

## CHAPTER 2

### GLOBAL TOBACCO EPIDEMIC AND THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

The second chapter of this undergraduate thesis will explain about Framework Convention on Tobacco Control (FCTC) as an international regime under the United Nation's World Health Organization. This chapter will include the history and establishment process of FCTC, the rules and regulations set by the regime, the member countries and how the regime is implemented. The importance of ratifying the FCTC and how it will affect the parties of the regime will also be explained in order to build better understanding. To begin the chapter, a description on global tobacco epidemic will deliver the background of the FCTC formation.

#### **A. Global Tobacco Epidemic: The Impact of Tobacco-Related Problems**

Tobacco has become an increasing global epidemic in the last decades. By the beginning of the 20<sup>th</sup> century, tobacco epidemic was a huge problem of public health which led to the increase of premature death. Global tobacco consumption caused at least 3.5 million of deaths in 1998.<sup>23</sup> The high rate of tobacco consumption has contributed in the decline of standard of health and human quality of life. More importantly, tobacco problems do not only affect the health matter within the society in the global level, but also affect the economy and social matter. Health's contribution in economic progress remains important since

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<sup>23</sup> Resolution WHA 52.18 towards a WHO framework convention on tobacco control in *Fifty-second World Health Assembly May 1999* retrieved from [http://www.who.int/tobacco/framework/wha52\\_18/en/index.html](http://www.who.int/tobacco/framework/wha52_18/en/index.html) on September 24, 2014.

healthy people live longer and are more productive.<sup>24</sup> Tobacco problems mainly occur within the poor. Smokers who are financially weak tend to spend their money to buy tobacco products instead of fulfilling their basic needs such as meal, shelter, education and health care. Their physical health tend to be weakened by the smoking habit as their bodies are at higher risk of getting ill. When they are not healthy, the cost for health care is needed. These problems are in a circle which connect tobacco use and poverty.<sup>25</sup>

Globalization has eased the spread of tobacco epidemic. Along with the spread of multinational industries, there was also a shift of tobacco epidemic from the developed to the developing countries. The United States' Food for Peace Program after the Second World War massively contributed the global spread of tobacco epidemic by exporting tobacco to mostly developing countries. In late 1960, tobacco sale by the US and the UK significantly influenced the global market. This made a major increasing of international sales in 1980s and succeeded the US cigarette manufacturing which was able to ship 220 billion of cigarette abroad in 1994. The spread of tobacco epidemic contributed by the business expansion of the large US and UK's Multi National Companies (MNCs) for tobacco products was a leading cause of the increasing rate of smoking habit in the developing countries as they applied an effective and sophisticated

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<sup>24</sup> OIC Health Report 2013 by Statistical Economic and Social Research and Training Centre for Islamic Countries of Organisation of Islamic Cooperation page 1.

<sup>25</sup> WHO. 2004. *Tobacco Increases Poverty of Individuals and Families*. Retrieved from [http://www.who.int/tobacco/communications/events/symtd/2004/en/factsindividuals\\_en.pdf](http://www.who.int/tobacco/communications/events/symtd/2004/en/factsindividuals_en.pdf).

advertising and promotion strategy which can give huge impact on human health quality and the change of lifestyle.<sup>26</sup>

The phenomena of global tobacco epidemic was brought to be discussed in several meetings of the United Nation's World Health Organization (WHO). It brings the initiative to form a framework convention on tobacco control which can be applied internationally. If tobacco control is only implemented by each country, it will not solve the complex problems with cross-border effects such as trade liberalization, foreign direct investment, global marketing, transnational tobacco advertising, promotion and sponsorship and also international movement of contraband and counterfeit cigarettes which increase tobacco consumption.<sup>27</sup> Therefore, a cross-border regulation on tobacco control is needed to make such effort effectively work. This then becomes the basic idea of the establishment of an international regime on public health under the WHO called Framework Convention on Tobacco Control (FCTC).

## **B. History of FCTC Establishment**

Tobacco use is an avoidable cause of mortality from Non-Communicable Diseases (NCDs). Framework Convention on Tobacco Control (FCTC) is an effort initiated by the United Nation's World Health Organization (WHO) to solve the problems caused by tobacco use.

