Policy Brief



Healthy Canteens to Create a Healthy Food Environment in Jakarta's Institutions and Public Facilities

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Background: Situation of Non-Communicable Disease Risk Factors in Jakarta

1. The prevalence of overweight and obesity in DKI Jakarta is higher than the national average in all age groups (SKI, 2023) For example, in the 5–12 age groupe prevalence of obesity reached 12.7% compared to the national average of only 7.8%. Furthermore, the prevalence of obesity in the age group >18 years reached 31.8%, higher than the national average of 23.4%. For more details, see appendix 1.

2. The habit of consuming sweet, high-sodium, and high-fat foods and drinks in Jakarta is close to the national average based on data from SKI 2023 (see appendix 2).

3. Based on the results of screening for non-communicable disease risk factors in DKI Jakarta in 2025, the obesity rate was 26.03%. Of the six regions in Jakarta, the highest obesity rate was in the Seribu Islands Regency at 35.06%. (see appendix 2).

4. The results of the assessment of visitor consumption patterns at 9 canteen locations surveyed in Jakarta showed 4 main findings (see appendix 3) that is :
   - Every visitor consumes sweetened drinks in the canteen at least 3–4 times a week.
   - 47.6% of visitor respondents consumed fried food in the canteen.
   - 39.6% of visitor respondents bought packaged snacks that were high in salt due to the addition of high-sodium flavoring powder.
   - Only 2 out of 9 canteen locations surveyed sold fresh cut fruit. The rest did not provide cut fruit or only sold it in the form of juice with added sugar and fruit soup.

5. Testing of sugar, salt, fat and food additive content has been carried out by LABKESDA on food samples sold at 9 canteen locations in Jakarta with the following results (see appendix 4):
   - Banana chocolate the tested food was identified as high in energy and fat with a fat content of 13.75 grams per serving.
   - High sodium content was also found in samples of soto mie, ayam geprek, and chicken with spicy cheese sauce. One serving of ayam geprek contains 970 mg of sodium, which contributes 60% of the daily sodium requirement based on the % RDA.
   - The guava juice and sweet tea samples had a high sugar content, averaging 12 grams per serving. This sugar content likely comes from added sugars.
   - In the yellow noodle sample from soto mie, it was found to be positive for formalin and borax.

6. The results of observations of Jakarta's healthy canteens found:
   - There is a collaborative practice between two school locations that uses packaged and fast food products high in sugar, salt, and fat. This collaboration takes the form of CSR activities, such as providing tablecloths, signage, and product promotion on school bulletin boards;
   - There are public facility canteens that are not equipped with adequate sanitation facilities, especially toilets;
   - Violations of food safety and hygiene enforcement were found at the canteen locations of health facilities and public facilities.
   - Only 3 of the 9 canteen locations provide communication, information, and nutrition education materials that are easy for visitors to understand.
   - Visitors and/or food handlers were still found smoking in 4 of the 9 healthy canteen observation locations.
   - There are still traders and/or food handlers who do not implement the nutrition and food safety circulars issued by canteen and community health center managers, citing declining sales.
   - The absence of a mechanism for enforcing nutritional standards and food safety provisions in the implementation of healthy canteens in the field.
   - Compliance with the use of aprons, masks/mouth covers, head coverings (personal protective equipment) is still low due to hot room conditions and poor air circulation.

Policy Landscape for Non-Communicable Disease Management and Healthy Canteens

1. Regulatory support at the central level in efforts to control non-communicable diseases through nutritional interventions
   - Law No. 17/2023 mandates the control of NCD risk factors, particularly sugar, salt, and fat (GGL) consumption.
   - Government Regulation No. 28/2024 (Article 200 paragraph 2 letter e) mandates Regional Governments to establish low sugar, salt and fat (GGL) food areas.
   - Government Regulation No. 28 (Article 202 letter a) mandates regional governments to regulate and provide guidance to food and beverage traders through product standardization and business activities integrated into a health risk-based licensing system.
   - Derivative regulations regarding sugar, salt, and fat thresholds are still being worked on by the Coordinating Ministry for Human Development and Culture (Kemenko PMK).

