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PLAN OF ACTION FOR THE ELIMINATION OF INDUSTRIALLY PRODUCED TRANS-FATTY ACIDS 2020-2025

Introduction

1. Industrially produced trans-fatty acids (IP-TFA) are a significant and preventable contributing factor to the burden of cardiovascular disease, the leading cause of death in the Americas (1-2). June 2018 marks a decade since the 2008 Trans Fat Free Americas: Declaration of Rio de Janeiro pledged cooperation between the public sector and industry to eliminate and replace IP-TFA in the food supply.
 2. While significant progress has been made, the goal set out in the Declaration of Rio de Janeiro has not been achieved, indicating that voluntary means alone are not sufficient. Over time, elimination of IP-TFA through regulatory measures has proven to be an evidence-based, low-cost approach that offers the most reliable path forward to end this public health problem.
 3. This Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 proposes to complete the removal of this harmful product by fully scaling up the adoption and implementation of IP-TFA elimination policies throughout the Americas. For optimal effectiveness, proposed regulatory policy should be accompanied by other policies and best practices for enforcement, labeling, assessment of progress, and education. The Plan of Action is based on the evidence of health harms of trans-fatty acids; on prior resolutions and the work of the Pan American Health Organization (PAHO) and the World Health Organization (WHO); on analyses of the Region's important progress on this issue to date, including lessons learned and challenges encountered in both voluntary and regulatory efforts to reduce or eliminate IP-TFA; and, lastly, on extensive input from consultations with Member States. This Plan of Action proposes a strategic course of action for Member States and for the Pan American Sanitary Bureau (PASB) between 2020 and
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2025 that would lead to virtual elimination of IP-TFA from the food supply in the Americas by 2025.¹

Background

4. Cardiovascular disease (CVD) constitutes the leading cause of death globally, accounting for 32% of mortality in 2017. Coronary heart disease (CHD), specifically, accounts for half of global CVD deaths. In the Americas, CHD is the leading cause of death, responsible for an estimated 14% of all mortality in Latin America and the Caribbean and 18.5% in Canada and the United States of America in 2017 (2). Globally, the best available estimate using a comprehensive analytic approach suggests that in 2010, 537,000 deaths from CHD were attributable to TFA intake; of these, 160,000 occurred in the Region of the Americas, 45% prematurely (3). These deaths represented 17.9% of all CHD deaths in Canada and United States and 10.7% of similar deaths in Latin America and the Caribbean. Because these estimates do not include non-fatal CHD events or deaths from other conditions that may be associated with TFA intake, such as stroke (4), they are conservative estimates of the negative health impact. TFA consumption in the Region was among the highest in the world in 2010, representing 2.9% of energy intake in Canada and the United States and 1.9% in Latin America and the Caribbean, up from 1.7% in 1990. Whereas global CHD mortality attributable to insufficient n-6 polyunsaturated fatty acid intake and excessive saturated fat intake declined between 1990 and 2010, the negative health impacts from TFA intake increased globally by 4%. The increase was far higher in parts of the Americas, including Central America (+36.3%), the Caribbean (+30.7%), and Mexico (+9.6%), during the same period (3).

5. An extensive body of evidence has demonstrated the negative metabolic effects of TFA, as well as the association between total TFA intake and CHD. High TFA intake significantly increases the risk of death from any cause by 34%, the risk of CHD death by 28%, and the risk of CHD occurrence by 21%. Non-significant increases of 7% for ischemic stroke and 10% for diabetes were also noted (5). TFA increases low-density lipoprotein (LDL) cholesterol levels, the most harmful type, while lowering beneficial high-density lipoprotein (HDL) cholesterol levels, to an even greater extent than saturated fats (6).

