CODEX ALIMENTARIUS COMMISSION

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Viale delle Terme di Caracalla, 00153 Rome, Italy - Tel: (+39) 06 57051 - E-mail: codex@fao.org - www.codexalimentarius.org

Agenda Item 8 **CX/NFSDU 18/40/9-Add.1**

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME
CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

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PROPOSED DRAFT CLAIM FOR "FREE" OF TRANS FATTY ACIDS
Comments at Step 3

Comments of Kenya, Malaysia and IFMA

KENYA

Issue: Claim for free TFA based on "1 g per 100 g of fat and must meet the conditions for "low" in saturated fats"

Comment: Kenya supports the proposed level for free TFA

Justification: Both conditions for the claim will protect the consumers from the effect of high saturation level of fats.

MALAYSIA

Malaysia supports the proposal that in order to carry a trans-fat free claim, the food should contain no more than 1 g per 100 g of fat.

However, Malaysia continues to strongly object the proposal that conditions for the TFA-free claim must meet the conditions set for "low" in saturated fats.

As previously presented at the last CCNFSDU38 and CCNFSDU39 meetings, Malaysia reiterates our previous position that saturated fatty acids (SFAs) and TFAs are two independent fatty acid classes which are not linked to each other in any way or form and each exhibits different characteristics and physiological effects as well as metabolic outcomes.

The detrimental health effects of TFAs have been well established and some countries have even taken serious measures to eliminate TFA by imposing ban on partially hydrogenated oils which is the main source of TFAs.

As for the SFAs, it is undeniable that the debate is still on with regards to their effects on health. Malaysia has in previous occasions highlighted on the increasing evidence over the recent years to show that there is no association of saturated fats to all-cause mortality including cardiovascular disease, coronary heart disease and ischemic stroke, hence should not be associated with TFAs.

In 2017, Malaysia raised the findings from the Prospective Urban Rural Epidemiology (PURE) study which is a prospective cohort study from 18 countries in five continents (Dehghan et al, 2017), published in The Lancet dated 4th November 2017, and reported that saturated fat consumption shows no association with cardiovascular disease, myocardial infarction, or cardiovascular disease mortality, instead saturated fat had an inverse association with stroke.

In addition to all the evidence presented so far, new publications are continuously being churned out negating the negative association of SFAs with health. These recent studies include a review by Gershuni VM, 2018 who reported that there appears to be no consistent benefit to all-cause or CVD mortality from the reduction of dietary saturated fat. In another review, Hamley S (2017) reported from a meta-analysis of available evidence from randomized controlled trials (RCTs) evaluating effect of replacing SFA with n-6 PUFA on CHD events, CHD mortality, and total mortality, revealed that recommendations to replace SFA to n-6 PUFA (vegetable oils) are not supported by the literature. These reviews reinforced the conclusions of multiple other recent systematic

reviews that have challenged the traditional diet-heart hypothesis.

Malaysia reiterates that the two systematic reviews by WHO (2016) stating that saturated fatty acids have negative effects on the blood lipid profile, including total cholesterol/HDL cholesterol ratios and LDL cholesterol/HDL cholesterol ratios and ApoB levels, were based on surrogate or intermediate markers. It is important not to ignore the increasing number of systematic reviews and meta-analysis that were based on actual cardiovascular disease risks which are hard clinical end-points (CHD and stroke) including the very recent ones stated above. Recently, several meta-analyses of randomised trials and prospective cohort studies and ecological studies, largely done in European and North American countries, showed either no association or a lower risk between saturated fatty acid consumption with total mortality and cardiovascular disease events. The uncertainty regarding the effect of saturated fatty acids on clinical outcomes in part might be due to the fact that most observational cohort studies have been done in high-income countries where saturated fatty acid intake is within a limited range (about 7–15% of energy). Furthermore, it is not known whether findings obtained from European and North American countries where nutritional excess is more common, can be extrapolated to other regions of the world where nutritional inadequacy might be more common. The study provides a unique opportunity to study the impact of diet on total mortality and cardiovascular disease in diverse settings, such as those where over-nutrition is common and where undernutrition is of greater concern.

