

MAY 2022

PHILIPPINES

COUNTRY REPORT

PREPARED BY

ASCRA Consulting Inc.





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Executive Summary

Economic, Social and Demographic Status

- The Philippines has the 34th largest GDP in the world and is considered a lower-middle-income country (LMIC).
- Service and manufacturing comprise majority of the GDP
- The Philippines ranks 114th in the world's GDP per capita ratings, according to the International Monetary Fund, with a population of almost 109 million.
- Economic growth continued with the increase in the country's population
- Poverty has declined in recent years. The GINI coefficient decreased in 2018 compared to 2015.
- Poverty is higher in rural areas compared to urban areas. On the other hand, The literacy rate is higher in urban areas compared to rural areas.
- The Philippines ranked 107 out of 189 countries and territories on the United Nations Human Development Index. Gender gap (gender inequality index of 0.430) is low compared to neighboring countries.
- According to World Bank in 2015, the annual expansion rate of the country's urban area is at 3.3% compared to rural area (3.0%)

Health Status and the Health System of the Philippines

- Key health care challenges include inadequate infrastructure, high costs of healthcare services, lack of human resources, rural-urban disparities, and gender disparities.
- Double burden of communicable diseases and non-communicable diseases provide avenues for health system disarray.
- Key health indicators are lower compared to its previous record due to heightened promotion and delivery of health care services.
- Tobacco use, high blood pressure, malnutrition and dietary risk are the top four issues that contribute to the country's disability-adjusted life years.
- Non-communicable diseases compared to communicable diseases contributed the majority to death.

Tobacco Use in the Philippines

- The Philippines has 16.5 million adult users of any smoked tobacco product which includes cigarettes (manufactured or non-manufactured).
- According to Global Adult Tobacco Survey in 2015, 41.9% were men, while 5.8% were women use tobacco

- According to Global Youth Tobacco Survey in 2015, 20.5% of current tobacco smokers were boys, and 9.1% were girls
- Tobacco and cigarette use is high in adults in lower education, poverty and youth tobacco use
- One-half of adult smokers tried to stop smoking, female (57.1%) more than male (51.5%), according to recent survey
- Philippines' quit rate is at 4%

Tobacco and the Economy, Employment and Trade

- The Philippines was the third-largest producer of tobacco in ASEAN countries in 2016.
- The Philippines is one of the two ASEAN countries included in the world's top 10 cigarette markets in 2016 (SEATCA, 2016)
- Tobacco is produced mainly in the Ilocos and Cordillera Administrative Region where it provides revenue and employment to farmers
- More than 462,504 farmers are in tobacco cultivation or production, which accounted for 0.4% of total agricultural employment.
- Philip Morris Fortune Tobacco Corporation, JT International (Philippines) Inc., British American Tobacco (Philippines) Ltd dominate the country's tobacco market
- Majority of local tobacco products are exported, while some are manufactured locally
- In 2018, the government received Php 332.3 billion (US\$6.92 billion) excise taxes collection on tobacco-related and vapor products.
- In 2019, revenue increased to Php 269 billion (US\$5.60 billion)
- The Philippines' illicit remains as shipment are more prominent in areas of lesser checkpoint by the government security.

Regulation of Tobacco: Status, Benefits, and Gaps

- The Philippines ratified the WHO Framework Convention on Tobacco Control in 2005.
- Key successes include legislation of the following laws: Tobacco Regulation Act 2003 (RA 9211), Sin Tax Reform Law (RA 10351) and Graphic Health Warnings law (RA 106430)
- Other national and local government agencies implemented rules and regulations in accordance with the law. These include: prohibition of smoking in public areas (malls, areas of youth activity, government offices, public utility vehicles), prevention of tobacco interference and prohibition of promotion of tobacco use only at point-of-sale.
- Providing incentives to local government units who demonstrate and promote anti-smoking campaigns, through the Red Orchid Award.

- WHO's MPOWER (Monitor, Protect, Offer, Warn, Enforce, and Raise) measures are not fully implemented in all the regions in the country
- Smoking cessation programs and training are inadequate to meet the needs of the general population.

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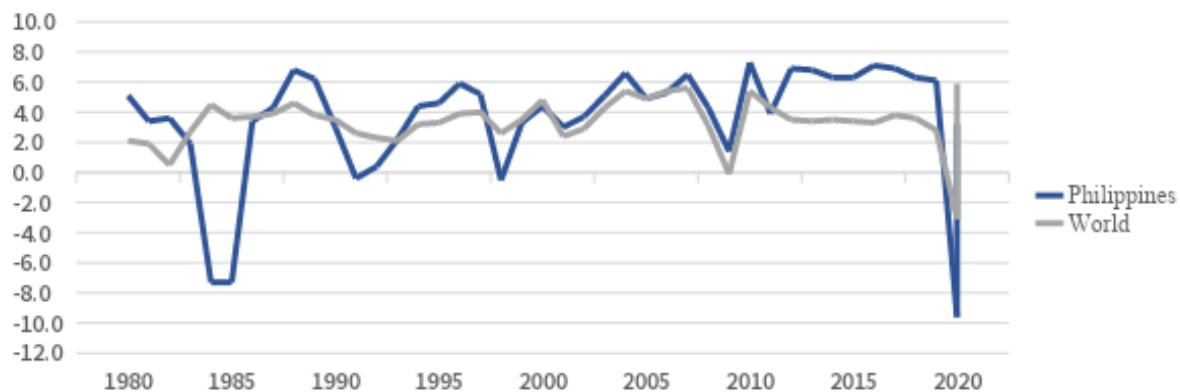
Economic, Social and Demographic Status

A. Economic Trends and Outlook

The Philippines has the 34th largest GDP (rank 114th GDP per capita ratings)¹ and is considered a lower-middle-income country (LMIC)² with its economy focused on service and manufacturing from agriculture. Today, it has been one of the most thriving economies in East Asia Pacific, with its mixed economy of government policy regulated privately-owned business with average annual growth increased to 6.4% (2010-2019) from 4.5% (2000-2009).

In 2020, the economic decline was noted primarily by consumption, investment growth, slow exports, tourism, and remittances. A 3.7 percent year-on-year expansion, with public investment and the external environment, was noted in the first half of 2021.³ Gross Domestic Product (GDP) in the second quarter of 2021 was at 11.8 percent, the highest since 1988. Construction (25.7 percent), Manufacturing (22.3 percent), wholesale and retail trade, repair of motor vehicles and motorcycles (5.4 percent) were the main contributors. Moreover, economic sectors such as Industry and Services posted positive growths of 20.8 percent and 9.6 percent, respectively. Meanwhile, Agriculture, forestry, and fishing posted a contraction of -0.1 percent.⁴

Figure 1. Real GDP Growth Rate (annual % change), 1980-2026.



Source: Adapted from IMF DataMapper.

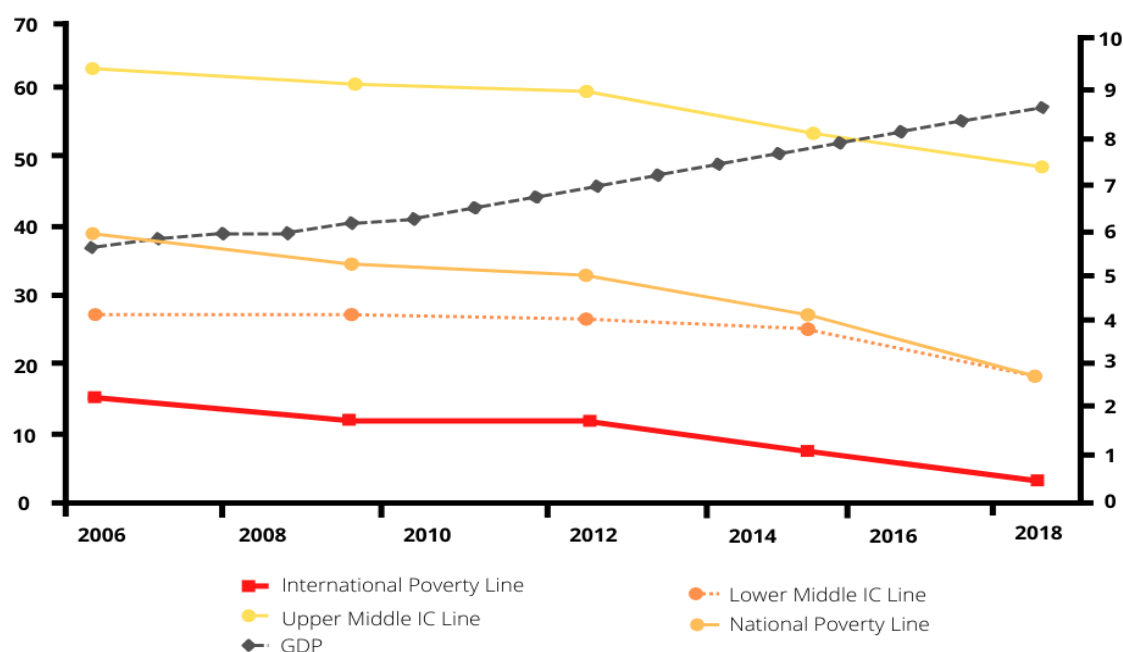
B. Socioeconomic Status

Poverty has declined in recent years. The World Bank's GINI Index, a measure of consumption inequality, noted a significant decrease in 2018 (43.3%) compared to 2015 (44.6%). The 2018 GINI coefficient for the Philippines is estimated at 43%, slightly lower than in 2015 GINI at 44.3%. Autonomous Regions in Muslim Mindanao (ARMM) had the lowest income disparity with 28.2% from 28%. On the other hand, Cordillera Administrative Region (CAR) showed the highest increase from 42% in 2015 to 44.3% in 2018.⁵

Rural areas (24.5%) are poorer than urban areas (9.3%) according to the 2018 Poverty statistics done by the Philippine Statistical Authority. In rural areas, Autonomous Region of Muslim Mindanao (BARMM) has the highest poverty incidence while the lowest recorded in Region III (Central Luzon). The National Capital Region (NCR) had the lowest poverty incidence in urban areas.

In 2020, the survey conducted by the Philippine Statistics Authority on Functional Literacy, Education and Mass Media revealed that the literacy rate in National Capital Region (NCR) is 97.6%, while Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) had the lowest at 78.7%.

Figure 2. Philippines' Poverty Headcount Rate, 2006-2018



Source: Adopted from World Bank Group, Poverty & Equity Brief (2019).

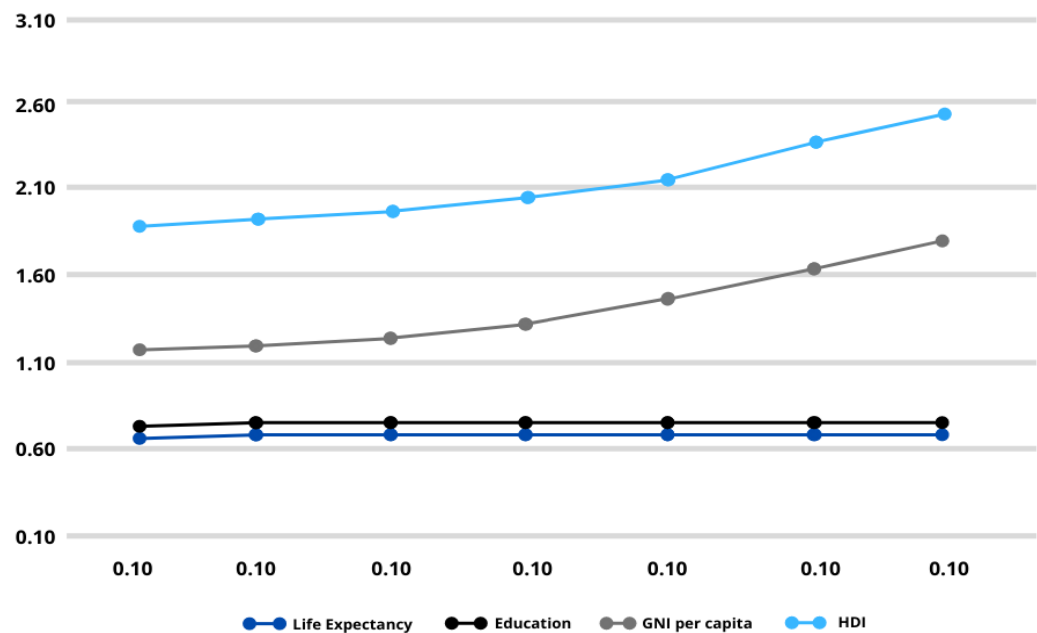
In 2020, the Philippines ranked 107 out of 189 countries and territories.⁶ A significant increase in the Human Development Index in the country from 0.593 (1990) to 0.718 (2019) is attributable to its social and development indicators. In terms of gender, values vary with 0.720 for women, 0.715 for men and, gender inequality index of 0.430. The percentage of the population under severe multidimensional poverty is at 1.3 percent, while 7.3% are vulnerable. The share of the multidimensionally poor population, adjusted by the intensity of the deprivations, is 0.010. With the severity of poverty at 41.8%, almost 22% of the population is on the national poverty line.

