MAPPING THE INDONESIAN GOVERNMENT'S POSITION IN THE DECISION-MAKING PROCESS OF WORLD HEALTH ORGANIZATION FRAMEWORK CONVENTION ON TOBACCO CONTROL (WHO FCTC) RATIFICATION^{1 2}

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Abstract

Background: Indonesia is a country with rich natural resources. Tobacco is one of the plants that are cultivated in the tropical climate of Indonesia. Unfortunately, the cultivation of tobacco in Indonesia does not produce varied products, instead, many of the tobacco farmers only serve as a supplier of raw materials for the tobacco industry and this position makes the farmers vulnerable and loses their bargaining power against the industry. On the other hand, tobacco products such as cigarettes contribute big revenues from tobacco excise and becomes an obstacle to tobacco control efforts in Indonesia because their contribution in state revenues reached up to IDR 98,62 trillion in 2013. The risk for tobacco farmers to lose their livelihoods and the contribution of the tobacco industry to state revenues are the reasons various parties reject legalization of the WHO FCTC in Indonesia. This research tried to analyze further the Indonesian government's position towards WHO FCTC.

Methods: This research was used qualitative approach and using in-depth interview to collect data from informant. The data was collected to identify the influential factors, key actors and strategy to accelerate the process of ratification of the WHO FCTC. There were informant from the government and non-government organizations (NGOs) selected by purposive sampling to answer the in-depth interview. Analysis was done by filtering method.

Results: The research finding showed there is four factors affecting the ratification that are technical feasibility, economic and financial viability, political viability, and administrative operability. But the most influencing factor is the political viability. There are two party that affect the party who support the government and campaign for public health as a priority of the government, while at the other party of the cigarette industry with a variety of efforts to mobilize support for the regulations that could adversely affect its business can be rejected. Moreover, there are two key players in Indonesia's WHO FCTC accession efforts: the Ministry of Health from the government side as the initiator institutions and Muhammadiyah Organization from the non-government side which have commitment to tobacco control by produce the Muhammadiyah Tobacco Control Framework (MTCF) in beginning of 2015. This key players selection based on the organization followers/members/mass, property owned, discipline, leadership, access and internal cohesion. The last was the strategy which consisted of three approaches, that were social from human resource competitiveness, economic from the national health insurance program and political from the post-2015 agenda.

Conclusions: It could be concluded that the Indonesian government position in the decision-making process of the WHO FCTC ratification most affected by political viability both the party who pros and cons with this ratification. Then the key players can accelerate the process both Ministry of Health and Muhammadiyah organization. Last but not least, the strategies to accelerate the ratification of the WHO FCTC can be followed through research, and policy advocacy with issues of human resource competitiveness, national health insurance program, and post-2015 agenda.

Keywords: Indonesian Government, Decision-making Process, WHO FCTC, Ratification

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I. INTRODUCTION

Indonesia is a rich country with plentiful natural resources. This natural resources also establish Indonesia as the Agricultural country that oriented to the development of agriculture. Tobacco is one of the varieties of crops grown in Indonesia. Beginning of this plants brought by the Portuguese/Spanish in the 16th century. If explored further, then this is precisely the origin of tobacco plants from the Americas found when the exploration of Christopher Columbus in 1492.

In some countries, tobacco can not grown fertile, this is due to the successful cultivation of tobacco is strongly influenced by climatic conditions (rainfall, humidity, lighting and temperature). But in Indonesia, the tropical climate is very favorable for the cultivation of tobacco because tobacco optimal temperature for growth was between 18-27 degrees Celsius, so this plant has been developed by farmers in Indonesia until now.

Unfortunately the cultivation of tobacco in Indonesia does not produce a product that is varied, but many of the tobacco farmers just being a supplier of raw materials for the tobacco industry. This makes the position of the tobacco farmers be lost bargaining position with the tobacco industry, so the potential for fraud is huge in the process of buying and selling. Though the tobacco industry should provide a decent purchase price to the farmers.

In addition, realize that tobacco products such as cigarettes harmful to health, the government sets the tax regulations for tobacco products to reduce consumption and to control its distribution. However, the amount of state revenue from tobacco excise this would be a claim for the tobacco industry for their contribution to the country.

In Mid-December 2013, the Directorate General of Customs and Excise, Ministry of Finance released a report on customs and excise receipts reached IDR 147,04 trillion. That income comes from import duties Rp 29,65 trillion, excise IDR 102,95 trillion and export duties IDR 14,43 trillion. From the total of excise revenues composition as much as 95,79% comes from tobacco excise products, amounting to 4% comes from beverages excise containing ethyl alcohol, and 0,21% from the ethyl alcohol excise (Investor Daily, 2013).

