



## How much priority is given to nutrition and health in the EU Common Agricultural Policy?



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### ABSTRACT

Agriculture in the European Union (EU) is strongly influenced by the Common Agricultural Policy (CAP). There have been repeated calls for CAP to address nutrition-related health, particularly obesity and non-communicable disease (NCD) in the EU. However, aligning agricultural policy such as CAP with nutrition is complex, not least because the aims of agricultural policy are predominantly economic, presenting a challenge for developing coherence between agricultural trade and health policy. This research examined the political priority given to nutrition-related health concerns within CAP to date, and the solutions suggested by agricultural, trade and health policy-makers and public health nutrition advocates, via interviews of 20 high-level participants from respective sectors. The participants provided diverse perspectives, often varying by sector and institution, on the connections between agricultural policy and nutrition-related health, the extent to which nutrition concerns have been addressed via CAP and whether CAP is an appropriate and effective policy approach to improve nutrition-related health in the EU in the future. The key findings suggest the need for communication and agreement of clear high-level nutrition guidelines, clarity on the EU mandate to address nutrition-related health concerns via policy, and stronger engagement of civil society in the issues if CAP is to address nutrition more than it is doing currently. The difference in worldviews between agricultural/trade representatives, and those from public health, also needs to be addressed.

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### Introduction

Diet is a leading cause of the global burden of obesity and non-communicable disease (NCD), including cardiovascular disease, cancer, and diabetes mellitus (World Health Organization, 2000; Yach et al., 2004; James, 2008), with diets high in fats, sugar and salt, and low in fruit, vegetables and whole grains causing health problems worldwide (World Health Organization/Food and Agricultural Organization, 2003). An important determinant of diet is food price and availability, which is directly influenced by agricultural policy. Agricultural policies affecting food price are separated by many often lengthy pathways of influence over population nutrition, however there are numerous agricultural policy levers that have been identified to have the potential to change food process and thereby nutrition outcomes (Dangour et al.,

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2013; Kanter et al., 2015). As recognised by the WHO's Global Strategy on Diet, Physical Activity and Health (2004) (World Health Organization, 2004), it seems essential for agricultural policy to be designed with nutritional priorities (James et al., 2006).

Most developed countries provide substantial subsidy to their agricultural sectors. For example, in the United States, agriculture is influenced by the 'farm bill', an ongoing legislative package dealing with both agricultural and food policy, and updated every five years (Bellemare and Carnes, 2015). In the European Union (EU), agriculture is strongly influenced by the Common Agricultural Policy (CAP). The EU's CAP was established in 1962 in the Treaty of Rome (1957), after the founding members of the European Commission (EC) emerged from a decade of severe food shortages following World War II (Lloyd-Williams et al., 2008). In contrast to the US 'farm bill', which includes food policy in its remit and devotes 80% of its budget to nutrition programs such as food stamps and school lunches (only indirectly benefiting farmers) (United States Department of Agriculture), CAP is considered a tool for only agricultural policy. However, whilst addressing food and nutrition is not one of CAP's primary objectives, there was a food

security and nutrition (albeit reducing malnutrition) motive to the introduction of the CAP (Folmer et al., 1995; Lang and Heasman, 2004).

Fundamentally, CAP is a system of subsidies paid to EU farmers to support European food production, rural and environmental development and livelihoods, and domestic market protection through tariffs/levies (Schmidhuber, 2007; Matthews, 2012). Its main purposes today are to guarantee minimum levels of production to support the basic food needs of European countries at reasonable prices, to ensure a fair living standard for European farmers, and to preserve the rural environment and way of life (Jeffery, 2003).

Similarly to the situation in the United States (Bellemare and Carnes, 2015), the first decades of CAP were dominated by market support measures for agricultural produce and subsidies to EU producers coupled to production. This policy, promoting production, eventually led in the 1980s to surpluses of, for example, butter, cheese, meat and grains (Budhram and Rock, 1991) – a time of ‘wine lakes and butter mountains’ (Kassim and Le Gales, 2010; Atkin, 2011).

A turn towards a more market-oriented system began with the MacSharry reform (1992), which aimed to reduce over-supply through reduced levels of market support for some produce types. The Agenda 2000 reform divided CAP into two ‘pillars’: (i) market supply measures and; (ii) additional measures introduced to serve environmental and rural development objectives. In 2003 reforms decoupled direct payments to farmers from production levels; a further move to discourage overproduction (Brady et al., 2009). New rules introduced included cross-compliance, meaning farmers’ direct payments were now conditional upon following regulations on the environment, food safety, animal welfare and maintaining agricultural land (Schmid and Sinabell, 2007).