Table 1: Philippines' HDI and Component Indicators for 2019 Relative to Selected Countries and Groups.

Selected Country or Group	HDI Value	HDI rank	Life Expectancy at Birth	Expected years of schooling	Mean years of schooling	GNI per capita (2019 PPP US\$)
Philippines	0.718	107	71.2	13.1	9.4	9,778
Indonesia	0.718	107	71.2	13.6	8.2	11,459
Thailand	0.777	79	77.2	15	7.9	17,781
East Asia and the Pacific	0.747	-	75.4	13.6	8.1	14,710
High HDI	0.753	-	75.3	14	8.4	14,255

Source: UNDP Human Development Report 2019.

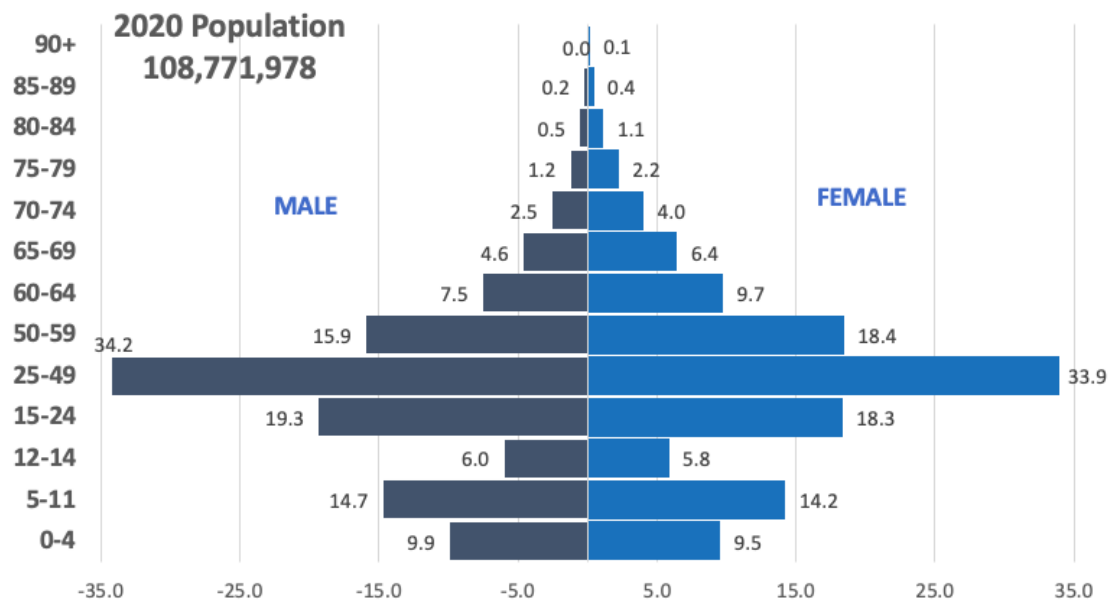
Figure 3. Trends in Philippines' Component Indices (1990-2019).



Source: Adapted from the UNDP Human Development Report 2020

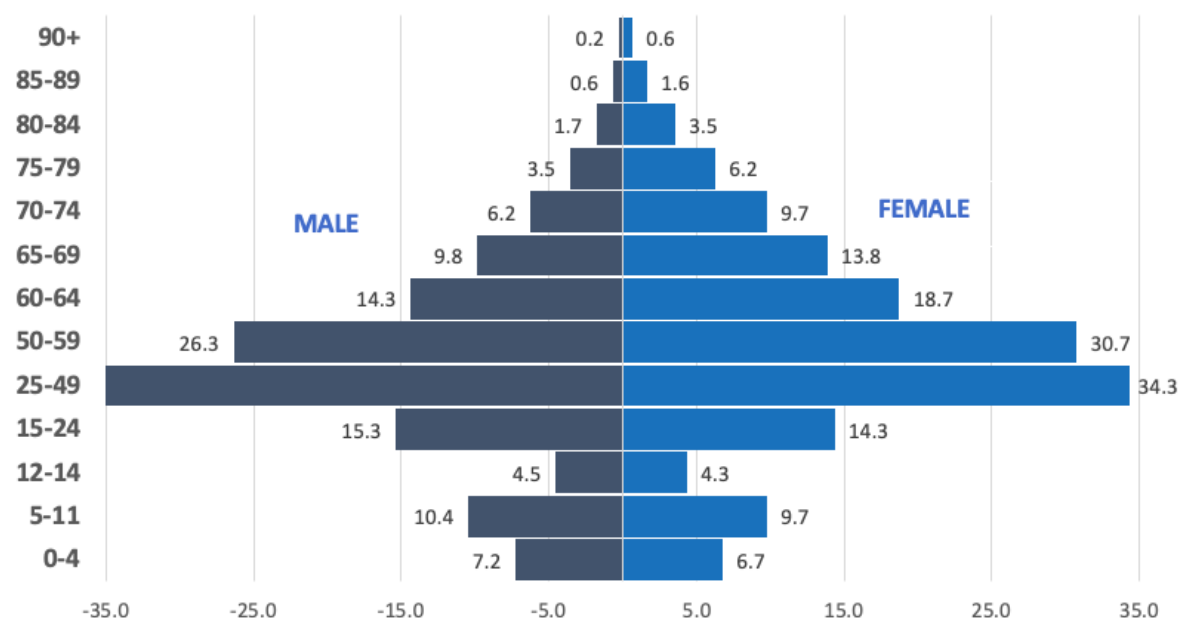
C. Population Demographics

Figure 4. Philippines' Population Pyramids Disaggregated by Sex, 2020



Source: Adapted from UN's World Population Prospects: 2019 Edition

Figure 5. Philippines' Population Pyramids Disaggregated by Sex, 2050



Source: Adapted from UN's World Population Prospects: 2019 Edition

D. Demographic Shift and Urbanization

Fifty-one percent (51.2%) of the population resides in urban areas in the Philippines in 2015 compared to 45.3% in 2010, a 4.6 difference. It is called the level of urbanization. Therefore, barangays classified as urban reside a total of 51.73 million people. There is a 4.4 percent tempo of urbanization from 2007-2010.

Aside from NCR, 4 other regions posted urbanization higher than that of the national level. These are Region IV-A (66.4%), Region XI (63.5%), Region III (61.6%), and Region XII (51.6%). In 2010, the same five regions posted the highest level of urbanization.⁸

Table 2. Pace of Urban and Percentage of Urbanization Growth, 2007-2015.

	Total Population		Urban Population		Level of Urbanization (%)		
	2015	2010	2015	2020	2007	2010	2015
Philippines	1,000,979,303	92,335,113	51,728,697	41,855,571	42.4	45.3	51.2
NCR	12,877,253	11,855,975	12,877,253	11,855,975	100	100	100
CAR	1,722,006	1,616,867	524,672	424,771	19.6	26.3	30.5
I-Ilocos	5,026,128	4,748,372	1,029,562	600,945	11.4	12.7	20.5
II-Cagayan Valley	3,451,410	3,229,163	663,695	373,407	8.8	11.6	19.2
III-Central Luzon	11,218,177	10,137,737	6,914,703	5,232,569	48.3	51.6	61.6
IV-A CALABARZON	14,414,774	12,609,803	9,564,515	7,526,882	54.5	59.7	66.4
MIMAROPA	2,963,360	2,744,671	905,666	612,615	18.2	22.3	30.6
V-Bicol	5,796,989	5,420,411	1,344,903	831,380	12.7	15.3	23.2
VI- Western Visayas	7,536,383	7,103,438	2,868,795	2,466,109	32.2	34.7	38.1

VII- Central Visayas	7,396,898	6,800,180	3,656,628	2,969,340	39.9	43.7	49.4
VIII- Eastern Visayas	4,440,150	4,101,322	529,902	358,405	5.7	8.7	11.9
IX- Zamboanga Peninsula	3,629,783	3,407,353	1,373,274	1,156,754	31.8	33.9	37.8
X- Northern Mindanao	4,689,302	4,297,323	2,272,001	1,773,032	38.3	41.3	48.5
XI- Davao	4,893,318	4,468,563	3,108,872	2,649,039	54.2	59.3	63.5
XII- SOCCSKSARGEN	4,545,276	4,109,571	2,346,149	1,911,253	43	46.5	51.6
XII- Caraga	2,596,709	2,429,224	869,195	666,849	24.8	27.5	33.5
ARMM	3,781,387	3,256,140	878,912	446,246	17.7	13.7	23.2

Source: Philippine Statistics Authority (2015 Population Census Special Release of Urban Population of the Philippines)

Regions with the largest populations provide the largest share of GDP. As stated in the Philippine Development Plan 2017-2022 of the National Economic and Development Authority, the country's three most populous regions- CALABARZON (Region 4A), National Capital Region (NCR), and Central Luzon (Region 3)- account for nearly two-thirds of the Philippine domestic production. The central government, with its location, facilitates the expansion of the industry and services sectors resulting in growth.

Health Status and the Health System of the Philippines

The Philippines' health care system is undergoing both demographic and epidemiological transitions. The country faces a double burden of communicable diseases (e.g., malaria, tuberculosis) and non-communicable diseases (NCD: e.g., heart failure, diabetes). It has caused many health system problems to occur.⁹

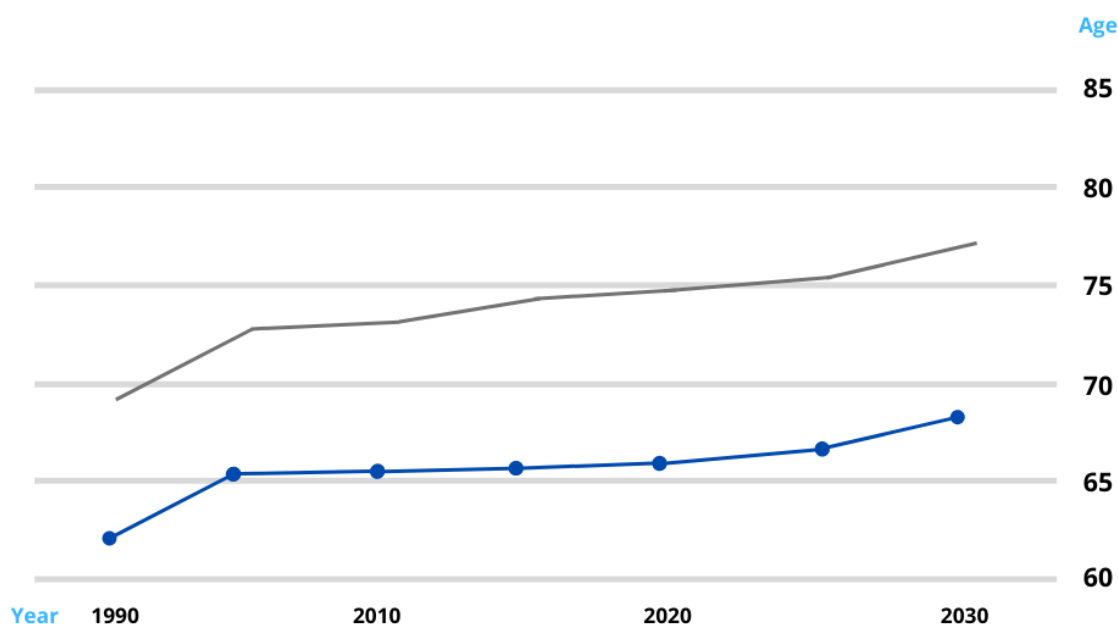
E. Basic Health Statistics

Public health' progress has a notable acceleration in 20 targets: reduction of maternal mortality, health coverage, neonatal and child mortality, non-communicable disease and mental health, sexual and reproductive health.¹⁰ Based on the data of the World Bank, life expectancy has gradually increased throughout the years (Male: 67 years old; Female: 75 years old).

