

# CODEX ALIMENTARIUS COMMISSION



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization

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Agenda Item 8.1

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## JOINT FAO/WHO FOOD STANDARDS PROGRAMME

### CODEX COMMITTEE ON FATS AND OILS

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### DISCUSSION PAPER ON POSSIBLE WORK THAT CCFO COULD UNDERTAKE TO REDUCE TFAs OR ELIMINATE PHOs

(Comments of Burundi, Ghana, India, Japan, New Zealand, Russian Federation, Thailand, United Republic of Tanzania, FEDIOL, FIA, IDF and IMACE)

#### Burundi

**General comment:** Burundi agrees and supports the CCFO28 to consider proposed revisions to Codex standards on fats and oils to reduce trans-fatty acid intake and to submit the project document as a new work item for approval by CAC.

#### Ghana

**Position:** Ghana supports the proposal for amendment of the standards for fats and oils to include a prohibition on partially hydrogenated oils (PHOs) or limits on trans-fatty acid levels.

**Rationale:** To promote the health of consumers since it would reduce the risk of heart attacks and death from coronary heart disease.

#### India

India appreciates the work done by Canada in collaboration with the member countries for the preparation of this discussion paper. India would like to highlight that WHO's recommendation to reduce TFA to 2% pertains to industrially produced trans-fat, which was achieved by India in 2022, one year earlier than WHO's target of 2023. We would like to suggest that the scope of the document should only cover the reduction of industrially produced TFA, as the document is inconsistent in referring to "industrially produced TFA" and "TFA".

#### Japan

Japan would like to congratulate and thank the work of Canada in collaboration with Egypt, European Union, India, Saudi Arabia, Uganda, the United States of America, and WHO for preparing the discussion paper.

With regard to 3, "MAIN ASPECTS TO BE COVERED" in Appendix I of CX/FO 24/28/11, Japan proposes adding the following:

d) ensure flexibility to the implementation of the amended standards, appropriate mitigation measures for individual countries should be selected.

Japan has not established limits on TFA or a prohibition on PHOs, but the average intake of TFA in the Japanese population was about 0.3% of total energy intake as of 2012, and the subsequent surveillance revealed that TFA concentrations in foods are on the decrease. This is a best practice resulting from continuous voluntary efforts by industries. Therefore, Japan emphasizes the need of flexibility so that Members can select appropriate mitigation measures other than establishing limits on TFA and/or prohibition on PHOs, taking into account the differences in the circumstance of TFA reduction measures among countries.

### New Zealand

New Zealand would like to thank Canada, Egypt, European Union, India, Saudi Arabia, Uganda, the United States of America, and the World Health Organization (WHO) for their work on the discussion paper (CX/FO 24/28/11).

New Zealand supports CCFO's initiative to eliminate industrially produced TFAs (iTFA) in food supply and will participate in relevant new work approved by the CAC.

New Zealand supports the recommendation to include:

#### **A prohibition on Partially hydrogenated oils (PHOs)**

PHOs are the primary source of iTFAs. At present, there are healthier options available for PHOs replacement which are reported to not change the taste of food or the cost to the consumer [1]. The prohibition on PHOs is considered to be one of the best practice policies for eliminating iTFAs from the food supply by the WHO. The prohibition on PHOs is currently in place in countries including the United States of America, Canada, Peru, Thailand, and Singapore.

The prohibition on PHOs can be enforced by reviewing the food's statement of ingredients and does not require analytical testing of the food. It also does not inadvertently discriminate against products with ruminant trans fats such as meat or dairy products as it is focussed only on iTFAs which are produced through partial hydrogenation of oils.

As the prohibition on PHOs has been proven to be effective, achievable, and can be easily implemented, this is the preferred option for New Zealand to eliminate iTFAs from the food supply.

#### **Limits on iTFAs levels**

New Zealand understands that it may not be easy for every country to implement a prohibition on PHOs, due to national legislation or regulatory framework. Thus, New Zealand can support setting limits on iTFAs levels to allow for these countries who cannot implement a prohibition on PHO's. Setting iTFAs limits is also one of the best practice policies for eliminating iTFAs from the food supply considered by WHO [1]. A mandatory limit on iTFA (2g of per 100g total fat in all foods) is currently in place in countries including Denmark, Italy, South Africa and Brazil.

