

行政院所屬各機關出國報告

(出國類別：會議)

世界衛生組織西太平洋地區委員會

第五十四屆年會出席會議報告

服務機關：行政院衛生署國民健康局

職稱姓名：游伯村研究員、陳宙珍科員、

張珣副教授

出國地區：馬尼拉

出國期間：九十二年九月七日至十四日

報告日期：九十二年十一月二十七日

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公務出國報告提要

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報告名稱:

世界衛生組織西太平洋地區委員會第五十四屆年會出席會議報告

主辦機關:

衛生署國民健康局

聯絡人/電話:

/

出國人員:

游伯村 衛生署國民健康局 研究員
陳宙珍 衛生署國民健康局 科員
張珣 衛生署國民健康局 台灣大學公共衛生學院 副教授

出國類別: 其他

出國地區: 菲律賓

出國期間: 民國 92 年 09 月 07 日 - 民國 92 年 09 月 14 日

報告日期: 民國 92 年 11 月 27 日

分類號/目: J4/公共衛生、檢疫 J4/公共衛生、檢疫

關鍵詞: 世界衛生組織,西太平洋,年會,馬尼拉

內容摘要: 世界衛生組織西太平洋地區共有37個會員國或區域代表,每年定期舉辦一次會員國會議,本會議之目的為透過與會代表團之研討,針對傳染病防治、營造健康社區與民眾及健康資訊傳播與技術支援等議題,檢視去年的工作成效,並規劃來年重要之健康議題及如何落實世界衛生大會所通過之全球人類健康政策。由於我國尚未加入世界衛生組織,本活動係透過世界心理衛生聯盟推薦,以非政府組織會員的身份與會。本大會除聯合國本身的工作人員外,有會員國、觀察員、聯合國、政府間組織及非政府組織等代表團體與會,計有62個代表團,188人參加,本報告即為實地參加會議之經驗。本大會為世界衛生組織西太平洋地區第五十四屆年會,會議期間為2003年9月8日至9月12日,會議地點於菲律賓馬尼拉市的世界衛生組織西太平洋地區總部。主要討論議題包括選舉本次大會主席、副主席及報告者、選舉地區主任、年度工作報告,以及部長級圓桌會議,討論預算、麻疹與B型肝炎、傳染疾病防治、菸害防制、兒童衛生等未來工作方向及第55屆年會的時間與地點。本次活動除能收集西太平洋地區公共衛生資訊外,並建立與各政府部門及民間單位的交流管道。顯示此活動模式可拓展實質國際交流,並能將台灣的公共衛生工作成效做宣傳,提升我國國際可見度。

本文電子檔已上傳至出國報告資訊網

摘要

世界衛生組織西太平洋地區共有 37 個會員國或區域代表，每年定期舉辦一次會員國會議，本會議之目的為透過與會代表團之研討，針對傳染病防治、營造健康社區與民眾及健康資訊傳播與技術支援等議題，檢視去年的工作成效，並規劃來年重要之健康議題及如何落實世界衛生大會所通過之全球人類健康政策。由於我國尚未加入世界衛生組織，本活動係透過世界心理衛生聯盟推薦，以非政府組織會員的身份與會。本大會除聯合國本身的工作人員外，有會員國、觀察員、聯合國、政府間組織及非政府組織等代表團體與會，計有 62 個代表團，188 人參加，本報告即為實地參加會議之經驗。

本大會為世界衛生組織西太平洋地區第五十四屆年會，會議期間為 2003 年 9 月 8 日至 9 月 12 日，會議地點於菲律賓馬尼拉市的世界衛生組織西太平洋地區總部。主要討論議題包括選舉本次大會主席、副主席及報告者、選舉地區主任、年度工作報告，以及部長級圓桌會議，討論預算、麻疹與 B 型肝炎、傳染疾病防治、菸害防制、兒童衛生等未來工作方向及第 55 屆年會的時間與地點。

本次活動除能收集西太平洋地區公共衛生資訊外，並建立與各政府部門及民間單位的交流管道。顯示此活動模式可拓展實質國際交流，並能將台灣的公共衛生工作成效做宣傳，提升我國際可見度。

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壹、目的

本次參加會議之目的包括：

- 一、瞭解世界衛生組織西太平洋地區會員國會議運作模式及所推動公共衛生工作之相關政策與工作計畫，以作為政府之重要參考。
- 二、結識西太平洋地區公共衛生工作伙伴，建立未來聯繫之管道。
- 三、分享我國公共衛生工作成果，發揮國際交流之成效。
- 四、開發我國參與國際活動模式，暢通國際可見度之通路。

貳、過程

一、與會行程：九十二年九月七日至九月十四日

二、與會人員：

張珪副教授（臺灣大學公共衛生學院）、游伯村（國民健康局）、

陳宙珍（國民健康局）

三、與會行程：

日期	拜訪單位
9/7, Sunday	啟程，台北-馬尼拉
9/8-13, Monday - Saturday	1. 參加會議 2. 參訪拜會
9/14, Sunday	返程，馬尼拉-台北

四、會議議程：如附錄。

參、活動重點

一、世界衛生組織西太平洋地區第五十四屆年會 (Fifty-Fourth Session of the World Health Organization Regional Committee for the Western Pacific) 摘要：

(一) 會議期間：2003 年 9 月 8 日至 9 月 12 日。

(二) 會議地點：世界衛生組織西太平洋地區辦事處會議廳，菲律賓馬尼拉 (WHO Western Pacific Regional Office, Manila, Philippines)。

(三) 會議內容：

1. 會議參與國家及人員

本次會議共有 188 人報名參加，依其服務單位及性質可分為以下五類：

- (1) 會員國 (Representatives of member states)。其中，參與人數最多為中國大陸 (China)，共有 24 人參與。
- (2) 觀察員 (Observers)。
- (3) 聯合國代表 (Representatives of united nations offices, specialized agencies and related organizations)。
- (4) 跨政府組織代表 (Representatives of other intergovernmental organizations)。

(5) 非政府組織代表 (Representatives of nongovernmental organizations)。

另外，尚有多位世界衛生組織 WHO 的列席官員，以及翻譯人員與工作人員等。

2. 大會及議程簡介：

(1) 9/8：

A. 開幕式，由前次大會任主席 Hideo SHNOZAKI 博士（日本）宣布本次大會展開，並致詞。

B. 選舉本次大會主席、副主席及紀錄者，經提名程序，由 Manuel DAYRIT 博士（菲律賓）擔任本次大會主席、Mulitaio Siafausa VUI 博士（薩摩亞）擔任本次大會副主席、Pagvajav NYMADAWA 教授（蒙古）擔任本次大會英文書記、ENG Huot 教授（越南）擔任本次大會法文書記。

C. 主席宣告本次大會議題。

D. 世界衛生組織秘書長 Jong-wook LEE 博士（韓國）致詞，萬那杜、中國、日本、紐西蘭、吐瓦魯、斐濟、東加、澳洲、密克羅西尼亞、菲律賓、巴布亞新幾內亞、尼烏、薩

摩亞、帛琉、蒙古、吉里巴斯等國代表發言呼應，再由 Lee 博士回應。

- E. 選舉世界衛生組織西太平洋地區主任，依照議事規則，經由秘密會議提名 Shigeru Omi 博士為下任世界衛生組織西太平洋地區主任，各國代表發言恭賀 Omi 博士的續任，Omi 博士相對回應感謝各國代表的支持。
- F. 地區主任年度工作報告，斐濟、日本、帛琉、韓國、中國、所羅門群島、法國、馬來西亞、澳洲、寮國、美國、越南、巴布亞新幾內亞、萬那杜、密克羅西尼亞、菲律賓、大英國協、庫克群島、吉里巴斯等國代表針對工作報告發言，再由 Omi 博士予以回應。

(2) 9/9 :

- A. 本次大會主席致詞。
- B. 地區主任年度工作報告之繼續回應。
- C. 2002-2003 年預算執行報告，日本、帛琉、美國、吐瓦魯、中國、菲律賓、寮國、紐西蘭、巴布亞新幾內亞、薩摩亞、等國代表針對 2002-2003 年預算執行報告發言，再由 Omi

博士予以回應。

D. 2004-2005 年預算提出，並以傳染病防治、營造健康社區與民眾、健康部門之發展及外展與計畫管理為重點方向，斐濟、馬來西亞、中國、東加、法國、越南、澳洲、紐西蘭、美國、韓國、日本、菲律賓、萬那杜、等國代表針對 2004-2005 年預算發言，再由 Omi 博士予以回應。

E. 未來德國麻疹與 B 型肝炎接種工作計畫報告，斐濟、馬來西亞、美國、中國、汶萊、吐瓦魯、蒙古、法國、菲律賓、韓國、日本、澳門、澳洲、尼烏、巴布亞新幾內亞、所羅門群島、馬紹爾群島、新加坡、帛琉、香港、吉里巴斯、庫克群島、越南等國代表針對 2004-2005 年預算發言，再由 Omi 博士予以回應。

F. 愛滋病與性傳染病工作計畫報告，吉里巴斯、汶萊、馬來西亞、澳門、法國、美國、香港、澳洲、日本等國代表針對本工作計畫報告發言。

(3) 9/10 :

A. 愛滋病與性傳染病工作計畫發言，中國、韓國、紐西蘭、

東加、蒙古、菲律賓、菲律賓、庫克群島、吐瓦魯、越南、
所羅門群島、布亞新幾內亞、萬那杜、帛琉等國代表針對
本工作計畫報告發言，再由 Omi 博士予以回應。

- B. 提出工作報告、2004-2005 年預算案、德國麻疹與 B 型肝炎
接種工作計畫案之解決方案草案，吉里巴斯與斐濟代表
提出修正建議發言後，作成決議案。
- C. 提出結核病防治之解決方案草案，TEE Ah Sian 博士應主
席之請發表未來策略。
- D. 部長級圓桌會議，討論西太平洋地區未來公共衛生方向。

(4) 9/11 :

- A. 部長級圓桌會議，由 PIERANTOZZI 女士(帛琉)主持，繼
續討論西太平洋地區未來公共衛生方向。
- B. 討論結核病防治之解決方案草案，日本、美國、菲律賓、
蒙古、密克羅西尼亞、韓國、馬來西亞、寮國、庫克群島、
吐瓦魯、中國、萬那杜、澳門、香港、帛琉、馬紹爾群島、
布亞新幾內亞等國代表針對本工作計畫報告發言，再由
Omi 博士予以回應。

- C. 提出 2004-2005 預算及性傳染病解決方案草案，紐西蘭、日本、法國、美國、帛琉、澳洲等國代表針對解決方案草案發言，再由 Omi 博士予以回應。
- D. 討論 SARS 相關議題，新加坡、斐濟、越南、日本、汶萊、蒙古、馬來西亞、中國、菲律賓、香港、法國、美國、吐瓦魯、澳洲、澳門、韓國等國代表發言，再由 Omi 博士予以回應。
- E. 為 Carlo Urbani 博士默哀。
- F. 討論西太平洋地區 2004-2009 年改善必要醫藥服務之策略，日本、中國、尼烏、布亞新幾內亞、法國、美國、柬埔寨、澳洲、密克羅西尼亞、菲律賓、馬來西亞等國代表發言，再由 Omi 博士予以回應。
- G. 討論 FCTC 相關議題，馬來西亞、東加、日本、汶萊、韓國、吉里巴斯、中國、美國、新加坡、菲律賓、法國、薩摩亞、布亞新幾內亞、所羅門群島、帛琉、澳洲、吐瓦魯、斐濟、萬那杜、紐西蘭等國代表發言，再由 Omi 博士予以回應。

H. 報告兒童健康相關議題。

(5) 9/12 :

- A. 繼續討論兒童健康相關議題，代表國發言，再由 Omi 博士予以回應。
- B. 提出性傳染病、結核病防治、SARS、FCTC 及兒童健康解決方案草案，代表國發言，再由 Omi 博士予以回應。
- C. 討論世界衛生大會、執委會及地區委員會整合相關議題，代表國發言，再由 Omi 博士予以回應。
- D. 人類生殖相關研究、發展、研究訓練之特定議題，代表國發言，再由 Omi 博士予以回應。
- E. 熱帶疾病相關研究、訓練之特定議題，代表國發言，再由 Omi 博士予以回應。
- F. 討論第 55 屆大會時間與地點，決定第 55 屆大會將於 2004 年 9 月 13 日至 9 月 17 日由中國於上海舉辦。
- G. 大會結束。

二、人際與組織的互動

本次會議之參與認識了不少人，也拜訪了世界衛生組織幾個單位，包括婦女、健康促進、心理衛生、菸害防制、事故傷害等業務的負責人與其他世界衛生組織工作人員。也參訪菲律賓心理衛生協會、受暴婦女中途之家、菲律賓衛生部國際衛生與心理衛生企劃組、菲律賓國家精神病院等，並參與三場晚宴（Westin, Diamond, Patio Victoria 大會晚宴），參加眷屬方案（去參觀竹子風琴教堂、內牆古城、美軍公墓、手工藝品店等），透過活動參與，有機會深入交談，建立國際關係。

肆、心得與建議

一、西太平洋地區世界衛生組織簡介：

世界衛生組織有六個地區組織，西太平洋地區其中之一，約有 16 億人口，約佔全世界人口的三分之一，分布的區域廣闊北、西至中國，南至紐西蘭，東至法屬玻利尼西亞，是世界衛生組織中最多元的一個地區；本地區有未開發地區，也有高度經濟發展地區，如高度以開發國家包括澳洲、日本、紐西蘭、韓國及新加坡等，而中國及越南則屬經濟起飛中的國家。

本地區總共有 37 個國家或地區，包括美屬薩摩亞、澳洲、汶萊、柬埔寨、中國、庫克群島、斐濟、法屬玻利尼西亞、關島、香港、日本、吉里巴斯、澳門、韓國、寮國、馬來西亞、馬紹爾群島、蒙古、那魯、新喀列多尼亞、紐西蘭、尼烏、北馬里亞那群島、帛琉、布亞新幾內亞、皮卡尼群島、薩摩亞、新加坡、所羅門群島、吐克勞、東加、吐瓦魯、萬那杜、越南、威里斯及弗圖那群島、法國、美國、大英國協等。

二、心得：

(一)世界衛生組織與每位參加會議者密切聯絡並安排機場接送服務

本次會議由世界衛生組織有關旅行的部門與每位報名者密切聯絡，聯絡項目包括：寄發正式邀請函、督促辦理菲律賓簽證、代訂住宿與機場接送服務等。尤其一下飛機就遇到世界衛生組織的接待人員引領我們到機場貴賓室休息，並代辦通關、領取行李後，就有專車送我們到旅館，使與會者備感尊崇，因此，這是首次出國不必經過入境海關檢查的寶貴經驗。

(二) SARS 突顯公共衛生與國際合作的重要性與凝聚共識

這次因為 SARS 疫情，讓世界各國都覺察到跨國公共衛生議題的重要，以及各國互助合作的必要，所以這次各國衛生部長圓桌會議在公共衛生的落實方面極為重視。甚至有與會代表建議大家一起省思公共衛生之定義、功能與任務，以凝聚共識。本次會議各國部長坦承以待地提出他們做到的公共衛生，結語時則也有人提出下次應提失敗的地方則更能做借鏡。本次大會除回應世界衛生組織總部五月會議的決議，提出修正，也討論經費分配、與幾個重要議題如傳染性疾病方面有：TB、SARS、HIV/AID，另外就是兒童健康，尤其提出孩童疾病管理；也是這幾年累積合作實驗的結果。可惜的是今年在 SARS 的防疫

措施有相當熱烈的討論，但忽略 SARS 所引起的恐慌與心理衛生議題。

（三）促進國際衛生合作應有專人持續參與以建立人脈

我國於退出聯合國之後，去年首度以非政府組織的身份派政府代表參加，以及補助獲得世界衛生組織西太平洋地區委員會年會邀請函的非政府組織代表參加。透過非政府組織參與重要國際活動已成為台灣重要外交模式之一。因此，政府應鼓勵及獎勵我國各專業學/協會或相關衛生團體代表，積極出席及參與國際非政府衛生組織會議，爭取國際組織的理事或主席，並且爭取在台灣主辦國際會議。培養醫療衛生外交人才，提昇我國以非政府組織的代表身份出席世界衛生組織相關會議或活動，甚至聯合國，爭取國際認同。而且應針對國內較有發展潛力的非政府組織做重點栽培，使能每年有固定人員參加大會，較易建立與世界衛生組織及各國衛生部門人員之互動。

（四）促進國際衛生合作應隨機應變、掌握機先

世界衛生組織西太平洋區辦事處位於菲律賓馬尼拉的聯合國大街 1000 號 (United Nations Ave. 1000 Manila, Philippines)，門禁森嚴，自大門口開始就有警衛，而且內部每一棟建築物之入口亦有警衛管制出入。幸運的是由於本次會議地點位於世界衛生組織西太平洋區辦事處之會議廳，因此我們只要憑著大會核發的名牌即可進出各辦公大樓；這也是今年集合各領域之夥伴一起參加世界衛生組織會議的原因，即是希望能建立更多聯絡的管道。