From the data above it can be concluded that the tobacco excise reached IDR 98,62 trillion from the total of customs and excise amounting to IDR 147,04 trillion. Significance revenues from tobacco excise this is one of the obstacles to the realization of the government commitment to tobacco control. The fate of tobacco farmers who will lose jobs and the contribution of the tobacco industry to the state revenue is the reason various parties that reject the legalization of the WHO FCTC in Indonesia.

While in this case, the Ministry of Health of the Republic of Indonesia became a central actor that encourages commitment to the President of the Republic of Indonesia to give consent to the ratification of the WHO FCTC. Recent developments, Coordination Meeting of the WHO FCTC related accession held on 1 April 2014 in the Office of the Minister of Coordinator for People Welfare. In this meeting, Minister of Health, Nafsiah Mboi expressed his hopes to the President to sign a treaty that would be a legacy before the end of the leadership of President Susilo Bambang Yudhoyono (Suara Pembaruan, 2014). But the response from the Cabinet Secretary, Dipo Alam stated that the President has yet to issue a decree of the President to ratify the WHO FCTC is because there are many considerations, one of which related to the fate of tobacco farmers (Republika, 2014).

Complex considerations in government decision-making process related to the ratification of the WHO FCTC led to differences of opinion. Therefore, a mapping of the actors position in decision-making in government be required. Then related topics with Indonesian government positions in decision-making on the WHO FCTC ratification to be interesting and relevant for further research.

II. METHODS

This research was used qualitative approach and using in-depth interview to collect data from informant. The data was collected to identify the influential factors, key actors and strategy to accelerate the process of ratification of the WHO FCTC. There were informant from the government and non-government organizations (NGOs) selected by purposive sampling to answer the in-depth interview.

Analysis and presentation of data/information will be done using the filtering method of a variety of information. Furthermore, a comparison with information sourced from various references, such as the advantages and disadvantages when the Indonesian government to be part of the WHO FCTC. The results of the analysis and comparison will be presented descriptively.

III. RESULT AND DISCUSSION

Indonesian Government Influence Factors to Ratify the WHO FCTC

The factors that influence Indonesian Government to ratify the WHO FCTC refers to Mustofadidjaja (2003) there are four things to determine the criteria for the selection of policy alternatives: (1) technical feasibility, (2) economic and financial viability, (3) political viability, and (4) administrative operability.

Technical Feasibility

Technical feasibility interpreted as criteria to measure how far a decision is able to solve the problems that exist in this case is the control of tobacco product (effectiveness of the decision).

The Government of Indonesia through the Coordinating Ministry for People's Welfare (*Kemenko Kesra*) has held a coordination meeting in 2013 regarding to WHO FCTC. Based on the official release from the meeting, noted that the purpose of the accession treaty are to protect present and future generations to the health problems, social consequences, environmental and economic downturn due to the consumption of tobacco and the production of the tobacco itself.⁴

The same meeting conducted again in 2014 were re-emphasized that the WHO FCTC provide the concrete measures to reduce tobacco use and to protects people from disability, disease and premature death caused by tobacco generated products. Also, the WHO FCTC

⁴ Kementerian Koordinator Kesejahteraan Rakyat. Dokumen Rakor Tingkat Menteri Rencana Akses WHO FCTC, Rabu 6 November 2013.

Provides a frame of work and collaboration of stakeholders to prevent any of tobacco industry interference in the process of developing and implementing tobacco control policy.⁵

The statement above is supported by informants from Non-Government Organizations (NGOs) LAI said the existing regulations in Indonesia has not been able to address comprehensively the problem of cigarettes, some evidences can be pointed such as increasing number of smokers every year without control. Some of the regulations that have been issued by the government, among others, is PP 109 which is only emphasizes the display of pictorial health warnings on cigarette packs, while regulation is more emphasis on the behavior of smokers in several locations that are prohibited such as “No Smoking Area/Limited Smoking Area”. This regulation has not been able to give a clear guarantee of protection.⁶

The informants added that the content of additives in tobacco products (cigarettes) has become an indisputable fact that also affect the human health. Even today the consumption of tobacco products (cigarettes) have create social problems where very addictive smokers tend to be anti social. Surprisingly low income community or poor families become the main consumers of tobacco products, it is a motivating factor retention of poverty. The FCTC is a solution to the complexity of this problem. In addition, ratification is not only intended for the current generation, but also for generations to come.⁷

Informants from NGOs IISD said tobacco control is an attempt to help control tobacco consumption. It is like that done by Brazil. This effort also inhibits the growth of new smokers are an asset of this nation. In line with the informant of the Youth Movement GMPU said the younger generation is a major target of the tobacco industry today. Our generation wants undermined by the tobacco industry through the products they sell. Campaigns conducted by the tobacco industry through the mass media and direct promotion is how they (the tobacco industry) to attract new smokers from among adolescents.⁸

Based on the above presentation, it can be concluded that the WHO FCTC seeks to answer the main problems caused by the consumption of cigarettes smokers uncontrolled growth, as well as efforts to save young people from the dangers of smoking.

