

INDEX OF TOBACCO CONTROL SUSTAINABILITY (ITCS): INDONESIA SUBNATIONAL TOBACCO CONTROL

A TOOL TO MEASURE THE SUSTAINABILITY OF TOBACCO CONTROL PROGRAMS IN CITIES/DISTRICTS OF INDONESIA



Picture 1: Campaign for stronger tobacco control in Indonesia, led by young adults.

EDITION

This document is the first edition, developed in 2023.

**MINISTRY OF HEALTH
REPUBLIC OF INDONESIA**

**MINISTRY OF HOME AFFAIRS
REPUBLIC OF INDONESIA**

**ASIA PACIFIC CITIES ALLIANCE FOR
HEALTH AND DEVELOPMENT (APCAT)**

**ASSOCIATION OF HEALTH OFFICES
INDONESIA (ADINKES)**

VITAL STRATEGIES

THE UNION ASIA PACIFIC OFFICE (UAP)

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DR. BIMA ARYA SUGIARTO

CHAIR, ASIA PACIFIC CITIES ALLIANCE FOR HEALTH AND DEVELOPMENT (APCAT), AND MAYOR OF BOGOR CITY, INDONESIA

Leadership, policies, programs, stakeholder engagement, and the monitoring and evaluation system at the local level serve as the foundational pillars of tobacco control. The index is crucial in evaluating these components, and the assessment outcomes will inform actions for ongoing enhancement. I strongly encourage all fellow Mayors and Regents to take active leadership roles in tobacco control, aiming to prevent premature deaths and mitigate the impact of tobacco use on health.



DR. EVA SUSANTI

DIRECTOR OF NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL
MINISTRY OF HEALTH, REPUBLIC OF INDONESIA

The Ministry of Health is committed to reducing morbidity and mortality resulting from tobacco use. To expedite tobacco control efforts, the index plays a pivotal role in assessing the implementation of effective and sustainable tobacco control measures in districts or cities. This ensures continuous monitoring and promotes ongoing enhancements. We strongly encourage all cities and districts to actively participate in the assessment process.



DR. DRA. HJ. ERLIANI BUDI LESTARI

DIRECTOR OF SYNCHRONIZATION OF LOCAL GOVERNMENT AFFAIRS III
DIRECTORATE GENERAL OF REGIONAL DEVELOPMENT, MINISTRY OF HOME AFFAIRS, REPUBLIC OF INDONESIA

The Ministry of Home Affairs is dedicated to enhancing the capabilities of subnational governments in executing tobacco control programs. We encourage every city and district to adopt this framework and express our support for implementing the index that evaluates the sustainability practices of tobacco control.



DR. M. SUBUH

CHAIRMAN OF ADINKES

ADINKES is delighted to collaborate with the Ministry of Health and the Ministry of Home Affairs to accelerate the implementation of tobacco control measures in cities and districts. The index will serve as a valuable tool for assessing sustainability, thereby strengthening nationwide efforts in tobacco control.



DR. GAN QUAN

SENIOR VICE PRESIDENT, TOBACCO CONTROL DIVISION, VITAL STRATEGIES

I am delighted to introduce the Index of Tobacco Control Sustainability (ITCS) for subnational tobacco control in Indonesia. Developed in collaboration with key stakeholders, this milestone initiative addresses the ongoing challenge of tobacco use. Annual ITCS assessments will guide future strategies for a healthier, tobacco-free Indonesia, and I appreciate the dedication of all involved in its development.



DR. TARA SINGH BAM

REGIONAL DIRECTOR, THE UNION ASIA PACIFIC, SINGAPORE

The Index of Tobacco Control Sustainability (ITCS) serves as a guide for enhancing subnational tobacco control efforts. Through systematic assessments and collaboration with stakeholders, active engagement in this process reinforces a dedication to sustainable tobacco control. The aim is to assist local jurisdictions in assessing policies, structures, and resources that are required for tobacco control.

CONCEPT

The Index of Tobacco Control Sustainability (ITCS) is a tool to assess and guide tobacco control programs to become sustainable (The Union, 2021). The main ITCS document was first produced in 2016, following the publication of research by The Union on the sustainability of national tobacco control programs in 24 countries. Recognizing the need for a tool to measure sustainability at the subnational level in Indonesia, the ITCS for subnational jurisdictions has been developed in collaboration with the Ministry of Health, the Ministry of Home Affairs, the Association of Indonesian Health Offices, Asia Pacific Cities Alliance for Health and Development, The Union, and Vital Strategies. It comprises a series of 73 indicators that have a critical influence on subnational capacity to deliver effective and sustainable tobacco control.

The ITCS identifies the structures, policies, and resources for tobacco control policy development and implementation that local government has already in place, and thus its progress towards establishing a sustainable sub-national tobacco control program. Importantly, the ITCS also identifies gaps in the structures, policies, and resources that are required to sustain a subnational tobacco control program. The greater the number of indicators a city/district has in place, the greater its ITCS score. The higher the score, the more likely a city/district is to have a sustainable tobacco control program. The ITCS assessment is only the start of the process; the critical work then begins – planning how to fill the system gaps identified and then working to achieve this.

CONTEXT

In Indonesia, 33.5% (68.9 million adults) of the total population, 64.7% of men, and 2.3% of women currently smoke tobacco. Many are still exposed to secondhand smoke in communal spaces (GATS, 2021). According to the Global Youth Tobacco Survey 2019, 18.8% of students, 35.5% of boys, and 2.9% of girls currently smoke tobacco (GYTS, 2019). Moreover, GATS 2021 found that 44.8% of adults in workplaces and 74.2% of adults in restaurants report being exposed to secondhand smoke. Of youths, 57.8% were exposed to tobacco smoke at home, while 66.2% were exposed to secondhand smoke inside enclosed public places (GYTS, 2019). The average (mean) amount spent on 12 kretek cigarettes was 14,867.8 Indonesian rupiah. The average (mean) monthly expenditure on kretek cigarettes was 382,091.7 Indonesian rupiah (GATS, 2021). Indonesia has not yet ratified the WHO Framework Convention on Tobacco Control (FCTC).

