European Public Health and Agriculture Consortium’s (EPHAC) response to “The reform of the CAP towards 2020 - Impact Assessment”
January 2011

The European Public Health and Agriculture Consortium (EPHAC) is a Brussels-based alliance of health organisations advocating for a healthier more sustainable Common Agricultural Policy (CAP). EPHAC members are Eurocare, EuroHealthNet, European Heart Network, European Public Health Alliance, Heart of Mersey, National Heart Forum and North West Health Brussels Office. Members provide wide variety of public health expertise and it is EPHAC’s mission to bring this expertise into the reform of the CAP towards 2020.

Introduction
EPHAC believes that the CAP can play a profound role in improving health and tackling health inequality, but to do this requires a systematic reform. Production of food and agricultural policy are important social determinants of health. The way that our food is produced, processed, distributed, marketed and what is consumed has a major impact on Europeans health and has far reaching consequences in terms of Global health and food security. An increasing body of evidence shows that factors such as availability, accessibility and price play a predominant role in food choice. It is increasingly argued improving diets will require change in the environments we live in. Policies need to support making the healthy choice the easy choice. The CAP is an important European policy, but needs to change to reflect current and future challenges and be relevant for its citizens.

EPHAC would also like to stress that currently chronic diseases are a significant burden in the EU and represent a major barrier to sustainable development in the EU. Cardio-vascular disease (CVD) alone costs the EU economy € 192 Billion each year. Diet is one of the primary modifiable determinants and an integrated food and agriculture policy is necessary to tackle chronic disease.


Overweight and obesity are currently of particular concern, especially in childhood. An estimated 22% of children aged 5-9 years are overweight (of which 6% are obese) and 16% of children aged 13-17 years are overweight (of which 4% obese) in Europe. Increasing rates of overweight and obesity will put increasing pressure on health care and social costs. Prevention in early life is the most cost effective strategy and requires addressing both diet and physical activity. Rates of obesity exhibit huge social inequalities between and within EU Member States.

![Bar chart showing % Overweight and Obesity in children aged 7-11 years (using IOTF cut off)](chart.png)

EPHAC welcomes the opportunity to contribute to the Impact Assessment on the reform of the CAP towards 2020. Although EPHAC recognises the wide range of issues and challenges that CAP agriculture towards 2020 and the corresponding impact assessment must deal with, this consultation response will focus on public health gains as one of the valuable outcomes of a reformed CAP.

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Questions

(1) Are the policy scenarios outlined consistent with the objectives of the reform? Could they be improved and how?

We welcome and broadly accept the objectives put forth by the communication on the reform of the CAP, and applaud the commission for recognising that CAP can play a role in preventing diet related chronic disease by making healthy and nutritious foods more readily accessible. The World Health Organisation (WHO) estimates that 80% of cardiovascular diseases, 90% of type 2 diabetes and 30% of all cancers could be prevented by a healthy diet\(^4\). EPHAC would also like to stress that health and well being are explicitly related to loss of biodiversity, environment and climate change, and that addressing these objectives in a consistent manner would provide multiple benefits including a healthier workforce and more inclusive growth.

Building on the text, EPHAC suggest that the headlines in Section 3 should read:

- Developing the agricultural production capacity on a sustainable, equitable and ethically sound basis throughout the EU

- Ensuring food security, safety and quality in a manner consistent with public health, environmental and ethical standards and equity

- Ensuring the provision of public goods through sustainable management of farming systems, inclusive food systems natural resources and the preservation of the countryside

- Contributing to the vitality of rural areas and territorial diversity throughout the EU.

Based on this, a policy scenario for sustainable development needs to be devised drawing on elements from the 3 proposed scenarios and focusing on a thoroughly revised policy framework to meet these 4 objectives.

- The Single Payment Scheme (SPS) needs to be changed so that payments are conditional on a minimum set of good agriculture practices, environment and public health criteria to ensure that EU goals for sustainable development are met. Additional payments can be received for specific environmental or public-services supporting strategic issues or national priorities.

- The SPS should be harmonized to achieve equality of payments between and within Member States. More equality in Members States can be achieved by capping payments for single beneficiaries and making them subject to conditions relating to environmental and social goals i.e. employment.

Market measures should incorporate a food systems approach, strengthening the position of consumers and farmers, taking special care not to disrupt developing markets or undermine food security. Risk management, in addition to developing better instruments to deal with crisis, should focus on longer term goal of increasing the resilience of farming systems and develop new market mechanisms that support local and regional markets.

Rural development funding should focus on new challenges, agro – ecological innovation and on social and economic development including improved access to health care services in rural regions, especially weaker rural regions. This should include support for regional and local food systems as a strategy for inclusive growth.

A strengthened approach to strategic targeting should be developed and policy coherence with EU goals relating to public health, regional development and inclusive growth should be ensured.

Are there other problems apart from those set in the problem definition section of this document that should be analysed when considering the architecture of the CAP in the post 2013 period? What causes them? What are their consequences? Can you illustrate?

EPHAC believes that the following issues should be brought into the analysis to meet the objectives as defined:

- **Non–sustainable overall levels of consumption and consumption patterns:** Current consumption patterns in the EU are not sustainable in relation to challenges relating to public health and chronic disease, food security and climate change. Saturated fat foods derived from the dairy and beef industries are a major contributor to the mortality and morbidity from various chronic diseases across Europe. Focusing only on technology to increase production and mitigate agriculture’s impact on climate is not sufficient to meet these challenges. Changes in global consumption patterns, primarily increasing consumption of meat and dairy in developing economies (Nutrition transition) leading to overreliance on feed stuffs and less nutritional efficiency. This has resulted in a rise in poor health outcomes such as obesity and other diet related conditions due to high fat consumption. The rise in meat and dairy production and consumption has also contributed to a rise in agricultural production of animal feeds and less nutritional efficiency in the overall food production process. These challenges mean that production and consumption patterns will increasingly need to move towards plant based diet and policies and instruments should take this into consideration.

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• **Separate sustainable production to sustainable consumption agendas:** Neither policies promoting sustainable production of food nor campaigns encouraging healthier, more sustainable diets are enough – production policy can drive consumption and consumption patterns can lead to more sustainable production, and a more integrated approach is needed to reach the goals for a more sustainable food system. Much more can be done to create links between production and consumption through public procurement policy, nutrition programmes i.e. the EU School Fruit Scheme (EU SFS) and Most Deprived Persons Scheme (MDP), and catering policy. Programmes and creative action in this field could help enormously to promote affordability and accessibility of high quality, natural, healthy, nutritious and regionally and locally sourced foods, but such action is currently inhibited by EU regulations and trade rules. CAP promotion budgets should give preference to foods which support the EU public health nutrition objectives (such as whole grains, fruit and vegetables, foods low in saturated fat, salt and sugar) and incentive should be provided which create synergies with the EU SFS and MDP schemes.

