GOVERNMENT OF WESTERN AUSTRALIA

healthway

Health Star Rating System 2026

Submission

Creating a healthier WA together

Submission: Consultation on Proposal P1067 – Health Star Rating System, 2026

Contents

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Information on the consultation

Food Standards Australia New Zealand (FSANZ) has called for submissions on Proposal P1067 – Health Star Rating System, 2026, with a closing date of 5 July 2026.

This proposal was raised following a February 2026 request from the Food Ministers' Meeting after voluntary uptake targets for the Health Star Rating (HSR) system were not met.

It considers whether the Australia New Zealand Food Standards Code (the Code) should be amended to require packaged foods sold in Australia and New Zealand to display a HSR symbol.

The FSANZ assessment is that, based on current evidence, amending the Code to mandate the HSR system appears warranted.

This first call for submissions outlines FSANZ's assessment and proposed regulatory approaches and seeks stakeholder views to inform whether FSANZ should proceed to preparing a draft variation to amend the Code.

A standard form has been provided, with 19 questions. Healthway has provided responses to each question, in addition to three overarching recommendations.

Consultation URL: https://www.foodstandards.gov.au/food-standards-code/proposals/p1067-health-star-rating-system

Healthway's key recommendations

1. **Implement:** the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Healthway supports FSANZ's proposal for mandatory implementation of the HSR system. Under the current voluntary scheme, the HSR is only displayed on around one-third of eligible products.[1] All Australians deserve clear, accessible information about the food they buy.

Healthway has made several suggestions throughout this submission regarding improvements to the proposed HSR algorithm and system. However, we emphasise our support for FSANZ's proposal to prioritise mandating the HSR system without delay.

If you wish to provide general background information about yourself or your organisation (if any), include this in the box below.

About Healthway

Healthway is a State Government agency solely dedicated to health promotion and preventative health efforts in Western Australia (WA). Our interest in this review focuses on prevention of harm from ultra-processed food products, as well as promotion of the health benefits of healthy food, in line with the priorities identified in our Strategic Plan 2024-2029*: Creating a heathier Western Australia together.*

Healthway partners with arts, sport, research and community organisations to fund health promotion programs and research to support good health and wellbeing in the community. It is a requirement of Healthway funding that organisations declare any relationships (financial or other support) with unhealthy industries (including ultra-processed food)[2], with Healthway then assessing whether these arrangements may undermine its health promotion objectives or associated health messages.

Conflicts of interest declaration

Healthway declares no conflicts of interest in relation to this submission. It is an independent statutory body with its own Act,[3] Board[4] and government funding.[4] Healthway has never accepted funding or other support from the food industry, or any third-party allies.

Definitions

Definitions are available in the Healthway Glossary.

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Have you read Proposal P1067 Health Star Rating System - First Call for Submissions (CFS) and Supporting Documents (SDs)?

- **Yes**
- No

Yes. Healthway has read and reviewed Proposal P1067 Health Star Rating System - First Call for Submissions (CFS) and the accompanying Supporting Documents (SDs) in preparing this submission.

Which group do you most identify with?

(Required)

- Individual
- Consumer organisation
- Public health
- Food industry
- **Government**
- Academia/research
- Other
- If other, please specify:

Do you wish to provide confidential information as part of your submission?

- Yes
- **No**

No. Healthway does not seek confidentiality for any part of this submission.

Question 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?

Despite Food Ministers setting a five year target for HSR to be displayed on 70% of products by November 2025, under the current voluntary system, industry has been non-compliant and the HSR is only displayed on around one-third of eligible products – with the number of products displaying the HSR plateauing.[1] Interim targets at three and four years of 50% and 60% respectively were also missed by industry.[1] There is no evidence that continuing with a voluntary system would result in an increase in the proportion of products displaying the HSR symbol. The low uptake of the current voluntary HSR system over the five-year period undermines the HSR system's core purpose to provide clear, consistent and easy to understand information to consumers.

