of this article include the following:³⁰

1. Determining tobacco taxation policies is a sovereign right of the Parties
2. Effective tobacco taxes significantly reduce tobacco consumption and prevalence
3. Effective tobacco taxes are an important source of revenue

²⁷Ibid., 14

²⁸Diosana, Jo-Ann L. indicated the National Statistics Office (NSO) as source in her presentation *The Sin Tax Reform Act of 2012, Its History, Features, Impact, and Future Potential (Action for Economic Reform MPOWER Training Presentation: 2016, July 20)*, 26

²⁹Mercado, Susan Dr., *WHO Framework Convention on Tobacco Control and MPOWER (NCD and Health through the Life Course World Health Organization Western Pacific Regional Office MPOWER Training Presentation: 2016, July 19)*, 82

4. Tobacco taxes are economically efficient and reduce health inequalities
5. Tobacco tax systems and administration should be efficient and effective
6. Tobacco tax policies should be protected from vested interests

The twin impact of the Sin Tax Reform Law includes, firstly, the expected contribution to the decline of the prevalence of tobacco use in the country, and secondly, the incremental revenues, which have greatly increased the health budget.

By 2017, a single uniform excise tax rate of PHP30 will be applied to all cigarette products packed by machine regardless of the Net Retail Price (NRP), and a 4% increase annually beginning in 2018.

However, the Philippines has some of the cheapest cigarettes in the region, at US\$ 0.96 per pack for the most popular local brand and at US\$ 1.60 per pack for the most popular foreign brand in 2015 (See Figure 5).³¹ The huge price variations among cigarette brands allow smokers to ‘trade down’ to a cheaper brand to avoid a tax-driven price increase. Low-priced cigarettes have dominated the market, nearly doubling from 1995 to 2010.³² Hikes in incomes of the population have made these low prices increasingly affordable.³³

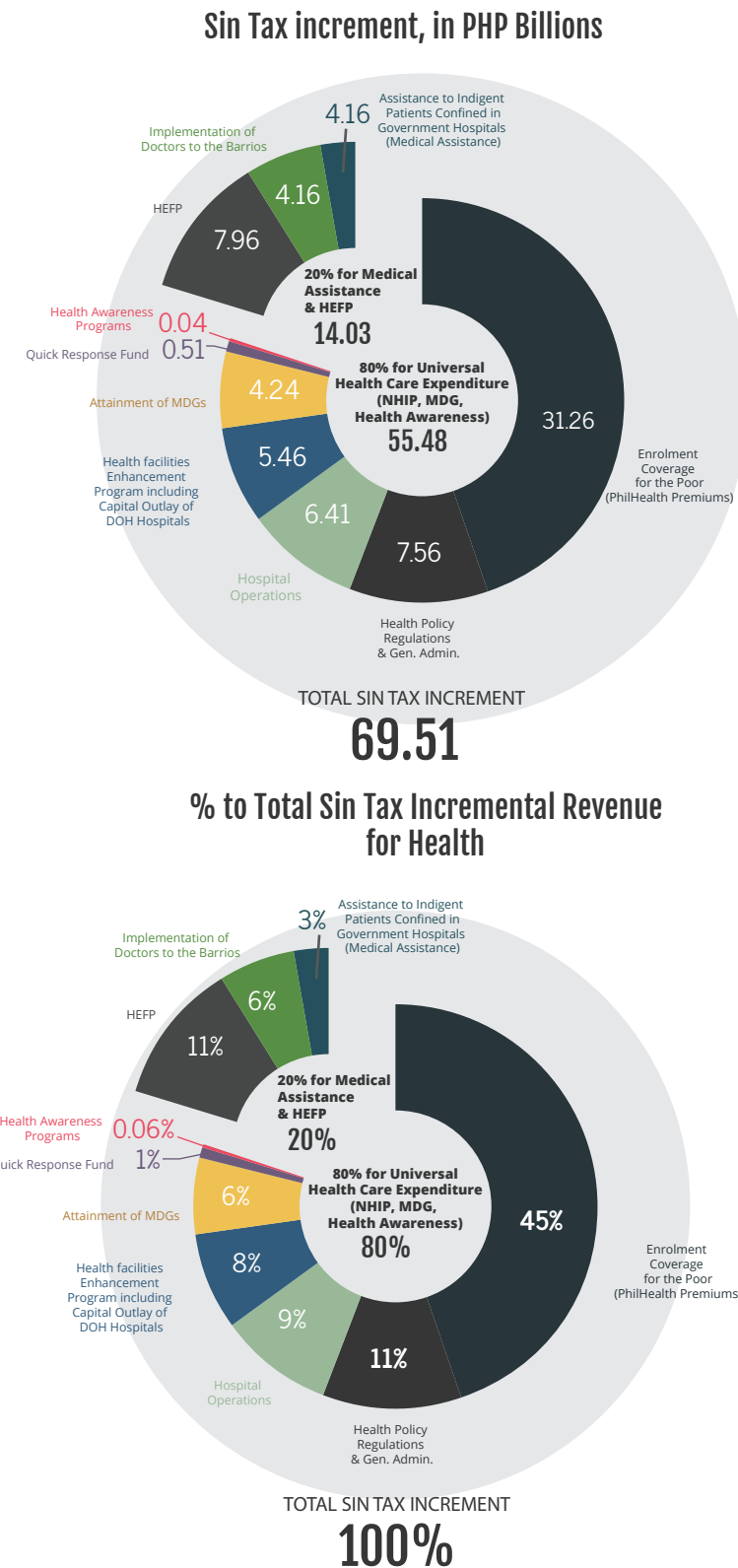
³⁰*Guidelines for Implementation of Article 6 of the WHO FCTC. (WHO FCTC: FCTC/COP6(5)), 1-3, http://who.int/fctc/guidelines/adopted/Guidelines_article_6.pdf*

³¹*The ASEAN Tobacco Control Report 2015 (SEATCA:2015)*, 6

³²*Primer on the Sin Tax Law (Action for Economic Reforms)*, 4

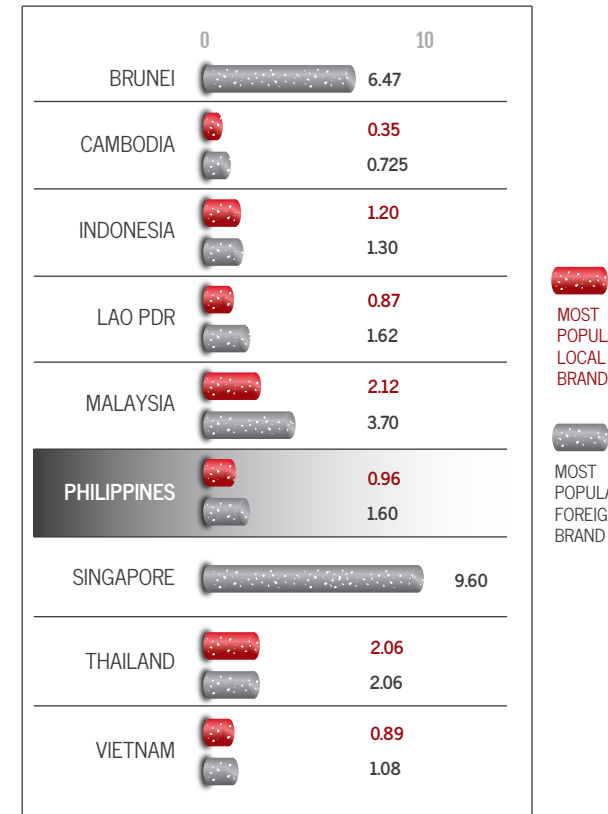
³³Quimbo S.L.A., et. al, *The Economics of Tobacco and Tobacco Taxation in the Philippines (International Union Against Tuberculosis and Lung Disease (The Union): 2012)*, 2, http://global.tobaccofreekids.org/files/pdfs/en/Philippines_tobacco_taxes_report_en.pdf

FIGURE 4 | Distribution of the Sin Tax Incremental Revenue for Health



Source: Sin Tax Law Incremental Revenue Annual Report CY 2015, Department of Health

FIGURE 5 | Prices of Most Local and Foreign Brands (in USD) 2014



Source: The ASEAN Tobacco Control Report 2015

While the specific excise tax rates have increased over time, the increases have not been enough to maintain the real prices of cigarettes, resulting in prices that are among the lowest in the world.³⁴ “The stipulated 4% annual tax increase per year beginning in 2018 does not take into account changes in income.”³⁵ Further, the price variation should be decreased through specific excise tax structures to minimize the opportunities of smokers to ‘trade down’ to a cheaper brand to avoid price hikes because of tax increases.³⁶

The Sin Tax Reform Law should be sustained and its gains protected from any threats of policy reversal, as well as push for higher taxes, which can be in the form of local taxes imposed at the local government level.

An annual review of the outcomes of the law should allow the study of more measures to increase taxes further, as well as an assessment of how the incremental sin tax revenues are allocated and used.

