

IMACE contribution to the Call for Evidence related to the EU Cardiovascular Health Plan.

Introduction

Cardiovascular heart disease (CVD) is a leading cause of death in the EU, accounting for about 1.7 million deaths each year. It also imposes an economic burden of over €280 billion annually in healthcare costs and lost productivity [1].

IMACE would like to take the opportunity and submit its input to European Commission's recent Call for evidence that will be considered while developing the "EU cardiovascular health plan".

It is well substantiated by scientific research that cardiovascular heart disease [along with most non-communicable diseases (NCDs)] is largely preventable. Eating a healthy diet can help reduce significantly the risk of heart disease. A key element of a healthy diet is emphasizing the reduction of the consumption of saturated fats, limiting trans fats and increasing the intake of unsaturated ones, [6]. Recognizing this, the World Health Organization (WHO) recommends that saturated fat intake should be <10% of total energy and trans-fat <1% of energy and replacing these with unsaturated fats to reduce CVD risk [2].

The present contribution by IMACE underscores the importance of prioritizing healthy fats in the diet to prevent the development of CVD, the need for accurate information, the role of education (public, schools, professionals) in promoting heart-healthy fat choices, and how public procurement policies can lead by example by prioritizing products and recipes with a healthier fat composition. It also highlights foods with high saturated fat content that should be replaced as much as possible with foods high in unsaturated fats (preferably poly-unsaturated) to maintain health. Lastly, it notes that trans fats in several foods are not limited or labeled under current regulations, leaving consumers uninformed of an important heart health risk.

Shifting fat consumption patterns across society towards fats that reduce CVD risk.

Shifting from foods, high in saturated fat towards foods higher in unsaturated fats (preferably poly-unsaturated fats) within the diet provides clear cardiovascular benefits. Diets rich in unsaturated fats (from foods such as vegetable oils, nuts, seeds, and soft margarines/spreads) help lower LDL ("bad") cholesterol and are associated with lower CVD risk. In contrast, diets high in saturated fatty acids (SFA) – found largely in animal products like butter, cream, and fatty meats – raise LDL cholesterol and increase heart disease risk. Similarly, trans fatty acids (TFA) raise LDL and lower "good" HDL cholesterol, making them especially harmful [7].

Given the above benefits, there is a strong rationale to shift from fats high in saturated fat (such as butter, lard, ghee, etc.) towards fats high in unsaturated fats (i.e. vegetable spreads and oils) in

everyday diets as part of CVD prevention efforts. This shift is one of the most actionable dietary changes to help prevent the development of CVD by:

- Reducing the population's saturated fat intake: Most EU populations exceed the 10% energy limit for saturated fat [2]. Shifting towards alternatives high in unsaturated fats could reduce average saturated intakes that fit into recommendations. For example, if a person who regularly uses butter (over 10g/day of SFA) switches to a low-SFA spread, they might cut several grams of saturated fat per day, which over time contributes to lower LDL cholesterol.
- Maintaining healthy LDL cholesterol levels: Controlled dietary trials have found that swapping butter for soft margarine or liquid vegetable oils leads to a reduction in LDL cholesterol within weeks [4]. Lower LDL directly translates to lower predicted risk of heart attacks. In countries where butter has traditionally been the default (for cooking or as a spread), encouraging a switch to unsaturated fats has been part of successful CVD reduction programs (e.g., Finland's experience in the 1970s–80s).
- Consumption of sterol enriched products can reduce LDL cholesterol.
- Encouraging consumers to shift towards soft margarines or vegetable oils whenever possible. This message can be delivered through dietary guidelines, front-of-pack labeling (e.g. scoring the quality of the fatty acid composition), and public awareness initiatives. Additionally, food manufacturers and restaurants can be nudged to use healthier fats in product formulations and food preparation.

Transparency Issues on trans-fat content in foods

A specific issue is the lack of transparency and limits regarding trans fats in all foods. The EU has taken commendable action to ban industrially produced trans fats in foods (Regulation (EU) 2019/649 limits industrial TFA to 2% of fat, effective 2021) [5]. However, this regulation exempts naturally occurring trans fats in animal fat. Animal fat typically contains about 2–4% trans-fat by weight from ruminant sources (dairy cows). Currently:

No legal limit applies to ruminant TFAs. A butter product can legally have that 3% trans-fat, whereas a margarine is not allowed to have anything near that amount from industrial sources. From a health perspective, while absolute quantities differ, *trans fat is unhealthy regardless of source*. Public health bodies (including WHO) have emphasized that both industrial and ruminant trans fats equally contribute to heart disease, and intake of all trans fats should be as low as possible (WHO's goal is to limit trans-fat intake to <1% energy) [2].

- No labeling requirement: Nutrition labels in the EU do not require trans-fat to be listed. Manufacturers can voluntarily declare it, but it's uncommon. This means a consumer looking at a food label will see the high saturated fat content but will not see any indication of trans fat content. This lack of transparency can mislead consumers into thinking the issue is only saturated fat, not realizing trans-fat impacts heart health too.

- **Consumer perception issues:** Because the presence of trans fat in butter is not obvious, and because butter is often perceived as a “natural, traditional” product, consumers may underestimate its health impact. Meanwhile, margarine has had to overcome an outdated reputation related to trans fats. Thus, there’s a communications challenge: make sure the public knows that current margarines are trans-fat-free and that butter contributes natural trans fats. This knowledge supports the rationale for switching to fat spreads high in unsaturated fats.

