Leveraging European Agricultural Policies to Deliver Public Health Nutrition: The Emergent Role of Interest Groups

A Dissertation submitted in partial satisfaction of the requirements for the degree:

Master of Science in Food Policy

By Benjamin Keeley

Tutor:
Dr. David Barling

City University London
School of Community and Health Sciences
July 2011
Acknowledgements

I am immensely grateful to all those individuals that have helped to enrich the content of this dissertation, in particular to my tutor, David Barling for his continued expert support and guidance, especially in the early stages of this project.

I would like to express my sincere gratitude to Tim Lang for introducing me to key public health figureheads and for his stimulating, inspiring and though-provoking talks in Brussels.

My heartfelt appreciation goes to those individuals that have helped nourish me with their knowledge and insight throughout this research process. I am therefore indebted to Robert Pederson, Robin Ireland, Tim Marsh, Christopher Birt, Modi Mwatsama and Suzanne Løngstrup.

Finally, I would like to extend my gratitude to the European Public Health and Agriculture Consortium and also the Agricultural and Rural Convention for allowing me the rewarding opportunity to attend and participate in various policy debates and conferences within Brussels. These were enriching experiences and provided an on-going source of inspiration and encouragement, which have helped to shape and redefine this research.
Table of Contents

Title Page ........................................................................................................................................... 1
Acknowledgements ............................................................................................................................... 2
Contents Page ......................................................................................................................................... 3
Abbreviations .......................................................................................................................................... 4
List of Figures .......................................................................................................................................... 5
List of Appendices .................................................................................................................................. 5
Abstract .................................................................................................................................................. 6-7

Chapter One – Introduction ..................................................................................................................... 8-10

Chapter Two – Methodology .................................................................................................................... 11-14
  Research Methods and Conceptual Framework ................................................................................... 11
  Research Strategy .................................................................................................................................. 11
  Data Collection ...................................................................................................................................... 13
  Limitations and Potential Problems ...................................................................................................... 14

Chapter Three – The Evolution of European Agricultural Policies in Relation to Health ......................... 15-24
  The CAP and its Subsequent Reforms .................................................................................................. 15
  The CAP Towards 2020 Reform Process ............................................................................................. 19
  The Various Targeted Schemes ............................................................................................................ 21
  Concluding Remarks ............................................................................................................................ 23

Chapter Four – The Art and Process of Lobbying the EU Arenas ............................................................. 25-32
  The EU Arenas and the Relationships With Lobbyists ....................................................................... 25
  Lobbying in the EU Policy-Making Process .......................................................................................... 29

Chapter Five – Public Health Interest Groups and Their Narrative Deployed ........................................... 33-41
  Interest Representation ....................................................................................................................... 33
  The Narrative Adopted ....................................................................................................................... 34
  Conclusions ......................................................................................................................................... 40

Chapter Six – Analysis of the Degree of Realisation ................................................................................ 42-50
  Decoupling of Production .................................................................................................................... 42
  Targeted Schemes .................................................................................................................................. 44
  ‘Public Goods’ Values Health ................................................................................................................ 46

Chapter Seven – Discussion and Conclusions ......................................................................................... 51-57
  Appendix 1 .......................................................................................................................................... 58-59
  Appendix 2 .......................................................................................................................................... 60-61
  References .......................................................................................................................................... 62-74
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACROYNM</td>
<td>Association of Accredited Lobbyists to the European Union</td>
</tr>
<tr>
<td>AALEP</td>
<td>Agriculture and Rural Development of the Commission (Dacian Ciolos – January 2010)</td>
</tr>
<tr>
<td>AGRI</td>
<td>Agriculture and Rural Development Committee (of the EP)</td>
</tr>
<tr>
<td>ARDC</td>
<td>Agriculture and Rural Development Committee (of the EP)</td>
</tr>
<tr>
<td>BEUC</td>
<td>Bureau of European Consumers Unions</td>
</tr>
<tr>
<td>CAP</td>
<td>Common Agricultural Policy</td>
</tr>
<tr>
<td>CHD</td>
<td>Coronary Heart Disease</td>
</tr>
<tr>
<td>Commission</td>
<td>Commission of the European Community (also EC)</td>
</tr>
<tr>
<td>COREPER</td>
<td>Committee of Permanent Representatives (Council of Ministers)</td>
</tr>
<tr>
<td>COREPER</td>
<td>Committee of Permanent Representatives</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardio-vascular Disease</td>
</tr>
<tr>
<td>DALY</td>
<td>Diet Adjusted Life Year</td>
</tr>
<tr>
<td>DG</td>
<td>Directorate-General</td>
</tr>
<tr>
<td>ECC</td>
<td>European Economic Community</td>
</tr>
<tr>
<td>ECJ</td>
<td>European Court of Justice</td>
</tr>
<tr>
<td>EEB</td>
<td>European Environmental Bureau</td>
</tr>
<tr>
<td>EESC</td>
<td>European Economic Social Committee</td>
</tr>
<tr>
<td>EHN</td>
<td>European Heart Network</td>
</tr>
<tr>
<td>EP</td>
<td>European Parliament</td>
</tr>
<tr>
<td>EPHA</td>
<td>European Public Health Alliance</td>
</tr>
<tr>
<td>EPHAC</td>
<td>European Public Health Agriculture Consortium</td>
</tr>
<tr>
<td>EPHF</td>
<td>European Public Health Forum</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>HoM</td>
<td>Heart of Mersey</td>
</tr>
<tr>
<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
</tr>
<tr>
<td>MEP</td>
<td>Member of the European Parliament</td>
</tr>
<tr>
<td>MPD</td>
<td>EU Most Deprived Persons Scheme</td>
</tr>
<tr>
<td>MS</td>
<td>Member State</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute of Clinical Excellence</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NHF</td>
<td>National Heart Forum</td>
</tr>
<tr>
<td>NWHBO</td>
<td>North West Health Brussels Office</td>
</tr>
<tr>
<td>PO's</td>
<td>Producer Organisations</td>
</tr>
<tr>
<td>QUANGO</td>
<td>Quasi-Autonomous Non-Governmental Organisation</td>
</tr>
<tr>
<td>SANCO</td>
<td>Health and Consumer Protection of the Commission (John Dallis)</td>
</tr>
<tr>
<td>SFA</td>
<td>Saturated Fatty Acids</td>
</tr>
<tr>
<td>SFP</td>
<td>Single Farm Payment</td>
</tr>
<tr>
<td>SFS</td>
<td>EU School Fruit Scheme</td>
</tr>
<tr>
<td>SMSS</td>
<td>EU School Milk Subsidy Scheme</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WTO</td>
<td>World Trade Organisation</td>
</tr>
</tbody>
</table>
List of Figures

Figure 1 - Historical Development of the CAP ................................................................. 16

Figure 2 – The Evolution of the CAP by payments .......................................................... 17

Figure 3 – Map of payments with the two pillars - showing modulation .......................... 18

Figure 4 - Lobbying in the EU ....................................................................................... 26

Figure 5 - The institutions and relationship to interest groups ...................................... 26

Figure 6 - The EU Policy-Making Process demonstrating lobbyist’s action at different stages of legislative approvals ................................................................. 31

Figure 7 – The key interest groups (that have shown concern for public health nutrition) in relation to the EU institutions involved in CAP reform ........................................ 34

Figure 8 – Inputs and Outputs of the EU food Sector ...................................................... 37

List of Appendices

Appendix 1 – Actors that have responded to the Commission consultation document and concerned for public health nutrition ............................................................... 58-59

Appendix 2 – An evolutionary perspective of the narrative used to make the arguments for public health intervention at the upstream level ............................................. 60-61
Abstract

Health should be at the core of all policies. Population health is vitally important for Member States (MS), yet, although once a core objective, a strong argument can be made that European policy-makers have forgotten health in agricultural policy. The premise of this research is that it has taken health lobbyists to remind policy makers of its importance.

This research explores why and how this re-emergence has occurred. It therefore considers the emergent role of public health lobbyists; identifying who is appearing in the debates, what narrative is deployed, and whether their arguments are influencing European agricultural policies, including the Common Agricultural Policy (CAP). It identifies the successes and failures of public health interest groups over the last decade, quantifying the extent to which their arguments are realised in the European Union (EU) policy-making process, and assesses the space that is emerging for public health.

The assumption that agricultural policies can be used to internalise the health externalities of diet-related ill-health and improve public health nutrition forms the foundation of the arguments deployed by the public health lobby. In the context that current supply outputs are generating widespread chronic ill-health, this paper takes the argument that if consumption problems of food - such as excessive intake of Saturated Fatty Acids (SFA) or under-consumption of vitamins and minerals - are to be addressed, then it must be met at the production and primary processing stages. To illustrate this, and to see how it is being addressed, this research looks at the emergence of the public health dimension in the reforms of European agricultural policies through interest groups.

This research identified that public health has had some gains in framing policy discourse to inject health in European agricultural policies, but this progress has been incremental and not solely attributable to the influence of public health interest groups. Although the nutritional issues have remained off the agricultural agenda with the Directorate General (DG) for Agriculture and Rural Development (AGRI) demonstrating reluctance to formally accept the public health nutrition implications of CAP policies, some recent evidence from EU policy documents and conference proceedings suggest there is a tacit re-emergence that public health ought to be an objective of agricultural policy. These developments have been accompanied by an increasingly vocal lobby that has changed and adapted its narrative and
lobbying strategy to become a constructive partner to the EU arenas and massage the framing of policies. Although agricultural policy-makers are beginning to realise the arguments for upstream health intervention - as evidenced from the introduction and re-enforcement of various public procurement schemes - agriculture has yet to take responsibility for health. Finally, the future trajectory of the CAP is likely to encompass a health remit, but the gradual nature of the reform process suggests interest groups should not expect the explicit goal of agriculture to engender health any time soon.
Chapter One - Introduction

This research will investigate the emergent role of interest groups and their lobbying efforts to embed public health nutrition in the design and implementation of agricultural policies within Europe. It will identify who is appearing in the debates, how these lobbyists are inserting themselves to influence the EU policy-making process, and how far their narrative has been accepted by the European institutions.

The research will map the evolution - or the gradual re-emergence - of a public health nutrition narrative in reforming agricultural policy. It will realise the extent to which public health nutrition is an emerging issue on the agenda, and how it’s being articulated in current reforms of the CAP. To achieve this, it will provide an overview of the development of the CAP and explore the evolution of the public health narrative as deployed by the public health lobby. Analysis will identify the successes and failures of the public health dimension to be incorporated in the reform process. It will recognise the changing narrative that has been adopted by the public health lobby to influence the direction of the CAP reforms and the extent to which the public health dimension is realised in the EU policy-making cycle as a feasible upstream health intervention strategy.

To understand the linkages between agricultural and health policies, this dissertation will depict the food chain as linear and divided into three broad stages; upstream (primary food production and processing stages), midstream (second stage processing) and downstream (food retail and consumption). This supply chain metaphor adopted from Barling (2007, p.287) provides a necessary linear perspective for intervention. In relation to upstream public health nutrition intervention, Caraher & Coveney (2003) note the lack of policy addressing structural issues such as corporate concentration. This dissertation will focus on upstream intervention in relation to the availability and price of food produced.

Once the origins and subsequent reforms of the CAP have been explored and the EU policy-making process identified, this research will seek to address two key questions. Firstly, who is lobbying for public health to be embedded in European agricultural policies, how are the arguments being framed and what discourse is being adopted? Secondly, from an evolutionary perspective of the CAP, to what degree is the public health nutrition narrative realised in upstream intervention policies at a European level?
Current outputs of food supply chains are generating widespread public health issues of obesity and diet-related Non-Communicable Diseases (NCD’s), such as, Cardio-Vascular Disease (CVD), cancer and type II diabetes (WHO, 2003a; EHN, 2005). In Europe, it has been estimated that these chronic diseases are responsible for 52% of all deaths (EHN, 2008). Attributable to the prevalence of NCD, are enormous social and economic costs - 17% of all Disability Adjusted Life Years (DALYs) lost are due to CVD and after neuropsychiatric disorders, this represents the largest single cause of morbidity (WHO, 2004; EHN, 2005). Overall, costing the EU economy €192bn in 2007 (EHN, 2008; WHO, 2004).

Diet is one of the major modifiable determinants in promoting or preventing chronic disease (Lock, 2004; Lloyd-Williams et al, 2008; EPHAC, 2010a), and agricultural products have a major influence on the disease risk factors (Schafler Elinder et al, 2006: p.94). Although difficult to establish attribution along the supply chain (Cawley et al, 1994), partly because of the lack of research (IFRI, 2011a) that encompasses a systemic analysis (whole supply chain perspective) (Fine, 1998), it is recognised that European agricultural policies have had a detrimental impact on nutritional health across Europe (Lloyd-Williams et al, 2008; NICE, 2010; Schafer Elinder, 2004: p.13; DND Policy Group, 2008).

Public health intervention strategy within Europe – acknowledging MS variances - has tended to favour a downstream approach, focusing on labelling, health promotion and educational campaigns (Barling, 2007). The Commission has embarked on policy deliberations around how to tackle obesity by favouring co-operation with the food industry ‘framing voluntary responsible behaviour’ (DG SANCO, 2004: p.7). Little attempt has been made to intervene upstream, to influence nutritional quality and the structural determinants of food choice, including; availability, accessibility and price (Caraher & Coveney, 2003).

The approaching CAP reform process offers the public health community a policy window to shift public health intervention strategy towards the primary food production and processing stages, influencing the supply-side through production incentives (agricultural subsidies) (Schafer Elinder, 2004: p.13). This dissertation will attempt to question how far this idea is being articulated, the extent it is realised in the current debates around CAP reform, and to what degree it is becoming policy? It will identify the space that is emerging for the public health debate in the reforms of the CAP.
Although several analyses of the options for the CAP and in particular, the overwhelming influence of farm lobbyists have appeared, there has been limited synthesis on the role of the public health lobby in influencing debates around agricultural policy. The aim of this paper is to synthesise the evolving narrative of interest groups concerned for public health nutrition in the design and implementation of European agricultural policies. It will evaluate the extent to which interest groups have lobbied to inject the explicit goal of public health nutrition in upstream policies in the context of the gradual evolution of the CAP.

