



# ASSOCIATE PARLIAMENTARY FOOD & HEALTH FORUM



## The health consequences of the Common Agricultural Policy

5-6.30pm, Tuesday 14 October 2008

Committee Room 19, House of Commons

### Minutes

#### Introduction

Lord Rea welcomed members and guests to the meeting and spoke briefly about the evolution of the Common Agricultural Policy (CAP). He noted that the CAP had had a profound effect on the cost and type of food produced and eaten in Europe as well as affecting the developing world as a result of the practice of “dumping” surplus production. Lord Rea then introduced the two guest speakers: Simon Capewell, Professor of Clinical Epidemiology at the University of Liverpool, and Modi Mwatsama, the Food and Health Programme Manager for Heart of Mersey, a charity working to promote better cardiovascular health.

#### **Professor Simon Capewell, Professor of Clinical Epidemiology, University of Liverpool,**

Simon explained that he has been studying cardiovascular disease (CVD) for many years, working with organisations such as the National Heart Forum and the British Heart Foundation. He chaired the Cardiovascular Working Group of the Royal College of Physicians’ Faculty of Public Health. The Faculty had recently asked him to provide them with epidemiological evidence estimating the cardiovascular mortality burden attributable to CAP policies on dietary saturated fats.

The CAP emerged after World War II when the key concern of policy makers was to avoid food shortages, to protect farm incomes by guaranteeing minimum market prices and to support rural communities in Europe. Over subsequent decades the CAP gradually moved from promoting public health through these policies to contributing to health problems in Europe because of the type of foods it subsidised.

Simon said the key point is that CVD is very common, very important and preventable.

CVD (including heart attacks, angina, heart failure and strokes) is responsible for approximately 50% of all deaths in Europe, including some 30% of premature deaths (ie deaths before the age of 75). The good news is that CVD is well described: we know what causes CVD (smoking, high blood pressure, high cholesterol, diabetes and obesity) and how to minimise the risk.

The CAP’s annual budget is approximately €45billion, some 40% of the EU budget, and a large proportion of the CAP budget was spent on subsidising the dairy industry, which resulted in massive over-production and the creation, for example, of butter mountains. Unfortunately the CAP’s subsidies for milk and beef production promoted the consumption of saturated fat, both directly in milk and beef products and indirectly via the residual dairy fat (saturated) disposed of in processed foods, such as biscuits, cakes and pies. This happened despite the public being advised to eat low fat dairy products, because the food products containing relatively large amounts of saturated fat were cheap, adding to their popularity. This also exacerbated health inequalities between low and high income groups.

Chairman: Lord Rea  
Vice-Chairmen: Dr Ian Gibson MP  
& Baroness Miller of Chilthorne Domer  
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Of course dairy products are one source of calcium and protein, but full-fat dairy products are an important source of saturated fat and will contribute to higher blood cholesterol, leading to increased levels of CVD in the population.

In a joint study, the University of Liverpool and Heart of Mersey sought to estimate the European burden of CVD attributable to the CAP's policies on dietary saturated fats. They developed a spreadsheet model which analysed data on population diet, cholesterol levels and CVD mortality rates. They then hypothesised that if there were no CAP subsidies for dairy production, European per capita saturated fat consumption would be reduced by 1%. They regarded this as a very conservative estimate given that there have recently been much greater reductions in saturated fat intake in countries such as Finland (7%) and Poland (5%). A 1% reduction in saturated fat intake is the equivalent of eating 2.2g less per day. They assumed that this reduced saturated fat intake would be replaced by increasing mono-unsaturated and poly-unsaturated fats consumption by 0.5% each (ie 1g a day more of each).

In order to estimate the number of resulting cardiovascular deaths they used published Clarke & Law meta-analyses, which suggested that reducing saturated fat intake by 2.2g per day and increasing the daily consumption of mono-unsaturated and poly-unsaturated fat by 1g per day each would result in a reduction of 0.06mmol/l serum cholesterol. They calculated that a reduction of this size would result in approximately 4% fewer deaths from coronary heart disease and 0.6% fewer deaths from stroke. These percentages may sound small, but because of the high number of deaths caused by CHD (590,000) and stroke (390,000 stroke) per annum in the 15 countries that were EU members in 2000 the actual number of deaths that could be prevented is significant.

The actual number of CHD and stroke deaths attributable to CAP were calculated by multiplying the actual CHD and stroke deaths in Europe by the percentage changes of 4% and 0.6% respectively. This resulted in estimates of 9800 fewer CHD deaths and 3000 fewer stroke deaths each year, including a reduction of 4,400 premature deaths from CHD and 600 fewer premature deaths from stroke. Cardiovascular mortality attributable to the CAP could actually be much greater because the model was based on very conservative assumptions.

The researchers accept that their methodology was crude and that the quality of the data was mixed because of variations in data collection methods between different countries. However, they confidently reached two key conclusions: they have identified a simple way to reduce CHD and stroke deaths at population level and public health professionals should support the need for CAP reform in order to avoid over 13,000 additional cardiovascular deaths attributable to the CAP every year.

