



Food Standards Australia New Zealand (FSANZ) consultation on Proposal P1067: Health Star Rating System

Cancer Council Australia

3 July 2026



Are you making a submission as an individual, or on behalf of an organisation?

(Required) Organisation - please write your organisation name in the box below.

Cancer Council Australia

Which group do you most identify with?

(Required)

Public health

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

General background information about you or your organisation

Cancer Council Australia is the nation's peak non-government cancer control organisation. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectoral stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council Australia acknowledges Aboriginal and Torres Strait Islander peoples' spiritual connection to the land and waters of Australia. We pay respect to Aboriginal and Torres Strait Islander Elders past, present and emerging and extend that respect to all other First Nations peoples.

Cancer Council Australia welcomes the opportunity to respond to the Food Standards Australia New Zealand (FSANZ) consultation on Proposal P1067: Health Star Rating System. We welcome efforts to ensure the Health Star Rating (HSR) system supports consumers to identify healthy options; and we acknowledge the significant work of FSANZ in preparing this Proposal.

In Australia, overweight and obesity were the leading cause of preventable disease in Australia, accounting for 8.3% of the total burden of disease. Dietary factors underpinned a further 4.8% of the total burden of disease.¹ The International Agency for Research on Cancer (IARC) has shown there is *sufficient* evidence that high body mass increases the risk of 13 types of cancer², and by 2030, it is estimated that more than 18 million Australians will have overweight or obesity.³ Further, healthy diets are protective against bowel cancer, independent of weight effects. For example, there is strong evidence that consuming wholegrains and other foods containing dietary fibre, such as fruit and vegetables, protect against bowel cancer, while intake of red and processed meats increase bowel cancer risk.⁴

Cancer Council Australia wants more Australians to consume diets consistent with Australian Dietary Guidelines (ADGs) to reduce their risk of cancers associated with poor diet and excess bodyweight. We support a mandatory HSR system as part of a comprehensive approach needed to address overweight and obesity in Australia. It is an important tool to enable consumers to make informed choices about packaged foods, alongside other information about healthy diets and more comprehensive efforts to provide environments that support healthy choices.

This submission has been prepared by Cancer Council's Nutrition, Alcohol, and Physical Activity Committee (chaired by Clare Hughes).

This submission was authorised by:
Jacinta Reddan
Chief Executive Officer
Cancer Council Australia

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 this report)? Why/why not?

Cancer Council strongly supports FSANZ's assessment that a mandated HSR system will better support healthier food choices. We believe that this is the most important change to increase public health benefits and should not be delayed.

FSANZ monitoring clearly shows that the food industry failed to meet the established target for voluntary display of HSRs, of 70% of products by November 2025. In Australia, only 39% of eligible products and only 36% of eligible products in New Zealand were displaying the HSR in November 2025.⁵ This means that consumers could not access the HSR for more than half of the packaged food supply. Further, products carrying a HSR were skewed towards higher HSRs in both Australia⁶ and New Zealand,⁷ indicating that the food industry has used HSR as a marketing tool to advertise their healthier products and withheld the HSR for less healthier products, limiting the public's ability to effectively use the HSR in purchasing decisions. Implementing mandatory HSR levels the playing field for the food industry and allows consumers an at-a-glance way to compare a wider range of packaged products.

There is high level of public support for mandatory HSR, with 82% of participants in a national survey of 2,000 people agreeing that HSR should be included on all packaged foods.⁸ Participants in the FSANZ focus groups (SD2) also generally supported mandating HSRs, with participants stating that they would have more confidence in the ratings if they were on all products, and with the knowledge that all products were held to the same standards. Implementing mandatory HSRs will be of particular benefit to certain population sub-groups. In Australia, people from remote and/or lower socio-economic status locations and Aboriginal and Torres Strait Islander people consume poorer diets than the general public. Additionally, rates of overweight and obesity are higher in these groups. Front-of-pack labelling schemes remove the need for consumers to read and comprehend the detailed nutrition information on the back of food labels, and therefore are not reliant on nutrition literacy to guide healthier food choices. This means schemes such as the HSR are an equitable way of providing accessible and easily understood information on food labels.