This dissertation is organised as follows. Chapter two provides the methodology. Chapter three puts the reform of the CAP in context, referring to the founding principles, its subsequent policy developments and the various actors involved in its evolution. It does this by providing an overview of the gradual reform of the CAP toward decoupling production, highlighting the various public procurement schemes that have emerged. Chapter four examines the institutional structures and evolving institutional context for which interest groups operate. It provides insight on how lobbyists influence policy in relation to the EU policy-making process. Chapter five demonstrates the interest groups that are involved in the reform process of the CAP; in particular, it documents the public health lobbyists and how well they are engaged. It highlights the narrative adopted by those dedicated to keeping health on the European agricultural agenda. This serves the basis for chapter six, which provides discussion and analysis on the presence and narrative adopted by the public health lobby in the design and implementation of upstream intervention strategies. With reference to evidence, the chapter evaluates how well the public health lobby per se are involved in the debates, questions the extent to which the arguments are realised by European policy-makers and identifies the space that is emerging for the public health nutrition dimension. Chapter seven concludes.
Chapter Two - Methodology

Research Methods and Conceptual Approach

The purpose of this chapter is to highlight the strategies that will be used to find the literature relevant to the aim and objectives of this research. The objectives of this research are to:

- Assess the gradual evolution of the CAP reform process with reference to lobbying within the EU policy-making cycle;
- Recognise who is appearing in the debates, and examine what narrative is deployed by the public health lobby to intervene upstream;
- Evaluate the extent to which the public health dimension is realised by the EU institutions as a viable upstream health intervention strategy.

This research will take a methodological approach that will provide a coherent and logical investigation of the incremental development of the public health nutrition dimension of the CAP referring to the public health lobby narrative in shifting the CAP objectives.

The research started by applying a grounded theory approach in that a broad topic area was selected without a clear guiding research focus. After a prolonged period of exploration around the conceptual links between agricultural policies, nutritional intake and health outcomes, and the effectiveness of intervention strategies at the upstream level, this research approach was halted. A more focused approach has since been adopted to account for the public health lobby impact, priorities and policy initiatives in framing the past discourse and future trajectory of the CAP.

To assist in linking public health nutrition with agrarian-based policy the literature will be drawn from a multi-disciplinary and cross-disciplinary dimension, using concepts and approaches from a wide academic perspective.

Research Strategy

The evidence will be sourced from secondary research, whether descriptive or explanatory as a basis for examining, verifying and testing assumptions and acquiring academic consensus. Whilst ensuring reliability and validity of resources, it will draw upon an
extensive range of literature using journals, newspaper articles, memorandums, policy reports and books published by state actors, Non-Governmental Organisations (NGO’s), and business interests. The literature will be deconstructed to obtain the most relevant information, and resources will be triangulated to remove potential bias and provide a valid and reliable interpretation of the information.

Several strategies were used to identify relevant literature. A number of computerised databases were searched, including; City University’s electronic library, Google Scholar, and various institutions own databases to reveal articles of relevance. The search of websites and databases of relevant institutions included bodies such as the; European Commission(EC), European Parliament (EP), World Health Organisation (WHO), World Bank, Bill and Melinda Gates Foundation, International Food Policy Research Institute (IFPRI), and various NGO’s and NGO alliances.

Using the ‘Register of Interest Representatives’ on the Commission website, the number of interested bodies lobbying the Commission was established (EC, 2011a). Those whose declaration includes the following words:

- ‘CAP’ revealed 476 results;
- ‘Public Health’ revealed 49 results;
- ‘Public Health’ and ‘Agriculture’ revealed 1 result (the EPHA);
- ‘Public Health’ and ‘Farming’ revealed 0 results; And
- ‘Public Health’ and ‘CAP’ revealed 0 results.

The search terms of; ‘public health’, ‘nutrition’, ‘agriculture’, ‘EU-CAP’, ‘lobby influence’ and ‘public health lobby’ were used in the searches. Using Boolean operators to join the keywords together to exclude irrelevant research, a search conducted on Ovid (1996-2011), Scopus (2007-2011) and Science Direct using the key words:

1. ‘Public Health’ and ‘EU-CAP’ revealed 2,472 results;
2. ‘Public Health’ and ‘CAP’ revealed 1,027 results;
3. ‘Public Health’ and ‘lobby’ and ‘CAP’ revealed 515 results;
4. ‘Public Health’ and ‘CAP’ and ‘Nutrition’ revealed 106 results;
5. ‘Public Health’ and ‘Lobby’ and ‘CAP’ and ‘Nutrition’ revealed 72 results; And
6. ‘Public Health lobby’ and ‘EU’ and ‘Agriculture’ and ‘Nutrition’ revealed 60 results.

A separate search on Google Scholar (2001-2011) using the key words:

1. ‘Public Health Lobby’ and ‘Common Agricultural Policy’ revealed 16,900 results;
2. ‘Public Health Lobby’ and ‘Nutrition’ and ‘Common Agricultural Policy’ revealed 4,490 results; And

Data Collection

From the desk-based secondary research, an initial literature review collected data from; an EU-CAP centred context (focussing on the public health dimension of the CAP reforms) which included the public health nutrition lobby community, and more general literature that conceptualises the linkages between agriculture, nutrition and health, and advocates for upstream intervention.

Grey literature, referring to government, business and civil society documentation were utilised, but where quoted were used with caution and understanding of the potential bias. Where possible the searches used the most up-to-date version of any document. Furthermore, only studies that were published in the English language were included, consequently this might have overlooked important contributions from other Member States and public health interest groups within the Union.

Limitations and Potential problems

A review of the related literature has identified various gaps in existing research that may hinder this research project. In particular, literature examining the role and influence of the public health lobby in framing the CAP was insignificant; however this can be overcome by assessing the emergent reporting by the public health community on European agricultural policies and how they relate to health. A justification for this is that the public health dimension of the CAP is a re-emerging issue and therefore a lack of studies.

As the CAP reform is in fluid state, now approaching legislative approvals, it is difficult to interpret the degree to which the EU institutions realise the public health dimension for the current 2013-20 round of reforms. For that reason, it is necessary to refer to policy
documents such as the communication blueprint offered by the Commission in 2010 and public speeches, to evaluate the impact and influence of the public health interest groups.

Although the EU institutions are often open arenas with transparency at its core, the sheer number of interests has made it difficult to establish and map who is lobbying, and for what. If time permitted, this dissertation would have conducted primary research to identify lobbies by interviewing key officials within the EU institutions, MS and public health interest groups to further the objectives of this dissertation.
Chapter Three - The Evolution of European Agricultural Policies in Relation to Health

This chapter puts the reform of CAP into context. As the ‘historical baggage still encumbers the policy’ (Jambor & Harvey, 2010: p.3), it is necessary to take a broad sweeping overview and evolutionary account of the policy developments that have occurred in European agriculture. The chapter draws upon the founding principles of the CAP - which included a health remit - and considers the subsequent reforms and additions, from 1988, which have led to the gradual decoupling of payments and the emergence and traction of a ‘multi-functionality’ (Ferrer & Kaditi, 2010).

The CAP and its Subsequent Reforms

The foundation of the CAP was an expression of a productionist vision for health (Lang & Heasman, 2006: p.270) as public health was regarded as important to agricultural policy (Grant, 1997: p.223). The CAP has its origins in 1930’s science thinking, but was conceived in the ashes of the Second World War (EC, 2011b; EEC, 1957), in which hunger and under supply characterised Europe (Boyd Orr, 1966: p.283). In the 1950’s, Western Europe - whose societies had been damaged by war, and where agriculture had been crippled and food supplies could not be guaranteed - the early CAP reflected the need to increase food production, particularly cheap calories (Tannahill, 1988: p.350; Lang, 2004: p.4).

The founding members of the then Common Market placed a high priority on ensuring a stable and secure future for agriculture, in terms of both employment and food supplies (Grant, 1997). Agriculture remained high on the agenda of European policymakers, especially at the time when the founding document of the integration project (Knutson et al, 2004: p.59), the Treaty of Rome (1957) was being negotiated (EC, 2010a). In Article 3, it states that the task of the community should be to establish the CAP (EEC, 1957: p.16).

This was the emergence of a productionist model of farming that suited the public health concerns at the time, with ‘health assumed to follow from sufficiency’ (Lang, 2004: p.4). The idea was that when you produce enough food, good health will automatically follow (Grant, 1997). The result has been a community policy that increasingly supported and subsidised European farmers and first stage processors to produce cheap calories (Birt, 2006).

The initial objectives of the CAP were outlined in the Treaty of Rome (ECC, 1957: p.16), ‘whose authors professed themselves anxious to strengthen the unity of their economies and
to ensure their harmonious development’ (FT, 2010a: p.12). By 1962, three major principles had been established to guide the CAP: Market unity; Community preference; Financial solidarity (Jambor & Harvey, 2010: p.6). During this famine-stricken post-war period, the CAP, according to Birt (2006) had ‘highly appropriate public health goals’ and with subsidies linked to production more food was produced and sold cheaper (Birt, 2006: p.13).

The founding objectives of the CAP, as enshrined in Article 39 of the Treaty, have remained unchanged over the years, they include;

- To increase agricultural productivity; thus,
- To ensure a fair standard of living for the agricultural community;
- To stabilise markets;
- To ensure supplies reach consumers at reasonable prices;
- To assure availability of supplies (EEC, 1957: P.16; Gomez, 2010).

However, the weighting allocated to the different objectives has changed immeasurably and the instruments to achieve these objectives have also altered over time.

The CAP has since experienced various reviews, revisions and reforms, to move away from supporting product prices to supporting producers’ income and rural development (EC, 2011b). The Commission’s perspective of the evolution of the CAP (figure 1) reflects the socio-economic and political pressures since the foundation of the Common Market.

![Figure 1 - Historical Development of the CAP. Source: (EC, 2009a)](image)

The core element of the reform process was initiated during a period - in the 1980’s - of chronic surplus of key agricultural products – termed by the Commission as ‘the crisis years’ (EC, 2011b). In 1984, of the total Commission budget, ‘65-75% was spent on the support of agriculture’ (Reid, 1985: p.400), of which 90% was spent on price support.
In an attempt to rein in production, the EU introduced milk production quotas in 1984 (see SMSS, Pp.21) and then a ‘set-aside’ scheme to reduce land use for cereal production, which was voluntary in 1988, but became mandatory in 1992 (Lines, 2009: p.4). This gradual move from high support prices since the first reforms in 1992, means agricultural expenditure on market supports represents just 10% of the CAP budget today (EC, 2011b). Figure 2 depicts the evolution of the CAP through payments over the past three decades, showing a sharp decline in market support and coupled direct payments, but an increase in payments for decoupled direct payment and rural development (EC, 2011b).

Public anxiety and the realisation of environmental degradation increased the political pressure for change (Moyer & Josling, 2002). Coupled with the increasingly visible market inefficiencies, evident as surplus, was the driver for change that manifests itself into the McSharry reforms of 1992 (Grant, 1997: p.223). Successive waves of reform gradually replaced market support referred to as coupled direct payments (Lines, 2009: p.2). A process known as ‘decoupling’ had begun (EC, 2011b).

Agenda 2000 extended decoupling to livestock products (EC, 2011b) and created CAP’s ‘second pillar’ to be responsible for rural development and the ‘multi-functionality’ of farming activities (Moyer & Josling, 2002). Emphasis was placed on rural development and the multi-functional nature of agriculture rather than on its food producing role (Jambor & Harvey, 2010; p.6).

A further shift toward market orientation occurred in 2003 when a major overhaul of the CAP was undertaken in the Mid-Term Review (MTR). The MTR’s aim was to ‘decouple’ the majority of direct payments from production and implement a system known as ‘cross-compliance’ (EC, 2011b). The MTR reform also consolidated the area and headage
payments into the Single Farm Payment (SFP), re-enforcing decoupling (EC, 2011b). Farmers therefore no longer received payments related to specific types of production; instead payments were to be linked to entitlements based on value of historical subsidy receipts (Ferrer & Kaditi, 2010). It provided a basic income support and expected the farmer to respond to market signals, producing products that are demanded further downstream. The Health Check in 2008 continued this trend towards decoupling of payments and production that responds to market signals (EC, 2011b), by strengthening the ‘reform directions’ agreed in 2003 (Jambor & Harvey, 2010: p.7),

Over the past decade a much stronger emphasis has been placed on rural development concerns (EC, 2009a), which is represented under the second pillar. Funds allocated to pillar two during the 2007-13 are estimated to be worth 24% of the budget expenditure (Gomez, 2010). The separation of the two pillars represents two different funding streams. Pillar 1, which represents producer support, is solely funded by the EU budget; pillar two is based on multi-annual payments co-financed by member states (Lines, 2009). According to the Commission, the rural development policy aims to; enhance the economic viability of agriculture through investment, preserve the rural environment and countryside, and support the wider rural economy (EC, 2011b). Under pressure from lobbyists (Cooper et al, 2009), the commission has strengthened the budget for the rural development agenda in successive reforms (EUinside, 2010), redistributing funds between pillars. A process known as ‘modulation’ (EC, 2011b), which is depicted in Figure 3.

![Figure 3 – Map of payments with the two pillars, showing modulation. Source: DG AGRI (EC, 2011a: p.12).](image_url)

It is recognised that rural development measures contribute to the additional provision of ‘public goods’ (Cooper et al, 2009; EC, 2011a; Baldock et al, 2010). Public goods have tended to be outside the market place, and are ‘goods which are accessible to the public with universal value’ (Lang et al, 2010: p.270).
The imbalances of the CAP are the culmination of many factors. In 1985, Reid summarised these as the ‘Five Deadly Persistencies’, to include: Disproportionate political power of the agricultural sector; Over-emphasis of the ‘food security’ objective; Underestimation of the speed and outcome of technological advances; Under appreciation by policy-makers that technical achievement is a major motivating force for farmers; A misguided use of price mechanisms (Reid, 1985: p.40).

