



## **European Heart Network response to “Towards a reform of the common market organisation for the fresh and processed fruit and vegetable sectors – Consultation document for impact assessment”**

*July 2006*

### **Introduction**

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and other concerned non-governmental organisations throughout Europe. EHN has members in 26 countries throughout Europe.

EHN plays a leading role in the prevention and reduction of cardiovascular disease through advocacy, networking and education so that it is no longer a major cause of premature death and disability throughout Europe.

Cardiovascular disease (CVD) is the number one killer in the European Union (EU) causing more than 1.9 million deaths every year. It is estimated that cardiovascular disease costs the EU 169 billion euros every year.

EHN welcomes the opportunity to respond to the consultation on the reform of the common market organisation (CMO) for the fresh and processed fruit and vegetable sectors. EHN is pleased that the European Commission recognises the need for synergies between the tools of the CMO and other EU policies. EHN is particularly pleased that one of the aims of the reform is to “encourage better nutrition for better health among Europeans by advocating the consumption of fruit and vegetables”.

EHN’s below comments relate particularly to how to use the CMO for fruit and vegetables to promote better health.

### **Cardiovascular diseases and fruit and vegetable consumption in the EU**

In 2005, EHN published a report on *Fruit and vegetable policy in the European Union: its effect on the burden of cardiovascular disease*.<sup>1</sup> The report examined the potential

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<sup>1</sup> [http://www.ehnheart.org/files/ehnfina\\_2-095505A.pdf](http://www.ehnheart.org/files/ehnfina_2-095505A.pdf)

effect of the EU Common Agricultural Policy (CAP) fruit and vegetable regime on the burden of CVD.

The findings show that low fruit and vegetable intake in the EU is a major cause of disability and death due to coronary heart disease and stroke. If all 25 countries in the expanded EU were able to increase fruit and vegetable intake to the minimum recommended levels of 400 g per person per day, this could prevent up to 7% of coronary heart disease (CHD) and 4% of stroke, or in total over 50 000 deaths each year.

However, it must be remembered that 400 g per day is the lowest dietary goal. If people across the EU started to consume the same amounts of fruit and vegetables as are eaten by the highest consuming countries such as Spain or Italy, i.e. 600 g per person per day, we might be able to reduce the risk of CHD by up to 18% and stroke by 11%. This could prevent over 135 000 deaths each year.

It is clear that promoting healthy diets, including high consumption of fruit and vegetables and low consumption of saturated fats, is the most important food and nutrition issue that needs to be tackled at EU level.

## **Using the CMO to promote better health, including cardiovascular health**

### ***Increased production and stimulating demand***

It seems logical that production could best be increased if a multi-systems approach were undertaken, with the agriculture and health sectors working together to simultaneously increase supply and demand. This multi-sector approach has been advocated by a international fruit and vegetable promotion initiative jointly launched by the UN Food and Agriculture Organisation and the World Health Organisation in November 2003 (WHO 2003)<sup>2</sup>, as part of the Global Strategy on Diet, Physical Activity and Health.

EHN welcomes the proposal to explore a European Action Plan with the aim of increasing consumption of fruit and vegetables for better health and to fight obesity.

**EHN agrees with the consultation paper that one policy instrument that could be used is influencing supplies to public bodies (schools, hospitals, airports etc) by giving a suitable slant to calls for tender or to conditions for support.**

**EHN also recommends that sufficient funds are available for interventions to increase fruit and vegetable consumption. The effectiveness of marketing campaigns could be increased by applying the evidence on effective interventions to increase fruit and vegetable intake in adults and children. This should involve targeted programmes.**<sup>3</sup>

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<sup>2</sup> [http://www.who.int/hpr/NPH/fruit\\_and\\_vegetables/fruit\\_and\\_vegetable\\_report.pdf](http://www.who.int/hpr/NPH/fruit_and_vegetables/fruit_and_vegetable_report.pdf)

<sup>3</sup> Knai C, Pomerleau J, Lock K, McKee M. Getting children to eat more fruit and vegetables: a systematic review. *Prev Med* 2006;42:85-95;  
Pomerleau J, Lock K, Knai C, McKee M. Interventions designed to increase adult fruit and vegetable intake can be effective: a systematic review of the literature. *Journal of Nutrition* 2005;135:2486-2495

Fruit and vegetables are often promoted in both the health and agricultural sectors, yet there is little coordination of initiatives or resources for maximum effect.

