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Summary report on the

# Regional workshop on healthy diet with a focus on trans-fatty acid elimination

Beirut, Lebanon  
19–21 March 2019



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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## **1. Introduction**

Consuming a healthy diet throughout the life course helps to prevent the double burden of malnutrition, which includes different forms of undernutrition as well as overweight, obesity and diet-related noncommunicable diseases. In recent decades, increased availability of inexpensive processed food, rapid urbanization and changing lifestyles have led to a shift in dietary patterns, and unhealthy diets are a major contributor to the burden of disease from noncommunicable diseases.

The Eastern Mediterranean Region of the World Health Organization (WHO) has experienced an epidemiological and nutritional transition in recent years. People in the Region are now consuming more foods that are high in fats, free sugars or salt/sodium, while many do not eat enough fruit, vegetables and dietary fibre such as wholegrains. This has contributed to high rates of overweight and obesity in the Region: nearly two thirds (60.1%) of adult females and more than half (52.8%) of adult males are overweight or obese. The Region also suffers from an early childhood overweight and obesity rate of 6.8% – well above the global average of 5.6%. In some countries, more than 11% of children are affected. Furthermore, in many countries more than a quarter of adolescents are overweight or obese.

Across the Region, national plans and strategies are being implemented to improve nutrition and prevent obesity through intersectoral policies, such as: restricting the marketing of unhealthy foods to children; integrating healthy diets within school food policies; taxing sugar-sweetened beverages; stimulating physical activity; and pursuing community-based approaches. However, countries are struggling to implement these plans fully, and renewed focus is required to assess the current situation, identify key challenges and gaps, and devise practical and strategic action plans.

A regional workshop on healthy diet with a focus on trans-fatty acid elimination was organized by the Regional Office in Beirut, Lebanon, from 19 to 21 March 2019. The multisectoral workshop was attended by participants from 15 countries of the Region, and included temporary advisors as well as representatives from academia, United Nations Children's Fund, World Food Programme, Food and Agriculture Organization of the United Nations, United Nations Relief and Works Agency for Palestine Refugees in the Near East, and from nongovernmental organizations.

The objectives of the workshop were to:

- share WHO policies and strategies on eliminating trans-fatty acids and reducing salt, fat and free sugar intakes;
- share success stories and progress achieved at the global and regional levels in reducing trans-fatty acid, salt, fat and sugar intakes;
- identify challenges and possible solutions to reduce trans-fatty acid, salt, fat and sugar intakes;
- develop/review national plans for implementing healthy diet and nutrition strategies;
- enhance multisectoral coordination with clear roles and responsibilities for every actor.

## **2. Summary of discussions**

Progress in the elimination of trans-fatty acids and reduction of salt, fat and sugar intakes was reported from the Region in a number of areas. Five countries have implemented an effective tax on sugar-sweetened beverages: Islamic Republic of Iran, Morocco, Oman, Saudi Arabia and United Arab Emirates. Four countries have implemented or revised standards for nutrition labelling to include

mandatory front-of-package nutrition labelling for all pre-packaged foods: Islamic Republic of Iran, Morocco, Saudi Arabia and Tunisia. A number of countries are conducting appropriate campaigns on healthy diet, including Egypt (the 100 Million Health Campaign), Kuwait, Morocco, Palestine and Saudi Arabia.

In addition, a number of countries are undertaking progressive reformulation of foods and beverages to eliminate trans fats and/or reduce total/saturated fat, salt and sugar content:

- Egypt is reducing the salt content in baladi bread by 20%;
- Saudi Arabia is setting mandatory upper limits for salt in bread, for trans fats in oil, butter and margarine (2%) and for trans fats in other food products (5%);
- Jordan is reducing the daily intake of sugar from 100g to 80g, and reducing the daily intake of plant ghee and butter from 20g to 10g;
- Morocco has legislation in progress for a 25% reduction of salt in bakers' bread;
- Kuwait has reduced salt content in four local food products to less than 1.5g per 100g, and reduced salt in pitta bread by 20%;
- Oman has reduced salt content in bread to 0.5g per 100g;
- Palestine is reducing salt content in bread to 1.04 g per 100g;
- Tunisia is advocating for implementation of legislation to ban the importation of palm oil and production/importation of industrial trans fats.

A number of countries have developed, or are in the process of developing, national nutrition strategies or plans. Egypt has developed a national multisectoral action plan for noncommunicable diseases and is developing a national nutrition strategy; Saudi Arabia has developed a healthy foods strategy; Kuwait and Lebanon are developing national food-based dietary guidelines; Morocco has

developed a national nutrition strategy and national plan for the prevention and control of noncommunicable diseases; and Tunisia has developed a national strategy to prevent obesity and control noncommunicable diseases.

However, there are challenges to the elimination of trans-fatty acids from food products in the Region and to reducing salt, fat and sugar intakes. There is lack of political commitment and of any governing body for decision-making on healthy diets, and the issue is not prioritized by governments. In most countries of the Region, accurate data are not available and market surveys on the amount of added sugars, salts and trans-fatty acids present in food products are lacking. There is also a lack of data regarding the level of risk exposure of the Region's population, particularly children and adolescents, to industrially-produced trans-fatty acids and saturated fatty acids in processed foods. A lack of expertise in some countries to conduct high-quality research on nutrition and limited available funds are further challenges being faced.

### **3. Recommendations**

#### *To Member States*

1. Advocate to policy-makers and present the evidence-base for good nutrition being a cornerstone of good health in order to convince decision-makers to take action to reduce sugars, salt, saturated fats and trans-fatty acids in food products.
2. Encourage and support civil society, nongovernmental organizations and the private sector to engage in the process by reviewing legislation, advocating with policy-makers, and providing decision-makers with nutrition reports regarding food quality and safety.

3. Monitor the implementation of national nutrition strategies and plans, and provide technical support to ensure their sustainability.
4. Facilitate funding, as needed, to implement nutrition action plans and turn commitments into concrete actions.

*To WHO*

5. Provide technical support to civil society and private sector actors including nutrition education, methodology for conducting epidemiological studies and capacity-building.
6. Collaborate with universities and research centres to develop methodology for nutrition research, conduct epidemiological/analytical studies and situation analysis, and develop a definition for healthy and unhealthy foods.
7. Provide technical support for mapping food products and levels of trans-fatty acids, saturated fats, sodium/salt and free sugars in foods.
8. Provide technical support to countries for the development of national nutrition strategies and plans.



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