The CAP Post-2013 Reform Process

Based on the history outlined above, the CAP is a minefield of interests and contested space with many competing actors and agencies all pushing their own perspectives (Grant & Stocker, 2009: p.233). This battleground involves major intuitional factors influencing the reforms including the EU budget, the World Trade Organisation (WTO) negotiations, the consequences of the Lisbon Treaty, as well as MS interests, multitude of interests across the food supply chain and a host of civil society voices (Lines, 2009).

The CAP is due to be reformed in 2013. The reform process is now approaching legislative approval, in time to ensure policies and practices are implemented by 1st January 2014. Given that the Commission sets the agenda for the reform discussions, and given also, that the negotiations over the future of the European budget precede those about the CAP, the future level, pattern and distribution of the SFP (and thus the split between the Pillar payments) is central to the practical political debates (Thurston, 2010; Gardener, 2010). According to the Commission, the major issues being contended with during this reform can be grouped under three major policy headings: ‘Food Security (competitiveness); Environment and Climate Change; Territorial balance (rural development)’ (EC, 2010b). The exclusion of public health suggests political insignificance (Jambor & Harvey, 2010: p.10).

Following an intense period of lobbying and an open public consultation on ‘The CAP post-2013’, the Commission released its communication document. The communication launched the institutional debate by outlining a blueprint for a ‘forward-looking’ European agricultural policy (EC, 2010b; EC, 2010c). It was first put into the public domain as a leaked report on 29th September 2010 (EC, 2010d), then published as the final version on the 18th November. The document prepared the groundwork for the legal proposals to be finalised by the Commission in late 2011, after the ‘inter-service process’ (Ciolos, 2011a).
The evidence-base for the Commission communication paper included: Past policy decisions; Economic trends and shocks; Negotiations with national governments; Agricultural, trade and foreign ministers; Extensive consultations with farm unions, food industry bodies, consumer associations and pressure groups (EC, 2010a). The report was also informed by an extensive public debate (EC, 2010e). These various interests, with their conflicting narratives, fed into the process that generated the communication document which sets out the political, economic and social framework for future agricultural and food production in the EU. The communication assumed keeping the CAP budget after 2013 at the current level of €53bn per annum (Thurston, 2010; EC, 2011c).

As part of the Commission preparations for legislative proposals, the Commission solicited input from interest representation to diagnose and explore the options for reform. It encouraged interested parties to respond to the blueprint in a consultation period between 23rd November and 25th January 2011 (EC, 2011d). Analysis of the public health narrative is provided in chapter five.

The Agriculture and Rural Development Committee (ARDC) of the European Parliament (EP) has since taken forward the Commissions’ blueprint and the consultation responses, and produced its own report (Dess, 2011). The report also took into consideration a wide range of regulation, resolution and previous policy including the 2008 Health Check and Commission regulation on financing the CAP. The report drafted by Albert Dess MEP (EPP, DE) was hotly debated in all political circles resulting in numerous amendments (EPHA, 2011a) before it was adopted on the 25th May 2011. The report (motion) was voted in plenary on the 23rd June 2011 (Alston, 2011). Analysis of the reports position and the extent to which the public health dimension is realised is provided in chapter six. The EP will have co-decision powers to vote on the reformed CAP, once legislative proposals are presented by the Commission.

The Various Targeted Schemes

Alongside the reform process are various targeted schemes which, although often originated from the need to dispose of surplus production (Lines, 2009), are symbolic of the influence of public health interest groups (Pederson, 2008), whether it’s the continuation, extension or improvement of the different schemes in favour of healthier food choices.
The Most Deprived Persons Scheme

The EU’s food distribution scheme for the Most Deprived Persons (MDP) of the Community provides food aid for the most vulnerable. It originated in 1987 as a reaction by the Council to find short-term solutions to surpluses by releasing public intervention stocks of agricultural products to MS as a social welfare policy (EPHA, 2010a; Knudson, 2009). The scheme is operated by distributing products of surplus to deprived persons, in the form of food baskets or as meals served in centres organised by charities (EC, 2008a).

Its budget of €100m in 1987 was steadily increased to account for €500m in 2010 (EPHA, 2010a), which supplied ‘over 440,000 tonnes of products to 18 million people in twenty member states’ (EC, 2011e). Following a complaint brought by Germany against social welfare policy, a ruling by the European Court in April 2011 stated that ‘food covered by this scheme should come from EU public storage’ (EC, 2011e). Consequently in June, the Commission announced a radical cut in resources for the scheme; with precise allocations fixed per MS and a 77% reduction in the total budget to €113m (EC, 2011e).

The School Milk Subsidy Scheme

The EU School Milk Subsidy Scheme (SMSS) dates back to 1984 during a period of over-production and limited market demand for milk surpluses. Today, despite its origins as a dumping mechanism for cheap surplus, it is claimed by the Commission that it has a strong nutritional remit (EC, 2011g). According to the Commission, the aim of the scheme is ‘to encourage children to consume milk and milk products and develop a lasting habit of doing so’ (EC, 2010f) to help establish a healthy, balanced diet by ensuring milk is available in schools at a reduced cost to children. The scheme ‘intends to encourage consumption among children of healthy dairy products containing important vitamins and minerals’ and can ‘contribute to the fight against obesity among children’ (EC, 2010g). Furthermore, it is claimed ‘the School Milk Scheme is there to provide quality products for children, to contribute to a healthy way of living and to nutritional education’ (EC, 2010f; EC, 2011g).

The SMSS was made available to all school children up to and including secondary school age when the Commission Regulation 657/08 regarding implementing rules for the scheme were published in August 2008 (EC, 2008b). The policy changes also extended eligibility to include lower fat alternatives, including fermented milk products with fruit or fruit juice,
yoghurt and semi-skimmed milk (EC, 2008b). Prior to the 2008 review - which was initiated by a question in the EP that came from the HoM - school milk subsidies disproportionately favoured whole ‘full fat’ milk (EC, 2008b; Lloyd-Williams, 2006: p.13). Under new regulations, MS can distribute from a selection of eligible products, with the further option to apply stricter standards than those set out in the Community list (EC, 2011e).

The 2008 legislation mandatorily obliges MS to offer the programme to all children of primary school age and permits maximum entitlement per pupil to ‘250ml of subsidised products each school day’ (EC, 2010f). The programme cost the EU €106m in 2010.

**The School Fruit Scheme**

In July 2008, the Commission proposed a School Fruit Scheme (SFS) (Europa, 2008), which was adopted by the Council in December (EC, 2008c). It was given €90m funding per annum from DG AGRI to provide one free piece of fruit daily to 6-10 year old children in educational establishments (EC, 2008c). It is co-financed by voluntary participation of MS, but the private sector can contribute to aid the funding gap (Sustain, 2010).

The SFS was created primarily as a ‘market management scheme’ (EC, 2008a), to promote fruit and vegetable consumption by children. Production Organisations (PO’s) played a pivotal role in strengthening the programme. This ‘market-management scheme’ according to the Commission is regarded as community aid which has four broad goals (EC, 2008a):

1. A more competitive and market-oriented sector;
2. Fewer crisis-related fluctuations in producers’ income;
3. Greater consumption of fruit and vegetables in the EU;
4. Increased use of eco-friendly cultivation and production techniques.

This scheme incentivises fruit and vegetable consumption and ‘establishes lasting habits formed at a young age’ (Europa, 2008). It does not extend to the distribution of ‘products that contain high percentage of fat or added sugar’ (Sustain, 2010). Besides providing free fruit and vegetables, the scheme would require participating MS to set up national strategies including educational and awareness-raising initiatives (Sustain, 2010).

It can be argued that the SFS - pioneered by the Deputy DG AGRI commissioner, Lars Hoelgaard - was the first attempt (since the founding principles of the CAP), to integrate
health goals into the implementation of the CAP (Sustain, 2010). This connection between production and consumption was a key initial objective of the scheme which was intended to link agriculture policy with health outcomes (Hoelgarrd, 2010).

In 2012, the EP and Council are to renew the application of the SFS. It will judge the effectiveness of the scheme on the following criteria: *the extent to which the scheme has promoted the establishment of well-functioning School Fruit Schemes in Member States and the impact of the Scheme on the improvement of children’s eating habits* (EC, 2011f). The scheme appears to have the full support of the commissioner, Dacian Ciolos, who announced in June 2011 that it ‘should be re-enforced in budgetary terms’ (subject to the budget) and ‘enlarged from 2012’ (Ciolos, 2011). The commissioner has talked of merging the SFS with the SMSS to ‘improve the health and education of young people’ and is open to constructive advice on re-enforcing these schemes (Ciolos, 2011).

**Concluding Remarks**

This chapter has provided an evolutionary account of the development of the CAP with its gradual reforms and the emergence of public procurement schemes that relate to health, although not explicitly designed for public health.

Public health was a key principle in the foundation of the CAP. It was assumed that health would follow sufficiency through the supply of abundant cheap calories, but any meaningful concern for public health nutrition in agricultural policy has since lost its credence, and apparently forgotten. During the second, third and fourth stages of reforming the CAP from the late 1980’s, a new analysis appeared which concerned itself for nutritional quality, balanced diets and health outcomes. This analysis emerged on the back of environmental concerns, which took precedence and arguably influenced policy debate. This led to a series of bolt-on’s such as ‘modulation’ to pillar two, ‘multi-functionality’ and ‘cross-compliance’ (Bureau & Mahe, 2008: p.25; Jambor & Harvey, 2010: p.4-8). However, it has been suggested that the reform process was not solely a response to environmental group concerns, but from a period of crises, a reaction to the market inefficiencies and distortions evidenced as surpluses from overproduction.

Today, the issue of public health is re-emerging on the agenda of European agricultural policy, and future debates are likely to encompass the need to embed public health nutrition
concerns (Lang, 2006a). It’s becoming a priority for particular civil society organisations pushing for public health to embed the public health narrative in the design of agricultural policies. What’s important is the degree that their concerns are realised by the EU arenas and if it’s being implemented as upstream intervention policies. This dissertation will now turn to understanding the EU policy-making process and the nature of lobbying.
Chapter Four – The Art and Process of Lobbying the EU arenas

This chapter provides insight into the various institutions within the EU and briefly examines the nature and art of lobbying within each significant arena. It will aid understanding of how, if at all, public health interest groups are influencing the direction of European agricultural policy, by highlighting the process of lobbying within the EU policy-making cycle.

Lobbying is a form of advocacy that intends to influence decision-making and policy formulation (Coen & Richardson, 2009: p.234). Lobbying is defined as: ‘Attempting to influence the outcome of legislation or administrative rules and regulations. The resulting increased need for information on complex issues now offers interest groups more opportunities than ever to influence EU legislation’ (EUinsight, 2008). According to the Association of Accredited Lobbyists to the EU (AALEP) a lobbyist’s role is to provide ‘the link between defining a problem and devising a solution of measureable economic value’ (AALEP, 2011). To examine interest group representation at the European level, it is important to reflect on the nature of the policy-making process (Mazey & Richardson, 1993).

European Institutions and Its Relationship with Lobbyists

The emergence of a venue for policy-making in Europe has increased the institutional interaction between the EU arenas and its various interest groups pushing their own perspectives (Richardson, 2001: p.248). This is favourable for both the EU institutions and interest groups as: Bureaucracies tend to construct stable relationships with interest groups; Lobbyists generally exhibit a preference for state bureaucracies as a venue for influencing policy; And interest groups will seek to exploit the venues to maximise their capacity to shape public policy to their advantage (Richardson, 2001: p.248).

As each of the key venues – the Commission, Parliament and Council – has gained decision-making power, thus becoming a main target for ‘lobbyism’, they have developed their own system for working with interest groups (Vogel, 2001). Figure 4, overleaf, demonstrates the process of lobbying, referring to the various EU venues.
These arenas have established a complex set of consulting committees and advisory groups as they benefit from and dependent on expert knowledge and technical information (Richardson, 2006: p.20). In this chapter, a clear distinction in structure, membership and working methods between their roles and accessibility from a lobbyists’ perspective has been made. Each of these institutional arenas are conceptualised as a point of access for interest representation in Figure 5, which demonstrates the degree of formality of the institutions with interest groups (Coen & Richardson, 2009: p.214).

As there are numerous venues for interest group lobbying this means that ‘the EU is an inherently disjoined policy process’ (Richardson, 2011: p.265). Richardson (2001) makes explicit that ‘deals done at one institutional site can be undone elsewhere’ therefore interest groups require several routes or access points, focusing on more than one venue and arena (Coen & Richardson, 2009: p.113), requiring interest groups to show presence in each of the institutions; the Commission, Parliament, Council.
The Commission

The Commission is central to the EU policy-making process (Zetter, 2008: p.310). The Commission is the executive arm of EU and is charged with proposing legislation and implementation oversight, it can therefore ‘frame the issues, set the agenda, and, in a wider sense, shape the evolution of the European Union’ (Richardson, 2011: p.100). As the official guardian of the Treaty, it has three main roles; taking initiatives by making proposals in the decision-making process, having a legislative function in the final decisions, and monitoring the application and implementation of community laws by member states (Coen & Richardson, 2009). It is therefore viewed as an attractive arena by lobbyists to gain access via its DG’s, which frequently consult with experts and interest groups when researching specific issues falling within the EU jurisdiction (Coen, 2007).

The power of the Commission to initiate and draft legislative proposals generally results in what Coen & Richardson (2009, p.215) term ‘a two-track way of interest representation’. The first is that as agenda setters, the Commission needs information and relies on interest groups as ‘information providers’, especially in technical areas (Mazey & Richardson, 2006: p.248-9). The second is resultant of the first, that is, the possibility of influencing and framing policy attracts interest groups (Coen & Richardson, 2009: p.215).