The example of Country of Origin labelling has shown that industry has the capability to implement widespread updates to labels when new laws are introduced. A new Country of Origin label design was introduced in July 2016 and became mandatory under the *Competition and Consumer Act* in July 2018.¹⁴ During this time, HSRs could be placed on food labels on a voluntary basis. Independent analysis of the simultaneous uptake of Country of Origin labels and HSRs showed that 93% of products had included the Country of Origin labels in 2023 (five years after the mandate), whereas only 39% of products carried a HSR.¹⁵ Further, adoption of Country of Origin labels occurred rapidly, from 16% of products in 2017 to 77% of products in 2018.¹⁵ This demonstrates that when a labelling initiative is implemented on a mandatory basis, industry can adopt it quickly. As such, we urge FSANZ to proceed with making the HSR system mandatory as soon as possible.

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

Cancer Council supports FSANZ's proposed approach for applying HSRs. We believe that if foods must carry a Nutrition Information Panel (NIP), they should also be required to carry the HSR symbol.

Similarly, Cancer Council recommends that FSANZ consider expanding this approach to encompass any food that does not require a NIP but includes it on a voluntary basis (for example, brewed soft drinks). Therefore, we recommend any product carrying a NIP should also be required to carry an HSR, to assist consumers with interpreting the NIP.

FSANZ has proposed several differences in the ways the HSR system will be applied to specific foods and food categories. Additional comments in response to these are highlighted below. We support FSANZ's proposals on:

- Fresh and minimally processed fruit, vegetables, legumes, and fungi being permitted to receive an automatic HSR, without needing to carry an NIP.
- Formulated meal replacements and formulated supplementary food for young children being prohibited from carrying an HSR
- Standardised alcoholic beverages, beverages containing no less than ($\geq$) 0.5% alcohol by volume that are not a standardised alcoholic beverage or a brewed soft drink, beverages represented as non-alcoholic extensions of alcoholic beverages, and kits used to produce standardised alcoholic beverages being prohibited from carrying HSR. It is imperative that labelling does not imply that there are healthier versions of these types of beverages, therefore we strongly support FSANZ's position. This is particularly important as alcohol is a carcinogen.¹⁶
- Kava, and
- Foods provided by a delivered meal organisation, hospital or medical facility.

Cancer Council notes the proposal to prohibit HSR on formulated supplementary foods. Two high profile and frequently advertised products fall into this category: Milo powder and Up&Go liquid breakfasts. Both of these products have been frequently raised in the media as criticisms of the HSR system. While generally there are few products available in this category, these two examples are marketed and positioned within the supermarket as suitable for everyday consumption by the average consumer, alongside similar, non-formulated supplementary foods that will be required to carry HSRs. This creates confusion as these products are also used as ingredients in other non-formulated supplementary foods, such as Milo cereal bars or breakfast cereals. We are concerned that other food products may choose to label their products as formulated supplementary foods to avoid the need to carry HSRs. We recommend that FSANZ monitors the formulated supplementary foods category closely to ensure that foods carrying this distinction are actually designed to supplement to a normal diet to address situations where intakes of energy, and nutrients may not be adequate to meet an individual's requirements, as stated in the *Australia New Zealand Food Standards Code*.⁷

Cancer Council supports FSANZ's proposal to prohibit HSRs on foods for infants. Infants have specific nutrition requirements; therefore, it is inappropriate to apply HSRs to foods specifically for this group.

Cancer Council supports the FSANZ proposal to stop foods that are prohibited from carrying HSRs from displaying HSRs in advertising. We also support the proposal to ensure that HSRs in advertising are calculated and displayed correctly.

