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SUBMISSION

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AMA submission on Proposal P1067 — Health Star Rating System.

Submitted via survey: https://consultations.foodstandards.gov.au/fsanz/p1067-health-star-rating-system/

1. Do you support FSANZ's assessment that mandating the HSR system would better support healthier food choices than a voluntary system (see section 4.1 of the CFS)? Why/why not?

The AMA's position: The AMA supports FSANZ's assessment that mandating the Health Star Rating (HSR) system would better support healthier food choices than the current voluntary approach.

- Under the current voluntary system, food manufacturers have disproportionately displayed the HSR on healthier products while withholding it from less healthy products. This selective application undermines the integrity of the scheme, distorts consumer understanding, and limits consumers' ability to compare the healthiness of similar products.
- There is no evidence that retaining a voluntary system will materially increase the number or proportion of products displaying the HSR. Uptake has plateaued at less than 40 per cent despite clear policy targets, demonstrating that industry will not deliver the scale of change required without regulation. A mandatory system is therefore necessary to achieve the policy objective of supporting healthier food choices.

Benefits of mandating the HSR

- The AMA supports FSANZ's assessment that mandating the HSR would better enable consumers to make healthier choices than the current voluntary system.
- Mandating the HSR is the single most important reform available to improve the policy's public health impact.
- A mandatory HSR is needed to ensure all Australians and New Zealanders have access to a clear, simple, and consistent system for understanding the nutritional quality of packaged foods.
- Mandating the HSR would also create a more level playing field for food businesses, including those that have already adopted the label in good faith.
- The AMA supports implementation of a mandatory HSR system in a timely and efficient manner.

Evidence that voluntary uptake cannot meet policy objectives

- Low and selective uptake has limited the effectiveness of the HSR as a tool to inform consumer choice. Consumers cannot reliably compare products when most packaged foods still do not display the label.
- After 12 years, only 37 per cent of products currently display the HSR (DoHAD monitoring), or 39 per cent of products according to The George Institute for Global Health). In New Zealand, only 36 per cent of products display the HSR (MPI). Industry clearly failed to reach the target of 70 per cent of eligible products by November 2025, with uptake plateauing and slightly declining in recent years.

- HSR uptake is skewed towards higher scoring products, meaning the food industry has been able to use it effectively as a marketing tool on products that score well, while withholding information on thousands of low scoring products. Relevant evidence: The George Institute research (2024) showed uptake of HSR on products scoring HSR≤3 was only 24 per cent (versus 53 per cent on HSR≥3.5); uptake was lowest on products scoring 0.5 products (16 per cent) whereas uptake on HSR 5.0 products was 61 per cent (Selective industry adoption of a voluntary front-of-pack nutrition label results in low and skewed uptake: 10-year results for the Health Star Rating | European Journal of Clinical Nutrition) University of Auckland found products in New Zealand that displayed a HSR had a higher mean HSR (2.9) than products that did not (2.6). https://foodenvironmentsaotearoa.nz/food-labelling/
- Evidence of poor uptake can be compared with rapid uptake of a new mandatory country of origin label over the same time period. This demonstrates the feasibility of widespread labelling change when required by law. The George Institute research showed country of origin was on 93 per cent of products in three years after new legislation was introduced in 2018. Over this same period most of these products declined to add HSR. This also helps refute industry's claim that the cost of a labelling update is the primary barrier to adoption (Jones et al). Voluntary versus mandatory food labels, Australia, WHO Bulletin.
- Voluntary approaches also allow industry to abandon food labelling schemes when they no longer meet their economic or reputational interests. For example, in Europe, following an independent algorithm review and update of the Nutri-Score, large manufacturers, including Danone and Kellogg's — who had previously endorsed the system — have removed the label where their products scores have declined (see, for example, greenMe reporting on Nutri-Score label changes and producers such as Danone choosing to stop using it). The experience in Europe should remind Australia and New Zealand that even low and selective uptake may not be maintained if the HSR remains voluntary.

Consumer support for mandating the HSR

- We know that the HSR will be most effective as a tool in informing consumers and improving diets if it is applied on all packaged food products — something that will only be achieved if the HSR is mandatory.
- More than 82 per cent of Australians support mandatory Health Star Ratings on all packaged foods, with health experts backing the policy. Source: Ilchenko E, Jinnette R, Morley B. Shape of Australia 2023 Survey: Final Report. Centre for Behavioural Research in Cancer, Cancer Council Victoria, February 2024. The survey was completed by more than 2,000 Australian adults aged 18–65 nationally.
- As noted in SD2, FSANZ's own focus groups suggest mandating would better serve consumers: "Participants also noted they expected universal (mandatory) application of the HSR symbol would support both use and understanding of the system. They commented it would allow more comparisons to be made between similar foods than is currently possible."

Mandatory front-of-pack nutrition labels are supported by relevant Codex standards and emerging global practice

- At least 16 other countries now have mandatory front-of-pack nutrition labelling (FOPNL), demonstrating the legal feasibility of mandating (Front-of-package labeling — Global Food Research Program)
- The Updated Appendix II of the Codex Guidelines on Nutrition Labelling sets out Guidelines for on Front-of-Pack Nutrition Labelling and explicitly recognises in Section 3.2 that *"FOPNL can be voluntary or mandatory in line with national legislation"*. Section 4 of those guidelines also recognise that *"FOPNL should be implemented in a way that facilitates the broad availability of FOPNL for consumer use."* These guidelines support Australia and New Zealand to mandate the Health Star Rating as a measure to protect public health while meeting relevant obligations under international trade law (see Shats et al, Policy implications of Codex Alimentarius guidelines on nutrition labelling, Bulletin of the World Health Organization.**)**

2. Do you support FSANZ's proposed approach for the application of the HSR symbol to specific types of sales, including food for retail sale (see

section 4.2 of the CFS and section 2 of SD5)? Please provide reasons and describe any practical or implementation issues FSANZ should consider.

