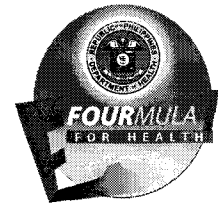




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ADMINISTRATIVE ORDER
No. 2007 - **0004**

Subject: National Tobacco Prevention and Control Program

I. Rationale

Tobacco use is the second major cause of death in the world. It is currently responsible for the death of one in ten adults, which is about 5 million deaths each year, a number that will double by year 2020 if nothing is done. If current consumption pattern persist, about 1 billion people in the 21st century will be killed by their addiction to tobacco, with 300 million deaths in the Western Pacific Region alone. Report from the WHO stated that there is as much as 3.4 percent annual increase in the number of people smoking in developing countries. One-third of the world's total male population smokes cigarettes.

The 2005 – 2006 Tobacco and Poverty Study in the Philippines, a collaborative effort by the World Health Organization (WHO). Department of Health (DOH) and University of the Philippines – Manila (UP-Manila) showed the following: Sixty four percent of the poorest monthly expenditure is food followed by other expenses. Tobacco comprise 2.5% of their monthly expenditure has a bigger share than clothing (2.3%), education (1.4%) and health (0.9%). When only those poorest households with tobacco expenditure were considered, the household tobacco expenditure (\$1.6) is almost 16 times as much as the per capita monthly expense on health, eleven times as much for education, seven times as much for clothing and twice as much as for housing. The total per capita expenditure of clothing, housing, health and education is only \$1.3, which is even lower than the monthly household expenditure on cigarettes alone.

According to the 2003-2004 National Nutrition and Health Survey (NNHS) conducted by the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST), 35 out of 100 Filipinos (34.8 percent) are smokers. Despite the concerted anti-smoking campaigns of the DOH and other medical organizations, adult male smokers even increased from 53.8 percent in 1998 to 56.3 percent in 2003. The prevalence for adult female smokers has slightly decreased from 12.6 percent in 1998 to 12.1 percent in 2003.

The Global Youth Tobacco Survey reported that there are approximately four in 10 students aged 13-15 years (42.8 percent in 2000 and 14.9 percent in 2003) in the Philippines who ever smoked cigarettes, i.e., even one or two puffs. It was also found out that adolescent boys were significantly more likely to have ever smoked than adolescent girls. About one in eight students who had ever smoked took their first cigarette before 10 years of age.

The spread of the tobacco epidemic is facilitated by a variety of complex factors with cross-border effects, such as trade liberalization, foreign direct investment and other activities such as global marketing, transnational tobacco advertising, promotion and sponsorship and the international movement of contraband and counterfeit cigarettes. In response to the tobacco epidemic, the Philippines passed the landmark legislation, R.A. 9211 otherwise known as the Tobacco Regulatory Act of 2003. It regulates the package use, sale and distribution and advertisements of tobacco products. And it also embodies the promotion of healthy environments, creation of health programs and withdrawal clinics (section 33). Moreover, the passage of Republic Act 9334 focuses on the increase of excise tax rates of tobacco products. Furthermore, Article 13, section 11 of the 1987 Philippine Constitution enjoins the state to protect and promote the right to health of every Filipino by making quality and adequate health care available and accessible especially the under privileged. This entails the adoption of an integrated and comprehensive approach to health development, implying a multi-sectoral partnership and multi-level health care delivery system.

Globally, country negotiations were done under the auspices of the WHO to develop the Framework Convention on Tobacco Control, the first public health treaty passed ever. The FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health and was developed in response to the current globalization of the tobacco epidemic. On September 23, 2003 the Philippines became a signatory to the FCTC and on February 22, 2005 the Senate Committee on Foreign Relations filed Resolution No. 195 concurring in the ratification of the FCTC.

Being a party to the WHO Framework Convention on Tobacco Control (FCTC), it is mandated that parties should provide a framework for tobacco control measures to be implemented at the National, regional and local levels (FCTC, Article 3). Furthermore, under the WHO Western Pacific Region Action for Tobacco Control for 2005-2009, member states are directed to attain ratification of the WHO FCTC in all Western Pacific Region, strengthen national capacity for tobacco control to enable implementation of comprehensive tobacco control strategies in an effective and sustainable manner, develop and formally adopt measures to ensure sustainability of tobacco control programs in all WPR member states.