Unused promotion funds should be made available for public campaigns focusing on healthy diets. EPHAC believes that funds should not be allowed to be used to promote products that are not otherwise promoted as part of public health nutrition healthy eating goals.

• **Elimination of subsidies for products considered damaging to health:** Regarding public health, the CAP tools should not promote products regarded as damaging to health such as alcohol, whilst the EU increases efforts and funding to encourage its population to refrain from excessive alcohol consumption. Subsidies for production and promotion of alcoholic beverages are counterproductive public health measures in other EU policies to reduce harm caused by alcohol. Ending subsidies for promotion of alcoholic beverages would lead to greater consistency of the EU legislation and better spending practice of the EU budget. Nevertheless currently, (mainly through promotion strands) the EU subsidises promotion of alcohol. For instance, the production of wine alone receives €1.5 billion worth of support yearly through the Common Agricultural Policy (CAP)\(^7\). CAP subsidies for distillation of alcohol should be phased out in the next framework.

In addition, EPHAC supports the decision to phase out tobacco subsidies by 2012 and reinforce that support for tobacco production and processing should not be a part of CAP in the future.

• **Health and social equity:** Currently, social inequalities are major barrier to improving population health, maintaining a healthy and productive workforce and sustainable growth. Inequalities-related losses to health are currently evaluated at €141 billion per year\(^8\). About 10 million people live below the poverty line in rural areas within the EU: these include certain minorities, including many Roma people, particularly in the new Member States. In most countries, their needs are not effectively addressed by current rural development programmes. Approximately 21 million people suffer from food insecurity in the EU and substantial differences in


health outcomes exist within and between Member States. Improved economic analyses of policies and programmes that directly or indirectly affect health, social exclusion and distribution of these outcomes⁹; and evidence of how food and farming needs interact can strengthen action to reduce health inequities.

- **Regional and local food systems**: developing regional and local food systems can play a substantial role in more inclusive societies, better access to healthy diets and developing more resilient farming systems, but depend upon effective policy support in order to be viable and competitive.

- **Micro-enterprises and SMEs**: these form a large part of the economy of most rural areas, but their viability is increasingly in danger due to administrative burden difficulties accessing credit and markets dominated by large scale operators. Creating vibrant rural areas and developing local and regional food systems will require investment in Micro-enterprises and SMEs, simplifying rules and better governance in market access.

- **Subsistence farming communities**: Subsistence farming falls outside the normal “economic operator” model of farming, but plays a role in the informal economy and food security for vulnerable populations. These communities, in which over 10 million people live, face a bleak future unless they are assisted through a dynamic and integrated approach to rural development.

- **Policy coherence**: there are current inconsistencies between policies, both within the CAP and between it and other EU programmes. A future strategy must ensure the coherence of polices across key priorities such as public health, sustainability and the environment.

- **Governance in the food system**: Concentration, inequities in bargaining power, commodity speculation and suboptimal price translation have had a negative impact on both farmer’s livelihoods and affordability of healthy diets for consumer. There is little evidence that transparency, monitoring of price translation, self regulation and codes of conduct are sufficient to provide adequate governance in the food chain. New more rigorous process need to be put in place.

- **Food waste**: nearly one third of all food produced within or imported into the EU is wasted, because of practices in all parts and aspects of the food chain, including the purchasing, processing and selling policies of food processors and traders, transport and storage systems and consumer behaviour.

- **Financing models**: Very little attention is given to whether policies and instruments will be co-financed by member state and at what rate; financial crisis in some MS will make it increasingly difficult for Member States to implement programmes and instruments. Attention should be given to how CAP policies and instruments will be

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financed and the impact that this can have in the current economic situation and how this will affect the strategic goals of CAP in the long term.

(3) Does the evolution of policy instruments presented in the policy scenarios seem to you suitable for responding to the problems identified? Are there other options for the evolution of policy instruments or the creation of new ones that you would consider adequate to reach the stated objectives?

EPHAC believes that the challenges described in Section 2 of the impact assessment document call for a more dynamic and radical shift of policy than is implied in any of the three central scenarios. Farm incomes are depressed, the farm labour force is falling rapidly, health care costs related to chronic conditions are increasing, greenhouse gas emissions must be cut, loss of biodiversity must be halted, rural vitality must be revived, and public health and food safety must be assured. Gradual evolution of policy, given the challenges faced and speed and scope of change, will not be sufficient. The current reform must mark a decisive shift, into a new paradigm for agriculture and food systems.

- Reorientation from industrial farming, and highly processed foods to sustainable farming and natural foods of high nutritional quality, will require a clear definition of progressive standards of sustainability in agriculture; incorporation of these standards into updated legally binding codes of good practice, with efficient enforcement of these codes; conditionality related to those standards on future direct payments to all farmers; and updated farm advisory systems that encourages agro-ecological innovation

- Policies for food security, trade, aid and supply which together ensure food security for Europeans without compromising developing county farming systems and guarantee a return for farmers as outlined in the Rome and Lisbon Treaties

- Policies for food safety and quality linked to public health nutrition; for reduction of food waste; and for promotion of regional and local production and processing of food, and related issues

- Vigorous and integrated programmes of rural development, focused on strengthening and diversifying rural economies, accessibility to services and infrastructure, and addressing the needs of subsistence farming communities and recognising its contribution to local communities.

- Mechanisms at EU, national, regional and sub-regional level which achieve true synergy and complementarity between the policies and programmes for agricultural, rural, regional, social, cohesion and fisheries development, which harness the energies and resources of all sectors, and which guarantee that measures or policies do not negatively impact on the sustainability objectives.

- Creation, throughout the rural territories, of sub-regional partnerships with the task of preparing and implementing sub-regional or territorial development strategies, with powers to deliver all relevant measures within the Operational Programmes related to all five EU Funds
Impacts

(4) What do you see as the most significant impacts of the reform scenarios and the related options for policy instruments? Which actors would be particularly affected if these were put in place?

The question should be, what are the desired impacts of reform and which policy scenario will be most effective in achieving the desired impacts.