We recommend that these proposals be extended so that any foods that require HSRs on the package also display HSRs in the advertising. To date, advertising campaigns displaying the HSR have centred on products scoring high HSRs. However, we know that most food advertising is for unhealthy products.¹⁷ This limits the potential exposure to the HSR through advertising.

Inclusion of HSRs in advertising could be introduced as a stand-alone element or require that images of the packaging in advertising include the HSR as it appears on the packages on shelves. Research has shown that displaying front-of-pack labels in advertising can guide consumer choices towards healthier foods.¹⁸ Regardless of consumer choices, implementing HSRs in advertising would increase exposure to the HSR system and familiarity for consumers.

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.

Cancer Council supports the proposal to retain the current definition of small packages (<100cm²) from the Food Standards Code.¹⁹ Given the proposed approach to mandate the stars only HSR graphic, we believe this gives flexibility to the industry and further exemptions are not warranted.

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

Cancer Council believes that the most important public health priority is having the HSR system mandatory in the Food Standards Code. As such, we support FSANZ's proposed approach to the HSR algorithm. We recognise the significant work FSANZ has undertaken to assess the performance of the algorithm, particularly in relation to the modelling against the ADGs.

However, we note that there is still room for improvement in this alignment to the ADGs. High profile and publicised anomalies, such as how many stars intensely sweetened foods and drinks score, erode public trust in the HSR system. The last time the HSR system algorithm was reviewed was in 2019 and the revised ADGs are due to be released for comment this year.²⁰ Therefore, it is timely that once they are finalised, the HSR system algorithm undergoes a holistic review to ensure that it continues to align with the revised ADGs and latest advancements in nutrition science. We strongly recommend that Food Ministers outline a clear process and timeline for conducting a comprehensive algorithm review once the HSR system is mandatory and the revised ADGs have been released.

This delay in reviewing the algorithm balances the public health need for HSRs to be made mandatory with the importance of ensuring the algorithm is based on the best available evidence. It is imperative that HSRs are mandated prior to conducting this review. As seen in Europe, the voluntary Nutri-Score front-of-pack label algorithm was reviewed resulting in

changes to many products' ratings. This prompted several large, multinational companies to withdraw from the voluntary Nutri-Score scheme and remove the labels from their products.²¹ It is essential to avoid this situation in Australia and mandate the HSR labels prior to a significant algorithm review.

We strongly recommend that Food Ministers commit to a formal review schedule for the HSR algorithm. The World Health Organization's *Guiding principles and framework manual for front-of-pack labelling for promoting healthy diets*²² state that best practice is for the reviews to be led by government, under the guidance of an independent expert group, free from commercial influence. This is imperative for increasing consumer confidence in the HSR system and was reflected in the consumer literature review conducted by FSANZ (SD1).

FSANZ has suggested that the algorithm review would be considered in accordance with the statutory processes set out in the FSANZ Act, meaning that updates would be the result of either application or proposal to change the Food Standards Code. We are concerned that if revision of the algorithm is managed through this process, FSANZ may receive multiple, product or category-specific applications put forward by industry that may not align with the public health objectives of the HSR scheme. Further, these applications may divert FSANZ's time and resources from other important public health work.

We consider that an independent, government-led algorithm review process should be established outside of the requirements of the FSANZ Act. This is likely to need direction from the Food Ministers to establish. Key features of such a governance process should include:

- An independent scientific advisory group, free from commercial conflicts of interest
- Explicit rules governing engagement and transparency, such as public consultation alongside consideration of the international scientific evidence base
- Clear objectives to guide decision-making and promote committee consensus, published prior to the commencement of work
- A pre-established timeline for future reviews of the algorithm.

