

Food Systems and Food Policies: The Challenges for Public Health or how to create a model of ecological public health practice.

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Journées annuelles de sante publique

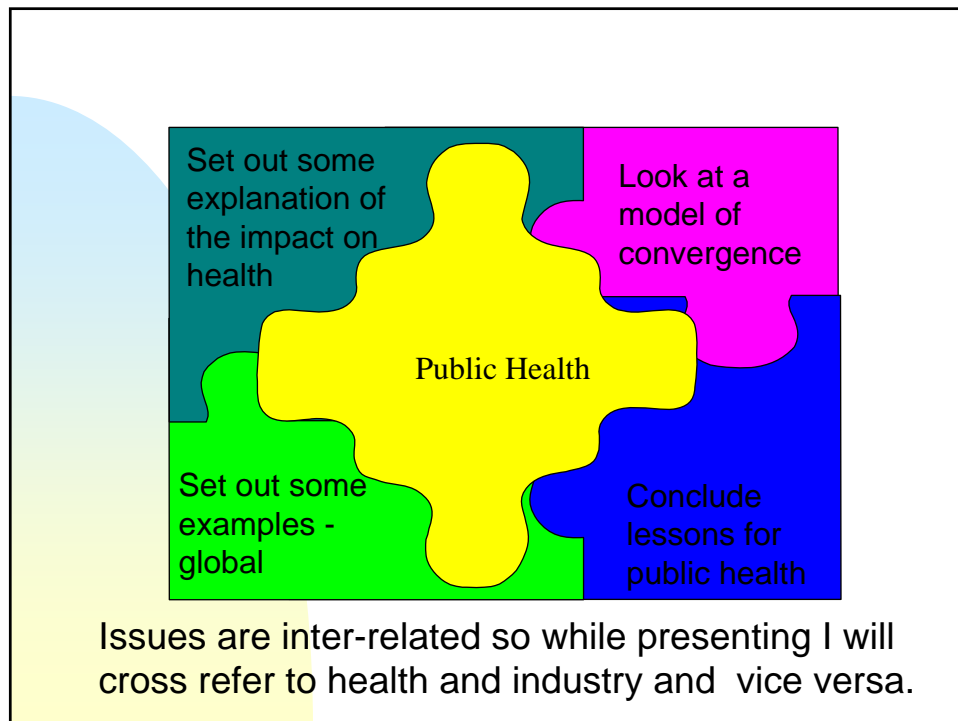
Tuesday 15th November 2005 Quebec

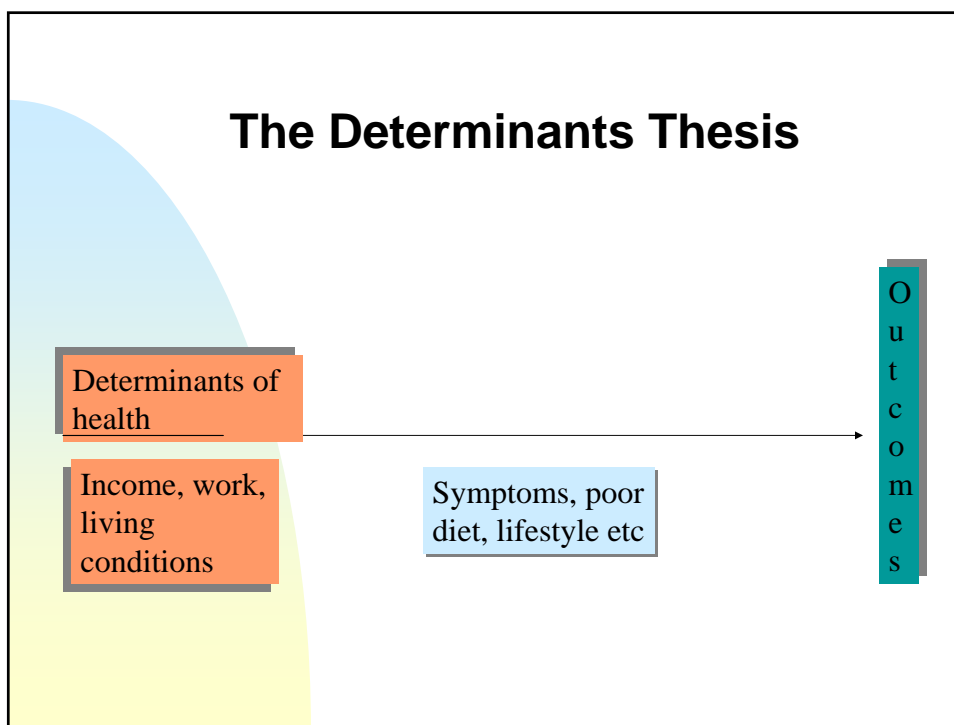
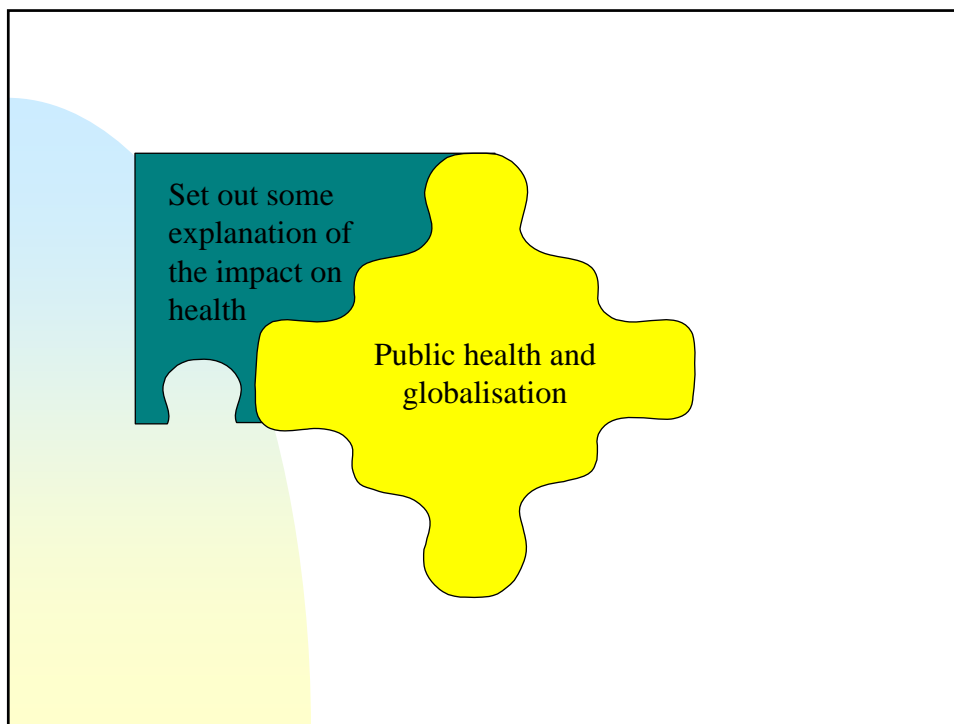
Principles