Our answer to those questions would include:

- Improved access to and affordability of foods necessary for a healthy and sustainable diet, in order to support public health nutrition objectives
- Reduction of social inequalities in rural areas and dietary choice
- Reduction in mean levels of LDL serum cholesterol in MS populations.
- Further reduction of greenhouse gas emissions (through clear GHG limits in codes of farming practice)
- Halt the loss of biodiversity in rural areas, by focusing farm and forest support systems on encouragement and extension of farming systems which enhance biodiversity
- Secure a high level of delivery of public goods by encouraging the uptake of farm systems such as organic farming, high nature value farming and integrated production.
- Achieve a level “playing field” by strengthening the position of farmers and consumers and assuring fair production-cost-based prices for both groups.
- Maintain employment in farming, and support family farms, through the terms of farm support systems and create new employment opportunities through development of regional and local food systems.
- Reduce food waste by close analysis of all causes of that waste and use of regulations, education and public awareness to address these causes.
- Reduce “food miles” by promotion of local and regional food systems, and create better links between producers and consumers.
- Reduce dependence of EU farmers upon farm inputs from outside Europe by promoting more sustainable farm systems, low-input breeds, extensive low input (i.e. grass fed) production methods and production and use of animal-feed proteins within Europe.
• Reduce the emigration, especially for young citizens from rural areas to urban areas by action to diversify the rural economies and sustain services in these areas.

• Enlist the knowledge, capacities and resources of all stakeholders in the process of agricultural and rural development, by enabling local strategies and local partnerships to flourish throughout rural Europe.

(5) To what extent will the strengthening of producer and inter-branch organizations and better access to risk management tools help improve farmers’ income levels and stability?

EPHAC believes that strengthening producer and inter-branch organisations is a good first step that would allow farmers to achieve a fair deal in the food chain in order to increase their bargaining power and to create added value for re-investment in local and regional economies. This will depend on making necessary changes to competition rules.

However, this alone will not suffice to improve farmers’ income levels and stability and maintain affordable prices for consumers. There is need also for creation of a market monitoring system ensuring transparent data on price transmission, production costs and margins, concrete efforts to improve price translation and to improve governance in the food system. This cannot be left to self-regulation, voluntary codes and standards. Farmers, consumers and civil society should be involved in this process.

There should also be change in the systems of price intervention. The present systems, which aim to keep prices low for raw materials for the (exporting) food industry, does not provide a sufficient safety net for producers who manage their farms according to sustainable principles, because the intervention prices are far below the production costs. Current tools such as export subsidies and intervention stocks need to be phased out, and new instruments that do not harm markets or infringe on other policy goals need to be developed.

These measures lie largely within the remit of the Commissioner for Agriculture and Rural Development, but these measures are dependent on policies for food trade and aid. A better balance between local, regional and global markets, and rules for regulating speculation in commodity markets should be reinstated.

(6) What environmental and climate-change benefits would you expect from the environment-targeted payments in the first and the second pillar of the CAP?

EPHAC believes that targeted payments in the first and second pillar would lead to better delivery of ecosystem services, but must take into consideration maintenance and effective management of the rich and highly diversified heritage of ecosystems, cultural landscapes and other environmental assets including soil and water resources, which are found in the rural areas of the EU. Climate change left unchecked will have a profound effect on public health and well-being and early analysis suggests that it will impact hardest on less affluent
countries. All elements of future policy, including (but not confined to) environment-targeted payments, should be designed to achieve that aim.

The EU is already committed to halting the loss of biodiversity, which is itself a major challenge within this diversity of farming systems. Loss of biodiversity will have a profound effect on health and well being especially in less affluent regions, and halting the loss of biodiversity should be reflected in cross compliance and targeted payments. It is important that this includes not biodiversity in general, but also focuses on “agriculture biodiversity”. The policy must also focus on the ‘new challenges’ of adapting to and mitigating climate change, generating renewable energy, cutting emissions of greenhouse gases, reducing dependence on fossil fuels and on inputs derived from those fuels, and putting good agronomic sense and agro-ecological innovation at the heart of farming decisions.

(7) What opportunities and difficulties do you see arising from significant increase the rural development budget and reinforcing strategic targeting?

EPHAC believes that increases in rural development budget can improve the economic, social and environmental performance of rural areas to fully realise the contribution that rural regions can make to a prosperous and sustainable Union and to honour the EU’s commitment to social, economic and territorial cohesion. This could make a major contribution to the goals of EU 2020, especially for inclusive growth. This must reflect and build upon the high diversity in the character, resources, strengths and traditions of the Union’s many different rural regions. Moreover it must draw upon the energies and resources not only of the EU and of national and regional governments, but also of local authorities and the private, corporate and civil sectors. For that reason, we urge that future policy should focus on strategic targeting. Mechanisms are needed at EU, national, regional and sub-regional level to achieve true synergy and complementarity between relevant major EU Funds. The new Policy should make provisions for:

a. A common EU-level strategic framework for the Common Agriculture Policy, Food and Rural Policy and the successors to the present ERDF, Cohesion Fund, ESF and EFF

b. Funds should be fully harmonised (including procedural terms) in order to clearly highlight their difference and intended complementarity. Member States and delivery agencies could therefore simplify processes for beneficiaries; and enable the delivery of relevant measures by sub-regional partnerships operating across the full range of Funds

c. Member States (and/or Regions, in countries with federal systems) should draw up national and/or regional strategic frameworks for the next financial framework, reflecting the purposes of the common EU-level strategic framework, and setting a clear basis for active complementarity between the Operational Programmes related to the five EU Funds.

d. Member States or, where relevant, regional authorities should – throughout their territories – promote the creation and support the activity of sub-regional partnerships in order to prepare and implement sub-regional or territorial development strategies. These would
deliver all relevant measures within the Operational Programmes related to all five EU Funds, and specifically all measures within the scope of the proposed European Rural Fund, thanks to operational funds provided (in mainly rural sub-regions) through the Rural Fund or (elsewhere) through Regional or Cohesion Funds.

(8) **What would be the most significant impacts of a "no policy" scenario on the competitiveness of the agricultural sector, agricultural income, environment and territorial balance as well as public health?**

EPHAC believes that a “no policy” scenario would have devastating social, economic and environmental and lead to further intensification of production in order to sustain their competitiveness. The number of farms, and the farm labour force, would be drastically reduced and employment reduced. Territorial balance would be destroyed; migration from rural to urban areas would accelerate, with serious consequences for unemployment, urban crowding, public health and pressure on public services.

**Monitoring and evaluation**

(9) **What difficulties would the options analysed be likely to encounter if they were implemented, also with regard to control and compliance? What could be the potential administrative costs and burdens?**

During the long period when CAP payments were linked to production, control and compliance were assured through paperwork (latterly the IACS system), plus field survey, aerial photography and other means to ensure the validity of claims. Agri-environment schemes depended upon the creation of prescriptions related to and field-survey validation of, environmental features and management regimes. These methods are essentially continuing in the present SPS regime.