### **Modi Mwatsama, Food and Health Programme Manager, Heart of Mersey**

Modi explained that Heart of Mersey is a UK charity working to prevent cardiovascular disease (CVD) by promoting healthier lifestyles including healthier diets. Their work on the Common Agricultural Policy (CAP) has been undertaken in partnership with national and EU organisations, including the European Heart Network, the Royal College of Physician's Faculty of Public Health and the National Heart Forum. She said that the recommendations she would outline for CAP reform are supported by the RCP's Faculty of Public Health, which is updating its Position Statement on the CAP.

The CAP absorbs some 40% of the EU budget, which means that European consumers are paying twice for their food – directly through food prices and indirectly through their taxes. Before the CAP reforms introduced this decade, over 50% of the CAP budget was spent on supporting dairy products, compared with 10% for fruit and vegetables. This was in direct contrast to public health messages which discourage the consumption of saturated fat and encourage the consumption of fruit and vegetables.

Over-weight and obesity are increasing problems in Europe, with rising numbers of both in children aged 7-11, as well as adults. The immediate effect of obesity and poor nutrition in European children is demonstrated by the figures: 22% have raised blood pressure, 21% have raised LDL (*bad cholesterol*), 20% have low HDL (*good cholesterol*) and 35% of them have raised insulin levels.

The economic cost of diet related diseases in the EU is high and increasing: obesity accounts for approximately 7% of health care costs, CVD costs €391 per capita per annum and absorbs approximately 12% of total EU health care expenditure.

Fortunately the EU has recognised and is responding to these health problems. In 2007 it published the EU Nutrition and Obesity White Paper, which is underpinned by a number of key principles which include addressing the root causes of these problems; introducing cross-government policies and engaging a wide range of stakeholders. The White Paper also recognised that it would be essential to monitor progress. Specific areas for action included reform of the CAP fruit and vegetable regime to encourage the promotion of fruit and vegetable production and consumption, including the distribution of surpluses to schools.

The EU Health Strategy 2007-2013 outlined certain key principles which offer encouragement, including the objective of addressing health inequalities and the introduction of Health Impact Assessment (HIA)s for all policies. However, it failed to identify any specific actions in respect of the CAP.

The pre-reform CAP encouraged the production of beef and dairy products, leading to surplus production and encouraging excessive consumption of saturated fat and sugar in Europe. Cereals were diverted to animal feeds and, more recently, biofuels. Fruit and vegetables were destroyed to maintain high prices. As a result of the policy of dumping surplus production on developing countries, it also contributed to lower world food prices, decreased food production and increased malnutrition in developing countries. By encouraging intensive livestock farming, the CAP also contributed to climate change because livestock account for the largest single source of greenhouse gas emissions in the food chain (some 40% of total methane emissions in the UK).

From 2005 important CAP reforms were introduced. Subsidies were decoupled from production and 90% of the CAP budget is now used to provide direct support for farmers under the so-called Pillar 1 arrangements. This support is conditional on farmers' cross-compliance with certain standards for animal welfare, food safety and environmental sustainability. However, the penalty for non-compliance is relatively small, averaging at 10% of the farmers' income. CAP Pillar 2 support which accounts for just 10% of the total CAP budget is used to support rural development and certain public goods, such as land stewardship, organic farming, diversification and sustainable tourism.

Other CAP reforms introduced in 2007 have brought welcome changes to the school milk regime and the fruit and vegetable regime. A flat rate subsidy has been introduced for all milk, eradicating the bias in favour of full-fat products, the range of eligible products has been extended and the school milk scheme has been extended to include secondary schools. The fruit and vegetable scheme has been integrated into the single payment scheme and it now supports the promotion of fruit and vegetables. A proposal has also been brought forward for an EU school fruit scheme. These reforms are welcome, but further reforms are urgently needed.

Heart of Mersey would like to see the proportion of the CAP budget absorbed by Pillars 1 and 2 reversed, so that 90% of the budget is allocated to rural development and public goods. These public goods should be extended to include guaranteed public health objectives, such as greater support for the production and promotion of healthy foods like fruit and vegetables and proteins of vegetable origin, which support the public health nutrition priorities in Europe. Other public goods should include promoting health and welfare in rural areas, especially in the new member states, and avoiding causing damage in developing countries and to the environment.

## Questions

**The Countess of Mar** questioned the basis of Simon's presentation because CAP subsidies were no longer linked to production, but were based on whole farm support, and farmers were increasingly producing leaner cattle than in the past. She also questioned the relative importance of genetic and dietary factors as contributors to high cholesterol levels and CVD. **Simon** accepted that recent reforms of the CAP had been beneficial in health terms, but said they had only had a modest impact to date on diets across Europe. He explained that dietary factors had a much bigger effect on a nation's cholesterol levels than did genetics.