Mandating the HSR system would ensure all Australians have access to information that is clear, consistent and easy to understand. This approach is supported by the majority (over 82%) of Australians.[5] In 2014-2015, Western Australian research found that Australian shoppers are willing to pay 3-4% more for products that display a HSR symbol.[6] Further support for mandating the HSR system is reflected in FSANZ's own focus groups[7], specifically that: "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."[8]

Selective adoption of HSR under the voluntary system has been used by food manufacturers to promote healthier products, while failing to provide the rating of unhealthy products.[9] Uptake of the HSR symbol is heavily skewed toward products that receive higher star ratings[9, 10], resulting in a scheme that has failed to deliver consistent or widespread coverage due to commercial interests.[9] Selective adoption is widely recognised as a major limitation of the HSR system; restricting availability of information to compare all eligible products and undermining the public health intent of the system.[9, 10] The selective use of HSR has raised concerns that it is being used by segments of the food industry as a marketing tool that contributes to 'health halo' effects, particularly for discretionary and ultra-processed food products.[9, 10] The health halo effect occurs when a claim about the healthiness of a product gives rise to more positive impressions of other, non-claimed qualities, leading to a food or drink product appearing healthier than it is.[11]

Preparatory work conducted by FSANZ identified no regulatory barriers to the implementation of a mandatory HSR system.[7, 8, 12-17] The experience with other mandatory labelling schemes (e.g., country-of-origin labels) further demonstrates the feasibility and rapid compliance achievable through regulation.[18] Within three years of its introduction, 93% of products displayed the mandatory country of origin label while many of the same products failed to provide the HSR symbol.[18] This demonstrates that widespread labelling change is achievable when mandated.[5] In addition, at least sixteen countries globally have introduced mandatory front-of-pack nutrition labelling schemes.[19]

The current voluntary system has been unsuccessful. Maintaining the voluntary system status quo is likely to only perpetuate industry inaction. A mandatory system would improve the consistency, comparability and accessibility of nutrition information; address limitations of the voluntary approach; strengthen consumer trust; and provide greater regulatory certainty for industry and enforcement agencies.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway also supports FSANZ's proposed approach to apply the mandatory HSR symbol broadly to foods for retail sale. Australians deserve clear, accessible information about the food they buy. Requiring Health Stars on packaged foods ensures that simple, at-a-glance nutrition information is available to consumers.

Specifically, we support the principle that where nutrition information is provided in the form of a Nutrition Information Panel (NIP), the HSR symbol should also be mandatorily applied. This should be implemented across all eligible products, 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.

We also support the voluntary display of the HSR on fresh and minimally processed fruit and vegetables, on packaged foods that are not usually required to display a NIP, and on food in hampers and unpackaged foods where these foods choose to display a NIP.

With regards to advertising, we support FSANZ's view that HSRs should not be permitted on advertising for foods that are currently prohibited from displaying an HSR (e.g., alcohol, infant formula, formulated supplementary sports foods and hospital food not in a package).[12] We also support the proposal that, where a HSR is used in advertising for eligible products, it must comply with the proposed calculation and design requirements.

We endorse FSANZ's approach to identifying foods that should be prohibited from displaying the HSR symbol. For example, we strongly support prohibiting HSR on alcoholic and no/low alcohol products to prevent the suggestion that some versions are "healthier" and to avoid creating a misleading 'health halo' effect. We support prohibiting HSR for special purpose foods however,

we strongly encourage ongoing monitoring to ensure that this category of food is not increasingly used as a loophole to avoid mandatory HSR labelling.

Commercial food for infants and young children

Healthway does not support displaying of the HSR on commercial foods for infants or young children. Given the specific nutritional and feeding requirements of infants, it is not appropriate to apply HSR to those foods.[20] We are aware that work to improve regulations for commercial foods for both infants and young children is currently underway. While we do not support the displaying of the HSR on foods for infants or young children, this should not delay the implementation of a mandatory system.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway supports the mandatory display of HSR on eligible packaged foods and highlights that the proposed stars-only graphic will make it easier to apply to small packages.

The exception based on space limitation (<100cm^2) is justified – but should be reviewed as part of ongoing evaluation of a mandatory HSR system and compared to international exemplars.[21]

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway supports FSANZ's proposed overall approach to the HSR algorithm to expedite implementing a mandatory HSR system. While we support implementing a mandatory HSR system without delay, we acknowledge the current limitations of the HSR system and support ongoing improvements to the algorithm to better align ratings with dietary guidelines and public health objectives.[22, 23]

The HSR algorithm was last reviewed in 2019 and should be reviewed as soon as possible to reflect updated nutrition science and address known limitations. We recommend the urgent establishment of a clear timeframe and independent process for conducting an algorithm review under a mandatory system. This review of the HSR algorithm could be timed following the release of the updated Australian Dietary Guidelines.