2. The role and responsibility of local government in organizing healthy canteens in schools and workplaces.
   - PP No. 28/2024 (Article 202 paragraph 2 letter a) regulates and provides guidance to traders around schools and workplaces to control the risk of non-communicable diseases.

- Minister of Education, Culture, Research and Technology Regulation No. 22/2023 (Article 19) requires school canteens to have a special room that is safe from pollution and equipped with healthy canteen facilities and infrastructure.
- The 2025 National Guidelines for Healthy Canteens issued by the Ministry of Primary and Secondary Education mandates the Principal to manage the flow of infrastructure fulfillment, policies, and guidance for vendors around the school through coordination with the UKS/M Supervisory Team.

3. Meanwhile, Jakarta, through Gubernatorial Regulation No. 140/2013 concerning Healthy School Canteens, still only regulates food safety in school canteens.

Policy Objectives

The policy objectives that will be targeted through the drafting of the governor's regulation on the Implementation of Healthy Canteens are as follows:

1. Establish food safety standards to achieve safe and healthy sanitation hygiene.
2. Establish nutritional standards, including diverse, nutritionally balanced and safe food in the organization of healthy canteens.
3. To be a guideline and/or reference for low sugar, salt and fat areas in the implementation of healthy canteens.
4. Expanding the scope of application of regulations to the regional order of educational units, health facilities, offices and other public facilities).

Key Risks and Mitigation

Key risks and mitigation are considerations for the implementation and refinement of the revised Healthy Canteen Regulation to minimize risks, detailed as follows:

Key Risks	Mitigation Steps
Cross-Sector Coordination 1. Interpretation of roles and responsibilities in the implementation of Healthy Canteen 2. Differences in program and budget priorities, and not yet included in the current year's budget planning	Establish a working group to prepare technical guidelines for nutritional standards, food safety, and guidance, supervision and implementation schemes that are aligned with the roles and functions as well as program priorities of each cross-sectoral stakeholder as a reference for budget and program planning through a Governor's Decree.

Resistance from MSMEs/Food and Beverage Providers • Accumulated expenditure from improving food quality • Consider it "difficult" to have to meet healthy eating criteria. • Potential reduction in sponsorship revenue sources.	Involving MSMEs/Food and Beverage Providers in every process of drafting gubernatorial regulations. Planning the policy transition and adaptation process, as well as guidelines for canteen managers and sellers by facilitating training, socialization, and incentive schemes.
Food Industry Intervention 1. Lobbying for compliance with policies is not effective. 2. The campaign against unhealthy eating and drinking continues to be carried out outside public facilities. 3. Sign in as a sponsor of another health program.	Develop technical guidelines related to partnerships and collaborations, as well as conflict of interest regulations.
Unhealthy Food Environment • Minimarkets or street vendors continue to sell outside public facilities, without wanting to be regulated.	Encourage the implementation of low GGL areas and sustainable monitoring and evaluation mechanisms by fostering and involving community elements in these public facilities.

Relevant Scientific Studies

Study Title	Location Settings	Scientific Evidence
Improving food environments and tackling obesity: A realist systematic review of the policy success of regulatory interventions targeting population nutrition (Sisnowski et al, 2017)	Public Cafeterias, Public Spaces and Government Facilities, Government Office Buildings, Vending Machines	• A policy of providing healthy beverages in public institutions (e.g., Boston) successfully reduced the availability of "unhealthy" beverages in regulated locations and lowered the average calories per beverage sold. • However, evidence regarding changes in individual consumption behavior beyond the point of sale or changes in population health indicators was not documented in this study.
The effect of healthy food guidance for schools on food availability, purchasing and consumption among school children in New Zealand and Australia: an integrative review (Pillay Daika et al, 2024)	School Canteen	• By categorizing foods with green, yellow, and red labels, it's easier to choose healthy foods. This has helped schools in Western Australia increase access to healthy food by over 60%.

