

Tobacco Tax and Health Financing in the Philippines

Instructor's Note

2017

Overview

This Instructor's Note provides a framework for using the "Tobacco Taxes and Health Financing in the Philippines" teaching pack, which centers on a case about tobacco tax reform in the Philippines. The case explores the impact of taxing tobacco and alcohol, and the policy implemented in the Philippines to make a sustainable impact on reforming smoking prevalence. It gives a background of Filipino history and how it has shaped the current health system of the Philippines. Students will analyze the situations described by considering the political history of the Philippines and the challenges of implementing and sustaining new health policies like the "sin tax." Using the case as a framework, students will analyze the connections between health, economics, and political influence.

The teaching pack is composed of this Instructor's Note and the following companion materials:

Teaching Materials

- Case Study: ["Sin Taxes" and Health Financing in the Philippines](#)
- Discussion Guide: Case-Based Lesson – "Sin Taxes" and Health Financing in the Philippines

Additional Resources

- Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines
- Glossary: Tobacco Tax and Health Financing in the Philippines

Learner Level

- College, Graduate/Professional

Pedagogical Approach: Case Study Method

A case offers an informational narrative describing a real-life situation, with the goal of stimulating classroom discussion. This creates an active learning opportunity, where students can apply critical thinking skills and share professional experience to analyze complex, interdisciplinary scenarios. For students to maximize their learning from the case, they must immerse themselves in a case prior to class, craft their own opinion about the material, and participate actively in class discussion. During the class discussion, the instructor plays the role of the moderator, facilitating the conversation so that it illuminates different aspects of the problem described. Alternatively, instructors might divide the class into small groups, with each group discussing among themselves the questions included in each discussion guide. Each group might then represent their group's perspective in a class-wide discussion of the whole.

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Case Summary

This case gives an overview of Filipino history, highlighting the political chaos of election fraud and coup attempts alongside stifled economic growth. In 2001, the economy rebounded with a new presidency, although poverty, inflation, income inequality, and budget deficit also increased. The geography, demographics, and economy of the Philippines depict how it is a lower-middle-income country. The Philippines was not on track to achieve the Millennium Development Goals (MDGs) for maternal and reproductive health in 2010, and the World Health Organization (WHO) listed it as a high-burden country.

The Philippines' health system is made up of provincial and district hospitals, city and municipal health centers, and barangay (village) health centers. The barangay health centers and rural health units were often understaffed and undersupplied, while public hospitals were overcrowded and under-equipped. While many Filipinos were trained as health professionals, they migrated to other areas because of better living standards and higher wages.

In 2003, WHO established the Framework Convention on Tobacco Control (FCTC) to recommend increasing taxes on tobacco products to decrease rates of tobacco use. The Philippines signed the WHO FCTC in 2005. The Philippines had historically low tax rates on tobacco products, making cigarette prices very low. President Aquino supported raising taxes on tobacco products and made it a priority. Opposition was expected from proponents of the tobacco industry. To mitigate this opposition, it was also proposed that a portion of revenues be allocated to tobacco-growing provinces.

The “sin tax” reform act ultimately passed, catalyzing changes in health policy. National survey data suggested a reduction in smoking. Some government facilities began offering free smoking cessation services and incremental revenues from the taxes went towards insurance premiums. The sin tax offers a reformative solution on health care access and smoking prevalence. Whether the initial decline in smoking prevalence can be sustained long-term is yet to be determined.

Learning Objectives

This lesson will enable students to:

1. Describe how tobacco use is a public health issue.
2. Understand the circumstances that affect tobacco use, by examining complex geographical, economic, and political factors that characterize or contribute to health policy.
3. Analyze the social, political, and cultural contexts that affect tobacco control.

Case-Based Lesson: “Sin Taxes” and Health Financing in the Philippines

Discussion Guide

2017

Overview

This discussion guide accompanies the case, [“Sin Taxes’ and Health Financing in the Philippines.”](#) The case explores the impact of taxing tobacco and alcohol and the policy implemented to make a sustainable impact on reducing smoking. Students analyze the situations described by considering the political history of the Philippines and the challenges of implementing and sustaining new health policies. Using the case as a framework, students analyze the connections between health, economics, and political influence.

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Discussion Guide: “Sin Taxes” and Health Financing in the Philippines

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Discussion Questions and Strategies

Allow time for students to offer their initial thoughts on the case. For an advanced or motivated group, asking for the students’ perspectives in a one-minute response is a good approach. For a group of students that would benefit from a more structured question, ask students to recall the who, what, when, where, why, and how for the case. Students may find it useful to look at the timeline provided in the case (Exhibit 3 on p. 21) when forming their perspectives.

Given that this question is open-ended and meant to help students voice their initial reactions to the case, students may have varying responses when offering their perspectives. They should explore the demographics of the Filipino population and Filipino political history, and how these relate to policy change, and the process of policy change that occurred in this case. Sample answers could include the following:

- The process of implementing a policy that is meant to improve health is highly tied to political and economic processes and considerations, in some ways more than to the health factor itself. The case presents statistics and descriptions related to health conditions at the start, but after that, most of what is described is a political process that has to satisfy all stakeholders (interested parties) economically.
- Students may note that they see both sides of the issue. On one hand, the Philippines has a history of tobacco farming that spans multiple centuries and upon which many Filipinos depend for their livelihoods. Therefore, any threats to this industry, which in 2010 produced 70 million kilograms of tobacco leaf (valued at USD 108.4 million) (p. 6), would be worrisome to farmers and many others. On the other hand, as the case explains, “In 2011, tobacco use was the leading cause of preventable death globally...” (p. 5) and a sin tax would likely decrease this disease burden in the Filipino population. Furthermore, it appears that many of the profits from the tobacco industry were concentrated in the hands of a few corporate entities and the new law helped give smaller players in the industry more opportunities.
- The new tax resulted in much higher revenue for the health system in the Philippines, a system that was already in the process of undergoing many changes.

Sample answers to the more structured version could include:

- **Who:** Health Secretary Enrique Ona, President Benigno Aquino III, tobacco farmers and consumers, Filipino population.
- **What:** “Sin tax” on tobacco to increase the tax on tobacco and alcohol products. Other key details are in Exhibit 8 of the case (p. 27).

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- **When:** The tax was signed into law in 2012. See the timeline in Exhibit 3 (p. 21) for more key dates.
- **Where:** The Philippines.
- **Why:**
 - In 2003, the WHO established the Framework Convention on Tobacco Control, setting the stage for nations around the world to implement stronger tobacco-related measures (see Tobacco section, p. 5).
 - Simultaneously, it was clear in the early 2000s that tobacco use in the Philippines was too high and even increasing in certain population groups (see Smoking and Tobacco Control section, p. 6).
 - Health Secretary Ona needed to modify existing revenue streams in order to increase the health budget, so the idea of sin tax reform was considered (p. 8).
- **How:** Sin tax reform was advocated for by FCAP (FCTC Alliance, Philippines) to Health Secretary Ona. The Department of Health in turn supported sin tax reform to reduce smoking and generate revenue. President Aquino supported the reform. After forecasting and negotiations regarding the economic impact of the proposed reforms and the specific details of the taxes to be levied, the new tax was signed into law in 2012 by President Aquino, with the support of many key legislative bodies and industry members (pp. 8-13).

What is the FCTC? Why is it important to public health?

FCTC stands for the Framework Convention on Tobacco Control. It is a treaty created by the World Health Organization (WHO) maintaining that everyone has a right to quality health. The FCTC was created as a response to the spreading worldwide tobacco epidemic. It is important to public health because it addresses complex factors of marketing, advertising, and international sales of tobacco, with the hopes of decreasing the negative health effects.

From the case: “The WHO FCTC provided countries with evidence-based guidelines, international accountability, and technical assistance for tobacco control implementation. The recommendation to impose a high tax on tobacco products was backed by a growing body of research demonstrating the effectiveness of higher tobacco taxes and prices in reducing consumption of cigarettes and other tobacco products” (p. 5).

How might tobacco use affect individuals beyond the user?

Students should be encouraged and challenged to think about smoking as a public health issue from a population level or “zoomed out” perspective, looking at health and economic statistics about the Filipino population as a whole. As the case explains, “In 2011, tobacco use was the leading cause of preventable death globally...” (p. 5). In the Philippines specifically, in 2008, 31 percent of the adult population smoked. Furthermore, smoking prevalence increased among youth from 2003 to 2007 (p. 6). A thoughtful answer may also point out that the significant proportion of smokers in the country poses a long-term health threat to the country, potentially leading to an increased burden of respiratory illness, cardiovascular disease, and cancer.

Continuing to look through this population lens, students may point out that even beyond second-hand smoke, tobacco use can affect non-users in multiple ways. For example, parents and grandparents who are responsible for supporting and caring for families may not be able to fulfill their responsibilities if they are in poor health. Treatment for illnesses caused by tobacco may also be costly and create financial burdens on entire families.

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Describe the health system in the Philippines. Do you see any systemic challenges?

Effective responses could look at the various pieces of the health system and then consider it as a whole system:

- **Health Care Quality and Infrastructure:** The Philippines’ health system is made up of national and regional hospitals, city and municipal health centers, and rural health centers. The rural health centers, known as barangays, were significantly understaffed and undersupplied in comparison to regional hospitals. Because of this, public hospitals became overcrowded. Families would seek out private health care for better quality of care, and many became impoverished due to the expensive costs of good health care. (More information is in the Health System section, pp. 3-4).
- **Health Insurance:** Health financing in the Philippines is managed by PhilHealth (Philippine Medical Care Plan). Families who are able are meant to make regular premium contributions to buy into this national health care plan. Those who cannot afford the premiums can receive assistance. Local government units (LGUs) determine who is eligible for assistance, though many ran out of funding and denied coverage to poor families. Only 53 percent of the population was enrolled in PhilHealth in 2010, even though the goal was to achieve universal coverage by that point. (More information is in the National Health Insurance section, pp. 4-5). Dr. Ona and President Aquino’s three “strategic pillars” for a new health agenda worked to improve these circumstances, in part by increasing health revenue through an increased sin tax (p. 8).
- **Looking at the system as a whole,** students may say that the Philippines is bureaucratically well-poised to achieve universal health care, especially because they have plans in place to provide insurance to those who cannot afford it and to increase revenue within the system from the new sin tax. However, even though this is less relevant to the case at hand, they may also point out or should be made aware that even with adequate organization and revenue, improvements need to be made in the quality of and infrastructure for the delivery of health care services, especially in rural areas where, for example, travel times to health facilities may still be quite high (p. 4).