⁵ World Health Organization. 2014. Tobacco Free Initiative: Indonesia High-level Inter-Ministerial Meeting on the WHO FCTC - <http://www.who.int/tobacco/communications/events/indonesia2014/en/>

⁶ Interview with Heri Chariansyah, Director of Lantern Child Indonesia (LAI) in LAI Office, Jakarta 8 Oktober 2014

⁷ Ibid.

⁸ Interview with Nindy Widiastuti, Accession Activist of WHO FCTC, Gerakan Mahasiswa Pita Ungu (GMPU) at Jakarta June, 15, 2014

Economic and Financial Viability

Economic and financial viability interpreted as the criteria to measure how far the influence to economic decisions, both macro and micro, in this case the WHO FCTC ratification whether giving effect to the state cigarette tax revenues and tobacco trade, and the income of the people who depend on tobacco farming, and employed in the industry cigarettes (efficiency of the decision).

The results of the inter-ministerial coordination meeting initiated by the Coordinating Ministry for People's Welfare in 2013, stressed that the impact of the WHO FCTC not accessed, Indonesia became marketing purposes cigarette industry with the risk of damaging the health of the nation's generation, and factual data and the accession treaty does not harm the tobacco industry and deadly tobacco farming communities.⁹

The Ministry of Health in a release about the issue of smoking in Indonesia also confirms that the macro level, the economic burden caused by tobacco in 2010 consisted of: public expenditure for the purchase of tobacco (cigarette consumption) reached IDR 138 trillion, then the loss of productive years due to premature death, illness and disability IDR 105.3 trillion, the total cost of hospitalization due to tobacco-related diseases IDR 1.85 trillion and total outpatient costs due to tobacco disease IDR 0.26 trillion. If the accumulated total economic loss due to consumption of cigarettes macro reached IDR 245.41 trillion, which is also 4 times greater than the revenue from tobacco products amounted to IDR 55 trillion in the same year.¹⁰

While the micro, the poorest households, the consumption of tobacco and betel occupy the second largest proportion of expenditure is 11.7% after the grain. Recorded during the second period of 4 years of this type of expenditure grain consumption and tobacco continued sequential, 19.01% and 11.78% (2003), 19.19% and 11.5% (2004), 20.16% and 12.43% (2005), and 22.10% and 11.89% (2006). The percentage of cigarette expenditures beat nutritional needs 17 times the expenditure for meat, 5 times the expenditure for milk and eggs, as well as 2 times the expenditures for vegetables.¹¹

In addition, the condition of the tobacco farmers explained by informants from NGOs LAI stating that tobacco farmers are often referred to as the affected parties on the WHO FCTC, but farmers do not benefit from it at a price that is not appropriate. Currently more industry to import tobacco due to the qualities required to be in accordance with established standards, in addition to the production of tobacco farmers sometimes do not reach the standard desired by the industry. The chosen way to get tobacco imports corresponding desired quality, if indeed this is what happens of course the argument that the tobacco industry to protect tobacco farmers clearly indisputable.¹²

Many assumptions are circulating that the tobacco industry to contribute to the country through the cigarette tax revenue, if this logic is used also by the government, the

⁹ Kementerian Koordinator Kesejahteraan Rakyat. Dokumen Rakor Tingkat Menteri Rencana Aksi WHO FCTC, Rabu 6 November 2013.

¹⁰ Kementerian Kesehatan RI. 2012. Masalah Merokok di Indonesia: Lembar Fakta. Jakarta: Pusat Promosi Kesehatan, Kemenkes.

¹¹ Kartono Mohammad dkk. (ed.), *op.cit.* h. 14.

