Health Star Rating system

Post Five-Year Review

Monitoring Framework

July 2023

Health Star Rating system program logic model – updated 2023

HSR Objective: Assist consumers to make informed food purchases and healthier eating choices by providing convenient, relevant and readily understood nutrition information and/or guidance on food packs

Inputs

Funding
- Commonwealth
- State and Territory Governments

Governance
- HSRAC*
- FRSC**
- IWG
- The FMM

*Replaced previous WGs: FOPL Technical Design Working Group & Implementation Working Group

** replaced FoPL Steering Committee

Expertise
- Government (public health policy, nutrition, FSANZ)
- Food industry
- Public health & consumer organisations
- Consumer research
- Social marketing
- Monitoring & Evaluation

Activity Streams

1. Implementation of the updated HSR System
- HSR algorithm & calculator
- Guide for Industry
- Anomaly considerations
- Complaint handling
- Implementation Plan

2. HSR Public Relations Strategy
- Consumers (adult grocery buyers and priority groups) (1°)
- Industry (2°)
- Stakeholders & Professionals (3°)
- Media (3°)

3. HSR Social Marketing Campaign (includes website)

Targets

1. Consumers (including low SES, low literacy/ numeracy, Indigenous and CALD groups)
2. Food industry

Outputs

HSRS endorsed by the FMM. Commonwealth, State & Territory agencies. Governments support and promote the HSR system.

Key issues raised by stakeholders from all sectors (food industry, public health groups, consumer advocates, academics and others) are considered by the HSRAC or the IWG.

Voluntary uptake and promotion of HSR by food manufacturers and retailers

HSR promotion continued; consumers notice communications and HSR on food products

Outcomes

Short (Jun 22 – Jun 23) *Medium (Jul 2023 – June 2026)* *Long (post July 2026)*

Food manufacturers, retailers, other key stakeholders and opinion leaders* continue to support and promote the HSR to their target audiences via relevant communication modes (e.g. resources, education, media).

AoE1: Uptake

Essential: HSR system is voluntarily adopted by food industry to meet agreed uptake targets:
- 50% of intended products by 14 November 2023
- 60% of intended products by 14 November 2024, and
- 70% of intended products by 14 November 2025.

Indicators within this AoE that may be monitored:
- *Uptake by food category*
- *Uptake by HSR/ rating distribution*

AoE 2: Consumer use and understanding

Essential: Main grocery buyers in priority groups are aware of HSR, understand and can correctly use the HSR, have confidence in HSR and incorporate consideration of HSR when making purchase decisions, leading to healthier choices.

Other indicators within this AoE that may be monitored:
- Understanding and use in the general population

AoE3: Nutrient status and application of the system

Desirable: HSR system encourages a decrease in risk nutrients and/or an increase in positive nutrients by manufacturers

A range of indicators may be monitored:
- *Reformulation and nutrient status of HSR products*
- *Compliance and accuracy of ratings*

HSR is well supported by food manufacturers and retailers, appearing accurately on the vast majority of products on shelf, in particular on food products of food categories that make greatest contribution to intake of energy and key nutrients and have greatest market share.

HSR is understood, trusted and used correctly across socio-economic groups, CALD and low literacy/numeracy groups.

Consumers make healthier purchases when choosing packaged foods (i.e. choosing higher star nutritious core foods and less discretionary foods).

HSR drives a decrease in risk nutrients and/or an increase in positive nutrients (e.g. fibre) in particular on food products of categories that make greatest contribution to intake of energy and key nutrients and have the greatest market share.

Monitoring areas of enquiry (AoE 1-2) will describe the impact of the HSR for activities, outputs and outcomes in the blue boxes above.

External Factors

*Food industry, retailers, key stakeholders and opinion leaders (such as academics, health professionals, public health groups and consumer advocates) may positively or negatively influence support for HSR, and the general public's perception of, and trust in HSR.

1 Program logic

The program logic first developed in 2016 and updated in 2023 outlines the intended objective and proposed outcomes for the system. This sets the context for the monitoring framework.