What groups or organizations are important players in this case study?

Students may identify the following players or stakeholders:

- **The Filipino population** stands to benefit because they will be disincentivized from purchasing tobacco and alcohol products due to the higher tax. Some who work in the tobacco or agriculture industries may be affected by the new law, as demand for tobacco and alcohol products changes in response to the new tax and supply should calibrate accordingly.
- **Big tobacco companies** such as Mighty Corporation and Philip Morris Fortune Tobacco Corporation (PMFTC) are important players, as they would be greatly affected by changes in tobacco tax policy.
- **Small domestic companies** also stand to be affected by the tax and may even have more opportunities as a result (p. 12).
- **President Aquino** heavily supported these health changes.
- **Department of Health, PhilHealth insurance, and Dr. Enrique Ona** stand to improve health outcomes due to less smoking and increased revenue. Having invested in a form of prevention, the health system will also not have to treat as many patients for tobacco-related disease in the long run, further increasing available budget to address other areas of concern.

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Identify and organize the responses to the tax reform in the Philippines. Who responded favorably? Who was in opposition? Describe these responses. What are additional voices that might be missing?

Students could identify favorable responses from a number of entities, including:

- **International organizations and national governments** who “contributed funding and/or technical assistance to support the Philippines in achieving WHO FCTC recommendations” (p. 9).
- **Civil society groups** that “reached out to local chronic disease experts to gather data on the impact of smoking” (p. 9).
- **Department of Finance (DOF):** The DOF modeled how the new tax may affect the tobacco industry, predicting that a 10 percent increase in taxes would yield a 5 percent reduction in cigarette consumption (p. 10). (This can be interpreted both positively and negatively).
- **FCTC Alliance Philippines (FCAP),** the first control advocacy organization in the country, was a major advocate of the tax reform.
- **Actors who helped to promote and pass the reform:** Sin tax reform was promoted by the Action for Economic Reforms, who received funding from Bloomberg Philanthropies and multiple economic reform groups. With the support of President Aquino, health secretary Dr. Enrique Ona worked to pass the sin tax policy changes (p. 8).

Negative responses could include:

- **Tobacco industry stakeholders** who argued “that a tax increase would discourage smoking so much that the revenue-generating goals of the bill would be undermined” (p. 10).
- **Tobacco industry stakeholders,** such as big companies like Philip Morris Fortune Tobacco Corporation (PMFTC) and local cigarette manufacturing companies, the Northern Alliance, and cigarette factory workers, could oppose the sin tax because they would lose revenue.
- **Tobacco farmers** could be concerned about not being able to sell enough crops.

Additional missing voices:

- **Smokers** themselves were not surveyed for a response and did not appear to have voiced an organized response of any kind in the case.
- **Members of the public** who were not directly a part of the tobacco industry did not appear to have responded in any way in the case (though one could argue that some civil society groups that did respond may also be representative of public opinion).
- **Other players within the health care sector,** such as doctors, nurses, other health care professionals, hospital operators (both in urban and rural settings), and private insurance companies did not appear to voice opinions on the tax in the case.
- **San Miguel Brewery and other alcohol industry players:** While the case focuses mostly on tobacco-related stakeholders and frames the sin tax reform as one combatting high rates of smoking, the reform also affected taxes on alcoholic beverages. The case does note, however, that the large San Miguel Brewery agreed to support the reform once taxes on its beer brand were adjusted (p. 12).

Discuss the sin tax reform’s objective of generating revenues specifically for health care. How might this affect opponents of the tax?

Thorough responses should point out that the sin tax reform’s health objectives were to both discourage Filipinos from smoking and create revenues for health care. The FCTC recommends taxes as one way that nations can combat tobacco use. In the Philippines, only 53 percent of people were enrolled in the national PhilHealth insurance program in 2010 and funds were often unavailable at the local level to pay for citizens

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who could not afford the premium payments to be added (p. 5). This demonstrated a gaping deficiency in the country’s health care system and a need for new streams of revenue while still adhering to “[President] Aquino’s promise not to introduce new tax measures...” (p. 8). Given this constraint, Dr. Ona and FCAP advocated for a sin tax reform. The initial results of the reform show that it did indeed increase revenue for the Department of Health, though the use of these additional funds has been called into question by both civil society groups and legislators (pp. 14-17).

Opponents of the tax may argue that the reform essentially takes revenue that would have gone to members of the tobacco industry and diverts them into the health budget. The Department of Finance’s own calculations predicted lower demand on tobacco products as a result of the tax, meaning that even if revenues for the health budget would increase as a result of the tax, revenues to the tobacco industry would decrease. To help counter some of these concerns, the reform also put a portion of the revenues towards development in tobacco-growing provinces. This allocation of funds may have softened opponents’ negative responses to the proposed reform.

Based on this case, how might “sin taxes” address tobacco control as a public health issue? How do they not?

Sin taxes aim to discourage tobacco use in the Filipino population by increasing the price of tobacco products, making their regular consumption more costly. They also work to generate revenue for improving the health care systems. These two purposes of the reform drive direct and indirect mechanisms through which tobacco use as a public health issue is addressed.

Direct mechanisms:

- The sin tax makes tobacco (and alcohol) products more costly for consumers. So a person wanting to buy a pack of cigarettes in a store now has to pay more for that pack than before (price increases can be seen in Exhibit 10, p. 30). In theory, this will reduce the number of people buying cigarettes.
- The lower number of consumers will reduce the amount of smoking in the country. Initial data suggested that smoking was indeed decreasing following the new tax (pp. 15-16).

Indirect mechanisms:

- Tobacco as a public health issue not only causes short-term illness for smokers and consumers of second-hand smoke, but it also creates long-term disease burden within the population. This disease burden means that many people will suffer from respiratory illness, cardiovascular disease, and cancer as a result of tobacco. The health system will need to devote resources to treating these patients. But the tax can reduce the number of people experiencing these tobacco-caused health conditions in the first place. Then, as an added benefit over the decades to come, the health system will have more resources available and can turn its attention to other concerns.

Do you think the sin tax offers a sustainable solution for health financing? Why or why not?

Students can answer either way, as long as they give evidence or sound reasoning to support their perspective.

Yes, sin tax offers a sustainable solution:

- While smoking rates appeared to decrease in 2013, the year following the implementation of the new tax (p. 16), they are still quite high. Furthermore, it appears that the tobacco industry continued to grow in 2013 (p. 16). This means that there is the potential for future additional taxes to be levied on the tobacco industry for continued health financing.

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- In 2013, tobacco tax revenue grew beyond the expectations of the Bureau of Internal Revenue while the Department of Health’s budget grew to an “unprecedented” extent (p. 14). This evidence suggests that the tax will provide ample financing for the health system for the years to come.

No, sin tax does not offer a sustainable solution:

- Obviously, the goal of the new tax is to reduce smoking and other tobacco use as much as possible. It is not the goal of the department of health that the smoking rates level off or increase. Therefore, as consumption of tobacco products continue to decline, tax revenues will also decline steadily, eventually to the point where they will no longer be adequate for health financing. The Philippines is also combatting a number of other public health concerns and will need funding to address them while also making efforts to increase the utilization of the health system by citizens, which in 2010 was just 42 percent (p. 5). For these reasons, the sin tax is not a sustainable solution for health financing.

Select Bibliography

Learn about tobacco use in the Philippines:

Global Adult Tobacco Survey: Philippines Country Report 2015. Republic of Philippines Department of Health, Philippine Statistics Authority 2015. <https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/philippines/gats/phl-country-report-2015-gats.pdf>.

Learn about challenges of tobacco control in the Philippines:

Furlow B. Philippines Confronts a Powerful Tobacco Industry. The Lancet Repository Medicine 2017; 5(3): 172-3. [http://thelancet.com/journals/lanres/article/PIIS2213-2600\(17\)30057-7/fulltext](http://thelancet.com/journals/lanres/article/PIIS2213-2600(17)30057-7/fulltext).

Read facts about tobacco use in the Philippines:

Global Adult Tobacco Survey. Fact Sheet: Philippines 2015. Republic of the Philippines Department of Health, Philippine Statistics Division, World Health Organization Western Pacific Region, U.S. Centers for Disease Control and Prevention. <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.

Explore the global tobacco epidemic:

WHO Report on the Global Tobacco Epidemic 2017: Monitoring Tobacco Use and Prevention Policies. World Health Organization 2017. <https://apps.who.int/iris/handle/10665/255874>.

Access tobacco tax reform information:

Tobacco Tax Reform: At the Crossroads of Health and Development. The World Bank Group 2017. <http://blogs.worldbank.org/health/tobacco-tax-reform-crossroads-health-and-development>.

Annotated Bibliography

Tobacco Tax and Health Financing in the Philippines

2017

Overview

This bibliography is a selective sampling of educational resources that introduce students to tobacco taxes and health financing. These multidisciplinary materials may be suitable for students at the high school, undergraduate college, and public health graduate school levels. Learning objectives and supporting materials will vary depending on how the material is used in a course. Brief annotations provide a cursory summary and indicate where certain materials may be particularly relevant. Within each section, dated publications are listed in chronological order.

This bibliography accompanies a [case study](#) about the Philippines' tobacco usage and "sin taxes." The materials listed here represent a diversity of viewpoints and opinions and do not necessarily reflect the viewpoints and opinions of the Incubator.

