



Policy Brief



The Urgency of Implementing Evidence-Based and Conflict-Free Front-Of-Pack Labeling (FOPL)

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Glossary

Terms	Descriptions
Front-of-Package Labelling (FOPL)	A nutrition labeling system placed on the front of the package to help consumers make quick and easy decisions regarding the healthiness of the product.
Front-of-Package Warning Label (FOPWL)	An interpretive label design in the form of symbols or text such as "High Sugar," "High Salt," or "High Saturated Fat," which has been proven to be most effective in reducing consumption of unhealthy products
Processed Food	Processed Food refers to food or beverages produced through specific processes or methods, with or without additives, including certain processed foods, food additives, genetically modified food products, and irradiated food.
Ready-to-Eat Food	Ready-to-Eat Foods are foods and/or beverages that have been processed and are ready to be served immediately at a store/restaurant/outlet or outside it based on an order.
Sugar, Salt, and Fat (SSF)	Nutrients of concern because excessive consumption increases the risk of obesity, hypertension, diabetes, and other non-communicable diseases.
Non-Communicable Diseases	Diseases that are not caused by transmission via vectors, viruses, or bacteria, but are more often caused by behavior and lifestyle. Examples include obesity, diabetes, hypertension, and heart disease.
Indonesian Consumption Survey	A national survey conducted by the Ministry of Health to monitor consumption patterns and other health indicators.
Nutrient Profiling Model (NPM)	A framework for assessing the nutritional content of food and beverage products to classify them based on their nutritional content and set thresholds for nutrients that need to be considered, such as sugar, salt, saturated fat, trans fat, non-sugar sweeteners, and caffeine, which are proven to be closely related to non-communicable diseases. The NPM is a policy tool that helps governments identify unhealthy packaged food products, thereby enabling the promotion of public policies that reduce their consumption.
PAHO Nutrient Profile Model	The nutrient assessment model from the Pan American Health Organization serves as a reference for the implementation of warning labels in Latin American countries.





WHO SEARO Nutrient Profile Model	The nutrient profile model from the World Health Organization's Southeast Asia Region (WHO SEARO) used to regulate the marketing of unhealthy foods and beverages to children.
Non-Interpretive Labeling System	Labels that only display numbers (e.g., Guideline Daily Amount) without providing health assessments or warnings.
Interpretive Labeling System	A labeling system that provides an interpretation of nutritional values, such as Warning Labels, NutriScore/Nutri-Level, Traffic Light, and Health Star Rating.
Healthy Food Environment	An environment that supports communities in accessing and choosing healthier foods through regulation, education, and restrictions on the marketing of unhealthy products.
Product Reformulation	The industrial process of reducing or altering the content of sugar, salt, saturated fat, or sweeteners in products in response to nutrition policies.
Marketing Restrictions	Policies that restrict advertising, promotion, and sales of unhealthy foods/beverages, especially to children and adolescents.
Conflict of Interest	A situation in which the commercial interests of industry may influence the development or implementation of public policy.
Industry Interference	Industry strategies to influence regulation through lobbying, research funding, public campaigns, or narratives that undermine evidence-based policies.
Sugar-Sweetened Beverage (SSB) Tax	A fiscal instrument to reduce sugar consumption by increasing the price of sweetened beverages.
Comprehensive Healthy Food Environment Policy Package	A policy approach that combines several interventions, such as warning labels, marketing restrictions, school policies, and SSB taxes, to create a stronger impact.
Participatory Monitoring	Joint monitoring by the community, civil society organizations (CSOs), academics, and the media to ensure policy implementation is in accordance with regulations.





Excessive consumption of sugar, salt, and fat (SSF) from processed and ready-to-eat foods continues to drive an increase in cases of non-communicable diseases (NCDs) such as obesity, diabetes, and hypertension in Indonesia. The current nutrition labeling system is still voluntary, not evidence-based, and ineffective in reducing SSF consumption. This shows that existing policies have not been effective in reducing public consumption of unhealthy products that contribute to NCDs. Several policy packages to address NCDs in Indonesia are being designed, including a tax policy on packaged sweetened beverages (PSB) and marketing restrictions.

To help consumers make healthier food choices, the government needs to immediately adopt mandatory Warning Labels that are easy to understand and based on the Nutrient Profile Model (NPM), which has been proven to be more effective globally. This study was prepared to help stakeholders make more strategic, measurable, evidence-based decisions that prioritize public health.