As the policy entrepreneur that exerts a huge influence on the formulation of directives (Richardson, 2001; p.259), the Commission acts as a demand-side force that attracts interest group activity (Mahoney, 2004). Thus, the most significant development in lobbying in Brussels over the last 20 years has been the emergence of ‘an elite pluralist arrangement’ as the Commission became the primary focus of lobbying activity (Coen, 2007: p.9).

It should be noted that the term ‘Commission’ often refers to the twenty seven commissioners constituting the political, quasi-ministerial level, as well as the body of more than 24,000 officials who make up its administrative services (Zetter, 2008: p.310). Therefore, access points for lobbying are numerous (Coen & Richardson, 2009: p.19).

Interest groups and the Commission have a mutual interest in trying to form stable policy communities and policy networks (Richardson, 2006: p.23). A concern for the Commission around the CAP is the sheer number of interests to be accommodated (Coen, 2007). The Commission takes the form of a ‘social function’ as it has developed a set of formal and
informal rules which emphasise the key role that consultation with these various interest groups plays in policy-making (Richardson, 2001: p.248). To ‘facilitate efficient policy formulation’ the Commission consults with relevant expert committees (made up of interest groups) during the policy formulation process (but are under no obligation to respond to the advice) (Richardson, 2001; p.259). Richardson (2001, p.249) notes that interaction with interest groups is ‘a classic form of risk reduction’ as consultation reduces likely resistance to proposals and avoids a blame mentality for subsequent policy failures (Richardson, 2001: p.249). Faced with fierce competition for policy space, the construction and nurturing of complex advocacy coalitions (Sabitier, 1988) is a matter of necessity for the Commission that needs to cross institutional boundaries in the complex EU policy-making process.

For the lobbyists, participation in consultative committees within the Commission is of high value, as they are likely to have influence in the drafting period of proposals. It is alluded to by Richardson (2006) that lobbying resources allocated at this early stage of EU agenda-setting are ‘likely to produce bigger policy pay-offs than resources allocated to lobbying later in the policy process’ (Richardson, 2006: p.27). The Commission will consult many stakeholders throughout the process to obtain the best information and knowledge before legislative proposals are scrutinised in the Parliament.

**The European Parliament**

As a directly elected arena with increasing legislative powers, the EP is becoming increasingly important for lobbyism (Richardson, 2001: p.259; EP, 2011b). The EP maintains a register of approximately 5,000 accredited lobbyists who receive access to lobby Members of the European Parliament (MEP’s). As the EP increasingly gains more powers within the policy-making process, parliamentarians are becoming decisive targets for lobbyists (Kohler-Koch, 1997: p.10; Richardson, 2001: p.260). Lobbying that extends beyond the commission will become more prevalent once co-decision applies for the next round of CAP reforms (Lyon, 2011).

Coen (2007, p.10) notes the creeping tendencies of lobbying the EP, through ‘direct lobbying of MEPs and EP civil servants increased 100 per cent from 1994 to 2005’ and should not be overlooked. The EP is open to all kinds of interests and access strategies (Coen & Richardson, 2009: p.227) with increasing importance of the EP in the policy-making process.
resulting in strategies to maintain contacts with MEP's throughout the process (Coen & Richardson, 2009: p.223).

According to Zetter (2008, p.322), to achieve lobbying success in the EP, requires identifying the right people, and persuading them by constructing a rational and realistic case which shows politicians how they can achieve their own objectives. The attention that interest groups pay to the EP is a direct reflection of its power as an institution.

The Council of Ministers

The Council, which comprises of ministers of each MS, is the ultimate authority. It is the main decision-making institution within the EU, yet the least directly accessible of all the venues in terms of lobbying (Vogel, 2001). It is the least transparent too, with ‘agendas and working papers not always published’ (Zetter, 2008: p.300), with no register of lobbyists. As the Council is made up of politicians and subject to ‘negotiation, compromise, bargaining and diplomacy’, lobbyists who have been given ‘cast iron assurances that a position will be held’ could find it tussled away in a process of reprioritisation (Zetter, 2008: p.302). Creating alliances of MS is key to driving policy through the Council (Zetter, 2008: p.302).

Lobbying in the EU Policy-Making Process

As the EU has expanded to include New Member States (NMS) and the gradual transfer of regulatory functions from MS to the EU institutions, the number and resources of lobbyists have also increased, particularly from individual lobbyists such as companies and law firms (Coen, 2007: p.5). This proliferation of lobbying intensification in the EU policy-making process has increased numbers of interest groups involved in the intermediation system (Coen & Richardson, 2009: p.6). Spence (1993, p.48) suggests that the EU lobbying system has become a multi-arena, multi-level, decision-making system.

In 1992, the Commission estimated there to be 3,000 ‘special interest groups of varying types in Brussels, with up to 10,000 employees working in the lobbying sector’ (EC, 1992: p.4). Today, there are 3,850 registered organisations on the Commission and Parliament transparency register, of which 1,800 are trade associations and 1,200 are civil society associations (EC, 2011a). There are 1,700 organisations that have declared an interest in agriculture and 1,110 that have declared an interest in public health (EU, 2011a). Although the decision-making process within the EU is open, it is increasingly complex because of the
increase in professional lobbyists (Coen, 2007; Greer, 2009; Grant & Stocker, 2009: p.233). This exponential increase in the volume and diversity of interest groups active at the European level (Richardson, 2001: p.255; Mazey & Richardson, 1993) led the Commission to introduce, in June 2008, a voluntary register of lobbyists - or ‘Interest Representatives’ - who seek to influence EU decision-making (EC, 2011a). The ‘European Transparency Initiative’ and the new Commission lobbying Register and accompanying Code of Conduct are two examples of EU efforts to better monitor the emerging lobbying industry and the deepening relationships between lobbyists and policy-makers (Zetter, 2008: p.333).

The EU arenas appear remote and full of complexity (Coen & Richardson, 2009:p.7), but this impression is deceptive as the system is willing to engage with policy ideas from all interests and discuss issues. The EU is open and permeable to interest group lobbying (Coen & Richardson, 2009: p.7), with interest groups able to exert influence along the EU policy-making process from agenda setting and formulation at Commission led forums, reformulation of policy at EP committees, initiation and ratification of policy at the Council of Ministers, to the final interpretation, harmonisation and implementation of regulation in the MS (Richardson, 2001: p.251; Keck & Sikkink, 1998: p.2).

According to Coen (2007, P.6) this new openness was ‘recognition by the EU institutions that they no longer had the resources to deal with the expansion of legislation without the active participation of technical experts’. Interest groups therefore act as important legitimate suppliers of information on the development and delivery of EU public policy, informing policy-makers during the policy proposal and scrutiny stages (Coen, 2007: p.3).

This position as information providers and supplying technical expertise, empowers interest groups and their member organisations and according to Richardson (2001, p.255) is ‘the currency of influence’. Richardson (2001, p.264) notes that the EU will likely favour those actors who can mobilise ideas and knowledge in order to ‘massage the framing of public policies, [and] who can manage a series of multi-level and shifting coalitions’.

Lobbying is not just about influencing or shaping public policy but also acts as a tool for informing interest groups (AALEP, 2011). In that sense, participation is a rational lobbying technique. Coen & Richardson (2009, p.214) distinguish between techniques that seek to affect the policy-making process as outsider (voice) and insider (access). Insider strategies the authors state, ‘concentrate on direct involvement in the political discussion, whereas
outsider strategies focus on media and public’ (Coen & Richardson, 2009: p.214). Most of the public health lobbying has involved direct lobbying, whereby interest groups state their position on specific legislation to legislators or other government employees who participate in the formulation of legislation. The illustration below (figure 6) compares the lobbyist’s action with the respective phase of legislation, showing a simplistic model of key venues and accompanying lobbying.

As demonstrated in figure 6, this multi-layer structure, with a range of access points for interest representation means lobbying is conducted through diverse levels (Zetter, 2008: p.321). According to Coen & Richardson (2009, p.7) an optimal lobbying strategy, must encompass a multi-channel-strategy containing a complex mix of techniques to be applied at these different levels, alone or with other organisations on collective platforms. Effective lobbying in the EU depends on 'using all the available political channels' tailored to the appropriate policy issue and stage of the policy cycle (Coen & Richardson, 2009: p.7).

Successful lobbying of the EU institutions means establishing an organisational capability to co-ordinate potential ad-hoc political alliances and to develop and reinforce existing political
channels at the national and European levels (Schendelen, 2010: p.183). The speed and constancy of EU decision-making, and the compromises necessary, makes it necessary for lobbyists to have a presence in Brussels to have influence (Zetter, 2008: p.333).

**Conclusions**

This chapter has sought to provide insight into the EU policy-making process, its institutional characteristics in terms of interest group permeability of each venue, and the nature and art of lobbying in the EU in general. It has explored the various actors by examining the institutional structures and evolving institutional context.

It was revealed that the policy-making process has many access points for interest representation; with the EP acquiring co-decision, this arena will become more important. It is therefore necessary that lobbying efforts do not see lobbying the Commission as a single strategy, but rather assesses interest access to the whole EU policy-making cycle. The interaction between the various arenas and interest groups is beneficial for both parties. Collaboration reduces risk for policy-makers as information is shared and likelihood of policy resistance reduced. Interest groups, who seek to exploit the venues to maximise their capacity to shape public policy to their advantage, gain as they are given a platform to push their own narrative onto the policy agenda. An open dialogue, which is espoused by the Commission, offers the opportunity to exchange ideas.

To understand the multi-level and institutional lobbying that is occurring around the CAP reforms, it is important to map interest group input across the whole policy process (Coen, 2007: p.3). The following chapter will provide an insight into the lobbyists’ concerns for public health nutrition on the reform process of the CAP by assessing their changing narrative.
Chapter 5 – Public Health Interest Groups in the Debates

To help gauge the emergent role of the public health lobby in shaping European agricultural policies, whether it’s the CAP or its related schemes; this chapter will provide an overview of the key public health actors involved in the gradual reform process. Once the various interest groups have been identified and their adversarial position established, this chapter will provide an analysis of the narrative adopted throughout the reform process.

Interest Representation

Since 2008, the key interest groups that require agricultural policy objectives to recognise the explicit goal of public health were largely represented under the umbrella of the European Public Health and Agriculture Consortium (EPHAC). The EPHAC is an alliance of health organisations, including the European Public Health Alliance (EPHA) and Heart of Mersey (HoM) (see figure 7), that provides ‘a high level of health intelligence to European decision-makers’ (EPAHC, 2011a). This umbrella group has its official origins in 2008, founded to specifically, lobby in Brussels, for health issues on the agricultural policy agenda\(^1\). EPHAC wants EU agricultural expenditure, through the CAP mechanism, to value and provision ‘public goods’ (EPHAC, 2011b; Pederson, 2008). Its members are UK-based, and have lobbied various arenas of the EU and individual MS, for example, HoM has contributed to a report by the National Institute of Clinical Excellence (NICE) on CVD prevention, which made recommendations to the UK government (NICE, 2010).

Figure 7 demonstrates the current key stakeholders that have shown an interest in the CAP reform and concerned for public health nutrition. The diagram crudely demonstrates the arenas that each lobby is attempting to infiltrate. There are other organisations (not represented in figure 7) that have responded to lobbying opportunities within the various EU arenas, and have voiced concerns for public health; these include ECO-VAST & European Co-ordination on Via Campesina (Appendix 1). No representation was identified by consumer groups such as the European Consumers’ Organisation and the European Community of Consumer Co-operatives (Appendix 1).

\(^1\) It was an idea conceived at the 2006 Gastein Forum, in which a small meeting pulled together individuals from the NWHBO, HoM and NHF to form EPHAC to lobby in Brussels.
The Narrative Adopted

From examining a multitude of civil society literature, published between 1999 and 2011, which includes position papers and conference proceedings, it is evident that the public health narrative has adapted and changed. Appendix 2 attempts to demonstrate this changing narrative and related strategy as deployed by public health interest groups.

Prior to 2010

Up until 1999, there was little discussion of public health nutrition and diet, nor how these were affected by the CAP regime. In a discussion paper for the then Health Education Authority (now NICE), Lobstein & Longfield (1999) provided the groundwork for health to make a re-appearance on the agricultural agenda by asserting some of the key arguments around the CAP support regime (Appendix 2).

Primarily, lobbying efforts before Agenda 2000, focussed on the ‘contradiction of European subsidies to tobacco farmers while EU health policies [are] directed towards reducing the harmful effects of smoking’ (EPHA, 2004), with much less emphasis placed on the nutritional narrative. Some arguments emerged regarding the production orientation of the CAP and the need for ‘decoupling’ (EPHA, 2004). This was re-enforced at the 2001 European Health Forum Gastein on the CAP (see Pp.43), which continued to raise awareness.
Following the Gastein Forum, proposals were published by an expert working group led by Dr Birt, which pushed the arguments for including health aspects in the design of agricultural policy. The report used the alarmist narrative of the cost-burden associated with agricultural policies, whether its ill-health or death (Gastein Opinion, 2002). These distressing arguments were re-enforced in the 2007 Faculty of Public Health report (Birt, 2007) and arguably, received attention from policy-makers (see Chapter 6).

In 2002, prior to the MTR, a small number of interest groups, including the European Environmental Bureau (EEB), Friends of the Earth (FOE) and WWF, EPHA and European Farmers Co-ordination, produced an open letter demanding ‘radical reform of CAP’ (Open Letter, 2002). After forcefully making explicit the link between, European farm subsidies with the implications on diet and health outcome of chronic diseases, the question it posed to the Commission, was ‘How will the EU use the CAP and financial instruments to prioritise the production of food that contributes to the improved nutrition of Europeans?’ The letter demonstrated that the CAP could play a crucial role in ‘ensuring that consumers have access to a wide choice of nutritious foods in order to have a balanced diet’; it recommended an increased consumption of ‘pulses, grains and vegetables and less meat and dairy products’ (Open Letter, 2002). The authors, specifically the environmental groups, have continued to use these public health arguments to strengthen their own agendas.