Healthway provides suggestions for several areas of the HSR algorithm that warrant review, once mandatory legislation is approved and implemented, and following the release of the updated Australian Dietary Guidelines, including:

1. **Review the balance between positive and negative components**: The current algorithm allows positive attributes (e.g. protein, fibre and fruit/vegetable/nut/legume (FVNL)) to offset nutrients of concern such as energy, saturated fat, sodium and sugars. We support reviewing the weighting and eligibility criteria for positive components, consistent with approaches used in systems such as the United Kingdom's nutrient profiling model[24] and the French Nutri-Score[25], to ensure products with high levels of nutrients of concern do not receive disproportionately high ratings.
2. **Strengthen thresholds of nutrients of concern**: The treatment of sodium and sugars should be reviewed to ensure thresholds and penalties better reflect their contribution to chronic disease risk. Strengthening these settings would improve the alignment of HSR ratings with current public health evidence.
3. **Address non-sugar sweeteners**: Consider incorporating the use of non-sugar sweeteners into the algorithm to reduce the likelihood of highly processed products receiving favourable ratings despite providing limited nutritional benefit, consistent with recent changes to Nutri-Score[25].
4. **Consider the role of ultra-processing**: The evidence on the health impacts of ultra-processed foods should be considered as part of future HSR reforms[26], including whether measures of processing can be incorporated into the system.
5. **Improve discrimination between products and scaling of ratings:** This improvement would optimise the HSR algorithm's ability to detect differences between core and discretionary foods, so products with different nutritional content don't end up with similar star ratings. The translation of algorithm scores into star ratings should be reviewed to increase

differentiation between products across the food supply. Greater discrimination would enhance the clarity of information about the rating's use within or across food categories. Improving scaling means using the full 0.5–5-star range.

Future goal: Removal of food industry influence in HSR algorithm and system

Healthway strongly encourages the removal of food industry influence in the ongoing development and governance of the mandatory HSR system, including on the advisory committee, consistent with World Health Organization (WHO) guidance on managing conflicts of interest in public health policy development.[27, 28] Specifically, this would involve revising industry's role from equal collaborative partner on tasks such as reviewing the algorithm and "anomalies" to a stakeholder consulted in order to "protect the scientific independence" of these tasks.[10]

There are several important reasons for this, including enhancing consumer trust in the HSR algorithm. Consumer trust is sensitive to perceived industry involvement, for example, consumers worry that "scientists are lobbied by the food industry" and that companies might manipulate reformulation to exploit the algorithm. This is reinforced by FSANZ's own research that found such perceptions can reduce confidence in HSR.[12] Together, this highlights the importance of nutrition science behind the HSR system that prioritises public health over commercial interests.[29]

Evaluate and improve

Once the mandatory HSR system is implemented, we recommend adoption of a formal, government-led process for periodic algorithm review, HSR system implementation and public health impact. A committee that is independent from commercial conflicts of interest should be established to oversee and govern the HSR evaluation.

With regards to the algorithm review, this would include uptake monitoring; consumer use and understanding; reformulation and nutrient status of HSR products; compliance and accuracy of ratings; and consistency with agreed style guide.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway supports FSANZ's proposed approach with respect to categorisation of foods for the algorithm. However, once implemented, we recommend the categorisation is evaluated and refined as needed. The implement now, evaluate, then improve approach acknowledges the need to evaluate the extent that the food industry uses categorisation and re-categorisation of products as a means to seek a favourable HSR. Monitoring the compliance and accuracy of HSRs and categorisations will mitigate any risks associated with how food businesses apply the categorisation. However, it is important that such work not delay mandatory implementation of the HSR system as a whole.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Given the technical nature of this question, which falls outside of Healthway's areas of expertise, we have not provided a specific response. Instead, we support the use of independent, evidence-based advice and research as the foundation for informed policy and community discussion with regards to milk powder.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