**EHN recommends that efforts to promote fruit and vegetables should be coordinated between the health and agricultural sectors for maximum effect.**

### *Price*

There is some evidence to suggest that the consumption of fruit and vegetables is price sensitive for some consumers. This means that people would potentially eat more if prices were lower and availability increased. These 'price elasticities' are likely to vary to some extent across European countries, and across different population groups. In a 'pure' market, changes in consumer purchasing would be transmitted back to producers, to drive changes in production. The CAP, with its subsidies and market support schemes, creates an artificial market and distorts this (Lobstein 2004).<sup>4</sup> The CAP has an effect on the price at which fruit and vegetables are sold on the market.

It does not appear to be in the interest of consumers, especially low-income households, which currently have the lowest intakes and the worst health (National Institute of Public Health 1999)<sup>5</sup>, to have prices of fruits and vegetables maintained at an artificially high level through the use of CAP price support measures.

**EHN recommends that the fruit and vegetable regime should promote the reduction and eventual phasing out of withdrawal compensation. This could lead to falling prices which could stimulate purchase and consumption of fruit and vegetables.**

### *Removing CAP disincentives to fruit and vegetable growing*

The June 2003 CAP reform actually created a disincentive to fruit and vegetable growing. It introduced a single farm decoupled payment for growers of cereals, beef and several other commodities, allowing farmers to change the type of crop grown or not to grow anything at all without loss of subsidies (European Commission 2003).<sup>6</sup> However, fruit and vegetable growing is excluded. This means that farmers wishing to switch their land use to growing fruit and vegetables will be penalised (compared to farmers of other crops), as they are therefore not entitled to receive the new single payment. The only exception to this is the new Member States, which have an exemption until 2008. This policy disincentive should be changed to encourage and not discourage horticultural production.

**EHN recommends that the single farm payment scheme should be extended to include fruit and vegetables.**

### *Using withdrawn produce for human consumption*

It would be preferable if the EU did not intervene on the market by withdrawing fruit and vegetables at certain price levels. However, until any further changes are made to the

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<sup>4</sup> Lobstein, T. (2004). "Suppose we all ate a healthy diet." *Eurohealth* 10(1): 8-12

<sup>5</sup> National Institute of Public Health (1999). Disparities in food habits, review of research in 15 European countries. Helsinki, Finland, National Institute of Public Health

<sup>6</sup> [http://europa.eu.int/comm/agriculture/mtr/index\\_en.htm](http://europa.eu.int/comm/agriculture/mtr/index_en.htm)

CAP intervention mechanisms, it is particularly important that the fruit and vegetable sector increases the amount of any withdrawn produce supplied for human consumption.

It should particularly aim to target those who eat less fresh fruit and vegetables, such as children and low income groups. In the dairy sector, some of the excess milk produced and withdrawn from the market is used to supply school milk schemes. It seems logical that a similar scheme could be set up for supplying school fruit and vegetable schemes. The infrastructure already exists in many places to support this, either via the supply chain for school milk schemes, or via existing fruit in school schemes (for example, in the United Kingdom and Denmark). Increasing fruit and/or vegetables in schools could also lead to an increase in the demand for fruit and vegetables more widely in the population (as has been shown in the evaluation of a Danish School Fruit subscription programme) (Eriksen 2003).<sup>7</sup> Fruit in school schemes, if they lead to substitution for intake of high sugary, salty and fatty snacks in schools, may be one mechanism for starting to address the worrying rise in childhood obesity in the EU, which will only worsen population cardiovascular disease rates in the future.

**EHN recommends that any withdrawn produce should be used for human consumption. It should particularly aim to target those who eat less fresh fruit and vegetables, such as children (through EU support of school fruit schemes) and low income groups.**

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<sup>7</sup> Eriksen, K., Haraldsdottir, J., Pederson, R., Flyger, H.V. (2003). "Effect of a fruit and vegetable subscription in Danish schools." *Public Health Nutrition* 6(1): 57-63