

How can we transform food systems for diet-related health?

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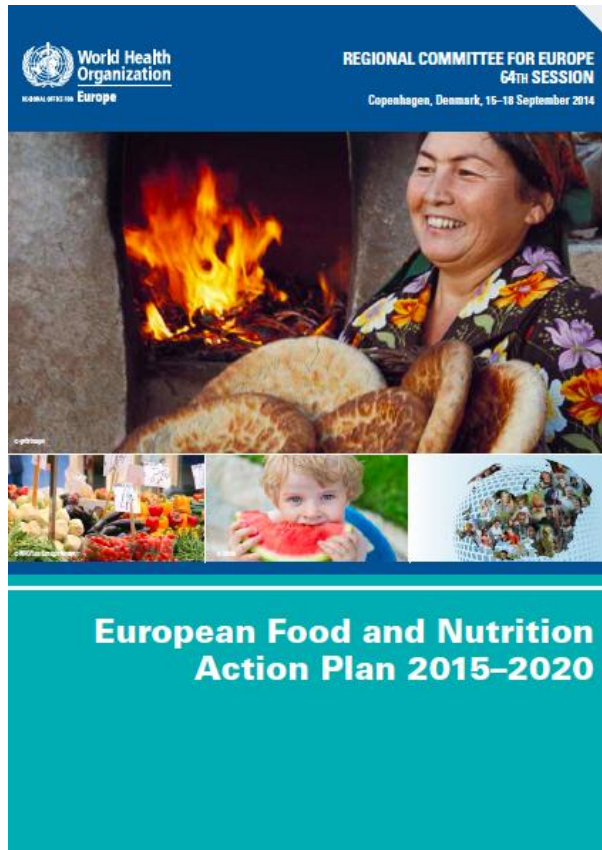
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What is the food system?



The **food supply chain** is at the core of all food systems – the chain linking inputs into food production, production, & how food gets from farm to fork, & beyond

Vision: what do we want food systems to *do* for diet-related health?



- Make vegetables, fruits and whole grains more **Available, Affordable, Acceptable** and **Appealing** for All people to eat
- Make excessive consumption of energy, saturated fats, trans fats, sugar and salt less **Available, Affordable, Acceptable** and **Appealing** for All people to eat

How do modern food supply chains currently work?



Result is that:

- Consumers have foods Available that are Affordable Acceptable Appealing
- Foods are traceable

Farmers are not incentivised to produce foods for health but to meet the demands of the modern supply chain

Supply chains are a marvel of efficiency that create economic value but respond to incentives to add value not related to health

“Consumers” are assumed to drive demand, but this is influenced by income, skills, busy lives - & preferences counter to health created by the supply chain

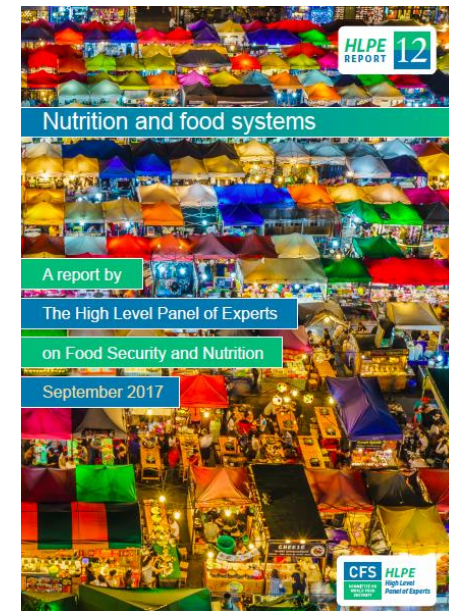
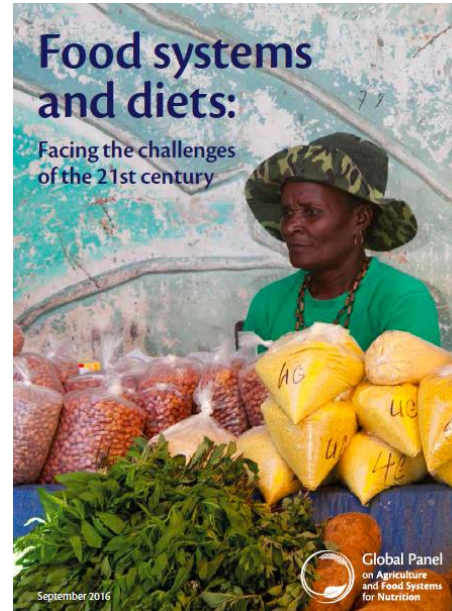
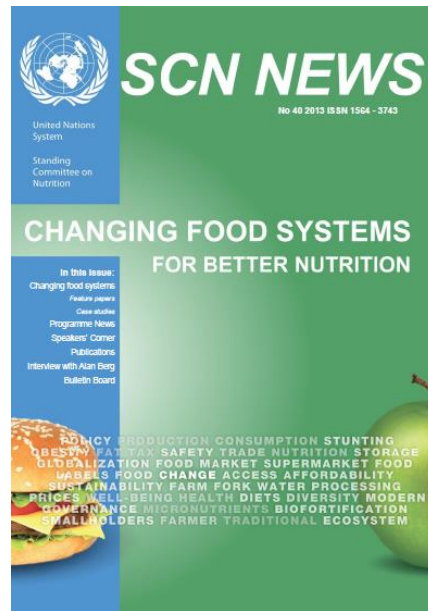
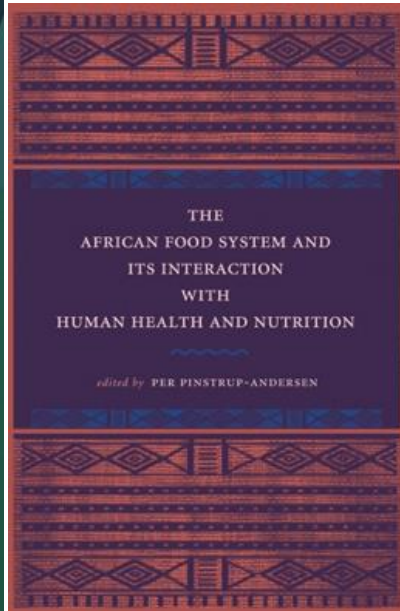
How do modern food systems currently work for diet-related health?

