REVIEW ARTICLE

Addressing the tobacco epidemic in the Philippines: progress since ratification of the WHO FCTC

B. Bellew,¹ M. Antonio,² M. Limpin,³ L. Alzona,⁴ F. Trinidad,⁵ U. Dorotheo,⁶ R. Yapchiongco,⁴ R. Garcia,² A. Anden,² J. Alday⁷

<http://dx.doi.org/10.5588/pha.13.0006>

Tobacco use is the leading cause of preventable death, and is estimated to kill more than 5 million persons each year worldwide. Tobacco use and exposure to second-hand smoke pose a major public health problem in the Philippines. Effective tobacco control policies are enshrined in the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), a legally binding international treaty that was ratified by the Philippines in 2005. Since 2007, Bloomberg Philanthropies has supported the accelerated reduction of tobacco use in many countries, including the Philippines. Progress in the Philippines is discussed with particular emphasis on the period since ratification of the WHO FCTC, and with particular focus on the grants programme funded by the Bloomberg Initiative. Despite considerable progress, significant challenges are identified that must be addressed in future if the social, health and economic burden from the tobacco epidemic is to be alleviated.

Non-communicable diseases (NCDs) pose one of the main health challenges of the twenty-first century; of the estimated 57 million global deaths in 2008, 36 million (63%) were due to NCDs.¹ From the Global Burden of Disease projections, an estimated 2.6 million people died from NCDs in the 10 Association of South-East Asian Nations (ASEAN) countries, and the mortality rate adjusted to age per 100 000 population is high in low-income countries.^{2,3} The largest proportion of NCD deaths is caused by cardiovascular disease (48%), followed by cancers (21%) and chronic respiratory diseases (12%).

Tobacco use is an important behavioural risk factor that is responsible for 12% of male deaths and 6% of female deaths in the world.⁴ Exposure to second-hand smoke (SHS) is estimated to cause more than 600 000 premature deaths annually. These include 166 000 deaths from lower respiratory infections, 35 800 from asthma (1100 from asthma in children), 21 000 from lung cancer and 379 000 from ischaemic heart disease in adults. This disease burden amounts in total to about 10.9 million disability-adjusted life years. Of all deaths attributable to SHS, 28% occur in children and 47% in women.⁵ Tobacco use is the leading cause of preventable death, and is estimated to kill more than 5 million people each year worldwide; if current trends persist, tobacco will kill more than 8 million people worldwide each year by the year 2030, with 80%

of these premature deaths in low- and middle-income countries.^{6,7} In the Philippines, tobacco kills at least 87 600 Filipinos per year (240 deaths every day); one third of these are men in the most productive age of their lives.⁸

The most effective tobacco control policies are contained in the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC),⁹ which is the first global health treaty, and encapsulated in the corresponding MPOWER policy package.¹⁰ In the Philippines, the FCTC was ratified in 2005 by the Senate and signed by the President, i.e., the ratification itself went through a legislative process. Parties to this legally binding international treaty must enact new laws or amend existing ones so that they are consistent with the FCTC. Progress in implementation of the FCTC is monitored and reported by the WHO.^{6,7,11} The South-East Asia Tobacco Control Alliance also publishes reports on FCTC implementation (<http://www.seatca.org/>). Since 2007, Bloomberg Philanthropies has supported the implementation of proven policies to accelerate the reduction of tobacco use worldwide; as of 2012, the total commitment confirmed under this initiative is more than US\$600 million;¹² the Philippines has received some US\$5 million through grants to government and civil society under this initiative.¹³ Discussion in the peer-reviewed literature of tobacco control and related issues specifically with respect to the Philippines has been limited to date, with some noteworthy exceptions.^{14–23} This article provides an overview of progress in the country since the 2005 ratification of the WHO FCTC to the end of 2012, and provides a particular focus on the grants programme funded under the Bloomberg Initiative.