Subnational tobacco control has seen lots of improvements and progress since 2007. In 2008, only 1 local jurisdiction had adopted comprehensive tobacco control policies. By the end of 2022, 309 cities and districts in Indonesia have adopted 100% smoke-free policies, protecting 192 million people (72.2%) of the population. The Indonesian Mayors and Regent Alliance for Health and Development, has played a key role in this achievement.

Adoption and implementation of the most effective tobacco control policies vary considerably between cities. The uptake of certain impactful policies such as a ban on display tobacco products at the point-of-sale (POS) and comprehensive bans on tobacco advertising promotion and sponsorship (TAPS) remain limited. The ITCS hopes to determine a baseline status of implementation and adoption of policies to begin to fill the gaps to strengthen subnational tobacco control.

OVERVIEW

The ITCS is a set of **73 indicators**: policies, structures, and resources that are critical or important factors for a sustainable subnational tobacco control program. The indicators are weighted and listed under various categories. The weights assigned to each indicator in the ITCS are determined through a systematic process that involves expert consultation, stakeholders' inputs, and a scoring system ranging from 0.5 to 3. Within each category, weights are assigned to reflect the relative importance of each indicator in evaluating the sustainability of a subnational tobacco control program. This weighting approach ensures that the ITCS accurately assesses the significance of different aspects of tobacco control sustainability, with documentation and periodic review to maintain transparency and relevance.

Policies: Indicators from 1 to 27 assess smokefree environments, bans on tobacco advertising, promotion and sponsorship, bans on the display of tobacco products at the point-of-sale, and bans on the sale of tobacco products to minors.

Structures: Indicators from 28 to 59 assess monitoring, enforcement, smoking cessation, and integration of tobacco control.

Resources: Indicators from 60 to 73 assesses tobacco control programs and resources, as well as multi-sectoral coordination and collaboration.

WHAT IS THE OBJECTIVE OF ITCS?

- To assess the status of tobacco control policies
- To assess the structure of tobacco control that supports policy development and implementation as well as monitoring and evaluation
- To assess the availability of resources and their utilization for tobacco control

WHO SHOULD BE ENGAGED TO COMPLETE THE ITCS?

The ITCS targets provincial, city, and district governments in Indonesia. It is recommended that the tobacco control focal point of each city leads the assessment process. The focal points should engage with the Provincial Health Office, City Health Office, District Health Office, and related tobacco control stakeholders.

The ITCS:

- Provides a snapshot in time of a country's subnational tobacco control sustainability, and can show the development of tobacco control over time.
- Assesses the program structures, policies, and resources that are critical for tobacco control.

WHEN SHOULD ITCS BE CONDUCTED?

ITCS should be conducted in the last quarter (Oct-Dec) of each year.

HOW SHOULD ITCS BE ASSESSED?

The recommended modes to complete the assessment are:

- Coordinate with the head of health offices, legal bureaus, planning agencies, civil police, civil society, academic institutions, and other key informants.
- Engage the aforementioned key informants in one-to-one meetings and focus group discussions.

Focus group discussions can be facilitated to discuss each indicator and arrive at a consensus on whether it should, according to the definitions (page 4), be rated present or absent.

- Review local tobacco control regulations (Smokefree, TAPS ban, POS display ban, etc), implementation guidelines, local government plans, and budget, provincial/city/district health records, national health surveys, and any other available secondary data.

The assessment process can be summarized as follows:

- Using the indicator definitions, assessors discuss whether the particular indicator is present or absent in their city/district.
- When an indicator is present, the points allocation for that indicator is given; if the indicator is absent, then it scores zero.
- The points for all of the separate indicators are added together to provide a total score.

WHAT ARE THE NEXT STEPS?

- The city/district team makes an action plan to address the gaps identified.
- The assessor should submit the completed assessment to local government, Ministry of Health and Ministry of Home Affairs.

A SAMPLE ASSESSMENT SUMMARY IS INCLUDED AT THE END OF THIS DOCUMENT AS A FURTHER AID TO THE POST-ASSESSMENT PLANNING PROCESS.

THE INDEX

No.	Index Indicators	Present (P)/ Absent (A)	Weighted Score	Score achieved
Policies				
Comprehensive smokefree laws, regulation, policies exist				
1	Health-care facilities including hospitals		0.5	
2	Educational facilities including universities		0.5	
3	Government buildings and facilities		0.5	
4	Indoor offices and workplaces		0.5	
5	Hotels and restaurants		1	
6	Cafes, pubs and bars		1	
7	Shopping places (modern and traditional retailers)		1	
8	Child-care facilities and children playgrounds		0.5	
9	Religious facilities		0.5	
10	Public transport		1	
11	Sport Facilities		1	
12	Smokefree regulation requires financial sanctions on the facility/management		2	
13	Smokefree regulation requires fines on the smoker		1	
14	Smokefree regulation requires administrative sanction on the facility/management		2	
15	Smokefree regulation in the form of a bylaw		1	
Law/regulation to ban tobacco advertising, promotion and sponsorship (TAPS) exist				
16	Ban tobacco billboards and outdoor advertisings		2	
17	Ban tobacco ads in the local newspaper and magazines		1	
18	Ban tobacco ads in local TV and radio		1	
19	Ban on point of sale advertising and promotion and sponsorship		1	
20	Ban tobacco companies' sponsored event and activity		1	
21	Ban to receive donation (in kind or cash) from tobacco companies		1	
22	Law/regulation requires fines for violations of advertising ban		1	
Law/regulation to ban display of tobacco products at point-of-sale (POS), the sale to minors and prevent industry interference				
23	Ban display of tobacco products at the point-of-sale		2	
24	Ban the sale of tobacco products to minors		1	
25	Law/regulation requires fines for violations of banning display of tobacco products at POS		1	
26	Law/regulation requires fines for selling of tobacco products to minors		1	
27	Local government's code-of-conduct/ policy to manage conflict of interest and prevent tobacco companies interferences		2	
Structure				
Monitoring tobacco use and prevention policies				
28	Local tobacco control evaluation framework and its implementation yearly		2	
29	Availability of periodic smoking prevalence data		2	
30	Periodic compliance monitoring of smokefree and other tobacco control policies		2	
31	City/district achieved at least 80% compliance rates with smokefree policies		3	
32	City/district achieved at least 80% compliance rates with outdoor advertising ban		2	
33	City/district achieved at least 80% compliance rates with ban on display of tobacco products at the point-of-sale		2	
34	Quarterly tobacco control review and reporting system to the subnational leader (regent/mayor)		1	
35	City/district updates the Ministry of Health smokefree dashboard		1	