As the agenda moves more fully onto a wider interpretation of sustainability, including environmental services and other public goods, so these systems will need to be adapted to cope with this widening agenda. Difficulties of implementation must be anticipated, and reduced by timely and effective preparation. For example, the production of a clear definitional basis for High Nature Value farmlands would allow environmentally-targeted payments to be made on a horizontal basis, preferably with 100% EU funding, with less difficulty and administrative cost than if they were variable country by country. Administrations should be offered guidance on efficient implementation in order to reduce “red tape” for both farmers and officials. Experiences from certification systems (organic farming) can be used as practice examples to control e.g. crop rotation. With such measures, there should not be significant increase in administrative burdens or costs.
(10) What indicators would best express the progress towards achieving the objectives of the reform?

EPHAC believes that the following indicators would best express progress towards achieving the objectives of the reform:

- Socio-economic status of people working in the agricultural sector.
- Income inequality/Gini coefficient between people working in non-agricultural and agricultural sector.
- Food production levels by sector and type of production (e.g., intensive, organic, etc).
- Indexed production costs, consumer food prices, added value and profit margins by sector.
- Indicators relating to food consumption for specific foods per country and disaggregated by gender, age and socio-economic status.
- % of population facing food insecurity.
- Mean levels of serum cholesterol fractions in the populations of MS.
- Farm-gate prices of farm products covering full costs of sustainable production, and reduced volatility in those prices.
- Levels of compliance for standards of sustainable farming.
- Improved conservation and sustainable use of biodiversity, also within farming practices.
- Measures of biodiversity in general and more specific agricultural biodiversity.
- Emission of greenhouse gases by the agriculture sector broken down by sector.
- Levels of carbon sequestration for agriculture.
- Levels of nitrogen loss.
- Levels of regional self-sufficiency (Imports and exports).
- Levels of food waste.
- Levels of rural poverty.

(11) Are there factors or elements of uncertainty that could significantly influence the impact of the scenarios assessed? Which are they? What could be their influence?
The speed of recovery from the present economic crisis, particularly in the eurozone. Delays in the recovery could seriously constrain the willingness and ability of Member States to contribute own share to the measures described in the scenarios or in our answers above. Special attention should therefore be given to co-financing and how this will impact on implementation in Member states.

Intensity speed and impact on climate change on agricultural production. Rapid changes in climatic norms, or rapid increase in the incidence of climatic extremes (storms, floods, droughts, extreme cold or heat), which could disrupt farming, food markets, forests, ecosystems, infrastructure etc.
Towards a healthier, more sustainable CAP

European Public Health and Agriculture Consortium (EPHAC) position on
“The Future of the Common Agricultural Policy”
Annex 1: Towards a healthier, more sustainable CAP

**Summary**

**Towards a healthier, more sustainable CAP**

Health is prerequisite for economic growth and inclusive societies. What we eat and how our food is produced is important for our health. The challenge for food policy in this century is how to sustain the earth’s physical, living and human resources, while producing enough food to feed a growing world population. Agriculture, food and good nutrition are about healthy people, healthy communities and the future well-being of our planet.

Food and agriculture policy should be based on equity, the universal right to safe, affordable, nutritious food, and good governance and transparency in the food supply chain. The Common Agriculture Policy (CAP) can contribute to strategies aimed at reducing health inequalities and preventing chronic disease, producing enough food to feed a growing world population and a “greener” agriculture policy that reduces green house gas emissions from food production and transportation.

**Chronic Non-Communicable Disease – the big challenge**

Chronic non-communicable diseases (NCDs) pose one of the greatest threats to public health and economic growth at local, national and global levels. In addition to health care costs, NCDs contribute substantially to costs associated with lost productivity. Obesity, cardiovascular diseases (CVD), cancer, and diabetes are responsible for 35 million deaths and 60% of all deaths every year globally. In Europe, these conditions play an even more substantial role, accounting for 70% of all deaths.

- Cardio-vascular diseases are the cause of 52% of deaths in Europe and is estimated to cost the EU economy €192 billion annually.

- Projections suggest that in 2020 3.4 million Europeans will develop cancer and over 2.1 million will die as a result of the disease.

- An estimated 22% of children aged 5-9 years are overweight (of which 6% are obese) and 16% of children aged 13-17 years are overweight (of which 4% obese) in Europe

This is particularly alarming because NCDs are largely preventable. An estimated 80% of heart disease, stroke and diabetes type II, and 40% of cancer could be avoided if major risk factors were eliminated, among them, low intake of fruits and vegetables rang high.

Recently, efforts have been made by the Commission to find synergies between agriculture policy and stimulating healthier food choices. The post 2013 debate is a window for major change in European agriculture policy.
Annex 1: Towards a healthier, more sustainable CAP

Converging Agendas

Policies and instruments must address changing production and consumption patterns to meet the challenges of:

- Chronic Non-Communicable Disease
- Climate Change
- Feeding a growing world population

Diet is not only one of the primary determinants of chronic non-communicable diseases, but consumption patterns also play a role in climate change, global food security and limited land and water resources. Provision and consumption of food have a complex relationship with health and the environment. Current production, distribution and consumption patterns favouring highly processed foods, increased food miles, and food swaps plus excessive consumption of red meat and dairy products have a detrimental effect on the environment.

- In EU, it is estimated that 16% of CO₂ emissions come from livestock, and shifting current dietary patterns towards plant based diets would have a larger impact on climate change than changing production methods.

- The global water crisis is already affecting some regions of the world and Europe. Agriculture is the greatest user of water worldwide, accounting for an estimated 70% of potable water use.

- Western diets place huge demands on production elsewhere, 97 per cent of the soy meal produced worldwide is used for animal feed, and exponential growth in the developing world’s demand for dairy and meat products will limit global capacity to feed a growing world population adequately.

- To tackle these challenges, technological solutions will not be enough, but will require addressing current consumption patterns and moving towards more plant based diets.
Annex 1: Towards a healthier, more sustainable CAP

The Common Agriculture Policy after 2013

The CAP is currently being debated. EPHAC and its members are committed to actively taking part in the discussions on the future of what is one of Europe’s most powerful and far-reaching mechanisms for achieving our vision for a future Europe. The guiding principles for the future of the Common Agriculture Policy should be:

- **A Common Food and Agriculture Policy**
  A Common Food and Agriculture policy is essential in guaranteeing how food is produced, distributed and consumed and should guarantee a level playing field among actors in the food system, ensuring food and nutrition security in the EU without compromising food security in developing countries or markets.

- **Ensure access to healthy diets as part of a coherent strategy to address inequalities in health**
  Food and agriculture policy should be part of a coherent strategy to address inequalities in health. Diet related non-communicable diseases are a barrier to economic growth at EU, national and global levels. CAP should promote innovative policy instruments that create market access for small and medium size producers and improve access for most vulnerable groups.

- **Improve policy coherence**
  Improved coherence of policies, including food safety, trade, development, regional, environment, climate change, consumer and social policies is needed. CAP should contribute to the optimal functioning of the food system in relation to these policy areas.