6. Partially hydrogenated oils (PHO) containing trans-fatty acids were introduced early in the twentieth century and were quickly adopted by the food industry for their

¹ The recommendations of this document refer to trans-fatty acids of industrial origin (IP-TFA) and not to trans-fatty acids of ruminant origin, which are naturally present in dairy products and certain meats. The main source of IP-TFA is intentionally produced partially hydrogenated oils, whose IP-TFA content is usually between 24% and 45%. Their elimination is the key objective of this plan. Small amounts of IP-TFA can also be produced in the processing of other oils, or in full hydrogenation, but in these cases the content does not usually exceed 2%. The reduction of IP-TFA from the latter sources is a desirable but secondary objective of this Plan. Because IP-TFA from oil refinement cannot be fully eliminated, regulatory policies can ensure 98% or more non-IP-TFA content, achieving “virtual” but not absolute elimination.

properties such as longer shelf-life and fry-life.² They have been used for a wide variety of frying, spreading, and baking applications, but there are no foods in which they cannot be replaced. PHO generally have IP-TFA content between 24% and 45%. Other industrial processes used in the refinement or production of vegetable oils, such as deodorization and full hydrogenation, also generate residual amounts of IP-TFA. These are usually kept below 2% of total fat, although the levels may occasionally exceed this level (7).

7. Where IP-TFA have been restricted or eliminated, whether through regulation or voluntarily, PHO have been replaced by a range of oils that are refined using processes other than partial hydrogenation, as well as by other fats. While substitution of IP-TFA is clearly feasible, an important challenge for policy implementation is to encourage reformulation using alternative fats and oils that maintain product quality while minimizing saturated fat. Partially hydrogenated oils, the major source of IP-TFA, represented 5% of the market for fats and oils in the Americas in 2018. They are declining by 14% a year, even as the overall fats and oil sector demonstrates substantial growth (8).

8. Elimination of IP-TFA is a relatively straightforward, low-cost, one-time policy measure with significant long-term health benefits. For this reason, the elimination of IP-TFA from the global food supply, and their replacement with healthier fats and oils, is one of the targets of WHO's General Programme of Work (GPW13) for the 2019-2023 period, approved by the 71st World Health Assembly. At the United Nations (UN), the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases called for the elimination of IP-TFA, a concern reaffirmed by the Third High-level Meeting in 2018 (9-10). This goal is also aligned with the 2004 WHO Global Strategy on Diet, Physical Activity and Health, and with PAHO and WHO global and regional plans of action on noncommunicable diseases (NCDs) (11-13). The United Nations Sustainable Development Goals (SDGs) and the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) also include commitments, in SDG Goal 3.4 and SHAA2030 goal 9, to reduce premature deaths from NCDs by one-third by 2030; TFA-attributable CHD is a significant contributor to such deaths (14). The goal of elimination also aligns with the global nutrition and diet-related NCD targets under the commitments of the UN Decade of Action on Nutrition (2016-2025), and with the proposed Strategic Plan of the Pan American Health Organization 2020-2025.

9. In 2007, PAHO convened the Trans Fat Free Americas Task Force, which recommended replacement of IP-TFA in the food supply of the Region. This led to commitments to action from key stakeholders as set forth in the Declaration of Rio de Janeiro in June 2008 (15). However, while this initiative has been important in stimulating reformulation and regulation, its impact has been insufficient in scope, as IP-TFA continue to be used in at least 27 of the 35 Member States of the Americas.

² PHO have been defined as those fats and oils that have been hydrogenated, but not to complete or near complete saturation, and with an iodine value (IV) of greater than four.

Situation Analysis

10. Eleven years after PAHO's groundbreaking initiative on this issue, there is now strong regional (12, 15) and subregional (16-18) support in the Americas, as well as global consensus, on the need to eliminate IP-TFA from the food supply. However, that consensus still has not been translated into action by most countries. Globally, according to the WHO Global Nutrition Policy Review 2016-2017 (GNPR2) (19-20), 24% of the countries that provided information have adopted policies to restrict or eliminate IP-TFA from their food supply, the majority by mandatory regulations. Countries that have adopted such regulations include Argentina (2010) (21), Canada (2017) (22), Chile (2009) (23), Colombia (2012) (24), Ecuador (2013) (25), Peru (2016) (26), the United States (2015) (27), and Uruguay (2017) (28). Bolivia is currently preparing regulations for its law (29), and Brazil and Paraguay are advanced in their processes (30-31). Some of these measures have not yet been fully implemented (Peru, Uruguay), and several included exceptions later judged unnecessary. For example, in Argentina, margarines or shortenings containing IP-TFA used as raw material for manufacturing or baking of food products were not covered, an issue that is now being resolved.

