

What we heard

Call for information: Nutrition labelling
Health star rating and nutrition information panel

March 2025

Executive summary

In July 2024, food ministers asked Food Standards Australia New Zealand (FSANZ) to:

- start preparatory work to inform their future decision-making on mandating the Health Star Rating (HSR) system
- review the nutrition information panel (NIP) in parallel with HSR work.

To support this work, FSANZ released a call for information from November 2024 to January 2025. A total of 74 submissions were received: 49% from industry, 32% from public health and consumer groups and 9.5% each from government and academics. We appreciate the time and effort taken by submitters in preparing their submissions.

The key themes from the feedback are summarised as follows:

Common themes:

- Changes should be evidence-based, aligned with dietary guidelines and supported by consumer education.
- Regulatory costs should be minimised.
- Labelling should be accessible for online shopping.
- Guidance and technical support is needed for businesses to support effective implementation.
- Monitoring and enforcement should be ongoing.

NIP themes:

- declarations which could be added, such as dietary fibre and added sugars
- potential improvements to accessibility, including format, consistency and language
- continued use of NIPs for monitoring, compliance and policy development.

HSR themes:

- consumer use and potential mandating of the scheme
- addressing perceived inconsistencies associated with the HSR algorithm
- changes to the HSR graphic for better consumer understanding.

Submitters also discussed the relationship between the NIP and HSR, emphasising their distinct purposes but recognising the need for them to be closely aligned.

The information and references provided will be considered in our evidence assessments for both pieces of work. We will continue stakeholder engagement as the projects progress.

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1 Introduction

In July 2024, food ministers asked Food Standards Australia New Zealand (FSANZ) to:

- start preparatory work to inform their future decision-making on mandating the Health Star Rating (HSR) system
- review the nutrition information panel (NIP) in parallel with HSR work.

Undertaking this work together recognises the close relationship between the HSR system and the NIP, including how they work in combination to support consumers to make informed food choices aligned with dietary guidelines.

1.1 Consultation process

To gather early stakeholder input, FSANZ released a call for information paper on 22 November 2024 for an eight-week period closing on 17 January 2025. We received 74 submissions, a list of submitters is provided at Attachment 1. Figure 1 below provides a breakdown on submissions received by stakeholder group.

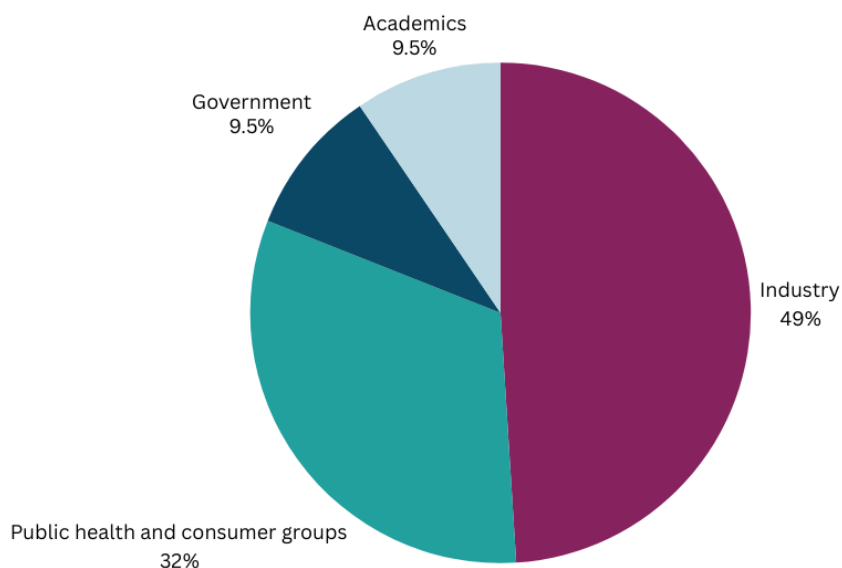


Figure 1 – Submissions received to call for information, by stakeholder group

1.2 Purpose of this report

This report provides a summary of key themes from submissions. The summarised information and views have been generalised by stakeholder group and may not represent the views of all submitters within each group.