EU Marketing & Retailer Standards require fruit to be intact, clean, fresh in appearance, free from pest damage. There is no requirement to be delicious for kids

More value can be created from corn if it is used for degerminated flour animal feed, sweeteners, & oil rather than a wholegrain

People like sweetness. But marketing of sugary drinks makes them more appealing

But the evidence is building that food systems can be re-oriented for diet related health



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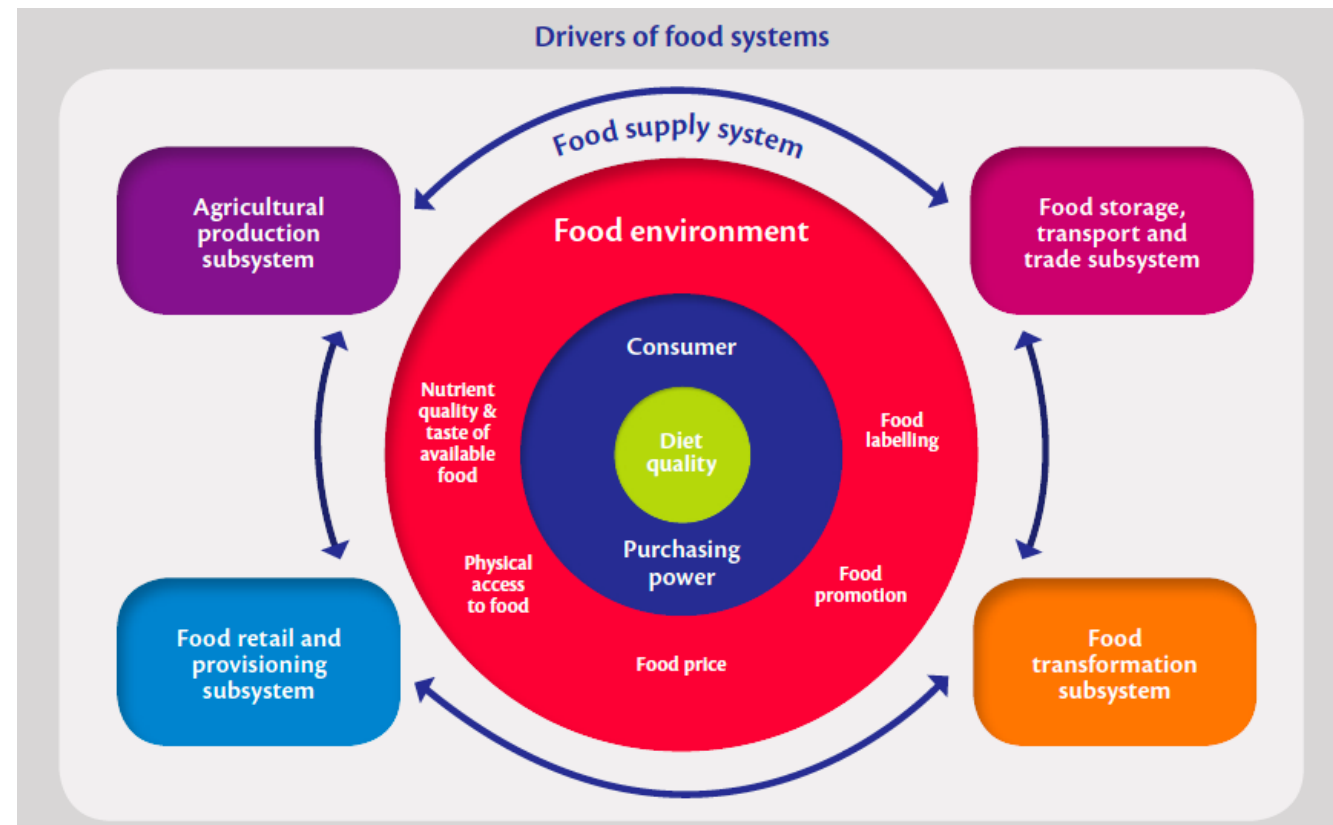
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How can value chains be shaped to improve nutrition?