Policy recommendations for transparency: The Cardiovascular Health Plan can advocate measures to address this gap. One approach is to introduce or support mandatory labeling of trans fat on all products, including those with naturally occurring TFAs. If a stick of butter were labeled as, say, “contains 2g trans-fat per 100g,” consumers and health professionals would be more aware. Another approach is through education campaigns clearly stating that “natural does not mean trans-fat-free” and that the EU’s trans-fat regulation deliberately targets industrial sources but consumers should still limit foods high in animal trans fats. Over the long term, policymakers might consider setting future targets or encouraging the dairy industry to explore ways to reduce TFA content (though in practice this is challenging). In any case, not addressing ruminant trans fats would leave a small but non-negligible risk factor unmitigated. Ensuring consumers are informed is a minimum step – people have the right to know about significant components of their food, especially those tied to health risks.

Policy Recommendations (EU & National)

To support the EU Cardiovascular Health Plan’s objectives, a multi-level policy approach is needed, aligning EU-wide measures with national implementation. Key recommendations include:

1. Public Health Education & Counter-Misinformation: emphasizing the importance of **heart healthy food recommendations for CVD prevention**.

EU-wide information campaigns in collaboration with organizations like the European Heart Network or WHO Europe, focusing on practical advice recommending e.g. the swapping SAFA with UFA, the importance of fat quality in a food, including essential fats omega 3 and 6 and additionally as part of lifestyle modifications the usage of fat spreads with plant sterols that actively reduce LDL cholesterol can be recommended.

School programs to promote healthy eating, including choosing the right kinds of fats. Encourage Member States to incorporate lessons on nutrition (perhaps using EU-developed toolkits) and to ensure school meals use healthy fats. Children educated about nutrition can influence household choices and carry habits into adulthood.

Professional training: Work with medical associations to ensure cardiologists, general practitioners, and dietitians receive up-to-date guidance on dietary fats to counsel patients effectively. For instance, a general practitioner should feel confident explaining to a patient

why switching to healthy fat spreads can help lower their cholesterol. The Plan can support development of Continuing Medical Education modules on lifestyle/CVD prevention.

2. Integrate Fat Quality in EU Nutrition Policies: Make the promotion of healthy fats and reduction of harmful fats a clear priority. For example, the Plan could set EU-level targets (e.g., reduce average saturated fat intake to <10% of energy by 2030, move toward WHO's goal of <1% energy from total trans fats including ruminant). These targets can guide Member States in updating their national strategies. The Plan should also reinforce existing advice to replace SFA with unsaturated fat in all relevant policy documents (from food-based dietary guidelines to clinical guidelines for doctors).

3. Strengthen Food Labeling and Consumer Information: Any upcoming harmonized front-of-pack labeling system should penalize high saturated fat foods and foods containing more than 2% trans fat (e.g., a nutrient scoring system should consider the fat quality, penalizing high saturated fat, trans fat and reward for unsaturated fat this would result in a correct scoring for the fats category. The current Nutri-score algorithm for the fat category does not allow for sufficient differentiation in the scores (C-D) to guide the consumer to the healthiest fat options). Additionally, consider mandating trans-fat labeling on foods to improve transparency [5]. By making healthy vs. unhealthy fats visible at a glance, consumers can make informed choices and industry has incentive to reformulate.

4. Leverage Public Procurement: Recommend that all public institutions adopt nutrition criteria for fats in their catering. For example, government-run cafeterias, school and hospital kitchens should be instructed to use only oils and fat spreads that are predominantly unsaturated. The EU could encourage the purchase of foods rich in unsaturated fats within public tenders. Monitoring compliance would be important: require reporting on the fat types used in public food services. This not only ensures that children and patients consume healthier meals but also signals to society that the government stands behind its nutrition advice.

5. Encourage Industry Reformulation and Innovation: Continue to engage food manufacturers and the retail sector to reduce saturated fat in processed foods.

In implementing these recommendations, coordination between EU and national levels is crucial. The EU Plan can set the vision and provide tools (legislation, funding, frameworks), while Member States tailor and execute actions in their contexts. Regular monitoring and exchange of best practices (via EU forums or progress reports) will help maintain momentum. Ultimately, success will be measured in improved dietary patterns – e.g., a measurable decline in average SFA intake, higher consumption of unsaturated and specifically polyunsaturated fatty acids, and improved population cholesterol levels – and, over the longer term, a reduction in CVD incidence.

References:

1. European Commission – Press Release (11 Aug 2025). *“EU Cardiovascular Health Plan: Call for Evidence.”* (CVD mortality and cost in EU)

2. World Health Organization (2018/2023). *Dietary Guidelines: Saturated and Trans-fat Intake*. (Recommends <10% energy from SFA, <1% from TFA; replace SFA with unsaturated fats)
3. British Heart Foundation – Heart Matters Magazine (Sept 2024). “*Margarine vs. butter: which is healthier?*” (Butter ~50% SFA; most margarines at least 50% less SFA than butter; modern margarines free of trans fats)
4. Sacks FM et al., American Heart Association Advisory (Circulation, 2017). (Replacing saturated fat with polyunsaturated fat reduces coronary heart disease risk ~30%)
5. EU Regulation 2019/649 (24 April 2019). Amending Annex III of Regulation 1925/2006 as regards trans fat limits – sets 2% limit on industrial TFA in foods, excludes naturally occurring animal TFA.
6. 2023 WHO guidelines on fats and carbohydrates ([link](#)).
7. Blood levels of omega-6 fatty acids and coronary heart disease: a systematic review and meta-analysis of observational epidemiology ([link](#))

About IMACE

*IMACE is the **European Margarine Association**, the only European organisation fully dedicated to representing margarine and plant-based spreads. Our sector leads in **nutrition, sustainability, competitiveness and innovation**—from eliminating trans fats to driving healthier, plant-based diets. IMACE gives the industry a strong voice in Europe, shaping fair regulation and promoting the role of margarines and spreads in building a healthier and more sustainable future. IMACE is a signatory of the code of conduct for responsible business and marketing practices.*