The Urgency of Front-of-Pack Labeling Policy

High consumption of processed foods in Indonesia contributes to the increasing prevalence of obesity and NCDs such as diabetes and hypertension.^{1,2} These products generally contain high levels of sugar, salt, and fat (SSF).^{3,4}

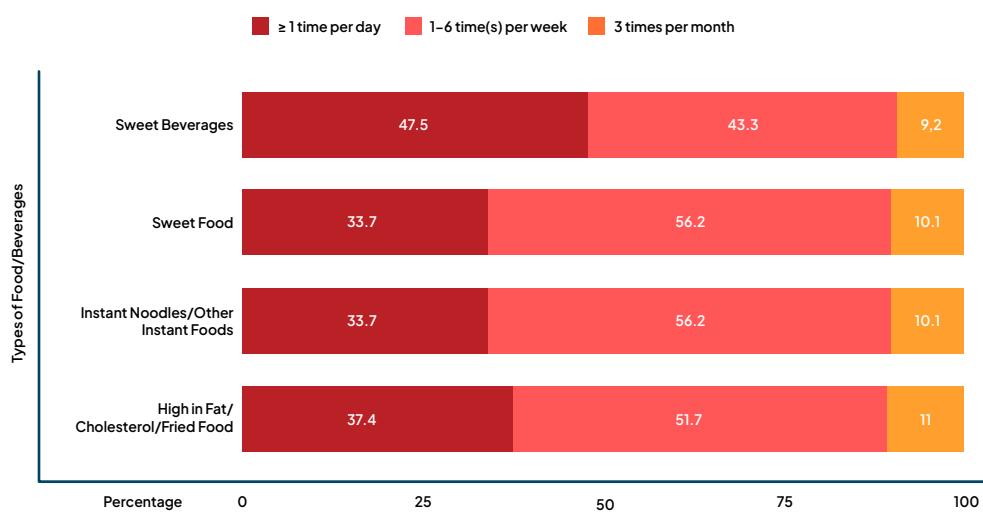


Figure 1. Proportion of Food and Beverage Consumption Habits among People Aged >3 Years by Province (Indonesia Health Survey/SKI 2023)

According to the 2023 Indonesian Health Survey (Survei Kesehatan Indonesia, SKI), most Indonesians tend to frequently consume foods and beverages that contain sugar, salt, and fat.^{1,2} However, regulations on SSF control are still very limited. Strategies that proven





effective is the implementation of mandatory warning labels as part of a comprehensive food policy package to help the public make healthier food and beverage choices, thereby contributing to a reduction in the risk of NCDs.^{5,6}

The control of SSF consumption in Indonesia is based on the national legal framework and international commitments. Internationally, Indonesia has ratified the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) through Law No. 11 of 2005, which recognizes the right to health, including access to food information (Article 12).⁷ This commitment is reinforced by the report of the *Special Rapporteur on the Right to Health* (A/78/185, 2023), which recommends the implementation of front-of-pack labeling as part of the state's obligation to fulfill the right to health.⁸ In addition, Indonesia has also ratified the 2006 *Convention on the Rights of Persons with Disabilities* (CRPD) in Law No. 19 of 2011, which guarantees the rights of persons with disabilities to a decent standard of living, including food and nutrition.⁹

At the national level, the protection of the right to food and nutrition in the 1945 Constitution implicitly recognizes the protection of the right to food through articles on decent living (Article 27 paragraph (2)), the right to life (Article 28A), welfare (Article 28C paragraph (1) and Article 28H paragraph (1)), health (Article 28H paragraph (1)), and social security (Article 28H paragraph (3) and Article 34 paragraph (1)).¹⁰ Law No. 17 of 2023 on Health (Article 66) also emphasizes the control of NCD risk factors (including excessive consumption of SSF) through promotive-preventive efforts.¹¹ The above policy is in line with:

- The National Medium-Term Development Plan (RPJMN) for Health 2025–2029, which targets a reduction in NCDs related to diet.¹²
- The National Food and Nutrition Action Plan (RAN-PG) and Regional Food and Nutrition Action Plan (RAD-PG) for 2025–2029, which list diabetes, hypertension, and obesity as priority issues.¹³

Supporting technical regulations include:

- Ministry of Health Regulation No. 30 of 2013 concerning the Inclusion of Information on Sugar, Salt, and Fat (SSF) Content.¹⁴
- Government Regulation No. 17 of 2015 concerning Food Security and Nutrition.¹⁵
- Indonesian Food and Drug Authority (BPOM) Regulation No. 31 of 2018 concerning Processed Food Labels.¹⁶
- Indonesian Food and Drug Authority (BPOM) Regulation No. 26 of 2021 concerning Nutritional Information.¹⁷
- Government Regulation No. 28 of 2024 strengthening the control of Sugar, Salt, and Fat (SSF) (Articles 194–195).¹⁸