但是，即使如此，仍須先打聽到相關部門負責人的姓名、聯絡電話、辦公室地點，並與世界衛生組織的官員事先約好並獲得其同意才能造訪，而且必須有相關的實務經驗與英衛文語言能力才能夠與世界衛生組織的官員進行對談。因此，本次的團隊在出國前就已儘可能蒐集相關資料，並積極與菲律賓當地的心理生協會聯繫，了解世界衛生組織西太平洋地區辦事處之狀況，而實際參與會議時，亦能應用去年於京都參加世界衛生組織西太平洋地區年會之經驗與人脈，迅速找出目前相關部門官員之連絡方式等資訊，才得以拜訪五個部門，可說是「天時、地利、人和」三者齊備。

而會談中除了作經驗分享外，同時也藉此機會請教他們如何在非會員國的情況下能有實質的國際衛生合作，而所得到的共識只有一個答案就是透過非政府組。

(五) 世界衛生組織西太平洋地區工作人員流動率大

在本次拜會活動過程中，發覺本地區的專責工作人員流動率相當大，退休的將離開，新任的才剛到。覺得值得探討的是將離開的人對我國在公共衛生領域努力的成效多表了解、肯定，有機會一定親臨台灣近一步了解，但新任的則多表保留態度，如何在此情境中，開發我國的國際舞台，為值得思考的議題。

(六) 政治與權勢、金錢與資源的國際舞台

參與本次大會，深深感受在這個號稱健康無國界的國際舞台，依然存在著政治與權勢、金錢與資源的競爭，從 SARS 的分析報告中發現，我國也刻意的被矮化，且無辯駁的空間，連在餐會中，大陸代表也會表達台灣是中國一部分的概念，雖然言詞上的攻防是不可避免，

但畢竟形勢比人強，未來，我國如何在公共衛生領域努力開創令人傲視的表現，將是讓國際世界重視我國存在的重點。

(七) 團隊合作與分工

本次以世界心理衛生聯盟代表身份與會的成員包括菲律賓心衛協會的執行長與世界心理衛生聯盟駐日內瓦聯合國代表，我國則有張珽副教授、呂淑妤副教授、彭玉章醫師、陳宙珍科員及游伯村研究員等人參與大家分別自心理衛生、公共衛生、國際會議經驗、運動傷害、菸害防制等觀察各國的政策與策略，並作行動的交流及為我國宣導，此外，這次衛生署醫政處吳文正科長也一起參與參觀拜會活動，對整體規劃我國心理衛生政策應有所助益。本報告亦由張珽副教授、呂淑妤副教授、彭玉章醫師、陳宙珍科員及游伯村研究員共同分享經驗與紀錄始得以完成。

三、建議：

(一) 衛生署或外交部行前會的必要性與國際合作的準備工作

去年在日本京都的大會就發生與會的代表，有部分是政府官員但以非政府組織身分參與的狀況，作交流互動時，不知如何介紹，且因對所代表的非政府組織的認識與了解又不足，彼此的互動並不理想。同時去年還有外交部與衛生署各召開一次行前會議，今年完全沒有。幸好本次與會成員已經有去年經驗，及早在今年四月間就已經請有興趣參與的人直接先參加國際組織當會員，這樣在報名時理由較正當些，因為以世界心理衛生聯盟而言，過去多由理事長或秘書長參加，這兩年因為張珽副教授是該會理事，被探詢是否有興趣參加，而張副教授又再替加入世界心理衛生聯盟的台灣會員爭取擔任觀察員的機

會，所以本次會議又有呂淑好副教授、彭玉章醫師等透過外交部及衛生署的補助參加大會。

衛生署或外交部若能將去年和今年收集到世界衛生組織或世界各國代表名稱與照片彙整，甚至能知悉哪些人是負責哪些工作，則此次參與大會時將更容易與他們交談。這些事前準備工作或會後收集大家經驗與照片，都是必要的行動。此外，衛生署想透過非政府組織參與國際活動，其工作人員要能先參與民間組織，了解組織在做什麼後才較容易代表組織參與國際組織的活動，並發揮相互支援的效果。

（二）可加強與小國間之互動

這次認識了不少人，也拜訪了世界衛生組織幾個單位，包括婦女、健康促進、心理衛生、菸害防制、事故傷害等業務負責人，也碰到傳染病防治組主任（但兩週後就要退休）與其他一些世界衛生組織工作人員，以及參與大會的代表（美國、紐西蘭、澳洲、日本、菲律賓、帛琉等）。這次我們團隊都很努力，也會事前準備，也會自己主動去各辦公室訪談，甚至進行無菸城市或環境考察，對主辦國作深入了解，並思考如何在未來合作。這種豐富經驗要持續，但也發現我們與各小國似乎互動少，仍會較與西方人士交流，並未主動去找新加坡、馬來西亞、泰國代表等，因為沒機會，中場休息沒找到與他們交談機會，似乎需更積極一些，大夥來就是要分工合作，只是第一次來的人就會比較含蓄些，主要缺少行前會議，對實際狀況能更多了解，這方面可加強。

（三）需獎勵及鼓勵具有國際影響力的非政府組織

由於本次議程非常緊湊，大會只允許三個非政府組織團體發言，

而獲准發言的民間團體居然是女童軍協會、國際醫學生學會等，我國都是這些國際組織的會員，也需更積極透過這些組織來參與，而非只依賴一、二個非政府組織。雖然世界心理衛生聯盟有張珏副教授熱心推動，國際外科醫學會有李俊仁教授熱心引進，但這恐怕仍然不足。還需培養更多台灣的非政府組織加入國際非政府組織，而且參與者必須能擔任國際非政府組織的理監事或核心小組成員，才有可能發揮國際影響力。

然而目前國內民間團體眾多，以基金會形式或公會形式成立的民間組織遠較一般協會之財源充裕，因此，建議政府應針對國內較有發展潛力的非政府組織，做重點栽培，使能每年有固定人員參加大會，較易建立與世界衛生組織及各國衛生部門人員之互動，否則恐怕目前擔任國際非政府組織理、監事職務之教授們，一但任期屆滿則可能後繼無人，頗為可惜。

（四）成立國際合作研究中心（Collaborating Center）

在參訪各辦公室主管以及聆聽各國討論時發現，本區域有關於害防制的跨國合作工作計畫相當缺乏，因此若能以此為管道成立國際合作研究中心，進行自立立人工作，也能藉此不與國際脫節。

（五）主動積極參加任何交流活動

本次參與大會活動，每位成員均積極把握各項交流活動的機會，建立交流管路與宣達我國相關領域成效，發覺我們的國際可見度尚有許多待努力的空間，因為在交流溝通的經驗中發現，很多人並不了解我國的努力及對國際社會的善意。

（六）製備精美宣導品交流分享我國經驗與成效

本次與會及拜會活動中，也將本局菸害防制成效的宣導品分贈世界衛生組織相關部門與菲律賓政府衛生部門及民間組織，頗受好評。因此，製備精美宣導品交流分享我國經驗與成效，應是值得努力的方向。

（七）多方利用資源，收集國際公共衛生資訊

本次與會由於以國際非政府組織會員身份與會，大會相關文件及展示品均可順利獲得，也由拜會活動取得不少資料，加上利用大會提供與會者的免費運送服務，出乎預料地竟然能很快就能將相關資料免費寄送回國，此模式值得為未來參與相關活動之重要參考。

伍、附錄

一、世界衛生組織西太平洋地區第五十四屆年會議程

二、世界衛生組織西太平洋地區第五十四屆年會與會者名錄

三、世界衛生組織西太平洋地區第五十四屆年會重要決定方案

四、菲律賓菸害防制法

伍、菲律賓馬尼拉菸害防制實錄

六、活動剪影

30 August 2003
For Representatives

TENTATIVE SCHEDULE OF THE FIFTY-FOURTH SESSION OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC (Rev.3)
Manila, Philippines, 8-12 September 2003
(Subject to confirmation by the issue of a Programme of Work each day)

Time	Monday, 8 September	Time	Tuesday, 9 September	Time	Wednesday, 10 September	Time	Thursday, 11 September	Time	Friday, 12 September
08:30	Registration of participants (Conference hall)		Breakfast for heads of delegation of Pacific island countries hosted by the Government of New Zealand (venue to be advised)						
09:30 to 10:15	Items: 1. Opening of the session 2. Address by the retiring Chairperson 3. Election of new officers: Chairperson, Vice-Chairperson and Rapporteurs 5. Adoption of the agenda 6. Address by the Director-General	09:00 to 10:15 Coffee break 10:30 to 12:00	Items: 4. Address by the incoming Chairperson 9. Programme budget: 2002-2003: budget performance (interim report) 10. Proposed programme budget: 2004-2005	09:00 to 10:15 Coffee break 10:30 to 12:00	Items: 12. Sexually transmitted infections, including HIV/AIDS 13. Tuberculosis 14. Severe acute respiratory syndrome	09:00 to 10:15 Coffee break 10:30 to 12:00	Items: 19. Ministerial round table (continued) 19.2 Summary by moderator 15. Regional strategy for improving access to essential medicines in the Western Pacific, 2004-2009 16. Framework Convention on Tobacco Control	09:30 to 10:15 Coffee break 10:45 to 12:00	Items: 20. Special Programme of Research, Development and Reproduction: Membership of the Policy and Coordination Committee 21. Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board 22. Time and place of the fifty-fifth and fifty-sixth sessions of the Regional Committee 23. Closure of the session
Lunch	Lunch for chief representatives, DG, RD, ADG, and LEC hosted by Sasakawa (Roisserie, Manila Pavilion)	Lunch	Lunch for chief representatives hosted by the Government of Australia (Champagne Salon, Manila Hotel)	Lunch	Meeting of Rapporteurs Lunch for chief representatives hosted by the Global Fund (Manila Pavilion)	Lunch	Lunch for chief representatives hosted by the Global Alliance for Vaccines and Immunization (Manila Pavilion)		
14:00 to 15:15	Items: 7. Nomination of the Regional Director (private meeting) 8. Report of the Regional Director	14:00 to 15:15 Coffee break 15:30 to 17:00	Items: 10. Proposed programme budget: 2004-2005 (cont'd) 11. Expanded programme on immunization: measles and hepatitis B	14:00 to 15:15 Coffee break 15:30 to 17:00	Items: 19. Ministerial round table 19.1 Future directions for public health in the Region	14:00 to 15:15 Coffee break 15:30 to 17:00	Items: 17. Child health 18. Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee		
17:15	Meeting of Rapporteurs	17:15	Meeting of Rapporteurs	17:15	Informal consultative meeting of representatives	17:15	Meeting of Rapporteurs		
19:00	Regional Director's dinner for all representatives of Member States and Secretariat (The Westin Philippine Plaza Hotel)	18:30 to 20:30	Dinner for all representatives of Member States and Secretariat hosted by the Government of the Philippines (Patio Victoria, Intramuros)	19:00	Dinner for all representatives of Member States and Secretariat hosted by the Government of Japan (Diamond Hotel)	19:00	Dinner for all representatives of Member States and Secretariat hosted by the Government of China (Century Park Sheraton)		

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTE

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE/COMITE REGIONAL

WPR/RC54/DIV/1 Rev.1

Fifty-fourth session/Cinquante-quatrième session
Manila, Philippines

15 September 2003
15 septembre 2003

8–12 September 2003
8–12 septembre 2003

ENGLISH/FRENCH
ANGLAIS/FRANÇAIS

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LISTE DES REPRESENTANTS**

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WPR/RC54.R1 Nomination of the Regional Director

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure;

1. NOMINATES Dr Shigeru Omi as Regional Director for the Western Pacific; and
2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Shigeru Omi from 1 February 2004.

8 September 2003

WPR/RC54.R2**Report of the Regional Director**

The Regional Committee,

Recalling resolutions [WPR/RC50.R3](#) on reform in the Western Pacific Region, [WPR/RC53.R6](#) on ethical issues related to new developments in the health sector, and [WPR/RC53.R7](#) on essential public health functions;

Having considered the report of the Regional Director entitled *The Work of WHO in the Western Pacific Region: 1 July 2002 – 30 June 2003** and noted the major directions for the next five years contained in the Regional Director's address to the Regional Committee;

Appreciating the improvements that have been made to the report over the past five years;

Recognizing that Member States views on the report should be sought in order to ensure the most appropriate coverage, form and content;

Aware of the many health inequities that remain in the Western Pacific Region;

Concerned about emerging challenges to health, including new diseases such as severe acute respiratory syndrome (SARS), the continuing threat from other communicable diseases, and rising levels of noncommunicable diseases throughout the Region;

Acknowledging that significant health advances have been made in the Western Pacific Region over the past 50 years and that the quality of health services now needs to be addressed, taking into account such issues as the physical and psychological needs of patients, patient safety, and social and environmental factors;

1. THANKS the Regional Director for his report;
2. REQUESTS Member States:
 - (1) to work with WHO to address health inequities and to ensure that health gains are enjoyed by previously underserved populations;
 - (2) to build up health systems that are capable of carrying out essential public health functions and of responding to new challenges;
 - (3) to ensure that health policies lead to improvements in the quality of health care and that they take account of such issues as human dignity, patients' rights and needs, and the role of families, culture, and society;
3. REQUESTS the Regional Director:
 - (1) to work with Member States to encourage the integration of

principles of equity and fairness into health policies;

(2) to continue to work with Member States to strengthen health systems;

(3) to support Member States to improve the quality of health care and ensure that broader psychological, social, ethical and cultural determinants of health are taken into account;

(4) to seek the views of Member States on the form and content of his annual report.

10 September 2003

* WPR/RC54/2

**WPR/RC54.R3 Expanded Programme on Immunization: Measles
and Hepatitis B**

The Regional Committee,

Noting the historic achievement of the Region in becoming the second WHO region to be declared poliomyelitis-free;

Recognizing the positive impact of poliomyelitis eradication in the Western Pacific Region on the Expanded Programme on Immunization (EPI) and the wider health sector;

Mindful of the high burden of disease, disability, and deaths from vaccine-preventable diseases, especially measles and hepatitis B;

Aware that this burden could be very significantly reduced by use of available vaccines that are safe, effective and inexpensive;

Noting that in some countries there is a lack of laboratory capacity for confirmation of measles cases;

Noting resolution WHA56.20 on global reduction of measles mortality;

Further noting that 95% population immunity is essential to achieve measles elimination;

Recognizing that some countries have made significant progress towards achieving this level of immunity;

Noting with appreciation the significant contribution to hepatitis B control in the Region by the Global Alliance on Vaccines and Immunization and other partners;

1. **DECIDES** that, in the Western Pacific Region, measles elimination and hepatitis B control should be the two new pillars to strengthen the EPI;
2. **CONFIRMS** that measles elimination should be a regional goal and that the establishment of a target date should be made at the earliest opportunity and should be based on an annual review of progress;
3. **FURTHER CONFIRMS** that the objective of hepatitis B control programmes should be HBsAg prevalence of less than 1% in five-year-olds born after hepatitis B immunization started;
4. **ENDORSES** the Western Pacific Regional Plan of Action for Measles Elimination and the Western Pacific Regional Plan to Improve Hepatitis B Control through Immunization;
5. **URGES** Member States:
 - (1) to develop or strengthen national plans for measles elimination

and hepatitis B control as part of overall plans for immunization services;

- (2) to use measles elimination and hepatitis B control strategies to strengthen EPI and other public health programmes, such as prevention of congenital rubella syndrome;
- (3) to offer, in principle, all children two doses of measles vaccine, taking into account local situations, so that the 95% population immunity of each birth cohort can be achieved and maintained in every district;
- (4) to develop or strengthen measles surveillance systems and laboratory confirmation of cases;
- (5) to ensure that at least 80% (ideally 95%) of each birth cohort in every district receives three doses of hepatitis B vaccine by the age of 12 months, except in countries where a high-risk approach (i.e. immunization for babies of carrier mothers) has been shown to be effective;
- (6) to improve the quality of routinely reported immunization coverage data and to monitor both immunization (including timely scheduled birth dose of hepatitis B vaccine, i.e. within 24 hours of birth) and disease data at district level in order to improve programme management;

6. REQUESTS the Regional Director:

- (1) to further strengthen technical cooperation with Member States, in particular the improvement of immunization coverage and surveillance, including strengthening laboratory capacity in the Region, in order to achieve measles elimination and to improve hepatitis B control;
- (2) to seek the additional resources required to support these activities;
- (3) to report on progress regularly to the Regional Committee and to propose a target date for regional measles elimination in due course.