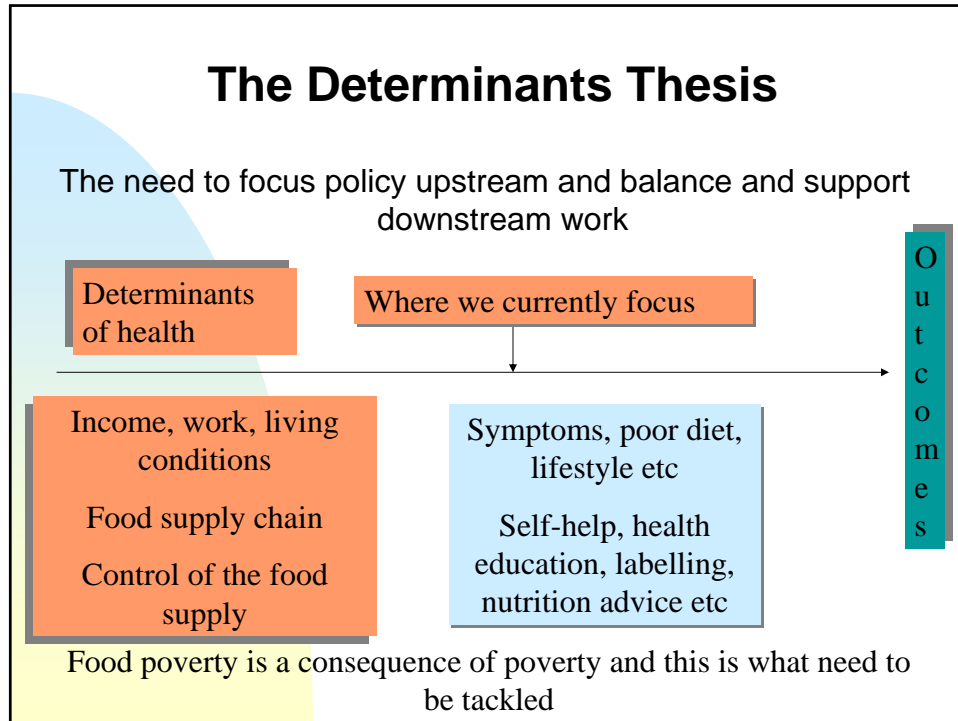
- The food system has and continues to experience a fundamental re-structuring over last twenty or so years.
- Public health has not grappled with the issues -except downstream
- Bandaid or sticking plaster at best

Introduce five personal things

- An Gorta Mhór -Artillery Park
- Canadian farmers ask Canadian Government to end corporate monopolies (Montreal Gazette Nov 13th)
- Loblaws as an antidote to Walmart(ization) it uses an EDLP on 500 items [Seth and Randall, Supermarket Wars, 2005].
- Canadian agriculture is focused on production and new technologies, you are currently dependent on imports to meet 81% of fruit and 33% of vegetables.
- Finance, agriculture, food production and manufacturing should be part of the public health







- ## The evidence for action?
- Estimates from WHO for the costs of poor nutrition, obesity and low physical activity for Europe, calculated in DALYs is 9.7%.
 - This compares to 9% due to smoking (World Health Organization, 2000).
 - Recent analysis suggested strategies to promote healthy eating and dietary change were among the most cost-effective of methods of preventing cardiovascular disease (Brunner, Cohen and Toon, 2001).

Globalisation

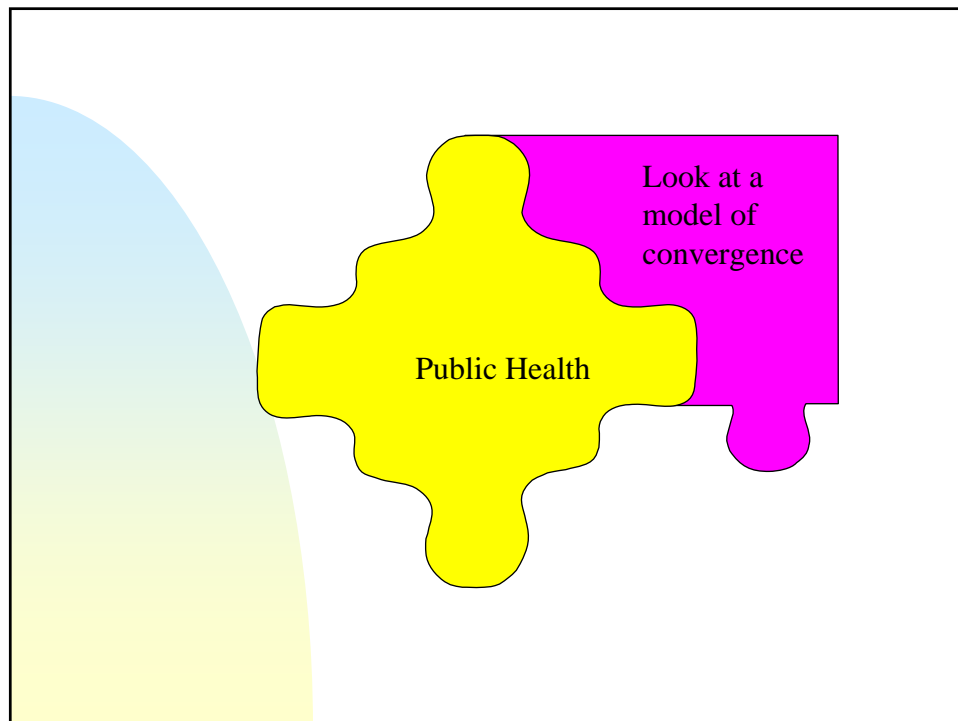
- Not new
- With food there has always been trade
- What is 'new' and changing are the power structures and pace of change

For public health nutrition globalisation means

- Older and fatter populations and chronic and acute related Diet Related -Non Communicable Diseases (DR-NCDs) existing side by side.
- Diseases crossing borders but chronic as opposed to acute infectious diseases eg obesity and diabetes and this move is now occurring at a rapid rate-so DR-NCDs are a feature of the global food system
- Some narrowing of disease patterns between the developed and developing worlds, although the greater burden lies with the developing world
- Degradation of natural environments and pollution and ecological costs to the developing world

For public health nutrition globalisation means-continued

- Capital in the form of money flows out of a country and within countries from rural to urban areas
- Increases in relative poverty in countries and between countries -food (in)security
- More uniform cultural behaviour with respect to food
- Moves in power and control from national or government agencies to trans-national corporations (TNCs)
- Local food systems and small holdings developed over centuries are replaced with larger units, fewer working the land and implications for fall back (food security) in times of scarcity



Food policy goals are pretty simple:

- Health (**well-being**)
- Environment (**sustainability**)
- Supply (**food security/access**)
- Economics (**costs**)
- Culture (**acceptability**)
- Consumers (**affordable choice**)
- Social policy (**justice**)
- Political processes (**good governance**)
- Science & technology (**appropriate**)
- Equity (**food as public good or private good**)