Evidence-Based Implementation of Front-of-Pack Labels

Application of Front-of-Pack Labels in Indonesia

The evaluation results show that the front-of-pack nutrition labeling currently in use in Indonesia is ineffective in changing consumer behavior. Indonesia's front-of-pack nutrition labeling is still limited to the monochrome Guideline Daily Amount (GDA) system and the voluntary Healthier Choice system. GDA is difficult to understand because it is number-based and not standardized, while Healthier Choice often causes misunderstandings, as products with relatively high sugar content can still be labeled "healthier".^{19,20} An evaluation of the voluntary Healthier Choice system conducted by GAIN revealed fundamental weaknesses. Many products with the HPS logo are not in line with World Health Organization (WHO) standards because the sugar threshold is too lenient. For example, biscuits can still carry the Healthier Choice logo even if they contain up to 20 g of sugar per 100 g, and instant noodles are still allowed to use HPS even if they contain up to 900 mg of sodium per 100 g. As a result, products high in sugar and sodium can still obtain a healthier label, while the coverage of products bearing the Healthier Choice label remains low due to its non-mandatory regulation.²¹

The health messages that existing labeling policies aim to convey often do not reach consumers in their entirety. This highlights the need for policy transformation towards a more robust, uniform, and mandatory labeling system. **Front-of-pack labeling is important because the majority of consumers do not read the detailed nutrition information on the back of the package or do not have the time or technical knowledge to interpret it.** Most consumers spend less than 10 seconds choosing a product, so there is not enough time to compare one product with another.²²⁻²⁴

The labeling system currently in place in Indonesia does not follow the NPM recommended by the WHO. Front-of-pack labeling should be based on a comprehensive nutrient profile model (NPM) with clear and well-defined criteria. In addition to clarity in terms of nutritional profiles, front-of-pack labels must also have specific requirements regarding the size, logo, and color of the label so that it is easily visible on the packaging.^{20,24} Other countries with stricter NPMs, such as Chile, Mexico, Peru, Brazil, and Argentina, require warnings on products that contain more than the daily limit of SSF.²⁵





What is the Nutrient Profile Model (NPM), and why is it important?

The Nutrient Profile Model (NPM) is a policy tool that helps governments identify unhealthy packaged food products, so that it can be used to promote public policies that reduce their consumption.²⁶ The NPM classifies food and beverage products based on their nutritional content and sets thresholds for nutrients of concern, such as sugar, salt, saturated fat, trans fat, non-sugar sweeteners, and caffeine, which are known to be closely linked to non-communicable diseases.

A strong, evidence-based NPM is essential as a foundation for public health policy, as it forms the basis for regulations aimed at reducing the consumption of unhealthy products. NPM can be used in various policy strategies, including:

- Warning labels
- Marketing restrictions
- School food standards and public food procurement
- Taxes on unhealthy products

Types of Front-of-Pack Labels

Front-of-pack labels have several different approaches to providing information about the nutritional content of products.

Table 1. Various types of front-of-pack labels²⁵

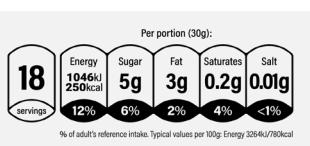
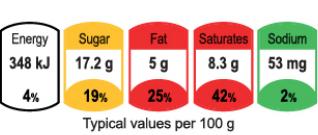
Non-Interpretive	Interpretive	
Nutrient-specific	Nutrient-specific	Summary indicator
 <p>Per portion (30g): 18 servings Energy 1046kJ/250kcal Sugar 5g Fat 3g Saturates 0.2g Salt 0.01g</p> <p>9% of adult's reference intake. Typical values per 100g: Energy 328kJ/780kcal</p> <p>Each 40 g serving contains: Energy 139 kJ 2% Sugar 6.9 g 8% Fat 7 g 10% Saturates 3.3 g 17% Sodium 21.2 mg 1%</p> <p>of an adult's guideline daily amount.</p> <p>Guideline Daily Amount</p>	 <p>Energy 348 kJ 4% Sugar 17.2 g 19% Fat 5 g 25% Saturates 8.3 g 42% Sodium 53 mg 2%</p> <p>Typical values per 100 g</p> <p>Multiple traffic light</p>  <p>Warning Label</p>	 <p>Healthier Choice</p> <p>Nutri-Score</p> <p>Nutri-Grade</p>
Non-interpretive labels only present nutritional content values without nutritional guidance	Interpretive labels help consumers assess the nutritional quality of products by providing clear visual guidance	





Figure 2. Mandatory and voluntary front-of-pack labeling in various countries. (Global Food Research Program [GFRP], 2025, pg.2)

Nutrition labeling systems can vary depending on whether their implementation is voluntary or mandatory. In voluntary systems, manufacturers can choose whether to display nutrition labels on their packaging, such as GDA, Health Star Rating, Nutri-Score, and Multiple Traffic Light labels. Meanwhile, mandatory systems must be applied to all packaged food and beverage products, as is currently the case with warning label policies in various countries.

