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ARTICLE

Package design and nutritional profile of foods targeted at children in supermarkets in Montevideo, Uruguay

Desenho das embalagens e perfil nutricional de alimentos dirigidos ao público infantil em supermercados em Montevidéu, Uruguai

Diseño de envase y perfil nutricional de alimentos dirigidos a niños disponibles en supermercados en Montevideo, Uruguay

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Abstract

Marketing of unhealthy products has been identified as one of the main characteristics of the food environment that negatively affects children's eating patterns. Restrictions on advertising of unhealthy foods to children have already been imposed in different countries. However, marketing strategies are not limited to broadcast and digital advertising, but also include package design. In this context, the current study aimed to describe the food products targeted at children and sold in supermarkets in Montevideo, Uruguay, in terms of package design and nutrient profile. Two supermarkets in Montevideo were selected for data collection. In each supermarket, all products targeted at children were identified. Products were analyzed in terms of package design and nutritional profile, considering the Pan American Health Organization Nutrient Profile Model*. A total of 180 unique products were identified, which included a wide range of product categories. The great majority of the products corresponded to ultra-processed products with excessive amounts of sodium, free sugars, total fat, saturated fat, and/or trans fat, which are not recommended for frequent consumption. Several marketing strategies were identified in the design of packages to attract children's attention and drive their preferences. The most common strategies were the inclusion of cartoon characters, bright colors, childish lettering, and a wide range of claims related to health and nutrition, as well as the products' sensory and hedonic characteristics. The study's findings provide additional evidence on the need to regulate packaging of products targeted at children.*

Food Packaging; Food Composition; Food Publicity; Child

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Introduction

Childhood overweight and obesity have increased at an alarming rate in the last decades, affecting more than 170 million children under the age of 18 worldwide [1]. Although the majority of these children live in upper-middle income countries, the prevalence of overweight and obesity in low and middle income countries is showing the fastest growth rate [2]. In the specific case of Latin America, it has been estimated that 20-25% of children and adolescents are overweight or obese [3]. Uruguay is among the countries with the highest prevalence of overweight and obesity in Latin America, particularly among children under 4 years of age (10.5%) [4].

Childhood overweight and obesity are associated with various health problems and increased risk of premature onset of non-communicable diseases such as diabetes and cardiovascular disease, which lead to a reduction in quality of life and life expectancy [5,6,7]. This situation makes childhood obesity one of the most important public health challenges worldwide and stresses the need to urgently develop population-based strategies to cope with the global epidemic [1].

According to Hawkes et al. [8], effective public policies should take into account the interaction between food preferences and the environment. The environment in which children are born and raised can contribute to their risk of becoming overweight and obese [2]. In this sense, changes in the global food system have increased the availability of highly processed products with high sugar, salt, and fat content, such as candy, soft drinks, snacks, and fast food [9,10]. Consumption of these products has been associated directly with obesity and other non-communicable diseases [11,12,13,14,15].

Marketing of unhealthy products has been identified as one of the main characteristics of the food environment that negatively contributes to children's food preferences and dietary patterns by encouraging consumption of products with high fat, sugar, and salt content [16,17,18,19]. According to reports, a considerable share of food companies' advertising budget is spent on advertisements targeted at children through TV, radio, the internet, and magazines [16,20,21]. Therefore, restrictions on advertising of unhealthy foods to children have been recommended and have already been imposed in different countries [2,18,19]. However, marketing strategies are not limited to broadcast and digital advertising, but also include packaging, sponsorship, and merchandising [20].

The contribution of package design to the marketing of food products targeted at children has increased in recent years [22]. Package design plays a major role in attracting attention and influencing purchase intent, and provides food companies the last chance to persuade consumers to buy the product at the point of sale [23]. Foods targeted at children are usually marketed using unconventional flavor and colors, cartoon characters, photos of celebrities, household names, merchandising tie-ins, and direct references to fun and play on the packages [22,24,25,26]. These marketing strategies have been reported to encourage children to think that products are tastier, healthier, funnier, and more appropriate for them, increasing their liking and willingness to consume [27,28].

Thus, regulation of labelling thus seems necessary to encourage children to avoid consumption of unhealthy products [22]. Implementation of such regulation requires detailed identification of the strategies used by food companies to promote products targeted at children and evaluation of their impact on children's perception and food choices. However, few studies have analyzed the characteristics of products targeted at children in Latin American countries, thus calling for further studies on the topic [24,29].

In this context, the current study aimed to describe the products targeted at children sold in supermarkets in Montevideo, Uruguay, in terms of package design and nutrient profile.

Methodology

Sampling and data collection

Two of the most widespread and popular supermarkets in Montevideo, the capital city of Uruguay, were selected for data collection. In each supermarket, three researchers participated in the survey to ensure that all relevant products were identified. Data collection was carried out in October 2014.

All products targeted at children were identified according to the following criteria, previously addressed by other authors [24,26]: (a) direct references to children; (b) use of cartoon characters; (c) unusual package/product shape or color; (d) references to sports, TV programs, or movies; and (e) premium offers and promotions targeted at children (collectibles, raffles). Products were analyzed on site and photographed.

Products that were sold in both supermarkets were included only once in the product sample. Besides, when several products of the same brand but differing only in flavor or package size were found, only one one of them was included in the analysis. Considering that the products had identical package characteristics and nutritional composition, the product included in the analysis was randomly selected.

Data analysis

The following information was obtained from each of the identified products: food category, brand, product name, package characteristics (color, use of cartoon characters, use of images), nutritional information (calories, total fat, saturated fat, trans fat, sugar, salt), ingredients, promotions, links to sports, TV programs, or movies, and claims (nutritional claims, product usage, references to fun, and other benefits).

The information described above was coded in categories using inductive coding by three of the study's authors. The number of products in each category was determined at the aggregate level and for each of the identified product categories. Significant differences in the frequency of the categories were evaluated using the chi-square test. A chi-square per cell test was used to identify the source of variation of the global chi-square.

According to their ingredients and nutritional composition, products were classified according to the *Pan American Health Organization Nutrient Profile Model* [30]. This profile is limited to processed and ultra-processed products, as they normally contain high added sodium, sugar, total fat, saturated fat, and trans fat content. Free sugars were estimated following the recommendations proposed in the model [30].

Results

A total of 180 unique products were identified as targeted at children, which were classified in nine main categories (Table 1). The most common category was candy and chocolates, followed by cookies and pastries, dairy products, and breakfast cereals. These four categories accounted for 77% of the products. The category "other" comprised three different products: fruit puree, mayonnaise, and salami.

The identified products met between 1 and 5 of the criteria for classifying a product as targeted at children (average of 2 criteria). The inclusion of cartoon characters on food packages was the most common strategy, used by 76% of the products, followed by unusual package/product shape or color, found in 74% of the products. The other three criteria were used less frequently: direct references to children (26%), offers and promotions targeted at children (22%), and references to sports, TV programs, or movies (17%).

Package characteristics

Table 2 shows an overview of the package characteristics of the identified products. Marketing strategies related to package and label design were frequently used, particularly bright colors, cartoon characters, and childish fonts on the labels. Some products also included explicit references to children through text or pictures, as well as references to fun (Table 2).

Significant differences in the frequency of use of the categories among product categories were identified ($p < 0.001$). For example, products in the candy and chocolate category frequently used bright colors and unusual package shape, while unusual product shape was common in frozen ready-to-eat products such as animal-shaped nuggets (Table 2).

Table 1

Number of products targeted at children in nine food categories identified in two supermarkets in Montevideo, Uruguay.

Product category	Number of products	Percentage of the total (%)
Candy and chocolate	45	25
Cookies and pastries	37	21
Dairy products	33	18
Breakfast cereals	24	13
Instant food	17	9
Soft drinks and juices	9	5
Savory snacks	8	4
Frozen ready-to-eat foods	4	2
Other *	3	2
Total	180	100

* This category included a meat product (salami), a fruit puree, and a mayonnaise.

Table 2

Percentage of products targeted at children with different package characteristics.

Characteristic	Percentage of products in each category (%)									
	Total	1	2	3	4	5	6	7	8	9
Package design *	66	87	51	52	75	41	56	100	100	33
Bright colors *	66	87	51	52	75	41	56	100	100	33
Unusual shape *	8	22	0	6	0	6	0	0	0	33
References to unusual product shape/color *	8	11	5	6	13	0	11	0	50	0
Cartoon characters	76	62	70	70	96	88	89	88	75	100
Generic character	61	44	57	67	67	82	56	88	50	100
Licensed character *	14	18	14	3	29	6	33	0	25	0
Childish lettering	57	64	59	45	75	47	56	13	100	33
References to children *	26	13	35	48	13	12	22	13	50	33
Textual reference to children *	20	11	30	36	4	6	22	13	50	33
Picture of children *	6	2	5	12	8	6	0	0	0	0
References to fun	26	20	38	33	25	24	0	13	0	33
Cross-advertisement *	12	4	22	0	17	35	0	13	0	0
References to the brand/Product website *	7	4	22	0	0	6	0	13	0	0
References to the company website *	7	0	8	0	17	35	0	0	0	0
Tie-ins *	17	16	14	18	13	35	11	13	25	0
Movies/TV programs *	9	16	16	0	13	0	0	0	25	0
Sports *	7	0	3	18	0	35	11	13	0	0
Promotions targeted at children	27	16	41	18	46	41	0	0	25	0
Games/Puzzles on the package *	14	7	8	6	46	35	0	0	25	0
Toys/Prizes	8	9	11	12	0	6	0	0	0	0
Online contests *	4	0	22	0	0	0	0	0	0	0
Price promotions	4	2	8	6	0	0	0	13	0	0
2 for 1 *	1	0	0	3	0	0	0	0	0	0
Larger package at reduced price	3	2	8	3	0	0	0	13	0	0

* Indicates package characteristics for which significant differences among product categories were identified according to the chi-square per cell test ($p < 0.05$).

Note: categories: 1 – candy and chocolate; 2 – cookies and pastries; 3 – dairy products; 4 – breakfast cereals; 5 – instant food; 6 – soft drinks and juices; 7 – savory snacks; 8 – frozen ready-to-eat foods; 9 – other.

The products included cross-advertisement or merchandising, or references to the brand/product or company website. This marketing strategy was more common in three categories: breakfast cereals, instant food, and cookies and pastries (Table 2). Tie-ins with movies, TV programs, and sports were also found in several products. In particular, tie-ins with sports were common in the instant food category.

Promotions targeted at children were found in 27% of the products. The main type of promotion used by food companies was the inclusion of games/puzzles on the packages, especially in three categories: breakfast cereals, instant food, and frozen ready-to-eat foods (Table 2). Food packages also contained prizes such as toys, stickers, and pencil cases. Besides, 22% of the cookies and pastries included references to online contests on the package.

Price promotions were also identified, although in a small proportion of products. Promotions included selling the second or selling product a larger package at a reduced price in four categories: candy and chocolate, cookies and pastries, dairy products, and savory snacks.

A wide range of claims were included on the packages, as shown in Table 3. At the aggregate level, health/nutrition claims were the most frequent on products targeted at children. However, differences in the frequency of use of such claims across product categories were found. As shown in Table 3, health/nutrition claims were markedly more frequent in breakfast cereals and soft drinks and juices than in the other categories. Claims about supplemented vitamins and minerals were the most frequent, and were found only in five categories: cookies and pastries, dairy products, breakfast cereals, instant food, and soft drinks and juices. Besides, claims about healthfulness/nutrition energy were only included on breakfast cereal packages. Other health and nutrition claims included references to energy, absence of trans fat, and inclusion of probiotics (Table 3).

Table 3

Percentage of the products targeted at children, identified in two supermarkets in Montevideo, Uruguay, including different claims.

Type of claim	Percentage of products in each category (%)									
	Total	1	2	3	4	5	6	7	8	9
Health/Nutrition claims *	19	0	3	24	54	29	56	13	25	33
Added minerals *	14	0	0	18	46	29	33	0	0	0
Added vitamins *	14	0	3	18	46	18	44	0	0	0
References to healthfulness/Nutrition *	5	0	0	0	33	0	0	0	0	0
References to energy	3	0	0	3	8	0	11	0	0	33
No trans fat *,**	2	0	0	0	4	0	0	13	25	0
Probiotics *	1	0	0	6	0	0	0	0	0	0
Ingredient claims *	12	16	3	21	0	0	33	0	50	33
Gluten-free *	8	4	0	18	0	0	33	0	50	33
No colorings *	3	7	3	0	0	0	0	0	0	33
No flavorings *	3	9	0	0	0	0	0	0	0	33
No preservatives	2	2	3	3	0	0	11	0	0	0
Other claims *	18	11	22	12	33	6	22	25	0	100
Naturalness	1	0	0	0	4	0	0	0	0	0
Sensory (tasty/delicious/crunchy) *	13	4	22	9	29	6	0	25	0	33
Ideal for snacking *	1	0	0	3	0	0	0	0	0	33
References to fruit *	3	7	0	0	0	0	22	0	0	33

* Indicates claims for which significant differences among product categories were identified according to the chi-square per cell test ($p < 0.05$);

** The trans fat content of dairy products was not considered in the classification.

Note: categories: 1 – candy and chocolate; 2 – cookies and pastries; 3 – dairy products; 4 – breakfast cereals; 5 – instant food; 6 – soft drinks and juices; 7 – savory snacks; 8 – frozen ready-to-eat foods; 9 – other.