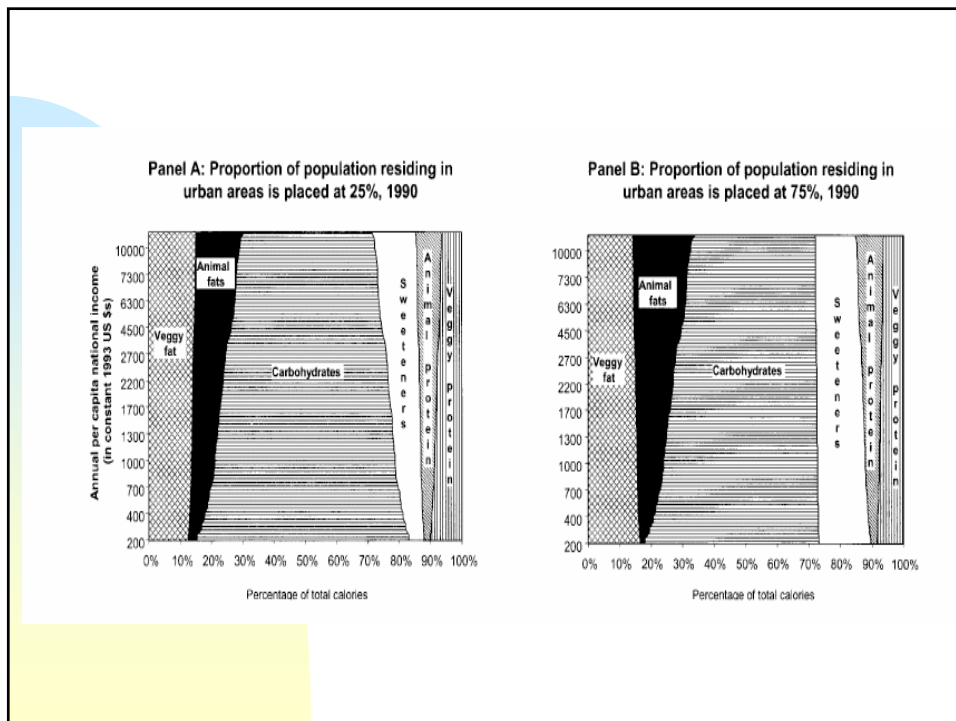
The Nutrition Transition

- Both the developed and developing worlds are experiencing a so-called 'nutrition transition' (Popkin, 1998; Caballero and Popkin 2002) with diseases, such as type II or late onset diabetes and obesity, previously associated with middle age and lifestyle factors now skipping a generation and occurring amongst younger members of society.
- Diseases of want are occurring alongside those of affluence. The nutrition transition is driven by trends in globalization, two of the prime of which are urbanisation and income & price of food.
- Stunting and obesity are occurring in the same populations and in the same individuals - at different times.

In the Nutrition Transition, populations...

<p>CONSUME MORE</p> <ul style="list-style-type: none"> ■ Meat ■ Fats ■ Sugar ■ Soft drinks ■ Energy dense foods 	<p>CONSUME LESS / NOT ENOUGH</p> <ul style="list-style-type: none"> ■ Staples ■ Fruit and vegetables ■ Fibre ■ Water
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Live longer (?) but get fatter



For Public health nutrition there are fall outs

- Hunger
- Food Security
- Undernourishment
- Malnutrition
- Inequality

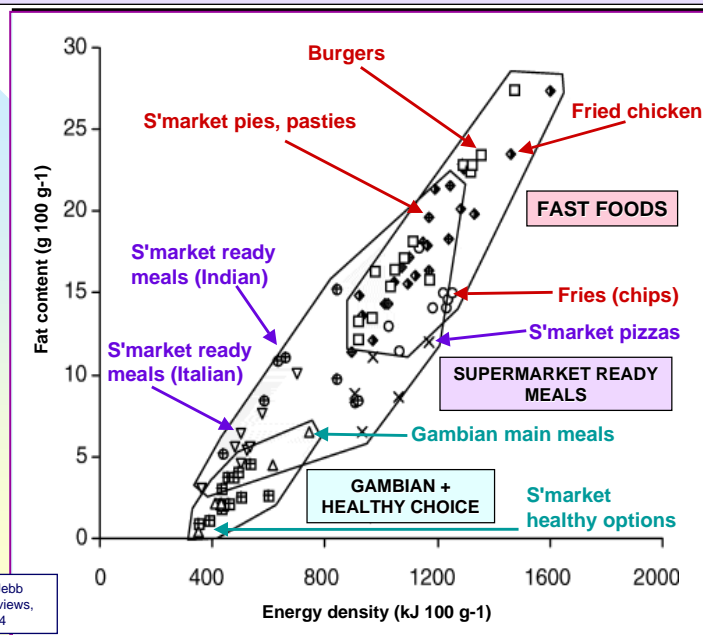
Retail concentration - food deserts

Country	Concentration
UK	4 major retailers account for 77% of all food grocery shopping in 1500 stores nationwide
France	5 major retailers account for 80% of all food shoppers
Germany	4 major retailers account for 80% of all food shopping
Ireland	3 major retailers account for 59% of all food shopping
Finland	2 major retailers account for 79% of all food shopping
Sweden	3 major retailers account for 61% of all food shopping
Australia	2 major retailers account for 76% of all food shopping

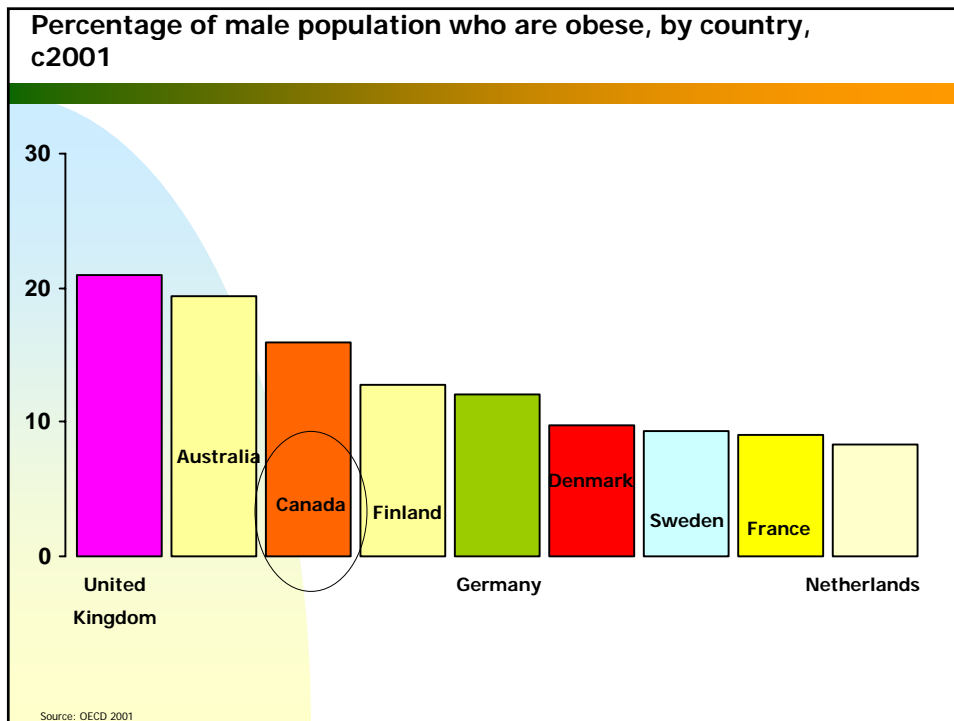
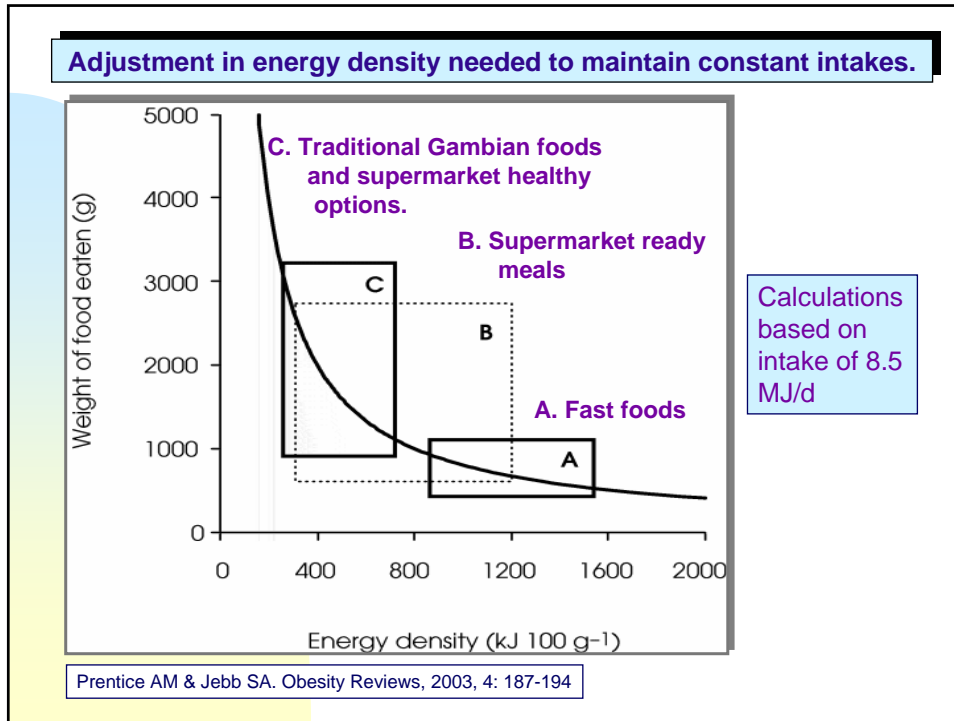
But also wider hidden costs