According to the WHO's constitution (1948), organizations under the WHO and the WHO member countries have the responsibility of the attainment of all people of the highest level of health. FCTC was established in response to the

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<sup>26</sup> Action on Smoking and Health (ASH).2009.*Tobacco and the Developing World*. retrieved from [www.ash.org.uk](http://www.ash.org.uk)

<sup>27</sup> WHO Framework Convention on Tobacco Control: Foreword (2003)

globalization of the tobacco epidemic as the solution to solve and reduce the problems related to tobacco use and give more protection to the society. As stated in its objective:

“...to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke” (WHO, 2003)

FCTC is the first treaty under the WHO which reaffirms the right of people to the highest standard of health focusing on reducing the bad impacts of tobacco use in the society. It is an international regime addresses the demand and supply aspect of tobacco and also governance elements. As an international regime, it also requires national coordinating mechanism and prime focus for tobacco control.<sup>28</sup>

FCTC is an international regime which is brought by scientific data and information. Referring to Spector and Zartman’s regime dynamics in a post-agreement negotiation framework<sup>29</sup>, the formation of FCTC is part of the international component of the whole post-agreement negotiation framework. Negotiation in international level consists of three steps: regime formation negotiation, regime governance negotiation and regime adjustment.

#### **i. Regime Formation Negotiation**

Firstly, the idea to form such an international agreement on tobacco control under the WHO was brought by a report written by the WHO Expert Committee on Smoking Control in 1979. In 1989, Professor Mihajlov from the

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<sup>28</sup> UNDP. (2014). Development Planning and Tobacco Control

former Union of Soviet Socialist Republics published an article on the feasibility of an international law of tobacco control. He emphasized the importance of international health law to overcome the problems caused by tobacco and alcohol use. In 1993, a doctor from the United States of America named Ruth Roemer initiated a campaign to support the establishment of international legal treaty to overcome tobacco problems. Because of his initiative, a colleague of his named Dr. Taylor, along with Neil Collishaw from Canada started to draft the proposal of international law on tobacco control. Then, in the following years, they gained supports from many experts from various regions such as Asia and Africa. At the 9<sup>th</sup> World Conference on Tobacco Control and Health in Paris in 1994, a draft resolution which called for national governments, ministers of health and WHO member countries was released. The draft was to initiate the action to prepare international convention on tobacco control to be adopted by the United Nations. With the supports from tobacco control advocates and non-governmental organizations, the resolution finally passed.

## **ii. Regime Governance Negotiation**

The formation of international regime under the United Nations will involve the role of national governments and the UN organization members. When a draft resolution has passed, the negotiation process of establishing the regime can proceed to governance level. The supporting data from the 9<sup>th</sup> World Conference on Tobacco Control and Health was then brought to the World Health Assembly (WHA) in 1995.<sup>30</sup> WHA is an annual meeting of health ministers from all over the world and also health experts. Moreover, WHA has the authority and

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<sup>30</sup> History of the WHO Framework Convention on Tobacco Control (2000) by the WHO

power to be the highest policy-making body in WHO to protect and promote international public health including the preparation and adoption of standards, legislation, conventions and agreements.<sup>31</sup>

The members of WHA in 1995 requested WHO to conduct a research to prove whether or not an international instrument on tobacco control was needed. The WHA released the same request in the following year. The year of 1998 was quiet important moment when the newly elected WHO Director-General, Dr. Gro Brundtland, put tobacco control as the priority of her leading term. To show her commitment, she established the Tobacco Free Initiative (TFI) which then gained political and financial support from the United Nations and its organization such as the Food and Agriculture Organization (FAO), the International Labor Organization (ILO), the United Nations Children's Fund (UNICEF) and the World Bank to prepare a framework convention and to well address the related aspects of tobacco control. WHO was also in partnership with the United States Centers for Diseases Control and Prevention and the Canadian Public Health Association. As the follow up of the TFI, the Global Youth Tobacco Survey and Global Tobacco Surveillance System emerged as the first systems for tracking progress in tobacco control.<sup>32</sup>

The initiators of the framework convention on tobacco control considered the importance of involving the society in tobacco control. The TFI invited some non-governmental organizations (NGOs) who then played important role in the formation of framework convention on tobacco control. Those NGOs included

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<sup>31</sup>Basic Document: 45<sup>th</sup> Edition of Constitution of the World Health Organization by World Health Organization retrieved from [www.who.int/governance/cb/who\\_constitution\\_en.pdf](http://www.who.int/governance/cb/who_constitution_en.pdf) on September 24, 2014.