- **Promote sustainable production and consumption**
  The sustainability of agriculture production includes economic viability, social inclusion and environmental protection. Both production and consumption patterns need to be addressed to encourage healthier more sustainable diets. Current patterns of production and consumption are not sustainable, and EU policies and instruments must provide incentives to create positive change, without compromising European agriculture ability to compete in the market.

- **Focus on nutritional quality**
  Quality of food is one of the prime drivers of what people eat and ensuring quality of the food we eat is important for maintaining consumer confidence. While quality is important in maintaining EU competitiveness in agriculture, this must not be at the expense of the affordability of a safe and nutritious diet for all layers of society.

- **Food as central element in agriculture policy**
  The primary role of EU agriculture is, and should remain on guaranteeing the production of safe, nutritious, affordable food. Pressure on land and water resources make it increasingly important to focus on production of food. Food should not only be viewed as a commodity, but as a universal human right. CAP should not promote production and export of “crops” or products defined as public health damaging (such as tobacco) whilst the EU is increasing efforts and funding to encourage healthier lifestyles.

- **Price volatility and governance in the food system**
  The CAP should address extreme price volatility in food prices, not just to ensure the livelihood of farmers, but ensure that food is affordable for all layers of society. Instruments
should be developed that not only manage crisis but work towards a more sustainable and fair food system, addressing concentration and power in the food system to prevent distortions and instability in prices or food availability.

- **Contribute to feeding a growing world population adequately**
  EU agriculture policy can and should contribute to meeting increasing global demand for food. Meeting increasing demands for food, will not only require technology that increases food production, but will require addressing current consumption patterns and providing incentives to move production and consumption towards increasingly plant based diets.

- **Support long term investment in research and development in agriculture and food**
  CAP must support investment in innovation in agriculture and food, providing a balanced research agenda that not only invests in new technology, but agro-ecological and human ecological models of research.

- **Based on sound impact assessment**
  Future CAP should be based on a sound impact assessment, as a precondition for meeting future objectives. Health, social and environmental impact should be a central measure in any impact assessment process.
Chronic Non-Communicable Disease – the big challenge

Chronic non-communicable diseases (NCDs) pose one of the greatest threats to public health and economic growth at local, national and global levels. In addition, to health care costs, NCDs contribute substantially to costs associated with lost productivity. Globally, obesity, cardiovascular diseases (CVD), cancer, and diabetes are responsible for 35 million deaths and 60% of all deaths every year. In Europe, these conditions play an even more substantial role, accounting for 70% of all deaths. Fortunately, they are largely preventable. By targeting common risk factors such as unhealthy diet, physical inactivity, tobacco use and alcohol consumption, 80% of type 2 diabetes (T2D), coronary heart disease and stroke and 1/3 of cancers can be avoided. Without preventative measures, the number of deaths by NCDs will increase by 17% on a global scale over the next ten years according to estimates by WHO (7).

Improving population diets plays an important role in preventing Chronic Non-communicable diseases. Traditionally, strategies have focused on public campaigns and health education, despite these efforts, change has been slow. An increasing body of evidence shows that factors such as availability, accessibility and price play more predominant roles in food choice. It is increasingly argued improving diets will require change in the environments we live in and policy that supports making the healthy choice the easy choice (8).

The social and economic costs of NCDs merit serious policy response. NCDs pose great barriers to economic and social development, and needs to be tackled at local, national and European levels. Successful responses to tackle the growing burden of disease should involve all sectors: health policy cannot stand alone. Policy approaches need to be multi-sectoral promoting healthy lifestyles through a cohesive policy framework in all areas including agriculture, transport, competition policy and education.

The Common Agriculture Policy (CAP) currently accounts for approx. 40% of EU spending. Although there is consensus that CAP affects what consumers eat, it is difficult to measure its impact on diet. Recently, efforts have been made by the Commission to find synergies between agriculture policy and stimulating healthier food choices. Ideally food, nutrition and agriculture policies should be joined up to provide healthier and more sustainable solutions. The post 2013 debate is a window for major change in European agriculture policy. One of the directions in which the CAP seems to be moving is towards the provision of public goods.

The aim of this position paper is to examine the rationale for including public health nutrition as one of the public goods that European agriculture policy delivers. Section one provides an overview of the burden of diet related non-communicable diseases in the EU, section two provides the main dietary determinants of these diseases, section 3 discusses convergence between healthier diets, climate change, protecting limited water and land resources and global food security. Section 4 provides an overview of how public health nutrition can be included as a public good in the post 2013 CAP.
Annex 1: Towards a healthier, more sustainable CAP

The Burden of diet related NCDs in Europe

Obesity, CVD, cancer and diabetes collectively pose the greatest burden of disease (77%) in the WHO European Region \(^9\). They are all interlinked as they share common risk factors and underlying determinants.

![Figure 1: Deaths by cause, men and women, latest available year, Europe \(^{(10)}\).](image)

**Obesity**

Obesity and overweight are considered both non-communicable diseases and risk factors. Obesity and overweight increase the risk of Diabetes, Cancer and CVD. Obesity accounts for over 1 million deaths (10-13% of deaths) and 12 million ill health life-years each year in the WHO European Region, overweight is accountable for a substantial proportion of the total burden disease in Europe \(^{(11)}\). The increasing rates in children are especially worrying as children are not fully developed and more vulnerable; childhood obesity can cause serious chronic complications further in life.

Presently, an estimated 22% of children aged 5-9 years are overweight (of which 6% are obese) and 16% of children aged 13-17 years are overweight (of which 4% obese) in Europe \(^{(12)}\). Obesity prevalence among children 2-11 years will reach over 21% by 2010 increasing from 9.9% in 1995 to 13.7% in 2003; this means 26 million children in the EU will be overweight by 2010. Of the overweight, 6.4 million will be obese, increasing by over 350,000 per year \(^{(13,14,15,12,16)}\). Rates of obesity exhibit huge social inequalities between and within EU Member States.
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According to the WHO, 2006 BMI for-age-standards, the highest prevalence of obese children is found in Ukraine, Bosnia and Herzegovina, Spain and Portugal [17,18,19,20,21,22,23,24,25]. The serious effects of obesity result from its high prevalence across all age-groups; in Europe, 30-80% of adults are overweight with 1/3 of these being obese [26]. Obesity increases the risk of developing other NCDs significantly, adding to the total burden of overweight and obesity [20] with a long list of associated diseases such as CVD, cancer, T2D and insulin resistance, end-stage kidney disease and fatty liver disease [27]. Obesity and overweight in children cause illnesses, such as T2D, formerly limited to the adult population.

In the EU, at least 27 000 children have T2D and 400 000 have impaired glucose intolerance; along with 1 million obese children showing CVD indicators and over 1.4 million with early stages of liver disorder [16]. This accumulating burden of disease results in extensive economic costs, both direct and indirect.