The AMA's position: The AMA supports FSANZ's proposed approach to the application of the HSR symbol to specific types of sales. Our position is guided by the principle that where nutrition information is provided in the form of a Nutrition Information Panel (NIP), the Health Star Rating should also generally be provided to assist consumers to interpret that information.

- Specifically, the AMA supports mandatory display of the HSR on foods for retail sale where a NIP is required (if not prohibited), including foods that do not vary in nutrient composition, foods normally exempt from a NIP but which carry a nutrition content or health claim, imported foods, and packaged water. This approach aligns with Principle 4 of Appendix 2 on FOPNL in the Codex Guidelines on Nutrition Labelling, which states that *"FOPNL should be implemented in a way that facilitates the broad availability of FOPNL for consumer use".*
- The AMA also supports allowing the HSR to be displayed voluntarily (where not prohibited) on packaged foods that are not usually required to display a NIP, including brewed soft drinks, and on food in hampers and unpackaged foods where these foods choose to display a NIP. This supports the general principle that where nutrition information is provided, it should be interpreted for consumers.
- We also support voluntary display of the HSR on fresh and minimally processed fruit and vegetables that receive an automatic HSR.
- Importantly, the AMA supports FSANZ's proposed approach to foods that would be prohibited from displaying an HSR symbol. We make the following additional comments in relation to specific prohibited foods:
    - **Special purpose foods:** We note the change here from voluntary implementation to prohibit HSR on formulated meal replacements and formulated supplementary foods. While impacting a relatively small number of products, this includes some highly visible examples, such as Milo Powder (which scores 1.5 stars 'as sold' but previously displayed a HSR of 4.5 under earlier 'as prepared' rules, and Up&Go, which currently scores 5.0 stars). Both products have been subject to media scrutiny as examples of where the public perceive products as scoring 'too highly', damaging consumer trust in the HSR. On this basis, we accept the removal of the HSR from these products but note that despite their classification as 'special purpose', they are marketed and consumed as part of everyday diets and are generally placed on shelves alongside seemingly similar products that are not regulated as special-purpose foods. The blurring of this distinction is particularly pronounced with Milo, where the product is used as an ingredient in an extended range of products (e.g., cereals, muesli bars) that are not classified as 'special purpose' and that display HSRs. It will be essential for FSANZ to conduct ongoing monitoring to ensure that an increasing number of products do not exploit this loophole as a way to avoid displaying mandatory HSR.
    - **Standardised alcoholic beverages, other beverages with ≥0.5 per cent alcohol by volume, beverages represented as non-alcoholic extensions of alcoholic beverages and alcohol kits:** We strongly support FSANZ's approach to prohibit HSR on alcohol and no/low alcohol products to ensure that HSR does not convey that there are 'healthier' versions of these drinks. We acknowledge the thorough review of health evidence and global guidance in SD5 that supports this position.
- **Additional specific comment on *2.2.6.1.4 Commercial foods for infants and young children:*** We do not support the displaying of the HSR on foods for infants. The current exemption from the HSR that applies to foods for infants (children under 12 months of age) should continue under a mandatory system. This is because infants have specific nutritional and feeding requirements and so it is not appropriate to apply the HSR to those foods.
    - **With respect to foods for young children,** in the absence of a current definition for commercial foods for young children in the Code, we appreciate that there are technical difficulties with excluding these foods from displaying the HSR. However, there are significant issues with foods for young children as highlighted in the March 2025 *Commercial foods for infants and young children — policy paper.* Work to improve regulations for commercial foods for both infants and young children is currently underway and undergoing regulatory consideration.

- To ensure that the inclusion of the HSR on foods for young children supports healthy choices, rather than creating a 'health halo', it is imperative that regulations to improve the composition, labelling and on-pack marketing of these foods is comprehensive.
- Additionally, it is imperative that public messaging around the application of the HSR to commercial foods for young children is paired with communication that these foods should not displace whole foods in the diet.
- The AMA emphasises that implementation should be supported by paired messaging and regulation that reinforces the value of whole foods and home-prepared, culturally familiar meals, and clarifies that a high HSR on certain packaged foods does not make them nutritionally superior to traditional foods.

Additional specific comment on advertising:

- We support FSANZ's view that the HSR would be prohibited in advertising of foods that are prohibited to display a HSR (SD1).
- We also support FSANZ's proposal that if the HSR is used in advertising material (for foods not prohibited) that it would need to meet the proposed requirements for calculation and design.
- In addition to this approach, we would support an approach that requires the HSR to be displayed on a mandatory basis in any advertisement of a product which is required to display the HSR, especially any with a health claim. Currently, it is commonplace to view food advertising in Australia that includes the HSR for products that receive high ratings (e.g., Funday Sweets campaign, Up&Go campaigns). However, it is not common to see this information in advertisements for products with a low score (usually because they are not displaying the HSR on pack). We believe consumers should have transparent access to the HSR in all advertisements. A starting point for this would be to require any imagery of packaging in an advertisement to include the HSR as it appears on that pack at the point of sale.