2 The Framework

2.1 Purpose and scope

The purpose of this monitoring framework is to guide the initial monitoring of the updated Health Star Rating (HSR) system with further discussion and initial monitoring outcomes required to inform an evaluation strategy for the HSR and the outcomes of other public health initiatives.

In 2020, Food Ministers agreed to the system continuing on a voluntary basis for a further five years (until 2025), with a view to consider mandating at the end of this period should uptake not meet set targets. They also agreed to improvements to the monitoring of the system.

Monitoring of the HSR system aims to:

- enable systematic and objective assessment of the implementation and outcomes of the system
- collect information and evidence about what is working well and what is not, for the purposes of continuous improvement, accountability and decision making.

An evaluation of the HSR system's impact on public health has not been included in this Framework. The importance of a thorough evaluation of the changes made to the HSR system to assess whether it is achieving its long term outcomes following the Review is acknowledged. These long term outcomes include positive reformulation of products and alignment of ratings with dietary guidelines. These requirements will be considered in the future.

The period of monitoring will run from November 2023 to early 2026 inclusive. In Australia the monitoring will be overseen by the Australian Government Department of Health and Aged Care and in New Zealand by the Ministry for Primary Industries. The framework aims to improve consistency between New Zealand and Australian monitoring.

Other aspects of monitoring may be undertaken through other avenues.

2.2 Monitoring principles

The Framework aims to:

- act as an initial guide on the priority areas of enquiry for the HSR system over the coming monitoring period.
- provide a rationale for inclusion (or not) of indicators within the Framework, transparent and available to all stakeholders.
- be adaptable and not exhaustive, noting a commitment to monitor both essential monitoring requirements stated in the below table.
- provide sufficient time and guidance for the industry to be informed of what measures will be monitored.

To develop the framework and the areas of enquiry for the monitoring period the following principles were considered:

- aspects that Food Ministers requested in the Review Response to be monitored.

- indicators that the system is achieving its aims, necessary to inform an evaluation on whether the HSR should continue as a voluntary system or be mandated.
- Alignment with the World Health Organization (WHO) Guiding Principles and Framework for Front-of-Pack Labelling for Promoting Healthy Diets (Appendix 2).
- Consistency between Australian and New Zealand monitoring.
- Consideration of the impact on priority populations.
- The need for areas of enquiry and measures must be material and objective.

2.3 Focus areas for monitoring

Improved population health

Contribution to improved population health and public health outcomes in Australia and New Zealand is the overarching goal of the HSR system. Food Ministers indicated that the performance and results of the HSR system on a population health level should be considered in future monitoring[1]. Measurement of the public health impact of the HSR is challenging noting that the HSR is one tool to improve population health. Data on dietary intakes against the dietary guidelines and rates of chronic disease need to be available to enable any analysis. Thus measurements on this scale are out of scope for the HSR monitoring framework. This aspect may be explored as data becomes available or as part of a broader population health outcome evaluation.

The following focus areas are proposed to be included as they can provide important data to consider the public health impact of the HSR system.

Voluntary uptake

The HSR is voluntary and relies on the cooperation of food manufacturers and retailers to implement the system in their labelling. As noted, in the Review Report, low and inconsistent uptake on products reduces the actual effectiveness of the HSR system by allowing fewer opportunities for meaningful comparison and negatively affects consumer trust in the HSR system. To address this, the Review Report recommended uptake targets be set for the system going forward.

The only monitoring Food Ministers have currently committed to is a measurement of uptake against the targets, therefore this is a major focus of the monitoring.

Consumer understanding and ability to use the system correctly

To be effective, the HSR system must be understood and able to be used correctly by consumers, to guide them towards healthier food choices. Therefore, an important measurement of success is whether the system is understood and used correctly.

An aspect of this measurement is the need to investigate whether priority groups are aware of, understand and use the HSR correctly. “Priority groups” refers to populations of low socio-economic status (SES), Aboriginal, Torres Strait Islander people and culturally and linguistically diverse (CALD) populations in Australia, Pasifika and Māori people in New Zealand.

