**Re: Enacting best-practice industrially produced *trans*-fatty acid limits in [Country]**

We are writing to share a scientific rationale for the enactment of best-practice limits of industrially produced *trans*-fatty acids (TFA) in the [Country] food supply.

Industrially produced TFA are created by partial hydrogenation of edible oils, which increases the solidity and stability of the oil. These partially hydrogenated oils (PHO) can contain upwards of 60% TFA and are commonly used in margarines, vegetable shortenings, packaged snacks, baked goods and fried snacks [list other common food as relevant]. Industrially produced TFA have been proven to increase risk of heart attack and death.

### The global TFA context

**Globally, up to half a million people were estimated to die every year due to the TFA in their food.** Approximately 10% of coronary heart disease deaths worldwide are attributed to high TFA intake. The World Health Organization (WHO) recommends limiting total TFA intake to less than 1% of total energy intake. Although 52 countries have now protected their people from TFA with best practice legislation, 5 billion people– most of whom reside in low- and middle-income countries– remain unprotected.

**In 2018, WHO called for the global elimination of industrially produced TFA,** accelerating actions to eliminate industrially produced TFA from the world’s food supply. WHO also released the REPLACE action package– a roadmap for countries to implement actions to reduce and eliminate industrially produced TFA. Today, best practice TFA elimination policies are in place in 52 countries, covering 3.7 billion people, or close to half of the world’s population—a vast improvement from just five years ago, when only 7% of people worldwide were protected from this toxic additive.

**The elimination of industrially produced TFA is feasible and cost-effective.** Industrially produced TFA can be replaced in foods without changing taste or cost to the consumer. Suitable, healthier alternatives are used in products around the world. Eliminating industrially produced TFA has been called one of the most straightforward public health interventions to improve population health.

**Voluntary and labeling approaches to TFA elimination are insufficient.** Over time, the food industry has become increasingly receptive to replacing TFA with healthier oils and fats, and some companies have made voluntary progress in reducing TFA levels in their products. But voluntary approaches allow products containing industrially produced TFA to remain on the market, often in foods that are less expensiveand consumed in higher quantities among lower socioeconomic groups, which can exacerbate existing health inequities. Requiring food labels to list TFA content relies on the consumer’s ability to understand these labels; many consumers lack this nutrition literacy.

**Mandatory TFA limits is the most effective approach to the elimination of industrially produced TFA**. WHO recommends two best practice policy options to fully protect people from industrially produced TFA:

* Mandatory national restrictions that limit industrially produced trans fat to 2% of total fat content in all foods; OR
* Mandatory national bans on the production or use of PHO in all foods

### The TFA context in [COUNTRY]

**Cardiovascular disease is the [rank] contributor to death in [Country].** [Describe cardiovascular disease deaths and coronary heart disease deaths and the contribution of dietary risk factors]. There is a clear need to reduce the burden of diet-related cardiovascular disease. Eliminating TFA would prevent [number] of deaths annually, saving [number] lives in the next 25 years.

**Available data suggests TFA levels in the [Country] food supply are [high/low].** [Describe any available data on TFA content in food. If levels are low, see [Regulating TFA when levels are low fact sheet](https://resolvetosavelives.org/wp-content/uploads/2023/05/trans-fat-advocacy-brief_-low-burden-regulations-1.pdf)]

**[Describe status of TFA regulations in country.]**[Provide details on existing regulations or commitments, including neighboring countries with best practice regulations in place.]

**Voluntary measures to reduce TFA in [Country] will be insufficien**t. [Describe why voluntary and labelling approaches are inappropriate given the country’s specific context.]

**A best-practice TFA policy in [Country] will most effectively reduce the population TFA intake, saving lives and improving the health of the population**. Mandatory TFA limits (i.e., best-practice TFA policies) will reach all products and all consumers, regardless of socioeconomic status and will lead to marked changes in TFA intakes.