

Index for Tobacco Control Sustainability

INDONESIA

INDICATORS		Present (P)/ Absent (A) 2016	Present (P)/ Absent (A) 2022	Weighted Score	Country Score 2016	Country Score 2022
1	Prerequisite Indicator: >4 MPOWER policies in place	A	A	9	0	0
2	National tobacco control budget (annual)	A	A	7	0	0
3	National tobacco control law	P	P	6	6	6
4	National budget allocation for tobacco control capacity building	A	P	6	0	6
5	Tobacco taxation >75% of retail sales price	A	A	6	0	0
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	P	P	6	6	6
7	National tobacco control unit	P	P	5	5	5
8	Civil society tobacco control network	P	P	5	5	5
9	Civil society representation in national tobacco control advisory committees	A	A	5	0	0
10	Health promotion fund for, or including, tobacco control	A	P	5	0	5
11	National policy against tobacco industry corporate social responsibility	A	A	5	0	0
12	Tobacco-related mortality and morbidity recording system	A	A	5	0	0
13	National evaluation framework in place	A	A	5	0	0
14	Evaluation built into all major policy implementation plans	A	A	5	0	0
15	National tobacco control strategy	P	P	4	4	4
16	Tobacco control and non-communicable diseases form part of national health policy	P	P	4	4	4
17	Tobacco control forms part of national development plan	A	P	4	0	4
18	Human resource for implementation (national)	P	P	4	4	4
19	Global Tobacco Surveillance System surveys	P	P	4	4	4
20	Intergovernmental coordination mechanism	P	P	3	3	3
21	Capacity building plan for tobacco control personnel	A	A	3	0	0
22	Developmental assistance funding includes tobacco control	P	P	3	3	3
23	Code of conduct for government officials and staff	P	P	3	3	3
24	Ministry of health WHO FCTC Article 5.3 policy	A	P	3	0	3
25	WHO FCTC Article 5.3 policy across all ministries	A	A	3	0	0
26	Economic and social tobacco costs data	P	P	3	3	3
27	National focal point post	P	P	3	3	3
28	National advisory committee	A	A	2	0	0
29	Capacity building plans on research and evaluation	A	P	2	0	2
30	Mass media campaigns funded	P	P	1	1	1
31	Capacity building plan for non tobacco control specific personnel	A	A	1	0	0
Total Score				130	54	74

The overall score for Indonesia improved by 20 points from the last score of 54 in 2016.

Explanation of the scores:

1. Pre-requisite Indicator: >4 MPOWER policies in place: According to the 2021 WHO Report on the Global Tobacco Epidemic, Indonesia has only met one out of the six MPOWER measures, specifically monitoring.
2. National tobacco control budget (annual): Although the Ministry of Health has allocated a budget for tobacco control, it is insufficient to meet the recommended benchmark of at least \$0.11 per capita. Furthermore, there is no designated budget exclusively dedicated to tobacco control.
3. National tobacco control law: Health Law No. 36 of 2009 and Government Regulation No. 109 of 2012 address addictive substances in tobacco products to protect public health.
4. National budget allocation for tobacco control capacity building: As per the 2020 report of the Director General of Disease Prevention and Control, the Ministry of Health has earmarked funds for enhancing the capacity of tobacco control. A sum of IDR 7.6 billion (USD 520,000) has been allocated to support capacity building programs at the national level.
5. Tobacco taxation >75% of retail sales price: According to the 2021 WHO Report on the Global Tobacco Epidemic, Indonesia's average tobacco taxation imposed on retail selling price falls below the recommended level of >75%. The average taxation rate in Indonesia stands at approximately 62.3%.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: The cigarette tax and excise policy in Indonesia have been surpassing both inflation and GDP growth. In 2021, the average increase was 23%, while in 2022, it was 12%, despite the inflation rates hovering around 3% and GDP growth remaining below 5% in both years.
7. National tobacco control unit: The National Tobacco Control Unit operates within the purview of the Directorate of Prevention and Control of Noncommunicable Diseases and the Directorate of Health Promotion and Community Empowerment.
8. Civil society tobacco control network: The Indonesia Tobacco Control Network is a prominent national civil society network that comprises a diverse range of organizations, including health professional organizations, religious organizations, student organizations, consumer protection groups, women's groups, human rights groups, universities, and various other civil society groups.
9. Civil society representation in national tobacco control advisory committees: There is currently no legally established national committee dedicated to tobacco control. Nevertheless, civil society remains actively engaged in inter-sectoral meetings.
10. Health promotion fund for, or including, tobacco control: The Tobacco Excise Sharing Fund and Regional Tax and Retribution offer financial support for health and tobacco control initiatives. To regulate the allocation of cigarette taxes for public health programs, the Ministry of Health issued Decree number 53/2017 in 2017.
11. National policy against tobacco industry corporate social responsibility: Government Regulation 109 restricts tobacco industry's CSR activities, disallowing trademark names, logos, and promotions. However, enforcement remains inadequate.
12. Tobacco-related mortality and morbidity recording system: No dedicated system records the country's tobacco-related mortality and morbidity.
13. National evaluation framework in place: There is no national evaluation framework for tobacco control in place.
14. Evaluation built into all major policy implementation plans: Evaluation has not been built into all major public