Cancer Council supports the priorities proposed by The George Institute, and which are outlined in their submission, for any future algorithm reviews. The algorithm should:

1. **Balance between positive and negative components:** the current algorithm allows positive attributes (e.g. protein, fibre, FVNL) to offset negative components, including nutrients of public health concern (energy, saturated fat, sodium, sugars). In line with approaches used internationally, the weighting and eligibility criteria for positive components should be reassessed.
2. **Strengthen penalties for nutrients of public health concern:** sodium thresholds should be lowered to reflect current evidence of health risk. The thresholds for sugars should be strengthened so there are higher penalties for total sugars, and/or penalties for free or added sugars should be considered.
3. **Consider non-sugar sweeteners:** penalties for non-sugar sweeteners could be incorporated to prevent products using these sweeteners from receiving high ratings, as done in Nutri-Score.
4. **Consider level of processing:** the role of ultra-processing should be examined, particularly if the updated ADGs include a recommendation to limit ultra-processed foods.
5. **Improve discrimination and scaling of ratings:** the conversion of the algorithm scores to HSRs should be reviewed to improve discrimination across the entire food supply.

This would help address consumer confusion about whether Stars work within or across food 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 this report and section 3.1 of SD5)? Please provide reasons for your response.

Cancer Council broadly supports the approach to the categorisation of foods for the algorithm. We are concerned that changes to the categorisation of foods could be used as a tactic by the food industry to delay the implementation of mandatory HSR. We believe that any further changes needed to food categorisation should be considered as part of any future algorithm reviews.

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.

(We decline to respond to this 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 this report 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.

Cancer Council supports the proposed approach regarding the form of the food used to calculate the HSR, including the addition of wording to indicate if the calculation was done 'as drained' or 'reconstituted'. We believe this will provide clarity to consumers and better reflects how people eat these types of foods. It will also prevent foods that require nutrient-dense additions (for example, adding milk to a drink base or vegetables to a flavouring mix) from claiming a higher HSR based on the additions.

8. Do you support FSANZ's proposed approach with respect to FVNL content used when calculating the HSR (see section 4.3.4 of this report 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.

Cancer Council generally supports the proposed approach to combining non-concentrated and concentrated FVNL content for calculating the HSR. We recognise the complexity of determining whether FVNL is concentrated or non-concentrated and appreciate FSANZ's analysis of this issue.

We believe that the impact of this change is likely to be minimal and note FSANZ's assessment that the main categories impacted will be dried fruit, muesli bars, and snacks. Given that many bars and snacks are likely to be discretionary choices, and the ADGs state that dried fruit should only be consumed 'occasionally' and in small amounts,²³ we believe these small changes in these categories are justified.

We note FSANZ's assessment regarding high-sugar concentrated juices and pastes and the minimal effect they have on the HSR system. We recommend that FSANZ monitors the use of high-sugar FVNL concentrates in the food supply, to ensure the FVNL content is not used to inflate the HSR of high sugar foods.

Finally, we support adopting FSANZ's approach to removing FVNL points for dried potato crisps and similar vegetable or legume type foods. Under the ADGs, these foods are considered discretionary,²³ and are generally not regarded as healthy by consumers. The reduced HSR as a result will better align with both the ADGs and consumer expectations of these products.

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

Cancer Council supports the proposed approach regarding algorithm overrides for plain packaged and carbonated waters, unsweetened water-based flavoured beverages, and fresh and minimally processed fruit, vegetables, fungi, and legumes. We also support FSANZ's proposal not to permit any other 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 this report and section 3.2 of SD5)? Please provide reasons for your response.

Cancer Council supports the proposed approach regarding layers of packaging, and multipacks. However, we suggest a clarification requiring that the layer of packaging which the HSR symbol appears on must be visible at the point-of-sale to ensure that it can be easily used to inform purchasing decisions for consumers.

We also support the approach to require individual portion and variety packs to display either the lowest HSR to help conserve space or the HSR of all varieties, and the proposed approach to multicomponent 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 this report and section 1.1 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

Cancer Council strongly supports FSANZ's proposed approach to permit the star element only as a single, standardised, and mandatory format on the front of the pack.

