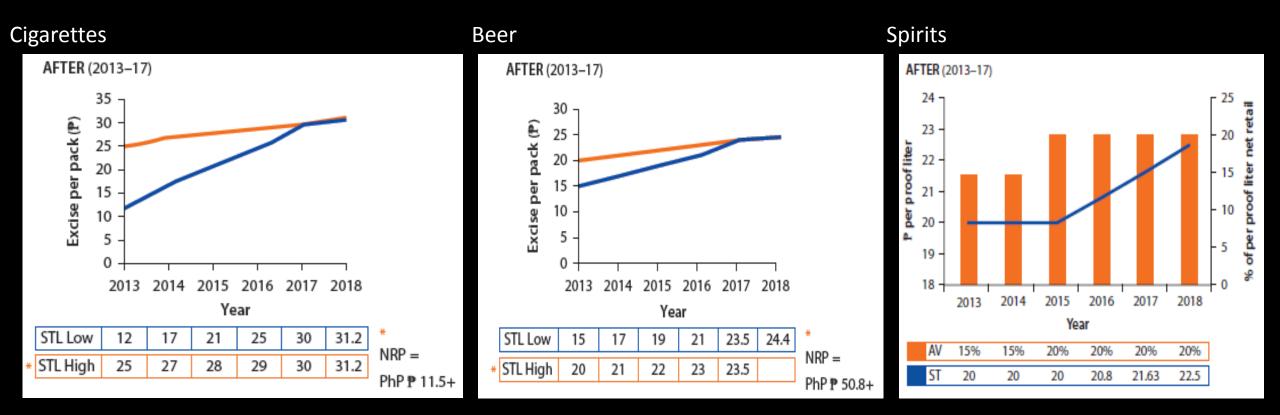
The Philippines Sin Tax Reform: Role of poverty and social impact analysis

> Caryn Bredenkamp Senior Economist, World Bank Global Conference on Prosperity, Equality and Sustainability New Delhi, 3 June 2016

A landmark tax reform...

- Increased taxes on cigarettes, beer and spirits
- Higher floor prices
- Simplified overall tax structure



... but not an easy passage...

Impact on tobacco industry

Impact on alcohol industries

Would the reform encourage smuggling and illicit trade?

> Would small tobacco farmers be adversely impacted?



Is the tax regressive? Would the poor (who smoke most) suffer disproportionately from the tax increases?

Would rates of smoking (and excessive drinking) actually fall?

The poverty and social impact of the reform was central to the debate

Significant earmarking for health and the poor helped push through the reform

Enhanced historical earmark for tobacco farmers

• Around 15% of tobacco excises for farmer livelihoods in tobacco-growing regions.

Of the remainder:

- Eighty percent (80%) for:
 - National Health Insurance Program free insurance for 14.7 mn families
 - Attainment of the Millennium Development Goals (MDGs)
 - Health awareness programs
- Twenty percent (20%):
 - Medical assistance (MAP)
 - Health Facilities Enhancement Program (HFEP)

Earmarking was used to:

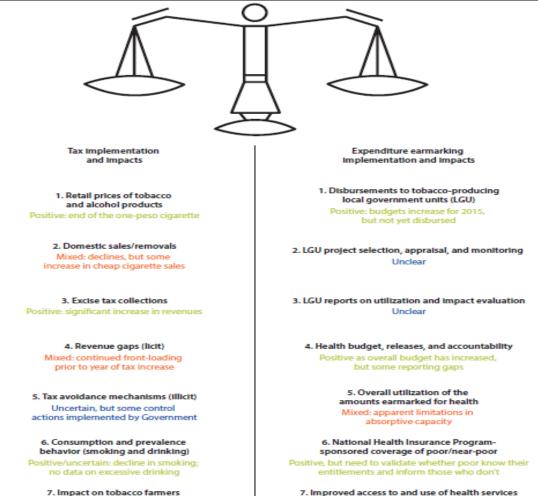
- Position the reform, and associated tax increases, as in the interests of the health of the poor
- Mitigating the risk of adverse poverty and social impacts

