

Applying health impact assessment to National Agricultural Policy:

Health implications of the Common Agricultural
Policy in Slovenia on joining the European
Union in 2004

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Why was HIA developed in the Republic of Slovenia in 2002-03 ?

■ National background

- Accession to European Union in 2004: opportunities and threats
- Negotiations underway for adopting EU legislative framework and Common agricultural policy (CAP) financial package
- National Food and Nutrition Action Plan (due end 2003)

■ HIA 'champion': State Secretary for Health

Motivated to do inter sectoral work on food, agriculture and nutrition

Public health issues in Slovenia

- High rates of CVD
- Liver cirrhosis:
 - among highest rates in Europe (35 deaths per 100,000)- high intake alcohol
- High rates of mental health
 - suicide rates among highest in world for over 20 years (23 deaths per 100,000 cf EU average of 10/100,000)
- Transport accidents 2nd highest cause of premature adult mortality in Slovenia (YLL)
 - - injuries are leading cause of death up to 45 years (exceeds EU average by 100%)
- Large inequalities in health between east and west-
 - e.g. rates CVD, liver cirrhosis, suicide worse in west which corresponds with agricultural areas
 - Mirrored by regional differences in socio-economic factors

Stages in the HIA approach used in Slovenia

1. **Policy analysis:** which policies to focus on
2. **Rapid appraisal workshops** with stakeholders from wide range of sectors represented.
3. **Review of research evidence**
4. **Analysis of Slovenian data for health-related indicators**
5. **Data synthesis and policy recommendations by steering group**
6. **Final report:**
 - Cross-government launch (October 2003),
 - Presentation to Parliament (19th November 2003)
 - Feedback to contributors (via open meetings)
7. ***Evaluation*** (Ongoing process and impact evaluation)

Defining the Policies to be assessed

DIFFICULT!

The CAP is enormous (about 50% EU budget) plus:

- Ongoing negotiations with EU about nature and amount of CAP package on accession (finally agreed Dec 2002)
- Even after this the Ministry of Agriculture still developing specific policies to which EU funds would be allocated
- Importance of understanding the effects of market economics:
 - Univ. of Ljubljana involved in modelling and interpreting potential policy scenarios likely when integrating the CAP requirements into Slovenian national policy

Key determinants of health identified at stakeholder workshops

66 participants including

Farmers, food processors, consumer orgs, public health, NGO's, Development agencies

Government ministries included Ministries of Agriculture, Economic Development, Education, Tourism, and Health

Main concerns/ themes:

- Changes in income and employment in rural areas
- Socio-cultural impacts on rural lifestyle
- Increased imports, threats to local food markets
- Farm intensification and health concerns (pesticides etc)
- 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. health services, employment and retraining services, welfare

Concern in post accession changes in the supply of local versus imported food:

- the effect on rural livelihoods



Finding: selected recommendations

Fruit and vegetable regime:

Public health: Slovenes eat 75% of fruit and vegetables recommended by WHO guidelines

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

CAP effects: Prices of locally grown produce will increase, increased imports but capacity for financial support in CAP to increase production

Policy opportunities

1. Joint work between health and agriculture to promote consumption & stimulate demand
 - Includes local procurement for public sector, producer co-ops
2. Rural development policy to transfer production to fruit and vegetables: could maintain rural employment and income as Horticulture needs 10-20% more labour, higher returns per hectare cultivated than e.g. grain crops, livestock
3. Any EU withdrawal produce should be used for human consumption-schools

Dairy regime

Public health: Slovene population eat too much animal fat, high rates heart disease etc

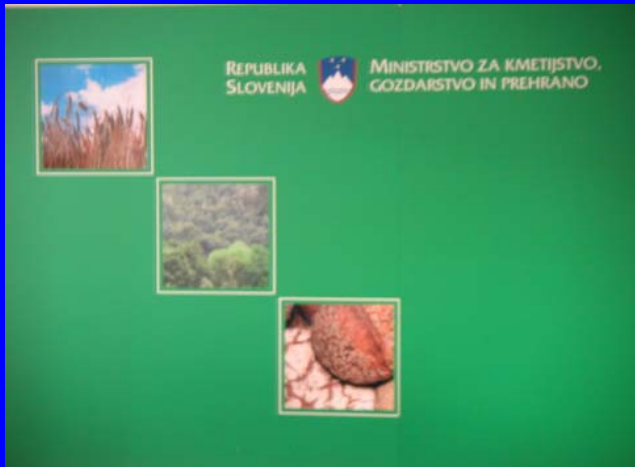
CAP effects:

- EU standards will increase fat content of milk (3.2% to 3.5% fat),
- Increased disposal of butter fat (Increase 'hidden fats' in processed food)
- EU funded School Milk schemes tend to stress whole milk

Opportunities for policy

- Instruments to support production of lower fat content of milk (benefits to agriculture - reduce costs of butter fat disposal)
- Clear marketing of public health benefits of lower fat milk, & the fact that milk fat content will change
- EU school milk programmes: need to ensure negotiate for low fat milk

Early findings from impact evaluation



1. Improved working with Ministry of Agriculture
 - Good joint working on Food and Nutrition Action Plan & in developing Rural Development policy
2. Greater awareness of nutrition and food as important health issues across government
 - Report presented to parliament
3. Raised awareness of the use of HIA as useful inter-sectoral policy tool
 - this initial pilot project has lead to HIA now becoming developing practice in health sector
4. Increased media & public awareness of health effects of agriculture and food

HIA process evaluation: Barriers

- Problems clarifying the policy options to be assessed in sufficient detail,
 - this influenced the timing and flexibility of the HIA
- Limited research evidence available for some key issues
 - literature reviews planned could not all be completed due to funding constraints
- Lack of resources: man power, opportunity costs
- Lack of in-country expertise at beginning
- Political time pressures, and high expectations

Facilitating factors

- Strong support of work in Government by State Secretary of Health
- Pre-existing relationships between ministries and agencies
- Involving wide range of stakeholders: government partners attending HIA workshop with consumers and producers
 - high level of engagement across sectors and public
- Increased involvement of national media in reporting public health implications of the CAP:
 - Newspapers, TV news reports of project
- Capacity building
 - running a 2 day HIA training course as part of HIA project for all sectors involved

Further information

- **Article in WHO Bulletin June 2003** (on WWW)

HIA of agriculture policies: lessons learnt from Slovenia.
Lock K et al. Bulletin of the World Health Organization
2003. 81, pp 391-398.

- **HIA report by Slovenian Ministry of Health**

*Health Impact Assessment of Food and Agriculture
Policies in Slovenia, and the potential effect of
accession to the European Union*

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- Will be available in summer on the internet (Slovene and English) – both at WHO and Slovenian MOH websites

HIA working group

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