SUBMISSION TO THE 5 YEAR REVIEW OF THE HEALTH STAR RATING SYSTEM

Draft Review Report

The George Institute for Global Health

25 March 2019

Contents

The George Institute for Global Health

The George Institute for Global Health's mission is to improve the health of millions of people worldwide.

The George Institute's food policy team work in Australia and overseas to reduce death and disease caused by diets high in salt, harmful fats, added sugars and excess energy. The team does multi-disciplinary research with a focus on outputs that will help government and industry deliver a healthier food environment for all.

Our flagship FoodSwitch program, a growing database of nutrition and labelling information describing over 500,000 packaged and restaurant foods, enables us to analyses changes in the healthiness of the food supply provided to more than a billion people around the world.

The George Institute has been designated a World Health Organization Collaborating Centre on Population Salt Reduction, with remit to support countries to achieve global targets for reducing salt by 30% by 2025.

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Formatted version of submission made through Consultation Hub

The following text is a formatted version of The George Institute's submission made through the Australian Government's Department of Health online Consultation Hub on 25 March 2019.

Headings included and options selected reflect the specific questions asked in that form.

The Consultation was available at the link https://consultations.health.gov.au/population-health-and-sport-division/hsr-draft-review-report/ (accessed 20 March 2019)

Recommendation 1: The HSR system be continued

Commentary

The George Institute strongly support this recommendation. We believe HSR represents an important step forward in improving nutrition labelling for consumers.

Front-of-Pack Labelling (FoPL) is recommended by the World Health Organization (WHO) as one tool in the comprehensive policies needed to promote healthier diets. Australia and New Zealand are among more than 30 countries worldwide who have implemented these kinds of simple, graphical labels in a variety of formats. Together with France, Australia now leads a WHO Network of Practice on FoPL, making it incumbent we demonstrate global leadership in this area.

A considerable body of evidence now suggests consumers can understand and use the HSR graphic, and that it is superior to the industry-preferred Daily Intake Guide which it replaced. To build upon this progress it is essential that HSR continue, and that attention be directed to maximising its public health impact by:

- Strengthening HSR's algorithm on the basis of the best available public health evidence, including by adoption of the additional proposal for sodium, adjusting the protein 'tipping point', and considering stronger treatment of sugars in addition to the preferred options currently contained in the Draft Review Report
- Improving HSR's governance through steps that reinforce government leadership and bolster HSR's independence, particularly by protecting the science of its underpinning algorithm and the determination of anomalies from commercial conflicts of interest
- Maximising (not merely incentivizing) uptake by making HSR mandatory, and as an interim measure setting clear targets and an outlined process for enacting regulation if these targets are not met by a specified date
- Applying lessons learned from global FoPL innovation, including integration of FoPL with other food and nutrition policies such as advertising requirements or healthy food procurement
- Situating HSR within a national nutrition and/or obesity policy, and ensuring appropriate resource is directed to support HSR as one component of a comprehensive policy approach

Recommendation 2: The energy icon be removed from HSR graphic options

Commentary

We strongly support this recommendation.

The energy icon does not align with HSR's objective to provide 'readily understood nutrition information.' There is no evidence that the energy icon is understood or able to be used by consumers. The Draft Review Report acknowledges the energy icon has repeatedly been ranked by consumers as the least-favoured of HSR formats in Heart Foundation monitoring. This is likely because because it does not provide the interpretive content expected of a FoPL.

Inconsistent use of stars and the energy icon on beverages and confectionary limits the utility of HSR to consumer in these categories. As recognised by the Review, internal industry documents suggest a primary motivation for industry's use of the energy icon is to delay application of genuinely interpretive information to these typically low-scoring foods.

Noting the complete lack of evidence that consumers can understand and use their alternative 'Treatwise' logo, we encourage the confectionary industry to retire its system and instead commit to application of the HSR.

Any action by manufacturers to remove HSR rather than provide the full HSR logo as a result of this decision will support the argument that HSR must be made mandatory to provide full value to consumers.

Recommendation 3: Governments, industry, public health and consumer bodies continue to promote the HSR system

Commentary

We support this recommendation.

Government communications should be positioned in the context of broader healthy eating messages that emphasise the importance of a dietary pattern that aligns with Australian and New Zealand dietary guidelines.

In the period following the Review it will be essential that communications be developed to explain changes made to HSR to address consumer feedback. Use of government endorsement in communications can further promote consumer trust *(Kelly, B.; Jewell, J. What is the evidence on the policy specifications, development processes and effectiveness of existing front-of-pack food labelling policies in the WHO European region? WHO Regional Office for Europe: Copenhagen, 2018).*

Spending on social marketing campaigns is acknowledged by the Review as the most significant component of government expenditure in both countries. Despite this, government evaluation suggests campaign recognition has been low in Australia (between 13-25%). In New Zealand it rose to 45% in 2018 following addition of television to the marketing mix.

While the campaign remains important, HSR monitoring suggests most people are aware of the system from 'seeing it on pack.' This suggests it may be more cost-effective for government to direct investment towards strategies which increase HSR uptake.

At a state and territory level, jurisdictions can promote HSR by following NSW's lead in integrating HSR as a tool to guide healthy food procurement in public settings.

Industry can best promote the system by applying it to their products across the whole food supply, not only those which obtain higher HSR scores.

The George Institute will continue to promote HSR by conducting research that monitors HSR's progress while promoting transparency and accountability in the food supply.

Recommendation 4: A package of changes be made to the way HSR is calculated for foods

4.A. Treatment of fruit and vegetables

As noted in previous submissions, we support this recommendation.

Care must be taken to ensure a robust definition is developed, and an expeditious process specified for resolving technical queries about whether a given product meets this definition to prevent misuse.

We support features of the current suggested definition that align with health evidence

- Inclusion of legumes within vegetables definition, aligning with ADGs
- Exclusion of products processed in a way that has altered their nutrient content or other properties (for example through juicing, pureeing, dehydrating, adding ingredients that contain salt, fat or sugars)
- Exclusion of dried fruits, consistent with their identification as a fruit 'to limit' in the ADGs given high energy density and dental health implications
- Exclusion of juice, consistent with its noted limitation in the ADGs and its explicit exclusion as a serve of fruit in the NZ dietary guidelines
- Exclusion of pickled vegetables, consistent with their identification as a vegetable 'to limit' in the ADGs

Acknowledging the health evidence surrounding the fruit and vegetables in the specific forms above for this rule creates impetus for updating the definition of what constitutes FVNL within HSR more broadly. We have made this recommendation in previous submissions, and continue to believe it would assist rectification of 'outliers' such as juices and vegetable-based fried savoury snacks that may not be addressed by other areas of the review.

While not HSR's objective, we support recognition that retailers be allowed to promote all fruit and vegetables meeting the above definition as five stars through alternative means (e.g. posters, shelf talkers). This will ensure HSR does not incentivize unnecessary packaging.