10 September 2003

WPR/RC54.R4**Proposed Programme Budget: 2004-2005**

The Regional Committee,

Having examined the proposed programme budget, 2004-2005 for the Western Pacific Region to be financed from the regular budget and other sources of funds; *

Recalling resolution WPR/RC53.R2, and noting the negative impact on collaborative programmes of the reduced regular budget allocation to the Region resulting from the implementation of resolution WHA51.31, including difficulties in carrying out WHO's priority programme activities, reductions in country planning figures and difficulties in maintaining WHO's core presence;

Noting that resolution WHA51.31 applied only to regular budget allocations to the six regions and that Headquarters was excluded;

Extremely concerned at the low share of extrabudgetary resources received by the Western Pacific Region compared with other regions;

Appreciating that the increased level of estimated extrabudgetary resources in the proposed programme budget takes into account projected global extrabudgetary resources, but also noting the difficulty in estimating such projected resources;

Appreciating further the presentation of the proposed programme budget, and the inclusion of expected results and measurable indicators to address the goals, objectives and strategies of regional focuses, countries and areas;

Welcoming the Director-General's commitment to allocate a greater share of resources to regional and country levels;

1. THANKS the Regional Director for his comprehensive presentation of the programme budget and for taking into account the views and concerns expressed by the Regional Committee during its review of Part 2 of the proposed programme budget at its fifty-third session;

2. APPRECIATES his commitment to continuous improvement of the presentation of the proposed programme budget, taking into account the views expressed by the Regional Committee;

3. URGES Member States to work with WHO to make every effort to implement the programme budget;

4. REQUESTS Members of the Executive Board from the Region:

(1) to convey to the Executive Board, and through the Executive Board to the Health Assembly, the view of the Regional Committee that:

(a) the reduction in the regional allocation for the Western Pacific resulting from resolution WHA51.31 should be

implemented over only three bienniums, namely 2000-2001, 2002-2003 and 2004-2005;

(b) in the future the method of allocating WHO's regular budget and extrabudgetary resources to WHO Headquarters, the regions and countries should ensure a more equitable and transparent allocation of resources and take into account the Director-General's commitment to allocate a greater percentage of resources to regional and country levels;

(2) to work with members of the Executive Board from other regions similarly affected, taking into account the views of the Regional Committee;

5. REQUESTS the Regional Director to convey to the Director-General the view of the Regional Committee that:

(1) the negative impact of the use of the model on the Western Pacific Region over the three bienniums during which it has been applied should be included in the evaluation that the Director-General presents to the Fifty-seventh World Health Assembly;

(2) in the future the method of allocating WHO's regular budget and extrabudgetary resources to WHO Headquarters, the regions and countries should ensure a more equitable and transparent allocation of resources and take into account the Director-General's commitment to allocate a greater percentage of resources to regional and country levels;

6. REQUESTS the Regional Director to ensure that the Regional Committee's views and concerns, as noted in the summary record, are fully taken into account in the implementation of the programme budget for 2004-2005.

11 September 2003

* WPR/RC54/4 and WPR/RC54/4 Corr.1

WPR/RC54.R5**Sexually Transmitted Infections, Including HIV/AIDS**

The Regional Committee,

Having considered the annual report on sexually transmitted infections (STI), including HIV/AIDS; *

Noting with deep concern the continued increase in HIV infections and AIDS cases in the Region, the high prevalence and increasing incidence of STI in selected areas and populations, and their potential negative impact on people and health systems;

Recognizing the importance of reinforcing healthy lifestyle choices; Further recognizing the role that health promotion plays in educating vulnerable groups, particularly youth, about the dangers of high-risk behaviour;

Appreciating the positive results observed from condom promotion and health education programmes targeting commercial sex workers and their clients in Cambodia, the extension of these programmes and the establishment of similar pilot projects in other countries of the Region;

Further appreciating the results of well-targeted prevention programmes among specific vulnerable population groups, such as injecting drugs users in selected countries of the Region;

Observing that high-level political commitment has been a key component of successful programmes;

Noting that there have been recent global developments that have the potential to improve access to and use of antiretroviral treatments, and of therapy for opportunistic infections;

Further noting the potential for an increase in drug-resistant HIV in the Region;

Noting the high rates of tuberculosis (TB) in the Region, leading to HIV/TB co-infection;

Appreciating the financial support received by several Member States in the Region from the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Acknowledging the importance of strengthening policies and legislation to support STI and HIV/AIDS prevention and control programmes;

1. URGES Member States:

- (1) to strengthen epidemiological surveillance, including behavioural surveillance, of STI and HIV/AIDS;
- (2) to promote lifestyle choices, such as delay of sexual activity, or

safe sex practices, that lead to reductions in transmission of STI and HIV/AIDS;

- (3) to strengthen health promotion targeted at vulnerable groups, particularly youth, in the context of an integrated approach;
 - (4) to continue to reinforce primary prevention of HIV transmission, including targeting those at greatest risk of HIV infection with effective condom promotion programmes, appropriate management and control of STI, and harm reduction programmes for injecting drug users;
 - (5) to continue to reinforce blood safety programmes;
 - (6) to further investigate the feasibility, costs and benefits of programmes to prevent HIV transmission from infected mothers to their infants;
 - (7) to make greater efforts to involve men in all aspects of HIV/AIDS prevention programmes;
 - (8) to strengthen the implementation of policies and programmes to reduce stigmatization of patients with AIDS and to give effect to the Declaration of Commitment on HIV/AIDS adopted by the twenty-sixth special session of the General Assembly, in particular the clauses stressing gender equality and empowerment of women (clause 14), recognizing the essential role of the full realization of human rights (clause 16), affirming the key role of partnerships (clause 32), and acknowledging the particular roles played by young people and people living with HIV/AIDS (clause 33);
 - (9) to develop or strengthen national policies for HIV/AIDS care that are comprehensive and multisectoral, improve access to treatment for HIV/AIDS, including access to drugs for HIV and AIDS, and that mitigate the effects of living with HIV/AIDS;
 - (10) to prepare health systems to meet the increasing demand for care from growing numbers of AIDS patients;
 - (11) to secure and strengthen political commitment and mobilization of additional resources for HIV/AIDS programmes within an integrated approach;
 - (12) to strengthen multisectoral collaboration;
2. REQUESTS the Regional Director:
- (1) to continue to improve the regional surveillance system for STI and HIV/AIDS and related blood-borne infections and surveillance of drug-resistant HIV;
 - (2) to work with Member States to promote healthy lifestyle choices;
 - (3) to further strengthen technical collaboration with Member States,

paying particular attention to:

- (a) primary prevention through condom promotion;
 - (b) appropriate evidence-based strategies for harm reduction among injecting drugs users;
 - (c) appropriate strategies for the prevention of HIV transmission from infected mothers to their infants;
 - (d) blood safety policies;
 - (e) care for AIDS patients, including access to drugs for HIV and AIDS treatment;
 - (f) appropriate policies to prevent drug-resistant HIV;
 - (g) HIV/TB co-infection;
 - (h) appropriate legislation, including that in support of the United Nations General Assembly Declaration of Commitment on HIV/AIDS and in relation to access to HIV/AIDS drugs;
- (4) to strengthen WHO's coordination with UNAIDS, its other cosponsors and partners and to increase mobilization of resources;
- (5) to continue to provide support to Member States for the preparation of high-quality proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria and the implementation of approved projects;
- (6) to continue to report annually to the Regional Committee on the situation of STI and HIV/AIDS in the Region.

12 September 2003

WPR/RC54.R6**Tuberculosis Prevention and Control**

The Regional Committee,

Noting that just over two years remain before the target date for the regional targets set by the Regional Committee of regionwide coverage by directly observed treatment, short-course (DOTS), an 85% cure rate and a 70% case detection rate;

Recognizing that the most critical obstacle to reaching the 2005 targets in Member States with a high burden of tuberculosis (TB) is insufficient human resources, especially at central level;

Concerned that the current case detection rate of 41% of estimated new smear-positive cases is still far below the regional target of 70%;

Recognizing that implementation of DOTS is associated with an increase in the case detection rate;

Further recognizing the need to improve the quality of laboratory services, increase community awareness of TB, and strengthen public private cooperation, in order to improve case detection;

Acknowledging that national programme reviews by ministries of health and involving all partners will facilitate the monitoring of progress towards the 2005 goals;

Concerned about increasing rates of HIV/TB co-infection and multidrug resistant TB;

Recognizing that, despite the progress achieved to address the issue of TB and poverty, access to TB services by economically and otherwise disadvantaged groups needs to be further improved;

Welcoming continued financial and technical support from WHO and other partners in the Region to strengthen human capacity building and to introduce new regional guidelines on laboratory quality assurance;

Further welcoming collaboration among Member States, WHO and partners in securing financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Appreciating the evaluation of the special project carried out by the external evaluation team; *

1. URGES Member States:

- (1) to strengthen political commitment and to accelerate DOTS coverage in Member States with a high burden of TB in order to reach regionwide coverage by DOTS by 2005;

- (2) to strengthen human capacity building for TB control in order to build strong central management units;
- (3) to foster collaboration with partners in order to make the most efficient use of disbursements from the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to reduce the funding gap still further;
- (4) to improve the quality of laboratory services, strengthen community awareness of TB and, if appropriate, to expand public private cooperation in order to increase the case detection rate;
- (5) to focus on TB and poverty issues in order to improve access by economically disadvantaged patients to free TB diagnosis and treatment, in the context of poverty reduction;
- (6) to strengthen monitoring by organizing programme reviews that include all partners;
- (7) to improve surveillance for TB/HIV and to strengthen monitoring of drug-resistant TB;

2. REQUESTS the Regional Director:

- (1) to support Member States to strengthen human capacity building for TB control in order to build strong central management units;
- (2) to support Member States to strengthen TB laboratory services, implement new regional quality assurance guidelines for sputum microscopy examination, strengthen community awareness of TB and expand public-private cooperation in order to achieve a 70% case detection rate by 2005;
- (3) to continue collaboration with partners, in order to reduce the funding gap for TB control in the Region;
- (4) to collaborate with Member States and partners to monitor the TB control programme, including conducting joint programme reviews;
- (5) to support Member States to respond more effectively to the impact of poverty and marginalization on TB control;
- (6) to support Member States to develop better estimations of TB incidence by using all available data and improving estimation methods and in so doing to enable a more accurate assessment of the case detection rate;
- (7) to support Member States to improve surveillance for and management of TB/HIV and multidrug-resistant TB;
- (8) to ensure that the recommendations of the external evaluation team are carried out.

12 September 2003

* Programmatic Evaluation of Tuberculosis Control through Technical Cooperation at the Country Level in the
Western Pacific Region : 20 February-1 March and 6-15 April 2003, annex to document WPR/RC54/7

**WPR/RC54.R7 Severe Acute Respiratory Syndrome (SARS) and
 other Outbreak-Prone Diseases**

The Regional Committee,

Recalling resolution WHA56.29 on severe acute respiratory syndrome (SARS) and WHA56.28 on the revision of the International Health Regulations;

Recognizing the dedication and courage of the health workers of the Western Pacific Region in responding to SARS outbreaks;

Further recognizing the health workers who lost their lives combating the disease and WHO staff member Dr Carlo Urbani, who in late February 2003 first brought SARS to the attention of the international community and died of SARS on 29 March 2003;

Acknowledging that strong government commitment, excellent collaboration between Member States and the international community, and rapid mobilization of human and financial resources in affected countries enabled effective measures to contain the spread of SARS to be implemented;

Concerned that outbreak-prone diseases such as SARS pose serious threats to public health, health care systems and economic stability in the Western Pacific Region;

Recognizing the need to have access to information from all sources, including informal sources, and to exchange information about disease outbreaks in a timely and transparent manner in order to prevent the international spread of diseases;

Noting that many Member States in the Region still do not have adequate capacity to detect and respond to outbreak-prone diseases such as SARS;

Noting further that the outbreaks exposed serious weaknesses in public health systems at all levels as well as in infection control practices;

Recognizing the importance of laboratory safety to prevent laboratory-acquired SARS infections;

Further recognizing that suspected SARS cases can cause disruption in health services and that cases of pneumonia related to influenza may be classified as suspected SARS cases;

1. **URGES Member States:**

- (1) to strengthen, where appropriate, epidemiological and laboratory capacity for surveillance of and response to outbreak-prone diseases, including emerging diseases;
- (2) to establish a system capable of verifying all information on

public health events of potential international concern and of responding to requests from WHO;

(3) to participate actively in regional surveillance, including collaboration between laboratories, and sharing of biological samples, so that timely and accurate information can be shared with other Member States;

(4) to take all measures to ensure the laboratory containment of SARS coronavirus when handling potentially infectious materials and to conduct research involving the SARS coronavirus only in qualified laboratories approved by the appropriate body and with an appropriate level of biosafety;

(5) to report all public health events of international concern promptly to WHO, and to provide other relevant information requested by WHO;

(6) to collaborate promptly and fully with WHO in the investigation and implementation of control measures, including border control measures, for disease outbreaks of international concern;

(7) to provide influenza vaccine, where feasible, to high-risk groups, in particular older persons, people with chronic diseases and health workers, in order to reduce the number of pneumonia cases caused by influenza that may be classified as suspected SARS cases;

(8) to establish or strengthen national programmes for infection control in health care settings, including the implementation of appropriate national training programmes;

2. REQUESTS the Regional Director:

(1) to support Member States to strengthen capacity for communicable disease surveillance and response;

(2) to further strengthen regional surveillance, taking into account reports from sources other than official notifications, so that information on communicable diseases can be shared among Member States;

(3) to collaborate with Member States to ensure that all public health events of international concern are investigated promptly and comprehensively and to send WHO missions to investigate such events whenever necessary;

(4) to coordinate and stimulate research into important public health areas related to SARS, including the possible role of a natural reservoir of SARS in the environment;

(5) to ensure that the major events and lessons learned from SARS outbreaks are properly recorded and shared among Member States;

(6) to incorporate lessons learned when working with the Director-General on future travel advisories and with the Member States on border

control measures.

12 September 2003

WPR/RC54.R8**WHO Framework Convention on Tobacco Control**

The Regional Committee,

Recalling and reaffirming resolutions WHA56.1 and [WPR/RC52.R6](#);

Having considered the report on the WHO Framework Convention on Tobacco Control (the Convention); *

Acknowledging that tobacco use is a major risk to health in the Western Pacific, and that it is maintained by nicotine addiction;

Noting, with concern, the large and increasing burden of disease and preventable death caused by tobacco in the Region;

Concerned about the continued increase in per capita consumption of tobacco, particularly among young people in the Region;

Recognizing the hazardous effects of tobacco on the health of smokers and nonsmokers alike;

Appreciating the complex and transnational nature of the tobacco epidemic, and the need for tobacco control to address health, economic, political and sociocultural issues;

Acknowledging that agreement to the Convention required a long process to negotiate a compromise to resolve the differences and nuances in the interests of all Member States and interested parties;

Further acknowledging that multisectoral and multinational involvement is crucial to effective tobacco control;

Recognizing the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts;

Further recognizing that the Convention provides a comprehensive set of interventions for controlling the tobacco epidemic, and that its success depends on coordinated and committed participation by Member States at global, regional and national levels;

1. ENCOURAGES Member States:

(1) to sign, ratify, accept, approve, formally confirm or accede to the Convention, at the earliest opportunity, if they have not already done so;

2. URGES Member States:

- (1) to reflect the provisions of the Convention in national policies and legislation;
- (2) to implement tax policies for tobacco products as a means of reducing tobacco consumption, without prejudice to the sovereign right of the Member States to determine their policies;
- (3) to ensure sustainable financing and support for tobacco control programmes, in line with the provisions of the Convention;
- (4) to be alert to and resist all attempts to undermine the Convention or to reduce the effectiveness of regional, national and local tobacco control programmes;
- (5) to develop mechanisms for multilateral cooperation within the Region so that Member States are able to address tobacco control issues that have transnational dimensions;

3. REQUESTS the Regional Director:

- (1) to support Member States in the process of ratification and implementation of the Convention;
- (2) to support Member States in their tobacco control efforts, particularly in the development of national intersectoral tobacco control strategies consistent with the Convention, and in the pursuit of partnerships with other Member States for regional action against the tobacco epidemic;
- (3) to report to Member States at regular intervals on progress in implementing the provisions of the Convention in the Western Pacific Region.

