

What we heard from stakeholder webinars

Application of the Health Star Rating (HSR) system in a mandatory context

Executive summary

In August 2025, Food Standards Australia New Zealand (FSANZ) hosted two webinars to seek stakeholder views on the application of the Health Star Rating (HSR) system in a mandatory context. Nearly 200 participants from industry, government, academia and public health attended, and 28 written comments were received following the webinars.

Stakeholder views were mixed. Many supported maintaining the current voluntary system approaches within a mandatory scheme for permitted but not intended foods, and the continued use of the HSR on foods intended to be prepared with other foods. There was also broad agreement on the need for consumer education and evidence-based decision making.

Key areas of differing stakeholder views included whether the HSR should apply to all foods with a Nutrition Information Panel (NIP), foods that require a NIP but don't vary in nutritional composition, and special purpose foods such as Formulated Meal Replacements and Formulated Supplementary Foods.

The insights from the webinars will inform consideration of a potential mandatory HSR system.

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1 Introduction

FSANZ held two webinars on the 14th and 19th August 2025 to explore stakeholder views on the application of the HSR system to foods sold in Australia and New Zealand under a potential mandatory scheme.

A discussion paper¹ was prepared and circulated to stakeholders before the webinars. Stakeholders also had the opportunity to provide written feedback on discussion questions following the webinars.

A total of 194 stakeholders attended the two webinars representing 114 organisations and businesses. Figure 1 provides the breakdown of stakeholders by sector, with a list of participants provided at Attachment 1.

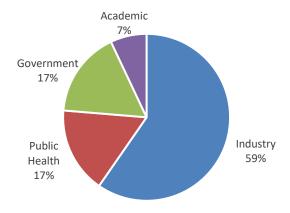


Figure 1: Webinar participants, by stakeholder group

Written comments were received from 28 webinar participants: 17 from industry, 8 from public health and 3 from government stakeholders. Overall, about one third of the organisations and businesses participating provided feedback on the questions.

This report summarises the feedback received from the webinars and written comments. The summarised views are presented by stakeholder group and may not represent all individual perspectives.

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¹ HSR and NIP webpage- https://www.foodstandards.gov.au/consumer/labelling/hsr-nip-review

2 Key themes from discussion questions

The discussion questions focused on gathering stakeholder views on the:

- objectives and scope of a potential mandatory HSR system
- application of the system to permitted but not intended foods, formulated meal replacements, formulated supplementary foods and foods intended to be prepared or consumed with at least one other food.

There were mixed views across and within stakeholder groups on all questions discussed as outlined below.

2.1 Question 1: Should the HSR system be limited to packaged, manufactured or processed foods for retail sale or continue to be applied to certain unprocessed foods to generally promote healthy food choices?

Stakeholders noted the importance of clearly defining the purpose of the HSR scheme in a mandatory context to answer this question.

Most public health, academic, industry and government stakeholders supported continuing the current approach of allowing the HSR to be voluntarily displayed on minimally processed foods such as fruits and vegetables under a mandatory scheme. Reasons provided included that it:

- preserves the original intent of the system to enable comparisons across similar foods
- reinforces healthy eating messages without creating complexity or undermining confidence in the system
- recognises the potential for the system to be used to support broader public health policies
- avoids bias in the system by only focussing on packaged foods.

However, some public health and industry stakeholders opposed applying the HSR system to minimally processed foods because:

- they didn't think the system was designed to include such foods and without a review of the algorithm there may be unintended consequences to star ratings
- it could have an undesirable increase in the use of packaging
- there are other means of encouraging consumption of minimally processed foods such as education
- limiting the system to packaged processed foods enables a clear link between the NIP and the HSR system.

Stakeholders across all groups also supported retaining the current policy override for fruits and vegetables, with suggestions for the policy override to be extended to other minimally processed foods (e.g. eggs, meat, fish). However, some industry and government stakeholders noted this may not be aligned with the intent of the system to enable comparisons between similar foods.

2.2 Question 2: Should the HSR only apply to foods that have a NIP <u>and</u> vary in nutritional composition in a mandatory context?

Most industry and government stakeholders, and some public health stakeholders, supported continuing to apply the HSR system to foods that are required to display a NIP and vary in nutritional composition. They noted applying the HSR to foods with little or no nutritional variation (e.g. eggs, sugar) may:

- misalign with the system's purpose of enabling meaningful product comparisons
- offer limited consumer benefit
- cause consumer confusion
- undermine the credibility of the system.

However, some stakeholders suggested the HSR could be permitted voluntarily on some of these foods noting that consumers may compare products differently. For example, honey could be compared with other spreads rather than just other honeys.

Most public health and academic stakeholders, and some industry stakeholders, suggested the HSR should be required for all foods with a NIP, regardless of nutritional variation, to:

- assist with consumer clarity and trust in the system
- increase visibility of the system
- remove any potential ambiguity for industry and monitoring agencies
- · support consumer choice in line with dietary guidelines
- prevent selective omission of less healthy foods.