4.B. Sugars

Added sugars have not been genuinely tested

We have repeatedly drawn the attention of the Review to the need for incorporation of added sugars to be given genuine consideration.

The Draft Review Report continues to misreport the nature of existing findings and must be corrected. In particular, it continues to perpetuate that:

> *Substituting total sugars with added sugars resulted in a mean increase in HSRs across most product categories (as added sugars content is necessarily equal to or lower than total sugars content and therefore fewer negative points are scored)*

While true, a simple substitute of total sugars with added sugars is *not* what was seriously proposed by public health stakeholders. Both cited George Institute publications (Menday and Peters) demonstrated that HSR's performance would be improved by the incorporation of added sugars using different methods. Both also asserted that to operationalise this in practice would require baseline points redistribution or other rescaling. Acknowledgement of this critical second step is currently missing from the Review.

What an added sugars baseline points table would look like

The additional sodium proposal provides new learnings about the design of HSR's baseline points tables of relevance to determining what an added sugars baseline points table would actually look like.

Like the NPSC and the UK OfCom model before it, the HSR algorithm distributes baseline points by reference to Nutrient Reference Values (NRVs). The first ten points are distributed in increments starting at 3.75% of the NRV, up to ten points for 37.5%. In the development of the HSR algorithm some adjustments were made to distribution of points beyond this point (between 11-30 points), but the fundamental design principle holds true.

Genuine consideration of added sugars in the algorithm would require modelling against a purpose-built added sugars baseline points table.

Australia and New Zealand do not currently have an NRV for sugars (added *or* total), but the HSR algorithm (and the UK model before it) references sugar values as a recommended proportion of energy intake. Baseline points for total sugars are derived from a figure of 21% energy intake, or 120g total sugars daily. This equates to increments of 4.5g in the first 10 HSR baseline points (with a small tweak at point 1 to allow full cream milk to receive 0 points).

An equivalent table for added sugars could use the WHO and ADG recommendation that no more than 10% of total energy come from added/free sugars intake. The relevant reference value would be 52g added sugars for an adult at the recommended daily energy intake of 8700kJ.

A points table for added sugar created on this basis would distribute points for added sugars in 1.95g increments (up to 10 baseline points at 19.5g, or 37.5% of 52g). Distribution beyond this 10 point mark would need to be determined as for other nutrients in the HSR algorithm (linear or otherwise), but the fundamental nature of this table is illustrated as Option A in the attached figure.

If Australia decided to pursue the additional recommendation of WHO at 5% free sugars for maximum health benefit as is currently being proposed in the UK, baseline points distribution would occur across even lower added sugar levels as demonstrated by Option B below .

This is very different from anything modelled by TAG to date. Regardless of the number of products affected, it would be justified by available public health evidence.

Figure 1: A model added sugars baseline table for HSR

Baseline points	Option A: Added sugars 10% energy intake (i.e. 52g/day)	Option B: Added sugars 5% energy intake (e.g. 26g/day)
0	≤1.95	≤0.98
1	>1.95	>0.98
2	>3.9	>1.96
3	>5.85	>2.94
4	>7.8	>3.92
5	>9.75	>4.9
6	>11.70	>5.88
7	>13.65	>6.86
8	>15.60	>7.84
9	>17.55	>8.82
10	>19.50	>9.80
11	>21.45	>10.78
12	>23.40	>11.76
13	>25.35	>12.74
14	>27.30	>13.72
15	etc	etc

What should be made of added sugars at this point

We believe it is important that the Review more accurately report the findings of existing modelling, noting that modelling using an appropriately redesigned points table has not yet occurred.

If the predominant reason for not incorporating added sugars is pragmatic (given the absence of this information in the NIP currently), it is incumbent that the Review recommend that any decision on added sugars **must** be reviewed in the event that the Forum of Food Ministers adopt this proposal later in 2019.

In the absence of added sugars, HSR must adopt a 30 points total sugars table

In the event added sugars is not pursued further at this time, the Draft Review Report fails to provide satisfactory explanation for adopting a 25 point over a 30 point sugars table.

Sugar is acknowledged in the Report as the 'most significant area of stakeholder concern' with the HSR calculator.

The significance of this concern requires a commensurately strong response.

Baseline points for sugar should receive equal treatment to those for sodium and saturated fat as per the original validated Ofcom algorithm. This approach has also been maintained in the recently updated evidence-based Nutriscore in France.

The number of products impacted must be viewed as a necessary correction for the underweighting of sugar in the current algorithm.

4.C. Sodium

Current option

As previously noted, this proposal only impacts products with more than >900mg/100g sodium. It will not address the vast majority (86%) of sodium 'outliers' identified by the TAG and in our previous research (e.g. Jones et al, *Defining 'Unhealthy'* (2018)).

Please see extensive additional material and modelling in the section on the alternative sodium option.

Alternative Option based on revised NRV

The George Institute strongly agree with the recommendation to revise the sodium points table for all HSR categories, as per the Draft Review Report Appendix D.

This proposal provides a critical update of HSR to reflect Australia and New Zealand's 2017 updated Nutrient Reference Value (NRV) for sodium of 2000mg/day.

The new NRV is based on an extensive review of the evidence, led and approved by the Chief Executive Officer of the NHMRC. It recognises compelling evidence from a diverse range of studies (randomized controlled trials, epidemiological, migration, population-level and animal studies) that show excess sodium intake causes raised blood pressure, the single leading risk factor for deaths in Australia and worldwide (see refs 1-3). Australians currently consume approximately double the recommended NRV of 2000mg/day (4).

NHMRC materials accompanying the decision state that '*the evidence for sodium-blood pressure relationship continues to support the current public health activities aimed at reducing sodium intake in the population.'* They also explicitly direct that the new NRV provides a target for these activities.

Australia and New Zealand, like other WHO Member States, has agreed to the WHO's global sodium target of a 30% relative reduction in sodium intake by 2025, to combat premature deaths from noncomunicable diseases.

In Australia, part of the Federal Government's response is the Healthy Food Partnership (HFP), which aims to encourage food manufacturers to improve the healthiness of the food

supply through reformulation towards established voluntary sodium content targets (currently in draft).

Action to reduce sodium intake can also be incentivised by a well-designed FoPL. The relationship between HSR, the NRVs, and reformulation was recognised in the Ministerial Policy Statement on FoPL endorsed in 2009 by the Forum on Food Regulation included among its objectives (emphasis added):

> Be consistent with other health strategies and guidelines by:
>
> …
>
> 6. Supporting and being consistent with the Australia and New Zealand dietary guidelines **and Nutrient Reference Values**
>
> Affect the environment in which consumers make choices by:
>
> …
>
> 9. Providing **incentive for improvements to the healthiness of the food supply**

As the distribution of baseline points in the HSR algorithm (and the NPSC and UK Ofcom model before it) is determined by reference to NRVs, consistency demands the points table now be updated. This means that the increments between baseline points will become smaller (75mg, rather than 90mg), allowing HSR to better discriminate between products with lower sodium at lower ranges, and providing a more feasible incentive for manufacturers to reformulate to reduce baseline points.