<sup>32</sup>Global Tobacco Surveillance System (GTSS) - <http://www.who.int/tobacco/surveillance/en/>

Corporate Accountability International and the International Nongovernmental Coalition against Tobacco. This partnership between TFI and some NGOs created the Framework Convention Alliance in 1998 which was financially supported by the UN and the UN Fund for International Partnership. The role of this alliance became significant as it was a global network of NGOs who worked in various aspect of tobacco control. It represented the role of civil society in the public policy making.

Finally, in 1999, the WHA released the draft of Framework Convention on Tobacco Control (FCTC) to be negotiated by its members. This 52<sup>th</sup> WHA produced two significant points in the resolution. Firstly, it established a working group to prepare the proposed draft elements. Secondly, an international negotiating body (INB) was created to draft and negotiate the proposed framework convention. The result of negotiation was reported annually in the WHA meeting in the following years. In May 2000, the WHA accepted the provisional text of the framework convention and called on the INB to start negotiating the framework convention.

### **iii. Regime Adjustment**

The provisional text of the FCTC draft has been approved. At this point, FCTC has reached the important and final stage which is called regime adjustment. The negotiations in which the INB involved took 2.5 years. Public hearings were also held before the first negotiation session by the INB began. The voices of some communities such as organizations who represented the tobacco stakeholders, public health communities, and also tobacco companies. The opinions were available for the INB and public to be consideration. Various

reactions, pros and cons, rised during the public hearings. Many rejections came from the anti-tobacco control communities especially the tobacco industries. Meanwhile, more NGOs, experts, and the society realized that tobacco brings more disadvantages rather than benefits. Some quoted opinions from the public hearings are as the followings:<sup>33</sup>

“The WHO’s proposed ‘Framework Convention on Tobacco Control’ is fundamentally flawed and will not achieve its objectives. The number of cultural, sectoral and geographic interests with a stake in the future of tobacco is very diverse. Consequently an agreed set of (nonregulatory) principles, freed from the constraints of the binding format proposed by the WHO, represents the only workable basis for the worldwide development policies. British American Tobacco’s framework would leave national governments free to develop the most appropriate policies for the specific circumstances of their country (and) put in place the necessary checks and balances to ensure tobacco companies are accountable for their actions.” (British American Tobacco)

“I come from a tobacco growing community in Mbeere District in kenya. In the past, I can recall seeing in every homestead dwellings, a livestock shed and a granary for storing agricultural produce for domestic consumption. But all that has changed with the introduction of tobacco as a cash crop. Tobbaco, the cash crop, has replaced the food crops and livestock and threatens the food security of every family. Yet tobacco is not yielding enough money for these people to buy food for subsistence and viable livelihoods. Governments, the United Nations and the WHO should listen to the farmers who have suffered under the hands of the tobacco industry.” (Litha Musyimi-Ogana, African Centre for Empowerment, Gender and Advocacy, Kenya)

Couples of negotiations by the INB in which diplomats and negotiators from many countries involved were held. In 2003, the final draft was finally agreed to be brought to the WHO official meeting.<sup>34</sup> In March 1, 2003, to be precise, the final text of the FCTC was sent to the WHA for adoption. Then, in the

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<sup>33</sup> *Public Hearings on the WHO Framework Convention on Tobacco Control* retrieved from [www.who.int/tobacco/framework/public\\_hearings/submissions/en/index.html](http://www.who.int/tobacco/framework/public_hearings/submissions/en/index.html) on September 24, 2014.

<sup>34</sup> Chamim, Mardiyah, Wahyu Dhyatmika, Farid Gaban, etc. 2011. *A Giant Pack of Lies Bongkah*



56<sup>th</sup> WHA in May 21, 2003, the WHO FCTC was adopted. To complete the FCTC, WHO also provided some supporting publications such as some handbooks on tobacco control and some policy recommendations for particular issues such as cessation and smoke-free area. Therefore, FCTC could be better and effectively implemented in national level and could become a guidance to establish tobacco control policy.