It is important that any limits on iTFAs levels do not affect products with ruminant trans fats such as meat or dairy products, which may be the case if total TFAs are used alone. However, consideration would need to be given to methods to support enforcement approaches for foods containing both iTFAs and ruminant trans fats, due to difficulties in differentiating between iTFAs and ruminant trans fats through analytical methods. This is extremely crucial for the Standard for Fat Spreads and Blended Spreads (CXS 256-1999).

#### Reference:

[1] **World Health Organization**. *Countdown to 2023: WHO report on global trans-fat elimination 2021*. Geneva: World Health Organization, 2021.

### Russian Federation

The Russian Federation supports the arguments in favor of introducing the project document 'Proposed revisions to Codex standards on fats and oils to reduce trans-fatty acid intake'.

### Thailand

Thailand supports the new work proposal in revision to the Codex Standard on Fats and Oils to reduce trans-fatty acid intake.

### United Republic of Tanzania

**General comment:** Tanzania agrees and supports the CCFO28 to consider proposed revisions to Codex standards on fats and oils to reduce trans-fatty acid intake and to submit the project document as a new work

item for approval by CAC.

## FEDIOL

FEDIOL is the European federation representing the interests of the European vegetable oil and protein meal industry. FEDIOL covers about 150 processing sites that crush oilseeds and/or refine crude vegetable oils and fats. These plants belong to around 35 companies. It is estimated that over 80% of the EU crushing and refining activities are covered by the FEDIOL membership structure.

FEDIOL, as an observer to the Codex Alimentarius, notes the discussion paper on possible work that CCFO could undertake to reduce *trans* fatty acid intake or eliminate partially hydrogenated oils: proposed revisions to codex standards on fats and oils prepared by Canada with the collaboration of several countries under agenda point 8.1. Ahead of the discussions foreseen at the CCFO 28, FEDIOL would like to provide the below comments.

### General comments:

FEDIOL has been following closely discussions on *trans* fatty acids, which took place at Codex Alimentarius level for the past years. We provided comments to the CCFL on such a topic at several occasions, in September 2021, April 2022 and May 2023 and at CCNFSDU in November 2014, December 2016, and July 2018.

FEDIOL and its members have had a long standing and heavy engagement on the topic of *trans* fatty acids (TFA) for many years. This has enabled our industry to deliver reformulated products with lower TFA content, below 2% TFA to B2B customers and to the final consumers. Since 2002, FEDIOL has introduced a FEDIOL code of practice on refining<sup>1</sup>, which ensures that, during refining, all refined vegetable oils and fats produced in compliance with the Code do not contain more than 2% TFA on fat basis, including in bottled vegetable oils and frying oils.

The FEDIOL engagement culminated with the support of the setting of an EU legislation on TFA, which materialised with the adoption of Commission Regulation (EU) no 2019/649 in April 2019<sup>2</sup>. The EU law sets a maximum limit of *trans* fat (other than *trans* fat naturally occurring in fat of animal origin) in food, which is intended for the final consumer and food intended for supply to retail, of 2 grams per 100 grams of fat. This option was considered *the most effective measure in terms of public health, consumer protection and compatibility with the internal market*, after a long and detailed impact assessment<sup>3</sup>.

### Specific comments:

On points 6 to 9 of the recommendation outlined in the Discussion Paper:

**For FEDIOL, setting a max TFA content in final foods is more protective of consumer health than a ban of PHVO and the setting of specific TFA max levels in vegetable oils and fats.**

- **FEDIOL is not in favour of the option of banning partially hydrogenated vegetable oils (PHVO)**, which is under discussion for possible modification of several existing Codex Alimentarius standards on vegetable oils and fats among other.

**FEDIOL already assessed in detail the option of banning PHVO and concluded that the most effective option would not be the banning of PHVO.** To further explain this, FEDIOL prepared a detailed [position](#) and an [infographic](#). In short, the banning of PHVO would still allow some food products on the market to contain levels of TFA above 2% and is therefore less protective of consumers. This is the case, because the current definition of PHVO is linked only to the iodine value content. On top, this will create enforcement issues for final consumer products since the iodine value is not directly related to TFA levels and it is not possible to correlate the iodine value of a final product with one particular fat or oil present in the product. More details are available [here](#).

