



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 15, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0246

TO : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED

SUBJECT : Interim Guidelines on Tobacco Control in light of the COVID-19 Pandemic

I. BACKGROUND

On 11 March 2020, the World Health Organization declared COVID-19 a pandemic as it affected 110 countries. Subsequently, the Philippine Government raised the Code Alert System for COVID-19 to Code Red Sublevel 2, placing the entire country on strict measures to contain the spread of the disease and unburden the health system. This course of action underscores the severity of the pandemic and calls for public cooperation to resolve the public health emergency.

Measures such as community quarantine, physical distancing and mandatory use of personal protective equipment (PPE) in public places have been enforced to prevent transmitting and acquiring the disease. However, at the individual level, a person's state of health is just as important to prevent the disease.

Tobacco is known to damage various organ systems in the body including the respiratory system and have been known to cause around 40 diseases including infectious diseases. As the body's immune and respiratory systems are weakened from toxic substances inherent and produced in the process of burning and/or heating tobacco and novel tobacco-related products, people are at increased risk of contracting COVID-19 and having a more severe form of illness, and may even result in death. A study from the China Medical Treatment Expert Group for COVID-19 published in the New England Journal of



Medicine¹ showed that around 25% of those infected with COVID-19 who needed mechanical ventilation and admission to the intensive care unit, or died were **current smokers**.

Guided by the principles of the WHO Framework Convention on Tobacco Control, the provisions of the Tobacco Regulation Act of 2003, Executive Order 26 (s. 2017) and 106 (s. 2020), CSC-DOH Joint Memorandum Circular 2010-01: Protection of the Bureau against Tobacco Industry Interference, and DOH Department Memoranda 2010-0126 re: Protection of the Department of Health, including all of its Agencies, Regional Offices, Bureaus or Specialized/Attached Offices/Units against Tobacco Industry Interference and 2020-0156 re: Submission of Declaration of Interest (DOI) relative to the acceptance of donations, assistance and partnerships in compliance with the Civil Service Commission-Department of Health Joint Memorandum Circular 2010-01, these guidelines are hereby issued to reiterate tobacco control and promote tobacco cessation in light of the COVID-19 pandemic.

II. GENERAL GUIDELINES

1. Cessation of all forms of tobacco and electronic cigarette (e-cigarette) use shall be encouraged through promotion of healthy lifestyle and continued provision of tobacco cessation programs.
2. Tobacco and vapor products shall **NOT** be classified as essential goods. Appropriate regulations, restrictions and/or ban on the use of these products shall be encouraged in accordance to existing national and local policies.
3. Local Government Units (LGUs) and other government agencies shall continue to prohibit the use of tobacco and vape in public spaces in accordance with EO No. 26 (s. 2017): Providing for the Establishment of Smoke-Free Environments in Public and Enclosed Places, and EO No. 106 (s. 2020): Prohibiting the Manufacture, Distribution, Marketing and Sale of Unregistered and/or Adulterated Electronic Nicotine/Non-Nicotine Delivery Systems, Heated Tobacco Products and other Novel Tobacco Products, Amending Executive Order No. 26 (s. 2017) and for other purposes.
4. Information dissemination on the harmful effects of tobacco and vapor products shall be continued, including the relation between these products and COVID-19.
5. Public health policies and endeavors shall be free from direct or indirect interference from the Tobacco Industry, especially during the COVID-19 pandemic when partnerships and donations are pouring in from all sectors.