FSANZ's findings from the consumer literature review (SD1) showed that the additional information provided in the other HSR formats confused consumers and did not assist them in making healthier choices. The stars only format assists consumers in making healthier choices at-a-glance. We note FSANZ's research (SD4) that most products (71%) only carry the stars element. Permitting only the stars icon reduces burden on enforcement agencies and industry as there is a higher level of consistency with the assessment criteria for this format.

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 ADGs and Eating Statement 1 of the NZEAG? Please provide any consumer evidence and/or information on implementing the use of colour in the HSR symbol.

We do not support the use of colour for highlighting only the core foods from the ADGs and the NZEAGs. The global literature investigating the use of colour in interpretive front-of-pack labelling has focused on alerting consumers to the products that are less healthy choices, so that they can avoid them. It has been comprehensively shown that including colour, such as the variations in red, orange and green, across all foods, improves salience for consumers and assists understanding of the labels.^{11, 24, 25} Should regulations on colour be incorporated into the HSR system, an evidence-based approach should be taken to allow less healthy products to be identified. As identified by FSANZ in the Call for Submissions, the HSR is the only system internationally that does not incorporate interpretive colour. Therefore, we recommend that colour is included to allow consumers to identify less healthy foods.

There is variation in nutrient composition within core foods categories, and including colour only for core foods will likely make comparison between products within the same category confusing. For example, in yoghurts, decadent, dessert-style products score lower than low-fat unflavoured yoghurts. Having gold HSRs on both these products may mask the variation and prompt consumers to evaluate them similarly.

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.

It is beyond the scope of the HSR system to educate consumers on what foods are core foods and 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.

Comprehensive consumer testing is required before a decision on this issue is made. While there is the opportunity to consider evidence-based approaches to colour, we are concerned that, given the delays in the draft ADGs, implementing this aspect based on the new guidelines would further delay HSRs being made mandatory. We strongly recommend that the proposal to make the HSR mandatory is not delayed any further.

In summary, this layer of complexity has not been consumer tested and as noted by FSANZ, clear definitions of what is considered core and non-core in the revised ADGs have not been established. Therefore, we do not support the use of colour to highlight only core foods. Instead, we recommend that if colour is to be incorporated, it is used to allow the identification of less healthy products, as per the global literature.

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 this report and section 1.2 of SD4)? Please provide reasons for your response, including any evidence on consumer use or implementation considerations.

Cancer Council generally supports the proposed approach for the location of the HSR symbol on packages. We note FSANZ's consideration of the evidence (SD4) and agree that the front of pack is the most likely location for the HSR to be noticed and used by consumers. Given FSANZ's analysis that 97% of products displaying the HSR did so on the front of pack, requiring the symbol in this location is also feasible.

FSANZ's proposed approach is consistent with best practice as outlined in the *Codex Alimentarius Guidelines on Front-of-Pack Nutrition Labelling*, which states that front-of-pack labels should be easily understandable, clearly visible, and implemented in a manner that facilitates broad availability for consumer use.²⁶ We note that in Mexico, the food industry successfully lobbied to weaken provisions regarding prominence and display of the front-of-pack warning labels,²⁷ however any weakening of FSANZ's proposal will only result in less visibility and prominence of the HSR and should be avoided.

Cancer Council also supports the proposed approach to over-stickering as a practical and feasible measure for imported foods. However, we recommend FSANZ consider requiring the stickered HSR labels to be placed on the front of packs to increase visibility and reduce burden on consumers.

Although online sales are out of scope for this proposal and the subject of FSANZ's upcoming 'Principles-Based Review of Food Labelling', we strongly recommend that FSANZ consider including provisions in the Food Standards Code to require the HSR symbol to be displayed at the point-of-purchase in online environments. The 2025 FSANZ Consumer Insights Tracker showed that while 58% of participants purchased food online, only 37% of shoppers in Australia and 32% of shoppers in New Zealand found it easy to find nutrition information when purchasing.²⁸ Consumers noted the inconsistent availability and legibility of nutrition information were the main barriers.²⁸ This demonstrates the clear need for consistent and explicit guidance for industry on labelling in online environments and warrants inclusion in the Food Standards Code.

