

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Period of reporting:

	Month	Year
Start date	April (4)	2018 (19)
End date	March (3)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	40.3	11.2
FEMALE	5.1	8.6
TOTAL (males and females)	22.7	11.0

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	33.9	11.2
FEMALE	3.6	8.6
TOTAL (males and females)	18.7	11.0

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	6.4
FEMALE	1.5
TOTAL (males and females)	4.0

Former smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	16.7
FEMALE	5.9
TOTAL (males and females)	11.3

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	47.5
FEMALE	91.4
TOTAL (males and females)	60.2

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

The smoking tobacco products included in calculating the prevalence for question B11 are: manufactured and hand-rolled cigarettes, kretek, pipe, cigars, cheroots or cigarillos and water pipe.

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	15	100

Please indicate the year of the data used to answer question B11:

2015

Please indicate the source of the data used to answer question B11:

2015 Philippines Global Adult Tobacco Survey (GATS)

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	Includes both daily and occasional (less than daily) smoker
Daily smoker	Smoking at least one tobacco product everyday or nearly everyday over a period of a month or more
Occasional smoker	Less than daily smokers
Former smoker	Smoked tobacco in the past but currently do not smoke
Never smoker	Does not smoke at all

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

Current cigarette smoking prevalence, significantly decreased from 27.9 in 2009 to 22.5 in 2015. This represents a 19.6% relative decline of current cigarette smoking prevalence.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	15	24	30
MALES - current smokers ¹	25	44	46
MALES - current smokers ¹	45	64	46
MALES - current smokers ¹	65	100	28
FEMALES - current smokers ¹	15	24	2
FEMALES - current smokers ¹	25	44	5
FEMALES - current smokers ¹	45	64	8
FEMALES - current smokers ¹	65	100	10
TOTAL (males and females) - current smokers ¹	15	24	16
TOTAL (males and females) - current smokers ¹	25	44	26
TOTAL (males and females) - current smokers ¹	45	64	27
TOTAL (males and females) - current smokers ¹	65	100	18

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

The smoking tobacco products included in calculating the prevalence for question B12 are:
manufactured and hand-rolled cigarettes, kretek, pipe, cigars, cheroots or cigarillos and water pipe.

Please indicate the year of the data used to answer question B12:

2015

Please indicate the source of the data used to answer question B12:

2015 Philippines Global Adult Tobacco Survey (GATS)

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

The trend in current smoking prevalence by age group from 2009 to 2015 is decreasing at all age groups.

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

	Prevalence (%)
(please include all smokeless tobacco products in prevalence data)	
Current users	2.7
Daily users	1.5
Occasional users	1.2
Former users	0.2
Never users	96.3

Females

	Prevalence (%)
(please include all smokeless tobacco products in prevalence data)	
Current users	0.7
Daily users	0.5
Occasional users	0.2
Former users	0.1
Never users	98.9

TOTAL (males and females)**Prevalence (%)**
(please include all smokeless tobacco products in prevalence data)

Current users	1.7
Daily users	1.0
Occasional users	0.7
Former users	0.2
Never users	97.6

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

The smokeless tobacco products included in calculating prevalence for question B13 are: chewing tobacco, snuff tobacco, betel quid with tobacco.

Please indicate the age range to which the data used to answer question B13 refer:

	From	To
Age range	15	100

Please indicate the year of the data used to answer question B13:

2015

Please indicate the source of the data used to answer question B13:

2015 Philippines Global Adult Tobacco Survey (GATS)

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user	Includes both daily and occasional
Daily user	Use smokeless tobacco at least one time everyday or nearly everyday over a period of a month or more
Occasional user	Less than daily user
Former user	Use smokeless tobacco in the past but is currently not a user of smokeless tobacco
Never user	Does not use smokeless tobacco at all

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

The trend in the current use of tobacco from 2009 to 2015 is decreasing in general and across sexes.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ²	15	24	
MALES - current smokers ²	25	44	
MALES - current smokers ²	45	64	
MALES - current smokers ²	65	100	
FEMALES - current smokers ²	15	24	
FEMALES - current smokers ²	25	44	
FEMALES - current smokers ²	45	64	
FEMALES - current smokers ²	65	100	
TOTAL (males and females) - current smokers ²	15	24	4
TOTAL (males and females) - current smokers ²	25	44	3
TOTAL (males and females) - current smokers ²	45	64	5
TOTAL (males and females) - current smokers ²	65	100	13

Please indicate the smokeless tobacco products included in the answer to question B14:

The smokeless tobacco products included in the answer to the question B14 are: Chewing tobacco, snuff tobacco, betel quid with tobacco and dip.