Life Expectancy

Life expectancy, by gender, has been a steady increase over the last decade. Life expectancy is reported at 75 years (2020) from 68 years (1990) while 66 years (2020) from 62 years (1990) for females and males respectively. As of 2020, females have had higher life expectancy at birth than males.¹¹

Figure 5. Life Expectancy in Philippines, 1990-2030, Males and Females, Expected.

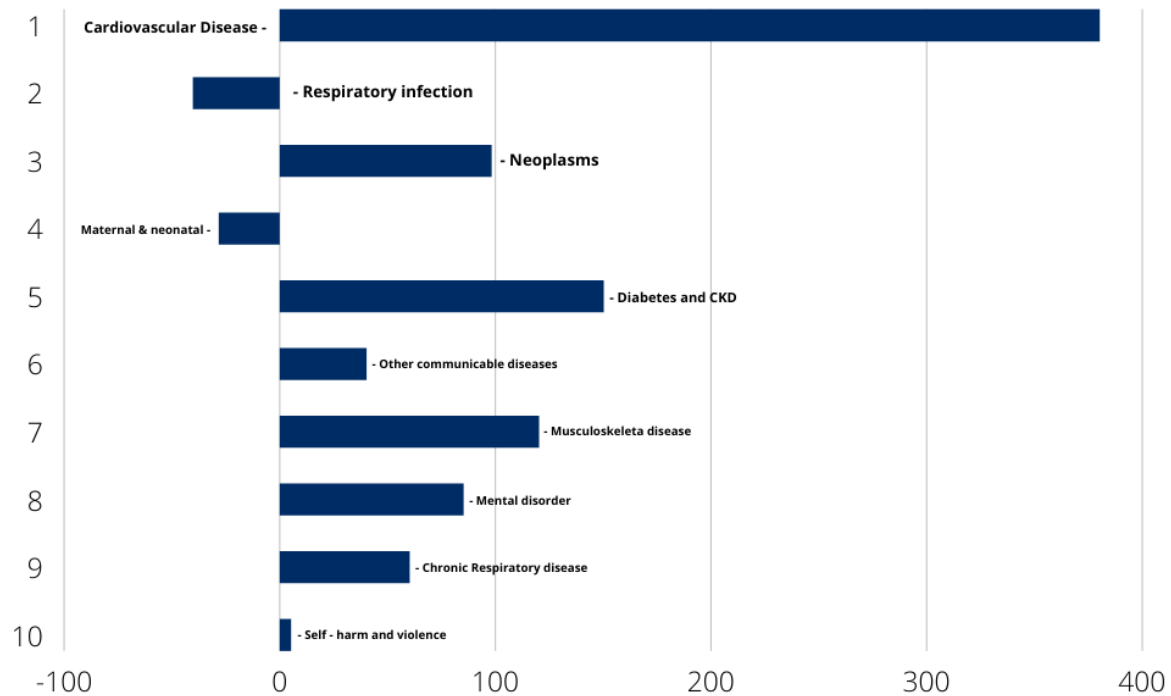


Source: Adapted from IHME 2018.

Double Burden of Disease

The Philippines deals with the double burden of both communicable and non-communicable, with disease leaning progressively toward the latter. In 2019, the top three causes of disability-adjusted life years (DALY) were Cardiovascular diseases, Respiratory infection and Neoplasms.¹²

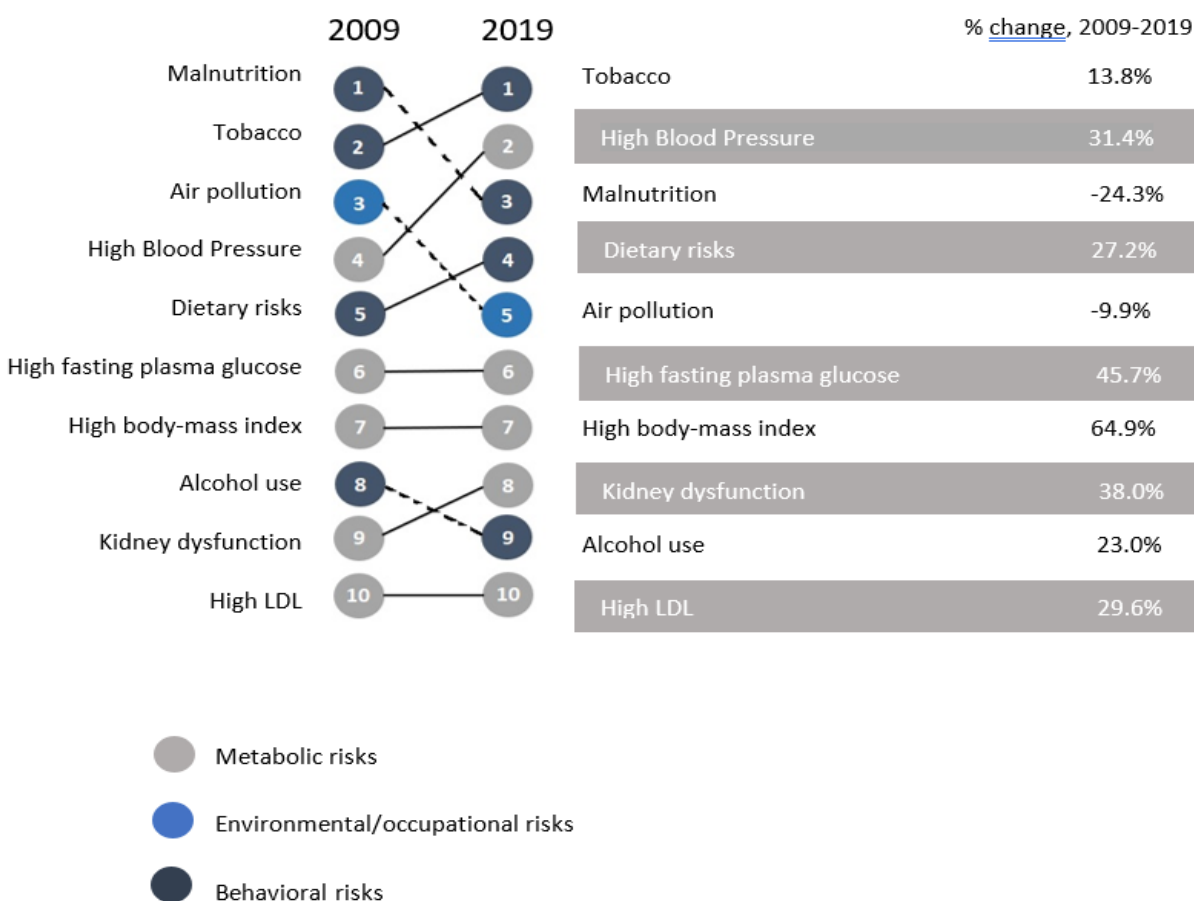
Figure 6. Top 10 Cause of DALY in 2019 and Annual Percent Change, 2009-2019, All Ages, Number.



Source: Adapted from IHME Viz Hub 2018.

The Tuberculosis incidence rate in the Philippines is highest in Asia, with 554 cases for every 100,000 Filipinos.¹³ Nineteen percent (19%) of these people sought treatment and care when symptomatic, while the rest ignored or were self-medicated. With COVID-19 restricting mobility, these behaviors may likely prevail today. Efforts doubled to get TB care back on track through the national government (Department of Health) and its partners.¹⁴

Figure 7. Top 10 Risks Contributing to DALYs in 2019 and Percent Change, 2009-2019, All Ages, Number.



Source: Adapted from IHME Viz Hub 2018.

Metabolic, environmental, and behavioral risk contributed to Disability-adjusted life years (DALY). Tobacco use, high blood pressure, malnutrition, and harmful dietary decisions contributed to DALY between the years 2009 to 2019. Malnutrition went up from first place in 2009 to third place in 2019. Tobacco use went from second place in 2009 to first place in 2019.

Non-communicable diseases (NCD), due to changes in lifestyle and increasing prevalence of risk factors, resulted in premature death and disability. Improved access to health services and advanced management and treatment of infectious diseases such as pneumonia and TB results in communicable disease mortality decline.¹⁰

F. Philippines' Health System

The public-private dual healthcare system, which operates in a fragmented environment, predominate in the Philippines. Through government facilities under the national and local governments funded through tax-based financed budgeting system, the public sector delivers health services. The Department of Health (DOH) supervises the government-corporate hospitals, specialty, and regional hospitals, while the Department of National Defense (DND) runs the military hospitals. The national government and local government units (LGUs) manage the promotive, preventive, curative, and rehabilitative health services. District and provincial hospitals were managed and operated by the local governments. Municipal governments, on the other hand, provided primary care (preventive and promotive health services and other public health programs) through the rural health units, health centers, and barangay health stations.

For-profit and nonprofit healthcare providers in the private sector are market-oriented. It provides healthcare through user fees at the point of service.¹⁶ Thirty percent (30%) of the population is catered by the private sector, with more financial resources and staff than the public system.¹⁴ Sixty-five percent (65%) of the 1,224 hospitals in the country in 2016 were private.¹⁶

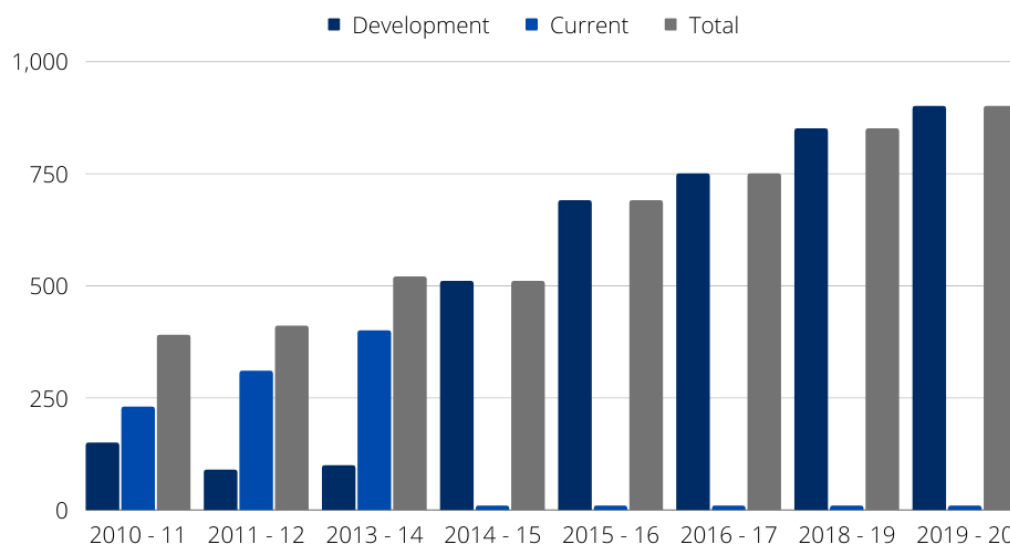
The private sector consists of clinics, infirmaries, laboratories, hospitals, drugstores, pharmaceutical and medical supply companies, health insurance companies, academic and research institutions involved in health and other service providers that include traditional healers (herbolarios) and traditional birth attendants (hilots). For-profit health enterprises are largely run by self-employed health professionals, family-owned businesses and corporate entities, while non-profit health enterprises are commonly run by charitable institutions, faith-based organizations, civil society organizations (CSOs) and community-based volunteer groups. Their collective contribution to health is enormous and their capacity augments the gaps in and inadequacies of the public sector.¹⁶

Table 3. Health and Nutrition Expenditures.