The Rules and Regulations on Electronic Nicotine Delivery System (ENDS) or Electronic Cigarettes (e-cigarettes)

In 2014, the DOH issued an AO outlining the rules and regulations that cover ENDS or e-cigarettes, including the products and its manufacturers and distributors.³⁷

³⁴ Quimbo S.L.A., et. al, *The Economics of Tobacco and Tobacco Taxation in the Philippines* (International Union Against Tuberculosis and Lung Disease (The Union): 2012), 27, http://global.tobaccofreekids.org/files/pdfs/en/Philippines_tobacco_taxes_report_en.pdf

³⁵ Diosana, Jo-Ann L., *The Sin Tax Reform Act of 2012, Its History, Features, Impact, and Future Potential* (Action for Economic Reforms MPOWER Training Presentation: 2016, July 20), 37

³⁶ Quimbo S.L.A., et. al, *The Economics of Tobacco and Tobacco Taxation in the Philippines* (International Union Against Tuberculosis and Lung Disease (The Union): 2012), 2, http://global.tobaccofreekids.org/files/pdfs/en/Philippines_tobacco_taxes_report_en.pdf

³⁷ *Rules and Regulations on Nicotine Electronic Delivery Systems (ENDS) or Electronic Cigarettes*, (DOH AO 2014-0008), 1

The AO seeks to ensure the protection of the safety and welfare of consumers, underscoring the primacy of public health and reaffirming its primary function to promote, protect, preserve, and restore the health of the people. It aims to ensure the safety, efficacy, and quality of ENDS or e-cigarettes as health product or consumer products, as well as serves as the guidelines in securing the Food and Drug Administration (FDA) license to operate and a Certificate of Product Registration (CPR).

The AO define ENDS as ‘combination drugs and medical devices,’ and are not tobacco products or conventional cigarettes, and shall be regulated as medicinal product. Henceforth, they shall pass the safety, efficacy, and quality evaluation of the FDA before market authorization is issued as health product and health-related device. Under the order, clinical trials shall be allowed by the FDA subject to the existing rules and regulations on clinical trial application and approval process.

Furthermore, the AO stipulates the evaluation of the safety, efficacy, and quality of the device and ingredient cartridge of ENDS and the FDA shall use the standards for drugs and drug products in evaluating ENDS. The so-called ‘electronic juice,’ or the ingredients contained in the cartridge, shall pass the safety, efficacy, and quality standards of the FDA. The quality and delivery of the dose of nicotine shall be subjected to pharmaceutical standard. Moreover, the device that produces the mist shall pass the safety, efficacy, and quality evaluation of the FDA as a health-related device.

The AO likewise indicated that ENDS or e-cigarettes are not exempt from the RA No. 8749 or the *Clean Air Act of 1999*, which prohibits the places in which smoking is allowed, until adequate evidence that the use of the product will not expose non-users to toxic emissions.

Earlier in 2013, the FDA issued an advisory saying that secondary exposure to e-cigarette emission might be harmful to health. The advisory likewise stated that e-cigarettes contain volatile organic substances, including propylene glycol, flavors and nicotine, and are emitted as mist or aerosol into indoor air.³⁸

These products have continued to gain popularity that in 2013 e-cigarette distributors and sellers formed a duly registered association with various functions including serving as a voice of the industry they represent.³⁹

As the e-cigarette market grows, the challenge lies in regulating this new product, the health effects of which have yet to be established by scientific consensus.⁴⁰

The Graphic Health Warnings (GHW) Law of 2014

The most recent milestone in the last period was the Graphic Health Warnings Law (RA No. 10643), *An Act to Effectively Instill Health Consciousness through Graphic Health Warnings on Tobacco Products*. The law was passed by the House of Representatives and the Senate on 11th June 2014 during the 16th Congress, and approved by the President on 22nd July 2014.⁴¹

This landmark legislation primarily requires all tobacco products manufactured or imported for sale in the Philippines to carry Graphic Health Warnings that shall have two components: a photographic picture warning and an accompanying textual warning that is related to the picture. The law provides that graphic health warnings “shall be

printed on fifty percent (50%) of the principal display surfaces of any tobacco package; it shall occupy fifty percent (50%) of the front and fifty percent (50%) of the back panel of the packaging,” among other specifications (See Figure 6).

The law has two other purposes:⁴²

- a. to remove misleading or deceptive numbers or descriptors like “low tar,”
- b. “light,” “ultra lights,” or “mild,” which convey or tend to convey that a product or variant is healthier, less harmful or safer; and
- c. to further promote the right to health and information of the people.

The implementing agencies mandated under the law are:

- a. The DOH, which shall issue the templates every two years;
- b. The Bureau of Internal Revenue (BIR), which shall ensure that cigarette stamps are not affixed on noncompliant packages, and shall certify under oath that the products withdrawn are compliant; and
- c. The IAC-T created under RA No. 9211 or the Tobacco Regulation Act of 2003, which shall monitor compliance with the law and institute the appropriate action for any violation.

FIGURE 6 | Tobacco Products with GHW



Source: ASH Philippines

³⁸Secondary Exposure to E-cigarette Emission Might be Harmful to Health (FDA Advisory No. 2013-015), <http://www.fda.gov/ph/advisories/food/80233-fda-advisory-no-2013-015>

³⁹Feasibility of Imposing an Excise Tax on Electronic Cigarettes (NTRC Tax Research Journal Vol XXVI.2 Mar-Apr 2014), 28, [http://](http://www.ntrc.gov.ph/images/journal/j20140304b.pdf)

www.ntrc.gov.ph/images/journal/j20140304b.pdf

⁴⁰Ibid., 31

⁴¹Republic Act No. 10643

⁴²Republic Act No. 10643

FIGURE 7 | Plain Packaging

The graphic health warnings will follow a rotational basis among a maximum of 12 templates every 2 years. The first set of 12 GHW templates had the following themes:

- a. Stroke
- b. Emphysema
- c. Impotence
- d. Mouth Cancer
- e. Gangrene
- f. Throat Cancer
- g. Neck Cancer
- h. Premature Birth
- i. Low Birth weight

With the Implementing Rules and Regulations in place, the next six years should see their enforcement, the monitoring of such and instituting the proper action for any violation lies upon the IAC-T as created by RA No. 9211.

This most recent achievement corresponds to one of the 6 components of the WHO measures in tobacco control: Warn about the dangers of tobacco—as guided by FCTC Article 11 *Packaging and Labelling of Tobacco Products*, which states that “warnings should appear on both the front and back of the packaging and be large and clear and describe specific illnesses caused by tobacco.” Pictures of disease have a greater impact than words alone, as they show the harm of tobacco use and can be effective in convincing users to quit. They make 44-67% of smokers want to quit, and 28% of them would reduce consumption.⁴³

The next six years likewise are being seen to work for changes in the policy for bigger pictorial warnings located in the upper portion of tobacco packs, as well as realize the best scenario of standardized packaging.

The WHO FCTC recommends plain (standardized) packaging as part of a comprehensive approach to tobacco control, including GHW (Article 11 *Packaging and Labelling of Tobacco Products*) and TAPS ban (Article 13 *Tobacco Advertising, Promotion, and Sponsorship*), which drives demand reduction as it reduces the attractiveness of tobacco products.⁴⁴ The implementing guidelines of Article 11 states that parties to the FCTC “should consider adopting measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style (plain packaging) (See Figure 7).”⁴⁵



Source: World No Tobacco Day, 31 May 2016: Get ready for plain packaging, press release retrieved from <http://www.who.int/mediacentre/news/releases/2016/world-no-tobacco-day/en/>

⁴³Mercado, Susan Dr., WHO Framework Convention on Tobacco Control and MPOWER (NCD and Health through the Life Course World Health Organization Western Pacific Regional Office MPOWER Training Presentation: 2016, July 19), 58

⁴⁴Republic Act No. 10643

⁴⁵Guidelines for implementation of Article 11 of the WHO FCTC Guidelines on packaging and labelling of tobacco products. (WHO FCTC: FCTC/COP3(10)), 8, http://www.who.int/fctc/guidelines/adopted/article_11/en/

The Index of Tobacco Control Sustainability Report

The Philippines was in the ‘progressing’ stage category following a first assessment of the sustainability of its national tobacco control program in 2015. The assessment was completed using the Index of Tobacco Control Sustainability (ICTS)⁴⁶ – a tool comprising 31 indicators that have critical influence on national capacity to deliver effective and sustainable tobacco control into the future. It identifies the structures, policies, and resources that a country already has in place, and thus its progress towards establishing a sustainable national tobacco control program.⁴⁷

As the Philippines has achieved the ‘progressing’ category this means that its tobacco control program can be sustained, provided that additional indicator requirements are fulfilled (See Figure 8).

For example, while the Philippines was assessed as having ‘tobacco taxation increases faster than inflation plus gross domestic product growth’ the ITCS report said that because the country’s tobacco taxation is very close to the >75% threshold, further increase will be needed to achieve this indicator.⁴⁸

