

# Health Impact Assessment of Agriculture and Nutrition policy

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**Cross-Sectoral Policies in the field of Nutrition and Physical Activity**

Radenci, 10 – 11 March 2008

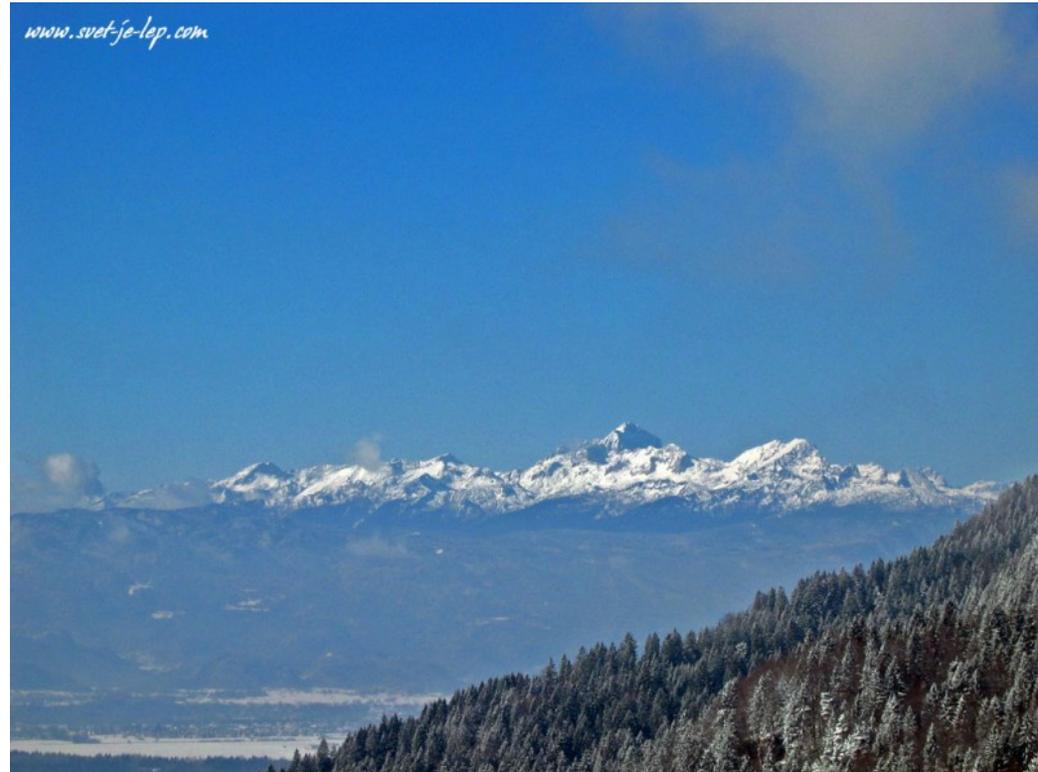
# Presentation outline

I. Introduction

II. Health impact  
assessment of food  
and agriculture  
policies in Slovenia

III. Working together -  
at national and  
regional level

IV. Conclusion



