



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

FEB 08 2022

ADMINISTRATIVE ORDER

No. ~~2021~~ 2022-0003

SUBJECT: National Policy on the Prevention and Control of the Use of Tobacco Products, Vapor Products, Heated Tobacco Products, and Other Novel, Emerging, or Similar Products

I. RATIONALE

The adverse health effects of tobacco use and exposure to secondhand smoke cannot be overemphasized. Worldwide, tobacco use kills over 8 million people year-round. Of these, more than 7 million are direct tobacco users, while 1.2 million are non-smokers exposed to secondhand smoke. In the Philippines, one fourth (23.8%) of adult population aged 15 years old and above are current tobacco users; among the youth aged 13 to 15 years old, tobacco use is at 16.0%. More than a fifth (21.5%) of adult non-smoker Filipinos are also exposed to secondhand smoke in enclosed indoor spaces. A higher proportion (37.6%) is exposed to smoke in public places and not protected from health hazards.

Further compounding these challenges in tobacco control are the novel or emerging nicotine and tobacco products. In 2015, the overall prevalence of ever use and current use of electronic cigarettes among all adults is at 2.8% and 0.8% respectively. Among adolescents, a more alarming 14.1% of students who are currently electronic cigarette users have been recorded. While the negative effects of vapor products and heated tobacco products are not yet fully known, evidence of their potential and long-term harmful effects are already accumulating and evolving to include increased nicotine addiction, fatal respiratory problems, poisoning, and explosion injuries, among others.

In line with the constitutional mandate of the Department of Health (DOH) to protect and promote the health of all Filipinos, including against the harms of tobacco use and exposure, the Tobacco Prevention and Control Program was first institutionalized in the DOH by virtue of Administrative Order (AO) No. 2007-0004, following the enactment of Republic Act (RA) No. 9211 or the "Tobacco Regulation Act". Equally laudable laws were issued thereafter resulting to remarkable reduction in the prevalence of tobacco use and exposure: RA No. 9711 or the "Food and Drug Administration (FDA) Act" which strengthened the regulatory capacity of the FDA; RA No. 10351 or the "Sin Tax Law" and subsequent Sin Tax reform laws such as RA Nos. 11346 and 11467; RA No. 10463 or the "Graphic Health Warnings Law"; Executive Order (EO) No. 26 on Smoke-Free Environments; and EO No. 106 which prohibited the manufacture, distribution, marketing, sale, and use of unregistered and/or adulterated electronic nicotine/non-nicotine delivery system or vapor products, and heated tobacco products (HTPs).

Recent developments, however, present the need to update earlier policy issuances for a more strategic direction and harmonized guidance on tobacco prevention and control, including for heated tobacco and vapor products, and other novel, emerging, or similar products. RA No. 11223 or the "Universal Health Care Act", which requires a comprehensive and integrated delivery of primary health care that includes tobacco control measures, underscores the need for such, especially in strengthening the role of the Local Government Units (LGUs). The country's adherence to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), ratified in 2005, which call for adoption and implementation of effective measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke, and other commitments to the tobacco-related targets of the 2030 Sustainable Development Goals also demand the same.

II. OBJECTIVES

A. General Objective:

This Order aims to provide guidance on the development and implementation of tobacco prevention and control measures towards a smoke- and vape-free Philippines.

B. Specific Objectives:

1. To provide the framework, direction, and key strategies to:
 - a. Prevent Filipinos, especially the youth, from initiating use of tobacco, heated tobacco and vapor products, and other novel, emerging, or similar products;
 - b. Ensure that environments are smoke-free and vape-free, and that people are protected from smoke and emission exposure; and
 - c. Enable current smokers and vape users to quit.
2. To delineate the functional roles and responsibilities of the different DOH Bureaus, Services, and attached agencies, regional offices, LGUs, and other non-governmental partners for the implementation of tobacco prevention and control efforts.