TOBACCO USE IN THE PHILIPPINES

The Philippines is the world's twelfth most populous country, with projected population estimates of 101.8 million by 2015 and over 132.5 million by 2040.²⁴ Total health expenditure per capita is estimated at US\$66.¹ The tobacco industry in the country has been described as 'the strongest tobacco lobby in Asia'.²⁰ The Philippines has one of the highest per capita levels of cigarette consumption among the ASEAN countries, well above the ASEAN average (873 cigarettes).²⁵ Tobacco use, exposure to SHS and pervasive marketing of tobacco products pose a major public health problem in the country, according to recent data;^{26,27}

AFFILIATIONS

- 1 International Union Against Tuberculosis and Lung Disease, Edinburgh Office, Edinburgh, United Kingdom
- 2 Republic of the Philippines Department of Health, Manila, The Philippines
- 3 Framework Convention on Tobacco Control Alliance Philippines, Manila, The Philippines
- 4 Metropolitan Manila Development Authority, Manila, The Philippines
- 5 World Health Organization—Western Pacific Region, Manila, The Philippines
- 6 South-East Asia Tobacco Control Alliance, Bangkok, Thailand
- 7 World Lung Foundation, New York, New York, USA

CORRESPONDENCE

Bill Bellew
International Union Against Tuberculosis and Lung Disease
Paris, France
Tel: (+33) 1 44 32 03 60
Fax: (+33) 1 43 29 90 87
e-mail: bbellew@theunion.org

ACKNOWLEDGEMENTS

The authors are grateful to the following people who provided comments or suggestions on earlier drafts of the manuscript: M Allen, M Balane, B del Rosario, M Derilo, I Escartin, S P Mercado, T Roda, F Santa Ana, L Tagunicar, P Ubial, X Yin. Funding towards the writing of this paper was provided by Bloomberg Philanthropies under the Bloomberg Initiative and through the Initiative's partner organisations. The views expressed are those of the authors and not necessarily of the affiliated organisations. Conflict of interest: none declared.

KEY WORDS

The Philippines; smoking; tobacco smoke pollution; tobacco control; FCTC; World Health Organization

Received 1 February 2013
Accepted 4 March 2013

PHA 2013; 3(2): 103–108
© 2013 The Union

- 28.3% (17.3 million Filipinos) of the adult population currently smoke (males 47.6%, females 9.0%);
- 48.8% (29.8 million Filipinos) allow smoking in their homes;
- 36.9% of adult workers report exposure to tobacco smoke in enclosed areas at their workplace in the past month;
- exposure to SHS was 55.3% in public transport, 33.6% in restaurants, 25.5% in government buildings and 7.6% in health care facilities; and
- 96.2% of smokers bought their last cigarettes in a store and 53.7% of adults said they had noticed cigarette marketing in stores where cigarettes are sold.

PROGRESS IN TOBACCO CONTROL IN THE PHILIPPINES

The Philippines started to implement tobacco control efforts in 1987 and has intensified them over time. Since then, despite the strong lobbying of the tobacco industry, the country has successfully passed the Republic Act 9211 (Tobacco Regulation Act of 2003); despite several shortcomings, this Act was designed to promote a healthy environment and protect citizens from the hazards of tobacco smoke, inform the public of the health risks associated with cigarette smoking and tobacco use, regulate and subsequently ban all tobacco advertisement and sponsorships, except at point of sale, regulate labelling of tobacco products, and protect young people from being initiated to cigarette smoking and tobacco use through access restrictions.

The country ratified the WHO FCTC in 2005.⁸ In 2009, the WHO Regional Office for the Western Pacific released a Regional Action Plan (RAP) for the Tobacco Free Initiative in the Western Pacific. The RAP had four overall indicators to be achieved by 2014: 1) all countries to have developed a national action plan and national coordinating mechanism, 2) all parties in the Region to have ratified all WHO FCTC protocols, 3) reliable data on adult and youth tobacco use to be available in all countries, and 4) the prevalence of adult and youth current tobacco use (smoking and smokeless) to be reduced by 10% from the most recent baseline. The RAP set out specific actions for countries and suggested country-level indicators; it was and remains an important influence on tobacco control activities within countries in the Region, including the Philippines.²⁸

The Bloomberg Initiative to Reduce Tobacco Use was designed to accelerate the reduction of tobacco use worldwide through the implementation in particular of WHO FCTC/MPOWER strategies. One important stream of investment under this initiative is the Grants Program, which is jointly managed on behalf of Bloomberg Philanthropies by the International Union Against Tuberculosis and Lung Disease (The Union) and the Campaign for Tobacco-Free Kids. Details about grants awarded, on the publicly available Program website, indicate that for the funding period commencing July 2007 and ending June 2014, some 23 grants were awarded to both non-governmental and governmental organisations in the Philippines, with a total investment in excess of US\$4.9 million.¹³ The key historical progression points of tobacco control in the country are illustrated in Figure 1.