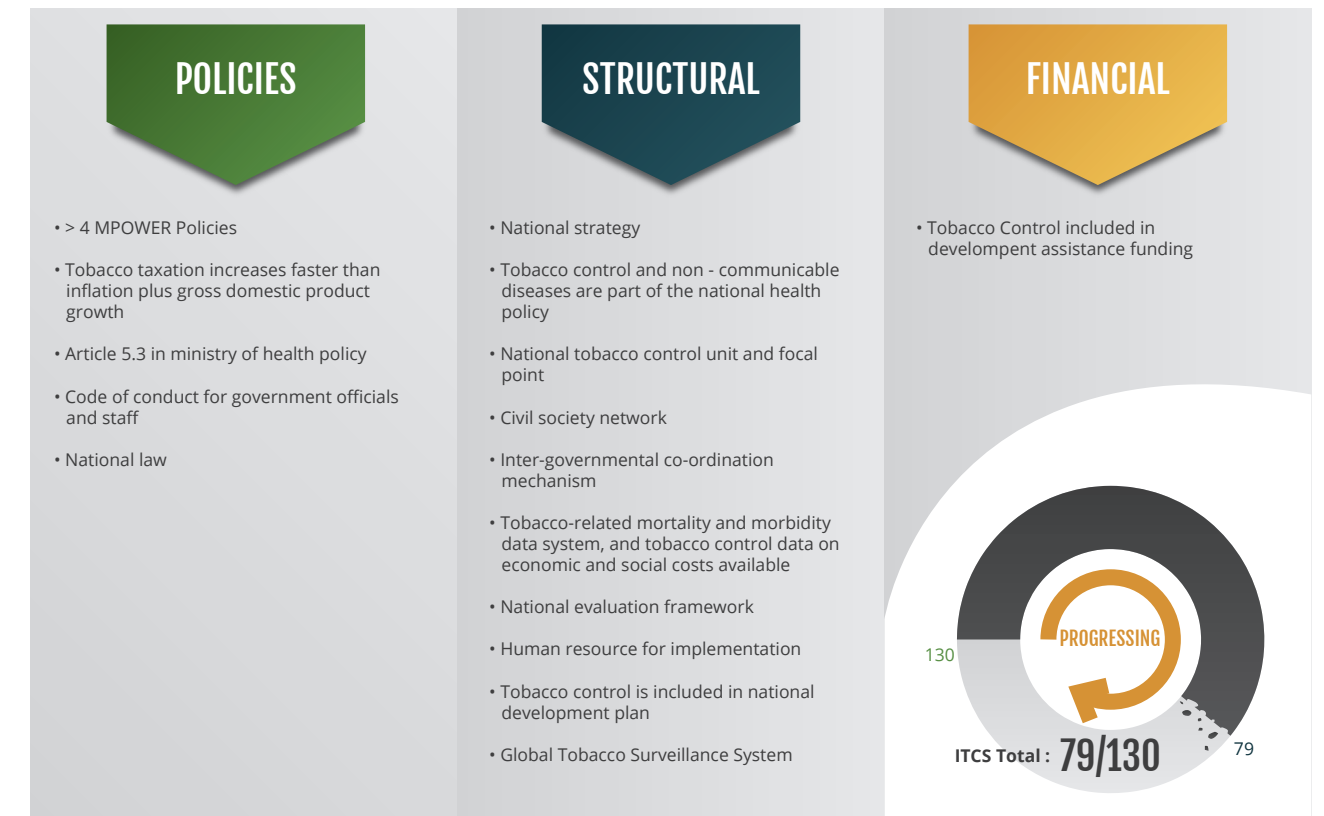
⁴⁶ [http:// www.tobaccofreeunion.org/index.php/resources/technical-publications](http://www.tobaccofreeunion.org/index.php/resources/technical-publications)

⁴⁷ *Index of Tobacco Control Sustainability Report 2015 International Union Against Tuberculosis and Lung Disease (The Union):2015*, 5, [http:// www.tobaccofreeunion.org/index.php/resources/technical-publications](http://www.tobaccofreeunion.org/index.php/resources/technical-publications)

⁴⁸ *Ibid.*, 31, [http:// www.tobaccofreeunion.org/index.php/resources/technical-publications](http://www.tobaccofreeunion.org/index.php/resources/technical-publications)

FIGURE 8 | The Philippines' Performance in the Index of Tobacco Control Sustainability Report 2015, The Union

Sustainability Indicators Achieved



Sustainability Indicators for Further Development



Source: Index of Tobacco Control Sustainability Report 2015, The Union

The NTCS 2017-2022 is guided by the following framework as the country's tobacco control efforts gear toward reducing the prevalence of tobacco use and its related health, economic, and social costs thereby helping the Filipino people lead healthier and happier lives.

4.1 Goals

Overall, the strategy plan aims to achieve these goals:

Goal 1: To reduce further the prevalence of tobacco use based on the current baseline data

Goal 2: To increase the protection of non-smokers from second-hand smoke

4.2 Objectives

Toward achieving this end, this strategy plan aims to fulfill two objectives:

Objective 1: To implement fully and effectively tobacco control measures in accordance with the WHO FCTC

The Philippines ratified the WHO FCTC in 2005 through the Philippine Senate Resolution No. 195 or the "Resolution Concurring in the Ratification of the FCTC." Thus, it is the country's obligation to comply with the treaty and ensure to protect the public health policies from the influence of tobacco industry and to give utmost priority to public health over other interests.

In the next six-year period, the need to accelerate the full implementation of the treaty cannot be overemphasized. For one, integrating the

WHO FCTC into United Nations and National Development Planning Instruments has been called for, and as such, the United Nations Development Program has recommended measures vis-à-vis the challenges that countries face, including limited administrative and technical capacity, lack of public and government awareness, inadequate financial resources, and interference by the tobacco industry. These measures include leadership and advocacy, capacity building, evidence and data, and protection against tobacco industry interference.⁴⁹

Objective 2: To strengthen the institutional capacity of the tobacco control agencies

The RA No.9211, which was enacted in 2003 prior to the country's ratification of the FCTC in 2005, has created the IAC-T headed by the Department of Trade and Industry (DTI). Several proposed legislations have been filed in Congress, which aim to strengthen, among other intents and purposes, the IAC-T to ensure compliance with Article 5.3 of the WHO FCTC. Even as the composition of the IAC-T is proposed to undergo a review and an amendment, the aspect on increasing the capacity building of tobacco control implementers remains a challenge. First, the tobacco control program should be likewise institutionalized to allow expeditious decisions and interventions at the national, regional, and local levels. Second, strengthening the institutional capacity of the agencies will bring about efficiency and effectiveness in implementing the tobacco control program.

4.3 Targets

To reduce tobacco use prevalence to 18% to a maximum of 15% by 2022

With a baseline of 29.7%,⁵⁰ the target is about a two percent-percentage point reduction per year, which is consistent with the NCD global target of 30% reduction of tobacco use in 2025.

To increase protection from second-hand smoke to 85% or higher by 2022

The 85% or higher protection from second-hand smoke is based on the decreasing trend of exposure to second-hand smoke from 2009 and 2015 Global Adult Tobacco Survey (GATS) on the average at 35% and 22% respectively. At the minimum 85% protection, exposure to second-hand smoke by 2022 is therefore targeted at 15%.

⁴⁹Development Planning and Tobacco Control, Integrating the WHO FCTC into UN and National Development Planning Instruments (UNDP:2014), 32-35

⁵⁰2009 Philippines' GATS>Global Adult Tobacco Survey Country Report (DOH: 2010)

Nine priority areas are set to drive the country's tobacco control effort in the next six years.

5.1 Protecting Public Health Policies from Tobacco Industry Interference

RA No. 9211, the Tobacco Regulation Act of 2003, created the IAC-T, which has the exclusive power and function to administer and implement the provisions of the law. Chaired by the DTI, the law included a “representative from the Tobacco Industry nominated by the legitimate and recognized associations of the industry.”⁵¹ The presence of the tobacco industry in the committee has remained a challenge.

The WHO FCTC explicitly states in its preamble that the Parties to the health treaty recognize the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts [...], as well as in Article 5.3 under *General Obligations*, which explicitly states that “in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”⁵²

5.2 Eliminating Remaining Tobacco Advertising, Promotion, and Sponsorship

The provisions on the TAPS ban in the RA No.9211 lack the comprehensiveness that the WHO FCTC Article 13 *Tobacco Advertising, Promotion, and Sponsorship* provides, which specifies a comprehensive ban on all forms of tobacco advertising.⁵³

The evidence is clear that TAPS increase tobacco use and that a comprehensive ban of TAPS decreases tobacco use. Only a prohibition that is broad in its scope will be effective, thus, with a partial ban or only certain forms of advertising are prohibited, the tobacco industry inevitably shifts its advertising spending to other strategies, using creative and indirect ways to promote their products especially to the young. Therefore, the effect of a partial ban is limited.⁵⁴

The TAPS ban specified in the RA No.9211 is limited in its scope, which makes this provision in the law non-compliant with WHO FCTC Article 13 *Tobacco Advertising, Promotions, and Sponsorship*, which calls for a comprehensive ban of all TAPS.

Although the results from 2015 and 2009 GATS showed significant decline of adults who noticed advertisements in stores where cigarettes are sold (40.5% in 2015 and 53.7% in 2009, respectively)⁵⁵ and those who noticed advertisement, sponsorship and promotion (58.6% in 2015 and 74.3% in 2009, respectively),⁵⁶ the TAPS still exists.

This plan likewise endeavors to look into the ways by which the tobacco industry has become more creative in the subtle application of brand identities, such as ‘insigna,’ used in advertising or merchandising, and therefore counter such action. Furthermore, this priority area undertakes to prohibit or regulate advertising of novel products or devices that promote smoking.

5.3 Reducing Affordability and Accessibility of Tobacco Products

As the implementation of the Sin Tax Reform Law has proved beneficial, its gains should be protected from any reversal and its primary two-fold benefits sustained even as an annual review of the law is forthcoming. This appraisal should include exploring other measures to increase taxes further in order that the incremental revenues may further increase, and other important considerations.

As the country looks forward to the application of the single uniform excise tax rate of PHP30.00 by 2017, and the 4% increase annually beginning in 2018, the affordability of tobacco products and their accessibility could continue especially among the vulnerable populations—the poor and the young. The prices of cigarettes in the country are one of the lowest in the region that even as tax increases are effected, smokers still have the chance to continue switching to the lower priced ones, especially that cigarettes are still sold per stick. As stated earlier, as the 4% annual tax increase per year beginning in 2018 does not take into account changes in income,⁵⁷ affordability remains a challenge.

In 2014, taxes accounted for 74.27% of the retail prices of the most sold 20-sticks-per-pack cigarettes in the Philippines; however, “due to price variability the effect is not necessarily apparent in the tax indicators.”⁵⁸ Even as the tax burden has increased

after the Sin Tax Reform Law has been passed, the effect of taxes on the price of cigarettes vary because of the wide price variations that exist. Hence, other measures to face this challenge should be explored by looking into other means of tobacco taxation and adjustments for inflation.