Schafler Elinder (2003a) presented an extensive health impact assessment, which revealed the miss-alignment between agricultural and health policies, and made explicit that the CAP hinders the ability for a healthy lifestyle, as funds go directly to ‘products and measures which harm public health’ (Schafler Elinder, 2003a: p.9).

From 2005 until the foundation of EPHAC, in 2008, lobbying was conducted by the HoM with the support of NWHBO and NHF. During this time, although very little literature was produced (Appendix 2), important coalitions were built and collaboration work began, most notably in preparation for the SFS and changes to the SMSS. For example HoM tabled a question at the EP, regarding the disproportionate provision of subsidies for full fat milk in schools (Lloyd-Williams, 2006: p.13).

In 2008 EPHAC was founded by individuals from NWHBO, HoM and NHF, to become an alliance to specifically lobby in Brussels for health issues on the agricultural policy agenda. In 2008 it argued that ‘agricultural policies can be used to promote healthier diets in Europe’
(Pederson, 2008) and there are nutrition synergies to be made with environmental interest groups, suggesting ‘less energy dense, more nutrient dense’ equates to increased consumption of fruits and vegetables, and whole grains (Pederson, 2008).

Commission Communication

Prior to the 2010 Commission communication document, the European Heart Network (EHN) and EPHA both released position papers responding to the consultation process on ‘The Future of the Common Agricultural Policy’. Both papers recognise that the CAP could support a ‘shift towards more balanced and healthier diets’ and it should guarantee food and nutrition security in the EU (EHN, 2010; EPHA, 2010b). The EHN paper refers to the 2010 Euro-barometer report, which stated that European citizens’ primarily demand from agricultural policies, ‘safe, high quality and healthy food at an affordable price’ (EC, 2010e), that contribute to strategies aimed at preventing chronic diseases and at reducing health inequalities by improving the availability and access to healthy foods (EHN, 2010:P.2).

Responding to ‘why reform the CAP’, the EHN paper makes explicit that ‘our food system supports unhealthy diets high in calories, fat and salt, and low in fruit, vegetables and grains’ (EHN, 2010b). Similarly, EPHA argues the CAP should be reformed to align the current and future ‘challenges related to the provision of a nutritious diet for all [and] prevention of chronic diseases’ (EPHA, 2010b). NCD’s, according to EPHA (2010b) cause 86 per cent of deaths and 77 per cent of the disease burden, with CVD accounting for 52% of deaths in Europe and an estimated cost to the EU economy of €192bn annually (EHN, 2008). It is argued by EPHA that this burden can be prevented if major risk factors are eliminated – ‘amongst them, the low intake of fruits and vegetables’ – by increasing accessibility of supply through policies that promote the production of fruits and vegetables (EPHA, 2010b).

Finally, EPHA (2010b) states that the CAP ‘should not undermine the EU policy coherence for development’, as highlighted in the Lisbon Treaty and agricultural policy but should be part of a coherent strategy to address inequalities in health outcomes (EHN, 2010).

Following participation in the Open Health Forum in 2010, hosted by the Commission in Brussels, EPHAC noted agreement was found that ‘public health should be included as one of the objectives of the CAP’ (EPHAC, 2010b). The working group led discussions on how public health could be integrated into the CAP, and its participants identified that the ‘CAP can do
more to promote healthy diets’ and relevant instruments should be used to achieve this end (EPHAC, 2010b).

It is argued by Coen & Richardson (2009, p.193) that within the commission, there is an institutional focus for public health interests through DG Health and Consumer Protection (DG SANCO). Equipped with only weak legislative power in health, DG SANCO believes that using its own policies, in particular the CAP will result in ‘well informed consumer who takes educated decisions...[and]...make Europe’s citizens healthier, safer and more confident’ (Gomez, 2010). In 2010, DG SANCO recognised that European agricultural policy must meet the challenges of ‘integrating health in food production as an objective of CAP’ and ‘promoting and allowing consumer’s access to affordable and healthy diets’ (Gomez, 2010). Stating, ‘this is also the most effective preventive measure against a wide range of health risks’ (Gomez, 2010). Its policy is to ‘promote better alignment with the demands of consumers and ensure that policies deliver sufficient, affordable, healthy, high quality food’ (DG SANCO, 2011). It aims to do this by supporting non-legislative initiatives in consumer awareness and information in order to promote healthy lifestyles and ‘sustainable consumption’ (DG SANCO, 2011).

DG SANCO’s position recognised that the ‘provision of safe, nutritious, high quality and affordable food to Europe’s consumers is the central objective of the extensive EU policy and legislative framework which covers all stages of the supply chain’ (Gomez, 2010). Figure 8, below demonstrates this perspective, showing DG SANCO’s interpretation that public health should be a key outcome of the EU food sector.

Figure 8 – Inputs and Outputs of the EU food Sector. Source: Gomez (2010).
Consultation on the Commissions’ Impact Assessment

Following the release of the Commission’s communication document, a consultation process for the Impact Assessment was initiated (EC, 2011d), which received a myriad of responses from various interest groups. The Commission received 397 contributions from registered organisations, 469 from unregistered organisations and 84 submissions from individuals, all responding to a series of questions posed by the Commission on the future of the CAP post-2013 (EC, 2011d). Appendix 1 documents all the institutions that submitted a response to the Commission consultation and showed a concern for public health. Despite the well-publicised appeal by the Commission for all stakeholders to submit their views, only a small number of public health actors are present in this arena.

The Agricultural and Rural Convention (ARC), which represents a multitude of civil society organisations, responded to this arena. The ARC paper is a collaborative attempt to amalgamate the views of an often conflicting array of civil society organisations (ARC, 2011). Although it contains references to public health, in particular, stating that the objectives of the CAP should ‘go beyond those stated in the Treaty of Rome’ and embrace public health (ARC, 2010: p.6), it fails to adequately recognise public health (Lang, 2011). Failing to make the connection or linkages between food production, nutritional intake and dietary outcome explicit, the paper puts a stronger focus on an informed consumer, particularly children, stating; ‘consumers need accurate information about food, and about its links to health’ (ARC, 2010: p.12). Additionally, it is argued by Lang (2011) that ‘the world of ARC has not taken health seriously’, but in the future ‘ARC must engage with the agenda of sustainable diets’, in particular population health (Lang, 2011).

Christopher Birt, of the Faculty of Public Health made an individual contribution to the process, stating that the CAP is one of the major determinants of several risk factors for health and disease as ‘our European diet is determined to a substantial extent by the CAP’ (Birt, 2011). Birt asserts that current chronic diseases are a significant burden in the EU and ‘represents a major barrier to sustainable development’ (Birt, 2011). However, Birt (2011) recognises that ‘the CAP can play a profound role in improving health and tackling health inequalities’, but this requires a systematic reform of agricultural policies that should ‘support making the healthy choice the easy choice’ (Birt, 2011). It is proposed by Birt (2011, P.3) that sustainable production and consumption goals need to be integrated, for example
improving the agricultural link in nutrition programmes i.e. the SFS and the MDP’s scheme. This support for the CAP and its related nutrition programmes could help promote ‘affordability and accessibility of high quality, natural, healthy, nutritious and regionally and locally sourced foods’. In essence, Birt (2011, p.8) believes that DG AGRI funds should not be used to promote the production and primary processing of products that ‘are not otherwise promoted as part of public health nutrition healthy eating goals’.

The EHN, a member of EPHAC, and EPHAC itself submitted separate, but the same responses (Appendix 1), which highlighted the potential public health gains as one of the valuable outcomes of a reformed CAP (EPHAC, 2011b; EHN, 2011). It makes explicit that current consumption patterns are not sustainable in relation to the public health challenges of chronic diseases and that production and consumption patterns must shift ‘towards plant based diet[s] and policies and instruments should take this into consideration’ (EPHAC, 2011b; EHN, 2011). A recommendation calls for ‘unused funds’ be diverted to raise awareness of healthy diets, redirecting funds that are spent on promoting products that fall outside public health nutrition healthy eating goals (EPHAC, 2011b; EHN, 2011).

Post-Impact Assessment and lead up to 2011 legislative proposals

EPHAC’s 2011 position paper builds on the term ‘public goods’ which was mentioned in the 2010 Commission communication document (EC, 2010b). The position paper aims to ‘examine the rational for including public health nutrition as one of the public goods that European agriculture policy delivers’ (EPHAC, 2011b). The paper highlights the burden of diet-related NCD’s in the EU, reminds the reader of the main dietary determinants of these diseases, discusses the potential convergence between healthy diets, climate change, resource management and global food security, and provides an overview of how public health nutrition can be included as a ‘public good’ in agricultural policy. The paper places a strong emphasis on the prevalence and challenge of chronic NCD’s which ‘merit[s] serious policy response[s]’ (EPHAC, 2011b), recommending the Commission ‘find synergies between agriculture policy and stimulating healthier food choices...ideally food, nutrition and agriculture policies should be joined up’ (EPHAC, 2011b).

In the lead up to the EP vote on the 23rd June, a policy debate was hosted in the Commission, organised by EPHAC. This was an exercise by EPHAC to raise awareness, give recommendations and build new relations. It was significant as the AGRI Commissioner
Dacian Ciolos and Health Commissioner John Dalli both attended, and spoke on the role of public health in the CAP on one platform. Analysis is provided in the following chapter.

Similarly, a conference in July 2011 organised by ARC and hosted by the European Economic and Social Committee (EESC) offered a dialogue between civil society and policy-makers from the various EU arenas. The conference offered the potential for building stronger alliances and championing common issues together (ACR, 2011). Although public health groups were under-represented in relation to other ‘off-the-land concerns’ (Lang, 2011) their case was strong (ARC, 2011) and reached out to both the Commission officials and Parliamentarians. Pushing the narrative of the cost of diet-related ill-health associated with the present system, it was argued by Lang (2011) that the purpose of agriculture should be about health, and agriculture must recognise a new platform to provide healthier food.

Finally, with reference to the SFS and MDP scheme that increase access to foods of high nutritional value for the most vulnerable groups, it is argued by public health pressure groups that ‘linking production and consumption policy can be a driver in creating necessary change’ (EPHAC, 2011b). These schemes need to be mainstreamed; an extension to all members of society to ‘create access to foods of high nutritional value’ (EPHAC, 2011b).

**Conclusions**

This chapter has mapped the organisations engaged in lobbying the various EU arenas throughout the gradual reform process, to embed public health nutrition arguments on the agenda of agricultural policy.

The key public health actors involved or inserting themselves into the CAP reform process are today primarily represented under the umbrella of EPHAC. EPHAC emerged from HoM, NWHBO and NHF as a lobby in Brussels to champion public health issues on the agricultural agenda. It was identified that other than the eight members of EPHAC, a few organisations including ECO-VAST and Via Campesina have used the arguments of public health implications to strengthen their own agendas. It recognised that European consumer groups have failed to engage in the debates around public health nutrition.
Prior to the 2001 Gastein Health Forum, most discussion revolved around the need for decoupling of production, with concern centred around the miss-match of agricultural and health policies, failing to place any meaningful emphasis on the nutritional arguments. At the European Health Forum the link between nutrient quality of diets and agricultural policy was made explicit, and re-enforced in a series of papers that vehemently and persuasively highlighted the cost-burden associated with the CAP subsidy regime. These arguments were strengthened and put to policy-makers in the first lobbying attempt to influence the direction of the MTR, in a joint open letter by a multitude of interest groups.

Although some arguments were made prior to the introduction of the SFS and changes to the SMSS - which could be attributed to a convergence of factors including lobbying by the HoM and DG SANCO - it wasn’t until 2010, that the public health nutrition narrative gained traction. Responding to the Commission communication, a handful of public health interest groups put forward the argument that the present ‘food system supports unhealthy diets high in calories, fat and salt, and low in fruit, vegetables and grains’ (EHN, 2010b), and pushed the narrative that the CAP can and must do more for public health (Lang, 2011).

Under a new strategy pushed by EPHAC, the narrative has changed (Appendix 2) to provide constructive criticism and technical information to policy-makers. Furthermore, consensus has emerged that there are nutrition synergies - or a language of co-benefits – with environmental interest groups.
Chapter 6 - Analysis of the Degree of Realisation

This chapter will analyse how far the ideas on CAP reform, as expressed by public health interest groups have been accepted by the European institutions. It explores the effectiveness of the public health narrative and the extent to which space is emerging for their augments.

To discuss these developments, it will draw upon; the gradual CAP reform process as outlined in chapter three, give reference to the EU policy-making process as referred to in chapter four, and provide insight into the key actors involved, their narrative and lobbying approach as identified in chapter five.

A Decoupling of Production

Driven by market fundamentals, the primary objective of agriculturalists has been to maximise agricultural productivity at the expense of public health, with ‘strategies focusing on volumes of cheap energy produce rather than on producing inexpensive foods that present a healthy balance of macro-and micronutrients’ (Waage et al, 2010: p.64). Agricultural price support structures have provided the production incentives for increased production of animal fats and sugar and a decline in the production of fruits and vegetables (Waage et al, 2010: p.72). A series of reforms was initiated from the late 1980’s in response to recognised market inefficiencies and distortions, evidenced as surplus overproduction, but also driven by an increasingly vocal lobby (Grant & Stocker, 2009: p.233).

Although a report by the then Health Education Authority in 1999 first highlighted the disjointed nature of agricultural production policy in relation to consumption (or nutrition), it wasn’t until 2001 that the arguments were made to European policy-makers (Appendix 2). At the Gastein Forum, in 2001 the question: ‘How should the CAP be reformed to promote health?’ was discussed with proceedings sent to policy-makers (Guttenstein, 2001; Robertson, 2001). The participants identified opportunities to align the CAP to health objectives, specifically by encouraging changes to dietary behaviour through adjusting CAP support. The report states:

We envisage a CAP that has health improvement as a principal aim. This would aim to improve nutrition, by encouraging diets, which include more fruits and vegetables, and less animal fats and sugar,
available at reasonable prices for all citizens. These proposals should reduce health inequalities, and promote better health in accession countries (Gastein Opinion, 2002).