In mid-2011, a group of national, international and WHO health experts, in collaboration with a team from the Republic of the Philippines Department of Health (DOH), assessed the country's tobacco control efforts in implementing the WHO FCTC. The assessment considered existing tobacco epidemiological data, as well as the status and present development efforts of key tobacco control measures undertaken by the government in collaboration with other sectors. The report of this Joint National Capacity Assessment on the Implementation of Effective Tobacco Control Policies identified some of the key achievements as well as significant challenges to the continued progress of tobacco control in the country.⁸ Figure 1, showing the Philippines tobacco control timeline 1987–2012, is adapted from the report of the Joint National Capacity Assessment. Points of progress since FCTC ratification include the 2009 Food and Drug Administration (FDA) law RA9711, which allowed for the FDA to regulate tobacco and tobacco products; the 2010 issuance of CSC-DOH No. 2010-01 (Joint Memorandum Circular Civil Service Commission [CSC] and DOH, which promulgates the policy on protection of the bureaucracy from tobacco industry interference, covering all national and local government officials and employees); the 2011 issuance of DOH DO (Department Order) 2011-0029, which established the National Tobacco Control Coordinating Office (NTCCO) within the DOH, and the 2012 launch of the Philippines first National Tobacco Control Strategy (NTCS).

The achievements and challenges of tobacco control in the Philippines from the perspective of Joint National Capacity Assessment

FIGURE 1 Philippines tobacco control timeline, 1987–2012. Adapted from the WHO Joint National Capacity Assessment Report.⁸ DOH = Department of Health; WHO = World Health Organization; FCTC = Framework Convention on Tobacco Control; LTFRB = Land Transportation Franchising and Regulatory Board; PUVs = public utility vehicles; FDA = Food and Drug Administration; CSC = Civil Service Commission; JMC = Joint Memorandum Circular; NTCCO = National Tobacco Control Coordinating Office; NTCS = National Tobacco Control Strategy.

TABLE 1 Key achievements to 2012 and challenges ahead for tobacco control in the Philippines

Achievements in tobacco control	Significant challenges remaining
Ratified FCTC (2005); introduced new law (2012) to simplify tobacco tax structure, raise tobacco product excise taxes and increase tax by 8% every 2 years from 2018	Amend national law to be fully consistent with FCTC, especially on smoke-free policy and TAPS
Committed to controlling non-communicable diseases, many of which are attributable to tobacco use, under an MDG framework as part of the universal health coverage strategy	Reduce uptake through stronger prevention efforts; develop a coordinated national cessation infrastructure that incorporates both population and clinical approaches
Committed officials for tobacco control in DOH	Strengthen whole-of-government commitment to tobacco control and to FCTC implementation
Passed RA 9211, which was an achievement for its time	Amend national tobacco act RA9211 for full consistency with WHO FCTC* (for example, the need to disallow designated smoking areas)
Introduced important restrictions in TAPS	Move from partial to comprehensive TAPS ban; strengthen mass media activities—implement sustained public awareness campaigns with effective content
Implemented smoke-free indoor environments in many government agencies	Extend to offices of the presidential appointees, cabinet members, executive service officers, elected officials, members of constitutional commissions and judiciary
Substantial efforts on strong graphic warnings (court case pending)	Graphic health warnings on all tobacco packages (DOH AO2010-13) need to be implemented
Produced good tobacco surveillance data for both adults and youth	Ensure surveillance is ongoing, sustainable and institutionalised
Introduced effective mechanisms to monitor and prevent the influence of the tobacco industry on government	Address tobacco industry interference in government policy through full and strict implementation of Article 5.3*
Achieved great progress at the local government level in passing smoke-free ordinances	Address lack of financial and technical support for sustained countrywide reach; increase the number of local government units with 100% smoke-free policy initiatives
Strong and vibrant civil society organisations devoted to tobacco control	Need for sustainability and ongoing coordination; need to strengthen monitoring and prevention of industry interference