In 2015, the average monthly expenditure for cigarettes was PHP678.40,⁵⁹ up by more than 100% from PHP336.30 per month expenditure in 2009.⁶⁰

Part of this priority area is increasing to 21 years old the minimum legal age of purchase of tobacco products, which has helped countries prevent their young people from starting smoking.⁶¹

In 2015, 16.0% of Filipino students aged 13-15 years old currently used any tobacco products.⁶²

5.4 Implementing Stronger Measures to Protect the Public from Exposure to Tobacco Smoke

The WHO FCTC Article 8 *Protection from Exposure to Tobacco Smoke* provides for the measures by which people can be protected from tobacco smoke—scientific evidence point to death, disease, and disability as its effects—including tobacco smoke in indoor workplaces, public transport, indoor public places, and other public places. To meet the obligations of the Philippines as Party to the convention, an amendment of the current national law is a priority.

⁵¹Republic Act No. 9211, Section 29

⁵²Preamble, WHO FCTC (WHO: 2005)

⁵³Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship) (WHO FCTC: FCTC/COP3(12)). http://www.who.int/fctc/guidelines/adopted/article_13/en/

⁵⁴Ibid., 2

⁵⁵MPOWER Summary Indicators GATS Philippines 2009 and 2015 (GATS Philippines Global Adult Tobacco Survey: Executive Summary 2015). (DOH:2016)

⁵⁶Ibid.

⁵⁷Diosana, Jo-Ann L., *The Sin Tax Reform Act of 2012, Its History, Features, Impact, and Future Potential (Action for Economic Reforms MPOWER Training Presentation: 2016, July 20)*, 37

⁵⁸WHO Report on the Global Epidemic, Raising taxes on tobacco (WHO: 2015), 142, http://www.who.int/tobacco/global_report/2015/report/en/

⁵⁹GATS Philippines Global Adult Tobacco Survey: Executive Summary 2015 (DOH: 2016)

⁶⁰2009 Philippines' GATS>Global Adult Tobacco Survey Country Report (DOH: 2010)

⁶¹Increasing the Minimum Legal Sale Age to 21 for Tobacco Products to 21 (Campaign for Tobacco Free Kids:2017), <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁶²GYTS Global Youth Tobacco FACT SHEET Philippines 2015 (DOH:2016)

Exposure to second-hand smoke (SHS) remains a challenge in spite of the presence of various laws and ordinances to protect people against exposure to SHS.

Exposure to SHS in homes (54.4% in 2009 to 34.7% in 2015) and at the workplace (32.6% in 2009 and 21.5% in 2015) declined significantly. Exposure to SHS in public places, such as government buildings/offices (25.5% in 2009 to 13.6% in 2015), health care facilities (7.65% in 2009 to 4.2% in 2015), restaurants (33.6% in 2009 to 21.9% in 2015), and in public transportation (55.3% in 2009 to 37.6% in 2015) likewise declined. Among all public places for which data were collected, the largest decline in exposure to SHS occurred in government buildings.⁶³

There was also a decline among students 13-15 years old where exposure to SHS in homes (42.9% in 2011 to 38.3% in 2015) and inside any enclosed public place (57.9% in 2011 and 54.2% in 2015).⁶⁴

5.5 Strengthening Surveillance Data

The Global Adult Tobacco Survey (GATS) and the Global Youth Tobacco Survey (GYTS) remain as two of the main surveillance systems conducted and used by the country in monitoring and evaluating the results of tobacco control interventions. Both surveys are part of the Global Tobacco Surveillance Systems (GTSS). The GATS is a household survey that enables countries to collect data on key tobacco control measures in the adult population aged 15 years and above. These data are used to assist in formulating, tracking, and implementing effective tobacco control interventions. By using the GATS,

the Philippines can compare its efforts with other countries that are Party to the FCTC. The Philippines first implemented the GATS in 2009 and followed in 2015.⁶⁵

The GYTS is a nationally represented school-based survey of students aged 13-15 years old that produces cross-sectional estimates for the country.⁶⁶ The GYTS was conducted in the Philippines in 2000, 2003, 2007, 2011, and 2015.⁶⁷

Other surveys conducted in the country are the Global School-based Student Health Survey (GSHS), which is a school-based survey of students in grades 7-9 and 4th year typically attended by students aged 13-17. The GSHS surveys tobacco use among others such as alcohol use, dietary behaviors, hygiene, and others. The first GSHS was done in 2011, and the second was in 2015.⁶⁸

Other tobacco surveys include the Global School Personnel Survey (GSPS), a survey of school teachers and administrators, and Global Health Professions Student Survey (GHPSS).

In addition to the surveys under the GTSS, several key research initiatives need to be conducted for data gathering in order to monitor and evaluate tobacco control measures in the local and national levels. Foremost of these researches are focused on forward-looking events such as the effectiveness of a perpetual ban on smoking, effectiveness of the GHW Law, content analysis of ENDS, the conduct of the Tobacco Question Survey (TQS) every 2 years at the local government units level, among others.

An envisioned resource center for tobacco control will be the repository of all the data gathered.

5.6 Leveling Up the DOH Red Orchid Award

The ROA is the Search for the 100% Tobacco-Free Environment, the first of its kind in the world. This strategy is unique among other countries implementing the WHO FCTC because the ROA is the only country-based incentive program that recognizes exemplary work of the Local Government Units (LGUs), and the efforts of the DOH regional offices and government hospitals.

The winners are judged based on the strength of the comprehensive efforts to implement the 100% smoke-free environments using the WHO MPOWER initiative. The scores for all indicators are tallied and the total score is ranged on percentage points. The resulting tallies become the basis for the color of the orchid each nominee will receive. The White Orchid (71-80%) and the Pink Orchid (81-90%) are considered as runner-up and the Red Orchid (91-100%) is the winner. Winning a Red Orchid for three consecutive years will automatically receive a Hall of Fame award.

From its inception in 2009 until 2015, the ROA has declared a total of 120 Smoke-Free LGUs and 4 Smoke-Free Provinces. The 120 Smoke-Free LGUs are composed of 75 Red Orchid Awardees (8 cities and 67 municipalities) and 45 Hall of Fame Awards (9 cities and 36 municipalities). The 4 provincial awards are composed of 2 Red Orchid Awardees, namely Bataan and Compostela Valley; while Nueva Ecija and Misamis Occidental are Hall of Fame Awardees.

Every year the mechanics are revisited and refined to bring the search to a higher level, along with developing performance sustainability for the Hall of Famers, as well as promote it in the Association of Southeast Asian Nations (ASEAN) level.

5.7 Strengthening Mass Media Campaign and other Communication Strategies to Sustain Public Awareness

The use of mass media as an effective tool to prevent tobacco use is embodied in part in the WHO FCTC Article 12 *Education, Communication, Training and Public Awareness*, whose guiding principle states that it is essential that every person is aware of and has access to accurate and comprehensible information on the adverse health, socioeconomic, and environmental consequences of tobacco production, consumption, and exposure to tobacco smoke; on the benefits of cessation of tobacco use, and of living a tobacco-free life.⁶⁹

As a pillar of public awareness, communication is essential to change attitudes on tobacco use and exposure to SHS, as well as to discourage tobacco use, encourage quitting smoking, and curb smoking initiation.

The use of mass media has proved effective in informing the public on matters pertaining to tobacco use and its harmful effects. Sustained anti-tobacco mass media campaigns reduce tobacco use, notwithstanding the expense involved because they can reach large populations quickly and efficiently. Moreover, campaigns should be sustained in the long term to have a lasting effect.

⁶³MPOWER Summary Indicators GATS Philippines 2009 and 2015 (GATS Philippines Global Adult Tobacco Survey: Executive Summary 2015). (DOH:2016)

⁶⁴GYTS Global Youth Tobacco Philippines 2011 FACT SHEET. (DOH: 2012) and GYTS Global Youth Tobacco FACT SHEET Philippines 2015 (DOH:2016)

⁶⁵GATS Philippines Global Adult Tobacco Survey: Executive Summary 2015. (DOH: 2016)

⁶⁶GYTS Global Youth Tobacco FACT SHEET Philippines 2015. (DOH:2016)

⁶⁷Global tobacco surveillance system studies in the Philippines (WHO). http://www.wpro.who.int/philippines/areas/tobacco/story_global_surveillance_studies_philippines/en/

⁶⁸Global School-based Student Health Survey Philippines 2015 FACT SHEET (DOH: 2016)

⁶⁹Guidelines for implementation of Article 12 Guidelines on education, communication, training and public awareness. (WHO FCTC: FCTC/COP4(7)), 6-7, http://www.who.int/fctc/guidelines/adopted/article_12/en/

WHO Report on the Global Epidemic, Raising taxes on tobacco (WHO: 2015), 72, http://www.who.int/tobacco/global_report/2015/report/en/ Ibid., 15

5.8 Institutionalizing Tobacco Control

To act decisively in curbing the epidemic of tobacco use, an institutionalized tobacco control is necessary. The second objective as indicated in this plan involves the institutionalization of tobacco control in agencies, which is aimed at sustaining the efforts of tobacco control and providing for a long-term and a more systematic management of tobacco control activities.

While the DOH takes a lead role in pushing public health policies through a regulatory or a policy mandate, the institutionalization of tobacco control efforts in the bureaucracy will clearly delineate the roles and responsibilities of each agency or office, from the national to the regional and local levels.

Moreover, an institutionalized tobacco control ensures a stronger mandate; obligated funding, staff complement, and sustained working partnerships among government agencies and non-government organizations, CSOs, and other stakeholders.

While incremental revenues from sin tax has increased government spending on health programs, an institutionalized tobacco control could likewise benefit from this financial gain. The country's national tobacco control effort could benefit by spending a portion of the incremental sin tax revenues on tobacco control programs.