The key recommendations made at the forum have all been realised in subsequent reforms of the CAP. These include: Strengthening rural development through compulsory dynamic modulation; A ceiling on cash subsidies; Payments to be conditional on meeting a set criteria (Cross-compliance); And the introduction of farm audits (Gastein Opinion, 2002).

Decoupling – removing the link between production of certain foods and subsidies – which has slowly occurred since 1992, but more progressively since the 2003 MTR, was an explicit recommendation that came out of the 2001 Gastein forum (Rayner, 2001; Robertson, 2001; Gastein Opinion, 2002). Prior to the implementation of the 2003 MTR of the CAP, the open letter, co-signed by civil society groups, which made the case for upstream intervention (Open Letter, 2002) appeared to be the first attempt by interest groups to formally lobby the Commission on nutritional issues in agricultural policy (Appendix 2). However, the success attributable to these interest groups in their lobbying efforts is questionable as it is difficult to quantify policy influence.

For example, during Finland’s EU presidency in autumn 2006, a core theme titled ‘Health in All Policies’ was adopted which mandated the inclusion of a health remit in the design of policies. The Finish decision was motivated by first hand experiences in successful reduction of CVD rates and promotion of heart health (Puska, 2000). It was used to examine health determinants that are mainly controlled by policies of sectors other than health, and promote practical measures in which health impact of decisions in other policy fields could be considered (Puska & Ståhl, 2010; Puska, 2007). This lasting policy framework with health at its core would guide policy formulation at all levels of governance in Europe (Puska, 2007). Therefore, it could be argued that ‘Health in All Policies’ is a key driver for policymakers in any inclination toward health in shaping agricultural policy in Europe today.

EU institutions increasingly acknowledge the need to include civil society representation in their policy process, particularly as technical information providers, for their policy recommendations and constructive scrutiny (Richardson, 2006: p.20). Furthering the aims of ‘Health in All Policies’ and ‘Together for Health’, the EU arenas are becoming reliant on dialogue with public interest groups that are concerned for health (Greer, 2009: p.192). As a
platform of engagement, the European Public Health Forum (EPHF) enables dialogue between European global health actors, which is a consultation group used to inform EU institutions on specific issues such as the EU Platform for Action on Diet, Physical Activity and Health (EC, 2011h). Under the leadership of the Commission it provides a blueprint for Europe to follow (EC, 2005a; EC, 2011h). The platform acts as a forum for actors at European level who commit their membership to engage in practical actions designed to contain or reverse current trends of rising obesity or the prevalence of chronic NCD’s (EC, 2011h). This institutional credence is recognition of the need, but also a practical attempt to link agricultural policy with health in a process of collaborative idea generation.

It is difficult for civil society groups to develop consensus or agree upon joint actions at the European level because they are diverse and lack adequate processes and funding for collaborative work (Greenwood & Aspinwall, 1998; Mahony, 2004). The world of public health lobbying is very low on resources, and reliant on NGO’s and professional societies (such as Faculty of Public Health). Small health groups need to build alliances with environmental lobbies to develop the language of co-benefits; this has partly been achieved through the ARC, but public health is under-represented (Lang, 2011).

**Targeted schemes**

The introduction of the SFS in 2008 was an example of policy formulation that occurred despite weak and unscientific evidence. It can be attributed to both the success of the public health lobby and the horticulture lobby, but also helped by an internal political champion to nurture the policy. It took the passionate work of Lars Hoelgaard to push for it and convince the Commission to adopt it internally (EPHAC, 2011c).

The implementation of the SFS is regarded by Dr Gauden Galea of the WHO as a ‘win-win situation’ as being exposed to the scheme has shown to increase the consumption of fruits and vegetables, and additionally the scheme had found markets for horticulturalists’ produce (Galea, 2011). The scheme intentions were about meeting the objectives of CAP, ‘including the promotion of earnings in agriculture, the stabilisation of markets and the availability of both current and future supplies’ (EC, 2008a). Evidence also suggests it was argued on the basis of public health rather than the need to support a horticultural sector (Europa, 2008). According to the former AGRI commissioner, Mariann Fischer Boel, the intent of the scheme was reversing the decline of consumption of fruit and vegetables and
was a way to ‘show we’re serious about taking concrete steps to fight obesity’ (Europa, 2008). It was intended to ‘give kids good habits at an early age...[as] they will carry these into later life’ (Europa, 2008). The policy was based on the evidence that ‘children eat far too little fruit and vegetables’, and increased consumption of fruits and vegetables ‘can play an integral role in reducing obesity rates, and cutting the risk of serious health problems – such as cardiovascular disease and diabetes’ (Europa, 2008).

It can be argued that this was the first attempt by agricultural policy to recognise and embed Article 152 Treaty requirements: ‘that a high level of human health protection be ensured in the definition and implementation of all Community policies’ (Treaty of Amsterdam, 1997). It is a cost-effective intervention that recognises the importance of upstream intervention as a necessary tool, albeit at school children only. It is acknowledged by Health Commissioner, Dalli - who is ‘pleased that agricultural policy recognises health’ - that agriculture policy has to ‘begin with children to shape cultures of healthy consumption’ and lead to ‘informed consumers’ (Dalli, 2011). It is a policy that has enabled DG SANCO to deliver on its own policies, to act on nutrition (Gomez, 2010) and show it could have influence in the design of policies other than its own.

Today, at a cost to the Commission of €90bn, it is argued by the public health lobby that the Commission is getting lots of value out of it. With €192bn economic costs in NCD or DALY’s lost, which is three times the cost of the CAP, the SFS, it is argued offers good value representing €90m of EU expenditure (EPHAC, 2011C). It is regarded by EPHAC as ‘a step in the right direction’ (Pederson, 2008) and a necessary targeted programme to increase access to healthy food by lower socioeconomic groups (EPHA, 2010b).

With its origins in a period of over-production, the SMSS was started in the 1980’s as a dumping mechanism for cheap surpluses. Today however, it is a scheme regarded by the Commission and nutritionists alike to have a nutritional remit. Milk is a nutrient-dense food, and generally viewed by nutritionists as an important foodstuff for children to consume (WHO, 2010, Prentice, 2004: p.228; Crawley, 2010). Although milk is a good source of calcium and vital nutrients, it is also high in fat, particularly SFA (Keeley, 2011; Astrup et al, 2011). Over time a diet high in SFA can raise cholesterol levels, a risk factor for Coronary Heart Disease (CHD) (WHO, 2011).
The scheme has traditionally disproportionately favoured the subsidy of whole milk—which contains a higher content of SFA. However, partly attributable to a long (from 2005) and effective lobbying relationship between the HoM (EPHAC’s predecessor) and individuals within the EP, a new version of the SMSS was adopted in 2008 (EC, 2008c). This review of the scheme has extended subsidy rates to various types of drinks, to increase access of fermented milk products with fruit or fruit juice, yoghurt, buttermilk, and kephir (EC, 2011).

The DG AGRI Commissioner has signified his support for both the SMSS and SFS, and recently announced (depending on the budget) the strengthening of the schemes and potential merging (Ciolos, 2011a). Furthermore, the Commissioner has stated he is open to suggestions and idea generation; therefore, EPHAC which has been championing its Brussels lobbying presence since 2008 is best-placed to act as a constructive and legitimate partner in this discourse. EPHAC wants to be involved in the transition towards a healthier agricultural policy (EPHAC, 2011a), and however small these schemes, they offer a necessary platform for the organisation to develop its relations internal to the EU arenas and coalition-build externally.

‘Public Goods’ Values Health

Article 152 of the Amsterdam Treaty requires that the potential health impacts of all EU policies be assessed:

A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health (Treaty of Amsterdam, 1997).

Article 153 of the Amsterdam Treaty requires that: ‘the community shall contribute to protecting health, safety and economic interests of consumers, as well as to promoting their right to information, education and to organise themselves in order to safeguard their interests’ (Treaty of Amsterdam, 1997). In spite of the clarity provided by both the declarations, the concerns raised by the public health lobby are about the health impacts of
many EU policies, most notably aspects of the CAP. This is evident from the alarmist narrative (Appendix 2) deployed by the Faculty of Public Health in 2007 (Birt, 2007).

Up until the 2010 reform consultations, the only mention of public health in agricultural policy was a tacit inclination by the EU, through the remit of Amsterdam and Maastricht Treaties of the 1990’s, to enshrine health in all policies.

The Commissions communication on ‘the CAP towards 2020’ published in November 2010, included public health as a priority and ‘recognised the increasing focus on nutrition and sustainable consumption as part of the larger societal issues that CAP must deliver on’ (EPHA, 2011b). The communication document referred to public health in four instances, acknowledging ‘public health requirements’ as a strategic aim of the CAP, identifying the demands of ‘EU citizens on...healthy nutrition’, and challenges of food security recognised as ‘issues of access, availability and acceptability of healthy food and nutritional efficiency’ (EC, 2010b). However, it was reminded by Commissioner Dacian, at the EPHAC policy debate that ‘the purpose of the CAP is not to shape diets’ (Cioloș, 2011a).

The Commission communication has highlighted the need for the CAP to meet the challenges of chronic diseases and healthy nutrition. However, neither Article 152 nor 153 of the Amsterdam Treaty are mentioned in the latest reform proposals and this tacit recognition of health as ‘public goods’ is confounded by the lack of leadership from agriculture on how to meet these public health challenges.

Following the release of the hotly debated and well-drafted report, written by Albert Dess (EPP, DE), the final version confirms a continuation of the future EU agricultural budget, as well as the safeguarding of the two-pillar payments model (of direct payments and rural development) (Dess, 2011). The draft resolution was adopted by 40 votes to 1 with 4 abstentions in the EP at the Brussels plenary session of 22nd June (Alston, 2011).

The EP report includes health as one of the objectives of the reformed CAP post 2013 (Dess, 2011), but does not give mention to the wine sector or alcohol-related issues, which were previously listed as amendments (EPHA, 2011). Analysis by EPHA (2011) recognises the report ‘lacks on concrete and ambitious goals to strengthen public health benefits’, fails to push for simple solutions to the current challenges, such as ‘agro-ecological methods of food
production’ and appears ‘weak on questioning the fundamental over-production and over-consumption pattern of certain agricultural products’.

The report mentions public health only once, and that was in the context of supporting the food processing sector, stating: ‘the concept of sustainable and competitive agriculture...with the task of providing the people with safe and healthy food in sufficient quantities and at appropriate prices, and providing raw materials for a strong European processing industry’ (Dess, 2011:p.6). The EP (2011a) report fails to recognise the public health dimension as an issue for agricultural policies. It was stated by the EP ARDC that ‘the EU farm budget should be left unchanged so that farmers have a reasonable incentive to meet these new challenges’ (EP, 2011a). Not mentioning health goals.

Although MEP’s either vote by agreeing or disagreeing with the report itself, the lack of public health nutrition narrative raises important questions about the success of EPHAC’s strategy in targeting this arena. The strategy to directly lobby MEP’s should encompass an approach to identify the right people, persuading them of the public health narrative and nurturing complex coalitions (Coen & Richardson, 2009: p.233).

At a policy debate in June 2011, which was hosted by EPHAC in the EP, the Commissioners, Ciolos and Dalli both spoke on the role of public health in the CAP. To have both Commissioners on one platform, involved in open dialogue with civil society was significant for public health and the indication they gave, showed willingness to incorporate public health into the future CAP (Ciolos, 2011a). It was also symbolic of increasing recognition and respect for EPHAC as the principal lobbyist championing health on the agricultural agenda, evidence that the Commissioners were listening and engaging with the debate (EPHAC, 2011c).

Both Commissioners realised that big change is inevitable and the future CAP reform must address public health (Ciolos, 2011; Dalli, 2011a). Addressing an audience of public health officials, the agricultural commissioner stated ‘The CAP has a clear contribution to health policies, providing safe and diverse food, at affordable prices for consumers and in sufficient quantity, promoting a balanced nutrition, based on quality products’ (Ciolos, 2011; EPHAC, 2011c). The commissioner gave an indication that agricultural policies ought to do more to leverage nutrition: ‘we can do more to create synergies between agriculture, education and
health, to ensure that European policies address the challenges of diet related chronic
diseases’ (Ciolos, 2011; EPHAC, 2011c).

Commissioner Dalli expressed concern for current agricultural outputs on health and stated
‘we need to have courage and accept, design and educate to start doing things
differently...this requires a complete revolution in thinking about all the inter-related issues’
(Dalli, 2011). The Commissioner called for courageous action in development around
changing production and consumption, putting a strong focus on ‘consumer behaviour,
education and food literacy’ (EPHAC, 2011c). Expressing his support for public health
interest groups, Dallis suggested that framing and designing the CAP requires an ingraining
of the vision of public health as advocated by public health movements (Dallis, 2011).

MEP Oana Elena Antonescu (EEP, Romania), made explicit that ‘the current debate on the
CAP focuses mostly on payments; however, it should also focus on health and better
integration of production and consumption’ and highlighted the relevance of agricultural
policy on a number of factors influencing diet including price and availability, particularly for
low socioeconomic groups (EPHAC, 2011c). This is symbolic of parliamentarians becoming a
decisive target for lobbyists and evidence that EPHAC is operating a multi-channel-strategy,
involving a complex mix of strategies and building coalitions, internally with MEP’s but also
externally with advocacy groups.

In a communication document dated 29th June 2011, the Commission proposed the multi-
annual financial framework for 2014-20. This recognised health to be an explicit goal of
agriculture, stating: ‘the CAP will be modernised to deliver safe and healthy food, protect the
environment and better benefit the small farmer’ (EC, 2011i: p.2). The Communication also
outlines the need to ‘eliminate fragmentation and ensure more coherence...linked to key
sectoral policy priorities such as health’ (EC, 2011i: p.10). This document provides evidence
that the Commission is serious about a long-term commitment to grasp health
developments and seek policy coherence with agricultural policy. This too, symbolises that
health on the agricultural agenda is likely to become more important in future reforms.

