

This paper examines the main contemporary issues in health, food and agriculture. It provides an overview of some of the main studies to have examined the links between agriculture, nutrition and health. Building on analyses presented in earlier EPRS publications on the health inequalities and food and nutrition-related demographic challenges facing the EU, an examination is made of the role played by the common agricultural policy (CAP) in connection with nutrition-related health issues. One priority of the European Commission's Farm to Fork strategy under the European Green Deal will be to help consumers choose healthy and sustainable diets. The legislative proposals for the future CAP call on Member States to improve the response of EU agriculture to societal demands on food and health. This will have implications for the preparation of the national CAP strategic plans.

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Executive summary

At its most basic, agriculture is essential for human health, in its role in providing food for humans and feed for livestock. Food production systems and their proper functioning have important consequences for public health.

This paper briefly traces the role of agriculture and its relationship to public health, including the main contemporary issues surrounding health, food and nutrition. Articles 38 to 44 of the Treaty on the Functioning of the European Union (TFEU) establish the objectives of the common agricultural policy (CAP). These are: to increase agricultural productivity, to ensure a fair standard of living for farmers, to stabilise markets and to ensure the availability of supplies and reasonable prices for consumers. A key aim of the CAP has been to secure food security for the population. It has also focused on issues such as food safety, sanitary supervisions, animal health and the combating of communicable diseases. Originally, the CAP was designed to address food shortages in post-war Europe. Today the full potential of the CAP to deliver many policy objectives including the link between agriculture and health is the subject of much debate, especially in light of new legislative proposals for the post 2020 period.

The EU has limited legislative power in the field of human health. This is seen as reflecting a resistance by Member States to transfer any major powers to the EU. Member States have been slow to accept the transfer of additional powers to the EU. Article 168 TFEU states that 'a high level of human health protection shall be ensured in the definition and implementation of all Union activities and policies'. This remains a broadly interpretative element in the Treaty.

A number of studies and analyses have been critical of the CAP and have highlighted the need to address in a more comprehensive way health priorities concerning the prevention of diseases such as obesity, heart disease, diabetes and cancer. Obesity has been recognised as a serious health problem in nearly all regions in Europe, with approximately one in four Europeans suffering from obesity, and this is forecast to continue unless effective policy actions are implemented.

There have been a number of calls for reforms to the CAP, including the need to develop links between agriculture and human health and to mainstream public health matters into the CAP. For instance, sustainable nutrition security could be made a CAP objective, phasing out 'health incompatible' subsidies and promoting a 'nutrition-sensitive' agricultural policy with links to regional and local strategies, such as urban agriculture. There is also a recognition that the role of the EU in health has been continuing to expand over the years. The EU school fruit, vegetables and milk scheme is one illustration of what can be done to promote healthier nutrition. The publication of the European Commission's communication on the Farm to Fork strategy on 20 May 2020, coupled with the announcement on 29 May 2020 of a new stand-alone EU health programme have been presented as an ambitious departure from the current status quo in both policy areas. Since the Treaty of Lisbon, the European Parliament has consistently promoted the establishment of a coherent public health policy in its opinions, studies and its debates. Discussion of the Commission's Farm to Fork strategy as part of the European Green Deal and the new EU4 Health stand-alone programme will provide opportunities for Members of the European Parliament to express their views on these matters. The outbreak of the coronavirus pandemic has highlighted the importance of public health given the implications it has had for European citizens. Given its scale and impact, there will be continuing pressure for a reinforced health dimension in EU food and agricultural policies. This may also have implications for the preparation of the CAP national strategic plans in the next programming period.

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Glossary and list of main acronyms used

CAP: common agricultural policy

CHD: coronary heart disease

DALY: disability adjusted life year or DALY is a measure of years of healthy life lost. DALYs are estimated from the sum of years due to premature death and years lived with disability.

EPHA: European Public Health Alliance

FPH: Faculty of Public Health

HIA: health impact assessment

IPES: International Panel of Experts on Sustainable Food Systems

JRC: Joint Research Council

NCD: non-communicable disease. The five major NCDs are: diabetes, cardiovascular diseases, cancer, respiratory diseases and mental disorders.

NGO: non-governmental organisation

RDP: rural development programme, EU co-funded, designed and implemented by Member States

WHO: World Health Organization.

1. Introduction

On 11 December 2019, the European Commission published its communication on the European Green Deal. This sets out a new sustainable growth model to make Europe the first climate-neutral continent by 2050. It included provision for a 'Farm to Fork' strategy – an initiative announced in Commission President Ursula von der Leyen's political guidelines – aimed at providing European citizens with nutritious, affordable and safe food. Announced in a communication on 20 May 2020, it makes provision for a series of legislative proposals and non-regulatory initiatives to provide a fair, healthy and environmentally friendly food system. These developments offer the opportunity to consider the role agriculture can have in the design of such a system. The desire for such change is supported by a growing recognition that the EU is facing a public health crisis in terms of rising levels of nutrition-related diseases such as obesity and diabetes. The persistence of current health, diet and nutrition patterns in the EU have implications for the agriculture and food sectors. At the same time, the developing implications of the coronavirus pandemic have highlighted the importance of health in general and the vulnerability of those suffering underlying health conditions. In this paper, the role played by agricultural policy is examined, drawing on a number of studies that have assessed the relevance and effectiveness of the EU's common agricultural policy in relation to nutrition and public health. The paper highlights a range of levers, identified by these studies and by relevant stakeholders in the public health policy field, aimed at reinforcing the health dimension in EU food and agricultural policies.

2. Agriculture and health

2.1. Conceptual framework

The link between agriculture and public health is commonly made in the context of developing countries, namely famine and disease. Agriculture is seen as being essential for health – given its potential to improve public health, prevent starvation and provide animal nutrition. Looking back over history, failures in the agricultural sector have direct implications for human health and survival, the impact of famines resulting from crop failures or pests as experienced by developing countries being a case in point. When it comes to the developed world, agriculture impacts on health through its impact on levels of nutrition. The 'agriculture-nutrition' chain represents a key set of linkages between farming and health. Much of the recent debate on public health has been on how agriculture can improve human nutrition and address diet-related chronic diseases such as obesity, cardiovascular disease, cancer and diabetes.

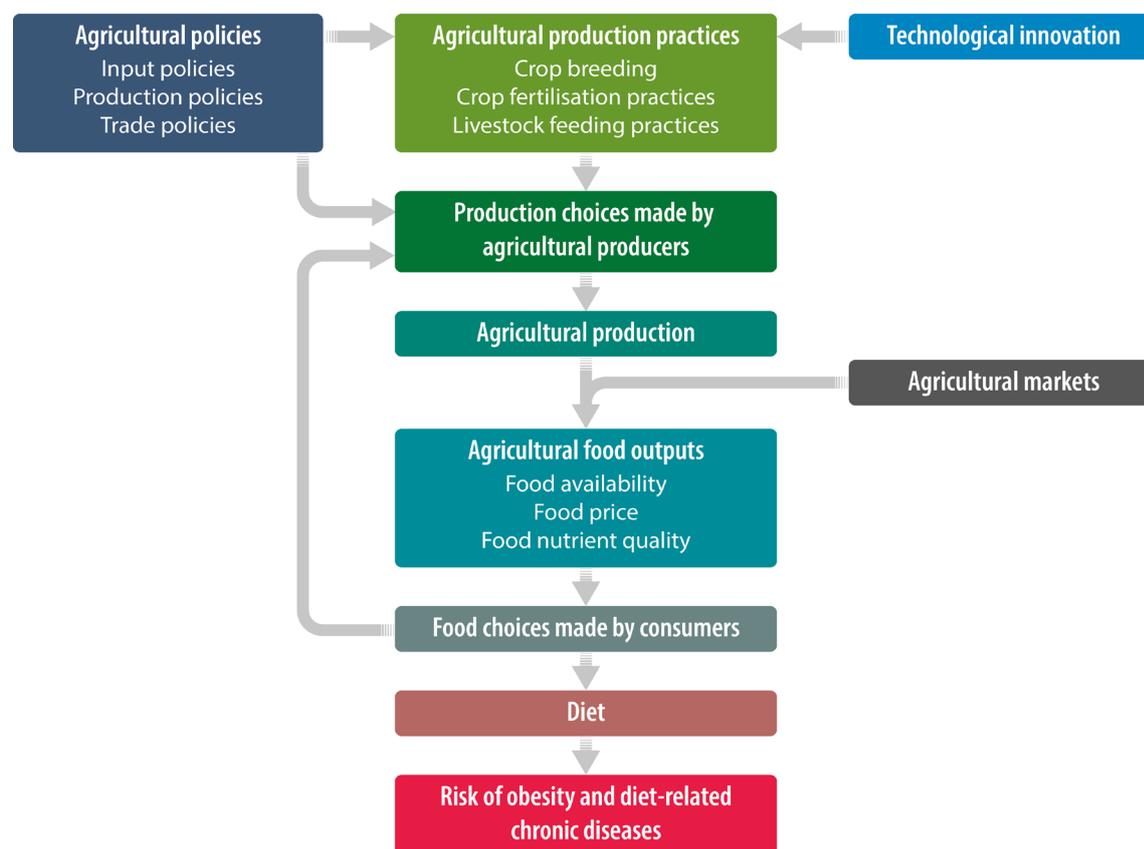
Figure 1 illustrates the links between agriculture and nutrition- and diet-related diseases. Based on published work undertaken by the International Food Policy Research Institute,¹ two key 'points of intervention in the agricultural sector' are identified that can potentially be leveraged to promote healthy diets, namely agricultural policies and agricultural production practices. The former refer to those policies designed to achieve goals such as, for example, those contained in the EU's common agricultural policy. Articles 38 to 44 of the Treaty on the Functioning of the European Union (TFEU) established the CAP's objectives as being to increase agricultural productivity, to ensure a fair

¹ C. Hawkes, 'Promoting healthy diets and tackling obesity and diet-related chronic diseases: What are the agricultural policy levers?', *Food and Nutrition Bulletin*, Vol. 28, No 2 (supplement), The United Nations University, pp. 312-322, 2007. See also H. Walls et al., 'How much priority is given to nutrition and health in the EU Common Agricultural Policy?', *Food Policy*, Vol. 59, 2016, pp. 12-23.

standard of living for farmers; to stabilise markets and to ensure the availability of supplies and reasonable prices for consumers. This policy has been the subject of successive reforms, involving a shift from production-oriented policy to a more market-oriented policy. Agricultural production practices can cover the adoption of new crop breeds, the use of agricultural inputs such as fertilisers and pesticides. Such policies and practices affect decisions made by agricultural producers about what to grow and produce. These can impact on the availability, price and nutrient quality of different foods (Hawkes, 2007) and the choices consumers have available to them. Such food choices affect diets, which in turn can influence levels of obesity and diet-related chronic diseases. Equally, agricultural production choices can be influenced by consumer food choices as well.