This annotated bibliography includes:

- [Reports](#)
- [Articles and Briefs](#)
- [Fact Sheets and Country Profiles](#)
- [Data Publications, Portals, and Interactives](#)
- [Topic Portals and Organizations](#)
- [Multimedia and News](#)
- [Teaching Material](#)

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[Last updated: June 2023]

Selected Resources

*indicates resource listed in GHELI's online Repository

REPORTS

Report. The Economics of Tobacco and Tobacco Taxation in the Philippines

Quimba SLA et al. The Economics of Tobacco and Tobacco Taxation in the Philippines. International Union Against Tuberculosis and Lung Disease 2012.

https://global.tobaccofreekids.org/assets/global/pdfs/en/Philippines_tobacco_taxes_report_en.pdf.

Report. Global Adult Tobacco Survey: Philippines Country Report 2015

Global Adult Tobacco Survey: Philippines Country Report 2015. Republic of Philippines Department of Health, Philippine Statistics Authority 2015. <https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/philippines/gats/phl-country-report-2015-gats.pdf>.

Report. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products

Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. The National Academies Press 2015. <http://www.nap.edu/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products>.

Report. Earmarked Tobacco Taxes: Lessons Learnt From Nine Countries

Earmarked Tobacco Taxes: Lessons Learnt From Nine Countries. World Health Organization 2016.

<https://apps.who.int/iris/handle/10665/206007>.

*** Report. Health as the Pulse of the New Urban Agenda**

Health as the Pulse of the New Urban Agenda: United Nations Conference on Housing and Sustainable Urban Development, Quito 2016. World Health Organization 2016. <https://apps.who.int/iris/handle/10665/250367>.

*** Report. WHO Report on the Global Tobacco Epidemic 2017: Monitoring Tobacco Use and Prevention Policies**

WHO Report on the Global Tobacco Epidemic 2017: Monitoring Tobacco Use and Prevention Policies. World Health Organization 2017. <https://apps.who.int/iris/handle/10665/255874>.

*** Report. Tobacco and its Environmental Impact: An Overview**

Tobacco and its Environmental Impact: An Overview. World Health Organization 2017.

<https://apps.who.int/iris/handle/10665/255574>.

Report. Tobacco Tax Reform at the Crossroads of Health and Development

Tobacco Tax Reform at the Crossroads of Health and Development. The World Bank Group 2017.

<http://documents.worldbank.org/curated/en/491661505803109617/Main-report>.

*** Report. Financing Global Health 2021: Global Health Priorities in a Time of Change**

Financing Global Health 2021: Global Health Priorities in a Time of Change. Institute for Health Metrics and Evaluation 2023. <https://www.healthdata.org/policy-report/financing-global-health-2021-global-health-priorities-time-change>.

ARTICLES AND BRIEFS

Article. The Economics of Tobacco: Myths and Realities

Warner KE. The Economics of Tobacco: Myths and Realities. Tobacco Control 2000; 9: 78-89.

DOI: <http://dx.doi.org/10.1136/tc.9.1.78>.

* Article Series. Tobacco-Free World

Tobacco-Free World. The Lancet 2015. <http://www.thelancet.com/series/tobacco-free-world>.

Article. A Tobacco-Free World: A Call to Action To Phase Out the Sale of Tobacco Products by 2040

Beaglehole R et al. A Tobacco-Free World: A Call to Action To Phase Out the Sale of Tobacco Products by 2040. The Lancet 2015; 385(9972): 1101-1018. DOI: [https://doi.org/10.1016/S0140-6736\(15\)60133-7](https://doi.org/10.1016/S0140-6736(15)60133-7).

Article. The Road to Effective Tobacco Control in China

Yang G et al. The Road to Effective Tobacco Control in China. The Lancet 2015; 385(9972): 1019-1028. DOI: [https://doi.org/10.1016/S0140-6736\(15\)60174-X](https://doi.org/10.1016/S0140-6736(15)60174-X).

Article. Exposing and Addressing Tobacco Industry Conduct in Low-Income and Middle-Income Countries

Gilmore AB et al. Exposing and Addressing Tobacco Industry Conduct in Low-Income and Middle-Income Countries. The Lancet 2015; 385(9972): 1029-1043. DOI: [https://doi.org/10.1016/S0140-6736\(15\)60312-9](https://doi.org/10.1016/S0140-6736(15)60312-9).

Article. The Consequences of Tobacco Tax on Household Health and Finances in Rich and Poor Smokers in China: An Extended Cost-Effectiveness Analysis

Verguet S et al. The Consequences of Tobacco Tax on Household Health and Finances in Rich and Poor Smokers in China: An Extended Cost-Effectiveness Analysis. The Lancet Global Health 2015; 3(4):206-216. DOI: [https://doi.org/10.1016/S2214-109X\(15\)70095-1](https://doi.org/10.1016/S2214-109X(15)70095-1).

Article. Global Trends and Projections for Tobacco Use, 1990–2025: An Analysis of Smoking Indicators From the WHO Comprehensive Information Systems for Tobacco Control

Bilano V et al. The Lancet 2015; 385(9972): 966-976. DOI: [https://doi.org/10.1016/S0140-6736\(15\)60264-1](https://doi.org/10.1016/S0140-6736(15)60264-1).

Briefs. What Government Ministries Need to Know About Noncommunicable Diseases: Sectoral Briefs

What Government Ministries Need to Know About Noncommunicable Diseases: Sectoral Briefs. World Health Organization 2016. <https://apps.who.int/iris/handle/10665/250224>.

* Article Series. Substance Use in Young People

Substance Use in Young People. The Lancet Psychiatry 2016. <http://www.thelancet.com/series/adolescent-substance-misuse>.

Article. The Increasing Global Health Priority of Substance Use in Young People

Degenhardt L et al. The Increasing Global Health Priority of Substance Use in Young People. The Lancet Psychiatry 2016; 3(3): 251-264. DOI: [https://doi.org/10.1016/S2215-0366\(15\)00508-8](https://doi.org/10.1016/S2215-0366(15)00508-8).

Article. Why Young People's Substance Use Matters for Global Health

Hall WD et al. Why Young People's Substance Use Matters for Global Health. The Lancet Psychiatry 2016; 3(3): 265-279. DOI: [https://doi.org/10.1016/S2215-0366\(16\)00013-4](https://doi.org/10.1016/S2215-0366(16)00013-4).

Article. Prevention, Early Intervention, Harm Reduction, and Treatment of Substance Use in Young People

Stockings et al. Prevention, Early Intervention, Harm Reduction, and Treatment of Substance Use in Young People. The Lancet Psychiatry 2016; 3(3): 280-296. DOI: [https://doi.org/10.1016/S2215-0366\(16\)00002-X](https://doi.org/10.1016/S2215-0366(16)00002-X).

Article. Tobacco Use and Second-hand Smoke Exposure in Young Adolescents Aged 12-15 Years: Data from 68 Low-Income and Middle-Income Countries

Xi B et al. Tobacco Use and Second-hand Smoke Exposure in Young Adolescents Aged 12-15 Years: Data from 68 Low-Income and Middle-Income Countries. The Lancet 2016. [http://thelancet.com/journals/llanglo/article/PIIS2214-109X\(16\)30187-5/fulltext](http://thelancet.com/journals/llanglo/article/PIIS2214-109X(16)30187-5/fulltext).

Article. Philippines Confronts a Powerful Tobacco Industry

Furlow B. Philippines Confronts a Powerful Tobacco Industry. The Lancet Respiratory Medicine 2017; 5(3): 172-173. DOI: [https://doi.org/10.1016/S2213-2600\(17\)30057-7](https://doi.org/10.1016/S2213-2600(17)30057-7).

Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines

Article. Spatial, Temporal, and Demographic Patterns in Prevalence of Smoking Tobacco Use and Attributable Disease Burden in 204 Countries and Territories, 1990-2019

GBD 2019 Tobacco Collaborators. Spatial, Temporal, and Demographic Patterns in Prevalence of Smoking Tobacco Use and Attributable Disease Burden in 204 Countries and Territories, 1990-2019: A Systematic Analysis From the Global Burden of Disease Study 2019. The Lancet 2021; 397(10292): 2337-2360. DOI: [https://doi.org/10.1016/S0140-6736\(21\)01169-7](https://doi.org/10.1016/S0140-6736(21)01169-7).

Brief. Policy Brief: Pro-Poor Taxes for Sustainable Development Financing

Policy Brief: Pro-Poor Taxes for Sustainable Development Financing. United Nations Development Programme 2022. <https://www.undp.org/publications/policy-brief-pro-poor-taxes-sustainable-development-financing>.

FACT SHEETS AND COUNTRY PROFILES

Fact Sheet. Fact Sheet – Tobacco: A Barrier to Sustainable Development

Tobacco: A Barrier to Sustainable Development. Framework Convention Alliance 2015. <https://fctc.org/new-report-tobacco-a-barrier-to-sustainable-development>.

Fact Sheet. Tobacco Burden Facts: Philippines

Tobacco Burden Facts: Philippines. Campaign for Tobacco-Free Kids 2017. https://www.tobaccofreekids.org/assets/global/pdfs/en/Philippines_tob_burden_en.pdf.

Fact Sheet. Tobacco Tax Success Story: Philippines

Tobacco Tax Success Story: Philippines. Campaign for Tobacco-Free Kids 2017. https://www.tobaccofreekids.org/assets/global/pdfs/en/success_Philippines_en.pdf.

Fact Sheet. Tobacco Use

Tobacco Use. Annex A: Summaries of Selected Health-Related SDG Indicators. World Health Statistics 2017: Monitoring Health for the SDGs. World Health Organization 2017. <https://www.who.int/publications/i/item/9789241565486>.

*** Country Profiles. WHO Country Profiles: Noncommunicable Diseases**

Noncommunicable Diseases Country Profiles. World Health Organization 2018. <https://apps.who.int/iris/handle/10665/274512>.

Fact Sheet. Global Youth Tobacco Survey: Philippines 2019 Fact Sheet

Global Adult Tobacco Survey. Fact Sheet: Philippines 2019. Republic of the Philippines Department of Health, Epidemiology Bureau, World Health Organization Western Pacific Region, U.S. Centers for Disease Control and Prevention 2019. <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.