¹² Interview with Heri Chariansyah, Direktur of Lentera Anak Indonesia (LAI) Foundation at LAI office, Jakarta 8 October 2014

same government sold its people to the industry.¹³ The presumption is rebutted by the fact sheet Institute of Demography, University of Indonesia (LDFE UI) which states that the tobacco industry is the tax payer forget that the consumer of cigarettes or smokers who have sacrificed a variety of personal and family interests for the sake of the pleasure of nicotine that has entrap and not the tobacco industry.¹⁴

From the above explanation can be concluded that the WHO FCTC may be a solution to address the problem of tobacco farmers and tobacco industry workers. Cigarette consumption also be the root causes of economic burden of the macro and micro. At the macro level, the revenues from tobacco products actually are worth less when compared with the economic loss incurred. While micro, cigarette expenditure on the poorest households leads to reduced portion to buy necessities more useful

Political Viability

Political viability interpreted as criteria to measure how far the decision is acceptable to all parties. In this case if the elements associated with the government endorsement of the WHO FCTC such as: Ministry of Agriculture, Ministry of Trade, Ministry of Manpower and Transmigration, Ministry of Industry and Ministry of Health may accept the decision that will be signed by the President. In addition, the groups outside of government such as: Tobacco Industry, Tobacco Farmers, the National Commission on Tobacco Control and the Tobacco Control Activists also gives influence to the government decision-making (consensus among the stakeholders and pressure-groups demands).

Informant from the Government, the Ministry of Social Welfare Coordinator said the government has sought to coordinate with each other related to the preparation of accession to the WHO FCTC. Ministerial Coordination Meeting was conducted by The Minister on 6 November 2013 that resulted in an agreement, among others: (1) the realization of a healthy young generation and intelligent and dignified a top priority, (2) prevention of smoking problem remains to be done through the implementation of PP 109 of 2012 on safety materials containing addictive substances such as tobacco products for health in the intensive, (3) the accession treaty basis of factual data and does not harm the cigarette industry and deadly tobacco farming community, (4) should be addressed wisely to implement the treaty of accession is not interfere with the sovereignty of the state, because the accession treaty does not have to approve all of the protocol as adapted to the existing legislation such as the Law 36 of 2009 on Health, PP 109 in 2012. In terms of national level, endorsed the treaty through Law (Article 9, paragraph 2 of Law No. 24 of 2000 on international treaties) or Presidential Decree (Presidential Decree No. 68 of 2005).¹⁵

She continued on April 1, 2014, the government continued Coordination Meeting of Accession treaty initiated by the Ministry of Health as the Ministry of the initiator. In this meeting, the Minister of Health said that the accession treaty in order to actually set the distribution of cigarettes health effects can be reduced. WHO Director-General Margaret

¹³ Wawancara dengan Heri Chariansyah, Direktur Lentera Anak Indonesia di Kantor LAI, Jakarta 8 Oktober 2014

¹⁴ Aliansi Pengendalian Tembakau Indonesia, (2013), Peta Jalan Pengendalian Produk Tembakau Indonesia: Perlindungan terhadap Keluarga, Generasi Muda dan Bangsa terhadap Ancaman Bahaya Rokok, Surakarta: Muhammadiyah University Press. pp. 64-65

¹⁵ Wawancara dengan Ibu Diana, Deputi III Kemenkokesra di Kantor Kemenkokesra 16 Oktober 2014

Chan in a speech at the coordination meeting also expressed his appreciation for the leadership of President Susilo Bambang Yudhoyono in the UN High Level Panel discussed the post-2015 agenda in New York in May 2013. Indonesian President we expressed willingness to participate in the prevention of non-communicable diseases.¹⁶

Informant from the Government, Ministry of State Secretariat stressed the fact that the government's decision-making on an international treaty sought not just "lip service", but also required a more in-depth assessment of the substance. Ministry State Secretariat has administrative role for the ratification of an international treaty. Related to the position of WHO FCTC is still in abeyance due to delay a request letter from Baleg House of Representatives on February 28, 2014 sent to the President through the leadership of the House of Representatives. The WHO FCTC is the continuation of the discussion back to the initiating institution namely the Ministry of Health.¹⁷

Support also continued to flow to the government, a number of institutions that focus on children's rights urged President Susilo Bambang Yudhoyono to ratify the WHO FCTC. Such institutions include: Lantern Child Indonesia (LAI), the Indonesian Child Protection Commission (KPAI), as well as two international bodies World Health Organization (WHO) and United Nations Children's Fund (UNICEF). LAI Executive Director stated that the government should be responsible for protecting children from exploitation Indonesian cigarette industry, which has been systematically perform a variety of ways and means to make children as future smokers. Various massive effort they have done, ranging from massive tobacco advertising in all media, became the main sponsor music events and sports that are loved by children and adolescents, as well as program activities directly involving children and adolescents as a sponsor activity stage arts and sports schools. And, the estuary of all forms of systematic efforts are made cigarettes as a friend and a true friend to children and adolescents.¹⁸