The extensive information and references provided by submitters will be considered in our evidence assessments for both the HSR work and NIP review.

2 Themes common to HSR and NIP

Several themes emerged that were relevant to both the HSR work and NIP review. These shared themes highlight the interconnected nature of both nutrition labelling elements.

2.1 Supporting changes with evidence

Submitters in all stakeholder groups emphasised any proposed nutrition labelling changes should be evidence-based to ensure they work for all consumers.

Key research suggestions proposed by submitters were:

- the NIP and HSR interrelationship should be investigated
- testing should investigate consumer use and understanding of the HSR system and how it is impacted by front-of-pack claims
- if the HSR system remains voluntary, research should determine the food categories to be prioritised for uptake
- priority population groups should be included in consumer testing
- research should be conducted in consultation with leading experts, both nationally and internationally
- new research must build upon and consider existing evidence.

2.2 Dietary guidelines

Alignment with dietary guidelines was widely viewed as important, however stakeholders differed on timing relative to the current Australian Dietary Guidelines (the Guidelines) review.

Public health and government submitters suggested the HSR algorithm should be reviewed after revisions to the Guidelines are released, however mandating the HSR should not be delayed because of the review. In contrast, industry submitters suggested changes to the NIP or HSR should only be made after the Guidelines review is completed.

Submissions were generally focused on the alignment between the HSR and dietary guidelines (both Australian and New Zealand), with some public health and industry submitters noting options for the HSR to achieve greater alignment should be explored (see section 4.3 below).

2.3 Consumer education

Submitters in all stakeholder groups agreed poor nutrition literacy reduces the effectiveness of nutrition labelling in supporting consumers to make choices aligned with dietary guidelines. As a result, submitters considered that government-led consumer education was essential to increase use and understanding of nutrition labelling, particularly for the HSR.

Submitters suggested:

- Education programs should be designed so they are widely accessible, particularly for priority populations.
- Programs should explain:
 - the relationship between NIP values and HSR calculation
 - the criteria used to determine the number of HSR stars
 - how the HSR food category system works.
- Education should promote unpackaged foods, such as fruits and vegetables, alongside the HSR.

Submitters in all stakeholder groups recognised that without education, mandating the HSR system would limit the impact on promoting healthier food choices.

2.4 Costs & benefits

Submitters in all stakeholder groups recognised the importance of international alignment, noting the current NIP requirements are aligned with Codex, which has benefits for trade.

Industry submitters emphasised the costs associated with any changes to the HSR or NIP must be considered, including:

- loss of long-standing regulatory certainty currently provided by NIP requirements
- implementation costs (e.g. labelling changes, staffing, packaging waste) if the HSR system is mandated
- challenges for smaller overseas businesses lacking resources to create HSR-compliant labels
- international trade if Australia/New Zealand requirements differ from other markets, including a potential inability to use multi-market labelling, particularly if the HSR is not allowed to be used in other countries
- the likely impact this work is already having, with food businesses delaying label changes to see if the HSR will be mandated or if changes to the NIP are likely.

While submitters noted any costs could be passed on to consumers, they also suggested costs could be reduced by:

- harmonising changes with other markets
- aligning the timelines for any regulatory changes to the NIP and HSR
- providing a significant transition period (see section 2.6 below).

Public health, consumer, government & academic submitters suggested FSANZ:

- commence work on the cost-benefit analysis early in the process
- incorporate existing evidence on the potential benefits of the HSR system in a cost-benefit analysis

- consider potential health sector cost savings from product reformulation
- recognise where potential conflicts of interest may be present when relying on industry-reported cost estimates of mandating the HSR, given the objective of the HSR system is to reduce consumption of certain food products.

2.5 E-commerce and digital labelling

Academic, public health, consumer and government submitters suggested both the NIP and HSR must be readily available when purchasing food, including online. Many recognised not having access to this information when shopping online was a concern and hindered consumers' ability to make informed food choices.