III. SCOPE OF APPLICATION

This Order shall apply to all DOH Central Office Bureaus and Services, Centers for Health Development, including the Ministry of Health — Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the “Bangsamoro Organic Act” and subsequent rules and policies issued by the Bangsamoro government, hospitals, treatment and rehabilitation centers, and other health facilities, LGUs, partners from National Government Agencies (NGA), non-government or civil society organizations, development partners, the academe, and all others involved in the implementation of policies, projects, and programs on tobacco, heated tobacco, and vapor products, and other novel, emerging, or similar products.

IV. DEFINITION OF TERMS

- A. **Emission** - refers to the vapor, aerosol, mist and other similar terms describing the smoke released from the use of vapor products and heated tobacco products.
- B. **Framework Convention on Tobacco Control (FCTC)** - refers to the evidence- based treaty that reaffirms the right of all people to the highest standard of health and to protect the public from the devastating health, social, environmental and economic consequences of consumption and exposure to the smoke and emissions of tobacco products, vapor products and heated tobacco products.
- C. **Health Promotion** - refers to the process of enabling people to increase control over, and to improve their health by addressing its risk factors, determinants, and root causes of ill health.
- D. **Heated Tobacco Products (HTPs)** - refer to tobacco products that may be consumed through heating tobacco, either electrically or through other means sufficiently to release an aerosol that can be inhaled without burning or any combustion of the tobacco. HTPs include liquid solutions and gels that are part of the product and are heated to generate an aerosol.
- E. **Industry Interference** - refers to the broad array of strategies and tactics used by the tobacco, heated tobacco, and vapor product, and novel, emerging, or similar product

industries to interfere with the setting, planning, and implementation of the related measures, in order to further the interests of the industries.

- F. **Novel Tobacco Products** - refers to all substances, devices, and innovations entirely or partly made of tobacco plant as raw material, already existing or to be developed in the future that are intended for use as substitutes for cigarettes, conventional tobacco products, vapor products, or HTPs.
- G. **Other Similar Products** - refers to novel and/or emerging nicotine, vapor, and tobacco product which may differ in some aspects or design but which either have the same functionality, or expose users to similar health hazards or whose components are similarly addictive and toxic or which share the same delivery mechanisms as that of vapor and HTPs.
- H. **Tobacco Cessation Services** - refer to evidence-based health care services provided to assist users of tobacco, heated tobacco, and vapor products, and other novel, emerging, or similar products to stop using them or to continue abstinence from the same, such as but not limited to: Brief Tobacco Intervention, intensive counselling, pharmacologic treatment, and Quitline, including mobile and online services.
- I. **Tobacco Industry or Industry** - refers to all organizations, entities, associations, and individuals that work for or in behalf of the tobacco industry, including the heated tobacco and vapor product, and novel, emerging, or similar product industry, such as, but not limited to, manufacturers, wholesale distributors, importers, retailers, front groups, and any other individuals or organizations, including, but not limited to, lawyers, scientists, and lobbyists that work to further the interests of the industry.
- J. **Tobacco Prevention and Control** - refers to a wide range of supply, demand, and harm reduction strategies, or other similar measures that aim to improve individual and population health by eliminating or reducing their consumption of tobacco, heated tobacco, vapor, and other novel, emerging, or similar products and exposure to its smoke and emission.
- K. **Tobacco Products** – refer to products entirely or partially made of tobacco leaf as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing, such as but not limited to cigarette, cigar, pipe, shisha/hookah and chew tobacco. The term shall exclude ENDS/ENNDS or vapor products, and include other novel tobacco products.
- L. **Vapor Products** - refer to electronic nicotine and non-nicotine delivery systems (ENDS/ENNDS), which are a combination of (i) a liquid solution or gel, that transforms into an aerosol without combustion through the employment of a mechanical or electronic heating element, battery or circuit that can be used to heat such solution or gel and includes but not limited to (ii) a cartridge, (iii) a tank, and (iv) the device without the cartridge or tank. ENDS devices employ nicotine, whether in freebase or salt forms, which may be derived from tobacco leaf or synthetically produced; ENDS solutions may contain other substances in addition to nicotine. ENNDS devices employ substances that do not contain nicotine.

