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## Reimagining health with food sovereignty and critical agrarian studies

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### ABSTRACT

Despite the intrinsic connection between food and health, industrialised global food systems produce hunger, malnutrition, and chronic diseases. The Food Sovereignty (FS) movement offers a political-ecological alternative, centring local control and community rights; yet, health remains under-theorised in FS agendas. Drawing on literature and dialogue between the People's Health and the FS movements around the 3rd Nyéléni Global Forum, this paper advances critical debates on the politics of food-related ill-health and structural inequalities. We examine pathways to strengthen and deepen linkages between FS, collective health approaches, and critical agrarian studies, thereby informing dialogues for equitable and sustainable systemic transformation.

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Food sovereignty; integral health; critical agrarian studies; collective health; critical epidemiology

## 1. Introduction

The health of our bodies and communities is inextricably linked to the health of the food we eat and the ecosystems that sustain it. Health is essential for food production and provisioning, while biologically, environmentally, and culturally sound food is crucial for individual and collective health. However, since the expansion of the so-called 'green revolution', the global agri-food system has intensified profound socio-economic, ecological and health inequalities. For instance, the 'paradox of hunger amid abundance' (Patel 2008) is a contradiction that results from deliberate systems and choices; despite enough food to feed the global population, hunger persists due to injustices in distribution and control over production (Holt-Giménez et al. 2012). Although the Food and Agriculture Organisation (FAO) et al. (2024) trace the origins of hunger to conflicts, climate variability, economic downturns, food access issues, unhealthy environments, and inequality, others highlight structural factors like colonial legacies, land access inequities, gender and racial discrimination, caste systems, and corporate control (George 1976; Howard 2016; Clapp

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2021). Industrialised agri-food systems also involve excessive chemical use, land grabbing, and exploitative methods that harm health and undermine farmers' autonomy (Margulis, McKeon, and Borras 2013; Gyapong 2020; Shattuck 2021; Castro-Vargas et al. 2025). Damman, Barth Eide, and Kuhnlein (2007) and Popkin (2002) describe a global shift toward industrialised diets driven by urbanisation, economic growth, and globalisation. This transition undermines local food systems, replacing diverse, culturally rooted diets with homogeneous ones, fuelling malnutrition, chronic diseases (Kopp 2019; Moore Lappé 2021), and mental health issues (Wilson 2023).

According to the Global Burden of Diseases, suboptimal diets caused an age-standardised mortality rate of ~86.26 per 100,000 in 2021, mainly due to cardiovascular disease, diabetes, and kidney disease (Lu et al. 2021).

Popkin (2002) observed that low and middle-income countries are experiencing rapid shifts, resulting in a dual challenge of communicable diseases and chronic conditions. Industry-led food transitions also result in environmental damage, loss of biodiversity, and diminished cultural and biological interactions (Camacho Benavides 2021). The consolidation of agribusiness-oriented capitalism in food systems, changes livelihoods and perpetuates social and economic inequalities, with profound implications for community health, including the global syndemic of obesity, undernutrition and climate change, necessitating urgent transformation (Barrett, Barbier, and Reardon 2001; FSIN and GNAFC 2024; Swinburn et al. 2019).

Efforts to transform food systems trace back to peasant and working-class struggles (Scott 1977; McMichael 2009), with the Food Sovereignty (FS henceforth) concept emerging around 1980 through peasant movements and state narratives (Edelman 2014). In 1996, the International Planning Committee for FS (IPC)<sup>1</sup> formalised the agenda to defend the rights of workers, peasants, and Indigenous peoples against corporate food systems. IPC set forth the FS agenda, framed as the protection of workers', peasants', and indigenous peoples' right to food in response to the global corporate (capitalist) food system agenda. As a production paradigm, a social movement, and an alternative political framework for food and agriculture, FS reclaims people's political and economic rights to determine their food systems, including production, distribution, and consumption (Declaration of Nyéléni 2007). It also advocates for improved living conditions and a healthier environment on a global scale, in contrast to capitalist food systems. FS alliances have adapted and contextualised this vision to promote systemic change and holistic health (Gyapong 2017; Minkoff-Zern et al. 2024). Despite progress, urgent action is needed to improve nutrition and sanitation across the food chain. Inclusive decision-making platforms are essential at all levels (Breilh 2021; Jernigan et al. 2023).