We support FSANZ's proposed approach of calculating the HSR based on an 'as sold' basis, with some limited exceptions, including those products requiring reconstituting with water or draining before consumption. This approach addresses the potential loophole that a product claims a higher HSR based upon the addition of ingredients (e.g. Milo adding milk, seasoning sachets adding vegetables). Healthway also supports FSANZ's proposal for including wording to identify that the HSR is calculated based on 'as drained' or 'as reconstituted', where relevant.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Given the technical nature of this question, which falls outside of Healthway's areas of expertise, we have not provided a specific response. Instead, we support the use of independent, evidence-based advice and research as the foundation for informed policy and community discussion with regards to FVNL content used when calculating the HSR.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

We support FSANZ's approach to adopting the three existing algorithm overrides (plain water = 5 stars; unsweetened water-based flavoured beverages = 4.5 stars; and fresh or minimally processed fruit and vegetables = 5 stars) and endorse the decision not to consider any additional algorithm overrides. We agree that such products can be given automatic rating and there is no need to calculate the HSR using the algorithm.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway supports FSANZ's approach that products with multiple packaging layers display the HSR on a single layer, ensuring the HSR is visible at the point of sale. Healthway supports the approach for a single HSR symbol on variety packs, that reflects the lowest rated product to avoid providing misleading information. We endorse FSANZ's approach for a single HSR to multi-component foods (e.g., crackers and dip combined pack).

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Heathway supports FSANZ's proposed approach to use the star element only as a single, standardised and mandatory format on the front of the pack. The stars-only graphic provides 'at-a-glance' information in a simple format. More complex formats, which include additional information, have been found to be more difficult for consumers to understand.[12] Research also suggests that a stars-only format is easier for people to interpret.[30, 31]

Restricting labelling to the stars element only will have an additional benefit of reducing compliance and enforcement burden for both industry and regulators. The stars-only format is already widely used (71% of products that have a HSR use the stars-only format) and demonstrates greater consistency in application.[15]

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway does not at this time endorse FSANZ's consideration to use colour to promote 'core foods'. The suggestion to highlight core foods in a different colour (for example, gold as proposed [SD4, 1.1.6. page 5[15]) is not aligned with current available evidence. While the evidence supports using interpretive colour for highlighting unhealthy products, this does not extend to promoting core foods, as proposed by the current FSANZ proposal. The approach has not yet undergone consumer testing.[31, 32] Therefore, Healthway recommends implementing the mandatory HSR system now, then evaluating and improving the HSR. The evaluation and potential improvements could consider colour for core foods, but such a decision needs to be based on independent evidence generated from consumer testing, as well as global best practice.

Healthway notes that HSR is the only front of package labelling system worldwide where no colour is specified for use. We suggest that colour could be explored in a future phase, provided it is based on robust independent evidence.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Consistent and prominent display of the HSR symbol is essential to ensure information remains easily visible. Healthway supports FSANZ's proposed approach that the HSR symbol must be presented on the front of package. We suggest this should also be extended to imported foods. Permitting 'over-stickered labels' (meaning a new label that is placed over incorrect information) for imported foods supports a practical and consistent implementation approach. We support the proposal that in such cases, it would not be necessary to display the HSR separately on the front of the package. To maintain visibility and accessibility of information, front-of-pack labelling should remain the standard placement for these labels. Evaluation could inform improvements to the mandatory HSR system, especially to close the potential that this approach to over-stickering is used as a loophole.

A front of package labelling approach aligns with international guidance, which emphasises that nutrition information should be visible prior to purchase, easy to locate and easy to interpret.[33] It also aligns with current practice by industry – with almost all (97%) products currently displaying the HSR doing so on the front of pack, demonstrating strong existing industry preference and alignment (SD4, 1.2.5.2, page 7).[15]

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway encourages FSANZ to strengthen its approach to uniform placement of the HSR symbol on the top half of packages so that the information is clearly visible to consumers.

Studies investigating label position suggest there may be advantages to standardised front-of-pack label placement, particularly in the upper half of the package (SD4 1.3.5.5, page 13).[15] International front-of-pack labelling systems have also recognised the importance of consistent label placement. Health Canada's mandatory front-of-package nutrition symbol must generally appear in the upper half of the principal display panel.[34] Nutri-Score guidance specifies prominent front-of-pack positioning, typically in the upper right-hand area of the package, to support visibility and ease of identification.[25] This approach reinforces the value of standardised placement requirements in providing information that is easy to locate.