While acknowledging QR codes are out of scope for these projects, industry submitters commented they provide an opportunity to inform consumers about a range of topics including details about the HSR system and the NIP that are not included on labels.

2.6 Transition period

Industry submitters suggested the following approaches would reduce costs:

- Aligned transition periods for any changes to the NIP and HSR system.
- A transition period of at least three years, but preferably longer, if the HSR system is mandated.
- An enduring stock-in-trade period of two years (or open-ended).

Government suggested the transition period for mandating the HSR system could be reduced given the large body of work undertaken since it was implemented.

2.7 Implementation and guidance

Industry submitters requested better guidance to support their efforts to remain compliant with Australia New Zealand Food Standards Code (the Code) requirements, particularly if the HSR is mandated or changes are made to the NIP. They noted current challenges associated with implementing the HSR system on their products, including lack of clarity in the HSR guidelines, and requested clear, practical guidance and technical support to improve clarity and assist with implementation.

Submitters from all groups raised the lack of guidance and/or regulation available to understand the acceptable tolerances (variation) in energy and nutrient declarations made in a NIP. It was noted that greater guidance would help food businesses understand their obligations and guide their own quality controls and auditing, noting that overseas markets such as the EU provide this information to their food industry.

2.8 Monitoring and enforcement

Academic, consumer, public health and government submitters raised the importance of establishing an independent and transparent process for ongoing monitoring and review of the HSR system to ensure its effectiveness. It was recognised that implementing a

mandatory system would require increased resources for enforcement efforts and a coordinated approach across governments.

Suggestions provided for consideration included implementing a centralised monitoring system that could incorporate:

- post-market surveillance activities through product databases
- a pre-market registration scheme.

It was noted such systems could support state and territory food authorities in undertaking compliance and enforcement.

In addition, public health and consumer groups observed that there is no active national enforcement body in Australia for the NIP, nor is non-compliance data reported publicly.

3 NIP review

The NIP was widely recognised as a highly valued consumer resource and an important tool for informed choice. However, opinions differed on whether, and how, it should be improved.

There was general agreement that the regulatory requirements for the NIP are broadly understood and implemented by food businesses and that the NIP plays an important role in compliance and monitoring of the Australian and New Zealand food supply.

3.1 Included declarations

Some academic, consumer and public health stakeholders believed the NIP lacks sufficient mandatory information, particularly on added sugars, dietary fibre, trans fats and cholesterol.

Industry submitters had mixed views on mandating additional declarations in the NIP. Many were concerned about substantial costs for increasing nutrient declarations and requested strong evidence changes would improve consumer understanding.

Substantial commentary was received from all stakeholder groups on added sugars. Public health and government noted its potential to help consumers align their intake with dietary guidelines and wanted to see it become a mandatory declaration. Some industry submitters were strongly opposed to mandating the declaration of 'added sugars' in the NIP, highlighting:

- the cost of implementing the change
- the lack of consumer understanding to justify a change
- technical complexities that would need to be addressed by manufacturers.

All groups commented on terminology used for declarations. Public health, government and industry submitters identified a need for simple language, noting:

- 'sodium' is regularly highlighted as a confusing term for consumers

- sub-group declarations (e.g. ‘–sugars’ as a sub-group of ‘Carbohydrate’) cause confusion.

Public health, government and some industry submitters suggested that using terms such as ‘of which’ in the NIP would improve consumer understanding of sub-group declarations, as used in other countries.

Some submitters warned against simplifying the NIP by reducing declarations, highlighting that this could make it more difficult for clinicians to educate their patients to manage common medical conditions.

Public health and consumer submitters were concerned certain declarations are being used as marketing tools and the Code should be more prescriptive about what can be declared in the NIP.

3.2 Prescribed format

Accessibility was a widely discussed theme among all stakeholder groups, with diverse views on how information should be clearly presented to consumers.