Thus, this National Tobacco Prevention and Control Program is hereby formulated. It shall set directions as to how the prevention and control of tobacco related diseases will be implemented in a comprehensive, systematic, integrated and holistic manner. Similarly, this program shall complement and build upon existing initiatives in the country.

II. Statement of Principle

The National Tobacco Prevention and Control Program shall be guided by the following principles:

A. Leadership

Cognizant of the critical importance of leadership and political will in government to effect action, the Department of Health shall be the lead agency in the promotion of prevention and control of tobacco related diseases.

B. Partnership and Shared Responsibility

Creating conditions conducive to the prevention and control of tobacco related diseases is the responsibility of all sectors and is affected by government at all levels, the private sector, non-government organizations, families, schools, workplaces and communities. A multisectoral collaboration and partnership with tobacco control advocates at the national, regional and local levels shall be established. It shall take into account the mandates and activities of the various stakeholders involved in the prevention and control of tobacco related diseases and forged agreements and commitments in advocacy and awareness campaigns, research, information exchange, referrals and resource sharing.

C. Legislation and Enforcement

All sectors need to work together in pursuit of policies that create environment for the prevention and control of tobacco related diseases. Government at all levels have important role to play in developing tobacco control policy. Law and ordinances shall be strictly promulgated and monitored to ensure that activities on the prevention and control of tobacco related diseases are in place.

D. Health Promotion

Strategies on the prevention and control of tobacco related diseases shall include advocacy, information, education and communication activities addressed to policy makers, other government and non-government agencies, private sectors including media, the general public and other stakeholders concerning the underlying socio-economic and environmental conditions brought about by tobacco use.

E. Evidenced-Based Practices

To prevent the continued waste of valuable resources on practices that may not be effective, practitioners, researchers and policy makers need to work closely to develop and implement a national research agenda that supports the Strategy. This includes the setting up and institutionalization of a tobacco monitoring and surveillance system.

III. Scope

This issuance covers the DOH at the Central Office, Centers for Health Development, hospitals, medical centers and other DOH attached agencies, in collaboration with the local government units and other devolved health services. It shall also include the public and private sectors such as national agencies, academe, media, professional associations, civil society, non-government organizations and international development agencies.

IV. Program Framework

A. Vision:

Filipinos are free from tobacco related diseases.

B. Mission:

A rational and unified response to the prevention and control of tobacco related diseases.

C. Goal:

Protect present and future generations from devastating health, social and environmental consequences of tobacco use and exposure.

D. Objectives:

1. General Objective

To reduce the burden of disease and death caused by tobacco through a substantial reduction in prevalence of tobacco use, exposure to tobacco smoke and disparities related to tobacco use and its effects.

2. Specific Objectives:

- a. To strengthen national, regional and local infrastructure and capacity for the prevention and control of tobacco related diseases, using the WHO FCTC as the guiding tool.
- b. To develop an integrated and multi-sectoral based program for the prevention and control of tobacco related diseases.
- c. To advocate for the implementation and monitoring of laws and policies for the prevention and control of tobacco related diseases.
- d. To strengthen social mobilization and community participation in the prevention and control of tobacco related diseases activities through information and education campaigns and implementation of national smoke free policies.
- e. To initiate and strengthen collaboration and partnership among stakeholders, external development agencies and civil societies devoted to the prevention and control of tobacco related diseases.

V. Definition of Terms

For purpose of this order, the following terms shall be defined as:

1. FCTC - Framework Convention on Tobacco Control is an evidenced based treaty that reaffirms the right of all people to the highest standards of health. This was developed in response to the current globalization of the tobacco epidemic.