The use of warning labels is recommended as the most effective label, because:

- They have been proven to be the only type of label that can reduce consumption of unhealthy products because their message is clear and easy to understand.²⁷⁻³²
- It is mandatory** and applies to all relevant packaged food products. Voluntary labeling should be avoided as it has been proven to be insufficient in encouraging changes in consumption behavior.²⁰
- Referring to the threshold for each nutrient of concern that needs to be controlled, such as sugar, non-sugar sweeteners, salt, fat (including saturated fat and trans fat), with a uniform threshold for all food products, only distinguishing between solid and liquid products**, thus making the message clearer, more assertive, and more direct.²⁸ This is to ensure that the label is only given to products that need to be restricted.
- Designed with easy-to-understand visuals**, including proportional label sizes on all packaging, as well as the use of consistent design elements such as icons, colors, and simple formats.^{33,34}
- Implemented under the full control of the government**, so that this policy is guaranteed to be independent, free from industry influence, and capable of being implemented in a sustainable and accountable manner.^{35,36}
- Prohibiting nutritional or health claims on products that carry warning labels**, such as “high protein,” “less sugar,” “no added sugar,” or “lactose-free.” Conflicting messages on packaging can confuse consumers and reduce the effectiveness of labeling as a public health protection tool.^{37,38}





The Impact of Warning Label Policy

Studies show that warning labels are more effective in reducing purchases of unhealthy products than other types of labels.^{5,6,39,40} Several countries have adopted mandatory warning label policies as part of their NCD control strategies. Studies from Chile, Peru, Mexico, and Canada show that the use of warning labels on the front of packaging is the most effective in helping consumers identify products high in sugar.^{3,29,30} In Chile, for example, after a package of warning label policies was implemented in 2016, there was a significant decline in the purchase of products high in saturated fat without disrupting economic stability or impacting employment and wages in the food and beverage sector.¹⁹ Similar results were recorded in Peru and Uruguay, where warning labels consistently reduced the consumption of unhealthy foods across various socioeconomic groups.⁴¹⁻⁴³

Mandatory front-of-package warning labels in use around the world. View more at GlobalFoodResearchProgram.org.

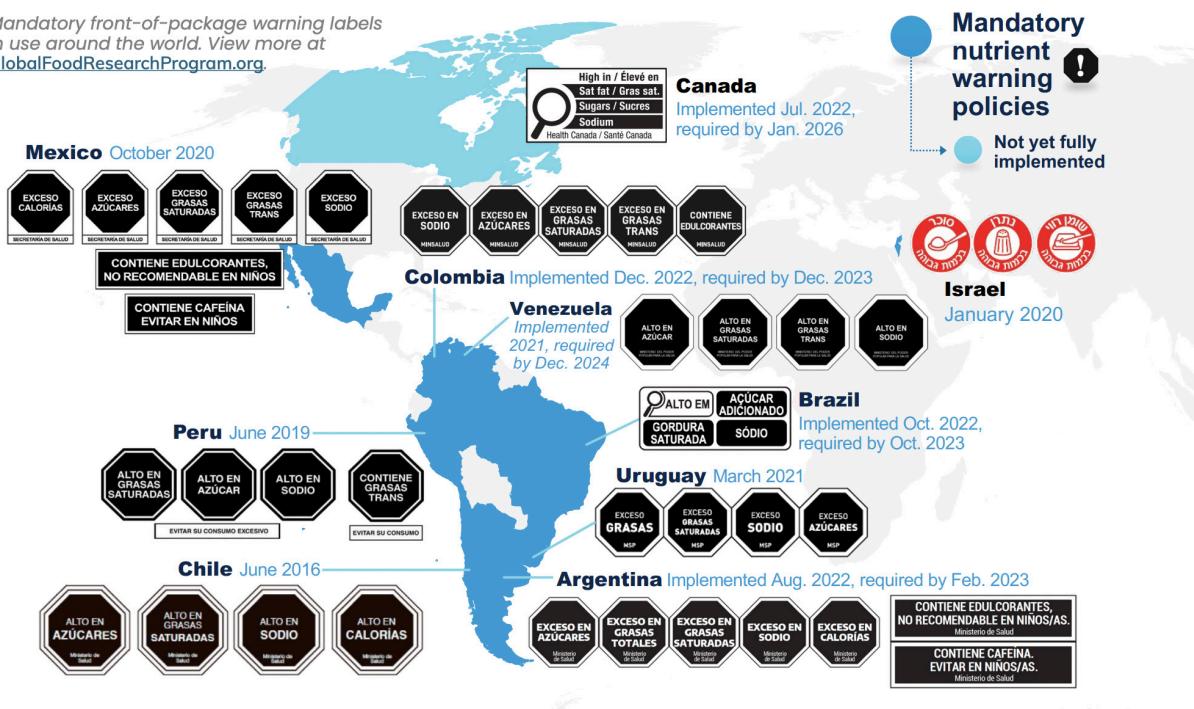


Figure 3: Warning labels in various countries (Global Food Research Program [GFRP], 2025, pg.3)