Please indicate the year of the data used to answer question B14:

2015

Please indicate the source of the data used to answer question B14:

2015 Philippines Global Adult Tobacco Survey (GATS)

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

The 2015 GATS Country Report did not include data on prevalence of smokeless tobacco use by age group because of its low prevalence; thus, further analysis as to age group is not needed by the country.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

Please indicate the age range to which the data used to answer question B15 refer:

From To

Please indicate the year of the data used to answer question B15:

Please indicate the source of the data used to answer question B15:

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users ⁴	13-15	20.5	2.9	4.3
GIRLS - Current users ⁴	13-15	9.1	2.1	2.5
TOTAL (boys and girls) - Current users ⁴	13-15	14.5	2.5	3.4

Please indicate the tobacco products included in calculating prevalence for question B16:

The tobacco products included in calculating prevalence for question B16 are: cigarettes (manufactured, hand rolled, kretek), pipes, cigars/cigarillos, waterpipes/bidis/shisha

Please indicate the year of the data used to answer question B16:

2015

Please indicate the source of the data used to answer question B16:

2015 Philippine Global Youth Tobacco Survey (GYTS)

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Definition of current tobacco use is "smoked tobacco anytime during the past 30 days."

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

There was an increase in prevalence of current cigarette smoking by young persons by 34.8% from 8.9% in 2011 to 12.0% in 2015. However, the trend is not a continuous increase nor decrease, changes vary across the five rounds of GYTS from year 2000 to 2015.

Please attach the relevant documentation.

2015 GATS - Philippines	No comment	File type "pdf"
2015 GYTS - Philippines	No comment	File type "pdf"

Use of novel and emerging tobacco and nicotine products

	Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non- Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
ADULT POPULATION - Males	15- 100		1.3 (Current use)		
ADULT POPULATION - Females	15- 100		0.2 (Current use)		
ADULT POPULATION - Total (males and females)	15- 100		0.8 (Current use)		
YOUNG PERSONS - Boys	13-15		15.7 (Ever tried or experimented e- cig)		
YOUNG PERSONS - Girls	13-15		8.1(Ever tried or experimented e- cig)		
YOUNG PERSONS - Total (boys and girls)	13-15		11.7 (Ever tried or experimented e- cig)		

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

- 21.5% of adults who worked indoors (3.6 million adults) were exposed to tobacco smoke in enclosed areas at their workplace.
- 34.7% of adults (24.0 million adults) were exposed to tobacco smoke at home.
- 86.3% of adults (3.3 million adults) were exposed to tobacco smoke when visiting bars and nightclubs.
- 37.6% of adults (2.0 million adults) were exposed to tobacco smoke when using public transportation.
- Males (39.0%) were exposed more than females (30.3%).
- 38.3% of students (13-15 years old) were exposed to tobacco smoke at home while 72.5% of students saw anyone smoking within school premises

Please indicate the year of the data used to answer question B21:

2015

Please indicate the source of the data used to answer question B21:

2015 Philippine GATS and 2015 Philippine GYTS

Please attach the relevant documentation.

**2015 GATS
Survey**

No comment

File type "pdf"

**2015 GYTS
Fact sheet**

No comment

File type "pdf"

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Ischaemic heart disease (Male: 50503, Female: 33617, Total: 84120)

Cerebrovascular disease (Male: 33610, Female: 26164, Total: 59774)

Pneumonia (Male: 28375, Female: 28835, Total: 57210)

Hypertensive diseases (Male: 14061, Female: 12410, Total: 26471)

Chronic lower respiratory infection (Male: 17633, Female: 7185, Total: 24818)

Respiratory tuberculosis (Male: 15, 689, Female: 6834, Total: 22, 523)

Lung Cancer (Male: 6062, Female: 2868, Total: 8930)

Please indicate the year of the data used to answer question B32 and 33:

2017

Please indicate the source of the data used to answer questions B32 and B33:

Please submit a copy of the study you refer to:

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

The data available is the amount spent by an individual on tobacco products. Tobacco expenditure for males is Php 696.10 and Php 515.80 for females. In 2015, the average monthly expenditure for manufactured cigarettes was Php 678.40.

Please indicate the year of the data used to answer question B42:

2015

Please indicate the source of the data used to answer question B42:

2015 Philippine Global Adult Tobacco Survey (GATS)

Please submit a copy of the study you refer to:

2015 GATS

See p.57 for individual spending
on tobacco products

File type "pdf"

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Tobacco, unmanufactured	FOB in Million U.S. Dollars			142.95 (CY2018)	267.99 (CY2018)
Smoking tobacco products	Cigarettes	Per pack (20 sticks/pack)	3, 788, 158, 430		1, 388, 502, 500 (CY2018)	367, 420, 524 (CY2018)
Smoking tobacco products	Cigars	Pieces	854,841		4, 429, 811 (CY2018)	
Smoking tobacco products	Cigarettes	Per pack (20 sticks/pack)	3, 799, 631, 049		1, 631, 779, 000 (CY2019)	455, 985, 755 (CY2019)
Smoking tobacco products	Cigars	Per piece	851, 483		4, 403, 064 (CY2019)	
Smokeless tobacco products	Chewing tobacco	Per kilo	117, 155			

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

No data available

Please indicate the year of the data used to answer question B51 and 52:

2018

Please indicate the source of the data used to answer questions B51 and B52:

Cigarettes and cigars data from the Bureau of Internal Revenue (BIR)- Statement of Removals and Excise Tax Collection Report (from Official Register Books) and Authority to Release Imported Goods (ATRIG); Unmanufactured tobacco data from the Philippine Statistics Authority (PSA).