[1] Food Ministers response to the 5-Year Review recommendations http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/D1562AA78A574853CA2581BD00828751/$File/V1-Forum-Health%20Star%20Rating%20System%20five%20year%20review%20response%202019-12.pdf

In Australia, the burden of disease for Aboriginal and Torres Strait Islander people is 2.3 times that of non-Indigenous Australians, including rates of chronic disease[2], with growing overweight and obesity ratings in children, along with low intake of fruit and high intake of sugar-sweetened beverages in people aged 15 years and over in rural and remote communities[3].

In New Zealand, people less likely to eat the recommended amounts of vegetables are men, Pacific and Asian adults and adults living in the most socioeconomically deprived areas. Māori were 1.8 times as likely to be obese than non-Māori, and Pacific adults were 2.5 times as likely to be obese as non-Pacific adults. Adults living in the most socioeconomically deprived neighbourhoods were 1.6 times more likely to be obese than adults living in the least deprived areas[4].

These groups are a high priority for monitoring activities to measure understanding, acceptance and use of any public health nutrition intervention, with an aim to improve the above statistics.

Reformulation

A secondary (desirable but not direct) goal of the system is for manufacturers to reformulate foods and recipes to reduce risk nutrients and/or increase positive components to achieve a higher HSR, thereby improving the nutritional quality of the food supply.

Analysis in 2018 showed that in Australia, food products displaying the HSR had statistically significant reductions in energy and saturated fat content over the four years since the HSR system was introduced, compared to those not displaying the HSR (which showed no significant reductions in these components).

Analysis of 929 products displaying the HSR in New Zealand found that 79% had been reformulated over the first four years of the HSR to change at least one key nutrient by a minimum of 5%[5]. A 2022 study found that the introduction of the HSR was associated with lower sodium, lower protein and higher fibre purchases in New Zealand when purchased products carrying an HSR were compared with the same products before the introduction of the program[6].

2.4 Areas of enquiry: essential, potential and not to be pursued

A number of potential areas of enquiry were identified and have been discussed as being of value by the HSR Advisory Committee and IWG. However, given resource constraints, these have been prioritised as per the colour coding shown below:

Essential monitoring requirements - the minimum monitoring requirements for the system. These AoEs should be monitored as a first priority with available funding.	**Potential areas of enquiry** - additional monitoring areas that could be investigated if resources permit.	**Areas of enquiry that are not proposed to be pursued** in this monitoring period.

[2] National Health and Medical Research Council (NHMRC), 2013. *Australian Dietary Guidelines*. Canberra: NHMRC.
[3] Australian Bureau of Statistics. (2018-19). *National Aboriginal and Torres Strait Islander Health Survey*. ABS
[4] Ministry of Health. 2020. *Eating and Activity Guidelines for New Zealand Adults*: Updated 2020. Wellington: Ministry of Health.
[5] Mantilla Herrera, et al, *Cost-effectiveness of product reformulation in response to the Health Star Rating food labelling system in Australia*, 2018, Nutrients, vol. 10, no. 614, pp. 2-16.
[6] Bablani L, et al, *Effect of voluntary Health Star Rating labels on healthier food purchasing in New Zealand: longitudinal evidence using representative household purchase data*. BMJ Nutrition, Prevention & Health 2022. doi: 10.1136/bmjnph-2022-000459.

For the purposes of the Program Logic the essential monitoring requirements have been sorted into area of enquiry (AoE) headings:

AoE 1: Uptake

- Progress against uptake targets
- Uptake by food category
- Uptake by HSR/ rating distribution

AoE 2: Consumer use and understanding

- In priority groups[7]
- In general population

AoE 3: Nutrient status and application of the system

- Reformulation and nutrient status of HSR products
- Compliance and accuracy of ratings

The table below outlines the proposed AoEs and their rationale, potential data sources and timing for the monitoring and reporting. Following agreement to this draft framework, further consideration will be given to how and when data will be collected, analysed and reported. The AoE will be measured based on priority and the funds available.

