

FAQ

Frequently Asked Questions:
Front-of-Pack Labeling



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Frequently Asked Questions:

Front-of-Pack Labeling (FOPL)

Summary:

- Front-of-Pack Labeling (FOPL) policies should be evidence-based and focused on reducing sugar, salt, and fat (SSF) consumption, thereby contributing to a reduction in non-communicable diseases (NCDs).
- Front-of-Pack Warning Labels (FOPWL) are the most effective type of label for encouraging people to choose products with lower sugar, salt, and fat content.
- The government should only establish one type of front-of-pack label, as this is more efficient and less confusing for consumers than implementing multiple types of labels simultaneously.
- Public education about front-of-pack labeling needs to be conducted widely and inclusively, including through schools and communities, to raise awareness of the importance of choosing healthy foods and strengthen the implementation of healthy food environment policies.

1. Why Should the Government Implement Evidence-Based Front-of-Pack Labeling Policies?

Front-of-Pack Labeling (FOPL) is one food policy that can encourage healthy eating and control and prevent non-communicable diseases (NCDs).¹ A number of scientific studies show that FOPL is effective in helping consumers avoid foods high in sugar, salt, and fat (SSF), which can increase the risk of NCDs.^{2,3}

One of the indicators in the 2025–2029 National Medium-Term Development Plan (RPJMN) is that the prevalence of obesity among people over 18 years of age does not increase. Meanwhile, Law Number 17 of 2023 concerning Health regulates various aspects of health, including controlling SSF consumption as part of efforts to prevent NCDs. In addition, the government has issued Government Regulation (PP) No. 28 of 2024, which stipulates that one of the strategies for controlling SSF consumption is through the application of labels on food products.



2. What is the Purpose of the Front-of-Pack Labeling Policy?

The Front-of-Pack Labeling (FOPL) policy is implemented with the main objective of increasing consumer awareness of the sugar, salt, and fat (SSF) content in processed food and beverage products. This is because FOPL is designed to be more easily understood by consumers than the nutrition facts table, which is usually located on the back of the package.

In practice, these labels use simple visuals, such as colored icons or warnings, to indicate high SSF levels. Scientific evidence shows that the proper implementation of FOPL can help people make healthier food choices, thereby contributing to a reduction in the risk of non-communicable diseases (NCDs), such as obesity, diabetes, hypertension, and cardiovascular disease.^{2,3}

3. Which Type of Labeling Is Most Effective?

FOPL is designed to be easier for consumers to understand than the nutrition information tables typically found on the back of packaging. In practice, these labels use simple visuals such as color icons or warnings to indicate high levels of SSF.

Various studies show that front-of-pack warning labels (FOPWL) are more effective in helping consumers identify products that are high in nutrients that need to be limited, such as sugar, salt, and fat, more clearly and accurately.⁴ This type of label has been proven to reduce consumers' perception of the "healthiness" of a product containing high levels of nutrients that need to be limited, when compared to other types of front-of-pack labels.^{5,6}



If implemented properly and made mandatory, this policy can help consumers make healthier food choices and reduce their consumption of foods high in sugar, salt, fat, and added sweeteners. In the long term, this has the potential to improve public health, for example by reversing the trend of increasing obesity and reducing the risk of diseases such as type 2 diabetes, cardiovascular disease, and other non-communicable diseases.⁷

4.

What is the Economic Impact of Implementing Front-of-Pack Labels?

FOPL provides an opportunity for the industry to develop and meet the demand for healthier processed food products. In addition, FOPL that encourages consumers to avoid products high in sugar, salt, and fat, and choose products with better nutritional value, are expected to reduce the incidence of non-communicable diseases (NCDs) in the community. Thus, FOPL is expected to contribute to savings in health costs and reduce mortality from NCDs.^{8,9}

Chile is one of the countries that has implemented innovative legislation on food labeling and advertising since 2016. A study analyzing data from 2,500 households and comparing product prices before and after the policy was implemented showed that there was no significant difference in price changes between labeled and unlabeled products, either overall or in different socioeconomic groups.

Furthermore, despite a significant decline in the purchase of unhealthy foods, the implementation of warning labels on packaging did not lead to job losses or other significant negative economic impacts.¹¹ Similar findings were also recorded in Peru, where after the increase in taxes on sweetened beverages in 2018 and the implementation of FOPL in 2019, there were no reports of decreased revenue or job losses in the food and beverage industry.¹²



5. Why Does Indonesia Need More Effective and Less Confusing Front-of-Pack Labels?

Currently, Indonesia voluntarily implements two types of FOPL, namely the "Healthier Choice" label and the monochrome "Guideline Daily Amount (GDA)" label. However, the coexistence of these two systems can cause confusion among consumers and reduce the effectiveness of their implementation.^{13,14}

A study by The Global Alliance for Improved Nutrition (GAIN) on Indonesian teenagers' perceptions of various FOPL shows that warning labels are considered more informative than "Healthier Choice" labels.¹⁵ This highlights the importance of a labeling system that is not only informative, but also consistent and in line with global best practices.



