Your Excellency Mr. Ir. Joko Widodo  
President of the Republic of Indonesia

15th April 2020

Your Excellency,

First of all, we would like to appreciate all effort and hard work of the government in handling the COVID-19 outbreak in Indonesia, and we hope that this problem can be resolved as soon as possible.

We, as concerned citizens of Indonesia representing civil society, academicians, professional organizations, would like to convey our thoughts and concerns regarding the current COVID-19 and control measures in Indonesia.

On 11th March 2020, the World Health Organisation (WHO) declared the COVID-19 outbreak a global pandemic as the novel coronavirus continues to rapidly spread worldwide. As per April 15, 2020, the virus has spread to 210 countries with 2,004,991 people who have been infected and 126,839 deaths. In Indonesia, as of 15 April 2020, 5,136 people have been infected with COVID-19 with 469 deaths or a 9.1% case fatality rate (CFR), which places Indonesia among countries with high case fatality rate.

Your Excellency,

Tobacco smoking is a leading common risk factor for non-communicable diseases (NCDs) that already are the major cause of high burden of diseases and deaths in Indonesia. The link with NCDs and smoking is especially concerning due to the fact that Indonesia has one of the highest smoking rates in the world with 63% of adult males smoking. This high smoking rate is no doubt exacerbates the high incidents of NCDs. RISKESDAS 2018 shows that the top causes of death in Indonesia are cancer, stroke, chronic kidney disease, diabetes, and hypertension.

Studies in various countries show that people with pre-existing non-communicable diseases appear to be more vulnerable to becoming severely ill with COVID-19 or die from COVID-19. The Report of the WHO-China Joint Mission on COVID-19 similarly showed a higher fatality rate for patients with NCDs. Italy’s National Institute of Health reported that 99% of those who died had pre-existing NCDs i.e. cardiovascular disease, diabetes, hypertension, chronic respiratory disease, and cancer. In addition, early evidence is showing the increased risk of serious outcomes of COVID-19 in people with TB.

A study published in The Lancet showed that smokers in China were 14 times more likely to be infected and experience worse outcomes compared to non-smokers. Another study in China documented that 58% of people with COVID-19 who were critically ill were men. It is theorised that this may be due to the fact that smoking prevalence among men in China is much higher than among women. In a study published by the New England Journal of Medicine, smokers were 2.4 times more likely to have severe symptoms from COVID-19 compared to those who did not smoke. All the studies suggest that tobacco use is associated with a poor evolution/poor prognosis of COVID-19 and more serious results, including admission to intensive care units, use of mechanical ventilation, and death.

Shockingly, the tobacco industry is spreading misinformation—through blog posts and social media—and denying the link between smoking and COVID-19. The industry is capitalising on the crisis to improve its public relations by offering donations and partnerships to governments under the disguise of ‘Corporate Social Responsibility (CSR)’. At the same time, tobacco companies continue to aggressively market their products which has aggravated the COVID-19 crisis.
Your Excellency,

This is the time when the health of people should be of highest concern. Their individual health and behaviour can only stop the spread of Corona virus in communities. Based on the evidence presented above, we, therefore, respectfully urge you for your immediate actions to;

1. Run a mass media campaign through television, radio, and social media to amplify the following messages: smokers are at increased risk of complications of COVID-19, quitting tobacco smoking and vaping can help lower the risk of serious COVID-19 symptoms, reduce the risk of transmission and support the immune system.

2. Ensure that the smoking status of persons diagnosed with COVID-19 is recorded and included in all data to develop policies.

3. Ensure an uninterrupted supply of medicines and healthcare services to people living with chronic diseases such as hypertension, heart disease, diabetes and tuberculosis.

4. Activate Indonesia's National Quitline and ensure fully staffed for counselling, and additional steps to increase mobile messaging, and internet support to assist smoking cessation is greatly needed at this time.

5. Immediately enforce a ban on the sale, rent and use of water pipes, shisha, electronic cigarettes, heated tobacco products (such as IQOS), and chewing tobacco. Banning water pipes and shisha would also help to discourage social gatherings that contribute to the spread of the virus.

6. Ensure education and public communication on health effects of tobacco use and vaping, healthy diet, avoiding alcohol, keeping physically active, and safeguarding their mental health.

7. Ban all types of tobacco advertising and promotion in all mass media including on internet to protect youth, students and children from being exposed to tobacco ads during stay at home and home-based learning.

8. Prohibit tobacco industry donations and partnerships and reject pseudo-science funded by the tobacco industry and its allies, and prohibit the sale of tobacco products and vape during the COVID-19 pandemic.

9. Strengthen the implementation and enforcement of tobacco control policies, including 100% tobacco-free public places, workplaces, and public transportation. Complete tobacco-free environments are the only proven way to protect people from second-hand smoke exposure, which is linked to respiratory and cardiovascular conditions and increased vulnerability to serious COVID-19 symptoms and mortality.

10. Immediately ratify the WHO FCTC (Framework Convention on Tobacco Control) and fully implement and enforce the WHO MPOWER measures, including raising taxes and prices of tobacco products to protect public health, especially the younger generation.

We convey these recommendations as part of our concern to support the efforts of the government to control COVID-19. We are sure with the cooperation and serious measures from every party, we can contain this pandemic.