No.	Index Indicators	Present (P)/ Absent (A)	Weighted Score	Score achieved
Implementation and enforcement of tobacco control policies at subnational level				
36	An active task force to enforce smokefree and TAPS ban exists		2	
37	Monthly random inspection of smokefree venues		2	
38	Monthly random inspections of TAPS ban		2	
39	Monthly random inspections of display ban at POS		2	
40	Monthly random inspection for selling of tobacco products to minors		1	
41	Availability public complaint mechanism for smokefree and TAPS ban violations		1	
42	Response system that requires an investigation after a complaint and findings of violations		1	
Program of smoking cessation				
43	Brief advice of smoking cessation in primary health care		2	
44	Smoking cessation program available in routine TB services		2	
45	Smoking cessation clinic is established		1	
46	Trained staff on smoking cessation are in place in health centre		1	
47	Recording of smoking status in medical records		2	
48	Quarterly review and evaluation of smoking cessation program		1	
Integration of tobacco control in health and development plan				
49	Tobacco control integrated into NCD program		2	
50	Tobacco control integrated into Environmental program		1	
51	Tobacco control in family health and maternal & child health program		1	
52	Tobacco control in child protection program		1	
53	Tobacco control in stunting and nutrition program		1	
54	Tobacco control in poverty eradication program		1	
55	Tobacco control in school health program		1	
56	Tobacco control in village development program		1	
Tobacco Control program structures				
57	Functional Tobacco control Unit		2	
58	Focal person for tobacco control		1	
59	Availability of trained dedicated staff for tobacco control		1	
Resources				
Tobacco Control resources				
60	Availability of tobacco control technical guidelines		1	
61	Yearly local government tobacco control plan with detail activities		2	
62	Yearly allocation of local budget for tobacco control activities		3	
63	Yearly use of subnational tobacco tax for tobacco control activities		2	
64	More than 25% of amount received from subnational tobacco tax used for tobacco control		3	
65	Yearly evaluation to assess effectiveness of use of subnational tobacco tax		2	
66	Inter-departmental coordination mechanism for tobacco control		1	
67	Training plan and budget on tobacco control for health staff		2	
68	Yearly budget allocation for smokefree implementation and enforcement		1	
69	City/district plan and budget for mass media and public awareness		1	
Multi-sectoral coordination and collaboration in tobacco control				
70	Established multi-sectoral coordination mechanism across relevant stakeholders		2	
71	Functional civil society network for tobacco control		1	
72	Representation of civil society, academics, youth, and media in multi-sectoral coordination mechanism		1	
73	University's engagement in local research on tobacco control		1	
Total score			100	

INDICATOR DEFINITIONS



Picture 2: Youth for tobacco control policy to ban smoking, e-cigarettes, and other tobacco products

POLICIES

COMPREHENSIVE SMOKEFREE LAWS, REGULATION, POLICIES EXIST

The city/district has 100% smokefree policies that ban smoking, use of electronic cigarettes and all other forms of tobacco products in all public places, work places and public transport. Definitions for different smokefree public places can be found in indicators 1 to 15.

1. HEALTH-CARE FACILITIES INCLUDING HOSPITALS

In the healthcare facilities: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned indoors as well as outdoors within the compound extending from the entrance gate. The policy also prohibits tobacco sales, advertising, promotion and sponsorship. Health facilities include healthcare providers such as hospitals, community health centers (Puskesmas), clinics, and private practices for doctors, midwives, and other healthcare professionals.

2. EDUCATIONAL FACILITIES INCLUDING UNIVERSITIES

In the education facilities: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned indoors as well as outdoors within the compound extending from the entrance gate. The policy also prohibits tobacco sales, advertising, promotion, and sponsorship. This educational facility includes colleges, universities, high schools, academies, institutes, as well as non-formal education institutions.

3. GOVERNMENT BUILDINGS AND FACILITIES

In the government buildings: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned indoors. The policy also prohibits tobacco sales, advertising, promotion, and sponsorship.

4. INDOOR OFFICES AND WORKPLACES

In offices and workplaces: smoking, the use of electronic cigarettes, and all other forms of tobacco products are prohibited in all indoor places. The policy also prohibits tobacco sales, advertising, promotion and sponsorship.

5. HOTELS AND RESTAURANTS

In hotels and restaurants: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned all indoor places.

6. CAFES, PUBS AND BARS

In cafes, pubs, and bars: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned in all indoor places, including cafes, pubs, and bars.

7. SHOPPING PLACES (MODERN AND TRADITIONAL RETAILERS)

In the shopping places: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned in all indoor places.

8. CHILD-CARE FACILITIES AND CHILDREN PLAYGROUNDS

In the childcare and children's playgrounds: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned indoors and outdoors within the compound extending from the entrance gate. The policy also prohibits tobacco sales, advertising, promotion, and sponsorship.

9. RELIGIOUS FACILITIES

In the religious facilities: smoking, the use of electronic cigarettes, and all other forms of tobacco products are banned indoors as well as outdoors within the compound extending from the entrance gate. The policy also prohibits tobacco sales, advertising, promotion and sponsorship.

10. PUBLIC TRANSPORT

In public transport: smoking, the use of electronic cigarettes and all other forms of tobacco products are prohibited on public transportation vehicles and at stations. Tobacco advertising, promotion, and sponsorship and the sale of cigarette products are also prohibited.