12 September 2003

* WPR/RC54/10

WPR/RC54.R9**Child Health**

The Regional Committee,

Recalling resolution WHA56.21 on the strategy for child and adolescent health and development;

Recognizing that, despite overall progress in reducing child mortality in the Region, in the past decade progress has stalled or even been reversed in some countries;

Further recognizing that differences in the child survival rates in countries and areas in the Region are widening;

Concerned about the unacceptably high number of children that die from preventable and treatable conditions before they reach their fifth birthday;

Reaffirming the commitment of Member States to the attainment of a two-thirds reduction in under-five mortality by the year 2015 compared with 1990, in line with the development goals of the United Nations Millennium Declaration and the United Nations General Assembly special session on children;

Aware that Article 24 of the Convention on the Rights of the Child calls on Member States to implement measures to reduce infant and child mortality, ensure the provision of necessary medical assistance and health care to all children, and combat disease and malnutrition;

Acknowledging that international cooperation will be needed if children's rights are to be fully realized, particularly in developing countries;

Noting that interventions are available to reduce child and infant mortality and that the Integrated Management of Childhood Illness (IMCI) is an evidence-based strategy that delivers these interventions in an effective, efficient and equitable manner, by focusing on the major threats to children's survival, growth and development;

Further noting that similar delivery strategies could benefit the health of newborns;

Acknowledging that IMCI has been endorsed by major development partners as a cost-effective strategy for improving children's health;

Noting the need for strategic coordination among the various donor partners involved in child health activities at the national level;

Appreciating the progress made so far in implementing IMCI in the Region and the urgent need to scale-up interventions in order to achieve the desired child health outcomes;

1. **URGES** Member States, in particular those with high child mortality:

- (1) to place child health higher on their political, economic and health agendas, to protect every child's inherent right to life, and to ensure the provision of health care and medical assistance to all children in need;
 - (2) to target child survival interventions on geographical areas and segments of society with the highest burden of childhood mortality and morbidity;
 - (3) in countries implementing IMCI, to prioritize, strengthen and scale-up implementation of the strategy and, utilizing all available sources of finance, to provide adequate human and financial resources for the full implementation of IMCI;
 - (4) to strengthen national health systems and service delivery, and, where appropriate, to include IMCI in ongoing and planned health sector reform efforts;
 - (5) to designate, where appropriate, a national coordinating body responsible for planning, implementation, monitoring and evaluation of child health activities, including IMCI;
2. REQUESTS the Regional Director:
- (1) to continue to support Member States to achieve internationally agreed goals and targets for the reduction of under five mortality, especially in countries and areas with marginalized and poor populations with high infant and under-five mortality;
 - (2) to develop indicators to assist Member States to monitor progress towards the achievement of the development goals of the Millennium Declaration;
 - (3) to give priority to child survival and, in particular, to intensify implementation of IMCI in the Region;
 - (4) to promote collaboration among child-health-related programmes and partners in health;
 - (5) to stimulate the development of health care delivery strategies that are consistent with IMCI to improve the health of newborns;
 - (6) to lead a new drive to reduce childhood mortality in Member States in greatest need, to support these countries to mobilize the resources needed, and to report on progress to the Regional Committee.

12 September 2003

WPR/RC54.R10

Fifty-Fifth Session of the Regional Committee

The Regional Committee,

1. EXPRESSES its appreciation to the Government of China for confirming its offer to host the fifty-fifth session of the Regional Committee;
2. CONFIRMS that the fifty-fifth session will be held in Shanghai, China, provided a satisfactory agreement can be concluded between the Government and WHO by 31 March 2004;
3. DECIDES that the dates of the fifty-fifth session shall be from 13 to 17 September 2004.

12 September 2003

WPR/RC54.R11

Resolution of Appreciation

The Regional Committee,

EXPRESSES its appreciation and thanks to:

- (1) the Chairperson, Vice-Chairperson and the Rapporteurs elected by the Committee;
- (2) the presenter at the ministerial round table;
- (3) the Moderator of the ministerial round table;
- (4) the representatives of the intergovernmental and nongovernmental organizations for their oral and written statements.

12 September 2003

S. No. 1859
H. No. 5950

Republic of the Philippines
Congress of the Philippines
Metro Manila

Twelfth Congress

Second Regular Session

Begun and held in Metro Manila, on Monday, the twenty-second day
of July, two thousand two.

—◆—
[REPUBLIC ACT NO. 9211]

AN ACT REGULATING THE PACKAGING, USE, SALE,
DISTRIBUTION AND ADVERTISEMENTS OF
TOBACCO PRODUCTS AND FOR OTHER
PURPOSES

*Be it enacted by the Senate and House of Representatives of
the Philippines in Congress assembled:*

SECTION 1. *Short Title.* - This Act shall be known as the
Tobacco Regulation Act of 2003.

SEC. 2. *Policy.* - It is the policy of the State to protect the
populace from hazardous products and promote the right to health and
instill health consciousness among them. It is also the policy of the
State, consistent with the Constitutional ideal to promote the general
welfare, to safeguard the interests of the workers and other
stakeholders in the tobacco industry. For these purposes, the

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Government shall institute a balanced policy whereby the use, sale and advertisements of tobacco products shall be regulated in order to promote a healthful environment and protect the citizens from the hazards of tobacco smoke, and at the same time ensure that the interests of tobacco farmers, growers, workers and stakeholders are not adversely compromised.

SEC. 3. *Purpose.* - It is the main thrust of this Act to:

- a. Promote a healthful environment;
- b. Inform the public of the health risks associated with cigarette smoking and tobacco use;
- c. Regulate and subsequently ban all tobacco advertisements and sponsorships;
- d. Regulate the labeling of tobacco products;
- e. Protect the youth from being initiated to cigarette smoking and tobacco use by prohibiting the sale of tobacco products to minors;
- f. Assist and encourage Filipino tobacco farmers to cultivate alternative agricultural crops to prevent economic dislocation; and

g. Create an Inter-Agency Committee on Tobacco (IAC-Tobacco) to oversee the implementation of the provisions of this Act.

SEC. 4. *Definition of Terms.* - As used in this Act:

a. "Advertisement" - refers to any visual and/or audible message disseminated to the public about or on a particular product that promote and give publicity by words, designs, images or any other means through broadcast, electronic, print or whatever form of mass media, including outdoor advertisements, such as but not limited to signs and billboards. For the purpose of this Act, advertisement shall be understood as tobacco advertisement.

b. "Advertising" - refers to the business of conceptualizing, presenting, making available and communicating to the public, through any form of mass media, any fact, data or information about the

attributes, features, quality or availability of consumer products, services or credit.

For the purpose of this Act, advertising shall be understood as tobacco advertising. This shall specifically refer to any messages and images promoting smoking, the purchase or use of cigarette or tobacco products; and cigarette or tobacco trademarks, brand names, design and manufacturer's names;

c. "Advertiser" - refers to a person or entity on whose account or for whom an advertisement is prepared and disseminated by the advertising agency, which is a service established and operated for the purpose of counseling or creating and producing and/or implementing advertising programs in various forms of media;

d. "Cigarette" - refers to any roll or tubular construction, which contains tobacco or its derivatives and is intended to be burned or heated under ordinary conditions of use;

e. "Distributor" - refers to any person to whom a tobacco product is delivered or sold for purposes of distribution in commerce, except that such term does not include a manufacturer or retailer or common carrier of such product.

f. "Mass Media" - refers to any form of communication designed to reach a mass of people. For this purpose, mass media includes print media such as, but not limited to, newspapers, magazines, and publications; broadcast media such as, but not limited to, radio, television, cable television, and cinema; electronic media such as but not limited to the internet.

g. "Minor" - refers to any person below eighteen (18) years old;

h. "Manufacturer" - refers to any person or entity, including a re-packer, who makes, fabricates, assembles, processes, or labels a finished product;

i. "Package" - refers to packs, boxes, cartons or containers of any kind in which any tobacco product is offered for sale to consumers;

j. "Person" - refers to an individual, partnership, corporation or any other business or legal entity;

k. "Point-of-Sale" - refers to any location at which an individual can purchase or otherwise obtain tobacco products;

l. "Promotion" - refers to an event or activity organized by or on behalf of a tobacco manufacturer, distributor or retailer with the aim of promoting a brand of tobacco product, which event or activity would not occur but for the support given to it by or on behalf of the tobacco manufacturer, distributor or retailer. It may also refer to the display of a tobacco product or manufacturer's name, trademark, logo, etc. on non-tobacco products. This includes the paid use of tobacco products bearing the brand names, trademarks, logos, etc. in movies, television and other forms of entertainment. For the purpose of this Act, promotion shall be understood as tobacco promotion;

m. "Public Conveyances" - refer to modes of transportation serving the general population, such as, but not limited to, elevators, airplanes, buses, taxicabs, ships, jessneys, light rail transits, tricycles, and similar vehicles;

n. "Public Places" - refer to enclosed or confined areas of all hospitals, medical clinics, schools, public transportation terminals and offices and buildings such as private and public offices, recreational places, shopping malls, movie houses, hotels, restaurants, and the like;

o. "Retailer" - refers to any person, who, or, entity that, sells tobacco products to individuals for personal consumption;

p. "Smoking" - refers to the act of carrying a lighted cigarette or other tobacco products, whether or not it is being inhaled or smoked;

q. "Sponsorship" - refers to any public or private contribution to a third party in relation to an event, team or activity made with the aim of promoting a brand of tobacco product, which event, team or activity would still exist or occur without such contribution. For purpose of this Act, sponsorship shall be understood as tobacco sponsorship;

r. "Tobacco" - refers to agricultural components derived from the tobacco plant which are processed for use in the manufacturing of cigarettes and other tobacco products;

s. "Tobacco Product" - refers to any product that consists of loose tobacco that contains nicotine and is intended for use in a cigarette, including any product containing tobacco and intended for smoking or oral or nasal use. Unless stated otherwise, the requirements of this Act pertaining to cigarettes shall also apply to other tobacco products;

t. "Tobacco Grower" - refers to any person who plants tobacco before the enactment of this Act and classified as such by the National Tobacco Administration (NTA); and

u. "Warning" - refers to the notice printed on the tobacco product or its container and/or displayed in print or aired in broadcast or electronic media including outdoor advertising and which shall bear information on the hazards of tobacco use

HEALTHFUL ENVIRON.

SEC. 5. Smoking Ban in Public Places. - Smoking shall be absolutely prohibited in the following public places:

a. Centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for persons under eighteen (18) years old;

b. Elevators and stairwells;

c. Locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials;

d. Within the buildings and premises of public and private hospitals, medical, dental, and optical clinics, health centers, nursing homes, dispensaries and laboratories;

e. Public conveyances and public facilities including airport and ship terminals and train and bus stations, restaurants and conference halls, except for separate smoking areas; and

f. Food preparation areas.

SEC. 6. *Designated Smoking and Non-smoking Areas.* - In all enclosed places that are open to the general public, private workplaces and other places not covered under the preceding section, where smoking may expose a person other than the smoker to tobacco smoke, the owner, proprietor, operator, possessor, manager or administrator of such places shall establish smoking and non-smoking areas. Such areas may include a designated smoking area within the building, which may be in an open space or separate area with proper ventilation, but shall not be located within the same room that has been designated as a non-smoking area.

All designated smoking areas shall have at least one (1) legible and visible sign posted, namely "SMOKING AREA" for the information and guidance of all concerned. In addition, the sign or notice posted shall include a warning about the health effects of direct or secondhand exposure to tobacco smoke. Non-smoking areas shall likewise have at least one (1) legible and visible sign, namely: "NON-SMOKING AREA" or "NO SMOKING."

ACCESS RESTRICTIONS

SEC. 7. *Vending Machines, Self-Service Facilities.* - Unless the vending machine has a mechanism for age verification, the sale or distribution of tobacco products to minors by means of a vending machine or any self-service facility or similar contraption or device is prohibited, except at point-of-sale establishments.

SEC. 8. *Retailer Compliance with Respect to Self-Service Facilities.* - Each retailer shall ensure that all tobacco-related self-service displays or facilities, advertising, labeling and other items that are located in the establishment of the retailer and that do not comply with the requirements of this Act are removed or are brought into compliance with the requirements of this Act.

SEC. 9. *Minimum Age Sales.* - Under this Act, it shall be false:

a. For any retailer of tobacco products to sell or distribute tobacco products to any minor;

b. For any person to purchase cigarettes or tobacco products from a minor;

c. For a minor to sell or buy cigarettes or any tobacco product, and

d. For a minor to smoke cigarettes or any other tobacco products.

If shall not be a defense for the person selling or distributing that he/she did not know or was not aware of the real age of the minor. Neither shall it be a defense that he/she did not know nor had any reason to believe that the cigarette or any other tobacco product was for the consumption of the minor to whom it was sold.

SEC. 10. *Sale of Tobacco Products Within School Perimeters.* - The sale or distribution of tobacco products is prohibited within one hundred (100) meters from any point of the perimeter of a school, public playground or other facility frequented particularly by minors.

SEC. 11. *Signage.* - Point-of-Sale establishments offering, distributing or selling tobacco products to consumers, shall post the following statement in a clear and conspicuous manner: "SALE/DISTRIBUTION TO OR PURCHASE BY MINORS OF TOBACCO PRODUCTS IS UNLAWFUL" or "IT IS UNLAWFUL FOR TOBACCO PRODUCTS TO BE SOLD/DISTRIBUTED TO OR PURCHASED BY PERSONS UNDER 18 YEARS OF AGE."

SEC. 12. *Proof of Age Verification.* - In case of doubt as to the age of the buyer, retailers shall verify, by means of any valid form of photographic identification containing the date of birth of the buyer, that no individual purchasing a tobacco product is below eighteen (18) years of age.

ADVERTISING AND PROMOTIONS

SEC. 13. *Warnings on Cigarette Packages.* - Under this Act:

a. All packages in which tobacco products are provided to consumers withdrawn from the manufacturing facility of all manufacturers or imported into the Philippines intended for sale to the market, starting 1 January 2004, shall be printed, in either English or Filipino, on a rotating basis or separately and simultaneously, the following health warnings:

“GOVERNMENT WARNING: Cigarette Smoking is Dangerous to Your Health;”

“GOVERNMENT WARNING: Cigarettes are Addictive;”

“GOVERNMENT WARNING: Tobacco Smoke Can Harm Your Children;” or

“GOVERNMENT WARNING: Smoking Kills.”

b. Upon effectivity of this Act until 30 June 2006, the health warning shall be located on one side panel of every tobacco product package and occupy not less than fifty percent (50%) of such side panel including any border or frame.

c. Beginning 1 July 2006, the health warning shall be located on the bottom portion of one (1) front panel of every tobacco product package and occupy not less than thirty percent (30%) of such front panel including any border or frame. The text of the warning shall appear in clearly legible type in black text on a white background with a black border and in contrast by typography, layout or color to the other printed matters on the package. The health warning shall occupy a total area of not less than fifty percent (50%) of the total warning frame.

d. The warnings shall be rotated periodically, or separately and simultaneously printed, so that within any twenty-four (24) month period, the four (4) variations of the warnings shall appear with proportionate frequency.

e. The warning shall not be hidden or obscured by other printed information or images, or printed in a location where tax or fiscal stamps are likely to be applied to the package or placed in a location where it will be damaged when the package is opened. If the warning is printed on the package is likely to be obscured or obliterated

by a wrapper on the package, the warning must be printed on both the wrapper and the package.

f. In addition to the health warning, all packages of tobacco products that are provided to consumers shall contain, on one side panel, the following statement in a clear, legible and conspicuous manner: “NO SALE TO MINORS” or “NOT FOR SALE TO MINORS.” The statement shall occupy an area of not less than ten percent (10%) of such side panel and shall appear in contrast by color, typography or layout with all the other printed material on the side panel.

g. No other printed warnings, except the health warning and the message required in this Section, paragraph f. shall be placed on cigarette packages.

SEC. 14. *Warnings in Advertising.* - Under this Act:

a. All tobacco advertising in mass media shall contain either in English or Filipino, the following health warning: “GOVERNMENT WARNING: Cigarette Smoking is Dangerous to Your Health.”

b. For print and outdoor advertisements, the warning frame shall be centered across the bottom of the advertisement and occupy a total area of not less than fifteen percent (15%) of such advertisement including any border or frame. The health warning shall occupy a total area of not less than fifty percent (50%) of the total warning frame. The text of the health warnings shall be clearly visible and legible, printed in a prominent color as appropriate and shall appear in contrast by color, typography or layout with all other printed material in the advertisement. The warning shall not be hidden or obscured by other printed information or images in the advertisement.

c. For television and cinema advertisements, the warning shall be clearly shown and voiced over in the last five (5) seconds of the advertisement, regardless of the duration of the advertisement, even when such advertisement is silent. The health warning shall occupy a total area of not less than fifty percent (50%) of the television screen and shall be clearly visible, legible and audible, in black text on white background or white text on black background. No other images except the warning shall be included in the warning frame.

d. For radio advertisements, the warning stated after the advertisement shall be clearly and audibly voiced over in the last five (5) seconds of the advertisement, regardless of its duration.

SEC. 15. *Restrictions on Advertising.* - The following restrictions shall apply to all tobacco advertising:

a. Advertisements shall not be aimed at or particularly appeal to persons under eighteen (18) years of age.

b. Advertisements shall not feature a celebrity or contain an endorsement, implied or express, by a celebrity.

c. Advertisements shall not contain cartoon characters or subjects that depict humans or animals with comically exaggerated features or that attribute human or unnatural characteristics to animals, plants or other objects.

d. Advertisements shall only depict persons who are or who appear to be above twenty-five (25) years of age.

e. Advertisements shall not show, portray or depict scenes where the actual use of, or the act of using, puffing or lighting cigarettes or other tobacco products is presented to the public.