Please attach the relevant documentation.

**Bureau of
Internal
Revenue
STRIKE TEAM
Report**

No comment

File type "pdf"

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2018	Cigarettes	Packs (20 sticks)	35, 529, 170
Smoking tobacco products	2019	Cigarettes	Packs (20) sticks)	3, 189, 600
Smoking tobacco products	2019	Chewing tobacco	Per kilo	2, 480

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No ✘

Please provide any further information on illicit tobacco products.

Please indicate the source of the data used to answer questions in section B6:

Bureau of Internal Revenue STRIKE TEAM Reports

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

In the Department of Agriculture-National Tobacco Administration (NTA) website, there were 32, 652 tobacco formers in the tobacco-growing regions in the country in 2018.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

Please indicate the year of the data used to answer questions in section B7:

2016

Please indicate the source of the data used to answer questions in section B7:

http://nta.da.gov.ph/publications_industry.html

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

69.5

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	Yes
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	Yes

If a more complex structure of taxes (*please explain*):

See B83

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Tobacco products	S	PHP 2.31 (as of 2020)	Per kg
Smoking tobacco products	Chewing tobacco unsuitable for use in any other manner	S	PHP 1.97 (as of 2020)	Per kg
Smoking tobacco products	Cigars (based on net retail price per cigar (excluding excise tax and VAT))	AV	20%	Net retail price per cigar
Smoking tobacco products	Cigars (per cigar)	S	PHP 6.58 (as of 2020)	Per piece
Smoking tobacco products	Cigarettes	S	PHP 45.00 (as of 2020)	Per pack of 20

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

Effective 01 January 2018, Republic Act (RA) No. 10963 or the Tax Reform for Acceleration and Inclusion (TRAIN) law increased the excise tax on cigarettes to PHP 32.50 per pack. Effective 01 July 2018, it further increased the cigarette excise to PHP 35.00 per pack until 31 December 2019. Effective 01 January 2020, RA No. 11346 increased the cigarette excise to PHP 45.00 per pack with five-peso annual increments until it reached PHP 60 per pack in 2023. And then there will be a 5 percent annual increase in excise tax starting 2024 onwards.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

Yes ✓

Please provide details in the space below.

Under RA 10351, after deducting allocations for tobacco-producing provinces, 80 percent of the remaining incremental revenues are allocated to universal health care (UHC) programs while the remaining 20 percent are allocated to medical assistance and Health Enhancement Facilities Program (HFEP).

But under RA 11346, effective 01 January 2020, 50 percent of the total excise tax collection from tobacco products shall be allocated as follows:

1. Eighty percent (80%) to PhilHealth for the implementation of RA 11223 or the UHC Act of 2019; and
2. Twenty percent (20%) shall be allocated nationwide, based on political and district subdivisions, for medical assistance, the Health Facilities Enhancement Program (HFEP), the annual requirements of which shall be determined by the DOH.

Please indicate the year of the data used to answer questions B81 to B86:

2018

Please indicate the source of the data used to answer questions B81 to B86:

For B81, DOF staff estimates. For B83-85, RA Nos. 10351, 10963 and 11346.

Please attach the relevant documentation.

BIR Revenue Regulation 7-2014	No comment	File type "pdf"
BIR Revenue Regulation Amendment 8-2014	No comment	File type "pdf"
BIR Revenue Regulation Amendment 9-2014	No comment	File type "pdf"

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Mighty Menthol 100's HP	20 sticks/pack	PHP 70 per pack	Philippine peso (PHP)
Smoking tobacco products	Marlboro Gold KS Box 20	20 sticks/pack	PHP 96	Philippine peso (PHP)
Smoking tobacco products	Marlboro KS Box 20	20 sticks/pack	PHP 96	Philippine peso (PHP)

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Winston Red	20 sticks/pack	PHP 69	Philippine Peso
Smoking tobacco products	Winston Red SFP	20 sticks/pack	PHP 69	Philippine Peso
Smoking tobacco products	Camel Original SFP	20 sticks/pack	PHP 67	Philippine Peso

Please indicate the year of the data used to answer question B91:

2019

Please indicate the source of the data used to answer question B91:

Statements/statement of Removals, Excise Tax Collection Report (from Official Register Books) and Authority to Release Imported Goods (ATRIG)

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

Cigarette prices have increased due to the implementation of the TRAIN law which increased the excise taxes effective 01 January 2018.

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

The national coordinating mechanism (NCM) for WHO FCTC was strengthened through a three (3) fold strategy: policy issuance, multi-sectoral coordination, and formalization of partnerships.