In mid-1990s, critical discussion of the lack of nutrition consideration in CAP emerged (Elinder, 2003), focused on overproduction and distortion of the food supply through disproportionate support to some areas of production (Elinder, 2005; Lang and Rayner, 2005), and maintenance of high prices of fruits and vegetables by limiting availability<sup>1</sup> (Faculty of Public Health). Health experts argued for the need to decouple payments from production to prevent overconsumption of foods associated with NCD (Faculty of Public Health), and suggested withdrawal of market support in the fruit and vegetable sector, which would increase availability, lower prices and improve nutrition (Veerman et al., 2005). As CAP became more market-oriented and farmers increasingly produced for market demand rather than for subsidies, calls to address nutrition-related health through CAP have focused on reducing obesity and diet-related NCDs (Elinder, 2005; Hawkes, 2007; Pederson, 2008). However the mechanism(s) for aligning agricultural policy and nutrition are not well understood (Elinder, 2005; Hawkes, 2007), and made more complex by the economic aims of agricultural policy, which presents a challenge for developing coherence between agriculture, trade and health policy.

This is complicated by lack of clarity in the legal mandate to address health issues at EU level. While the EU has a legal mandate through the Maastricht Treaty (1993) for ‘protection and improvement of human health’, it is mainly through research, health information and education (Maastricht Treaty, article 129). The Lisbon Treaty (2009) explicitly classified the division of competences between the EU and member states as ‘exclusive competences’, ‘shared competences’, or ‘supporting competences’. Public health is an area of ‘supporting competence’, thus the EU has no

legislative power in this field and may support but not interfere in the exercise of this competence reserved for member states’ (Europa, 2010).<sup>2</sup> The consequences appear inconsistent with food safety issues justified as ‘protecting consumers’ and ensuring free circulation of food commodities in the internal market, which is why these are rigorously addressed at EU level (Eur-Lex, 2015).

Food systems, including agricultural production and policies that affect production practices, have important consequences for population health, particularly with respect to ensuring the security of supply, nutritional quality and safety of our food (Dangour et al., 2012). Fig. 1 conceptualises the relationship between agricultural policies and production practices, and diet. Agricultural policies and practices, including input, production and trade policies, shape diets through changes to food availability, price, nutritional quality and the diversity of foods available. But whilst broad policy interventions have been identified, exact policy mechanisms, and their relative effectiveness, remain unclear including why and how nutrition and health considerations receive political priority in agricultural trade policy.

Political priority, the degree to which political leaders pay attention to and address an issue, backing it with financial, technical and human resources, (Shiffman and Smith, 2007), is necessary to address a problem such as nutrition-related health in agricultural policy, and therefore requires investigation (Shiffman and Smith, 2007). To date little research addresses the political priority accorded to nutrition-related health in agricultural policy, and the solutions as perceived by policy-makers. This study aims to fill this gap by drawing on a framework developed by Shiffman and Smith (2007) for analysing determinants of political priority for global health issues (Shiffman and Smith, 2007). The objective was to examine stakeholder perspectives on why, which and how nutrition-related health considerations receive attention and compete with other interests in the CAP, and draw conclusions for future policy initiatives.

## Material and methods

### Interviews with key participants

An interview guide was developed to examine the four broad elements – Actor Power, Ideas, Political Contexts and Issue Characteristics – of the Shiffman framework (2007) to determine the political priority given to nutrition-related health in the CAP, and also to explore potential policy solutions (Shiffman and Smith, 2007).

‘Actor Power’ examines the strength of the organisations and individuals concerned with nutrition-related health in the CAP. Factors explored include support from health organisations to CAP, communication channels between CAP policy-makers and health/nutrition experts, leadership regarding nutrition-related health considerations in agriculture and trade, the role of industry in shaping CAP, and the mandate of CAP for considering nutrition.

The ‘Ideas’ element examines how the individuals and organisations involved with nutrition-related health in the CAP understand and portray it. It identifies conflicting agendas within health, economic or environmental sectors, and examine the perceived level of importance of nutrition-related health considerations in CAP.

‘Political Contexts’, focuses on the environments in which actors operate, examining the role and presence of political opportunity for policy change and the degree to which CAP organisational structures and norms support effective action.

<sup>1</sup> Fruit and vegetable prices were mainly kept high through price support. Whenever prices fell below certain levels, produce were retrieved from the market. As fruits and vegetables quickly perish, these produce were then destroyed which also led to environmental concerns.

<sup>2</sup> Article 6 of the Treaty on the Functioning of the EU (TFEU), which the Maastricht Treaty was renamed.

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