The relationships highlighted in Figure 1 illustrate how agricultural policies and production practices can combine together conceptually to influence agricultural production and subsequent food outputs in terms of quantity, diversity, price, nutrient content and quality. Commentators on this conceptual framework stress how agricultural policies and production practices represent 'points for potential intervention in the agricultural sector that could be leveraged to promote healthy diets and tackle obesity and diet related chronic diseases'.²

Figure 1 – Links between agricultural policies, production practices and diet



Source: Extracted and adapted from: H L. Walls et al. (2016); see also C. Hawkes (2007).

In short it is not just that agricultural policies and production practices can influence what farmers choose to grow, they may also affect what consumers choose to eat.

² C. Hawkes, op.cit. p.319.

2.2. The experience of the North Karelia project – Eastern Finland

An important study³ that provides an illustration of the link between agriculture, diet, nutrition and health is summarised in Box 1, based on the experience of the North Karelia project in Eastern Finland. The project to address an extremely high occurrence of coronary heart disease (CHD) mortality in the province of North Karelia in the 1970s is considered one of public health policy's most famous community-based efforts. In collaboration with local and national authorities as well as the World Health Organization (WHO), interventions to address this high mortality rate were undertaken involving community organisations, local people, health and other services, schools, NGOs, media campaigns, supermarkets and the food industry, as well as the agricultural sector. The experiences and lessons were subsequently applied at national level in Finland.

Box 1 – The North Karelia project, Finland

In the early 1970s, the local diet featured:

- very high consumption of saturated fat arising from a large intake of butter, fatty milk and cream;
- high intake of meat and minimal intake of vegetable oil and low rates of consumption of fruit and vegetables;
- high levels of salt consumption;
- smoking, which was common among men.

Following the adoption of comprehensive community based preventive approach, the project achieved a significant reduction in CHD mortality rates. Spanning a period of 35 years, the annual CHD mortality rate among 35 to 64 year old males in North Karelia declined by 85 %. A significant reduction was also recorded in cancer mortality. Smoking has been greatly reduced. Dietary changes (such as much greater use of vegetables or vegetable oil, less butter consumed) have lowered the average cholesterol levels of the population.

In the early 70s, North Karelia was a dairy farming area resistant to any reduction in the use of dairy products. Agriculture's contribution to the project involved a switch made by a number of dairy farmers to berry production. In 1985 a major collaborative project was conceived with inputs from berry farmers, the berry industry financed by Finland's Ministry of Agriculture, and its Ministry of Commerce. The berry and vegetable project⁴ was developed to promote domestic berry and vegetable products and their marketing. Finland's forests had an abundance of wild berries that could be farmed. Running alongside efforts to promote dietary changes aimed at lowering cholesterol levels, a break-through came with the development of a domestic rape-seed oil. A specially cultivated version of a nontoxic rapeseed crop was taken up given its suitability to the Finnish climate, its utility for oils and margarine for human consumption and as animal feed. The area devoted to the crop was increased in Finland. It is reported that with the emphasis on lower-fat milk, cow-breeding shifted towards animals that produced less fat.⁵ Domestic legislation in Finland that originally protected pure butter was changed to allow mixing butter and vegetable oil. Further legislation allowed various mixtures and the production of light spreads. As low-fat milk increased in popularity, its fat content was reduced.⁶ Other changes involved the reduction of pigs' weight resulting in leaner pork meats. Active collaboration with sections of the food industry

³ Source: Compiled from: P. Puska and T. Stahl, 'Health in All Policies – The Finnish Initiative: Background, Principles and Current issues', in *Annual Review of Public Health*, Vol. 31, 2010, pp. 315-28, 2010; P. Puska et al., 'Background, principles, implementation and general experiences of the North Karelia Project', in *Global Heart*, Vol. 2, 2016, pp. 173-178.

⁴ J. Kuusipalo, M. Mikkola, S. Moisio, P. Puska, '[Two years of the East Finland berry and vegetable project: an offshoot of the North Karelia project](#)', in *Health Promotion*, Vol. 3(3), Oxford University Press, 1988.

⁵ E. Willingham, '[Finland's bold push to change the heart health of a nation](#)', in *Knowable Magazine*, 3 July 2018.

⁶ P. Puska and T. Stahl, Health in All Policies - [The Finnish Initiative: Background, Principles and current issues](#), Annual Review of Public Health, 2010.

supported the promotion of low fat dairy products such as low-fat sausages and the reduction of salt in food items. Collaboration with the biggest bakery in the region resulted in an almost complete change from butter use to vegetable oil margarine.

3. Public health in the EU and EU public health policy

3.1. EU involvement in public health: Legislative framework

It is recognised that the EU in general has limited legislative powers in the field of human health.⁷ Member States are unwilling to relinquish major public health powers to the EU, especially in light of the significant national budgets devoted to health spending across the EU. Set against this, there is a growing realisation that the EU has an important role to play in improving public health. The Treaty on the Functioning of the European Union (TFEU) states that:

A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. (Article 168).

In addition, it states that the Parliament and the Council, after consulting the Economic and Social Committee and the Committee of the Regions, '... may also adopt incentive measures designed to protect and improve human health....'. The Treaty further notes that EU action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. This means that the Treaty enshrines in law Member States' responsibility in this area.

Taking account of the above provisions, a number of observers are acknowledging that the role of the EU in health 'keeps expanding' – slowly chipping away at the Member States' autonomy in arranging their public health and health care policies. It has been noted that much of the EU's policy activity in health has evolved as a by-product of other policies (such as, for example, food safety). Two EU policies are considered to have a direct impact on nutrition and health, namely the common agricultural policy, on the supply side and the EU's 'health for growth' strategy, on the demand side along with its 2014-2020 action programme including a body of secondary legislation.

Both sets of policies are interlinked not only by food safety, a key health issue in respect of food, but also by nutrition considerations, which are increasingly becoming an area of interest, not least reflecting concerns over the state of public health across the EU. However for those who have been analysing this policy area over the last decade, nutrition is 'too rarely considered by decision-makers' as many perceive it as a matter of personal choice.⁸

⁷ See: A. De Ruijter, *EU Health Law and policy: the expansion of EU power in public health and health care*, Oxford University Press, 2019.

⁸ T. Stahl, M. Wismar, E. Ollila, E. Lahtinen, and K. Leppo, [Health in All Policies: Prospects and Potentials](#), Ministry of Social Affairs and Health, Helsinki, 2006.

3.2. Health, diets and nutrition in the EU

Public health has as its focus the health of the population, including the trends and challenges the population can face. A number of commentaries and sources provide insights into the health status of EU citizens, including the role of diet and nutrition and how these impact on health outcomes. Drawing on these sources, it is possible to identify a range of features, especially given their implications for the agriculture and food sectors. Summarised in Box 2, they point to the impact of unhealthy lifestyles such as tobacco smoking, alcohol consumption, unhealthy diets and a lack of physical activity.

Box 2 – Features of EU health, diets and nutrition

- Rising obesity levels in EU countries
- Rising levels of diabetes in the EU
- Consumption of packaged foods too high in fat, sugar and with insufficient fibre
- Diet-related non-communicable diseases such as heart attacks, strokes and high blood pressure
- Growing nutritional deficiencies in the EU, with a significant proportion unable to afford a quality meal
- Malnourishment or risk of protein energy malnutrition for a significant percentage of older adults living at home.
- High levels of food waste – estimated at 20 % of all food produced in the EU

Source: Adapted from: M. Kiss et al., [Demographic outlook for the EU 2020](#), EPRS, March 2020; [OECD/EU Health at a Glance: Europe 2018](#), State of Health in the EU cycle, OECD, 2018; and [Eurostat](#) 'Chronic diabetes affects millions of people in the EU', 13 November 2017.

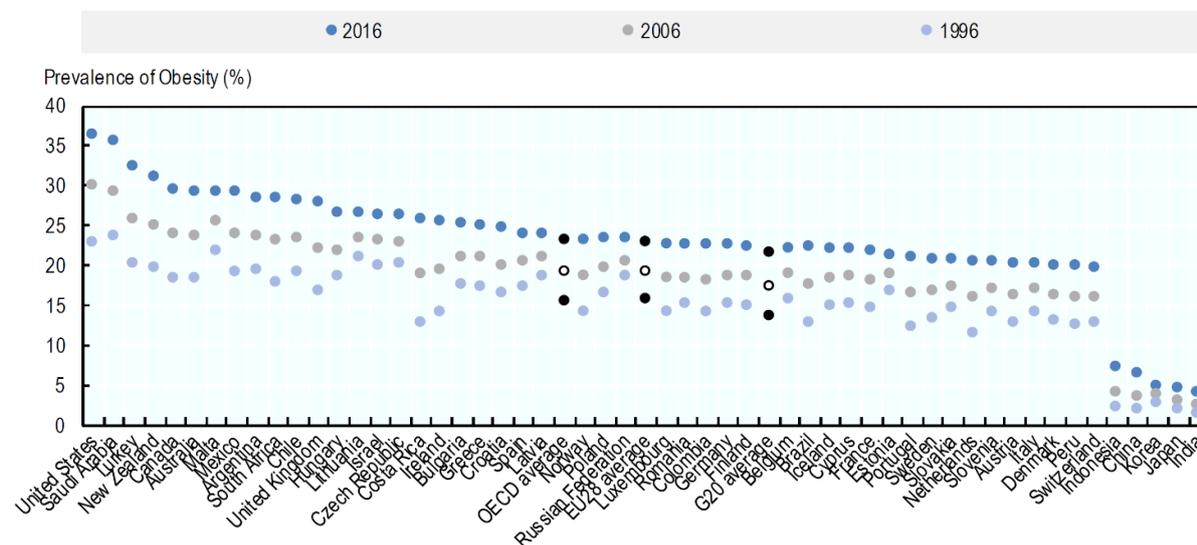
Obesity is recognised today as a serious health problem in nearly all regions of Europe. During the last four decades, the percentage of obese people has quadrupled among men and doubled among women. The percentage of obese people in the EU continues to increase every year. It has been described as 'a major epidemiological problem and an undisputable health problem'.⁹ Trend analysis demonstrates a persistent increase in overweight and obesity in adults in all OECD countries, OECD accession and selected partner countries, EU Member States and G20 countries over the last 40 years (see Figure 2). Between 1996 and 2016, obesity prevalence grew by 46.7 % in EU Member States. An analysis of the World Health Organization's databases for 1999 to 2016, shows that one in four Europeans suffers from obesity, with this forecast to continue unless effective policy actions are implemented. Obesity rates vary by age and education. There is a marked increase in the proportion of the population who are overweight as it becomes older. Eurostat's analysis indicates how obesity varies by educational attainment levels. The proportion of women who were overweight was lower among those with higher levels of educational attainment, although this pattern did not hold for men.¹⁰ It is recognised that a series of factors combine together to account for high levels of obesity. These can include: excessive consumption of highly processed and fast foods in preference to a diet rich in fruit and vegetables and fish; and a more sedentary lifestyle. Evidence from France indicates that foods of lower nutritional value and lower quality diets

⁹ J. Krzysztozek et al., '[Assessment of epidemiological obesity among adults in Europe](#)', *Analysis of Agricultural and Environmental Medicine*, Vol. 26(2), pp. 341-352, 2019.