# I. Introduction



# Food and health



**Diets determine nutritional status**

**Nutritional status determines health**

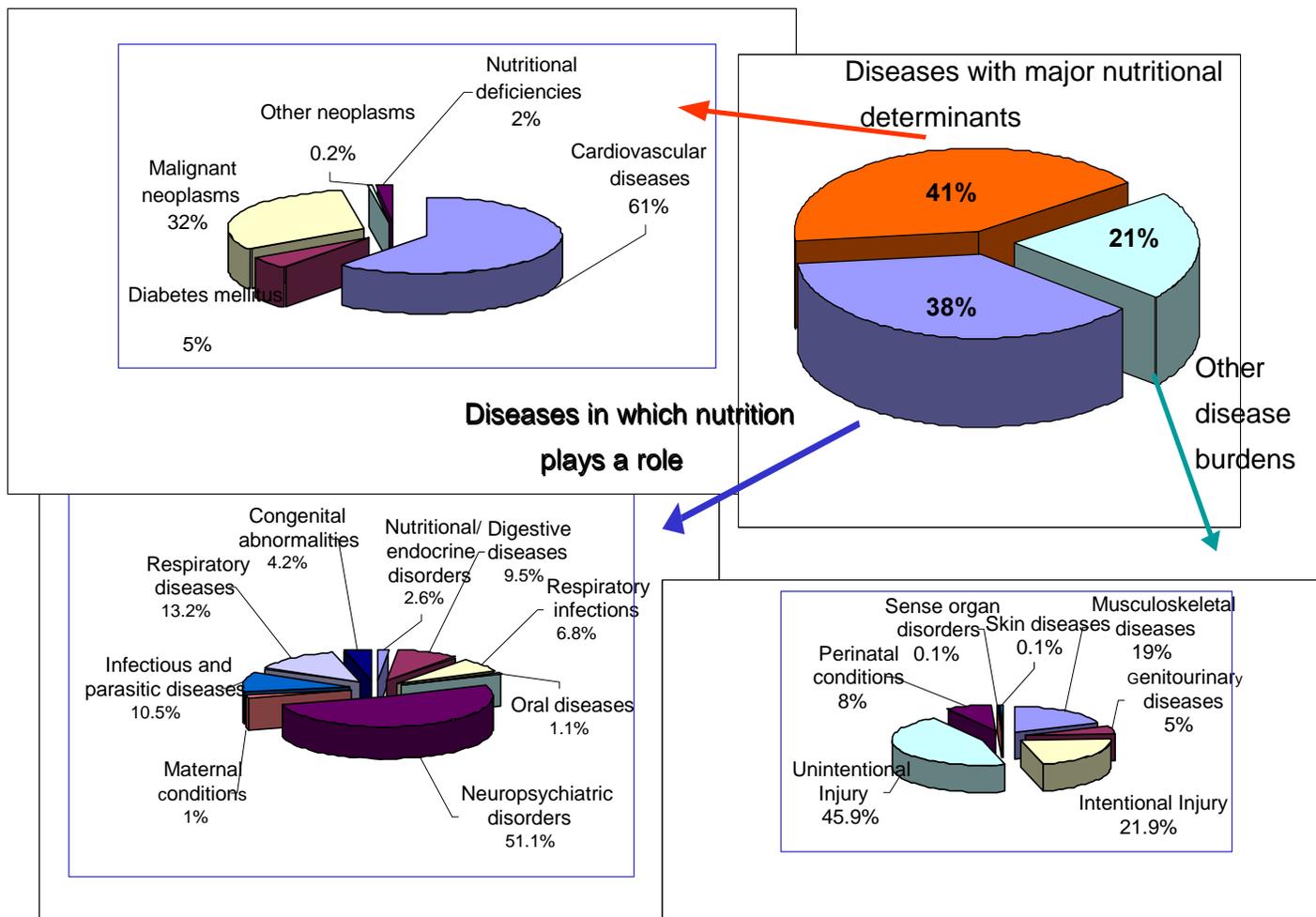
Balanced diets are essential to good health

Unsafe foods generate disease

Source: FAO presentation to WHO meeting, Paris, June 2007

# Diet and disease

## Lost years of healthy life in the European Region, 2000



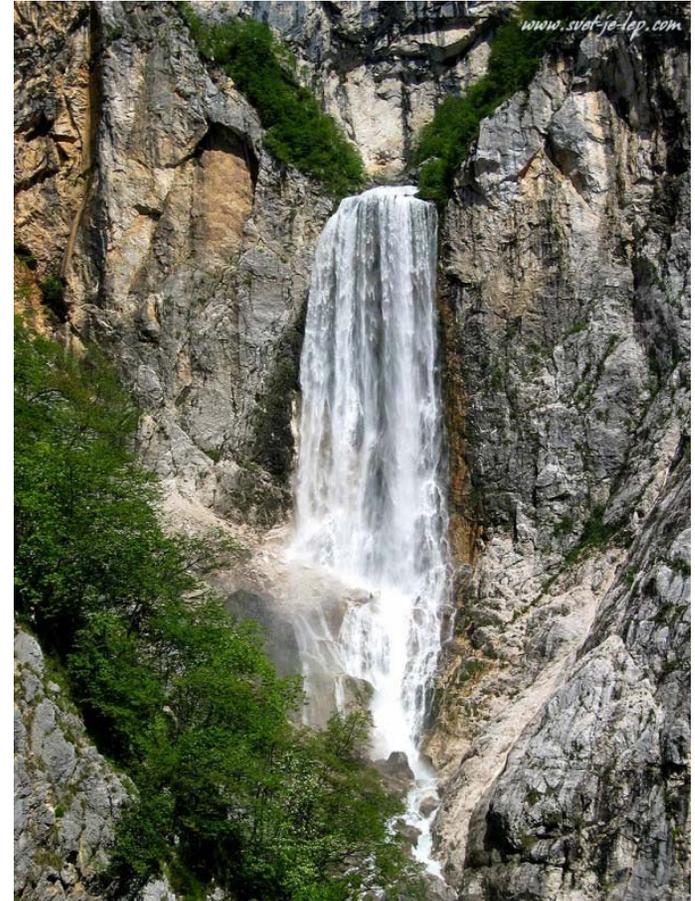
Source: adapted from *The world health report 2000*, by Aileen Robertson.  
*Health systems: improving performance*