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

Cancer Council generally supports the proposed approach to presentation and legibility of the HSR symbol.

Best practice in front-of-pack food labelling requires information to be presented in a way that is clearly visible at the point-of-purchase,²⁶ so that consumers can easily locate and understand it. As stated in SD1, while consumers believe the HSR is easy to understand, less than half of participants in one study agreed that it grabs attention, and about one-quarter believed the HSR is difficult to see on-pack.

Consumers' ability to make at-a-glance decisions are hindered when the HSR symbol is not clearly visible or legible. Therefore, we recommend that FSANZ considers strengthening provisions to improve visibility and consistency. That is, we recommend including provisions on uniform placement on the top of packs, to improve consumer salience. FSANZ's consumer research (as summarised in SD4) acknowledged that this would be advantageous to

consumers. Given that more than half of food products are not currently displaying the HSR, the implementation of mandatory HSRs is an ideal opportunity to ensure that the provisions in the Food Standards code reflect international best practice.

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

Cancer Council strongly supports the proposed approach requiring food labels to declare algorithm components.

We believe that if food companies intend on claiming modifying points for dietary fibre, calcium and FVNL content, they should be required to declare this on labels, either in the Nutrition Information Panel (NIP), or ingredients list. As noted in SD5, this will improve transparency by allowing the validity of the HSR to be verified; of particular interest to enforcement agencies and researchers. Further, including this information also provides consumers with more nutrition information, independent of the HSR symbol, which will assist them to make more informed purchasing decisions.

Should food companies decline to list this additional information on labels, it is reasonable that they are not permitted to use this information to claim modifying points.

Given that more than half of food products are not currently displaying the HSR, this is not an unreasonable addition to food labels that will already need to change on implementation of the mandate and should not represent significant additional cost to industry.

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.

Cancer Council agrees that Table 1 of SD6 identifies the major impacts to industry, consumers, and the government.

However, we note that costs of reformulation have been included as a cost to industry. Reformulation to change a product's HSR is a voluntary activity that may be conducted by industry and therefore does not represent a cost to mandating the HSR. We believe this cost should be excluded from the costs of implementation.

Alternatively, should these costs be included, the benefits of reformulation should also be included. For example, a modelling study quantified the impact of reformulation following adoption of the HSR in New Zealand.²⁹ The study estimated health cost savings of \$568.1 million NZD, if HSRs were mandated.²⁹ If Australia was also considered, this amount is likely to be significantly higher, and therefore current estimates of benefits are likely to be underestimated.

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.

As mentioned in our response to question 16, Cancer Council notes that costs of reformulation have been included as an unquantified cost to industry. Reformulation to change a product's HSR is a voluntary activity that may be conducted by industry and therefore does not represent a cost to mandating the HSR. We believe this should be excluded from the costs of implementation.

Should FSANZ decide to retain the costs of reformulation in the cost-benefit analysis, then the potential corresponding health benefits of reformulation should also be considered. For example, a modelling study quantified the impact of reformulation following adoption of the HSR in New Zealand.²⁹ The study estimated health cost savings of \$568.1 million NZD, if HSR were mandated.²⁹ If Australia was also considered, this amount is likely to be significantly higher, and therefore current estimates of benefits are likely to be underestimated.