¹⁰ M. Kiss et al., *Demographic outlook for the European Union*, EPRS, European Parliament, 2020.

generally cost less per calorie and have tended to be selected by groups of lower socio-economic status.¹¹

Figure 2 – Obesity prevalence trends in adults between 1996 and 2016 in the OECD, OECD accession countries, the EU and G20 countries



Source: OECD (2019), *The Heavy Burden of Obesity: The Economics of Prevention*, OECD Health Policy Studies, OECD Publishing, <https://doi.org/10.1787/67450d67-en>.
Statistical link: <https://doi.org/10.1787/888934006784>.

In addition to obesity, the OECD's 'State of Health Report' for 2018 points to rising levels of diabetes in the EU with around 32.7 million adults suffering from it.¹² This compares to an estimated 18.2 million adults in 2000. It is a chronic disease characterised by elevated levels of blood sugar that over time can cause serious damage to human health. Eurostat data shows how it varies between age groups, with the older the age group, the higher the share. It also varies with educational attainment levels. The proportion of diabetes in the EU falls as the educational level rises.¹³

With respect to Europe's ageing population, it is estimated that between 13.5 % to just under 30 % of older people living at home are malnourished or at risk of protein energy malnutrition. A Joint Research Council (JRC) report¹⁴ highlights how undernutrition is a common disorder for older people. With ageing, older people can suffer from having difficulty in chewing and swallowing, avoiding certain foods that are harder to chew such as fruit and vegetables – hence compromising their intake of key nutrients. It is estimated that more than one in five people over the age of 50 suffer from dysphagia, chewing and swallowing difficulties.¹⁵ Such findings are further reinforced by research undertaken by the PROMISS project 'Nutrition for Healthy Ageing', funded under the

¹¹ N. Darmon and A. Drewnowski, 'Contribution of food prices and diet cost to socioeconomic disparities in diet quality and health: a systematic review and analysis', *Nutrition Reviews*, Vol. 73(10), 2015, pp. 643-660.

¹² OECD/ EU, *Health at a Glance: Europe 2018: State of Health in the EU cycle*, OECD Publishing, 2018.

¹³ Eurostat, *Chronic diabetes affects millions of people in the EU*, 2017. See also EPRS blog: [Diabetes Sufferers](#) [What Europe Does For You], August 2018.

¹⁴ T. Ning Mak and S. Caldeira, *The role of nutrition in active and healthy ageing*, Joint Research Council Science and Policy Reports, European Commission, Luxembourg: Publications Office of the European Union, 2014.

¹⁵ Periodic report summary 1: PERFORMANCE (development of personalized food using rapid manufacturing for the nutrition of elderly consumers), see <http://www.performance-fp7.eu>. The project has developed personalised food for older people using innovative 3D printing of food items, which are picked and shipped frozen.

Horizon 2020 research and innovation programme.¹⁶ The synonym stands for 'Prevention of Malnutrition in Senior Subjects in the EU'. This research is aimed at examining solutions to prevent such malnutrition. Its recent research findings indicate that older adults who are more active in sustainable food consumption (e.g. are purchasers of organic food) and who are highly educated are more likely to accept eating alternatives from more sustainable sources.¹⁷

Other features of the health status of EU citizens as they relate to diet and nutrition concern levels of smoking and alcohol consumption, and the fat, sugar and salt content of packaged foods. Evidence from the OECD's Health Status report for 2018 highlights concerns over the persistence of heavy alcohol consumption among adolescents and adults as well as the persistence of smoking among both children and adults. In addition to these features, in terms of meeting daily nutrition needs, Eurostat data shows that some 7.4 % of the total EU population in 2018 was unable to afford a meal with meat, fish or a vegetarian equivalent every second day.¹⁸ This figure varied from 31.7 % of the population in Bulgaria to less than 2 % of the population in the case of Ireland, Sweden and the Netherlands.

4. EU agriculture and rural development policies and health

4.1. Chronological overview of studies examining the links between agriculture, nutrition and health

In light of the public health challenges outlined above, there have been a number of attempts to assess how effectively the EU's common agricultural policy relates to the nutrition and public health needs of EU citizens. Table 1 provides a chronology of key studies that have examined the links between agriculture and public health, starting with the already mentioned North Karelia project in Finland, whose lessons were applied at national level. In 2006, as part of the Finnish EU Presidency, the Finnish Ministry of Social Affairs and Health published a volume entitled *Health in All Policies: Prospects and Potentials*.¹⁹ This examined how agriculture and health policies impacted on nutrition and health. In relation to the CAP, it recognised how the policy influenced the availability and affordability of food, in particular it noted how 'agriculture policies have profound and complex effects on the food supply as well as on demand, especially where such policies have given production incentives'. Although this report covered a much earlier period in the CAP, it made a number of points, highlighting:

- the view that EU overproduction, fuelled by subsidies, had led to the consumption of saturated fats at higher levels than WHO recommendations, as a consequence contributing to cardiovascular disease, diabetes and obesity in Europe;
- how sugar production levels were inconsistent with public health objectives;
- how EU funds had been used to support the promotion of wine drinking among 20 to 40 year olds via the common market organisation;
- the role played by industrial methods of producing and processing animals for food in contributing to relatively cheap meat for the consumer;
- the limited support available then to the fruit and vegetable sector.

¹⁶ [PROMISS](#) is a project funded under the EU's Horizon 2020 research and innovation programme, grant number 678732.

¹⁷ Prevention of Malnutrition in Senior Subjects in the EU. [Research findings highlights](#), November 2019.

¹⁸ Eurostat Statistics explained. [Living conditions in Europe- material deprivation and economic strain](#), May 2020.

¹⁹ T. Stahl et al., [Health in All Policies: Prospects and potentials](#), Ministry of Social Affairs and Health, Finland under the auspices of the European Observatory on Health Systems and Policies, 2006.

Table 1 – Chronology of key developments and studies in the links between EU agriculture and public health

1970s	Finland: North Karelia project
1986	East Finland berry and vegetable project
1996	Sweden: National Institute of Public Health – review of the potential health impacts of the CAP – subsequently updated in 2003
2000	UK: The BSE Inquiry: The Report, HMSO
2001	World Health Organization: The first action plan for food and nutrition policy 2000-2005, Copenhagen
2003	Sweden: National Institute of Public Health – Public health aspects of the CAP. Slovenia: Health impact assessment of agriculture and food policies
2005	Launch of EU Platform on Diet, Physical activity and Health
2006	Finland: Health in All Policies: Prospects and potentials, Finnish Ministry of Social Affairs and Health; European Observatory on Health Systems and Policies
2007	UK: A CAP on health? The impact of the CAP on public health, FPH
2010	The European Union's CAP and the European diet: is there a link?
2016	Article: How much priority is given to nutrition and health in the EU CAP?
2017	IPES: Unravelling the food-health nexus
2018	European Public Health Alliance, CAP: 11 ways to deliver for better health
2019	IPES: Towards a Common Food Policy for the European Union
2019	The Lancet Commissions: Food in the Anthropocene : the EAT-Lancet Commission on healthy diets from sustainable food systems
2020	A Farm to Fork strategy for sustainable food , European Commission

Source: EPRS compilation. Abbreviations: HMSO – Her Majesty's Stationary Office; FPH – Faculty of Public Health; IPES – International Panel of Experts on Sustainable Food Systems.

Reference was also made to the role played by multinational food manufacturers and retailers taking advantage of people's liking for sweet and fatty foods and the tendency to overeat when energy dense foods low in water and dietary fibre are consumed. The establishment of the EU Platform on Diet, Physical activity and Health by the European Commission in March 2005 was also acknowledged.²⁰ In relation to the role of voluntary industry initiatives to address obesity, the report was critical of the world's 25 largest food companies, expressing the view that the majority had made only general statements about diet and health with less than half making any policy commitments. A key question posed in the report was how public health could become part of an

²⁰ [EU Platform on Diet, Physical activity and Health](#) is a forum for industries, consumer organisations and health NGOs to work to take forward EU action to address obesity and to encourage EU citizens to lead healthier lifestyles with better diets and more physical activity. Five areas of action were laid down at its inception, covering: consumer information and labelling, education, physical activity promotion, marketing and advertising and the composition of foods (such as healthy options and portion sizes).

integrated food and agriculture policy in Europe? This theme has been at the core of subsequent commentaries and analyses in this policy field. The chronology of key studies listed in Table 1 highlights a series of issues on the links between agriculture and public health. These include:

- the role of health impact assessments;
- the nature of the debate on the actual or potential impact the CAP has on nutritional health;
- studies that have tried to assess the current CAP (2014-2020);
- the impact of the EU's school fruit, vegetables and milk scheme;
- the role played by EU rural development programmes.

Though additional issues could have been added to this list, such as genetically modified crops, or the work of the European Food Safety Authority, this analysis focuses on the issues listed above, taking account of recent developments in respect of the Commission's Farm to Fork strategy and the announcement of a new EU 4 health programme.

4.1.1. Evidence from health impact assessments

One of the first attempts to assess the health effects of agricultural policy at a national level was the health impact assessment (HIA) undertaken by the Slovenian Ministry of Health.²¹ Coinciding with Slovenia's negotiations over the adoption of CAP legislation as part of its preparations for EU membership, participants were asked to identify potential positive and negative health impacts of the proposed agricultural policies over six policy topics. These covered: environmentally friendly and organic farming methods, mental health and rural communities, socio-economic factors and social capital, food safety, occupational exposure and issues of food policy such as price, availability, diet and nutrition. A range of determinants of health potentially affected by agricultural policy were identified (see Box 3). An important part of the process was the engagement of a wide range of stakeholders and other ministries to create shared agendas and goals, offering the opportunity for inter-sectoral policy-making.

The Slovenian HIA had been preceded by the Swedish Institute of Public Health. It had

Box 3 – Health impact assessment of agriculture and food policies in Slovenia

Key determinants of health potentially affected by agricultural policy development in Slovenia, identified by stakeholders:

- Changes in income, employment, housing and social capital
- Changes in the rural landscape;
- Increased food imports and effects on exports
- Nutritional value and food safety
- Farm intensification leading to soil and water pollution
- Potential benefits of organic agriculture and food
- Barriers to organic production or small-scale on-farm industries
- Occupational health of farm workers and farm processors
- Capacity of local services including health and social services

Source: K. Lock et al., [Health impact assessment of agriculture and food policies: lessons learnt from the Republic of Slovenia](#), Bulletin of the WHO, 2003, Vol. 81(6).