The direct health care costs of obesity in the WHO European Region amounts in general to 2-4% but can be up to 8% of national health expenditures [28,29]; according to several studies, obese people cost 36% more than normal weight people due to increased need of medication [30,31,32]. An example from the Netherlands associates overweight with 2.0% of total health care costs which is the equivalent to €1 billion with the total health care budget amounting €59.5 billion [33] and in the UK, direct costs of treating obesity-related disorders accounted for 1-8% of the total health care costs in 2001; this amounted to €3.87 billion (£2.6 billion) in 1998 and €4.9-5.5 billion (£3.3-3.7 billion) in 2002 [29]. The International Obesity Task Force (IOTF) has estimated that the cost of obesity in the EU to be €150 billion per year.

Cardiovascular Disease

Cardiovascular diseases (CVD) are the main cause of death and disability in Europe, causing over 4.3 million deaths each year [10]. CVD causes accounts for nearly half (49%) of all deaths in Europe including 30% of all premature deaths (before age 65) [10]. Eastern Europe and former Soviet countries have the highest rates of morbidity from CVD. Although mortality from CVD appears to be falling, the number of people living with chronic CVD and therefore reduced capacity is increasing. As a consequence, CVD is the main contributor to the disease burden in Europe with 23% of the overall disease burden. CVD costs the EU economy € 192 Billion each year representing a per capita annual cost of €391 [10]. This includes 57% in health care costs, 21% in productivity losses and 22% in informal care of CVD patients [10].

CVD is a major barrier to economic development with the major loss of production it costs the EU; in 2006, nearly €41 billion was lost with €26.9 billion (2/3 of total) due to death and €13.9 billion (1/3 of total) due to illness in the working age [10]. To quantify the burden of disease, injuries and risk factors, WHO calculated the Disability-Adjusted Life Year (DALYs), lost in Europe each year due to CVD [34]. The result was more than €34 million DALYs which is 23% of the total lost in Europe and €12 million (19% of total) lost in the EU. Considering developed countries in the EU, the loss of DALYs because of CVD added up to 17% of the total losses, representing the second largest single cause after neuropsychiatric disorders. In developing European countries, CVD exceeds the neuropsychiatric disorders in terms of percentage DALYs lost [34].
Cancer

Cancer is the second largest cause of death after CVD in Europe, with 3 million new cases and 1.7 million deaths each year\(^3\). In 2002, 20% of all deaths in the European Region were caused by cancer, contributing with 11% of the disease burden; lung, trachea and bronchus cancers being the leading cases most common types of cancer\(^3\). In the EU 25, cancer caused 1.1 million deaths and 2.3 million new cases in 2006\(^3\). Even though survival rates of cancer have increased, the disease is spreading to younger population groups with increasing incidence in children and adolescents\(^3\). The total number of new cases of cancer in developing world is predicted to increase by 73% and 29% in the developed world between 2000 and 2020\(^3\).

Cancer is most prevalent in Europe with one quarter of total global cancer cases and 3.2 million new patients/year even though Europe only comprises one eighth of total world population\(^3\). Also within Europe the cancer incidence and mortality rates are unevenly distributed with at least two-fold differences seen between countries and these are often even greater for specific cancers\(^3\). Differences in cancer mortality can however be difficult to document as it involves considering several causal factors, such as lifestyle, detection methods screening programs and treatment, within and between Member States.

In terms of social and economic impact of cancer in the EU, limited information is currently available. However, estimates from the US reveal considerable costs of cancer to national health systems; according to U.S. National Institutes of Health, the overall cost for cancer in 2004 amounted to $189.8 billion. Of this total, $69.4 billion was due to medical costs, $16.9 billion due to indirect costs (e.g. loss of productivity) and $103.5 billion due to indirect mortality costs\(^3\).
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**Type 2 Diabetes**

On a global level, Type 2 Diabetes (T2D) and related diseases resulted in 3.8 million deaths in 2007 which is over 6% of total world mortality. The increasing European prevalence has been approximated by WHO in 2003 to be 7.8% involving more than 48 million adults aged 20-79 years with diabetes (23 million in EU) where Central and Eastern Europe represent still higher rates. Malta (7.6%) and the Czech Republic (7.2%) have the highest diabetes prevalence; deaths attributed to diabetes occur mainly in developing countries. Even so, it is likely that prevalence is underestimated as 50% of diabetes in the population goes undiagnosed. International Diabetes Federation expresses costs associated with Diabetes in International Dollars (ID); these amounted to at least 82 billion in Europe in 2007. According to the International Diabetes Federation (IDF), this number will exceed ID 92 billion by 2025. Like other NCDs, diabetes includes both direct and indirect costs; an example from Germany in 2001 shows that indirect costs of diabetes add up to €1,328 per person. Yet, little is spent on prevention; low- and middle-income countries spend resources mainly on medical care treating immediate life-threatening complications from diabetes (e.g. high blood sugar) instead of dominant causes of death (e.g. CVD).
Dietary determinants of non-communicable disease

Diet is one of the major modifiable risk factors for NCDs. WHO Europe has estimated that seven risk factors; tobacco, alcohol, low fruit and vegetable intake, physical inactivity, high blood pressure, high cholesterol, overweight and obesity account for 60 % of the disease burden in Europe \(^{(43)}\). 5 of these are directly related to diet (see figure 2).

![Burden of Disease in Europe as measured by DALYs](image)

**Figure 2 Burden of Disease in Europe as measure by DALYs**

The dietary determinants of NCD are interrelated with associated co-morbidity. Figure 3 provides an overview of dietary determinants.
Fruit and vegetables

A number of MS have developed recommendations for fruit and vegetable consumption from 400 g/day upward to 10 portions/day. The WHO recommendation of 400 g/day is the most commonly accepted. Low fruit and vegetable intake has been estimated to account for 4.4% of the burden of disease and 3.5% for EU-15. Fruit and vegetables have a high content of vitamins, minerals, antioxidants and phytochemicals and play a positive role in preventing CVD, Diabetes and specific cancer types. Fruit and non-starchy vegetables are also very low in energy-density; contributing with increased satiety to maintain normal weight. It is estimated that fruit and vegetable intake of recommended levels (400 or 600 g/d) would reduce CHD and stroke incidences by 7% and 4% in EU-25 respectively along with 23,000 deaths from CVD in EU-15.

Whole grains and fibre

Whole grains and fibre have a protective effect against NCDs due to their bulky texture which ensures a limited time period within the digestive system, inhibiting development of tumours and malignant transformation. In addition, whole grains are rich in nutrients and phytochemicals. Although no causal link has been established between consumption of whole grains and obesity, whole grains can contribute to maintaining normal weight by being relatively low in energy density. A number of epidemiological studies have shown the whole grains are protective against cancer, CVD, diabetes and obesity.