The first strategy, policy issuance of DO 2019-0112, formalized and clarified the roles of selected offices within the Department which is necessary as the DOH stands as the lead technical agency for WHO FCTC. The DO has been helpful in providing direction relative to the roles and responsibilities of DOH offices. The Office of the Chief of Staff was designated as the oversight office, while the Bureau of International Health Cooperation (BIHC) was assigned as the Departments technical secretariat and focal center for the said convention. The following bureaus/service were assigned as focal points in the Department that shall collaborate with other government agencies for the following articles:

- a. Health Policy Development and Planning Bureau (HPDPB) - Articles 6
- b. Disease Prevention and Control Bureau (DPCB) - Article 8, 14, 17, 18
- c. Food and Drug Administration (FDA) - Articles 9, 10, 11, 15, 16
- d. Health Promotion and Communication Service (HPCS) - Articles 12, 13
- e. Legal Service -Article 5.3, 19
- f. Epidemiology Bureau (EB) - Article 20

The second strategy, the conduct of bi-annual WHO FCTC Partners Meeting, was executed to steer multi-sectoral discussion and collaboration. This strategy is designed to monitor and evaluate progress of implementation, harmonize plans, and address pressing challenges.

The third strategy is the MOA with key government agencies, which is critical to ensure sustainability of efforts and continuity of good practices in the Philippines.

On the sub-national level, the Department Memorandum (DM) No. 2019-0349: Provisional Guidelines on the Establishment of a Regional Tobacco Control Network (RTCN) strengthened the coordination through the RTCNs and the Centers for Health Development (CHDs). Likewise, subnational Partners' Meetings are being conducted by local government units (LGUs).

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

In line with the implementation of WHO FCTC and the National Tobacco Control Strategy (2017-2022) of the Philippines, the identification of indicators and targets were done in consultation with the key stakeholders as part of the efforts in enhancing the Monitoring and Evaluation (M&E) Framework for WHO FCTC.

As part of the M&E efforts, thematic discussions were also conducted in order to monitor/review progress and come up with unified agenda on the following areas of implementation:

1. Research and Service Delivery
2. Advocacy and Communication
3. Policy and Governance

The Philippines also participated in the Implementation Review Mechanism (IRM) Pilot Exercise Questionnaire for the Global Strategy of WHO FCTC. This helped in reviewing the current status of implementation on other areas that were not covered in the previous reporting years.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

Yes ✓

If you answered “Yes” to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

The Civil Service Commission (CSC) and the Department of Health (DOH) issued the Joint Memorandum Circular No. 2010-01: Protection of the Bureaucracy Against Tobacco Industry on June 26, 2010. Said policy covers all government officials and employees, regardless of status. It prohibits unnecessary interaction between the government and the tobacco industry except when strictly necessary for the supervision, regulation and control of the industry.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

Capacity building activities have been conducted among government representatives to heighten the information dissemination on the CSC-DOH JMC 2010-01. This include Likewise, publication of information, education and communication (IEC) materials were done. This include the advertisement published in newspaper to cascade information on the JMC among the public. Moreover, a number of tobacco industry interference attempts have been prevented and reported incidents were addressed based on the JMC.

The Philippines also attended the Advisory Committee Meeting of Southeast Asia Tobacco Control Alliance (SEATCA) and Annual Asia-Pacific Smoke-Free Meeting in November 27-29, 2019 where Article 5.3 issues and strategies were tackled by advocates.

Have you utilized the “Guidelines for implementation of Article 5.3 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

DO 2015-0270 No comment File type "pdf"

**Transfer of
NTCP from the
HPCS to DPCB**

JMC 20100-01 No comment File type "pdf"

**Protection of the
Bureaucracy
Against Tobacco
Industry
Interference**

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

Effective 01 January 2018, Republic Act (RA) No. 10963 or the Tax Reform for Acceleration and Inclusion (TRAIN) law increased the excise tax on cigarettes to PHP 32.50 per pack. Effective 01 July 2018, it further increased the cigarette excise to PHP 35.00 per pack until 31 December 2019. Effective 01 January 2020, RA No. 11346 increased the cigarette excise to PHP 45.00 per pack with five-peso annual increments until it reached PHP 60 per pack in 2023. And then there will be a 5 percent annual increase in excise tax starting 2024 onwards.

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

LTFRB 100% Smoke Free Public Utility Vehicles and Public Land Transportation Terminals	No comment	File type "pdf"
CSC Smoking Prohibition based on 100% Smoke- Free Environment Policy	No comment	File type "pdf"
DEPED Policy and Guidelines of Comprehensive Tobacco Control	No comment	File type "pdf"
DOH Rules and Regulations Promoting a 100% Smoke Free Environment	No comment	File type "pdf"
CHED Prohibition of Smoking in Higher Education Institutions	No comment	File type "pdf"

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	Yes
other measures (please specify in C223 below)	No

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Republic Act No. 9211 or the Tobacco Regulation Act of 2003 provides ban on public places and conveyances, access restriction to minors, advertising and promotions and implementation of programs and programs of the government agencies. Under Section 5 of this act, smoking shall be absolutely prohibited in the following public areas:

- Center of youth activity such as playschools, preparatory schools, elementary school, high school, colleges and universities, youth hostels and recreational facilities for persons under 18 years old
- Elevators and stairwells
- Locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials
- Within the buildings and premises of public are private hospitals, medical, dental and optical clinics, health centers, nursing homes, dispensaries and laboratories
- Public conveyances and public facilities including airport and ship terminals and train and bus stations, restaurants and conference halls, except for separate smoking areas; and
- Food preparation areas