11. Regulatory measures to eliminate IP-TFA have proven not only necessary, but feasible and effective. Experience to date has demonstrated both success in practical implementation/compliance and achievement of the expected positive health impacts (32-36). Compliance in Argentina was estimated at 93% (35), and a second study there estimated that the law has averted up to 1,517 deaths, 5,373 acute CHD events, and US\$ 87 million³ in health system expenditures annually since 2014 (37). While IP-TFA in food products declined in four Latin American cities studied between 2011 and 2015, the decline was especially marked in Buenos Aires, the only city with a national mandatory elimination law (38). Compliance with Chile's law limiting IP-TFA to 2% of fats and oils in any food was evaluated for five key food categories and found to be 100% in Santiago supermarkets (39). In Denmark, cardiovascular mortality declined 4.3% faster than in comparable Organization for Economic Development and Cooperation countries without IP-TFA regulations (40-41). In New York State in the United States, counties implementing TFA restrictions demonstrated a 4.5% additional decline in cardiovascular deaths and a 6.2% additional decline in hospitalizations due to myocardial infarction and stroke, compared to counties not implementing the restrictions; this was consistent with pre-policy epidemiologic estimates (42-43).

12. There are two main policy approaches currently in use to effectively eliminate IP-TFA. The first approach uses legislative or regulatory measures to limit IP-TFA to no more than 2 grams/100 grams (2%) of total fat in all food products,⁴ including, but not limited to, fats and oils. This applies to domestic and imported products but excludes trans-fatty acids from ruminant sources. The second and more recent policy approach is to ban

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

⁴ The term "all food products" as used here includes fats and oils whether sold directly to consumers or as raw materials, as well as all other food products. Total fat refers to the part of a food composed of glycerides of fatty acids (whether liquid or solid at room temperature).

partially hydrogenated oils, the major source of dietary IP-TFA. The United States and Canada have reclassified PHO, determining them to be no longer “generally recognized as safe” (United States) or listing them among “contaminants and other adulterating substances in food” (Canada); these actions effectively ban the principal source of IP-TFA (27, 22). Peru (26) and Thailand (44) have adopted measures that are similar to Canada’s and the United States’. This second policy approach greatly facilitates enforcement and minimizes the need for laboratory capacity, known to be limited in some countries. On the other hand, a quantitative limit requires appropriately defined quantitative TFA label declarations, certificates of analysis, and/or laboratory testing for enforcement. Either method will still allow a small residual amount of IP-TFA from sources other than PHO. Most countries that have passed regulations or legislation have opted to limit IP-TFA to no more than 2%.⁵ Sweden, Switzerland, and Uruguay have passed similar limits that have not yet fully gone into effect. Argentina, Colombia, and Iran have set 2% IP-TFA limits on fats and oils (for direct sale to consumers in the case of Colombia), but have applied a 5% limit to other products; Iran is lowering its limit to 1% IP-TFA for cooking oils in 2019 (45). India has limits of 5% IP-TFA content in some fats and oils. The European Commission recently approved a community-wide limit of 2% (46).

13. The accumulated experience of the past 15 years in different countries has now proven that it is entirely feasible to use regulation to expeditiously and fully replace IP-TFA from PHO in the food supply and cap IP-TFA from other sources at 2% of total fat or less. Large producers of fats and oils, manufacturers of processed and ultra-processed food, and grocery and restaurant chains have had ample time to prepare for the implementation of the regulatory measures. Many small-scale producers and restaurants are using raw material provided by the large producers. Home cooks and street vendors will use the products that are commercially available. Nevertheless, even as IP-TFA intake declines in some countries, sales of processed and ultra-processed foods (47) that have been major vehicles of delivery for IP-TFA are increasing at 3.1% per year in the Americas and are growing fastest in lower-income countries (48-49). These countervailing trends highlight the timeliness and urgency of this Plan of Action.