Relationship with draft HFP targets

The Draft Report suggests that a disadvantage of this option is that it would 'impact' on draft sodium targets under the HFP. No explanation is provided of this impact. There are a number of reasons why we believe it should not be overstated:

- HSR baseline points were only one of five considerations in setting the new HFP targets. Other considerations included whether targets should reflect absolute levels or percentage reductions; relevant international targets and existing Food and Health Dialogue targets; known technical and safety limitations; and minimum, maximum, median and mean sodium data for each category according to data obtained from FoodTrack (https://consultations.health.gov.au/population-health-and-sport-division-1/hfp-reformulation/user_uploads/final-reformulation-rationale-paper---final-for-consultation-v3--at-3-sept-2018.pdf)
- The HFP Consultation Document specifically contained a footnote acknowledging that HSR was under review and that a change in HSR nutrient cut points may alter their strength as a tool to encourage reformulation
- Nowhere is it specified that a product meeting a HFP target must receive a given number of baseline points (and in any event, these vary significantly by category)
- While the HSR baseline points of a product meeting a HFP target may shift under this proposal (typically by one point, see Table 2 in our sodium attachments), it may be easier for products exceeding targets to obtain a benefit on their way towards the target given the smaller increments between baseline points in this proposal

The Review acknowledges feedback from industry that the current sodium table's large gaps in baseline points are less likely to incentivise reformulation as the change required to pass cut-points is too large to be practically or technologically feasible (p 56). Finalisation of the

HFP targets provides additional opportunity to promote alignment between the two policies, but this alignment should in no way compromise the necessary NRV update to HSR.

Irrespective of the number of products impacted, the weight of scientific evidence and multiple policy mandates above require HSR to be updated in accordance with the additional sodium proposal.

References:

1. He FJ, MacGregor GA. A comprehensive review on salt and health and current experience of worldwide salt reduction programmes. J Hum Hypertens. 2009;23(6):363-384.
2. Institute for Health Metrics and Evaluation. GBD Compare. 2017; http://vizhub.healthdata.org/gbd-compare. Accessed 3 November, 2017.
3. Newberry SJ, Chung M, Anderson CAM, et al. Sodium and Potassium Intake: Effects on Chronic Disease Outcomes and Risks. Comparative Effectiveness Review No. 206. 2018; https://effectivehealthcare.ahrq.gov/topics/sodium-potassium/final-report-2018. Accessed 1 September, 2018.
4. Santos JA, Webster J, Land MA, et al. Dietary salt intake in the Australian population. Public Health Nutr. 2017;20(11):1887-1894.

Modelling the impact of the proposed change in The FoodSwitch database

Consistent with TAG findings, we estimate this change would decrease the HSRs of 20% of products across a range of product categories.

By virtue of the points table's incremental nature, the majority (88%) of products would only decrease by 0.5 stars. Products which decrease more than this mainly do so by virtue of an extra baseline point for sodium taking them past the sodium 'tipping point', suggesting they are less healthy products overall. Only 2%, or 55 products would decrease by 1.5 stars as a result of this change: three quarters of these are discretionary foods, mainly processed meats and 'protein' style muesli bars.

Whilst 20% of food products in our database would be affected by this proposal, only 1 in 5 (or 4% of the total HSR eligible products) of these were carrying a HSR in 2017, suggesting the practical impact of this change should not be overstated.

Proposed option will more accurately discriminate between unhealthy foods

The mean sodium content of products affected is 700mg/100g.

The categories with the highest number of products affected are cheeses, processed meats, sauces, savoury biscuits, pickled vegetables, crisps and snacks, breads, cereals and grains, processed fish, spreads and dips, and ready meals.

Almost 60% of products experiencing a HSR decrease for sodium are discretionary foods. In half (17) of 34 food categories affected, 90% or more of the products were discretionary (see **Table 1 attached** *highlighted in red*). These include cakes, muffins and pastries; chocolates and sweets; crisps and snacks; desserts; mayonnaise and salad dressings; pizza; ready meals; sauces; spreads and dips and sweet biscuits.

In another four food categories affected (meats, including processed meats; processed vegetables, including pickles and chutneys; savoury biscuits and soups) more than half of products affected are discretionary foods (*highlighted in yellow*).

These results suggest the proposed changes to sodium points are correctly penalising discretionary foods, and categories previously identified as sodium 'outliers'.

In some food categories products affected are mostly (≥50%) FFG foods: cheese; processed fish; cereal and grain products; breakfast cereals; meat alternatives; nuts and seeds. As acknowledged in the Review Report, these products are high contributors of sodium in the Australian diet. Many of them appear in the specific list of examples provided in the ADGs Guideline 3 'to limit' based on salt content, including high salt breakfast cereals (where this document specifically specifies to choose those with less than 120mg/100g), crispbreads, cheese and foods such as fish or vegetables with added salt or brine. The ADGs also direct consumers to read food labels to choose lower sodium options among similar foods. Adoption of this proposal will enhance HSR's ability to support consumers in this undertaking.

Comparison of sodium levels of these FFG products to the HFP's draft sodium targets suggests products affected are those with higher sodium levels within their product category. For example, whilst majority of bread products affected are considered FFG foods, more than 75% of affected breads currently have sodium levels that exceed the HFP's draft targets. The mean sodium content of impacted breads is 580mg/100g, far exceeding the HFP's target of 380mg/100g for leavened breads and 450mg/100g for flat breads.

This is also the case for affected cereal and grain products and processed fish products, where 83% and 80% of products respectively, have sodium above the HFP's targeted level (*highlighted in blue*). The proposed changes to sodium points will not only correctly penalise these foods for having higher sodium content than the HFP's recommended target, but provide manufacturers with an incentive to lower their sodium content by providing higher likelihood of gaining a HSR benefit compared to the current sodium points table.

Whilst the affected cheese products in the cheese category are not considered discretionary, more than one-third (35%) have sodium levels that exceed the HFP's draft sodium targets. The mean sodium content of affected cheeses is 801mg/100g, which would qualify them for a 'red traffic light' in the UK system (on the basis of sodium content >600mg). The ADGs recommend cheese be limited to 2-3 serves per week and that *varieties which are lower in salt should be selected*. The proposed revisions will help differentiate lower salt cheeses for consumers, as well as encourage manufacturers to reformulate.