Claims about absence of specific ingredients were included on 12% of the product packages, mainly related to additives (colorings, flavorings, and preservatives). These claims were mainly found in three categories: candy and chocolate, cookies and pastries, and the other products category (Table 3). Gluten-free claims were also found on some packages, particularly in dairy products, soft drinks and juices, and frozen ready-to-eat-products.

Other claims were also identified on the packages, as shown in Table 3. The most common claim emphasized the products' sensory and hedonic characteristics, such as tastiness, deliciousness, or distinct sensory characteristics (e.g. crunchy). Such claims were common in cookies and pastries, breakfast cereals, savory snacks, and one product in the others category (salami) (Table 3). Other claims stressed product naturalness (ideal for snacking) or referred to fruits, although at the aggregate level they were less common than the other claims.

Nutrient profile

The great majority of products targeted at children and identified in the current study were classified as ultra-processed (97%). The remaining products (five, or 3%) corresponded to unprocessed or minimally processed products (sunflower seeds, pasteurized milk, and powdered milk).

All the ultra-processed products identified in the study were included in at least one of the categories of the *Pan American Health Organization Nutrient Profile Model* [30], indicating that they all contained excessive amounts of sodium, free sugars, total fat, saturated fat, and/or trans fat and/or contained artificial sweeteners. Products were included in an average of 2.0 categories. However, some products were included in only one category, whereas others were included in four. Most products contained excessive amounts of free sugars (Table 4), which represented more than 10% of their total energy content [29]. The majority of the savory products, particularly savory snacks and frozen ready-to-eat foods, also contained excessive amounts of sodium. The least frequent category related to ultra-processed products formulated with sweeteners, as only one of the products (soft drinks) fit this description.

As expected, the study identified differences in the nutrient profile of product categories (Table 4). Cookies and pastries were included in an average of 3.5 categories in the Nutrient Profile Model, indicating that they contained excessive amounts of three to four nutrients. As shown in Table 4, the great majority of products in this category contained excessive amounts of free sugars, total fat, and saturated fat, while 62% of the products also contained excessive amounts of trans fat.

Dairy products and savory snacks were classified in an average of 2.2 categories in the Nutrient Profile Model, indicating that they contained excessive amounts of two nutrients on average. As shown in Table 4, dairy products frequently contained excessive amounts of sugar and saturated fat, while most savory snacks contained excessive amounts of sodium and total fat.

Discussion

In the current study, a wide range of product categories targeted at children were identified in two supermarkets in Montevideo, Uruguay. The most common categories were candy and chocolate, cookies and pastries, dairy products, and breakfast cereals. The products were not only limited to snack foods but included products suitable for different eating occasions, including breakfast and main meals. Marketing of such a diverse range of products for children may convey the idea that they should eat different foods than adults, as previously highlighted by Elliot [28].

The great majority of products corresponded to ultra-processed products with excessive amounts of sodium, free sugars, total fat, saturated fat, and/or trans fat, not recommended for frequent consumption [20]. These findings corroborate other studies conducted in different countries, which have classified child-oriented products as unhealthy [24,26,29,31,32]. Consumption of highly processed foods or ultra-processed products has been associated with obesity and other non-communicable diseases, even in children [11,12,14,33]. Sales of frozen products, cookies, snacks, candy, ice cream, and soft drinks have increased markedly in the last 10 years in several Latin American countries [14]. In particular,

Table 4

Percentage of products targeted at children, identified in two supermarkets in Montevideo, Uruguay, classified in each of the food groups defined by the *Pan American Health Organization Nutrient Profile* [30].

	Percentage of products in each category (%)									
	Total	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Unprocessed or minimally processed *	3	0	0	12	0	0	0	11	0	0
Ultra-processed foods *	97	100	100	88	100	100	100	89	100	100
Excessive amount of sodium *	17	0	0	7	50	6	22	86	75	33
Excessive amount of free sugars *	91	100	100	100	92	94	89	14	0	33
Contain sweeteners *	1	0	0	0	0	0	11	0	0	0
Excessive amount of total fat *	40	33	95	21	4	0	0	86	75	67
Excessive amount of saturated fat *	50	36	97	86	4	6	0	43	50	67
Excessive amount of trans fat *	14	2	62	0 **	0	0	0	25	0	0

* Indicates that differences among product categories were significant according to the chi-square per cell test ($p < 0.05$);
** The trans fat content of dairy products was not considered in the classification.
Note: categories: 1 – candy and chocolate; 2 – cookies and pastries; 3 – dairy products; 4 – breakfast cereals; 5 – instant food; 6 – soft drinks and juices; 7 – savory snacks; 8 – frozen ready-to-eat foods; 9 – other. Percentages within the ultra-processed foods category do not total exactly 100% because each product could be included in more than one category of the *Pan American Health Organization Nutrient Profile*.

consumption of these products in Uruguay has increased 68.4% between 2000 and 2013, in parallel with a marked increase in the prevalence of overweight and obesity [14,34].

Most products targeted at children were ultra-processed, which raises concerns about children becoming accustomed to such foods and losing the ability to appreciate the value of natural and homemade food [28]. It thus appears necessary to regulate marketing of ultra-processed products as appropriate foods for children [18]. Educational campaigns to discourage children and their parents from consuming such products are also advisable [14].

Food companies have used various marketing strategies in package design to attract children's attention and drive their preferences. The most common strategy was the inclusion of cartoon characters, as well as tie-ins with movies, TV, and sports, although less frequently. Children have been reported to create emotional bonds with familiar characters that encourage them to consume products associated with them [27,35,36,37]. In the current study, licensed characters were markedly less frequent than generic characters, probably due to the cost associated with using licensed characters. This trend has been also reported by Chacon et al. [24] when analyzing snack foods for children in Guatemala. Importantly, unfamiliar cartoon characters can be as effective as familiar ones in increasing children's positive hedonic reaction to products [38].

Other frequently identified design strategies were the use of bright colors, unusual shapes, and childish fonts, aimed at attracting children's attention to the packages. Package color and shape also create sensory and hedonic expectations that can drive preferences and have a large impact on food choices [39,40].

Packages also included references to fun, as well as promotions involving games, puzzles, toys, and other prizes, as reported by other authors [18,19,24,26]. This strategy may induce children to create a problematic relationship with foods, as they learn to frame foods as entertainment rather than contributing to their health and wellbeing [26]. Other promotions involved product discounts, targeted at parents, but were less frequent than those targeted at children.

Products made a wide range of claims on the packages, most related to health and nutrition. The inclusion of such claims has been reported to influence the perception of healthfulness, as well as hedonic expectations of school-aged children [41,42]. Nutrition claims have also been reported to influence parents, who usually base their healthfulness judgments of products on nutrition claims rather

than on an exhaustive evaluation of the nutritional information included on the packages [43]. In the current study, all products with health and nutrition claims contained excessive amounts of at least one of several nutrients that have been associated with negative health outcomes [20]. Similar results have been reported by other authors, stressing that nutrition claims on food packages and marketing campaigns are commonly used by food companies to convey the concept of healthfulness in products that are high in sugar, saturated fat, and/or sodium [44]. Therefore, claims related to health and nutrition can mislead parents and have a negative impact on the nutritional composition of the packaged food products selected by parents for their children. Strict regulations on the use of nutrition claims on packages of products targeted at children are thus necessary. In this sense, nutrient profiling tools to determine the eligibility of foods to display health and nutrition claims should be developed in Latin American countries, as previously implemented in Australia and New Zealand [45].

Finally, it is important to highlight that some products made claims related to naturalness, as well as lack of colorings, flavorings and preservatives, which may also induce healthful associations by children and parents. The use of claims related to naturalness is particularly relevant in light of the increased importance attributed to processed products in the global obesity epidemic [14,15,30]. Therefore, regulation of such claims on food packages and advertising is also advisable.

In closing, it is important to address some of the study's potential limitations. First, only products sold at two supermarkets in Montevideo were analyzed, which does not provide a representative overview of products targeted at children and available in Uruguay as a whole. Although products available at other supermarket chains may be similar to those identified in the present study, further research should also consider products sold at convenience stores and other informal stores located in different neighborhoods. It would be interesting to compare differences between products targeted at children and available in neighborhoods with different income levels. In this study, sampling was done at a single point in time, which does not provide an overview of how the products' characteristics change throughout the year, or particularly in relation to special events such as Christmas or Easter. Despite such limitations, the study provides a comprehensive analysis of the characteristics of products targeted at children available in Uruguay and is the first study to apply the Pan American Nutrient Profile Model to analyze the nutritional composition of such products.

Conclusions

The contribution of advertising unhealthy products to the global childhood obesity epidemic has been recognized, and various countries have implemented regulations [18]. However, the contribution of package design to the marketing of child-oriented products has still not been fully acknowledged. The current study's results provide additional evidence of the nutrient profile of products targeted at children, as well as the wide range of strategies related to package design frequently used by the food industry to market their products. Considering that self-regulation has proven unsuccessful [18], it is necessary to strictly regulate package design and product shape of products targeted at children, with particular emphasis on the use of cartoon characters and health/nutrition claims. Records of such regulation exist in anti-tobacco campaigns, as companies have been forced to remove all logos and images from packages [46]. Although this type of regulation may be excessive, the relevance of package design on children's perception of food products should be acknowledged in public policies [18]. In this sense, additional empirical evidence of the extent to which package design influences children's preferences and perception of healthfulness is needed to support the development of appropriate and effective public policies.

Contributors

A. Giménez participated in the study design and implementation, data analysis, and writing of the article. L. Saldamando participated in the study design and implementation and data analysis. M. R. Curutchet participated in the study design and writing of the article. G. Ares participated in the study design and implementation, data analysis, and writing of the article. All authors approved the final version of the paper for publication.

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Resumo

A publicidade de produtos alimentícios pouco saudáveis tem sido identificada como uma das principais características do ambiente alimentar com efeito negativo sobre a alimentação das crianças. Diversos países já impuseram restrições sobre a publicidade de produtos alimentícios pouco saudáveis para crianças. Entretanto, as estratégias publicitárias não se limitam à radiodifusão e às mídias digitais; incluem também o desenho das embalagens. Nesse contexto, o estudo buscou descrever os alimentos dirigidos ao público infantil e vendidos em supermercados em Montevidéu, Uruguai, em termos de desenho de embalagem e perfil de nutrientes. Dois supermercados em Montevidéu foram selecionados para a coleta dos dados. Em cada supermercado, foram identificados todos os produtos dirigidos ao público infantil. Os produtos foram analisados quanto ao desenho da embalagem e perfil nutricional, considerando o Modelo de Perfil de Nutrientes da Organização Pan-Americana da Saúde*. Foi identificado um total de 180 produtos, incluindo uma ampla variedade de categorias de produtos. A grande maioria dos produtos correspondia aos ultra-processados, com teores excessivos de sódio, açucares livres, gordura total e gordura saturada e/ou trans, que são contraindicados para consumo frequente. Foram identificadas diversas estratégias mercadológicas no desenho das embalagens para atrair a atenção das crianças e moldar suas preferências. As estratégias mais comuns foram a inclusão de personagens de desenho animado, cores brilhantes, letras infantilizadas e uma ampla gama de alegações em relação à saúde e nutrição e às características sensoriais e hedônicas dos produtos Os achados do estudo fornecem evidências adicionais sobre a necessidade de regulamentar as embalagens dos produtos alimentícios para crianças.*

Embalagem de Alimentos; Composição de Alimentos; Publicidade de Alimentos; Criança

Resumen

El marketing de productos poco saludables se ha identificado como una de las características del entorno alimentario que afecta negativamente los hábitos alimentarios de los niños. Diferentes países han impuesto restricciones a la publicidad de alimentos poco saludables dirigidos a niños. Sin embargo, las estrategias de marketing no se limitan a la publicidad visual y digital, sino que también incluyen el diseño de envases. En este contexto, el presente estudio tuvo como objetivo describir los productos alimenticios dirigidos a niños y vendidos en supermercados de Montevideo, Uruguay, en términos de diseño del envase y perfil nutricional. Se seleccionarondos supermercados em Montevideo para la recollección de datos. En cada supermercado, se identificaron todos los productos dirigidos a niños. Se analizaron los productos en términos de diseño del envase y perfil nutrientes, considerando el Modelo de Perfil Nutricional de la Organización Panamericana de la Salud*. Se identificaron un total de 180 productos, que incluyeron una amplia variedad de categorías. La gran mayoría de los productos correspondieron a productos ultraprocesados con excesivas cantidades de sodio, azúcares, grasa total, grasas saturadas, y/o grasas trans, cuyo consumo frecuente no está recomendado. Se identificaron diversas estrategias de* marketing *en el envase de los productos para atraer la atención de los niños e influenciar sus preferencias. Las estrategias más comunes fueron la inclusión de personajes de infantiles, colores vivos, letras infantiles y una amplia variedad de alegaciones sobre salud y nutrición, así como relacionadas con caracteriticas sensoriales y hedónicas de los productos. Los hallazgos del estudio proporcionan evidencias adicionales sobre la necesidad de regular el diseño de los envases de los productos dirigidos a niños.*

Embalaje de Alimentos; Composición de Alimentos; Publicidad de Alimentos; Niño

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Approved on 18/Jul/2016

Organización Panamericana de la Salud
Oficina Regional de la Organización Mundial de la Salud

LAS AMERICAS LIBRES DE GRASAS TRANS
Declaración de Río de Janeiro

Los abajo suscritos, autoridades de salud pública, representantes de la industria de alimentos y de empresas de aceites, convocados por la Organización Panamericana de la Salud en la ciudad de Río de Janeiro los días 8 y 9 de junio de 2008 y adherentes a la presente declaración,

Teniendo en cuenta:

- Que durante la última década se ha acumulado amplia evidencia científica que vincula el consumo de ácidos grasos trans (AGT) de origen industrial, con alteraciones del metabolismo de lípidos en la sangre, inflamación vascular y desarrollo de enfermedades cardio- y cerebro-vasculares;

- Que los AGT están presentes, principalmente, en aceites de fritura, margarinas, mantecas, y grasas industriales (*shortenings*) utilizadas en la elaboración de productos de repostería, panificación, "snacks" entre otros.

y

Considerando las recomendaciones de organismos internacionales, tales como la Organización Mundial de la Salud y la Organización Panamericana de la Salud; así como la tendencia global a sustituir los AGT de producción industrial,

Expresamos lo siguiente:

1. Los AGT de producción industrial deberían sustituirse en los alimentos procesados y sugerimos que su presencia no debe ser mayor a 2% del total de grasas en aceites y margarinas; y no mayor al 5% del total de grasas en alimentos procesados. El camino para llegar ello debe ser definido de acuerdo a la situación de la industria alimentaria y en dialogo con autoridades de salud pública nacionales;

2. Es deseable que el etiquetado nutricional de alimentos procesados sea obligatorio incluyendo la declaración del contenido de ácidos grasos trans y sugerimos su armonización en las América.