In the context of Agenda 2030, food security, nutrition and sustainable agriculture are essential not only for

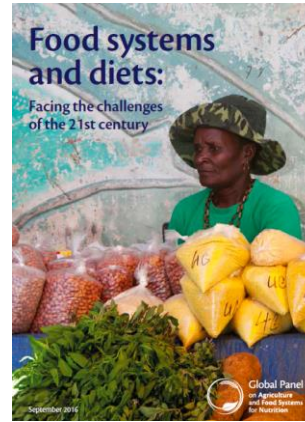
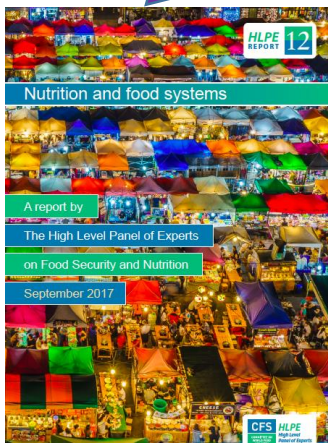
So, how could food systems work better for diet related health?

By placing
health-
promoting diets
as a central goal
of the food
system



What do recommendations from evidence-based reports say?

“Foster policy **coherence** in order to improve diets and nutrition, through **enhanced coordination across sectors**, including agriculture,... health... economic & social development.”



“Governments & private sector actors need to work together to **align food systems** with the goal of attaining healthy diets. This will require creating **incentives** for private sector actors throughout the food system so that they can make decisions more favourable to the adoption of higher-quality diets.”

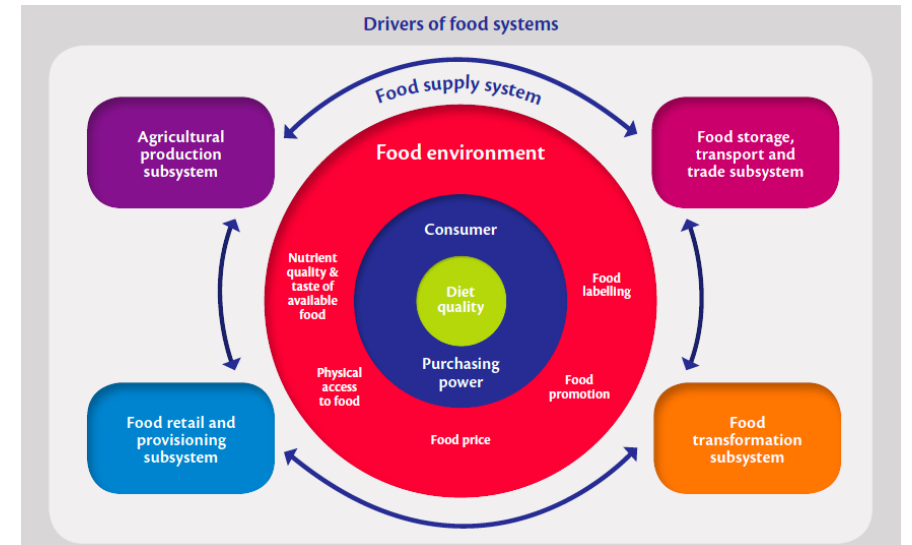


“Possible actions include creating or adjusting **incentives** along the **food supply chain**, such as through investments in production, supply chain logistics and procurement policies, in order to **realign** food system policies with public health goals and improve the availability and affordability of healthy diets.”

What are the proposals on *how* to do this?

1. Food production / agriculture

- Provide subsidies to grow/produce more health-promoting foods
- Diversification of monoculture
- Redesign agricultural research landscape to focus on health not yield or supply chain demands
- Urban agriculture



2. Food storage and trade

- Reduce waste of health-promoting crops
- Ensure import/export policies coherent with health-promoting diets

3. Food transformation/processing

- Reformulation
- Restricting advertising

4. Food retailing and service

- Local food supply chains
- Public procurement

Challenge 1: How to *align* incentives to make health-promoting diets AAAA for all?