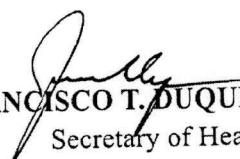
III. SPECIFIC GUIDELINES

1. Telephone-, mobile-, or online-based counseling, when resources allow, shall be the preferred mode of delivery of tobacco cessation services in areas under community quarantine.
2. Face-to-face counseling, when conditions permit, shall be done in accordance with existing infection prevention and control guidelines, such as but not limited to

¹ Wei-jie Guan, PhD, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med* 2020; 382:1708-1720
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- physical distancing, maintaining good ventilation in enclosed spaces, disinfecting commonly touched surfaces and areas, and wearing appropriate PPEs.
3. All LGUs, other national government agencies, health facilities, academe, schools/universities, and other persons-in-charge of institutions, establishments, and facilities are encouraged to impose stricter policies on tobacco control to protect their constituents, students, and employees during and after the COVID-19 pandemic.
 4. Advocacy campaigns/activities requiring mass gathering shall be discouraged in areas with epidemiologic evidence of continued transmission of COVID-19 in accordance with existing local policies.
 5. Information on the harmful effects of tobacco and vapor products and their relation to the spread and development of a more severe form of COVID-19 shall be disseminated using appropriate media to increase cessation among users and to discourage non-users from starting the harmful habit.
 6. Unnecessary interaction with the Tobacco Industry, other than for effective regulation, supervision or control done with complete transparency and according to existing guidelines, shall be prohibited among public officials and employees as stipulated in the CSC-DOH JMC 2010-01.
 7. Public officials and employees are prohibited from directly or indirectly soliciting and/or accepting gifts, gratuity favors, entertainment, loans or anything of monetary value from any person or entity related to the tobacco industry in the course of their official duties (CSC-DOH JMC 2010-01).
 8. Likewise, public officials and employees shall not, directly or indirectly, endorse, support, form partnerships with, or participate in so-called corporate social responsibility activities sponsored and promoted by the tobacco industry, as well as accept contributions from the same except for compensations due to legal settlements or mandated by law in accordance to DM No. 2010-0126. (See **Annex A**)
 9. All donors shall accomplish and submit a Declaration of Interest (DOI), as stipulated in the Department Memorandum No. 2020-0156, to ensure that no donations or assistance from the tobacco industry will be accepted.

For strict compliance.


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

ANNEX A. Guidelines to Denormalize So-Called CSR Activities of the Tobacco Industry

1. The corporate social responsibility of the tobacco industry is an inherent contradiction as the industry's core functions are in conflict with public health policies.² The true purpose and scope of so-called CSR activities is to distance its image from the lethal nature of the product it produces and sells, or to interfere with the setting and implementation of public health policies. Such activities are marketing and public relations strategies to promote the tobacco brand product or company name that falls within the definition of advertising, promotion and sponsorship.

2. When officials or employees are approached about, or become aware of, so-called CSR activities, they shall promptly document and report the same, not later than fifteen (15) calendar days from knowledge, to the Directors of the Centers for Health Development (CHD). Upon receipt of such report, the Director of the concerned CHD shall:

a. Release a statement on how the tobacco industry utilizes the said so-called CSR activities to distance its image from the lethal nature of the product and to interfere with the setting and implementation of public health policies, and make the statement available to the public;

b. Issue a letter to the particular office, entity, or local government unit (LGU) that received, is about to receive, or is approached by the tobacco industry for so-called CSR activities, reminding it of the true purpose and scope of so-called CSR activities, and enjoin the entity, office or LGU concerned to take appropriate action; and

c. In case of violation of laws in relation to advertising, promotion, sponsorship, anti-graft and corrupt practices, the conduct of public officials and employees, and other pertinent laws, notify appropriate agencies for purposes of possible commencement of the appropriate action against the party responsible therefor.

3. The Director of the CHD shall immediately report to the Office of the Secretary all instances of so-called CSR activities of the tobacco industry, including offers to conduct the same, in their respective territorial jurisdictions. The report shall specify the actions taken by such officials and heads in response to such activities or offers.

Note: Adopted from Department Memorandum No. 2010-0126 "Protection of the Department of Health, including all of its Agencies, Regional Offices, Bureaus or Specialized/ Attached Offices/ Units against Tobacco Industry Interference"

² Recommendation 6, Guidelines for the Implementation of Article 5.3 of the WHO FCTC.