[7] "Priority groups" refers to populations of low socio-economic status (SES), Aboriginal, Torres Strait Islander people and culturally and linguistically diverse (CALD) populations in Australia, Pasifika and Māori people in New Zealand.

Area of enquiry	Rationale	Timing	Data type	Potential data sources
Uptake				
Progress against uptake targets	Ministers agreed to establish uptake targets as part of the review. Measuring uptake against these targets is essential to assess if industry is meeting these established uptake expectations.	Commence following each target. An uptake report to be delivered ASAP following each target date.	Quantitative	• Branded food product databases (e.g. GS1, Nutritrack, FSANZ BFD, George Institute, Heart Foundation Food Track) • In-store data collection • Online shopping data collection – via collaboration with retailers
Uptake by food category	Help identify whether there is preferential application of the system and support targeted industry engagement to increase uptake. The food categories would be determined later.	At interim target 1, and again if interim target 2 is not met.		
Uptake by HSR/ rating distribution	Can be used in conjunction with Nutrient status to indicate whether application is being favoured for higher rated products. These measures indicate similar information. This in turn would assist to inform the value of mandating.			
Sales weighted uptake	Obtaining sales data is costly. In their response to the 5-year review Ministers agreed to not establish sales weighted uptake targets.			
Consumer use and understanding				
In priority groups	Key to inform decision on whether to mandate the system. Helps assess whether the system is meetings its objective: *to provide convenient, relevant, and readily understood nutrition information and/or guidance on food packs to assist consumers to make informed food purchases and healthier eating choices*	Ideally align with uptake targets monitoring, but at a minimum at beginning and end of monitoring period. Following the Australian Campaign.	Quantitative and qualitative	• Surveys • Focus groups • Targeted stakeholder forums • Public forums • The HSR Australian Campaign evaluation will may provide some information
In general population		Only monitor if second interim uptake target not met. If monitored, report delivered with or before final uptake report.		
Nutrient status and application of the system				
Reformulation	Has there been reformulation of products whose HSR has been impacted by the review, to achieve a higher rating (i.e. good result)?	Collected by final report	Quantitative and qualitative	• Branded food product databases (e.g. GS1, Nutritrack, FSANZ BFD, George Institute, Heart Foundation Food Track)
Nutrient status of products displaying the HSR	Healthfulness of the food supply is being looked at under P2 and is of a broader scope than the HSR system. Alignment of ratings with dietary guidelines? Is the higher penalisation for high in sugar and sodium reflected in ratings? Rating accuracy will be difficult to measure during and immediately following the Review implementation period due to a high number of ratings, label and potentially recipe changes	Collected by final report- if necessary to inform mandating		
Accuracy of calculations	This is relevant after implementation of a changed system, possibly not as an ongoing need, depending on findings. Can be utilised to inform a margin of error re: uptake, rating distribution.	Collected by final report	Quantitative and qualitative	• Branded food product databases (e.g. GS1, Nutritrack, FSANZ BFD, George Institute, Heart Foundation Food Track)
Consistency with the style guide	Not considered required for ongoing monitoring.			

Appendix A

Background of the HSR system

The HSR system was conceptualised as a response to *Labelling Logic: Review of Food Labelling Law and Policy* (the Blewett Review), published in 2011, which recommended an interpretive front of pack labelling system in Australia and New Zealand, as one of several preventative health initiatives designed to improve dietary intakes in line with a comprehensive nutrition policy. The intent was to help people to make better informed, healthier choices quickly and easily when comparing similar types of packaged foods.

According to the statement made by Food Ministers at the time[8], the stated aim of the FoPL scheme was to guide consumer choice towards healthier food options by:

- enabling direct comparison between individual foods that, within the overall diet, may contribute to the risk factors of various diet-related chronic diseases
- being readily understandable and meaningful across socio-economic groups, culturally and linguistically diverse groups and low literacy/numeracy groups
- increasing awareness of foods that, within the overall diet, may contribute positively or negatively to the risk factors of diet-related chronic diseases.