*All points except those on Article 5.3 and amendment of RA9211 are adapted from and consistent with the WHO Joint National Capacity Assessment Report. FCTC = Framework Convention on Tobacco Control; TAPS = tobacco advertising, promotion and sponsorship; MDG = Millennium Development Goals; DOH = Department of Health; WHO = World Health Organization.

are presented in Table 1. Note that the challenge of addressing tobacco industry interference in government policy through full implementation of Article 5.3 is in addition to those identified explicitly in the Joint National Capacity Assessment; the report does nonetheless point out (page 19) that it was 'clearly stated by interviewed stakeholders that the tobacco industry's ubiquitous presence in the decision-making process could be the main obstacle in taking effective tobacco control measures to protect the health of the Filipinos'. We agree with this perspective, and felt

TABLE 2 Overview of the main grants awarded to the governmental and non-governmental sectors in the Philippines under the Bloomberg Initiative to Reduce Tobacco Use 2007–2012

Bloomberg grant recipients	Strategic focus of the grants
Framework Convention on Tobacco Control Alliance Philippines (non-governmental)	Leadership, capacity and network development; promotion of stronger taxation policy, smoke-free public places, health warnings, strict ban on TAPS
DOH–Regional Focus Centre for Health Development Metro Manila/DoH Policy Development & Planning Bureau (governmental)	Intensified implementation of tobacco control legislation (RA9211) in selected regions and cities; emphasis on 100% smoke-free public places
Action for Economic Reforms (non-governmental)	Secure the passage of a law to reform and increase tobacco taxation in the Philippines
Health Justice Foundation (non-governmental)	Legal and technical support to government as necessary for full implementation of WHO-FCTC
Metropolitan Manila Development Authority (governmental)	Enforcement of 100% smoke-free environment in Metropolitan Manila
New Vois Association of the Philippines Inc (non-governmental)	Mobilisation of grassroots support for tax reform through civil society organisations, building capacity of tobacco victims
Civil Service Commission (governmental)	Protection of civil service against tobacco industry interference (as per Article 5.3 of the WHO-FCTC)
University of the Philippines College of Law Development Foundation (non-governmental)	Capacity building among responsible agencies and officials for better enforcement of legislation
Department of Health: National Center for Health Promotion (governmental)	Establishment of National Tobacco Control Coordinating Office and National Tobacco Control Strategy
ADD+Vantage Community Team Services Inc (non-governmental)	Enforcement of 100% smoke-free ordinances within the Province of Albay

TAPS = tobacco advertising, promotion and sponsorship; DOH = Department of Health; FCTC = Framework Convention on Tobacco Control; WHO = World Health Organization.

that the addition of a specific item on tobacco industry interference was justified. Another addition is the amendment of the national tobacco control act RA9211 to be consistent with WHO FCTC; central issues here are as follows: 1) the composition of the Interagency Committee on Tobacco (created by RA 9211) is inclusive of the Philippine Tobacco Institute and thus blatantly in conflict with WHO FCTC Article 5.3; 2) the current law allows the establishment of designated smoking areas, either indoors or outdoors, in public places, which not only creates a challenge for enforcement but also fails to protect public health effectively; 3) the definition of public places needs to be refined to include confined and open public places (the law has a definition for an enclosed area but none for a confined area); and 4) the current provisions on health warnings and advertising bans are not FCTC-consistent.

Progress can also be considered in terms of the level of implementation of FCTC and MPOWER strategies (<http://www.who.int/tobacco/mpower/en/>); data on the status of global tobacco control policy implementation and the countries' level of attainment of the six MPOWER measures have been produced by the WHO in 2011,¹¹ with previous iterations in 2009⁷ and 2008.⁶

FIGURE 2 Framework of the Philippines National Tobacco Control Strategy to 2016. Source: Philippines Department of Health.²⁹ WHO = World Health Organization; FCTC = Framework Convention on Tobacco Control.

Based on these data and on the report of the Joint National Capacity Assessment,⁸ it is our view that partial implementation has been achieved across all MPOWER components, except in O (offer help to quit tobacco use) and E (enforce bans on tobacco advertising, promotion and sponsorship), where implementation has been minimal. It is our view that full implementation has yet to be achieved in any one of the six components.