Submitters suggested that FSANZ examine legibility requirements for the NIP. Public health and consumer group submitters called for more prescriptive regulations on legibility, particularly for consumers with reduced vision. Industry acknowledged balancing labelling space with legibility remains a challenge and that additional guidance from the food regulatory system would help food businesses fulfil obligations. Some industry submitters proposed that further detail on the required format of the NIP should be included in the Code for clarity and uniformity across the food industry.

Submitters showed strong support for current features of the NIP, such as:

- Retaining values as an average quantity per 100 g/100 mL, recognising that this standard quantity allows for consistent comparison between products.
- Continued use of kilojoules (kJ) as the energy unit, though some suggested calories may be better understood by consumers and, given widespread use internationally, would also facilitate trade.

However, the presence and implementation of ‘per serving’ information attracted diverse views. Public health, academic and consumer submitters were critical of the inconsistent implementation of average quantity per serving information and were concerned this is confusing for consumers and undermining informed choice. Industry submitters recognised that per serving information is inconsistent but considered it important context for consumers. Submitters from all stakeholder groups suggested that if ‘per serving’ information were retained in the NIP, it should be improved by either mandating serving sizes or providing industry with better guidance.

The inclusion of percentage daily intake (%DI) and percentage recommended dietary intake (%RDI) information in the NIP received mixed support across all stakeholder groups. Supporters suggested that this information:

- provides important context for consumers
- should be retained and strengthened

- should involve updated regulatory nutrient reference values
- can sometimes result in inconsistent implementation, which should be addressed.

Those who thought this information should be removed said it was confusing for consumers and particularly problematic when combined with variable serving sizes between products.

3.3 Other uses

The NIP was recognised as an important tool for monitoring, compliance and policy development. Public health and academic submitters highlighted the importance of this information in understanding the quality of the food supply and monitoring changes in formulation to critically appraise the success of public health schemes such as the HSR system.

Government submissions highlighted the importance of this information for compliance, particularly regarding nutrition content and health claims, and implementing state public health schemes.

4 HSR preparatory work

Key themes from submissions regarding the preparatory work for potential mandating of the HSR system are outlined below.

4.1 Potential mandating of HSR

Public health, academic, government and consumer submitters generally supported mandating the HSR system in the Code and prioritising this over a review of the NIP. They suggested that mandating the HSR system could:

- improve population health
- ensure consistent application across all products and address issues with selective uptake
- enable more informed, healthier food choices
- encourage reformulation and improve product composition.

A small number of public health and academic submitters believed mandating the system would not achieve its objectives of assisting consumers to make more informed and healthier food choices as it does not take into account level of processing, and evidence to support its public health outcomes has not been demonstrated across the last 10 years of voluntary operation.

Most industry submitters did not support mandating the HSR system as they considered it would have significant impacts on business operations, affect exports, stifle innovation and potentially create consumer confusion.

While some agreed it could incentivise manufacturers to reformulate, others considered this a broad generalisation, noting reformulation is driven by many factors and industry have been reformulating voluntarily for more than 20 years.

Other industry submitters considered mandating the system would provide regulatory certainty and an even playing field for food businesses.

4.2 Consumer use, understanding and trust

Submitters across all stakeholder groups referred to evidence on consumer use and understanding of the HSR system, which indicates:

- The HSR is generally well recognised by consumers and viewed as simple, uncluttered and easy to understand.
- Consumers generally use and value the HSR and think it supports informed and healthier choices.
- Consumers often misuse the HSR and compare products from different categories.
- Consumers can find the HSR confusing, particularly on highly processed and discretionary foods.
- Understanding and use is relatively poor across low socio-economic status groups.
- Consumers report feeling influenced by the HSR and that it has a positive effect on the healthiness of food choices and purchases.
- Effects are limited due to the voluntary nature of the HSR system.

It was noted research indicates consumer trust and confidence in the system is low. This is likely due to a lack of transparency in how scores are calculated and the inconsistent application across food products.

Submitters considered government leadership and investment in education would improve consumer use, understanding and trust in the HSR system.

