


ELIMINATING TRANS FATTY ACIDS FROM NATIONAL FOOD SUPPLY WILL PREVENT AND CONTROL NON-COMMUNICABLE DISEASES



REPLACE
TRANS FAT

AN ACTION PACKAGE TO
ELIMINATE INDUSTRIALLY-PRODUCED TRANS-FATTY ACIDS

RE P L A C E

REVIEW	PROMOTE	LEGISLATE	ASSESS	CREATE	ENFORCE
dietary sources of industrially-produced trans fats and the landscape for required policy change	the replacement of industrially-produced trans fats with healthier fats and oils	or enact regulatory actions to eliminate industrially-produced trans fats	and monitor trans fat content in the food supply and changes in trans fat consumption in the population	awareness of the negative health impact of TFA among policy-makers, producers, suppliers, and the public	compliance with policies and regulations

Courtesy: World Health Organization

KEY MESSAGES

- ❑ Industrially produced Trans Fatty Acids (iTFA) are formed in an industrial process that adds hydrogen to vegetable oil converting the liquid into a solid, resulting in partially hydrogenated oil (PHO).
- ❑ Industrially produced trans fatty acids cause;
 - Over 500,000 deaths each year globally; and
 - Increased risk of death by any cause by 34%, coronary heart disease deaths by 28%, and coronary heart disease by 21%.
- ❑ iTFA are unhealthy and can be replaced with healthier oils and fats without affecting taste or cost of food and this will in turn maximise health benefits for Kenyans.
- ❑ Eliminating iTFA is important for Kenya to achieve national health goals such as universal health coverage as well as the Sustainable Development Goal 3. Kenya will also join the world in the iTFA global elimination goal by the year 2023.
- ❑ By eliminating iTFA, the government will cut a lot on healthcare costs resulting from iTFA-related diseases and subsequent loss of production.

EXECUTIVE SUMMARY

Unhealthy diets are among the four major risks factors¹ driving the rise of Non-Communicable Diseases (NCDs) in the world, Kenya included. Industrially produced Trans Fatty Acids (iTFA), are part of unhealthy diets and their consumption, especially in high intakes, increases the risk of death from any cause by 34%, coronary heart disease deaths by 28%, and coronary heart disease by 21%.² It is also estimated that iTFA intake causes over 500,000 deaths annually from people with cardiovascular diseases (CVDs)³ globally and in Kenya it is estimated that 25% of hospital admissions are due to CVDs while 13% of autopsies revealed CVDs as a cause of death.⁴

Just like the world, Kenya is undergoing a notable epidemiological shift which is showing in the decline in mortality and morbidity caused by communicable diseases and an increase in NCDs prevalence.⁵ In the Kenya STEPSwise survey conducted in 2015,⁶ NCDs were shown to account for more than 50% of total hospital admissions and over 55% of hospital deaths.⁷

Kenya must therefore align with the global action plan fronted by the World Health Organization (WHO) aiming at eliminating iTFA, from national and global food supplies by 2023. To achieve this, there is need for the country to amend the Food, Drugs and Chemical Substances (**Food Labelling, Additives and Standards) (Amendment) Regulations, 2015 (Legal Notice 115)** to strengthen and make it comprehensive enough as a best practice policy adopting the WHO recommended maximum limits of iTFA at 2% of the total fat content in all foods; or ban partially hydrogenated oils (PHO) in all foods.

WHAT ARE iTFA?

To understand what iTFA are, it is imperative to know what 'fats' consist of: fats are made up of trans-fatty acids (TFAs), Saturated Fatty Acids (SFAs) and Unsaturated Fatty Acids (UFAs). SFAs are present in foods such as butter, palm and coconut oil while UFAs naturally occur in foods such as avocado, fish, nuts among others.⁸

Trans-fatty acids, which are our focus, are a type of unsaturated fats that come from either natural or industrial sources. Natural trans fatty acids occur in ruminants (cows and sheep) and they do not exceed 6% of the total trans fatty acids.⁹ On the other hand industrially produced trans fats (iTFA) are formed in an industrial process that adds hydrogen to vegetable oil converting the liquid into a solid, resulting in "partially hydrogenated" oil (PHO).¹⁰ The iTFA contain up to 60% of the total trans fatty acids.¹¹

iTFA are used to prolong the shelf life of products

and are primarily used for deep frying and as an ingredient in baked, processed and pre-packaged foods; and some cooking oils.

