

Index for Tobacco Control Sustainability

PHILIPPINES



The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

INDICATORS		Present (P)/ Absent (A)	Weighted Score	2021 Score	2017 Score
1	Prerequisite Indicator: >4 MPOWER policies in place	A	9	0	9
2	National tobacco control budget (annual)	A	7	0	0
3	National tobacco control law	P	6	6	6
4	National budget allocation for tobacco control capacity building	A	6	0	0
5	Tobacco taxation >75% of retail sales price	A	6	0	0
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	P	6	6	6
7	National tobacco control unit	A	5	0	5
8	Civil society tobacco control network	P	5	5	5
9	Civil society representation in national tobacco control advisory committees	A	5	0	0
10	Health promotion fund for, or including, tobacco control	P	5	5	0
11	National policy against tobacco industry corporate social responsibility	A	5	0	0
12	Tobacco-related mortality and morbidity recording system	P	5	5	5
13	National evaluation framework in place	P	5	5	5
14	Evaluation built into all major policy implementation plans	A	5	0	0
15	National tobacco control strategy	P	4	4	4
16	Tobacco control and non-communicable diseases form part of national health policy	P	4	4	4
17	Tobacco control forms part of national development plan	P	4	4	4
18	Human resource for implementation (national)	P	4	4	4
19	Global Tobacco Surveillance System surveys	P	4	4	4
20	Intergovernmental coordination mechanism	P	3	3	3
21	Capacity building plan for tobacco control personnel	P	3	3	0
22	Developmental assistance funding includes tobacco control	P	3	3	3
23	Code of conduct for government officials and staff	P	3	3	3
24	Ministry of health WHO FCTC Article 5.3 policy	P	3	3	3
25	WHO FCTC Article 5.3 policy across all ministries	P	3	3	0
26	Economic and social tobacco costs data	P	3	3	3
27	National focal point post	A	3	0	3
28	National advisory committee	P	2	2	0
29	Capacity building plans on research and evaluation	A	2	0	0
30	Mass media campaigns funded	P	1	1	0
31	Capacity building plan for non tobacco control specific personnel	A	1	0	0
Total Score			130	76	79

Explanation of the scores:

1. Prerequisite indicator: >4 MPOWER policies in place: According to the WHO report on the global tobacco epidemic 2021, the Philippines meets three of the six MPOWER measures at the highest level of achievement. These are monitoring, cessation, and health warning labels. The Philippines has not yet met the highest level of achievement for tax (55.7%), smoking bans, and advertising bans.
2. National tobacco control budget (annual): No annual country budget exists for tobacco control. The General Appropriations Act does not provide a line-item budget for tobacco control.
3. National tobacco control law: Republic Act No. 9211 or the Tobacco Regulation Act is the country's national tobacco control law.
4. National budget allocation for tobacco control capacity building: There is no annual national budget for tobacco control capacity building.
5. Tobacco taxation >75% of retail sales price: According to the Southeast Asia Tobacco Control Alliance (SEATCA), the tobacco tax burden as a percentage of cigarette retail prices is, on average, 71.32%.
6. Tobacco taxation increases faster than inflation plus gross domestic product: Republic Act (RA) No. 11346 or the Tobacco Tax Reform law (2019) increased excise taxes on tobacco products to P45 per pack starting in 2020 and P5 per pack thereafter until the rate reaches P60 per pack in 2023. Only in 2024 will the tax rate be increased by 5 percent each year. The legislated tax rate of P50.00 per pack in 2021 represented a 11.1% increase over the previous year's rates, while the sum of Real Per Capita GDP Growth and Inflation was 8.2% during the same period. Thus, the tax rate increase was greater than growth and inflation in 2021.
7. National tobacco control unit: Because of the Department of Health's functional setup, there is no TC unit as such, but tobacco control is integrated into initiatives throughout bureaus and divisions.
8. Civil society tobacco control network: There is an existing CSO Tobacco Control Network; however, it is not yet officially recognized by the Department of Health (DOH).
9. Civil society representation in national tobacco control advisory committee: There is no national tobacco control advisory committee. There are, however, regional tobacco control networks throughout the country that include representation from civil society.
10. Health promotion fund for, or including, tobacco control: The health promotion fund of the DOH also covers tobacco control initiatives.
11. National policy against tobacco industry corporate social responsibility: There is still no such national policy.
12. Tobacco-related mortality and morbidity recording system: Smoking status is recorded through the PhilPEN and is part of the routine tasks included in the Omnibus Health Guidelines for Adults.
13. National evaluation framework/plan in place: The National Tobacco Control Strategy has an embedded evaluation framework/plan.
14. Evaluation built into all major policy implementation plans: This is not currently the case. Although the NTCS has an M&E plan, it is not clear whether all major policy implementation plans have an associated M&E plan.
15. National tobacco control strategy: The Department of Health regularly updates and publishes the National Tobacco Control Strategy. The DOH is currently convening consultation workshops to provide input into the NTCS 2022–2030.