2. Global Youth Survey - a component survey of the global tobacco surveillance system of the World Health Organization and the United States Center for Disease Control for the Framework Convention on Tobacco Control. It was developed to track tobacco use among young people across countries, using a common methodology and core questionnaire.
3. Tobacco Products - any product manufactured wholly or partly from tobacco intended for use by smoking, inhalation, chewing, sniffing or sucking, with the exception of medicinal preparations containing nicotine.
4. Tobacco Use - the consumption of tobacco products by burning, chewing, inhalation, or other forms of ingestion.
5. Smoke-Free Area - an area where smoking or holding a lighted cigarette, cigar or pipe is banned.
6. Smoker - someone who, at the time of survey smokes any tobacco product either daily or occasionally.
7. DOH - refers to the Department of Health
8. Civil Society - refers to a broad array of organizations that are essentially private and outside the institutional structures of government, but at the same time are not primarily commercial and do not exist principally to distribute profits to their directors or owners. Civil society includes organizations such as registered charities, non-governmental organizations, professional societies and advocacy groups.
9. International Organizations - includes United Nations agencies, donors and development banks that have crucial role in the prevention and control of tobacco related diseases.

VI. General Guidelines

- A. The Department of Health cognizant of the public health significance of the devastating effect of tobacco use and its impact on society shall institutionalize the National Tobacco Prevention and Control Program.
- B. The National Tobacco Prevention and Control Program shall be in accordance with the thrust of the Fourmula One for Health, National Objectives for Health (2005-2010), Medium Term Development Plan of the Department of Health (2002-2010) and Millenium Development Goals (2005-2015).
- C. The Program shall focus on areas where health interventions are possible, effective and able to be implemented with a clear and actionable role for all sectors. There are five priority programs for the prevention and control of tobacco related diseases:
 1. Tobacco Dependence and Cessation:

It shall design and ensure implementation of effective program aimed at promoting the cessation of tobacco use, in such location as educational institutions, health care facilities, workplaces and sporting environments.

2. Protection from exposure to tobacco smoke:

Based on scientific evidence, it has been unequivocally established that exposure to tobacco smoke causes death, diseases and disability.

This subprogram ensures the provision for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and as appropriate, other public places.

3. Education, Communication and Training:

It shall promote and strengthen public awareness in the prevention and control of tobacco related diseases using all available and appropriate communication tool.

4. Regulation of Tobacco Product Disclosure:

It shall ensure and advocate for the public disclosure of information about the toxic contents and emissions of tobacco products.

5. Regulation of the contents of Tobacco Products:

It shall ensure the establishment of guidelines for testing and measuring the contents and emissions of tobacco products and shall advocate for the regulation of these contents and emissions.

D. Each of the abovementioned subprogram shall be developed and must contain all of the following essential and substantial component.

1. Health Promotion:

This component shall focus on individual information and education, public information and education and intersectoral collaboration on the prevention and control of tobacco related diseases. It shall ensure the advocacy of and other related activities pertaining to the prevention and control of tobacco related diseases.

2. Partnership Building and Networking:

This component shall make certain that networkings and inter-organizational linkages are available at the national, regional and local levels.

3. Human Resource Development:

This component shall focus on ensuring the capability of national, regional and local health facilities in ensuring the implementation of appropriate tobacco control initiatives and activities. It shall provide

capability building services and activities for regional and local levels and shall assure the availability and access to training programs by program implementers.

4. Surveillance:

This component shall ensure the implementation of a regular standardized global/regional surveys on tobacco control activities and shall create a national data base for tobacco control that includes information taken from other existing sources of data, such as school and national surveys.

5. Monitoring and Evaluation:

A system of monitoring program plans and activities shall be developed.

6. Research and Development:

It shall develop and ensure implementation of a research agenda that addresses local needs and data gaps, such as initiating an analysis of the relationships between tobacco use and poverty and evaluating the results of the global youth tobacco survey, etc.

7. Resource Mobilization:

It shall advocate to bilateral and multisectoral donors to make funds and resources available for the prevention and control of tobacco related diseases, whether directly or as a component of funding grants to related programs such as health services development, health promotion, sustainable development, and healthy environments.