Attachments to this Section:

Table 1: Products affected by sodium points change in FoodSwitch

Table 2: Relationship between sodium baseline points and the draft HFP targets

Table 1: Products affected by sodium points change (compared to original)								
Category	**Products available (n)**	**Products affected (n)**	**% category affected (%)**	**Mean sodium content (mg/100g)**	**Median sodium content (mg/100g)**	**Proportion discretionary products (%)**	**Proportion Exceeding HFP targets (%)**	**Justification for proposed sodium changes**
Pizza	76	32	42	538	501	100	72	≥90% of affected products in category are discretionary foods
Crisps and snacks	434	145	33	739	683	100	66	≥90% of affected products in category are discretionary foods
Sauces	1046	326	31	1271	1101	98	69	≥90% of affected products in category are discretionary foods
Mayonnaise and salad dressings	156	47	30	871	874	100	-	≥90% of affected products in category are discretionary foods
Spreads and dips	453	118	26	850	559	96	-	≥90% of affected products in category are discretionary foods
Ready meals and meal kits	567	106	19	417	330	100	82	≥90% of affected products in category are discretionary foods
Fitness and diet products	209	39	19	328	323	90	-	≥90% of affected products in category are discretionary foods
Cakes, muffins and pastries	488	80	16	356	338	95	37	≥90% of affected products in category are discretionary foods
Sweet biscuits	395	49	12	329	320	100	-	≥90% of affected products in category are discretionary foods
Frozen foods not otherwise specified	9	1	11	596	596	100	-	≥90% of affected products in category are discretionary foods
Cereal and nut -based bars	234	21	9	198	177	100	-	≥90% of affected products in category are discretionary foods
Desserts	152	9	6	225	241	100	-	≥90% of affected products in category are discretionary foods
Chocolate and sweets	869	28	3	168	90	100	-	≥90% of affected products in category are discretionary foods
Ice cream and edible ices	355	7	2	148	165	100	-	≥90% of affected products in category are discretionary foods
Sugars, honey and related products	250	6	2	215	168	100	-	≥90% of affected products in category are discretionary foods
Jam and marmalades	130	1	1	80	80	100	-	≥90% of affected products in category are discretionary foods
Cream	69	1	1	77	77	100	-	≥90% of affected products in category are discretionary foods
Savoury biscuits	363	167	46	710	676	64	46	≥50% of affected products in category are discretionary foods
Meat (processed and unprocessed)	858	341	40	921	898	89	63	≥50% of affected products in category are discretionary foods
Vegetables (processed)	574	156	27	1030	865	65	-	≥50% of affected products in category are discretionary foods
Soup	326	47	14	563	265	60	35	≥50% of affected products in category are discretionary foods

Bread	474	142	30	580	429	20	77	≥75% of affected products exceed the HFP targets if available
Processed fish	559	138	25	704	552	0	80	≥75% of affected products exceed the HFP targets if available
Cereal and grain products	956	139	15	839	684	16	83	≥75% of affected products exceed the HFP targets if available
Cheese	665	418	63	801	700	0	35	Affected products have a high mean sodium content
Meat alternatives	104	25	24	532	540	0	-	<50 products affected by the sodium changes
Pre -prepared salads and sandwiches	183	44	24	516	515	0	-	<50 products affected by the sodium changes
Breakfast cereals	434	44	10	340	270	18	21	<50 products affected by the sodium changes
Coffee and tea	52	4	8	104	89	0	-	<50 products affected by the sodium changes
Yoghurt and yoghurt drinks	393	23	6	82	80	0	-	<50 products affected by the sodium changes
Edible oils and oil emulsions	297	17	6	363	360	18	-	<50 products affected by the sodium changes
Nuts and seeds	297	15	5	521	470	0	-	<50 products affected by the sodium changes
Milk	364	6	2	85	87	0	-	<50 products affected by the sodium changes
Fruit (processed)	402	3	1	84	82	0	-	<50 products affected by the sodium changes
Breakfast beverages	23	0	0	-	-	-	-	0 products affected by the sodium changes
Eggs	52	0	0	-	-	-	-	0 products affected by the sodium changes
Fruit (unprocessed)	43	0	0	-	-	-	-	0 products affected by the sodium changes
Jelly	66	0	0	-	-	-	-	0 products affected by the sodium changes
Vegetables (unprocessed)	167	0	0	-	-	-	-	0 products affected by the sodium changes
Total	13,544	2,745	20	770	620	58	60	

Table 2: HSR Baseline Points for Sodium against Draft HFP targets

Baseline points	Proposed Option B baseline points:	Current Draft Proposed HFP targets	Additional sodium option, new NRV Baseline points table:	Current Draft Proposed HFP targets
0	≤90		≤75	
1	>90		>75	
2	>180	270 Crumbed and battered proteins (seafood) 270 Plain corn, rice and other cakes 270 Soups	>150	
3	>270	360 RTE breakfast cereals 360 Other savoury sauces 360 Wet Pastries 360 Corn snacks 360 Cakes, muffins and slices	> 225	270 Crumbed and battered proteins (seafood) 270 Plain corn, rice and other cakes 270 Soups
4	>360	380 Bread 450 Flat bread 450 Crumbed and battered proteins (meat) 450 Gravies 450 Ham 450 Vegetable snacks	> 300	360 RTE breakfast cereals 360 Other savoury sauces 360 Wet Pastries 360 Corn snacks 360 Cakes, muffins and slices
5	>450	500 Dry Pastries 500 potato snacks	> 375	380 Bread 450 Flat bread 450 Crumbed and battered proteins (meat) 450 Gravies 450 Ham 450 Vegetable snacks
6	>540	630 Plain savoury crackers	> 450	500 Dry Pastries 500 potato snacks
7	>630	680 Asian style sauces 710 Cheddar 720 Pesto 720 Flavoured biscuits, crackers and rice cakes 720 Extruded snacks	> 525	
8	>720	810 Salt and vinegar snacks	> 600	630 Plain savoury crackers
9	>810		> 675	680 Asian style sauces 710 Cheddar 720 Pesto 720 Flavoured biscuits, crackers and rice cakes 720 Extruded snacks
10	>900		> 750	810 Salt and vinegar snacks
11	>990		> 825	
12	>1080		> 900	
13	>1170		> 975	
14	>1260	1270 Processed Cheese	>1050	
15	>1350		>1125	
16	>1440		>1200	1270 Processed Cheese
17	>1530		>1275	
18	>1620		>1350	
19	>1710		>1425	
20	>1800		>1500	
21	>1890		>1575	
22	>1980		>1650	
23	>2070		>1725	
24	>2160		>1800	
25	>2250		>1875	
26	>2340		>1950	
27	>2430		>2025	
28	>2520		>2100	
29	>2610		>2175	
30	>2700		>2250	

4.D. Dairy categories to be redefined

We have previously supported this proposal and do not have anything further to add at this time.

We continue to note that this 'anomaly' was created as an unintended side effect of creating the additional dairy categories in HSR and would strongly caution against the creation of any further new categories in the review.

4.E. Rescaling of oils

We have previously supported this proposal and do not have anything further to add at this time.