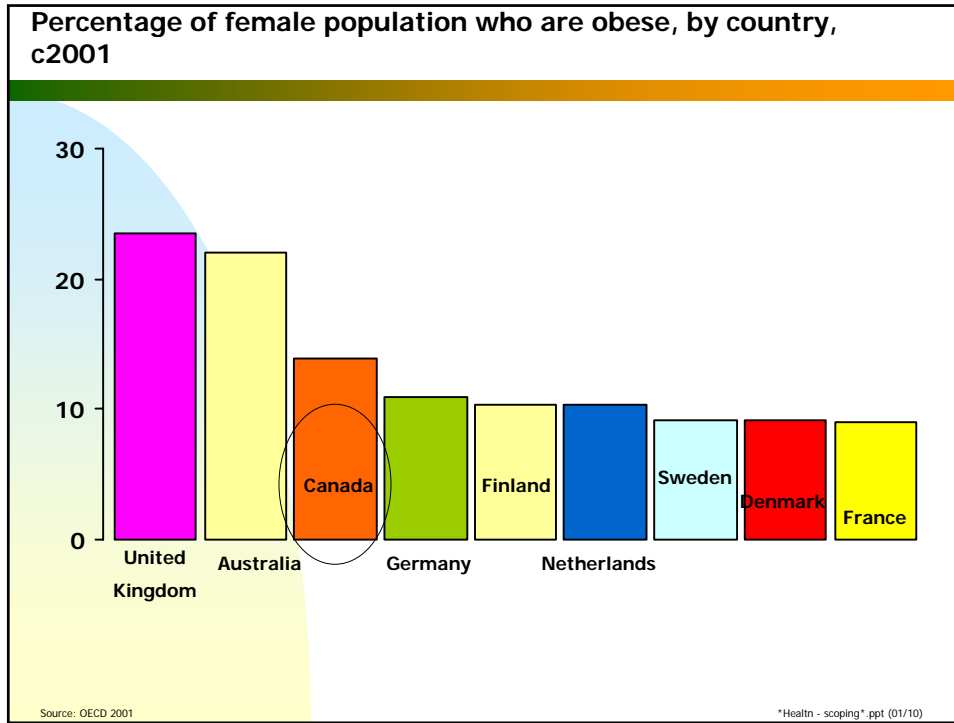


Relationship between energy density and fat %E of different foods



Prentice AM & Jebb SA. Obesity Reviews, 2003, 4: 187-194





What all this means

- People go hungry
- People borrow to pay for food
- Adults and children are eating nutritionally poor diets, nutritionally sound diets cost more.
- The poor spend proportionally more on food (UK FIGURES)
 - ◆ Average 10-12%
 - ◆ Poor 25%
 - ◆ Nutritionally sound diet would cost 30%

Food Poverty and Social Exclusion

Low income people, compared to the rich:

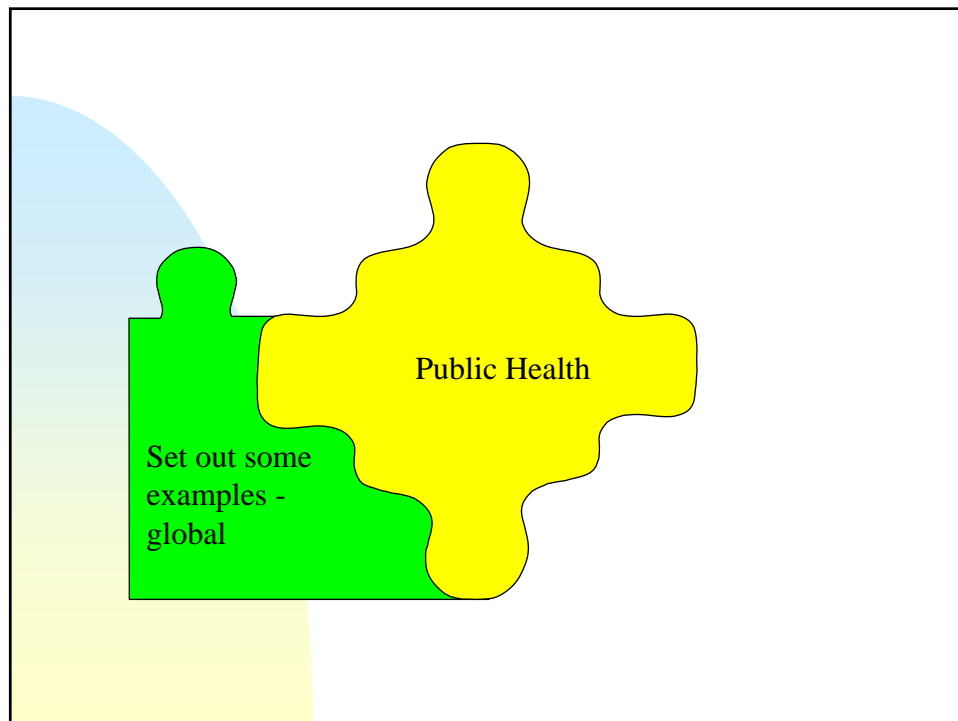
- **eat less well**
- **pay more**
- **get worse access**
- **have worse quality/range**
- **suffer more ill-health**