# Agriculture policies and practices

**Agriculture policies  
and agriculture  
production practices**

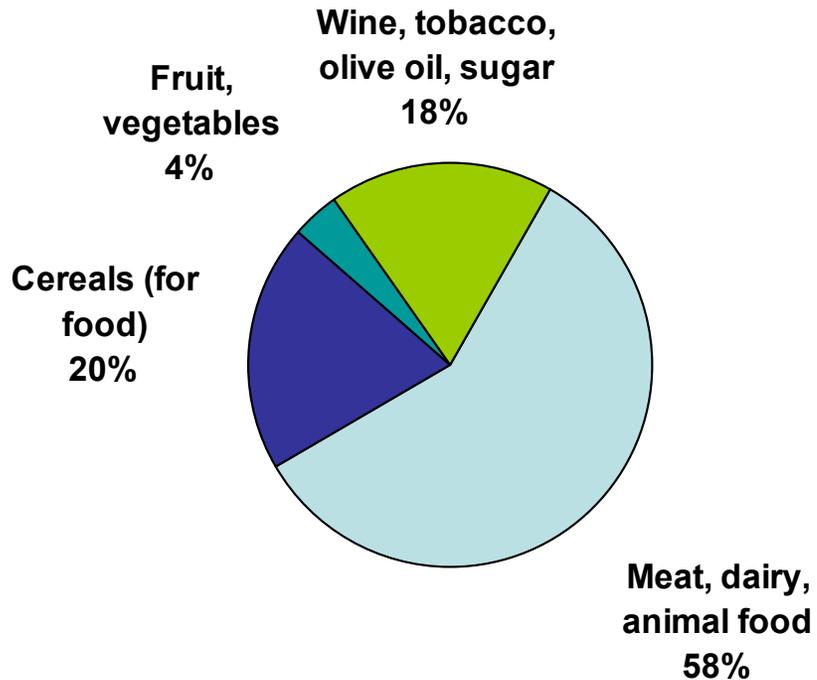
**influence what farmers  
choose to grow**

**could influence what  
consumers choose  
to eat**



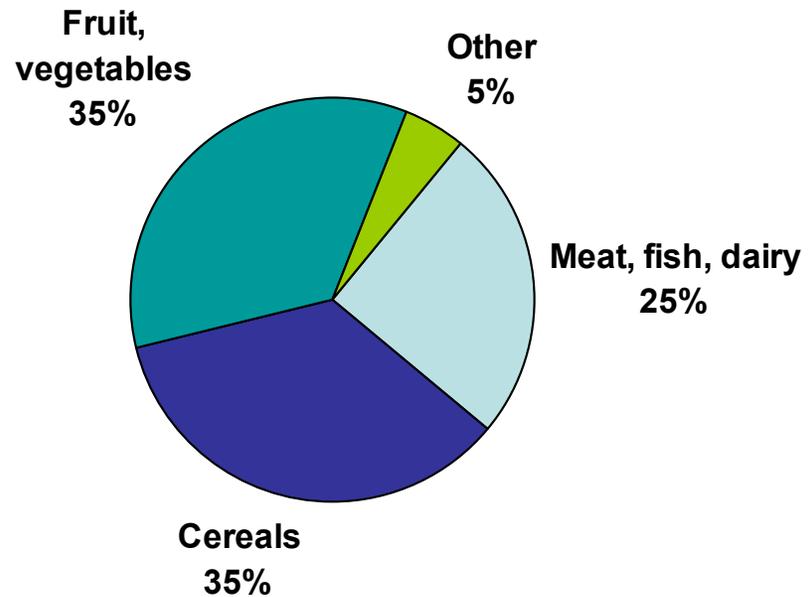
Source: FAO presentation to WHO meeting, Paris, May 2007