Executive Order No. 26 signed by president Duterte in 2017 that provides for the establishment of smoke-free environments in public and enclosed places. Smoking within enclosed public places and public conveyances, whether stationary or in motion, except in fully compliant DSAs. However, no DSAs in the following public areas:

- Centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for minors;
- Elevators and stairwells
- Location in which fire hazards are present, including gas stations, storage areas for flammable liquids, gas, explosives or combustible materials;
- Within buildings and premises of public and private hospitals, medical, dental, and optical clinics, health centers, nursing homes, dispensaries and laboratories; and
- Food preparation areas

EO 26 was further strengthened by the recently passed law, the Executive Order no. 106 issued by the President in February 2020. The law prohibits vaping except in designated smoking/vaping areas. It also regulates the sale, manufacture, marketing, distribution and importation of unregistered electronic nicotine devices and other novel tobacco products. Another feature of the law is the ban of selling e-cigarettes and other tobacco products to persons aged below 21 years old.

Sub-national laws include ordinances issued by provinces, cities or municipalities. These are drafted by the local legislative council and implemented at localities administered either by the Provincial Governors, City/ Municipal Mayors and Barangay Captains. Local laws on tobacco control may be more stringent than the national law in view of the autonomy provided to local government units by the Local Government Code of 1991. It is worth noting that in the national capital region, there are seventeen (17) local government units that have local ordinances regulating tobacco use.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

Section 29 of Republic Act 9211 provides the Inter-Agency Committee on Tobacco the power to administer and implement provisions of the law. The Committee is headed by the Department of Trade and Industry (DTI) as Chairperson and co-chaired by the Department of Health (DOH). Members include the Department of Agriculture, Department of Justice, Department of Environment and Natural Resources, Department of Science and Technology, Department of Education, National Tobacco Administration, representative from the Tobacco Industry and a Non-Government Organization. The Monitoring and Enforcement Guidelines (MEG) of RA 9211 details the designation and functions of pilot agencies in the implementation of the law as well as the procedures in the filing of complaints, investigation and reporting. Violations have corresponding penalties under the law.

At the sub-national level, the Local Government Units (LGUs) may assign or deputize a specific task force to enforce the ordinance on tobacco control. The composition of the task force differs from each LGU, and may include but not be limited to the City/ Municipal Departments such as the City/ Municipal Health Office or City/ Municipal Environment and Natural Resources Office, the Local Police Force, Sanitary Inspectors or Traffic Enforcers. Local Tobacco Control Councils may be created to serve as the implementation arm of the LGU. Most of the local enforcers at the sub-national level are authorized to issue citation tickets for violation of their local ordinances. Similarly, violations have corresponding penalties.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Partial
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	None
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Partial
pubs and bars	Partial
nightclubs	Partial
restaurants	Partial
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Smoking is prohibited in all public places including private workplaces except for fully compliant DSAs. The CSC Memorandum Circular No. 17 s. 2009 prohibits smoking based on 100% smoke free environment policy of the WHO FCTC Article 8 and its guidelines. This applies in or on the premises, buildings, and grounds of government agencies providing health, education and or social welfare and development services such as hospitals, schools, colleges and universities and among others.

Banning tobacco smoking in public transport

Smoking is prohibited in all public conveyances whether stationary or in motion, except for fully compliant DSAs. Effective January 7, 2010 of the LTFRB Memorandum Circular No. 2009-036 requires all holders of certificates of public convenience, to observe the smoking prohibition in all public utility vehicles and public land transportation terminals as well as to prominently post no smoking signage in their authorized units and premises in accordance with the memorandum circular. Penalties for non-compliance are subject to the provision of the said order.

Banning tobacco smoking in indoor public places

Government offices, public and private elementary and high schools, colleges and universities imposes absolute smoking ban however, private institutions may have designated smoking areas or may impose stricter measures in their buildings or establishments to better ensure smoke-free environment in their premises.

Policies that supported the prohibition of smoking in indoor public places include Department of Education Department Order No. 48, s. 2016 entitled "Policy and Guidelines On Comprehensive Tobacco Control" and CHED Memorandum Order no. 63 s. 2007 Prohibition of Smoking in Higher Education Institutions.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

At the sub-national level, there is an increasing number of Local Government Units with local ordinances on 100% smoke free environments through continued technical assistance and advocacy campaigns. Efforts are being made to ensure that local ordinances are consistent with FCTC provisions. The implementation of the Red Orchid Award (ROA) continuously serves as an incentive for LGUs to pursue a 100% smoke free environment in their localities.