Some industry stakeholders also noted there are some foods required to have a NIP that vary in nutritional composition, which should not be required to display an HSR as it creates unnecessary complexity and costs. For example, foods in packages that are slightly larger than the definition of a small package (<100 cm²) in the Australia New Zealand Food Standards Code.

2.3 Question 3: Should the HSR be <u>required</u> on foods that voluntarily display a NIP in a mandatory scheme?

Most industry, and some public health and government stakeholders, supported the HSR system being voluntarily applied to foods which voluntarily display a NIP and not be made mandatory to avoid:

- added regulatory burden and costs
- potentially discouraging companies from including a voluntary NIP
- technical problems such as displaying an HSR on foods in small packages
- unnecessary requirements to display an HSR on food categories where HSR is less applicable, such as unprocessed, single-ingredient foods or non-nutritive foods.

Alternatively, most public health and some industry stakeholders, supported requiring the HSR on foods with a NIP, irrespective of whether the NIP is required or applied voluntarily to:

- ensure nutritional information is presented in an interpretable way for consumers
- prevent loopholes or selective disclosure

- improve system visibility
- ensure consistency, as consumers will not know whether a product displays a NIP voluntarily or because it is mandatory.

2.4 Question 4: Should the HSR be required, prohibited or permitted voluntarily on foods 'permitted but not intended'?

Most industry, government and academic stakeholders, and some public health stakeholders, supported maintaining the voluntary application of the HSR system to 'permitted but not intended foods' to:

- avoid costs and added regulatory burden for industry especially where these foods already carry an HSR
- allow flexibility for manufacturers to apply an HSR where it is meaningful for consumers and not to apply an HSR where it is unnecessary or could result in misleading ratings
- increase visibility and transparency of the HSR system compared with prohibiting the HSR on these foods
- support consumer choices and allow for comparisons as often these foods are colocated with foods that are required to display the HSR e.g. in store baked bread.

Most public health stakeholders drew on their response to question 3, noting if a NIP is present on a product, then the HSR should also be required.

Some industry and public health stakeholders opposed both the voluntary and mandatory application of the HSR to these foods due to:

- concern the HSR was not intended to be applied as it adds little value or could be potentially misleading, e.g. non-nutritive foods such as artificial sweeteners, tea, coffee
- potential misalignment with the original design and intent of the system, which was to support healthier food choices amongst similar foods, rather than providing guidance on overall dietary quality.

There were also calls for clear guidance and principles as to the appropriateness of voluntary use of the HSR in a mandatory context and enforceable criteria to prevent misuse.

2.5 Question 5: Should the HSR be allowed on formulated meal replacements and formulated supplementary foods?

There were mixed views on whether the HSR system should be applied to special purpose foods. Some stakeholders from all groups supported prohibiting the HSR on all special purpose foods noting the system was never intended for such foods. However, others supported allowing the HSR on certain special purpose foods. Overall, a small number of stakeholders expressed specific views on these foods.

Most public health and government stakeholders, and some industry stakeholders, supported prohibiting the HSR on Formulated Meal Replacements (FMRs) because:

• they are designed for specific clinical or energy-restriction purposes and not for the general population

- the products have existing regulations ensuring nutritional adequacy and labelling information
- there may be a limited range of star ratings across the category, thereby not providing meaningful information for consumers
- the HSR on these products could mislead consumers about nutritional benefit and purpose rather than provide meaningful guidance.

In contrast, other industry stakeholders supported applying voluntary permissions to these products to maintain flexibility for industry, providing it is useful for consumers.

Most public health stakeholders, and some industry and government stakeholders supported the HSR being either required or permitted voluntarily on Formulated Supplementary Foods (FSFs) because:

- they are consumed by the general population with many not knowing they are regulated as FSFs
- it would allow consumers to compare these foods with similar products that are not FSFs potentially reducing consumer confusion or distrust if HSRs appear to be present on selected products only
- the compositional criteria for FSFs are minimal, potentially allowing a range of nutrient profiles within the category
- it would encourage product reformulation.

However, other public health stakeholders did not support applying the HSR system to FSFs because the HSR algorithm does not account for their specific nutritional composition and most products receive high star ratings which are being used for marketing purposes. Some industry stakeholders had a similar view and noted consumers could be distracted by the ratings in selecting a product specific to their needs as they should consider the complete nutritional composition, not just the nutrients used in the calculation of the HSR, to make an informed choice.

There was support from all stakeholder groups for continuing to prohibit the HSR on Formulated Supplementary Sports Foods (FSSFs). They noted the composition of these specialised foods is not reflected in the algorithm and applying the HSR is not aligned with the original intent of the system. Stakeholders also commented that FSSFs serve unique roles in athletic performance and that low HSR scores could be misinterpreted by athletes, potentially leading to under-fueling and inappropriate food choices. Additionally, it was considered FSSFs do not always align with dietary guidelines and should not be compared with general foods.

In contrast, some public health stakeholders supported permitting the HSR on FSSFs as it could help consumers make informed choices given the products can be high in sugar and are often positioned next to general foods.

2.6 Question 6: Should foods intended to be prepared or consumed with at least one other food be required to display an HSR?

The difficulty in defining foods intended to be prepared with at least one other food was noted since many foods are not consumed in isolation.