Given the pool of evidence provided by Malaysia at the past two CCNFSDU meetings and newer evidence provided in this document, it is clear that trans and saturated fatty acids cannot be linked in any labeling effort since their health outcomes are so significantly different from each other. It is important to note that saturated fats may be essential for those affected by high carbohydrate intake and an informed trans-free choice of such fat should be available. The approach to limit the choice of trans-free products to those only low in saturated fat would deprive the consumers of the correct choice of food. The intake of SFA is inevitable as their functional properties make them virtually indispensable for production of fat containing food. As such consumers need to be informed if a trans-free option of such food is available.

Therefore, the current proposal to associate TFAs with saturated fats takes a step backwards and will do significant injustice to the scientific principles already well-established on the differences between TFAs and SFAs.

In view of the above, Malaysia does not support the proposal that the trans-fatty acid free claim must meet the conditions for 'low' in saturated fat.

References:

1. Gershuni VM, 2018. Saturated Fat: Part of A Healthy Diet. Current Nutrition Reports.
2. Hamley S, 2017. The effect of replacing saturated fat with mostly n-6 polyunsaturated fat on coronary heart disease: a meta-analysis of randomized controlled trials. Nutrition Journal (2017) 16: 30
3. CRD 18, CCNFSDU40, 2017.
4. CRD 10, CCNFSDU39, 2016.

IFMA – INTERNATIONAL MARGARINE FEDERATION

Specific comments

PROPOSAL (FROM CANADA)

Conditions for a "free" of Trans Fatty Acids (TFAs) Claim

Component	Claim	Conditions (not more than)
Trans fatty acids	Free	1 g per 100 g of fat And must meet the conditions for "low" in saturated fats[5]

[5] As per the Table conditions for nutrient content claims in the *Guidelines for Use of Nutrition and Health Claims*, the conditions for "low" in saturated fats are as follows: 1.5 g saturated fat per 100 g (solids), 0.75 g saturated fat per 100 mL (liquids) and 10% of energy of saturated fat.

IFMA GLOBAL POSITION:

- We welcome the proposal of the government of Canada to the Codex Committee on Nutrition and Foods for Special Dietary Uses to establish a definition and criteria for use of the claim "Free from Trans Fatty Acids".

- As both TFA sources in the diet, ruminant TFA and non-ruminant TFA have the same detrimental effect on health (Brouwer IA, 2016), **we are pleased to notice in the proposal that the conditions set out for a TFA free claim will apply on both sources of TFA (ruminant and non-ruminant TFA) in the food products.**
- Claims must be relevant and understandable to consumers, based on scientific evidence and focused on helping consumers make healthier food choices.
- A "Free from Trans Fatty Acids" claim should therefore only be used **in an environment where information about TFA content in all foods is provided**, to ensure that consumers are not misled about the TFA content of foods that do not, or are not permitted to use the claim.
- The most appropriate way to set a threshold for a claim is per 100ml/100g/portion of food product- as originally proposed by Canada - as this is related to the actual food consumed. Per 100g FAT relates to an ingredient and is therefore not directly related to the TFA content of the actual food consumed, - hence the REAL amount of TFA consumed in "TFA Free" foods could vary considerably.
- We wish to propose thresholds that better reflect the real relationship between a food item, it's TFA content and the contribution to the diet coming from that food and thus enable meaningful communication to the consumer:
    - **Trans Fats (TFA) levels: no more than 0.2 g per serving;**
    - **Saturated fats (SFA) levels: no more than 30-33% of SFA of total fat, and no more than 30-33% of energy per serving from SFA.**

RATIONALE / JUSTIFICATION

Overall approach for "*trans* fat free" claim:

- The possibility to claim "*trans* fat free" on products should help consumers make healthy food choices and provide an incentive for food manufacturers to reformulate, leading to a meaningful reduction in consumer TFA intake from all sources and, ultimately, a tangible public health benefit.
- Partially hydrogenated oils with significant levels of TFA have typically been used for their technological & texturing properties in products. Examples include cookies, cakes, chocolate and confectionary products, fries, pop corn, and fast food. It should be noted that voluntary reformulation efforts by the industry has resulted in a significant reduction of non-ruminant TFA content in major geographies like the EU and US.
- According to the claim conditions proposed in the Discussion Paper, only the category of products already low in fat (read SFA) could make the claim; this is less relevant from a public health point of view (Stender et al., 2012).
- Restricting the use of TFA-free claims to products also qualifying for "low SFA" claims would be counter-productive: many of the products mentioned above would be excluded from making a TFA-free claim based on their saturated fat content including vegetable oils which are recommended by National Dietary Nutrition Guidelines.
- Moreover, proposed values are also much more restrictive than the values certain jurisdictions have applied for years:
    - Eg CANADA:
        1. <0.2 g TFA per SERVING and per REFERENCE AMOUNT
        2. < 2.0 g [SFA+TFA] per SERVING and per REFERENCE AMOUNT
            a. Or per 100 g, if the food is a prepackaged meal
        3. < 15% ENERGY from [SFA + TFA]