<sup>1</sup> <https://www.fediol.eu/data/FEDIOL%20Code%20of%20Practice%20on%20Oil%20Refining%20-%20revision%209%20March%202020.pdf>

<sup>2</sup> <http://data.europa.eu/eli/reg/2019/649/oj>

<sup>3</sup> [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649#ntr3-L\\_2019110EN.01001701-E0003](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649#ntr3-L_2019110EN.01001701-E0003)

- Similarly, **FEDIOL does not consider appropriate to set max specific TFA content in vegetable oils and fats, it would better be addressed by setting limits in final food products as done at EU level.** Refined vegetable oils and fats always contain an unavoidable amount of TFA, as explained in the FEDIOL Code on refining<sup>4</sup>, which amount to max 2% TFA. The presence of TFA depends on a number of technical parameters essential for a proper refining and is minimised to the extent possible. The EU legislation, setting limits on TFA in final food products, as already applicable earlier in countries like Denmark, has demonstrated its efficiency. In line with the WHO REPLACE initiative, it undoubtedly provides incentives to reformulate food products, address hotspots and build on industry reformulation work. It will also reduce TFA intake for all consumers irrespective of their ability to read and understand nutrition labelling and can also be enforced easily by the local authorities, contrary to the ban of PHVO defined by the iodine value.

Therefore, FEDIOL would like to suggest that the options outlined under recommendation points 6 to 9 are replaced by the following:

*New recommendation 6: It is recommended that a mandatory limit of 2 g of industrially produced TFAs per 100 g of total fat in all foods is set. For that purpose, it is recommended to establish a new work involving several Codex Committees, including the CCFO. It is recommended to establish a new Codex Standard on TFA, which would cover all food products.*

FEDIOL remains available to provide further input to the discussions and planned next steps, including on the definitions of PHVO and FHVO, as suggested in recommendation 9 of the Discussion Paper.

## FIA

### **Food Industry Asia (FIA) Comments on CX/FO 24/8/11 Discussion paper on possible work that CCFO could undertake to reduce TFAs or eliminate PHOs**

FIA support the enforcement to limit industrially produced TFA provided that the limits set clearly exclude ruminant TFA in all food categories. The restriction on TFA should be applicable to products meant for the final consumer and those intended for supply to retail.

FIA views that there is a need to differentiate between ruminant TFA and industrially produced TFA for any further work and any standard development regarding TFA. It is important that the Codex standard information does not confuse consumers and could result in a **reduction in dairy product consumption, substitution with nutrient-poor alternatives, as well as unintended, and potentially detrimental public health effects.**

Dairy containing foods would need to be monitored via inputting ingredients and not the finished food. There is a risk during implementation that ruminant trans fat could be included'. FIA would support alignment to the EU Commission Regulation (EU) 2019/649 to ensure ruminant is excluded, which reads the amendments as such:

“CCFO make necessary revisions to ensure that the scope of the above prohibition and limits apply to fats and oil products, **other than trans fat naturally occurring in fats and oils of animal origin, used as ingredients in other food products as intended for the final consumer and intended for supply to retail.**”

Enforcement options for limits of industrially produced trans fats should not include analytical testing, but rather to focus on ingredient permissions. FIA believes that implementing and enforcing a reference point can only be of value if analytical methods are reproducible and harmonised, which is currently not the case. Hence, FIA questions the availability and suitability of analytical methods for the accurate and harmonised determination of trans fat content in various food types. FIA is also aware of the analytical complexity in distinguishing industrially-produced trans fats from ruminant trans fats in finished mixed foods.

On the introduction of any necessary definitions in the standard, as stipulated in paragraph 9, FIA would like to highlight the definition of ‘trans fatty acids’ as indicated in the Guidelines on Nutrition Labelling (CXG 2-1985). Furthermore, FIA supports the alignment of the PHOs definition to the US FDA, defining PHOs as fats and oils that have been hydrogenated, but not to complete or near complete saturation, and with an IV greater than 4 as determined by a method that is suitable for this analysis (e.g., ISO 3961 or equivalent).