policy implementation plans.

15. National tobacco control strategy: In 2013, the Ministry of Health and civil society networks created the Tobacco Control Roadmap (2009–2024) to reduce smoking prevalence and tobacco-related mortality to 10% by 2024. The roadmap has three phases: policy development (2009–2014), implementation (2015–2019), and program sustainability (2020–2024).
16. Tobacco control and noncommunicable diseases form part of national health policy: The Indonesian Ministry of Health's 2015–2024 Strategic Plan targets tobacco use reduction as a key component to address noncommunicable diseases.
17. Tobacco control forms part of the national development plan: The 2020–2024 Mid-Term Development Plan includes key tobacco control measures and aims to reduce youth smoking prevalence from 9.1% in 2018 to 8.7% in 2024, marking progress in the 2022 assessment.
18. Human resource for implementation (national): Tobacco control implementation is conducted by staff within the Ministry of Health's Directorate of Health Promotion and Directorate of Noncommunicable Diseases Control as part of their core activities.
19. Global Tobacco Surveillance System surveys: Indonesia conducted the GATS in 2011 and 2021, and the GYTS in 2014 and 2019. The government also regularly performs basic health research (Riskesdas) and national social economic research (Susenas), which include tobacco control indicators.
20. Inter-governmental coordination mechanism: The Coordinating Ministry for Human Development and Culture oversees interministerial coordination for tobacco control, with limited cabinet meetings led by the president or facilitated by relevant ministers if needed.
21. Capacity building plan for tobacco control personnel: The Indonesian government does not allocate a specific budget for capacity building of staff in tobacco control, including training and skill development.
22. Developmental assistance funding includes tobacco control: Indonesia has been identified as one of the 10 priority countries for the strengthening of tobacco control under the Bloomberg Initiative.
23. Code of conduct for government officials and staff: Indonesia has implemented regulations pertaining to conflict of interest for public servants, which includes the Minister of Manpower Regulation No. 37/2012 and Act No. 20/2001 on Corruption Eradication. These regulations hold significant relevance to tobacco control, and as a result, the indicator has been upgraded from absent to present.
24. Ministry of Health WHO FCTC Article 5.3 policy: Ministry of Health decree No: 50/2016, adopted in October 2016 and published in 2017, manages conflicts of interest with the tobacco industry for state administrators and civil servants. Consequently, the indicator was updated from absent to present.
25. WHO FCTC Article 5.3 policy across all ministries: Indonesia has yet to ratify the WHO FCTC, leading to a lack of uniformity in the implementation of tobacco control policies across all government ministries.
26. Economic and social tobacco costs data: The Ministry of Health's National Institute of Health Research and Development investigates the economic and social costs related to tobacco use.
27. National focal point post: A dedicated tobacco control focal point exists at the national level within the MOH's directorates of Noncommunicable Diseases and Health Promotion.
28. National advisory committee: Despite the absence of a specific advisory committee on tobacco control in Indonesia, the Coordinating Ministry for Human Development and Culture assumes a pivotal responsibility in

facilitating coordination with other pertinent ministries regarding tobacco control initiatives.