Fact Sheet. Global Adult Tobacco Survey: Philippines 2021 Fact Sheet

Global Adult Tobacco Survey. Fact Sheet: Philippines 2021. Republic of the Philippines Department of Health, Philippine Statistics Division, World Health Organization Western Pacific Region, U.S. Centers for Disease Control and Prevention 2021. <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.

*** Country Profiles. Tobacco Control Country Profiles**

Tobacco Control Country Profiles. WHO Report on the Global Tobacco Epidemic, 2021. World Health Organization 2021. <https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>.

*** Fact Sheets. WHO Fact Sheets: Noncommunicable Diseases**

Noncommunicable Diseases. Fact Sheets. World Health Organization 2023. <http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.

Country Profiles. Tobacco Control Laws

Tobacco Control Laws. Campaign for Tobacco-Free Kids. <https://www.tobaccocontrolaws.org/legislation>.

Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines

DATA PUBLICATIONS, PORTALS, AND INTERACTIVES

Data Publication. GATS Atlas

Asma S et al. The GATS Atlas. CDC Foundation 2015. <http://gatsatlas.org>.

Data Tables. Tobacco Taxes and Prices

Tobacco Taxes and Prices. Appendix IX: WHO Report on the Global Tobacco Epidemic 2017. World Health Organization 2017. <https://apps.who.int/iris/handle/10665/255874>.

Data Visualizations. Taxes

Taxes. The Tobacco Atlas 2022. <https://tobaccoatlas.org/solutions/taxes>.

Data Publication. The Tobacco Atlas

The Tobacco Atlas. Vital Strategies, Tobacconomics 2022. <https://tobaccoatlas.org>.

TOPIC PORTALS AND ORGANIZATIONS

Topic Portal. Tobacco

Tobacco. World Health Organization. https://www.who.int/health-topics/tobacco#tab=tab_1.

Topic Portal. History of the WHO Framework Convention on Tobacco Control

History of the WHO Framework Convention on Tobacco Control. World Health Organization. <https://fctc.who.int/who-fctc/overview/history-of-the-who-fctc>.

Topic Portal. Taxation and Price Resources

Taxation and Price Resources. Campaign for Tobacco-Free Kids. <https://www.tobaccofreekids.org/global-issues/advocacy-resources/taxation-and-price>.

Organization. WHO Framework Convention on Tobacco Control

WHO Framework Convention on Tobacco Control. <https://fctc.who.int>.

Organization. Campaign for Tobacco-Free Kids

Campaign for Tobacco-Free Kids. <https://www.tobaccofreekids.org>.

Organization. Global Alliance for Tobacco Control

Global Alliance for Tobacco Control. <https://fctc.org>.

Organization. International Union Against Tuberculosis and Lung Disease

International Union Against Tuberculosis and Lung Disease. <https://www.theunion.org>.

Organization. Bloomberg Philanthropies: Reducing Tobacco Use

Reducing Tobacco Use. Bloomberg Philanthropies. <https://www.bloomberg.org/public-health/reducing-tobacco-use>.

Organization. Bill & Melinda Gates Foundation: Tobacco Control

Tobacco Control. Bill & Melinda Gates Foundation. <https://www.gatesfoundation.org/our-work/programs/global-policy-and-advocacy/tobacco-control>.

MULTIMEDIA AND NEWS

Infographic. Global Tobacco Trends, 1980 to 2012

Global Tobacco Trends, 1980 to 2012. Institute for Health Metrics and Evaluation 2014. <http://www.healthdata.org/infographic/global-tobacco-trends-1980-2012>.

Podcast. The Role of Countries in the Global Tobacco Crisis

The Role of Countries in the Global Tobacco Crisis. Bloomberg Philanthropies 2017. <https://www.bloomberg.org/blog/follow-data-podcast-episode-10-role-countries-global-tobacco-crisis>.

Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines

News Series. Tobacco: A Deadly Business

Tobacco: A Deadly Business. The Guardian. <https://www.theguardian.com/world/series/tobacco-a-deadly-business>.

TEACHING MATERIAL

*** Teaching Case Millions Saved: Curbing Tobacco Use in Poland**

Levine R. Curbing Tobacco Use in Poland. Center for Global Development 2007. <http://www.cgdev.org/page/case-14-curbing-tobacco-use-poland>.

*** Teaching Case. Tobacco Control in South Africa: Next Steps**

Bitton A et al. Tobacco Control in South Africa: Next Steps. Global Health Delivery Project, Harvard Business Publishing 2011. <https://www.globalhealthdelivery.org/case-collection/case-studies/africa/tobacco-control-south-africa-next-steps>.

*** Teaching Case. “Sin Taxes” and Health Financing in the Philippines**

Madore A et al. “Sin Taxes” and Health Financing in the Philippines. Global Health Delivery Project, Harvard Business Publishing 2015. <https://www.globalhealthdelivery.org/case-collection/case-studies/asia-and-middle-east/sin-taxes-and-health-financing-in-the-philippines>.

*** Teaching Case. Thailand’s Campaign for Tobacco Control**

Glassman A, Temin M. Thailand’s Campaign for Tobacco Control. Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development 2016. <http://millionssaved.cgdev.org/case-studies/thailands-campaign-for-tobacco-control>.

Annotated Bibliography

REPORTS

Report. The Economics of Tobacco and Tobacco Taxation in the Philippines

Quimba SLA et al. The Economics of Tobacco and Tobacco Taxation in the Philippines. International Union Against Tuberculosis and Lung Disease 2012.

https://global.tobaccofreekids.org/assets/global/pdfs/en/Philippines_tobacco_taxes_report_en.pdf.

This report was funded by Bloomberg Philanthropies and the Bill & Melinda Gates Foundation as a portion of the Bloomberg Initiative to Reduce Tobacco Use. It has eight sections to describe the use and consequences, supply, control, taxes and prices, demand, and impact of the cigarette tax increase in the Philippines. It describes the Philippines' history of tobacco growing and the effects that tobacco control would have on the tobacco industry and local economy. Based on the tobacco control and usage data, this report makes recommendations around tobacco taxation with the intent of reducing tobacco consumption.

Report. Global Adult Tobacco Survey: Philippines Country Report 2015

Global Adult Tobacco Survey: Philippines Country Report 2015. Republic of Philippines Department of Health, Philippine Statistics Authority 2015. <https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/philippines/gats/phl-country-report-2015-gats.pdf>.

This report from the Republic of Philippines Department of Health and the Philippine Statistics Authority examines the tobacco epidemic in the Philippines as well as the tobacco control policies that are currently in place. The trends in tobacco use and percentage of smokers were examined across time through administration of the Global Adult Tobacco Survey (GATS) in 2009 and 2015. GATS used a multistage geographically clustered sample design to collect data on tobacco use, smoking cessation, exposure to secondhand smoke, economics of tobacco smoking, advertising and promotion, and knowledge and attitudes.

Report. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products

Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. The National Academies Press 2015. <http://www.nap.edu/catalog/18997/public-health-implications-of-raising-the-minimum-age-of-legal-access-to-tobacco-products>.

This report considers the likely public health impact of raising the minimum age for purchasing tobacco products to 19, 21, and 25 years. Conducted at the request of the U.S. Food and Drug Administration, this report explores the serious implications of tobacco use among adolescents and young adults. Nearly all adults who have ever smoked daily first tried a cigarette before 26 years of age. Current cigarette use among adults is highest among persons aged 21 to 25 years, a time in life when the parts of the brain most responsible for cognitive and psychosocial maturity are still developing, and adolescent brains are uniquely vulnerable to the effects of nicotine. The report is targeted at federal policy makers and state and local health departments and legislators.

Report. Earmarked Tobacco Taxes: Lessons Learnt From Nine Countries

Earmarked Tobacco Taxes: Lessons Learnt From Nine Countries. World Health Organization 2016.

<https://apps.who.int/iris/handle/10665/206007>.

This report from the World Health Organization looks at the experiences of nine countries that have experience with earmarking tobacco tax revenues. It unpacks their experiences to describe challenges, setbacks, and achievements of those countries. It finds that while there is no single way to establish an earmarked fund, some common lessons can be applied as a resource for policy-makers and tobacco control advocates that want to create sustainable tobacco control programs.

Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines

Report. Health as the Pulse of the New Urban Agenda

Health as the Pulse of the New Urban Agenda: United Nations Conference on Housing and Sustainable Urban Development, Quito 2016. World Health Organization 2016. <https://apps.who.int/iris/handle/10665/250367>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11011>

This report from the World Health Organization (WHO) explores the role of health in urban planning, investments, and policy decisions. In support of the New Urban Agenda, the report stresses the importance of considering the health of a city's residents when making policies and decisions. Offering guidance and suggestions for using development to support health, and health to support development, the report suggests both applying a "health lens" to urban planning, governance, and finance, and involving the health sector in advancing healthy, sustainable urban planning. It addresses which policies promote public health and which ones create risk, how health can be accounted for in urban planning, and the unique role the health sector plays in the New Urban Agenda.

Report. WHO Report on the Global Tobacco Epidemic 2017: Monitoring Tobacco Use and Prevention Policies

WHO Report on the Global Tobacco Epidemic 2017: Monitoring Tobacco Use and Prevention Policies. World Health Organization 2017. <https://apps.who.int/iris/handle/10665/255874>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10997>

This report from the World Health Organization (WHO) summarizes tobacco control since the 2005 Framework Convention on Tobacco Control (FCTC), with a focus on monitoring tobacco use and prevention policies. There has been steady progress in global tobacco control since the FCTC was adopted and the "MPOWER" measures were introduced, in 2008, to promote government action on six tobacco control strategies. Now, about 4.7 billion people—63 percent of the world's population—are covered by at least one comprehensive tobacco control measure, such as strong graphic warnings on tobacco products, smoke-free public places, and other measures; this represents a dramatic, four-fold increase since 2007 when only 1 billion people, or 15 percent of the world's population, were covered. Tobacco control monitoring, the focus of this report, is an area in particular need of attention.

