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Saan aabot ang 1% mo?

Mainstreaming LGU tobacco control program funding through strategic budgeting

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POLICY BRIEF | August 2021

Spending for a practical smoke-free program costs less than 1% of the health budget of LGUs

Since the passage of RA 9211 or the Tobacco Regulation Act of 2003, LGUs have been rethinking the adoption of the national policy as they find a place for it among the many priorities in the local health sector concerns. However, certain LGUs who actively advocate for the smoke-free or anti-tobacco program have found ways by which these can be operationalized by providing space for funding various program components.

In this study, selected LGUs from the provincial, city and municipal levels showcased how far they have gone in determining budgets for local tobacco control. Specifically, in municipalities, it was recorded that the health budget gets around 8% out of the total annual LGU funds. Out of this 8%, less than 1% has been devoted to various needs of the anti-smoking program, whether in a 1st class or 5th class municipality. Surprisingly, the allocation for these funds has been enshrined in a local ordinance to ensure that it is made available by these LGUs as a statutory obligation when preparing their annual budget. These have shown that clear local policies that indicate a minimum amount for anti-smoking program strengthen the availability of the budget, withstanding the regular budget process.

With a less than 1% 'starter kit' budget, LGUs can jumpstart their anti-smoking programs by increasing awareness of constituents for the program. This includes increasing the capacity of potential advocates to raise awareness on the health dangers of smoking, which can include teachers and volunteers. For provinces and cities, this budget can contribute to the maintenance of smoking cessation clinics that are usually available in tertiary hospitals, which may be apart from less than 1% allocation from the MOOE of their health budgets. On the average, selected municipalities' tobacco control budget is at 0.6% which can fund modest efforts.

What **findings** contribute to this proposed funding scheme for the program?

1. The budget for local tobacco-control is mostly part of other major programs' MOOE

Locating the LGU's local tobacco control program budget is quite challenging and cannot be instantly pointed out by walk-in researchers nor by the budget and health officers. While smoking is unarguably a leading cause of cross-cutting health concerns, LGUs mostly do not have a budget dedicated specifically for the program. Based on the pattern of the selected LGUs, it can broadly be found in the non-communicable disease (NCD) component of the health budget. Furthermore, it is widely spread as part of other programs related to smoking, that even IEC materials are lumped together in other health programs' budget. Personnel services are rarely given funds even for smoking cessation clinics.

2. LGUs display a variety of disparities on how they fund the local tobacco control program/ policy

Apart from the blurry reality of identifying anti-smoking budgets in the Local Health Investment Plans (LIPH), despite having ordinances, LGUs do not directly provide a minimum amount for allocation. Some raise funding stated, "as necessary", thus not binding a concrete basis for the budget. While some may point out income class or financial capacity as a probable cause, the example provided by the 5th class municipality of Corella, Bohol tells otherwise – even at less than 1%, it endeavored to provide a budget for anti-smoking whether it is an environmental or health concern and achieved a White Orchid award for it. It also provides enough flexibility to raise the budget, "as necessary."

Moreover, LGUs not only have different policies, but also different levels of priority for the program. As a "soft" project, it may not be as attractive as infrastructure projects for local leaders who want to leave tangible results in their areas, despite the program's potential to contribute to favorable outcomes.

3. Multisectoral nature may require both convergence funding and statutory minimum funding for basic PPAs

Local tobacco control programs do not only enlist the participation of the local health department/office. It requires a "whole of LGU approach" by involving different teams carrying out monitoring, information dissemination and advocacy, and enforcement. Thus, for a functional local tobacco control program to thrive, convergence among different LGU departments is needed in planning and budgeting to also tag related programs for funding.

For non-health personnel involved in enforcement such as business establishment inspectors, sanitation officers, public safety officers and the police, as well as *barangay* and *purok* leaders, misplaced smoking is an addition to the long list of violations they need to keep track of. Some LGUs also involve educational institutions to integrate the anti-smoking campaign to the health education of young students and thus become part of their teaching efforts – thus further justifying the non-involvement of personnel services and requiring a reasonable minimal amount.

4. Common PPAs observed point to basic anti-tobacco program elements for statutory/ required minimum funding

Based on the findings, there were six basic or foundational PPAs on tobacco control funded by LGUs. First is on the implementation and enforcement of anti-smoking policies within the LGU. Second is on capacity-building/ training personnel for anti-smoking implementation and/or health promotion and advocacy. Third is establishing and/or maintaining a smoking cessation clinic which can be regularly found in tertiary health facilities. Fourth is the purchase of medicines or anti-smoking therapy supplies. Fifth is on funding for information and education campaign materials and activities, and lastly, for meetings and dialogues of members of the taskforce with stakeholders in policy-related updates. These are consistent with the actions promoted by the MPOWER initiative of the WHO. As such these six items provide a menu of LGUs to properly prioritize minimal funding based on the identified needs for anti-smoking implementation.

5. Clarification of anti-tobacco functional assignments according to LGU type needed

Despite all being LGUs, treatment of how budgets and roles are assigned between provinces, cities and municipalities also have implications on fund utilization. The selected LGUs have shown a pattern by which municipalities and cities tend to have a more direct implementation approach where enforcement is better served at their level, as opposed to the provincial level. Provinces, on the other hand tend to focus on technical assistance for their component LGUs. However, there are instances wherein duplication of roles such printing of citation tickets or acceptance of violation penalty fees are quite unclear. Likewise, in the case of smoking cessation clinics, lower income municipalities may have to refer quitters to the provincial level, while cities and higher income municipalities manage at least one clinic based on their capacity. Identifying these roles can also contribute to determine fiscal space for LGUs who have less.

Prospects for local tobacco control program funding in PH

The local tobacco control program and the health sector can look into achievements under GAD and DRRM/CCA to ensure predictable funding for health under the conditions of expanded fiscal space due to Mandanas Ruling and the prospects of the Universal Health Care (UHC) Act.

Certain LGUs such as Carmona, Cavite have looked into GAD funding to support an incentive program called Smoke Free Homes, aiming to address the issue at the household level by using incentives.

In 2022, the increase in shares from the IRA as a result of the Mandanas-Garcia ruling provides opportunities for funding by including smoke-free programs as part of the devolution transition plan for local health services and PPAs.

On the part of the UHC Act, section 20 provides for a Special Health Fund (SHF) that seeks to fund health system integration at the province and city levels. This may also be an opportunity to include the smoke-free program health services for financing, especially for population-based and individual-based programs.

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This study was made possible through **Health Justice Philippines**, a non-government think-tank, which aims to bridge policies to the health needs of citizens and making informed, healthier policy choices.

Photo from TobaccoAtlas.org

This policy brief was developed from the findings of Study on the Funding Allotment and Utilization of Selected Local Government Units for Implementation and Enforcement of Local Tobacco Control Ordinances and Policies.