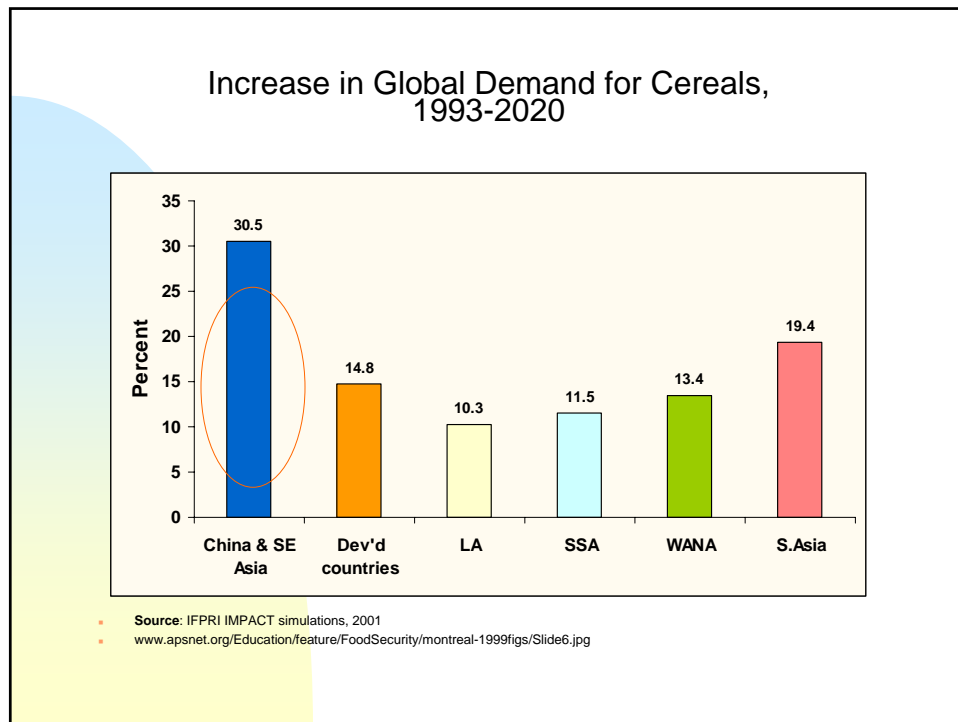
Environmental costs

- **Costs are direct & indirect**
- **Public & Environmental costs are linked**
- **No social or environmental accounting.**

Supermarkets

- South Africa since 1994 supermarket share of retailing has risen to 55% with 1700 supermarkets for 35 million people
- 1700 supermarkets = 350,000 mum and pop stores
- Supply chains change to meet the demands of the supermarkets and smalholders lose out



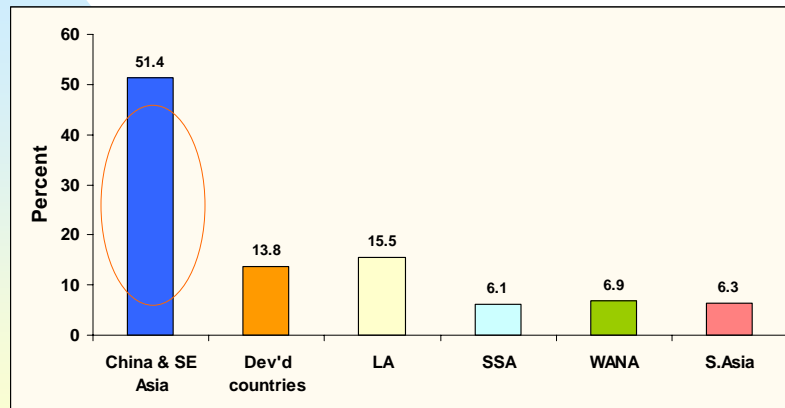


But

- This demand for cereals is for animal feed to feed a demand for meat products.

Gold M (200) The global benefits of eating less meat. Compassion in World Farming Trust, Petersfield. (p22)

Increase for Global Demand for Meat Products, 1993-2020

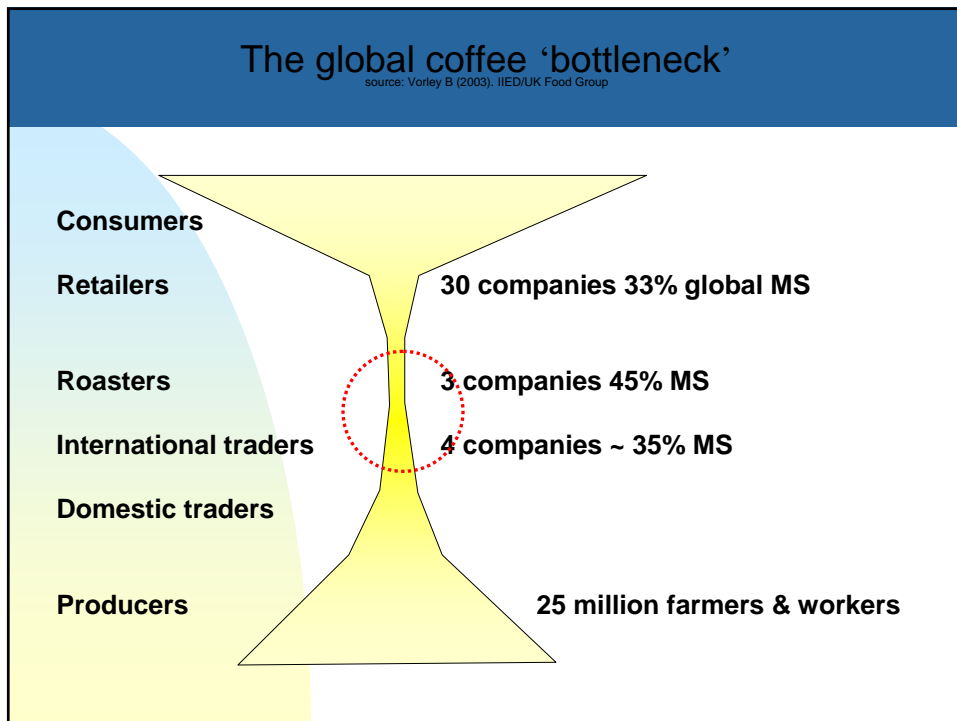


Source: IFPRI IMPACT simulations, 2001
www.apsnet.org/Education/feature/FoodSecurity/montreal-1999figs/Slide6.jpg

World and national trade

- Internationally 90% of food trade is controlled by 20 transnational companies. A couple of hundred of the world's richest individuals have incomes equal to the world's poorest 3 billion.
- Within countries there is a dominance of food sales by a small number of companies more often than not TNCs so implications for money flows and local wealth creation.
- Why does this matter if they are delivering 'cheap food'?
- The short answer is because it is probably not sustainable and not good for public health

The food chain at a minimum reflects or may even compound food inequality



Who makes the money?: Coffee

- Grower in Africa gets 9p per kilo green coffee beans
- Exporter buys it for 17p
- Transport to port for grading etc for 29p