V. GUIDING PRINCIPLES

The implementation of this Order shall be guided by the following principles:

- A. **Precedence of public health over other interests** - The health of the general public is of primary importance to the state and government. Public health shall take precedence at all times over and above other concerns or interests, especially in government or public offices involved in the implementation of tobacco prevention and control measures. Recognizing the fundamental, irreconcilable conflict between the industry's interests and the goals of the health sector, policies that may have direct or indirect public health consequences shall likewise be protected from industry interference, influence, other commercial or vested interests. Tobacco control strategies shall be conducted in manners that build public trust and that protect the bureaucracy's integrity, independence, and effectiveness.
- B. **Integrated, comprehensive, and collaborative approach** - Comprehensive prevention and control efforts, from interventions that prevent the initiation to cessation of use of tobacco products, vapor products, heated tobacco products, and other novel or emerging tobacco products shall be integrated in the country's policies, strategies, and programs to reduce the burden of disease associated with the use of these products. Multi-faceted and unified response by the health sector, other national government agencies, local governments, and multi sectoral partners, while being mindful of industry interference, shall also be fostered to ensure policy coherence and enforcement, effective advocacy and campaigns, functional surveillance, and useful research and evidence.
- C. **Prevention and control through health promotion** - The UHC Act aims to provide equitable and comprehensive quality services from promotion, prevention, treatment, rehabilitative to palliative, and mandates the DOH to scale-up health promotion efforts to improve health literacy and address the social determinants of health. In this regard, all policies, strategies, programs, and activities of tobacco prevention and control shall be guided by the principles of health promotion.
- D. **Precautionary principle** - In light of the evolving knowledge on the health impacts of the use and exposure to the emissions of heated tobacco, vapor products, other novel and emerging products, the precautionary principle shall be applied in the policies, structure, rules, strategies, and implementation and monitoring, as applicable, in the prevention and control of associated health effects of these products.

VI. GENERAL GUIDELINES

- A. All policies, programs, and activities of DOH Bureaus and Services, Centers for Health Development, and its attached agencies, and hospitals and health facilities involved in the implementation of tobacco prevention and control measures shall be aligned and consistent with the National Tobacco Prevention and Control Strategies (NTPCS) (*Annex A*). The same shall be advocated to all national, regional, and local level partners and stakeholders.
- B. The goal and objectives of the NTPCS shall be accelerated through the following key strategies: Mitigating demand and supply of tobacco, heated tobacco, vapor, and other novel, emerging, or similar products; Strengthening regulations; Protecting the people in schools, workplaces, and communities from smoke and emission exposure; Ensuring accessible smoking and vaping cessation services at all levels of care; Safeguarding public health from industry interference; and Fostering multisectoral collaboration in health education and awareness.

- C. The public health sector shall be functionally organized to ensure the effective and efficient implementation of the tobacco prevention and control strategies, guided by existing relevant laws, and aligned with the functional arrangements set up in support of the UHC reforms.
- D. The development, implementation, monitoring and evaluation of appropriate guidelines, support mechanisms, collaborations, partnerships or engagements, technical assistance, capacity building, and standards and indicators to operationalize the NTPCS shall, at all times, be consistent with the goals of the public health sector, and protected from any potential, actual, and perceived conflicts of interest or interference by the industry or associate entities.

VII. SPECIFIC GUIDELINES

A. Strategies for Tobacco Prevention and Control

The National Tobacco Prevention and Control Strategy provides the following strategies and action areas that lead to the realization of a smoke-free and vape-free Philippines:

1. **Mitigating demand and supply of tobacco, heated tobacco, vapor, and other novel, emerging, or similar products.** Central to tobacco prevention and control are the dual pillars of demand and supply reduction, which shall be implemented in conjunction with each other. For this purpose:
 - a. Strategies to reduce the demand for and the consumption of said products shall include:
 - i. Price and fiscal measures - Excise taxes imposed on conventional tobacco cigarettes pursuant to RA No. 10351 or "Sin Tax Law" and excise taxes on vapor products and heated tobacco products as mandated by RA Nos. 11346 and 11467 shall be sustained, and periodically reviewed to account for inflation and/or to continually reduce affordability and discourage use or consumption. Other price and fiscal measures shall likewise be pursued, as applicable.
 - ii. Restrictions in access - Restrictions or limitations in access to tobacco, heated tobacco, and vape products, especially among the youth, shall be enforced and/or made stricter. This shall include strengthening of relevant provisions of existing legal frameworks, such as:
 - Prohibition of sales or distribution to, and purchase from, any minor or person not of minimum legal age, of tobacco, heated tobacco, vapor, and other novel, emerging, or similar products;
 - Proof of age verification at point-of-sale shall be strictly enforced. Strengthening of restrictions on the sale and/or distribution on online platforms shall likewise be enforced; and
 - Prohibition in the sale or distribution, placing of advertisements and promotional materials of tobacco, heated tobacco, vapor product and other novel, emerging, or similar products within school premises, public playgrounds, youth hostels, recreational facilities for minors, and areas frequented by minors, and within one hundred (100) meters from any point of the perimeter of these places, in accordance with existing laws.
 - b. Complementary with conventional demand-reduction measures, supply-side interventions to mitigate consumption and use of tobacco, heated tobacco, and vapor, and other novel, emerging, or similar products shall include:

- i. Livelihood alternatives - Economically viable alternative activities and sources of income for affected tobacco farmers, manufacturing workers and retailers, shall be coordinated with relevant NGAs and other partners in tobacco prevention and control. Complementary to said alternatives, the provision of health education on the harms of tobacco farming to the people and to the environment shall likewise be ensured.
 - ii. Measures to combat illicit trade - Coordinated and collaborative active surveillance and mechanism to monitor, prevent, or eliminate the illicit trade of tobacco, heated tobacco, and vapor products shall be set in place.
- 2. **Strengthening regulations.** Controls on the manufacturing, marketing, and sale of tobacco, heated tobacco, and vapor products, and other novel, emerging, or similar products shall be established and strictly enforced.
 - a. Regulatory framework for tobacco, heated tobacco, and vapor products, other novel, emerging, or similar products shall constitute measures on regulating the contents, restricting additive ingredients, emission testing, and public disclosure of relevant information. Necessary resources, including but not limited to laboratories for product and emissions testing, shall be established for this purpose.
 - b. Comprehensive regulatory mechanisms including for licensing, registration, and post-marketing surveillance of tobacco, heated tobacco, vapor, and other novel, emerging, or similar products shall be established and enforced to support the implementation of restrictions in sale and access of said products.
 - c. Regulatory mechanisms to effectively limit, restrict, or ban the advertising, promotions, and sponsorship, both direct and indirect, across all modes and platforms, including activities described as socially responsible, shall likewise be advocated, lobbied, established, and enforced.
- 3. **Protecting the people in schools, workplaces, and communities from smoke and emission exposure.** It shall be the policy of the national and local authorities to ensure that people in schools, workplaces, and communities are protected from second and third hand exposures to tobacco smoke and vape emission, through stricter enforcement and monitoring of rules and policies on tobacco-free and vape-free environments. For this purpose:
 - a. Implementation of indoor smoking and vaping bans in enclosed public places, public transit conveyances, whether stationary or in motion, including public transportation terminals shall be strictly enforced, without prejudice to more stringent smoke- or vape-free measures that authorities or persons-in-charge opt to enforce within their respective properties or jurisdictions.
 - b. Safeguards, including, but not limited to placing of signages or warning signs and restricting access for persons of minimum legal age, as stipulated in EO No. 26 series of 2017 and/or as amended by EO No. 106 series of 2020, shall be followed.
 - c. The public health sector shall, to extent possible, work in collaboration with the local governments and other stakeholders including the local smoke-free and vape-free task forces and shall provide all necessary technical assistance for their planning, implementation, and monitoring of programs and policies.
- 4. **Ensuring smoking and vaping cessation services are accessible at all levels of care.** Evidence-based cessation services, with positive recommendation from a health technology assessment or as approved as such by the FDA, shall be made

accessible and available for all current tobacco, heated tobacco, and vape users who intend to quit, and former users who intend to continue abstinence. For this purpose:

- a. Quality and comprehensive cessation services shall be accessible at all levels of care:
 - i. Cessation services shall form part of the comprehensive packages of primary care services which shall be provided by the health care provider networks in the Province/City-Wide Health Systems. These services shall be integrated into existing and future service protocols of relevant health programs, including, but not limited to: prenatal care, child health and immunization, adolescent health, gender health, sexual and reproductive health, oral health, mental health, lifestyle, non-communicable diseases, and Tuberculosis, among others.
 - ii. Cessation services shall be provided to all tobacco, heated tobacco, and vapor product users.
 - iii. Non-tobacco, non-heated tobacco, and non-vape users shall likewise be provided with appropriate intervention to prevent initiation regardless of reason for consultation or visit.
 - iv. Health care providers shall be trained and capacitated with the necessary competencies to provide appropriate and quality cessation services.
 - v. Tobacco and/or vaping cessation services shall include the following, subject to referral to appropriate of level/s of care:
 - o Assessment of nicotine dependence and/or exposure to smoke and emission;
 - o Appropriate counseling interventions;
 - o Health education for non-tobacco, non-heated tobacco, and non-vape users;
 - o Pharmacologic aid or treatment, as approved by the FDA;
 - o Referral to higher level of care facilities, as appropriate; and
 - o Quitline services which can be delivered face-to-face or through other modes of delivery or technologies including, but not limited to, phone or mobile services, chat services, or digital applications.
 - vi. Heated tobacco, vapor, and other novel, emerging, or similar products shall not be used as tobacco cessation aids, unless otherwise approved for use as such by the FDA.
 - b. Advocacy campaigns and collaborations shall continue to be conducted to inform and educate the public about the availability of cessation services, and to generate demand for cessation services.
5. **Safeguarding public health from industry interference.** Recognizing the fundamental and irreconcilable conflict between the industry's interest and the goals of the health sector, the protection and independence of public health policies, programs, and activities from industry interference shall at all times be observed and monitored, per CSC-DOH JMC No. 2010-01 entitled "Protection of Bureaucracy Against Tobacco Industry Interference". For this purpose:
- a. Public health institutions and personnel involved in the development and implementation of tobacco prevention and control measures shall ensure professional and ethical practice at all times. Mechanisms shall be in place to limit and/or prevent any interactions with the industry and associate entities, including but not limited to proposed partnerships and agreements.

- b. Other government instrumentalities, local governments, non-government or civil society partners involved in the development, implementation, and monitoring of tobacco prevention and control measures, including the general public, shall be engaged, informed, and capacitated to be able to determine, report, address or prevent the various tactics used by the industry to interfere with or undermine efforts of the health sector, including activities described as socially responsible.
 - c. Declaration and management of conflict of interest in policy-determining and implementing activities shall be effectively enforced, in accordance with DOH AO No. 2021-0011 or the “Guidelines on Standards on Receipt, Assessment, and Management of Conflict of Interest”.
 - d. The public health sector shall establish mechanisms to responsively and effectively take legal actions against industry interference.
6. **Fostering multisectoral collaboration for health education and awareness in communities, schools, and workplaces.** Complementary with upstream tobacco prevention and control measures, health education and awareness on the ill effects of the use of and exposure to smoke or emission in local communities, schools, and workplaces shall likewise be strengthened to support improvement in individual knowledge, attitude, and practices. For this purpose:
- a. Media campaigns using the traditional tri-media and the emerging digital platforms and materials shall be scaled-up to reach all target populations and expose said audiences to messages that: (i) prevent the youth and non-smokers from ever initiating use of tobacco, heated tobacco, vapor products, and other novel, emerging, or similar products; (ii) encourage current users to quit, and support former users to avoid relapse; and (iii) educate and inform the public and relevant authorities about the various tactics of the industry to undermine public health efforts.
 - b. To effectively inform, educate, and instill health consciousness among the public on the health risks of tobacco, heated tobacco, and vape use, the application of graphic health warnings on the packaging of tobacco, heated tobacco, and vapor products that are compliant with RA No. 10643 or the “Graphic Health Warnings Law” shall be strictly enforced, without prejudice to subsequent laws and policies on health warnings and product packaging that likewise aim to instill health consciousness and discourage consumption of said products among the public. Templates for which shall be periodically reviewed and updated every two years to accurately reflect latest information on associated disease conditions.