29. Capacity building plans for research and evaluation: The Ministry of Health's NIHRD conducts government-funded capacity building training every five years to evaluate tobacco control programs, with surveys including indicators aligned with Global Tobacco Control Surveillance.
30. Mass media campaigns funded: The Ministry of Health views tobacco control mass media campaigns as vital for health promotion and allocates IDR 17 billion for the GERMAS (Healthy Lifestyle) campaign, which also supports tobacco control efforts.
31. Capacity building plan for non-tobacco control specific personnel: There is no specific plan for capacity building of non-tobacco-control personnel

Main findings:

Progress in tobacco control sustainability since 2016

The Ministry of Health in Indonesia has demonstrated a strong commitment to improving tobacco control through the allocation of IDR 7.6 billion (\$520,000) towards national capacity building programs. Additionally, the government has dedicated funding from the tobacco excise sharing fund and regional tax and retribution for local governments to ensure effective implementation of tobacco control measures at the subnational level. These actions reflect Indonesia's efforts to promote sustainable tobacco control initiatives.

The country has made gradual improvements to tobacco taxation, with a 23% average increase in cigarette tax and excise in 2021 and a 12% increase in 2022, outpacing inflation and GDP growth rates. These efforts are a critical step towards achieving the country's goal of reducing smoking prevalence and promoting healthier lifestyles.

The Indonesian government's national midterm development plan (2020–2024) features a range of key strategies aimed at reducing smoking in the country. These strategies include taxation, pictorial health warnings, smoking cessation initiatives, smoke-free policies, and a ban on TAPS. These provisions are a significant milestone towards achieving the country's goal of reducing smoking and promoting public health.

Although comprehensive smoke-free policies are not yet in place at the national level in Indonesia, it is encouraging to note that 310 out of the 514 cities and districts in the country have adopted smoke-free policies that align with the guidelines outlined in Article 8 of the WHO FCTC. This shows that local governments are taking proactive steps to protect their citizens from the harmful effects of secondhand smoke.

Efforts to strengthen tobacco control research capacity are underway at both the national and subnational levels, with support from government and non-government funding sources. The tobacco control program is subject to periodic evaluation through the conduct of GATS and GYTS surveys, and tobacco control indicators are integrated into the Indonesia Basic Health Survey for a comprehensive overview of progress in reducing tobacco use and promoting public health.

Changes in scores from the 2016 survey:

Indonesia's progress in tobacco control is commendable, as evidenced by its current score of 74 out of 130, a significant improvement over its 2016 score of 54 out of 130. This increase of 20 points is attributable to several indicators, including the national budget allocation for tobacco control capacity building, which saw an increase of six points. The Ministry of Health's substantial funds allocation for capacity building in tobacco control is a testament

to its strong commitment to improving tobacco control efforts. The health promotion fund for/including tobacco control saw an increase of five points, with dedicated funding now available from subnational tobacco taxes. This development allows for more effective implementation of tobacco control policies at the local level. Additionally, tobacco control has been incorporated into the national development plan, which saw an increase of four points. The National Midterm Development plan for 2020–2024 now includes key measures for tobacco control, such as taxation, pictorial health warnings, smoking cessation, smoke-free areas, and TAPS bans. Furthermore, the Ministry of Health's policy on implementing WHO FCTC Article 5.3 has shown a three-point increase in the current assessment. This policy is reflected in the Ministry of Health's code of conduct, which was published in 2017 and requires MOH officials at both national and subnational levels to manage and prevent any conflict of interest associated with the tobacco industry. Capacity building plans for research and evaluation saw an increase of two points, with the Ministry of Health prioritizing research capacity and monitoring of tobacco use, as reflected in the integration of tobacco control indicators into the Indonesia Basic Health Survey. These improvements demonstrate Indonesia's unwavering commitment to addressing the public health concerns of tobacco use and are an encouraging sign for the future of tobacco control in the country.

Remaining gaps in tobacco control sustainability

Indonesia's attainment of only one out of six MPOWER policies at the highest level of accomplishment underscores the need to fortify tobacco control laws and enhance their enforcement. To tackle this issue, it is imperative to prioritize such WHO-recommended interventions as larger pictorial health warnings, comprehensive bans on TAPS, 100% smoke-free policies, higher tobacco taxation, and accessible smoking cessation programs. These measures are urgently required to curb the detrimental effects of tobacco use and safeguard public health.