16. Tobacco control and noncommunicable diseases (NCDs) form part of national health policy: The National Objectives for Health presents the country's roadmap toward universal healthcare and includes both tobacco control and NCDs.
17. Tobacco control forms part of national development plan: Tobacco control is part of the National Objectives for Health and the Philippine Development Plan supporting the Sustainable Development Goals.
18. Human resource for implementation (national): There is an available Human Resources for Health Plan that has been submitted to the Department of Budget and Management for funding.
19. Global Tobacco Surveillance System surveys: The Philippines regularly conducts the GATS and GYTS through the Department of Health and Philippine Statistics Authority.
20. Intergovernmental coordination mechanism: The Inter-Agency Committee – Tobacco (IAC-Tobacco) has the exclusive power and function to administer and implement the provisions of the Tobacco Regulation Act.
21. Capacity building for tobacco control personnel: There is no specific capability building program for tobacco control personnel by the DOH. Other capability building programs exist that can be used by tobacco control staff.
22. Developmental assistance funding includes tobacco control: Developmental assistance funding is available from Bloomberg partners such as The Union, WHO, Vital Strategies, SEATCA, and CTFK.
23. Code of conduct for government officials and staff: Republic Act No. 6713 provides the code of conduct and ethical standards for public officials and employees. It expressly prohibits government officials from having conflicts of interest regarding the businesses or enterprises that are subject of the regulation by their offices. This prohibition extends to fourth-degree relatives by affinity and consanguinity.
24. Department of Health WHO FCTC Article 5.3 policy: The DOH and the Civil Service Commission released JMC 2010-01, which aims to protect the bureaucracy against tobacco industry interference.
25. WHO FCTC Article 5.3 policy across all departments: All departments are governed by CSC-DOH JMC 2010-01.
26. Economic and social tobacco costs data: Costs data are collected by the Department of Trade and Industry, Department of Finance, and National Economic and Development Authority.
27. National focal point post: The national tobacco control coordinator has resigned.
28. National advisory committee: There is no national advisory committee, but regional tobacco control networks do serve as regional advisers. They provide direction on implementation of the NTCS policy in their respective regions.
29. Capacity building plans on research and evaluation: There is a national research agenda for health, and the Bureau of Health Promotion provides research funding. However, no specific capacity building plans exist for research and evaluation.
30. Mass media campaigns funded: The Health Promotion Bureau is mandated to initiate health promotion campaigns through traditional and mass media.
31. Capacity building plan for personnel not specific to tobacco control: There is no plan specifically for tobacco control personnel, but the DOH does have a capacity building plan for all of its staff.

Main findings:

Progress in tobacco control sustainability since 2016

Although tobacco control measures, including taxation, had already made headway in the Philippines prior to 2016, that year in particular saw increased impetus with the election of former Davao City Mayor Rodrigo R. Duterte as president. His well-known Davao City smoking ban policy expanded into Executive Order No. 26 in 2017 and was replicated around the country through local ordinances. Government institutions, particularly the DOH, have adopted and implemented important policies in recent years such as AO No. 2020-0055, which regulates the advertising, promotion, and sponsorship of e-cigarettes and heated tobacco products. The commitment to tobacco control was reinforced by then-Secretary of Health Francisco Duque III (2017–2022), a long-time anti-tobacco advocate. In 2016 the Philippines faced the new challenge of ENDS and HTPs, setting up legal battles over the regulation and taxation of these products.

To increase institutional and sectoral capacity for health promotion, the Universal Health Care Act (2019) mandated the Health Promotion Bureau to design and coordinate intersectoral strategies, plans, programs, standards, and social and behavioral risk campaigns. This development improved the health promotion and mass media campaign funding indicators. The General Appropriations Act, however, still fails to provide a line-item budget for tobacco control. Because of the DOH functional setup, there is not a specific TC unit as such, with tobacco control initiatives instead spanning a variety of bureaus and departments.

Changes in scores from the 2016 survey:

- In the latest 2021 WHO Report, the Philippines met three of the six MPOWER measures at the highest level of achievement.
- The FCTC Secretariat focal person resigned in 2022, leaving vacant the national TC focal point post.
- Since 2016, the Philippines has added a health promotion fund, implemented a capacity building plan for TC-specific personnel, and funded mass media campaigns.
- The indicator 25 was incorrectly marked absent in 2016. The 2010 DOH CSC JMC is considered to address 5.3 policy throughout all ministries.

Remaining gaps in tobacco control sustainability:

Gaps that remain to be addressed by the Philippines include MPOWER policy gaps such as smoking bans, advertising bans, and increasing the share of total taxes in the retail price of the most widely sold brand of cigarettes. A key challenge for the country is the development of a dedicated tobacco control unit with a dedicated budget and focal point post. The Department of Health continues to undergo restructuring and is moving away from disease- or issue-specific units to a life-course and settings-based approach. It is considered politically challenging to secure a budget specific for tobacco control that could be targeted by industry allies in congress. Efforts are under way to build sustainability at the local LGU level through secured budgets in the local investment plans for health, as well as leadership and coordination by the regional tobacco control networks.