²¹ K. Lock et al., [Health impact assessment of agriculture and food policies: lessons learnt from the Republic of Slovenia](#), Bulletin of the World Health Organization, Volume 81 Number 6, 2003.

conducted a review of the potential health impacts of the CAP in 1996,²² which was subsequently updated in 2003.²³ This focused on the lack of nutritional considerations in the CAP. Subsequent observers have noted that as the CAP became more market oriented, farmers increasingly produced for market demand rather than for subsidies.²⁴ This was accompanied by calls to address nutrition-related health, which have focused on reducing obesity and diet-related non-communicable diseases (NCDs).

4.1.2. Studies on the impact of the CAP on nutritional health

A consistent theme of the studies listed in Table 1 has been to examine the effects of the CAP on nutritional health. For example, a study published in 2007, undertaken by the Faculty of Public Health,²⁵ although drawing on evidence largely from the United Kingdom, set out the case that the then existing CAP had 'profound effects on the health of the population'. In an effort to influence the 2008 debate relating to the mid-term review of the CAP, the study set out the case for a health-promoting CAP. Noting the link between nutrition and diet related disorders such as obesity, Type 2 diabetes, hypertension, cardiovascular disease and cancer, it called for a number of changes to the CAP. These included: a reduction in subsidies for beef with more support for lean beef production; a reduction in subsidies for dairy products, with greater efforts to convert excess dairy fat into industrial products (such as fuel and lubricants); reduced support to low-fat dairy products; an increase in the production of monounsaturated and polyunsaturated vegetable oils; an increase in the availability of fruit and vegetables for the not-for-profit sectors (noting the absence of production subsidies available to fruit and vegetable growers) and encouragement to the cereal sector to produce food for human consumption (reflecting for example, how the high fibre content of wholegrain cereals can help to lower cholesterol and protect against bowel disorders).

The report also highlighted the issue of health inequalities. It argued that by heavily subsidising milk and beef, CAP policies ensured that foods with high saturated fat content became more affordable for people on low incomes. This contrasted with the fruit and vegetable sector which received little support from CAP. One consequence of this was an inability for those on low incomes to have access to food that made up a healthy diet. This, it claimed, was manifested in an inequality in diet related diseases where people on low incomes had higher rates of cardiovascular disease, obesity and diabetes.²⁶

A key conclusion from this analysis was that 'health across the EU would benefit from a health-centred farming structure which encourages substantially less consumption of saturated fats (such as from dairy and red meats); greater substitution of saturated fats with more unsaturated fats such as sunflower, rape and olive oil), greatly increased consumption of fruit and vegetables as well as starchy foods such as potatoes and cereals'.

²² M. Whitehead and P. Nordgren (eds), [Health impact assessment of the EU Common Agricultural Policy](#): Swedish National Institute of Public Health Policy report, 1996.

²³ L. Schafer Elinder et al., [Public health aspects of the EU Common Agricultural Policy](#). Swedish National Institute of Public Health, Sweden, April 2003.

²⁴ H. Walls et al., [How much priority is given to nutrition and health in the EU Common Agricultural Policy?](#), *Food Policy*, Vol. 59, pp. 12-23, 2016.

²⁵ C. Birt et al., [A CAP on health? The impact of the EU Common Agricultural Policy on Public Health](#), Faculty of Public Health, London, 2007.

²⁶ C. Birt, op. cit. p. 19. The study explains that '...lower income households were less likely to consume a healthier, broader range of fruit and vegetables such as raw salad vegetables, leafy green vegetables, pears, apples, bananas and citrus fruit'.

The contention in the above analysis, namely that the CAP has had adverse effects on the health of the population, was countered by an alternative evaluation study²⁷ by Schmidhuber and Shetty published in 2010. This study critically examined the CAP and the claims that it contributed to unhealthy diets and by implication contributed to the increase in European overweight and obesity problems etc. Acknowledging the excessive consumption of saturated fats, cholesterol and sugars and the convergence of diets in individual EU countries, it rejected the notion that agricultural policies had been the main cause for the deterioration in the European diet. One of the key elements of this counter-argument is that in terms of the subsidies paid from the CAP, using data for 2001 to 2003, the researchers calculated that consumers paid more for milk and meat products than they would have paid in the absence of the CAP – in short, 'consumers have been taxed through the CAP rather than subsidised – invalidating the idea that the CAP was '... the main culprit for rising overweight and obesity problems'. (In the case of sugar, they considered that consumers could have been paying two or three times more than they would have paid in the absence of the CAP). They argue that the CAP did not encourage over-consumption – if anything, it had the effect of a tax on food consumption – as the CAP had kept EU prices above world levels and this effectively amounted to a tax on consumption. In this regard it taxed particularly strongly those foods generally associated with adverse health effects such as sugar, milk and dairy products (e.g. butter), as well as meat. It also had placed a strong tax on saturated fats, cholesterol and sugar – those nutrients that are generally associated with particularly adverse health impacts. The research also noted how the variety of fruits and vegetables available to consumers had increased with improved availability. The study concluded by identifying a set of drivers for changes in consumption patterns such as: the overall increase in income; the rise of supermarkets; changes in food distribution systems; women's participation in the workforce and the growing importance of food consumed outside the home, including the growth in fast food restaurants.

4.1.3. Assessments of the current 2014-2020 CAP

Table 1 identifies a number of studies and published assessments of the current CAP. They include:

- assessments published by the European Public Health Alliance (EPHA) – these include 'A CAP for Healthy Living' (2015) and a briefing on ways in which the CAP can leverage change for better health (2018);²⁸
- in 2017, a study from the Global Alliance for the future of Food, *Unravelling the Food Health Nexus*;²⁹
- a report from the International Panel of Experts on Sustainable Food Systems 'Towards a Common Food Policy for the EU', February 2019;³⁰
- a report from the EAT-Lancet Commission on healthy diets from sustainable food systems.³¹

A summary of the key points raised in these studies and assessments as they relate to the current CAP can be considered in this section.

²⁷ J. Schmidhuber and P. Shetty, *The European Union's Common Agriculture Policy and the European Diet: Is there a link?*, 2010.

²⁸ EPHA, *A CAP for Healthy Living*, November 2015; Briefing note; [11 ways to which the CAP can leverage change for better health](#), EPHA 15 October 2018.

²⁹ Global Alliance for the future of Food, [Unravelling the Food Health Nexus](#), 2017.

³⁰ IPES, [Towards a Common Food Policy for the European Union](#), 2019.

³¹ W. Willett, J. Rockström, B. Loken, M. Springmann, T. Lang, S. Vermeulen et al, '[Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems](#)', *The Lancet*, 2019.

The EPHA's report '**A CAP for Healthy Living**' set out a series of observations and recommendations on ways to achieve coherence between the CAP and public health. A more general commentary set out the case for a 'transition towards a food and farming system where consumers pay higher prices for EU primary products, where farmers keep less livestock for better prices and where farmers receive support through the rural development pillar to reduce input costs through innovation, to improve environmental performance, to increase animal welfare, to maintain permanent grasslands, to promote short supply chains...'. Recognising that the CAP was 'an imprecise and insufficient instrument alone to steer consumption patterns', given the powerful position of food processing and retail industries, the report pointed to the human health benefits to be derived from extensively reared animal products, which it considers have better nutritional profiles due to lower saturated fat content, and an improved balance of vitamins and minerals. It suggested that milk from grass-fed cows has health benefits compared to cows being fed feedlot diets, drawing on evidence from scientific journals. It also suggested that improved welfare and lower stocking densities enhance immunity and reduce the probability of disease outbreaks, reducing the need for antibiotics thereby lowering the threat of antibiotic resistance.

The report's recommendations covered for example, limiting support for wine promotion, excluding wine growers from insurance support through mutual funds, replacing vineyards with agroforestry systems, building on the potential offered by the EU school fruit scheme and greater enhancement and consumption of vegetables and fruit in Europe. It pointed out that **if EU citizens were to consume 600g of vegetables and fruits per day, the risk of coronary heart disease (CHD) would fall by almost 20 %**. Other recommendations included greater support for the CAP's rural development pillar, and changes to the EU's promotional campaigns for European agricultural products to help drive a transition towards more biodiverse, sustainable and healthy diets. This would mean that the focus of promotional efforts would be on the internal market rather than outside the EU.

The EPHA has since followed up its 2015 report with a briefing identifying 11 ways in which the CAP can leverage change for better health. These are presented in Table 2. They involve using CAP funds to support farmers with transitioning to low antibiotics use; the adoption of ammonia reduction strategies, including strategies to reduce agriculture's climate impact and enhance its mitigation potential. These recommendations would reward farmers who adopt farming practices contributing to ecosystem restoration and those who make a transition towards models that limit the use of pesticides and incentivise soil conservation practices. They include calls for CAP funds to be increased for existing instruments, such as the distribution of fruit and vegetables in schools, and the diversion of funds from products and activities inconsistent with public health objectives (for example public funding for wine promotion). Payments would be targeted at farmers who face specific socio-economic challenges, with programmes to improve the socio-economic fabric of rural areas as well as provide support for farm advisory services to prevent occupational risks. Overall, the report calls for a policy framework that links public money to the delivery of EU-wide public goods, asking for public health stakeholders to be included in the design and monitoring of the CAP.

In October 2017, the Global Alliance for the Future of Food (a group of philanthropic organisations) published a report '**Unravelling the Food-health Nexus**'. This identified five key channels through which it considered the impact of food systems on health. Listed in Box 4, they include reference to unhealthy dietary patterns. Drawing on a range of studies, the report suggests that the increased consumption of highly processed foods has been found to contribute to and be reinforced by a gradual loss of food skills and knowledge including the health value of food ingredients. A key focus of the report is on the broader 'food-health nexus' which it defines as '... the web of interactions, imperatives and understandings at the intersection of food and health'.

Table 2 – Eleven ways in which the CAP can leverage change for better health

Potential agricultural policy levers	Potential implications for policy and practice
Antimicrobial resistance	Using CAP to support farmers in transitioning to low antibiotics use, high animal welfare farming models
Ammonia emissions	More specific target setting for reductions in ammonia emissions from agriculture
Diet	Promoting a 'nutrition sensitive' agricultural policy with links to regional and local food strategies such as urban agriculture. Earmarking a share of the CAP budget for measures under the specific objective on food and health Investing in the creation of local market infrastructure as well as short or direct food supply chains
Subsidies	Phasing out 'health –incompatible' subsidies
Socio-economic inequalities	Greater targeting of direct payments; support programmes to improve access to healthcare and social services in socially deprived rural areas
Working conditions in the sector	Making the observance of adequate labour and social standards for agricultural workers into a precondition for receipt of CAP funding.
Climate change mitigation	Improving production methods, making better use of carbon sinks; transitioning towards a 'less but better' animal products scenario; promoting agro-forestry systems
Biodiversity	Earmarking at least one-third of the total CAP budget to reward the uptake of farming practices contributing to ecosystem restoration, biodiversity enhancement and climate mitigation
Pesticides	Using CAP funds to ensure farmers make a 'secure and well-informed transition towards farming practices that limit use of pesticides...'
Safe and nutritious food	Making sustainable food and nutrition security into one of the CAP's objectives; stimulating uptake of soil conservation practices and climate resilient farming methods; mainstreaming the need to reduce food waste
Performance-oriented strategic planning model	Member States setting quantified targets for each impact indicator with a mechanism in the CAP linking the achievement of targets to financial allocations

Source: EPRS adaptation from EPHA, [CAP: 11 Ways to Deliver for Better Health](#), 2018.