Red and Processed meats

Red meat and highly processed meats i.e. meats which have been smoked, salted or added preservatives are convincingly associated with increased risk of NCDs especially CVD and several cancers. Red meats are together with dairy products the main source of saturated fat in the diet, and have negative effects on blood cholesterol levels. Red meats might also strain the digestive system by staying in the body longer time. 12% of colorectal cancers in the US would be prevented by avoiding processed meat. Salt and salt-preserved foods are related to increased blood pressure, cholesterol levels and risk of cancer. Although no MS have official recommended daily intakes for meat, the WCRF, has recommended that population consumption cut to 300 g/week. Current average consumption in EU Member states is approx. 2 times higher than recommended.
Fats

Dietary fats, although a necessary constituent in diets, especially in relation to neural development, are also a risk factor for NCDs. Reduction of total fat in diet plays a role in reducing the energy density of diets, and lowering consumption of saturated and trans fats is an important strategy for reducing risk of CVD and diabetes. Current population goals are less than 10% of energy requirements should come from saturated fats and less that 2% from trans fats (Eurodiet core report). In contrast, polyunsaturated and monounsaturated fats can play a protective role in relation to CVD (see good fats, bad fats).

1. Good Fat, Bad Fat

Fats can have both harmful and protective effects against NCDs depending on the source and type of fat. Poly- and monounsaturated fats are generally viewed as having protective effects against NCD especially CVD, while trans and saturated fats have negative effects.

Polyunsaturated, monounsaturated fatty acids from fish and plant sources exert protective effects by lowering the harmful and total blood cholesterol. This group includes the essential omega 3 and 6 fats which improve blood flow, stabilize blood sugar levels, inhibit inflammation and plaque formation in the arteries.(1,2)

Trans and saturated fatty acids mostly originating from animal sources and partially hydrogenated vegetable oils increase risk of NCDs by causing high levels of the harmful type of cholesterol. They stay in blood stream for longer resulting in higher fasting insulin concentrations and lower insulin sensitivity (3,4,5,6). Trans fats are not essential in the human diet. Trans fat increases the risk of CVD and abdominal fat distribution; recent research

Sugar and high energy density

Sugar contributes to the energy-density of foods and contains no essential nutrients (i.e. “empty calories”) and increases the risk of weight gain.(48) Sugar is not causally related to CVD or cancer, however high sugar consumption is increasingly linked to obesity and Type 2 Diabetes. Most international recommendations, suggest that sugar should not exceed more than 10% of total energy intake.

Dairy Products

Dairy products are generally seen as a good source of essential nutrients vitamin A and calcium. However, dairy products, together with red meat are the primary dietary source of saturated fat. There is some evidence suggesting that milk probably protect against some cancers, whereas, cheese and diets high in calcium have been shown to increase risk of disease. Dairy products high in saturated fat are furthermore convincingly linked to NCDs.(48)
Body mass index and energy density

Energy density is an important factor in relation normal weight and BMI maintenance. BMI is a common measure of overweight and obesity. Energy-dense foods are usually processed, hydrogenated, refined, fermented, containing additives, preserved with high levels of fat, sugar and salt, and low in fibres and nutrients. These foods are very likely to cause weight gain and obesity whereas foods high in fiber and water content may cause weight loss and normal BMI. Body mass index (BMI) of more than 21 kg/m$^2$ is an important risk factor of NCD. Normal BMI levels result in improved insulin sensitivity and more stable blood sugar levels which can prevent the progression from impaired glucose intolerance to T2D. Globally, overweight and obesity is estimated to cause 20% of cancer mortality along with one third of CHD and stroke and 60% of hypertensive disease in developed countries. However, the position of fatty tissue also determines the risk of disease where excess body fat around the waist increases risk of disease more compared to fat around the hip by surrounding vital central organs. Therefore, waist-to-hip measurements are also important to consider when determining risk of NCD.
Changing behaviour - changing environments

Currently European diets are moving from traditional diets i.e. Mediterranean diet characterized by higher amounts of whole grains, vegetables, fruits and lower amounts of meat and processed foods to less healthy diets. Societal and cultural trends in both, older and newer member states are moving towards converging diets characterized by energy dense, highly processed, nutrient poor foods (56). This combined with lower levels of physical inactivity play an important role in increasing rates of chronic non-communicable diseases.

“Policies are the primary mechanism for making environmental changes and include formal and informal rules, laws and regulations. Both governmental and industry policies control food environments”

Traditional approaches focus on individual behaviour as the problem and seek to change it. However, behaviour change depends on a sequence of changes: changes in information, of attitudes, in motivation, changes in skills and resources, access and availability, changes in social norms and cultural expectations. Purchases are strongly influenced by what is available, by price, by past experience and by marketing messages.

Food environments are increasingly characterized by higher prices of fruits and vegetables, low prices of processed industrialized foods, access and availability of fast food shops, increasing trend of eating outside the home and larger portion sizes (57). Food environments are not conducive to healthier eating habits and often promote less healthy diets (i.e. obesogenic) (58). Healthier food environments play a crucial role in changing behaviour, by making the healthy choice, the easy choice.
**Converging Agendas**

Diet is not only one of the primary determinants of chronic non-communicable diseases, but consumption patterns also play a role in climate change, global food security and limited land and water resources. Provision and consumption of food have a complex relationship with health and the environment. In the UK, it is estimated that production, distribution and consumption of food accounts for 22% of total greenhouse gas emissions (59). Current production, distribution and consumption patterns favouring highly processed foods, increased food miles, and food swaps plus excessive consumption of red meat and dairy products have a detrimental effect on the environment.

Livestock, both meat and dairy production, has been estimated to account for as much as 18% of total global CO₂ emissions (60). In the EU, it is estimated that 16% of CO₂ emissions come from livestock. (Eurostat 2009), and shifting current dietary patterns towards plant based diets would have a larger impact on climate change than changing production methods.
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The enormity of the global water crisis is gaining political importance, and is already affecting some regions of the world\(^{(61)}\). Agriculture is the greatest user of water worldwide, accounting for an estimated 70% of potable water use. Agricultural water has increased during the last two decades; reasons for this include CAP subsidies for water intensive crops tended by inefficient techniques which results in farmers not paying the full price of the water used in production\(^{(62)}\). Livestock production also plays a significant role\(^{(63)}\). Globally, livestock uses 70 per cent of all available agricultural land, and uses 8 per cent of the global human water supply\(^{(64)}\). Estimates suggests that between 15 – 23% of the world’s water is used for livestock\(^{(61)}\).