14. Cardiovascular disease, in particular CHD attributable to consumption of TFA, affects the entire population: male and female, young and old adults, of all races and ethnicities. Elimination of IP-TFA is a strategy that can reduce the risk of CVD for all, regardless of education or wealth, and ultimately reduce premature mortality from CHD. It will have the greatest impact among people consuming low-cost processed foods and those who face greater barriers in access to quality care and medications for CVD. Further assessment of how these policies affect health equity would be valuable in the monitoring phase.

⁵ These include Austria, Chile, Denmark, Ecuador, Hungary, Iceland, Latvia, Norway, Singapore, Slovenia, and South Africa.

Proposal

15. This Plan should serve as a catalyst for the enactment, implementation, and enforcement of regulatory policies that will eliminate IP-TFA from the food supply of the Americas by prohibiting the use of PHO in food for human consumption and/or limiting IP-TFA content to no more than 2% of total fat in all food products by 2023. It takes into consideration lessons learned over the past 15 years and the remaining challenges that need to be overcome. To achieve this objective, and in accordance with national contexts and priorities, the following strategic lines of action, which address both essential steps and best practices, are proposed:

- a) Enact regulatory policies to eliminate PHO from the food supply and/or to limit IP-TFA content to no more than 2% of total fat in all food products;
- b) Implement IP-TFA elimination policies by means of clearly defined regulatory enforcement systems;
- c) Assess progress of IP-TFA elimination policies and their impact on the food supply and on human consumption;
- d) Create awareness, through outreach and educational campaigns, of the negative health impacts of TFA and the health benefits to be gained from the elimination of IP-TFA, among policy-makers, producers, suppliers, and the public.

Strategic Line of Action 1: Enact regulatory policies to eliminate PHO from the food supply and/or to limit IP-TFA content to no more than 2% of total fat in all food products

16. This strategic line includes actions related to the adoption by Member States of national laws or regulations to effectively eliminate IP-TFA, in alignment with WHO's GPW13. Member States should enact IP-TFA elimination policies so that they are approved and fully in effect for compliance by the end of 2023, so that enforcement and post-policy assessment activities can be in place by 2025. This is the first and essential minimum step that should be taken by all Member States, regardless of resource capacity, to ensure elimination of IP-TFA from the Region's food supply. There are three options: a ban on PHO, a 2% limit on IP-TFA content, or a combination of both measures. A ban on PHO offers a simple approach that is easy to enforce, especially for low-resource countries lacking laboratory capacity. It is also used by high income countries in the Region. A 2% limit on IP-TFA content of all food products can also virtually eliminate IP-TFAs from PHO, as well as any IP-TFA over 2% in poorly refined oils, but it may be more complex to enforce. If combined with a prohibition on PHO, however, the 2% limit can be additive by permitting enforcement against other sources of IP-TFA, such as poor-quality refined oils, while still allowing the simpler enforcement of a PHO ban. A combination of these two approaches, therefore, is recommended as the optimal strategy. Any of the three options will still allow small amounts of IP-TFAs resulting from industrial processing of oils, but will effectively achieve virtual or complete elimination of PHO.

Objective	Indicator	Baseline (2018)	Target (2025)
1.1 Adoption of policies to eliminate IP-TFA from the food supply	1.1.1 Number of countries and territories that prohibit the production, importation, distribution, sale, and use of PHO in foods for human consumption	2	10
	1.1.2 Number of countries and territories that prohibit the production, importation, distribution, sale, and use of any food product with IP-TFA content in excess of 2% of total fat	4	15
	1.1.3 Number of countries and territories that prohibit the production, importation, distribution, sale, and use of PHO in foods for human consumption and prohibit the production, importation, distribution, sale, and use of any food product with IP-TFA content in excess of 2% of total fat	0	5
1.2 Adoption of labeling policies to support enforcement of IP-TFA reduction	1.2.1 Number of countries and territories that require standardized labeling of PHO in ingredient lists	0	15
	1.2.2 Number of countries and territories that require standardized quantitative declaration of TFA content	10	25
	1.2.3 Number of countries and territories that require front-of-package labeling that allows for quick and easy interpretation of saturated fat content	3	15
	1.2.4 Number of countries and territories that require front-of-package labeling that allows for quick and easy interpretation of TFA content	1	10
	1.2.5 Number of countries and territories that establish requirements for the use of claims such as “trans fat free” or “reduced trans fat”	15	25

Strategic Line of Action 2: Implement IP-TFA elimination policies by means of clearly defined regulatory enforcement systems

17. This strategic line refers to actions required to ensure compliance with regulatory policies in order to achieve the effective elimination of PHO from the food supply and/or restriction of IP-TFA to no more than 2% of total fat in all food products.

