DCP3 Disease Control Prioritie ICN2 Prep Consultation, Rome November 14, 2013

economic evaluation for health

### The Cost of Changing the Food Supply

Rachel Nugent, Director, DCPN University of Washington Department of Global Health Seattle, WA

ICN2 Prep Consultation, Rome November 14, 2013

economic evaluation for health

Disease

DCP<sup>3</sup>

## The Cost of Changing the Food Supply

Rachel Nugent, Director, DCPN University of Washington Department of Global Health Seattle, WA

### Economic and health benefits of changing the food supply



#### Fruits and vegetables in U.S.

Save 127,000 lives

Reduce health care costs by \$17 billion

Produce \$11 trillion in lives saved (VSL method)

Source: Union of Concerned Scientists, 2013

### Main points

- Compare the appropriate costs and benefits
  - What *are* the possible trade-offs?

- What is the right baseline? Not status quo
- Consider not just health benefits, and not just ag costs
- Make the investment case (cross-sectorally)
- Different roles and responsibilities for public vs private sector

### Expenditures on ag/food subsidies

- HICs spent \$252 billion in 2011 on agricultural and food subsidies (EU, US, Japan, So. Korea).
- CAP still absorbs 40% of EU budget (Anderson et al, 2013)
- 2013 US Farm Bill: direct payments of \$4-18 billion/year on commodity crops (corn, wheat, soybeans, cotton, rice), >\$9 billion/year in crop insurance subsidies.
- Ag taxation shifting into ag subsidization (India, China)

Source: Anderson, K., Rausser, G. and J. Swinnen, 2013, "Political Economy of Public Policies: Insights from Distortions to Agricultural and Food Markets," Journal of Economic Literature, 51(2): 423-477. 5

### Role of Ag Investment

- Private sector requires
  - Competitive returns
  - Term-limited (usually short)
  - Capturable gains
- Public sector should produce
  - Social returns, broadly distributed
  - Over a long time horizon
  - "Enabling environment"
  - Aligned incentives
  - Avoid social harms

### What investments are needed for F&V Production?

#### Farm Level

- Labor or labor-saving mechanization
- Irrigation
- Agribusiness services: financing inputs, technical assistance
- Small-scale post-harvest storage and processing
- Risk management advice

#### **Societal Level**

- R&D for productivity enhancement
- Upgrade traditional markets
- Crop insurance
- Market infrastructure: distribution facilities, loans, marketing programs

### **Comparing Investments**

#### **Private Sector**

#### <u>R&D</u>

\$2 billion/year maize (Monsanto, DuPont Pioneer)\$181 million/year for 22 vegetable crops (Monsanto)

<u>Commodity Marketing</u> \$300 million/year for dairy and livestock

#### **Public Sector**

#### <u>R&D</u>

\$121 million/year for maize \$13 million/year for green leafy vegetables

<u>Commodity Marketing</u> 5-a-Day

\$7 million (est.) required for a major marketing campaign



### 'Good" or "Bad" policies?

**Consumer** subsidies: staple food provision, CCTs, home gardens, food vouchers/credits, school feeding

Regulatory: nutritional guidelines, institutional nutrition programs (schools, etc.), nutrition education

**Producer**: price supports, direct income payments, insurance guarantees

Regulatory: land use, production quotas, marketing restrictions





# Factors influencing policy impact on health

- Size (adequacy and stability of payments)
- Targeting (efficiency and equity)
- Elasticities (substitution effects)
- Barriers to altering choice set of producers and consumers
- Administrative costs
- Political acceptability



### Conclusions

- Move towards a "do no harm" stance
- Urge transparency in policies (politicians choose inefficient tools if they can be less transparent-EWG)
- Can discriminate among heterogeneous producers, but more distortionary

Priorities

- In the short-run, for health purposes, prefer nutrition subsidies to ag commodity subsidies
- In the long-run, need allocative shifts in ag (probably not with a health rationale, maybe a development one would fly)