SEC. 16. *Restrictions on Print Media Advertising.* - The following restrictions shall apply to all print media tobacco advertisements:

a. Advertisements shall not be placed in any printed publication unless there is a reasonable basis to believe that at least seventy-five percent (75%) of the readers of such publication are eighteen (18) years of age and above, and the number of youth who read it constitutes less than ten percent (10%) of all youth in the Philippines.

b. Advertisements shall not be placed on the packaging or outside covers (front and back) of a magazine, newspaper, journal or other publication printed for general circulation.

SEC. 17. *Restrictions on Outdoor Advertising.* - The following restrictions shall apply to all outdoor tobacco advertisements:

a. Outdoor advertisements shall not be placed on billboards, wall murals, or transport stops or stations which are within one hundred (100) meters from any point of the perimeter of a school, public playground or other facility frequented particularly by persons below eighteen (18) years of age.

b. Outdoor advertisements shall not, either individually or when placed in deliberate combination with other outdoor tobacco advertising, exceed seventy (70) square meters in total size.

c. Outdoor advertisements shall not be placed on taxis, buses, trains or other public conveyance or in stations, terminals or platforms thereof, except point-of-sale establishments.

SEC. 18. *Restrictions on Advertising in Cinemas.* - Tobacco advertisements are prohibited in connection with the showing of any film where persons below eighteen (18) years old are permitted admission.

SEC. 19. *Restrictions on Television and Radio Advertising.* - Advertisements shall not be broadcast on television, cable television, and radio between seven o'clock in the morning and seven o'clock at night.

SEC. 20. *Restrictions on Advertising in Audio, Video and Computer Cassettes/Discs and Similar Medium.* - No electronic advertisements shall be incorporated within any video or audio cassette, videogame machine, optical disc, or any similar medium, unless access to the item is restricted to persons eighteen (18) years of age or older. For the purpose of this Section, video game includes any electronic amusement device that utilizes a computer, microprocessor, or similar electronic circuitry and its own cathode ray tube, or is designed to be used with a television set or a monitor that interacts with the user of the device.

SEC. 21. *Restrictions on Advertising on the Internet and Similar Medium.* - Advertisements are prohibited on the Internet and other similar medium unless the Internet site is restricted to persons eighteen (18) years of age or older. A site will be deemed restricted if a person cannot obtain access beyond the first page of the website unless the person has established that he or she is at least eighteen (18) years old. This limitation applies to commercial communications and shall

not prevent the use of company Internet websites to provide information regarding a company, its products and smoking and health related information. This Section shall not prohibit business-to-business transactions conducted on the Internet and other similar medium between tobacco manufacturers, retailers, and distributors.

SEC. 22. Ban on Advertisements. - Beginning 1 January 2007, all tobacco advertising on television, cable television and radio shall be prohibited.

Beginning 1 July 2007, all cinema and outdoor advertising shall be prohibited. No leaflets, posters and similar outdoor advertising materials may be posted, except inside the premises of point-of-sale retail establishments.

Beginning 1 July 2008, all forms of tobacco advertising in mass media shall be prohibited except tobacco advertisements placed inside the premises of point-of-sale retail establishments.

SEC. 23. Restrictions on Tobacco Promotions. - The following restrictions shall apply on all tobacco promotions:

a. Promotions must be directed only to persons at least eighteen (18) years old. No person below eighteen (18) years old or who appear to be below eighteen (18) years old may participate in such promotions. The participants in promotions must be required to provide proof of age.

b. Communications to consumers about tobacco promotions shall comply with the provisions of this Act governing tobacco advertising. In addition to the required health warning, the age requirement for participation in any promotion must be clearly marked on the program materials distributed to consumers.

c. All stalls, booths, and other displays concerning tobacco promotions must be limited to point-of-sale locations or adult-only facilities.

d. Telephone communications concerning promotional offers, programs or events must include a recorded health warning message in English or Filipino consistent with the warnings specified in this Act.

e. No placement shall be made by any manufacturer, distributor, or retailer of any tobacco product or tobacco product package or advertisement as a prop in any television program or motion picture produced for viewing by the general public or in a video, optical disc or on a video game machine.

f. The name, logo, or other indicia of a cigarette brand may appear on cigarette lighters, ashtrays, or other smoking related items. If such name, logo, or other indicia of a cigarette brand is larger than fifty (50) square centimeters, the item must carry a health warning consistent with the warnings specified in this Act.

g. No merchandise such as, but not limited to, t-shirts, caps, sweatshirts, visors, backpacks, sunglasses, wrist implements and umbrellas, may be distributed, sold or offered directly or indirectly, with the name, logo or other indicia of a cigarette brand and displayed so as to be visible to others when worn or used. Clothing items must be in adult sizes only.

h. No name, logo, or other indicia of a cigarette brand or element of a brand-related marketing activity, may appear on items that are marketed to or likely to be used by minors such as, but not limited to, sports equipment, toys, dolls, miniature replicas of racing vehicles, video games, and food. The manufacturer or company must take all available measures to prevent third parties from using the company's brand names, logos, or other proprietary material on products that are directed toward minors.

i. No tobacco advertisements may be placed on shopping bags.

SEC. 24. Naming Rights. - Subject to the provisions of this Act:

a. No manufacturer may enter into any agreement with a manufacturer to any sports league, or any team involved in any such league, in exchange for use of a tobacco product brand.

b. No manufacturer may enter into any agreement for the naming rights of any stadium or arena using a tobacco product brand name or otherwise cause a stadium or arena to be named with such a brand name.

SEC. 25. *Restrictions on Sponsorships.* - Beginning 1 July 2006:

- a. No sponsorship shall be provided for:
 - 1) an event or activity which bears a tobacco product brand name, unless there is reasonable basis to believe that all persons who compete, or otherwise take an active part, in the sponsored events or activities are persons eighteen (18) years of age or older;
 - 2) a team or an individual bearing a tobacco product name, unless all persons sponsored are eighteen (18) years of age or older; or
 - 3) a sponsored event or activity reasonably believed to be of particular appeal to persons under eighteen (18) years old.
 - b. Tobacco brand sponsorships shall be prohibited except where there is a reasonable basis to believe that:
 - 1) attendance at the sponsored event or activity will comprise no less than seventy-five percent (75%) persons at least eighteen (18) years old;
 - 2) the sponsored event or activity will not be of particular appeal to persons under eighteen (18) years old;
 - 3) the sponsored event or activity will not receive exposure, other than as a news item on television or radio or the Internet, unless such exposure complies with the provisions of this Act governing tobacco marketing through those media; and
 - 4) the principal activity associated with the sponsorship does not require above-average physical fitness for someone of the age group of those taking part.
- c. All persons authorized to bear tobacco product advertisements, logos or brand names at sponsored events shall be at least eighteen (18) years old.
- d. All forms of advertising associated with or ancillary to sponsorship shall comply with the marketing provisions of this Act.

SEC. 26. *Ban on Sponsorships.* - Beginning 1 July 2008, cigarette and tobacco companies are hereby prohibited from sponsoring any sport, concert, cultural or art event, as well as individual and team athletes, artists or performers where such sponsorship shall require or involve the advertisement or promotion of any cigarette or tobacco company, tobacco product or tobacco use, name, logo or trademarks and other words, symbols, designs, colors or other depictions commonly associated with or likely to identify a tobacco product. *Provided,* That the attribution only to the name of the company in the roster of sponsors shall be allowed: *Provided further,* That no manufacturer may register a tobacco brand name as a company name after the passage of this Act.

SEC. 27. *Restrictions on Sampling.* - The distribution of samples of tobacco products to persons below eighteen (18) years old is prohibited.

SEC. 28. *Legal Actions.* - Any legal action in connection with the tobacco industry shall be governed by the provisions of the Philippine Civil Code and other applicable laws.

IMPLEMENTING AGENCY AND APPLICABLE AGENCIES

SEC. 29. *Implementing Agency.* - An Inter-Agency Committee - Tobacco (IAC-Tobacco), which shall have the exclusive power and function to administer and implement the provisions of this Act is hereby created. The IAC-Tobacco shall be chaired by the Secretary of the Department of Trade and Industry (DTI) with the Secretary of the Department of Health (DOH) as Vice Chairperson. The IAC-Tobacco shall have the following as members:

- a. Secretary of the Department of Agriculture (DA);
- b. Secretary of the Department of Justice (DOJ);
- c. Secretary of the Department of Finance (DOF);
- d. Secretary of the Department of Environment and Natural Resources (DENR);
- e. Secretary of the Department of Science and Technology (DOST);

- f. Secretary of the Department of Education (DepEd);
- g. Administrator of the National Tobacco Administration (NTA);
- h. A representative from the Tobacco Industry to be nominated by the legitimate and recognized associations of the industry; and
- i. A representative from a nongovernment organization (NGO) involved in public health promotion nominated by DOH in consultation with the concerned NGOs;

The Department Secretaries may designate their Undersecretaries as their authorized representatives to the IAC.

SEC. 30. Application to Tobacco Products. - The provisions of this Act shall apply to all tobacco products placed into commerce in the Philippines. Except as provided below, no provision of this Act shall apply to tobacco products intended or offered by the manufacturer for export and not for [retail] sale in the Philippines.

Tobacco products intended or offered for export shall be subject only to the requirement that the shipping container shall be prominently marked on the outside "Export Only." Provided, That, tobacco products which are marked for export, but are sold/traded or distributed in the Philippine market, shall be subject to immediate confiscation and destruction.

SEC. 31 Compliance Monitoring. - Not later than one (1) year after the date of the effectivity of this Act, and annually thereafter, the IAC-Tobacco shall submit to the President of the Philippines and to both Houses of Congress a Compliance Monitoring Report on the compliance of the manufacturers on all applicable laws and ordinances with respect to the manufacture and distribution of tobacco products.

The report shall contain pertinent information on the methods, goals and implementation program of said manufacturers with respect to the requirements of this Act.

PENAL PROVISIONS

SEC. 32. Penalties. - The following penalties shall apply:

a. Violation of Sections 5 and 6. - On the first offense, a fine of not less than Five hundred pesos (Php500.00) but not more than One thousand pesos (Php1,000.00) shall be imposed.

On the second offense, a fine of not less than One thousand pesos (Php1,000.00) but not more than Five thousand pesos (Php5,000.00) shall be imposed.

On the third offense, in addition to a fine of not less than Five thousand pesos (Php5,000.00) but not more than Ten thousand pesos (Php10,000.00), the business permits and licenses to operate shall be cancelled or revoked.

b. Violation of Sections 7, 8, 9, 10, and 11. - On the first offense, any person or any business entity or establishment selling to, distributing or purchasing a cigarette or any other tobacco products for a minor shall be fined the amount of not less than Five thousand pesos (Php5,000.00) or an imprisonment of not more than thirty (30) days, upon the discretion of the court. For succeeding offenses, both penalties shall apply in addition to the revocation of business licenses or permits in the case of a business entity or establishment.

If the violation is by an establishment of business entity, the owner, president, manager, or the most senior officer thereof shall be held liable for the offense.

If a minor is caught selling, buying or smoking cigarettes or any other tobacco products, the provisions of Article 189 of Presidential Decree No. 603 otherwise known as The Child and Youth Welfare Code, as amended, shall apply.

c. Violation of Sections 13 to 27. - On the first offense, a fine of not more than One hundred thousand pesos (Php100,000.00) or imprisonment of not more than one (1) year, or both, at the discretion of the court shall be imposed.

On the second offense, a fine of Two hundred thousand pesos (Php200,000.00) or imprisonment of not more than two (2) years, or both, at the discretion of the court shall be imposed.

On the third offense, in addition to a fine of not more than Four hundred thousand pesos (Php400,000.00) or imprisonment of not more than three (3) years, or both, at the discretion of the court, the business permits and licenses, in the case of a business entity or establishment, shall be revoked or cancelled.

In the case of a business entity or establishment, the owner, president, manager or officials thereof shall be liable.

If the guilty officer is an alien, he shall summarily be deported after serving his sentence, and shall be forever barred from re-entering the Philippines.

PROGRAMS AND PROJECTS

SEC. 33. *Programs and Projects.* - For a period not exceeding five (5) years, the National Government and the concerned departments and agencies shall provide the following programs and projects:

a. *Tobacco Growers' Assistance Program.* - This program shall be utilized to support financially the tobacco farmers who may be displaced due to the implementation of this Act or has voluntarily ceased to produce tobacco. To avail of this program, a beneficiary shall present convincing and substantial evidence that:

- 1) He or she has been a tobacco farmer for the last three (3) years prior to January 1, 2004;
 - 2) He or she belongs to the tobacco - producing provinces;
 - 3) He or she has a certificate of eligibility to apply issued by the Local Government Unit and the NTAs; and
 - 4) He or she has ceased to plant tobacco for the next preceding season after the enactment of this Act.
- b. *Tobacco Growers' Cooperative.* - This program shall promote cooperative programs to assist tobacco farmers in developing

alternative farming systems, plant alternative crops and other livelihood projects. The requirements of subsection a) shall likewise apply.

c. *National Smoking Cessation Program.* - A National Smoking Cessation Program shall be undertaken with the approval of the IAC-Tobacco. The implementing rules and guidelines to reinforce this program shall be submitted to the IAC-Tobacco by the Secretary of Health within three (3) months after the effectivity of this Act.

d. *Research and Development Program.* - The IAC-Tobacco shall establish a research and development program to be spearheaded by the NTA in cooperation with the DOST, which will undertake studies concerning technologies and methods to reduce the risk of dependence and injury from tobacco product usage and exposure, alternative uses of tobacco and similar research programs.

e. *National Tobacco-Free Public Education Program.* - State Universities and Colleges and Technical and Vocational Schools shall provide scholarship programs for dependents of tobacco growers for which the administrator of the NTA shall provide implementing rules and guidelines. The guidelines shall be submitted to the IAC-Tobacco within three (3) months after the effectivity of this Act.

f. *Displaced Cigarette Factory Workers' Assistance Program.* - The Secretary of Labor and Employment, with the concurrence of the IAC-Tobacco shall establish a program to assist displaced, terminated/ separated or retrenched cigarette factory workers as a result of the enactment of this Act. The Secretary of Labor in coordination with the NTA and DTT shall provide the rules and guidelines to effectuate this program and submit the same to the IAC-Tobacco within three (3) months after the effectivity of this Act.

g. *Health Programs.* - The IAC-Tobacco, in consultation with the DOH, shall be responsible for awarding grants to all medical institutions for the purpose of financing research and evaluating activities related to smoking-related illnesses. The IAC-Tobacco shall submit to Congress and the President of the Philippines the annual report of expenditures related to this program.

h. *Withdrawal Clinics.* - The DOH shall establish smoking withdrawal clinics to provide counseling regarding the hazardous health

effects of tobacco/cigarette smoking and to rehabilitate smokers from the hazardous effects of such products.

If a smoker-minor voluntarily submits himself for treatment, counseling, or rehabilitation in a smoking withdrawal clinic located in any medical institution in the Philippines, or through his parent/guardian, the expenses incurred shall be a reimbursable outpatient service of the Philippine Health Insurance Corporation.

INFORMATION PROGRAM

SEC. 34. *Information Drive.* - Consistent with the provisions of this Act, the DOH shall, in cooperation with the DepEd and with the assistance of the Philippine Information Agency (PIA), undertake a continuous information program on the harmful effects of smoking.

The DOH shall enlist the active participation of the public and private sectors in the national effort to discourage the unhealthy habit of smoking.

SEC. 35. *Instruction on the Hazardous Effect of Smoking as Part of School Curricula.* - Instruction on the adverse effects of cigarette/tobacco smoking, including their health, environmental and economic implications, shall be integrated into the existing curricula of all public and private elementary and high schools.

The DepEd Secretary shall promulgate such rules and regulations as may be necessary to carry out the above-stated policy hereof, and, with the assistance of the Secretary of Health, and with the approval of the IAC-Tobacco, shall cause the publication and distribution of materials on the unhealthy effects of smoking to students and the general public.

MISCELLANEOUS PROVISIONS

SEC. 36. *Congressional Oversight Committee on Tobacco.* - A Congressional Oversight Committee on Tobacco (COC-Tobacco) is hereby constituted which is mandated to monitor and review the implementation of this Act for a period not exceeding three (3) years. The COC-Tobacco shall be composed of the Chairpersons of the Senate Committee on Health, Trade and Commerce, Agriculture and Public Information and the House of Representatives Committees on

Trade and Industry, Health, Public Information and Agriculture and a Member of the House of Representatives representing the tobacco producing provinces, to be nominated by all the Members of the House of Representatives from tobacco producing districts.

The Secretariat of the COC-Tobacco shall be drawn from the existing secretariat personnel of the standing committees comprising the Congressional Oversight Committee and its funding requirements shall be charged against the appropriations of both the House of Representatives and the Senate of the Philippines.