5.9 Other Important Areas

Regulating Tobacco Products

The regulation of the contents of tobacco products and of tobacco product disclosures are embodied in the WHO FCTC Article 9 *Regulation of the Contents of Tobacco Products* and Article 10 *Regulation of Tobacco Product Disclosures*, respectively—Article 9 deals with the testing and measuring of the contents and emissions of tobacco products, and their regulation, and Article 10 deals with the disclosure of information on such contents and emissions to governmental authorities and the public. The guidelines for implementing these provisions state that Parties should adopt and implement effective legislative, executive, and administrative or other measures in complying with Articles 9 and 10.⁷⁰

The RA No. 9211 does not provide for disclosure of tobacco products ingredients.

Strengthening Cessation of Tobacco Use and Management of Tobacco Dependence

The Philippines lags behind other Western Pacific countries in efforts to offer to help quit tobacco use, as none has been entered in the *WHO Global Report on the Global Epidemic Raising taxes on tobacco* on the aspect of the highest level of achievement in selected tobacco control measures in the Western Pacific.⁷¹

The WHO FCTC Article 14 *Demand Reduction Measures Concerning Tobacco Dependence and Cessation* specifies measures concerning cessation, stating that Parties should take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.⁷² As an effective strategy, the program to offer to help smokers to quit should include tobacco cessation advice incorporated into primary and routine health care services, easily accessible and free telephone lines (quitlines), and access to free or low-cost cessation medicines.⁷³

Ibid., 15

⁷⁰Partial guidelines for implementation of Articles 9 and 10 Regulation of the contents of tobacco products and regulation of tobacco product disclosures. (WHO FCTC: 2014), 3, http://www.who.int/fctc/guidelines/Guidelines_Articles_9_10_rev_240613.pdf

⁷¹See Table 3.6 of the WHO Report on the Global Epidemic, Raising taxes on tobacco (WHO: 2015), 182-183, http://www.who.int/tobacco/global_report/2015/report/en/

⁷²WHO FCTC Article 14. (WHO: 2005), 13

⁷³MPOWER A Policy Package to Reverse the Tobacco Epidemic. (WHO:2008), 16-17

The strategic key actions outlined in the NTCS 2017-2022 are aligned with the priority areas, which shall guide the action plans for forward implementation.

6.1 Protecting Public Health Policies from Tobacco Industry Interference

Key Actions:

- 6.1.1 Advocate for removal of the tobacco industry in the IAC-T and its restructuring
- 6.1.2 Advocate for the strict implementation of a strengthened CSC-DOH JMC 2010-01 and the WHO FCTC Article 5.3 under *General Obligations* in national and local governments

Lead Responsibility: CSC, DOH, CSOs working in tobacco control

In the 17th Philippines Congress, House Bill (HB) No. 925 was filed in July 2016 by Representative Francis Gerald A. Abaya of the First District of Cavite for the purpose of amending specific provisions in RA No. 9211. By strengthening the IAC-T to ensure compliance with Article 5.3 of the WHO FCTC, the HB proposes to remove the PTI in the IAC-T.⁷⁴ HB No. 917 by Representative Harry Roque of KABAYAN Partylist was also filed similar to HB No. 925.

Earlier in the 16th Philippine Congress, HB Nos. 5589 and 5639 were filed by Representatives Leah S.Paquiz, ANG NARS Partylist and the late Roy V. Señeres, OFW Partylist respectively, to reconstitute the members of the IAC-T. Both bills sought to

amend RA No. 9211, particularly on the composition of the IAC-T for chairmanship and its members. It proposed the following: removal of the National Tobacco Administration (NTA) and the PTI, DOH as chair, Department of Education (DepEd) as vice-chair. DTI will be a member of the IAC-T. The number of nongovernmental organization (NGO) representatives increased from one (1) to three (3) slots.

Similarly, HB Nos 621, 5590, and 5500 were filed by Representatives Mariano Piamonte, Jr., A TEACHER Partylist, Magdalo Partylist and Dr. Angelina Tan, respectively. HB Nos 621 added Commission on Higher Education (CHED) and Technical Education and Skills Development (TESDA) as members of the IAC-T, while FDA was added as IAC-T member in HB 5590.

Two senators also filed SBs similar to their counterparts in Congress during the 16th Congress. Senate Bill (SB) Nos. 3110 and 2011 filed by the late Miriam Santiago and Manuel Lapid, respectively.

These HBs and SBs sought to remove the tobacco industry in the IAC-T in order that public health policies are shielded by the vested interests of the tobacco industry.

6.2 Eliminating Remaining Tobacco Advertising, Promotion, and Sponsorship

Key Actions:

- 6.2.1 Advocate for enactment of comprehensive TAPS ban
- 6.2.2 Advocate for full enforcement of access restrictions and TAPS ban
- 6.2.3 Advocate for the passage of standardized or plain packaging

Lead Responsibility: DOH, DOH-Regional Offices (ROs), FDA, Metropolitan Manila Development Authority (MMDA), LGUs, CSOs working in tobacco control

The RA No. 9211 lists restrictions and prohibitions on TAPS rather than an absolute ban, which, according to the implementing guidelines of WHO FCTC Article 13 *Tobacco Advertising, Promotion, and Sponsorship*, which could be understood to be exhaustive, should be avoided. The legislation should make clear that the list is not exhaustive and thus should be properly indicated with terms such as “including but not limited to” or “or any other form of tobacco advertising, promotion or sponsorship.” The RA No. 9211 does not specify a ban on point-of-sale advertising or display, while the implementing guidelines of WHO FCTC Article 13 counts display and visibility of tobacco products at point-of-sale in itself constitute advertising and promotion, and therefore encourages governments its implementation by allowing only textual listing of products and their prices, without any promotional elements.⁷⁵

Despite the limitations of the provisions in RA No. 9211 on TAPS ban, the Philippines has taken great strides in complementing the law via local ordinances as LGUs are in the best position to push and implement absolute bans as expressed in their local ordinances that are guaranteed by the Local Government Code⁷⁶

Further, the RA No. 9211 in Section 3 states that the law’s main thrust is to regulate and subsequently ban all tobacco advertisements and sponsorships, therefore, providing the leeway for a comprehensive ban. Thus, this plan seeks to eliminate remaining TAPS by providing an impetus for a stronger move in seeking the subsequent comprehensive ban on tobacco advertising, promotion, and sponsorship.

6.3 Reducing Affordability and Accessibility of Tobacco Products

Key Actions:

- 6.3.1 Reduce affordability through effective taxation
- 6.3.2 Consolidate policies for preventing illicit tobacco trade
- 6.3.3 Increase age of purchase to 21 years
- 6.3.4 Advocate for and enforcement of ban on sale of cigarettes per stick

Lead Responsibility: Department of Finance (together with BIR and Bureau of Customs (BOC)), DOH, DOH-ROs, Department of Justice (DOJ), MMDA, LGUs, and CSOs working in tobacco control

⁷⁴ Explanatory Note House Bill 925 An act strengthening the inter-agency committee-tobacco (IAC-Tobacco) to ensure compliance with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) thus amending for this purpose sections 2, 4, 29, 31, 32, 36 and 39 of Republic Act 9211, otherwise known as the Tobacco Regulation Act of 2003. (Philippine Congress: 2016), http://www.congress.gov.ph/legisdocs/basic_17/HB00925.pdf

⁷⁵ ENFORCE Bans on: TOBACCO ADVERTISING, PROMOTION and SPONSORSHIP. (FCAP:2016), presented at MPOWER Training, 21st July 2016

⁷⁶ Guidelines for Implementation of Article 6 of the WHO FCTC. (WHO FCTC: FCTC/COP6(5)), 9, http://who.int/fctc/guidelines/adopted/Guidelines_article_6.pdf

The WHO FCTC Article 6 *Price Tax Measures to Reduce the Demand for Tobacco* specifies the efficient and effective tax administration as a means to enhance tax compliance and collection of tax revenues while reducing tax evasion and the risk of illicit trade. In the article's implementing guidelines, tax administration thus is an equally important aspect of raising tobacco taxes. The guideline on tax administration cover such areas as authorization/licensing; warehouse systems/movement of excisable goods and tax payments; anti-forestalling measures; fiscal markings; and enforcement.⁷⁷ Forestalling—an attempt to take advantage of the current or lower tax and increase production or product stocks—may be prevented by considering “restricting the release of excessive volumes of tobacco products immediately prior to tax increase and levying the new tax on products already produced or kept in stock and not yet supplied to the final consumer including those in retail.”⁷⁸

Protecting the gains of the Sin Tax Reform Law would likewise entail the installation of an effective and efficient tax administration, as the WHO FCTC which includes developing and installing a tracking and tracing system in order to ensure tax compliance, while guarding against other tax-specific tobacco industry tactics, such as timing of price increases, price discrimination and promotions, stockpiling, among others.

The annual review of the Sin Tax Reform Law provides the avenue by which to look closely at how closely it adheres to the intent of the WHO FCTC, especially considering the guidelines of Article 6, which cover not only tobacco taxation systems but how these systems are administered, how the incremental revenues from sin tax are allocated and spent, how tax-free or duty-free tobacco sales may be handled, among others.

Increasing minimum legal sale age (MLSA) of tobacco products to 21 years old has become a choice for a number of cities around the world. As a new strategy, the effectiveness of MLSA is yet to be established. However, three factual bases upon which it is founded include: “many smokers transition to regular, daily use between the ages of 18-21; many young adult smokers serve as a social source of tobacco products for youth; and tobacco companies have long viewed young adults ages 18 to 21 as a target market group.”⁷⁹

Local ordinances on banning the sale of cigarettes by stick are already in place in some LGUs. Henceforth, continuing the advocacy for other LGUs to follow suit is a major key actionable area, apart from a national bill being passed as a key success indicator.