A. Challenges on “Healthier Choice” labels

1. Not in line with global best practices:

The nutrient thresholds in this system are more lenient compared to the Nutrient Profile Model (NPM). This means that people may think a product is healthy, when in fact it contains added sugar.



2. Confusing and potentially misleading:

For example, the maximum sugar content that is still allowed to display the logo on packaged beverages is 6 grams per 100 ml. However, in practice, a 180 ml package of chocolate milk—which is one serving size—can contain up to 11 grams of sugar and still receive the “Healthier Choice” label. This sugar content exceeds 20% of the daily sugar intake limit according to the WHO, but there are no warnings.

3. No warnings for products with high sugar content:

Other countries with stricter nutrient profile models (NPM) require warnings on products containing sugar in excess of the WHO recommended daily limit, while the system currently in place in Indonesia does not enforce this.

4. Not considering other nutrients such as saturated fat:

In fact, saturated fat is also important to monitor in efforts to prevent non-communicable diseases.¹⁶

5. Based on comparisons between products, not ideal nutritional standards:

The “Healthier Choice” label is based on comparisons between products in the same category, not on ideal nutritional standards. As a result, products that are still high in sugar or fat may appear “healthy” to the public.

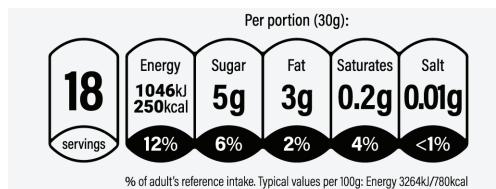
B. Challenges with the Guideline Daily Amount Label (GDA) Monochrome

1. Difficult to compare nutritional information:

Without consistent standards such as per 100 grams or 100 ml, consumers find it difficult to assess which products are healthier.

2. The lack of standardization causes confusion:

The size of a single serving in one product can vary significantly from another product, making it difficult for consumers to make fair and accurate comparisons.



C. Challenges due to Voluntary Implementation

1. Inconsistency across the industry (voluntary):

Because labeling is voluntary, many manufacturers only include information that benefits their products.¹⁷ This reduces transparency for consumers and weakens the effectiveness of policies to reduce consumption of products high in sugar, salt, and fat (SSF).¹⁸

Incomplete nutritional information:

2. A study in Australia shows that a similar system (Daily Intake Guide/ DIG) has been used on 66% of snack products, but 74% of these do not include important information such as sugar and saturated fat. This shows a discrepancy between industry commitments and actual practices in the implementation of DIG.¹⁹

6.

How Does the Implementation of Several Types of Front-of-Pack Labels (FOPL) Compare Currently?

To reap the benefits of FOPL policies, the government must consider selecting labels that **are effective, evidence-based, mandatory**, and follow global nutrition profile and coding standards, while also taking into account the level of nutrition literacy among the Indonesian population. Based on scientific evidence, **warning labels have proven to be the most effective in guiding consumers to choose healthier products (see Appendix 1)**.

In order to create a healthy food environment, comprehensive and integrated policies are needed. Currently, FOPL policies in Indonesia are still limited to processed foods. Meanwhile, ready-to-eat food and beverages—which are very much a part of everyday life—do not yet have clear standards or regulations. This inconsistency has the potential to confuse consumers and producers and reduce the effectiveness of FOPL policies. Therefore, several countries have expanded the application of FOPL to include ready-to-eat food, as an effort to improve people's eating habits and support more holistic nutrition policies.

The application of FOPL on ready-to-eat food and ready-to-drink beverages varies from country to country, with approaches tailored to each country's health challenges. The UK and Australia focus on calorie and energy labeling, while New York targets high salt content. Singapore highlights sugar levels in beverages through its Nutri-Grade system.