3. Are there specific foods for which there would be space limitations in fitting a legible HSR symbol on the label (beyond small packages <100 cm2) (see section 2.2.6.3.6 of SD5)? Please provide examples and outline any practical solutions or approaches to address these challenges.

The AMA's position: The AMA supports mandatory display of the HSR on the vast majority of packaged foods in Australia and New Zealand. Any exceptions on the basis of space limitations should be justified by strong evidence and applied only in limited circumstances.

Limited exceptions based on space limitations

- We acknowledge that it can be difficult to display the HSR on packaged foods with a small available surface area, and accept the HSR exemption for small, packaged foods.
- This retains alignment with other Food Standards Code provisions for these packages (total surface size <100cm^2). We note requirements in Australia and New Zealand are already potentially more generous than similar requirements elsewhere. For example, the Codex General Standard for the Labelling of Pre-Packaged Foods: Section 6 Exemptions from mandatory labelling requirements defines 'small units' as products with a largest surface of <10cm^2. Under recent regulation in Canada, small packages with a largest surface display of <15cm^2 are exempt from FOPNL (https://www.canada.ca/en/health-canada/services/food-nutrition/nutrition-labelling/front-package.html#a2), and in the EU "small packs and containers with the largest surface of less than 10 cm^2 may bear fewer mandatory particulars".
- Proposed changes to the Health Star graphic to allow only the 'Star' graphic make it easier to apply to small packages.
- We strongly support FSANZ's position and justification for not adjusting the definition of small package size for the HSR system. However, there may be opportunity in the future to include information on smaller packages as new technologies allow for things such as QR codes.

4. Do you support FSANZ's proposed overall approach with respect to calculating the HSR (see section 4.3.1 and Attachment C of the CFS)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

The AMA's position: The AMA supports FSANZ's proposed overall approach to the HSR algorithm. In particular, the AMA supports prioritising mandatory implementation ahead of a comprehensive algorithm review to enable timely regulatory action.

- The AMA supports FSANZ's proposed overall approach to the HSR algorithm, and, in particular, supports not undertaking a comprehensive algorithm review before mandating the HSR so that regulatory action is not delayed.
- Recent experience with voluntary Nutri-Score shows that major manufacturers may abandon front-of-pack labelling when algorithm changes reduce product scores. This reinforces the importance of mandating first.
- Given the low and selective uptake of the voluntary HSR, the AMA considers mandating the system the priority public health action.
- The algorithm should, however, be reviewed in the near future to reflect updated nutrition science and address known limitations. Food ministers should commit to a clear timeframe and process for review once the system is mandatory.
- The AMA advocates on the need for careful calibration of the HSR algorithm to align with dietary guidelines and avoid disadvantaging culturally significant staple foods, noting that consistently low ratings for traditional foods consumed by culturally and linguistically diverse (CALD) communities may contribute to stigma and inadvertently encourage substitution with more highly rated ultra-processed products, with adverse equity implications.
- This approach appropriately balances urgent policy action with the need for ongoing system integrity and improvement.

View on FSANZ's overall approach to the algorithm:

- The AMA recognises the substantial analytical work undertaken by FSANZ to assess the current performance of the HSR algorithm, including use of a large dataset and a more transparent methodology.
- FSANZ's focus on overall alignment with dietary guidelines is reasonable at this stage. The HSR is intended to support healthier choices at the point of purchase, not replicate whole-of-diet guidance.
- There is some evidence to suggest that diets comprising a higher proportion of foods with higher Health Star Ratings are associated with improved health outcomes, including reduced risk of all-cause and cardiovascular mortality (see: Seventeen-Year Associations between Diet Quality Defined by the Health Star Rating and Mortality in Australians: The Australian Diabetes, Obesity and Lifestyle Study (AusDiab)— ScienceDirect). There are many more studies to support the performance of the similar algorithm underpinning Nutri-Score as associated with improved health outcomes, (see: Criterion validation of nutrient profiling systems: a systematic review and meta-analysis — The American Journal of Clinical Nutrition) suggesting these related overall ratings can be reasonably used as a population-level public health tool.
- FSANZ's finding that the current algorithm aligns with dietary guidelines in about 79 per cent of cases suggests the system is broadly functioning, but material misalignment remains. Public concern about outlier products reinforces the need to mandate now while committing to future review.

The need for regular, independent algorithm review

- To ensure the HSR continues to guide consumers towards genuinely healthier choices, the algorithm must be regularly reviewed and updated in line with evolving nutrition science and changes in the food supply. In other long-standing FOPNL worldwide, such reviews have occurred approximately every five years (see: Jones et al

2019 Front-of-pack nutrition labelling to promote healthier diets: current practice and opportunities to strengthen regulation worldwide | BMJ Global Health)