In a separate interview LAI Executive Director reiterated that the government's political will is not there (not weak) to decide WHO FCTC ratification. In this case, President Susilo Bambang Yudhoyono as the head of state to decide whether the firm should maintain current and future generations of the dangers of smoking and smoking is a priority for the government and can not throw the responsibility to minister to wait for them, agree to a decision that the choice is very clear: to defend people's interests above personal or group interests.¹⁹

In addition to the parties that support the ratification of the WHO FCTC, there are also contrast groups that the tobacco industry. They perform a variety of approaches to influence decisions related to tobacco control policies, including the WHO FCTC. In general form of cigarette industry in Indonesia intervention is carried out by three approaches/ways, among others: (1) removal, (2) dilute, and (3) delay. One of the activities of intervention in the delete approach is a case of "lost verse" the Law 36 of 2009 on Health. The verse is

¹⁶ Ibid.

¹⁷ Interview with Rini Susantowati, Head of International Agreement Division of State Ministry of State Secretariat (Kemensesneg) at Kemensesneg Office, Jakarta 22 October 2014

¹⁸ Lentera Anak Indonesia, (2014), *Dukungan Internasional Terus Menguat, UNICEF dan WHO Minta Presiden SBY Segera Ratifikasi FCTC* - <http://www.lenteraanakindonesia.com/dukungan-internasional-terus-menguat-unicef-dan-who-minta-presiden-sby-segera-ratifikasi-fctc/>

¹⁹ Interview with Heri Chariansyah, Director of Lentera Anak Indonesia (LAI) Foundation at LAI office, Jakarta, Oktober, 8, 2014

paragraph (2) and (3) of Article 113. This paragraph is missing is the affirmation of tobacco as an addictive substance. Furthermore, intervention tobacco companies through a "dilute" done by "weaken" the understanding of the regulations Smoking Area. Giving stickers or standing table for the permissibility of smoking in enclosed spaces is done by one of the associations or communities that have been formed by a tobacco industry. Finally, tobacco companies forming alliances involving various elements of the cigarette industry, ranging from farmers to smokers to delay tobacco control regulations in Indonesia. One of the major events in the approach of the delay is a postponement of PP Tobacco Control from derivative Law 36 of 2009 that should be adopted one year later.²⁰

Based on the exposure to the above it can be concluded that the political viability of the parties related to the WHO FCTC is still in the exploratory stage and not yet entered the stage of decision-making, because there are parties of the government and pressure groups WHO objected to the ratification of the treaty. It is shown that the tobacco industry of mind/do not accept if the WHO FCTC was passed by the Indonesian government. Therefore, the tobacco industry perform a variety of ways to lobby the government to delay ratification of the WHO FCTC is not even. Tobacco industry efforts made on behalf of the tobacco farmers and workers in the cigarette factory will lose their jobs.

Administrative Operability

Administrative operability interpreted as criteria to measure how far the decision can be implemented by the technical implementation. In this case, tobacco control policies have been arranged in the form: Government Regulation (PP) and various of local government regulations have been made through the Regional Regulation (Perda) of No Smoking Area.

Document WHO FCTC academic paper of the National Commission on Human Rights provides an example implementation of the FCTC in Thailand. Countries that ratified the treaty on November 8, 2004, Thailand has had previous tobacco control regulations include: Tobacco Product Control Act of 1992, Non-Smokers Health Protection Act 1992, the Tax Increase for Health since 1993, the Health Promotion Foundation Act 2001.²¹

When compared with Indonesia, the existing regulations related to tobacco control is still not comprehensive. Regulation which is closely related to the elements of health and tobacco control efforts that Law 36 of 2009 on Health, as well as derivatives such Government Regulation No. 109 of 2012 on "Security Addictive Substances Containing Materials Form of Tobacco Products for Health".

Some substances PP include: provisions on the production of tobacco products: (1) the obligation of nicotine and tar testing, (2) the prohibition of using additional material except that it has not proved harmful to health, (3) at least 20 cigarettes packs for cigarettes white machine. Furthermore, the provision of information: (1) the inclusion of information on cigarette packs on: (a) the amount of tar and nicotine, (b) a statement that "there is no safe limit" in smoke, (c) contains more than 4000 harmful chemicals and more of 43 cancer-causing substances, (d) prohibited to sell or give cigarettes to children under 18 years of age

²⁰ Kartono Mohammad dkk. (ed.), *op.cit.*, h. 40.