This chapter has revealed that the public health dimension has gained in policy saliency over
the course of the decade, particularly from the initial discussions at the Gastein Health
Forum and then re-enforced by the formation of EPHAC in 2008. Positioned in Brussels,
EPHAC has delivered a less provocative strategy, providing constructive criticism rather than alarmist citations, and intends to infiltrate the various arenas to position health at the core of agricultural policy-making.

Although public health interest groups have pushed some initial language into the CAP process, it is recognised that the lack of serious commitment to health in the Albert Dess report and the ARC representation, show that public health is unlikely to be embedded as an explicit goal agriculture during this reform. It is acknowledge that by 2020, the ‘new world food order will be responding not just to climate change, water stress and energy crunch but to ill-health patterns’ (Lang, 2011) and the arguments for public health may become more politically feasible and realistically accepted as a necessary upstream health intervention strategy.
Chapter 7 - Discussion and Conclusions

This research has reflected upon the gradual evolution of the public health dimension in European agricultural policies through the impacts, priorities and policy initiatives of interest groups. It has analysed the emergent narrative (Appendix 2) to illustrate how the arguments are framed, and recognised the extent to which these arguments are influencing agricultural policy discourse.

In the context that current supply outputs within Europe are generating widespread chronic ill-health, a public health lobby has emerged to argue for upstream intervention. To tackle excessive intake of SFA or under-consumption of vitamins and minerals, these interest groups are framing the arguments in the reforms of agricultural policies around the public health dimension. The arguments are based around the potential for further upstream agricultural policy reform to address the public health externalities issuing from contemporary food supply chains.

From an evolutionary perspective of the CAP reform, this research has attempted to illuminate who is appearing in the debates and what narrative has been deployed and why. Secondly, it has attempted to reveal the evidence that the public health dimension is gaining in policy currency on the European agricultural agenda, and attribute these developments to the successful lobbying approaches of interest groups.

It was identified that although literature emerged in late 1990’s regarding the potential to leverage the CAP for health benefits, it took the pivotal Gastein Forum in 2001 to consolidate the nutritional arguments, making explicit - to policy-makers - the link between nutrient quality of diets and agricultural policy. The public health nutrition narrative was strengthened by the publication of reports such as Schafler Elinder’s (2003a) ‘Public Health Aspects of the EU Common Agricultural policy’ and the Faculty of Public Health’s ‘The CAP on Health: The Impact of the EU Common Agricultural Policy on Public Health’ (Birt, 2007). These reports helped to engage policy-makers by re-enforcing, in a vehemently persuasive manner, the cost-burden associated with the CAP subsidy regime.

Throughout 2005-08, the HoM, NWHBO and the NHF began exploiting the lobbying opportunities to embed public health thinking onto the CAP agenda; in particular creating links between production and consumption through influencing changes to public
procurement policies (see SMSS, Pp.54). Although some arguments were made prior to the introduction of the SFS and changes to the SMSS, it wasn’t until 2010 - under the umbrella of EPHAC - that the public health nutrition narrative gained traction.

The EPHAC emerged from HoM, NWHBO and NHF as a lobby with a Brussels presence to specifically champion public health issues on the agricultural agenda. Due to the compromises and coalition-building required, it has become necessary, if progress is to be made, to have a Brussels presence (Zetter, 2008: p.333). EPHAC has provided a strong voice for the public health narrative, and although started by deploying alarmist narrative, has since applied a different approach to lobbying. Under a new strategy pushed by EPHAC and its members, the narrative has changed (Appendix 2) to provide constructive criticism and technical information to EU officials and policy-makers. Its remit, as evidenced from policy debates in Brussels that involved key officials, was to massage the framing of agricultural policies to inject health as an explicit goal.

The key public health actors involved or inserting themselves into the CAP reform process are today primarily represented under the umbrella of EPHAC. Although consumer groups have, to date, distanced themselves from the debates, it has become evident that a myriad of other interest groups (primarily environmental) have used public health arguments to strengthen their own agendas and have lobbied either individually or collectively for agricultural policies to recognise the implications on health. EPHAC is now keen to develop nutrition synergies - or a language of co-benefits – with environmental interest groups (EPHAC, 2011a).

This research has identified that the issue of public health nutrition on the CAP reform agenda is tacitly gaining in policy saliency and the increasingly vocal public health lobbies have played a pivotal, but not exclusive role in driving this change.

Despite the fact that the CAP was founded on public health concerns - albeit a productionist vision for health that focussed on cheap calories to address the concern of under-consumption – over time health was transformed from core to peripheral. From this narrow focus on productionism a new analysis has emerged, regarding nutritional quality, dietary intake and health outcomes, but this public health analysis has to date failed to be formally recognised in agricultural policy (Birt, 2006: p.13). Although DG AGRI has been reluctant to
formally accept the public health nutrition implication of CAP policies (EC, 2009a; EC, 2011b), some evidence from policy documents and conference proceedings suggest there is a tacit re-emergence of public health as an objective of agricultural policy (EC, 2010b; Dalli, 2011; Ciolos, 2011a; Ciolos, 2011b). The CAP reform is a gradual process, and although the public health dimension was a founding principle, it was forgotten, and has only incrementally re-emerged over the last decade.

The first evidence of a public health interest group present in the agenda-setting for agricultural policy followed the Gastein Health Forum in 2001 with an open letter co-signed by civil society groups and sent to policy-makers in 2002. The narrative was concerned for decoupling of production, which arguably, was progressed by a stronger, and well-resourced environmental lobby which led to the ‘multi-functional’ element in the CAP. Nutritional issues remained off the agenda (Schafler Elinder et al, 2006: p.95), with the previous DG AGRI Commissioner stating ‘agricultural policies cannot be responsible for everything’ (Jambor & Harvey, 2010: p.20).

Separate, but intertwined with the reform process are various targeted schemes, including the SFS, SMSS and MDP. Although the schemes have their origins in a period of over-production, it has been established they represent successes on behalf of the public health lobby and are potentially symbolic of the influence of public health interest groups.

It has been recognised that the introduction of the SFS in 2008 was the first attempt - since the founding principles of the CAP - to integrate health goals into the implementation of the CAP (Sustain, 2010). The SFS can be attributed to both the success of public health and the horticulture lobby, but also aided by an internal political champion, Lars Hoelgaard, who passionately nurtured the policy and supported the public health narrative. Additionally, it could be argued that the policy has enabled DG SANCO to deliver on its own policies, to act on nutrition (Gomez, 2010). The scheme’s intent was argued on the grounds of public health, reversing the decline of consumption of fruit and vegetables (Europa, 2008). To have identified groups that were instrumental would have required further research beyond this dissertations remit.

Despite the weak and unscientific evidence, the policy was successfully implemented and today, the SFS appears to have the full support of the commissioner, Dacian Ciolos, who is
keen to strengthen and extend the SFS, and has announced the potential of merging the SFS with the SMSS (Ciolos, 2011a).

The SMSS was reformed in 2008 to extend eligibility of the nutrient-dense foodstuff and include lower fat alternatives with a more culturally diverse choice (WHO, 2010; Crawley, 2010; EC, 2008b). This decision can be attributed to a convergence of factors including an increasingly vocal public health lobby, led by the HoM, which questioned the high subsidy on milk (Lloyd-Williams, 2006: p.13). The HoM had a courteous and effective relationship with the ARDC, and gentle direct lobbying was applied from 2005 which led to the promotion of semi-skimmed milk where milk subsidies previously disproportionately favoured whole full fat milk.

For public health groups advocating for upstream intervention, a direct involvement in the political discussion through an ‘insider’ presence in Brussels (Coen & Richardson, 2009: p.214) has been strengthened by the formation of EPHAC. The EPHAC provides the EU arenas technical competency; thoughtful analysis and critical enquiry; and builds stable policy communities and networks, both internally within the various arenas and externally. Although its message has remained consistent, its strategy has adapted from pitching evidence of the cost burden associated with the present subsidy regime, to positioning itself as an information-provider (Appendix 2). Where public health was once outspoken on the cost-burden of the CAP, EPHAC’s members have now adopted a strategy to work with the various arenas and policy-makers rather than taking an oppositional approach.

EPHAC now regards itself as a constructive, legitimate partner providing information and technical expertise to the Commission and directly to MEP’s (EPHAC, 2011a). EPHAC is inserting itself into the policy-making picture by nurturing complex coalitions, both internally and externally. This collaboration is also an example of risk reduction for the Commission, as it reduces the likelihood of policy resistance to new proposals (Richardson, 2001, p.249; Sabitier, 1988).

EPHAC’s change of strategy to massage the framing of policies internally is showing signs of reaping rewards. Evidence from the 2010 Commission communication document, most notably the recognition of health as a ‘public good’ (EC, 2010b), shows an attempt by agricultural policy to value health, but not take responsibility. Considering the fierce
competition for policy space around the CAP and the gradual process of reform, it is an important development for public health.

These developments however, are far from secure and subject to tussles during the 2011 legislative proposals, as ‘deals done at one institutional site can be undone elsewhere’ (Richardson, 2001) Furthermore, none of the developments of the past decade are protected; a rational assumption suggests they could be undone and lost under a process of reprioritisation (Zetter, 2008: p.302) if appropriate lobbying pressure is not maintained. Despite the uncertainties, evidence is emerging to suggest that the European agricultural agenda will engage with health as part of a future CAP trajectory.

This research has also revealed the differing lobbying approaches and techniques applied by the public health lobbies in the various arenas. Within the policy-making process, most public health organisations, that are attempting to put public health at the fore of the European agricultural agenda, have relied upon a single-channel-strategy by responding to the Commission only (Richardson, 2006: p.27). This dependence on one arena risks missing opportunities. EPHAC, and previously HoM, however, have encompassed a more effective and optimal lobbying role through a multi-channel-strategy (Richardson (2009, p.7; Coen & Richardson, 2009: p.9) using multiple access points to deploy its narrative. EPHAC’s multi-channel-strategy involves both the Commission and EP.

Positioning themselves as information-providers to the Commission, either by responding to the Commissions consultation, or by attending or giving host to conferences and policy debates. Resources allocated at this early stage of agenda-setting are likely to yield greater returns (Richardson, 2006: p.27). Also by participating in the EPHF and the EU Platform for Action on Diet, Physical Activity and Health, interest groups obtain the opportunity to engage in collaborative dialogue in the policy formulation process. This platform of engagement, discussing upstream interventions, is an important example of institutional credence to seriously attempt to link agricultural policy with health.

The Commission is renowned for having a social function as it consults with various stakeholders to obtain the best knowledge and insight, and therefore is regarded as an appealing arena for lobbyists (Mazey & Richardson, 2006: p.248-9; Coen & Richardson, 2009: p.215). It was evident that several public health organisations have responded to the
consultation process and shown presence at various conferences in the lead up to the legislative proposals.

EPHAC are attempting to influence the outcome of policy by targeting the EP. As the EP has acquired co-decision this arena is becoming more important for lobbyists. The point of access for the EP is through parliamentarians, and for that reason MEP’s have become decisive targets for interest groups. It was identified that EPHAC, for example, turned its strategy to lobbying MEP’s prior to the EP vote on the Albert Dess Report. With a permanent presence in Brussels, EPHAC takes the strategic approach to identify the right people, and persuades them by constructing a rational case which shows politicians how they can achieve their objectives. This openness and permeability of each arena has been important for public health groups for having their voice heard (Greer, 2009).

In conclusion, public health has had some gains in framing past discourse to inject health in agricultural policies, but this progress has been incremental and not solely attributable to the influence of public health interest groups. The successes over the past decade have included; a decoupling of production, the introduction of the SFS and policy changes to the SMSS. These developments have been accompanied by an increasingly vocal public health lobby, firstly represented by the NWHBO and HoM, and then from 2008 under the umbrella of EPHAC. Following EPHAC’s change of strategy to become a constructive partner to the EU arenas, recent inclinations from policy documents and policy debates suggest the public health dimension is gaining in policy precedence. Although agricultural policy-makers are beginning to realise the arguments for upstream health intervention, it was evident from the Dess (2011) report, practical measures remain politically unpalatable. Finally, the future trajectory of the CAP is likely to encompass a health remit, but the gradual nature of the reform process suggests interest groups should not expect the explicit goal of agriculture to engender health any time soon.