# Common agriculture policy (CAP) budget



Source: European Commission, Directorate-General for Agriculture

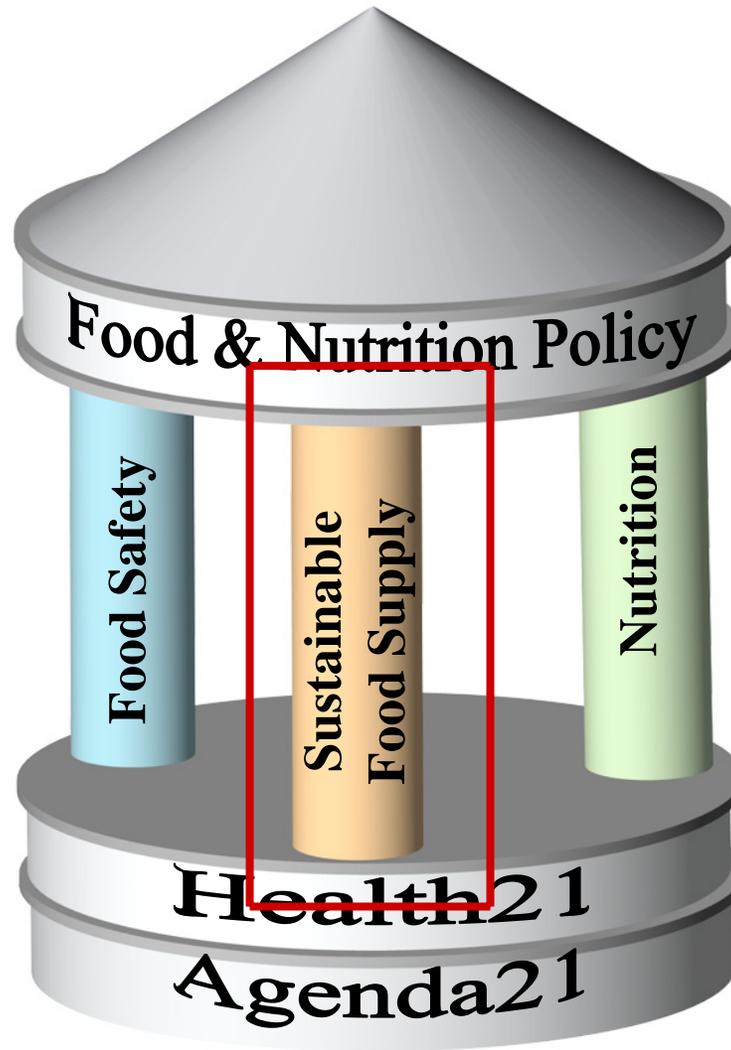
# Dietary targets



Source: WHO/FAO TSR 916

Adapted from different sources, WHO, 2004

# WHO FOOD & NUTRITION ACTION PLAN



Source: Food and Health in Europe: new basis for action, WHO RP ES, No. 96



# II. Health Impact Assessment of Food and Agricultural Policies in Slovenia

# Legislative basis

## Health care and health insurance law (Official Gazette of RS, 9/92)

- A modern law, includes goals set with Health for all:
  - Republic of Slovenia creates conditions for health promotion and health care by economical, ecological and social policy measures; and coordinates activities in all sectors to achieve optimal health.
- Health Council at the governmental level (basis for Health Impact Assessments)



# Rationale for developing HIA in the Republic of Slovenia



## **Accession to European Union: opportunities**

Negotiations for acquis and CAP subsidies

## **National Food and Nutrition Action Plan**

MOH realised the need for inter-sectoral working to improve nutrition

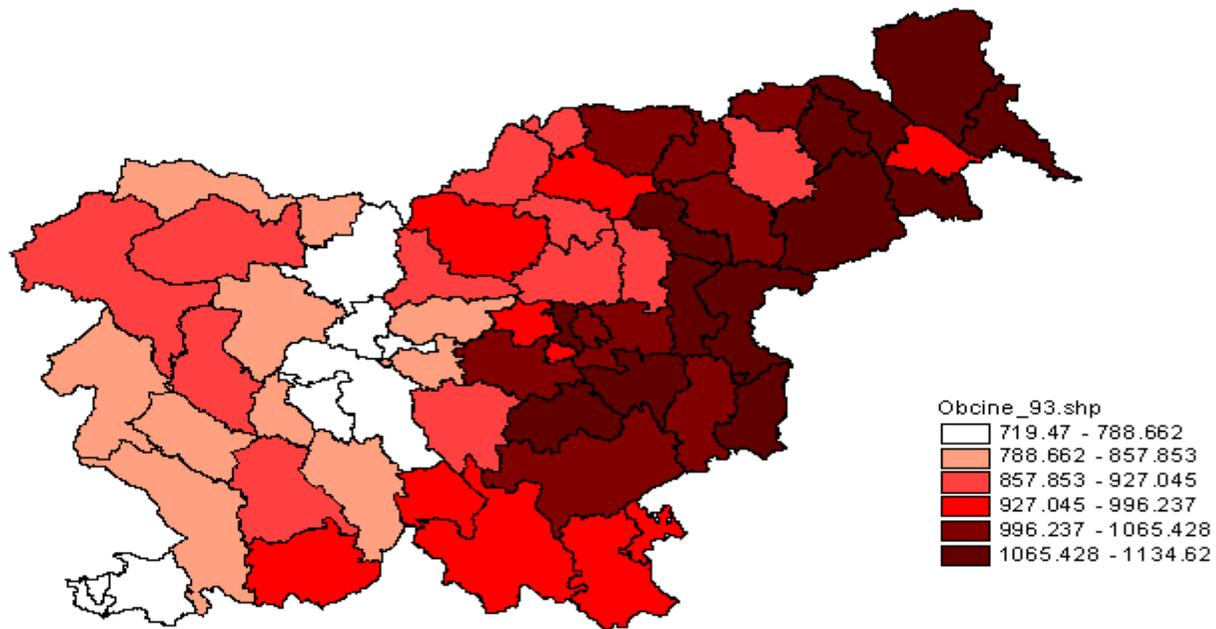
## **Inequalities in health between east and west-**