Health and Nutrition Expenditures				(Php Million)	
Fiscal years	Public Sector Expenditure (National and Provincial)			Percentage Change	Health Expenditure as % of GDP
	Total Health Expenditures	Development Expenditures	Current Expenditures		
2005-06	222,219	51,018	171,201	9.5	3.9
2006-07	247,815	68,108	179,707	6.6	4
2007-08	268,928	79,275	189,653	10.3	3.9
2008-09	302,043	107,176	194,867	11.3	3.9
2009-10	342,164	133,017	209,147	9.4	4.3
2010-11	380,164	154,020	226,144	11.3	4.2
2011-12	431,047	182,462	248,585	9.7	4.3
2012-13	471,108	108,996	362,112	11.7	4.5
2013-14	526,342	133,550	392,792	8.5	4.6
2014-15	531,373	42,307	489,066	14.3	4.0
2015-16	607,160	63,579	543,581	10.7	4.4
2016-17	672,107	73,646	598,461	10.1	4.4
2017-18	740,125	84,411	655,714	14.7	4.5
2018-19	848,681	126,509	722,172	7.2	4.6
2019-20	909,503	113,865	795,638	10.04	4.7
2020-21	1,003,970.00	108,090	895,880		5.6

Source: DOH: National Objectives on Health (2005-2021).

Figure 8. Total Public Expenditures on Health.



Source: DOH: National Objectives on Health (2019)

In 2017, there were 476 public, 960 private hospitals, 20,065 Barangay Health Station and 2,590 Rural Health Unit. The country has 242,580 registered doctors, 43,220 registered dentists, and 127,595 registered nurses.¹⁷

Table 4. Health Care Facilities and Government Health Workers in the Philippines, 2016 and 2019

	2016	2019
Healthcare Facilities (In Nos)	1,224	1,800
Registered Doctors	3,177	3,001
Registered Dentist	1,928	1,772
Registered Nurses	5,913	15,111
Registered Midwives	16,795	17,884
Population per Doctor ¹	0.61	0.6
Population per Dentist ²	0.93	0.8
Population per Nurse ³	0.57	1.4
Population per Midwife ⁴	0.81	0.8

Notes:

1 Based on 1 RHU/HC Physician:20,000 population ratio

2 Based on 1 public health dentist: 50,000 population ratio

3 Based on 1 public health nurse:10,0000 population ratio

4 Based on 1 public health midwife: 5,000 population ratio

Source: PSA 2016a, 2016b and 2016c and Table 3B.1. of the Field Health Service Information System 2016 & 2019 Annual Report; Dayrit, et al Philippine Health System 2018

Demand

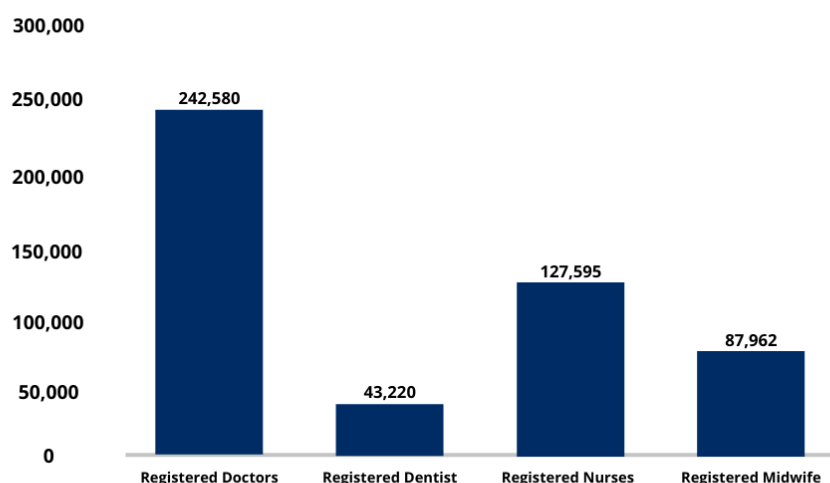
In 2016, the Department of Health, under the Health Facility Enhancement Program (HFEP), constructed 351 Barangay Health Centers (BHSs) and 107 Rural Health Units (RHUs). However, the country lacked over 2,500 RHUs or health centers and more than 500 barangay health stations. As a result, the population in the poorest income quintile has limited access to healthcare.¹⁷

Health workers, particularly doctors and nurses, concentrated in urbanized and economically developed areas due to varying levels of economic growth in regions, uneven distribution of population, and archipelagic nature of the country impede utilization of quality (available, accessible, and affordable) healthcare thus leading to health maldistribution.¹⁶

Supply

Every year, the Philippines has an increase in health care professionals, with three thousand three hundred seventy-nine (3,379) people graduating from private and public medical colleges.¹⁸ In 2021, 1,677 out of 2,302 (72.84 percent) passed the Physician licensure exams.¹⁹ The ratio of doctors averaged 3.7 for every 10,000 people.²⁰ It is insufficient with the World Health Organization (WHO) recommendation of at least one doctor for every 1,000 people (or 10 per 10,000). 3

Figure 9. Registered Health Care Workers, 2019, All ages, Number.



Source: Professional Regulation Commission

Several doctors, dentists, and nurses are not registered with the Philippine Medical, Dental, and Nursing Association but practice in public and private hospitals and clinics. Most of the private clinics are in urban areas.

Table 5. Demand and Supply in Health Sector

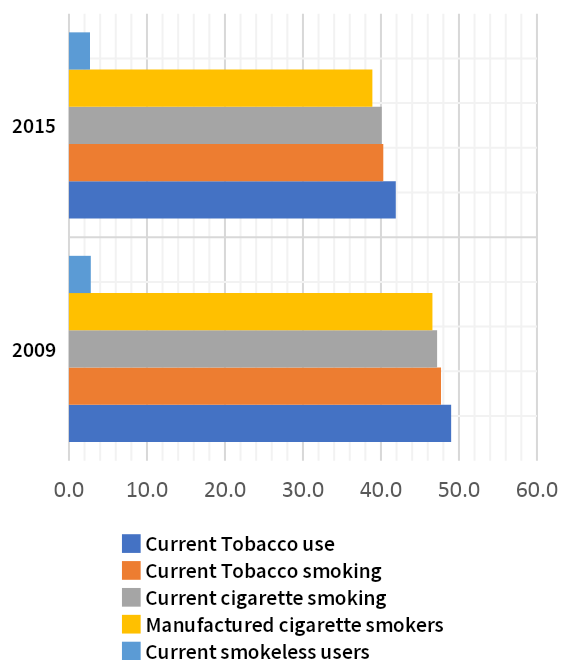
Factors	Comments
Demand	Increased demand in healthcare services due to an aging population, urbanization, and the rise of the middle class, as more people can afford quality healthcare. However, the number of patients in the poorest quintile preferred the public sector over the private.
Supply	Private sector hospitals are expensive and unaffordable for the majority of the population.
Key Players	The health care delivery system is dominated by the public sector (regional, provincial, municipal, and barangay level), with the minimal out-of-pocket expense for the lower middle to poorest quintile.

Tobacco Use in the Philippines

G. Product Type, Prevalence, and Use

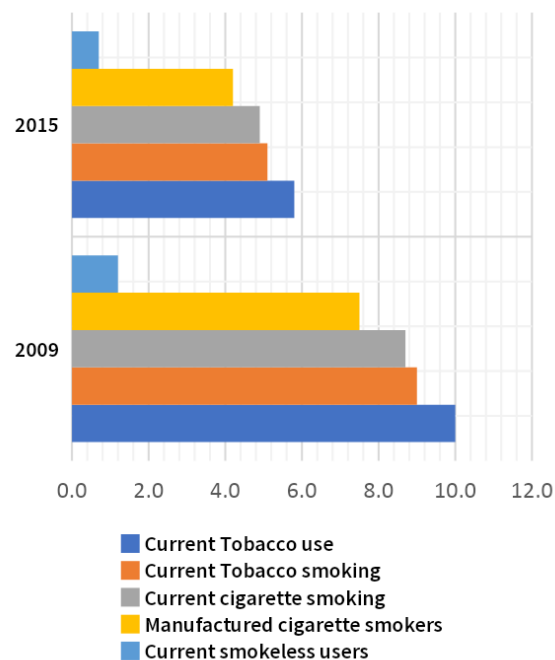
According to the Philippines' Country Report of the Global Adult Tobacco Survey (GATS) 2015, 16.5 million adults use tobacco. Of them, 41.9% were men, while 5.8% were women. On average, smokers smoke 11.0 cigarettes per day: men smoke 11.2 cigarettes per day, and women smoke 8.6 cigarettes per day. Adults living in rural areas (23.5%) smoked at a higher rate than urban areas (21.7%). In the Global Youth Tobacco Survey in 2015, 20.5% of current tobacco smokers were boys, and 9.1% were girls.

Figure 10. Prevalence of Tobacco Use Among Men in the Philippines.



Source: GATS 2009 & 2015

Figure 11. Prevalence of Tobacco Use Among Women in the Philippines



Source: GATS 2009 & 2015

Table 6. Percentage of Adults Aged 15 or Older Who Are Current Users of Smokes Tobacco and/or Smokeless Tobacco in the Philippines

	Men (%)	Women (%)	Urban (%)	Rural (%)	Overall (%)
Current Tobacco Use	41.9	5.8	22.1	25.3	23.8
Current Tobacco Smokers	40.3	5.1	1.8	3.5	2.7
Current Cigarette Smokers	40.1	4.9	97.3	89.5	92.8
Current Smokeless Tobacco Use	1.3	0.2	0.9	7	4.4
Average numbers of cigarettes smoked Per day among daily smokers	11.2	8.6			

Source: GATS 2015

H. Product Use by Gender, Age, Region and Socioeconomic Class

According to the GATS 2015, most tobacco users were in the age bracket 45-64 years old, followed by 25-44 years old. Water pipes were higher in the 25-44 age groups. Among ever-married women between 15-49 years old, 0.1% chewed tobacco, 0.1% had betel quid with tobacco, while 5.3% smoked any tobacco (cigarettes, kreteks, pipes, cigars, cheroots, cigarillos, and water pipes).²¹

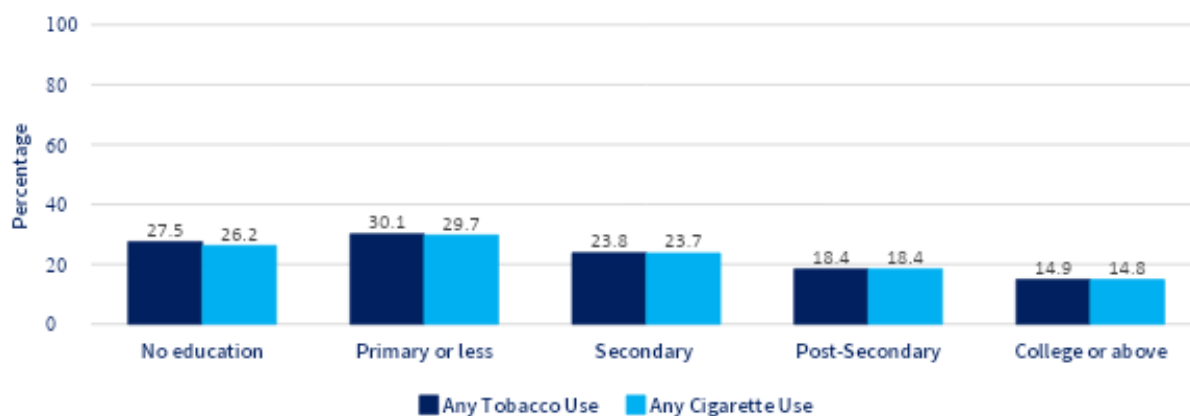
Table 7. Percentage of Tobacco Users in Philippines by Tobacco Use Pattern, According to Age in Years.