Unlike number-based or voluntary labeling systems, mandatory warning labels work in a more interpretive manner and directly use symbols or words such as “High Sugar” or “Excess Sugar,” which have been proven to be easier to understand by consumers from various educational and nutritional literacy backgrounds.^{3,44} Several other studies also show that these labels reduce purchases of products high in sugar and encourage manufacturers to reformulate their products.^{5,45,46}

On the other hand, the implementation of warning labels also needs to be applied alongside other healthy food policies to encourage reduced consumption, including excise taxes on sugar-sweetened beverages and ultra-processed foods, restrictions on the marketing of high-SSF products, and school meal policies.^{28,47}





Policy Recommendations

1

Establishing a Comprehensive Healthy Food Environment Policy

To create a healthy food environment and encourage consumers to make wiser food choices, a **comprehensive policy package** is needed that is developed with a holistic vision, based on scientific evidence, free from conflicts of interest, and implemented with strong political leadership and support from non-governmental actors and civil society.

Consumer choices are influenced by many other factors such as price, promotion, advertising, and product availability. Therefore, synergy with other policies is needed to address various gaps and counteract the negative impacts of the ultra-processed food and beverage industry, which is generally high in SSF.

A systematic study in Chile shows that combining warning labels with supporting policies, such as restrictions on product marketing, **has a significant impact**.²⁸ After the policy was implemented in 2016, there was a 24% decrease in the purchase of sugary drinks and a 37% decrease in high-sugar breakfast products over a 3-year period. This effect was greater than in countries that only implemented front-of-pack labeling without supporting interventions. Cross-sectional research in Chile during 2015–2020 revealed that product reformulation by the industry increased after this policy was implemented, and showed a significant decrease in stocks of foods high in added sugars.⁴⁸

This policy is part of **Chile's Law of Food Labeling and Advertising**, which came into effect in 2016, the world's first national regulation that simultaneously:⁴⁸

- Requiring warning labels on the front of packaging for products high in sugar, salt, saturated fat, and calories.
- Prohibits marketing aimed at children for products that carry warning labels.
- Removes cartoon characters and children's characters from the packaging of products with warning labels.
- Prohibiting the sale of products high in sugar, sodium, or saturated fat in school environments, both food and beverages.

This integrated approach shows that **public policy-based nutrition interventions will be more effective if implemented comprehensively, rather than partially**. Chile is a global example that warning labels accompanied by restrictions on advertising and physical access to unhealthy products can strengthen public health protection, especially for children and adolescents. Lessons from Chile also show that restricting advertising only to children is not effective enough; restrictions must be broader. Meanwhile, an evaluation after five years of implementation revealed several weaknesses, such as the uneven reformulation of the industry (particularly in saturated fat), the use of non-sugarsweeteners, and the lack of visible short-term impact on NCDs.





Although the urgency of implementing front-of-pack labeling as a measure to control NCDs has been acknowledged, its implementation still faces serious obstacles at the institutional level. To date, relevant ministries and agencies such as the Coordinating Ministry for Human Development and Culture (Kemenko PMK), the Ministry of Health (Kemenkes), and the Indonesian Food and Drug Authority (BPOM) have not focused on implementing an evidence-based front-of-pack labeling system.

Mexico not only mandates warning labels, but also complements them with marketing restrictions, WHO-Pan American Health Organization (PAHO) NPM-based standards, and transparency in policy-making. Mexico even adds special warning labels to products containing artificial sweeteners to protect children.⁴⁹ Studies in many countries show the importance of strong inter-agency coordination. A case study on the implementation of warning labels in Mexico identified three key success factors:⁵⁰

- Strong leadership from the Ministry of Health
- Clear legal framework (Health Law 2023)
- Judicial review mechanism in place

Based on the above factors, strong and committed political leadership is needed to promote regulatory harmonization between institutions, especially between the Ministry of Health, BPOM, and the Ministry of Industry, to promote an optimal nutrition labeling system.

2

Involving the Public in an Inclusive and Meaningful Way

Referring to WHO guidelines and good practices from countries such as Mexico, Brazil, Canada, and Thailand, **inclusive, transparent, and participatory** public engagement can include public consultation sessions, focused discussion forums with vulnerable communities, and online mechanisms for systematically documenting public input.