- Importer in UK pays 34 p per kilo
- Roaster in Oxfordshire pays 41p (new price is £1.06, with moisture loss)

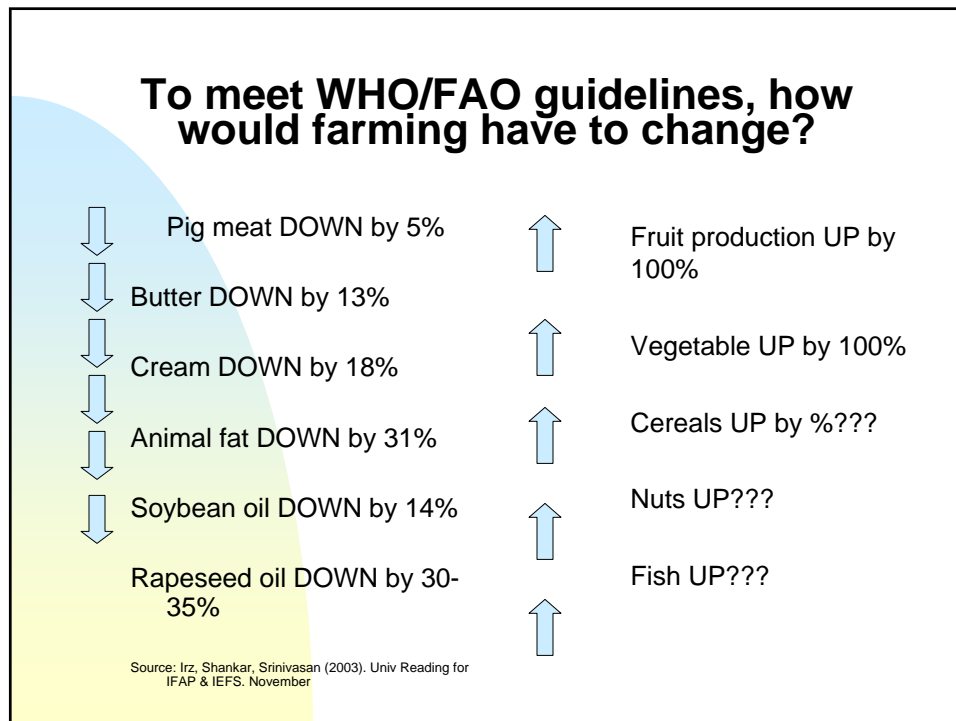
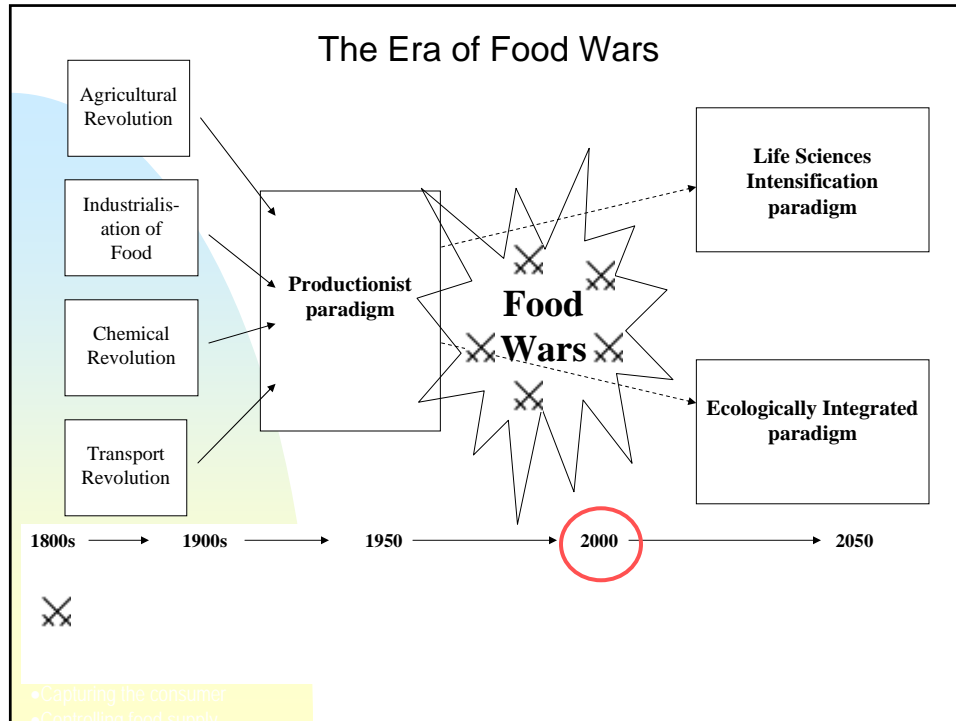
- Supermarket, having paid for processing, packaging, distribution and marketing is now £17.11 per kilo
- So between farmgate and shopping trolley, price goes up by 7,000%

Source: From Mark Pendergrast (2001). Uncommon Ground. London: Texere and Oxfam (ND) The coffee market- a background study. London: Oxfam.

Coffee travels - unnecessarily

- For the 5 major global roasters (Procter and Gamble, Nestlé, Sara Lee and Philip Morris with 40% of world trade) the key driver is price for the major roasters
- So they go where the coffee is cheapest, in recent years this has been the far-east (Vietnam) where World Bank policies have resulted in a glut of coffee with lower prices for growers globally
- So the basic grade coffee bean, for instant coffee (which accounts for about 80% of the total coffee market), can travel across the globe for processing

- In 1990 the world coffee trade was worth US\$30billion, of which producing countries received US\$12billion
- By 2004 global revenues were in the order of US\$55billion but only US\$7billion went or stayed in exporting nations.