Age Years	Type of Cigarette										
	Any tobacco use	Any smoked tobacco product	Cigarette	Manufactured	Hand Rolled	Kretek	Pipes	Cigars, cheroots, cigarillos	Water pipe	Other smoked tobacco	Smokeless Tobacco
15-24	2.3	15.9	15.8	15.8	0.9	0.2	0.2	0.4	0.2	0.2	3.7
25-44	3.2	26	25.1	25.1	2.5	0.6	0.5	0.8	0.6	0.6	3.2
45-64	1.9	26.8	24.9	24.9	3.6	0.3	0.4	1.0	0.4	0.3	5.2
65+	4.4	17.7	12.6	12.6	5.7	0.0	0.1	1.1	0.4	0.0	13.4

Source: GATS 2015

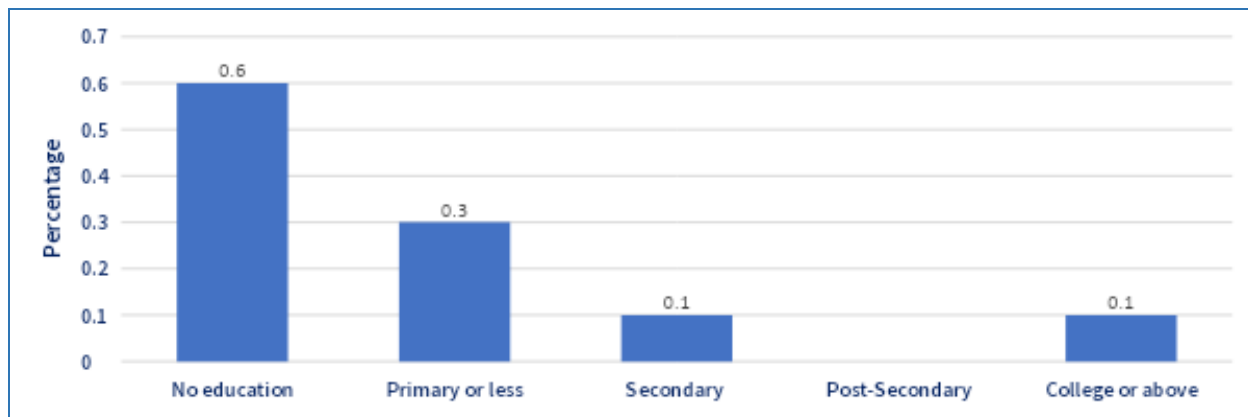
Any smoked tobacco product: Tobacco and cigarette use is high in adults with lower education. Increasing education levels in both genders decrease the prevalence of smoking. Among the uneducated, 27.5% were tobacco users, and 26.2% were cigarette smokers. Thirty percent (30.1%) and 29.7% with primary education or less, 23.8 % and 23.7% with secondary education, 14.9% and 14.8% respectively with a degree or above use tobacco and cigarettes. Lower socioeconomic status and education are likely to push men to smoke.

Figure 13. Tobacco and Cigarette Use.



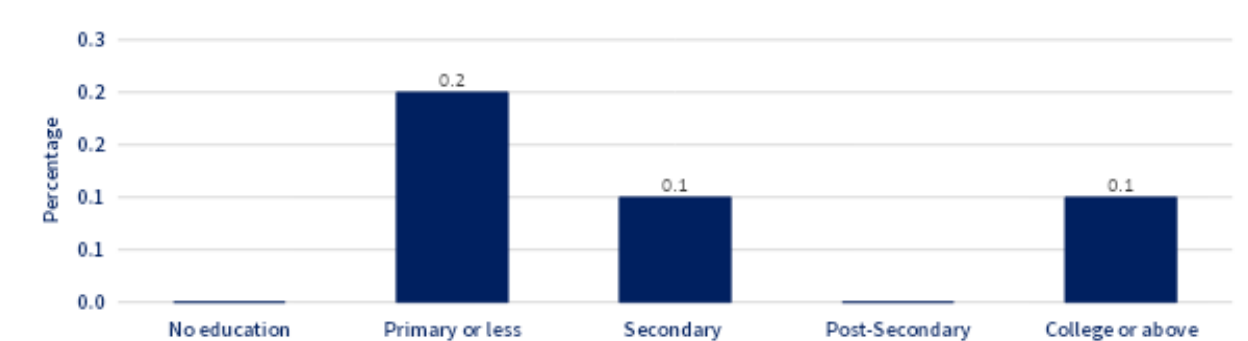
Source: GATS 2015

Figure 14. Water-pipe use



Source: GATS 2015

Figure 15. Other Smoked Tobacco Use



Source: GATS 2015

Smoking cessation and health care seeking behavior: According to GATS 2015, one-half of adult smokers tried to stop smoking during the past year, female (57.1%) more than male (51.5%). Those attempting to quit were between 15 and 24 years of age, followed by 45 or over. Quit attempts were higher in post-secondary followed by the college or above.

Table 8. Percentage of Smokers (15+) Who Tried to Stop Smoking in the Past 12 Months, by Use of Cessation Method.

Smoking Cessation and health care seeking behavior				
Demographic Characteristics	Made quit attempt	Visited a HCP	Asked by HCP if a Smoker	Advised to quit by HCP
Overall	52.2	26.5	70.5	56.5
Gender				
Male	51.5	24.7	72.8	58.1
Female	57.1	40.0	60.2	48.8
Age (Years)				
15-24	54.4	20.3	57.4	42.9
25-44	51.6	24.8	72.8	55.4
45-64	52.7	32.5	74.1	63.8

65	46.1	37.0	70.5	61.2
Residence				
Urban	50.2	28.1	71.5	55.2
Rural	53.8	25.2	69.7	57.7
Education Level				
No Formal	30.1	17.2	-	-
Primary	49.7	23.9	64.6	53.7
Secondary	53.7	23.3	71.1	56.9
Post-Secondary	61.6	38.2	63.1	47.2
College or above	54.2	38.0	77.5	60.0

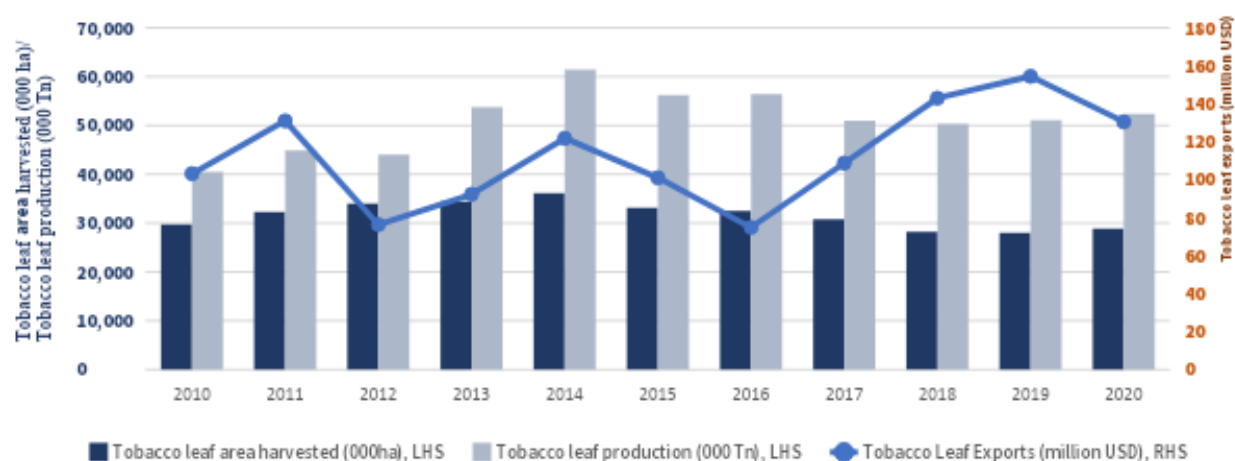
Source: GATS 2015

Tobacco and the Economy, Employment, and Trade

In the Philippines, tobacco is produced mainly in the Ilocos and Cordillera Administrative Region. It provides ample revenue and employment to farmers in the said area. A net value of US \$81.5 million (Php 3, 915,684,043) was produced by the tobacco industry, according to the Philippine Statistics Authority survey conducted in 2019.²⁴

The Sin tax Reform Act of 2012 or Republic Act 10351, was enacted to reduce tobacco consumption, taking into account both price elasticity, income elasticity of demand, inflation and changes in household income, to make tobacco less affordable over time.²³ It includes annual specific increases until 2017 and a 4% increase annually. Before-tax rates are proposed, levels are evaluated as to their impacts. The Congressional Oversight Committee specified in Section 11 of RA 10351, tasked to review annual reports of various government agencies regarding expenditures of earmarked revenues and, starting the third quarter of Calendar Year 2016, to evaluate the impact of the tax rates provided under this Act. Moreover, Value-Added Tax (VAT) added twelve percent to tobacco products. Since 2017, cigarettes have had a uniform specific tax, but in 2019, Congress passed laws (RA 11346 and RA 11467) imposing lower tax rates for heated tobacco products and electronic nicotine delivery systems.²³

Figure 16. Philippines Industry Trends, Tobacco Leaf Growing 2000-2013



Tobacco, to date, is grown in 23 provinces, covering approximately 30,352 hectares. The industry produces four (4) types of locally-grown tobacco: Virginia, Burley, Turkish tobaccos (aromatic tobacco), and native tobacco.²⁴ In 2021, the Philippines produced (dried leaves) 36,831.33 mt tobacco, of which 5,952.16 mt were native, 15, 8257.70 were Virginia, and 15,621.47 mt were other tobacco types.²⁵

Table 9. Types of Tobacco Produced in Philippines, Area grown, and Associated Products.

Types of Tobacco	Popular Name	Area where grown	Usage
Flue-cured	Virginia Leaf	Abra, Ilocos Norte, Ilocos Sur, La Union	Cigarettes
Light Air-cured	Burley Leaf	Pangasinan, Tarlac, Nueva Ecija and Occidental Mindoro	Cigarettes
	Native/ Dark	Cagayan, Isabela, Nueva Vizcaya, Quirino, Ifugao, Mountain Province, Iloilo, Leyte, Negros Occidental, Capiz, Cebu, Misamis Oriental, Zamboanga, North Cotabato, South Cotabato, Maguindanao, Sarangani, Bukidnon and Davao Del Sur	Cigarettes

I. Tobacco Production by Type and Geographical Location

The Philippines was the third-largest producer of tobacco in ASEAN countries in 2016. The majority of tobacco is in the Ilocos Region and Cagayan Valley. The area is known for its high quality and yield. In April-June 2021, the Ilocos region produced 24,940.18 metric tons, while the Cagayan valley produced 567.21 metric tons. The rest of the production is in Cordillera Administrative Region and Western Visayas.²⁵

Tobacco processing and cigarette making are among three multinational companies: Philip Morris Fortune Tobacco Corporation, JT International (Philippines) Inc., British American Tobacco (Philippines) Ltd. The rest are national companies.²⁶ The Fortune Tobacco Corporation and La Suerte Cigar and Cigarette Factory dominate the domestic market for aromatic leaves.²⁷

Table 10. Area, Production, and Yield per Hectare (Kgs) Dried Tobacco Leaves in Various Geographical Locations.