The framework of the NTCS (Figure 2) and a summary description of the grants awarded under the Bloomberg Initiative to Reduce Tobacco Use (Table 2) are shown here. More details on the specific grants and organisations are available online.¹³

Note that the purpose of one Bloomberg grant described in Figure 2 was to support the establishment of the NTCCO within the DOH and the development of an NTCS, both of which were achieved. In addition, the grant to Action for Economic Reforms had a specific focus on taxation reform which, with the consolidated efforts of the Filipino tobacco control constituency, was substantially achieved on 11 December 2012, when Congress ratified the so-called 'Sin Tax' bill.³⁰ President Aquino signed the Sin Tax reform bill into law on Thursday 20 December 2012, and it came into effect on 1 January 2013. For cigarettes (machine packed) the tax rate prescribed in the first year of implementation is 1) PHP12.00 (1 Philippine Peso [PHP] = US\$0.024) per pack if the net retail price (excluding the excise tax and the value-added tax) is PHP11.50 and below per pack, and 2) PHP25.00 per pack if the net retail price (excluding the excise tax and the value-added tax) is more than PHP11.50 per pack. The Act stipulates higher tax rates in subsequent years, and also states that 'the proper tax classification of cigarettes, whether registered

before or after the effectivity of this Act, shall be determined every two (2) years'.³¹

The Union has also, under the Bloomberg Initiative, recently negotiated a new grant with the CSC of the Philippines. Working to ensure protection of the civil service against tobacco industry interference (in line with Article 5.3 of the WHO-FCTC), the CSC will use a policy instrument known as CSC-DOH Joint Memorandum Circular 2010-01 as a cornerstone, drawing also on recently developed resources such as the FCTC Article 5.3 Toolkit: Guidance for Governments on Preventing Tobacco Industry Interference, published by The Union in 2012 and available online.³² It should be noted that this Joint Memorandum Circular applies to elected officials as well as the rest of the civil service.

CONCLUSION

Tobacco use places an unacceptable burden on public health in the Philippines. In the 12 minutes or so taken to read this article, two Filipinos will have died from tobacco-related disease—the tobacco epidemic kills at least 87 600 Filipinos per year, or 10 every hour.⁸ Efforts to tackle the epidemic have shown promise, especially since the ratification of the WHO FCTC in 2005. Although it is difficult to provide conclusive supporting evidence of cause and effect, it is arguable that the close to US\$5 million in grants provided under the Bloomberg Initiative to Reduce Tobacco Use has made a contribution towards accelerating the implementation of effective tobacco control policies; it is now time to build on these successes in a sustainable way that does not rely so heavily on philanthropic donors. The launch of the country's first NTCS and

the progression of an improved taxation policy are recent and very encouraging signs of progress. Ensuring that the laws of the country are fully WHO FCTC-consistent must be given a higher priority, and the new NTCS appears to do just that. Recent robust efforts by the CSC and DOH to tackle tobacco industry interference in the civil service are also on the right track. Given the very strong tobacco industry presence in the Philippines, the daily challenges faced in advocating for WHO FCTC consistent policy measures are many and varied. A full account of these challenges is beyond the scope of this article; however, the cautionary observation by Alechnowicz and Chapman in 2004,²¹ that the tobacco industry in the Philippines is 'the strongest tobacco lobby in Asia', still appears to be true. Tackling pervasive industry influence must be near the very top of all public policy makers' lists of future actions, as are efforts to ensure the implementation of efficient and impactful public education and mass media campaigns.