		• Successfully increased healthy food purchasing behavior change and reduced unhealthy food purchases at the secondary school level.
Impacts of a School-Based Intervention That Incorporates Nutrition Education and a Supportive Healthy School Canteen Environment among Primary School Children in Malaysia (Huey Teo et al, 2021)	Elementary School Canteen	• A decrease in BMI-for-age z-score (BAZ) after 3 months of follow-up, with the intervention group having a lower BAZ than the comparison group, suggests that healthy food policies can help reduce excess weight gain in populations exposed to these environments. • The program trains teachers and canteen staff, and provides educational materials for children, so that nutritional knowledge and healthy food serving practices increase (although specific KAP results do not provide detailed figures).
Socio-economic, dietary, activity, nutrition and body weight transitions in South Korea. *Public Health Nutrition*, Lee, S.-K., & Sobal, J. (2003).	Public Facilities including School Canteen	• The government has succeeded in banning foodEnergy-dense Low Nutrient Density Foodssold in school canteens and pressure food manufacturers to reformulate their products to meet nutritional standards and consider nutritional content when developing new products. • Changing raw materials to reduce sugar content and using different processing methods to reduce saturated fat. • Correlated with better health status such as controlled HDL cholesterol levels and lower risk of coronary heart disease in some subgroups.
Effects of policies or interventions that influence the school food environment on children's health and nonhealth outcomes: a systematic review (Durão et al, 2024)	School Canteen	• Several feeding programs in countries at risk of malnutrition reported improvements in specific nutritional indicators (e.g., vitamin B12, linear growth) in specific contexts (studies in low/middle income countries).

		• Nutrition standards in schools tend to increase the consumption of healthy foods/drinks (e.g. fruits/ vegetables,whole grains, low-fat options) and reduce consumption of unhealthy foods. • Nutritional standards and positioning/presentation can increase the choice of healthier products (e.g., more people choose white milk over chocolate-flavored milk.
Interventions to Promote Healthy Meals in Full-Service Restaurants and Canteens: A Systematic Review and Meta-Analysis (Mandracchia et al, 2021)	School Canteen and Childcare, Recreation Center, Hospital Canteen, Company Canteen	• There was an increase in healthy food purchases (e.g. increased fruit/vegetable selection, increased "green" food options on the menu) in the intervention group. • Evidence for outcome purchases are partial (inconsistent) especially outsidesettingschool. • Canteen interventions that combine environmental changes (healthier menus, product positioning, labeling) and staff support/training and family involvement tend to be more effective in changing children's eating behaviors and increasing the availability of healthy foods.
Multi-strategic intervention to enhance implementation of healthy canteen policy: a randomised controlled trial (Wolfenden et al, 2017)	Elementary School Canteen	• Multi-strategic interventions (such as limiting unhealthy foods and increasing healthy food choices) are effective in increasing the implementation of healthy canteen policies at the school level. • There is limited evidence that healthy canteen interventions can improve the quality of food purchased by students, particularly fat reduction. • There is no strong evidence that the intervention harmed canteen profits, but data are limited.

Barriers and facilitators to implementation of healthy food and drink policies in public sector workplaces: a systematic literature review (Rosin et al, 2023)	Hospital Canteens, University Canteens, Government Office Canteens, Recreation and Sports Centers	• Purchasing shifts towards healthier options (e.g., increased queues at salad bars; shift in sales from fried foods to vegetable options), although not consistent across studies. • In some settings (particularly healthcare facilities), there is increasing employee demand/ awareness of healthier choices and support for policies. • Lack of communication/training leads to confusion about criteria and roles/stakeholders thus causing resistance.

Recommendations

1. The expansion of the Jakarta Healthy Canteen area plan to include educational institutions, offices, health facilities, and other public facilities takes into account the risk of unhealthy food environments contributing to increased obesity rates in all age groups.