6.4 Implementing Stronger Measures to Protect the Public from Exposure to Tobacco Smoke

Key Actions:

- 6.4.1 Continue to advocate for the adoption and enforcement of the WHO FCTC Article 8 *Protection from Exposure to Tobacco Smoke* in local ordinances
- 6.4.2 Advocate for the enactment of a WHO FCTC compliant 100% Smoke-Free national law
- 6.4.3 Advocate for the adoption of smoke-free generation in LGUs

Lead Responsibility: DOH, DOH-ROs, CSC, MMDA, DepED, CHED, LGUs, CSOs working in tobacco control

To amend the RA No. 9211 in relation to the provisions on protecting people from tobacco smoke should be seen in light of the guidelines indicated in Article 8 of the WHO FCTC, which require the total elimination of smoking and tobacco smoke in particular spaces in order to create a 100% smoke-free environment. Further, the guidelines state that

ventilation, air filtration, and the use of designated smoking areas (DSAs) have been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to SHS.⁸⁰

Though 100% smoke-free environments have been possible through local ordinances for local jurisdictions, sustaining the gain is essential including their strict enforcement. A national law to affect a 100% smoke-free Philippines is the next big step, fully compliant with the WHO FCTC Article 8 *Protection from Exposure to Tobacco Smoke*.

6.5 Strengthening Surveillance Data

Key Actions:

- 6.5.1 Conduct research on:
 - » Impact of sin taxes on tobacco prices
 - » TAPS Ban
 - » Effectiveness of perpetual ban or tobacco free generation
 - » Tobacco products ingredients
 - » Content analysis of ENDS/Electronic Non-Nicotine Delivery System (ENNDS) and other new tobacco products/devices
 - » Effectiveness of the GHW law
 - » Burden of tobacco-related diseases
 - » Impact assessment of tobacco control program on NCD burden
- 6.5.2 Conduct TQS every 2 years at the LGU level, as well as the GATS and GYTS, the National Nutrition and Health Survey (NNHeS), and the Social Weather Station (SWS), if applicable

6.5.3 Develop a Monitoring and Evaluation (M&E) Framework and Tool for tobacco control to establish data, such as:

- » Quit rates at tobacco cessation clinics
- » Smoke Free implementation
- » TAPS ban
- » Access restriction
- » Tobacco industry interference
- » DSA compliance
- » GHW
- » Illicit trade
- » Indoor air quality
- » Licensing fee increases at LGU level

6.5.4 Develop M&E for NTCS 2017-2022

6.5.5 Develop database for tobacco control

6.5.6 Establish resource center for tobacco control

Lead Responsibility: DOH, DOH-ROs, FDA, CSC, DOF-BOC, LGUs, CSOs working in tobacco control

Monitoring and surveillance systems for gathering evidence-based tobacco control interventions are an essential part of this strategy to inform on accomplishments and achievements over the period. The results of these systems will allow the tobacco control program to create a knowledge base that is vital in sustaining efforts to achieve the target set out for the next six years. For new policies that may be created based on this strategy plan, their impact shall be evaluated in light of their effectiveness.

⁷⁷Ibid., 8-9

⁷⁸Ibid., 9

⁷⁹Increasing the Minimum Legal Sale Age to 21 for Tobacco Products to 21 (Campaign for Tobacco Free Kids:2017), <https://www.tobaccofreekids.org/research/factsheets/pdf/0376.pdf>

⁸⁰ Guidelines for implementation of Article 8 Guidelines on the protection from exposure to tobacco smoke. (WHO FCTC: FCTC/COP2(7)), 2, http://www.who.int/fctc/guidelines/adopted/article_8/en/

6.6 Levelling up the DOH Red Orchid Award

Key Actions:

- 6.6.1 Refine mechanics for a leveled-up ROA
- 6.6.2 Develop performance sustainability for ROA Hall of Fame awardees
- 6.6.3 Promote ROA at the ASEAN level

Lead Responsibility: DOH, DOH-ROs, FDA, selected government agencies, CSOs working in tobacco control

The ROA, as a major gain in achieving smoke-free environments based on the DOH AO No. 2009-2010: Comprehensive 100% Smoke-Free Environment Policy since 2009 is hoped to be expanded and elevated.

Its rigorous selection process and criteria that are based on the WHO MPOWER strategies, except for R, Raise taxes on tobacco, even as they are self-assessed and validated, provide a sound appraisal of efforts in tobacco control. The ROA has become a most sought-after award for the government bureaucracy in recognition of its efforts to create smoke-free environments.

The institutionalization of the ROA to sustain and expand its gains is being sought, by pushing for leveling up the AO No. 2009-2010.

6.7 Strengthening Mass Media Campaign and other Communication Strategies to Sustain Public Awareness

Key Actions:

- 6.7.1 Develop policy in education, communication, and training for public awareness (WHO-FCTC Article 12 *Education, Communication, Training, and Public Awareness*)

- 6.7.2 Develop and implement a National Health Communication Plan for Tobacco Control
- 6.7.3 Advocate for the increase in size of GHW
- 6.7.4 Fully implement GHW Law
- 6.7.5 Advocate for requiring Point-of-Sale to post GHW

Lead Responsibility: DOH, DOF-BIR, LGUs, CSOs working in tobacco control

In general, the goal of institutionalizing the tobacco program provides an impetus to identify key legislative, executive, administrative, fiscal, and other measures necessary to successfully educate, communicate with, and train people on health, social, economic, and environmental consequences of tobacco-related issues. The use of mass media falls within the ambit of the communication pillar of public awareness. Secondly, an institutionalized tobacco control program should enable the establishment of an infrastructure for sustained resources in supporting these measures, including the use of mass media in communication that should be based on scientific evidence and/or good practice.⁸¹

6.8 Institutionalizing Tobacco Control

Key Actions:

- 6.8.1 Promote and operationalize institutionalization of tobacco control unit in the health department
- 6.8.2 Advocate for FDA to regulate tobacco products and ENDS/ENNDS
- 6.8.3 Advocate for “Health-in-All Policies” policy at Cabinet level
- 6.8.4 Operationalize the Regional Tobacco Control Network (RTCN) in all regions
- 6.8.5 Conduct capacity-building activities
- 6.8.6 Ensure a cohesive national position prioritizing health in the WHO FCTC Conference of the Parties (COP).

Lead Responsibility: DOH, DOH-ROs, FDA, government agencies responsible for WHO FCTC Articles, CSOs working in tobacco control

The institutionalization of the tobacco control program should be followed by a strengthened institutional capacity of the implementing agency as well as a well-coordinated system of work with all stakeholders.

It is the interest of this strategic plan to have a unified position and a cohesive group that represents the country in the FCTC Conference of the Parties (COP).

6.9 Other Important Areas:

6.9.1 Regulating Tobacco Products

Key Action:

Create policy related to tobacco product ingredients

Lead Responsibility: FDA

6.9.2 Strengthening Cessation of Tobacco Use and Management of Tobacco Dependence

Key Actions:

Develop and implement policy on National Clinical Practice Guidelines on Diagnosis and Management of Tobacco Dependence

Lead Responsibility: DOH and medical societies working in tobacco dependence

⁸¹ Guidelines for implementation of Article 12 Guidelines on education, communication, training and public awareness. (WHO FCTC: FCTC/COP4(7)), 2, http://www.who.int/fctc/guidelines/adopted/article_12/en

While the DOH is the lead agency in promoting the control of tobacco use, a preventable risk factor in developing NCDs, the country's tobacco control efforts has been established as needing a multi-sectoral collaboration and partnership with tobacco control advocates at the national, regional, and local level.⁸² This partnership works based on the mandates and activities of the various stakeholders, including external development agencies, civil societies, through agreements and commitments in advocacy and awareness campaigns, research, information exchange, referrals, and resource sharing.⁸³ Therefore, partnership building and networking is an essential and substantial component in the tobacco control program.

In the next six years, there is a need to evaluate RTCN/Regional Committee on Tobacco Control (RCTC) formed in the last six years and learn from the challenges and build on the gains in order to operationalize the RTCN/RCTC in all regions.

On international cooperation, the Philippines has been an active participant in the South-South and Triangular Cooperation, which helps Parties to the WHO FCTC in implementing the Convention especially since the beginning of the COP insofar as the exchange of scientific, technical, and legal expertise relevant to the implementation of the Convention is concerned.⁸⁴ The Philippines has been active on Article 17 as technical assistance recipient and Article 6 as technical assistance provider, and will be working on Article 5.3 likewise as technical assistance provider.

⁸²National Tobacco Prevention and Control Program. (DOH AO 2007-0004).