11. SPORT FACILITIES

In sports facilities: smoking, the use of electronic cigarettes and all other forms of tobacco products are banned indoors and outdoors within the compound extending from the entrance gate. The policy also prohibits tobacco advertising, promotion, and sponsorship.

12. SMOKEFREE REGULATION REQUIRES FINANCIAL SANCTIONS ON THE FACILITY/MANAGEMENT

Financial sanctions: regulation requires a monetary penalty on management for noncompliance with smokefree regulations such as, where patrons or workers are found smoking, using e-cigarettes or any form of tobacco products, and not displaying no smoking signage.



Picture 3: Enforcement agency removing tobacco billboard

13. SMOKEFREE REGULATION REQUIRES FINES ON THE SMOKER

Financial fines: regulation requires a monetary fine for any individual who violates smokefree policies by smoking in places where smoking or the use of e-cigarettes & any form of tobacco product is banned.

14. SMOKEFREE REGULATION REQUIRES ADMINISTRATIVE SANCTION ON THE FACILITY/MANAGEMENT

Administrative sanction: regulation requires administrative sanctions which includes warnings, suspensions, or revocation of licenses when a violation of smokefree policies is identified.

15. SMOKE FREE REGULATION IN THE FORM OF A BYLAW

Smokefree bylaw: The city has a bylaw (perda) that bans smoking, the use of e-cigarettes, and other forms of tobacco products in all public places, workplaces and public transport. It also includes provisions of financial and administrative sanctions for non-compliance.

LAW/REGULATION TO BAN TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP (TAPS) EXIST

The city/district has a policy that bans tobacco advertising, promotion and sponsorship. This can include provincial regulation, or regent/mayor's regulation.

16. BAN TOBACCO BILLBOARDS AND OUTDOOR ADVERTISEMENTS

The city/district has a policy that bans all types of outdoor tobacco advertising including signs, billboards, banners, posters, or other outdoor advertising displays to promote tobacco products.

17. BAN TOBACCO ADS IN THE LOCAL NEWS PAPER & MAGAZINES

The city/district has a policy that bans all types of tobacco advertising in all local print publications such as newspapers and magazines.

18. BAN TOBACCO ADS IN LOCAL TV AND RADIO

The city/district has a policy that bans all types of tobacco advertising on all broadcast media, such as local television and radio.

19. BAN ON POINT OF SALE ADVERTISING AND PROMOTION

The city/district has a policy that bans all types of advertising and promotion of tobacco products in retail settings, where tobacco products are sold, such as convenience stores, gas stations, and supermarkets.

20. BAN ON TOBACCO COMPANY SPONSORED EVENTS & ACTIVITIES

The city/district has a policy that bans any financial support provided by tobacco companies to any public organizations, any public events, or activities in exchange for branding and promotional opportunities.

21. BAN ON RECEIVING DONATIONS (IN KIND OR CASH) FROM TOBACCO COMPANIES

The city/district has a policy that bans individuals or organizations from accepting donations in any form or sponsorships from companies that manufacture or sell tobacco products.

22. LAW/REGULATION REQUIRES FINES FOR VIOLATIONS OF ADVERTISING BAN

The city/district has a policy that imposes monetary penalties on individuals, companies, or organizations for violations of the regulation on banning tobacco advertising.



Picture 4: Youth for tobacco control in Kulon Progo district

LAW/REGULATION TO BAN DISPLAY OF TOBACCO PRODUCTS AT THE POINT-OF-SALE (POS), THE SALE TO MINORS & PREVENT INDUSTRY INTERFERENCE

The city/district has a policy that bans the display of tobacco products at the point-of-sale, the sales to minors (persons under the age of 18) and prevent industry interferences.

23. BAN ON DISPLAY OF TOBACCO PRODUCTS AT THE POINT-OF-SALE

The city/district has a policy that bans the display of tobacco products, including cigarettes and other tobacco products, in any retail settings where they are sold.

24. BAN ON THE SALE OF TOBACCO PRODUCTS TO MINORS

The city/district has a policy that bans selling of tobacco products to minors (persons under age of 18).

25. LAW/REGULATION REQUIRES FINES FOR VIOLATIONS OF BANNING DISPLAY OF TOBACCO PRODUCTS AT POINT-OF-SALE

The city/district has a policy that imposes monetary and administrative penalties for retail outlets where a violation of the ban on display of tobacco products at the point-of-sale are found.

26. LAW/REGULATION REQUIRES FINES FOR SELLING OF TOBACCO PRODUCTS TO MINORS

The city/district has a policy that imposes monetary penalties for retail outlets where the sale of tobacco products to minors at the point-of-sale are found.

27. LOCAL GOVERNMENT CODE-OF-CONDUCT/ POLICY TO MANAGE CONFLICT OF INTEREST AND PREVENT TOBACCO COMPANIES INTERFERENCES

The city/district has a set of rules and guidelines that define the standards of behaviour expected from all government staff with regards to interaction with the tobacco industry.

STRUCTURE

MONITORING TOBACCO USE AND PREVENTION POLICIES

The city/district has regular monitoring mechanisms to evaluate the effectiveness of tobacco use prevention policies. These include compliance surveys, random inspections, other enforcement activities and prevalence surveys. The purpose of this monitoring is to ensure that tobacco control policies are being implemented effectively and achieving their intended goals of reducing tobacco use and exposure to secondhand smoke.

28. LOCAL TOBACCO CONTROL EVALUATION FRAMEWORK AND ITS IMPLEMENTATION YEARLY

The city/district has a framework to evaluate of tobacco control programs on yearly basis with Key Performance Indicators (KPIs).

29. AVAILABILITY OF PERIODIC SMOKING PREVALENCE DATA

The city/district has information on recent, representative, and periodic smoking prevalence data for both adults and youth.

30. PERIODIC COMPLIANCE MONITORING OF SMOKEFREE AND OTHER TOBACCO CONTROL POLICIES

The city/district conducts compliance monitoring of the implementation of smokefree laws and other regulations including the TAPS ban, and ban on the display of tobacco products at POS at least on a yearly basis. This includes the presence of regular observation and evaluation of compliance with laws, regulations, and policies related to tobacco use in public places and workplaces.