e.g. high rates CVD, liver cirrhosis

## **Most of determinants of ill-health are not under control of health sector**

Source: Lock K, Gabrijelčič Blenkuš M, Maučec Zakotnik J, Poličnik R. HIA on Food and Agricultural Policies in Slovenia. Report to Ministry of Health, 2003

# Regional variation in mortality in Slovenia



Source: Šelb J., Kravanja M. ZdravVar 2001  
National Institute of Public Health of the R of Slovenia, 1987 - 96

## Health data

## Agriculture data

60 % of landscape –  
forests

75 % rural areas –  
disadvantageous for agriculture

Average farm - 5,6 ha majority of farms 2 do 5 ha

GDP in agriculture in Slovenia -  
decreasing, around 3%



# HIA approach used in Slovenia



Policy analysis

Rapid appraisal workshops with stakeholders

Review of research evidence

Analysis of Slovenian data for health-related indicators

Data synthesis and policy recommendations

Final report to government committee and feedback to contributors (2003)

Evaluation – DG SANCO project

Source: Lock K, Gabrijelčič Blenkuš M, Maučec Zakotnik J, Poličnik R. HIA on Food and Agricultural Policies in Slovenia. Report to Ministry of Health, 2003

## Multisectoral, multilevel including representatives of

- local farmers,
- food processors,
- consumer organisations,
- schools,
- public health,
- NGOs,
- national and regional development agencies and officials from several government ministries – health, agriculture, finance, transport, environment, education, social affairs, work, tourism, culture)

(i.e. workshop with 66 participants)

# Actors and stakeholders of HIA



Source: Lock K, Gabrijelčič Blenkuš M, Maučec Zakotnik J, Poličnik R. HIA on Food and Agricultural Policies in Slovenia. Report to Ministry of Health, 2003

# Key determinants of health identified at stakeholder workshops



Potential changes in

income & employment in rural areas

Cultural impacts on rural lifestyle

Increased imports (e.g. fruit and vegetables)

Farm intensification and health concerns

Potential benefits of and barriers to organic agriculture

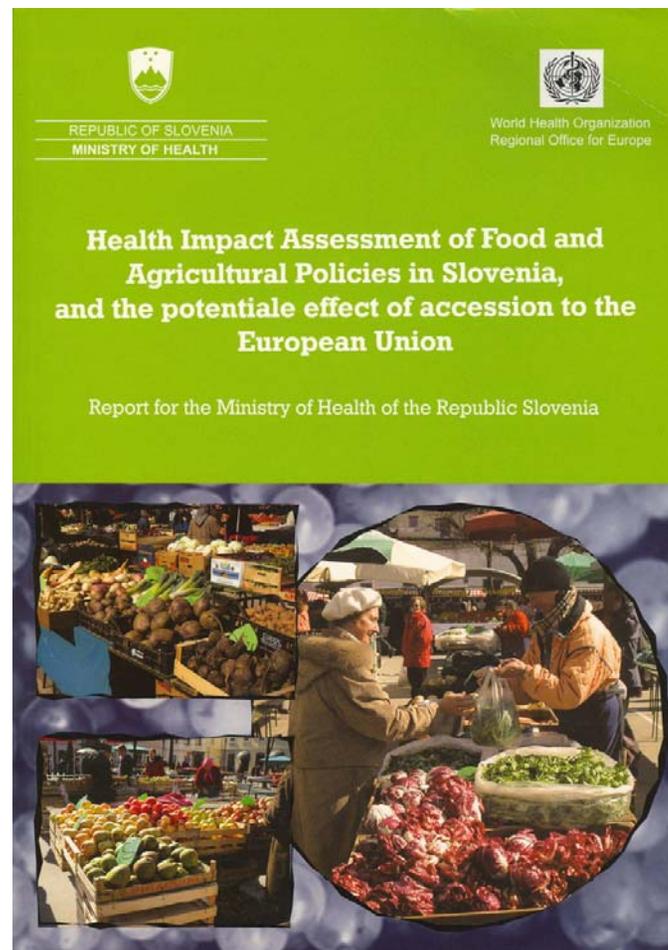
Occupational health of farmers, food processors

Capacity of local services to cope with post accession changes in socio-economic status e.g farmer education, employment services

# HIA Report to Ministry of Health

**Recommendations** can be summarized in four main policy areas:

- fruit and vegetables,
- wine,
- dairy produce and
- rural development.