FIA views that further work at CCFO regarding industrially produced trans-fat should not pursue labelling of trans-fat. Total trans-fat labelling does not distinguish between industrial trans-fat, which is the focus for health concern and reduction of intakes, and ruminant trans-fat, which is naturally contained within dairy products.

<sup>4</sup> Ibidem footnote 1.

Total trans-fat labelling also does not consider the matrix in which the trans-fat is consumed and may misrepresented the significant health benefits of dairy foods and their reflection as a core food group in the dietary guidelines. Such labelling measures that focus solely on communication of a single nutrient risk, without consideration of the food's role in the diet and dietary guidelines, could inadvertently mislead consumers as to the overall healthfulness of a product and discourage consumption of nutrient dense whole foods such as dairy, which contains inherent ruminant trans-fat.

Questions?

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## IDF

The International Dairy Federation (IDF) has taken note of the discussion paper prepared by Canada to reduce trans fatty acids (TFAs) or eliminate partially hydrogenated oils (PHOs). IDF continues to reiterate as done in the CCFL and CCFNSDU discussion that any work related to TFAs should be considered in the context of reduction of **industrially produced TFAs** aligning Codex work with the WHO REPLACE Guidance.

The recommendations stated in the document CX/FO 24/28/11 should therefore be revised as follows:

6. *It is recommended that the Committee amend the following standards to include a prohibition on PHOs and limits on **industrially produced** - TFA levels:*

- *Standard for Edible Fats and Oils Not Covered by Individual Standards (CXS 19-1981)*
- *Standard for Fat Spreads and Blended Spreads (CXS 256-1999)*
- *Standard for Named Animal Fats (CXS 211-1999)*

7. *The proposed list of standards does not include the Standard for Named Vegetable Oils (CXS 210-1999) where pure oils are described. Partial hydrogenation of such oils would move them outside the scope of the standard.*

8. *It is also recommended that CCFO make necessary revisions to ensure that the scope of the above prohibition and limits apply to fats and oil products used as ingredients in other food products.*

9. *This work may include introducing any necessary definitions in the standard, such as a definition for PHOs.*

### **Rationale**

**It is paramount to differentiate between industrially produced trans-fat and naturally occurring ruminant trans-fat for any further work and any standard development regarding trans-fat.** The WHO REPLACE Guidance provides a strategic approach to eliminating industrially produced trans-fat from national food supplies, with the goal of global elimination by 2023. Care is required to ensure any further Codex documents and scope of possible work focus on industrially produced trans-fat and clearly exclude ruminant trans-fat.

**IDF supports the global public health objective to reduce the intake of industrially produced TFAs from partially hydrogenated vegetable oils.** We support the focus of this proposed work solely on the opportunity to reduce intakes of partially hydrogenated vegetable and fish oils in the diet. We note the conclusion of the WHO 2009 Scientific Update on ruminant TFAs that “Although ruminant TFAs cannot be removed entirely from the diet, their intake is low in most populations and to date there is **no conclusive evidence supporting an association with CHD risks in the amounts usually consumed**”<sup>5</sup>. This was subsequently supported by scientific literature<sup>6</sup> and the 2023 WHO Report<sup>7</sup> where no association between ruminant TFA and risk of

<sup>5</sup> Uauy, R., Aro, A., Clarke, R., Ghafoorunissa, L'Abbé, M. R., Mozaffarian, D., Skeaff, C. M., Stender, S., & Tavella, M. (2009). WHO Scientific Update on trans fatty acids: summary and conclusions. *European Journal of Clinical Nutrition*, 63(S2), S68–S75. <https://doi.org/10.1038/ejcn.2009.15>

<sup>6</sup> Gayet-Boyer C, Tenenhaus-Aziza F, Prunet C, Marmonier C, Malpuech-Brugère C, Lamarche B, Chardigny JM. Is there a linear relationship between the dose of ruminant trans-fatty acids and cardiovascular risk markers in healthy subjects: results from a systematic review and meta-regression of randomised clinical trials. *Br J Nutr*. 2014 Dec 28;112(12):1914-22. <https://doi.org/10.1017/S0007114514002578>

<sup>7</sup> Saturated fatty acid and trans-fatty acid intake for adults and children: WHO guideline. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO

cardiovascular disease (CVD), coronary heart disease (CHD) and mortality was observed as part of a systematic review and meta-analysis from a small proportion of prospective observational studies that separately assessed the effects of lower compared with higher intakes of ruminant TFA. This was in contrast to significant associations between total TFA intakes and industrial TFA intakes and health outcomes.