SEC. 37. *Implementing Rules.* - The IAC-Tobacco shall promulgate such rules and regulations necessary for the effective implementation of this Act within six (6) months from the date of publication of this Act. The said rules and regulations shall be submitted to the COC-Tobacco for its review. The COC-Tobacco shall approve the implementing rules and regulations within thirty (30) working days of receipt thereof. *Provided,* That in the event the implementing rules and regulations are not promulgated within the specified period, the specific provisions of this Act shall immediately be executory.

SEC. 38. *Appropriations.* - The amount necessary to implement the provisions of this Act shall be charged against the current year's appropriations of the concerned national government agencies. Thereafter, such funds as may be necessary for the continued implementation of this Act shall be included in the budgets of the concerned national government agencies under the annual General Appropriations Act.


SEC. 39. *Repealing Clause.* - DOH Administrative Orders No. 10 s. 1993 and No. 24 s. 2000 are hereby ~~repealed~~ ~~amended~~ ~~amended~~ of the Republic Act No. 7594, as amended, otherwise known as the Consumer Act of the Philippines, is hereby amended.

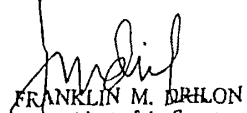
All other laws, decrees, ordinances, administrative orders, rules and regulations, or any part thereof, which are inconsistent with this Act are likewise repealed or amended accordingly.

SEC. 40. *Separability Clause.* - Should any provision of this Act be subsequently declared unconstitutional, the other provisions not so declared shall remain in full force and effect.

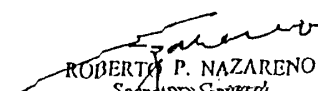
SEC. 41. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* and at least two (2) newspapers of national circulation.

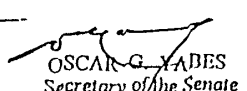
Approved,


JOSE DE VENEZIA JR.
Speaker of the House of Representatives



FRANKLIN M. DRELON
President of the Senate

This Act, which is a consolidation of Senate Bill No. 1859 and House Bill No. 5950 was finally passed by the Senate and the House of Representatives on June 3, 2003, and June 2, 2003, respectively.


ROBERTO P. NAZARENO
Secretary General House of Representatives


OSCAR C. YABES
Secretary of the Senate

Approved: JUN 2 1 2003


GLORIA MACAPAGAL-ARROYO
President of the Philippines



CERTIFIED COPY:

MARIANITO M. DIMAANDAL
Director III

2003-06-02

菲律賓馬尼拉菸害防制實錄

觀察時間：九十二年九月七日至九月十四日

觀察地點：菲律賓馬尼拉

觀察人員：國民健康局衛生教育中心陳宙珍

大綱：菸品販賣

菸品價格

菸品標示

禁菸場所

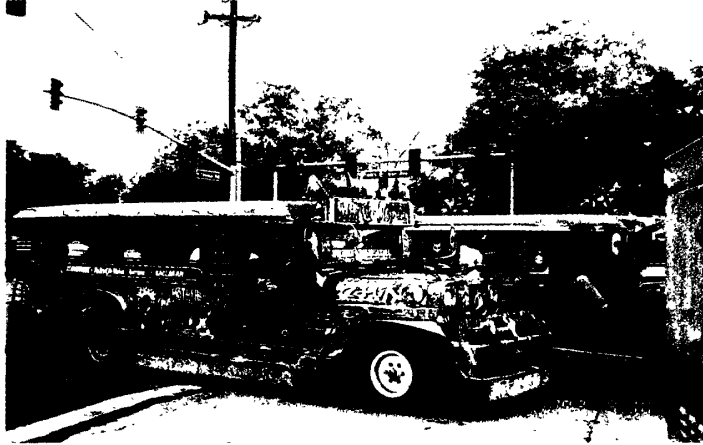
問卷

結論

補充-菲律賓法律規範條文摘述

菲律賓馬尼拉菸害防制實錄

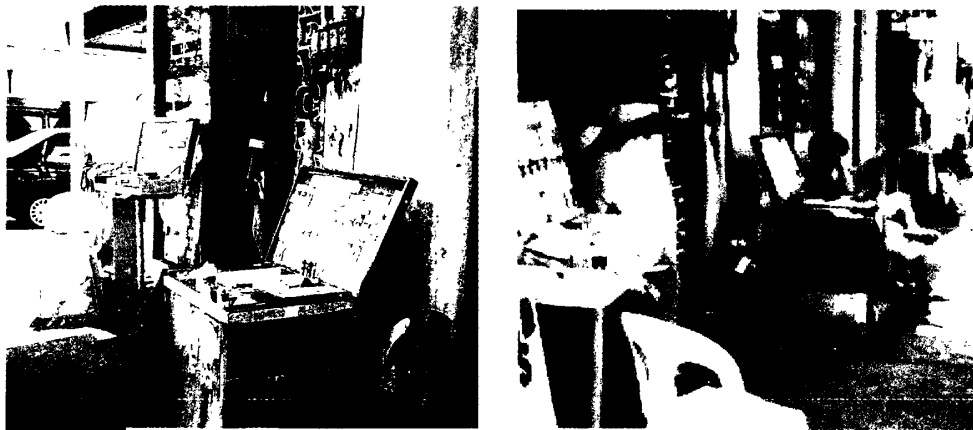
馬尼拉是一個新舊交錯、傳統與現代集合之都會、古老建築物與新式高樓大廈相林立、現代化購物商場夾雜著舊式街販、莊嚴肅穆博物館與熱鬧酒吧相輝映，街道上穿梭著各式各樣交通工具如計程車、三輪車、馬車、吉普車(又稱小型巴士)、巴士等。



吉普車(又稱小型巴士)是當地常用之交通工具

菸品販賣—菸品小販 CIGARETTE VENDORS

馬尼拉市街旁林立菸品販賣小販為一特色，當地人稱之為「CIGARETTE VENDORS」，這種菸品小販甚至在放學時段於學校外擺攤零售香菸(一支香菸價格約為2匹索)，然而菲律賓菸害防制法律規定第十條「在學校周圍方圓一百公尺內，禁止菸品之銷售」，顯然此一現象乃不合規定；在觀察6-7處菸販中並未發現於販售點明顯處張貼標示：「銷售給未成年菸品或未成年購買菸品，為違法」或「將菸品銷售給低於十八歲者或低於十八歲者購買菸品，為違法」字樣，此規定於菲律賓菸害防制法律第十一條中。



設攤於路旁 CIGARETTE VENDORS 菸品小販



放學時段，學校外販賣菸品小販，零售單支香菸—
有一學生購買一支香菸隨即抽起香菸來



隨處可見零散單支菸品販售點

菸品價格

在馬尼拉當地 7-11 便利商店販售之菸價與路旁菸販所販售之菸價不一，平均菸販所販售之菸價略高於便利商店販售之菸價，而與台灣菸價比較普遍低於台灣菸價，略舉幾種菸品價格如下表：

菸品價格比較表--

菸品品牌	菲律賓馬尼拉		台灣
	7-11 便利商店	路旁菸販	7-11 便利商店
MILD SEVEN	50p	55p	65 元
MARLBORO (light)	28p	35p	50 元
PHILIP MORRIS (菲律賓國產菸)	28p	40p	—
長壽牌白硬盒淡菸 (台灣國產菸)	—	—	40 元

註：菲律賓幣值單位-匹索 p，台灣幣值單位-新台幣元，(1p 約為 0.7 元)

菸品標示

觀察當地數種菸品外包裝，未有尼古丁焦油含量標示，大致均有標示健康警語，觀察幾種警語如下：

「U. S Surgeon General's Warning: Smoking By Pregnant May Result in Fetal Injury Premature Birth and Low Birth Weight」、

「U. S Surgeon General's Warning: Quitting Smoking now Greatly reduce Serious Risk to Your Health」、

「Government Warning: Gigarette Smoking is Dangerous to Your Health」等。

在菲律賓菸害防制法律規定第十三條「所有提供給消費者之煙草產品包裝…，從 2004 年 1 月 1 日開始，將會透過輪流方式以英文或菲律賓文個別或同時印製下列警語」如下四則警語—

「政府警告：吸菸有害健康」

「政府警告：吸菸會上癮」

「政府警告：吸菸會傷害你的孩子」

「政府警告：吸菸會致死」

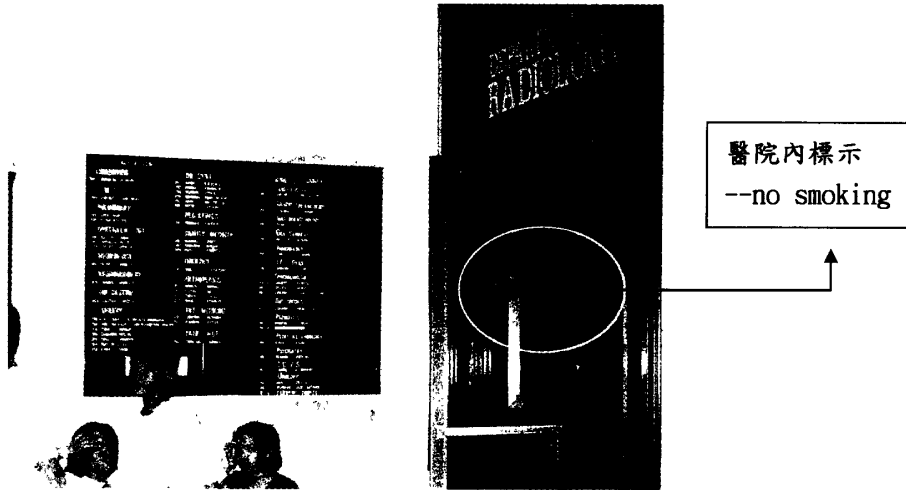
並未規定尼古丁焦油含量標示。

菸品外包裝標示規定，菲律賓與台灣之比較如下表—

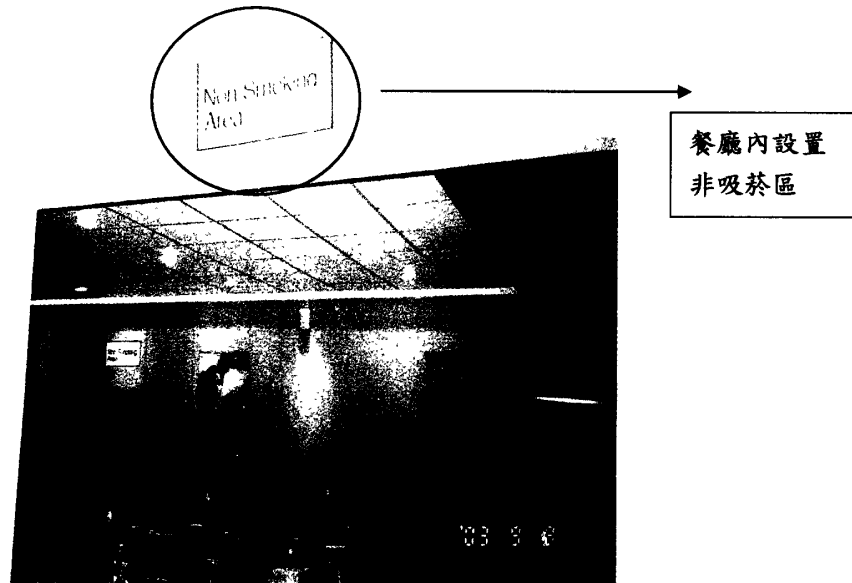
菸品外包裝標示規定	菲律賓	台灣
尼古丁焦油含量標示	未規定	有規定
其他標示	煙草產品包裝，在一邊側面框框中，包含以清楚、清晰、明顯的方式所作之下列聲明： 「不得賣給未成年人」或者 「銷售對象非未成年人」。該聲明將佔去這種側邊框框不少於百分之十(10%)的面積	未規定
健康警語	四則	六則
標示方式	<p>1. 在 2006 年 6 月 30 日前此法案仍舊生效前，健康警語將位於每個煙草產品包裝側邊的框框，並佔去該側框不少於百分之五十(50%)的面積，包括任何鑲邊或邊框。</p> <p>2. 從 2006 年 7 月 1 日起，健康警語位於每個煙草產品包裝正前方底部的一個框框中，並佔去該框不少於百分之三十(30%)的面積，包括任何鑲邊或邊框。警告的文字將以清楚可見的形態，以黑體字字型出現在白底上，鑲上黑邊，利用文字藝術、版面配置、或者顏色，與包裝上其它列印物形成對比。健康警告應佔去全部警告框中不少於百分之五十(50%)的面積。</p>	<p>1. 警語應以黑色或深色中文五號字體直接印於菸品容器最大表面積。</p> <p>2. 警語應印在淺底色加黑色或深色框之區域內。</p> <p>3. 整個警語加框之區域不得少於五公分乘以二公分。</p>

禁菸場所

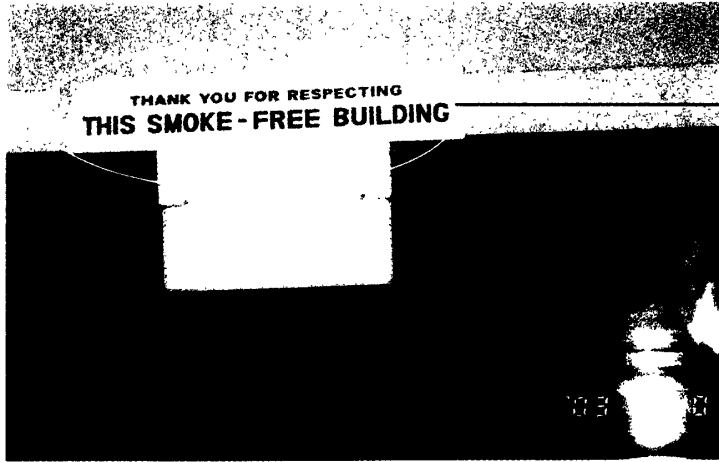
觀察當地公共場所如速食店、電影院、購物中心、餐廳、博物館、學校、醫院、藥局、加油站等之禁菸措施，大致標示禁菸標誌符號或 no smoking 字樣。



醫院內標示
--no smoking



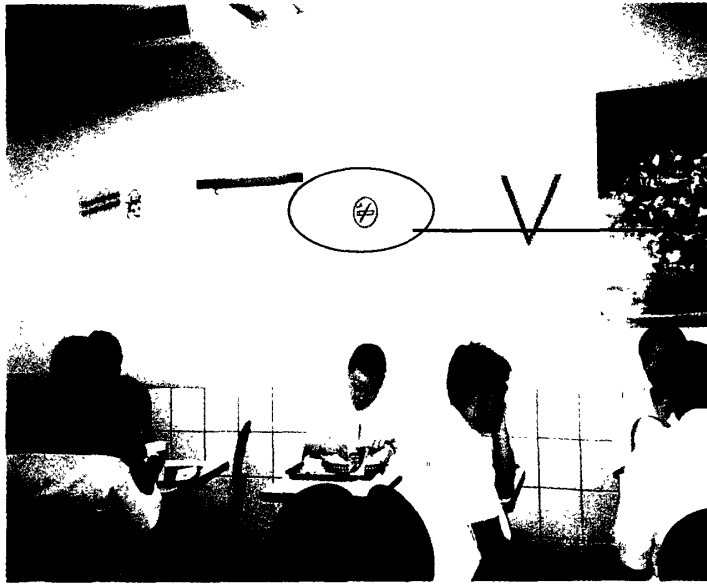
餐廳內設置
非吸菸區



博物館入口處標示
THIS SMOKER-FREE



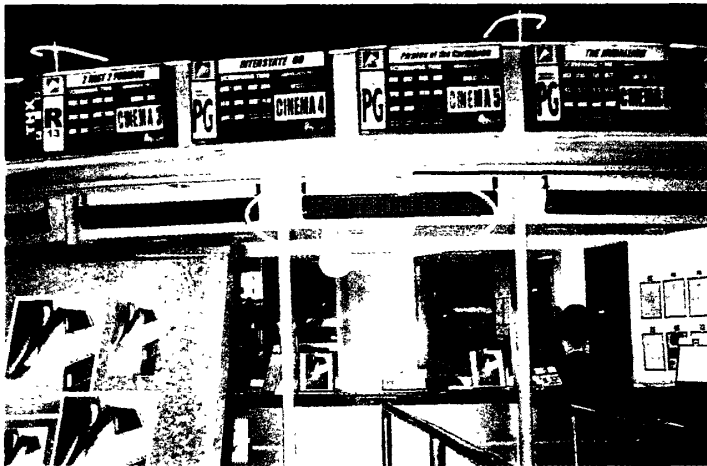
速食店點食區
標示禁菸標誌



速食店用餐區
標示禁菸標誌

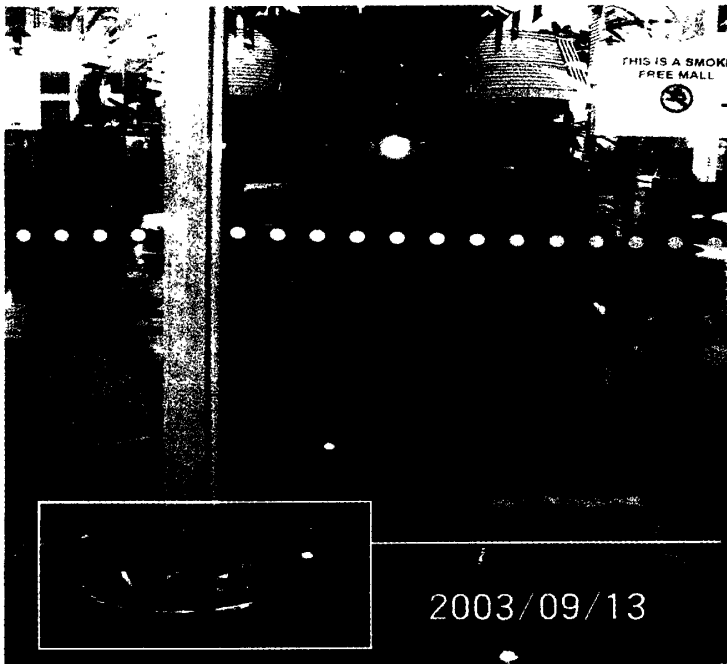


電影院售票口
標示 NO SMOKING





學校標示
禁菸標誌



購物中心入口
大門上標示
SMOKE FREE MALL

禁菸標示下方
置放菸灰缸



另外觀察當地有值得一提的是在馬尼拉市當地有一區 MAKATI AREA 是一 STRICTED AREA FOR SMOKERS，此區為馬尼拉商業中心區，四處林立高樓大廈購物商場，當地人稱此區為嚴格執行禁菸限制區域，甚至全區 NO SMOKING，然而觀察該區仍是有在禁菸場所吸菸情形，若能做到全區 NO SMOKING 將是值得學習之處。