This perspective recognises the impact food systems have on health through 'multiple, interconnected pathways'. With its focus on the effects of intensive livestock production, the mass production of ultra-processed foods and with reference to chemical-intensive agriculture, the report makes the case for rethinking the industrial model, based on the grounds of protecting human health. This report includes a call for 'a paradigm shift' towards more diversified agro-ecological farming systems based on diversifying farms and farm landscapes, replacing chemical inputs with organic matter and optimising biodiversity.

A follow-up IPES-Food report '**Towards a Common Food Policy for the European Union**', published in February 2019, highlights concerns over the nutritional value of mass-produced foods and the negative health effects of diets relying on sugar, salt and meat. This followed a three-year research programme involving five policy labs, one of which connected agriculture with health. Setting out the case for a common food policy for the EU, it identified the range of pathways through which food and farming systems impact on human health. These covered for example: the impact of ammonia emissions from agriculture (which the EEA has estimated kills 400 000 Europeans each year); the challenge of antimicrobial resistance; pesticide pollution of water; and the impact of unhealthy diets on cardiovascular health. In addition to these impacts, it observed that in 2016, 9.1 % of the EU population were unable to afford a quality meal every second day.

Box 4 – Five key channels through which food systems impact health

- **Occupational hazards:** physical and mental health suffered by farmers
- **Environmental contamination:** through pollution of soil, air and water resources
- **Contaminated or unsafe food:** illnesses from foods containing pathogens
- Unhealthy dietary patterns
- **Food insecurity:** lack of access to food that is both acceptable and nutritious

Source: IPES-Food, [Unravelling the Food-Health Nexus](#), 2017.

In terms of current policies, the report identified the following three gaps or disconnects:

- a failure to build healthy food environments with insufficient incentives for healthy foods. (As a response it suggests that Member States should be required to develop and implement national healthy diet plans as a condition for unlocking CAP funding);
- a need to address the root causes of poor diets through robust anti-poverty strategies and social supply nets;
- a need to address supply and demand side issues to do more than at present to incentivise fruit and vegetable production, with greater use made of procurement policies to drive production decisions and changes to EU agricultural promotion policies so as to promote more healthy items.

To address these deficiencies, the report calls for food and nutrition guidelines to be used in procurement policies, reform of the EU school fruit, vegetables and milk scheme to expand its budget, and action to make it mandatory to apply quality criteria, alongside the development of EU and national dietary guidelines for healthy and sustainable diets.

Finally, further evidence on the links between diet, human health and environmental sustainability comes from the findings of the **EAT-Lancet Commission**, published online in January 2019. Bringing together some 37 scientists and experts covering the fields of human health, agriculture, political science and environmental sustainability, it sought to address the issue of how to feed a future world population of 10 billion people with a healthy diet. The subsequent report³² offers a scientific review of what constitutes a healthy diet, including the actions required to establish a sustainable food system. Acknowledging the significance of the United Nations sustainable development goals (SDGs) and the Paris Agreement, the report recognises how current global food production constitutes one of the largest drivers of global environmental change by contributing to climate change and biodiversity loss. Noting that diets inextricably link human health and environmental sustainability, the Commission sought to develop global scientific targets for healthy

³² W. Willett et al., '[Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems](#)', *The Lancet Commissions*, Vol. 393(10170), 2 February 2019, pp. 447-492.

diets and sustainable food production. Examining both final consumption (healthy diets) and sustainable food production, its subsequent analysis is based on the premise that a global food system must operate within boundaries for both human health and food production in order to ensure healthy diets for a global population of 10 billion by 2050 (see Figure 3).

Figure 3 – An integrated agenda for food



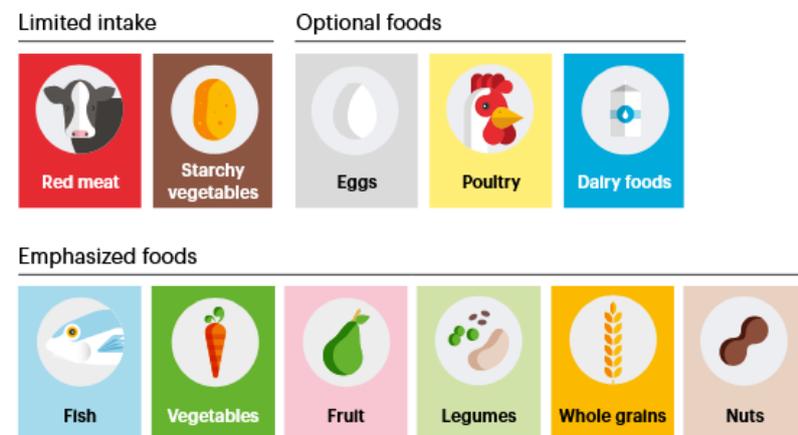
Source: [Summary Report of the EAT-Lancet Commission](#), 2019.

Noting the difficulties associated with defining a global healthy diet (not least the differing nutritional needs of people), it defines a healthy diet based on a range of intakes for different food groups. Such a diet largely consists of vegetables, fruits, whole grains, legumes, nuts and unsaturated oils, including a low amount of seafood and poultry and no or a low quantity of red meat, processed meat, added

sugar, refined grains and starchy vegetables (see Figure 4). Such dietary patterns are found in Mediterranean and plant-based diets, for instance.

Taking account of the need to fall within the Paris Agreement (i.e. to keep global warming to well below 2°C, aiming for 1.5°C), the EAT-Lancet Commission stresses that this will require: 1) a substantial shift towards mostly plant-based dietary patterns; 2) dramatic reductions in food losses and waste; and 3) major improvements in food production practices. In the case of the latter, this would require a 'reorientation of agricultural practices from

Figure 4 – Healthy reference diet



Source: [Summary Report of the EAT-Lancet Commission](#), 2019.

producing high quantities of food to producing healthy food...'. This would mean producing a high diversity of crops and a range of nutritious foods from biodiversity-enhancing food systems rather than increased volumes of a few crops (most of which are used for animal production). To increase high-quality output will require what it terms 'an agricultural revolution that is based on sustainable intensification and driven by sustainability and system innovation'. This would entail the adoption of a range of agricultural practices such as those listed in Box 5.

Box 5 – Agricultural practices to increase high quality output

- Adoption of precision agriculture techniques
- Prevention of nutrient losses from farms
- Recycling and efficient use of manure and soil erosion control measures
- Anaerobic digestion
- Recycling nitrogen and phosphorous
- Large increases in carbon sequestration
- Agroforestry
- Biodiversity conservation

Source: EPRS adaptation from the [EAT-Lancet Commission on healthy diets from sustainable food systems](#).

Following its publication, the EAT Lancet Commission's report has been the subject of a range of comments and critiques. For example, it has been described as being 'vague, inconsistent, unscientific and downplaying the risks to health posed by vegan diets'.³³ Criticisms have also been levelled at its methodology – based on 'nutrition epidemiology' – as being 'scientifically invalid'. Further criticisms relate to the report's observations and conclusions on red meat, its reliance on epidemiological studies, and questions over how the EAT-Lancet Commission arrived at its conclusions. Much of the criticism has been levelled at its recommendations concerning a plant-based diet given the implications this would have for the livestock sector. Criticised for its lack of scientific evidence, its recommendations have been described as being an '... arbitrarily imposed top down, ideologically-driven edict about how people should eat that does not reflect optimal nutrition for human health nor the role of well-raised livestock in revitalising soil and sequestering carbon to help to reduce the effects of climate change'.³⁴ The counter-argument is made that livestock, if correctly raised, can contribute to improved human health, improved animal welfare and improved agricultural practices, which can assist climate change mitigation.

Described as one of the first attempts to summarise and communicate 'the best of science on what constitutes a healthy diet within environmental targets', the EAT-Lancet report led to intense debates on the messages it contained. Significant 'online communities' have been generated by those who are either supportive, sceptical or ambivalent over its findings.³⁵

4.1.4. EU school fruit, vegetables and milk scheme

Reference has already been made to the EU school scheme.³⁶ The 2015 EPHA report 'A CAP for Healthy Living' expressed the view that despite various reforms of the CAP over its history, the policy had not addressed adequately enough the role of healthier nutrition as a stated objective of the CAP. The one exception to this has probably been the EU aid scheme for the supply of fruit and vegetables to educational establishments. Since August 2017, the scheme has operated under a single legal framework (combining the school, fruit and vegetables scheme and the school milk scheme). Under the scheme, support is provided for the distribution of products as well as

³³ G. Ede, '[EAT-Lancet's Plant-Based Planet: 10 Things you need to know](#)', *Psychology Today*, 19 January 2019.

³⁴ A. Mullens, [WHO pulls out of EAT-Lancet event after criticism from Italy](#), *Dietdoctor.com*, 12 April 2019.

³⁵ D. Garcia et al., '[EAT Lancet vs Yes2meat: The digital backlash to the planetary health diet](#)', *The Lancet: correspondence*, Vol. 394(10125), pp. 2153-2154, 14 December 2019.

³⁶ European Commission: [School Scheme explained](#).

educational and information measures. Educational measures may include for example the funding of farm visits, the development of school gardens. The intention is to reconnect children to agriculture and teach them about healthy eating habits as well as issues concerning local food chains, organic farming, sustainable production and food waste. An example of its application in Poland is summarised in Box 6. As noted in a 2019 EPRS briefing³⁷ on the EU fruit and vegetable sector, the European Commission's evaluation of this scheme concluded that a continuous decline in the consumption of fruit and vegetables coupled with modern consumption trends reinforced the rationale for such a scheme.

The total EU budget for the scheme for the period 2017-2023 is €250 million per school year. On 31 March 2020, the Commission published the budget for the EU school scheme for the 2020/2021 school year: €145 million is allocated to the distribution of fruit and vegetables and €105 million for the distribution of milk and dairy products to schoolchildren.³⁸

The implementation of the scheme for the 2019-2020 school year has been affected by the closure of schools across the EU owing to the current coronavirus pandemic. The Commission has clarified that the ongoing crisis can be recognised as a *force majeure* reason. This allows Member States who recognise it as a case of *force majeure* to reimburse suppliers for perishable goods (fruit, vegetables and dairy products) that were meant to be distributed to schools participating in the scheme. Products may also be donated to hospitals, charity organisations and food banks or similar, to reach those in need.

Box 6 – EU school scheme in practice: Poland

In Poland, a teachers' toolkit has been produced to teach schoolchildren about healthy eating and the connection with agriculture and how to fight food waste. It also provides step by step instructions on how to set up a school garden, host a cooking workshop or organise farm visits.