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

**Executive Order
No. 26 Providing
for the
Establishment of
Smoke-free
Environments in
Public and
Enclosed Places**

No comment

File type "pdf"

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

regulating the emissions of tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

The passage of Republic Act No. 11467 is an advancement in tobacco product regulation, as it reinforces the regulatory purview of the Philippine Food and Drug Administration (FDA) over the industry of ENDS/ENNDS and HTPs.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products? Yes

emissions of tobacco products? Yes

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

The passage of Republic Act No. 11467 is an advancement in tobacco industry disclosures, as it reinforces the regulatory purview of the Philippine Food and Drug Administration (FDA) over the industry of ENDS/ENNDS and HTPs.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

No ✗

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

No ✗

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No

emissions of tobacco products? No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

The DOH released the third set of Graphic Health Warning templates through Administrative Order 2019-0009 for circulation from March 4, 2020 to March 3, 2022 in accordance to Republic Act 10643, "Graphic Health Warning Law" and its Implementing Rules and Regulations.

Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
 - Other
-

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
 - gender
 - educational background
 - cultural background
 - socioeconomic status
 - other (please specify)
 - Other
-

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
 - health risks of exposure to tobacco smoke?
 - benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - adverse economic consequences of tobacco production?
 - adverse economic consequences of tobacco consumption?
 - adverse environmental consequences of tobacco production?
 - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
 - nongovernmental organizations not affiliated with the tobacco industry?
 - private organizations?
 - other (please specify)?
 - Other
-

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- | | |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | health workers? |
| <input checked="" type="checkbox"/> | community workers? |
| <input checked="" type="checkbox"/> | social workers? |
| <input checked="" type="checkbox"/> | media professionals? |
| <input checked="" type="checkbox"/> | educators? |
| <input checked="" type="checkbox"/> | decision-makers? |
| <input checked="" type="checkbox"/> | administrators? |
| <input checked="" type="checkbox"/> | other (please specify) |
| legal, enforcers, police | Other |

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

The DOH-Health Promotion and Communication Service spearheaded a health promotion planning workshop with the WHO FCTC partner agencies and CSOs last July 2018 to come up with the Health Promotion Plan anchored on the National Tobacco Control Strategy 2017-2022 of the national program. In addition to this, a communication plan had also been drafted and will be finalized before the end of April 2020 to guide the communication efforts on tobacco control in the country.

The Philippine Red Orchid Award (ROA) is the only country-based incentive program that recognizes exemplary work of local government units (LGUs) based on the strength of the comprehensive efforts to implement the 100% smoke-free environment using the WHO MPOWER strategies. Since the inception of ROA in 2009, it has declared 109 Hall of Fame Awardees (18 cities and 91 municipalities) and 108 Red Orchid Awardees (14 cities and 94 municipalities) based on the consolidated regional report in 2018. In 2019, several Centers for Health Development (CHDs) conducted regional awarding of ROA.

Every year, the DOH leads the kick off activity for the annual observance of World No Tobacco Day and National No Smoking Month, convening different agencies and sectors of society in carrying out tobacco control measures.

On the subnational level, LGUs implement communication plan for tobacco control.

Other communication efforts which were conducted are:

- Online campaigns against tobacco use and to campaign for Sin Tax Reform 2 in 2018 and 2019.
- Advertisement materials relative to Article 5.3 and the Graphic Health Warnings law were published in newspapers on Article 5.3
- Partnership with key stakeholders (e.g. students) on the creation of communication plan and materials

Have you utilized the “Guidelines for implementation of Article 12 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. [https://extranet.who.int/dataform/655321?](https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en)

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[token=wx9v5iyyeqm5dct&lang=en](https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en))

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

No ✘

are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?

No ✘

applying restrictions on all tobacco advertising, promotion and sponsorship?

Yes ✓

applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?

No ✘

prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

No ✘

requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?

Yes ✓

restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?

Yes ✓

requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?

No ✗

restricting tobacco advertising, promotion and sponsorship on:

- radio?
 - television?
 - print media?
 - the domestic Internet?
 - the global Internet?
 - other media (please specify below)?
 - Other
-

restricting tobacco sponsorship of:

- international events and activities?
 - participants therein?
-

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

Yes ✓

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✗

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Under RA 9211, TAPS is restricted in national media and outdoor advertisements however it does not preclude a comprehensive ban on TAPS. Provision on comprehensive TAPS ban was included in the proposed amendments of RA 9211, however, there is no development yet due to competing priorities on legislative agenda.

To address this issue, some local government units issued their own policies banning TAPS at their level. The latest country report shows that there are at least 167 LGUs with policies banning TAPS. Of this, 148 of which respective task force to monitor the TAPS ban.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
programmes specially designed for underage girls and young women?
programmes specially designed for women?
programmes specially designed for pregnant women?
- telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
other (please specify)?
Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
 - health-care facilities?
 - workplaces?
 - sporting environments?
 - other (please specify)?
Other
- Malls, public transportation
such as LRT Line 1 and
Public Utility Buses

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
 - secondary and tertiary health care
 - specialist health-care systems (please specify below)
 - specialized centres for cessation counselling and treatment of tobacco dependence
 - rehabilitation centres
- Basic education institutions Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Partially
specialist health-care systems (please specify below)	Partially
specialized centres for cessation counselling and treatment of tobacco dependence	Partially
rehabilitation centres	None
other (please specify below)	None

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- Guidance counsellor
- Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

Drug stores identified in the Philippine Drug Formulary.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
- bupropion
- varenicline
- other (please specify)
- Other

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Partially
bupropion	None
varenicline	None
other (please specify below)	None

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Consultations and activities with concerned stakeholders are ongoing in order to finalize the draft guidelines on the implementation of standardized and unified tobacco cessation services at different levels of care, as well as the Brief Tobacco Intervention (BTI) guidebook for healthcare providers.