Report. Tobacco and its Environmental Impact: An Overview

Tobacco and its Environmental Impact: An Overview. World Health Organization 2017.

<https://apps.who.int/iris/handle/10665/255574>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11633>

This report from the World Health Organization (WHO) summarizes evidence about the ways tobacco impacts human well-being from an environmental perspective. It is the first-ever WHO report to describe the indirect social, economic, and environmental damage caused by the cultivation, production, distribution, consumption, and waste generation of tobacco products. The report also describes the negative consequences of tobacco farming on the health and well-being of women and children. In assembling and synthesizing a broad array of data, it draws attention to gaps in evidence—especially instances where the data available is self-reported by tobacco companies—and outlines steps for future research and policy action.

Report. Tobacco Tax Reform at the Crossroads of Health and Development

Tobacco Tax Reform at the Crossroads of Health and Development. The World Bank Group 2017.

<http://documents.worldbank.org/curated/en/491661505803109617/Main-report>.

This report by the World Bank Group shares steps in executing different interventions and moving forward on tobacco control. It explores the decision-making process in tobacco taxation and summarizes key lessons. The report shows how implementing tobacco tax reform can lead to a better society by reducing poverty, boosting public resources, and saving lives. Changing the current narrative on tobacco control and policy reform can be achieved by a global coalition dedicated to making sure that the tobacco tax reform reaches a large number of people over a short time period.

Report. Financing Global Health 2021: Global Health Priorities in a Time of Change

Financing Global Health 2021: Global Health Priorities in a Time of Change. Institute for Health Metrics and Evaluation 2023. <https://www.healthdata.org/policy-report/financing-global-health-2021-global-health-priorities-time-change>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11677>

This report from the Institute for Health Metrics and Evaluation at the University of Washington is the eighth annual report focusing on global health spending and health financing. The report describes trends in development assistance

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for health across low-, middle-, and high-income countries, identifies health financing gaps, and documents progress towards universal health coverage. This edition includes detailed data on development assistance for health (DAH) systems strengthening and malaria programming, as well as for programming related to HIV/AIDS, maternal, newborn, and child health, and non-communicable diseases. The report is accompanied by background papers, an infographic, and associated data tables.

ARTICLES AND BRIEFS

Article. The Economics of Tobacco: Myths and Realities

Warner KE. The Economics of Tobacco: Myths and Realities. *Tobacco Control* 2000; 9: 78-89.

DOI: <http://dx.doi.org/10.1136/tc.9.1.78>.

This article unpacks eight myths on the economics of tobacco control, perpetuated by both the tobacco industry as well as proponents of the tobacco control community. It argues that both sides of the tobacco debate can be misleading. However, it concludes by acknowledging that tobacco belongs in the domain of public health rather than that of economics. This article was created with a grant from the Robert Wood Johnson Foundation.

Article Series. Tobacco-Free World

Tobacco-Free World. *The Lancet* 2015. <http://www.thelancet.com/series/tobacco-free-world>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11138>

This *Lancet* Series marks the 10-year anniversary of the World Health Organization's Framework Convention on Tobacco Control, and its publication coincides with the 16th World Conference on Tobacco or Health. Global support is needed to work towards a world essentially free from the sale of tobacco products. A tobacco-free world by 2040, where less than 5 percent of the world's adult population use tobacco, is socially desirable, technically feasible, and could become politically practical.

Series papers and articles include:

- [A Tobacco-Free World: A Call to Action to Phase out the Sale of Tobacco Products by 2040](#)
- [The Road to Effective Tobacco Control in China](#)
- [Exposing and Addressing Tobacco Industry Conduct in Low-Income and Middle-Income Countries](#)
- [The Consequences of Tobacco Tax on Household Health and Finances in Rich and Poor Smokers in China: An Extended Cost-Effectiveness Analysis](#)
- [Global Trends and Projections for Tobacco Use, 1990–2025: An Analysis of Smoking Indicators From the WHO Comprehensive Information Systems for Tobacco Control](#)

Briefs. What Government Ministries Need to Know About Noncommunicable Diseases: Sectoral Briefs

What Government Ministries Need to Know About Noncommunicable Diseases: Sectoral Briefs. World Health Organization 2016. <https://apps.who.int/iris/handle/10665/250224>.

These policy briefs by the World Health Organization (WHO) contain information on how noncommunicable diseases (NCDs) affect various sectors including information and communications, education, head of state, finance, labor and employment, urban planning, and trade and industry authorities. They also include suggestions on what can be done by each sector as a response to NCDs.

Article Series. Substance Use in Young People

Substance Use in Young People. *The Lancet Psychiatry* 2016. <http://www.thelancet.com/series/adolescent-substance-misuse>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11132>

This *Lancet* Series examines the increasing global problem of substance use among young people, looking at the clinical and epidemiological picture as well as exploring the knowledge regarding prevention, early intervention, harm reduction, and treatment. The use of tobacco, alcohol, and illicit drugs during adolescence carries potential short- and long-term impacts on physical, mental, and social wellbeing.

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Series papers include:

- [The Increasing Global Health Priority of Substance Use in Young People](#)
- [Why Young People's Substance Use Matters For Global Health](#)
- [Prevention, Early Intervention, Harm Reduction, And Treatment of Substance Use in Young People](#)

Article. Tobacco Use and Second-hand Smoke Exposure in Young Adolescents Aged 12-15 Years: Data from 68 Low-Income and Middle-Income Countries

Xi B et al. Tobacco Use and Second-hand Smoke Exposure in Young Adolescents Aged 12-15 Years: Data from 68 Low-Income and Middle-Income Countries. *The Lancet* 2016. [http://thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30187-5/fulltext](http://thelancet.com/journals/langlo/article/PIIS2214-109X(16)30187-5/fulltext).

This article assesses tobacco use and second-hand smoke exposure in young adolescents, with a focus on low-income and middle-income countries. This work was supported by the Young Scholars Program of Shandong University, Shandong Provincial Natural Science Foundation, and the National Natural Science Foundation. Using data from the Global School-based Student Health Survey and the China Global Tobacco Youth Survey, the authors calculated prevalence of current tobacco use and exposure. This data illustrates the need for stronger tobacco control programs in young adolescents from low- and middle-income countries.

Article. Philippines Confronts a Powerful Tobacco Industry

Furlow B. Philippines Confronts a Powerful Tobacco Industry. *The Lancet Respiratory Medicine* 2017; 5(3): 172-173. DOI: [https://doi.org/10.1016/S2213-2600\(17\)30057-7](https://doi.org/10.1016/S2213-2600(17)30057-7).

This article discusses the staggering toll of tobacco use in the Philippines and the state of the country after the implementation of the WHO Framework Convention on Tobacco Control (FCTC). It discusses the resistance from the tobacco industry, and the economic and political power that the industry can exert. Tobacco control efforts include a smoking ban and rise in tobacco taxes. The problem continues to exist because many smokers buy cigarettes individually, making it affordable and accessible to youth.

Article. Spatial, Temporal, and Demographic Patterns in Prevalence of Smoking Tobacco Use and Attributable Disease Burden in 204 Countries and Territories, 1990-2019

GBD 2019 Tobacco Collaborators. Spatial, Temporal, and Demographic Patterns in Prevalence of Smoking Tobacco Use and Attributable Disease Burden in 204 Countries and Territories, 1990-2019: A Systematic Analysis From the Global Burden of Disease Study 2019. *The Lancet* 2021; 397(10292): 2337-2360. DOI: [https://doi.org/10.1016/S0140-6736\(21\)01169-7](https://doi.org/10.1016/S0140-6736(21)01169-7).

GHELI repository link: <https://repository.gheli.harvard.edu/repository/13751>

This article from *The Lancet* estimates the prevalence of global smoking tobacco use and associated disease burden for 204 countries and territories. These estimates are intended to aid decision-makers as they implement national and international tobacco control interventions. In 2019, the authors estimate that 1.14 billion people were currently smoking tobacco products, consuming more than 7 trillion cigarette-equivalents of tobacco that year. While overall prevalence has decreased significantly since 1990 for both sexes, the total number of smokers has increased due to population growth, up from .99 billion in 1990. Globally, smoking tobacco accounted for 7.69 million deaths and 200 million disability-adjusted life years (DALYs) in 2019, making smoking tobacco the leading risk factor for death in males that year. Despite global progress in reducing tobacco smoking, large intervention implementation gaps remain for tobacco control. The authors called for appropriate interventions to reduce the prevalence of tobacco smoking worldwide, as they expect trends in fatalities and DALYs to continue rising unless action is taken.

Brief. Policy Brief: Pro-Poor Taxes for Sustainable Development Financing

Policy Brief: Pro-Poor Taxes for Sustainable Development Financing. United Nations Development Programme 2022. <https://www.undp.org/publications/policy-brief-pro-poor-taxes-sustainable-development-financing>.

This brief developed by the United Nations Development Programme advocates for tobacco taxation as a vital pro-poor and pro-SDG policy for sustainable development financing. It discusses current global commitments to reduce tobacco use, the financial and development benefits of taxing tobacco, the potential challenges of increasing tobacco taxes, and recommendations for policymakers.

FACT SHEETS AND COUNTRY PROFILES

Fact Sheet. Fact Sheet – Tobacco: A Barrier to Sustainable Development

Tobacco: A Barrier to Sustainable Development. Framework Convention Alliance 2015. <https://fctc.org/new-report-tobacco-a-barrier-to-sustainable-development>.

This fact sheet by the Framework Convention Alliance (FCA) explains the importance of tobacco control in achieving Sustainable Development Goals (SDGs). It discusses tobacco as a barrier to sustainable development and suggests that tobacco control should be a priority in all countries.

Fact Sheet. Tobacco Burden Facts: Philippines

Tobacco Burden Facts: Philippines. Campaign for Tobacco-Free Kids 2017.

https://www.tobaccofreekids.org/assets/global/pdfs/en/Philippines_tob_burden_en.pdf.