在菲律賓菸害防制法律規定

第五條公共場合吸菸禁令—抽菸在下列公共場合絕對嚴格禁止。

- a. 青年活動中心如幼玩學院、幼稚園、小學、中學、專科與大學、青年宿舍與針對十八(18)歲以下年輕人的娛樂設施。
- b. 電梯與樓梯間
- c. 可能會發生火災的地方，包括加油站、及儲藏易燃液體、瓦斯、爆炸物或可燃物的地方。
- d. 在國營及民營醫院、醫療、牙醫及眼科診所、健康中心、看護之家、藥房、醫務室及實驗室的建築與場地裏面。
- e. 除了各別吸菸區以外，公共運輸工具及公共設施，包括機場與候船處、火車及公車站、餐廳與會議廳；及
- f. 食物準備區

第六條指定吸菸與非吸菸區。

在所有開放給一般大眾的密閉地方、私人工作空間、與其它前一條未提及的地方，當吸菸可能會使非吸菸者暴露於煙草當中，則該地方的所有人、業主、經營者、持有人、經理或行政管理者，應建立吸菸與非吸菸區。這些區域可能包括在建築大樓裏，指定一個吸菸區，該區可能是位於一個開放性空間，或者是一個擁有適當通風的另外隔間，而不應與被指定為非吸菸區的地方同屬一室。

所有指定的吸菸區得至少張貼一份(1)清楚可見的標誌，即「吸菸區」，好供所有當事者了解及注意。除此之外，所張貼的標誌，都應包括一個警告在內：即警告有關直接或間接暴露於煙草底下，對健康的後果為何。非吸菸區同樣地將至少張貼一份(1)清楚可見的標誌，即「非吸菸區」，或者「禁止抽菸」。

其與台灣菸害防制法吸菸區標示規定最大不同點是「吸菸區」，所張貼的標誌，都應包括一個警告在內：即警告有關直接或間接暴露於煙草底下，對健康的後果為何。

問卷

於馬尼拉市訪問 42 位當地民眾，結果如下—

	Smoker n=24	Nonsmoker n=18
抽菸菸齡 <1yr	8	
1-5yrs	7	
>5yrs	9	
戒菸意願 (y/n)	18/6	
知道戒菸機構與否 (y/n/unkow)	3/17/3	1/7/
可以忍受二手菸(y/n)	9/15	2/15
你認為應在公共場所實施 禁菸措施嗎(y/n)	20/4	15/2
你認為須要在公共場所張 貼禁菸標誌嗎(y/n)	18/6	16/2
SEX(F/M)	11/13	7/11
教育程度(國中/大學/研究 所)	2/18/4	1/15/1
填表年齡 (mean±SD)	30.8±12.4	36.3±15.4
第一次吸菸年齡	21.8±5.5	

註：因係臨時決定作此問卷，原始目的為接近當地人並了解其吸菸習性，故並未事先作信度效度及抽樣方法等測定，本結果僅供參考。

其中受訪的 24 位吸菸者中，有 18 位有戒菸意願、仍有 6 位無戒菸意願(無戒菸意願主要理由為 4 位認為吸菸是他的習慣、1 位認為是壓力紓解、1 位認為目前不想戒菸以後再戒)。

菲律賓對於戒菸者的相關計畫規定於其菸害防制法律規定第 33 條計畫與專案第 h 項中「Withdrawal Clinics」，健康部門 DOH 將建立戒菸門診專科醫院等，針對吸菸的危險及對健康的影響提供相關輔導，並幫助吸菸者從該產品的危險後果中復健。如果未成年吸菸者自願出來，或透過其父母/監護人，在位於菲律賓任何一家醫療院所中的戒菸門診，接受治療、輔導、或者復健，則所致的費用，將為菲律賓健康保險公司的門診賠償服務。

而在台灣，戒菸服務政策多元化包含生理醫藥治療、心理諮商服務，如門診戒菸治療服務、免付費戒菸專線服務及具各地特色的戒菸班等

結 論

每十秒鐘，世界上就有一人死於菸害相關疾病，每年約有 490 萬人死於吸菸相關疾病，有越來越多的國家以實際的立法行動，保護民眾免於二手菸的危​​害，甚至也開始協助吸菸者戒菸。世界衛生組織「菸草管制架構公約(FCTC)」草案亦明確規定各國應將戒菸服務納入國家衛生計畫中。

在菲律賓對於菸害防制工作已有實際立法行動及明確規定公共場所吸菸禁令、菸品進出使用限制、菸品標示、廣告及促銷之限制及罰責…等，及相關計畫與專案之提供以進行相關研究、協助弱勢群體、教育計畫、健康照顧、戒菸服務計畫等。然而短短數日在馬尼拉當地所觀察公共場所禁菸措施仍未盡齊全，在與當地人訪談過程中仍有多數人未知菲律賓的立法規定，而是否有實際執法者，更未知，或許僅短短數日觀察且未能實際收集到政府相關機構資訊，所得之結果有限所致，然而在實際收集當地公共場所禁菸措施及深入當地人生活過程中，也是一種學習。

補充-菲律賓法律規範重要條文摘述

健康的環境

第五條：公共場合吸菸禁令—抽菸在下列公共場合絕對嚴格禁止。

- g. 青年活動中心如幼玩學院、幼稚園、小學、中學、專科與大學、青年宿舍與針對十八(18)歲以下年輕人的娛樂設施。
- h. 電梯與樓梯間
- i. 可能會發生火災的地方，包括加油站、及儲藏易燃液體、瓦斯、爆炸物或可燃物的地方。
- j. 在國營及民營醫院、醫療、牙醫及眼科診所、健康中心、看護之家、藥房、醫務室及實驗室的建築與場地裏面。
- k. 除了各別吸菸區以外，公共運輸工具及公共設施，包括機場與候船處、火車及公車站、餐廳與會議廳；及
- l. 食物準備區

第六條：指定吸菸與非吸菸區。在所有開放給一般大眾的密閉地方、私人工作空間、與其它前一節並未提及的地方，當吸菸可能會使非吸菸者暴露於煙草當中，則該地方的所有人、業主、經營者、持有人、經理或行政管理者，應建立吸菸與非吸菸區。這些區域可能包括在建築大樓裏，指定一個吸菸區，該區可能是位於一個開放性空間，或者是一個擁有適當通風的另外隔間，而不應與被指定為非吸菸區的地方同屬一室。

所有指定的吸菸區得至少張貼一份(1)清楚可見的標誌，即「吸菸區」，好供所有當事者了解及注意。除此之外，所張貼的標誌，都應包括一個警告在內：即警告有關直接或間接暴露於煙草底下，對健康的後果為何。非吸菸區同樣地將至少張貼一份(1)清楚可見的標誌，即「非吸菸區」，或者「禁止抽菸」。

進出使用的限制

第七條：自動販賣機、自助式設施。除了銷售點攤位以外，否則除非自動販賣機有確認年齡的機制，否則透過自動販賣機或任何自助式設施、或類似機關或裝置，而銷售或經銷煙草產品給未成年人，乃是被禁止的。

第八條：零售商是否遵守自助式設施的條件。每位零售商都得確保，位於零售商店裏，所有與煙草有關的自助式展示或設施、廣告、標籤、及其它項目，而並不符此法案的條件者，均已搬離，或者已被處理，好符合此法案的條件。

第九條：最低年齡銷售—依此法案，其對下者應該非常有用：

- a. 對於任何煙草產品的零售商，銷售或經銷煙草產品給任何人；
- b. 對於任何向未成年人購買香煙或煙草產品的人；
- c. 對於銷售或購買香煙或任何煙草產品的未成年人；及
- d. 對於一個抽香煙或任何煙草產品的未成年人。

對於銷售或經銷人而言，他/她不知道、或不知悉該未成年人的實際年齡，並無法作為辯護的理由。而他/她並不知道，其有任何理由相信，該香菸或任何其它煙草產品，乃是要供他所賣對象的未成年人抽者，亦不得作為辯護的理由。

第十條：煙草產品的銷售—在學校週圍。在一所學校、公共操場、或其它經常特別由未成年人所使用的設施週圍，從任何一點算起，方圓一百公尺(100)內，均禁止煙草產品的銷售或經銷。

第十一條：標誌—提供、經銷或銷售煙草產品給消費者的銷售點攤位，將以清楚而明顯的方式，張貼下列說明：「銷售/經銷給未成年人煙草產品，或未成年人購買煙草產品，乃為違法」或者「將煙草產品賣給/銷售給低於 18 歲者，或低於十八(18)歲者購買煙草產品，均為違法。」

第十二條：年齡確認證據。萬一懷疑購買者的年齡，零售商將可以透過，要求購買者出示含有照片、出生年月日的身份證明來確認，任何購買煙草產品者，均不得低於十八(18 歲)以下。

廣告與促銷

第十三條：香菸包裝的警告—依此法案

- a. 所有提供給消費者的煙草產品包裝，乃是來自廠商製造廠的包裝，或者進口至菲律賓企圖賣入市場者，從 2004 年 1 月 1 日開始，將會透過輪流方式以英文或菲律賓文、或各別及同時印製下列健康警語：
 - 「政府警告：抽菸有害健康」
 - 「政府警告：抽菸會上癮」
 - 「政府警告：煙草會傷害你的孩子」
 - 「政府警告：抽菸會致死」
- b. 在 2006 年 6 月 30 日前此法案仍舊生效前，健康警語將位於每個煙草產品包裝側邊的框框，並佔去該側框不少於百分之五十(50%)的面積，包括任何鑲邊或邊框。
- c. 從 2006 年 7 月 1 日起，健康警告將位於每個煙草產品包裝正前方底部的一個框框中，並佔去該框不少於百分之三十(30%)的面積，包括任何鑲邊或邊框。警告的文字將以清楚可見的形態，以黑體字字型出現在白底上，鑲上黑邊，利用文字藝術、版面配置、或者顏色，與包裝上其它列印物形成對比。健康警語應佔去全部警告框中不少於百分之五十(50%)的面積。
- d. 該警告應定期輪流，或各別及同時印製，讓警語的四個變化，都能依比例出現。
- e. 警語將不得被其它列印資料或影象所隱藏或遮住，或者被列印在可能會印上包裝稅務或會計章的地方，或者放在當打開包裝時，可能會被破壞掉的地方。如果印製在包裝的警語，可能會被包裝紙給遮住或塗掉者，該警語就必須印在包裝紙與包裝上面。
- f. 除了健康警與外，所有提供給消費者的煙草產品包裝，在一邊側面框框中，

都包含以清楚、清晰、明顯的方式所作之下列聲明：「不得賣給未成年人」或者「銷售對象非未成年人」。該聲明將佔去這種側邊框框不少於百分之十(10%)的面積，而且其得透過文字藝術、版面配置、或者顏色，與包裝上其它印製物形成對比。

- g. 除了健康警告與此節 f 段所需之訊息以外，香煙包裝上面，不得出現任何其它警告。

第十四條：廣告的警告—依此法案

- a. 所有在大眾媒體上的煙草廣告，都將包括以英文或菲律賓文所述的下列健康警語：「政府警告：抽菸對健康有害」
- b. 對於印刷與戶外廣告，警告框應放在廣告底部中央，並占去該廣告不少於百分之十五(15%)的面積，包括任何鑲邊或邊框。健康警告應占去全部警告框不少於百分之五十(50%)的面積。健康警告的文字，應清楚可見與清晰可辨，並以一種適當而可以透過顏色、文字藝術或版面配置，與廣告中所有其它印製物形成對比的顯著顏色來印製。該警告不得被廣告中其它印製資料或影象隱藏或遮住。
- c. 對於電視與電影廣告，不管廣告長度，警語應清楚在廣告最後五分鐘(5)，出現在螢幕上，並由人透過聲音說出，即使該廣告是無聲的廣告。健康警語應占去電視螢幕不少於百分之五十(50%)的面積，而且應該要是清楚可見、清晰可辨、並且可以聽見的，然後以黑體字打在白色背景上，或者白色字打在黑色背景上。除了該警告以外，警告框中不得包括任何其它影像。
- d. 對於電台廣告，在廣告後面所陳述的警告，應該要在廣告最後五分鐘(5)內，由人透過清楚、可以聽見的聲音說出，不管廣告長度多少。

第十五條：廣告的限制—下列限制將適用於所有煙草廣告

- a. 廣告將不得針對、或者特別吸引低於十八歲(18)的年輕人。
- b. 廣告將不得以名人為特徵，或者包含一份由名人以明文或暗示所作的背書保證。
- c. 廣告將不包含卡通人物，或者描述帶有喜劇性誇張五官的人類或動物對象、或者將動物、植物或者其它物品，加上人類或非自然的特徵之對象。
- d. 廣告將只描述超過、或者看起來超過二十五歲(25)的人。
- e. 廣告將不會向大眾顯示、描繪、或者描述實際使用香菸、使用香菸的動作、吞雲吐霧、或者點菸、或其它煙草產品的場景。

第十六條：印刷媒體廣告的限制—下列限制乃適用於所有印刷媒體的煙草廣告

- a. 廣告將不得放在任何印刷出版品中，除非擁有合理的理由，可以相信該出版品的讀者當中，至少有百分之七十五(75%)，是年滿十八歲(18)及以上的人，而閱讀它的年輕人人數，不到菲律賓所有年輕人的百分之十(10%)。
- b. 廣告將不得放在雜誌、報紙、期刊或者其它一般流通的印刷出版品之包裝或外面封皮上。

第十七條：戶外廣告的限制—下列限制將適用於所有戶外煙草廣告

- a. 對於學校、公共操場、或其它經常特別由未成年人所使用的設施週圍，從其任何一點算起，方圓一百公尺(100)以內的廣告板、牆壁壁畫、或者交通運輸站或車站，均不得放置任何廣告。
- b. 戶外廣告不管是各別、還是特意與其它戶外廣告結合放在一起，其總面積均不得超過七十(70)平方公尺。
- c. 除了在銷售點攤位以外，戶外廣告將不得放在公車、火車、或其它大眾交通運輸工具上、或者其中的車站、候車室間。

第十八條：電影院的廣告限制—當低於十八(18)歲的年輕人可以允許入場觀看的電影，在其播映時，則禁止出示煙草廣告。

第十九條：電視與電台廣告的限制—從早上七點到晚上七點之間，將不得在電視、有線電視及電台廣播該廣告。

第二十條：視訊、聽訊及電腦卡帶/磁碟片與類似媒介物的廣告限制—任何電子廣告，均不得并入任何聽訊或視訊卡帶、遊戲機、光碟片、或者任何類似媒介物中，除非該項目的存取使用，乃限制為年滿十八歲(18)及以上者。電動玩具遊戲包括任何利用電腦、微處理機、或者類似電子回路及其自己陰極射線管的電子娛樂裝置；或者是被設計用來搭配電視機、或者電腦顯示器使用，而可與該裝置用戶互動的裝置。