- The AMA therefore recommends that, alongside mandating the HSR, food ministers commit to establishing a formal, government-led process for periodic algorithm review**.** The forthcoming update to the Australian Dietary Guidelines should serve as a clear trigger for the first of these comprehensive reviews, ensuring that any revisions are informed by the most current and robust synthesis of nutrition evidence.
- International best practice in the science of nutrient profiling highlights the importance of maintaining independence from commercially conflicted interests in the development and review of nutrient profile models such as the HSR algorithm. Global guidance (e.g., WHO Guiding Principles and Framework Manual for FOPNL) states "*government should have the ultimate responsibility and authority for the nutrient profile model that underpins the FOPL system. This government-led process will facilitate the adoption of credible nutrient profiling criteria that is based on authoritative scientific information, reflects national dietary guidelines and eating habits of the population, and is free from commercial and other vested interests."*
- We note:
    - International norms increasingly separate nutrient profile development from broader stakeholder consultation processes for FOPNL (see WHO Guiding Principles and theCodex Guidelines on FOPNL, which require 'consultation' but not 'collaboration' with interested stakeholders to accommodate conflict-of-interest safeguards).
    - Independent scientific committees, free from industry representatives, are commonly used to review nutrient profiling systems (e.g., Nutri-Score in France 2023 update, Ofcom model in UK, even industry-initiated 'Choices' programme). In fact, it is rare to engage industry in this task: a 2019 analysis suggested Australia and New Zealand were one of only a handful of governments that have done so in their FOPNL.
    - Consumer trust is sensitive to perceived industry involvement. FSANZ's own research indicates that such perceptions can reduce confidence in HSR (see SD1 in consultation documents).
- Under a mandatory system, these considerations become more critical. Strengthened governance arrangements are therefore necessary to protect the integrity and credibility of the HSR system.

Appropriate processes for an algorithm review

- While the consultation paper suggests that future changes to the HSR algorithm could be managed through standard processes under the (current) FSANZ Act, we do not consider these mechanisms to be fully fit-for-purpose to ensure an independent, comprehensive algorithm review.
- In particular:
    - Application-based processes risk enabling commercially driven, product specific requests that may not align with broader public health objectives.
    - Standard proposal processes may not provide sufficient safeguards against undue influence. Existing norms — such as targeted but not transparent consultation, stakeholder access to FSANZ staff with limited transparency (e.g., no meeting logs etc), and governance structures (including Board that is statutorily required to include industry representatives in ultimate approval of any proposa — can all contribute to this risk.
    - Proposals are also resource-intensive and time-consuming, potentially diverting attention from other important public health work by FSANZ.
- The AMA advocates that the HSR algorithm warrants a bespoke review process, with governance safeguards similar to those used by the NMHRC (e.g., in the development of national dietary guidelines), or DoHDA in some other contexts (e.g., in matters of tobacco control policy given international requirements under Article 5.3 of the Framework Convention on Tobacco Control). These bodies could be considered for algorithm review in the future, due to their familiarity with health review processes. Key features should include:
    - an independent scientific committee free from commercial conflicts of interest
    - clear rules governing engagement and transparency (e.g., public consultation with any/all stakeholders alongside protected scientific deliberation)
    - pre-defined objectives or indicators to guide decision-making and promote committee consensus.

- Given FSANZ's statutory framework, such a process may require direction from ministers to enable tailored governance arrangements.

Public health priorities for future algorithm review

While we support deferring a full review until mandatory legislation is approved, we highlight the following priority areas for investigation in any future comprehensive review:

1. **Balance between positive and negative components:** The current algorithm allows positive attributes (e.g., protein, fibre, FVNL) to substantially offset negative components (energy, saturated fat, sodium, sugars). In line with approaches used by Ofcom and the Nutri-Score algorithm, the weighting and eligibility criteria for positive components should be reassessed.
2. **Strengthen penalties for nutrients of concern:** Sodium thresholds should be tightened to reflect current evidence of health risk. Treatment of sugars should be strengthened, including consideration of free sugars and/or higher penalties for total sugars.
3. **Treatment of non-sugar sweeteners:** Consider incorporating penalties for non-sugar sweeteners to prevent products with non-sugar sweeteners from receiving high ratings, as done in Nutri-Score.
4. **Consider ultra-processing:** The role of ultra-processing should be examined, with a view to incorporating this factor in an evidence-based manner (see: Modifying the Health Star Rating nutrient profiling algorithm to account for ultra-processing - Barrett - 2025 - Nutrition & Dietetics - Wiley Online Library). Specifically, ultra-processed foods should be unable to receive a high rating.
5. **Improve discrimination and scaling of ratings:** The conversion of underlying algorithm scores to star ratings should be reviewed to enhance discrimination across the food supply. This would help address consumer confusion about whether stars work only within or also across categories.

5. Do you support FSANZ's proposed approach with respect to the categorisation of foods for the algorithm (Categories 1, 2, 3, 1D, 2D, and 3D) (see section 4.3.2 of the CFS and section 3.1 of SD5)? Please provide reasons for your response.

The AMA's position: The AMA supports FSANZ's proposed approach to the categorisation of foods for the HSR algorithm.

- We note specific attention has been given by FSANZ to definitions of categories 1D, 2D and 3D. We support attention to those categories only to the extent necessary to translate current voluntary practice into the mandatory system.
- We note that prior submissions made under the HSR's anomaly process show the potential for categorisation/re-categorisation to be used by individual industry stakeholders to obtain more favourable outcomes for their products (e.g., submissions on dairy desserts). We suggest that if further attention is warranted to categorisation that it be made part of a future holistic algorithm review.

6. What are your views on the approaches considered by FSANZ for accounting for milk powder in foods in the dairy categories, including how these approaches address reconstitution and the application of the 75% rule (section 3.1.4.4.5 of SD5)? Please describe any alternative approaches that may better address the issues identified.

No Response.

7. Do you support FSANZ's proposed approach with respect to the form of the food used when calculating the HSR (see section 4.3.3 of the CFS and section 3.3 of SD5)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

The AMA's position: The AMA supports FSANZ's proposed approach with respect to the form of the food used when calculating the HSR.