Dried Leaves	CAR	Region I (Ilocos Region)	Region II (Cagayan Valley)
(Area in '000' Hectares)			
2011	2,013	21,509	7,716
2012	2,052	22,278	8,403
2013	2,051	23,055	7,371
2014	2,051	23,747	7,98
2015	2,051	23,221	5,541
2016	2,082	21,973	5,784
2017	2,066	20,503	4,389
2018	28,212	2,046	18,828
2019	28,008	2,044	18,453
(Production '000' Tons)			
2011	926	30,171	12,277
2012	949	32,528	12,960
2013	964	37,111	12,889
2014	1,257	40,073	15,968
2015	1,484	39,398	11,627
2016	1,805	38,231	12,210
2017	1,777	35,637	9,501
2018	1,618	34,631	10,602
2019	1,592	34,375	12,117

(Yield Per hectare in Kgs)			
2011	0.46	1.40	1.59
2012	0.46	1.46	1.54
2013	0.47	1.61	1.75
2014	0.61	1.69	2.00
2015	0.72	1.70	2.10

Table 11. Area, Production, and Yield per Hectare (Kgs) Native Tobacco in Various Geographical Locations.

Tobacco Native	CAR	Region I (Ilocos Region)	Region II (Cagayan Valley)
(Area in '000' Hectares)			
2011	7	2,490	4,877
2012	41	2,507	4,284
2013	18	2,193	3,692
2014	18	2,263	2,882
2015	18	2,303	1,681
2016	19	2,391	244
2017	18	2,471	389
2018	17.4	2,342	488
2019	15.9	2,366	902
(Production '000' Tons)			
2011	5	4,055	6,704
2012	17	4,236	5,270
2013	10	4,076	5,519
2014	14	4,127	4,828
2015	15	4,204	2,919
2016	15	4,373	378
2017	14	4,688	746
2018	14.2	4,671	927.2
2019	12.1	4,791	1,857
(Yield Per hectare in Kgs)			
2011	0.72	2	1.37
2012	0.42	2	1.23
2013	0.55	2	1.49
2014	0.76	2	1.68
2015	0.81	2	1.74

Table 12. Area, Production, and Yield per Hectare (Kgs) Virginia Tobacco in Various Geographical Locations.

Virginia Tobacco	CAR	Region I (Ilocos Region)	Region II (Cagayan Valley)
(Area in '000' Hectares)			
2011	2,005	16,725	-
2012	2,010	17,480	15
2013	2,010	18,509	13
2014	2,010	18,980	12
2015	2,010	18,436	-
2016	2,010	17,178	36
2017	2,010	15,858	-

2018	2,007	14,493	-
2019	2,007	13,824	-
(Production '000' Tons)			
2011	920	20,526	-
2012	930	22,694	19
2013	944	27,267	17
2014	1,226	29,889	16
2015	1,452	29,563	-
2016	1,671	28,343	47
2017	1,731	26,437	-
2018	1,588	26,060	-
2019	1,565	25,021	-
(Yield Per hectare in Kgs)			
2011	0.46	1.23	-
2012	0.46	1.30	1.25
2013	0.47	1.47	1.30
2014	0.61	1.57	1.32
2015	0.72	1.60	-

J. Tobacco-Related Employment

According to the National Tobacco Administration (NTA), approximately 462,504 farmers are in tobacco cultivation or production, which accounted for 0.4% of total agricultural employment. The International Labor Organization (ILO) estimates that the tobacco industry's annual income has significantly increased throughout the years (e.g., 2000: \$333.4mil vs. 2010: \$797.9mil). The cigarette-making factories in the Philippines have a staff of approximately 12,372 in the 15 tobacco manufacturing establishments or factories.²⁷ Around Php 332.3 billion (US\$6.92 billion) is collected from excise taxes on tobacco-related and vapor products.²⁸ In 2019, revenue increased to Php 269 billion (US\$5.60 billion).²⁹

K. Illicit Trade

In 2009, the Philippines was a transshipment point for smuggled cigarettes.²⁹ The Bureau of Customs stated that cigarettes ranked first in the most smuggled products.³⁰ Reports of seizures are frequent in port areas in Subic and Batangas,³¹ and along the coast of Southern Mindanao (provinces of Zamboanga, Basilan, Sulu, and Tawi-Tawi),³² where there's an evasion to maritime patrol.³³

In 2006, the estimate in the Philippines was unchanged at 19.4% (8.5 billion cigarettes).³³ The 2012 industry-funded estimates of the illicit consumption share were at 5.9%, and in the 2013 Sin Tax Law, it has increased to 18.1% and 19.4% in 2013 and 2014, respectively.³⁵

Sixty-one billion illegal cigarette sticks, an average of 10 billion annually or 10.7% of the average total cigarette market, were available and sold from 1998 to 2018. The initial level of the illicit market share in 2017, according to estimates, returned at 6.5%. In 2018, the highest volume of illicit sticks was observed, with 16.1% (14.5 billion) of the year's total market, while the lowest was in 2013 with 1.66% (1.6 billion) of the total market. From 2003 to 2008, the illicit cigarette market share dropped by 42% and continued to decrease to 79% from 2008 to 2013.³⁵ The prevalence of illicit cigarette market shares in 2018, although the tax rate tripled in value to ₱31.2 (\$0.5934),³⁶ had increased compared with its 1998 of ₱0.77– ₱8.92 (\$0.019–\$0.2233).³⁷

L. Taxation

Four cigarette price categories: low-, medium-, high- and premium-priced, were imposed on varying taxes not indexed to inflation. Amendments to the tobacco tax law in 1997 and 2004 increased the excise tax rates. However, tobacco excise tax collection as a percentage of GDP continued to decline from 0.67% in 1988 to 0.30% in 2012.³⁸

The price per pack of the most-sold brand increased to PHP 36.39 in 2017 from PHP 16.22 in 2012 after RA 10351. In the same period, the total tax burden per pack tripled from 27% of the retail price to 93%.³⁹ Tobacco tax revenue grew from PHP 32 billion in 2012 to PHP 70 billion in 2013, reaching PHP 106 billion in 2017.⁴⁰

Two legislated amendments to the tobacco excise tax law after RA 10351 were: First, under the Tax Reform for Acceleration in 2018, specific taxes have a biannual PHP 2.50-increase equivalent to 16%, and in December 2017, an Inclusion (TRAIN) Law or Republic Act No. 10963 (RA 10963). In July 2019, imposed a 29-percent increase in the excise tax on cigarettes in 2020. It will be followed by 11-, 10, and 9-percent increases for 2021, 2022, and 2023, respectively; after, an annual adjustment of 5% will apply. RA 11346 also introduced excise taxes on heated tobacco (HTPs) and vapor products with differentiated rates.⁴¹

Table 13. Philippine Laws on Excise tax on Tobacco Products, 1997 to 2019.

Republic Act No.	8424	9334	10351	10963	11346
Date of Enactment	December 11, 1997	December 21, 2004	December 20, 2012	December 19, 2017	July 25, 2019
Number of Tiers	4	4	2013 to 2016: 2 2017 onwards: 1	1	1
Excise Tax Increase (cigarette packed by machine)	1998-2000: 12%	2000-2005: 14% to 86% 2005-2007: 4% to 12% 2007-2009: 4%-11% 2009-2011: 4%-10%	2011-2013: 108% to 341% 2013-2014: 8%-42% 2014-2015: 4%-24% 2015-2016: 4%-19% 2016-2017: 3%-20%	2017-2018: 16% 2018-2020: 7% 2020-2022: 7% 2022-2024: 4%	2018-2020: 29% 2020-2021: 11% 2021-2022: 10% 2022-2023: 9%
Adjusts tax rates annually	No	No	Yes, by 4% every year beginning 2018	Yes, by 4% every year beginning 2024	Yes, by 5% every year beginning 2024
Unitary tax system	No	No	Yes	Yes	Yes
Earmarks for Health	No	Yes, 2.5% of incremental revenue for the National Health Insurance Program and 2.5% of incremental revenue for disease prevention program	Yes, more than 80% of incremental revenue for universal health care	No	Yes, 50% for total revenue for universal health care

Source: Diosana, JL. 2020. Raising Tobacco Taxes: The Philippine Experience. *Asian Pac J Cancer Prev*, 21, Progress of Tobacco Control in the Western Pacific Region Suppl, 27-31. DOI:10.31557/APJCP.2020.21.S1.27

Key Players and Stakeholders

M. Key Players in the Tobacco Industry

The two big multinational companies in the Philippines are Philip Morris Fortune Tobacco Corporation and Japan Tobacco International (Philippines) Inc. These companies control 91.2% of the tobacco market.²⁶ PMI and Fortune Tobacco had a merger on February 25, 2010. Owned 50-50 by PMI and local conglomerate LT Group,⁴² PMFTC is the leading cigarette manufacturer in the Philippines.⁴³

In 2009, British American Tobacco left the Philippine cigarette market. Local and international tobacco companies like Japan Tobacco International (JTI), Mighty Corp, La Suerte Cigar & Cigarette Factory, and Imperial Tobacco, have a persistent presence in the Philippines. Twenty cigarette manufacturing facilities with a capacity of 84,963 million sticks per year comprise the country's tobacco companies.²⁶

National Tobacco Administration (NTA)

The NTA is a semi-autonomous department of the Philippine government under the Department of Agriculture. It has two mandates: First, improve economic and living conditions and raise the quality of life of the tobacco farmers and other occupations who depend upon the industry for their livelihood, and promote the balanced and integrated growth and development of the tobacco industry to help make agriculture a solid base for industrialization.

Section 33 of Republic Act No. 9211 or the Tobacco Regulation Act of 2003 mandates the following programs and projects: 1.) NTA registered tobacco farmers displaced or have voluntarily ceased planting tobacco should be financially supported through the Tobacco Growers Assistance Program; 2.) Assist tobacco farmers in developing alternative farming systems, crops, and other livelihood projects through the Tobacco Growers Cooperative Program; 3.) Provide a scholarship for dependents of tobacco farmers in collaboration with state colleges and universities through the National Tobacco-Free Public Education Program; 4.) Undertake studies concerning technologies and methods, through Research and Development Program, to reduce the risk of dependence on or injury from tobacco product usage and exposure and development of alternative uses of tobacco and similar research programs.⁴⁴

Table 15. Programs Funded by Bloomberg Initiative, 2013 to present.