**It is important that Codex standard information does not confuse consumers, which could lead to a reduction in dairy product consumption, resulting in lower consumption of important macro- and micronutrients and potential negative health outcomes.** To prevent consumer misunderstanding, the differences related to the risks and potential impacts on health between industrially produced trans-fat and ruminant trans-fat in foods should be communicated to consumers. Dairy product consumption is associated with health benefits, plays a key role in human nutrition, and is recommended in dietary guidelines globally regardless of its inherent TFA content. Dairy products are recognized as an important part of a healthy diet for both adults and young children with a majority of countries recommending daily consumption of dairy<sup>8</sup>. Robust scientific evidence supports the protective benefits associated with dairy consumption and CVD<sup>9,10,11</sup>, hypertension<sup>12,13</sup>, type-2 diabetes<sup>14,15</sup>, metabolic syndrome<sup>16,17</sup>, and sarcopenia (muscle loss)<sup>18</sup>. In light of these results, it is critical to consider that we do not eat nutrients in isolation but rather in a combination of foods, as the context of a meal, which cumulatively forms a dietary pattern. This more holistic research approach has shown that foods have different health effects than what might be predicted based solely on the examination of the impact of individual nutrients on health. Therefore, focusing solely on the presence or absence of particular nutrients, without consideration of the role of the whole food, the synergistic effects of food, and food matrices on health, misrepresents the current body of scientific evidence. The overall scientific literature has consistently shown that dairy foods are a key part of healthy diets, contributing to positive long-term health impacts. Authoritative food, nutrition, and health institutions, including FAO, have highlighted the important role of milk and dairy products in healthy human nutrition and development throughout life (Food and Agriculture Organization of the United Nations, 2023<sup>19</sup>).

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<sup>8</sup> FAO (2013) Milk and dairy products in human nutrition. Food and Agriculture Organization of the United Nations, Rome

<sup>9</sup> Thorning, T. K., Bertram, H. C., Bonjour, J., De Groot, L. C. P. G. M., Dupont, D., Feeney, E. L., Ipsen, R., Lecerf, J., Mackie, A., McKinley, M., Michalski, M., Rémond, D., Riséus, U., Soedamah-Muthu, S. S., Tholstrup, T., Weaver, C. M., Astrup, A., & Givens, I. (2017). Whole dairy matrix or single nutrients in assessment of health effects: current evidence and knowledge gaps. *The American Journal of Clinical Nutrition*, 105(5), 1033–1045. <https://doi.org/10.3945/ajcn.116.151548>

<sup>10</sup> Drouin-Chartier, J., Brassard, D., Tessier-Grenier, M., Côté, J., Labonté, M., Desroches, S., Couture, P., & Lamarche, B. (2016). Systematic Review of the Association between Dairy Product Consumption and Risk of Cardiovascular-Related Clinical Outcomes. *Advances in Nutrition*, 7(6), 1026–1040. <https://doi.org/10.3945/an.115.011403>

<sup>11</sup> Stonehouse W, Wycherley T, Luscombe-Marsh N, Taylor P, Brinkworth G, Riley M. Dairy Intake Enhances Body Weight and Composition Changes during Energy Restriction in 18-50-Year-Old Adults-A Meta-Analysis of Randomized Controlled Trials. *Nutrients*. 2016 Jul 1;8(7):394. <https://doi.org/10.3390/nu8070394>

<sup>12</sup> Soedamah-Muthu SS, Verberne LD, Ding EL, Engberink MF, Geleijnse JM. Dairy consumption and incidence of hypertension: a dose-response meta-analysis of prospective cohort studies. *Hypertension*. 2012 Nov;60(5):1131-7. <https://doi.org/10.1161/HYPERTENSIONAHA.112.195206>