**Roger Williams MP** suggested that if CAP had contributed to higher food prices, as had been suggested, it should have reduced rather than increased demand for food. He also noted that the period since the Second World War during which CAP had existed had coincided with significant health improvements in the European population. **Simon** said the CAP subsidies had provided substantial support for dairy products, encouraging their production and consumption, but had contributed to artificially high prices for fruit and vegetables in the EU. **Modi** added that the old "butter and beef mountains" were sold cheaply to the food industry in Europe as part of the CAP disposal process. This surplus production was subsequently 'hidden' in cheap processed foods such as biscuits, cakes and burgers contributing to the high intake levels of saturated fat in Europe.

**Professor Alan Maryon-Davies**, Royal College of Physicians Faculty of Public Health, asked how realistic it is at this point in time to suggest a wholesale shift of support from CAP Pillar 1 to Pillar 2. **Modi** said the EU Agriculture Department has recognised that the European public want to know what "public goods" their subsidies are supporting, and that the Agriculture Commissioner has hinted that the future CAP will involve such a shift. So the time is right to advocate for what this shift should look like. Furthermore, Article 152 of the Amsterdam Treaty states: "A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities".

**Robert Pederson** of the European Agriculture and Health Consortium made the point that the so-called "Health Check" CAP reforms do not relate to health issues. However, they may lead to some re-coupling of subsidies to production in which case the opportunity should be taken to argue for policies that benefit farming and health, such as support for the EU school fruit and vegetable scheme. Further ahead, we need to promote public health as a public good in the 2013 debates.

**Roger Williams MP** suggested that rather than focussing on CAP policies, we should be encouraging consumers to recognise what foods are healthy so that they can use their purchasing power to affect change. **Simon** accepted that consumer purchasing power can be powerful, but suggested we need CAP reforms to adjust the relative price of healthy and less healthy foods because low income consumers will continue to buy food that is cheap.

**Professor Jack Winkler** of London Metropolitan University questioned whether it was practical to argue for a return to subsidising foods identified as desirable when the EU has spent a decade decoupling subsidies from production.

**The Countess of Mar** pointed out that arable crops require more land, more pesticides and increase fuel consumption in tractors than livestock and that in many parts of the UK only livestock farming is possible. She argued that it is the quality of food rather than the quantity, which is important and asked whether some of the health problems described by Simon could be attributed to the fact that our food is less nutritious, containing fewer trace elements such as selenium than in the past. **Simon** said that selenium deficiency is not an issue for most people in the EU and it had been dismissed as a significant risk factor for CVD.

**Dr Carol Wagstaff** of the University of Reading said she would support EU subsidies for fruit and vegetables, but it was also necessary to address supply chain issues because farmers are often not being paid a fair price for their fruit and vegetables by major retailers.

**Patroklos Sesis** of London Metropolitan University referred to the issue of “food deserts” in urban areas, noting that it can be very difficult in some relatively deprived areas to buy fresh fruit and vegetables at a reasonable price. **Modi** agreed, suggested these were issues that needed to be looked at in more detail and expressed the hope that the introduction of health impact assessments would result in better policies.

**The Countess of Mar** noted that the production of fruit and vegetables is very labour intensive and the EU may find its traditional supply of cheap labour from eastern Europe diminishes.

**Alan Long of Vega Research** recommended members look at the Finnish North Karelia project, which illustrates how Finland successfully addressed the major problem it had with CVD (see Simon Capewell’s reserve slides, 48-54).

**Emma Hockeridge** of the Soil Association asked whether Simon and his research colleagues had looked at the impact of hydrogenated fats, in addition to saturated fats, as a risk factor for CVD. **Simon** agreed that trans fats are an important issue, being even more toxic than saturated fats. He noted that they had been banned in parts of the USA, notably New York and California, as well as in Denmark. In the UK the Government has continued to take the view that saturated fat intake is a more significant public health issue, but there the EU is now looking at trans fats.

**Tessa Murray of Diabetes UK** suggested that in addition to reforming CAP, we should be encouraging supermarkets to charge a fair price for fruit and vegetables and to pay farmers a fair price for these goods. **Simon** commented that some supermarkets are promoting the consumption of fruit and vegetables by helping consumers identify them as healthy foods using the traffic light labelling system, which performed consistently better than the GDA system, which confused most consumers.

**Patroklos Sesis** noted that government budgets for health promotion were very small in comparison with the food promotion budgets of the food industry and supermarkets tend to promote the consumption of processed foods. **Simon** commented that health promoting legislation was both cheap and effective, a recent example being the very successful smoke free legislation.

**Lord Rea** asked whether the speakers thought the CAP could be used successfully to promote health given the mechanisms now available for the promotion of food production and consumption. **Modi** said the EU had already introduced some beneficial CAP reforms albeit with limited budgetary support. The time was right to advocate the introduction of further positive reforms which were supported by a much greater proportion of the CAP budget. These reforms should focus on encouraging the production and promotion of foods which support the public health nutrition priorities in Europe – action which would support Article 152 and be a “public good” which will benefit the tax-payer.

## **Conclusion**

Lord Rea thanked the guest speakers for their presentations and announced that the next FHF meeting would take place on Tuesday 11 November, when the subject under discussion would be the UK’s salt reduction campaign and food reformulation.

**CLC, October 2008**