Role of ex-ante and ex-post Poverty and Social Impact Analysis

Ex-ante: Just-in-time analysis

- Revenue projections and post-reform scenarios
- 2. Earmarking revenues for health
- 3. Poverty and equity impacts of excise tax
- 4. Tobacco farmer impacts
- 5. Industry impacts
- 6. Philippines beer, spirits, and wine excise reform
- 7. Cigarette smuggling risks

Ex-post: Implementation monitoring



(as evidenced by domestic tobacco

leaf prices and demand)

Positive: no evidence of major adverse impacts

Uncertain: increase in availability of PhilHealth-accredited health facilities, but data to measure changes in utilization not yet available Example of ex-ante PSIA analysis

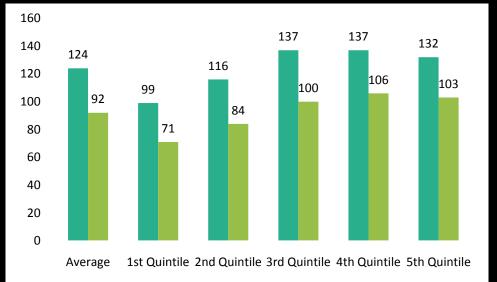
Who bears the burden of increased tobacco taxes?

- Data: 2009 Family Income and Expenditure Survey (FIES); Price data (NSO)
- Step 1: Generate price elasticities of demand for packs by income group - using a selection model (probit, OLS)

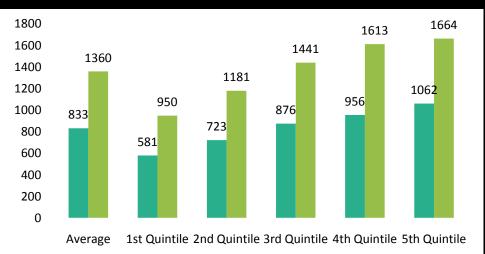
	Overall	Q1	Q2	Q3	Q4	Q5
Total price elasticity	-0.49	-0.61	-0.56	-0.51	-0.37	-0.29

- Step 2: Calculate new prices (end-2013) after tax increase
 - Low tier: 75.9% / Middle tier: 88.6% / High tier: 46.3%
- Step 3: Use income-specific price elasticities to obtain estimates of changes in packs consumed and taxes paid

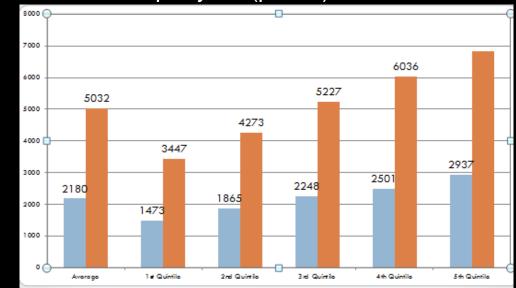
Prediction 1: Packs consumed per household per year



Prediction 3:Cigarette taxes paid per household per year (pesos)



Prediction 2:Cigarette expenditure per household per year (pesos)



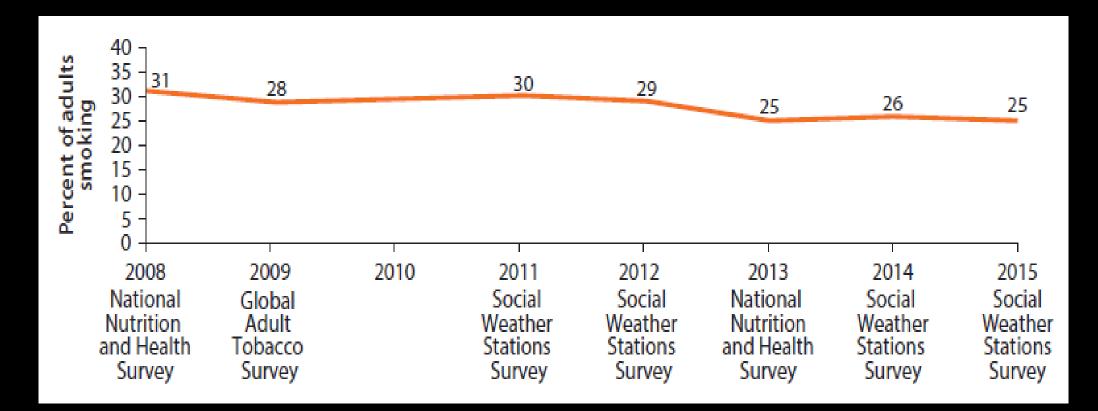
Prediction 4: Cigarette tax as share of total expenditure



Can earmarking for health offset the increased regressivity of tax incidence?