Source: Lock K, Gabrijelčič Blenkuš M, Maučec Zakotnik J, Poličnik R. HIA on Food and Agricultural Policies in Slovenia. Report to Ministry of Health, 2003

# Fruit and vegetable regime

**Public health:** Slovenes only eat about 75% of fruit and vegetables recommended as the minimum level to prevent heart disease and cancer

**Current situation:** Slovenia produces less than 60% F&V consumed, i.e. market capacity for increased supply



## *What were the potential effects post accession?*

Foreseen: Prices of locally grown produce increase, some imports will decrease in price

## *Were there health promoting opportunities?*

- Health education to increase demand, and increase the horticulture market
- Potential to promote rural development
  - Maintain rural employment and income



# QUALITATIVE EVALUATION

## Aims of the HIA

- 1. MoH civil servant:** *“In the time period HIA was conducted, Slovenia was an accession country. We wanted to influence policy makers working with CAP, as CAP’s anticipated measures often negatively reflect on health of people.”*
- 2. Academic, agriculture:** *“It was well-intentioned but positively naive. In fact the aim was to support Slovene public health policy and to some extent also a broader governmental policy.”*
- 3. Regional PH expert:** *“The intention was to harmonize agricultural and public health policies, with animating and inclusion of key partners from various range of other sectors. ... For our region this was a golden opportunity.”*

# Perception of HIA on food and agriculture policies by different stakeholders

## Medical expert:

broader socio-economic determinants of health were included

## Agricultural expert:

assessment was based on a relatively narrow medical concept



...expressed by agriculture expert: *“Thus one should be well-versed and technically competent when dealing with inter-sector communication and work. Expert multidisciplinary competency is the key and we do not have enough of it. The fixation on medicine is very disturbing. Medical experts think that everything derives from it ... This disrupts normal work. The agricultural experts believe that they are untouchable because of the large portion of the budget and the money they possess”.*

**Conclusion: lack of multidisciplinary competence, more cooperation and discussion is needed!**

Source:Wissmar M. et all. The effectiveness of Health Impact Assessment, WHO 2007

# Lessons learnt from HIA

## Specifically contributed in the facilitation of HIA:

- raised awareness among decision makers,
- involving key stakeholders from various range of non-health backgrounds,
- personal networks,
- institutional capacities,
- networking of skilled assessors,
- media involvement.

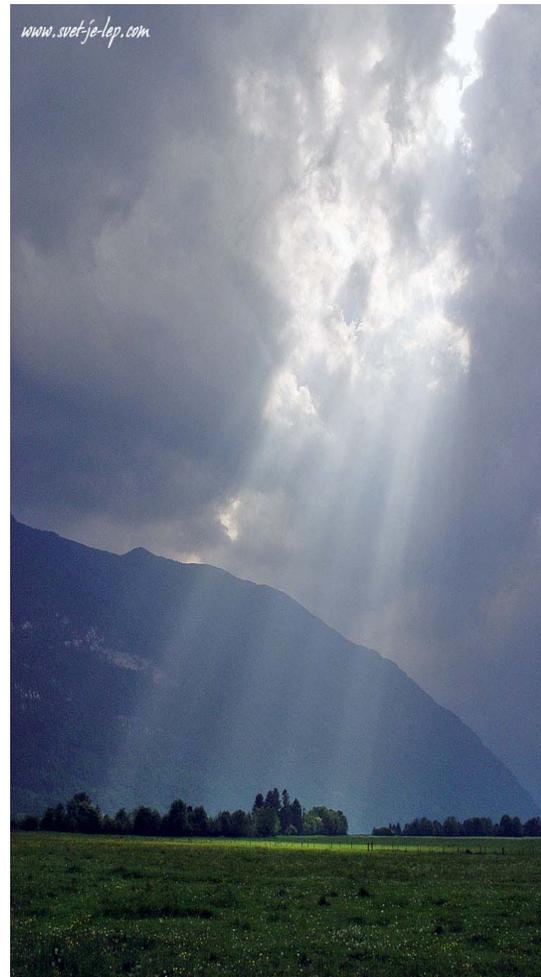


## Missing but could have helped to facilitate the HIA:

- lack of multidisciplinary competence,
- medical point of view,
- time and human resources limitation,
- missing correlations between health determinants and conditions in economic environment