2. Establishing 4 pillars of success indicators for Jakarta's healthy canteens, including: (1) nutritional standards, (2) food safety, (3) healthy food environment, and (4) management and governance.

3. Designing a tiered implementation plan by determining the classification of healthy canteens, including: (1) pratama, (2) madya, and (3) superior, while continuing to provide guidance to existing healthy canteens.

4. Specifically, it stipulates restrictions on advertising, promotion, and sponsorship (IPS) of high-GGL food products, as well as regulations on the placement of ready-to-eat and packaged processed food products in canteens at educational institutions. Provisions regarding the stages and types of activities related to IPS can be found in Appendices 6–7.

5. Accommodates the provisions of Government Regulation 28/2024 concerning guidance for food and beverage vendors operating near schools and workplaces, as well as the 2025 National Guidelines for Healthy Canteens, which mandate the implementation of outreach, education, and guidance for food vendors near schools. Details regarding the proposed articles are in Appendix 8.

6. Encourage a multi-level governance mechanism based on cross-sectors through the formation of a coaching and implementation team from the provincial, district/city, sub-district, to village levels to ensure that the four pillars of healthy canteen success indicators can be implemented practically and sustainably.

7. Providing technical support to canteen managers and food handlers through the preparation of technical instructions, modules, and menu guides, as well as providing tiered outreach and training to ensure a smooth policy transition.

8. Encourage the gradual implementation of healthy canteens, starting with the implementation of pilot healthy canteens followed by monitoring, evaluation, learning, and program adjustments.

9. Encourage the strengthening of cross-sector budget commitments to support the planning, implementation, and monitoring-evaluation of the healthy canteen program into the budget planning and programs of the DKI Jakarta Provincial Government for 2027 and beyond.

Appendix

Appendix 1. Comparison Table of Prevalence of Overweight and Obesity in Jakarta and Nationally (SKI, 2023)

Age group	Excess Weight		Obesity	
	Jakarta	National	Jakarta	National
5–12 years	14.6%	11.9%	12.7%	7.8%
13–15 years	16.5%	12.1%	6.8%	4.1%
16–18 years	14.4%	8.8%	4.8%	3.3%
> 18 years	15.2%	14.3%	31.8%	23.4%

Appendix 2. Comparison Table of Adult Consumption > 1 time per day in Jakarta and Nationally in 2023

Adult Consumption > 1 time per day	Consumption of Sweet Foods		Consumption of Sweet Drinks		Consumption of Foods High in Sodium		Consumption of High-Fat Foods	
	National	DKI Jakarta	National	DKI Jakarta	National	DKI Jakarta	National	DKI Jakarta
	33.7%	31.3%	47.5%	45.3%	30.4%	26.9%	37.4%	35.4%

Appendix 3. Table of Findings on Consumer Consumption Patterns in Jakarta Canteens in 2026

Consumption Patterns	Findings
Consumption of Sweetened Beverages	• Every visitor consumes at least sweetened **drinks in the canteen at least 3–4 times a week**. • Anecdotal cases found **elementary school studentsconsumesweet iced tea twice a day, every week**. • Identified sweetened drinks include: **powdered drinks, powdered tea or coffee with added sugar, packaged sweetened drinks, flavored milk, and dessert drinks**.

High-Fat Food Consumption	• **47.6% of visitor respondents(N=30)** consuming fried food in the canteen.
	• Fried foods that are consumed include snacks and/or complements to main meals.
	  ◦ Varieties of snacks consumed include: rolled eggs, bakwan, stuffed tofu, cireng, and cimol.
	  ◦ A variant of complementary food for the main meal, namely fried chicken.