- E. The National Tobacco Prevention and Control Program shall be one of the Programs of the Degenerative Disease Office of the National Center for Disease Prevention and Control. A National Program Coordinator shall be designated to perform technical and administrative functions pertaining to the operation of the National Tobacco Control Program. A support secretariat shall be established. They shall be composed of staff from the Degenerative Disease Office
- F. To ensure a comprehensive approach to the prevention and control of tobacco related diseases, coordination with programs from the Family Health Office and Environmental and Occupation Health Office shall be intensified. Coordination with other DOH Office/Bureaus such as the National Center for Health Promotion, National Epidemiology Center, Health Policy Development and Planning Bureau, Health Human Resource Development Bureau, Bureau of International Health Cooperation, and the Bureau of Local Health Development shall be ensured.

- G. To ensure coordination and sustainability of the National Tobacco Prevention and Control Program, a program management committee shall be organized. Under the program management committee, five program development teams shall be established to correspond to the five subprograms of the National Tobacco Control Program. Each Center for Health Development shall establish/organize a Regional Tobacco Control Team to ensure implementation of the National Tobacco Prevention and Control in their respective areas.

VII. National Tobacco Prevention and Control Program Structure

A. National Program Management Committee

1. Composition

To ensure coordination and sustainability of the National Tobacco Prevention and Control Program, a Program Management Committee shall be organized in the Department of Health. The Chair of the Committee shall be the Undersecretary for Health Operations Cluster, Vice-Chaired by the Director of the National Center for Disease Prevention and Control. The Committee shall be composed of tobacco control advocates from the academe, non-government organizations, donor organizations specialty societies, government agencies such as DepEd, etc.

2. Function

- a. To ensure the development of preventive and control measures for tobacco related diseases for each sub-programs and components with active cooperation and participation of various tobacco control advocates and stakeholders for the prevention and control.
- b. To integrate the various programs, projects and activities from the various program development and management groups for each subprogram.
- c. To manage the various sub-programs and components of the National Tobacco Prevention and Control Program
- d. To recommend to the Secretary of Health a master plan for the prevention and control of tobacco related diseases.

B. Program Development and Management Team

Under the Program Management Committee, Program Development and Management Teams shall be organized corresponding to the five sub-programs of the National Tobacco Prevention and Control Program. The operation of each sub-program of the National Tobacco Prevention and Control Program shall be lead by a Program Development and Management Team.

1. Composition

- a. Members to the Program Development and Management Team shall be composed of tobacco control advocates coming from the academe, non-government organizations, government agencies, civic organizations and donor organizations and specialty societies.

- b. Each sub-program shall have a designated chairperson and a vice-chairperson. They shall be nominated by members of the Program Development and Management Team. Furthermore, a secretariat shall be created to support each program development and Management team, members of the secretariat shall be composed of DDO-NCDPC staff. They would be acting on an ex-officio capacity.
- c. To ensure the dedication of the members of each program development and management team, bilateral agreements shall be developed and fostered upon.

2. Functions of the Program Development and Management Team:

- a. Formulates and recommends policies, standards, guidelines approaches on each specific subprograms on tobacco control
- b. Develop a program for each specific subprogram in consultation with tobacco control advocates and stakeholder
- c. Recommends the program to the National Program Management Committee for approval
- d. Develops operating guidelines, procedures, protocols on tobacco control
- e. Ensures the implementation of the program among stakeholders, government agencies and the private sector
- f. Provides technical assistance pertaining to tobacco control measures.

C. Regional Tobacco Control Team

To ensure an efficient and effective multisectoral implementation of the National Tobacco Prevention and Control Program, a Regional Tobacco Control Team shall be established at the Centers for Health Development

1. Composition

- a. Members of the Regional Tobacco Control Team shall be composed tobacco control advocates from government agencies, non-government organizations, civil societies, academe, specialty societies and representatives from the local government units.
- b. The Regional Tobacco Control Team shall be chaired by the Director of the Centers for Health Development, the vice-chair shall be nominated by members of the Regional Tobacco Control Team. A Secretariat shall be created to support the team.
- c. To ensure the dedication of the members, bilateral agreements shall be developed between the Center for Health Development and members of the team.
- d. A regional coordinator for the National Tobacco Control Program shall be designated by the Center for Health Development Director. The coordinator shall be responsible for the technical and administrative concerns of the program.