⁸³Ibid., 3

⁸⁴South-South and Triangular Cooperation. (WHO FCTC). http://www.who.int/fctc/implementation/cooperation/south_south/en/

B	billion	ICTS	Index of Tobacco Control Sustainability
DOH	Department of Health	LGU	local government unit
DOH-ROs	Department of Health Regional Offices	M	million
DPCB	Disease Prevention and Control Bureau	M&E	Monitoring and Evaluation
DTI	Department of Trade and Industry	MC	Memorandum Circular
DOF	Department of Finance	MLSA	minimum legal sales age
DOJ	Department of Justice	MMDA	Metro Manila Development Authority
DSAs	Designated Smoking Areas	MPOWER	M: Monitor prevalence of tobacco use P: Protect people from the exposure to second-hand smoke O: Offer help to quit tobacco use W: Warn against the dangers of tobacco use E: Enforcement of tobacco advertising, promotion, and sponsorship ban R: Raise taxes
ENDS	Electronic Nicotine Delivery System		
ENNDS	Electronic Non-Nicotine Delivery System		
FDA	Food and Drug Administration		
GATS	Global Adult Tobacco Survey		
GHPSS	Global Health Professions Student Survey		
GHW	Graphic Health Warning		
GSHS	Global School-based Student Health Survey	NRP	net retail price
GSPS	Global School Personnel Survey	NCD	non-communicable diseases
GTSS	Global Tobacco Surveillance Survey	NGO	non-governmental organization
GYTS	Global Youth Tobacco Survey	NNHeS	National Nutrition and Health Survey
HB	House Bill	NSO	National Statistics Office
IAC-T	Inter-Agency Committee-Tobacco	NTA	National Tobacco Administration

LIST OF ACRONYMS AND ABBREVIATIONS

NTCS	National Tobacco Control Strategy
OFW	Overseas Filipino Worker
PHP	Philippine Peso
PTI	Philippine Tobacco Institute
RA	Republic Act
ROA	Red Orchid Award
RCTC	Regional Committee on Tobacco Control
RTCN	Regional Tobacco Control Network
SB	Senate Bill
SHS	second-hand smoke
SWS	Social Weather Station
TAPS	tobacco advertising, promotion, and sponsorship
TESDA	Technical Education and Skills Development Authority
TI	tobacco industry
TIII	Tobacco Industry Interference Index
TQS	Tobacco Questionnaire Survey
WHO	World Health Organization
WHO-FCTC	World Health Organization Framework Convention on Tobacco Control

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2017–2022 National Tobacco Control Strategy Plan

PRIORITY AREAS AND KEY ACTIONS in SUMMARY

Goal:

Goal #1: To reduce further the prevalence of tobacco use based on the current baseline data¹

Goal #2: To increase the protection of non-smokers from second-hand smoke

Target:

To reduce tobacco use prevalence to 18% to a maximum of 15% by 2022²

To increase protection from second-hand smoke to 85% or higher by 2022³

Objectives:

Objective #1: To implement fully and effectively tobacco control measures in accordance with the WHO FCTC

Objective #2: To strengthen the institutional capacity of the tobacco control agencies

Priority Policy Areas:

Policy #1: Protecting Public Health Policies from Tobacco Industry Interference

Policy #2: Eliminating Remaining Tobacco Advertising, Promotion, and Sponsorship

Policy #3: Reducing Affordability and Accessibility of Tobacco Products

Policy #4: Implementing Stronger Measures to Protect the Public from Exposure to Tobacco Smoke

Policy #5: Strengthening Surveillance Data

Policy # 6: Leveling-Up the DOH Red Orchid Award

Policy # 7: Strengthening Mass Media Campaign and other Communication Strategies to Sustain Public Awareness

Policy # 8: Institutionalizing Tobacco Control

Policy # 9: Other Important Areas

9a: Regulating Tobacco Products

9b: Strengthening Cessation of Tobacco Use and Management of Tobacco Dependence

PRIORITY AREAS AND STRATEGIC KEY ACTIONS

LEGEND :



START OF ACTION



End of action, or start and end of action within the year

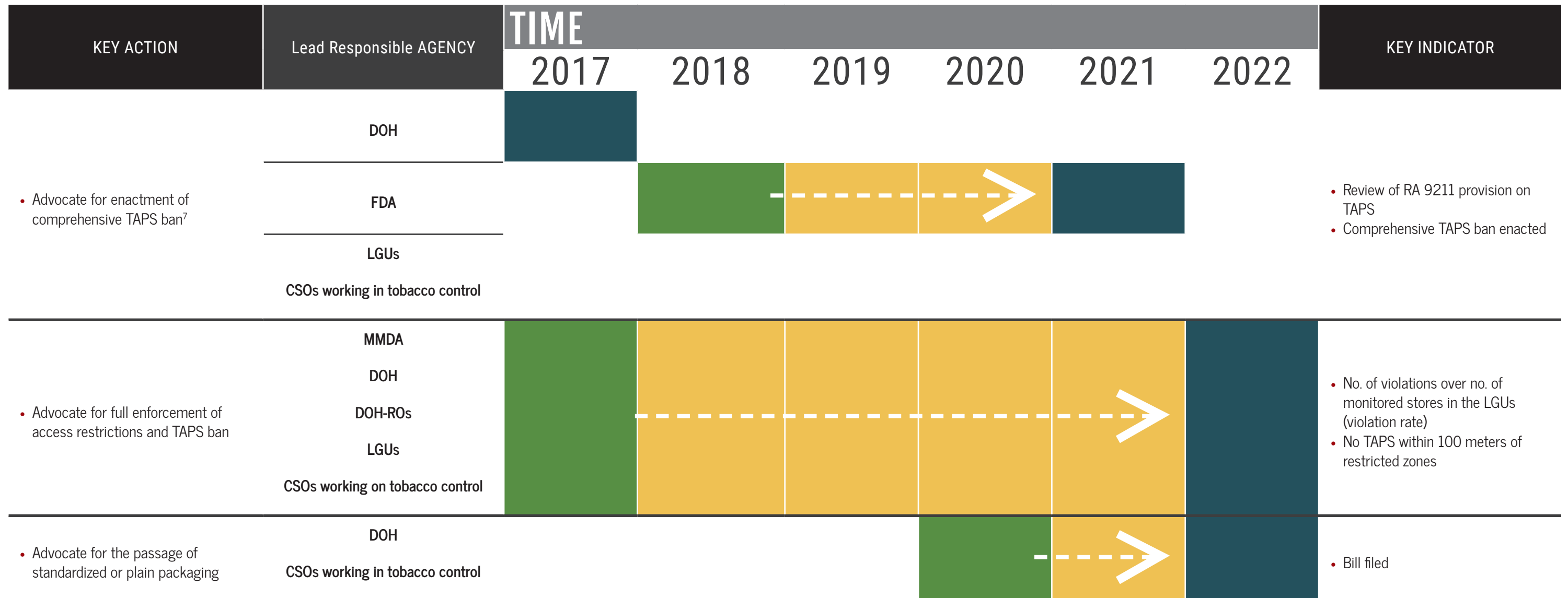


Continuing action

Priority Area #1: Protecting Public Health Policies from Tobacco Industry Interference

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Advocate for removal of the tobacco industry in the IAC-T and its restructuring⁴ 	DOH	Start of action	Continuing action	Continuing action	Continuing action	Continuing action	End of action	<ul style="list-style-type: none"> TI has been removed from the IAC-T DOH has become the chair of the IAC-T
	CSC		Continuing action	Continuing action	Continuing action	Continuing action	End of action	
	CSOs working in tobacco control			Continuing action	Continuing action	Continuing action	Continuing action	
<ul style="list-style-type: none"> Advocate for the strict implementation of a strengthened CSC-DOH JMC 2010-01 and the WHO FCTC Article 5.3 under <i>General Obligations</i> in national and local governments 	CSC	End of action						<ul style="list-style-type: none"> Strengthened Joint Memorandum Agreement⁵ Inclusion of JMC provisions in Code of Conduct of government agencies Compliance rate as determined⁶
	DOH	Start of action	Continuing action	Continuing action	Continuing action	Continuing action	End of action	
	CSOs working in tobacco control	Start of action	Continuing action	Continuing action	Continuing action	Continuing action	End of action	

Priority Area #2: Eliminating Remaining Tobacco Advertising, Promotion, and Sponsorship



Priority Area #3: Reducing Affordability and Accessibility of Tobacco Products

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Reduce affordability through effective taxation 	DOH and DOF (together with BIR) and CSOs working in tobacco control	█	█					<ul style="list-style-type: none"> Unitary tax structure retained with further increase in tax rate passed
<ul style="list-style-type: none"> Consolidate policies for preventing illicit tobacco trade 	BOC BIR DOJ PNP FDA	█	█					<ul style="list-style-type: none"> Clear national government policy on preventing illicit tobacco trade, including that in relation to Protocol
<ul style="list-style-type: none"> Increase age of purchase to 21 years 	DOH DepED CSOs working in tobacco control				█			<ul style="list-style-type: none"> Bill filed⁸
<ul style="list-style-type: none"> Advocate for and enforcement of ban on sale of cigarettes per stick 	DOH-ROs LGUs MMDA CSOs working on tobacco control	█	█	█	█	█	█	<ul style="list-style-type: none"> No. of violations over no. of monitored stores in the LGUs (violation rate) for those with ordinance on stick ban Increased number of LGUs with ordinance over total LGUs⁹ National bill drafted

Priority Area #4: Implementing Stronger Measures to Protect the Public from Tobacco Smoke

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Continue to advocate for the adoption and enforcement of the WHO FCTC Article 8 <i>Protection from Exposure to Tobacco Smoke</i> in local ordinances 	DOH	█	█	█	█	█	█	<ul style="list-style-type: none"> No. of LGUs that have enacted FCTC compliant Smoke-Free Ordinances All NCR LGUs that have enacted FCTC compliant Smoke-Free Ordinances Baseline of exposure to SHS determined
	DOH-ROs							
	CSC	█	█	█	█	█	█	
	MMDA							
DepED		█						<ul style="list-style-type: none"> Rate of exposure to SHS per LGU
CSOs working in tobacco control							█	
<ul style="list-style-type: none"> Advocate for the enactment of a WHO FCTC compliant 100% Smoke-Free national law 	DOH					█		Law is passed
	DOH-ROs							
	CSC							
	MMDA							
	DepED							
CSOs working in tobacco control								
<ul style="list-style-type: none"> Advocate for the adoption of smoke-free generation in LGUs 	LGUs	█	█	█	█	█	█	<ul style="list-style-type: none"> Ordinances passed in targeted LGUs¹⁰
	DOH							
	DepED							
	CSOs working in tobacco control							