References

- World Health Organization. World health statistics 2012. Geneva, Switzerland: WHO, 2012. http://who.int/gho/publications/world_health_statistics/EN_WHS2012_Full.pdf Accessed April 2013.
- World Health Organization. Projections of mortality and burden of disease, 2004–2030. Geneva, Switzerland: WHO, 2013. http://www.who.int/healthinfo/global_burden_disease/projections/en/index.html Accessed April 2013.
- Dans A, Ng N, Varghese C, Tai E S, Firestone R, Bonita R. The rise of chronic non-communicable diseases in Southeast Asia: time for action. *Lancet* 2011; 377: 680–689.
- World Health Organization. Global health risks: mortality and burden of disease attributable to selected major risks. Geneva, Switzerland: WHO, 2009. http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf Accessed April 2013.
- World Health Organization. Global estimate of the burden of disease from second-hand smoke. Geneva, Switzerland: WHO, 2010. http://www.who.int/tobacco/publications/second_hand/global_estimate_burden_disease/en/index.html Accessed April 2013.
- World Health Organization. WHO report on the global tobacco epidemic—the MPOWER package. Geneva, Switzerland: WHO, 2008. http://www.who.int/entity/tobacco/mpower/gtcr_download/en/index.html Accessed April 2013.
- World Health Organization. WHO report on the global tobacco epidemic: implementing smoke-free environments. Geneva, Switzerland: WHO, 2009. http://www.who.int/entity/tobacco/mpower/2009/gtcr_download/en/index.html Accessed April 2013.
- World Health Organization. Joint national capacity assessment on the implementation of effective tobacco control policies in The Philippines. Manila, The Philippines: WHO-SEARO, 2011. http://whqlibdoc.who.int/publications/2011/9789241502771_eng.pdf Accessed April 2013.
- World Health Organization. WHO Framework Convention on Tobacco Control. Geneva, Switzerland: WHO, 2003 [updated reprint 2004, 2005]. <http://whqlibdoc.who.int/publications/2003/9241591013.pdf> Accessed April 2013.
- World Health Organization. MPOWER: a policy package to reverse the tobacco epidemic. Geneva, Switzerland: WHO, 2008.
- World Health Organization. WHO report on the global tobacco epidemic: warning about the dangers of tobacco. Geneva, Switzerland: WHO, 2011. http://whqlibdoc.who.int/publications/2011/9789240687813_eng.pdf Accessed April 2013.
- Bloomberg Initiative To Reduce Tobacco Use Grants Program. Edinburgh, UK: International Union Against Tuberculosis and Lung Disease. <http://www.tobaccocontrolgrants.org/> Accessed June 2013.
- International Union Against Tuberculosis and Lung Disease/The Campaign for Tobacco-Free Kids. Bloomberg Initiative to Reduce Tobacco Use Grants Program. What We Fund. New York, NY, USA: Bloomberg Philanthropies, 2012. <http://tobaccocontrolgrants.org/> Accessed April 2013.
- Sy R G, Morales D D, Dans A L, et al. Prevalence of atherosclerosis-related risk factors and diseases in the Philippines. *J Epidemiol* 2012; 22: 440–447.
- Park P W, Casiano E M, Escoto L, Claveria A M. Observational study of safety and efficacy of varenicline for smoking cessation among Filipino smokers. *Curr Med Res Opin* 2011; 27: 1869–1875.
- Idolor L F, de Guia T S, Francisco N A, et al. Burden of obstructive lung disease in a rural setting in the Philippines. *Respirology* 2011; 16: 1111–1118.
- Njord L, Merrill R M, Njord R, Pachano J D, Hackett A. Characterizing health behaviors and infectious disease prevalence among Filipino street children. *Int J Adolesc Med Health* 2008; 20: 367–374.
- Miguel-Baquilod M, Fishburn B, Warren C W, Jones N R, Asma S. Linking Global Youth Tobacco Survey (GYTS) data to the WHO Framework Convention on Tobacco Control (FCTC): the case for the Philippines. *Prev Med* 2008; 47 (Suppl 1): S27–S32.
- Centers for Disease Control and Prevention. Tobacco use among students aged 13–15 years—Philippines, 2000 and 2003. *MMWR Morb Mortal Wkly Rep* 2005; 54: 94–97.
- Alechnowicz K, Chapman S. The Philippine tobacco industry: 'the strongest tobacco lobby in Asia'. *Tob Control* 2004; 13 (Suppl 2): ii71–ii78.
- Morrow M, Barraclough S. Tobacco control and gender in Southeast Asia. Part I: Malaysia and the Philippines. *Health Promot Int* 2003; 18: 255–264.
- Mercado S, Dingwall A. Tobacco control begins to take hold in the Philippines. *Bull World Health Organ* 2003; 81: 694.
- Wallerstein C. Philippines passes anti-smoking laws. *BMJ* 1998; 316: 496.
- National Statistics Office, Republic of the Philippines. Projected population, by five-year age group, sex and five-year interval, Philippines: 2000–2040. Manila, The Philippines: NSO, 2006.
- South-East Asia Tobacco Control Alliance [SEATCA]. ASEAN tobacco tax report card, February 2012. Manila, Philippines: SEATCA, 2012. <http://www.healthjustice.ph/uploads/ASEAN%20Tobacco%20Tax%20Report%20Card.pdf> Accessed June 2013.
- World Health Organization. WHO report on the global tobacco epidemic: country profile, Philippines. Geneva, Switzerland: WHO, 2011. http://www.who.int/tobacco/surveillance/policy/country_profile/phl.pdf Accessed April 2013.
- World Health Organization/US Centers for Disease Control and Prevention/Philippines Department of Health, National Statistics Office/Johns Hopkins Bloomberg School of Public Health. 2009 Philippines Global Adult Tobacco Survey—country report. Geneva, Switzerland: WHO, 2010. http://www.who.int/tobacco/surveillance/2009_gats_report_philippines.pdf Accessed April 2013.
- World Health Organization. Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region (2010–2014). Geneva, Switzerland: WHO, 2009. http://www.wpro.who.int/tobacco/documents/docs/RAP_ENGLISH.pdf Accessed April 2013.
- Philippines Department of Health. National Tobacco Control Strategy (2011–2016). Manila, Philippines, DOH, 2012. [http://www.doh.gov.ph/sites/default/files/National%20Tobacco%20Control%20Strategy%20\(NTCS\).pdf](http://www.doh.gov.ph/sites/default/files/National%20Tobacco%20Control%20Strategy%20(NTCS).pdf) Accessed June 2013.
- Mendez C. Congress ratifies sin tax bill. *The Philippines Star* (Manila), 12 December 2012. <http://www.philstar.com/headlines/2012/12/12/884994/congress-ratifies-sin-tax-bill> Accessed April 2013.
- Government of The Philippines. Republic Act No. 10351 (RA 10351). Manila, The Philippines: Government of The Philippines, 2012. <http://www.gov.ph/2012/12/19/rep-public-act-no-10351/> Accessed April 2013.
- International Union Against Tuberculosis and Lung Disease. FCTC Article 5.3 Toolkit: guidance for governments on preventing tobacco industry interference 2012. Paris, France: The Union, 2012. <http://www.tobaccofreeunion.org/content/en/446/> Accessed April 2013.