This fact sheet summarizes the effects of the tobacco epidemic in the Philippines, including the prevalence of tobacco consumption, secondhand smoke exposure, health consequences, and costs to society. It graphically depicts the demographics of tobacco users and those exposed to secondhand smoke. The information for this fact sheet is provided by the Philippines Global Adult Tobacco Survey (GATS).

Fact Sheet. Tobacco Tax Success Story: Philippines

Tobacco Tax Success Story: Philippines. Campaign for Tobacco-Free Kids 2017.

https://www.tobaccofreekids.org/assets/global/pdfs/en/success_Philippines_en.pdf.

This fact sheet from the Campaign for Tobacco-Free Kids summarizes the effects of the Sin Tax Reform Act that was passed in the Philippines. It shows that smoking prevalence decreased among Filipino adults from 2009 to 2015. With specific information on excise tax changes and industry reactions, this success story of changing the tobacco tax in the Philippines can be used as a resource for other countries currently trying to make health policy changes.

Fact Sheet. Tobacco Use

Tobacco Use. Annex A: Summaries of Selected Health-Related SDG Indicators. World Health Statistics 2017: Monitoring Health for the SDGs. World Health Organization 2017. <https://www.who.int/publications/i/item/9789241565486>.

This fact sheet from *World Health Statistics 2017* focuses on the implementation of the World Health Organization's Framework Convention on Tobacco Control, a target of the Sustainable Development Goals (SDGs). Adopted by the United Nations in September 2015, the SDGs include 17 goals and 169 targets that U.N. Member States aspire to achieve by 2030. Health has a central place in SDG 3, although the other 16 goals will all contribute to health, directly or indirectly.

Country Profiles. WHO Country Profiles: Noncommunicable Diseases

Noncommunicable Diseases Country Profiles. World Health Organization 2018.

<https://apps.who.int/iris/handle/10665/274512>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11224>

These country profiles from the World Health Organization (WHO) highlight premature mortality from non-communicable diseases (NCDs) and suicide, as well as the prevalence of diabetes, high blood pressure, and obesity. Several risk factors are also accounted for, including smoking, alcohol use, physical inactivity, and indoor and ambient air pollution. Trends for current tobacco use, blood pressure, and obesity are shown graphically for men and women. Indicators for access to medicines and technologies reflect national systems' capacity to prevent and control NCDs and demonstrate the existence of national targets based on the Global Monitoring Framework.

Fact Sheet. Global Youth Tobacco Survey: Philippines 2019 Fact Sheet

Global Adult Tobacco Survey. Fact Sheet: Philippines 2019. Republic of the Philippines Department of Health, Epidemiology Bureau, World Health Organization Western Pacific Region, U.S. Centers for Disease Control and Prevention 2019. <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.

This fact sheet summarizes data from the Global Youth Tobacco Survey (GYTS) in 2019. It states the prevalence of tobacco use in the Filipino youth population ages 13-15. It also explores data on five determinants of tobacco use

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including access and availability, exposure to secondhand smoke, cessation, media and advertising, and academic curriculum.

Fact Sheet. Global Adult Tobacco Survey: Philippines 2021 Fact Sheet

Global Adult Tobacco Survey. Fact Sheet: Philippines 2021. Republic of the Philippines Department of Health, Philippine Statistics Division, World Health Organization Western Pacific Region, U.S. Centers for Disease Control and Prevention 2021. <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.

This fact sheet summarizes data from the Global Adult Tobacco Survey (GATS). It includes highlights of GATS analyses in tobacco use, cessation, secondhand smoke, economics, and media.

Country Profiles. Tobacco Control Country Profiles

Tobacco Control Country Profiles. WHO Report on the Global Tobacco Epidemic, 2021. World Health Organization 2021. <https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11226>

This web portal, offered by the World Health Organization (WHO), provides the country profiles accompanying the [WHO Report on the Global Tobacco Epidemic, 2021](#), with a focus on monitoring tobacco use and prevention policies. The country profiles contain data as of December 2020 on tobacco prevalence, preventative measures, cessation, and tobacco economics, within the framework of the WHO MPOWER measures. The MPOWER measures were created to assist in the country-level implementation of effective interventions to reduce the demand for tobacco. There has been steady progress in global tobacco control since the Framework Convention on Tobacco Control was adopted in 2003, and now about 5.3 billion people—around 69 percent of the world’s population—are covered by at least one comprehensive tobacco control measure, such as strong graphic warnings on tobacco products, smoke-free public places, and other measures. This represents a dramatic, three-fold increase since 2007 when only 1 billion people, or 15 percent of the world’s population, were covered.

Fact Sheets. WHO Fact Sheets: Noncommunicable Diseases

Noncommunicable Diseases. Fact Sheets. World Health Organization 2023. <http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11183>

These fact sheets from the World Health Organization (WHO) provide an overview of noncommunicable diseases (NCDs), such as cardiovascular diseases, cancers, chronic obstructive respiratory disease, and diabetes. Also known as chronic diseases, they are typically of long duration, progress through a series of stages, and share risk factors such as unhealthy diets, physical inactivity, tobacco smoke, and the harmful use of alcohol. The effect of risk factors accumulates over the course of an individual’s lifetime and are reflected at the population level as elevations in the prevalence of high blood pressure, glucose, lipids, and obesity. While NCDs are not passed from person to person like infectious diseases, the “spread of chronic diseases across the globe” has been driven by rapid urbanization and the globalization of unhealthy lifestyles.

Fact sheets available:

- [Cancer](#) (2022)
- [Chronic Obstructive Pulmonary Disease](#) (2023)
- [Cardiovascular Diseases](#) (2021)
- [Diabetes](#) (2023)

Country Profiles. Tobacco Control Laws

Tobacco Control Laws. Campaign for Tobacco-Free Kids. <https://www.tobaccocontrolaws.org/legislation>.

These country profiles show legislation, including laws and legal analysis, from 205 countries and Framework Convention for Tobacco Control (FCTC) analysis from 101 countries.

DATA PUBLICATIONS, PORTALS, AND INTERACTIVES

Data Publication. GATS Atlas

Asma S et al. The GATS Atlas. CDC Foundation 2015. <http://gatsatlas.org>.

This interactive report from the CDC Foundation provides graphic images and statistics about tobacco and tobacco use based on the Global Adult Tobacco Survey (GATS), with data from 22 countries and including more than half of the world's population. Chapters address topics such as the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), prevalence of tobacco use, secondhand smoke, the role of media, pricing, and prevention. It illustrates tracking progress and surveillance, as well as regional highlights from around the world. Related available resources include Global Tobacco Surveillance System Data from more than 180 countries, tips from former smokers, tobacco control laws, and more. The Atlas was developed as a resource for decision makers, public health professionals, advocates, researchers, and media and is available online or for download in various formats.

Data Tables. Tobacco Taxes and Prices

Tobacco Taxes and Prices. Appendix IX: WHO Report on the Global Tobacco Epidemic 2017. World Health Organization 2017. <https://apps.who.int/iris/handle/10665/255874>.

These World Health Organization (WHO) data tables from the Tobacco Free Initiative (TFI) contain data on tobacco taxes and prices. The data tables serve as Appendix IX to the 2017 WHO Report on the Global Tobacco Epidemic.

Data Visualizations. Taxes

Taxes. The Tobacco Atlas 2022. <https://tobaccoatlas.org/solutions/taxes>.

These data visualizations provide graphics on tobacco tax changes to advocate for health policy reform. A world map shows the index score from the Tobacconomics Cigarette Tax Scorecard, which combines measures of price, tax share, and change in affordability and tax structure. Other graphics include data on tobacco taxes, cigarette prices, and smoking prevalence in New Zealand and the United Kingdom.

Data Publication. The Tobacco Atlas

The Tobacco Atlas. Vital Strategies, Tobacconomics 2022. <https://tobaccoatlas.org>.

This data publication by the American Cancer Society illustrates data on the effects of the tobacco industry on environment, equality, development, and noncommunicable diseases (NCDs). It provides data on the harm caused by tobacco, tobacco products, and the tobacco industry, and highlights suggested solutions. Solutions explored include taxes, prices, media campaigns, packaging, regulations, and marketing bans. This data can be used to support health policy changes and implement better tobacco control.

TOPIC PORTALS AND ORGANIZATIONS

Topic Portal. Tobacco

Tobacco. World Health Organization. https://www.who.int/health-topics/tobacco#tab=tab_1.

This topic portal from the World Health Organization (WHO) provides resources about the health impacts of tobacco use, including publications, fact sheets, country profiles, data, multimedia, news, and events

Topic Portal. History of the WHO Framework Convention on Tobacco Control

History of the WHO Framework Convention on Tobacco Control. World Health Organization. <https://fctc.who.int/who-fctc/overview/history-of-the-who-fctc>.

This overview of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) provides a history and summary of this global response to the global tobacco epidemic. The first global public health treaty, the WHO FCTC is an international treaty that voices a concern about the health effects of tobacco smoke and urges cooperative action to tackle these problems. It is evidence-based, affirms that all people have the right to the highest standard of health, and offers new dimensions for international health work.

Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines

Topic Portal. Taxation and Price Resources

Taxation and Price Resources. Campaign for Tobacco-Free Kids. <https://www.tobaccofreekids.org/global-issues/advocacy-resources/taxation-and-price>.

This topic portal explores the effects of taxation on tobacco products in reducing tobacco consumption. It cites recommendations on how much to increase taxes from the World Bank and the Framework Convention on Tobacco Control (FCTC). These recommendations vary for high-income countries and low-and-middle-income countries.

Organization. WHO Framework Convention on Tobacco Control

WHO Framework Convention on Tobacco Control. <https://fctc.who.int>.

The Framework Convention on Tobacco Control (FCTC) is an international public health treaty negotiated under the World Health Organization (WHO). It reasserts that everyone has the right to good health and aims to overcome the challenges of cross-border effects, illicit trades, and other consequences of tobacco globalization.

Organization. Campaign for Tobacco-Free Kids

Campaign for Tobacco-Free Kids. <https://www.tobaccofreekids.org>.