- We note the detailed analysis conducted by FSANZ during preparatory work, and the extensive previous work done to improve clarity in this area since the launch of the HSR in 2014. We believe the proposed approach — generally requiring the HSR to be calculated on an 'as sold' basis, except for limited exceptions (reconstituting with water, draining before consumption) — is essential to address the key public health and consumer concern of preventing food products (e.g., Milo, burger seasoning mixes) from claiming a HSR that is based upon the addition of healthy ingredients (e.g., milk, vegetables).
- FSANZ's proposal for products to include wording that clearly indicates that a HSR relates to a food 'as drained' or 'reconstituted' in those limited cases will improve clarity for consumers in these cases.

8. Do you support FSANZ's proposed approach with respect to fruit, vegetable, nut, legume (FVNL) content used when calculating the HSR (see section 4.3.4 of the CFS and section 3.4 of SD5)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

The AMA's position: The AMA supports FSANZ's approach to combining non-concentrated FVNL and concentrated FV.

- As FSANZ notes in SD5, determining whether FVNL content should be classified as non-concentrated or as concentrated FV is complex. Given this information is not provided to consumers on the label, it is also very difficult to maintain transparency on how industry have applied this definition in any given case to obtain 'positive' points.
- We agree that collapsing the two categories into one would support definition, implementation and enforcement simplicity. It would also better align with the approach taken by similar algorithms (e.g., Ofcom in the UK and Nutri-Score in the EU, which do not have a 'concentrated FVNL' category).
- We note the results of the modelling conducted to date suggest this change would mainly impact dried fruit, muesli bars and snacks, with products decreasing in points by 0.5 (impacted dried fruits) to 2.0 stars (more the muesli bars and snacks). We believe this outcome is reasonable given the discretionary nature of most muesli bars and snacks, and the conditional recommendations on dried fruit in the Australian Dietary Guidelines (i.e., '*Vegetables and fruit to limit: …dried fruit can also stick to the teeth and increase the risk of tooth decay. For this reason…dried fruit should be consumed only occasionally and in small amounts'.*
- The AMA would also support adoption of FSANZ's approach to removing eligibility points for some non-concentrated FVNL sources. In section 3.1.2.3 of SD5, FSANZ tests removing FVNL values for dried potato crisps and similar vegetable or legume-type products so that they no longer score V points. This option appears to reduce scores primarily for snack foods, which have been identified as outlier discretionary products, and would better align ratings with consumer expectations.

9. Do you support FSANZ's proposed approach with respect to algorithm overrides (see section 4.3.5 of the CFS)? Please provide reasons for your response, including any specific aspects of the proposed approach that you consider problematic or could be improved.

- The AMA supports FSANZ's approach to adopting the three current algorithm overrides (plain water, unsweetened water-based flavoured beverages, fresh and minimally processed fruit and vegetables).
- The AMA also support FSANZ's approach of not considering any further algorithm overrides.

10. Do you support FSANZ's proposed approach regarding layers of packaging, multipacks, individual portion packs and multicomponent foods (see section 4.3.6 of the CFS and section 3.2 of SD5)? Please provide reasons for your response.

- The AMA supports FSANZ's proposed approach that products with multiple layers of packaging (single foods, or packages with many individual servings of the same food) display the HSR on one layer of packaging only, *provided that* this layer and the display of the HSR is visible to the consumer at the point of sale to enable it to guide decision making.
- We support FSANZ's approach to displaying the HSR on variety packs, including that the manufacturer may display one HSR on the front-of-pack if desired to save space. In particular, we support FSANZ's suggestion that this HSR would be the *lowest* HSR of all foods in the package. We believe this is the most prudent approach to ensuring consumers are not misled about the healthiness of the products inside.
- We support FSANZ's approach to multi-component foods.

11. Do you support FSANZ's proposed approach for the HSR symbol to be the stars element only (see section 4.4.1 of the CFS and section 1.1 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

The AMA's position: The AMA strongly supports FSANZ's proposed approach to allow the star element only as a single, standardised and mandatory front-of-pack format.

Supportive information:

- FSANZ's consumer literature review showed that the additional information provided in the other formats confused consumers and did not assist them in making healthier choices.
- FSANZ research showed that most products (71 per cent) already only carry the stars element. There was also a higher level of consistency with the assessment criteria for this format.
- Permitting only the stars icon reduces burden on enforcement agencies and industry as there is less to calculate and ensure compliance with.
- The stars only format assists consumers in making healthier choices at a glance.

12. Do you have any information or evidence to inform the consideration of colour including as it relates to supporting consumption of foods identified in Guideline 2 of the Australian Dietary Guidelines (ADGs) and Eating Statement 1 of the New Zealand Eating and Activity

Guidelines (NZEAG)? Please provide any consumer evidence and/or information on implementing the use of colour in the HSR symbol.

The AMA's position: The AMA supports evidence-based use of colour in front-of-pack nutrition labelling, but does not support the proposed use of colour solely to highlight core foods from the ADGs and NZEAGs.

- Global best practice in front-of-pack nutrition labelling supports the use of interpretive colour to strengthen labels' ability to guide consumers, particularly by helping consumers identify less healthy products. However, the current proposal does not reflect this practice. Based on the evidence currently available, the AMA does not support the use of colour solely to highlight core foods from the ADGs and NZEAGs.
- This FSANZ proposed approach has not been consumer tested, and as noted by FSANZ, clear definitions of what is considered core and non-core in the revised ADGs or NZEAGs have not been established. We are not willing to delay implementation of mandatory HSRs to enable further consideration of these definitions.
- There is the opportunity to consider evidence-based approaches to colour in the next phase of mandatory implementation. Any further research must test evidence-based options from those used globally that allow less healthy products to be identified and avoided.