²¹ Yeni Rosdianti dkk., (2012), *Academic Paper Draft Bill on the Ratification of Framework Convention on Tobacco Control (FCTC)*, Jakarta: National Commission on Human Rights. hh. 70-71

and pregnant women, and (e) the production code, date-month-year of production, the name and address of the manufacturer. Moreover, it is forbidden to include words that are misleading or promotive, including words: Light, Ultra Light, Mild, Extra Mild, Low Tar and other words that indicate quality, superiority, security, imaging, personality and so forth.²²

This regulation also stipulates provisions regarding the liability of health warnings include health warnings in the form of drawings and writings of 40% front and back of the packaging. Furthermore, the provisions on the control of media advertising, among others: (1) advertising in print media should not be on the cover / front yard, adjacent to the advertising of food / beverage, not as a full page, not on the print media for children, adolescents and women, (2) advertising in the broadcast media advertising on TV and radio should only be aired at 21:30-05:00 which is a respite for children and remaha, (3) advertising in the media should apply the information technology age verification 18+ to restrict access, for example advertising on the website, and (4) outdoor advertising media is not in KTR, not on the main road or protocol should be parallel to the shoulder of the road, a maximum of 72m².²³

Based on the above it can be concluded exposure Thailand and Indonesia have in common in terms of regulatory readiness. Thailand has regulatory control of tobacco products which is also owned by Indonesia. Although already set basic things such as tobacco control provisions of the production, circulation restrictions for children and pregnant women, pictorial warnings, promotion/ advertising, and customs. However, the form of laws and regulations of the Government Regulation has not been set up tobacco control efforts as a whole. So the explanation is known that tobacco control efforts in Indonesia there are no administrative barriers operability. Moreover, the WHO FCTC any clauses respect the law and conform with the laws applicable in the country that can bind to this convention.

The Key of Actors to Accelerate the WHO FCTC Ratification

The step to mapping the key actors that can accelerate the ratification of the WHO FCTC refers to the opinion from Kusumanegara (2010:21) states that the influence of the actors considered by: (1) the number of followers/members/mass organizations; (2) property owned by the organization; (3) the discipline of the organization; (4) the leadership of the organization; (5) access by the organization to decision-makers; and (6) the internal cohesion of the organization.

Government Actors which is directly related to the WHO FCTC substances include: Ministry of Health, Ministry of Finance, Ministry of Industry, Ministry of Agriculture, and the Ministry of Manpower and Transmigration. While administratively by the Ministry of State Secretariat and the Secretariat of the Cabinet.

Ministry of Health, the WHO FCTC is the focal point of the government's key actors whose role is to accelerate the WHO FCTC. It is based on the consideration that this ministry that can provide technical inputs and results of recent studies to the President to decide on ratification of the WHO FCTC. The Ministry is also through the Ministry Coordinator of

²² Kartono Mohammad dkk. (ed.), *op.cit.*, h. 34-35.

²³ Ibid.

People's Welfare (now the Ministry Coordinator of Human Development and Culture) can hold coordination meetings with various stakeholders to obtain input.

It should be understood that the position of the Ministry of Health under the leadership of President Susilo Bambang Yudhoyono (SBY) may differ from the leadership of President Joko Widodo (Jokowi). In the era of the President, the Ministry of Health is required to reach an agreement with the four related Ministry before the President decides. While typical President Jokowi more willing to take decisions, when based on through consideration and can be accounted for.

This should be used by the Ministry of Health in order to undertake studies seriously and can assure the President. In this case, the President may decide the right time for Indonesia to ratify the WHO FCTC. Surely it would appear the pros and cons, but it is already a risk of decisions taken by the President and all related ministries are required to run it.

Non-governments actors (civil society) that has the potential to accelerate the WHO FCTC is Muhammadiyah which is one of the largest humanitarian and faith based organizations in Indonesia who have concerns in tackling the increase in smoking habits were also regarded as a bad habit in a religious viewpoint. Commitment is increasingly emphasized Muhammadiyah in 2010 explicitly issued a fatwa concerning the prohibition of smoking.

Council of Trustees of Public Health (MPKU) be a representation of Muhammadiyah to engage the various stakeholders to encourage the development of effective tobacco control policies and its accession to the treaty. In this target has been achieved several things such as: the development of inter-faith network and the establishment of People's Caucus Against Addictives, field research about the welfare of tobacco farmers conducted by the University of Muhammadiyah Magelang (UMM), the preparation of the Indonesian Tobacco Control Roadmap as a rival of the Tobacco Industry Roadmap as well as other initiatives.²⁴

Specifically, Muhammadiyah effort to break the stagnation in the treaty of accession efforts made by taking the initiative to cooperate with the National Commission on Human Rights (Komnas HAM). In the meeting which was also attended by representatives of the Ministry of Foreign Affairs has agreed that the Indonesian Institute for Social Development (IISD), Muhammadiyah, and the National Human Rights Commission drafted into the team for academic paper bill for the accession treaty. On September 11, 2012, this manuscript has been submitted by the Chairman of the Commission, Idris Kasim told the House of Representatives. Initiatives accession treaty with the human rights approach is a breakthrough in advocating the FCTC. But this struggle is just the beginning and the steps that must be taken is still long for the FCTC advocate for tobacco control policies better.²⁵