High Salt Food Consumption	• **46% of visitor respondents (N=30) consumed plate of food** (meatballs, soto, fried rice) **identified high salt** due to the addition of sauces, soy sauce, and instant powdered broth which are high in sodium. • **39.6% of visitor respondents (N=30) bought packaged snacks that were high in salt** due to the addition of high sodium flavoring powders, such as crackers,glassfried (basreng), stick noodles, and spicy macaroni.
Fruit Consumption	• **Only 2 of the 9 canteen locations sell fresh cut fruit.** The rest do not provide cut fruit or only sell it in the form of juice with added sugar and fruit soup. • **34.5% of respondents were in high school** often consume fruit, but in processed forms such as **fruit juice with added sugar and servings of fruit soup**.

Appendix 4. Labkesda Test Results Table at two Healthy Canteen locations

Menu	Findings	Information
Chocolate Banana	• High fat and sugar content. • The energy in 1 piece is equivalent to half the energy requirement of the main food.	• **Fat:** 11 g/100 g or 13.75 g in 1 piece of piscok (1 piece = 125 g). • **Sugar:** 9g/100 grams or 11.25 g sugar in 1 piscok. • **Energy:** 100 grams contains 310 kcal, with a common serving size for 1 piscok weighing 125 grams (Energy = 388 kcal).
Soto Mie	• High sodium content in 1 serving because it contributes almost 90% of the average daily RDA. • Positive for containing formalin and borax.	• **Sodium:** 420 mg/100 g or 1260 mg in 1 serving of noodle soup (1 bowl = 350 g). • **Formalin:** 262.71 mg/kg with LOD: 3.20 mg/kg. • **Boraks:** 48.63 mg/kg with LOD: 0.36 mg/kg.
Smashed Chicken	• High fat and sodium content. • Fulfillment of AKG is dominated by fat and sodium.	• **Sodium:** Sodium 970 mg/100 g → 60% of daily sodium requirements are immediately met from just 1 piece of geprek chicken.
Spicy Cheese Chicken	High sodium content	• **Sodium :** 580mg/100 gr.

Guava Juice	High sugar content.	**Sugar content 4.45g/100g.** So in 1 glass of guava juice measuring 250 ml contains 11.2 g of sugar.
Sweet Tea	High sugar content.	**Sugar content 5.06g/100g.** 1 glass of sweet tea is usually 250 ml, so 1 glass contains 12.5 g of sugar.

Appendix 5. Legal Basis Table

Sector	Regulation	Clause
Health	PP 28/2024	**Article 202 paragraph 2 letter e** In implementing the control of non-communicable diseases, the provincial regional government and district/ city regional government are responsible for determining and implementing provisions regarding **food areas low in sugar, salt, and fat.**
		Article 202 paragraph 2 letter a The provincial government and district/city government have the authority to determine policies for controlling risk factors for non-communicable diseases in the form of regulations and guidance for food and beverage vendors **selling around schools and workplaces.**
		Article 202 paragraph 2 letter c Supervision of household industrial food, ready-to-eat processed food including portions of food and drinks served at business premises, **and school children's snacks in the area;**
Education	Minister of Education, Culture, Research and Technology Regulation 22/2023	**Article 19 paragraph 2** The canteen as referred to in paragraph (1) must meet the following provisions: • In the form of a separate room or part of another room; • Located in a place that is safe from potential pollution; • Equipped with healthy canteen equipment and supplies according to the conditions of the educational unit.

Education	National Guidelines for Healthy Canteens 2025	Educational units that do not have a canteen focus on coordinating with the UKS/M Supervisory Team to **socialization, education, and coaching for food sellers around schools**. Flow of fulfillment of healthy canteen infrastructure for schools that do not yet have a canteen: • The principal identifies the canteen needs and resources. • The principal coordinates with the UKS/M Supervisory Team • The principal issues a healthy canteen policy and appoints a canteen manager. • The principal and canteen manager carry out canteen planning and budgeting. • The principal and canteen manager prepare the infrastructure, menu list and cooperation contract with the seller. • The principal and canteen managers received a healthy canteen orientation from the UKS/M Guidance Team. • The canteen management carries out promotions, education and socialization of the healthy canteen to all school residents. • The canteen manager carries out coaching, monitoring and evaluation of the canteen.