Projects	Grants	Focuses
Working towards the effective and credible implementation of the tobacco taxation law	ACTION FOR ECONOMIC REFORMS	Tobacco Taxation law implementation
Harnessing tobacco tax reform gains to further increase taxes in the 17th Congress	ACTION FOR ECONOMIC REFORMS	Increase the unitary tobacco tax rate in the 17th Congress while ensuring the effective and credible implementation of the existing law.
Updating the Sin Tax Law to Ensure Health Wins for The Philippines	ACTION FOR ECONOMIC REFORMS	Advocate for tobacco tax legislation that maximizes the health benefits
Strengthening the Filipino tobacco tax law	ACTION FOR ECONOMIC REFORMS	Sin Tax Law-related issues.
Advancing Sustainable Tobacco Control Through Stronger	Action on Smoking and Health, Philippines (ASH Philippines)	Tobacco Control Policy (general)

MPOWER Implementation in the Philippines		
Smoke-Free Albay	ADD+Vantage Community Team Services, Inc. (ACTS, Inc)	Smokefree
Strengthening Tobacco Control Capacity in the Philippines	ASH Philippines	Tobacco Control Policy (general)
Race towards a Tobacco Industry (TI) Interference –free civil service	Civil Service Commission	Tobacco Control Policy (general)
Strengthening the FCTC Article 5.3 Implementation in the Philippine Bureaucracy	Civil Service Commission	Tobacco Control Policy (general)
Expanding the Implementation of FCTC Article 5.3 across the Philippine Bureaucracy	Civil Service Commission	Legislation - implementation
Instituting Implementation Mechanisms to Enforce Advertising Bans in the Country through Key School Districts	Department of Education	Advocacy for effective implementation of tobacco control
Boosting the implementation of the Philippine National Tobacco Control Strategy (NTCS) 2011-2016 in its selected strategic objectives (Phase 2)	Department of Health - National Center for Health Promotion	Tobacco Control Policy (general)
Boosting the Implementation of The Philippines National Tobacco Control Strategy [NTCS] in Selected Action Areas	Department of Health National Center for Health Promotion (NCHP)	Tobacco Control Policy (general)
Countering Tobacco Industry Interference and Tobacco Marketing	Framework Convention on Tobacco Control Alliance, Philippine	Tobacco Control Policy (general)
Scaling Up National Tobacco Control Capacity of the Philippines	Framework Convention on Tobacco Control Alliance, Philippines (FCAP)	Tobacco Control Policy (general)
Strengthening the Implementation of the Smoke-Free Baguio Ordinance	Health Services Office- City Government of Baguio	Smokefree
Advancing Tobacco Control in the Philippines Through Policy Development, Capacity Building and Advocacy	HEALTH JUSTICE PHILIPPINES, INC	Tobacco Control Policy (general)

Strengthening Tobacco Control Through the Development and Implementation of FCTC-Compliant Policies and Protection Against Tobacco Industry Interference	HEALTH JUSTICE PHILIPPINES, INC	Tobacco Control Policy (general)
Strengthening Tobacco Control through the Development and Implementation of Smoke-Free Philippines and Protection Against Tobacco Industry Interference	HEALTH JUSTICE PHILIPPINES, INC	Tobacco Control Policy (general)
Using litigation as a tool to compel government regulators to comply with anti-smoking laws and the creation of smoke-free environments	LEGAL ENGAGEMENT ADVOCATING DEVELOPMENT AND REFORM (LEADER, INC.)	Tobacco Control Policy (general)
Sustaining Enforcement of 100% Smokefree Environment Policy in Metropolitan Manila	Metropolitan Manila Development Authority (MMDA)	Smokefree
Integrated Enforcement of Smoke Free Environment Policy in Metropolitan Manila	Metropolitan Manila Development Authority (MMDA)	Tobacco Control Policy (general)
Empowering Local Government Units in the Enforcement of Smoke Free Environment Policies in Metropolitan Manila	Metropolitan Manila Development Authority (MMDA)	Smokefree
Intensified Enforcement of 100% Smokefree Environment Policy in Metropolitan Manila and Other Selected Localities	Metropolitan Manila Development Authority (MMDA)	Tobacco Control Policy (general)
Providing Grassroots Support for FCTC-Compliant Graphic Health Warnings and Support for the Sin Tax Law	New Vois Association of the Philippines Inc.	Tobacco Control Policy (general)
Providing Grassroots Support to Promote the Implementation of the GHW Law and to Protect the Gains of the Sin Tax Law	New Vois Association of the Philippines, Inc.	Tobacco Control Policy (general)
Providing grassroots support to exert pressure on policymakers to	New Vois Association of the Phils. Inc.	Tax/Price

enact Tobacco Tax and Graphic Health Warning bills in Congress		
Providing Grassroots Support to Ensure the Success of the Top Three Priority Focus of Tobacco Control in the Philippines	NEW VOIS ASSOCIATION OF THE PHILS. INC.	Grassroots support
Providing Media and Grassroots Support to Ensure Success of the Top 3 Priority Tobacco Control Policy Focus in the Philippines	NEW VOIS ASSOCIATION OF THE PHILS. INC.	Tobacco Control Policy (general)
Reducing Tobacco Use through Policy Advocacy Actions at the National and Local Government Levels	PHILIPPINE LEGISLATORS' COMMITTEE ON POPULATION AND DEVELOPMENT	Tobacco Control Policy (general)
"Strengthening of the Regulatory Systems on Tobacco Control under the Food and Drug Administration "	Philippines Food and Drug Administration	Tobacco Control Policy (general)
Monitoring and Rights-Based Advocacy on Tobacco Control and Tobacco Industry Interference	RURAL POOR INSTITUTE FOR LAND AND HUMAN RIGHTS SERVICES (RIGHTS), INC.	Tobacco Control Policy (general)
Tax Tobacco To the Max Campaign for Higher Unitary Cigarette Excise Tax and Higher Utilization Rates of Sin Tax Revenues towards Universal Health Care	SOCIAL WATCH PHILIPPINES FOUNDATION, INC.	Tobacco Control Policy (general)
Citizens' involvement in strengthening reforms in the Sin Tax law and monitoring earmarks on health and spending for social development	SOCIAL WATCH PHILIPPINES FOUNDATION, INC.	Tobacco Control Policy (general)

N. Status of Media Awareness and Coverage of Tobacco-Related Issues

World Foundation, the principal partner of the Bloomberg Initiative to Reduce Tobacco Use, endorsed and promoted MPOWER, one of the World Health Organization's strategies to reduce tobacco consumption. One of its components, Warn, can be promoted through campaigns, either through traditional or social media, to increase quit rate, knowledge of the health risks of tobacco use, and change behavior in both smokers and non-smokers.

In the 2015 Global Adult Tobacco Survey, 83.2 % (82.9 male, 83.6 female) noticed anti-cigarette smoking information at any location (from 80.1% in 2009). The health warnings on cigarette packages increased the

percentage of current cigarette smokers who thought of quitting smoking significantly from 37.4% in 2009 to 44.6% in 2015.

Launched by former Health Secretary Juan Flavio Velasco back in the 1990s, Yosi Kadiri, an ugly and villainous mascot (smoking is nasty or loathsome, in Filipino slang), symbolized smoking's harmful effects, was promoted through traditional media, including newspapers, magazines, billboards, radio, television, posters, stickers, and comic books.⁴⁵

A national anti-tobacco campaign that highlights the dangers of smoking to adults and the health harms caused to children and non-smokers through exposure to second-hand smoke (SHS) was launched by The Department of Health (DOH) with the New Vois Association of the Philippines (NVAP) and World Lung Foundation. The campaign started airing on national television channels on August 15, 2015. Called “Cigarettes Are Eating You Alive,” it features two public service announcements (PSAs) designed to encourage quitting, support smoke-free laws, and support the implementation of the graphic health warnings on tobacco packs by March 2016. “Cigarettes Are Eating You Alive” graphically shows smoking causing damage to nearly every vital organ and tissue of the body, and the other is called “Cigarettes Are Eating Your Baby Alive,” which shows the harms of second-hand smoking to children and non-smokers. Announcements incorporated the graphic health warning images implemented on tobacco packs which showed stroke, oral cancer, neck cancer, and throat cancer in smokers and laryngeal cancer, stroke, and low birth weight in babies resulting from second-hand smoke exposure.⁴⁶

In 2019, a 29-second video with 1990s cigarette mascot “Yosi Kadiri” in a boxing ring sparring and knocked out by Sen. Manny Pacquiao was posted through the social media account of the Department of Finance (DOF) and the Department of Health (DOH). The video is part of the government’s advertising campaign to raise the cigarette excise taxes and to demolish fake cigarettes and counterfeit internal revenue stamps that allow crooked traders to evade tax payments.⁴⁷

Regulation of Tobacco: Status, Benefits, and Gaps

O. Tobacco Policy Landscape

Through its comprehensive Implementing Rules and Regulations issued by the Inter-Agency Tobacco Committee in 2003 on tobacco control, an omnibus law, the Tobacco Regulation Act of 2003 or Republic Act No. 9211, regulate smoking in public places, tobacco advertising, promotion and sponsorship, and sales restrictions. In addition to tobacco advertising, its promotion and sponsorship provisions in Republic Act No. 9211 and the Implementing Rules and Regulations on tobacco control, the Consumer Act of the Philippines or Republic Act No. 7394 addresses the false, deceptive, or misleading advertising in general.

Smoking regulation in public utility vehicles and land transportation terminals, through Memorandum Circular No. 2009-036, was issued by the Land Transportation Franchising and Regulatory Board of the Department of Transportation and Communications while government premises, buildings, and grounds' smoking regulations were issued by Civil Service Commission, through its Memorandum Circular No. 17, s. 2009, further regulating restrictions for the public. Standards for designated smoking areas (DSAs), duties on persons in charge of public places, advertising outside point-of-sale retail establishments prohibitions, and other sales and advertising restrictions not specified under the Republic Act were provided by Executive Order No. 26 of 2017.

Issuance of standards on the packaging and labeling of tobacco products is through the Graphic Health Warnings Law or Republic Act No. 10643 Implementing Rules and Regulations. Templates of the first set of required graphic health warnings were established by the Department of Health Administrative Order No. 2014-0037, which amended Department of Health Administrative Order No. 2014-0037-A. The second set is contained in Administrative Order No. 2014-0037-B, while the third set is in Administrative Order No. 2019-0009. Guidelines for tobacco industry interactions called Protection of the Bureaucracy Against Tobacco Industry Interference (Joint Memorandum Circular No. 2010-0) issued by the Civil Service Commission and the Department of Health in June 2010 served as a template for other government departments in implementing rules and guidelines.

The Philippine Tobacco Institute has challenged and litigated the Food and Drug Administration's (FDA) authority to regulate tobacco products. In March 2011, the Department of Health and FDA published implementing rules to regulate tobacco products.⁴⁸

Table 15. Chronology of Tobacco-Related Legislation in Philippines

Bill No.	Description
Smoke-free DOH 1987-1990	Smoking Cessation Program to support the National Tobacco Control and Healthy Lifestyle Program
Republic Act No. 7394 Consumers act 1992	<ul style="list-style-type: none">• protection against hazards to health and safety;• protection against deceptive, unfair and unconscionable sales acts and practices;• provision of information and education to facilitate sound choice and the proper exercise of rights by the consumer;• provision of adequate rights and means of redress; and• involvement of consumer representatives in the formulation of social and economic policies.
Republic Act No. 8749 Clean air Act 1999	reduce air pollution and incorporate environmental protection into its development plans. It relies heavily on the polluter pays principle and other market-based instruments to promote self-regulation among the population