Lastly, reflecting on the strengths and weaknesses of this dissertation, it can be concluded, that this research provides an important contribution to the understanding of the emergent public health dimension in European agricultural policies. Where a dearth of literature existed before, it provides necessary insight into the emerging role of public health interest groups and their collaborative efforts to infiltrate the various EU arenas and maximise their capacity to shape public policy. Although the research was over-dependent on secondary
resource, it provides a useful analysis of the evolution of the public health dimension of the CAP and explanation of how interest groups are managing, however slowly, to re-inject health as an explicit goal of agricultural policy. Key stakeholder interviews would have complemented this research and provided key insight into the subject area. As the emergent public health dimension of the CAP is poorly documented, primary research would be useful to compensate the gaps in the available literature by providing additional data as well as reassurance for ideas and help to develop arguments. Further research should include interviews with key informants to better understand the factors influencing policy discourse and the emergent public health narrative deployed in the design and implementation of agricultural policies.
**Appendix 1** – Key interest groups interested in the CAP, and have shown concerns for public health by responding to the Commission Impact Assessment.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Organisation remit and funding. Interest in the CAP since?</th>
<th>The narrative used in policy consultation: Position on the CAP and key recommendations.</th>
</tr>
</thead>
</table>
| EPHA | €1,113,000 (60% funded by a DG SANCO operating grant). 1993 – Alliance of 84 health groups. Member of EPHAC since 2008 | - CAP’s contribution to the EU 2020 strategy with health and health equity, chronic diseases, poverty and "agricultural biodiversity" at its centre;  
- Public health protection and social cohesion through rural development and encouraging local and regional food systems;  
- Continuing decoupling of direct payments, ensuring deliver of public goods conditional on a minimum set of good agriculture practices, environment and public health criteria to ensure that EU goals for sustainable development are met;  
- The CAP relates to farmers and the public in general - who are both taxpayers and consumers and both benefit from nutritious and safe food, a healthy environment, good health, prospects of jobs, so focus should be placed on providing public goods;  
- Current agricultural challenges cannot depend solely on technological solutions but require addressing current consumption patterns, waste and complex relationships between environment, biodiversity and human. |
| HoM | Founder and board member of EPHAC | Position represented through EPHAC. |
| NWHBO | Founder and board member of EPHAC | Position represented through EPHAC.  
Individual submission made by Christopher Birt, chair. |
| NHF | Founder and board member of EPHAC | - CAP can play a profound role in improving health and tackling health inequality, but to do this requires a systematic reform  
- An integrated public health and agriculture policy is needed to help EU efforts to tackle chronic disease  
- Create links between production and consumption through public procurement policy |
| EuroHealthNet | €1,000,000 1996 – Health advocacy – Clive Needle. Member of EPHAC | - Present discussion on the future reform of the CAP offers a unique opportunity to incorporate health aspects – including access to safe, nutritionally balanced food at affordable prices – into a healthier, more sustainable and greener CAP;  
- Build on existing EU institutions including the School Milk Subsidy Scheme, School Fruit Scheme, and Most Deprived Persons Scheme;  
- Undertake economic analysis of policies and programmes that directly or indirectly affect health;  
- Encourage healthy eating through retail planning to manage food availability and access. |
| EHN | €751,000. Network of 34 members – Advocacy, networking, education and patient support. | - CAP can play a profound role in improving health and tackling health inequality. But to do this requires a systematic reform;  
- Ensuring food security, safety and quality in a manner consistent with public health, environment and ethical standards and equity;  
- A strengthened approach to strategic targeting should be developed and policy coherence with EU goals relating to public health. |
<p>| Sustain | UK-based organisation, Joined EPHAC in June 2011. | Position represented through EPHAC. |
| EAPA – European Alcohol Policy | Member of EPHAC | Position represented through EPHAC. |</p>
<table>
<thead>
<tr>
<th>Alliance</th>
<th>Budget</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
</table>
| EPHAC                          |        | 2008 – Brussels based alliance of civil society and public health organisations (HoM, NWHBO, National Heart Forum, EuroHealthNet, EPHA, EHN,EAPA, Sustain) | ➢ Ensure access to healthy diets as part of a coherent strategy to address inequalities in health;  
➢ While quality is important in maintaining EU competitiveness in agriculture, this must not be at the expense of the affordability of a safer and nutritious diet for all layers of society;  
➢ CAP should not promote the production and export of “crops” or products defined as public health damaging whilst the EU is increasing efforts and funding to encourage healthier lifestyles;  
➢ Develop policy-making on sound impact assessment procedures that take a stronger account of output on health outcomes. |
| European Co-ordination Via Campensina | €150,000-200,000. Via Campensia & FoodsovCAP – Priorities for a fair, sustainable and legitimate agriculture policy | ➢ At the core of CAP should be access to healthy food for all;  
➢ The CAP should promote healthy eating patterns, moving towards plant-based diets and towards a reduced consumption of meat, energy-dense and highly processed foods, and saturated fats, while respecting the regional cultural dietary habits and traditions;  
➢ In order to provide healthy food for all...the current dominant models of production must be changed;  
➢ Beside measures to change the model of food production, also measures to promote sustainable and healthy eating patterns and to strengthen local food cultures. |
| ECL – Association of European Cancer Leagues | €210,000. Non-profit association and an alliance of 23 national and regional cancer leagues. | No position established. Why not?                                                                                                               |
| EUROPA DONNA-The European Breast Cancer Coalition | 1993 – EUROPA DONNA, the European Breast Cancer Coalition of 46 member organisations. | No Position established. Why not?                                                                                                               |
| ECOVAST – European Council for the Village and Small Town | €3,500. 1984 – To further the well-being of rural communities, and the safeguarding of the rural heritage, throughout Europe | ➢ Developing agricultural production capacity on a sustainable basis throughout the EU – ensuring food security, safety and quality in a manner consistent with public health |
| Global Health Europe | €216,000. 19 members in a community that promotes synergy between the policy spheres of public health. | ➢ Policies regarding agricultural practices can have a profound impact.  
➢ To improve global health governance through more coordinated, coherent, consistent and committed European engagement. |
| EEB – European Environmental Bureau | €2,339,745. 145 member organisations – The environmental voice of European citizens. | ➢ Promote the conditions for the production of safe, healthy and high quality food. |
| YARA SA | €150,000-200,000. Global turnover equates to $10bn. Help farmers get better yield and deliver healthy food. | ➢ Investing in sustainable agriculture and sufficient food production is a basic investment in human health. We underline the importance of balanced plant nutrition as a pre-requisite for healthy and quality food. |
**Appendix 2** – An evolutionary perspective of the narrative deployed to make the arguments for public health intervention at the upstream level

<table>
<thead>
<tr>
<th>Publication</th>
<th>Narrative used</th>
<th>In relation to the CAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobstein &amp; Longfield (1999), Health Education Authority (now NICE)</td>
<td>‘Food production activities are largely divorced from nutrition policies’. ‘There should be a dramatic reshaping of the CAP support system so that the production of meat and dairy foods is discouraged’. ‘Conversion schemes should be funded to encourage meat and dairy producers to re-invest in alternative products’. ‘Reforms in the CAP (in 1992 and Agenda 2000), go some way towards decoupling…opening up the possibility that producers will become more sensitive to consumer need’</td>
<td>Following reforms in 1992 and Agenda 2000.</td>
</tr>
<tr>
<td>Robertson (2001), European Health Forum Gastein</td>
<td>‘Inadequate consumption of vegetables’…‘appropriate policies…to encourage investment in horticultural production’. ‘Funding should go to support promotion of increased consumption of vegetables and fruit, instead of promoting the consumption of meat products and full-fat milk’. ‘Food production policies during the 1970’s and 1980’s led to the consumption of high-levels of fats and meat products…extension of this present EU agricultural policy would perpetuate these eating patterns’. ‘Human health costs have not received sufficient attention’.</td>
<td></td>
</tr>
<tr>
<td>Rayner (2001), European Health Forum Gastein</td>
<td>‘Those setting health objectives for the CAP needed to consider how the CAP could help to reduce the burden of chronic diet-related diseases as well as acute food-borne diseases’. ‘A priority goal is for an increase in consumption of fruit and vegetables’. Although ‘what extent do health objectives conflict with other objectives’ was questioned, the language of co-benefits was noted: ‘what is good for human health is generally good for the environment’. ‘A multi-functional agriculture should incorporate health’. Finally, the forum remarked ‘to build health objectives into the CAP the focus be on supply or demand’ (It was unsure whether CAP should shape supply or consumer preferences)</td>
<td></td>
</tr>
<tr>
<td>Gastein Opinion (2002)</td>
<td>‘Arguments for including health aspects must now be added’ ‘It is estimated that poor diets are responsible for one third of cardiovascular disease deaths’…’Nutritional imbalances account for over a hundred times more preventable deaths’ ‘Over 7 million years of life are lost each year in the EU because of early death from cardio-vascular disease’. ‘The CAP appears to operate as a rural social security system at the expense of poor households’.</td>
<td></td>
</tr>
<tr>
<td>Open Letter (2002)</td>
<td>‘The link between diet and chronic disease and the overall health of the European population is well known. Europe pays a heavy price, financially and in human capital, for the ill-health of its citizens’ ‘The CAP has a crucial role to play in ensuring that consumers have access to a wide choice of nutritious foods in order to have a balanced diet’. ‘How will the EU use the CAP and financial instruments to prioritise the production of food that contributes to the improved nutrition of Europeans’?</td>
<td></td>
</tr>
<tr>
<td>Elinder (2003)</td>
<td>‘Public health concerns are absent in agriculture, apart from food safety’ ‘Structural elements in these [fruit and vegetables, dairy, wine and tobacco] four sectors of the CAP continue to hinder the achievement of lifestyle modifications that reduce the risk of obesity, coronary heart disease, type 2 diabetes, cancer and alcohol-related social and medical problems; diseases which cause more than 70 per cent of all deaths in the EU region or 41 per cent of the disease burden’. ‘Approximately 2.2 billion EUR is used for products and measures which harm public health in the EU’.</td>
<td></td>
</tr>
<tr>
<td>Lock (2004, p.1-3) in Eurohealth</td>
<td>‘Current health goals cannot be achieved without appropriate changes to agricultural policy’. ‘Must improve the knowledge of agricultural decision-makers about the links between CAP policy, nutrition and health’. ‘Improve the evidence for the health impacts of agricultural policy in Europe’. Subtly noting barriers to change: ‘sometimes they [governments] are incapable of doing so because of current drivers of European agricultural policy’. ‘Our task is to help develop an integrated European agriculture and food policy, which balances competing and sometimes conflicting interests but which includes public health as a core priority’.</td>
<td></td>
</tr>
<tr>
<td>Lang (2004, p.4-8)</td>
<td>Making recommendations to people in public health around injecting health in agricultural policy, must do four things:</td>
<td></td>
</tr>
<tr>
<td>Source</td>
<td>Statement</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>inEurohealth</td>
<td>‘Be clearer about the drivers; take a long, strategic view at the purpose of agriculture; situate farming within the entire food supply chain (understanding the power of midstream and downstream); build tough political alliances’. ‘Gradually, CAP’s policy-makers lost touch with this health foundation, and a narrow subsidy led approach to managing the food supply chain triumphed’. ‘From a public health perspective…not just whether some prices are too high, but whether others are too cheap?’ ‘Pressure on the Commission to create a modern Common Food Policy that gives health a central role will rise’.</td>
<td></td>
</tr>
<tr>
<td>Elinder (2004, p.13-16) in Eurohealth</td>
<td>‘The biggest health threats from food in Europe today are not bacteria and toxins but calories’ ‘In light of the obesity epidemic and the high prevalence of heart disease and diabetes subsidising animal fat consumption should not take place’</td>
<td></td>
</tr>
<tr>
<td>CLM (2005)</td>
<td>This report revealed the impacts of CAP on health. ‘Public health should lead changes in the CAP because of the urgency of the nutrition related health issue’. ‘What are the health effects of agricultural products?’ ‘What is the effect of the CAP on public health?’ ‘Should a healthy-food-diet be a goal of the CAP?’</td>
<td></td>
</tr>
<tr>
<td>Faculty of Public Health, Birt (2006)</td>
<td>In the lead up to the Agenda 2000, ‘It would be difficult to construct an agricultural system better designed to kill Europeans through coronary heart disease’. ‘In 2003 some real progress was made…[nevertheless] only small step towards the reforms which are needed, and they include no incentives to farmers to farm healthier food’.</td>
<td></td>
</tr>
<tr>
<td>Faculty of Public Health, Birt (2007)</td>
<td>‘High intakes of saturated fat and sugar, and low consumption of fruit and vegetables are factors known to be associated with a number of major diseases and disorders’. ‘Policies that have had a profound effect on public health’</td>
<td></td>
</tr>
<tr>
<td>HoM (2005-08)</td>
<td>No literature was identified</td>
<td></td>
</tr>
<tr>
<td>NHF (2005-08)</td>
<td>No literature was identified</td>
<td></td>
</tr>
<tr>
<td>WHICH (2009)</td>
<td>‘The CAP continues to have an enormous influence over the type of food that is produced. Recent reforms have been going in the right direction’</td>
<td></td>
</tr>
<tr>
<td>EHN (2010)</td>
<td>Supports a need to prioritise and provide incentives for ‘the production of more plant-based products…contributing to reduced consumption of products of animal origin and increased consumption of fruit, vegetable and whole grains’.</td>
<td></td>
</tr>
<tr>
<td>EPHAC (2010a)</td>
<td>‘public health should be included as one of the objectives of the CAP’ ‘CAP can do more to promote healthy diets’</td>
<td></td>
</tr>
<tr>
<td>NICE (2010)</td>
<td>‘Health has not been formally recognised as a public good. CAP reforms have begun to address this issue, but a clearer focus on CVD and its antecedents (that is, the production of foods high in fat, sugar or salt) is needed’</td>
<td></td>
</tr>
<tr>
<td>ARC (2010)</td>
<td>‘[The] objectives of the CAP should go beyond those stated in the Treaty of Rome’. ‘Consumers need accurate information about food, and about its links to health’</td>
<td></td>
</tr>
<tr>
<td>EPHAC (2011b)</td>
<td>Production and consumption patterns must shift ‘towards plant based diet[s] and policies and instruments should take this into consideration’. ‘There are current inconsistencies between policies, both within the CAP and between it and other EU programmes’...’A future strategy must ensure the coherence of policies across key priorities such as public health’.</td>
<td></td>
</tr>
<tr>
<td>NHF (2011)</td>
<td>‘CAP can play a profound role in improving health and tackling health inequality, but to do this requires a systematic reform’. ‘The CAP is an important European policy, but needs to change to reflect current and future challenges and be relevant for its citizens’. ‘Agriculture policy is needed to help EU efforts to tackle chronic disease’. ‘We applaud the commission for giving explicit recognition to the role that “CAP can play in preventing diet-related chronic disease…We would like to see the impact on public health receiving greater recognition throughout DG Agriculture’s portfolio’.</td>
<td></td>
</tr>
<tr>
<td>EPHAC (2011c)</td>
<td>‘Start a constructive dialogue and to build synergies between agriculture, health and consumer policy’. ‘Poor nutrition is one of the strongest detrimental determinants of health’</td>
<td></td>
</tr>
</tbody>
</table>
References


IFPRI (2011a). ‘Leveraging Agriculture for Improving Nutrition and Health: Highlights From an International Conference’. International Food Policy Research Institute, Washington, DC.