Sincerely Yours,

PIMPINAN PUSAT MUHAMMADIYAH

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Dollaris Riauaty Suhadi

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Asnil Bambani Amri

RAYA INDONESIA

(RUMAH KAJIAN DAN ADVOKASI KERAKSATHAN)

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(IAKMI) Pengda Bali

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2. Prof. Dr. Muhajir Effendy, Coordinating Minister for Human Development and Culture
3. Prof. Dr. H. Muhammad Tito Karnavian, Minister of Home Affairs
4. Dr. Sri Mulyani Indrawati, Minister of Finance
5. Dr. dr. Terawan Agus Putranto, Sp.Rad(K), Minister of Health
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7. Dr. Pramono Anung Wibowo, Minister of Secretary of Cabinet
8. Nadiem Anwar Makarim, Minister of Education and Culture
9. Fachrul Razi Batubara, Minister of Religion
10. Dr. (HC) H. Suharso Monoarfa, Minister of National Development Planning
11. Johnny Gerard Plate, Minister of Communication and Informatics
12. Tjahjo Kumolo, Minister of Administrative and Bureaucratic Reform
13. Dr. H. Moeldoko, Head of President Staff Offices
14. Doni Monardo, Head of National Disaster Management Agency / Head of the Task Force for the Acceleration of COVID-19 Control
15. Ahmad Taufan Damanik, Chairman of National Human Rights Commission
16. Chairman of National Commission for Eradication of Violence against Women
17. Dr. Susanto, Chairman of Indonesian Commission for the Protection of Children
18. The Association of Indonesian Provincial Government (APPSI)
19. The Association of Indonesian Regency Governments (APKASI)
20. The Association of Indonesian Municipal Governments (APEKSI)
21. The Association of Indonesian Hospital (PERSI)
22. The Indonesian Private Hospital Association (ARSSI)
23. The Regional Hospital Association (ARSADA)

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1. Pimpinan Pusat Muhammadiyah/ Central Board of Muhammadiyah
3. Perhimpunan Dokter Paru Indonesia (PDPI) / Indonesian Association of Pulmonologist
4. Perhimpunan Dokter Spesialis Kardiovaskular Indonesia (PERKI) / Indonesian Cardiovascular Specialist Association
5. Perhimpunan Dokter Spesialis Penyakit Dalam Indonesia (PAPDI) / Indonesian Internal Medicine Specialist Association
6. Ikatan Dokter Anak Indonesia (IDAI) Indonesian Pediatric Society
8. Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI) / Indonesian Public Health Experts Association
10. Pimpinan Pusat Ikatan Pelajar Muhammadiyah (PP IPM) / Central Board of Muhammadiyah Student Association
11. Yayasan Lembaga Konsumen Indonesia (YLKI) / Indonesian Consumers Foundation
12. Fakultas Kesehatan Masyarakat Universitas Airlangga / Faculty of Public Health Airlangga University
13. Pusat Ekonomi dan Bisnis Syariah (PEBS) Universitas Indonesia / Sharia Economics and Business Center – University of Indonesia
14. Hasanudin Contact Fakultas Kesehatan Masyarakat Universitas Hasanudin Makassar
15. Center for NCDs Tobacco Control and Lung Health (Central) Universitas Udayana Bali
16. Pusat Kajian Jaminan Sosial (PKJS) Universitas Indonesia / Center for Social Security Studies University of Indonesia
17. Muhammadiyah Tobacco Control Center (MTCC) Universitas Muhammadiyah Yogyakarta
18. Muhammadiyah Tobacco Control Center (MTCC) Universitas Muhammadiyah Magelang
19. Institut Teknologi dan Bisnis (ITB) Ahmad Dahlan Jakarta / Ahmad Dahlan Institute of Technology and Business
20. Strada Tobacco Control Center (STCC) Institute Ilmu Kesehatan STRADA Indonesia
21. Lembaga Perlindungan Anak Indonesia (LPAI) / Indonesian Child Protection Agency
22. Tobacco Control Support Center (TCSC-IAKMI) Ikatan Ahli Kesehatan Masyarakat Indonesia
23. Komite Nasional Pengendalian Tembakau (Komnas PT) / National Commission of Tobacco Control
24. Komisi Nasional Perlindungan Anak (Komnas Anak) / National Commission for Child Protection
25. Indonesian Institute for Social Development (IISD)
26. Gerakan Kesehatan Ibu dan Anak (GKIA) / Mother and Child Health Movement
27. Center for Indonesia's Strategic Development Initiatives (CISDI)
28. Yayasan Lentera Anak / Children's Lantern Foundation
29. Forum Warga Kota Jakarta (FAKTA) / Jakarta Citizens Forum
30. Center for Tobacco Control Studies (CTCS) Aceh
31. Yayasan Abdi Sehat Indonesia Jayapura
32. Jaringan Perempuan Peduli Pengendalian Tembakau (JPT3) / Women's Network for Tobacco Control
33. Yayasan Pusaka Indonesia / Indonesian Heritage Foundation
34. Yayasan Peduli Anak Indonesia / Indonesian Child Care Foundation
35. Rumah Mediasi Indonesia (RMI) / Indonesian Mediation Center
36. The Aceh Institute, Banda Aceh
37. Forum Jogja Sehat Tanpa Tembakau (JSTT) / Forum for Healthy Jogja without Tobacco
38. No-Tobacco Community (No TC)
39. Sahabat Cipta, Smoke Free Jakarta
40. Aliansi Jurnalis Independen (AJI) Jakarta / Alliance of Independent Journalists of Jakarta
41. Rumah Kajian dan Advokasi Kerakyatan (Raya) Indonesia / Center for Public Study and Advocacy
42. Ikatan Ahli Kesehatan Masyarakat (IAKMI) Pengda Bali / Indonesian Public Health Experts Association, Bali Chapter