Republic Act No. 9211 “Tobacco Regulation Act of 2003” June 23, 2003	regulating smoking in public places, tobacco advertising, promotion and sponsorship, and sales restrictions, among other requirements
CSC Memorandum Circular No. 17-2009 May 29, 2009	Smoking Prohibition based on 100% Smoke Free Environment Policy
LTO Memorandum Circular No. 2009-036 December 21, 2009	100% Smoke Free Public Utility Vehicles (PUV) and Public Land Transportation Terminals
DOH Administrative Order No. 2010-0013 May 12, 2010	Requiring Graphic Health Information on Tobacco Product Packages, Adopting Measures to Ensure That Product Packaging and Labelling do not promote tobacco by any means that are false, misleading, deceptive or likely to create an erroneous impression and matters related thereto
Department of Education Order 6-2012 January 2012	Guidelines on Adoption and Implementation of Public Health Policies on Tobacco Control and Protection Against Tobacco Industry Interference
BIR Memorandum Order No. 16-2012 June 28, 2012	Smoking Prohibition based on 100% Smoke-Free Environment Policy, Restrictions on Interactions with the Tobacco Industry and Imposition of Sanctions for Violation of the Rule
Republic Act 10643 “Graphic Health Warnings Law” July 22, 2013	An act to effectively instill health consciousness through graphic health warnings on tobacco products
Republic Act No. 103511	Restructuring Excise tax on Alcohol and Tobacco Products
DOH Administrative Order No. 2014-0008 March 12, 2014	Regulations on Electronic Nicotine Delivery Systems (ENDS) or Electronic Cigarettes by Food and Drug Administration
DOH Administrative Order No. 2014-0037 Oct 27, 2014	Templates and Guidelines on the Use of Templates of Graphic Health Warnings Pursuant to RA 10643 (“an Act to Effectively Instill Health Consciousness Through Graphic Health Warnings on Tobacco Products”)
DOH AO No. 2014-0037-A March 2, 2015	Amendment to AO No. 2014-0037 on Templates and Guidelines on the Use of Templates of Graphic Health Warnings Pursuant to RA 10643 (“an Act to Effectively Instill Health Consciousness Through Graphic Health Warnings on Tobacco Products”)
Executive Order 26-2017 May 16, 2017	Establishment of Smoke Free Environments in Public and Enclosed Areas
Republic Act No. 11467 Act Amending Sections 109, 141-144, 147, 152, 263, 263-A, 265 and 288-A and Adding A new Section 290-A to RA No. 8424 July 22, 2017	Excise Tax on Tobacco Products
DENR Memorandum Circular No. 2018-12	Adoption and Implementation CSC-DOH Joint Memorandum Circular 2010001 on Protection of the Bureaucracy against Tobacco Industry Interference
DOH Administrative Order No. 2019-0009 March 20, 2019	Third Set of Graphic Health Warning Templates pursuant to RA No. 10643
Executive Order 106-2020 February 26, 2020	Prohibiting Manufacture, Distribution, Marketing and Sale of Unregistered And/ Or Adulterated Electronic Nicotine/Non-Nicotine Delivery Systems, Heated Tobacco Products and other

	Novel tobacco products, Amending EO 26 (2017) and For other Purposes
DOH Memorandum, No. 2020-0246 Interim Guidelines on Tobacco Control in Light of COVID-19 Pandemic May 15, 2020	Cessation all forms of tobacco and electronic cigarette use Tobacco and vapor products shall not be classified as essential goods (EO No.26, EO No. 106-2020, EO No. 26-2017) Information dissemination on harmful effects continued Free from direct or indirect interference
DOH Administrative Order No. 2020-0055 Dec 1, 2020	Regulation on Vapor Products and Heated Tobacco Products (HTP) under the Food and Drug Administration
HB 9007- “Non-Combustible Nicotine Delivery Systems Regulation Act” March 16, 2021	Regulating the Manufacture, Use, Sale, Packaging, Distribution and Communication of Electronic Nicotine and Non-Nicotine Delivery Systems (ENDS/ENNDS) and Heated Tobacco Products (HTP) and Novel Tobacco Products

Efforts Toward Tobacco Control and Smoking in Philippines

The Philippine Senate Resolution No. 195 (“Resolution Concurring in the Ratification of the FCTC”) aimed to comply with the treaty (WHO FCTC 2005) and protect public health policies from the influence of the tobacco industry and prioritize the health of the public.⁴⁹

In 2009, The Regional Action Plan (RAP) for the Tobacco Free Initiative was released in the Western Pacific by the World Health Organization (WHO) Regional Office for the Western Pacific. It had four overall indicators to be achieved by 2014: 1) all countries to have developed a national action plan and national coordinating mechanism, 2) all parties in the Region to have ratified all WHO FCTC protocols, 3.) reliable data on adult and youth tobacco use to be available in all countries, and 4) the prevalence of adult and youth current tobacco use (smoking and smokeless) to be reduced by 10% from the most recent baseline. The RAP set out specific actions for countries and suggested country-level indicators; it remains an influence on tobacco control activities within countries in the region, including the Philippines.⁵⁰

Table 17. Status of Tobacco Control Policies in Philippines, Indonesia, and Thailand.

	Philippines	Indonesia	Thailand
Smoke-free Environments- complete smoking ban			
Health Care facilities	Yes	No	Yes
Primary and secondary schools	Yes	No	Yes
Universities	Yes	No	Yes
Governmental facilities	Yes	No	Yes
Private offices	Yes	No	Yes
Public transport	Yes	No	Yes
Restaurants	No	No	Yes
Bans on tobacco advertising, promotion and sponsorship			
Domestic TV and radio	Yes	No	Yes
Domestic magazines and newspapers	Yes	No	Yes
Outdoor Advertising	Yes	No	Yes
Point-of-sale advertising	No	No	Yes
retail product display	No	No	Yes
Internet advertising	Yes	No	Yes
Free distribution	No	Yes	Yes
promotional discounts	No	Yes	Yes

Non-tobacco products or services with tobacco brand names	No	Yes	Yes
Tobacco products with non-tobacco brand names	No	No	No
Paid placement in media	Yes	Yes	Yes
Financial sponsorship, including corporate social responsibility	No	No	No
Publicity of sponsorships	Yes	No	No
Health warnings on smoking tobacco products			
Text warning describe health impact	Yes	Yes	Yes
Warnings include a picture or graphic	Yes	Yes	Yes
Health warnings on smokeless tobacco products	Yes	Yes	Yes
Warnings are written in the principal language	Yes	Yes	Yes
Ban on misleading packaging and labelling	No	No	Yes

Source: Adapted from Tobacco Control (2019), Philippines- Country Fact Sheets

Table 18. Tobacco and Combustible Smoking Control Efforts

Prohibition of Smoking and Protection of Non-smoker's Health	
1.	Ban on smoking in public places
2.	Ban on outdoor advertisements in public conveyances and in stations, terminals or platforms
3.	Designation of smoking and non-smoking areas
4.	Ban on smoking on public utility vehicle
5.	Prohibited access to vending machines and other self-service facilities unless with mechanism for age verification
6.	Ban for sampling and sale of cigarettes under 18
7.	Ban to sell within 100m of places where youth congregate
8.	Mandatory display of "No Smoking" signs at public places
Cigarette Health Warnings	
1.	Health warnings should occupy 50% of front, back and side panel
2.	Ban on tobacco advertising, regardless of medium used
3.	Ban on outdoor advertisements in public conveyances and in stations, terminals or platforms thereof
4.	Ban on free samples, cash rebates, discounts, and sponsorship of events
5.	Prohibiting Manufacture, Distribution, Marketing and Sale of Unregistered And/Or Adulterated Electronic Nicotine/Non-Nicotine Delivery Systems, Heated Tobacco Products and other Novel tobacco products
6.	Declaration of places of public work or use completely smoke-free
7.	Increased FED on cigarette packs
Infrastructure development/Institutionalization	
1.	Formation of Interagency Tobacco Committee
2.	Creation of Sector- Wide Anti-Tobacco Council
3.	Institutionalizes the adherence to the DOH policy not granting applications of the tobacco industry for advertising, promotion and sponsorship, since mandate rests with Food and Drug Administration
4.	Appoints National Center for Health Promotion (NCHP) as lead office for the newly established National Tobacco Control Coordinating Office (NTCCO)
Awareness/Capacity Building	
1.	Heighten the information dissemination on the CSC-DOH JMC 2010-01 (publication of information, education and communication (IEC) materials were done, advertisement published in newspaper)

Enforcement	
1.	Local government units (LGUs) play an important role to ensure proper enforcement of RA-9211 along with members of the Philippine National Police (PNP)
2.	Local Government Units with local ordinances on 100% smoke free environments through continued technical assistance and advocacy campaigns. The implementation of the Red Orchid Award (ROA)
Monitoring Tobacco Use	
1.	Conducted Global Adult Tobacco Survey (GATS) 2015
2.	Conducted Global Youth Tobacco Survey (GYTS) 2015
3.	Conducted Philippine Demographic Health Survey (PDHS) 2017
4.	Conducted Global School Based Student Health Survey (2015)
5.	Conducted 2018 Expanded National Nutrition Survey (ENNS)

P. Gaps and Challenges for Smoking Cessation

The Philippines, among ASEAN countries, ranked third in cigarette sticks production; In terms of sales, it sold over 70 million cigarette sticks in 2020. In 2015, an estimated 96.4 percent of sales were in grocery stores, according to SEATCA. In 2016, there were 694,821 cigarette retailers (excluding street vendors) which equates to 421 cigarette retailers per 10,000 smokers in contrast to the ratio of 12 doctors per 10,000 population.⁵⁰ Four of the more than 40 smoking-related diseases: lung cancer, chronic obstructive pulmonary disease, heart disease, and stroke caused 87,600 Filipinos to die from tobacco-related diseases annually, which costs the country Php 188 billion (US\$ 4 billion) yearly from healthcare expenditures. Thus, public health priority and development issues are placed on tobacco control since it affects overall quality of life and well-being.⁵²

Quit rate 4.0% out of 52.2% who made a quit attempt in the past 12 months.⁵³ The Philippines, according to WHO Cessation Index, offers NRTs and cessation services with at least one cost covered. Promotional materials (leaflets and posters) are allowed at the point of sale. The industry, therefore, takes strong advantage of this loophole by providing promotional discounts and distributing free samples. Moreover, media exposure to the national anti-tobacco campaign was lesser.

The executive order implements registration of product (liquids, solutions, or refills necessary for using Electronic Nicotine Delivery System (ENDS), Electronic Non- Nicotine Delivery System (ENNDS) or Heated Tobacco Products (HTPs) for electronic cigarette) and compliance of product standards according to the Philippine Food and Drug Administration (FDA) and the Department of Trade and Industry (DTI).

Furthermore, companies must obtain the license to operate in the manufacturing, distribution, importation, marketing, and sale of ENDS/ENNDS, HTPs, or their components from the FDA. According to the DOH, such requirements will allow authorities to subject heated tobacco and similar products to pertinent pre-market approval and post-market surveillance to ensure compliance with up-to-date product safety and marketing standards.

The EO provides the following rules pertaining to selling and using vaping products:

- Public places must have a designated smoking or vaping area (DSVA) for smokers of vaping devices and traditional cigarettes. Smoking and vaping within enclosed public spaces, whether stationary or in motion, is allowed only in DSVAs.
- The use, sale, or purchase of e-cigarettes and tobacco products by persons under 21 years of age is prohibited.

In addition, importing unauthorized ENDS/ENNDS, HTPs, or their components is prohibited according to the executive order. Consequently, the FDA and DTI should coordinate with the Bureau of Customs to formulate guidelines, requirements, and procedures for importing devices and their components into the Philippines.⁵⁴

Almost 3 million (2.7) Filipinos (4%), according to the Pulse Asia survey conducted from Sept. 6 to 11, 2021, use e-cigarettes or vaping devices. The survey revealed that 77 percent of the 1,200 adult respondents (8 out of 10 Filipinos) believe that e-cigarettes pose a “serious health hazard” to users; 15 percent said it is a minor health hazard, while only two percent said it is not.⁵⁵

Challenges to achieving smoking cessation:

1. The presence of the tobacco industry in the committee (IAC-T) has remained a challenge
 2. TAPS ban in RA 9211 allowed the tobacco industry to come with ways to circumvent the indications of what the republic act can prohibit. Furthermore, it undertakes to prohibit or regulate advertising of novel products or devices that promote smoking
 3. Continued affordability and accessibility of tobacco products among the vulnerable groups- the poor and the young
 4. Minimum legal age of purchase
 5. Exposure to secondhand smoke remains a challenge despite presence of various laws and ordinances
 6. Data collection for surveillance
 7. Insufficient public awareness due to lack of mass media campaign and other communication strategies
 8. Tobacco control institutionalization not in full effect in order government agencies (national or local)
 9. There’s no disclosure of tobacco products’ ingredients stipulated under the republic act
 10. Telephone quitlines and access to free or lesser cost cessation medicine
 11. Illicit trade is prevalent even today
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