Colour coding in interpretive front-of-pack labels

- Health Stars are the only FOPNL worldwide where no colour is specified for use, as referred to in the call for submissions
- The global literature has focused on alerting consumers to the products that are less healthy choices, so that they can avoid them.
- Including colour, such as the variations in red, orange and green, across all foods, improves salience and assists understanding.[2-4] The most obvious example of how this has been done in a manner that could be translated to Health Stars is the spectrum of colours in the Nutri-Score logo in Europe.
- Therefore, we recommend that colour is included to allow consumers to identify less healthy foods.
- It is not clear how highlighting core foods in a different colour (such as gold, as suggested in SD4) without prescribing a colour for all other HSRs will be meaningful for consumers. For example, if there are many HSRs in many different colours, as is allowed in the proposed approach, the gold stars of core foods may get lost. There is no evidence proving the effectiveness of this approach, or of utility to consumers. Comprehensive consumer testing is required before a decision on this issue is made.

Education

- It is beyond the scope of the HSR to educate consumers on what foods are core foods, or diets based on core foods.
- A well-funded public education campaign promoting the revised ADGs when they are published is a more effective way to achieve this.

References for question 12:

- Jones A, Neal B, Reeve B, Ni Mhurchu C, Thow AM. Front-of-pack nutrition labelling to promote healthier diets: Current practice and opportunities to strengthen regulation worldwide. BMJ Global Health. 2019;4(6):e001882.
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- Pettigrew S, Jongenelis MI, Talati Z, Dana LM, Hercberg S, Julia C. The ability of five different front-of-pack labels to assist australian consumers to identify healthy versus unhealthy foods. Australian and New Zealand Journal of Public Health. 2023;47(1):100017.

13. Do you support FSANZ's proposed approach for the location of the HSR symbol on a package of food (see section 4.4.2 of the CFS and section 1.2 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

The AMA's position: The AMA supports FSANZ's proposed approach to the location of the HSR symbol on packages of food, subject to strengthening measures to improve consistency and prominence.

See also: our suggestions in Question 14 for specification of display in a uniform position on pack (top half).

Consumer use and evidence

As per P1067 Supporting Document 4: HSR Symbol Technical Assessment and Presentation Evaluation

- Front-of-pack nutrition labelling is more likely to be noticed, understood and used compared to back-of-pack information, especially for those with low literacy and limited English who rely more on visual summary cues like the HSR.
- Front-of-pack placement allows consumers to make quick, at-a-glance assessments of product healthiness, particularly when time-poor.
- The Health Star Rating is designed as a simple summary indicator, and simplicity is a key driver of consumer use.

Current practice supports feasibility

- 97 per cent of products displaying the Health Star Rating already place it on the front of pack, demonstrating strong existing industry alignment (Source: P1067 Supporting Document 4).
- Placement outside the front of pack is not associated with packaging constraints or star rating, indicating this approach is broadly feasible across products.
- This approach is also consistent with Codex Alimentarius guidance, which emphasises that nutrition labelling should be presented in a manner that is clear, prominent and readily understandable to consumers, supporting informed purchasing decisions at the point of sale.

Clarity and avoidance of ambiguity of labelling placement

- Requiring front-of-pack placement supports clear and consistent visibility and reduces the risk of placement that diminishes consumer access to the label.
- Clear expectations around placement on the front or principal display panel are important to ensure the symbol remains prominent, easily accessible and identifiable.
- Food and beverage industry actors in Mexico successfully pushed to weaken key labelling provisions during the policy process, particularly around label display areas, demonstrating how industry exploits gaps in standards to reduce the visibility and impact of warning labels. This must be avoided with strong standards for HSR. (Source: Crosbie E, Otero Alvarez MG, Cao M, et al. Implementing front-of-pack nutrition warning labels in Mexico: important lessons for low- and middle-income countries. *Public Health Nutrition*. 2023;26(10):2149-2161. doi:10.1017/S1368980023001441)

Alignment with international guidance

- As per P1067 Supporting Document 4, the proposed approach aligns with international approaches emphasising that nutrition information should be visible prior to purchase and easy for consumers to locate and interpret. The Codex Guidelines on Nutrition Labelling Appendix 2 on FOPNL suggest *"FOPNL should be clearly visible on the package/packaging at the point of purchase under normal conditions".*

Implementation considerations

- Industry already demonstrates a consistent understanding of front-of-pack placement, reducing the need for further prescriptive definition.
- Allowing use via over-stickered labels for imported foods is a practical implementation approach that supports compliance without unnecessary burden, though front-of-pack labelling must remain the standard for these stickered-labels.

Online and retail environment considerations

- Evidence indicates nutrition information, including the HSR, is less consistently available in online retail environments prior to purchase, and while out of the remit of this work, FSANZ must consider the growing online retail environment as a source of products that should include the HSR. In the future, FSANZ should consider the need for food retailers to display the HSR prominently when displaying their food listening, wherever they appear.
- Ensuring consistent and prominent display of the HSR before purchase across all retail settings, including online, supports the intent and effectiveness of front-of-pack labelling.