4.3 HSR algorithm

Some industry submitters requested changes to the HSR algorithm to address perceived anomalies and align it more closely with recent scientific evidence and dietary guidelines. Issues and suggested algorithm changes were raised in relation to:

- how products (such as frozen yoghurts, cream cheese and, frozen juice products) are categorised, and whether new categories are needed for products such as plant based dairy alternatives
- the treatment of:
 - minimally processed single ingredient foods e.g. eggs, oils, nuts
 - multi-component foods such as cheese & crackers
 - core foods such as cheese
- the inclusion of positive nutrients in the algorithm such as unsaturated fats, wholegrains, vitamins and minerals

- the application of the form of food rules and consistency between values used in HSR calculations and those displayed in the NIP.

Other industry submitters opposed any algorithm changes due to cost implications. They noted producers who have already invested in applying the HSR voluntarily would be significantly impacted by any changes.

Government, academic, public health and consumer submitters generally considered the algorithm works well overall. However, they suggested improvements to keep HSR calculations current with the changing food supply and evolving nutritional science, such as:

- including the level of processing of the food
- implementing stronger penalisation for at risk nutrients such as sugars (including added sugars), saturated fat, sodium content and high energy foods
- reconsidering oils, preservatives and additives, wholegrains and nuts
- reassessing how protein, fibre and fruit, vegetable, nut and legume (FVNL) are treated within the algorithm
- better distinguishing between discretionary and core foods.

It was suggested by some the algorithm could sit outside the Code, such as in a Code of Practice, so it can be easily updated.

4.4 Intended foods

Industry submitters raised concerns about how the current system applies to particular foods. These included:

- foods which require substantial transformation by the consumer (e.g. recipe bases, instant and simmer sauces, spice mixes)
- single ingredient foods (e.g. cooking oils, plain water)
- core foods (e.g. eggs)
- soluble coffee
- zero/low alcohol products
- formulated meal replacement products
- foods for young children
- formulated supplementary sports foods.

These submitters requested clearer guidelines for foods intended, not intended and not permitted to have a HSR.

4.5 HSR format and display

The format and display of the HSR were key aspects highlighted by all submitters.

Industry submitters generally supported maintaining flexibility in location, size and colour to avoid increased costs and regulatory burden.

Academic, consumer, public health and government submitters recommended visual elements could be updated to improve salience, prominence, legibility and visibility for consumers. Suggestions included:

- use of interpretive colours (green, orange and red)
- prescribing the location on pack
- requiring minimum/reasonable font and graphic size.

All stakeholder groups suggested changes to optional elements of the HSR display including:

- removing permission to display the 'tail' of energy and nutrient content declarations as it may mislead consumers and detract from the HSR's overall goal of providing simple, summary information
- minimising or mandating optional elements to simplify the display, increase consistency and help consumer understanding.

Some submitters recommended the HSR star graphic should be the only interpretive nutrition labelling on the front-of-pack. They considered other interpretive front-of-pack information such as %RDI, % DI and health claims can be used as marketing tools and potentially undermine consumer use, understanding and trust in the HSR. Others suggested competing front-of-pack label information, such as nutrition content claims, should be separate from the HSR and align with HSR messaging.

A small number of submitters suggested FSANZ consider additional front-of-pack labelling strategies such as:

- Pictorials or warning/risk labels for products high in sodium or sugar and highly processed foods.
- Supporting information about what the HSR means.

5 HSR and NIP working together

The important relationship between the NIP and HSR in supporting informed food choice and public health goals was widely recognised by submitters.

5.1 Purpose of NIP and HSR

Submitters from all stakeholder groups considered the NIP and HSR serve distinct but complementary purposes and suggested the purpose of both labelling elements should be clarified.

Submitters suggested the NIP:

- provides detailed, standardised information
- supports informed nutritional decisions, particularly for those with diet-related conditions
- validates HSR system and builds consumer trust in food composition and claims.

Submitters generally considered the HSR system:

- interprets the NIP by providing at-a-glance information on overall nutritional quality
- is a prominent and influential element in changing consumer behaviour
- provides an accessible format to cater to a wide range of consumers
- was less helpful for those with diet-related conditions.