4.F. Jellies and water-based ice confections

We have previously supported this proposal and do not have anything further to add at this time.

4.G. Option to adjust the protein tipping point must be reinstated

In the Consultation Paper – Options for System Enhancement in October 2018, the Independent Reviewer Preferred Option B for Protein. This involved adjusting the threshold at which products can claim modifying protein points to reduce the ability for less healthy products to increase their HSR through protein. For simplicity, we refer to this as 'changing the protein tipping point.'

The option to change the protein tipping point was preferred by the majority of public health and consumer stakeholders, and supported by state and territory jurisdictions in the last consultation. The document from that consultation provided a long list of advantages, particularly that it would impact relatively few products while preventing those that are higher in risk nutrients from being advantaged by protein content. Modelling by TAG suggested it would impact 3% of the TAG database or 192 products, of which 60% were discretionary foods.

This option has now been retracted without adequate scientific explanation.

We believe it must be reinstated to address products of concern not adequately targeted by other changes. There is also need for greater transparency around this decision to maintain the integrity of HSR.

The role of protein in the HSR calculator

The Review has accepted the vast majority of Australians and New Zealanders are exceeding recommended protein intakes. While some public health advocates believe this justifies removing protein from the HSR calculator entirely (previously referred to as 'Protein – Option C'), this option does not appear to be feasible at this time.

In its current form, protein points can be scored in two ways:

- Foods which score at least 5 FVNL points (i.e. are >67% FVNL) are eligible to receive protein points regardless of their risk nutrient content – mainly nuts and also some dips
- All other products are only eligible to receive protein points only if their 'baseline' points for combined salt, sugars, saturated fat and energy is <13 i.e. they do not exceed the protein 'tipping point'

The role of the tipping point is to ensure fairness by preventing less healthy products from 'gaming' HSR by offsetting negative nutrients with positive protein points.

The 'tipping point' has gone too far

As acknowledged in the Review, the current HSR tipping point is more lenient than that in the original UK model on which the algorithm is based. This change was made by FSANZ during the development of the NPSC, in part as response to submissions from breakfast cereal manufacturers seeking eligibility to make health claims (see public summary of submissions:
http://www.foodstandards.gov.au/code/proposals/documents/P293%20Health%20Claims%20FAR%20Attach%2013%20FINAL.pdf

Using data available at that time, FSANZ allowed the tipping point to be made more lenient (taking it from 11 to 13 baseline points), on the basis that 'products which become eligible generally conform to dietary guidelines.'

More recent analysis by both TAG and TGI suggests this is no longer true: more than half of foods benefitting from the tipping point are discretionary, and (by virtue of the tipping point's design) the remainder are less healthy FFG foods. We believe this justifies reopening this decision for the purposes of HSR.

Products impacted by a return to a tipping point of 11 in the TGI Database

The following table presents products who currently receive 11 or 12 baseline points *and* currently obtain protein point benefits, suggesting they will be impacted by the proposed change.

Results are provided for products impacted, and the smaller subset of products impacted currently carrying a HSR label (i.e. actually requiring a label change). We found just under 4% of products in the TGI Monitoring Database would be impacted; only 1.3% that are currently carrying a HSR label.

Of those impacted, more than half are discretionary: particularly processed meats and pies, muesli bars, savoury snacks, biscuits and ice-creams, all of which have been identified as 'outliers' during the review.

FFG foods make up 45% of products impacted. Whether FFG or discretionary, by 'tipping point' design, these products are less healthy than other options in their category on the basis of their baseline points (See Attached Table: Products potentially impacted by review of the Protein Tipping point).

Table: Products potentially impacted by review of the protein 'tipping point' in FoodSwitch

	Products impacted (% total eligible)	Products displaying HSR (% total eligible)	Notes
All products	564/14620 (3.9)	188 (1.3)	
Discretionary	302 (2.1)	95 (0.6)	
Processed meats, pies, coated meats	98	24	Sliced meats (41), meat pies, sausages >5g/100g sat fat, coated meats
Muesli bars	77	41	Plain and confectionary/yoghurt coated, 'protein' bars that are not sports foods
Savoury snacks	39	8	Crackers, corn chips, extruded snacks, flavoured popcorn, wholegrain chips, shapes
Sweet biscuits and confectionary	22	5	Includes liquorices
Dips	12	0	Seafood dips, taramasalata
All other categories <10 products impacted	54	17	Pastries, recipe bases, cream-based sauces, breakfast biscuits and discretionary cereals, ready meals
FFG/Core foods	262 (1.8)	93 (0.6)	
Breakfast cereals	76	51	1 product changes by 1.5 27 change by 1.0 23 change by 0.5 These products make up 13.5% of those impacted by this change, or 0.5% all HSR eligible products
Rice crackers, savoury biscuits	55	8	
Fish products	28	7	Flavoured canned tuna and salmon in oil, sardines in oil, coated fish
Meat products	22	9	Unprocessed, usually with marinade, pate, lower fat sausages per ABS list
Pizza with less than <5g sat fat	21	8	Noted as 'outliers' by consumers
Bread products	15	2	Naan, flat bread, croutons
All other categories <10 products impacted	45	7	Small numbers of meat-alternatives, ready meals, noodles, flours

Notes: Above figures include all products currently receiving 11 or 12 baseline points, *and* an FVNL score <5. Products with an FVNL score ≥5 are eligible for protein points regardless of baseline points. Analysis uses the TGI Monitoring Database, used by TGI to assess HSR Performance and Uptake (see Jones et al 2018).

Given their focus in the Draft Review Report it is worth noting that only 76/564, or 13.5% of products impacted by this change are breakfast cereals. These include mueslis, granolas,

corn flakes, weet-bix style biscuits and six cocoa-based breakfast cereals with 25-30g/100g sugar. Nutrigrain – perhaps the most high-profile beneficiary of protein points - is the only cereal to face a reduction of 1.5 stars, by virtue of its current reliance on 10 protein points to offset its 12 baseline points from sugars, sodium and energy.

Differences between our findings and those of the TAG may be due differences in representativeness of the two databases. Differences between individual products affected are difficult to identify without transparent access to TAG information e.g. brand names. We also note some of the products in the Appendix of the TAG paper appear to be misclassified as breakfast cereals (including several muesli bars and one other grain).

Inadequate scientific justification for reversal of the preferred option

The Reviewer's position on protein has shifted significantly in the Draft Review Report based on submissions that are not publicly available and are not grounded in adequate scientific justification.

A singular example of two breakfast cereals is used to suggest changing the tipping point would unduly reduce 'differentiation' in this category. There are no public health grounds to allow protein to confer a benefit of 'differentiation' between less healthy breakfast cereals, especially where there is no need for more protein in the Australian diet. There is also arguably already a lack of differentiation in this category: the mean HSR is 3.7 (4.1 where HSR is displayed); and only 5% of breakfast cereals score HSR<2.5.