B. Implementation Mechanisms

To accelerate the operationalization of the NTPCS, the following implementation mechanisms shall be established and maintained:

1. Governance

- a. The public health sector shall reorganize and streamline its structure to effectively carry out the provisions of this Order, guided by existing relevant laws, and in line with the organizational arrangements established for the implementation of the UHC reforms. For this purpose:
 - i. The DOH Health Promotion Bureau (HPB) shall serve as the national lead oversight office for the implementation of the NTPCS; Necessary

resources shall be provided to strengthen or expand the implementation of the NTPCS.

- ii. DOH Bureaus and Services, and attached agencies shall support in the implementation of the NTPCS based on their respective functional mandates, as stipulated in Section VIII of this Order.
 - iii. Technical Working Groups composed of relevant offices and entities may be convened, as necessary, to carry out the key strategies of the NTPCS.
 - iv. Coordination of relevant bodies across and between the national, regional, and local levels shall be strengthened to ensure coherence of policy directions with local implementation.
- b. A comprehensive operational plan for the realization of the strategies laid out in this Order shall be formulated and periodically reviewed and updated to take into account emerging scientific evidence on effective tobacco prevention and control.

2. Legislation and Policy

- a. Enactment of laws, issuances, and other policy measures shall be advocated in collaboration with relevant partners and stakeholders to achieve the goals of the NTPCS, including for the fulfillment of country commitments to the WHO FCTC and its MPOWER policy package. For this purpose, all actors involved in tobacco prevention and control shall seek to pass into law, strengthen, and institutionalize tobacco prevention and control interventions to enable strict compliance and adoption nationwide.
- b. A unified legislative and policy agenda duly informed by identified gaps, international commitments, and comprehensive stakeholder consultation activities, shall be developed to guide the legislative advocacy and policy development initiatives in support of tobacco prevention and control.

3. Financing

- a. Priority allocation of revenues from the excise and sin taxes shall be secured to meet the resource requirements of the UHC reforms, including for tobacco prevention and control, specifically for capacity development of implementers of tobacco regulation and prevention and control interventions, research and surveillance, and relevant equipment or laboratory, among others.
- b. Benefit packages for disease conditions due to tobacco, heated tobacco or vape use shall be developed and/or expanded, guided by appropriate costing studies or health technology assessments.
- c. Local governments shall be enjoined to integrate tobacco prevention and control efforts into their respective Local Investment Plans for Health (LIPH) and Annual Operational Plans (AOP), and to provide resources for their local tobacco control activities.
- d. Resources from partner development organizations intended to support or augment tobacco prevention and control efforts may be mobilized for/by the public health sector, guided by applicable rules and regulations.

4. Collaboration, Networking, and Partnerships

- a. The public health sector shall foster collaboration with national government agencies, LGUs, non-government or civil society organizations involved in tobacco prevention and control, international and local development partners, academic partners, and other entities with similar goals and objectives as the public health sector, in the planning and development, implementation and enforcement, and monitoring of tobacco prevention and control measures.

