If you were about to choose a place to go in May–October 2015, you might opt for Milan: the opening of EXPO exhibition ‘Feeding the Planet, Energy for Life’ adds to the already vibrant atmosphere in the Italian capital of fashion, and makes it nearly irresistible.

The European Commission, recognizing this, brought together at the EXPO EU Pavilion those with an interest in food, hosting the ‘Grand debate on Nutrition Security—a whole system approach’: a joint initiative of various initiatives, which gathered agricultural (Joint Research Programming Initiative on Agriculture, Food Security and Climate Change, FACCE) and health stakeholders (Joint Research Programming Initiative ‘A healthy diet for a healthy life’, HDHL).

Is this so impressive? Definitely, because a joint initiative confronts the dangerous risk (and apparent current practice) of keeping agriculture and health distinctly separate.

As Pamela Byrne, chair of HDHL, pointed out, there are good signals: in Brussels, May started off with the approval of a Research Agenda for Global Food and Nutrition Security; meanwhile, at the EXPO EU Pavilion experts are working on the role of research in global food and nutrition security.1

Nutrition security is, for the European Union, a more interesting and challenging indicator than is food security: thanks to the Common Agricultural Policy, we do not experience lack of access to food. Instead, we suffer nowadays from over-consumption of calories and saturated fat: in the EU 20% of people are obese, and one in three European children is overweight or obese.2 These data clearly indicate that our nutrition environment is insecure.

Addressing nutrition security means to place public health at the centre of a complex debate, where environmental and economic concerns interact with those of health. And this is the second element (the first being the incentive to agriculture and health interests to talk to each other) which made us, researchers in public health, absolutely thrilled to attend the event. Was it up to our expectations?

Yes and no. Yes in the words of Joao Breda (WHO Programme Manager nutrition, physical activity and obesity), who reinforced the concept of an insecure food environment (‘the obese are indeed living in a food insecure environment’), and who called for a holistic definition of food security. Food insecurity, he added, exists in developing countries where the population is simultaneously suffering from undernutrition and dying of cardiovascular diseases (mainly attributable to inappropriate overnutrition) at the highest rate worldwide. His 2-fold conclusions appeared obvious: it is wrong to use sugar and fat to fight undernutrition; and it is crucial to use price to influence behaviours.

The price policy argument was addressed during the wider discussion, when all conference participants were invited to express their votes on real-life questions, simulating a parliamentary debate. Unexpectedly (because it was revealed that roughly 70% of participants classified themselves as ‘researchers’), the vast majority agreed on the controversial statement that ‘consumers should pay the real price of food’.

Another controversial issue was the front of pack labelling system (in this debate limited only to packaged food), known as the ‘traffic lights system’. One conspicuous group affirmed that labelling, which might constitute a competitive advantage for those selling healthier products, should not be enforced in a mandatory form, but rather as a voluntary measure; moreover (so they argued), as the food industry has anyway a (presumed) economic interest in utilization of nutrition labelling, it might follow that the government should regulate something more urgent and meaningful than food labelling. Is this a valid position? Not really: back in 2010, the food and drink industry was active in blocking, at the European Parliament, a proposal for EU-wide ‘traffic lights’ nutrition labelling, spending over €1 billion on lobbying to this end, as according to Corporate Europe Observatory,3 Probably researchers, at least the ones participating to the Grand Debate, under-estimate the power of the private sector!

Last but not least: there was no consensus on whether meat consumption can be classified as ‘unsustainable’. Although all agreed with Leslie Lipper (FAO, agriculture and development economics) in advocating for climate smart agriculture,4 there was disagreement on livestock and its impacts on environment. A vocal, but isolated, minority of those present based their observations on another FAO report,5 which defined important reductions in emissions ‘within reach’, thanks to technologies and practices already existing, but not widely used; therefore, so they argued, it is possible to reduce emissions without cutting meat consumption.

In the end, we have to ask ourselves: ‘How do we raise nutritional standards?’

FACCE and HDHL JPIs should promote a joint transparent research agenda that includes analysis of the food environment in Europe and the exploration of possible basic reforms (including, for example, the withdrawal of subsidies directly or indirectly still used to support production of meat and dairy products).

Researchers should be a bit more suspicious when massive economic interests are at stake. And, maybe, eat less meat!
Evidence on the effectiveness of public health practice: how should we proceed?

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Evidence on effectiveness is pivotal for public health practice and policy making. Despite, the journal publishes pretty few papers on effectiveness research, and this holds for other major public health journals as well. This paradox should be solved. To jump to my conclusion: the return on investments leading to evidence on public health interventions should be increased, both for researchers and for developers. I provide some considerations, also based on personal experiences with this type of research.

The researcher: investments and profits

Research on effectiveness is expensive. First, public health interventions are typically large enterprises. Examples concern the provision of a series of lessons and trainings to students on prevent smoking initiation,1 or training parents to increase their parenting skills regarding the behavioural problems of their child.2 Moreover, effectiveness studies are hard to realise, with e.g. participation rates in randomised controlled trials being as low as 10%.2, 3 In short, effectiveness research requires researchers to invest.

Such investments are more likely if the potential benefits are big as well, and this may be the problem. Typically, benefits mostly concern publications in major journals. However, effectiveness studies typically yield only a few papers, whereas the same investment in, e.g. a cohort may yield many more publications. For the journal, the question to be asked is whether we are not too critical regarding effectiveness research as compared with other types of studies.

Development and maintenance: who owns?

Developers and interventionists engaging in effectiveness research are the other major type of actors. Regarding them, a core question is ‘who owns the intervention?’. Pharmaceuticals without an owner are rare, but not so for public health interventions. This in particular regards behavioural interventions, such as many anti-tobacco interventions. Their core components are public domain behavioural techniques, which cannot be patented. Their continued use typically requires maintenance: adaptation of the intervention to new social norms, to new media, etc. Without ownership, the intervention will die within a few years, prohibiting a proper accumulation of evidence on effectiveness.

Appropriate ownership may also be a major driver for effectiveness research by yielding funding. This is very obvious in research on pharmaceuticals: the owner has an economic interest in effectiveness data as the pharmaceutical will only be remunerated if proven to be effective. In public health for many interventions, such as the behavioural ones, this is much more difficult. Ownership is rarely exclusive, making it difficult to harvest the profits of an intervention.

Brand names for public health as a solution?

A partial solution for this dilemma may be the branding of behavioural interventions, i.e. the use of brand names to denote an intervention with specific features—no patenting, but a protection of the brand name. The owner of the brand then does the marketing, takes care of materials for the intervention, of trainings of people who shall deliver the intervention, and of quality systems to maintain treatment integrity, may support interest groups, etc. Next, users of the branded intervention have to pay a fee to be allowed to use the brand. This approach may drive and fund the research and development cycle.

Use of brand names for instance occurs in community-based parenting support for parents of youth with behavioural problems. In that domain, a series of branded interventions exist, such as PMTO™, PCIT™ and MST™. An example of these is the Positive Parenting Programme, Triple P™; the holder of the brand name asks a fee for use of the branded product, and in turn provides supporting service, see www.triplep.net. Revenues out of the branding can then be used to obtain further evidence regarding effectiveness.

Branding may offer a solution to not only strengthen the evidence-base of public health interventions, but also has risks, as shown in the recent debate around Triple P.3, 4 That debate goes on conflicts of interests that may not have been adequately reported and on the quality of the effectiveness research. The first reflects that the developer gets an economic interest in the product. That may not be

References