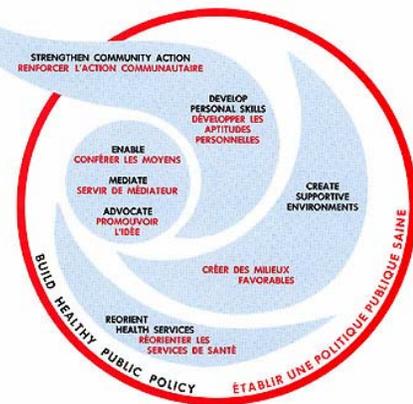
# III. Working together



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## National level

# Central issue facing HiAP: How to place health on the agendas of policy makers



Two approaches:

1. To get other sectors to contribute to improving health: could be called a health strategy where health is kept as a main objective
2. To achieve mutual gains or outcomes for all actors involved in this process: a mutual gains strategy or win-win strategy

Source: Stahl T. et al. Health in All Policies, Prospects and Potentials, Finnish Ministry of Social Affairs and Health, 2006

# Establishment of **Food and nutrition council**, at the MoH, 2000/01

Legal base: framework food law

Function: **official consultation body of Minister of health**

- Members:
- Representatives of different sectors,
  - Experts,
  - NGOs
  - consumers
  - Chamber of commerce (privat sector)

**Decision on conducting HIA was taken by the MoH.**

## **WORLD FOOD DAY 2002**

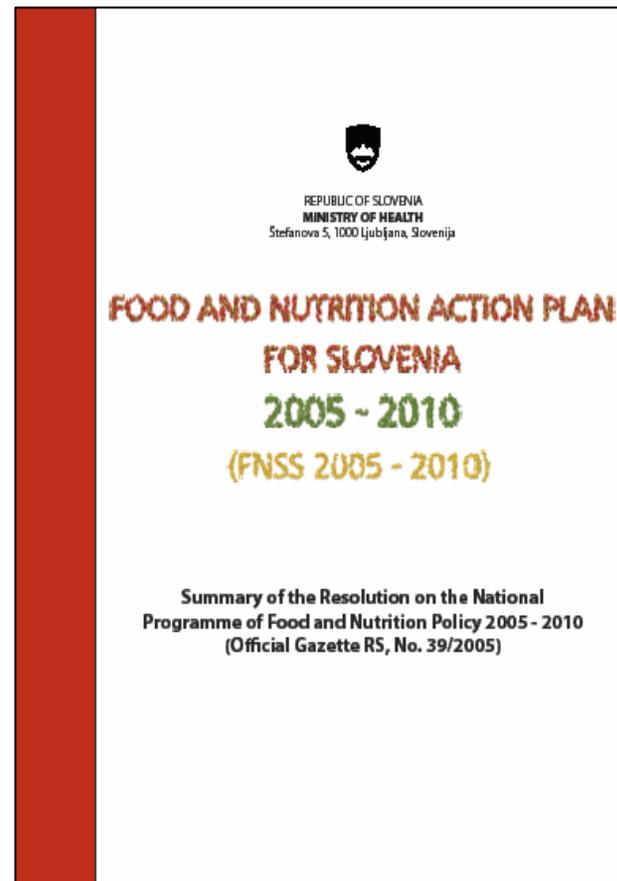
**Intersectoral consultation,  
workshops with all relevant  
stakeholders at the national  
level**

**Aim: Preparation of the  
Slovene FNAP**



# Food and Nutrition Action Plan for Slovenia

- Adopted unanimously by National Assembly of the Republic of Slovenia in May 2005 ;
- Achieved high agreement level of cooperation of several partners:
  - politics,
  - academics,
  - private sector,
  - NGO,
  - consumers;



# Sustainable local supply of health-beneficial foodstuffs/food in the R of Slovenia

## Strategic goals

To **strengthen local sustainable supply** of foodstuffs/food in the Republic of Slovenia:

- to increase the consumption of good-quality, locally and sustainably produced and health-beneficial foodstuffs/food,
- to increase the concern for the environment and drinking water,
- to stimulate the development of local economies and rural development,
- to establish good agricultural practice,
- to strengthen the possibilities of self-supply in the conditions of instability on global foodstuff/food markets.



# WORLD FOOD DAY 2005 targeted at the **LOCAL FOOD SUPPLY**

**Intersectorial consultation  
at the national level:**  
different sectors, academics,  
NGOs, private sector, consumers

Theory, role of different sectors and actors, best practices



**WORLD FOOD DAY 2006**  
**Indicators to follow up the  
developments  
(SORS)**





Ministers of health, education and family/social affairs are signing **official obligation** to take care for children and adolescent health together, with harmonized activities

CAP midterm reform – F/V:  
EC co-financing will be increased  
to 50 percent if the promotion of F&V  
is targeted towards school-age  
children and adolescents.