3. La alternativa preferida a los AGT deberían ser las grasas insaturadas cis, incluidos los ácidos grasos poliinsaturados de la familia omega-3. Las grasas saturadas[1] sólo deben usarse como sustitutos de los AGT, en ausencia de una alternativa viable para aplicaciones específicas.

4. Es deseable que los restaurantes y empresas de servicios de alimentos, avancen en los cambios sugeridos e informen sobre contenido de AGT en sus preparaciones. Los sistemas públicos de asistencia alimentaria deberían ser parte importante de este esfuerzo a través de programas de ayuda alimentaria, hospitales, escuelas etc.

[1] *Particularmente los ácidos grasos saturados palmítico y mirístico*

5. Se sugiere establecer incentivos fiscales a la producción agrícola, producción y comercialización de aceites y grasas sustitutos de AGT, asegurar fondos para investigación de tales sustitutos, producir transferencia tecnológica, así como crear incentivos tributarios y crédito preferenciales, entre otros.

6. Es deseable que las autoridades nacionales en salud pública en coordinación con el sector privado desarrollen programas de educación a la población sobre los diferentes tipos de grasa, la correcta forma de leer etiquetas y su aplicación en su vida cotidiana.

7. Los sectores participantes reconocen la necesidad de discutir en el seno de los grupos de trabajo nacionales aspectos relacionados con la publicidad de alimentos que contienen AGT en particular los relacionados a niños y adolescentes;

8. Deben realizarse estudios y monitoreos del contenido de ácidos grasos en los alimentos, su ingesta y de marcadores biológicos de AGT en la población. Esto permitirá conocer la situación actual y también evaluar cambios tras la adopción de las medidas propuestas.

9. Deseamos mantener este dialogo regional y nacional, bajo los auspicios de la OPS, con miras a materializar el objetivo de Las América Libres de Grasas Trans industrializadas, en el más corto plazo posible.

10. Recomendamos que para materializar la presente declaración y adaptarla a la realidad de cada país, que se formen equipos de trabajo nacionales con la participación de la industria, científicos y autoridades de salud publica. Así mismo, la OPS deberá convocar periódicamente a representantes de tales equipos para evaluar los progresos, dificultades, y retos en la sustitución de AGT.

11. Utilizar la Estrategia Global sobre Alimentación y Actividad Física de la OMS como marco de trabajo de los grupos de trabajo nacionales.

Washington D.C., 22 de junio de 2008.

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World Health Organization
REGIONAL OFFICE FOR Europe

Eliminating *trans* fats in Europe

A policy brief

World Health Organization
REGIONAL OFFICE FOR Europe

Eliminating *trans* fats in Europe

A policy brief

Abstract

This policy brief presents an analysis of the policy options available for eliminating or reducing *trans* fats in the food-supply chain. It explores how such policies could contribute to decreasing the disease burden caused by intake of industrially produced *trans* fats in the WHO European Region.

Keywords

CHRONIC DISEASE
CORONARY HEART DISEASE
NUTRITION POLICY
FOOD
DIET
FATTY ACIDS
LAW

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Contents

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Summary

There is now an overwhelming evidence base on the adverse health effects of consuming *trans* fats, and this, along with growing public awareness, has increased the pressure on European food producers and manufacturers to decrease their use in products.

Guidance to minimize *trans*-fat intake is based predominantly on evidence that *trans* fat consumption significantly increases the risk of coronary heart disease (CHD), with no known dietary requirements for *trans*-fatty acids. The 2003 WHO/FAO technical report series 916 stated that intake of *trans* fats should be as low as possible (<1% of total energy intake).

Some food companies have already voluntarily reformulated their products to reduce *trans*-fat content, and average intake of *trans* fats in many European countries is now relatively low. However, information on *trans*-fat intake in several countries of the WHO European Region is still very limited.

As the majority of the European countries still do not limit the content of *trans* fats in food, a large number of products containing high levels of *trans* fat are still available on the European market. Consequently, despite a decline in average intake of *trans* fats, it is estimated that millions of Europeans still consume *trans* fats at levels that significantly increase their risk for CHD.

Several policy options exist to reduce *trans*-fat intake, including legislative limits on *trans*-fat content in consumable fat, voluntary reductions by food industry actors in the use of *trans* fat, and mandatory labelling of *trans* fat.

When evaluating the potential effectiveness of policy options in meeting the public health objective of reducing *trans*-fat intake for all population groups, policy makers may consider how well the policy achieves the following objectives:

- effective in targeting all products containing *trans* fat that are available on the market, and specifically in ensuring that low-cost foods do not go unaffected;
- effective in targeting all socio-economic groups (so as to not contribute to increasing health inequalities);
- low-cost (to governments and industry) and uncomplicated implementation and monitoring

Establishing a legal limit for the content of *trans*-fats in all foods is likely to be the most effective option for decreasing population mean intake of artificial *trans* fats and potentially the only option available that reduces the risks associated with *trans* fats faced by all consumers.

It is unlikely that legally limiting *trans*-fat content in food would have any major negative consequences, and doing so may contribute to reducing inequalities. Such a policy is unique in its combination of efficacy, cost-effectiveness and low potential for negative impact. Removing *trans* fats from the food supply is possibly one of the most straightforward public health interventions for reducing CVD risk and improving nutritional quality of diets.

Purpose

The development of policies for eliminating *trans* fats from the European food supply is highlighted as a priority in the *European Food and Nutrition Action Plan 2015-2020* (*1*). The aim of this policy brief is to present an analysis of available policy options that could contribute to decreasing the European disease burden by reducing intake of industrially produced *trans* fats. Given the evidence on current consumption patterns, this paper focuses on the policy options most likely to be effective in reducing both the overall intake of *trans* fats and consumption-related inequalities across socioeconomic groups (*2-5*). The potential impact of each policy option on reducing the availability of *trans* fats in the food supply has been evaluated on the basis of this evidence; in addition other considerations such as the cost of implementation have been examined where evidence was available. An overview of the methodology is provided in Annex 1.

What are *trans* fats?

Trans fats are a type of unsaturated fatty acids and can be classified as naturally occurring or industrially produced. Naturally occurring *trans* fats – or ruminant *trans*-fatty acids (rTFAs) - are produced by the gut bacteria of ruminant animals and found in small amounts in the food products from these animals (for example, the meat and milk products from cattle, sheep and goats). Industrially produced *trans* fats are formed when fats and oils are modified by the use of industrial processing techniques (*6,7*). The process of partial hydrogenation is the primary mechanism used in the industrial production of *trans* fats; during the process, oil is hardened, which improves its commercial appeal by enhancing its sensory profile and texture and increasing its shelf life and tolerance to repeated heating (*7,8*). In oils that initially have a low content of *trans* fats, repeatedly heating them (e.g. in cooking) can generate additional *trans* fats. The proportions of industrially produced *trans* fats in food are generally much higher than those of naturally occurring *trans* fats and, in most European countries, they are the main dietary source of *trans* fats. Some examples of foods commonly containing high amounts of *trans* fats are presented in Table 1.

Trans fats in the European context

Evidence on the effects of industrially produced *trans* fats has been increasing over the past three decades. The 2003 WHO/FAO technical report series 916 stated that intake of *trans* fats should be as low as possible (<1% of total energy intake, which equates to no more than 2 g of *trans* fats per day for a person requiring 2000 kcal) (*9*). This guidance is mirrored by several other prominent bodies, including the European Commission (EC) and the United States Department of Agriculture (*2,3,10*).

Guidance to minimize *trans*-fat intake is based predominantly on evidence that *trans*-fat consumption significantly increases the risk of coronary heart disease (CHD) (*11*). The evidence suggests that *trans* fats increase the risk of CHD more than any other dietary source of energy (*11*). In terms of magnitude, an increase of 2% in total energy derived from *trans* fat is shown to be associated with an increase in risk of death from CHD or myocardial infarction of 23% (*12,13*). In addition, there is evidence to suggest that *trans*-fat intake is associated with the development of other cardiovascular diseases (CVD), central adiposity, diabetes, Alzheimer's disease, breast cancer, impaired fertility, endometriosis and cholelithiasis (*11,14-16*). Research has failed to identify any positive nutritional role of industrially produced *trans* fats beyond being a potential source of energy. Replacing *trans* fats in the diet with alternative

Table 1. Examples of foods likely to contain variable amounts of *trans* fat

***Trans*-fat type**	**Dietary source**
Industrially produced *trans* fats (can comprise up to 60% of a product's fat content (*6*))	*Fast food:* baked goods (e.g. pies, biscuits, pastries and sweet rolls); biscuits; fried foods (e.g. French fries, hash browns, chicken nuggets, some kebabs) Supermarket products: ready-to-microwave popcorn; some biscuits, wafers and baked goods, including tacos and tortillas Fats and oils: shortening; partially hydrogenated oils; some margarines (notably of an industrial nature) Bakery products: pies; biscuits; sweet rolls; pastries; buns; cakes
Naturally occurring *trans*-fatty acids (can comprise up to 6% of a product's fat content (*6*))	Ruminant animal products: meat- and milk-based products from, for example, cattle, sheep, goats, buffalo, deer, elk, giraffes and camels

sources of fat reduces the risk of CHD, the greatest improvements being associated with using mono-unsaturated fatty acids (MUFAs) or poly-unsaturated fatty acids (PUFAs) instead. All of this evidence suggests that eliminating *trans* fats from the food supply has positive health effects (*11*).

The overwhelming evidence base on, and growing public awareness of, the adverse effects of consuming *trans* fats has increased the pressure on European food producers and manufacturers to decrease their use. Consequently, many have voluntarily reformulated their products to this end. As a result, the average intake of *trans* fats in many European countries is now relatively low (*17*). However, information on *trans*-fat intake in several countries is still limited, highlighting the need for systematic, standardized data collection. As the majority of the European countries still do not limit the content of *trans* fats in food, a large number of products containing high levels of *trans* fat are still available on the European market (*18-20*) (Fig. 1). Consequently, despite a decline in average intake of *trans* fats, it is estimated that millions of Europeans still consume *trans* fats at levels that significantly increase their risk for CHD. Across some countries in eastern Europe and the Balkan region in particular, high amounts of industrially produced *trans* fats are present in many popular foods (*2,3,19,21*). Specific populations at risk of consuming high levels of *trans* fats include adolescent males, university students, and customers of certain ethnic-food outlets and fast-food restaurants (*22-24*).

Products high in industrially produced *trans* fats also tend to cost less and are, therefore, more likely to be consumed by people with lower socioeconomic status (*19,25*). Thus, the health risks associated with a high consumption of industrially produced *trans* fats need to be considered from the perspective of health inequality. Policies that contribute to reducing the content of *trans* fat in foods commonly consumed by low-income groups, thereby positively influencing the overall nutritional quality of their diets, can also contribute to reducing their risk of disease and may help to close the gap in terms of health inequality.

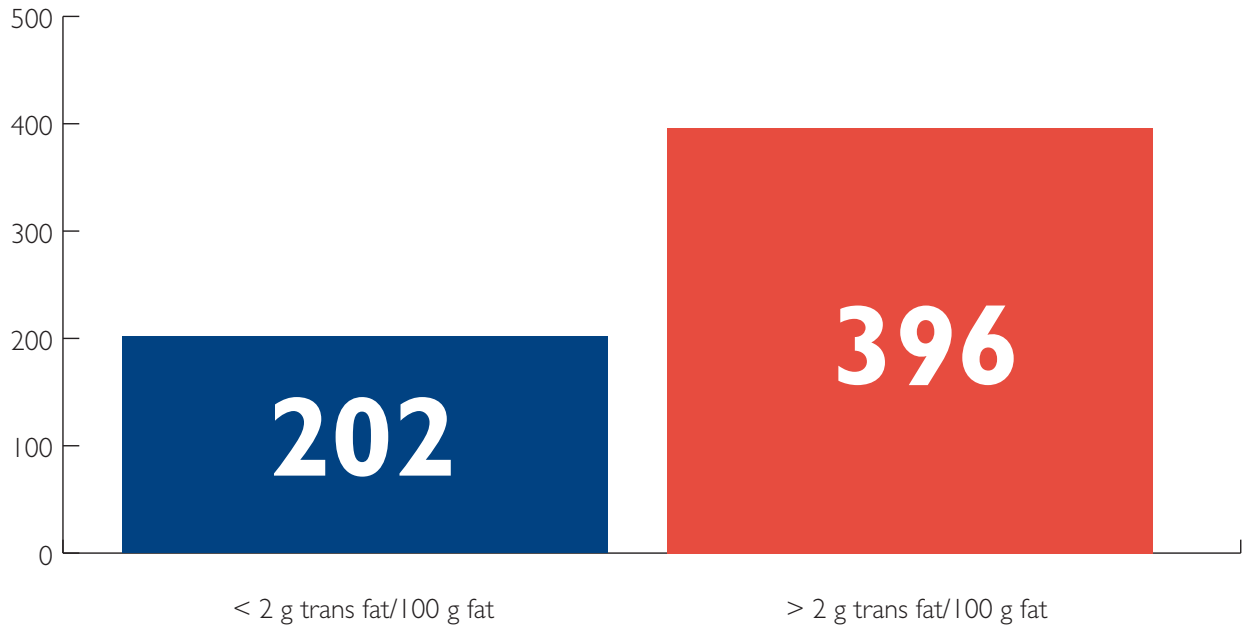
Policy options identified in literature

Legislative limits on *trans*-fat content in consumable fat

This policy option, often referred to as a *trans*-fat ban, involves the introduction of legislation limiting the amount of industrially produced *trans* fat in any consumable fat. There are many European examples of *trans*-fat bans (Table 2).