On 27 June 2014, Food Ministers endorsed the HSR system to be voluntarily implemented in Australia and New Zealand for an initial five years, with a formal review to occur at five years.

The five-year review

In April 2016, the HSR Advisory Committee (HSRAC) commenced planning for the Review. Between 2017 and 2019, an independent consultant, mpconsulting, reviewed the system, undertaking numerous stakeholder consultations and commissioning several technical papers and pieces of research.

The final Review Report found that overall, the system works well and should be continued, but recommended a package of 10 changes to improve the system, regarding the operation of the HSR Calculator, driving further uptake, and improving the management and monitoring of the HSR System.

Food Ministers responded to the Review's recommendations, supporting the majority, with some caveats and adaptations. Recommendations 7 and 8 relate specifically to the approach to monitoring, and Recommendation 9 is relevant to monitoring as it outlines targets for uptake, which must be monitored.

Previous monitoring activities and background

Previous Areas of Enquiry

Monitoring of the HSR system is completed and funded separately for Australia and New Zealand. However, monitoring activities are aligned between the two countries wherever possible.

The monitoring of the HSR has historically been overseen by the Health Star Rating Advisory Committee (HSRAC), who determined the three original Areas of Enquiry (AoEs).

[8] Department of Health and Aged Care. Front of pack labelling Project Committee, *Objectives and principles for the development of a front-of-pack labelling (FoPL) system*. https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/frontofpackobjectives.

AoE1: Label implementation and consistency with the HSR system Style Guide.
Over the first 6 years this included (inconsistently) assessment of overall uptake of the HSR system (absolute and sales weighted), uptake by manufacturer and retailer, and uptake by food category and by rating.

Consistency with the HSR Style Guide, consistency with the HSR calculator (accuracy of ratings) and the proportions of the different HSR display options were also assessed.

AoE2: Consumer awareness and ability to use the HSR system correctly. This involved assessment of consumer awareness, recognition, understanding, correct use and trust, credibility, and confidence of the HSR system across the general population and for priority groups.

AoE3: Nutrient status of products carrying a HSR system label. Changes to the nutrient content of HSR products were monitored to determine whether the overall average nutrient profile had changed, i.e. products had been reformulated, compared with non-HSR products. In New Zealand the nutrient content of products displaying the HSR pre and post implementation of the system were compared. This also included looking at the distribution of HSRs and considering whether they were being applied more to higher rating products.

Australian monitoring activities

In Australia, the Australian Government Department of Health engaged the National Heart Foundation of Australia (Heart Foundation) to undertake data collection and analysis for the three key AoEs.

The Heart Foundation developed the first framework to guide monitoring and reporting against these three AoEs, in both Australia and New Zealand. The Heart Foundation published a series of reports covering each of the first five years of implementation of the HSR system in Australia.

New Zealand monitoring activities

In New Zealand, the New Zealand Ministry for Primary Industries (MPI) contracted the National Institute for Health Innovation at the University of Auckland to monitor uptake of the system and changes to nutrient status of the food supply (including reformulation).

The New Zealand Ministry of Health funded the Health Promotion Agency (HPA) to develop, implement and monitor the consumer marketing and education campaign to help consumers understand the HSR System. HPA commissioned Colmar Brunton to conduct surveys to monitor AoE2. Surveys were conducted in 2015, 2016 and 2018.

MPI internally considered consistency with the HSR Style Guide.

Five year review recommendations of relevance

Recommendation 7: Minor changes be made to the governance of the HSR System to:

- **support greater consumer confidence in the System by transferring management of the HSR Calculator and (Technical Advisory Group) TAG database to FSANZ**
- **clarify the role of governance committees**
- **increase the transparency of the System**
- **improve monitoring, enabling the System to be more responsive**.