Conditions of use on TFA levels

- We do not see the rationale for choosing 1g TFA per 100g FAT as a threshold as this is lower than the level that FEDIOL advises (2 g TFA/100g FAT), taking into account the refining of liquid oils and hydrogenation of oils and fats. It is therefore unclear if this claim could be used in some of the categories where it could be most helpful to consumers.

- The threshold should be based on actual consumption and a level that is nutritionally relevant. Consideration of levels in individual ingredients is therefore less meaningful for a claim (i.e. grams of TFA per 100g FAT), and deviates from the approach used for other 'free-from' claims. This approach may be useful for setting a legal limit for products but that is beyond the stated scope of this work, which is to set a definition and conditions of use for a 'free-from' claim. This work should not be used as a back-door to set legal limits for products.
- IFMA supports the TFA-free claim criteria that Canada itself has applied for years: 0.2g TFA/ SERVING. A typical 10 gram serving of spread that meets the proposed 0.2 gr/serving would deliver less than a tenth of the WHO/FAO population nutrient intake goals for trans fatty acids of <1 E% (FAO report, Geneva 2008).

Conditions of use on SFA levels

- We do understand that the reason to include limits on **both** TFA and SFA content for the TFA-free claims is to avoid TFA reduction accompanied by SFA increase.
- However, voluntary PHVO removal in the margarine category over the past 20 years has demonstrated that reduction of TFA can be done without an increase in saturated fats content. This approach has led to a decrease in population TFA intake (Wesdorp et al 2014).
- In addition, the results of two North-American studies confirmed that supermarket and restaurant foods decreased TFA without concomitantly increasing SFA (Ratnayake 2009; Mozaffarian 2010)
- The proposed SFA condition is focusing on very low SFA level (per 100g product). Scientifically the balance with unsaturated fats is much more relevant. E.g. oils such as canola oil would not be able to make the low TFA claim, as SFA = 7g/100g (irrespective of MUFA+PUFA being >91g/100g). This condition ignores recommendations such as the US dietary guidelines stating that people should eat more non-tropical vegetable oils.
- The strict SFA condition would considerably reduce the incentive for manufacturers to remove TFA. For example, a Canadian study has shown that many types of foods that likely contain TFA such as cookies, muffins, pizza, crackers and popcorn contain more than 1.5g SFA per 100g food and would never be able to qualify for a TFA-free claim (Ratnayake 2009).
- IFMA therefore suggests adaptation of conditions of use regarding SFA: the product claiming TFA-free should meet conditions to fit in a healthy diet in the context of fatty acids. **We suggest the following conditions of use regarding saturated fats for the trans fat free claim**, consistent with the WHO/FAO recommendations on fatty acids, the International Choices Criteria, and in line with the latest criteria of the Nordic Keyhole and Finnish Heart Foundation:
    - no more than 30-33% of SFA of total fat, and no more than 30-33% of energy per serving from SFA.

References:

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Melnikov, S., & Zevenbergen, H. "Implementation of removing trans fatty acids originating from partially hydrogenated vegetable oils", New Food 2012; 5: 44-46. (N.B. This approach focuses on main ingredients in our recipes and does not include traces of trans fats from partially hydrogenated vegetable oil that may be found in some flavours or emulsifiers).

FAO report of an expert consultation on fats and fatty acids in human nutrition. Geneve, 2008.

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Leendert H. Wesdorp, Sergey M. Melnikov, and Estelle A. Gaudier. Trans Fats Replacement Solutions in Europe In AOCS Book: Trans Fats Replacement Solutions. Editor: Dharma Kodali. 2014. ISBN: 978-0-9830791-5-6.

Ratnayake, W. M. N., L'abbe, M. R., & Mozaffarian, D. (2009). Nationwide product reformulations to reduce trans fatty acids in Canada: when trans fat goes out, what goes in?. *European Journal of Clinical Nutrition*, *63*(6), 808-811.

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