There are some revisions to the costs and benefits that warrant consideration. We acknowledge that FSANZ cannot quantify health outcomes that may result from mandating the HSR and instead costs of overweight and obesity in Australia and New Zealand were used as a proxy. However, this underestimates the likely benefits of implementing a mandatory HSR system. It is well established that healthy diets are risk factors for several chronic diseases independent of weight effects. For example, there is strong evidence that consuming wholegrains and other foods containing dietary fibre, such as fruit and vegetables, protect against bowel cancer, while intake of red and processed meats increase bowel cancer risk.⁴ Similarly, high consumption of sodium increases risk of cardiovascular disease.³⁰ We strongly recommend that a broader definition of the health benefits of implementing the HSR is included.

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.

Cancer Council notes that a Consultation Regulation Impact Statement and more comprehensive assessment of the costs and benefits will be prepared, once a draft variation is prepared. As such, it is not clear how appropriate the assumptions are at this time.

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

Cancer Council appreciates the opportunity to contribute to the development of a mandatory HSR system. Overall, we strongly support mandating HSRs and acknowledge the significant work FSANZ has conducted in preparation. Further, we strongly support separating the algorithm review from the mandating process; to expedite mandated labels appearing on food packages and facilitate a holistic review of the algorithm once the updated ADGs are released. We urge the Food Ministers to outline independent governance arrangements, timeframes and processes for updating the review of the algorithm.

We note the transitional arrangements in section 5.4 of the CFS. Industry has suggested a 3–5-year transition period plus a 2-year stock in trade period. Given the prolonged poor uptake by industry of the HSR system and the need for urgent policy action to provide consumers with information for making healthier choices, we strongly urge FSANZ to set a much shorter transition period of 1 year, plus the stock in trade period. Providing a longer timeframe only delays the availability of information to consumers.

References

1. Australian Institute of Health and Welfare. *Australian Burden of Disease Study 2024*. 2024. Canberra.
2. Lauby-Secretan B, Scoccianti C, Loomis D, et al. Body Fatness and Cancer — Viewpoint of the IARC Working Group. *New England Journal of Medicine* 2016; 375: 794-798. DOI: 10.1056/nejmsr1606602.
3. Vuong K, Kabir A, Conway DP, et al. Identifying risk factors for developing obesity: a record linkage longitudinal study in metropolitan Sydney using the 45 and Up Study. *Family Practice* 2024; 41: 680-692. DOI: 10.1093/fampra/cmae015.
4. World Cancer Research Fund and American Institute for Cancer Research. *Diet, Nutrition, Physical Activity and Cancer: a Global Perspective*. 2018. London.
5. Food Standards Australia New Zealand. *Health Star Rating Uptake in Australia. Report on progress against Health Star Rating uptake targets: Final Target, 2025*. 2025. Canberra.
6. Keaney M, Maganja D, Barrett E, et al. 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* 2024; 78: 916-918. DOI: 10.1038/s41430-024-01480-2.
7. Mackay S, Pakenham L and Ni Mhurchu C. *Health Star Rating Label Uptake in NZ: Analysis in 2023 relative to target*. 2023. Auckland.
8. Ilchenko E and Morley B. *Shape of Australia Survey 2022: Final Report*. 2023. Melbourne.
9. Australian Institute of Health and Welfare. *Diet*. 24/06/2026 2026. Canberra.
10. Australian Bureau of Statistics. Waist circumference and BMI, <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/latest-release#characteristics-of-adults-with-a-measured-waist-circumference-of-increased-risk-of-disease> (2023, accessed 30/06/2026 2026).
11. Pettigrew S, Jongenelis MI, Talati Z, et al. 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: 100017. DOI: <https://doi.org/10.1016/j.anzjph.2022.100017>.
12. Pettigrew S, Jongenelis MI, Hercberg S, et al. Front-of-pack nutrition labels: an equitable public health intervention. *European Journal of Clinical Nutrition* 2023; 77: 135-137. DOI: 10.1038/s41430-022-01205-3.
13. Braesco V and Drewnowski A. Are Front-of-Pack Nutrition Labels Influencing Food Choices and Purchases, Diet Quality, and Modeled Health Outcomes? A Narrative Review of Four Systems. *Nutrients* 2023; 15 2023/01/09. DOI: 10.3390/nu15010205.
14. Australian Government. Competition and Consumer Act 2010. *Australian Consumer Law*, <https://www.legislation.gov.au/F2016L00528/latest/text> (2017, accessed 02/06/2026).
15. Jones A, Maganja D, Shahid M, et al. Voluntary versus mandatory food labels, Australia. *Bulletin of the World Health Organization* 2024; 102: 691-698. DOI: 10.2471/BLT.24.291629.
16. International Agency for Research on Cancer. *Monographs on the evaluation of carcinogenic risks to humans: alcohol drinking*. Lyon: IARC, 1988.
17. Smithers LG, Haag DG, Agnew B, et al. Food advertising on Australian television: Frequency, duration and monthly pattern of advertising from a commercial network (four channels) for the entire 2016. *Journal of paediatrics and child health* 2018; 54: 962-967. 2018/04/16. DOI: 10.1111/jpc.13929.
18. Courbet D, Jacquemier L, Hercberg S, et al. A randomized controlled trial to test the effects of displaying the Nutri-Score in food advertising on consumer perceptions and intentions to purchase and consume. *The international journal of behavioral nutrition and physical activity* 2024; 21: 38. 2024/04/16. DOI: 10.1186/s12966-024-01588-5.