While we agree breakfast cereals are a category where consumers value HSR, they are also one of the largest areas of consumer concern in the Review. The HSRs of products like Nutrigrain are considered implausible by consumers – lenience in the protein tipping point is the direct cause of Nutrigrain's score. Contrary to industry assertion that change would be detrimental, we argue it is necessary and expected by consumers in this category to retain integrity and trust in HSR overall.

Other proposals will not close this loophole, nor sufficiently target products of concern

The Draft Review Report currently suggests proposed changes to sodium and sugars will better target these products. We disagree, particularly given the current sodium changes to do not impact products with <900mg/100g sodium and thereby will not impact most cereal-based products, breads, processed meats, and savoury snacks noted above.

A minimal change to the sugars table will impact baseline scores of some products in the immediate term, but will not effectively close this loophole which allows less healthy products to offset risk nutrients with positive points that confer no health benefit.

Recommendation 5: Changes to the way HSR is calculated for non-dairy beverages

We agree that HSR is not working optimally for beverages and that consumers should be encouraged to drink water as their first choice.

It is particularly important to improve the performance of the algorithm in this category if the option to use the energy icon only variant (as per Recommendation 2) is removed.

We recognise Nutriscore as the strongest evidence-based model appropriate for adaptation to a HSR context, but have some remaining concerns about the version proposed in this consultation. Specifically:

- We are concerned at the ratings potentially given to fruit juice, which appear higher than under Nutriscore and not necessarily reflective of Australian and New Zealand consensus that juices do not confer the same benefits as whole fruit.
- In this regard, we encourage further explanation of why the proposed FVNL points table differs to that currently used by Nutriscore, but also encourage HSR to take a more progressive view of emerging health evidence on juices and reconsider their eligibility for FVNL across the system as a whole (whether in beverages or as an ingredient in foods).
- We are concerned about unintended consequences that may arise from the broad range of substances allowed to receive the benefit of an additional policy decision to receive a HSR 4.5.

As co-leaders of the new WHO Global Network of Practice on FoPL, we encourage Australia to consult with the independent French experts who validated the Nutriscore model to refine its adaptation to the HSR context.

Recommendation 6: HSR System implementation continue to be jointly funded by Australia, State and Territory and New Zealand governments for a further four years

We strongly support this recommendation.

Previous budget documents have noted that the continued involvement and endorsement of government is critical to HSR's independence (Australian Government Budget 2016-2017, Canberra 2016).

We agree with the review that a transition to industry funding would undermine credibility and confidence in the system, lowering its utility to consumers and its effectiveness as a public health intervention.

We note the Review's recognition that most significant component of expenditure in both countries has been on social marketing, yet consumer awareness of these campaigns has remained relatively low. Monitoring suggests that most people are aware of HSR by 'seeing it on pack', suggesting government investment may be better directed to activities which increase HSR's uptake across the food supply.

Investment in the critical infrastructure outlined in Recommendation 8 will deliver sustained benefits for food and nutrition policies in both countries beyond HSR.

Recommendation 7: Minor changes to HSR governance

We support improvements to HSR's governance that strengthen its transparency, accountability and effectiveness as a public health intervention.

Improved visibility of government leadership

While government bodies including the Ministerial Forum on Food Regulation and the Food Regulation Standing Committee remain at the apex of HSRAC governance, media monitoring of HSR has noted government representatives rarely provide comment where the credibility of the system has been publicly challenged (see for example Isentia Insights, *Media Analysis Report 2014-2016 Health Star Rating prepared for SA Health)*.

Greater visible leadership from government Ministers will be essential in communicating changes following the five year review. In their position as 'honest brokers', government can facilitate compromise between stakeholders and promote HSR's integrity, supporting its utility not only to consumers, but also to industry.

An increased role for FSANZ

We particularly note support for the recommendation to move ownership and responsibility of the HSR algorithm and database to Food Standards Australia New Zealand (FSANZ), and to provide FSANZ with appropriate resource to perform relevant functions in this area.

This shift aligns with international best practice, where it is most often government or independent bodies that retain control for developing and reviewing nutrient profiling models (Kelly and Jewell, WHO EURO HEN Report 2018). Involvement of industry in these functions has posed an ongoing reputational risk for HSR.

HSRAC's composition

We also support representation of FSANZ on the Health Star Rating Advisory Committee (HSRAC) to act as a conduit between its increased role and practical matters of

implementation. We also encourage public health and consumer interests to be separated and increased proportionately when HSRAC's composition is being reviewed to adequately represent these different and important perspectives.

HSRAC's remit to determine anomalies and adjudicate compliance must incorporate procedures for managing (not simply declaring) financial conflicts of interest

We believe further consideration should be given to reviewing HSRAC's remit.

In particular, it is not reasonable to expect industry representatives to determine anomalies or complaints where this requires them to make adverse findings against their own members. Examples to date, such as the role of the Australian Food and Grocery Council in dealing with 'as prepared' and the high profile example of Nestle's Milo, highlight how current requirements for HSRAC consensus decision making can delay or prevent resolution of known issues.

We suggest the task of reviewing anomalies and non-compliance be conducted by an independent body (e.g. FSANZ). If not feasible, at the very least HSRAC should apply procedures for managing conflicts of interest consistent with updated NHMRC work in this area (NHMRC Guidelines for Guidelines Handbook). This could include, for example:

- A conflicted member being present but not taking part in any discussions or decision making related to the specific area or issue;
- A conflicted member recusing themselves from a meeting when a decision or recommendation is made related to the conflict of interest;
- Excluding a conflicted member from involvement in the writing or approval of recommendations associated with the conflict.

NHMRC guidance highlights the difference between financial interests and other interests (e.g. having published on a topic, or being a recognised opinion leader on a matter). While the latter may pose a risk of bias that can be managed (e.g. by consensus decision making), genuine conflicts of interest are primarily *financial* in nature. It is these financial conflicts which are most problematic in evidence-based decision making.

Existing registers of HSR governing bodies such as HSRAC and TAG show a variety of interests declared by members to date, but no further steps to elucidate whether these interests represent a genuine conflict, nor any steps taken to manage these to ensure evidence-based decision making is preserved. We suggest updated NHMRC guidance be applied to the ongoing governance of HSR committees in the same way it applies to other health and medical guideline development. See further: NHMRC, Guidelines for Guidelines, Identifying and Managing Conflicts of Interest website: https://www.nhmrc.gov.au/guidelinesforguidelines/plan/identifying-and-managing-conflicts-interest#toc__70

Review of complaints and anomaly mechanisms

The low success rate of anomaly applications and the complete absence of any applications under HSR's alternative Dispute Resolution mechanism suggest the design of these mechanisms could be improved to enhance their utility to a variety of stakeholders, particularly consumers.