As the HSR System moves into the next stage of implementation, adjustments to the governance arrangements are recommended to support greater consumer confidence; enable more effective monitoring; provide greater transparency; and improve responsiveness. Recommended changes include adjustments to the composition and role of the HSRAC and independent custodianship (by FSANZ) of the HSR Calculator and TAG database (including resourcing for this work).

Ministers' response to monitoring under Recommendation 7 was as follows:

Supports, subject to funding.

…Monitoring deliverables and methodology will need to be adjusted in response to recommendation 9 (uptake targets). This is a good opportunity to make monitoring requirements more overarching as well as more specific – looking at the performance and results of the HSR system on a population health level as well as more specific criteria. It also presents an opportunity to improve consistency between New Zealand and Australian monitoring moving forward.

Recommendation 8: Enhance the critical infrastructure to support implementation and evaluation of food and nutrition-related public health initiatives, including the HSR System, through: regular updates to Dietary Guidelines; regular national health and nutrition surveys; establishment of a comprehensive, dataset of branded food products; and improved monitoring of the System.

Expansion of FSANZ's existing data management system to enable the automated upload, validation and public reporting of branded food data (including the HSR) will: support public and industry confidence in the HSR System; enable automated validation of the HSR displayed on a product; track longitudinal reformulation of products; and support development of food and nutrition policy, surveys and regulation.

Minister's response to Recommendation 8 was as follows:

Supports, subject to funding.

Overall the concept of enhancing and expanding existing infrastructure is supported. There are planned activities irrespective of, and separate to, this recommendation. The recommended activities come with several additional logistical considerations, particularly regarding funding. In particular, the costs associated with regular national health and nutrition surveys is known to be high and the financial viability of such a proposal will need to be assessed. Further work and substantial planning will be required to implement many of the initiatives recommended.

Pleasingly, FSANZ has already commenced scoping work on options for a comprehensive branded food database – which will enable better monitoring of the food supply.

Identification of a preferred option will include consideration of future financial obligations required to appropriately develop and maintain the database.

Recommendation 9: The HSR System remain voluntary but with clear uptake targets set and all stakeholders working together to drive uptake. If the HSR System continues to perform well but the HSR is not displayed on 70% of target products within five years of a government decision on these recommendations, the HSR System should be mandated.

Consistent and widespread adoption of the HSR is required for the System to have a significant public health impact. The Review closely considered whether improved uptake should be achieved through mandating the System. On balance, the Review considers that attention should first be focused on improving the System, setting clear uptake targets and continuing to incentivise uptake.

This approach continues to build on the significant investment and goodwill of industry and others; is consistent with the principles of best practice regulation; and reflects international experience (where the majority of interpretive front-of-pack labelling schemes have been implemented on a voluntary basis).

Minister's response to Recommendation 9 was as follows:

Supports in principle, subject to agreeing interim and final target metrics and discussions with the Office of Best Practice Regulation.

The Forum is aware that the voluntary basis on which the HSR system currently operates has been a point of contention for many stakeholders since its inception. The resulting inconsistent uptake on products negatively affects consumer trust in the HSR system, as well as reducing the actual effectiveness of the HSR system by allowing fewer opportunities for meaningful comparison. A commitment to high interim and final uptake targets with the potential of mandating should those targets not be met demonstrates a commitment to improved public health nutrition outcomes. It would also render the HSR system more useful for consumers if it were applied to a greater number of products. The Forum notes the original intention that the HSR system be applied to processed and packaged foods, and not to single ingredient foods and unpackaged, minimally processed fruits and vegetables. Taking this rationale into account, the Forum requests that FRSC consider the target metrics to be used to measure successful uptake. The details of the agreed metrics and implementation timeframes will be included in an implementation plan to be developed following release of this response, and considered at the first Forum meeting of 2020. In addition to the metrics and timeframes, the implementation plan will also detail a process that further explores the implication of a voluntary versus mandatory approach.