The global spread of intensive farming has led to a major increase in the use of high protein animal feeds, comprising cereals and vegetable proteins such as soy, and is affecting global food security. It is estimated maximum world grain capacity at 3300 million tonnes per annum, only 60% more than today, and suggests that a looming gap between food production capacity and a growing global population\(^{(65)}\). Western diets place huge demands on production elsewhere, 97 per cent of the soy meal produced worldwide is used for animal feed, and exponential growth in the developing world’s demand for dairy and meat products will exacerbate global food security\(^{(60)}\). Production of meat requires far more feedstock than the production of a legume, grain product, fruit, or vegetable and thus exacerbates increases in food price\(^{(61)}\).

Moving towards plant based diets, doesn’t mean strict vegetarian or vegan diets, but reducing the amount of animal based dietary constituents, and increasing plant based constituents such as grains, legumes, fruit and vegetables. The current global average meat consumption is 100 g per person per day, with about a ten-fold variation between high-consuming and low-consuming populations. 90 g per day is proposed as a global target, with not more than 50 g per day coming from red meat\(^{(66)}\).
Future Directions

The current debate on the future of the Common Agriculture Policy provides an opportunity to rethink food, nutrition and agriculture policy in Europe. Past reforms of the CAP have mitigated the negative health effects of certain policies, but health should be a central element in agriculture and food policy. The CAP’s original purpose was to ensure the availability of safe, adequate food at reasonable prices; however current and future challenges, require redefining food security to include nutritional quality, sustainability, equitability and health through access and availability of food.

Food security is no longer only a matter of providing calories, but ensuring the nutritional quality in diets, without compromising other societies food security or the environment. Current policy favours the production, availability and consumption of cheap calories, but needs to move towards increasing the availability and accessibility of nutrient dense foods like fruit, vegetables, pulses and whole grains.
Ensuring high intakes of plant-based foods compared to meat and animal source foods is not only important in relation to disease prevention. The environment would benefit equally as much through sustainable food systems, reducing GHG emissions and limiting water use. With present concerns of climate change posing several global threats such as loss of biodiversity, land resources and fertility along with living standards within Europe, policies that encourage moving population diets toward plant-based diets.

The Common Agriculture Policy should not merely pay farmers, but ensure the delivery of public goods. The transfer of funding from direct payments to rural development and environmental protection has continued (Modulation and cross-compliance) in reform processes. Food and farming are central to health, and health is central to sustainable development; therefore, food and agriculture policy should deliver public health nutrition as one of these public goods. Policies supporting the production and consumption of fruit, vegetables, pulses, legumes and whole grain over meat and dairy provide public value, not only in terms of chronic disease prevention, but also provides a more sustainable food system that limits production’s negative impact on climate and global food security.

The EU School Fruit Scheme (EU SFS) and Food Aid to The Most Deprived Persons Scheme (MDP) are both examples agriculture policy that moves from “pure” agriculture policy to policy that is interlinked with social, health and education policies with explicit health goals. Both schemes focus on the accessibility of healthy foods and target reducing inequalities in access to healthier food choices, and at the same time provide access to new markets for farmers.

An integrated European Food and Agriculture Policy can play a substantial role in moving population diets in a healthier, more sustainable direction, less meat and saturated fat and more fruit, vegetables and whole grains.
The Common Agriculture Policy after 2013

The common agriculture policy is currently being debated. EPHAC and its members are committed to actively taking part in the debate. The guiding principles for the future of the Common Agriculture Policy are as follows:

- **A Common Food and Agriculture Policy**
  A Common Food and Agriculture policy is essential in guaranteeing how food is produced, distributed and consumed and should guarantee a level playing field among actors in the food system, ensuring food and nutrition security in the EU without compromising food security in developing countries or markets.

- **Ensure access to healthy diets as part of a coherent strategy to address inequalities in health**
  Food and agriculture policy should be part of a coherent strategy to address inequalities in health. Diet related non-communicable diseases are a barrier to economic growth at EU, national and global levels. CAP should promote innovative policy instruments that create market access for small and medium size producers and improve access for most vulnerable groups.

- **Improve policy coherence**
  Improved coherence of policies, including food safety, trade, development, regional, environment, climate change, consumer and social polices is needed. CAP should contribute to the optimal functioning of the food system in relation to these policy areas.

- **Promote sustainable production and consumption**
  The sustainability of agriculture production includes economic viability, social inclusion and environmental protection. Both production and consumption patterns need to be addressed to encourage healthier more sustainable diets. Current patterns of production and consumption are not sustainable, and EU policies and instruments must provide incentives to create positive change, without compromising European agriculture ability to compete in the market.

- **Focus on nutritional quality**
  Quality of food is one of the prime drivers of what people eat and ensuring quality of the food we eat is important for maintaining consumer confidence. While quality is important in maintaining EU competitiveness in agriculture, this must not be at the expense of the affordability of a safe and nutritious diet for all layers of society.

- **Food as central element in agriculture policy**
  The primary role of EU agriculture is, and should remain on guaranteeing the production of safe, nutritious, affordable food. Pressure on land and water resources make it increasingly important to focus on production of food. Food should not only be viewed as a commodity, but as universal human right. CAP should not promote production and export of “crops” or products defined as public health damaging (such as tobacco) whilst the EU is increasing efforts and funding to encourage healthier lifestyles.

- **Price volatility and governance in the food system**
  The CAP should address extreme price volatility in food prices, not just to ensure the livelihood of farmers, but ensure that food is affordable for all layers of society. Instruments should be developed that not only manage crisis but work towards a more sustainable and
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fair food system, addressing concentration and power in the food system to prevent distortions and instability in prices or food availability.

- **Contribute to feeding a growing world population adequately**
  EU agriculture policy can and should contribute to meeting increasing global demand for food. Meeting increasing demands for food, will not only require technology that increases food production, but will require addressing current consumption patterns and providing incentives to move production and consumption towards increasingly plant based diets.

- **Support long term investment in research and development in agriculture and food**
  CAP must support investment in innovation in agriculture and food, providing a balanced research agenda that not only invests in new technology, but agro-ecological and human ecological models of research.

- **Based on sound impact assessment**
  Future CAP should be based on a sound impact assessment, as a precondition for meeting future objectives. Health, social and environmental impact should be a central measure in any impact assessment process.
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References


5. Vessby B et al. (1994). The risk to develop NIDDM is related to the fatty acid composition of the serum cholesterol esters. Diabetes, 43.


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The European Public Health and Agriculture Consortium (EPHAC) is a Brussels based alliance of public health organisations advocating for a healthier, more sustainable European Common Agriculture Policy. Members are EuroHealthNet, the European Heart Network, the European Public Health Alliance, Heart of Mersey, National Heart Forum and North West Health Brussels Office.

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