The definition of 'anomaly' in the anomalies process should be reviewed and broadened to better capture a variety of legitimate concerns with HSR that have persisted in media, damaging HSR's integrity. Full decisions with supporting reasons should be published to improve public confidence in the system.

Recommendation 8: Enhance HSR infrastructure

We strongly support this recommendation.

The proposed infrastructure has benefits for HSR implementation as well as food and nutrition policies in both countries more broadly. We support recommendations of the Draft Review Report, many of which echo recommendations of the Senate Select Committee into the Obesity Epidemic, for example:

- Regular updates of the Dietary Guidelines (i.e. every five years);
- Regular health and nutrition surveys to provide reference data for development and monitoring of public health interventions;

We also strongly support the development of a comprehensive, centralised dataset of branded food products to facilitate the accuracy of HSR shown on products, track reformulation, or model the impact of proposed changes. We believe a government-owned, open-access database would be invaluable in monitoring and evaluating a variety of public health policies. Given our expertise in developing and maintaining food composition databases, the George Institute would be willing to provide input and expertise in how to maximise the public health utility of this Database.

Finally, we also acknowledge the need for HSR to be situated within a National Nutrition Policy and National Obesity Strategy to provide a coordinated and comprehensive response to improving the nutrition status of the population.

Recommendation 9: HSR remain voluntary

The George Institute continues to advocate for HSR to be made mandatory in order to maximise its public health benefit and deliver full utility to consumers.

During its development in 2013, Forum Ministers agreed HSR would remain voluntary subject to there being 'consistent and widespread' uptake, otherwise a mandatory approach would be required (Legislative and Governance Forum on Food Regulation, Final Communique 27 June 2014).

Our analysis has previously suggested that HSR was only on 4348/15767 or 28% of products in the George Institute Monitoring Dataset in 2017. Of these, 593 were using the energy icon only; leaving the HSR logo on only 24% of the food supply. More than three quarters of these were displaying a HSR ≥3.0, suggesting HSR was failing to provide consumers with a full picture of the healthiness (and especially the unhealthiness) of the food supply.

Heart Foundation monitoring in 2018 suggested HSR was being used on 31% of eligible foods in Australia and 21% in New Zealand.

Even without performance indicators, it is arguable that uptake of less than one third of eligible products (mostly those that score well), means uptake is neither widespread *nor* consistent. This warrants stronger review of HSR's voluntary status.

The Final Report of the Senate Select Enquiry into the Obesity Epidemic recognised that stakeholders - with the exception of the food and beverages industry - are overwhelmingly of the view that HSR should be made mandatory.

Not only will a HSR on all products serve as a better guide for consumers to make healthier choices, it will also better incentivise reformulation to maximise public health impact.

Current targets are insufficient, but also unlikely to be met

Insufficient justification for a current target of 70% has been provided other than this appears attainable for industry based on current lacklustre uptake. We believe a more radical increase (e.g. 90% coverage in all categories) is required to generate adequate consumer and public health benefit, but also note that we do not believe these targets are likely to be achieved voluntarily for the following reasons:

- Retailers are duly acknowledged as responsible for over half of all of current uptake. With coverage of their private-label brands near saturation, further uptake will require cooperation from major manufacturers who have so far failed to engage with HSR (e.g. Mondelez, General Mills, PepsiCo, Mars) and a very large number of small manufacturers. Both groups may have different reasons for non-engagement and require different incentives.
- Unlike retailers, current trends suggest that most manufacturers will only display HSR where it suits their commercial imperatives (i.e. their products score well). To reach uptake of 70% or more, many new products displaying HSR would need to be those at the lower end of the HSR spectrum (see Jones et al (2018) Uptake of HSR)
- The Australian retail environment differs to that in the UK, where more sales are made up by a larger variety of retailers. This means that caution should be exercised in assuming Australia and New Zealand could match the UK's purported uptake on a voluntary basis
- Uptake has potential to *decline* in Australia and New Zealand if manufacturers currently displaying the energy icon elect to stop participating rather than provide full interpretive information via the HSR logo
- A five year time period for uptake is unnecessary. Examples such as Country of Origin Labelling show a labelling change is feasible within a two year period where sufficient political will is applied.

To achieve voluntary progress, a 'responsive regulatory' approach with more compelling incentives is required

In the event that HSR remains voluntary, we continue to submit that a stronger 'responsive regulatory' approach must be applied. In this model, clear uptake targets would be combined with independent and transparent monitoring, regular benchmarking and public reporting of progress, and a clear pathway specified for the system to be made mandatory if these targets are not reached by a given date.

The example of effective voluntary salt reduction in the United Kingdom suggests progress can be facilitated where government has issued a credible threat that the policy will be made mandatory if sufficient progress is not demonstrated (He et al (2014)). In this scenario, a clear monitoring framework and an absence of demonstrated voluntary progress provides an automatic trigger for a regulatory response.

Little such incentive is proposed by the language of the current Review, which instead suggests that underperformance may result in targets being downgraded p88:

> *Noting the challenge of balancing what can theoretically be achieved with what should be aspired to, the Review recommends that a degree of flexibility be adopted in the uptake target. This will enable uptake evidence attained through future monitoring of the HSR System to inform the review of targets.*

This language must be removed to provide a genuine incentive for uptake and replaced with a specific statement of how government control will be increased if performance indicators are not met. For example, page 80 currently states:

> *If, after a reasonable period following the implementation of the changes recommended by the Review, uptake continues to be limited (or skewed to certain products), the Forum should consider mandating the HSR System.*

A genuine incentive in this regard would be to state an actual period (i.e. two years), a performance indicator for uptake (i.e. must meet the targets, in all categories) and a recommendation that the Forum **will** make (not consider making), the system mandatory if these conditions are not met.

Beyond the threat of regulation, government may wish to think creatively around further opportunities to incentivize uptake. These could include tax deductions (e.g. on product packaging expenses) for HSR compliance, eligibility for government R&D grants where companies have implemented HSR on all products, or further similar incentives.

As retailers have taken a lead in uptake, they may also choose to impose requirements for HSR uptake on other manufacturers to gain access to the most valuable shelf space.

Increasing use of mandatory FoPL globally

While the review report notes most FoPL remain voluntary globally, this fails to acknowledge the rapid increase in mandatory approaches in the last five years.

The **attached table** (Jones A, *Regulation of Nutrition Labelling Globally* (unpublished thesis)) highlights adoption of government-endorsed FoPL by regulatory form and label type:

	Nutrient-Specific systems		**Summary Indicators**		
	Non-interpretive	*Interpretive*	*Interpretive*		
			Positive signpost	Spectrum Rating (includes both positive and negative signposts)	Negative signpost
Voluntary	European Union, Philippines, Malaysia	United Kingdom	Sweden, Slovenia, Singapore, Finland, Nigeria, Belgium, Poland, Norway, Denmark, Czech Republic, Iceland, Lithuania, Brunei, Malaysia, Mexico, United Arab Emirates, Croatia, Thailand, Brunei, Malaysia, Israel*	Australia, New Zealand, France	
Mandatory	Thailand, Mexico	Finland, South Korea, Ecuador^, Iran^, Chile, Sri Lanka, Peru*, Israel*, Uruguay*			

SOURCE: Data was extracted from World Cancer Research Fund's NOURISHING database, WHO's GINA database, WHO EURO HEN Report and Codex e-Stocktake of FOPNL globally.