Unfortunately, **public involvement, especially that of civil society organizations (CSOs) in Indonesia, remains low**. However, their involvement is important to ensure that the policy process is transparent, accountable, and reflects the needs of the community. The policy of warning labels on high-SSF food packaging is not just a matter for the government and industry. To be effective, this policy must involve various inclusive policy makers, including actors who are often overlooked in policy making, namely groups that are most affected but rarely involved, such as schools and teachers, parents and family communities, vulnerable groups, as well as local media and influencers. Meaningful involvement ensures that civil society participation is not limited to consultation, but also actively involved from the planning to the monitoring process. Public participation in policy formulation is guaranteed by Law No. 12 of 2011 on the Formation of Legislation (Article 96) and General Comment No. 14 of the United Nations Committee on Economic, Social and Cultural Rights (2000, paragraph 54), which emphasizes the right of the community to participate in health decision-making.^{51,52}

Various actors such as academic institutions, CSOs, consumer communities, and the media have an important role in ensuring that policies are effective and promote public health. In Indonesia, academics encourage evidence-based research to strengthen the basis





for comprehensive public policy, while CSOs are actively involved in public consultation processes and oversee policy governance to ensure it is free from conflicts of interest. Consumer communities are also becoming increasingly critical of foods high in sugar, salt, and fat, and are demanding that the government create a healthier food environment. The national media also plays a role by raising the issue of exposure to unhealthy food advertisements and their impact on children, although coverage of the urgency of healthy food policies still needs to be expanded.

The role of these various actors does not stop at the advocacy stage, but also needs to be strengthened through participatory monitoring mechanisms to ensure that policy implementation is transparent and accountable, while also ensuring that the results have a real impact on society.

Therefore, **participatory oversight by these actors must be transparent, accountable, and meaningful** so that implementation does not stop at the regulatory level, for example, monitoring and reporting violations of unhealthy food advertising around schools. The involvement of CSOs, academics, and consumer communities is essential to ensure that policies are truly in the interests of public health, not industry interests. As in Mexico, an alliance between parents, health CSOs, and teachers successfully pushed for a ban on junk food in schools after they highlighted the rise in childhood obesity cases on social media.⁵⁰ Another example is the Brazilian government, which was encouraged to involve various socio-economic groups in formulating warning labels, while also opening the market to healthy local products, combining issues of health and economic justice.⁵³

3

Strengthening the Strategic Role of Planning, Monitoring, and Evaluation in Nutrition Labeling and Healthy Food Environment Policy

In the context of warning label policies on packaging, MBDK SSB excise taxes, and restrictions on the marketing of unhealthy products, planned and transparent evaluation is essential to ensure effectiveness and accountability. Countries such as Chile and Mexico show that the success of front-of-pack labeling interventions depends heavily on strong policy design, measurement of indicators from the outset, and periodic impact evaluation.⁵⁴ Here are some steps in the policy process:

Pre-Implementation: Setting Indicators and System Readiness

In the early stages, key indicators such as **the level of public understanding of label design, the readiness of industry players to comply with regulations, and the potential for changes in consumer perceptions and preferences** must be clearly defined and measured through baseline surveys. Initial assessments can also be used as a reference in the policy design process. The first six months of the Free Nutritious Meals (MBG) program taught us that the lack of regulatory protection and operational technical guidelines can hinder implementation in the field.⁵⁵ Therefore, system readiness from the outset is absolutely necessary. One form of preparation is to disseminate information about the policy plan to support the smooth implementation of front-of-pack labeling.





Short-term evaluation (0–5 years): Consumer Response and Industry Compliance

In the short term, evaluations should focus on changes in consumer behavior (e.g., reduced purchases of high-calorie products), levels of understanding of interpretive labels, and industry compliance with regulations (e.g., labeling and advertising restrictions). Various evaluation studies in countries that have implemented mandatory warning labels show that this policy contributes to a 7–9% reduction in calorie, sugar, and sodium consumption.^{56–58} The consistency of these findings across study designs and populations strengthens the evidence that warning labels are effective in changing food purchasing patterns. In addition, **periodic consumption surveys** are important to assess the extent to which labels are understood by the public and the extent to which they influence purchasing decisions.

Enforcement and Participatory Monitoring

Law enforcement must also be an integral part of the evaluation process. Mechanisms such as a progressive penalty system for repeat offenders can provide incentives for industry compliance. However, monitoring is not solely the responsibility of the government. A study from Chile proves that the involvement of CSOs in monitoring is able to detect marketing practices that violate regulations more effectively.⁵⁹ A **participatory monitoring** approach needs to be formally adopted by involving various stakeholders, educational institutions, independent research institutions, and civil society. This approach not only expands monitoring capacity, but also strengthens public legitimacy and accelerates the detection of violations at the community level. The results of monitoring can serve as early warnings about obstacles to the implementation of front-of-pack labeling and help anticipate ways to overcome these obstacles.

