TERMS OF REFERENCE

SUPPORT TO POLICY DEVELOPMENT FOR THE IMPLEMENTATION OF ARTICLE 12 OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL: EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS

I. Background

Tobacco use is still prevalent in our country in spite of health advisories and warnings. Recent studies showed that tobacco use (smoked and/or smokeless) is 23.8 percent among Filipinos belonging to the 15 year-old and above age group with males having a higher prevalence of 41.9 percent than females with a 5.8 percent prevalence based on the 2015 Global Adult Tobacco Survey (GATS). In the 2015 Global Youth Tobacco Survey (GYTS), tobacco use among students age 13-15 years old is slightly lower among Filipino students with a prevalence of 16 percent for both sexes with the same trend of males having a higher prevalence rate of 22.2 percent than females with prevalence of 10.4 percent.

Likewise, a significant portion of the population is exposed to second hand smoke. This is also a concern because people are not protected from this health hazard. Based on 2015 GATS, 21.5 percent of Filipino adults who are working indoors in an enclosed space are exposed to tobacco smoke. Public places where people are at risk of inhaling second hand smoke are in bars/nightclubs, public transportation, restaurants with 86.3%, 37.6% and 21.9% respectively. Other public places where anti-smoking policies should be in place, such as government buildings/offices, health care facilities and schools, people are still exposed to tobacco smoke (13.5%, 10.9% and 4.2% respectively).

Tobacco use has been widely accepted and recognized as one of the four shared behavioral risk factors together with alcohol, sedentary lifestyle, and unhealthy diet that lead to chronic diseases such as cardiovascular disease, cancer, diabetes mellitus, and chronic respiratory diseases. Since these diseases can be prevented by modifying the abovementioned risk factors, there is a worldwide initiative to address the risk factors before it can lead to any chronic diseases. Interventions to modify or prevent these risk factors include policy and regulatory interventions, behavior and information and education interventions for those at-risk population, and treatment and rehabilitation to those having these risk factors.

Since tobacco use exposes a significant portion of the population to smoking and second hand smoke, the Philippines initiated policy and regulatory interventions by developing a national law on tobacco control. Because of the scientifically proven ill-effects of tobacco use on health, the Philippines promulgated Republic Act No. 9211 or otherwise known as the "Tobacco Regulation Act of 2003" in June 23, 2003. Worldwide initiatives to protect the public from the ill effects of smoking gave rise to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). The WHO FCTC provides guidance to countries in adapting its own framework on tobacco control. The Philippines is one of the signatories of the WHO FCTC that was put into force at the national level on September 4, 2005.

Article 12 of the WHO FCTC is focused on education, communication, training, and public awareness. The WHO guidelines propose measures to enhance effectiveness of education, communication, and training efforts that improve public awareness in relation to tobacco control. Parties to the WHO FCTC are encouraged to adopt national level guidelines and implement necessary measures beyond those required by the Convention. Thus, there is a need to develop national guidelines for the implementation of Article 12 of WHO FCTC.

II. Objectives

General Objective

To develop national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness.

Specific Objectives

1. To prepare the draft national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness that includes, among others, the following:

    a. Specific guidelines for the conduct of tobacco control activities related to education, communication, training, and public awareness
    b. Requirements to implement the national guidelines in terms of budget, capabilities, and systems
    c. Recommendations for a five-year work program for the nationwide implementation of the guidelines;

2. To consult stakeholders in non-government organizations, civil society organizations, and other government agencies on the draft national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness; and

3. To finalize the revised national guidelines for the implementation of Article 12 of the WHO FCTC: Education, Communication, Training and Public Awareness.

III. Scope of Work

The duties/responsibilities of the Technical Assistance (TA) provider/ project proponent are the following:

1. Submit inception report, with budget requirement and detailed work plan;
2. Convene and obtain approval of the Technical Working Group on the proposed implementation plan;
3. Convene series of consultative meetings/workshops/writeshops to identify gaps on tobacco control related to Education, Communication, Training and Public Awareness (Article 12);
4. Develop national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness
5. Conduct of a multi-sectoral workshop to consult stakeholders on the contents of the proposed guidelines;
6. Revise and finalize the national guidelines based on the results of the multi-sectoral workshop;

7. Develop a communication plan for tobacco campaign and appropriate prototype IEC materials;
8. Perform tasks relevant to the completion of the project;
9. Work closely and provide regular updates to DPCB-LRDD and HPDPB;
10. Present project outputs in meetings upon request of DPCB-LRDD and HPDPB; and
11. Submit all required reports and deliverables pertinent to the Terms of Reference.