WHY IS THERE NEED FOR ACTION?

iTFA are unhealthy, they lack any health benefit. A healthy diet helps in protecting people against all forms of malnutrition in addition to protecting them from diseases.¹² Unhealthy diets, on the other hand, are key contributors to cardiovascular diseases and NCDs and this includes iTFA. Consumption of iTFA has been linked with an increased risk of NCDs such as diabetes, cardiovascular diseases, some cancers, among others.¹³

Given that iTFA are unhealthy, they can be replaced with healthier oils and fats without affecting taste or cost of food and this will in turn maximise health benefits for Kenyans.

Reducing premature morbidity and mortality related to NCDs. There are two major risk factors for NCDs related to nutrition; unhealthy diets and physical inactivity. Being exposed to unhealthy diet (food with iTFA in this case) can result in diet related NCDs and this in Kenya, for example, is evidenced by the prevalence of obesity which is currently on the rise. According to the Kenya Health and Demographic Health Survey 2014, the numbers have been on the rise since 2008; the figures then stood at 7.2%, and went up to 10.1%. Similarly in the year 2015¹⁴ the STEPs report indicated a prevalence of 12.6%.¹⁵

NCDs currently make up 7 of the top 10 causes of death in the world according to the World Health Organisation Global Health Estimates Report of 2019.¹⁶ This report covers the period 2000 to 2019 and it showed that there was an increase from 4 of the 10 leading causes of death in the year 2000. Of importance is the fact that diabetes has also joined the top 10. Consumption of unhealthy diets such as foods with iTFA exposes people to the risk of diabetes whose prevalence is currently on the rise in Kenya at 3.3% according to 2015 STEPs survey on NCDs.¹⁷

To achieve national health goals; Kenya has set numerous health goals in various regulatory documents such as; the Kenya National Strategy for the Prevention and Control of NCDs 2015-2020 (which is currently being reviewed). This plan seeks to halt and reverse rising burden of NCDs and minimise exposure to health risk factors. The National Guidelines for Healthy Diets and Physical Activities 2017, among other things, promotes consumption of healthy diets. The National Guidelines for CVDs Management, 2018 on the other hand recommends conscious intake of energy/calories.

Kenya also has the Big Four Agenda which includes providing Universal Health Coverage to her citizens and one way of achieving this is eliminating iTFA to ensure there is consumption of healthy diets by all Kenyans. The goal of the Kenya Health Policy 2014-2030 is to attain the highest possible standard of health in a responsive manner and one of the objectives set to realise this is to halt and reverse rising burden of NCDs.¹⁸

Besides national health goals, Kenya being party to the World Health Organisation should align to the global goal of eliminating iTFA by the year 2023. By so doing, the country will be advancing to achieve Sustainable Development Goal 3 – to ensure healthy lives and well-being for all at all ages.

POLICY OPTIONS

There are different ways in which countries globally have chosen to reduce iTFA in their national food supply depending on which option works best for them.

Those options include;

- i. Legislation on iTFA content in food products.** This is seen as the most effective option which reduces iTFA in food supply by passing legislation to limit or prohibit iTFA. A country that has successfully done this is Denmark which passed and implemented legislation to limit iTFA to 2% of total content in all foods in the country including imported and restaurant foods.
- ii. Coordinated, voluntary reductions of iTFA in food products.** This means voluntary measures to limit iTFA content of food products. This approach works best where there is a robust monitoring system put in place. There is evidence from several countries with voluntary iTFA measures that high concentrations of iTFA remained in the food supply. Voluntary iTFA reductions are not recommended.
- iii. Selected limitations-** This is where the use of iTFA is banned in school food or in restaurants and food service settings. While this may lead to reduced iTFA in some settings, it will not eliminate iTFA from the national food supply. National level mandatory iTFA restrictions are needed to protect as many people as possible from its harms.
- iv. Labelling for TFA-** This requires TFA content in foods be listed as part of the nutrient declaration. This is intended to help consumers choose products without TFA. However, it requires that the consumers understand and are able to interpret the labels accurately and understand the health effects of TFA. Another limitation here

is that only packaged foods have labels and not those sold in restaurants and fast-food outlets. While labeling of TFA is not sufficient to eliminate iTFA, it is a recommended complementary policy to mandatory national iTFA restrictions. Labeling of TFA content helps regulatory agencies monitor compliance with national iTFA restrictions.

- v. Having agricultural policies to support elimination of iTFA** this would help in transitioning and in promoting the supply and use of healthier oils.