Long-Term Evaluation (>5 Years): Health and Economic Impacts

For long-term evaluation, the evaluation focuses on the actual impact on **public health and the health system**, including a reduction in the prevalence of obesity, type 2 diabetes, and other NCDs. In addition, other indicators may include economic impacts such as efficiency in public health financing (e.g., a reduction in the cost burden of BPJS medical treatment). Furthermore, systemic changes in the food environment, including product reformulation by industry, could also be other indicators. Lessons from Chile and Mexico show that the evaluation of behavioral impacts, such as a decrease in the purchase of high-sugar products, can be seen in the first 2–3 years, but the impact on reducing obesity and NCDs is only significantly measurable after 7–10 years of policy implementation.^{49,54} Global lessons show that it is important to measure the aggregate impact of a combination of policy interventions.⁵⁴ For example, front-of-pack labeling, SSB excise taxes, and marketing restrictions, when implemented together, will have a synergistic effect in encouraging a shift in consumption patterns. This shows that evaluations that integrate various policies are far more relevant than evaluations conducted separately on a single policy.





4

Ensuring Conflict-Free Healthy Food Environment Policies

One crucial aspect in the formulation and implementation of health policies is the management of conflicts of interest and the fair and transparent involvement of stakeholders.⁶⁰ According to the Lancet Commission Report, **one of the main obstacles in tackling obesity is the involvement of commercial actors who have personal interests in the policy process.**⁶¹ For example, the process of discussing SSB excise tax policy in Indonesia shows how narratives about the economic impact on micro, small, and medium enterprises (MSMEs) promoted by industry can influence the course of policy, contributing to the delay of implementation until 2026.⁶²⁻⁶⁴ A similar situation occurred in South Africa, where the industry claimed that an increase in excise tax could affect employment, small businesses, and potentially reduce the country's Gross Domestic Product (GDP), even though this was not based on strong evidence.⁶⁵ Such involvement is not in line with public health interests and instead creates conflicts of interest. This statement confirms that if the interests of industry or commercial actors are not controlled, health policies are at great risk of being compromised. Public participation is often overshadowed by the dominance of the food and beverage industry in the policy-making process. Therefore, comprehensive policies must also be free from conflicts of interest. The policy-making process must prioritize scientific evidence and keep industry away from the regulatory drafting table. **Policies that involve industry as the main actor tend to be weak and ineffective.**⁶⁶





Countering Industry Interference for Transparent, Public Health-Oriented Front-of-Pack Labeling Policies

Industry Narrative 1

“Warning label policies will hamper economic growth and harm micro-businesses.”

Studies show that the implementation of warning labels **does not have a negative impact on the economy**, particularly on employment and wages in the food and beverage sector.⁶⁷ Studies have found that the simultaneous implementation of warning labels and sugar-sweetened beverage taxes did not cause a decline in employment or wages, even in the most affected industries.⁶⁷ Similar findings were also observed in Chile, where warning label policies did not affect employment trends or income in the food sector.⁴¹ Furthermore, in Mexico, warning labels are projected to prevent 1.3 million cases of obesity and save up to US\$1.8 billion in healthcare costs over five years.⁶⁸ **This evidence refutes industry claims that warning labels harm the economy, and instead demonstrates that they are a cost-effective design and show the potential for transformation towards a healthy food ecosystem that can open up new opportunities, including for MSMEs.** In fact, the WHO recommends the implementation of front-of-pack labeling as part of a cost-effective ‘best buy’ intervention to reduce NCD risk factors, and in the long term, reduce the burden of healthcare costs through NCD prevention.⁴⁷

Industry Narrative 2

“The reduction in SSF consumption is not caused by nutrition labels; consumers have the right to choose.”

Warning labels on the front of packaging actually reinforce freedom of choice because they provide clear and easily understood information, enabling consumers to make healthier decisions. Studies show that warning labels actually reinforce consumers’ right to choose by providing clear, easy-to-understand, evidence-based information about the nutritional content of products.²⁸ An evaluation of policies in Chile showed a decrease in purchases of products high in sugar, calories, saturated fat, and/or sodium after the implementation of warning labels and related policies, indicating that consumers make healthier choices when they have adequate information on packaging.²⁸ This “right to choose” argument is a classic tactic used by industry to oppose public health policies. **In fact, warning labels are informative, not restrictive, policies that aim to help consumers understand the health risks of excessive sugar, salt, and fat consumption without restricting access to products.**⁶⁹





Industry Narrative 3

“Warning labels unfairly single out certain products.”