Under the scheme, children receive apples, pears, plums, strawberries, carrots, radishes, sweet peppers, kohlrabi and tomatoes, as well as white milk, cottage cheese, yogurt and natural kefir.

In terms of the [EU budget per country for the 2020-2021](#) school year, Poland is one of the largest beneficiaries of this scheme in the EU. Other significant beneficiaries are: Germany, France and Italy.

Source: [European Commission](#) and [KOWR](#).

4.1.5. Rural development policies and health

The CAP also includes provision for the EU's rural development policy in the form of Pillar II support.³⁹ Representing approximately 24 % of the CAP budget for the 2014 to 2020 period, the programmes offer support to organic farming, agroforestry, village renewal and actions such as cooperation, as well as support under the LEADER initiative.⁴⁰ A wide range of measures and initiatives are available under the CAP to facilitate vegetable production. Member States may address these issues through their rural development programmes (RDPs) where, besides support for setting up producer groups in the vegetable sector, investment support can be used to increase productivity in the same sector.⁴¹

³⁷ R. Rossi, [The EU fruit and vegetables sector. Main features, challenges and prospects](#), EPRS, European Parliament, March 2019.

³⁸ [European Commission](#), op. cit.

³⁹ M. L. Augère-Granier, [Common Agricultural Policy - Pillar II](#), EPRS, European Parliament, July 2016.

⁴⁰ The [LEADER](#) (Links between the rural economy and development actions) approach is an area-based, bottom up method of delivering support to local communities that design and implement local development strategies.

⁴¹ The Commission offers financial and administrative support to Member States to implement evaluated best practices. The [Steering Group on Promotion and Prevention](#), the [Best Practice Portal](#) (a 'one-stop shop' for consulting good and

Such measures have to address the considerable diversity in respect of the EU's rural areas, which include areas with particular challenges such as remoteness, sparsity of population, ageing population, lack of employment opportunities, etc. It has been recognised that rural dwellers in the EU are more likely to have unmet healthcare needs. In 2015 for example, some 4.2 % of the EU's population living in rural areas reported unmet for healthcare needs.⁴² Relatively wide variations were recorded in Romania, Croatia and Bulgaria, where the share of the rural population with unmet needs was at least 3 % points higher than the lowest share recorded for city dwellers in Romania and for people living in towns and suburbs in Croatia and Bulgaria. People living in rural areas are more likely to be deterred from seeking health care services as a result of travelling long distances – with medical services often concentrated in towns and cities.

One study⁴³ has examined the extent to which Member States' rural development programmes refer to health and nutrition issues and have taken account of the interconnections between agriculture, food, health and nutrition. This involved examining a total of 210 RDPs (92 covering the 2007 to 2013 period and 118 covering the 2014 to 2020 period). Although it found such interconnections were present in the rural policy programming, they varied from one country to another but were relatively constant over time within the same country. Limited attention was given to non-communicable and single diseases. Few programmes focused on Type 2 diabetes and cardiovascular diseases. Differences existed between the two programming periods. The 2007-2013 period had a rural policy that stressed hygiene more than in the following period. The second period focused on risk, disease and disability.

The prevention of foodborne communicable diseases was found to be a priority in RDPs with food safety at the forefront.⁴⁴ However, the combating of NCDs was found to be of more limited importance to regional governments compared to food-related communicable disease prevention. Although the approach of providing healthy and nutritional food by combating NCDs was emerging, it remained less critical. One note of caution emerging from this research study was that:

*... the EU should not underestimate or neglect the risk that financial and economic crises (e.g. volatility of food and food inputs' prices) or environmental phenomena (e.g. climate change, water scarcity and pests and diseases) may have on the European food supply.*⁴⁵

The study concludes by noting the potential contribution that agricultural and rural development policies could potentially make to a preventative approach to food-related diseases, arguing that 'health and nutrition should be included and championed within the wider set of priorities in the CAP's future'. It sees the CAP – including its rural dimension – at the forefront of policies contributing to improved public health. It suggests that the CAP and its RDPs 'should aim for EU food production and consumption that are healthy, nutritious, environmentally and economically sustainable, whilst remaining affordable and diversified'. In short, it is asking that more be done to 'mainstream health considerations' into other areas such as agriculture and rural development policy'.

best practices collected in actions co-funded under the EU health programmes) and the [EU Health Policy Platform](#) are the major tools used to implement this approach.

⁴² Eurostat, [Statistics on rural areas in the EU](#). See also: WHO European Regional Office, [Rural poverty and health systems in the WHO European region](#), Copenhagen, 2010.

⁴³ A. Samoggia et al., '[European rural development policy approaching health issues: An exploration of programming schemes](#)', *International Journal of Environmental Research and Public Health*, Vol. 16, 18 August 2019.

⁴⁴ Following the consequences of the food scandals of the 1990s, Member States have invested in food safety in the RDPs in both programming periods. It can be recalled that 2002 saw the establishment of the [European Food and Safety Authority](#) (EFSA) following a series of food crises in the late 1990s as a source of scientific advice and communication on risks associated with the food chain.

⁴⁵ A. Samoggia, op.cit. p12.

5. European policy context

It is recognised that the EU has a limited set of competences in the area of health.⁴⁶ Article 168 (1) of the Treaty on the Functioning of the EU (TFEU) obliges the EU to ensure a 'high level of human health protection in the definition and implementation of its policies and activities'. This is carried out by fostering cooperation with and support for Member States. EU action on health issues aims to improve public health, prevent diseases and threats to health as well as to promote research. The role played by the main EU institutions in relation to health and agriculture is examined below.

5.1. European Commission

A number of key areas can be identified where the European Commission has worked with Member States to develop actions to promote healthy diets and foods. They cover: food reformulation,⁴⁷ reducing the aggressive online marketing to children of foods high in fat, salt and sugar; public procurement of food; the promotion of fruit and vegetable consumption to promote healthier eating habits in schoolchildren; and consumer information (including labelling). The key strategies and schemes used to implement these actions are summarised in Box 7.⁴⁸

Box 7 – Key strategies and programmes to promote healthy eating

- [EU strategy on nutrition, overweight and obesity-related health issues](#)
- [The health programme](#)
- [Action plan on childhood obesity](#)
- The [EU school fruit, vegetables and milk scheme](#)
- The [EU framework for national initiatives on selected nutrients](#)
- [Farm to fork strategy](#) and [action plan](#)

Source: EPRS adaptation and compilation from European Commission's [response](#), dated 9 April 2019 to a European Parliamentary [question](#) on the Commission's plans to help Europeans improve their diets.

The list includes the school fruit, vegetables and milk scheme, covered in the last section, which has a budget of €250 million per school year, and the EU health programme⁴⁹ with a budget of €449.4 million covering the 2014 to 2020 period. In the case of the EU action plan on childhood obesity, a mid-term evaluation showed that four Member States considered nutrition education at schools to be among the most successful activities in their country to reduce childhood obesity.

Reference can also be made to **the Tartu Call for Healthy Lifestyles** launched in Estonia in 2017. This brought together the health, education and agricultural sectors to address the issue of healthy

⁴⁶ N. Lomba, [The benefit of EU action in health policy: The record to date](#), EPRS, European Parliament, 2019.

⁴⁷ Food reformulation involves changing the nutrient content of a processed food product to either reduce the content of 'negative' nutrients (e.g. trans-fat) or to increase the content of beneficial nutrients (e.g. whole grains). See: European Commission, [Initiatives on Nutrition and Physical Activity](#), 2019; Goryakin, Yevgenly et al., [Special focus: The health and economic impact of food reformulation](#) in OECD, *The Heavy Burden of Obesity: The Economics of Prevention*, 2019.

⁴⁸ Aspects of the actions listed have been examined in the following EPRS in-depth analysis: M. Kiss et al., *Demographic outlook for the European Union 2020*, EPRS, European Parliament, 2020.

⁴⁹ The EU's health programme has four key objectives: (i) to promote health, prevent disease and foster healthy lifestyles; (ii) to protect EU citizens from serious cross-border threats; (iii) to contribute to innovative, efficient and sustainable health systems and (iv) to facilitate access to high quality, safe healthcare for EU citizens.

lifestyles, including healthy eating.⁵⁰ Warning against childhood obesity, unhealthy diets or physical inactivity, the Tartu Call contained 15 commitments bringing together work in a range of fields, such as sport, food, health, innovation and research, to promote healthy lifestyles. Further action to promote healthy eating involved the adoption in April 2019 of Regulation (EU) 2019/649 concerning trans-fat, strictly limiting the amount of industrially produced trans-fat in all foods sold to EU consumers.⁵¹

In its impact assessment accompanying the legislative proposals for the CAP post 2020 published on 1 June 2018,⁵² the Commission refers to the need for a higher level of environmental and climate ambition and the need to address citizens' expectations for their health, the environment and climate. In its analysis of the main challenges facing EU agriculture,⁵³ the Commission recognises the impact on human health of ammonia – an issue it also picked up in its consideration of the broad policy objectives that link the CAP to other policies. In addressing societal expectations about food and health, in terms of the architecture of CAP objectives, it is recognised that a strong EU-wide dimension needs to be combined with more subsidiarity in areas such as food quality, public health and nutrition.

As part of the European Green Deal communication adopted on 11 December 2019, the European Commission announced a **Farm to Fork strategy** aimed at designing a fair, healthy and environmentally friendly food system. This was subsequently published by the Commission on 20 May 2020 in the form of a communication: 'A Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system'.⁵⁴ A draft action plan setting out 27 legislative and non-legislative measures was included in an annex to the communication. A priority of the new strategy will be to help consumers choose healthy and sustainable diets, as well as to reduce food waste. The Commission's Farm to Fork strategy highlights how current food consumption habits are unsustainable from both health and environmental perspectives. Drawing on the findings of the EAT-Lancet Commission, it acknowledges how moving to 'a more plant-based diet with less red and processed meat and with more fruits and vegetables will reduce not only risks of life-threatening diseases but also environmental impact of the food system'. The Commission's Joint Research Council estimates that in the EU in 2017, over 950 000 deaths (one out of five) and over 16 million lost healthy life years were attributable to unhealthy diets, mainly cardiovascular diseases and cancers'.⁵⁵ On 13 October 2020, the Commission published an evaluation report examining the EU's agricultural promotion policy.⁵⁶ This found that there was no major inconsistency between EU agricultural promotion policy and other EU health policies. That said, it noted how the extent of this

⁵⁰ Three Commissioners signed the [Tartu Call for Healthy Lifestyles](#), namely the Commissioner for Education, Culture, Youth and Sport, the Commissioner for Health and Food Safety and the Commissioner for Agriculture and Rural Development.

⁵¹ Food producers must comply with that regulation by 2 April 2021. See: [Commission Regulation \(EU\) 2019/649](#) of 24 April 2019 amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans-fat, other than trans-fat naturally occurring in fat of animal origin, OJ L 110, 25.4.2019, p. 17.