Objective	Indicator	Baseline (2018)	Target (2025)
2.1 Adoption of effective implementation and enforcement policies	2.1.1 Number of countries and territories that have defined a plan to ensure compliance consistent with their adopted policy	8	25
	2.1.2 Number of countries and territories that have data on enforcement actions	5	25
	2.1.3 Number of countries and territories that define and implement practices to ensure compliance of imported foods	8	25
	2.1.4 Number of countries and territories with assessment data on compliance levels for PHO or IP-TFA content	2	18

Strategic Line of Action 3: Assess progress of IP-TFA elimination policies and their impact on the food supply and on human consumption

18. In order to assess the progress and impact of the elimination of PHO and/or the restriction of IP-TFA throughout the food supply, a best practice is for Member States to have a monitoring and evaluation system in place that enables them to assess changes in IP-TFA in the food supply and in human consumption.

Objective	Indicator	Baseline (2018)	Target (2025)
3.1 Assessment of progress toward elimination of IP-TFA from PHO and restriction of other forms of IP-TFA in the food supply and in human consumption	3.1.1 Number of countries and territories with at least one publicly available pre-regulation national assessment of foods that are sources of IP-TFA, and if possible, the quantity of IP-TFA in these products	9	15
	3.1.2 Number of countries and territories with at least one post-regulation national assessment of foods that are sources of IP-TFA, and if possible, the quantity of IP-TFA in these products	2	9
	3.1.3 Number of countries and territories with at least one pre-regulation national assessment of saturated fat levels in products identified as significant sources of IP-TFA	1	9
	3.1.4 Number of countries and territories with at least one post-regulation national assessment of saturated fat levels in products identified as significant sources of IP-TFA intake prior to regulation	0	9

Strategic Line of Action 4: Create awareness, through outreach and educational campaigns, of the negative health impacts of TFA and the health benefits to be gained from the elimination of IP-TFA, among policy-makers, producers, suppliers, and the public

19. In order to support the enactment and achievement of mandatory elimination of PHO and/or restriction of IP-TFA, the general public and policy-makers must be aware of the benefits of this measure and must be willing to support it. At the same time, regulated actors, such as oil and fat producers, importers, distributors, food service establishments, bakeries, and food manufacturers, must be provided with the necessary information and support to enable them to comply.

Objective	Indicator	Baseline (2018)	Target (2025)
4.1 Creation of awareness of the negative health impact of TFA and the benefits of the elimination of IP-TFA	4.1.1 Number of countries and territories that implement education and communication strategies for the general public on the negative health impacts of TFA and benefits of the elimination policies	5	25
	4.1.2 Number of countries and territories that implement education and communication strategies for food producers, importers, and retailers on the new policies and how to comply	10	25

Monitoring and Evaluation

20. The progress and achievements of this Plan of Action will be measured through the above indicators with baselines and targets for 2018 and 2025, respectively. These indicators are aligned with the SDGs, SHAA2030, and other existing regional and global reporting commitments. A methodological guide will be developed to explain how each indicator will be measured. Data will be collected from such sources as national information systems, global and regional reports, standardized global and regional estimates, and policy and program surveys.

21. Monitoring and evaluation of this Plan of Action will be aligned with the Strategic Plan of the Pan American Health Organization 2020-2025 and with the Organization's results-based management framework and its performance monitoring assessment processes. A midterm review of the Plan of Action to assess progress toward the targets will be presented to PAHO Governing Bodies in 2022, followed by a final report in 2026.

Financial Implications

22. The total estimated cost for the Pan American Sanitary Bureau to implement the Plan of Action throughout its lifecycle from 2020 to 2025, including staff and activities, is \$6.3 million. Investments from Member States are expected for appropriate and comprehensive country-level implementation of this Plan, but they are not estimated here.