31. CITY/DISTRICT ACHIEVED AT LEAST 80% COMPLIANCE RATES WITH SMOKEFREE POLICIES

Of the venues monitored, at least 80% of them (including public places, workplaces, and public transport) are found zero evidence of smoking and use of other forms of tobacco.

32. CITY/DISTRICT ACHIEVED AT LEAST 80% COMPLIANCE RATES WITH OUTDOOR ADVERTISING BAN

Of the venues monitored, at least 80% of venues are found zero tobacco advertising including billboards, posters, banners, etc.

33. CITY/DISTRICT ACHIEVED AT LEAST 80% COMPLIANCE RATES WITH A BAN ON THE DISPLAY OF TOBACCO PRODUCTS AT THE POINT-OF-SALE

Of the point-of-sales monitored, at least 80% of them are found with a ban on the display of tobacco products.

34. QUARTERLY TOBACCO CONTROL REVIEW AND REPORTING SYSTEM TO THE SUBNATIONAL LEADER (REGENT/MAYOR)

The city/district has a quarterly review and reporting mechanism on tobacco control programs to the Regent/Mayor.

35. CITY/DISTRICT UPDATES THE MINISTRY OF HEALTH SMOKEFREE DASHBOARD

The city/district reports on the enforcement and implementation of smokefree environments through the Ministry of Health's smokefree dashboard at least on a monthly basis.

IMPLEMENTATION AND ENFORCEMENT OF TOBACCO CONTROL POLICIES AT SUBNATIONAL LEVEL

Implementation of tobacco control policies at the subnational level refers to the monitoring and enforcement activities of the policies regarding smokefree, banning tobacco advertising, and banning the display of tobacco products at POS.



Picture 5: Enforcement agency removing banner of tobacco marketing

36. AN ACTIVE TASK FORCE TO ENFORCE SMOKEFREE AND TAPS BAN EXISTS

The city/district has an official smokefree task force containing a group of individuals or organizations that are dedicated to promoting and enforcing smokefree policies. These individuals or organizations includes civil polices, health officials, legal bureau, sanitation officers, civil society, public health agencies and other relevant stakeholders. The task force routinely discuss the plan and evaluate the progress of the smoke free enforcement against agreed workplan and KPIs.

37. MONTHLY RANDOM INSPECTION OF SMOKEFREE VENUES

The city/district conducts a monthly random inspection of smokefree establishments. These inspections can be independent or combined with existing inspection mechanisms such as business licensing inspections, health and sanitation inspections, inspections for workplace health and safety, and fire safety inspections.

38. MONTHLY RANDOM INSPECTIONS OF TAPS BAN

The city/district conducts a monthly random inspection to monitor the implementation of TAPS ban requirements.

39. MONTHLY RANDOM INSPECTIONS OF DISPLAY BAN AT POS

The city/district conducts monthly random inspections to monitor the implementation of the display ban of the tobacco products at point-of-sale.

40. MONTHLY RANDOM INSPECTION FOR SELLING OF TOBACCO PRODUCTS TO MINORS

The city/district conducts random inspections to the point-of-sale to monitor the sale of tobacco products to minors.

41. AVAILABILITY OF A PUBLIC COMPLAINT MECHANISM FOR SMOKEFREE AND TAPS BAN VIOLATIONS (E.G. ONLINE APPLICATION, HOTLINE OR WEBSITE)

The city/district has web-based applications, software programs or any other public reporting mechanism designed for government and public to lodge a complaint for smokefree and TAPS ban violations.

42. RESPONSE SYSTEM THAT REQUIRES AN INVESTIGATION AFTER A COMPLAINT

The city/district requires an investigation to be conducted on complaints lodged through the public complaint mechanism.

SMOKING CESSATION PROGRAM

The city/district has smoking cessation programs that are structured interventions designed to help individuals quit smoking. Such programs may include a range of strategies and resources to support smokers in their efforts to quit, including counseling, medication, and behavioral therapy. They may be offered in a variety of settings, including healthcare facilities, community centers, workplaces, or quit line. Support may be offered by healthcare professionals, trained counselors, or peer support groups.

43. BRIEF ADVICE OF SMOKING CESSATION IN PRIMARY HEALTH CARE

Brief advice on smoking cessation is offered in all health centres through primary health system to all patients.

44. SMOKING CESSATION PROGRAM AVAILABLE IN ROUTINE TB SERVICES

Brief advice on smoking cessation is offered to all TB patients in routine TB services.

45. SMOKING CESSATION CLINIC IS ESTABLISHED

The city/district has at least one dedicated smoking cessation clinic.

46. TRAINED STAFF ON SMOKING CESSATION ARE IN PLACE IN HEALTH CENTRE

The city/district has conducted training for health care staff to provide smoking cessation support in health centres.

47. RECORDING OF SMOKING STATUS IN MEDICAL RECORDS

The city/district has a mandatory system to record the smoking status of each patient.

48. QUARTERLY REVIEW AND EVALUATION OF SMOKING CESSATION PROGRAM

The city/district has mechanism to conduct quarterly evaluation of the smoking cessation programs to determine if the activities have met their expected objectives.

INTEGRATION OF TOBACCO CONTROL IN HEALTH AND DEVELOPMENT PLAN

The city/district has integrated tobacco control into other health and development programs.

49. TOBACCO CONTROL INTEGRATED INTO NCD PROGRAM

The city/district has incorporated tobacco control measures into broader public health efforts to prevent and manage noncommunicable diseases (NCDs) such as heart disease, cancer, diabetes, and respiratory illnesses.

50. TOBACCO CONTROL INTEGRATED INTO ENVIRONMENTAL PROGRAM

The city/district has incorporated tobacco control measures into programs to protect from negative environmental impacts.