- b. A unified and comprehensive Tobacco Prevention and Control Network or Coalition shall be established to consolidate all efforts of the various partners and stakeholders working towards a smoke-free and vape-free environment. Collaborative platform/s at the national, regional, and local levels shall be established to sustain the unified efforts on the implementation of the NTPCS.
 - c. No collaboration or partnership engagement with the industry, its associate enterprise, organizations that represent them, foundations wholly or partly governed or controlled by them, including individuals working to promote the interests of the industry, shall be permitted.
- 5. **Capacity Development** - National, regional, and local level implementers of the various tobacco prevention and control measures, including relevant NGAs, LGUs, partner institutions and organizations, health care providers, and other public health advocates shall be provided with appropriate technical and/or financial assistance and capacity development packages to enable the adoption of national level interventions, and/or to enhance the enforcement, implementation, or monitoring and evaluation of tobacco prevention and control measures.
- 6. **Research, Surveillance, Monitoring and Evaluation**
 - a. Research on tobacco, heated tobacco, and vapor products, and other novel, emerging, or similar products shall form part of the National Unified Health Research Agenda. Health policy and systems research, including but not limited to compliance studies, impact evaluation, economic evaluation, and routine data collection activities such as national and local surveys, shall continue to be provided with adequate resources to inform decision making on tobacco prevention and control. Emerging data needs shall be incorporated in data collection tools to ensure responsiveness in planning and implementation.
 - b. Surveillance systems shall be enhanced and/or maintained to generate timely, accurate, and quality information on tobacco and vape use prevalence, relevant knowledge, attitude, and behavioral indicators, and other relevant health, social, economic, and/or environmental data and information.
 - c. A harmonized monitoring and evaluation framework shall be developed to inform planning, decision-making, and policy and program implementation on tobacco prevention and control.
- 7. **Recognition and Awards**
 - a. Local governments and institutions that have successfully implemented tobacco prevention and control interventions, according to set standards, shall be formally recognized. Financial and/or non-financial incentives shall be mobilized for this purpose.
 - b. Mechanisms or platforms for documentation and sharing of good practices on tobacco prevention and control across local government units and institutions shall be provided and maintained.

VIII. ROLES AND RESPONSIBILITIES

The development and implementation of the NTPCS shall be a shared responsibility of the DOH Bureaus, Services, and attached agencies, with support of other relevant government agencies, partners from the civil society and private sector, LGUs, and other stakeholders.

A. The Health Promotion Bureau shall:

- 1. Lead the overall management of the Tobacco Prevention and Control Program in the DOH, in coordination with other relevant units;

2. Lead the development, coordination, and advocacy for strategies, policy and legislative measures, programs, standards for tobacco prevention and control;
 3. Exercise multi sectoral policy coordination and enter into partnerships with national government agencies, non-government or civil society organizations, the academe, and LGUs for implementation of tobacco prevention and control measures;
 4. Lead in information, education, communication activities and measures aimed at increasing health literacy, and at improving awareness, knowledge, attitudes, and behaviors relevant to tobacco, heated tobacco, and vape use; and
 5. Lead the overall monitoring and evaluation of strategies, policies, or programs for tobacco prevention and control.
- B. The **Disease Prevention and Control Bureau** shall:
1. Lead in enabling tobacco, heated tobacco, and/or vape cessation services at all levels of care, including designing and developing guidelines for the provision of mobile and online cessation services;
 2. Develop, update, and disseminate relevant practice guidelines for the provision of cessation services;
 3. Coordinate with PhilHealth in developing benefit packages and other financing mechanisms for diseases or conditions related to tobacco, heated tobacco, and vape use and cessation services; and
 4. Develop metrics and indicators on diseases related to tobacco, heated tobacco, and vape use.
- C. The **Food and Drug Administration** shall:
1. Lead in regulating heated tobacco and vapor products, including the regulation of product contents and emissions, disclosure of relevant product information, advertising, promotion and sponsorships, monitoring and prevention of illicit trade, and sales to and by minors; and
 2. Establish systems, relevant testing laboratories, and/or supplementary guidelines to ensure the enforcement of and compliance with mechanisms for heated tobacco and vapor product regulation.
- D. The **Bureau of International Health Cooperation** shall:
1. Coordinate the provision of technical and/or financial assistance to and from development partners and international organizations in support of tobacco prevention and control; and
 2. Provide secretarial support for the fulfillment of the country's commitments to the WHO FCTC and other related international obligations.
- E. The **Health Policy Development and Planning Bureau** shall:
1. Facilitate the inclusion of tobacco-related legislative measures in the DOH's priority agenda for legislation;
 2. Facilitate the inclusion of tobacco-related research and evidence needs in the DOH's Medium Term Research Agenda; and
 3. Collaborate with relevant national government agencies for the development, implementation, and/or advocacy for price and tax interventions, or financing mechanisms related to tobacco prevention and control.
- F. The **Epidemiology Bureau** shall:
1. Establish and/or maintain functional surveillance system/s for critical tobacco-related data and information;
 2. Manage and coordinate the design and implementation of tobacco related surveys, such as the Global Adult Tobacco Survey and Global Youth Tobacco Survey, etc.;
 3. Provide periodic and relevant surveillance and epidemiological data or information