The first country in the world to introduce a policy on *trans* fats was Denmark in 2003. (Details of the Danish experience are presented below.) The Danish legislation sets an upper limit of 2 g of industrially produced *trans* fats per 100 g of fat or oil (*26*). This was followed by the introduction of legislation setting the same limits in Switzerland (2008) (*27,28*), Austria (2009) (*29*), Iceland (2011) (*30*), Hungary (2014) (*31*) and Norway (2014) (*32*). The Swedish Parliament passed legislation to limit *trans*-fat content in foods in 2011, but the national cabinet opted to await the release of a forthcoming EC report on *trans* fat, before implementing it (*33,34*). While Europe is clearly leading the world in relation to this form of *trans*-fat policy, "bans" also exist elsewhere.

Fig. 1. *Trans* fat content of 598 samples of biscuits, cakes and wafers with "partially hydrogenated vegetable fat" or a similar term high on the list of the ingredients in 20 European countries



Source: Stender S, Dyerberg J, Bysted A, Leth T, Astrup A. *A trans world journey* (*20*).

Table 2. Legislative limits on *trans* fat in European countries

Country	Dates	Limits	Other notable elements
Denmark (*26*)	In force: 31 March 2003 Transition period: Until 1 January 2004 Amended: 14 December 2006 and 26 March 2010	2g per 100g of fat or oil	rTFAs excluded During the transition period, 5g per 100g of fat or oil for foods which also contain other ingredients than fat or oil (expired 31 December 2003)
Switzerland (*27,28*)	Passed: 7 March 2008 In force: 1 April 2008	2g per 100g of vegetable fat or vegetable oil	Applies only to vegetable oils
Austria (*29*)	Passed/in force: 1 September 2009 Amended: 3 November 2010	2g per 100g of fat or oil	rTFAs excluded (after amendment) 4 g per 100g if fat content is <20% of total weight 10g per 100g if fat content is <3% of total weight
Iceland (*30*)	Passed: 21 December 2010 In force: 1 August 2011	2g per 100g of fat or oil	rTFAs excluded
Norway (*32*)	In force: 16 January 2014	2g per 100g of fat or oil	rTFAs excluded so that regulation does not apply to the naturally occurring content of *trans*-fatty acids in animal fats Products specifically regulated by other legislation are exempt
Hungary (*31*)	Passed: 20 November 2013 In force: 18 February 2014	2g per 100g of fat or oil	rTFAs excluded 4 g per 100g if fat content is <20% of total weight 10g per 100g if fat content is <3% of total weight
Sweden (*33*) (yet to be implemented)	Passed: 17 March 2011 Entry into force: Government awaiting release of EC Commission report on *trans* fat before implementing the legislation	2g per 100g of fat or oil	Not available

Prominent examples include those from the USA, such as the local law affecting restaurants in New York City (2007), and the state law affecting unpackaged foods in California (2010) (*35,36*). In addition, the US Food and Drug Administration has issued a Federal Register Notice determining that industrially produced *trans* fats are no longer "generally regarded as safe" (GRAS). If fully implemented, as foreseen for June 2018, it would mean that industrially produced *trans* fats would become an unapproved food additive and food products containing them could not be legally sold (*37*). The successful implementation of such policies demonstrates that the reduction of *trans* fat in foods is feasible through legislative limits.

Voluntary reduction in the use of *trans* fat

Several countries in the European Region have implemented strategies aimed at reducing the national consumption of *trans* fat based on voluntary collaboration between industry and government. Common features of voluntary *trans*-fat-reduction policies include the production and use of voluntary goals for product reformulation, the collaborative development of alternative foodstuffs with low *trans*-fat content, the production of standardized voluntary labelling for products with low *trans*-fat content, and industry-supported public education about the health impact of *trans* fats. Some examples of programmes to decrease the use of *trans* fat are presented in Table 3.

Mandatory labelling

Policy on mandatory labelling involves the introduction of a legal requirement that the *trans*-fat content in packaged food be accurately displayed. This type of policy has no direct impact on unpackaged or restaurant food. Mandatory labelling of *trans*-fat content (including amount) is not currently implemented in any of the WHO European Member States. *Regulation (EC) No. 1169/2011* on the provision of food information to consumers requires the listing of food-product ingredients across the European Union (EU) and establishes the rules for nutrition information provided. This Regulation requests that 'fully' or 'partly' hydrogenated oil be indicated in the ingredients list, together with the specific vegetable origin of the oil or fat. For pre-packaged foods, consumers can determine from the ingredient list whether partially hydrogenated oils have been used to manufacture the products. However, the amount of *trans* fat present in the product cannot be assumed by

Table 3. Examples of voluntary policy programmes aimed at decreasing use of *trans* fats

Country	Campaign	Features
Belgium, Czech Republic, France, Netherlands, Poland (*38-40*)	Choices labelling programmes	A voluntary labelling system for products meeting a range of nutritional criteria set by national government in collaboration with The Choices Programme One of the multiple requirements for the Choices label is "*Trans*-fatty acid (TFA) content <1.3% of total energy"
Germany (*41*)	Joint initiative of the German food industry and the Federal Ministry of Food, Agriculture and Consumer Protection to develop guidelines on minimizing TFA in foods	Education of and collaboration with industry to encourage the use of TFA alternatives.
Netherlands (*42*)	Task Force on Fatty Acid Composition	Multiple interventions implemented including: research on and development of TFA and saturated fatty acid (SFA) alternatives; education of industry about TFA and SFA alternatives; public education on the effects of TFA and SFA and alternatives to these; follow-up monitoring and evaluation of effects.
United Kingdom (*43*)	Public Health Responsibility Deal	A broad set of public health goals, which food companies can voluntarily pledge to achieve, the 3rd *Food* goal being to remove artificial *trans* fats from all foods

this information and *trans* fat does not appear in the mandatory nutrition declaration (*34*). In this sense consumers are not provided with information on levels of *trans*-fats content in products. Thus, *mandatory* labelling of the amount of *trans* fat is not permitted under current EU legislation and, unless this is amended or new legislation introduced, it is not a viable option in the EU (*3*). There are prominent examples of labelling laws in Canada and the USA whereby *trans*-fat content must be indicated in grams per serving on package labels if it exceeds 0.2 g and 0.5 g, respectively (*44, 45*).

Evaluation of policy options

Governments may consider identifying the following regulatory objectives when exploring interventions to reduce the consumption of *trans* fats, in order to meet the public health objective of reducing *trans*-fat intake for all population groups at the same time as considering other relevant policy implementation factors:

- effectiveness in targeting all products containing *trans* fat available on the market, and specifically in ensuring that low-cost foods do not go unaffected;
- effective in targeting all socio-economic groups (so as to not contribute to increasing health inequalities);
- low-cost (to governments and industry) and uncomplicated implementation and monitoring;

The policies discussed below were evaluated bearing these objectives in mind.

Impact on food supply

Legislated limit

Of the policies analysed, limiting the *trans*-fat content in foods through legislation has been shown to generate the greatest reduction of *trans* fat in the food supply (*46-48*). It is also the only option effective in reducing the intake of all population groups, including the high-risk groups mentioned above. It is estimated that the New York City *trans*-fat ban prevents 12 deaths from CVD for every 100 000 people covered by the policy. This is considered to be equivalent to saving US$ 3 million per 100 000 people. It is important to note that this ban applies only to food sold in restaurants in New York City (*35,49*). It could be expected that the economic benefits of the ban and its impact on the disease burden would be significantly greater if it also applied to packaged food. A study from New York City also examined socio-economic differences following implementation of the ban, reporting similar effects in more and less affluent neighbourhoods (*46*).

Voluntary reformulation

Collaboration with industry is only effective for foods produced by companies that have agreed to collaborate and for food products they have agreed to reformulate. Ensuring the participation of a critical mass of manufacturers and retailers could be challenging, especially in the case of the small- and medium-sized enterprises, which dominate the food sector. Companies choosing not to participate are not accountable for their use of *trans* fats, so that consumers of goods from these companies may continue to have a high intake of *trans* fat. Evidence suggests that some companies offer *trans* fat free products while continuing to

sell alternative products with high levels of *trans* fat content, and that these *trans* fat free products tend to be costlier (*46*).

Mandatory labelling

Mandatory labelling does not apply to unpackaged foods. Consumers of large amounts of restaurant foods or foods bought from small producers and the informal sector (for example, food stalls and independent bakeries) are likely to continue to be at high risk (*46*). Furthermore, consumers with low socioeconomic status may be less knowledgeable about nutrition and the health risks associated with *trans*-fat intake. Labelling products "*trans*-fat free", which is in fact a nutrition claim, may be providing them with a health halo whereby consumers inadvertently increase their intake of these products in the belief that they are making healthy choices (*50*). Since these products can often contain small (possibly permissible) amounts of industrially produced *trans*-fatty acids (iTFAs), the *trans*-fat intake of people consuming multiple servings could exceed the recommended limits. Moreover, under EU nutrition and health claims law, "*trans*-fat free" is not currently a nutrition claim that has been approved for use. Therefore it cannot be used in EU Member States. Evidence from the USA , where labelling is typically provided per portion, also suggests that in order to meet the *trans*-fat free labelling criteria, manufacturers are resizing rather than reformulating products labelled "*trans*-fat free" (*51*). Furthermore significant public education may be required for labelling policies to be effective, particularly if worsening inequalities are to be avoided (*51*).

Cost of implementation

An analysis of the costs of implementing *trans*-fat policy includes any direct costs, as well as monitoring and evaluation costs. Monitoring the outcome of a *trans*-fat policy to evaluate its effects in a local context is a necessary part of an intervention.

Legislated limit

The costs specific to introducing a legal limit have been described as miniscule on a national scale (*52*). An analysis of the likely costs of implementing a national *trans*-fat limit in the USA suggests that they would be well under the commonly accepted thresholds of cost-effectiveness (*52*). It has also been suggested that the costs of monitoring the effects of a *trans*-fat ban are lower than those required for voluntary reformulation or labelling policy since monitoring a ban occurs at the level of product analysis as opposed to that of population intake (*23*).

Voluntary reformulation

The implementation of industry collaboration entails variable cost to government, and the amount of funds allocated for this intervention is dependent on government priorities. The costs of monitoring a voluntary reformulation policy could also be greater than those for monitoring a *trans*-fat ban as the former requires the relatively complex measurement of population *trans*-fat intake (*23*).

Mandatory labelling

Mandatory labelling incurs costs for analysing the *trans*-fat content of products and altering existing packaging. A labelling intervention would likely act as an incentive for industry to reduce or remove *trans* fats from their products. However, for this intervention to have the maximum effect, it should be accompanied by a public-education programme, which requires additional funding. The cost of monitoring and evaluating a labelling policy includes costs associated with product and population-intake analyses. A labelling policy is likely the most costly to implement effectively. Moreover, if it leads to an increase in the price of *trans*-fat-free products, it might also increase inequalities as a consequence (*51*). One Canadian study indicates that declaring *trans*-fat content on labels may affect price. If this is broadly the case, doing so would risk exacerbating socioeconomic inequalities, particularly if there already are underlying differences in consumption due to insufficient knowledge about nutrition or to food-purchasing patterns (*51*).

Potential negative reaction

Legislated limit

In the past, proposals to limit the content of *trans* fat in foods have generated negative reactions from industry in many countries. Common concerns include the high cost of reformulating product compositions and reductions in sales due to altered product properties. These concerns appear to contradict the experience gained in countries that have implemented *trans*-fat bans where industry representatives have declared that the financial impact of the ban is minimal (*11,47,48,54,55*). In addition, the development of suitable, cost-effective alternatives to foodstuffs containing *trans* fat has progressed over the last 30 years and options for reformulation continue to increase (*56-60*). Evidence suggests that existing national bans have already driven product reformulation at the international level (*60*).

Voluntary reformulation

As this type of policy is voluntary, it is unlikely to generate a negative reaction. However, it is plausible that some producers would actually favour legislation on reformulation as it would guarantee industry-wide compliance and secure a level playing field. For example, small producers may be reluctant to commit to voluntary reformulation if their market competitors do not sign up as well. Voluntary standards may also be opposed by industry actors since the existence of the standard (albeit voluntary) implies that current industry practices may need to be changed (*61*). Furthermore, the effective oversight of voluntary reformulation would require some form of monitoring. If a "name and shame" approach were to be used, whereby companies not taking action were explicitly identified, it could be unpopular.