<sup>13</sup> Ralston RA, Lee JH, Truby H, Palermo CE, Walker KZ. A systematic review and meta-analysis of elevated blood pressure and consumption of dairy foods. *J Hum Hypertens*. 2012 Jan;26(1):3-13. <https://doi.org/10.1038/jhh.2011.3>

<sup>14</sup> Feng, Y., Zhao, Y., Liu, J., Huang, Z., Yang, X., Qin, P., Chen, C., Luo, X., Li, Y., Wu, Y., Li, X., Huang, H., Hu, F., Hu, D., Liu, Y., & Zhang, M. (2022). Consumption of dairy products and the risk of overweight or obesity, hypertension, and type 2 diabetes mellitus: A Dose-Response Meta-Analysis and Systematic Review of Cohort studies. *Advances in Nutrition*, 13(6), 2165–2179. <https://doi.org/10.1093/advances/nmac096>

<sup>15</sup> Soedamah-Muthu, S. S., & de Goede, J. (2018). Dairy Consumption and Cardiometabolic Diseases: Systematic Review and Updated Meta-Analyses of Prospective Cohort Studies. *Current nutrition reports*, 7(4), 171–182. <https://doi.org/10.1007/s13668-018-0253-y>

<sup>16</sup> Chen, G., Szeto, I. M., Chen, L., Han, S., Li, Y., Van Hekezen, R., & Qin, L. (2015). Dairy products consumption and metabolic syndrome in adults: systematic review and meta-analysis of observational studies. *Scientific Reports*, 5(1). <https://doi.org/10.1038/srep14606>

<sup>17</sup> Kim, Y., & Je, Y. (2015). Dairy consumption and risk of metabolic syndrome: a meta-analysis. *Diabetic Medicine*, 33(4), 428–440. <https://doi.org/10.1111/dme.12970>

<sup>18</sup> Paddon-Jones, D., Short, K. R., Campbell, W. W., Volpi, E., & Wolfe, R. R. (2008). Role of dietary protein in the sarcopenia of aging. *The American Journal of Clinical Nutrition*, 87(5), 1562S–1566S. <https://doi.org/10.1093/ajcn/87.5.1562s>

<sup>19</sup> Food and Agriculture Organization of the United Nations. (2023). Contribution of terrestrial animal source food to healthy diets for improved nutrition and health outcomes – An evidence and policy overview on the state of knowledge and gaps. <https://doi.org/10.4060/cc3912en>

## IMACE

The European Margarine Association (IMACE) welcomes the opportunity to contribute to the CODEX CCFO proposal for new work **on the revision to standards to reduce the *trans*-fatty acid intake.**

### **Banning the use of PHVO**

So far, PHVO and FHVO are not defined at Codex Alimentarius level. Such terms are also not defined under EU law but are under US law. According to US law, the PHVO and FHVO determination is linked to the iodine value, above or below a threshold of 4, which is a technical measurement of the degree of saturation of an oil. Such a measurement does not address TFA directly and does not always provide a reliable TFA result. The iodine value can also vary depending on the refining process used or depending on the presence of other substances in some vegetable oils and fats (called “unsaponified components”).

The banning of PHVO (following the US definition) would still allow some food products on the market to contain levels of TFA above 2%. This is the case because the current US definition of PHVO is linked only **to the iodine value content.**

IMACE is **not in favour of banning PHVO following the current US definition** as this can result in TFA levels above 2% which is less protective of consumers than setting an upper limit of 2% on fat basis as is already the case in Europe.

If however, the Codex Alimentarius decides to proceed and to define PHVO and FHVO, IMACE considers that the following definitions could be considered:

“**Partially hydrogenated**” means that the hydrogenation was not fully performed to the extent possible under practical conditions, correlating with a *trans* fatty acids (TFA) content above 2% on fat basis.

“**Fully hydrogenated**” means that the hydrogenation was fully performed to the extent possible under practical conditions to complete or near complete saturation, with a *trans* fatty acid (TFA) content of 2 % or less on fat basis.

Such a definition would result in a maximum industrial TFA limit of 2% on fat basis, guaranteeing optimal consumer protection.