19. Australian Government. Australia New Zealand Food Standards Code - Standard 1.1.2 Definitions used throughout the Code, <https://www.legislation.gov.au/F2015L00385/latest/text> (2026, accessed 04/06/2026 2026).
20. National Health and Medical Research Council. Guideline Development, <https://www.nhmrc.gov.au/health-advice/nutrition/australian-dietary-guidelines-review/guideline-development> (2026, accessed 04/06/2026 2026).
21. Equipe de Recherche en Epidémiologie Nutritionnelle. Why did Danone decide to remove the Nutri-Score from its brands of yoghurt and vegetable drinks?, <https://nutriscore.blog/2024/09/21/why-did-danone-decide-to-remove-the-nutri-score-from-its-brands-of-yoghurt-and-vegetable-drinks/> (2024, accessed 04/06/2026 2026).
22. World Health Organization. *WHO guiding principles and framework manual for front-of-pack labelling for promoting healthy diets*. 2019. Geneva.
23. National Health and Medical Research Council. *Australian Dietary Guidelines*. 2013. Canberra.
24. Egnell M, Talati Z, Hercberg S, et al. Objective Understanding of Front-of-Package Nutrition Labels: An International Comparative Experimental Study across 12 Countries. *Nutrients* 2018; 10: 1542.
25. Pettigrew S, Dana LM, Talati Z, et al. The role of colour and summary indicators in influencing front-of-pack food label effectiveness across seven countries. *Public Health Nutr* 2020; 1-5. 2020/12/16. DOI: 10.1017/s1368980020004966.
26. Food and Agriculture Organization of the United Nations and World Health Organization. *Codex Alimentarius Guidelines on Nutrition Labelling*. Report no. CXG 201985, 2024.
27. 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: 2149-2161. 2023/07/31. DOI: 10.1017/S1368980023001441.
28. Food Standards Australia New Zealand. *2025 Consumer Insights Tracker. Online food shopping and labelling*. 2026. Canberra.
29. Cleghorn CL, Blakely T, Bablani L, et al. Estimated health impacts of reformulation resulting from Health Star Rating nutrition labelling in Aotearoa New Zealand. *Journal of the Royal Society of New Zealand* 2025; 55: 1904-1920. DOI: 10.1080/03036758.2025.2455499.
30. Lee S, Lee H, Son Y, et al. Global, regional and national burden of ischemic heart disease attributable to suboptimal diet, 1990–2023: a Global Burden of Disease study. *Nature Medicine* 2026; 32: 1454-1478. DOI: 10.1038/s41591-026-04250-8.