TERMS OF REFERENCE

SUPPORT TO POLICY DEVELOPMENT FOR THE NATIONAL TOBACCO CONTROL PROGRAM

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 aged 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. In 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 these risk factors before they 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 at-risk populations, and treatment and rehabilitation for those with risk factors.

Since tobacco use exposes a significant portion of the population due 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 the 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.

Since the Department of Health (DOH) is the lead sector in health, the DOH responded to country and worldwide initiatives to promote health and protect the public from smoking and second hand smoke by issuing Administrative Order No. 2007-004, "National Tobacco Prevention and Control Program" in 2007. However, there are several significant changes related to tobacco control that have happened in recent years here and abroad which include the following:

- Passage of the Sin Tax Law (Republic Act 10351) which:
    - Increases the tax levied on alcohol and tobacco, and provides additional budget to DOH;
    - Allocates a significant portion of the incremental tax revenue for universal health care under the National Health Insurance Program, the attainment of the Millennium Development Goal, health awareness programs, medical assistance, and Health Enhancement Facilities Program

- Civil Service Commission (CSC) Memorandum Circular No. 17 series of 2009 which prohibits smoking in government premises

- Graphic Health Warning Law of Republic Act No. 10643 which mandates the graphic demonstration of the ill effects of smoking on cigarette packaging

- Implementing Guidelines of Articles 5.3, 8, 9, 10, 11, 12, 13 and 14 of the WHO FCTC released in 2013.

Because of the abovementioned changes, there is a need to revisit the earlier DOH administrative issuance on the National Tobacco Control Program and to identify changes for incorporation and implementation in the national program.

II. Objectives

General Objectives
To provide support to policy development for the National Tobacco Control Program

Specific Objectives
1. To describe implementation challenges of the National Tobacco Control Program and propose changes to the current Guidelines on the Implementation of the National Tobacco Control Program;
2. To prepare draft revised Guidelines on the implementation of the National Tobacco Control Program based on the results of the assessment;
3. To consult stakeholders in non-government organizations, civil society organizations, and other government agencies on the results of the assessment of implementation challenges and the revised Guidelines on the implementation of the National Tobacco Control Program; and
4. To finalize the revised Guidelines on the implementation of the National Tobacco Control Program.

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. Describe implementation challenges of selected recent tobacco control policies;
3. Identify lessons from the assessment for the revision and implementation of the National Tobacco Control Program including proposals for strengthening of or new program component activities;
4. Draft and finalize revised guidelines on the implementation of the National Tobacco Control Program;
5. To conduct stakeholder consultations as required;
6. Perform tasks relevant to the completion of the project ;
7. Work closely and provide regular updates to DPCB-LRDD and HPDPB;
8. Present project outputs in meetings upon request of DPCB-LRDD and HPDPB; and
9. Submit all required reports and deliverables.

IV. Suggested Design

i. Assessment Design

The assessment will involve desk review of selected policies on tobacco control in terms of the policy design, operational guidelines, and reports on the status and challenges in their implementation. These policies may include the Sin Tax Law (Republic Act No. 10351); Civil Service Commission (CSC) Memorandum Circular No. 17 series of 2009; Graphic Health Warning Law or Republic Act No. 10643; and the Implementing Guidelines of Articles 5.3, 8, 9, 10, 11, 12, 13 and 14 of the WHO FCTC released in 2013.

It will also include consultation with selected stakeholders with respect to the implementation of the policies as well as challenges encountered. It will draw from reports describing implementation challenges such as the review of relevant policy issuance on tobacco control by J. Feliciano in November 2016.

ii. Data Collection

Apart from reports from government agencies concerned with the implementation of the selected tobacco control policies, consultations will be conducted among key stakeholders including implementing agencies and LGUs.

iii. Data Analysis

The assessment will entail the collection and analysis of secondary data and administrative reports on the implementation of tobacco control policies. The results of consultation will be used to analyze gaps in the policy design and operational guidelines.

iv. Policy Development

The policy development component will be primarily desk work involving the preparation of the draft policy and its revision. A multisectoral workshop will be conducted to present the assessment results and the proposed revised Guidelines on the implementation of the Tobacco Control Program for feedback and additional discussion.

V. Project Site

The project sites will include various LGUs in NCR, Luzon, Visayas and Mindanao

VI. Deliverables / Expected Output

1. Proposed assessment design
2. Monthly progress report
3. Desk review of administrative reports on the status of implementation of selected tobacco control policies
4. Documentation/Report of consultation with stakeholders
5. Final assessment report containing gaps and specific recommendations in terms of additional/revised program content and operational guidelines
6. Draft revised Guideline on the Implementation of the National Tobacco Control Program
7. Consultation design for the multisectoral workshop
8. Documentation of the multisectoral workshop
9. Revised Guidelines on the implementation of the National Tobacco Control Program
10. Final accomplishment report
    a. Four printed copies of the final accomplishment report (which includes all deliverables as stated above)
    b. Electronic copies of the final report in PDF and editable document (i.e., .docx) format including annexes

VII. 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 30%	➢ Signed MOA ➢ Inception report (which includes the proposed assessment design with preliminary work plan and detailed budget plan)
Second tranche 30%	➢ Monthly progress reports ➢ Desk review of administrative reports ➢ Documentation of consultations

Third tranche 30%	➢ Monthly progress reports ➢ Final assessment report ➢ Draft revised guidelines ➢ Consultation design for multisectoral workshop
Last tranche 10%	➢Documentation of consultation workshop ➢Revised Guidelines on the implementation of the National Tobacco Control Program ➢Final accomplishment report

IX. Implementation Arrangement

1. Contact

DR. MA. ELIZABETH I. CALUAG
Medical Officer V
Lifestyle-Related Diseases Division, DPCB
3/F, Bldg. 14, San Lazaro Compd., DOH, Sta. Cruz, Manila

DR. MA. CRISTINA R. GALANG
Medical Specialist IV
Technical Officer for Tobacco Control
Lifestyle-Related Diseases Division, DPCB
3/F, Bldg. 14, San Lazaro Compd., DOH, Sta. Cruz, Manila

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
Tel. no 781-4362

2. Project Management

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

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, HPDPB, and PCHRD.

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. 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 of tranches 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 degree in Health Policy, Public Health, or other related fields

Experience:

1. Engaged in the field of public health and systems development
2. With good communication and facilitation skills (written and oral)
3. Has good track record and extensive client portfolio

*****

Prepared by:

MA. CRISTINA GALANG, MD, MPH
Medical Specialist IV
Technical Officer for Tobacco Control

Recommending Approval:

MA. JOYCE U. DUCUSIN, MD, MPH
OIC – Director III, Disease Prevention and Control Bureau

Approved by:

MARIO S. BAQUILOD, MD, MPH
OIC – Director IV, Disease Prevention and Control Bureau