**Intersectoral working body  
was established in May 2007.  
Leading sector is education,  
agriculture and health  
participating.**

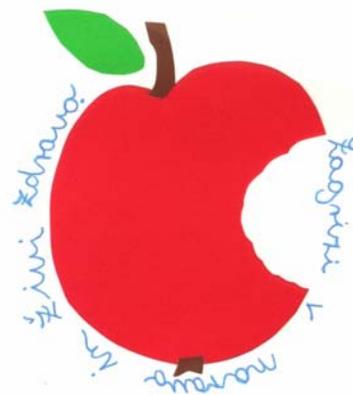


## WORLD FOOD DAY 2007

### Kindergarten and school nutrition

### Food procurements

Transfer of the “**Local sustainable food supply**” project  
from Pomurje Region to four other Slovene regions



## The role of Public Health in **School Fruit Scheme** – *Slovene experience*

**Ministry of Agriculture, Forestry and Food of the R of Slovenia**  
**Ministry of Education and Sport of the R of Slovenia**  
**Ministry of Health of the R of Slovenia**  
National Institute of Public Health of the R of Slovenia

**DG AGRI, Management Committee, 'SFS'**  
**Impact Assessment**

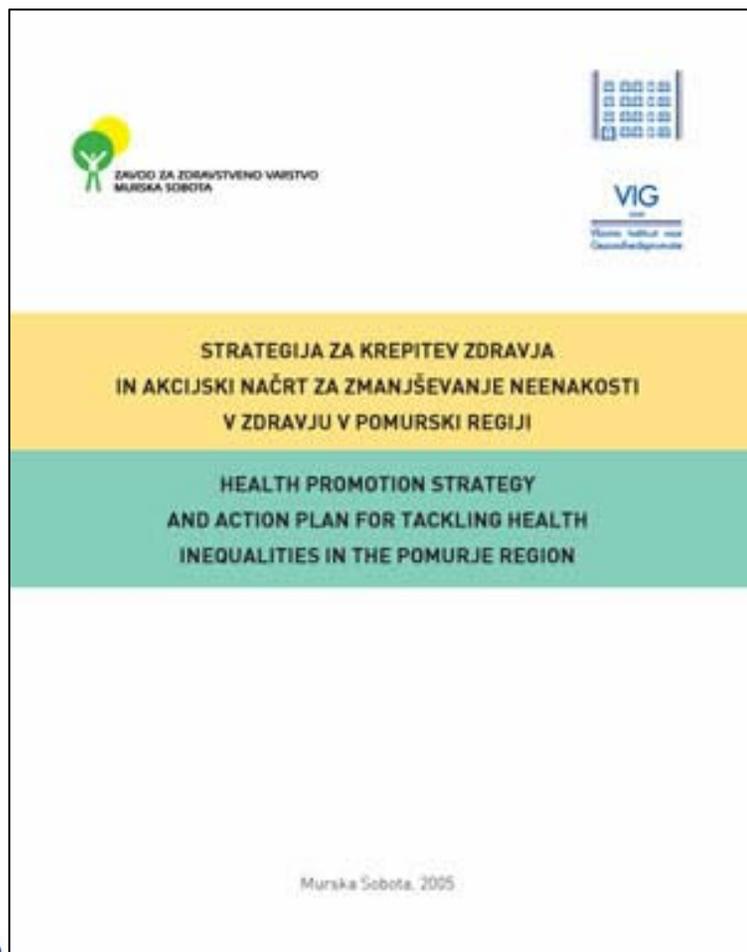
Brussels, 11 December 2007

# III. Working together

## Regional level



# Health promotion strategy and action plan for tackling health inequalities in the Pomurje region



## HIA OUTCOME:

More attention was paid to the equity issues on the regional level -

***“The equity issue has raised common awareness. Later on we launched projects intended to reduce health inequity. HIA had a snowball effect on understanding and perception”.***



LIFESTYLE:

NUTRITION

PHYSICAL ACTIVITY

SMOKING

ALCOHOL



## PROJECT

# LET'S LIVE HEALTHY and MURA PROGRAM

To improve health of  
the population



To balance  
regional development



**Branka Belovič,  
Tatjana Buzeti,  
Regional  
Public Health Institute  
Murska Sobota**



## IV. Conclusion

A lot is still to be done but  
intersectoral collaboration in  
partnerships is a way forward