Picture 6: Poster for "Invest in Tobacco Control to END Tuberculosis" webinar



Picture 7: Dr. Hasto Wardoyo (Regent of Kulon Progo), covering tobacco product displays with health warnings

51. TOBACCO CONTROL IN FAMILY HEALTH AND MATERNAL & CHILD HEALTH PROGRAM

The city/district has integrated tobacco control measures into family health, maternal and child health programs such providing smoking cessation services to parents and caregivers, implementing smoke-free homes and cars, increasing awareness of the dangers of secondhand smoke, and promoting tobacco-free pregnancies.

52. TOBACCO CONTROL IN CHILD PROTECTION PROGRAM

The city/district has integrated tobacco control measures within efforts to protect the rights, health, and well-being of children.

53. TOBACCO CONTROL IN STUNTING AND NUTRITION PROGRAM

The city/district has integrated tobacco control measures within efforts to control malnutrition and stunting in children.

54. TOBACCO CONTROL IN POVERTY ERADICATION PROGRAM

The city/district has integrated tobacco control measures within efforts to reduce poverty and improve economic opportunities for disadvantaged populations.

55. TOBACCO CONTROL IN SCHOOL HEALTH PROGRAM

The city/district has integrated tobacco control measures within school health programs with the aim of preventing tobacco use and exposure among students, teachers, and staff in educational settings.

56. TOBACCO CONTROL IN VILLAGE DEVELOPMENT PROGRAM

The city/district has integrated tobacco control measures within village development programs.

TOBACCO CONTROL PROGRAM STRUCTURES

The city/district has established a dedicated tobacco control unit with a designated focal point and trained staffs.

57. FUNCTIONAL TOBACCO CONTROL UNIT

The city/district has a government tobacco control unit, designated specifically to develop, lead, and manage tobacco control policy, plans, and implementation.

58. FOCAL PERSON FOR TOBACCO CONTROL

The city/district has assigned a government staff with specific responsibility for leading and coordinating tobacco control in the city.



Picture 8: Random monitoring of implementation of smokefree and ban display of tobacco products at the POS in Bogor City

59. AVAILABILITY OF TRAINED DEDICATED STAFF FOR TOBACCO CONTROL

The city/district has trained staff who are solely focused on tobacco control activities and programs in the city.

RESOURCES

TOBACCO CONTROL RESOURCES

The city/district has infrastructure and resources needed to ensure sustainability of the tobacco control program.

60. AVAILABILITY OF TOBACCO CONTROL TECHNICAL GUIDELINES

The city/district has a set of technical guidelines for tobacco control that include instructions on policy development, implementation, enforcement, monitoring, education, and communication.

61. YEARLY LOCAL GOVERNMENT TOBACCO CONTROL PLAN WITH DETAIL ACTIVITIES

The city/district has a regular monitoring and an annual evaluation plan for tobacco control programs. These include policy development, implementation, enforcement, education, and communication, as well as monitoring and evaluation.

62. YEARLY ALLOCATION OF LOCAL BUDGET FOR TOBACCO CONTROL ACTIVITIES

The city/district has an annual budget for tobacco control programs, covering areas such as policy development, implementation, enforcement, education, and communication, as well as monitoring and evaluation.



Picture 9: Enforcement agency removing posters of tobacco marketing

63. YEARLY USE OF SUBNATIONAL TOBACCO TAX FOR TOBACCO CONTROL ACTIVITIES

The city/district utilises the subnational tobacco tax for tobacco control activities that includes public education and awareness campaigns, smokefree policy enforcement, cessation programs, training and capacity building programs for government staff and monitoring and evaluation efforts.

64. MORE THAN 25% OF THE AMOUNT RECEIVED FROM SUBNATIONAL TOBACCO TAX USED FOR TOBACCO CONTROL

City and district government allocated and used more than 25% of the amount received from subnational tobacco tax for tobacco control program.

65. YEARLY EVALUATION TO ASSESS EFFECTIVENESS OF USE OF SUBNATIONAL TOBACCO TAX

The city/district conducts an annual assessment to check if the revenue received from tobacco taxes is being used effectively to support tobacco control programs in the city and district.

66. INTER-DEPARTMENTAL COORDINATION MECHANISM FOR TOBACCO CONTROL

The city/district has a committee (or other appropriate structure) that enables communication and collaboration between relevant government departments on tobacco control – health, finance, education, public relations, civil police etc. – that meets quarterly and reports to the Mayor/Regent.

67. TRAINING PLAN AND BUDGET ON TOBACCO CONTROL FOR HEALTH STAFF

The city/district has set aside funds for capacity-building (training, competency development, and updating of knowledge and skills) of health staff whose job specifically entails a remit to work on tobacco control.

68. YEARLY BUDGET ALLOCATION FOR SMOKEFREE IMPLEMENTATION AND ENFORCEMENT

The city/district has an annual budget allocation for implementation and enforcement of smokefree policies, including policy implementation, compliance, education, communication, and evaluation.

69. CITY/DISTRICT PLAN AND BUDGET FOR MASS MEDIA AND PUBLIC AWARENESS

The city/district has allocated resources for mass media and public awareness campaigns aimed at raising awareness about the tobacco control laws and the harmful effects of tobacco use.

MULTI-SECTORAL COORDINATION AND COLLABORATION IN TOBACCO CONTROL

The city/district has adopted collaborative efforts across sectors for comprehensive tobacco control measures.

70. ESTABLISHED MULTI-SECTORAL COORDINATION MECHANISM ACROSS RELEVANT STAKEHOLDERS

The city/district has a mechanism to enable collaborative effort and communication across relevant sectors for tobacco control including government departments, professional organizations, civil societies, academics, religious groups, youth and others.

71. FUNCTIONAL CIVIL SOCIETY NETWORK FOR TOBACCO CONTROL

The city/district has a coalition of civil society organizations working together to promote tobacco control policies and initiatives.

72. REPRESENTATION OF CIVIL SOCIETY, ACADEMICS, YOUTH, AND MEDIA IN MULTI-SECTORAL COORDINATION MECHANISM

The city/district has formally required the representation of civil society, academics, youth, and media in multi-sectoral coordination mechanism relating to tobacco control.