Most stakeholder groups supported the HSR being required on these foods to facilitate product comparisons and align with NIP requirements. However, some industry stakeholders preferred not requiring the HSR on these foods as it could be misleading and instead suggested the HSR could be provided online, on the 'as prepared' basis in accordance with a recipe.

Government, public health and some industry stakeholders supported continuing the 'as sold' basis for calculating the HSR for these foods, noting this issue had been previously reviewed. In contrast, other industry stakeholders supported calculating the HSR on an 'as prepared' basis, stating the 'as sold' calculation provided little meaningful information to the consumer, as the items are rarely consumed in their 'as sold' form.

Having dual HSR markings for both the 'as sold' and 'as prepared' versions was also suggested for these foods. It was also proposed that if the additional NIP 'as prepared' column is included on the packaging, the HSR logo should indicate on which basis it is calculated.

2.7 Other topics discussed

All stakeholder groups stressed the need for evidence-based decisions supported by consumer research and modelling, and the importance of a broad consumer education campaign to improve overall understanding of the HSR system and the dietary guidelines.

The need for the terminology (e.g. 'vary in nutritional composition', 'processed', 'unprocessed', 'permitted but not intended foods') to be reviewed to minimise implementation issues, and potential loopholes, was also noted.

Feedback was also received on other system related issues that were outside of the scope of this consultation and have been reported previously in the March 2025 What we heard report². Issues were related to the HSR algorithm, treatment of specific food categories, use of the HSR for online sales and other policy settings, in-store display of HSR and enforcement issues.

3 Next steps

Stakeholder feedback will inform consideration of a potential mandatory HSR system.

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. A report on the review of the NIP is also planned to be provided to food ministers for consideration in early 2026.

² HSR and NIP webpage- https://www.foodstandards.gov.au/consumer/labelling/hsr-nip-review

Attachment 1: Participants (webinars and written comments)

Industry	
ALDI	Kono New Zealand
Al Group	Lactalis Australia
Australia and New Zealand Food Innovation	Laucke Flour Mills
and Compliance Network	Eddoke i lodi iviilis
Australian Beverages Council Limited	Lion
Australian Dairy Products Federation	Mars
Australian Eggs	McCain Foods
Australian Food and Grocery Council	Metcash Trading Ltd
Australian Institute of Food Science and	Monde Nissin
Technology	Worldo Mooiii
Barkers	Mondelez
BEGA (cheese)	National Retailers Association
Bellamys Organic	New Zealand Beverages Council
Bright Food	New Zealand Food and Grocery Council
Brownes Dairy	Noumi
Cobram Estate Olives	Nuts for Life
Coca-Cola	Olympus Cheese
Coles	PepsiCo
Countdown NZ	Pharmacare Laboratories
Dairy Australia	Poynton Associates
Danone	Prolife Foods Ltd
East Coast Beverages	Retail Food Group
Fonterra	Sage consultancy
Food and Beverage Importers Association	Sanitarium
Food Labelling Experts	Sensient
Foodstuffs NZ	Simplot
General Mills	Suntory
George Weston Foods	Tasman Bay Food Co Ltd
Goodman Fielder AUST	The a2 Milk Company
Goodman Fielder NZ	The Arnotts Group
Grove Juice	The Grains & Legumes Nutrition Council
HawkinsWatts (NZBC)	The Kraft Heinz Company
Herbalife Australasia Pty Ltd	Unilever
IKEA	v2 foods
Infant Nutrition Council	Walnut, Chestnut, Hazelnut organisations
Kelloggs	Woolworths
Public Health	
Australian Dental Association	Healthy Food Systems Australia
Australian Dental Association Victoria	Heart Foundation Australia
Cancer Council NSW	Heart Foundation New Zealand
Cancer Society of New Zealand	Individual
Consumer NZ	Individual
Dietitians New Zealand	Public Health Association of Australia
	Representative of food and nutrition special
	interest group of the Public Health
Eating Disorder Association of New Zealand	Association of Australia

	South Australia Health & Medical Research		
Food For Health Alliance	Institute		
George Institute for Global Health	VicHealth		
Health Coalition Aotearoa			
Academic			
Deakin University	University of Auckland		
Edith Cowan University	University of New South Wales		
La Trobe University	University of Queensland		
Monash University	University of Wollongong		
Government			
	New Zealand Ministry for Primary Industries		
Australian Capital Territory Health	(New Zealand Food Safety)		
Department of Agriculture and Food			
Western Australia	NSW Department of Primary Industries		
Department of Agriculture Forestry and			
Fisheries	NSW Food Authority		
Department of Health Victoria	NSW Ministry of Health		
Department of Health, Disability and Ageing	Preventive Health South Australia		
Department of Primary Industries and			
Regional Development	Queensland Health		
East Metropolitan Health Service Dietitian-			
Western Australia	South Australia Health		
Food Regulation Standing Committee	Tasmania Health		
Health and Wellbeing Queensland	Te Whatu Ora: Health New Zealand		
National Health and Medical Research			
Council (NHMRC)	Western Australia Department of Health		