第二十一條：網際網路與類似媒介物的廣告限制—在網際網路與類似媒介物上禁止廣告，除非該網站乃只限年滿十八歲(18)及以上者才能進入。而所謂禁止未成年人進入的網站，即指除非此人已經證明他或她至少年滿十八歲(18)，否則除了該網頁首頁以外，無法深入該網站者。此限制亦適用於商業通信往來，亦不會阻止公司使用網際網路的網站，提供有關該公司、產品、及抽煙與健康相關的資料。此條將不會禁止公司對公司，透過網路、及其它煙草製造商、零售商與經銷商之間的類似媒介物，所進行之交易。

第二十二條：廣告的禁令—從 2007 年 1 月 1 日開始，所有電視、有線電視及電台的煙草廣告都將被禁止。

從 2007 年 1 月 1 日開始，所有電影及戶外廣告將被禁止。除了位於銷售點零售攤位的場地內以外，不得張貼任何傳單、海報、及類似的戶外廣告東西。

從 2008 年 7 月 1 日開始，除了放在銷售點零售攤位場地內的煙草廣告以外，所有在大眾媒體廣告煙草的形式，都將被禁止。

第二十三條：煙草促銷的限制—下列限制將適用於所有煙草促銷。

- a. 促銷必須只針對至少年滿十八歲(18)者。不到十八歲(18)或看起來不到十八歲(18)者，不得參加此促銷。參加促銷者必須提供年齡的證明。
- b. 寫給消費者有關煙草促銷的信函，將遵照此法案針對煙草廣告的規定。除了

所需的健康警語以外，參加任何促銷的年齡條件，亦必須清楚標示在發給消費者的宣傳計畫單上。

- c. 所有攤位、亭子、及其它有關煙草促銷的展示會，都必須限制於銷售點或者只限成人進出的設施。
- d. 有關促銷提案、計畫或活動的電話來往，必須包括一個以英文或菲律賓文錄好的健康警告訊息，該訊息得符合在此法案所載明的警告。
- e. 任何煙草產品或煙草產品包裝或廣告的製造商、經銷商或零售商，均不得在任何供一般大眾所觀看而製作的電視節目或者電影、或者在錄影帶、光碟片、或在電視遊戲器上打廣告，作為促銷手段。
- f. 香煙品牌的名稱、logo、或其它標記，可以出現在香煙打火機、煙灰缸、或其它吸菸相關項目上。如果香菸品牌的名稱、logo、或其它標記，大於五十(50)平方公分，則該項目必須附上一份符合此法案所載警告的健康警告。
- g. 任何商品，比如但不限於襯衫、帽子、圓領衫、帽簷、背包、太陽眼鏡、書寫工具及傘，均不可以直接或間接搭配某個香菸品牌的名稱、logo 或其它標記，一起經銷、銷售或提供，因當穿戴或使用這類產品，會使該品牌名稱、logo 或其它標記對它人而言，變得十分明顯。衣物必須只限成人尺寸。
- h. 一個香菸品牌的名稱、logo、或其它標記，或與品牌有關行銷活動的某個元素，均不得出現在賣給、或可能會為未成年人所使用的項目上，但不限於運動設備、玩具、洋娃娃、賽車的迷你模型、電動玩具、及食物。製造商或公司應採取所有可能的措施，預防第三者去試驗針對未成年人產品的公司品牌名稱、logos、或其它專屬東西。
- i. 購物袋上不得放上任何煙草廣告。

第二十四條：取名權利—依據此法案規定

- a. 任何製造商均不得簽定任何合約，以付錢、給與或由該製造商提供其它考量給任何運動聯盟、或者涉及任何這類聯盟的團體，以交換煙草產品品牌的使用。
- b. 任何製造商均不得簽定任何合約，取得權利利用某個煙草產品品牌名稱，可為任何體育館、或溜冰場命名，或者以其它方式，造成一座體育館或溜冰場被以這類品牌名稱來命名。

第二十五條：贊助的限制—從 2006 年 7 月 1 日開始

- a. 下列情況，將不得提供贊助：
 - 1) 加上某煙草產品品牌名稱的一個事件或活動，除非有合理理由相信，所有競爭、或以其它方式積極參與被贊助事件或活動的人，都是年滿十八(18)及以上者；
 - 2) 除非所有被贊助者均年滿十八(18)及以上，否則一個加上某煙草產品品牌名稱的團隊或個人；
 - 3) 有合理理由相信，被贊助的那項事件或活動，乃特別針對吸引十八歲(18)及以上者。
- b. 除了在有合理理由相信如下以外，煙草品牌贊助將被禁止：

- 1) 所有被贊助事件或活動的參與者，至少有百分之七十五(75%)的人，都將至少年滿十八歲(18)；
 - 2) 所贊助的事件或活動，將非特別針對吸引不滿十八歲(18)者；
 - 3) 所贊助的事件或活動，除了在電視、電台、或在網際網路上，以新聞事件的方式出現以外，將不會接受曝光，除非這種曝光符合此法案，有關所有這些媒體煙草行銷的規定；及
 - 4) 與贊助有關的主要活動，並不需要那些參與的年齡層者，具備超過平常的體能。
- c. 所有授權在贊助事件上，帶上煙草產品廣告、logo 或品牌名稱者，將至少年滿十八(18)。
- d. 所有與贊助有關或輔助的廣告形式，都將符合此法案的行銷規定。

第二十六條：贊助禁令—從 2008 年 7 月 1 日開始，香煙與煙草公司在此被禁止，贊助任何運動、音樂會、文化或藝術活動，以及個別運動員與運動團隊、藝術家或表演家，因為當贊助這類活動時，可能產生或涉及任何香煙或煙草公司、煙草產品或煙草使用、名稱、logos 或商標的廣告或促銷，及其它一般相關、或者可能可以認出某種煙草產品的字眼、符號、設計、顏色或其它描述，前提是：允許只歸咎於贊助商名單上的公司名稱；另外一個前提是：製造商在此法案通過後，不得將一個煙草品牌名稱，當作一個公司名稱來註冊。

第二十七條：抽樣的限制—煙草產品禁止分給未滿十八歲(18)的人。

第二十八條：法律行動—任何與煙草工業有關的法律行動，將依菲律賓民事規範及其它相關法律規定管轄。

實施機構與申請

第二十九條：實施機構—Inter-Agency Committee Tobacco(IAC-Tobacco)，將擁有專屬權力與功能，實施執行在此所創的此法案規定。IAC-Tobacco 將由貿易工業部(DTI)的秘書擔任主席，由健康部門(DOH)的秘書擔任副主席。IAC-Tobacco 將有下列成員：

- a. 農業部(DA)的秘書；
- b. 司法部(DOJ)的秘書；
- c. 財政部(DOF)的秘書；
- d. 環境自然資源部(DENR)的秘書。
- e. 科學技術部(DOST)的秘書；
- f. 教育部(DepEd)的秘書；
- g. 國家煙草行政單位的執行長(NTA)；
- h. 一位由該工業合法及公認的協會所提名的煙草工業代表；
- i. 一位來自有關公共健康促銷而由 DOH 在與相關 NGOs 協商後所提名的非政府組織代表

部門秘書們可以指定其副秘書作為其在 IAC 的授權代表。

第三十條：煙草產品的申請—此法案的規定，將適用於所有在菲律賓踏入商界的煙草產品。除了下列規定以外，此法案的任何規定，均不得適用於製造商意圖或者提供用來出口、而非用來銷售(零售)於菲律賓的煙草產品。

意圖或者提供用來出口的煙草產品，將只需依據：出貨貨櫃的外面，得清楚標示「只供出口」。前提是：該標示為出口、但是卻在菲律賓市場內銷售/交易或者經銷的煙草產品，將得立刻沒收與銷毀。

第三十一條：監督是否守法—在此法案生效後，最晚不得超過一年(1)，及往後每年，IAC-Tobacco 將交給菲律賓總統及國會，一份監督報告，說明製造商就煙草產品的製造及經銷，是否遵守所有相關法律及命令。

該報告將包含上述製造商針對此法案條件，所使用方法、目標及實施計畫的相關資料。

最後規定

第三十二條：下列懲罰將適用於

- a. 違反第五及第六條，初犯則課以最少五百(Php500.00)、最多不得超過一千(Php1,000.00)菲律賓匹索的罰金。

第二次再犯，課以最少一千(Php1000.00)、最多不得超過五千(Php5,000.00)菲律賓匹索的罰金。

第三次再犯，除了課以最少五千(Php5,000.00)、最多不得超過一萬(Php10,000.00)菲律賓匹索的罰金以外，營業許可與執照將被取消或作廢。

- b. 違反第七、第八、第九、第十及第十一條，初犯即任何人或任何事團體或組織，賣給、銷給未成年人，或為未成年人購買香菸，或任何其它煙草產品，將依法院自行決定，課以最低五千(Php5,000.00)菲律賓匹索的罰金，或者監禁最多三十天(30)。至於連續再犯，則如果是事業團體或組織的話，除了營業執照或許可作廢以外，兩者懲罰皆會實施。

如果是由一個組織或事業團體所犯，則其所有人、董事長、經理、或最資深的主管，將得為該違法負責。

如果未成年人被逮到在販賣、購買、或者吸香菸或任何其它煙草產品者，則將適用總統 603 公告的第 189 條規定，即另外已知的兒童青年福利規範，及其修正案。

- c. 違反從第十三條到第二十七條，初犯，將依法院自行決定，課以最低十萬(Php100,000.00)菲律賓匹索的罰金，或者監禁最多一年(1)，或者兩者皆實施。

第二次再犯，將依法院自行決定，課以最低二十萬(Php200,000.00)菲律賓匹索的罰金，或者監禁最多二年(2)，或者兩者皆實施。

第三次再犯，則除了依法院自行決定，課以最低四十萬(Php400,000.00)菲律賓匹索的罰金，或者監禁最多三年(3)，或者兩者皆實施以外，如果是事業團體或組織，則其營業執照或許可將被作廢或取消。

如果是由一個組織或事業團體所犯，則其所有人、董事長、經理、或最資深的主管，將得為該違法負責。

如果有罪的主管是一位外國人，他將在服完刑期後，立刻被遣送出境，而且將永遠被禁止再次進入菲律賓。

計畫與專案

第三十三條：在一段不超過五年(5)的時間內，計畫與專案—國家政府與相關部門機構將提供下列計畫與專案：

- a. 煙農協助計畫—此計畫將被用來在財務上支援因此法案而失業、或者已經自願停止栽種煙草的煙草農。為了幫助此計畫，將有一位受益人會提出令人信服的實質證據：
 - 1) 他或她在 2004 年 1 月 1 日前最後三年，一直都是栽種煙草的農夫；
 - 2) 他或她屬於煙草生產省份；
 - 3) 他或她有由地方政府單位及 NTA 所發的申請資格證明；
 - 4) 他或她已經在此法案擬定前的前一季停止栽種煙草。
- b. 煙農合作社—此計畫將促進合作計畫，協助煙草農發展另外的農耕系統，栽種另外的農作物及其它專案。在此可能適用(a)段所規定的條件。
- c. 國家停止抽菸計畫—國家停止抽煙計畫將在 IAC-Tobacco 的核准下進行。強調此計畫的實施規則與方針，得在此法案生效後三個(3)月內，由健康部秘書繳交給 IAC-Tobacco。
- d. 研究與發展計畫—IAC-Tobacco 將成立一個研發計畫，由 NTA 帶頭，在 DOST 合作之下，其將進行研究有關如何降低仰賴煙草產品、及因使用與暴露在煙草產品中而受傷害的風險之方法與技術，以及煙草的另外用途，及類似研究計畫。
- e. 國家煙草—免費大眾教育計畫—州立大學與學院、技術與職業學校，都將為賴煙農的被輔養親屬，提供獎學金計畫，而 NTA 的執行長將提供規則與方針。方針則得在此法案生效後三個(3)月內，繳交給 IAC-Tobacco。
- f. 香菸工廠失業工人的協助計畫—勞工工作部的秘書，在 IAC-Tobacco 的協力下，將成立一項計畫，協助因此法案而失業、沒有工作、失去薪水的香菸工廠工人。勞工部秘書將協調 NTA 與 DTI，提供規則與方針，好實施此計畫，並在此法案生效後三個(3)月內，將該規則與方針繳交給 IAC-Tobacco。
- g. 健康計畫—IAC-Tobacco 在與 DOH 商量下，將負責發補助金給所有醫療院所，並評估有關香菸疾病的相關活動。IAC-Tobacco 將繳交給菲律賓國會與總統，有關此計畫的年度支出報告。

- h. 戒菸門診—DOH 將建立戒菸門診專科醫院，針對抽煙草/香煙的危險及對健康的影響，提供相關輔導，並幫助吸菸者從該產品的危險後果當中復健。

如果未成年吸菸者自願出來，或者透過其父母/監護人，在位於菲律賓任何一家醫療院所中的戒菸診所，接受治療、輔導、或者復健，則所招致的費用，將為菲律賓健康保險公司的門診賠償服務。

資訊計畫

第三十四條：資料碟(Information Drive)—依照此法案，DOH 將在與 DepEd 合作，及菲律賓資訊機構(PIA)的協助下，針對抽煙所造成的傷害，實施一項持續性的資訊計畫。

DOH 將徵求政府及民間的積極參與，全國動員，努力杜絕抽菸這種不健康的習慣。

第三十五條：對於抽煙的危險後果的指示，乃是學校課程的一部份—對於抽香煙/煙草負面後果的指示，包括其對健康、環境、及經濟的影響，都將與所有公立、私立小學及高中的現有課程整合在一起。

教育部秘書將公佈可能在執行上述政策有必要的規則與規定，並且在健康部秘書的協助，及 IAC-Tobacco 的核准下，將出版並賣給學生及一般大眾，有關抽菸有害影響的東西。

其它規定

第三十六條：國會煙草監督委員會—國會煙草監督委員會(COC-Tobacco)在此成立，其目的即為監督並審核，此法案在一段不超過三年時間裏的實施情況。COC-Tobacco 將由上議院健康、貿易、商業、農業及公共資料委員會，以及下議院貿易、工業、健康、公共資料與農業委員會的主席們所組成，而下議院代表煙草生產省份的一位議員，將被下議院所有來自煙草生產工業的成員們提名代表擔任。

然後從組成國會監督委員會的常務委員會中，就現有的秘書群挑出一位 COC-Tobacco 的秘書長，而其贊助金額，將得從菲律賓上下議院撥款而來。

第三十七條：實施規則—IAC-Tobacco 將在此法案公佈後六個(6)月內，公佈對於有效實施此法案所需的規則與規定。上述規則與規定將得繳交給 COC-Tobacco 作審核。COC-Tobacco 將在收到後三十天(30)內，核准實施的規則與規定。前提是：萬一該實施規則與規定並未在所載時間內公佈，則此法案的特定規定將可以立刻執行。

第三十八條：撥款—實施此法案所需金額，將從現年相關國家政府機構的撥款經

費中挪出。此後，爲了繼續實施此法案所需，該經費將被包括在相關國家政府機構對於年度總撥款法案所做的預算中。

第三十九條：廢止條款—1993 年 DOH 第 10 號行政命令及 2003 年的第 24 號，依共和法案第 7394 號修正案，被廢止或修正，該法案即另外已知爲菲律賓消費者法案，則在此修正。

所有其它法律、判決、命令、行政命令、規則與規定、或其中任何部份，與此法案不一致者，則同樣依此被廢止或修正。

第四十條：可分割條款—如果此法案有任何規定後來被宣佈爲不合憲法，則其它並未被如此宣佈的規定，則仍維持全權生效。



議場鳥瞰



世界衛生組織西太平洋區辦公室



世界心理衛生聯盟代表團成員



與菲律賓心理衛生協會理事長交流



與菲律賓衛生部部長交流



參與大會晚宴活動與各國代表交流



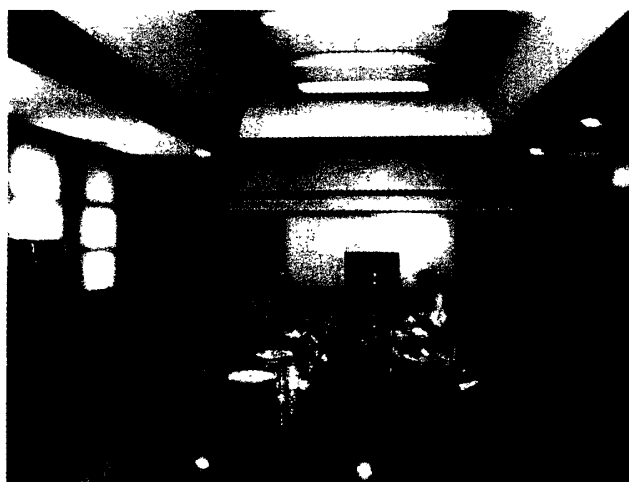
與衛生署代表經驗分享



與帛琉衛生部部長及大會工作人員交流



參訪菲律賓國家精神病院



參訪菲律賓心理衛生協會



參訪受暴婦女中途之家（一）



參訪受暴婦女中途之家（二）