The negotiation process of FCTC has been a long journey. When it is established, the negotiation process need to proceed to the domestic level. The implementation of FCTC in domestic level will measure what Spector and Zartman calls as regime effectiveness.

As an important remark, as Laurent Hubert -member of Framework Convention Alliance- says, the FCTC is a platform to unite the society globally and in some cases regionally. The FCTC connects the governments, countries representatives and experts on tobacco control from all over the world and it moves to create a strong framework convention in order to bring about a positive policy changes in national level.

### **C. The Following Process: Signature and Ratification of the Convention**

Once the FCTC is established, WHO member countries have the chance to make a decision whether they would accept or reject the regime. As the impact of tobacco epidemic has reached the developing countries, being part of the FCTC became crucially important for the government of those countries. By being so, the developing countries are given the opportunity to involve in any FCTC negotiations. They may speak up their voices so that the decisions made in and solutions offered by the negotiations can represent and solve their problems on

tobacco control in domestic level. They can involve in the elements making of the FCTC and their interests can be influential in the process. However, as tobacco epidemic is a global and cross-border issue, it remains as a big concern of the government of the developed countries as well.

In order to become legal international treaty, FCTC has to be signed or ratified by at least 40 countries. Signatory is a political act done by the member country which indicates the country's agreement to ratify the regime or treaty and show its commitment not to oppose implementation of the provisions of the treaty by other states. However, signature of a convention does not legally bound. Ratification of the convention is the following step in the process. For countries who have signed the convention, they formally state their consent to be bound (by it) through a ratification process. Ratification is equivalent to acceptance and approval due to countries' political procedure.<sup>35</sup>

The FCTC was opened for signature from June 16-22, 2003 in WHO headquarter in Geneva then from June 30, 2003 to June 29, 2004 in New York. By the end of February 2004, FCTC was signed by 95 countries all over the world. In the last day for signatory which was June 29, 2004, the FCTC had 168 signatories and this made the FCTC the most widely embraced UN treaty. The first forty countries who made FCTC a part international law are<sup>36</sup>:

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<sup>35</sup> WHO Report on the Global Tobacco Epidemic. 2013. *Enforcing Bans on Tobacco Advertising, Promotion and Sponsorship*. The World Health Organization (WHO).

**Table 1.1: The First 40 Countries who Become the Parties of FCTC**

1 Norway	11 Myanmar	21 Iceland	31 Uruguay
2 Malta	12 Slovakia	22 Kenya	32 Madagascar
3 Fiji	13 Cook Islands	23 Nauru	33 France
4 Sri Lanka	14 Singapore	24 San Marino	34 Australia
5 Seychelles	15 Mauritius	25 Qatar	35 Pakistan
6 Mongolia	16 Maldives	26 Solomon Islands	36 Thailand
7 New Zealand	17 Mexico	27 Panama	37 Syrian Arab Republic
8 India	18 Brunei Darussalam	28 Jordan	38 Canada
9 Palau	19 Japan	29 Trinidad and Tobago	39 Ghana
10 Hungary	20 Bangladesh	30 Bhutan	40 Armenia

Source: World Health Organization

According to Dr. Katharina Peiry, a former external legal advisor to WHO, the FCTC is one of the fastest treaties to come into force. It began from a quiet chaotic negotiations with many pros and contras, some revisions of the texts, but then was followed by a rapid entry into force and a speedy development. It is important to understand that ratifying FCTC does not mean to immediately immobilize the tobacco industry of a country. Agreement towards the FCTC underlines how strong a country's commitment is to increase the quality of its human resources and protect the people from the bad impact of tobacco. Ratification process takes two steps: firstly, the government of a country should agree on the content of the FCTC and implement it based on the valid procedure;

secondly, the government should deliver the ratification instrument to the

Secretary General of the United Nations. Countries who are part of the Parties of the Convention are those who strive to ratify, accept, approve and show their political commitment by, then, agreeing to implement the rules and regulations stated under the convention.