L'emploi de tabac est la principale cause évitable de décès et on estime qu'il tue chaque année plus de 5 millions de personnes au niveau mondial. L'utilisation de tabac et l'exposition à la fumée secondaire posent un problème majeur de santé publique aux Philippines. Les politiques efficaces de lutte contre le tabagisme sont garanties dans la Convention Cadre de Lutte contre le Tabagisme (FCTC) de l'Organisation Mondiale de la Santé (OMS), un traité international d'application légale obligatoire qui a été ratifié par les Philippines en 2005. Depuis 2007, Bloomberg Philanthropies a soutenu

l'accélération de la réduction de l'utilisation de tabac dans beaucoup de pays, notamment les Philippines. On discute les progrès observés aux Philippines en insistant particulièrement sur la période faisant suite à la ratification de la FCTC de l'OMS et en se focalisant particulièrement sur le programme de dons financé par l'Initiative Bloomberg. En dépit de progrès significatifs, on identifie des défis majeurs auxquels il faut répondre à l'avenir, si l'on veut alléger le fardeau social économique et sanitaire provenant de l'épidémie de tabagisme.

El consumo de tabaco representa la principal causa prevenible de mortalidad y se calcula que provoca la muerte de más de 5 millones de personas cada año en todo el mundo. El tabaquismo y la exposición pasiva al humo del tabaco plantean un problema mayor de salud pública en las Filipinas. El Convenio Marco para el Control del Tabaco (FCTC) de la Organización Mundial de la Salud (OMS) consagra las políticas eficaces de control del tabaquismo; este tratado internacional jurídicamente vinculante fue ratificado por las Filipinas en el 2005. Desde el 2007, la iniciativa Bloomberg Philanthropies ha

apoyado una disminución acelerada del tabaquismo en muchos países, incluidas las Filipinas. En el presente artículo se examinan los progresos alcanzados en este país, con especial interés en el período posterior a la ratificación del FCTC de la OMS y se hace hincapié en el programa de subsidios financiado por la Iniciativa Bloomberg. Pese a los considerables progresos alcanzados, se destacan retos importantes que exigen una respuesta en el futuro, si se busca aliviar la carga social, sanitaria y económica que representa la epidemia de tabaquismo.