⁵² European Commission, [Commission staff working document impact assessment](#). SWD (2018) 301 final, 1 June 2018.

⁵³ European Commission, Modernising and Simplifying the CAP: [Background document](#), Climate and environmental challenges facing agriculture and rural areas, Directorate-General for Agriculture and Rural Development, December 2017.

⁵⁴ European Commission., [A Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system](#), COM(2020) 381 final, Brussels 20 May 2020. See also the [Annex](#) containing draft action plan.

⁵⁵ EU science Hub: <https://ec.europa.eu/jrc/en/health-knowledge-gateway/societal-impacts/burden>.

⁵⁶ European Commission, [Evaluation support study of the EU agricultural promotion policy-internal and third country markets](#). Final report, 13 October 2020.

coherence depended on the product promoted and how it had been questioned by some in recent debates on alcohol and meat consumption.

On 29 May 2020, the Commission announced a new **EU4 Health Programme** – a stand-alone programme with a significantly increased budget of €9.4 billion – 23 times larger than the current programme.⁵⁷ It has been described as a 'paradigm shift' in the way health is viewed in the EU and the need to give a higher priority to health, in light of the impact of coronavirus.

5.2. Council of the EU

Both the Council and the European Parliament enact EU legislation in the health field.⁵⁸ The Council can also address recommendations on public health to EU countries. An EPRS in-depth analysis 'Addressing health inequalities in the EU'⁵⁹ has explained how a number of EU presidencies have addressed issues linked to the social determinants of health and health inequalities. Examples include the June 2017 Council conclusions on halting the rise in childhood overweight and obesity, as well as the 2018 conclusions on healthy nutrition for children. Recent years have also seen various Council conclusions on food reformulation,⁶⁰ childhood obesity⁶¹ and healthy nutrition for children.⁶² In 2018, nutrition was selected by the Steering Group on Promotion and Prevention⁶³ as a priority area for implementation.

Following the presentation of the Commission's communication on the European Green Deal published on 11 December 2019, the Agriculture and Fisheries Council debated the Commission's proposals on 27 January 2020. Subsequent meetings will include discussions on the proposed 'Farm to Fork' strategy on sustainable food along the whole value chain.

5.3. European Parliament

An earlier EPRS study⁶⁴ undertaken at the request of the coordinators of the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) on the benefits of EU action in health policy noted that as a decision-making body, the European Parliament has the capacity to shape European health policies. The European Parliament has consistently promoted the establishment of a coherent public health policy.⁶⁵ It has sought to strengthen and promote health policy through opinions, studies and its debates. It is envisaged that the European Green Deal

⁵⁷ Remarks by Health and Food Safety Commissioner Stella Kyriakides on Covid-19, the EU4Health programme and the Farm to Fork strategy at the European Parliament, 28 May 2020. See Ms Kyriakides' [speech](#).

⁵⁸ N. Lomba, op. cit.

⁵⁹ N. Scholz, [Addressing health inequalities in the European Union](#), EPRS, European Parliament, 2020.

⁶⁰ [Council conclusions on food product improvement](#), Official Journal of the European Union 2016 /c269/04, 23 July 2016.

⁶¹ Council of the European Union, [Council conclusions to contribute towards halting the rise in childhood overweight and obesity](#), C205/46 Official Journal of the European Union, 29 June 2017.

⁶² Council of the European Union, Council conclusions: [Healthy nutrition for children: the healthy future of Europe](#), C232/01, Brussels, 3 July 2018.

⁶³ [Steering Group](#) on Health Promotion, Disease Prevention and Management of non-communicable diseases.

⁶⁴ N. Lomba, [The benefit of EU action in health policy: The record to date](#), EPRS, European Parliament, 2019.

⁶⁵ [Public Health](#), Factsheet, European Parliament, 2018.

package⁶⁶ will have a direct or indirect impact on health, especially efforts aimed at achieving the sustainability of the food chain and climate neutrality.⁶⁷

Using their power of scrutiny, Members of the European Parliament have posed a wide range of questions to the Commission on aspects of health, nutrition and agriculture, both in the last Parliamentary term and in the current Parliamentary term. Issues covered have included: the Commission's plans to help Europeans to improve their diets;⁶⁸ the importance of educating young people in healthy diets;⁶⁹ food labelling;⁷⁰ the low consumption of vegetables in Romania;⁷¹ measures to support healthy foods;⁷² the link between the climate emergency and meat consumption (covering the possibilities of a dietary shift to a plant-based diet);⁷³ and the efforts being made by the Commission to launch a sustainable food policy to tackle 'agricultural, environmental, climate and societal issues in a more holistic manner'.⁷⁴ The issue of whether projects under the EU's promotion policy for agri-food products are checked for their potential impact on the health of EU citizens, the environment and climate has been raised in a Parliamentary question.⁷⁵ In response, the Commission explained there was no specific requirement to assess proposed promotion projects for agri-food products in this way.

Other questions have been raised over the steps that will be taken to ensure that the proposed national CAP strategic plans fully reflect the ambitions of the European Green Deal⁷⁶ and how the Commission will coordinate the timing of the announcement of the new strategies in 2021 and the public consultation currently taking place in Member States on such plans. These questions highlight fundamental concerns over the assessment of the new CAP strategic plans that Member States will draw up. The Commission's most recent analysis of the links between CAP reform and the Green Deal indicates that the current proposals for CAP strategic plans ask Member States to 'improve the response of EU agriculture to societal demands on food and health, including safe, nutritious and sustainable food ...'.⁷⁷ Member States will need to be able to demonstrate how this CAP objective in respect of food and health is being addressed. The legislative proposals for the CAP strategic plans have been the subject of debate and votes during the October II plenary session. It is expected that negotiations with the Council will begin rapidly.

⁶⁶ COM(2019) 640

⁶⁷ European Parliament 2018 op. cit.

⁶⁸ Parliamentary Question for written answer E-000343-19: [Promoting Healthier food](#), 23 January 2019.

⁶⁹ Parliamentary Question for written answer E-001580-19; [Importance of educating young people in healthy eating](#), 1 April 2019.

⁷⁰ Parliamentary Question for written answer E-000270/2020; [Eat ORIGINAL! Unmask your food](#), 17 January 2020.

⁷¹ Parliamentary Question for written answer E-003730/2019; [Romanians – lowest consumers of vegetables in Europe](#), 7 November 2019.

⁷² Priority Question for written answer P-004461/2019; [What measures does the Commission propose in order to support healthy foods?](#), 18 December 2019.

⁷³ Parliamentary Question for written answer E-003866/2019; [Climate emergency and meat consumption](#), 19 November 2019. (In answer to this question, the Commission indicated that over the period 2016 to 2019, its campaigns to promote fruit and vegetables took a more significant share of its promotion budget than in the case of meat).

⁷⁴ Parliamentary Question for written answer E-003866/2019; [Healthier food policy](#), 12 September 2019.

⁷⁵ Parliamentary Question for written answer E-001577/2020; [Assessment of EU funded projects](#), 12 March 2020.

⁷⁶ Parliamentary Question for written answer E-004515/2019; [European Green deal and Coordination with National Strategic Plans](#), 18 December 2019.

⁷⁷ See Article 6(1)i) of the [draft regulation](#) establishing rules for CAP strategic plans (COM(2018) 392/3, quoted in: European Commission, [Analysis of links between CAP reform and Green Deal](#), Commission staff working document (2020) 93 final, Brussels, 20 May 2020.

5.4. Advisory committees

The links between agriculture, nutrition and health have been considered in the work and opinions of both the European Economic and Social Committee (EESC) and the European Committee of the Regions (CoR). The EESC adopted an opinion on 'Civil society's contribution to the development of a comprehensive food policy in the EU' in December 2017.⁷⁸ This called for the development of a comprehensive food policy in the EU with the aim of providing healthy diets from sustainable food systems, linking agriculture to nutrition and ecosystem services and securing supply chains that safeguard public health for all sections of European society. The opinion reiterates that a comprehensive food policy should be complementary to and not replace a reshaped CAP. Recognising the interdependence of food production and consumption, it recommended the adoption of a comprehensive food policy extending beyond agriculture and targeting a sustainable, resilient, healthy, fair and climate-friendly food system. An earlier exploratory opinion,⁷⁹ requested by the Dutch Presidency in 2016, had called for the EU to transition towards sustainable food systems through the adoption of a comprehensive food policy, integrated with a broad-based bio-economy strategy.

In February 2019, the EESC called for new sustainable dietary guidelines – which it sees as essential in order to achieve the UN's SDGs and the Paris Agreement on climate change.⁸⁰ Recognising the links between the impacts of diets on health, the environment and the economy and society as a whole, it proposed the creation of an expert group to develop sustainable dietary guidelines. As part of its ongoing consideration of the Farm to Fork strategy, the EESC has indicated that it should contain coherent and mutually-reinforcing policy measures to ensure transition towards sustainable food systems in the EU and beyond.⁸¹ It should ensure coherence across food-related policy areas such as, for example, agriculture, trade and the environment, development, education, and food safety.

The CoR adopted an opinion in 2017 'Towards a sustainable EU food policy'⁸² that pointed to the need to develop an EU food policy addressing food production and nutrition in a comprehensive manner. In July 2018, the CoR adopted an opinion on local and regional incentives to promote healthy and sustainable diets.⁸³ This noted many of the points already made in this briefing such as the key role of the EU in health and consumer protection and the support it gives to Member State policies in promoting healthy and sustainable food choices. In relation to agriculture, this opinion noted the importance of ensuring healthy and fertile soil, the need to support young farmers, including schemes such as community-supported agriculture (CSA) and to support farmers working with high-quality farm products and foodstuffs. Welcoming the efforts of local authorities to support alternative food networks, it advocates the development of food networks, including farmers' markets where local producers can offer consumers healthy, high quality food directly at reasonable prices.

⁷⁸ EESC own-initiative opinion, [Civil society's contribution to the development of a comprehensive food policy in the EU](#), 6 December 2017.

⁷⁹ [More sustainable food systems](#), 25 May 2016.

⁸⁰ EESC own-initiative opinion, [Promoting healthy and sustainable diets in the EU](#), 20 February 2019.

⁸¹ EESC draft opinion, [From Farm to Fork' a sustainable food strategy](#), Rapporteur: Peter Schmidt (Workers - Group II / Germany), planned for the September 2020 plenary session.

⁸² CoR opinion factsheet, [Towards a sustainable food policy](#), CDR 3170/2016, 22 March 2017.

⁸³ CoR opinion factsheet, [Local and regional incentives to promote healthy and sustainable diets](#), CDR 435/2018, 4 July 2018.

The CoR has also been considering the Commission's Farm to Fork strategy, publishing a working document⁸⁴ for a meeting of the Commission for Natural Resources (NAT) on 5 March 2020.⁸⁵ Reiterating many of the above points, it calls for ambitious legislation to reduce emissions in agriculture, limiting the use of pesticides and antibiotics in intensive agriculture and livestock farming. It also wishes to see support given to sustainable farming through instruments such as the European Social Fund Plus, geared towards training/placements for young farmers.

