

Q: What is fat?

Fat consists of trans fatty acids (TFAs), saturated fatty acids (SFAs) and unsaturated fatty acids (UFAs). TFAs are unsaturated fats found in foods obtained from ruminants, such as dairy products and meat, and in industrially produced partially hydrogenated vegetable oils. TFAs are typically found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, margarines and spreads (1). Saturated fats are found in some types of food such as fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard. Unsaturated fats are naturally occurring in food such as fish, avocado, nuts, sunflower, canola and olive oils.

Q: Is fat consumption unhealthy?

Fat consumption provides the body with energy, supports cell growth, protects body organs and keeps it warm. However, excess consumption of fats is unhealthy. Moreover, consumption of TFAs, especially industrially produced partially hydrogenated vegetable oils has been associated with an increased risk of heart disease, infertility, endometriosis, gallstones, Alzheimer's disease, diabetes and some cancers.

Q: What is WHO-recommended level of fats intake?

As part of a healthy diet, WHO recommends that less than 30% of total energy intake should be from fats. UFAs are preferable to SFAs. Industrial TFAs are not part of a healthy diet.

In practical terms, to meet the WHO recommendation for healthy diet and lifestyle, this means eating a diet containing a variety of fruits, vegetables, and grain products, especially fiber-rich whole grains; fat-free and low-fat dairy products; legumes, poultry, and lean meats; and fish, preferably oily fish, at least twice a week (2).

Q: What is the impact of the current fat intake in the Region?

Diets high in fat are linked to obesity and overweight, both which increase the likelihood and prospect of diabetes. There is a strong link between obesity and mortality. In the Region, both males and females suffer from being overweight and obese. It is estimated that over 50% of women are overweight. Roughly half of overweight women are obese (3). In the case of children and adolescents the picture is even more striking. The overindulgence in high calorie food and indoor leisure activities, such as television viewing, internet and computer games, all contribute to childhood obesity. Regionally, overweight and obesity in children under-five years of age has increased from 5.8% to 8.1% between 1990 and 2012, which is above the global average of 6.7%. Overweight and obesity in adolescents (13–15 years) are highly prevalent (4).

Q: What is the impact of fat intake reduction on health?

Reducing fat intake lowers the risk of heart disease, diabetes, infertility, endometriosis, gallstones, Alzheimer's disease, diabetes and some cancers.

Q: Who is responsible for fat intake/consumption reduction ?

Everyone has a role in promoting fat intake/consumption reduction. Governments, private sector and civil society all play a role in promoting fat consumption reduction.

Q: How can governments reduce population fat intake/consumption?

Government policies and strategies should create environments that enable populations to consume adequate quantities of safe and nutritious foods that make up a healthy diet, including low levels of fat. Improving dietary habits is a societal as well as an individual responsibility. It demands a population-based, multisectoral, and culturally relevant approach.

Q: How can individuals reduce their fat intake?

Individuals can reduce their fat intake by (2):

- changing how they cook – remove the fatty part of meat; use vegetable oil (not animal oil); and boil, steam or bake rather than fry;
- avoiding processed foods containing trans fats; and
- limiting the consumption of foods containing high amounts of saturated fats (e.g. cheese, ice cream, fatty meat).

Q: What is the role of WHO in supporting countries to reduce fat consumption?□

Virtually eliminating trans-fat intake and reducing the intake of saturated fatty acids is one of the strategic interventions under the area of prevention and reduction of risk factors in the Regional

framework for action (5). The Regional Office has issued a policy statement and recommended actions for reducing fat intake and lowering heart attack rates in the Region (6).

In addition, WHO is working within the Global strategy on diet, physical activity and health and closely with governments to meet nine global targets to reduce noncommunicable diseases and give us all a better chance at a longer, healthier life by 2025. The seventh global target aims to halt the rise in diabetes and obesity (4,7). Technical guidance, based on in-depth review of evidence and international experience, was developed in the form of policy statements on reducing intake of fats.

Q: How have countries in the Region managed to reduce fat intake?

22% of countries in the Region have applied regulatory measures to eliminate industrially produced trans-fat in the food supply and to replace saturated fatty acids with unsaturated fatty acids in food products. One country in the Region has issued a decree to reduce transfat content to less than 2% in oil industry products. It also reduced palm oil imports to 30% of total oil imports in 2014 and will further reduce it by 15% in 2015.

In addition, member countries of the Gulf Cooperation Council are developing legislation to eliminate transfat in all locally produced or imported foods. Five countries now have food-based dietary guidelines, while a nutrition profiling model was developed and is being tested in seven countries, to help them to improve food labelling and promote healthy food (8).

References

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[6. Policy statement and recommended actions for reducing fat intake and lowering heart attack rates in the Eastern Mediterranean Region. Cairo: WHO Regional Office for Eastern Mediterranean; 2015](#)

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