Beginning of 2015, Muhammadiyah through Muhammadiyah Tobacco Control Center (MTCC) declare Muhammadiyah Tobacco Control Framework (MTCF). Erwin Santosa, Chairman of MTCC stated that this declaration is one of total campaign of Muhammadiyah as the one of the faith based civil society organizations (ormas Islam). Erwin confirms Muhammadiyah would always strive smoking through the internal of

²⁴ Indonesia Institute for Social Development dan MPKU PP Muhammadiyah, (2012), *Indonesia OC-401: Memobilisasi Dukungan Masyarakat untuk Mendukung Pengendalian Tembakau dan Akses FCTC*, Jakarta: IISD dan MPKU PP Muhammadiyah. h. 9.

²⁵ Ibid., h. 11.

Muhammadiyah represented by 23 assemblies and autonomous organizations through the declaration of MTCF.²⁶

Based on the above explanation, it can be concluded that the President as the main actor who has the authority to take decisions in accession WHO FCTC. The actor who has the potential to accelerate the decision making is the Ministry of Health as the initiating institution. While parties outside of government such as Muhammadiyah together tobacco control activists and pro-accession to the WHO FCTC have to fight the influence of the tobacco industry and the cons of accession WHO FCTC to influence the decisions that will be taken by the President.

Strategy to Accelerate the Process of the WHO FCTC Ratification

Strategy to accelerate the process of ratification of the WHO FCTC compiled refer to the findings obtained from the factors that influence the WHO FCTC ratification and also key actors who can accelerate the WHO FCTC. The approach can be used, among others: (a) social approaches from human resource competitiveness, (b) economic approaches from national health insurance program, dan (c) political approaches from post-2015 agenda.

Social Approaches from Human Resource Competitiveness

Human resources (HR) is an opportunity and a challenge for Indonesia. Meant opportunities because Indonesia is a country with a large population and consumption. While one of the challenges faced by Indonesia is improving the quality of human resources.

The risk of smoking-related illness is exacerbating poverty, limited economic conditions have shifted expenditure of poor households to food and education should actually to buy cigarettes. This condition would adversely affect the fulfillment of child development which, if not addressed, then the condition would threaten the loss of generation.

In addition, as a result of tobacco industry marketing strategy through advertising and promotion of free and massively and systematically addressed to women and young people, the increase in the prevalence of smoking not only occurs in adult male smokers but also on women, children, and adolescents.²⁷

The data described above and the conclusions of the technical feasibility of the WHO FCTC seeks to answer the main problems caused by the consumption of cigarettes smokers uncontrolled growth, as well as efforts to save young people from the dangers of smoking. This further reinforces that the WHO FCTC social approach in an effort to improve the competitiveness of Indonesian human resources can be an alternative for advocacy WHO FCTC.

²⁶ Universitas Muhammadiyah Yogyakarta. 2015. Muhammadiyah's Commitment to Fight Against Tobacco - <http://www.umy.ac.id/en/muhammadiyahs-commitment-to-fight-against-tobacco.html>

²⁷ Indonesia Institute for Social Development, (2014), *Kontribusi Pengendalian Tembakau dalam Rangka Meningkatkan Kualitas Penduduk dan Daya Saing Bangsa*, Jakarta: IISD. hh. 3-5.

Economic Approaches from National Health Insurance Program

The lack of government policies to control the production and distribution of tobacco not only make Indonesia into a country left behind from 177 countries had ratified the WHO FCTC, but also threatens the sustainability of government programs that the National Health Insurance (JKN) which is part of the National Social Security System (SJSN)/Social Safety Net held by the Social Security Agency (BPJS) on Health.

According to demographic research institutes (LDFE UI), Abdillah Ahsan, cigarette consumption in Indonesia each year is increasing. If the trend of the cigarette consumption continues to rise, the level of Indonesia's health deteriorated. Abdillah noted the percentage of smokers in Indonesia are among the highest in the world. So is the location used as a place to smoke that is in the house. Ironically, 2003-2010 survey results indicate the need for poor families to smoking ranks second only to rice.²⁸

This is consistent with the results of the identification of economic and financial viability of the finding that the economic burden of tobacco consumption in micro is dependent charged to the family economy resulting in unmet needs more important and urgent. While the macro level, the economic burden borne by smokers are: cigarettes consumed and also the cost of lost productivity due to premature mortality and morbidity-disability.