Priority Area #5: Strengthening Surveillance Data

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Conduct research on: <ul style="list-style-type: none"> ➤ Impact of sin taxes on tobacco prices ➤ TAPS Ban ➤ Effectiveness of perpetual ban or tobacco free generation ➤ Tobacco products ingredients ➤ Content analysis of ENDS/ ENNDS & other new tobacco products/devices ➤ Effectiveness of the GHW law ➤ Burden of tobacco-related diseases ➤ Impact assessment of tobacco control program on NCD burden 	DOH ¹¹						<ul style="list-style-type: none"> • Research outcome released¹² • Regular surveillance on Tobacco related diseases 	
		FDA						<ul style="list-style-type: none"> • Content analysis released
								<ul style="list-style-type: none"> • Recommendation released
<ul style="list-style-type: none"> Conduct TQS every 2 years at the LGU level, GATS, GYTS, NNHeS and SWS 							<ul style="list-style-type: none"> • NNHeS conducted 	
							<ul style="list-style-type: none"> • SWS conducted 	
							<ul style="list-style-type: none"> • GATS/GYTS conducted 	

Priority Area #5: Strengthening Surveillance Data

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR	
		2017	2018	2019	2020	2021	2022		
Develop an M&E Framework and Tool for tobacco control to establish data, such as: <ul style="list-style-type: none"> ➤ Quit rates at smoking cessation clinics ➤ Smoke Free implementation ➤ TAPS ban ➤ Access restriction ➤ Tobacco industry interference ➤ Designated smoking area (DSA) compliance ➤ GHW ➤ Illicit trade ➤ Indoor air quality ➤ Licensing fee increases at LGU level 	DOH							<ul style="list-style-type: none"> • Harmonized monitoring and evaluation framework formulated • Monitoring and evaluation implemented 	
								<ul style="list-style-type: none"> • M & E Tools developed • M & E data generated and analyzed 	
<ul style="list-style-type: none"> • Develop M&E for NTCS 2017-2022 								<ul style="list-style-type: none"> • Develop database for tobacco control 	Database generated
<ul style="list-style-type: none"> • Establish resource center for tobacco control 	DOH								TC Center within the TC Unit

Priority Area #6: Leveling Up the DOH RED ORCHID AWARD

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Refine mechanics for a leveled-up ROA 	DOH							Improved mechanics and criteria for ROA
<ul style="list-style-type: none"> Develop performance sustainability for ROA Hall of Fame awardees 	DOH							Performance sustainability defined
<ul style="list-style-type: none"> Promote ROA at the ASEAN level 	DOH							Idea of ROA adopted by ASEAN

Priority Area #7: Strengthening Mass Media Campaign and other Communication Strategies to Sustain Public Awareness

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Develop policy in education, communication, and training for public awareness (WHO-FCTC Article 12 <i>Education, Communication, Training, and Public Awareness</i>) 	DOH							Developed Administrative Order
<ul style="list-style-type: none"> Develop and implement a National Health Communication Plan for Tobacco Control¹³ 	DOH-HPCS CSOs working on tobacco control							<ul style="list-style-type: none"> Communications Plan developed and budgeted Communications Plan implemented
<ul style="list-style-type: none"> Advocate for the increase in size of GHW 	DOH CSOs working on tobacco control							Bill filed ¹⁴
<ul style="list-style-type: none"> Fully implement GHW Law 	DOH BIR DTI LGUs							Number of violations over number of monitored products and stores
<ul style="list-style-type: none"> Advocate for requiring Point-of-Sale to post GHW 	DOH CSOs							Bill filed

Priority Area #8: Institutionalizing Tobacco Control

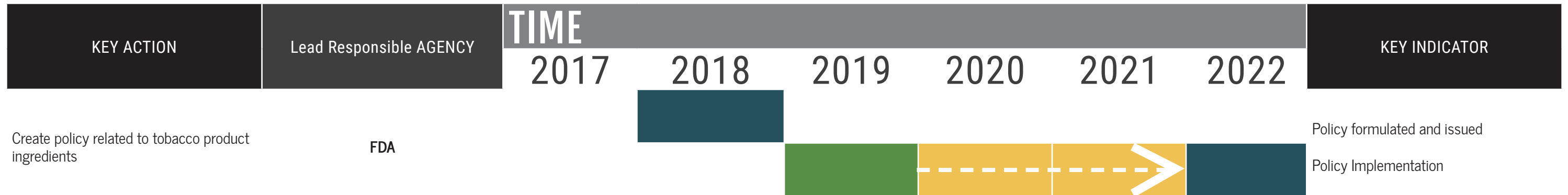
KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> Promote and operationalize institutionalization of tobacco control unit in the health department 	DOH							Tobacco Control Unit (Office) in DOH, with budget and full-time personnel dedicated for TC Program approved by DBM
	FDA							
<ul style="list-style-type: none"> Advocate for FDA to regulate tobacco products and ENDS/ENNDS 	DOH							Law passed/amendment passed
	CSOs working on tobacco control							
<ul style="list-style-type: none"> Advocate for "Health-in-All Policies" policy at Cabinet level 	DOH							Signed EO, ensuring funds for all agencies involved in the FCTC implementation
	CSC							
	DepED							
<ul style="list-style-type: none"> Operationalize the RTCN (in all regions) 	DOH							Number of RTCNs operationalized over total number of regions
DOH-ROs								

Priority Area #8: Institutionalizing Tobacco Control

KEY ACTION	Lead Responsible AGENCY	TIME						KEY INDICATOR
		2017	2018	2019	2020	2021	2022	
<ul style="list-style-type: none"> • Conduct capacity-building activities for: <ul style="list-style-type: none"> ➤ staff of institutionalized tobacco control unit ➤ lawyers (within DOH, FDA, OSG, DOJ, CSC, Ombudsman, Supreme Court, IBP) handling tobacco litigation cases and scenarios/cases involving international trade agreements and other international treaties ➤ Local chief executives and other local officials (on Leadership Governance Training and high-level MPOWER) ➤ DOH and other government agency personnel (high level MPOWER and cessation) ➤ Youth organizations for prevention of youth smoking ➤ marginalized sectors such as victims of tobacco, women, farmers, and indigenous peoples (basics in tobacco control advocacy) 	All in NTCS					➤		Activities undertaken
<ul style="list-style-type: none"> • Ensure a cohesive national position prioritizing health in the WHO FCTC Conference of Parties 	DOH							National position formulated ¹⁵

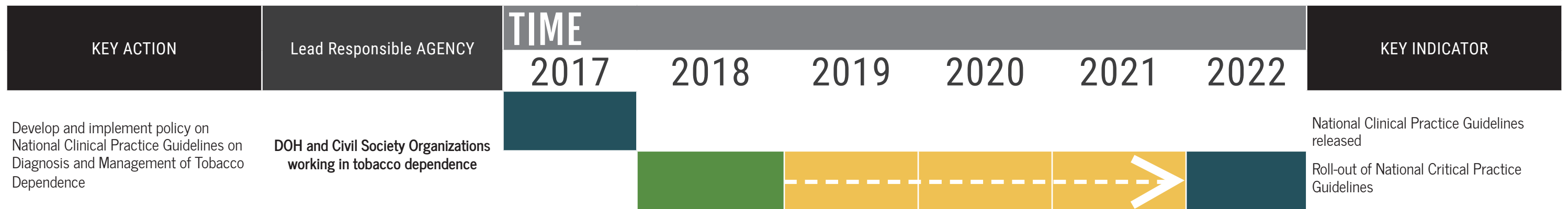
Priority Area #9: Other Important Areas

Priority Area #9a: Regulating Tobacco Products



Priority Area #9: Other Important Areas

Priority Area #9b: Strengthening Cessation of Tobacco Use and Management of Tobacco Dependence



ENDNOTES

¹ While this goal is focused on tobacco smoking prevalence among adults, the same prevalence among the youth is a key actionable item.

² With a baseline of 29.7%, the target is about a two percent-percentage point reduction per year, which is consistent with the NCD global target of 30% reduction of tobacco use in 2025.

³ The 85% or higher protection from second-hand smoke is based on the decreasing trend of exposure to second-hand smoke from 2009 and 2015 GATS on the average at 35% and 22% respectively. At the minimum 85% protection, exposure to second-hand smoke by 2022 is therefore targeted at 15%.

⁴ This action starts in 2017 and ends in 2022, which indicates a continual yearly advocacy considering the two congressional terms being spanned by the six-year period.

⁵ The strengthened JMC will be issued within 2017.

⁶ The CSC is tasked to determine the measure of compliance.

⁷ This key action coincides with a review of RA 9211 in 2017, in which a comprehensive TAPS ban will have been included, which will have been enacted by 2021.

⁸ A bill to increase the age to 25 years old at which one can purchase tobacco will have been filed by 2020 considering the time needed in authoring the same.

⁹ This indicator applies to local government units without ordinance banning the sale of cigarettes by sticks.

¹⁰ The stakeholders agreed that ordinances passed in targeted LGUs would be the key indicator for this key action. Target LGUs will be determined by the stakeholders.

¹¹ DOH will commission the research, except for those assigned to specific agencies.

¹² Applies to majority of the items listed under this key action, unless otherwise specified.

¹³ This key action is subsumed in the Health Promo (HP) Plan of the DOH-HPCS.

¹⁴ While work on this key action starts in 2018, the bill will have been passed within the period 2020-2022.

¹⁵ This key indicator provides for a national position formulated for 2018, 2020, and 2022 since the FCTC Conference of the Parties is held every two-years.

NATIONAL TOBACCO CONTROL STRATEGY

2017 - 2022



Department of Health
PHILIPPINES
2017