14. Do you support FSANZ's proposed approach for the presentation and legibility of the HSR symbol (see section 4.4.3 of the CFS and section 1.3 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

The AMA's position:

- We support FSANZ's proposed approach to presentation and legibility, with strengthening to address current limitations in visibility and consistency. Clear, legible and prominent front-of-pack labelling is essential to support informed consumer choice and improve dietary outcomes.
- We strongly encourage FSANZ to strengthen its approach to uniform placement(i.e., to specify the HSR should be applied on the *top* half of packages to improve alignment with international best-practice and improve salience for consumers, particularly those with lower health literacy. This could also include specifying the side the HSR must appear on packaging, we would recommend top right.)
- Improvements to visibility and presentation will enhance consumer trust, understanding and use of the HSR system as a public health tool.
- The AMA emphasises that culturally and linguistically diverse (CALD) communities face structural barriers to understanding conventional nutrition labels due to language and literacy constraints, and that a mandatory, uniform Health Star Rating system should be recognised as a structural health literacy intervention rather than solely a consumer education tool.

Consumer use and importance of legibility

- The effectiveness of the Health Star Rating relies on it being clearly visible and easy to interpret at a glance, consistent with its role as a simple summary indicator (P1067 Supporting Document 1: Consumer Literature Review).
- As outlined in Supporting Document 1, a substantial proportion of consumers report the HSR is easy to understand, but fewer report that it strongly captures attention, indicating that visibility and salience remain critical issues.
- Consumers rely on the HSR to make quick decisions, reinforcing the need for strong legibility and prominence on pack.

Evidence of current limitations and "workarounds"

As per P1067 Supporting Document 4: HSR Symbol Technical Assessment and Presentation Evaluation:

- While overall compliance with presentation and legibility requirements is relatively high, 27 per cent of symbols assessed were inconsistent with at least one criterion.
- Most inconsistencies arise from stylised or altered presentations, including issues with layout, spacing and typeface, indicating that current flexibility can be used in ways that reduce clarity.
- Variability in colour, background contrast and surrounding imagery can reduce visibility and prominence of the symbol, even when minimum requirements are technically met.
- The presence of competing information, such as nutrition content or health claims, positioned near the HSR can contribute to confusion or dilute its impact.

Role of consistency and design strengthening

- Consistent presentation supports faster recognition and understanding, particularly for consumers with lower health literacy. Evidence shows less prescriptive approaches can allow variation that reduces the effectiveness of the label in practice, as has been seen in Mexico. (Source: Crosbie E, Otero Alvarez MG, Cao M, et al. Implementing front-of-pack nutrition warning labels in Mexico: important lessons for low- and middle-income countries. *Public Health Nutrition*. 2023;26(10):2149-2161. doi:10.1017/S1368980023001441).
- Strong colour contrast, clear margins, and clear differentiation from packaging are critical to ensuring the symbol is visible and readable, as poor contrast or background matching can reduce readability and effectiveness of the label.
- Public health stakeholders have identified opportunities to improve salience through measures such as minimum size, clearer placement and potential use of interpretive colour.

Implementation considerations

- Requiring use of the trademarked design and compliance with legibility provisions supports consistency and regulatory clarity and reduces risk of industry loopholes that may risk consumer comprehension.
- Strengthening design requirements and guidance as mandating of the HSR is rolled out, should help ensure consistent and effective implementation across the food supply.

Best-practice would be to require uniform placement on the top half of packages

- We note FSANZ's acknowledgement of the importance of uniform placement on pack as a way to improve salience to consumers.
- FSANZ also notes current practice under Health Stars is in the bottom half of the pack (SD4) — 90 per cent of packages currently use this, with about 50 per cent on left-hand side and 35 per cent on right-hand side. While this reflects industry preference, it is not aligned with international best-practice.
- SD4 itself notes that studies investigating 'position on pack' suggest there may be some advantages to consistent positioning of FoPL, particularly in the top half of the package. Benefits include reduced time required to understand the label and slightly faster identification of the presence of the label. One study found that a consistent location caused a small increase in understanding of the label for participants with lower health literacy, suggesting this factor may be important for equity (for references, see p15 of SD4).
- Other countries have also specified uniform placement requirements on pack (e.g., the top half of the pack in Canada, the top right corner for Nutri-Score), while the current draft FOPNL proposed by the US Food and Drug Administration would require placement of the label in the top third of the packaging, based on evidence showing this would improve consumer attention, reaction time, and label understanding.
- Rather than disregarding this potential improvement to the HSR, we suggest that FSANZ prescribes placement of the HSR on the top half of the pack. Given the majority of products are still not displaying the HSR yet under the current voluntary system, this is an ideal opportunity to correct current HSR practices towards

international best-practice. Products currently displaying the HSR on the bottom half of the pack will have a sufficient implementation period to make this update.

Signalling government endorsement on label

- Many countries also signal government-ownership of the label within the label design (e.g., 'Ministry of Health' in Chile, 'Health Canada' in Canada's warning label, 'FDA.gov' in the USA's proposed label). This addition could be considered to improve visible government leadership and strengthen consumer trust.
- We suggest FSANZ preserves this option for future considerations of potential improvements to the HSR label graphic.

15. Do you support FSANZ's proposed approach for the declaration of algorithm components (see section 4.5 of the CFS and section 4 of SD5)? Please provide reasons for your response including any implications for transparency, enforcement or cost.

The AMA's position: The AMA strongly supports FSANZ's proposed approach to the declaration of algorithm components as necessary for both transparency and enforcement.