### **Labelling TFA content on final foods**

**IMACE suggest also a mandatory nutrition labelling of the actual TFA content (only if all TFA sources: both ruminant and non-ruminant TFA in processed and non-processed food are in scope).** Labelling is a useful tool to educate and inform consumers about food and nutrition. Given the negative impact of TFA on health, a nutritional declaration could give consumers instruments to understand the role of TFAs and make more conscious food choices.

Furthermore, a mandatory labelling of all sources of TFAs (both ruminant and non-ruminant) would help level the playing field, since in some countries/regions, industrial TFAs are the only type of TFAs subject to regulations. For instance, in the European Union, Regulation (EU) 2019/649 sets a maximum limit of 2 g TFA/100 g of fat in the final product<sup>20</sup>. However, such limit only applies to industrial TFAs, while ruminant sources of TFAs (naturally found in meat and dairy) are still exempt from any restriction, even though there is no demonstrable difference in health impact between the two, based on equal intake levels<sup>21,22,23</sup>, and levels found in dairy and meat can be as high as 9 g/100gram of fat. The recent WHO report on “*Saturated fatty acid and trans-fatty acid intake for adults and children*”<sup>24</sup> reconfirmed that both TFA sources (ruminant and industrial) have the same negative impact on health and that the intake of both sources need to be minimised.

<sup>20</sup> [Regulation \(EU\) 2019/649](#) – amending Annex III to Regulation (EC) No 1925/2006 as regards trans fats, other than trans-fat originally occurring in fat of animal origin;

<sup>21</sup> Scientific and technical assistance on transfatty acids, EFSA, 2 June 2018

<sup>22</sup> Brouwer IA. Effect of trans-fatty acid intake on blood lipids and lipoproteins: a systematic review and meta- regression analysis. WHO 2016;

<sup>23</sup> Gebauer S. et al. (2015), Vaccenic acid and trans fatty acid isomers from partially hydrogenated oil both adversely affect LDL cholesterol: a double-blind, randomized controlled trial. American Journal of Clinical Nutrition, 2015; doi:10.3945/ajcn.115.123646;

<sup>24</sup> Saturated fatty acid and trans-fatty acid intake for adults and children: WHO guideline. Geneva: World Health Organization; 2023;

Moreover, while manufacturers have heeded calls to eliminate industrial source trans fatty acids, consumer habits regarding consumption of sources of ruminant trans fatty acids are not changing. This results in a situation where intake of ruminant TFAs is much higher than those of industrial TFAs<sup>25</sup>. Such double standard treatment between sources of TFAs not only goes to the detriment of consumers' health and transparent information (hindering their ability to make informed choices) but it is also not in line with the WHO goal of reducing TFA intake levels to "as low as possible" as recently reconfirmed in the WHO report on dietary fat<sup>26</sup>.

### **Mandatory labelling PHVO and FHVO**

**IMACE does not support the addition of a requirement to declare partially hydrogenated and fully hydrogenated oils on the labels.**

Consumer protection through labelling is best served by providing clear and concise information independent of consumer knowledge. The mandatory labelling of fully (FHVO) and partially (PHVO) hydrogenated oils requires additional knowledge by the consumer about the relationship between hydrogenation of oils and TFA, which may be insufficient in many countries.

We would like to remind the Committee that:

- Fully hydrogenated vegetable oils do not contain trans fats and are therefore irrelevant to this proposal;
- The mandatory labelling of hydrogenated oils (FHVO and/or PHVO) was implemented by several countries as a measure to address non-ruminant TFA intake (e.g. in the EU) because no consensus could be reached on mandatory quantitative TFA declaration (from all sources) on-pack in the nutrition table. In line with WHO's recommendations, mandatory quantitative TFA declaration should cover all sources of TFA;
- The ban on PHVO in many countries (like US and Canada) already means that only FHVO will appear in ingredient declaration. As a result, the labelling of PHVO will not occur and thus the most important information to the consumer about the presence of TFA (from all sources) will not be communicated effectively on the product.