Action by the Directing Council

23. The Directing Council is invited to review the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025, provide the comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

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57th DIRECTING COUNCIL

71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 30 September-4 October 2019

CD57/8
Annex A
Original: English

PROPOSED RESOLUTION

PLAN OF ACTION FOR THE ELIMINATION OF INDUSTRIALLY PRODUCED TRANS-FATTY ACIDS 2020-2025

THE 57th DIRECTING COUNCIL,

(PP1) Having reviewed the *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CD57/8);

(PP2) Having considered the examples of best practices for the elimination of industrially produced trans-fatty acids (IP-TFA) in the Region of the Americas and globally;

(PP3) Having reviewed the recommendations of the World Health Organization, of Member States, of leading experts, and of the scientific literature;

(PP4) Recognizing the insufficient progress obtained with voluntary reduction in the Region and globally to date and the superior outcomes with mandatory elimination of IP-TFA;

(PP5) Considering that this is a low-cost, high-impact, and feasible policy action, where investment in regulatory policy can save tens of thousands of lives annually for generations to come;

(PP6) Recognizing the need for Member States that have not yet done so, to act definitively and in concert to eliminate IP-TFA from their food supply,

RESOLVES:

(OP)1. To approve and implement the *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CD57/8).

(OP)2. To urge Member States, considering their own contexts and priorities, to:

- a) promote and commit to the achievement of the objectives contained in the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 in order to advance its implementation more effectively;
- b) enact regulatory policies to eliminate IP-TFA from the food supply;
- c) ensure implementation of IP-TFA elimination policies by means of clearly defined regulatory enforcement systems;
- d) assess progress toward elimination of IP-TFA from the food supply;
- e) create awareness of the negative health impacts of trans-fatty acids and the health benefits to be gained from the elimination of IP-TFA, among policy-makers, producers, suppliers, and the public;
- f) establish mechanisms for monitoring and evaluation.

(OP)3. To request the Director to:

- a) assist Member States in the preparation, review, and execution of policies to eliminate IP-TFA;
- b) promote technical cooperation with and among countries to share evidence, best practices, tools, and lessons learned;
- c) coordinate with other relevant bodies including subregional integration mechanisms and the Codex Alimentarius.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. Agenda item: 4.6 - Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025

2. Linkage to proposed PAHO Program Budget 2020-2021:*

Outcome 13: Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action

** The proposed Program Budget 2020-2021 was presented to the 13th Session of the Subcommittee on Program, Budget and Administration and the 164th Session of the Executive Committee. The 57th Directing Council will review this proposal in September 2019. Thus, the final version of the Program Budget may contain certain changes in the outcomes, which will be reflected in this Plan of Action as well.*

3. Financial implications:

a) Total estimated cost of implementation over the lifecycle of the resolution (2020-2025), including staff and activities:
US\$ 6,300,000.00.

Expenditure lines	Total (US\$)
Human resources	2,880,000
Training	600,000
Consultants/service contracts	360,000
Travel and meetings	1,800,000
Publications	600,000
Supplies and other expenses	60,000
Total	6,300,000

b) Estimated cost for the 2020-2021 biennium, including staff and activities:
US\$ 2,100,000.

c) If the estimated cost noted in b), what can be subsumed under existing programmed activities?

The estimated cost for staffing expenditures corresponds to three new short-term posts (P3) for subregional temporary advisors and one for a regional advisor. These new staff members would make it possible to expand and reinforce the work of national consultants responsible for noncommunicable diseases (NCD). This is critical for meeting the objectives of the Plan of Action. It should be noted that not all

PAHO/WHO Representative Offices have an NCD consultant. In some cases, the office has a consultant in charge of the prevention and control of both communicable and noncommunicable diseases. Moreover, in cases where a consultant works exclusively on NCDs, nutrition is only one of a wide range of issues. This would likely hinder the continuous support to the adoption and monitoring of policies to eliminate IP-TFA from the Region, given the urgency and tight timeline to achieve this goal. Therefore, the proposed budget for hiring new personnel cannot be subsumed under current program activities. It would be possible, however, to subsume 50% of the budget allocated to the activities already planned for the next biennium.