73. UNIVERSITY'S ENGAGEMENT IN LOCAL RESEARCH ON TOBACCO CONTROL

The city/district collaborates with local universities to generate local evidences to support tobacco control policies and programs.



Picture 10: Participants of 7th APCAT Summit during field trip to Klungkung district in Bali to observe implementation of smokefree and ban tobacco advertising

AIMS AND LIMITATIONS

The central purpose of the ITCS is to ensure the critical building blocks for tobacco control sustainability are in place. The ITCS will be most effectively used in conjunction with the core international processes for WHO FCTC monitoring and the Global Tobacco Surveillance Systems.

The rationale for the ITCS binary rating system: **present/absent** places emphasis on ensuring critical structures, policies, and resources are in place. This enables assessment to take place across varied provinces and cities, in order to clearly identify gaps. Our overarching aim is to enable sub-national leaders to draw out the information needed to strengthen and sustain their tobacco control systems.

Nonetheless, we recognize that this binary rating system cannot reflect the complex realities of tobacco control. While ‘policies’, ‘structures’, and ‘resources’ may sound ‘black and white’, in practice some factors are open to interpretation, and judgment calls are required. If the sum of evidence suggests that an indicator is not fully present then it must be rated absent – this is a prompt for progress. The recommendation is that provinces, cities, and districts convene multi-stakeholder focus group discussions (FGD), key informant interviews (KII), and documents review to identify the **presence or absence** of indicators. The binary rating system precludes judgments about the quality or implementation of a policy, resource, or structure.

If the process to put a policy, structure, or resource in place is underway at the time of the assessment it should be considered ‘absent’ until the policy, resource, or structure is formally in place. In this way, an ITCS assessment should be viewed as a ‘snapshot in time’, capturing a moment in an evolving situation. Repeat assessments can be useful for gauging progress over time.



Picture 11: Chair of Asia Pacific Cities Alliance for Health and Development (APCAT) and Mayor of Bogor City Dr. Bima Arya at smokefree public campaign

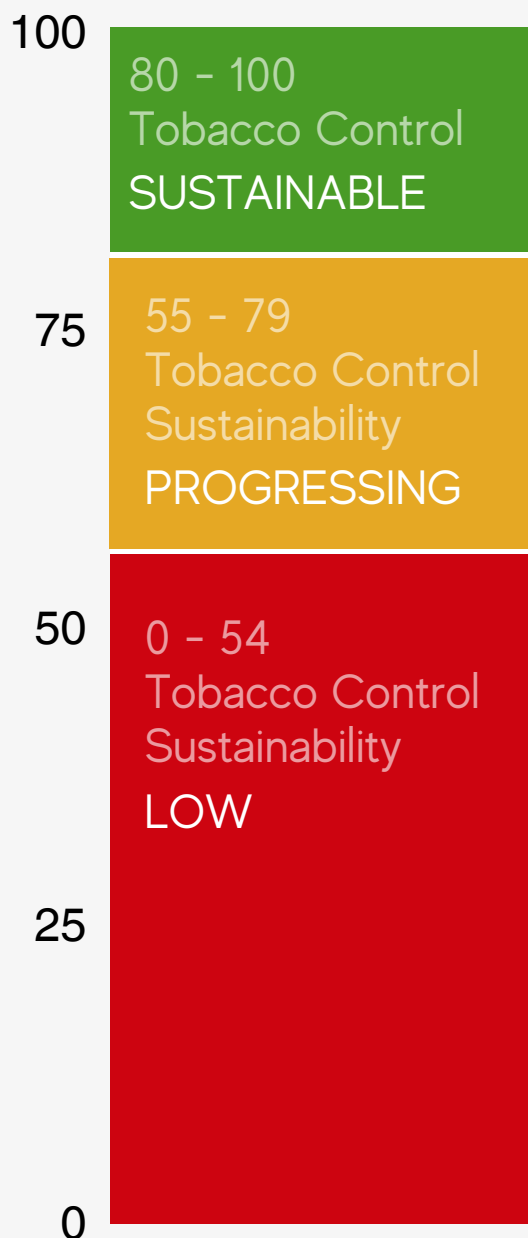
THRESHOLDS

The ITCS provides an overall indication of the level of sustainability of tobacco control in a province, city and district.

In order to be considered sustainable, a province, city, or district must score 80 or more. Even with a high ITCS score, there may still be gaps in its policies and structures. Completing an assessment identifies these gaps and creates a baseline from which to work.

Having established that these building blocks are in place, countries must then ensure that they are functioning at a level that will reduce tobacco use effectively. Policies that were initially established at a lower level must be strengthened and implemented to reduce tobacco consumption, and budgets allocated for tobacco control must be maintained.

A province, city, or district that scores below the threshold of tobacco control sustainability requires further efforts to put in place the structures, resources and policies that will improve the durability of sub-national tobacco control. They can use the ITCS assessment to identify gaps and to prioritise future actions.



COMPLETE AN ASSESSMENT

Our goal in creating this tool is to assist any sub-national leader in their vital tobacco control work – to ensure precious funds and resources for public health are invested with the greatest efficiency and impact, securing greater physical and economic health.

Feedback so far has indicated that undergoing an assessment gives sub-national leaders a holistic overview of their local tobacco control program, and can draw relatively disparate projects and stakeholders together. This in itself can help progress towards sustainability as an overlap between organizations can be identified and resources used more strategically.

As provinces, cities, and districts complete assessments over time, achievements can be reported across media, which also helps build awareness for and support of national efforts to reduce tobacco use and protect and promote health. We recommend you complete an assessment yearly to track progress towards sustainability.