Mandatory labelling

Labelling could potentially elicit a negative reaction from manufacturers of packaged goods. As a consequence of labelling policy, companies would be faced with the costs of redesigning packaging, and sales of products containing high levels of *trans* fat would likely decrease. It is also plausible that manufacturers would face an increase in costs associated with reformulating their products to reduce *trans*-fat content. In addition, this policy could be seen as unfairly targeting the manufacturers of packaged goods as opposed to the producers

The Danish experience

Denmark was the first country in the world to impose a national limit on the content of artificial *trans* fat in all oils and fats intended for human consumption. The trigger for this legislation is considered to be a 1993 publication in the Lancet on the results of a study to examine the impact of *trans*-fat intake on female risk for CHD (*46,62,63*). The results encouraged the Danish Nutrition Council to produce a series of reports on the health impact of *trans* fats in Denmark (*63,64*). The Council's 2001 report estimated that 50 000 Danes were at high risk for CVD as a direct result of their intake of *trans* fat. The Council suggested that, to reduce this number, the Government introduce legislation limiting *trans*-fat content in foods (*63,64*). The report received widespread media attention (*47,64*).

The Council's suggestion to limit *trans*-fat content in foods through legislation received the support of the Danish population and the Danish Minister of Health. The Danish margarine industry, which was already developing products with low *trans*-fat content following the Lancet publication (*62*), was also in favour of the proposal.

Legislation to limit the content of *trans* fat in Danish food was presented to Parliament in 2003 and quickly approved. It set the upper limit for artificial *trans* fats at 2 g per 100 g of fat (2% of total fat). Following a 6-month transition period, during which the limit for some foods was slightly less strict, the 2% *trans*-fat limit was applied to all food (*26*). As the legislation also included internationally produced foods sold in Denmark, in 2004 the EC claimed that it contravened EU free-trade agreements and initiated steps to prosecute the Danish Government. The EC withdrew its case in 2007 when it accepted the Danish argument that the measure was justified in the interest of public health (*26*).

Studies on the efficacy of this legislation illustrate that artificial *trans* fats are now "virtually eliminated" from Danish food (*46-48*). The data show that the decline in CHD mortality rates in Denmark for the period 1980-2009 was the largest in EU (70%). The decline was especially high between 2000 and 2009 compared with other EU countries, although it has not been possible to determine to which degree this can be attributed to the *trans*-fat legislation (*65*).

Product sampling has shown that *trans* fats have been replaced mainly by SFAs – including the less harmful coconut oil - in about two thirds of products. In the remaining third, they have been replaced by MUFAs or PUFAs, both of which are more favourable in terms of health outcome.

The costs of, and sales losses caused by, product reformulation have not been studied in quantitative terms, but multiple reports have concluded that the economic impact of this *trans*-fat legislation on Danish industry has been limited. The Ministry of Food, Agriculture and Fisheries of Denmark has reported no complaints following its implementation (*47,48*).

of unpackaged food. Consumers would be unlikely to react poorly to mandatory labelling unless it impacted the cost of existing products; if this were the case, existing inequalities could be exacerbated (*51*).

Considering the effects of substitution

For interventions aimed at reducing the use of *trans* fats, it is important to consider which type of fat is to be used to replace them in reformulating products. The best replacements from a health perspective are PUFAs or MUFAs. The other alternative, SFAs, increases CHD risk, albeit to a lesser degree than *trans* fats. Unfortunately, the best replacement from an industry perspective is often SFAs as their properties are similar to those of *trans* fats. However, reformulation data from locations where bans have been introduced show that the content of *trans* fats and SFAs in food is decreasing in general (*66-70*). The use of MUFAs and PUFAs tends to be increasing and the evidence suggests that MUFAs are preferred (*11*). In Denmark, after the introduction of the *trans*-fat ban, SFAs have been found to constitute the main replacement in 66% of products. Indeed, while unsaturated fats are normally used to replace artificial *trans* fats in reformulating fried foods, SFAs - notably palm oil – are typically used in reformulating bakery foods (*23, 66-70*). It is thus important to support the development of *trans* fat alternatives that both have the properties required by industry (for example, texture, taste, shelf-life) and are not associated with adverse health effects (*55-58*). The technology to create these products currently exists and some industry players are using it.

Conclusion

Establishing a legal limit for the content of *trans*-fats in all foods is likely to be the most effective option for decreasing population mean intake of artificial *trans* fats and potentially the only option available that reduces the risks associated with *trans* fats faced by

all consumers. Mandatory labelling and voluntary reformulation may not achieve full market coverage, with unpackaged foods and products produced/used by small and medium enterprises possibly continuing to contain *trans* fats. Further, mandatory labelling is to a large extent reliant on nutritional literacy (regarding the health risks of *trans* fat), which could disadvantage low socioeconomic groups and may contribute to widening inequalities. Thus, a legal limit can help to avoid a situation where pockets of the population continue to consume foods or combinations of foods that result in an overall diet containing very high levels of *trans* fat; based on the previous evidence reviewed this could be the case for low-income groups, ethnic minorities, adolescents and young adults, and groups frequently purchasing from some fast-food outlets. Mandatory labelling and voluntary reformulation may exacerbate existing inequalities in consumption; further research on socioeconomic inequalities in *trans* fat consumption would be valuable. However, a legal limit appears as the option with the most potential to bring about decreases in the availability of *trans* fats, consumption and the disease burden attributable to *trans*-fat consumption in those European countries where average intakes are already low. Furthermore, voluntary reformulation might not work in some settings and, for some countries, imported products with a high content of *trans* fat might counteract such an initiative.

Other advantages of a policy limiting *trans*-fat content in food include low implementation and monitoring costs, as well as low cost to industry. Apart from the possibility of being met with criticism by the food industry, it is unlikely that legally limiting *trans*-fat content in food would have any major negative consequences for the industry or consumers, and doing so may contribute to reducing inequalities. Such a policy is unique in its combination of efficacy, cost-effectiveness and low potential for negative impact. Removing *trans* fats from the food supply is possibly one of the most straightforward public health interventions for reducing CVD risk and improving nutritional quality of diets.

The experiences of countries in both Europe and North America support these conclusions and show that any unexpected consequences of this type of policy are unlikely.

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Annex 1: Overview of methodology

For the purposes of this policy brief, we identified studies for inclusion through searches in Medline (200 studies returned) and Google Scholar (first 15 pages of results). Search terms included combinations of the following "*trans*-fat", "*trans*-fatty acids" and "reduction", with "policy" and "effectiveness". In addition we asked experts in the field whether they had knowledge of any systematic literature reviews or reviews. Grey literature obtained through Google searches (first 10 pages of results) and expert input was also screened.

Through our search strategy we identified two relevant published systematic reviews looking at the effectiveness of policies to reduce or eliminate *trans*-fat, with many of the same studies included in both reviews. For further in-depth understanding of the effects of different interventions, the findings of many individual studies included in the systematic reviews were analysed.

We present the information from the reviews by the measure applied (legislative limit; voluntary reformulation; mandatory labelling). We then summarise the findings in terms of the regulatory objectives. These stem from the public health objective (to achieve a change in the availability of *trans*-fatty acids in the food supply; to reduce the potential for substitution from *trans*-fatty acids to saturated fatty acids) and other practical policy considerations such as costs of implementation and potential negative reactions. These policy considerations have been discussed in the systematic literature reviews.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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MINISTERIO DE SALUD PÚBLICA
MINISTERIO DE INDUSTRIA, ENERGÍA Y MINERÍA

Montevideo,

VISTO: lo dispuesto por el artículo 19 de la Ley Nº 9.202, del 12 de enero de 1934 (Ley Orgánica de MSP), y los Objetivos Sanitarios Nacionales establecidos para el período 2015-2020, en relación a las enfermedades no transmisibles dispuestos por el Ministerio de Salud Pública;

RESULTANDO: que la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), en reconocimiento al alto impacto que imponen las Enfermedades no Transmisibles, emitieron en el año 2008 la "Declaración de Rio de Janeiro", que expresa las recomendaciones a seguir por los países miembros;

CONSIDERANDO:

I) que en nuestro país la mortalidad por enfermedades cardiovasculares (ECV) representa el 27 % del total de defunciones y que históricamente las enfermedades del aparato circulatorio han sido la primera causa de muerte;

II) que la alimentación es uno de los principales factores de riesgo posibles de modificar para las enfermedades cardiovasculares;

III) que, durante la última década se ha acumulado amplia evidencia científica que vincula el consumo de ácidos grasos trans (AGT) de origen industrial con alteraciones del metabolismo lipídico, inflamación vascular y desarrollo de enfermedades cardio y cerebrovasculares;

IV) que ya en el 2003, la OMS y la FAO declararon que la ingesta de grasas trans debería ser tan baja como fuera posible (<1% de la ingesta total de energía);

V) que los AGT de origen industrial son frecuentemente utilizados en la elaboración de diversos alimentos de consumo habitual en la población uruguaya;

VI) que en Uruguay no se limita el contenido de AGT, y productos que contienen altos niveles de los mismos, están disponibles en el mercado, por lo que se estima que aún se consumen grasas trans en niveles que aumentan significativamente el riesgo de ECV;

VII) que el etiquetado obligatorio y reformulación voluntaria no logran una cobertura total del mercado, lo que exacerba las desigualdades en el consumo aumentando el riesgo especialmente en los grupos de bajos ingresos, adolescentes y adultos jóvenes;

VIII) que regular el contenido de grasas trans es la opción más efectiva para disminuir el consumo de las mismas de origen industrial y

potencialmente la única opción disponible que reduce sus riesgos asociados;

IX) que la sustitución/eliminación de las grasas trans es una de las intervenciones de salud pública más directas y costo-efectivas para reducir el riesgo de las enfermedades cardiovasculares y mejorar la calidad nutricional de las dietas;

X) que la eliminación de AGT de producción industrial es viable desde el punto de vista tecnológico;

XI) que las recomendaciones de la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), instan a eliminar el uso de AGT de producción industrial en los alimentos;

XII) que, en la Reunión de Ministros de Salud de Uruguay, Argentina, Brasil y Paraguay (MERCOSUR/RMS/ACUERDO Nº 02/17) se establecieron recomendaciones y medidas regulatorias para la reducción de grasas trans en los alimentos;

XIII) que, en junio de 2016 el Ministerio de Salud Pública (MSP) convocó a un grupo de trabajo integrado por delegados de los Ministerios de Industria, Energía y Minería (MIEM), Ministerio de Ganadería, Agricultura y Pesca (MGAP), Ministerio de Economía y Finanzas (MEF), Ministerio de Desarrollo Social (MIDES), Ministerio de Educación y Cultura (MEC), Intendencia de Montevideo (IM), Comisión Honoraria para la Salud Cardiovascular y el Núcleo Interdisciplinario “Alimentación y Bienestar” de la Universidad de la República, así como también a los Organismos Internacionales vinculados con la temática, como OPS/OMS, UNICEF y FAO, los cuales apoyaron la iniciativa;

XIV) que se entiende oportuno y conveniente, siguiendo los principios rectores establecidos por las normas que regulan el derecho a la alimentación saludable, comenzar a disminuir los ácidos grasos trans en los alimentos comercializados en el país.

ATENTO: a lo precedentemente expuesto y lo dispuesto en el artículo 44 de la Constitución de la República, la Ley Nº 9.202 de 12 de enero de 1934 y el Decreto Nº 315/994 de 5 de julio de 1994;

EL PRESIDENTE DE LA REPÚBLICA
DECRETA:

Artículo 1º.- Dispónese la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser librados al consumo en el territorio nacional.

Artículo 2º.- Otórgase un plazo máximo de dieciocho (18) meses a la industria alimentaria para la reducción de las grasas trans de producción industrial, estableciéndose que el contenido no podrá ser mayor a 2% del contenido total de las grasas en aceites vegetales y margarinas destinadas al

consumo directo y mayor a 5% del total de grasas en el resto de los alimentos. Estos límites no serán de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.

Artículo 3º.- Otórgase un plazo máximo de cuatro (4) años a la industria alimentaria para que el contenido de grasas trans no sea mayor a 2% del total de grasa, tanto en alimentos de consumo directo como en ingredientes de uso industrial. No será de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.

Artículo 4º.- Los elaboradores, importadores y/o fraccionadores, tendrán la responsabilidad del cumplimiento de las presentes disposiciones tal como se establece en el Reglamento Bromatológico Nacional.

Artículo 5.- El incumplimiento de lo establecido en el presente decreto dará lugar a la aplicación de las sanciones que correspondan, conforme la normativa vigente al respecto.

Artículo 6º.- El presente decreto quedará incorporado al Reglamento Bromatológico Nacional, aprobado por Decreto Nº 315/994 de 5 de julio de 1994 y entrará en vigencia el día siguiente al de su publicación en el Diario Oficial.

Artículo 7º.- Comuníquese, publíquese en el sitio web del Ministerio de Salud Pública y en el Diario Oficial. Cumplido, archívese.

Proyecto de decreto relativo a Grasas Trans

¿Qué propone el decreto?

El decreto propone la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser librados al consumo en el territorio nacional.

Algunos antecedentes

Estudios de salud de corte epidemiológico realizados hace 40 años proporcionaron evidencia de que los niveles elevados de colesterol sérico estaban asociados con enfermedades cardiovasculares. Se señalaba que el origen del problema eran los consumos elevados de colesterol y de grasa saturada.