Within this global framework and as part of the Collective of Agrarian Scholar-Activists from the South (CASAS)<sup>2</sup> we aim at writing this piece to support the efforts of the Nyéléni process,<sup>3</sup> as an exchange and reflection to contribute to the ongoing debates and responses to current challenges. We follow Borras and Franco's call (2023, 98) to contest 'dominant but flawed assumptions about social problems', in this case, food

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<sup>1</sup><https://nyeleni.org/en/ipc-for-food-sovereignty/>

<sup>2</sup>CASAS is a scholar-activist collective from the Global South that engages in theoretical and methodological developments regarding the politics of knowledge and the role that knowledge networks play in social transformation (Aguiar et al. 2023).

<sup>3</sup><https://nyeleniglobalforum.org/>

and health issues, by amplifying diverse voices and democratising knowledge to advance social justice. We argue that integrating the concept of integral health into the FS agenda is critical for achieving systemic transformation in global food systems. By bringing together insights from Critical Agrarian Studies, critical health, and decolonial epistemologies, we propose a framework that addresses the ecological, social, and political determinations of health within food systems and supports the construction of just, sustainable, and community-driven alternatives. First, we bridge FS and integral health by articulating their conceptual and political intersections, emphasising health as relational, ecological, and socially determined. Second, we critically examine how CAS and health justice can inform one another, advancing a decolonial understanding of health rooted in collective well-being and ecological care. Third, we propose strategies for embedding health into FS praxis: through research, education, and movement-building, with a particular focus on promoting food justice and collective health in the Global Souths.

To this end, we conducted a literature review, drawing on both academic scholarship and texts produced by popular food and health movements, to examine the connections between the FS movement and human as well as other-than-human health. Additionally, our analysis is grounded in our own experiences, reflections, and practices as scholar-activists engaged in food production, consumption, health education, and health promotion work. We examined FS case studies and empirical examples from the literature, together with the FS 'six-pillar' framework, in relation to the notion of integral health, to explore their interconnectedness. The concept of integral health in this paper draws from the People's Health Movement (PHM), Nature's rights movements and scholars emphasising indigenous ontologies and understandings of health. It is enriched by critical health approaches and Critical Agrarian Studies (CAS) perspectives. Incorporating the collective health framework deepens the dialogue between food systems and health by framing the latter as a social, political, and ecological construct. Although CAS may not explicitly address health, its focus on agrarian political economy intersects meaningfully with health justice, offering insights for research at this nexus.

The paper is structured in five sections. Section 2 introduces the concept of integral health and its relation to FS. Section 3 develops our arguments around three areas – integral health as a goal, critical agrarian and health studies as the analytical framework, and FS as praxis. Section 4 outlines strategies to strengthen FS – health alliances through committed research and mutual support among food, health, and other key actors. Section 5 concludes by inviting further exploration to shape a renewed research and political agenda for the FS movement.

## **2. Integral health and its relation to food sovereignty**

Worldwide, dominant institutional approaches to health are shaped by Cartesian, capitalist and Western worldviews. The history of Western Medicine reflects a tendency to individualise health and separate human health from environmental health (Marya and Patel 2021). Prevailing approaches often focus narrowly on individual health, isolated illnesses, or production-related issues in animals and plants, reflecting a mechanistic view of reality (Jayasinghe 2011). In contrast, recent decades have seen the rise of social movements and scholarship advocating systemic frameworks that address health in its full complexity and