Further, with the passing of the Universal Health Care Act, the government shall expand its existing benefit packages and establish financing mechanisms for the provision of basic primary care services including BTI. DOH is lobbying to Philhealth to include pharmacologic treatment for tobacco dependence in its benefit packages.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

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(<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?

Yes ✓

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes ✓

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

The BIR Strike team (BIRST) was created in 2018, and conducted several enforcement operations which resulted in the closure of five (5) illicit cigarette factories located in Pampanga, Cagayan de Oro City, Misamis Oriental, Pangasinan and Bulacan. BIRST also seized millions of untaxed illicit cigarette sticks and fake stamps.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

No ✗

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

No ✗

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

No ✗

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

to the public?

to minors?

prohibiting the sale of cigarettes individually or in small packets?

No ✘

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✔

prohibiting the sales of tobacco products by minors?

Yes ✔

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

In 2017, Executive order on smoke-free environments in public and enclosed places was signed by President Rodrigo Duterte. It encourages local government units to pass ordinances that will promote 100% smoke-free environment. Under EO 26, the selling, distributing or purchasing tobacco products to and from minors is deemed unlawful.

Sections 7 to 12 of the Republic Act of 9211 (Tobacco Regulation Act of 2003) on Access Restrictions has prohibited the sale and distribution of tobacco products to minors, purchase of tobacco products from a minor, sale of tobacco products by a minor and for a minor to smoke tobacco products. Moreover, sale of tobacco products is prohibited within 100 meters of school perimeters as well as sale to minors by means of a vending machine or any self-service facility. The law also requires warning to minors about unlawful sale or distribution to minors of tobacco products at points of sale and need for age verification during purchase.

The Department of Education has issued policies to address sales of cigarettes to and by minors within the school such as school premises, school canteens and in the implementation of school activities. Policies are: Operating Guidelines on Canteen Management, 100% Smoke Free Environment, adoption and observance of related provisions of RA 9211 as well as the adoption and implementation of the Joint Memorandum Circular on Protecting the Bureaucracy Against Tobacco Industry Interference (Article 5.3).

The Metropolitan Manila Development Authority (MMDA) through their Balik Eskwela (Back to School) program conducts daily inspection of stores for display of tobacco products and warning to minors, within the 100% meter school perimeters in Metropolitan Manila. To date, 2,183 stationary stores and 780 ambulant vendors had been monitored by the MMDA for compliance to access restriction laws.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

On the subnational level, some local government units have issued laws/policies prohibiting the sales of small packets. Likewise under the national law, schools must have posters that sale of cigarette products is prohibited within 100 meters.

Please attach the relevant documentation.

**Guidelines on
Public Policies
on Tobacco
Control**

No comment

File type "pdf"

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Yes
tobacco workers?	Yes
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

A. In 2018, Technology Assistance, Extension and Production Support Services were provided through the Livelihood Training Courses for Tobacco Farming Families (https://nta.da.gov.ph/publications_reports.html)

a. Agripinoy Food Processing Plant and Training Center

a.1 With the availability of the facilities of the plant located in Narvacan, I. Sur, 20 trainees have undergone training on

Hog Butchering with the funds and expertise coming from Technical Education and Skills Development Authority

(TESDA), Ilocos Sur;

a.2 A total of 498 hogs were purchased amounting PhP6.75 M, which were processed into various meat products by the

plant and were sold in the nearby provinces.

a.3 The agency conducted orientation to the proposed availed of the Hog Fattening for CY 2019;

b. Farmers Organizational Development

b.1 Trainings on food processing, noodle, bread and pastry making, agro-mechanic and sari-sari store management were

given to the different provinces in Regions I, II and CAR. A total of 1,269 tobacco farmers/dependents were trained. This is

in coordination with TESDA and other resource persons.

b.2 To develop farmers' capabilities in organization development. and management of cooperatives, trainings were

conducted to 102 tobacco farmers in the aspects of audit management, conflict management and parliamentary procedures.

B. Template ordinance was developed which included provision on alternative livelihood for displaced tobacco workers

C. On the subnational level, retailers in at least one local government unit was given assistance by TESDA

Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>

(<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

**Report on
Alternative
Support for
Displaced
Workers in the
Tobacco and
Alcohol Industry**

No comment

File type "pdf"

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	Yes

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	No
the health of persons in relation to the environment?	No

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C414 please provide details in the space below or refer to section I of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en> (<https://extranet.who.int/dataform/655321?token=wx9v5iyyeqm5dct&lang=en>)

The DOLE thru its Regional Offices provided entrepreneurial and short term wage employment opportunities to the tobacco farmers thru the DOLE Integrated Livelihood and Emergency Employment Programs (DILEEP) for the tobacco farmers.