This non-profit organization is working to reduce tobacco use in the United States and globally, with a focus on youth initiatives. The organization provides resources and advocacy tools to combat the tobacco epidemic worldwide. They have started the Global Health Advocacy Incubator to support other tobacco control initiatives.

Organization. Global Alliance for Tobacco Control

Global Alliance for Tobacco Control. <https://fctc.org>.

The Framework Convention Alliance (FCA) is an organization created in 1999 by the World Health Organization (WHO) to manage the Framework Convention on Tobacco Control (FCTC). The FCA advocates a tobacco free world by integrating the WHO FCTC into international health efforts.

Organization. International Union Against Tuberculosis and Lung Disease

International Union Against Tuberculosis and Lung Disease. <https://www.theunion.org>.

This organization conducts and shares research efforts to improve health of vulnerable populations. The organization is made up of 500 experts and 17,000 members and subscribers around the world. They focus on noncommunicable diseases including tuberculosis and lung-health.

Organization. Bloomberg Philanthropies: Reducing Tobacco Use

Reducing Tobacco Use. Bloomberg Philanthropies. <https://www.bloomberg.org/public-health/reducing-tobacco-use>.

This Bloomberg Philanthropies initiative spreads public awareness on the tobacco epidemic. The initiative fights tobacco use through spreading strategies that can be implemented around the world, monitoring outcomes, and coordinating partnerships to aid in implementing tobacco control policies.

Organization. Bill & Melinda Gates Foundation: Tobacco Control

Tobacco Control. Bill & Melinda Gates Foundation. <https://www.gatesfoundation.org/our-work/programs/global-policy-and-advocacy/tobacco-control>.

The Bill & Melinda Gates Foundation's Tobacco Control program works to address health challenges by partnering with low- and middle-income countries. The program effects change through sub-grants and efforts to build the capacity of civil society organizations, alongside Bloomberg Philanthropies.

MULTIMEDIA AND NEWS

Infographic. Global Tobacco Trends, 1980 to 2012

Global Tobacco Trends, 1980 to 2012. Institute for Health Metrics and Evaluation 2014.

<http://www.healthdata.org/infographic/global-tobacco-trends-1980-2012>.

This infographic from the Institute for Health Metrics and Evaluation (IHME) shows the global prevalence of smoking. The percentage of the population that smokes every day has decreased, but the number of cigarette smokers worldwide has increased due to population growth.

Podcast. The Role of Countries in the Global Tobacco Crisis

The Role of Countries in the Global Tobacco Crisis. Bloomberg Philanthropies 2017.

<https://www.bloomberg.org/blog/follow-data-podcast-episode-10-role-countries-global-tobacco-crisis>.

This podcast is episode 10 in a series on tobacco by Bloomberg Philanthropies, produced in partnership with the Campaign for Tobacco Free Kids and the International Union Against Tuberculosis and Lung Disease. In this episode, Neena Prasad of Bloomberg Philanthropies talks with Yolanda Richardson and Jose Luis Castro on implementing important laws to protect public spaces and reduce the overall prevalence of smoking.

News Series. Tobacco: A Deadly Business

Tobacco: A Deadly Business. The Guardian. <https://www.theguardian.com/world/series/tobacco-a-deadly-business>.

This news series by *The Guardian*, supported by Vital Strategies and Bloomberg Philanthropies, homes in on the cost of the tobacco epidemic. It examines the current state of the tobacco industry and its role in threatening vulnerable populations, in hopes of spreading a sense of urgency in tobacco control.

TEACHING MATERIAL

Teaching Case Millions Saved: Curbing Tobacco Use in Poland

Levine R. Curbing Tobacco Use in Poland. Center for Global Development 2007. <http://www.cgdev.org/page/case-14-curbing-tobacco-use-poland>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10841>

This case describes the groundbreaking tobacco control legislation passed by the Polish Parliament in 1995. By the end of the 1990s the number of smokers had declined from 14 to 10 million. The legislation required that the cigarette packs include warnings—the largest worldwide—about the ill effects of smoking, and included bans on smoking in health centers and enclosed workspaces, electronic media advertisement, and tobacco sales to minors. Health education campaigns and the "Great Polish Smoke-Out" also raised awareness about the dangers of smoking and encouraged Poles to quit. This case study is part of *Millions Saved*, a collection of case studies produced by the Center for Global Development that describes successful examples of large-scale efforts to improve health in low- and middle-income countries, as well as promising interventions that fell short of their health targets when scaled-up in real world conditions.

Teaching Case. Tobacco Control in South Africa: Next Steps

Bitton A et al. Tobacco Control in South Africa: Next Steps. Global Health Delivery Project, Harvard Business Publishing 2011. <https://www.globalhealthdelivery.org/case-collection/case-studies/africa/tobacco-control-south-africa-next-steps>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/10731>

This case supplements Tobacco Control in South Africa, a review of the policy changes in tobacco control in post-apartheid South Africa. The case covers the period from 1994 to 1996 under the leadership of Minister of Health, Dr. Nkosazana Zuma. This case explains what happened after 1996, the steps Zuma took to continue her fight against tobacco (including expanding research capacity, getting increases in excise taxes passed, and pushing national legislation through), and what happened after her departure in 1999.

Annotated Bibliography: Tobacco Tax and Health Financing in the Philippines

Teaching Case. “Sin Taxes” and Health Financing in the Philippines

Madore A et al. “Sin Taxes” and Health Financing in the Philippines. Global Health Delivery Project, Harvard Business Publishing 2015. <https://www.globalhealthdelivery.org/case-collection/case-studies/asia-and-middle-east/sin-taxes-and-health-financing-in-the-philippines>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10742>

This case traces the implementation of tobacco tax policy and health system reforms in the Philippines from 2009 to 2015, in the context of the global tobacco control movement, the economic and political influence of the Philippine tobacco industry, and the Philippine health system. After providing background on the prevalence and costs of smoking in the Philippines, the case follows the steps taken by a diverse group of actors to design, promote, and implement higher taxes on tobacco and alcohol products, the primary goals of which were to reduce smoking and raise funds to achieve universal health care. The case highlights the strategies used to counter opposition from the tobacco industry and allied politicians. It focuses on Health Secretary Enrique Ona’s efforts to support sin tax reform and how the country used the resulting revenues to try to improve health care and health insurance coverage. Subjects covered in this case include health insurance, health care financing, tobacco control, smoking, universal health care implementation, policy, cross sector collaboration, health system reform, political leadership, and management.

Teaching Case. Thailand’s Campaign for Tobacco Control

Glassman A, Temin M. Thailand’s Campaign for Tobacco Control. Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development 2016. <http://millionssaved.cgdev.org/case-studies/thailands-campaign-for-tobacco-control>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10671>

This case study describes tobacco control efforts in Thailand, including taxation, laws and restrictions, and a health promotion campaign. Throughout the late 1980s and 1990s, a coalition of advocates led by the Thai Anti-Smoking Campaign Project (TASCP) provided public education about smoking and lobbied legislators against the growing power of Big Tobacco. As a result, Thailand developed a comprehensive and multifaceted approach to tobacco control, including seven key approaches: 1. tax increases, 2. restrictions on sales and distribution, 3. restrictions on advertising and marketing, 4. health warnings on cigarette packages, 5. health promotion through earmarked tax funds, 6. restrictions on public smoking, and 7. monitoring and evaluation of smoking prevalence and trends. The case study further describes the impact on smoking prevalence and smoking-related mortality, the cost-effectiveness of the tobacco control measures, and reasons for success. This case study is part of [Millions Saved: New Cases of Proven Success in Global Health](#), a collection of case studies produced by the Center for Global Development that profiles 18 remarkable cases in which large-scale efforts to improve health in low- and middle-income countries succeeded, and 4 examples of promising interventions that fell short of their health targets when scaled-up in real world conditions. The cases featured on the website are shortened versions of the respective book chapters in the print edition.

Glossary

Tobacco Tax and Health Financing in the Philippines

2017

Behavioral support

Support, other than medications, aimed at helping people stop their tobacco use. It can include all cessation assistance that imparts knowledge about tobacco use and quitting, provides support and teaches skills and strategies for changing behavior. (Guidelines for implementation of Article 14 of the WHO FCTC) (World Health Organization FCTC, 2015)

Brief advice

Advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users, usually during the course of a routine consultation or interaction. (Guidelines for implementation of Article 14 of the WHO FCTC) (World Health Organization FCTC, 2015)

Cigarette

A roll of cut tobacco for smoking, enclosed in cigarette paper. This excludes specific regional products such as bidis, ang hoon, or other similar products which can be wrapped in paper or leaves. For the purpose of Article 8 [of the Protocol], “cigarette” also includes fine cut “roll your own” tobacco for the purposes of making a cigarette. (Protocol on Illicit Trade, Article 1) (World Health Organization FCTC, 2015)

Comprehensive ban on tobacco advertising, promotion and sponsorship

A ban on all advertising and promotion, as well as sponsorship, without exemption; direct and indirect advertising, promotion and sponsorship; acts that aim at promotion and acts that have or are likely to have a promotional effect; promotion of tobacco products and the use of tobacco; commercial communications and commercial recommendations and actions; contribution of any kind to any event, activity or individual; advertising and promotion of tobacco brand names and all corporate promotion; and traditional media (print, television and radio) and all media platforms, including Internet, mobile telephones and other new technologies as well as films. (The guidelines on Article 13 of the Convention also provide an Indicative (non-exhaustive) list of forms of tobacco advertising, promotion and sponsorship within the terms of the Convention). (Guidelines for implementation of Article 13 of the WHO FCTC) (World Health Organization FCTC, 2015)

Comprehensive health services

Health services that are managed so as to ensure that people receive a continuum of health promotion, disease prevention, diagnosis, treatment and management, rehabilitation, and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course. (World Health Organization, 2016)

This glossary was originally developed by the Global Health Education and Learning Incubator at Harvard University in 2017. It is used and distributed with permission by the Global Health Education and Learning Incubator at Harvard University. The Incubator’s educational materials are not intended to serve as endorsements or sources of primary data, and do not necessarily reflect the views of Harvard University.