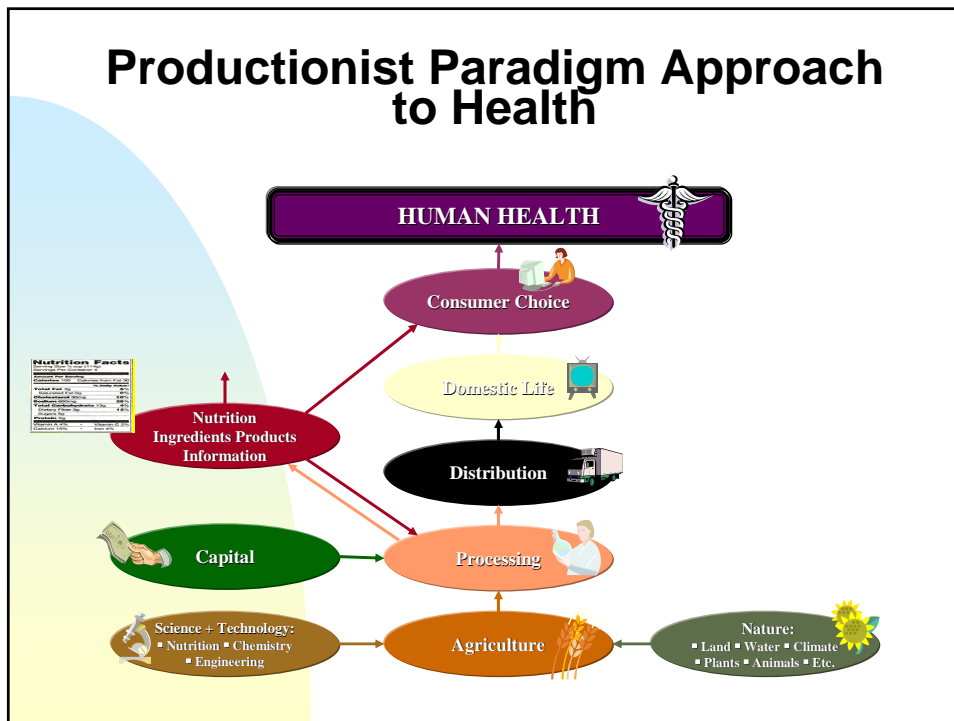


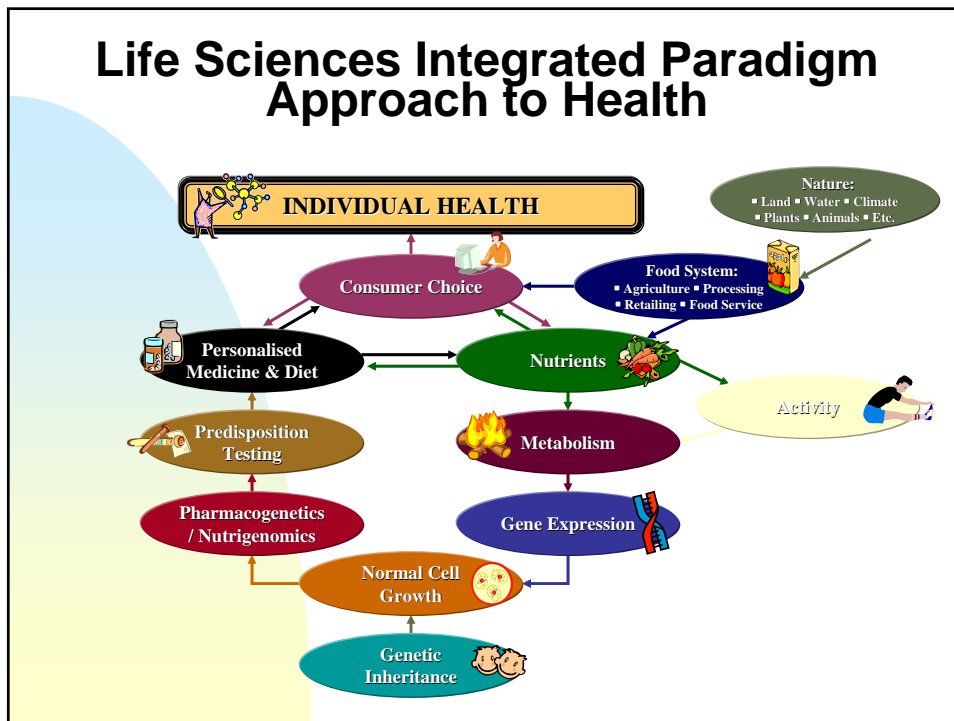
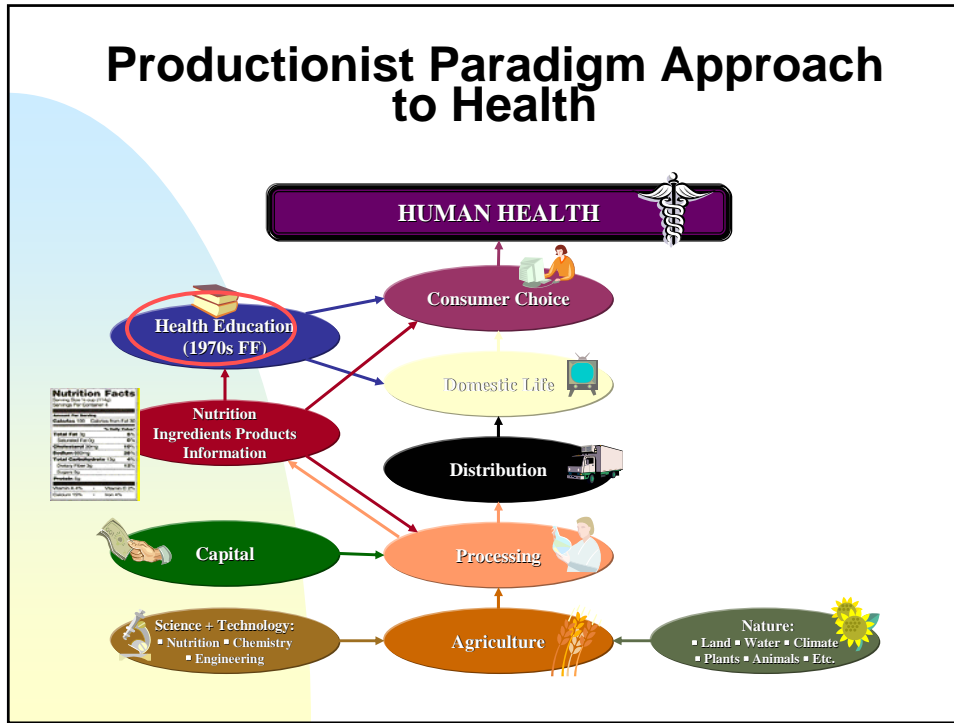
Decrease in Pig Meat Production: countries most affected