Appendix 6. Operational Definition and Forms of Social Studies Activities

	Operational Definition	Activity Form
Advertisement	Any form of communication intended to influence public opinion and support for a processed food product in packaging and/or ready to eat with high GGL that is being sold.	• Distribution of product flyers/ posters. • Infrastructure containing promotional materials. • Creative promotional campaigns in schools.
Promotion	Activities to introduce or disseminate information on processed food products in packaging and/or ready to eat with high GGL to attract consumer interest in the products being sold.	• Product placement in areas that are easily seen and reached by students in the canteen. • Product introduction roadshow. • Profit-sharing and/or other sales schemes.
Sponsor	Activities in the form of financial and/or non-financial contributions provided by companies producing packaged and/or ready-to-eat processed food products in return for product promotion to consumers.	• CSR for canteen infrastructure with promotional content for processed food products in packaging and/or ready to eat with high GGL

Appendix 7. Flow of IPS Limitation Implementation in Educational Units

Period	Activity
The first year after the gubernatorial regulation was enacted	• Socialization of the regulation of restrictions on IPS of high GGL products to all stakeholders; • *Piloting* regulation of restrictions on high GGL product IPS for educational units in Jakarta;
The second year after the gubernatorial regulation was enacted	Review and evaluation of high GGL packaged food product social studies cooperation between retail and schools;
The third – fourth year after the gubernatorial regulation was enacted	Construction and supervision of implementationrestrictionshigh GGL packaged food product social studies cooperation between retail and schools;
The fifth year the gubernatorial regulation was enacted	Monitoring and evaluation of the implementation of restrictions on IPS cooperation on high GGL packaged food products between retailers and schools;

Appendix 8. Proposed Article 13 paragraph 3 concerning Canteens in the Surroundings of Educational Units

Draft (8/4/2026)	Recommendation	Analysis
Article 13 paragraph (3) What is meant by the area around the educational unit as referred to in paragraph (1) is the canteen located around the educational unit building and is the responsibility of the regional apparatus that organizes regional government affairs in the field of small and medium enterprises.	**Option 1:** **Article 13 paragraph (3)** What is meant by the area around the educational unit as referred to in paragraph (1) is the canteen located around the educational unit building and is the responsibility of the regional apparatus that organizes regional government affairs in the field of small and medium enterprises.	**Option 1:** DKI Jakarta can still refer to Article 202 paragraph 2 letters A and E of PP 28/2024 concerning the authority of regional governments to provide guidance to traders in and around schools, as well as designating schools as low-sugar, salt, and fat areas. **Urgency:** Although the procedures are no different from those of canteens in public facilities, it is still necessary to comply with the specific regulations contained in Articles 14 and 15 concerning advertising, promotions, and sponsorships, as well as the placement of food products.
	Option 2: **Article 13 paragraph (3)** What is meant by the area around the educational unit as referred to in paragraph (1) is the canteen located **around educational unit buildings that do not have canteen facilities in the building.** **Article 13 paragraph (4)** Healthy Canteens around the educational unit area receive construction until the canteen facilities in the building are completed. **Article 13 paragraph (5)** Meanwhile, temporary coaching as referred to in paragraph (4) is the responsibility of the regional apparatus that organizes regional government affairs in the fields of health, education and religion.	**Option 2:** Referring to the National Guidelines for Healthy Canteens, coaching continues to be provided to educational units that do not have canteen facilities within the school building. Referring to the national guidelines for healthy school canteens, coaching can be carried out by the UKS/M. **Urgency:** A compromise is being made to accommodate guidance for vendors around schools. This avoids the assumption that a healthy canteen recognizes the "street vendor status" of other government agencies, as feared by other government agencies. The temporary guidance will be carried out by the School Health Unit (UKS(M) until the canteen infrastructure is built inside the building. The substance regarding canteens near schools must still be clarified in relation to the specific regulations contained in Articles 14 and 15 concerning regulations on advertising, promotion, and sponsorship; and the placement of food products.

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