Use **diagnostic tools** to identify food systems (dis)incentives that:

- start with the diet problems as people experience them and their (dis)incentives (why do they eat what they do?)
- *flow* backwards through the food system to identify the food supply chain (dis)incentives which influence people's (dis) incentives

Example 1. Diet-Centred Food Systems Tool: process to identify where food systems changes are needed

Key questions

1. What is the problem to solve (e.g. veg intake; food insecurity; obesity)?

2. What is people's lived experiences of the problem?

3. How do these experiences interact with people's (i) social environments (ii) food environments?

4. How are people's environments shaped by the food systems underpinning them?

5. What policies can solve the problem by addressing people's experiences in a systems context?

Studies required

Quantitative data on people affected, SES, household drivers of the problem

Qualitative studies of how people perceive, feel, judge, make sense of the problem

Measurements of relationships and exposure to options & signals that may influence the problem

Analysis of incentives and disincentives in food systems that affect options & signals

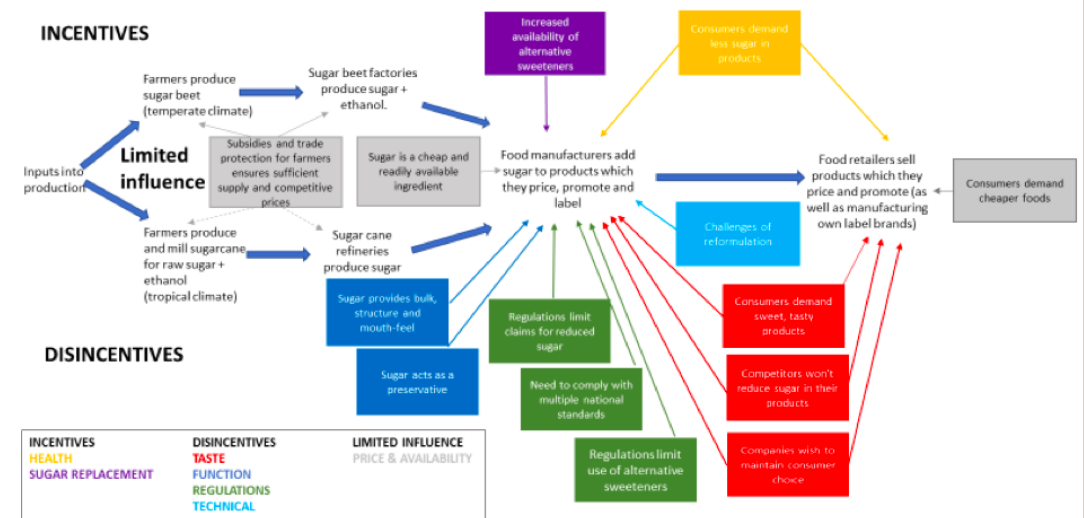
Example 2. Food Systems Policy Tool under development by "GLOPAN"

| | | |
|---|---|--------------------------|
| 1 | What are the most important diet gaps that need to be addressed? | Diet Challenge |
| 2 | What do consumers say are the reasons for diet gaps (e.g. cost, availability)? | Identify Reasons |
| 3 | What parts of food systems are responsible for the diet quality gaps? | Food System |
| 4 | Are there new or existing food system programmes/policies that can be utilised? | Policy solutions |
| 5 | Which programmes/policies will be prioritised for action, based on cost / impact? | Prioritise actions |
| 6 | How can policy 'owners' work better together to address the diet gaps? | Policy Cooperation |
| 7 | How can your proposed actions be made long-term and sustainable? | Long-term Sustainability |

Challenge 2: How to ensure *health* incentives align with *economic* incentives?

Example 3. “Consumption-Oriented Food Supply Chain Analysis.” Interviewing supply chain entities to understand incentives and disincentives to specific actions e.g. reducing sugar in manufactured foods (Hawkes, 2009)

Figure 10: Incentives and disincentives for reducing sugar in manufactured food and drink



In our study of supply chain incentives & disincentives to **reducing sugar levels in manufactured foods**, forthcoming from WHO Regional Office for Europe, we identified...

2 incentives



1. Reduced demand from health-aware consumers
2. Availability of substitutes

10 disincentives



What it will take to achieve change

1. An explicit **food systems framework**
2. **Rigorous diagnostics** *that involve understanding the (dis)incentives of the people who eat and the people of the supply chain* to identify where the most powerful levers for food systems change lie
3. **Political courage** to break the supply chain “lock ins”

Thank you

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