Since FCTC has been ratified by more than 40 countries in the world, the FCTC finally entered into force in February 27, 2005. Signing the FCTC means that the parties has ratified and committed to the FCTC and are willing not to undermine the implementation of the rules and regulations which have been set. According to the latest data by the WHO, there are currently 179 parties to the WHO FCTC. The FCTC is open to the members of the WHO and non-members of WHO but are members of the United Nations and also regional economic integration organization which refers to an organization that is composed of several sovereign states and to which its member states have transferred competence over a range of matters including the authority to make decisions binding on its member states in respect of those matters.<sup>37</sup>

#### **D. FCTC Implementation**

Framework Convention on Tobacco Control (FCTC) has become the first treaty under the UN's WHO which is developed to response the global tobacco epidemic in which the implementation of this convention as tobacco control measures in national, regional and international level is expected to reduce the prevalence of tobacco use and exposure to tobacco smoke continually and substantially.<sup>38</sup>

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<sup>37</sup> Parties to the WHO Framework Convention on Tobacco Control retrieved from WHO Official Website: [http://www.who.int/fctc/signatories\\_parties/en/](http://www.who.int/fctc/signatories_parties/en/) on June 28, 2014.

<sup>38</sup> [http://www.who.int/fctc/signatories\\_parties/en/](http://www.who.int/fctc/signatories_parties/en/) on June 28, 2014.

Gaining support from many countries, represented by their governments, as well as individuals who struggle for their rights to have a better standard of living, the FCTC has strengthened its commitment to become a means for public health which is implemented at country level. By being implemented at country level, FCTC will be followed by certain policies related to tobacco use, mainly in consumption and production matter, in which in order to be effectively implemented there should be active role of government. As stated by the WHO's Director General Dr. Jong-Wook Lee,

“The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level. The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all.” (Lee, 2003)

Prioritizing the need to protect the public health has become the main concern that the FCTC has tried to enforce its member parties to do through the implementation of the rules and regulations stated in the articles. Related to its objective to reduce tobacco use and consumption, regulations under the FCTC mainly consist of both demand and supply reduction provisions. FCTC has set several principles to guide the member parties so that the objectives of this convention can be achieved. Those guiding principles are:

1. Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke and effective legislative, executive, administrative or other measures should be contemplated at the appropriate governmental level to protect all persons from exposure to tobacco smoke

2. Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses by considering:
  - a) the need to take measures to protect all persons from exposure to tobacco smoke
  - b) the need to take measures to prevent the initiation, to promote and support cessation, and to decrease the consumption of tobacco products in any forms
  - c) the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programs that are socially and culturally appropriate to their needs and perspectives
  - d) the need to take measures to address gender-specific risks when developing tobacco control strategies
3. International cooperation, particularly transfer of technology, knowledge and financial assistance and provision of related expertise, to establish and implement effective tobacco control programs, taking into consideration local culture, as well as social, economic, political and legal factors, is an important part of the Convention.
4. Comprehensive multisectoral measures and responses to reduce consumption of all tobacco products at the national, regional and international levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to tobacco consumption and exposure to tobacco smoke

5. Issues relating to liability, as determined by each Party within its jurisdiction, are an important part of comprehensive tobacco control.
6. The importance of technical and financial assistance to aid the economic transition of tobacco growers and workers whose livelihoods are seriously affected as a consequence of tobacco control programs in developing country Parties, as well as Parties with economies in transition, should be recognized and addressed in the context of nationally developed strategies for sustainable development.
7. The participation of civil society is essential in achieving the objective of the Convention and its protocols.

Based on the guiding principles, countries who are committed as the Parties of FCTC have the responsibility to actualize the principles of FCTC through the national policies in order to achieve a better standard of living and healthier society from the reduction of tobacco use and consumption. For example, according to Widyastuti Soerojo, an Indonesian expert of public health, FCTC as an international regime includes the program to conduct many workshops on tobacco farming exploration such as how to convert the tobacco farming into other commodity or how to produce the tobacco into products for pharmacy sector instead of cigarette. This can be done by the parties of the FCTC to reduce the problematic effect in the tobacco farming sector. As a guidance, the WHO FCTC contains a clear detail of what the parties of the convention should mainly do. The six general obligations of the parties of the FCTC are:<sup>39</sup>

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<sup>39</sup> Article 5. WHO Framework Convention on Tobacco Control

1. To develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programs in accordance with FCTC.
2. To establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control and adopt and implement effective legislative, executive, administrative and/or other measures and cooperate with other parties in developing policies on tobacco control.
3. To set and implement its public health policies with respect to tobacco control and protect those policies from the interests of tobacco industries in accordance with national law.
4. To cooperate in the formulation of proposed measures, procedures and guidelines for the FCTC implementation
5. To cooperate with competent international and regional intergovernmental organizations and other bodies to achieve the FCTC objectives.
6. To cooperate to raise financial resources for effective implementation of the FCTC through bilateral and multilateral funding mechanism.