^ Not necessarily displayed on *front* of pack

* Legislation has been enacted, but labels may not have yet been implemented

Some countries may appear twice, i.e. Mexico has both a mandatory Guideline Daily Amount label and a voluntary positive signpost available; Israel has both mandatory nutrient-specific warnings and voluntary positive signposts.

Results show that use of mandatory labelling is increasing. In addition to older initiatives in Finland, Korea and Ecuador, seven countries have implemented mandatory systems in the past five years alone. These include Chilé's 'stop-sign' warnings now adapted for use in Peru, Israel and Uruguay, Iran's traffic lights, Sri Lanka's traffic lights on sugar-sweetened beverages specifically, and Mexico's mandating of Guideline Daily Amount labels. The number of countries with FoPL is growing rapidly, with Argentina, Brazil, Canada, Guatemala, India, Portugal, South Africa, and Spain also known to be developing policies (WCRF 2018, WHO EURO HEN 2018). A number of these countries are considering mandatory approaches.

A mandatory FoPL is technically feasible in Australia (Brennan 2015), and as correctly noted by the Draft Review Report (p83), international trade agreements are not a barrier to mandating the HSR system per se. Discussions around FoPL in international trade fora to date suggest that these kinds of labels are recognised as pursuing legitimate health objectives, and notwithstanding these discussions, none of the mandatory labels implemented to date has escalated to a dispute for breaching WTO rules (Thow et al, 2017).

As Australia would be all too aware from its successful defence of tobacco plain packaging legislation, countries have the right to implement public health policies that pursue legitimate health objectives, even where these have potential to create barriers to international trade.

References:

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World Cancer Research Fund International. Building momentum: Lessons on implementing a robust front-of-pack food label; London, UK, 2019.

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Recommendation 10: Updates to the Style and Calculator Guides

We support review of these documents to combine, improve and strengthen the guidance provided.

We believe government, led by the HSR Secretariat with input from FSANZ is best placed to lead this review process, drawing on learnings from HSR implementation to date and best-practice in global FoPL innovation.

While consultation with all stakeholders is appropriate, care should be taken to ensure that the development of public health policy (i.e. the setting of guidance content, particularly language around HSR's objectives) is not compromised by commercial conflicts of interest.

Areas where we believe current guidance could be improved to enhance public health impact include:

- Specifications to improve the salience of the HSR logo on pack: for example uniform positioning (e.g. top corner), uniform colour, more specific contrast requirements, proportionate size requirements, clear separation of HSR from health claims as currently proposed in Canada, and/or inclusion of a written government endorsement into the label design as in Chile and Singapore
- Improved clarity over which products are eligible, particularly considering Formulated Supplementary and Formulated Supplementary Sports foods and similar products which are advertised and consumed as part of regular diets e.g. protein bars
- Improved practice around HSR calculation, including requirements to specify on pack or elsewhere, the amount of FVNL, concentrated FVNL or fibre included in calculations if not already in the Nutrition Information Panel to promote transparency.
- Enhanced complaints handling mechanisms, as previously noted under Recommendation 8, including procedures that are more user-friendly for consumers and more transparent reporting of complaints
- Enhanced enforcement mechanisms, including referral to the ACCC where a HSR may be considered misleading
- Guidelines for display of HSR in advertisements e.g. to ensure that products displaying HSR don't remove this in advertising material such as billboards

Additional comments

The George Institute has been a supporter of the HSR system since its inception, and remains keen to see the system achieve its full potential as a key component of Australia's response to diet-related disease.

Our ongoing research on HSR using the FoodSwitch database suggests HSR is performing well overall and should be continued. At the same time, they highlight areas where it is essential HSR now be strengthened to retain consumer trust and promote achievement of its primary public health goal.

In addition to our specific responses above, we highlight:

(a) Changes to the HSR algorithm must be based on science, not compromised by commercial interests

Considerable attention has been made to review the performance of HSR's algorithm against updated public health evidence. While the Draft Review Report makes a number of reasonable recommendations, we encourage stronger action in some areas, particularly in adopting the additional proposal for sodium, reinstating the adjustment of the protein tipping point, and considering stronger treatment of sugars (added sugars with appropriate baseline points or a 30 points total sugars table).

(b) Impact of proposed changes on industry must be assessed against actual uptake

Our research suggests less than one third of HSR-eligible products are currently displaying the label (Jones et al *Uptake of Australia's Health Star Rating System* 2018).

Any modelling to assess the impact of changes to the algorithm, or decision about the 'impact' of a given option must take note of the percentage of products affected that are actually carrying a HSR label. This has implications for both consumer messaging and the actual cost to industry of any change.

(c) Integration of HSR with other policies to enhance impact

HSR is an important tool for both its underlying nutrient profile (algorithm) and its application as a front-of-pack label. Systems such as HSR are proliferating worldwide on the basis of their recommendation by WHO as part of the suite of measures required to improve population diets.

The public health impact of HSR is likely to be strengthened by integration of the system into other policies, for example, New South Wales' use of HSR in its frameworks for healthy food in schools and hospitals. Our work has also demonstrated the feasibility of using HSR alongside kJ information on fast food menu labelling.

Australia and New Zealand can also look to innovation in other countries. In France, FoPL remains voluntary on food packaging (due to EU requirements), but has recently been made mandatory as a requirement on all food advertising. In Chile, FoPL has been linked to restrictions on marketing and sales, such that any product bearing a 'stop-sign' warning under that model can no longer be marketed to children nor sold in a school canteen. The conclusion of the five year review provides opportunity for a strengthened HSR to be considered for use in similar policies.

(d) HSR as part of comprehensive policies to improve diets

While recognising HSR's utility, it is also important to recognise that FoPL are not designed nor intended to be a complete source of dietary advice.

Recent developments such as NHMRC's review of 'discretionary' definitions under the Dietary Guidelines are promising, but Australia needs a comprehensive, 'whole-of-government' approach to improving population diets to produce change.

At a Federal Level, the 'Tipping the Scales' consensus provides eight recommendations for evidence-based action that The George Institute, along with many others, endorse.

A strengthened HSR is one of these, but will have most public health impact if integrated into broader, coordinated action of the kind recently foreshadowed by preliminary discussions on a National Obesity Strategy or a National Nutrition Strategy as proposed by many public health stakeholders.

We thank you for the opportunity to provide a submission to this consultation, and look forward to supporting further action in this area.