Examples of ex-post PSIA analysis

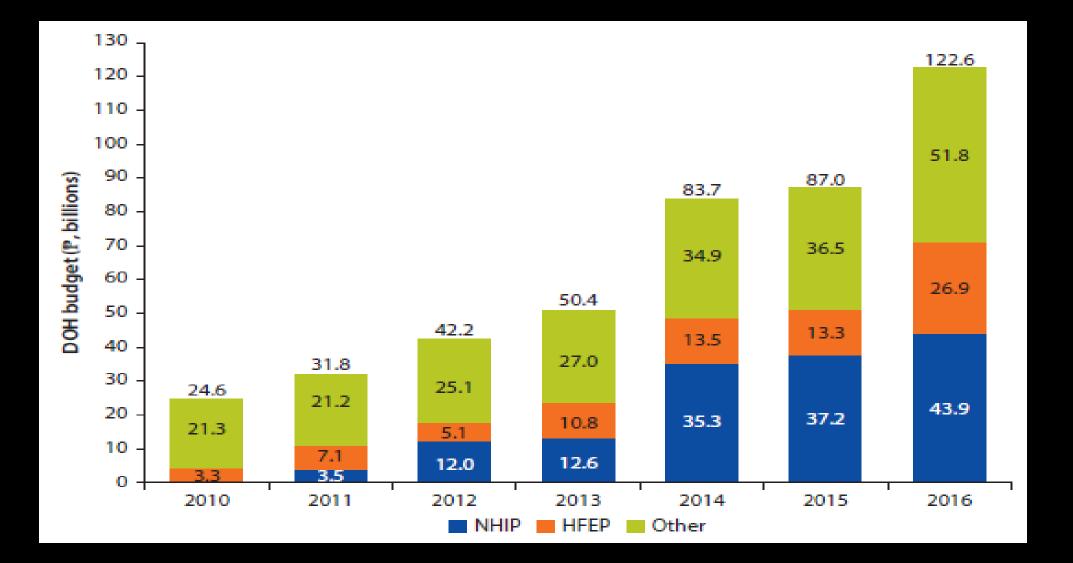
Decline in smoking



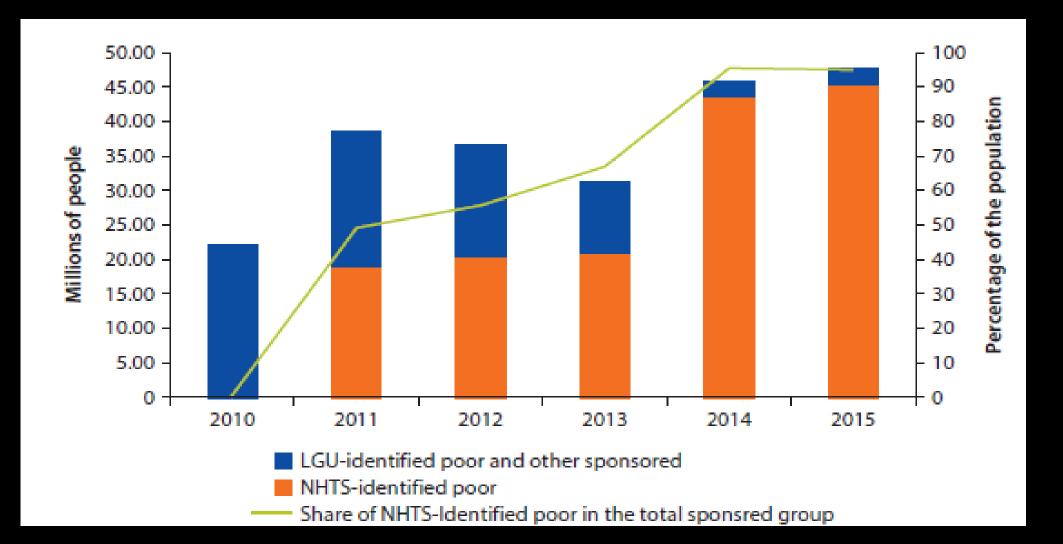
SWS surveys:

Even sharper reduction in smoking among the youth (18-24 years): 35% to 22%, between 2012 and 2015 Even sharper decline in smoking among the poorest (38% to 27%) than among the middle class (constant at 26%)

Increase in health budget

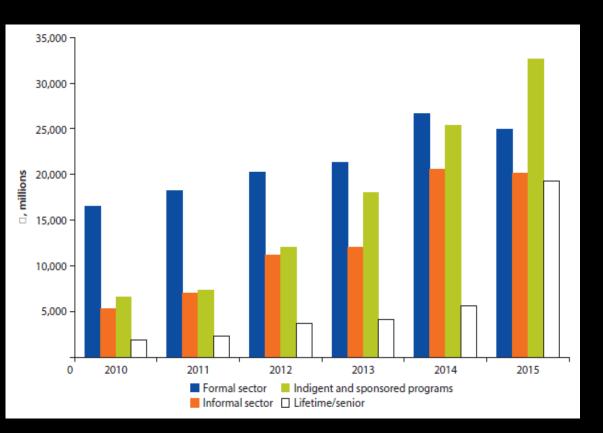


Increase in coverage of the poor by free (government-subsidized) health insurance

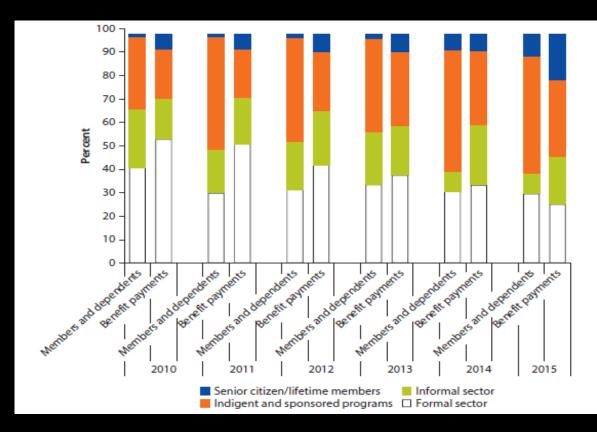


Benefit payments to the poor are increasing, but they still get less than their share

Number of PhilHealth claims



Membership vs claims share



Household survey analysis: do the poor know of their coverage and benefits?

- Do all those who are entitled know of their entitlement?
- Do all those who are entitled know of all the benefits for which they are eligible? And where do they get the information?
- Which of the poor have access to health insurance for the first time? Or is government subsidizing people who previously had other forms of coverage?

What we do not yet know

- Has the increase in coverage translated into increased health service utilization among the poor?
- Analyze household survey data to examine utilization patterns
- Was the incidence of taxation as regressive (as anticipated)?
- Require the 2015 FIES survey (yet to be released)
- Did the benefits of the reform to the poor (in terms of health insurance coverage and facility access) outweigh the increased taxes?

Reflections on role of poverty and social impact analysis in the Philippines sin tax

reform

- Ex-ante poverty and social impact analysis
- Debunk the myths
- Figure out the magnitudes and how changes to reform features would affect the magnitudes
- Develop strategies to compensate the losers
- Ex-post poverty and social impact analysis
- Separate the allegations of the detractors from the facts
- Inform implementation to ensure that shoddy policy implementation does not undermine good policy reform
- Protect the reform for the future and even advocate for further reform



DIRECTIONS IN DEVELOPMENT Countries and Regions

Sin Tax Reform in the Philippines

Transforming Public Finance, Health, and Governance for More Inclusive Development

Overview

Kai Kaiser, Caryn Bredenkamp, and Roberto Iglesias