2. Functions of the Regional Tobacco Control Program Team:
 - a. Oversee the planning and operation of the National Tobacco Prevention and Control Program at the Regional level
 - b. Provide technical assistance on the issues and concerns pertaining to the implementation of the different sub-programs of the National Tobacco Prevention and Control Program
 - c. Strengthen technical and managerial capability at the local level to ensure LGU participation on the implementation of the National Tobacco Prevention and Control Program
 - d. Advocate for the establishment of LGU team for the prevention and control of tobacco related diseases.
 - e. Ensure the conduct of monitoring and evaluation of regional activities on the implementation of the National Tobacco Prevention and Control Program.
 - f. Regularly update the National Program Management Committee on the status of the implementation of the National Tobacco Prevention and Control program.

VIII. Roles and Responsibilities:

The DOH shall develop systems, policies and guidelines that will facilitate the implementation of the National Tobacco Prevention and Control Program including the monitoring and evaluation of each program activities. Develop the capacity of CHD personnel in assisting the LGUs to ensure the implementation of the National Tobacco Prevention and Control Program. The following offices shall have the following responsibilities:

1. The National Center for Disease Prevention and Control (NCDPC) 1) shall develop plans for the implementation of the National Tobacco Prevention and Control Program 2) monitor and evaluate program operation 3) ensure the participation of other DOH offices in program activities where needed.
2. National Center for Health Promotion (NCHP) shall be responsible in the formulation of standards and development of information, education, communication and advocacy strategies for the implementation of the National Tobacco Prevention and Control Program, as well as the ill effects of Tobacco use.
3. The National Epidemiology Center (NEC) and the Information Management Service (IMS) shall be responsible in the development and institutionalization of a national reporting and surveillance for the National Tobacco Prevention and Control Program.

4. The Health Policy Development and Planning Bureau (HPDPB) shall be responsible in the proper and effective implementation, monitoring and evaluation of the National Tobacco Prevention and Control Program, ensure its formulation into a national program plan of action.
5. The Health Human Resource Development Bureau (HHRDB) shall be responsible in the development of standards in the curriculum and the training of all types of health professionals, who are responsive, sensitive which should be consistent with the national and local human development goals and culture.
6. The Bureau of International Health Cooperation (BIHC) shall ensure that the National Tobacco Prevention and Control Program has strong linkages with international health institutions, agencies, units that will continually ensure the inclusion, participation, cooperation and collaboration of the Philippines in the global scene for tobacco control.
7. The Bureau of Local Health Development (BLHD) shall be responsible in the integration of the National Tobacco Prevention and Control Program into the local health system of LGU.
8. The Centers for Health Development (CHDs) shall lead the region or zone to ensure the implementation of the National Tobacco Prevention and Control Program. It shall:
 - a. convene the Regional Tobacco Control Committee
 - b. provide technical assistance
 - c. designate point person for the National Tobacco Prevention and Control Program
 - d. advocate the National Tobacco Prevention and Control Program to LGUs, stakeholders
 - e. develop the capability of local government units; and,
 - f. assist the LGUs in coordinating the actual implementation of program strategies and activities.
9. Non-Government Organizations and other organizations, and the Academe shall be involved addressing general concerns of the National Tobacco Prevention and Control Program.
10. Civil Societies shall assist the local government units in achieving their health objective vis a vis the National Tobacco Prevention and Control Program, shall identify health needs of the people in relation to tobacco related ill effects and bring attention to local health authorities.
11. Donor Agencies shall provide funding assistance according to the investment plan developed for the National Tobacco Prevention and Control Program.

IX. Funding

The Department of Health and Center for Health Development shall provide funds for technical assistance, monitoring and advocacy campaign to ensure the implementation of the program. Furthermore, other government agencies, non-government organizations and other stakeholders are encouraged to allocate/contribute counterpart funds to ensure the implementation of the National Tobacco Prevention and Control Program.

X. Repealing Clause


Other related issuances inconsistent with the provisions of this Administrative Order are hereby revised, modified or rescinded accordingly. All other provisions of existing issuances which are not affected by this order shall remain valid and in effect.

XI. Separability Clause

In the event that any provision of this Order is held invalid, the validity of the remaining provisions shall not be affected

XII. Effectivity

This Order shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc.
Secretary of Health

National Tobacco Prevention and Control Program Framework