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Consumption

The absolute quantity of tobacco products used in the aggregate; “cross-border shopping” means purchase of tax paid tobacco products in a lower tax or price jurisdiction for use in a higher tax or price jurisdiction. (Guidelines for implementation of Article 6 of the WHO FCTC) (World Health Organization FCTC, 2015)

Coverage

The extent of interaction between the service and the people for whom it is intended. Coverage is not to be limited to a particular aspect of service provision, but ranges from resource allocation to the achievement of the desired objective. (World Health Organization, 2016)

Deductible

A feature of health plans in which consumers are responsible for health care costs up to a specified dollar amount. After the deductible has been paid, the health insurance plan begins to pay for health care services. (Kaiser Global Health, 2016)

Disease

Sickness; illness; an interruption, or disturbance of the bodily functions or organs, which causes or threatens pain and weakness. (Kaiser Global Health, 2015)

District health system

A network of primary care health facilities that deliver a comprehensive range of promotive, preventive and curative health care services to a defined population with active participation of the community and under the supervision of a district hospital and district health management team. (World Health Organization, 2016)

Essential public health functions

The health authority’s functions with regard to: (i) monitoring, evaluation and analysis of health status; (ii) surveillance, research and control of the risks and threats to public health; (iii) health promotion; (iv) social participation in health; (v) development of policies and institutional capacity for public health planning and management; (vi) strengthening of public health regulation and enforcement capacity; (vii) evaluation and promotion of equitable access to necessary health services; (viii) human resources development and training in public health; (ix) quality assurance in personal and population-based health services; (x) research in public health; and (xi) reduction of the impact of emergencies and disasters on health. (World Health Organization, 2016)

Framework Convention on Tobacco Control (FCTC)

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is the first international treaty negotiated under the auspices of WHO. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It has since become one of the most rapidly and widely embraced treaties in United Nations history. The WHO FCTC was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation. (World Health Organization, 2017)

Health policy

A formal statement or procedure within institutions (notably government), which defines priorities and the parameters for action in response to health needs, available resources and other political pressures. (World Health Organization, 2015). A statement designed specifically to promote health or a desired health

outcome, or those not explicitly about health but acknowledged to have a health impact (e.g., education, transportation, and economic policy). (Kaiser Global Health, 2015)

Health service

Any service (i.e., not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people. (World Health Organization, 2016)

Health system

All the activities whose primary purpose is to promote, restore and/or maintain health; the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health. (World Health Organization, 2016)

Health system building blocks

An analytical framework used by WHO to describe health systems, disaggregating them into six core components: leadership and governance (stewardship), service delivery, health workforce, health information system, medical products, vaccines and technologies, and health system financing. (World Health Organization, 2016)

Health system functions

An analytical framework describing four key work packages health systems have to perform: providing services; generating the human and physical resources that make service delivery possible; raising and pooling the resources used to pay for health care; and, the function of stewardship – setting and enforcing the rules of the game and providing strategic direction for all the different actors involved. These functions are performed in the pursuit of three goals: health, responsiveness, and fair financing. (World Health Organization, 2016)

Health system performance

The level of achievement of the health system relative to resources; the degree to which a health system carries out its functions (service provision, resource generation, financing and stewardship) to achieve its goals. (World Health Organization, 2016)

Health systems strengthening

The process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges; any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency. (World Health Organization, 2016)

Indicator

A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity, and time). (World Health Organization, 2015)

Population health

The health outcomes of a group of individuals, including the distribution of such outcomes within the group. Crucial to the concept of population health is the idea that most cases in a population come from individuals with an average level of exposure (rather than high-risk groups). A small (clinically insignificant) change at a

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population level yields a greater impact on population health and well-being than an intervention on high-risk groups. (World Health Organization, 2015)

Prevention

Reducing the risk of disease infection and transmission. In the context of HIV, prevention activities are designed to reduce the risk of becoming infected with HIV (primary prevention) and the risk of transmitting the disease to others (secondary prevention). Prevention services include voluntary counseling and testing, condom distribution, disease surveillance, outreach and education, and blood safety and harm reduction programs for injecting drug users. In the context of malaria, prevention activities are designed to reduce the risk of malaria transmission from mosquitoes to humans. Prevention services include mosquito control activities such as the use of insecticide-treated bed nets (ITNs), indoor residual spraying (IRS), and the use of antimalarial drugs to prevent infection, mostly in pregnant women, known as intermittent preventive treatment in pregnancy (IPT). (Kaiser Global Health, 2015)

Primary care

Often used interchangeably with first level of care. (i) The part of a health services system that assures person-focused care over time to a defined population, accessibility to facilitate receipt of care when it is first needed, comprehensiveness of care in the sense that only rare or unusual manifestations of ill health are referred elsewhere, and coordination of care such that all facets of care (wherever received) are integrated. Quality features of primary care include effectiveness, safety, people-centeredness, comprehensiveness, continuity and integration. (ii) The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (World Health Organization, 2016)

Primary health care reforms

Policy reforms needed to move towards health for all: moving towards universal coverage in order to contribute to health equity, social justice, and the end of exclusion; shifting service delivery to people-centered primary care, to make health services more socially relevant and responsive to the changing world, while producing better outcomes; ensuring health in all policies to secure healthier communities by integrating public health actions with primary care and by pursuing healthy public policies across sectors; promoting inclusive leadership and governance, to replace disproportionate reliance on command and control or on laissez-faire disengagement of the state by participatory, negotiation based leadership. (World Health Organization, 2016)

Promotion of tobacco cessation

Population-wide measures and approaches that contribute to stopping tobacco use, including tobacco dependence treatment. (Guidelines for implementation of Article 14 of the WHO FCTC) (World Health Organization FCTC, 2015)

Public health

Public health refers to all organized efforts of society to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. (World Health Organization 2015)

Risk factors

Potentially modifiable causes of disease and injury. (Institute for Health Metrics and Evaluation)

Second-hand tobacco smoke

The smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker. (Guidelines for implementation of Article 8 of the WHO FCTC) (World Health Organization FCTC, 2015)

Smoke-free air

Air that is 100 percent smoke free. This definition includes, but is not limited to, air in which tobacco smoke cannot be seen, smelled, sensed, or measured. (Guidelines for implementation of Article 8 of the WHO FCTC) (World Health Organization FCTC, 2015)

Smoking

Being in possession or control of a lit tobacco product regardless of whether the smoke is being actively inhaled or exhaled. (Guidelines for implementation of Article 8 of the WHO FCTC) (World Health Organization FCTC, 2015)

Social determinants of health

The circumstances in which people are born, grow up, live, work, and age, and the systems put in place to deal with illness. The World Health Organization's Commission on Social Determinants of Health (CSDH) took a holistic view of social determinants of health, arguing that "the poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services." (World Health Organization, 2015)

Sustainable Development Goals (SDGs)

On 1 January 2016, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development—adopted by world leaders in September 2015 at an historic United Nations Summit—officially came into force. Over the next 15 years, with these new Goals that universally apply to all, countries will mobilize efforts to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind. The SDGs, also known as Global Goals, build on the success of the Millennium Development Goals (MDGs) and aim to go further to end all forms of poverty. The new Goals are unique in that they call for action by all countries, poor, rich and middle-income, to promote prosperity while protecting the planet. They recognize that ending poverty must go hand-in-hand with strategies that build economic growth and address a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection. While the SDGs are not legally binding, governments are expected to take ownership and establish national frameworks for the achievement of the 17 Goals. Countries have the primary responsibility for follow-up and review of the progress made in implementing the Goals, which will require quality, accessible, and timely data collection. Regional follow-up and review will be based on national-level analyses. (United Nations)

Tobacco advertising and promotion

Any form of commercial communication, recommendation, or action with the aim, effect, or likely effect of promoting a tobacco product or tobacco use either directly or indirectly. (WHO FCTC, Article 1) (World Health Organization FCTC, 2015)

Tobacco control

A range of supply, demand, and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke. (WHO FCTC, Article 1) (World Health Organization FCTC, 2015)

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Tobacco crop

Cultivation of *Nicotiana tabacum* and *Nicotiana rustica* for sale either under a contractual arrangement, non-contractual arrangement/open-market, or a quota system. (Policy options and recommendations, Articles 17 and 18 of the WHO FCTC) (World Health Organization FCTC, 2015)

Tobacco dependence treatment

The provision of behavioral support or medications, or both, to tobacco users, to help them stop their tobacco use. (Guidelines for implementation of Article 14 of the WHO FCTC) (World Health Organization FCTC, 2015)

Tobacco industry

Tobacco manufacturers, wholesale distributors, and importers of tobacco products. (WHO FCTC, Article 1) (World Health Organization FCTC, 2015)

Tobacco products

Products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing, or snuffing. (WHO FCTC, Article 1) (World Health Organization FCTC, 2015)

Tobacco sponsorship

Any form of contribution to any event, activity, or individual with the aim, effect, or likely effect of promoting a tobacco product or tobacco use either directly or indirectly. (WHO FCTC, Article 1) (World Health Organization FCTC, 2015)

Tobacco user

A person who uses any tobacco product. (Guidelines for implementation of Article 14 of the WHO FCTC) (World Health Organization FCTC, 2015)

Tobacco worker

A person working on a tobacco farm, in tobacco processing, or tobacco or bidi manufacturing, with or without a contractual arrangement based on the labor laws of the country in which s/he is employed. (Policy options and recommendations, Articles 17 and 18 of the WHO FCTC) (World Health Organization FCTC, 2015)

Universal coverage

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. This definition of UHC embodies three related objectives: (1) Equity in access to health services – everyone who needs services should get them, not only those who can pay for them; (2) The quality of health services should be good enough to improve the health of those receiving services; and (3) People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm. UHC is firmly based on the WHO Constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world's poorest. (World Health Organization, 2016)

Utilization (of health services)

Experience of people as to their receipt of health care services of different types. (World Health Organization, 2016)