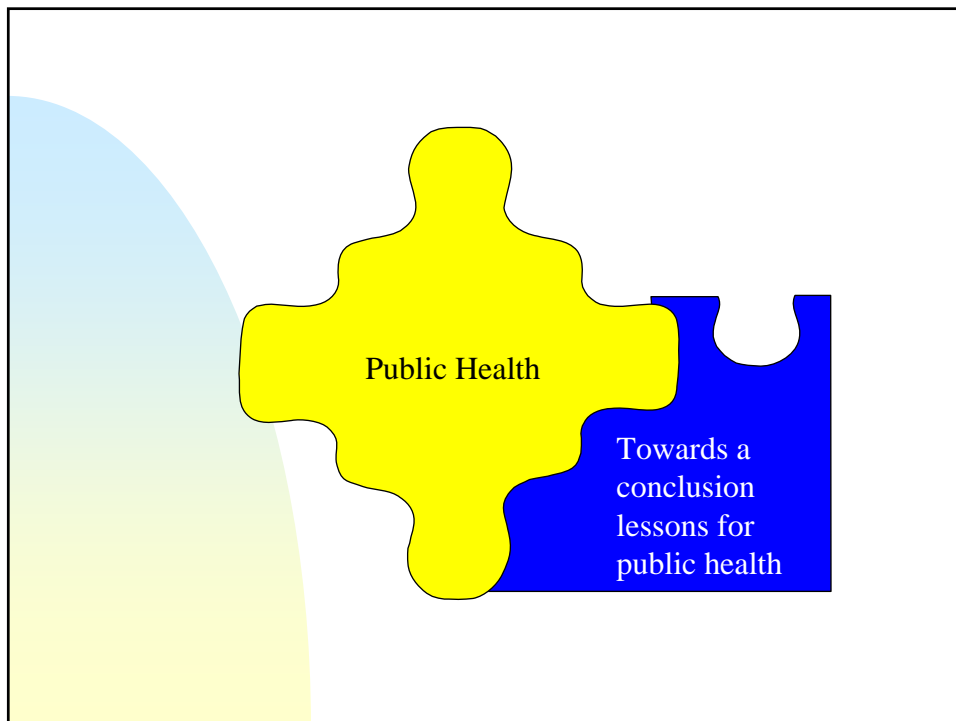
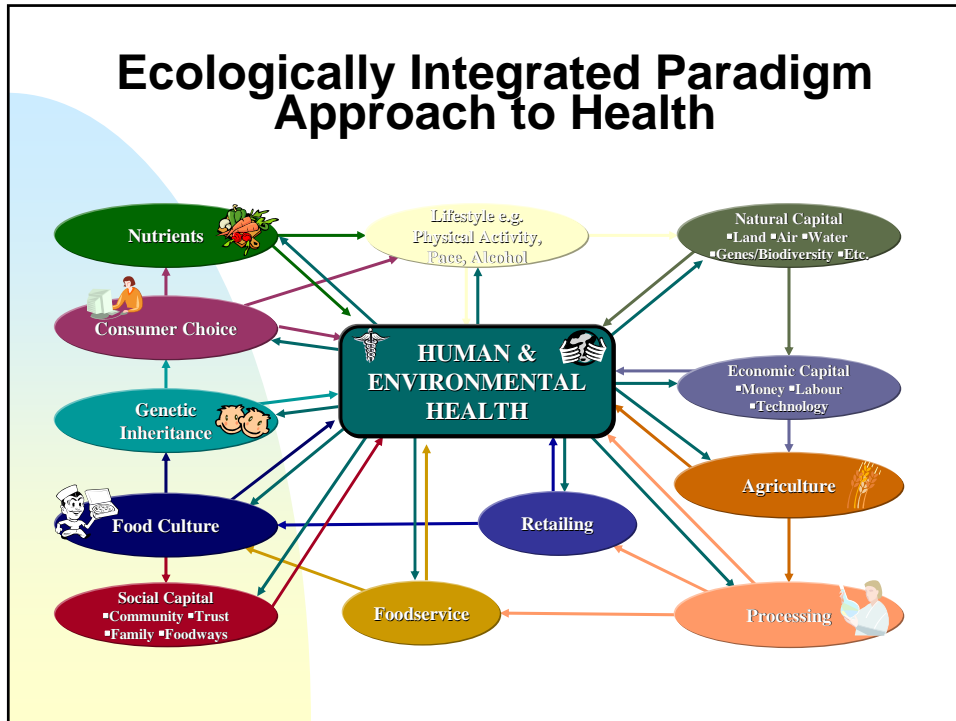
Country	Production (1000 million tonnes)	decline in production
USA	8597	↓ 13%
France	2312	↓ 32%
Spain	2913	↓ 21%
Denmark	1625	↓ 27%
Netherlands	1623	↓ 25%
Germany	3982	↓ 8%
*Canada	1641	↓ 18%
Belgium	1065	↓ 23%

Source: Irz, Shankar, Srinivasan (2003). Univ Reading for IFAP & IEFS, Nov. p27

Productionist Paradigm Approach to Health







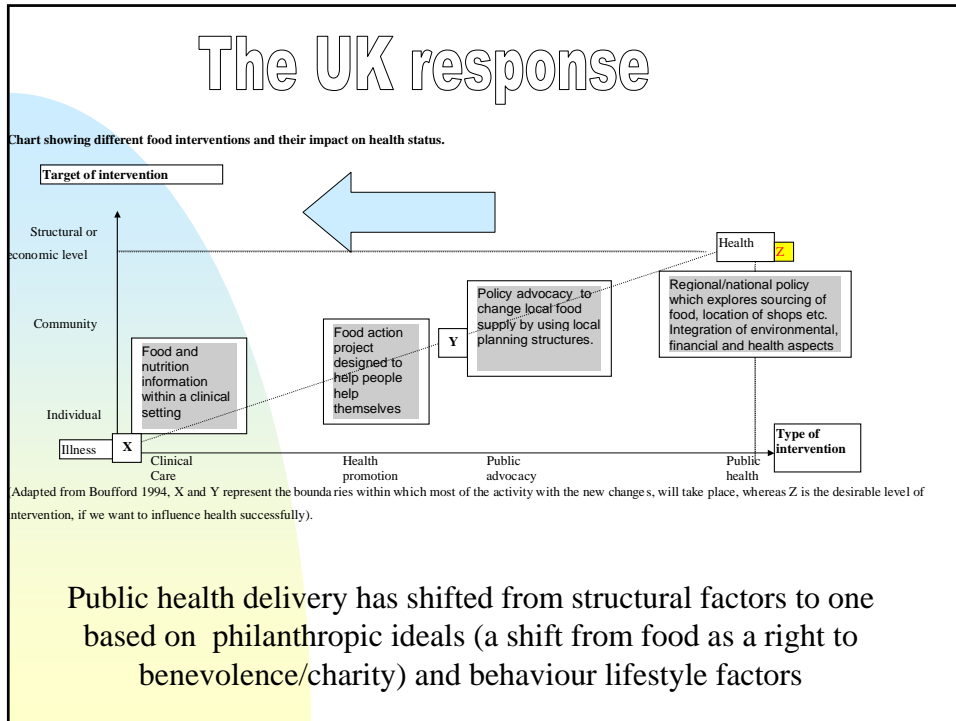
To Summarise: health is in transition

Epidemiological	Double burden of disease (under- and over-consumption)
Nutritional	Diets rapidly changing, also physical activity down
Demographic	Ageing population + incomes rising
Cultural	Shift in role & meaning of food

What is going for us?

The diet-health connection is strong

- **It is provable: CHD, cancers, diabetes,**
- **It is alterable: obesity, exercise, lifestyle, food system**
- **It is socially determined & divisive: social exclusion, poverty (5 yr variation between rich and poor)**
- **Not to act would be irresponsible.**



And finally in conclusion

Conclusions

- Locate the debate in a citizenship and equity model not just a consumer one. The case is one where PHN is turning to philanthropy/benevolence and self help as the solution to food inequality/insecurity away from rights and entitlements.
- Not be transfixed by the potential benefits of globalisation/industrialisation of the food chain. Look at the impacts of Canadian food and health policies on other countries.
- We should include production, manufacturing and marketing not just consumption in the health metric and see healthy food policy as an investment not just a cost.
- Balance bottom up with influencing/advocacy upstream. Community activism for public health advocacy?
- Use planning structures to deliver the food chain that we want. If they are not currently there then lobby/advocate for them to be included.
- Be aware of the impact of national policies internationally.

Responses cont'd

- Shift debate beyond Governments while using the tools of both national and international governance (use the WTO).
- Challenge the power of the TNCs.
- Make sure there is a PHN voice in trade negotiations.
- Reconcile the agendas of national agencies such as Health, Agriculture and Finance. In other word a joined-up food and nutrition action plan.
- Tackle food insecurity in 2 ways immediately and by long term structural solutions not by encouraging people to manage their meager resources better.
- Resist the shift from structural factors to ones based on philanthropic ideals (a shift from food as a right to benevolence/charity) and behaviour lifestyle factors.