- We note that manufacturers will still have a choice in how they respond to this change. For example, if calculating or displaying fibre, calcium or FVNL is too onerous they have the option *not* to claim 'positive' points resulting from these components and can continue not to make label changes to the NIP or ingredients list.
- We also believe it is reasonable for manufacturers to provide information on the application of the 75 per cent rule for determining a foods' eligibility for the dairy or dairy analogue categories to enforcement agencies on request, given the beneficial effects of the HSR being calculated in these categories.

16. Have all the major impacts to industry, consumers and government from the proposed options been identified in Table 1 of SD6? Please provide evidence (where possible) to support the inclusion and magnitude of other impacts.

The AMA's position: The AMA supports FSANZ's overall approach to assessing the costs and benefits of the proposal, subject to the following comments.

- The proposed approach includes two options: the status quo (maintaining a voluntary HSR) and amending the Code to mandate the HSR system. The options should not be widened to include other proposals.
- We agree that the key impacts to industry, consumers and government have been identified.
- Tables 1 and 2 in document SD6 notes that a food business may choose to reformulate their product to increase its appeal under a mandatory HSR system. For clarity, any action to reformulate or introduce new products that would gain a higher HSR is a voluntary decision of food manufacturers and should not be included as a cost of making the HSR mandatory.

17. Do you have information to provide to assist FSANZ in quantifying the costs and benefits currently identified as unquantified in Table 2 of SD6? Please provide data and evidence to support the inclusion of such information.

- Answer Section 2.2.9 Break-even analysis derives its estimate of overweight and obesity-related health costs in Australia from a PwC report that is now 11 years old. More recent estimates of the direct healthcare costs of overweight and obesity in Australia from the Australian Institute of Health and Welfare are considerably higher at $7.0 billion a year in 2023–24 compared with $3.8 billion a year referred to in the PwC report. The analysis should be conducted using the more up-to-date AIHW estimates.
- The benefits of improved dietary patterns are not limited to reducing the impacts of overweight and obesity. There are many diet-related conditions that are independent of weight. For example, lowering sodium intake reduces hypertension and associated heart attacks, strokes and kidney disease. Improving fruit and vegetable intake reduces the risks of stroke and heart disease, and reducing trans fats reduces the risks of atherosclerosis. Therefore, the true benefits of improving dietary patterns are likely to be significantly higher than indicated by the costs of overweight and obesity alone. The full cost benefit analysis that will be conducted for the regulatory proposal should consider a wider range of benefits derived from improved diets.
- Further potentially relevant evidence: NZ report on the cost of type 2 diabetes to support calculations beyond weight: https://ourarchive.otago.ac.nz/esploro/outputs/report/Economic-and-Social-Cost-of-Type/9926478578501891; https://www.tandfonline.com/doi/full/10.1080/03036758.2025.2455499#abstract Estimates of HALYS gained and cost savings in NZ through reformulation if the HSR was made mandatory.

18. Do you agree with the assumptions proposed to be used to estimate the costs to industry in SD6? Please provide data and evidence to support the inclusion of alternative assumptions.

- The assumptions in SD6 2.2.2-2.2.7 are based on quite limited evidence and are at best indicative. It is also indicated that an updated cost benefit model will be utilised for the more detailed analysis to be prepared in advance of the draft regulation. This makes it challenging to comment on whether the assumptions are appropriate at this stage.
- The AMA supports a principles-based approach to the cost-benefit analysis that includes all public health benefits that can be attributed to improved dietary patterns and allows for efficiencies that can be achieved by updating all affected labels at once. Assertions of higher costs should be supported by robust evidence.
- Evidence of poor uptake can be compared with rapid uptake of a new mandatory Country of Origin Label over the same time period, which demonstrates the feasibility of widespread labelling change when required by law. Relevant evidence: George Institute research showed Country of Origin was on 93 per cent of products in three years after new legislation was introduced in 2018. Over this same period, most of these products declined to add the HSR. This also helps refute industry's argument of the cost of a labelling update as the primary barrier to adoption: Jones et al. Voluntary versus mandatory food labels, Australia, WHO Bulletin.
- FSANZ estimates that about one hour would be spent calculating HSR per SKU is probably a significant over-estimate, given that with a mandatory system food manufacturers would be expected to calculate HSRs for all eligible products simultaneously through a bulk process.
- Section 2.2.6 notes that mandating the HSR may incentivise food businesses to formulate new products to receive a higher HSR. For clarity, this is a voluntary action that may be taken by food businesses, and therefore it should not be considered a cost of mandating.

19. Please make any other comments that are not related to specific questions here.

The AMA strongly supports a mandatory Health Star Rating system as part of a broader food labelling framework that helps consumers make informed, healthier choices. Good food labelling is a public health measure and an important contributor to health literacy. Food labels should provide clear, accessible and readily interpretable information that enables consumers to understand the nutritional quality of packaged foods at the point of purchase. This is particularly important in a food environment where consumers are required to make quick decisions and where low health literacy can exacerbate inequities in diet-related disease.

The HSR can improve consumer knowledge and support healthier purchasing decisions, but only if the information is applied consistently, presented clearly, and supported by wider public education. In the AMA's view, mandatory front-of-pack nutrition labelling is necessary to ensure all consumers, not only those purchasing selectively labelled products, have equitable access to simple and meaningful nutrition information. A mandatory, well-designed and well-governed HSR system would therefore strengthen both the food labelling environment and the health literacy environment, consistent with the AMA's position that people should be supported to obtain, process and understand the information they need to make appropriate health decisions.

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