Industry, public health and government submitters considered additional interpretive elements in the NIP had the potential to increase consumer confusion and could undermine the impact of the HSR system in providing nutrition information in a simple manner.

5.2 Consistency between NIP & HSR

Submitters from all stakeholder groups emphasised the importance of consistency between the NIP and HSR, and considered that a HSR should align with levels of risk-enhancing and risk-reducing nutrients declared in the NIP.

Other suggestions included that FSANZ consider mandatory declarations in the NIP of:

- all elements used in the HSR calculation to:
 - support HSR calculation
 - increase transparency
 - aid monitoring and enforcement.
 - strengthen alignment between the dietary guidelines, the NIP and the HSR.
- 'added sugars' to provide a foundation for use in the HSR system.

Industry submitters specifically supported HSR calculations being consistent with the basis of NIP values to retain credibility, reinforce trust and boost consumer confidence in both metrics. For example, if NIP values are based on a drained food, then the basis of the HSR should be the same. It was also suggested that both the NIP and HSR format should be more consistent across foods and simplified as much as possible to help improve consumer understanding.

6 Next steps

Information and evidence provided by submitters will be considered in our evidence assessments for both the HSR preparatory work and the NIP review.

It is anticipated that a report on the HSR preparatory work will accompany the 2025 HSR uptake monitoring report to inform food ministers' decision-making about the future of the HSR in early 2026. The review of the NIP is also planned to be provided to food ministers for consideration in early 2026.

We expect to undertake further stakeholder consultation on both projects this year and will let interested parties know when and how they can participate.

Attachment 1

List of Submitters

Stakeholder Group	Submitter
Public health	Australian Dental Association Australian Medical Association Cancer Council Australia Cancer Society of New Zealand Dietitians Australia Dietitians New Zealand Environmental Health Australia (Western Australia) Food for Health Alliance Health Coalition Aotearoa Health Policy Centre, SAHMRI Healthy Food Systems Australia Heart Foundation of New Zealand Latrobe Community Health Service Local Health Authorities Analytical Committee; and Food Environments Team, Nutrition and Health Innovation Research Institute National Heart Foundation of Australia National Nutrition Foundation Public Health Advocacy Institute Public Health Association of Australia Stroke Foundation of New Zealand The George Institute for Global Health VicHealth
Consumer	Consumer New Zealand Consumers Health Forum of Australia Consumers Federation of Australia
Industry	Alcohol Beverages Australia ALDI Stores Australian Beverages Council Limited Australian Dairy Industry Council Australian Eggs Australian Food and Grocery Council Australian Institute of Food Science and Technology Ltd Cobram Estate Olives Coles Fonterra Oceania Food Labelling Experts Foodstuffs New Zealand

	<p>Grains & Legumes Nutrition Council Herbalife Australasia Pty Ltd IKEA Australia Pty Ltd Lactalis Mondelez International MSAC Solutions National Retail Association Nestle New Zealand Food and Grocery Council New Zealand Winegrowers Incorporated Nuts for Life New Zealand Beverage Council Oldways Whole Grains Council Pharmacare Laboratories Prolife Foods Ltd Spirits New Zealand Inc Tasman Bay Food Co Ltd Teepee Cider Ltd The a2 Milk Company The Kraft Heinz Company The Provedore Group Pty Ltd Walnut, Chestnut, Hazelnut Organisations (Australian Walnut Industry Association Inc, Chestnuts Australia Inc, Hazelnut Growers of Australia Inc) Whole Grain Initiative Woolworths</p>
Academic	<p>Global Centre for Preventive Health & Nutrition (GLOBE), Deakin University Individual Individual (University of Canberra) Individual (University of Otago) Monash University, Department of Nutrition, Dietetics and Food School of Population Health, University of Auckland UNSW, Faculty of Medicine and Health, School of Health Sciences</p>
Government	<p>Department of Health Tasmania Department of Health Western Australia National Health and Medical Research Council New Zealand Food Safety Preventive Health South Australia Public Health Agency, Ministry of Health, New Zealand Queensland Health</p>