Ante esta situación, la industria de alimentos respondió con un aumento en la producción de aceites vegetales parcial o totalmente hidrogenados. El proceso de hidrogenación permitió, por un lado, que los aceites tuvieran mayor estabilidad y fueran menos susceptibles al enranciamiento oxidativo, y, por otro lado, obtener grasas con una textura sólida o semisólida similar a las grasas de origen animal. Sin embargo, el proceso de hidrogenación provoca la generación de ácidos grasos trans (AGT), los cuales no son frecuentes en la naturaleza.

La utilización de acites parcial o totalmente hidrogenados en la fabricación de alimentos provocó un aumento del consumo de AGT en la dieta, y a partir de los años noventa empezó a surgir evidencia epidemiológica y clínica de que dichas grasas aumentaban el riesgo de cardiopatía coronaria.

En el 2003, la Consulta Mixta de Expertos OMS/FAO sostenía que las grasas de la dieta influían en el riesgo de Enfermedades Cardiovasculares (ECV) y que dichos riesgos se podían modificar alterando la composición cualitativa de las grasas de la dieta. Se reconocía que l**a ingesta de grasas trans debería ser tan baja como fuera posible** (<1% de la ingesta total de energía).

En el 2008, la Consulta de expertos convocada por la FAO y OMS para aportar orientaciones basadas en la evidencia a los gobiernos nacionales, destacaba que había evidencia convincente de que los **AGT** procedentes de los aceites vegetales parcialmente hidrogenados no sólo **incrementaban los accidentes cardiovasculares, en mayor grado de lo que se pensaba con anterioridad,** sino que, además, incrementaban **el riesgo de síndrome metabólico y diabetes**. Por ello concluían **que podría ser necesario retirar las grasas y aceites parcialmente hidrogenados de la alimentación humana**. En el mismo año, autoridades de salud pública, representantes de la industria de alimentos y de empresas de aceites, fueron convocados por la OPS en Río de Janeiro y adhirieron a la declaración LAS AMERICAS LIBRES DE GRASAS TRANS.

La Administración de Alimentos y Medicamentos de los Estados Unidos (FDA por sus siglas en inglés) finalizó en el 2015 su determinación sobre las grasas trans, reconociendo que no son seguras para su uso en la alimentación humana. Le confirió a los fabricantes de alimentos tres años para eliminar los aceites parcialmente hidrogenados de sus productos.

¿Por qué es necesario implementar esta medida?

Los AGT de origen industrial impactan negativamente en la salud humana, elevando las concentraciones séricas, tanto de LDL-C como de Lp (a), disminuyen las HDL-C y modifican el indicador CT/HDL-C. Los AGT también afectan los marcadores inflamatorios asociados con el desarrollo de ateroesclerosis. Actualmente existe una gran cantidad de evidencia epidemiológica y clínica que señala que los AGT son un factor de riesgo significativo para los eventos cardiovasculares. y están involucradas en los procesos de diabetes y cáncer.

Por ello, organizaciones internacionales como la OMS y la OPS recomiendan eliminarlas o que su consumo sea tan bajo como sea posible.

Varios países a nivel mundial, incluyendo países europeos, Estados Unidos y Argentina, han legislado para lograr una disminución paulatina de estas grasas. Uruguay aún no ha tomado acciones, por lo que permanecen cantidades significativas de AGT en los alimentos y por ende en la dieta de su población. Los productos que contienen AGT usualmente son de menor calidad y costo, lo que exacerba las desigualdades en salud y aumenta el riesgo de enfermedades no transmisibles en los grupos de más bajos ingresos. Por otra parte, los AGT son utilizados en la fabricación de alimentos frecuentemente consumidos por el público infantil, tales como galletas, alfajores y snacks. En este sentido, de acuerdo a un estudio realizado en el país, el 62% de las galletas y alfajores dirigidos a niños declara excesivo contenido de AGT de acuerdo a las recomendaciones de la OPS (Anexo I).

Las características demográficas y epidemiológicas de la población uruguaya hacen imprescindible la adopción de esta medida.

¿Cómo se establecieron los límites para la reducción de grasas trans?

Los límites para la reducción de grasas trans del presente decreto fueron tomados de la declaración de Río (Anexo II) y para el final del periodo de los límites establecidos por los países de la Unión Europea (Anexo III).

Estos límites no se aplican a los AGT de origen natural provenientes de rumiantes, incluyendo la grasa láctea del producto, ya que aún no hay evidencia que respalde una asociación entre éstos y las ECV en las cantidades que normalmente se consumen, las cuales suelen ser pequeñas.

El proyecto de decreto se encuentra en el Anexo IV .

MINISTERIO DE SALUD PÚBLICA
REPÚBLICA ORIENTAL DEL URUGUAY

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Se adjunta Decreto a la firma

MINISTERIO DE SALUD PÚBLICA
MINISTERIO DE INDUSTRIA, ENERGÍA Y MINERÍA

Montevideo,

VISTO: lo dispuesto por el artículo 19 de la Ley Nº 9.202, de 12 de enero de 1934 (Ley Orgánica del MSP) y los Objetivos Sanitarios Nacionales establecidos para el período 2015-2020, en relación a las enfermedades no transmisibles dispuestos por el Ministerio de Salud Pública;----------

RESULTANDO: I) que la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), en reconocimiento al alto impacto que imponen las Enfermedades no Transmisibles, emitieron en el año 2008 la "Declaración de Rio de Janeiro", que expresa las recomendaciones a seguir por los países miembros";----------

CONSIDERANDO: I) que en nuestro país la mortalidad por enfermedades cardiovasculares (ECV) representa el 27 % del total de defunciones y que históricamente las enfermedades del aparato circulatorio han sido la primera causa de muerte;-

II) que la alimentación es uno de los principales factores de riesgo posibles de modificar para las enfermedades cardiovasculares;----------

III) que durante la última década se ha acumulado amplia evidencia científica que vincula el consumo de ácidos grasos trans (AGT) de origen industrial con alteraciones del metabolismo lipídico, inflamación vascular y desarrollo de enfermedades cardio y cerebrovasculares ;----------

IV) que ya en el 2003, la OMS y la FAO declararon que la ingesta de grasas trans debería ser tan baja como fuera posible (<1% de la ingesta total de energía);---

V) que los AGT de origen industrial son frecuentemente utilizados en la elaboración de diversos alimentos de consumo habitual en la población uruguaya;-----

VI) que en Uruguay no se limita el contenido de AGT y productos que contienen altos niveles de los mismos están disponibles en el mercado, por lo que se estima que aún se consumen grasas trans en niveles que aumentan significativamente el riesgo de ECV;----------

VII) que el etiquetado obligatorio y reformulación voluntaria no logran una cobertura total del mercado, lo que exacerba las desigualdades en el consumo aumentando el riesgo especialmente en los grupos de bajos ingresos, adolescentes y adultos jóvenes;----------

VIII) que regular el contenido de grasas trans es la opción más efectiva para disminuir el consumo de las mismas de origen industrial y potencialmente la única opción disponible que reduce sus riesgos asociados;--

IX) que la sustitución/eliminación de las grasas trans es una de las intervenciones de salud pública más directas y costo-efectivas para reducir el riesgo de las enfermedades cardiovasculares y mejorar la calidad nutricional de las dietas;----------

X) que la eliminación de AGT de producción industrial es viable desde el punto de vista tecnológico;----------

XI) que las recomendaciones de la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), instan a eliminar el uso de AGT de producción industrial en los alimentos;---------

XII) que en la Reunión de Ministros de Salud de Uruguay, Argentina, Brasil y Paraguay (MERCOSUR/RMS/ACUERDO Nº 02/17) se establecieron recomendaciones y medidas regulatorias para la reducción de grasas trans en los alimentos;----------

XIII) que, en junio de 2016 el Ministerio de Salud Pública (MSP) convocó a un grupo de trabajo integrado por delegados de los Ministerios de Industria, Energía y Minería (MIEM), Ministerio de Ganadería, Agricultura y Pesca (MGAP), Ministerio de Economía y Finanzas (MEF), Ministerio de Desarrollo Social (MIDES), Ministerio de Educación y Cultura (MEC), Intendencia de Montevideo (IM), Comisión Honoraria para la Salud Cardiovascular y el Núcleo Interdisciplinario “Alimentación y Bienestar” de la Universidad de la República, así como también de los Organismos Internacionales vinculados con la temática, como OPS/OMS, UNICEF y FAO, los cuales apoyaron la iniciativa;----------

XIV) que se entiende oportuno y conveniente, siguiendo los principios rectores establecidos por las normas que regulan el derecho a la alimentación saludable, comenzar a disminuir los ácidos grasos trans en los alimentos comercializados en el país;----------

ATENTO: a lo precedentemente expuesto y lo dispuesto en el artículo 44 de la Constitución de la República, la Ley Nº 9.202 de 12 de enero de 1934 y el Decreto Nº 315/994 de 5 de julio de 1994;----------

EL PRESIDENTE DE LA REPÚBLICA

D E C R E T A:

Artículo 1º.- Dispónese la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser librados al consumo en el territorio nacional.----------

Articulo 2º.- Otórgase un plazo máximo de dieciocho (18) meses a la industria alimentaria para la reducción de las grasas trans de producción industrial, estableciéndose que el contenido no podrá ser mayor a 2% del contenido total de las grasas en aceites vegetales y margarinas destinadas al consumo directo y mayor a 5% del total de grasas en el resto de los alimentos. Estos límites no serán de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 3º.- Otórgase un plazo máximo de cuatro (4) años a la industria alimentaria para que el contenido de grasas trans no sea mayor a 2% del total de grasa, tanto en alimentos de consumo directo como en ingredientes de uso industrial. No será de aplicación a las grasas

provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 4º.- Los elaboradores, importadores y/o fraccionadores, tendrán la responsabilidad del cumplimiento de las presentes disposiciones tal como se establece en el Reglamento Bromatológico Nacional.----------

Artículo 5.- El incumplimiento de lo establecido en el presente decreto dará lugar a la aplicación de las sanciones que correspondan, conforme la normativa vigente al respecto.----------

Artículo 6º.- El presente decreto quedará incorporado al Reglamento Bromatológico Nacional, aprobado por Decreto Nº 315/994 de 5 de julio de 1994 y entrará en vigencia el día siguiente al de su publicación en el Diario Oficial.----------

Artículo 7º,- Comuníquese, publíquese en el sitio web del Ministerio de Salud Pública y en el Diario Oficial. Cumplido, archívese.----------

Decreto Poder Ejecutivo N°
Decreto Interno N°
Ref. N° 001-3/13060/2017
VF

MINISTERIO DE SALUD PÚBLICA
REPÚBLICA ORIENTAL DEL URUGUAY

DOCUMENTO COMPLETO **IDOC**

Actuación

Fecha Creación:	02/01/2018 13:54
Usuario Creación:	IRIS DE LEÓN
Dependencia:	12/001/1.51 Dpto. De Secretaría Y Acuerdos
Finalizada Por:	Iris de León
Adjuntos:	1
	Ref Nº 001 3 13060 2017.pdf
Firmado Por:	IRIS RAQUEL DE LEÓN NUÑEZ
Fecha Firma:	02/01/2018 14:04

SE ADJUNTA PROYECTO DE RESOLUCIÓN - QUE SE REMITIRÁ A PRESIDENCIA PARA EL PROXIMO ACUERDO PRESIDENCIAL

Ministerio de Salud Pública

MINISTERIO DE SALUD PÚBLICA

MINISTERIO DE INDUSTRIA, ENERGÍA Y MINERÍA

Montevideo,

VISTO: lo dispuesto por el artículo 19 de la Ley N° 9.202, de 12 de enero de 1934 (Ley Orgánica del MSP) y los Objetivos Sanitarios Nacionales establecidos para el período 2015-2020, en relación a las enfermedades no transmisibles dispuestos por el Ministerio de Salud Pública;----------

RESULTANDO: I) que la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), en reconocimiento al alto impacto que imponen las Enfermedades no Transmisibles, emitieron en el año 2008 la "Declaración de Rio de Janeiro", que expresa las recomendaciones a seguir por los países miembros";----------

CONSIDERANDO: I) que en nuestro país la mortalidad por enfermedades cardiovasculares (ECV) representa el 27 % del total de defunciones y que históricamente las enfermedades del aparato circulatorio han sido la primera causa de muerte;-

II) que la alimentación es uno de los principales factores de riesgo posibles de modificar para las enfermedades cardiovasculares;----------

III) que durante la última década se ha acumulado amplia evidencia científica que vincula el consumo de ácidos grasos trans (AGT) de origen industrial con alteraciones del metabolismo lipídico, inflamación vascular y desarrollo de enfermedades cardio y cerebrovasculares ;----------

IV) que ya en el 2003, la OMS y la FAO declararon que la ingesta de grasas trans debería ser tan baja como fuera posible (<1% de la ingesta total de energía);---

V) que los AGT de origen industrial son frecuentemente utilizados en la elaboración de diversos alimentos de consumo habitual en la población uruguaya;-----

VI) que en Uruguay no se limita el contenido de AGT y productos que contienen altos niveles de los mismos están disponibles en el mercado, por lo que se estima que aún se consumen grasas trans en niveles que aumentan significativamente el riesgo de ECV;----------

VII) que el etiquetado obligatorio y reformulación voluntaria no logran una cobertura total del mercado, lo que exacerba las desigualdades en el consumo aumentando el riesgo especialmente en los grupos de bajos ingresos, adolescentes y adultos jóvenes;----------