IV. Deliverables / Expected Output

1. Inception report shall include concept, time table and with costed work plan
2. Monthly progress reports
3. Draft national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness that includes, among others, the following:
   a. Specific guidelines for the conduct of tobacco control activities related to education, communication, training and public awareness
   b. Requirements to implement the national guidelines in terms of budget, capabilities and systems
   c. Recommendations for a five-year work program for the nationwide implementation of the guidelines
4. Consultation design for the multisectoral workshop involving stakeholders in non-government organizations, civil society organizations and other government agencies in NCR, Luzon, Visayas and Mindanao.
5. Documentation/Report on the results of the consultations
6. Revised version of the national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness based on the consultation and inputs from stakeholders
7. Communication plan for tobacco control and appropriate prototype IEC materials.
8. Final accomplishment report which includes deliverables as stated above
   a. Four (4) printed copies of the final accomplishment report
   b. Electronic copies of the final accomplishment report in PDF and editable document (i.e. .docx) format including annexes

V. Estimated Duration of Engagement

All deliverables shall be submitted by the ***first (1st) week of December 2017***.

VIII. Budget Requirements and Release

Budget ceiling of **TWO MILLION PESOS (Php 2,000,000)**. Budget release shall be based on the submission of expected outputs and shall be released on a tranche basis. Other deliverables may be added as required by the PCHRD.

Tranche	Expected Output
First tranche 40%	➢ Signed MOA ➢ Inception report (shall include concept, time table and with costed work plan)

Second tranche 30%	➢ Monthly progress reports ➢ Draft national guidelines ➢ Consultation design for the multisectoral workshop
Third tranche 20%	➢ Monthly progress reports ➢ Documentation/Report on the results of the consultations
Last tranche 10%	➢ Revised version of the national guidelines for the implementation of Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness based on the consultation and inputs from stakeholders ➢ Final accomplishment report

IX. Implementation Arrangement

1. Contact

DR. MA. ELIZABETH I. CALUAG
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DR. MA. CRISTINA R. GALANG
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Technical Officer for Tobacco Control
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DR. BEVERLY LORRAINE C. HO
Chief, Health Research Division
Health Policy Development and Planning Bureau
Department of Health
San Lazaro Compound, Tayuman, Sta. Cruz, Manila
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2. Project Management

The TA provider/ project proponent shall lead the management of this project in consultation with DPCB-LRDD and HPDPB.

3. Reporting Obligation, Notices, and Approval Process

a. The TA provider/ project proponent shall coordinate closely with DPCB-LRDD and PCHRD throughout the duration of the engagement;
b. The TA provider/ project proponent shall periodically update DPCB-LRDD, HPDPB, and PCHRD on the progress of work;
c. DPCB-LRDD and HPDPB shall have the prerogative to call for a meeting anytime as warranted. The TA provider/ project proponent shall likewise make same request as deemed necessary; and

d. DPCB-LRDD and HPDPB shall have the primary responsibility for the acceptance of the project deliverables.
e. PCHRD shall have the primary responsibility for processing of payment/ tranche releases.

4. Responsibilities of the TA Provider/ Project Proponent

a. Abide by all the terms and conditions stipulated in this engagement;
b. Be responsible for the timely provision of all outputs and conduct of activities that are necessary within the time schedule/ implementation schedule agreed upon; and
c. Coordinate all activities with DPCB-LRDD and HPDPB.

5. Responsibility of DPCB-LRDD

a. Provide technical assistance and reference materials as needed;
b. Provide directions and inputs relevant to the conduct of the project activities;
c. Co-monitor the work progress of the TA provider/ project proponent; and
d. Assist the TA provider/ project proponent in administrative matters.

6. Responsibility of HPDPB

a. Co-monitor the work progress of the TA provider/ project proponent; and
b. Provide additional assistance to the TA provider/ project proponent in administrative matters, if required.

7. Responsibility of PCHRD

a. Allocate and provide the project cost/amount to the TA provider/ project proponent;
b. Be primarily responsible for the monitoring of work progress of the TA provider/ project proponent including the complete and timely submission of deliverables; and
c. Release tranche upon receipt of reports and other related deliverables from the TA provider/ project proponent.

X. Proprietary Rights/ Ownership

The final output/results of the study/project shall be the sole ownership of the Department of Health. No part of the outputs/results may be reproduced or stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical or photocopying, recording or otherwise, without the prior written permission of the DOH.

XI. Desired Qualifications of TA Provider/ Project Proponent

Type: Institution
Education and/or Training: Post-graduate degrees in Health Policy, Public Health, or other related fields
Experience:

1. Engaged in the field of public health and systems development
2. With an efficient team of expertise, including artist/illustrator capable of creating good lay-outs and design for prototype IEC materials
3. With good communication and facilitation skills (written and oral)
4. Has good track record and extensive client portfolio.

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