From Y2015 to Y2019, a total of 4,114 beneficiaries benefitted from the livelihood program with a total amount of assistance ₱22,973,195. The beneficiaries were provided with trainings, i.e skills training, safety and health, working capital in the form of raw materials, equipment, tools and jigs and were covered under the Group Personal Accident Insurance of the GSIS.

On the other hand, a total of 2,370 beneficiaries were provided with emergency employment assistance with a total amount of assistance ₱31,980,330.00. Prior to engagement to work, the beneficiaries were provided with Personal Protective Equipment, oriented on Safety and Health and covered to micro-insurance to ensure their protection from hazards at the workplace. They were paid wages equivalent to 100% of the prevailing highest minimum wage in the region. The beneficiaries worked for a minimum of 10 days to a maximum of 30 days in various community works such as tree planting, reforestation, and de-clogging of irrigation canals.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

Yes

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

No

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

On emerging and novel tobacco products, liability can be incurred by the TI for violations against regulations specifically laid down by the FDA.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- | | |
|---|--|
| <p>Compliance study on enforcement, ENDS research, health profiling, market mapping</p> | <p><input type="checkbox"/> determinants of tobacco consumption?</p> <p><input checked="" type="checkbox"/> consequences of tobacco consumption?</p> <p>social and economic indicators related to tobacco consumption?</p> <p>tobacco use among women, with special regard to pregnant women?</p> <p>the determinants and consequences of exposure to tobacco smoke?</p> <p>identification of effective programmes for the treatment of tobacco dependence?</p> <p>identification of alternative livelihoods?</p> <p>Other</p> |
|---|--|
-

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

- Global Adult Tobacco Survey (GATS)
- Global Youth Tobacco Survey (GYTS)
- Compliance Study on Enforcement of Smoke-Free Environment Policy in Metropolitan Manila (January 2020)

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

Yes. The 3rd round of GATS will be conducted on year 2021.

The 6th GYTS has finished data collection last January 2020 and answer sheets were submitted to CDC

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

an updated database of:

- laws and regulations on tobacco control?
- information about the enforcement of laws on tobacco control?
- pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

The Philippines has identified areas for research based on pressing challenges identified by the stakeholders and priority in terms of legislative/policy reform. Efforts on these areas are already ongoing.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	Yes
Assistance received	Yes

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided Yes

Assistance received Yes

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

- Vietnam, Study Visit on WHO FCTC Article 6, July 2-3, 2019, Manila
- Myanmar, Study Visit on WHO FCTC Article 6, November 2019, Manila
- Joint Mission of the United Nations Inter-Agency Task Force (UNIATF) and the WHO FCTC Secretariat, May 2018, Manila

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

- The Philippines provided technical assistance to Vietnam (2018) and Myanmar (2019) relative to the implementation of WHO FCTC Article 6, particularly the creation and implementation of the Philippine Sin Tax Reform Law.
- Joint Mission of the United Nations Inter-Agency Task Force (UNIATF) and the WHO FCTC Secretariat, May 2019. Recommendations on the following articles were provided during the mission: Article 2.1, 2.2, 4, 5.1, 5.2, 5.3, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 26

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

1. Article 15: Illicit trade
2. ENDS/ENNDS

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ✕

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

The focus of WHO FCTC implementation in the country are the following articles: Articles 5.2, 5.3, 6, 8, 9, 11, 12, 13, 14, 16, 17, 20.

Relative to the regulation of ENDS/ENNDs, HTPs and other tobacco products, the regulatory framework is being designed to comply with Articles 5.3, 8, 9, 10, 11, 13, 15 and 16.

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✓

Please provide details in the space below.

- Some national laws were identified to be inconsistent with the requirements under WHO FCTC
- There is lack of knowledge among government officials and employees relative to WHO FCTC Article 5.3 and the national policy implementing the said article
- The government lacks preparedness relative to the accession to WHO FCTC Article 15 Protocol
- There is a need to increase and develop the capacity of the government, specifically DOH-FDA relative to the agency's expertise on HTPs due to the novelty of these products
- There is lack of promotion on the cessation services offered by the government
- There is a need for more researches to be done for tobacco control especially on the effects of the novel and emerging tobacco products
- Tobacco industry interference attempts have ramped up especially with the rebranding of the industry

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Political environment

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- | | |
|--|--|
| | smokeless tobacco products |
| | water pipe tobacco |
| <input checked="" type="checkbox"/> | Electronic Nicotine Delivery Systems (ENDS) |
| <input checked="" type="checkbox"/> | Electronic Non-Nicotine Delivery Systems (ENNDS) |
| | heated tobacco products (HTPs) |
| policy on water pipe tobacco at sub-national level | Other |

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

A national law was issued in February 2020 (Executive Order No. 106) which prohibits vaping except in designated smoking/vaping areas. It also regulates the sale, manufacture, marketing, distribution and importation of unregistered electronic nicotine devices and other novel tobacco products. Another feature of the law is the ban of selling e-cigarettes and other tobacco products to persons aged below 21 years old.

Please provide any other relevant information not covered elsewhere that you consider important.

NA

Your suggestions for further development and revision of the reporting instrument:

None