to support the planning, policy development, and implementation of tobacco prevention and control measures.

G. The Legal Service shall:

1. Review and provide legal assistance on the development, implementation, and enforcement of tobacco prevention and control related policies, guidelines, commitment, and partnerships with legal implications; and
2. Collaborate with relevant government agencies and offices on legal matters related to tobacco prevention and control, such as litigation, liabilities, and/or interference of the tobacco industries, among others.

H. The Centers for Health Development shall:

1. Disseminate and promote national laws, policies, and guidelines on tobacco prevention and control to LGUs, and provide technical assistance, as needed, to facilitate adoption of the same into local ordinances;
2. Assist LGUs in the integration of comprehensive tobacco cessation services in primary health care provider networks;
3. Promote to LGUs the adoption and implementation of the smoke-free and vape-free communities;
4. Facilitate the establishment of unified regional and community level tobacco prevention and control networks or coalitions;
5. Provide support in the conduct of tobacco related monitoring and evaluation, surveillance, and research activities; and
6. Prepare and submit the necessary annual documentary requirements.

I. The Local Government Units shall endeavor to:

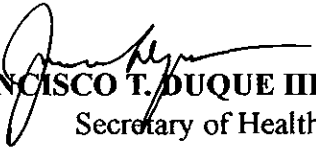
1. Adopt national laws, policies, guidelines, and standards on tobacco prevention and control;
2. Include tobacco prevention and control in their LIPH;
3. Develop and implement policies on smoke-free and vape-free environments, and mobilize local task force;
4. Implement information, education, and communication campaigns to prevent smoking or vape use initiation among the youth, and encourage cessation among current users;
5. Provide accessible and quality cessation services at appropriate levels of care;
6. Monitor and evaluate tobacco prevention and control interventions; and
7. Submit to relevant authorities necessary documentary requirements or reports.

IX. REPEALING CLAUSE

Earlier issuances on the implementation of the National Tobacco Control Program such as DOH AO No. 2007-0004 ("National Tobacco Prevention and Control Program"), relevant provisions of DOH AO No. 2017-0023 ("Guidelines on Implementation of Executive Order No. 26 s. 2017"), DO No. 2015-0270 ("Guidelines on Transfer of the Tobacco Prevention and Control Program from the Health Promotion and Communication Services to the Disease Prevention and Control Bureau"), DO No. 2019-0112 ("Roles of DOH Offices in the Implementation of the WHO FCTC") and amendment, Department Memorandum No. 2019-0349 ("Provisional Guidelines on the Establishment of Regional Tobacco Control Networks") and amendment, and other related policies and issuances that are not consistent with this Order are hereby repealed, amended, or modified accordingly. All other existing issuances which are not affected by this Order shall remain valid and in effect.

X. EFFECTIVITY

This Order shall take effect fifteen (15) days after publication in the Official Gazette or a newspaper of general circulation, with three (3) certified copies to be filed with the Office of the National Administrative Register (ONAR) of the UP Law Center.


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

Annex A. National Tobacco Prevention and Control Strategy