POLICY RECOMMENDATIONS

To successfully and sustainably eliminate iTFA in Kenya's food supply, it is important to consider the following proposed recommendations:

- Amend the existing Food, Drugs and Chemical Substances (Food Labelling, Additives and Standards) (amendment) Regulations, 2015 on TFA regulation .¹⁹**
 - ◆ There is need to strengthen and make the Regulations comprehensive enough as a best practice policy by adopting the WHO recommended maximum limits of iTFA at 2% of the total fat content in all foods and/or ban of partially hydrogenated oils (PHO) in all foods;
 - ◆ The amendment will pave way for revision of the national standards on concerned products, such as, edible fats and oils;
 - ◆ There is need to specify maximum iTFA limits as adopted in the Regulations as the limits are currently missing in the KEBS standards; - this will support compliance and prompt the country (through KEBS) to build and strengthen capacity to test;
 - ◆ The Regulations and standards need to be effectively enforced. There is need for Kenya to build capacity to test iTFA in foods for surveillance and monitor compliance purposes, such as, strengthening laboratory methods and equipment, and human resources.
- Identify and establish main food sources of iTFA** consumed in the country and establish the exact iTFA content present in those foods.
- Development of clearer and bolder guidelines and directions on limitation of iTFA.** This needs to be incorporated in the new National Strategic Plan for NCDs as a way of eliminating the common risk factors of NCDs
- Public awareness** there is need for awareness and sensitization on the risk of trans-fat to health. The information should also include the economic hazards caused by consumption of iTFA such as healthcare costs for related diseases and loss of productivity.

REFERENCES

- ¹The other three risk factors include: tobacco use, physical inactivity, and the harmful use of alcohol. (<https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>) (accessed 24.6.21)
- ²Ibid (1)
- ³Wang Q, Afshin A, Yakoob MY, Singh GM, Rehm CD, Khatibzadeh S, et al. Impact of non optimal intakes of saturated, polyunsaturated, and trans- fat on global burdens of coronary heart disease. Journal of the American Heart Association. 2016
- ⁴Kenya National Guidelines for Cardiovascular Diseases Management (MoH, 2018) (http://kenyacardiacs.org/wp-content/uploads/2019/08/Cardiovascular-guidelines-Manual_Final_Nov2018.pdf) (accessed on 24.6.21)
- ⁵Dr. Kiarie Helen, Dr. Gatheca Gladwell, Ngicho Calestus and Dr. Elizabeth Wangia, Lifestyle Diseases- An Increasing Cause of Health Loss
- ⁶Kenya STEPwise Survey for Non-Communicable Diseases Risk Factors Report 2015 (<https://www.health.go.ke/wp-content/uploads/2016/04/Steps-Report-NCD-2015.pdf>) (accessed 24.6.21)
- ⁷Kenya National Strategy for the Prevention and Control of NCDs 2015-2020 (MoH)
- ⁸World Health Organization Regional Office for the Eastern Mediterranean, Non-communicable diseases: Reducing fat intake to prevent and control non-communicable diseases in Eastern Mediterranean Region. (<http://www.emro.who.int/noncommunicable-diseases/publications/questions-and-answers-on-reducing-fat-intake-to-prevent-and-control-noncommunicable-diseases-in-eastern-mediterranean-region.html>) (accessed 26.6.21)
- ⁹NCD Alliance, Trans Fat Free by 2023 Report, Case Studies in Trans Fat Elimination, May 2019 (<https://ncdalliance.org/resources/transfatfree2023report>) (accessed 24.6.21)
- ¹⁰ibid
- ¹¹ibid
- ¹²World Health Organisation, Fact Sheet N°394, August 2018. (https://www.who.int/nutrition/publications/nutrientrequirements/healthy_diet_fact_sheet_394.pdf?ua=1) (accessed 26.6.21)
- ¹³Dhaka, V., Gulia, N., Ahlawat, K. S., & Khatkar, B. S. (2011). Trans fats-sources, health risks and alternative approach - A review. Journal of food science and technology, 48(5), 534–541. (<https://doi.org/10.1007/s13197-010-0225-8>) (accessed 26.6.21)
- ¹⁴Kenya Demographic and Health Survey, 2014. (<https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>) accessed (26.6.21)
- ¹⁵ibid (n6)
- ¹⁴<https://www.who.int/news/item/09-12-2020-who-reveals-leading-causes-of-death-and-disability-worldwide-2000-2019> (accessed 26.6.21)
- ¹⁷ibid (n8)
- ¹⁸Kenya Health Policy 2014-2030 http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf (accessed 12.7.21)
- ¹⁹http://kenyalaw.org/ki/fileadmin/pdfdownloads/LegalNotices/2015/LN115_2015.pdf (accessed 5.7.21)

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