Nutrition Labels on Ready-to-Eat Food in Several Countries



United Kingdom

Since 2022, the UK has required large restaurants, cafes, and ready-to-eat food outlets (takeaways) to include calorie information on their menus. However, studies show that this policy only reduces consumption by 11 calories per meal, which on average contains 600 calories.²⁰



Australia

Several states in Australia have also implemented a kilojoule policy, which is mandatory menu labeling that requires large restaurant chains to list calorie information.²¹

This policy has been implemented in New South Wales since 2012 and in Victoria since 2018.^{22,23} A study shows that kilojoule labels have a more significant impact in encouraging healthier food choices when used in conjunction with the Health Star Rating.²⁴

New York



Since 2016, New York has implemented a policy requiring restaurants with 15 or more branches to include warning labels on menus with salt content exceeding the threshold ($\geq 2,300$ mg).²⁵

Although most restaurants comply with this policy, sodium warning labels are often difficult to read, go unnoticed by consumers, and rarely influence purchasing decisions—especially in fast-food restaurants, which have not seen a significant decline in the purchase of high-sodium foods.^{26,27}



Singapore

Singapore has implemented Nutri-Grade since December 30, 2023, which requires FOPL on ready-to-drink beverages sold at beverage outlets (such as tea and coffee, juice, smoothies, bubble tea, and herbal drinks), including beverages from vending machines that allow consumers to adjust the sugar or creamer content to their liking.²⁸

**Malaysia**

Malaysia has also announced plans to implement a new rating system for beverages, similar to Singapore's Nutri-Grade. This system will categorize sweetened beverages and premixed beverages based on their sugar content, with Grade A for the lowest sugar content and Grade D for the highest sugar content.²⁹

Recommendations

1. Governments need to implement only **one type of FOPL and adopt mandatory warning labels (FOPWL) that have been proven effective** in encouraging people to choose products with lower sugar, salt, and fat (SSF) content. Warning labels can encourage people to choose healthier foods and contribute to reducing the risk of non-communicable diseases. Implementing multiple types of FOPL could potentially cause confusion. Recommendations from the FAO and WHO, as well as studies in seven countries, show that implementing a single type of FOPL has a greater impact than implementing multiple types of FOPL simultaneously.^{30,31}
2. The government needs to ensure that the information and design on FOPL are easy to understand and based on evidence and community needs. This approach includes the use of striking colors, symbols, logo placement, and intuitive visuals to convey messages and indicate health categories. In addition, it is important to avoid using complex and difficult-to-understand text or numbers. The design must be based on the results of community needs surveys in order to be effective and on target in educating the community and encouraging healthier food choices.
3. Public education on the implementation of FOPL must be carried out. Awareness campaigns can be conducted through the mass media, community training, and collaboration with schools/madrasas, not only to teach the importance of reading nutrition labels, but also to raise awareness (sensitization) of the importance of choosing healthy foods and to strengthen the implementation of policies such as FOPL. These efforts need to pay attention to the use of terms and symbols that are recognizable to all literacy levels and age groups. Education about FOPL can also be systematically integrated into the education curriculum in schools/madrasas, so that the younger generation can understand and practice healthy food choices from an early age.

Appendix 1. Comparison of FOPL

Healthier Choice



- **Type (interpretative/reductive)**

- **Countries that implement**

Voluntary implementation in Thailand, Brunei Darussalam, Malaysia, Indonesia, the Philippines, Singapore, China, the Czech Republic, Poland, Iceland, Nigeria, Zambia, Zimbabwe, Lithuania, and Macedonia.

- **Background**

The Healthier Choice label is regulated in BPOM Regulation No. 26/2021. The purpose of this type of FOPL is to help consumers identify which products are healthier. The Healthier Choice label can be applied to 20 specific food categories, such as milk, instant noodles, cereals, and chili sauce, each of which has specific criteria. Packaged products bearing the "Healthier Choice" label have met BPOM's "healthier" criteria when compared to similar products if consumed in reasonable amounts (in accordance with the serving size for one meal).

- **Effectiveness of implementation**

Many studies show that the "Healthier Choice" label can cause misunderstanding among consumers, where products with this label are actually perceived as healthy, rather than healthier.^{32,33}

Example



Warning Label



- **Type (interpretative/reductive)**

- **Countries that implement**

Mandatory implementation in Mexico, Peru, Chile, Argentina, Uruguay, Brazil, Colombia, Canada, Israel, and Venezuela.

- **Background**

Warning labels were developed to help consumers identify products with high sugar, salt, and fat content. These labels use phrases such as "high in..." or "excess..." which are determined based on thresholds in the Nutrient Profile Model (NPM). With this approach, consumers can quickly identify unhealthy products and make better choices when shopping, thereby contributing to improving people's consumption patterns.

- **Effectiveness of implementation**

From evaluations and studies in Latin American countries, Kenya, and South Africa, warning labels have been proven effective in encouraging people to choose other products that do not carry such labels (products with lower SSF content). Warning labels also require a minimum cognitive effort, allowing consumers to make quick decisions.⁴

Meta-analysis studies show that warning labels are effective in encouraging healthier food purchasing behavior, particularly by reducing the purchase of products that are high in sugar, salt, and fat.²

Example





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