Following further committee consideration of Minister's response, the HSR System is to remain voluntary for the time being, but clear uptake targets have been set for a percentage of intended products (that is, products that are both eligible to and are intended to have the HSR system applied), with a view to mandating should they not be met by their set date. These are:

50% of intended products to have applied the system by 14 November 2023,

60% of intended products to have applied the system by 14 November 2024, and

70% of intended products to have applied the system by 14 November 2025.

Details on which products are eligible and intended to apply the HSR are in the HSR system Calculator and Style Guide.

Changes to the way HSR system is implemented resulting from the Review that are relevant to future monitoring:

- HSR graphic Option 5, the energy icon only, has been removed from the HSR system as a display option.
- A package of changes has been made to the way the HSR is calculated for foods, including stronger penalties for sugars and sodium, rescaled dairy categories to allow a greater spread of ratings, an automatic 5 star rating to fresh and minimally processed fruit and vegetable products, and changes made to the way the HSR is calculated for non-dairy beverages to better discern water (and drinks similar in nutritional profile) from high energy drinks.
    - Note: Food Ministers suggested that it would not be appropriate to include the application of the HSR system to unpackaged and minimally processed fruit and vegetables in uptake numbers.

Full details on the Review recommendations, Ministers response to the recommendations, and the changes resulting from the Review, can be found at the following web page: http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/formal-review-of-the-system-after-five-years.

Funding and governance

Funding

To date, the HSR system has been jointly funded by the Australian Government, state and territory governments and the New Zealand Government, as per the previous Australian Health Ministers' Advisory Committee (AHMAC) cost share formula. The New Zealand Government has contributed for base funding only, on the basis that New Zealand consumer education and monitoring activities are undertaken separately.

Monitoring governance

Until the Review, monitoring was the remit of the HSRAC. As a result of the Review's recommendation to "improve monitoring, enabling the system to be more responsive", monitoring is now overseen by the FRSC, and this will be the case for the monitoring period to which this Framework applies.

Stakeholders

Government

The HSR system is jointly funded between the Australian Government, State and Territory, and New Zealand Governments. The system is overseen by the Australian Government Department of Health and Aged Care in all aspects – inception, development, secretariat, administration, communications, marketing and implementation. The New Zealand MPI oversees a range of these aspects on behalf of New Zealand. Australian, New Zealand and State and Territory representatives are (currently) involved with the ongoing implementation and management of the system via the HSR IWG, and Campaign Working Group (Australia only).

Public Health

Public health representatives, such as health and medical research organisations and peak health bodies, have been involved with the HSR system since its development. A public health representative from each of Australia and New Zealand is a standing position on the HSRAC. Public health stakeholders provide valuable input on the main objective of the HSR system, which is improved public health outcomes.

Academics and health professionals have contributed significantly to the HSR both directly through involvement in committees/groups, and via a large body of independent research.

Food Industry

The HSR is implemented on a voluntary basis and relies on the cooperation and good will of food retailers and manufacturers to apply it to their labelling. Large food industry associations such as the Australian and the New Zealand Food and Grocery Councils, as well as representatives of individual companies have been involved in the HSR since its development, representing the interests of the food industry. Retailers in both countries have also been strong supporters of the system. A food industry representative to represent the broad sector from each of Australia and New Zealand is a standing position on the HSRAC.

Consumer Groups

Consumer groups are also represented with a standing position on the HSRAC and have been involved with the HSR since its development. Consumer groups represent and advise consumers and families on a variety of products, programs, services and price recommendations.

Appendix B

World Health Organization's Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diets

WHO's Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diets was consulted during the development of this Framework. Indicators under these Guidelines that should be monitored are:

- The extent and fidelity of implementation of the FoPL system
- The effect of the FoPL system on changes to consumer understanding
- The effect of the FoPL system on changes to product purchases
- The effect of the FoPL system on changes to population dietary intakes
- The effect of the FoPL system on changes to nutrient compositions of food products (reformulation). Is uptake meeting the set targets?

These principles were all included in proposed areas of enquiry considered by the HSR IWG prior to development of this framework.