6. European policy context

6.1. Coronavirus pandemic

The Food and Agricultural Organization (FAO) has identified several ways in which coronavirus can impact on the food supply chain.⁸⁶ These include supply bottlenecks such as the closure of factories as well as changes in demand, consumption patterns, and disruptions to supply chain networks resulting in reduced access to agricultural inputs and labour shortages. A range of concerns have been highlighted by established stakeholder bodies such as Copa-Cogeca and FoodDrinkEurope over, for example: the capacity of facilities to collect, transfer and process certain raw material commodities, such as milk; and working conditions in the agricultural sector, including the impact of the crisis on the movement of seasonal workers. Box 8 summarises the measures that have been adopted by the European Commission to alleviate the impact of the pandemic.

Box 8 – EU Covid-19 measures for the agri-food sector

Since the outbreak of the coronavirus pandemic, the European Commission has launched a number of initiatives to help countries fight the virus and to mitigate its impact. These have included three urgent legislative proposals on funding and relief measures, one of which includes support for SMEs and short-term work measures. The support measures relevant to the EU agri-food supply chain cover:

- action to preserve the food supply chain through the use of fast track 'green lane' border crossings and by allowing workers in critical occupations (including seasonal farm workers) to reach their workplaces;
- changes to CAP rules to give farmers and rural development beneficiaries more time to apply for the receipt of EU subsidies; increased advances on CAP payments for 2020;
- a reduction in the spot checks for CAP aid;
- more flexibility and simplification in the use of the European Agricultural Fund for Rural Development (EAFRD);
- a package of measures in favour of those agricultural markets most severely hit;
- a programme of EIB loans for investing in the agricultural and bio economy sectors.

Source: R. Rossi, [Protecting the EU agri-food supply chain in the face of Covid-19](#) and [Coronavirus crisis support for EU farmers](#), EPRS, European Parliament, 2020.

⁸⁴ CoR working document, [From Farm to Fork the local and regional dimension](#), CDR 594/2020.

⁸⁵ [Second meeting](#) of the NAT Commission, 5 March 2020.

⁸⁶ See Food and Agriculture Organization of the United Nations, [Novel Coronavirus](#) (COVID-19); R. Rossi, [Protecting the agri-food supply chains in the face of Covid-19](#), EPRS, European Parliament, April 2020; R. Rossi, [Coronavirus crisis support for EU farmers](#), EPRS, European Parliament, April 2020; European Parliament, [Assessing potential effects on agrifood systems](#), Research for AGRI News: COVID-19 Special edition, 29 April 2020.

6.2. Conclusions

The coronavirus crisis has highlighted how a health crisis on such a scale can impact on not just agriculture but the entire economy, at both European and global levels. It has demonstrated how the most vulnerable in society may be further disadvantaged and how black and ethnic minority groups have been affected. One commentary⁸⁷ has explained how it has demonstrated the link between health and its role in sustainable prosperity. The commentary further explains how the crisis highlights the need to enhance efforts to improve the overall health of the European population. It sets out the case for prioritising and integrating health promotion and disease prevention in policy-making. It adds the warning '... if policy-makers fail to take comprehensive measures to create a better healthier society, the unwanted long-term impacts of the pandemic will only worsen'.

Earlier in this analysis, evidence was provided on the rising number of overweight people and the growing nutritional deficiencies in EU countries. Observations from the study 'Demographic outlook for the European Union 2020', published by EPRS in March 2020, showed that even if improving food quality and healthier eating habits lead to higher life expectancy the EU has still to tackle the harmful consequences and prevent the causes of diet-related chronic conditions such as obesity, diabetes and cardiovascular disease. Statistics from the Global Burden of Disease (GBD) study undertaken in 2017 suggest that over 91 % of deaths and almost 87 % of disability adjusted life years (DALYS) in the EU in 2017 are the result of non-communicable diseases.⁸⁸ (The largest burden in terms of both deaths and DALYs is from cardiovascular diseases and neoplasms).⁸⁹ In addition, over 950 000 deaths and over 16 million DALYs are attributable by the GBD study to dietary risks due to unhealthy diets. In light of these statistics, the role played by diet and nutrition becomes important. As demonstrated in the North Karelia project outlined in the early part of this briefing, agriculture and the agri-food system have a role to play in efforts to address such challenges and in ensuring access to healthy foods.

Experience of the coronavirus pandemic according to the WHO⁹⁰ has shown that although all age groups are at risk of contracting Covid-19, older people face significant risk of developing severe illnesses if they contract the disease, due to physiological changes that come with ageing and potential underlying health conditions. It has stressed that this is an important observation for the European Region, as of the 30 WHO Member States with the largest percentage of older people, all but one (Japan) are European countries, the countries most affected by the pandemic among them. Moreover, the WHO Europe reports that over 95 % of deaths have occurred in those older than 60 with more than 50 % of all fatalities involving people aged 80 or over. (Press reports indicate that 8 out of 10 deaths are occurring in those who have at least one comorbidity, in particular those with

⁸⁷ A. Hedberg, [Could the coronavirus change the way we think about health?](#), Commentary, European Policy centre, 3 April 2020.

⁸⁸ See website: [EU burden from non-communicable diseases and key risk factors](#), Health Promotion and Disease Prevention Knowledge Gateway, European Commission. The GBD [study](#) was undertaken by the WHO and the Institute for Health, Metrics and Evaluation (IHME).

⁸⁹ DALY stands for disability-adjusted life year, which is a measure of years of healthy life lost. DALYs are estimated from the sum of years due to premature death and years lived with disability. Note: the five major NCDs are: diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders).

⁹⁰ WHO Europe, [Supporting older people during the COVID-19 pandemic is everyone's business](#). See also: [Statement: 'Older people are at highest risk from COVID-19, but all must act to prevent community spread'](#), Dr Hans Henri P. Kluge, WHO Regional Director for Europe, Copenhagen, Denmark, 2 April 2020.

cardiovascular disease, hypertension and diabetes but also those with one of a range of other chronic underlying conditions).

The commentary⁹¹ from the European Policy Centre in response to the pandemic, quoted earlier, makes the point that the state of health of EU citizens should be a serious point of reflection for policy-makers. In addition to preventing the further spread of coronavirus, it suggests that both the EU and Member State authorities should strive to improve people's overall health. This would involve taking account of unhealthy diets and the other risk factors associated with NCDs. As part of a greater effort to inject health considerations into all policies in order to achieve healthier policies, it calls on the Commission as part of its Farm to Fork strategy to stop subsidising the production and consumption of agricultural products that are harmful to people's health. It points to the promotion of 'healthy plant-based diets', which it considers to be instrumental in protecting people against preventable diseases, and in helping efforts to reduce emissions from agriculture (i.e. livestock) as well as other sectors such as transport, power and industrial plants permanently.

6.3. Outlook

Looking to the future, the outbreak of the coronavirus pandemic has already impacted on the legislative process relating to the Commission's proposals on the post 2020 CAP.⁹² In addition, the CAP reform process is linked to the approval of the 2021-2027 multi-annual financial framework (MFF). The European Green Deal announced in the Commission's communication on 11 December 2019⁹³ sets out the EU's new sustainable growth strategy. Presenting an initial roadmap of the key policies and measures involving all EU actions and policies, reference is made to how essential it is to increase the value of protecting natural ecosystems, sustainable use of resources and to improving **human health**. These are the areas where it considers that transformational change will be needed. The Farm to Fork initiative constitutes a key strategy towards designing a fair, healthy and environmentally friendly food system strategy. It will strive to stimulate sustainable food consumption and promotion of affordable, healthy food for all. It includes proposals to help consumers choose healthy and sustainable diets, ensuring consumers have better information and details as to where food comes from, its nutritional value and its environmental footprint.

For many, the experience of the coronavirus pandemic has highlighted the importance of public health, given the implications it has had for both EU and Member State institutions responding to the crisis. Before the crisis, in December 2019, in an open letter addressed to the European Commission Vice-President Frans Timmermans⁹⁴ a number of external civil society organisations expressed their concern that the European Green Deal did not reflect 'urgent, systemic changes needed in our food system nor ... the concrete commitments to drive a fundamental transition'. Whilst welcoming the 'Farm to Fork' strategy, the letter highlighted seven key policy areas the Farm to Fork strategy should focus on, one of which included action to drive a transition to 'sustainable, healthy diets by creating enabling food environments'. (A range of actions were included under this heading, such as supporting community initiatives that empower people experiencing socio-economic disadvantages to move towards healthy, sustainable consumption). In a subsequent

⁹¹ See A. Hedberg, *op.cit.*

⁹² See G. Erbach, [Impact of the coronavirus on climate action and the European Green Deal](#), EPRS, European Parliament, April 2020.

⁹³ See [COM\(2019\) 640 final](#).

⁹⁴ Civil Society Organisations' [open letter](#) on the Farm to Fork strategy to achieve sustainable food systems, Brussels, 12 December 2019.

letter,⁹⁵ on 15 April 2020, the civil society organisations highlighted how the coronavirus pandemic has brought to light the difficulties facing the current global food system. In relation to health, they pointed to the reduced resilience of people with pre-existing health conditions, including diet related issues, to cope with the infection. They also highlighted the link between the increased emergence of zoonoses and intensive animal farming.

In light of the experience and lessons to be derived from the coronavirus experience, growing calls for a reinforced health dimension in both EU and national food and agricultural policies can be expected. This has implications for the preparation and content of the CAP national strategic plans by Member States and especially for the way they will address each of the nine CAP objectives, in particular the one relating to improving: '... the response of EU agriculture to societal demands on food and health, including safe, nutritious and sustainable food, food waste as well as animal welfare'. That said, the reform of the CAP itself may not be by itself sufficient to bring about the necessary improvements in public health without the involvement of and collaboration with the food industry – especially given the power which the latter has in terms of influencing the diet and nutrition of EU consumers.

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⁹⁵ Civil Society Organisations' [open letter](#) on the importance and urgency of publishing the Farm to Fork strategy: No further delays, keep April 2020, 14 April 2020.

This paper examines the links between agriculture and health in the EU. Following an explanation of the links between agriculture, nutrition and diet, a chronology of some of the key studies and developments in this field is provided. This begins with an examination of efforts in the early 1970s to address high rates of cardiovascular disease before moving onto more recent assessments of the role of the EU's common agricultural policy in relation to nutrition-related public health matters, and the extent to which the policy has influenced current dietary patterns. A brief overview is provided of the health status of EU citizens, including some key features and trends in EU health, diets and nutrition.

The paper also takes account of the impact of the coronavirus pandemic, including its implications for health considerations across all policies. Drawing on the range of studies and commentaries consulted, the paper concludes with a number of ways in which agriculture and agricultural policies can address or have an impact on the EU's public health challenges.

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