The mandatory labelling of PHVO and FHVO alone did not achieve the target to reduce intakes of all TFA. Hence, other measures are required to reduce intakes of TFA from all sources. To ensure fair practices in trade, all sources of TFA should be treated equally, and therefore the labelling of PHVO/FHVO is insufficient to address total intakes of TFA from all sources as recommended by the WHO. The most cost-effective way to draw consumers' attention as to the presence of all sources of TFA and their association with heart diseases and type 2 diabetes is via the **nutrition declaration**.

In conclusion, a vast majority of consumers worldwide are unfamiliar with the concepts of partial or full hydrogenation. Most consumers ignore the link between hydrogenation, trans fats and health impacts. **Therefore, requirements for PHVO and FHVO labelling would not contribute to improving their understanding of food and nutrition. The focus should therefore be put directly on total TFA content of the food.**

### **Setting limits on TFA levels in final foods**

**IMACE is in favour of the adoption of regulations that limit TFA levels in processed foods, additional to the TFA content (all sources) information in the nutritional declaration..** Mandatory maximum limits for TFA levels in processed food would contribute to high-level harmonisation and would be instrumental to effectively tackle TFA worldwide. With such benchmarks, low TFA levels would be the default case and limit health risks for consumers, regardless of their knowledge and understanding of TFA. This is in line with the current European legislation, which sets a maximum level of 2% for industrial TFA on fat basis. IMACE is favourable to aligning global practices on this benchmark, **whilst ensuring that consumers will also be informed on the actual TFA (ruminant and industrial sources) content in the food.** Such harmonisation would also have a positive impact on trade in the long run.

### **Establishing a nutrient reference value (NRV-NCD's) for TFA**

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<sup>25</sup> Wanders, A. J., Zock, P. L., & Brouwer, I. A. (2017). Trans Fat Intake and Its Dietary Sources in General Populations Worldwide: A Systematic Review. *Nutrients*, (9) 840. doi:10.3390%2Fnu9080840;

<sup>26</sup> Total fat intake for the prevention of unhealthy weight gain in adults and children: WHO guideline. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO;



IMACE would also like to remind the Codex on the IMACE proposal for new work on establishing a NRV-NCD for TFA which was done at the CCNSFDU meeting on 16-20 November 2020.

Lack of an NRV-NCD for TFA means that in countries where labelling actual TFA content is permitted or required, there is no, or no consistent means to provide consumers with context to understand the significance of the amount present. This also means there is no reference point for official nutrition guidance, such as Food-Based Dietary Guidelines, and hence that such guidance may not always adequately account for TFA content of foods. Certain foods may be promoted in nutrition guidelines based on positive NRV-R values, while their TFA content may contribute significantly to, or even exceed the recommended maximum daily intake level.

Legislation currently in place targets only industrial TFA content of individual foods based on their composition while the consensus among leading scientific bodies is that there is no discernible difference in the health impact of TFA from industrial or ruminant sources and that total dietary intake of TFA from all sources should be reduced. This was again reconfirmed by the WHO in their recent report on dietary fats<sup>6</sup>.

It was decided to suspend work on the claim “Free” from Trans Fatty Acids at the 41<sup>st</sup> session of the CCNSFDU. This means that **there is no consistent, fact-based means for consumers to identify foods that do not contain TFA.**

**IMACE is of the opinion that** new work is needed within the CCFL to establish a nutrient reference value (NRV-NCD) for Trans-fatty acids.

Against this background, the key elements of an effective TFA restriction should include the following:

- *Mandatory nutrition labelling requirement.* **An effective label should include a consistent and understandable statement of the amount of TFAs from all sources (ruminant and industrial)** in line with Codex Alimentarius (Codex) guidelines – that is, immediately following the declaration of the total fat, an amount expressed as grams per 100 grams or per 100 millilitres or per package.
- *Establishment of a **nutrient reference value (NRV-NCD) for TFA.***
- *Definition of the restricted substance.* “Trans-fatty acids (TFAs)” must be defined in a clear and scientifically sound manner. WHO defines TFAs as all fatty acids with a double bond in the trans configuration, **regardless of whether they are produced industrially or come from ruminant sources, including conjugated linoleic acid.**
- ***Specific threshold limits for industrially produced TFA in oils and fats in all foods.*** 2g of industrially produced TFA or less per 100 g of total fat in all foods is recommended.

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