VIII) que regular el contenido de grasas trans es la opción más efectiva para disminuir el consumo de las mismas de origen industrial y potencialmente la única opción disponible que reduce sus riesgos asociados;--

IX) que la sustitución/eliminación de las grasas trans es una de las intervenciones de salud pública más directas y costo-efectivas para reducir el riesgo de las enfermedades cardiovasculares y mejorar la calidad nutricional de las dietas;----------

X) que la eliminación de AGT de producción industrial es viable desde el punto de vista tecnológico;----------

Ministerio de Salud Pública

XI) que las recomendaciones de la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), instan a eliminar el uso de AGT de producción industrial en los alimentos;---------

XII) que en la Reunión de Ministros de Salud de Uruguay, Argentina, Brasil y Paraguay (MERCOSUR/RMS/ACUERDO Nº 02/17) se establecieron recomendaciones y medidas regulatorias para la reducción de grasas trans en los alimentos;----------

XIII) que, en junio de 2016 el Ministerio de Salud Pública (MSP) convocó a un grupo de trabajo integrado por delegados de los Ministerios de Industria, Energía y Minería (MIEM), Ministerio de Ganadería, Agricultura y Pesca (MGAP), Ministerio de Economía y Finanzas (MEF), Ministerio de Desarrollo Social (MIDES), Ministerio de Educación y Cultura (MEC), Intendencia de Montevideo (IM), Comisión Honoraria para la Salud Cardiovascular y el Núcleo Interdisciplinario "Alimentación y Bienestar" de la Universidad de la República, así como también de los Organismos Internacionales vinculados con la temática, como OPS/OMS, UNICEF y FAO, los cuales apoyaron la iniciativa;----------

XIV) que se entiende oportuno y conveniente, siguiendo los principios rectores establecidos por las normas que regulan el derecho a la alimentación saludable, comenzar a disminuir los ácidos grasos trans en los alimentos comercializados en el país;----------

ATENTO: a lo precedentemente expuesto y lo dispuesto en el artículo 44 de la Constitución de la República, la Ley Nº 9.202 de 12 de enero de 1934 y el Decreto Nº 315/994 de 5 de julio de 1994;----------

EL PRESIDENTE DE LA REPÚBLICA

D E C R E T A:

Artículo 1º.- Dispónese la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser librados al consumo en el territorio nacional.----------

Articulo 2º.- Otórgase un plazo máximo de dieciocho (18) meses a la industria alimentaria para la reducción de las grasas trans de producción industrial, estableciéndose que el contenido no podrá ser mayor a 2% del contenido total de las grasas en aceites vegetales y margarinas destinadas al consumo directo y mayor a 5% del total de grasas en el resto de los alimentos. Estos límites no serán de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 3º.- Otórgase un plazo máximo de cuatro (4) años a la industria alimentaria para que el contenido de grasas trans no sea mayor a 2% del total de grasa, tanto en alimentos de consumo directo como en ingredientes de uso industrial. No será de aplicación a las grasas

Ministerio de Salud Pública

provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 4°.- Los elaboradores, importadores y/o fraccionadores, tendrán la responsabilidad del cumplimiento de las presentes disposiciones tal como se establece en el Reglamento Bromatológico Nacional.----------

Artículo 5.- El incumplimiento de lo establecido en el presente decreto dará lugar a la aplicación de las sanciones que correspondan, conforme la normativa vigente al respecto.----------

Artículo 6°.- El presente decreto quedará incorporado al Reglamento Bromatológico Nacional, aprobado por Decreto N° 315/994 de 5 de julio de 1994 y entrará en vigencia el día siguiente al de su publicación en el Diario Oficial.----------

Artículo 7°.- Comuníquese, publíquese en el sitio web del Ministerio de Salud Pública y en el Diario Oficial. Cumplido, archívese.----------

Decreto Poder Ejecutivo N°
Decreto Interno N°
Ref. N° 001-3/13060/2017
VF

MINISTERIO DE SALUD PÚBLICA
REPÚBLICA ORIENTAL DEL URUGUAY

DOCUMENTO COMPLETO **IDOC**

Actuación

Fecha Creación:	25/01/2018 9:32
Usuario Creación:	IRIS DE LEÓN
Dependencia:	12/001/1.51 Dpto. De Secretaría Y Acuerdos
Finalizada Por:	Iris de León
Adjuntos:	1
	Ref Nro. 001 3 13060 2017.pdf
Firmado Por:	IRIS RAQUEL DE LEÓN NUÑEZ
Fecha Firma:	25/01/2018 9:48

SE ADJUNTA COPIA DEL PROYECTO DE DECRETO

Ministerio de Salud Pública

MINISTERIO DE SALUD PÚBLICA

MINISTERIO DE ECONOMÍA Y FINANZAS

MINSTERIO DE EDUCACIÓN Y CULTURA

MINISTERIO DE INDUSTRIA, ENERGÍA Y MINERÍA

MINISTERIO DE GANADERÍA, AGRICULTURA Y PESCA

MINISTERIO DE DESARROLLO SOCIAL

Montevideo,

VISTO: lo dispuesto por el artículo 19 de la Ley Nº 9.202, de 12 de enero de 1934 (Ley Orgánica del MSP) y los Objetivos Sanitarios Nacionales establecidos para el período 2015-2020, en relación a las enfermedades no transmisibles dispuestos por el Ministerio de Salud Pública;----------

RESULTANDO: que la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), en reconocimiento al alto impacto que imponen las Enfermedades no Transmisibles, emitieron en el año 2008 la "Declaración de Rio de Janeiro", que expresa las recomendaciones a seguir por los países miembros";----------

CONSIDERANDO: I) que en nuestro país la mortalidad por enfermedades cardiovasculares (ECV) representa el 27 % del total de defunciones y que históricamente las enfermedades del aparato circulatorio han sido la primera causa de muerte;-

II) que la alimentación es uno de los principales factores de riesgo posibles de modificar para las enfermedades cardiovasculares;----------

III) que durante la última década se ha acumulado amplia evidencia científica que vincula el consumo de ácidos grasos trans (AGT) de origen industrial

con alteraciones del metabolismo lipídico, inflamación vascular y desarrollo de enfermedades cardio y cerebrovasculares;----------

IV) que ya en el 2003, la OMS y la FAO declararon que la ingesta de grasas trans debería ser tan baja como fuera posible (<1% de la ingesta total de energía);---------

V) que los AGT de origen industrial son frecuentemente utilizados en la elaboración de diversos alimentos de consumo habitual en la población uruguaya;-----

VI) que en Uruguay no se limita el contenido de AGT y productos que contienen altos niveles de los mismos están disponibles en el mercado, por lo que se estima que aún se consumen grasas trans en niveles que aumentan significativamente el riesgo de ECV;----------

VII) que el etiquetado obligatorio y reformulación voluntaria no logran una cobertura total del mercado, lo que exacerba las desigualdades en el consumo aumentando el riesgo especialmente en los grupos de bajos ingresos, adolescentes y adultos jóvenes;----------

VIII) que regular el contenido de grasas trans es la opción más efectiva para disminuir el consumo de las mismas de origen industrial y potencialmente la única opción disponible que reduce sus riesgos asociados;----------

IX) que la sustitución/eliminación de las grasas trans es una de las intervenciones de salud pública más directas y costo-efectivas para reducir el riesgo de las enfermedades cardiovasculares y mejorar la calidad nutricional de las dietas;----------

Ministerio de Salud Pública

X) que la eliminación de AGT de producción industrial es viable desde el punto de vista tecnológico;----------

XI) que las recomendaciones de la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), instan a eliminar el uso de AGT de producción industrial en los alimentos;---------

XII) que en la Reunión de Ministros de Salud de Uruguay, Argentina, Brasil y Paraguay (MERCOSUR/RMS/ACUERDO Nº 02/17) se establecieron recomendaciones y medidas regulatorias para la reducción de grasas trans en los alimentos;----------

XIII) que, en junio de 2016 el Ministerio de Salud Pública (MSP) convocó a un grupo de trabajo integrado por delegados de los Ministerios de Industria, Energía y Minería (MIEM), Ministerio de Ganadería, Agricultura y Pesca (MGAP), Ministerio de Economía y Finanzas (MEF), Ministerio de Desarrollo Social (MIDES), Ministerio de Educación y Cultura (MEC), Intendencia de Montevideo (IM), Comisión Honoraria para la Salud Cardiovascular y el Núcleo Interdisciplinario "Alimentación y Bienestar" de la Universidad de la República, así como también de los Organismos Internacionales vinculados con la temática, como OPS/OMS, UNICEF y FAO, los cuales apoyaron la iniciativa;----------

XIV) que se entiende oportuno y conveniente, siguiendo los principios rectores establecidos por las normas que regulan el derecho a la alimentación

saludable, comenzar a disminuir los ácidos grasos trans en los alimentos comercializados en el país;----------

ATENTO: a lo precedentemente expuesto y lo dispuesto en el artículo 44 de la Constitución de la República, la Ley N° 9.202 de 12 de enero de 1934 y el Decreto N° 315/994 de 5 de julio de 1994;----------

EL PRESIDENTE DE LA REPÚBLICA

D E C R E T A:

Artículo 1°.- Dispónese la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser librados al consumo en el territorio nacional.----------

Articulo 2°.- Otórgase un plazo máximo de dieciocho (18) meses a la industria alimentaria para la reducción de las grasas trans de producción industrial, estableciéndose que el contenido no podrá ser mayor a 2% del contenido total de las grasas en aceites vegetales y margarinas destinadas al consumo directo y mayor a 5% del total de grasas en el resto de los alimentos. Estos límites no serán de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 3°.- Otórgase un plazo máximo de cuatro (4) años a la industria alimentaria para que el contenido de grasas trans no sea mayor a 2% del total de grasa, tanto en alimentos de

Ministerio de Salud Pública

consumo directo como en ingredientes de uso industrial. No será de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 4°.- Los elaboradores, importadores y/o fraccionadores, tendrán la responsabilidad del cumplimiento de las presentes disposiciones tal como se establece en el Reglamento Bromatológico Nacional.----------

Artículo 5.- El incumplimiento de lo establecido en el presente decreto dará lugar a la aplicación de las sanciones que correspondan, conforme la normativa vigente al respecto.----------

Artículo 6°.- El presente decreto quedará incorporado al Reglamento Bromatológico Nacional, aprobado por Decreto N° 315/994 de 5 de julio de 1994 y entrará en vigencia el día siguiente al de su publicación en el Diario Oficial.----------

Artículo 7°.- Comuníquese, publíquese en el sitio web del Ministerio de Salud Pública y en el Diario Oficial. Cumplido, archívese.----------

Decreto Poder Ejecutivo N°

Decreto Interno N°

Ref. N° 001-3/13060/2017.

VF/st.

MINISTERIO DE SALUD PÚBLICA
REPÚBLICA ORIENTAL DEL URUGUAY

DOCUMENTO COMPLETO **IDOC**

Actuación

Fecha Creación:	13/04/2018 13:44
Usuario Creación:	LORELEY MARCHELLI
Dependencia:	12/001/1.51 Dpto. De Secretaría Y Acuerdos
Finalizada Por:	Loreley Marchelli
Adjuntos:	1 001-3-13060-2017.pdf
Firmado Por:	LORELEY TERESITA MARCHELLI TRUCIDO
Fecha Firma:	13/04/2018 13:47

Presidencia	EXPEDIENTE N°
	2018-12-1-0013060
Oficina Actuante:	ACUERDOS-JURIDICA
Fecha:	09/01/2018 15:22:55
Tipo:	INFORMAR

Acuerdo del MSP del 15 de enero de 2018

Asunto N° 121: El presente asunto debería ser refrendado además por los señores Ministros de Economía y Finanzas, Educación y Cultura, Ganadería Agricultura y Pesca y Desarrollo Social, atento a lo que resulta del Considerando XIII y de que se modifica el Reglamento Bromatológico aprobado por Decreto 315/994 de 5 de julio de 1994.

Firmante:
MARIANA ERRAZQUIN

Ministerio de Salud Pública

Departamento de Acuerdos y Resoluciones

Montevideo, 25 de enero de 2018.-

Pase al Ministerio de Economía y Finanzas a fin de recabar el correspondiente refrendo.

Ref. Nº 001-3-13060/2017
IDL.

Esc. Ana Catalogne
Adscripta al Ministro
Ministerio de Salud Pública

14

República Oriental del Uruguay
Ministerio de Economía y Finanzas
Dirección General de Secretaría

25 ENE. 2018

MINISTERIO DE ECONOMIA Y FINANZAS
ATENCION AL USUARIO Y ARCHIVO
DIRECCION GENERAL DE SECRETARIA
DIGITALIZADO
MESA DE ENTRADA

AÑO	INC.	U.E.	DEPEND.	TIPO	NUMERO
2018	12	001		9	13060

MINISTERIO DE ECONOMIA Y FINANZAS
ATENCION AL USUARIO Y ARCHIVO

Pase a sus efectos a 16

Montevideo, 25 ENE. 2018 de ..... 20...

Vº Bº Firma del Funcionario

República Oriental del Uruguay
Ministerio de Economía y Finanzas
Asesoría Macroeconómica

Montevideo, 29 de enero de 2018

Ref. Exp 2017/12/001/0000/9/13060/0, Ministerio de Salud Pública

ASUNTO: Proyecto de Decreto disponiéndose la disminución progresiva de grasas trans de producción industrial como ingredientes en los alimentos a ser liberados al consumo en territorio nacional.

Pase a la Asesoría de Política Comercial, para su informe.