Given that most products do not currently display the HSR, this represents a practical opportunity to align labelling practices with international best practice, with sufficient transition time provided for products requiring packaging updates. While overall compliance with presentation and legibility requirements is relatively high, 27% of symbols assessed were inconsistent with at least one criterion (SD4 A1.2.2.3.1 page 26).[15] Once the HSR is mandatory, FSANZ should strengthen presentation requirements and guidance to support consistent implementation and ensure the symbol remains visible and legible to support its use.

FSANZ could utilise mandatory implementation as an opportunity to improve the visibility and effectiveness of the HSR system by requiring placement on the upper half of the front of pack.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway strongly supports FSANZ's proposal that, in cases where they are used in the algorithm or to determine the HSR category of the food, that the average quantity of dietary fibre and calcium per 100 g/100 mL (NIP) and FVNL content (fruit, vegetables, nuts, legumes) be required to be displayed on the label (i.e., require fibre and calcium to be included in the NIP; require FVNL on the statement of ingredients). Requiring declaration of these attributes when used to calculate a product's HSR or determine its HSR category will support transparency and consistency in information provision.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway agrees that the key potential impacts to industry, consumers and government have been identified. Table 1 in SD6[14] notes that a food business may choose to reformulate their product to increase its appeal under a mandatory HSR system. Any such action to reformulate or introduce new products is a voluntary commercial decision and should not be included as a cost of making the HSR mandatory.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve** the HSR system based on the real-world evaluation results.

Question 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.

Healthway supports the overall approach to calculating the costs and benefits of mandating the HSR but does not support the inclusion of reformulation costs to industry in this assessment. We acknowledge that the proposal assessed the costs of maintaining the voluntary HSR system

and mandating HSR. However, consideration of other evidence-based front-of-pack nutrition labelling models would have provided a more comprehensive assessment of the available policy options.

We believe that any costs associated with product reformulation should be borne by food manufacturers and not counted as a direct cost of mandating the HSR system. It is food manufacturers choice to reformulate products or not, to achieve a higher HSR. This is especially important as reformulation is often already subsidised by the Commonwealth, for example through tax-deductible research and development, serving as a subsidy for food manufacturers.[35]

The primary aim of mandating the HSR system is to provide information, that is, a simple summary of a food's overall nutritional profile. The provision of information is the key benefit.

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

Question 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.

Healthway acknowledges that the implementation of a mandatory HSR system will have costs associated for industry. However, the estimates presented in SD6 are based on limited evidence and should be interpreted as indicative only.[14] It is also noted that a more comprehensive cost–benefit model will be developed to inform the draft regulation.

Section 2.2.6 notes that mandatory HSR implementation may encourage food businesses to develop new products or reformulate existing products to achieve a higher HSR.[14] However, Healthway does not consider these reformulation costs to be a direct consequence of mandating the HSR system. Decisions to reformulate products or introduce new product lines are commercial decisions made voluntarily by manufacturers and should not be attributed as a direct cost of HSR implementation. Industry already receives Commonwealth subsidies in the form of tax deductions for research and development.[35]

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

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

Healthway's overarching recommendations:

1. **Implement**: the mandatory HSR system, without delay.
2. **Evaluate**: establish a formal, government-led process to evaluating the HSR systems (a) real-world implementation; (b) public health impact; and, (c) algorithm.
3. **Improve**: the HSR system based on the real-world evaluation results.

While we recommend that a mandatory HSR system should be implemented without delay, we recognise that the HSR algorithm was last reviewed in 2019 and should be updated to reflect advances in nutrition science and address known limitations.

We strongly encourage the establishment of a clear timeframe and transparent process for an algorithm review, following mandatory HSR system implementation. This review should be underpinned by strengthened governance arrangements, including oversight by an independent scientific committee in line with WHO guidance[28], to safeguard scientific integrity and maintain public confidence. This approach ensures the HSR system remains evidence-based, credible and responsive to ongoing improvements in nutrition science.

Supplementary data or information

Your submission must be provided by responding to the questions and completing the boxes above.

Supplementary information, tables or data to support your submission can be provided below.

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Reference list

You may provide your reference list here, if any.

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