

New research shows urgency to act on Nigeria's trans fat elimination policy

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Significantly reducing trans fat levels in the Nigerian food supply could prevent approximately 10,000 heart disease deaths and save \$90 million US (12 billion Naira, ₦) in health care costs over a decade. The new

findings by The George Institute for Global Health on the health and economic benefits of enacting the country's trans fat elimination policy appear in *BMJ Global Health*.

In 2023, Nigeria followed South Africa as only the second African country to adopt a best practice trans fat elimination [policy](#) and is now working to implement regulations. The cost-effectiveness model assessed the impact of limiting industrially produced trans fats to less than 2% of total fats in all foods, fats, and oils in the Nigerian [food](#) supply.

The research also found that the policy could prevent or postpone 67,000 cases of heart [disease](#) within the first ten years. This equates to a total of 260,000 deaths and 480,000 cases of heart disease prevented across the entire lifetime of the population.

Lead author and Senior Research Fellow at The George Institute Dr. Matti Marklund said, "Although trans fat intakes in Nigeria may be considerably lower than in many other countries, our analysis indicates that its trans fat policy could still save thousands of lives in just a matter of years."

The analysis found the policy to be cost-saving, meaning that it would improve health while generating net savings. Total [health care](#) savings could amount to approximately \$90 million US (12 billion ₦) in the first ten years, and approximately \$520 million US (185 billion ₦) over the population's lifetime.

It would cost the government and food industry an estimated \$17 million US (6.2 billion ₦) to implement the policy over the first ten years and \$26 million US (9.4 billion ₦) over the population's lifetime. For every government dollar invested, this would correspond to \$66 US in health care cost savings.

"The implementation costs represent a small fraction of the substantial savings that a trans fat limit can offer health care systems, mirroring findings from a separate study we led in Kenya last year," added Dr. Marklund.

Industrial trans fats are a group of harmful substances produced during partial hydrogenation, a process where vegetable oils are hardened to solid fats that can be used in processed, fried, and street foods. They are also a well-known risk factor for heart disease but can be substituted by healthier alternatives without affecting food quality.

Globally, industrial trans fats are responsible for around 500,000 premature deaths from heart disease every year, mostly in low- and [middle-income countries](#). But only 53 countries have best-practice trans fat policies in place, most of which are high-income countries, leaving around half the world's population exposed to health harms.

Prof Dike Ojji, Head of the Cardiovascular Research Unit at the University of Abuja and a senior author of the research said, "Governments must act swiftly to address the rising burden of cardiovascular disease that endanger the health of populations, care services, and economies across Africa. We hope the mounting evidence supporting the elimination of trans fats will encourage other African nations to emulate Nigeria's best practice policy."

The World Health Organization (WHO) lists elimination of industrial trans fats as an effective intervention for the prevention of noncommunicable diseases like heart disease. The organization says the top two best-practice policies are setting a mandatory limit of 2g trans fat per 100g of total fat in all foods, and a ban on the production and use of partially hydrogenated oils. Earlier this year, the WHO revised its target for the virtual elimination of industrial trans fats globally to 2025.

More information: Estimated health benefits, costs and cost-effectiveness of eliminating industrial trans-fatty acids in Nigeria: cost-effectiveness analysis, *BMJ Global Health* (2024). [DOI: 10.1136/bmjgh-2023-014294](https://doi.org/10.1136/bmjgh-2023-014294)

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