From the general obligations above, it shows how FCTC requires its parties to engage its political instrument and its financial support to better implement the FCTC. Implementation of the FCTC is practically effective through an application of national law or policy on tobacco control. Therefore, FCTC should include a set of measurements to guide the implementation of the FCTC so that the WHO can better assist one country's tobacco control. Moreover, the effectiveness of FCTC regulations in national level can be more measurable



## **E. FCTC as International Public Health Regime: Measurement and Strategy**

Tobacco epidemic has threatened the lives of billions of people. The solution for this problem is no longer in a form of cure or vaccination as it does not only cause health impacts but also economic and social impacts. Implementation of public policies remains important and solutive alternative to reduce the bad impacts of tobacco use. Governments, with the help of institutions in national and international level should work hand in hand in taking real actions.

To ensure the implementation of WHO FCTC and to promote the ratification of the regime, the Tobacco Free Initiative (TFI) is prepared to become the interim secretariat of the WHO FCTC. It embodies the WHO's responses to the global tobacco epidemic by providing global policy leadership, encouraging mobilization at all levels of society and promoting the WHO FCTC. The TFI strives to<sup>40</sup>:

- a. Ensures that as many countries as possible would sign the FCTC before June 29, 2004,
- b. Encourage countries to become the Contracting Parties at the earliest opportunity,
- c. Offer technical assistance to WHO member states to work towards ratification, acceptance, approval and accession to the FCTC.

Related to the threat by tobacco industries, TFI monitor and draw the global attention to the activities and practices of tobacco industries. TFI collaborates with many organizations and NGOs to gain support and donor. It also invites civil society and NGOs to assist and encourage government to create

policies related to environment and health protection from tobacco use. As the output, TFI also organizes some workshops in where its regional offices are at: Africa (AFRO), the Americas (AMRO), South-east Asia (SEARO) and the Western Pacific (WPRO) about tobacco control and policy implementation. Besides, it also provides grants and other supports for national capacity building projects.<sup>41</sup>

In order to be comprehensively implemented, a clear measurement should be available under a framework convention. As the main provision of the FCTC is to reduce the demand and supply of tobacco, the FCTC has stated in Part III and IV of the FCTC text (article 6-16) the measurements relating to the demand and supply reduction of the FCTC which can guide a country to construct its tobacco control strategy. The strategies to reduce the demand of tobacco products can be done by emphasizing these three principle in the policy:

1. Arrange the tobacco consumption the controlling mechanism on price, tax, advertisement, sponsorship and promotion,
2. Put the labelling about health warning in the package of the cigarette,
3. Focus the regulation on the sale of tobacco product for children.

In the supply reduction strategy, a party of FCTC should<sup>42</sup>:

1. increase the custom and tax of cigarette,
2. ban the tobacco advertisement,
3. implement the non- smoking area comprehensively,
4. put the health warning in the package of cigarette in form of picture instead of words only,

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<sup>41</sup> Ibid.

<sup>42</sup> SEARCA, 2008. *System of Tobacco Use and Its Control Indonesia Report Card*.

5. help people who want to quit smoking and giving the education and socialization to the society.

Later in 2008, the FCTC measurements was then recognized as MPOWER. To make it easier to remember, the WHO has introduced MPOWER which actually represent the 6 policies package to counter the tobacco epidemic and reduce the mortality rate.<sup>43</sup> As the regulations exist and the measurement is provided, the FCTC is a well-organized international regime which has a comprehensive detail which make the parties of the convention easier to develop national policies.

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<sup>43</sup> WHO Report on the Global Tobacco Epidemic, 2009: *The MPOWER Package*. Geneva: WHO