4. Administrative implications:

- a) Indicate the levels of the Organization at which the work will be undertaken:**
The work will be undertaken at all levels of the Organization, that is, at the national, subregional, and regional levels.
- b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**
As seen in the table, four temporary P3 consultants are required, three of them at the subregional level, in addition to the current members of the nutrition team.
- c) Time frames (indicate broad time frames for the implementation and evaluation):**
The proposed Plan of Action covers the period 2020-2025. A midterm review will be conducted and presented to the Governing Bodies in 2022, and a final report will be presented in 2026.

Analytical Form to Link Agenda Item with Organizational Mandates

<p>1. Agenda item: 4.6 - Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025</p>
<p>2. Responsible unit: Risk Factors and Nutrition (NMH-RFN)</p>
<p>3. Preparing officer: Dr. Fabio da Silva Gomes</p>
<p>4. Link between Agenda item and Sustainable Health Agenda for the Americas 2018-2030: Noncommunicable diseases have become the main cause of mortality and morbidity in the Americas. In this context, the Member States should strengthen and increase prevention and control measures aimed at those diseases. Trans-fatty acids are a significant and preventable contributing factor to the burden of cardiovascular disease, the leading cause of death in the Americas. The elimination of industrially produced trans-fatty acids (IP-TFA) is a low-cost, high-impact, and feasible policy action, where investment in regulatory policy can save tens of thousands of lives annually for generations to come. By taking such measures, the national health authorities will exercise their steering role in health and their intersectoral leadership to improve the health situation.</p>
<p>5. Link between Agenda item and the proposed PAHO Strategic Plan 2020-2025:* <i>Outcome 13: Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action</i> <i>* The proposed PAHO Strategic Plan 2020-2025 was presented to the 13th Session of the Subcommittee on Program, Budget and Administration and the 164th Session of the Executive Committee. The 57th Directing Council will review this proposal in September 2019. Thus, the final version of the Strategic Plan may contain certain changes in the outcomes, which will be reflected in this Plan of Action as well.</i></p>
<p>6. List of collaborating centers and national institutions linked to this Agenda item: Three collaborating centers in the Americas are linked to this Agenda item:</p> <ul style="list-style-type: none">• Canada:<ul style="list-style-type: none">○ WHO Collaborating Centre on Nutrition Policy for Chronic Disease Prevention, Department of Nutritional Sciences, University of Toronto.○ WHO Collaborating Centre on Nutrition Changes and Development, Department of Nutrition, Faculty of Medicine, Université de Montréal.

- United States:
 - WHO Collaborating Centre for Social Marketing and Social Change to Address Noncommunicable Diseases, Department of Community and Family Health, College of Public Health, University of South Florida.

PAHO also engages in ongoing collaboration with several other organizations, including the Inter-American Network of Food Analysis Laboratories; Vital Strategies and the Resolve to Save Lives initiative; and the Global Health Advocacy Incubator at the Campaign for Tobacco-Free Kids.

7. Best practices in this area and examples from countries within the Region of the Americas:

Mandatory regulations to eliminate IP-TFA have been adopted by Argentina (2010), Canada (2017), Chile (2009), Colombia (2012), Ecuador (2013), Peru (2016), United States (2015), and Uruguay (2017). These measures have proven successful, not only in practical implementation and compliance, but also in achieving the expected positive health impacts. The United States and Canada have reclassified partially hydrogenated oils, determining them to be no longer “generally recognized as safe” (United States) or listing them among “contaminants and other adulterating substances in food” (Canada); these actions effectively ban the principal source of IP-TFA in those countries. Peru has adopted a similar measure. Other countries have passed regulations or legislation limiting IP-TFA to no more than 2% of total fat in all foods. These include Chile, Ecuador, and Uruguay.

8. Financial implications of this Agenda item:

- Total estimated cost of implementation over the lifecycle of the resolution (2020-2025) (including staff and activities): US\$ 6,300,000.00.
- Estimated cost for the 2020-2021 biennium (including staff and activities): US\$ 2,100,000.