Ec. Magdalena Terra

16

República Oriental del Uruguay
Ministerio de Economía y Finanzas
Dirección General de Secretaría
Asesoría Política Comercial

EXP. 2017/12/001/0000/9/13060

Montevideo, 2 de marzo de 2018

Sr. Director de la Asesoría de Política Comercial,
Ec. Juan Labraga

Vienen los presentes obrados a través de los cuales el Ministerio de Salud Pública remite para su refrendo un proyecto de Decreto que dispone la disminución progresiva de las grasas trans en la producción industrial como ingrediente en los alimentos a ser librados al consumo en territorio nacional.

Se deja constancia que, de acuerdo a lo analizado, de los artículos del proyecto a refrendar, no se surge reglamentado el modo por el que se llevarán adelante los controles, así como el órgano controlador, y las correspondientes sanciones a aplicar, lo que deberá ser reglamentado posteriormente.-

No obstante lo mencionado precedentemente, en virtud de que no existen observaciones que realizar por parte de esta Asesoría, el mismo estaría en condiciones de ser refrendado, por lo que se sugiere se eleve a consideración de la Dirección General de Secretaría.

Saludos cordiales,

Dra. Esc. Verónica Santini
Asesoría de Política Comercial
Dirección General de Secretaría
Ministerio de Economía y Finanzas

Ec. Ignacio Pereira
Asesoría de Política Comercial
Dirección General de Secretaría
Ministerio de Economía y Finanzas

Ec. Juan Labraga Brea
Adscripto al Ministro
Asesoría de Política Comercial
Dirección General de Secretaría
Ministerio de Economía y Finanzas

Ministerio de Salud Pública

Departamento de Acuerdos y Resoluciones

Montevideo, 14 de marzo de 2018.-

Pase al Ministerio de Educación y Cultura a fin de recabar el correspondiente refrendo.

Ref. Nº 001-3-13060/2017
IDL.

Esc. Ana Catalogne
Adscripta al Ministro
Ministerio de Salud Pública

18

Ministerio de Salud Pública

Departamento de Acuerdos y Resoluciones

Montevideo, 14 de marzo de 2018.-

Pase al Ministerio de Industria, Energía y Minería a fin de recabar el correspondiente refrendo.

Ref. Nº 001-3-13060/2017

IDL.

Esc. Ana Catalogne
Adscripta al Ministro
Ministerio de Salud Pública

Ministerio de Salud Pública

Departamento de Acuerdos y Resoluciones

Montevideo, 3 de abril de 2018.-

Pase al Ministerio de Ganadería Agricultura y Pesca a fin de recabar el correspondiente refrendo.

Ref. Nº 001-3-13060/2017

IDL.

Esc. Ana Catalogne
Adscripta al Ministro
Ministerio de Salud Pública

Ministerio de Salud Pública

Departamento de Acuerdos y Resoluciones

Montevideo, 12 de abril de 2018.-

Pase al Ministerio de Desarrollo Social a fin de recabar el correspondiente refrendo.

Ref. Nº 001-3/13060/2017
IDL.

Dr. Rodrigo Díaz Inverso
Adjunto
Dirección General de Secretaría
Ministerio de Salud Pública

MINISTERIO DE SALUD PÚBLICA
REPÚBLICA ORIENTAL DEL URUGUAY

DOCUMENTO COMPLETO **IDOC**

Actuación

Fecha Creación:	07/05/2018 11:21
Usuario Creación:	SOPHIA SILVA
Dependencia:	12/001/1.51 Dpto. De Secretaría Y Acuerdos
Finalizada Por:	Miriam Olid
Adjuntos:	1 12-001-3-13060-2017.pdf
Firmado Por:	MIRIAN GRICEL OLID PRESA
Fecha Firma:	08/05/2018 12:52

Ministerio de Salud Pública

ASUNTO NRO.68.-

MINISTERIO DE SALUD PÚBLICA

MINISTERIO DE ECONOMÍA Y FINANZAS

MINSTERIO DE EDUCACIÓN Y CULTURA

MINISTERIO DE INDUSTRIA, ENERGÍA Y MINERÍA

MINISTERIO DE GANADERÍA, AGRICULTURA Y PESCA

MINISTERIO DE DESARROLLO SOCIAL

Montevideo, 24 ABR 2018

VISTO: lo dispuesto por el artículo 19 de la Ley Nº 9.202, de 12 de enero de 1934 (Ley Orgánica del MSP) y los Objetivos Sanitarios Nacionales establecidos para el período 2015-2020, en relación a las enfermedades no transmisibles dispuestos por el Ministerio de Salud Pública;----------

RESULTANDO: que la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), en reconocimiento al alto impacto que imponen las Enfermedades no Transmisibles, emitieron en el año 2008 la "Declaración de Rio de Janeiro", que expresa las recomendaciones a seguir por los países miembros";----------

CONSIDERANDO: I) que en nuestro país la mortalidad por enfermedades cardiovasculares (ECV) representa el 27 % del total de defunciones y que históricamente las enfermedades del aparato circulatorio han sido la primera causa de muerte;-

II) que la alimentación es uno de los principales factores de riesgo posibles de modificar para las enfermedades cardiovasculares;----------

III) que durante la última década se ha acumulado amplia evidencia científica que vincula el consumo de ácidos grasos trans (AGT) de origen industrial

con alteraciones del metabolismo lipídico, inflamación vascular y desarrollo de enfermedades cardio y cerebrovasculares;----------

IV) que ya en el 2003, la OMS y la FAO declararon que la ingesta de grasas trans debería ser tan baja como fuera posible (<1% de la ingesta total de energía);---------

V) que los AGT de origen industrial son frecuentemente utilizados en la elaboración de diversos alimentos de consumo habitual en la población uruguaya;-----

VI) que en Uruguay no se limita el contenido de AGT y productos que contienen altos niveles de los mismos están disponibles en el mercado, por lo que se estima que aún se consumen grasas trans en niveles que aumentan significativamente el riesgo de ECV;----------

VII) que el etiquetado obligatorio y reformulación voluntaria no logran una cobertura total del mercado, lo que exacerba las desigualdades en el consumo aumentando el riesgo especialmente en los grupos de bajos ingresos, adolescentes y adultos jóvenes;----------

VIII) que regular el contenido de grasas trans es la opción más efectiva para disminuir el consumo de las mismas de origen industrial y potencialmente la única opción disponible que reduce sus riesgos asociados;----------

IX) que la sustitución/eliminación de las grasas trans es una de las intervenciones de salud pública más directas y costo-efectivas para reducir el riesgo de las enfermedades cardiovasculares y mejorar la calidad nutricional de las dietas;----------

X) que la eliminación de AGT de producción industrial es viable desde el punto de vista tecnológico;----------

XI) que las recomendaciones de la Organización Panamericana de la Salud (OPS) y la Organización Mundial de la Salud (OMS), instan a eliminar el uso de AGT de producción industrial en los alimentos;---------

XII) que en la Reunión de Ministros de Salud de Uruguay, Argentina, Brasil y Paraguay (MERCOSUR/RMS/ACUERDO N° 02/17) se establecieron recomendaciones y medidas regulatorias para la reducción de grasas trans en los alimentos;----------

XIII) que, en junio de 2016 el Ministerio de Salud Pública (MSP) convocó a un grupo de trabajo integrado por delegados de los Ministerios de Industria, Energía y Minería (MIEM), Ministerio de Ganadería, Agricultura y Pesca (MGAP), Ministerio de Economía y Finanzas (MEF), Ministerio de Desarrollo Social (MIDES), Ministerio de Educación y Cultura (MEC), Intendencia de Montevideo (IM), Comisión Honoraria para la Salud Cardiovascular y el Núcleo Interdisciplinario "Alimentación y Bienestar" de la Universidad de la República, así como también de los Organismos Internacionales vinculados con la temática, como OPS/OMS, UNICEF y FAO, los cuales apoyaron la iniciativa;----------

XIV) que se entiende oportuno y conveniente, siguiendo los principios rectores establecidos por las normas que regulan el derecho a la alimentación

saludable, comenzar a disminuir los ácidos grasos trans en los alimentos comercializados en el país;----------

ATENTO: a lo precedentemente expuesto y lo dispuesto en el artículo 44 de la Constitución de la República, la Ley Nº 9.202 de 12 de enero de 1934 y el Decreto Nº 315/994 de 5 de julio de 1994;----------

EL PRESIDENTE DE LA REPÚBLICA

D E C R E T A:

Artículo 1º.- Dispónese la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser librados al consumo en el territorio nacional.----------

Articulo 2º.- Otórgase un plazo máximo de dieciocho (18) meses a la industria alimentaria para la reducción de las grasas trans de producción industrial, estableciéndose que el contenido no podrá ser mayor a 2% del contenido total de las grasas en aceites vegetales y margarinas destinadas al consumo directo y mayor a 5% del total de grasas en el resto de los alimentos. Estos límites no serán de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 3º.- Otórgase un plazo máximo de cuatro (4) años a la industria alimentaria para que el contenido de grasas trans no sea mayor a 2% del total de grasa, tanto en alimentos de

Ministerio de Salud Pública

consumo directo como en ingredientes de uso industrial. No será de aplicación a las grasas provenientes de rumiantes, incluyendo la grasa láctea del producto.----------

Artículo 4°.- Los elaboradores, importadores y/o fraccionadores, tendrán la responsabilidad del cumplimiento de las presentes disposiciones tal como se establece en el Reglamento Bromatológico Nacional.----------

Artículo 5.- El incumplimiento de lo establecido en el presente decreto dará lugar a la aplicación de las sanciones que correspondan, conforme la normativa vigente al respecto.----------

Artículo 6°.- El presente decreto quedará incorporado al Reglamento Bromatológico Nacional, aprobado por Decreto N° 315/994 de 5 de julio de 1994 y entrará en vigencia el día siguiente al de su publicación en el Diario Oficial.----------

Artículo 7°,- Comuníquese, publíquese en el sitio web del Ministerio de Salud Pública y en el Diario Oficial. Cumplido, archívese.----------

Decreto Poder Ejecutivo N° 114

Decreto Interno N° 65

Ref. N° 001-3/13060/2017.

VF/st.

Dr. TABARÉ VÁZQUEZ
Presidente de la República
Período 2015 - 2020

MINISTERIO DE SALUD PÚBLICA
REPÚBLICA ORIENTAL DEL URUGUAY

DOCUMENTO COMPLETO **IDOC**

Actuación

Fecha Creación:	11/05/2018 7:59
Usuario Creación:	NESTOR MORALES
Dependencia:	12/001/1.51 Dpto. De Secretaría Y Acuerdos
Finalizada Por:	Nestor Morales
Adjuntos:	1
	oficios 426 al 434.pdf
Firmado Por:	NESTOR HUGO MORALES CROZA
Fecha Firma:	11/05/2018 7:59

oficios del 426 camara de industrias, 427 camara nac. de comercio, 428 salud cardiovascular, 429 IMM, 3430 MEC, 431 MIDES, 432 MEF, 433 MGAP y 434 MIEM

Ministerio de Salud Pública

Montevideo, 1-8 MAY 2018

SR. PRESIDENTE DE LA CÁMARA
DE INDUSTRIAS DEL URUGUAY
GABRIEL MURARA

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo Nº 114 Interno Nº 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N°426
Ref. Nº 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, - 8 MAY 2018

SR. PRESIDENTE DE LA CÁMARA
NACIONAL DE COMERCIO Y SERVICIOS
SR. JULIO C. LESTIDO

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo N° 114 Interno N° 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 427
Ref. N° 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, 8 MAY 2018

SRA. PRESIDENTE DE LA COMISIÓN HONORARIA
PARA LA SALUD CARDIOVASCULAR
DRA. GRACIELA DIGHIERO ARRARTE

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo Nº 114 Interno Nº 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 426
Ref. Nº 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, 8 MAY 2018

SR. INTENDENTE DE MONTEVIDEO
ING. DANIEL MARTÍNEZ

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo N° 114 Interno N° 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 429
Ref. N° 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, 8 MAY 2018

SRA. MINISTRA DE EDUCACIÓN Y CULTURA
DRA. MARÍA JULIA MUÑOZ

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo Nº 114 Interno Nº 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 430
Ref. Nº 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, - 8 MAY 2018

SRA. MINISTRA DE DESARROLLO SOCIAL
MARINA ARISMENDI

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo N° 114 Interno N° 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 431
Ref. N° 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, 8 MAY 2018

SR. MINISTRO DE ECONOMÍA Y FINANZAS
CR. DANILO ASTORI

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo Nº 114 Interno Nº 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 432
Ref. Nº 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, 8 MAY 2018

SR. MINISTRO DE GANADERÍA AGRICULTURA Y PESCA
ING. AGR. ENZO BENCH

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo N° 114 Interno N° 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 433
Ref. N° 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública

Ministerio de Salud Pública

Montevideo, 8 MAY 2018

SRA. MINISTRA DE INDUSTRIA, ENERGÍA Y MINERÍA
ING. CAROLINA COSSE

De mi mayor consideración:

Tengo el agrado de dirigirme a usted para poner en su conocimiento el Decreto del Poder Ejecutivo Nº 114 Interno Nº 65 de 24 de abril de 2018, cuya copia fiel se adjunta, por el cual se dispuso la disminución progresiva de grasas trans de producción industrial como ingrediente en los alimentos a ser liberados al consumo en el territorio nacional.

Saluda muy atentamente:

Oficio N° 434
Ref. Nº 001-3-13060-2017.
VF

MIRIAN OLID
Directora (E)
Depto. Acuerdos y Resoluciones
Ministerio de Salud Pública