Picture 12: Vice Minister, Ministry of Health Indonesia with youths at commemoration of World No Tobacco Day 2023



Picture 13: Chairman of the Association of Indonesian Subnational Health Authorities (ADINKES), Dr. M. Subuh, MPPM, in a policy meeting on the implementation of Smoke-Free Areas with Mayor Rahmad Mas'ud, S.E., M.E, and the Regional Government in Balikpapan

SUSTAINABILITY INDICATORS ACHIEVED

POLICIES

Comprehensive smokefree regulations present in

- Healthcare facilities
- Educational facilities
- Government buildings
- Indoor offices and workplaces
- Hotels and restaurants
- Cafes, pubs and bars
- Shopping places
- Child-care facilities and children playgrounds
- Religious facilities
- Public transport
- Sport facilities

Presence of regulation requiring

- Banning tobacco billboards and outdoor advertisements
- Banning tobacco ads in the local newspaper, magazines, local TV and radio
- Banning on point-of-sale advertising and promotion
- Banning the sale of tobacco products to minors
- Fines for violations of advertising ban
- Fines for selling of tobacco products to minors
- Financial sanctions on the facility/management
- Fines on the smoker
- Administrative sanction on the facility/management

STRUCTURE

- Local tobacco control evaluation framework and its implementation yearly
- Availability of periodic smoking prevalence data
- Periodic compliance monitoring of smokefree and other tobacco control policies
- Achieved more than 80% compliance rates with smokefree policies and outdoor advertising ban
- Regularly update the Ministry of Health's smokefree dashboard
- Active task force to enforce smokefree and TAPS ban exists
- Monthly random inspections of smokefree venues, TAPS Ban and the sale of tobacco products to minors
- Availability of a public complaint mechanism for smokefree and TAPS ban violations and a response system for that
- Tobacco control integrated into NCD program, stunting and nutrition programs and school health program
- Functional Tobacco control Unit presence with dedicated focal person and trained staff

RESOURCES

- Availability of tobacco control technical guidelines
- Yearly local government tobacco control plan with detail activities
- Yearly allocation of local budget for tobacco control activities
- Yearly use of subnational tobacco tax for tobacco control activities
- More than 25% of the amount received from subnational tobacco tax used for tobacco control
- Inter-departmental coordination mechanism for tobacco control
- Training plan and budget on tobacco control for health staff
- Yearly budget allocation for smokefree implementation and enforcement
- Plan and budget for mass media and public awareness
- Established multi-sectoral coordination mechanism across relevant stakeholders
- Functional civil society network for tobacco control
- Representation of civil society, academics, youth, and media in multi-sectoral coordination mechanism
- University's engagement in local research on tobacco control

SUSTAINABILITY INDICATORS FOR FURTHER DEVELOPMENT

POLICIES

- Smoke free regulation in the form of a bylaw
- Ban on tobacco company sponsored events and activities
- Ban on receiving donations (in kind or cash) from tobacco companies
- Ban on display of tobacco products at the point-of-sale
- Fines for violations of banning display of tobacco products at POS
- Local government's Code-of-conduct/ policy to manage conflict of interest and prevent tobacco companies' interferences

STRUCTURE

- More than 80% compliance rates with ban on display of tobacco products at the point-of-sale
- Quarterly tobacco control review and reporting system to the subnational leader (regent/mayor)
- Monthly random inspections of display ban at POS
- Programs for tobacco cessation services and regular monitoring
- Tobacco control integrated into environmental program, family health and maternal & child health program, child protection programs, poverty eradication program, and village development program

RESOURCES

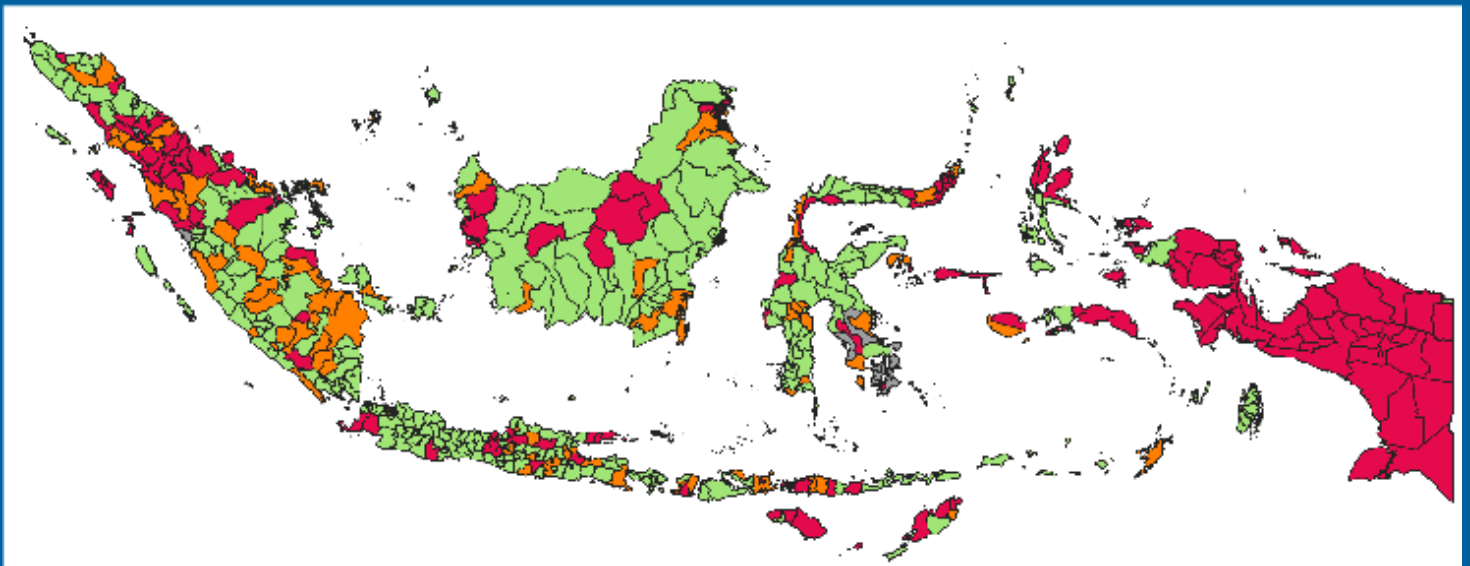
- Yearly evaluation to assess effectiveness of use of subnational tobacco tax

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Picture 14: Random Inspection to monitor smokefree implementation led by Assistant Mayor in Makassar City



Picture 15: Distribution of 100% smokefree cities and districts (in green colour) in Indonesia