Seeing this condition it is feared smoking be the cause of declining health that led to the high quality of health care costs for smokers. It is also certainly related to productivity decline because smokers are often sickly. Although smokers are sick is guaranteed by the state through the National Health Insurance (JKN) or Indonesia Health Card (KIS) is still required medical costs for treatment is high.

Abdillah sure the social security system, especially BPJS could go bankrupt if participants are dominated by people who have been exposed to the risk of sick. He therefore hoped that the government does not get too hung up on policies that are curative. Preventive policy it should take precedence. Abdillah asserted if not accompanied by efforts to promote the health of the social security system can be broken.²⁹

Based on the above explanation can be concluded that the economic approach through the National Health Insurance program (JKN) can be a means of advocating for the government to raise awareness of the potential losses that will be experienced by the government, if the program is not supported preventive policies such as acceding to the WHO FCTC. However further research is needed to evaluate the JKN program and relation to tobacco control efforts.

Political Approaches from Post-2015 Agenda

Millennium Development Goals (MDGs) is a program that began in 2000 and ended in 2015. The eight MDGs target the priority agenda to be completed within a period of 10 years, among others: (1) eradicate extreme poverty and hunger, (2) achieve universal primary

²⁸ Hukum Online, (2014), Jika Peserta Dominan Perokok, BPJS Kesehatan Bisa Bangkrut - <http://www.hukumonline.com/berita/baca/lt5461d7360a73c/jikapesertadominanperokokbpjskesehatanbisabangkrut>

²⁹ Ibid.

education, (3) promote gender equality and empower women, (4) reduce child mortality, (5) improve maternal health, (6) combat HIV/AIDS, malaria and other diseases, (7) ensure environmental sustainability, and (8) global partnership for development. Indonesia has become one part of this global commitment. Indonesia's position further reinforced by the establishment of the President's Special Envoy to the MDGs.

However, the implementation of the MDGs hampered by factors that are caused by tobacco consumption which results in the increase of non-communicable diseases and health costs. In line with this argument, the President's Special Envoy to the MDGs, Nila F Moeloek (now she is Minister of Health) states that tobacco consumption is one of the obstacles to the achievement of the MDGs. Indirectly cigarette impoverishes society, where the need is greater cigarette consumption or nearly equal to the revenue. But through this MDG program also can fight the epidemic of smoking community by strengthening the capacity of such a wife in a family environment can be pro-active to give understanding to the family members who smoke to quit smoking and health professionals who emphasized the importance of maintaining health by avoiding things that are harmful to health one cigarette. Even though the MDGs are not directly related to smoking and tobacco control issues, but the things I have mentioned are indirect link between the MDGs with tobacco control.³⁰

Indonesia's commitment to the implementation of the MDGs and also Indonesia's active involvement in the post-2015 agenda of course, can be a means to encourage the government's commitment to the prevention of non-communicable diseases, one of them by accelerating the tobacco control efforts. This is certainly a political approach to the Indonesian government for a commitment that has been shown in the international community, can be realized with the government's commitment in the national scope.

IV. CONCLUSION AND RECOMMENDATION

Conclusion

Based on the explanation from the previous chapter, researcher can take the conclusion based on the research question and purpose of the research, as mentioned below:

1. Factors that influence the government that has not ratified the WHO FCTC when compared between the 4 factors that exist, the most influencing factor is the political viability. There are two party that affect the party who support the government and campaign for public health as a priority of the government, while at the other party of the cigarette industry with a variety of efforts to mobilize support for the regulations that could adversely affect its business can be rejected.
2. The actor that can accelerate the WHO FCTC ratification process of the government is the Ministry of Health as the initiator institutions, while from non-governmental organizations are Muhammadiyah. If the role of these actors can be optimized both the decision-making process can produce an agreement to accede to the WHO FCTC.
3. Strategies that can be done to accelerate the ratification of the WHO FCTC with the following three approaches, namely (a) social approaches from human resource

³⁰ Interview with Nila F Moeloek, President's Special Envoy to MDGs at Rumah Sakit Mata Aini on October, 24th, 2014

competitiveness, (b) economic approaches from the national health insurance program, and (c) political approaches from the post-2015 agenda.

Recommendation

1. The process of decision making WHO FCTC should be guarded by the various parties to ensure that decisions taken can be passed accession WHO FCTC.
2. Strategies to accelerate the ratification of the WHO FCTC can be followed through research, and policy advocacy.
3. Researchers hope there will be further research to explore and develop this research so that the latest information related to the WHO FCTC ratification process can be continuously updated.

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