In fact, warning label regulations are implemented based on objective NPMs and apply to all packaged products that exceed sugar, salt, and fat thresholds, without distinguishing between manufacturers. This argument of “unfairness” is a communication strategy often used by large corporations to weaken public support for health policies. In fact, warning label policies have been shown to encourage product reformulation by industry and provide long-term benefits to society and the health system.^{48,69,70} Studies in Latin America also show that corporate political activity can be minimized when CSOs and the media engage in regular advocacy and monitoring.⁷¹ In Brazil, the Brazilian Institute of Consumer Rights, together with other CSOs and the media, supported the implementation of front-of-pack labeling through a public information campaign that refuted industry claims that such labels mislead consumers.⁷² In Mexico, a coalition of CSOs and independent research groups strengthened public support for the sugary drink tax and warning label policies by presenting empirical evidence on the health benefits.⁷³

Without strict regulations, **industry has opportunities to infiltrate policy-making**, whether through research funding or promotional motives, sham partnerships with public institutions, or participation in technical policy drafting teams without transparency. By anticipating industry strategies, prioritizing scientific evidence, and establishing a transparent regulatory system, the state can maintain the integrity of warning label policies and other health policies. This is not only important for protecting the public from the burden of NCDs, but also for driving economic transformation towards a healthier, more inclusive, and sustainable food ecosystem.

Anticipating Industry Interference

To counter industry narratives that are not aligned with public health objectives, governments need to:

- Strengthen conflict of interest regulations, such as prohibiting industry actors from participating in policy discussions and establishing mechanisms to screen CSOs or individuals with conflicts of interest.
- Promote independent research on the impact of front-of-package labeling, so that policies are based on evidence, not industry lobbying pressure.
- Build coalitions with CSOs and the media to educate the public about the importance of evidence-based front-of-pack labeling.





Conclusion

For front-of-pack labels in Indonesia to be truly effective, the following steps need to be taken:

- Mandatory implementation of warning labels with clear, evidence-based designs
- Combine with other policies, such as taxes on foods and beverages high in sugar, salt, and fat, as well as marketing restrictions.
- Align evidence-based policies with NPM studies based on processed food products sold in Indonesia.
- Strengthen inter-agency coordination and the political will of agency leaders
- Involving civil society (CSOs, academics, and consumer communities) in the policy process to ensure transparency.
- Anticipating industry interference with strict conflict of interest regulations.

With this approach, Indonesia can create a healthier food environment and reduce the burden of non-communicable diseases in the future. Front-of-pack labeling policies need to be designed as a collaborative, evidence-based process with academics and the public, while upholding the principles of health equity and consumers' right to clear and understandable information



Appendix 1

Table of Nutrition Policy Monitoring and Evaluation Indicator

Stages	Key Indicators	Method	Implementer*
Before Implementation	<ul style="list-style-type: none"> ● Level of public understanding of the label design to be used ● Comparative study on the application of various front-of-pack labels. ● Ensuring industry players understand the context of existing regulations ● Potential changes in consumer perceptions and preferences 	Baseline survey; in-depth interviews	Ministry of Health, Indonesian FDA, Coordinating Ministry for Human Development and Culture, Central Bureau of Statistics, academics, CSOs
Monitoring: Compliance and law enforcement	<ul style="list-style-type: none"> ● Level of industry compliance with labeling ● Number of violations and sanctions 	Retail audits; documentation of violations	Indonesian FDA, Coordinating Ministry for Human Development and Culture, CSOs
Monitoring: Participatory monitoring	<ul style="list-style-type: none"> ● Independent reports from CSOs/academics ● Community involvement in monitoring 	Community monitoring; reporting from CSOs	Academics, Coordinating Ministry for Human Development and Culture, CSOs
Evaluation: Short term	<ul style="list-style-type: none"> ● Changes in sales volume of products labeled with warnings ● Perception and understanding of labels ● Industry compliance with labeling ● Consumer intention to purchase healthier products 	Retail scan data/sales data; consumer surveys (perception, understanding, readability, and behavior); field trials (label compliance audits, impact on the purchase of labeled products)	Ministry of Health, Indonesian FDA, Coordinating Ministry for Human Development and Culture, Central Bureau of Statistics, academics, CSO
Evaluation: Long term	<ul style="list-style-type: none"> ● Decrease in the prevalence of obesity, diabetes, other NCDs ● Health cost efficiency ● Systemic changes in the food environment: e.g., product reformulation 	Cohort studies; impact modeling; national surveillance data	Ministry of Health, Indonesian FDA, Coordinating Central Bureau of Statistics, academics, CSO

* Free from conflicts of interest



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