tackle structural roots of inequality and crisis. These include Social Medicine (Laurell 1982; Waitzkin, Pérez, and Anderson 2021), critical epidemiology (Almeida-Filho 2006; Breilh 2013), collective health (Vieira-da-Silva 2018), planetary health (Horton and Lo 2015), socio-environmental health (Olvera Alvarez et al. 2018), feminist political ecology (Rocheleau, Thomas-Slayter, and Wangari 1996), and the feminist political ecology of health (Hayes-Conroy and Hayes-Conroy 2015; Senanayake 2022). On the institutional side, initiatives such as One Health (UN, 2008) and Ecohealth (Machalaba et al. 2015) aim to integrate ecological interdependencies into global health systems.

Since the inception of the FS movement, health has been recognised as central to the people's right to access nutritious foods, produced through ecologically sound and sustainable methods (La Via Campesina 2008). Yet, while the FS framework acknowledges the intersections between food systems and health inequalities, its incorporation of health remains underdeveloped (Borras and Mohamed 2020). In response, the preparation work for the 3rd Nyéléni Global Forum (Nyéléni Global Forum 2025) affirmed that 'there can be no global health without FS', underlying the urgency of treating FS and health not as parallel agendas but as interdependent struggles essential for confronting global inequalities and advancing collective well-being.

Among international movements, the People's Health Movement (PHM) has advanced social, anti-colonial, and integrative approaches to health. Rooted in the Declaration of Alma-Ata (WHO 1978), PHM pursues 'Health for All' as a matter of equity, prioritising quality services, community participation, and primary care. Guided by the People's Charter for Health, it frames health as a fundamental human right with social, economic, and political dimensions.<sup>4</sup> This movement has been one of the convenors for the Nyéléni FS forum in 2025, and they propose incorporating an 'integral health' perspective, described as a 'creative encounter with health and life care' (PHM 2022), including the Earth's wellbeing, intercultural dialogues and a territorial dimension (PHM 2024). The concept also appears in rights of nature debates, where health is recognised as a right of both humans and ecosystems (10th Local Rights of Nature Tribunal 2023). Equihua Zamora, Maqueo, and Benítez (2025) similarly define integral health as the integration of human, species, and ecosystem well-being.

In this paper, we adopt 'integral health' as a guiding concept for the FS movement, bringing together diverse insights. As relational worldviews and scholars have argued (Davies 2007; Svenaeus 2001), health is not merely the absence of disease but a dynamic equilibrium between individual, collective, and ecological well-being. It is multi-dimensional, encompassing prevention, treatment, environmental sustainability, and the socio-political structures that sustain them. Indigenous and relational cosmologies have consistently emphasised that human well-being and health require a balance within and among the physical, mental, emotional, socio-economic, cultural, and spiritual aspects of life (Calderón Farfán, Medina, and Torres 2022; Jernigan et al. 2023). Therefore we refer to 'integral health' as the integration of the aforementioned dimensions and scales, framed by relational worldviews, to achieve optimal well-being conditions and healthy relationships.

The territorial axis and the intercultural dialogue further highlight that territories are not merely geographical spaces, and seeds are not just agricultural inputs. Territories

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<sup>4</sup><https://phmovement.org>

embody memory, relationships, and life, while seeds carry culture, biodiversity, resilience, and autonomy. Local knowledge systems, historically built through empirical observation and communal practices, have long underpinned community resilience and sustainability, offering integrated perspectives on food, health, and well-being (Fernández-Llamazares et al. 2021; Barreto et al. 2025). These epistemologies challenge dominant industrial paradigms (Shankar 2023; Pérez 2024), teaching us to recognise the web of life and respect ecological limits. In her book, *Pollution Is Colonialism*, Liboiron (2021) critiques how dominant scientific and environmental practices reproduce colonial structures by marginalising Indigenous and land-based knowledge.

Viewing FS movement and strategies through the lens of integral health reveals direct impacts on human and ecosystemic well-being, as well as cultural and territorial vitality. These links extend beyond nutrition to encompass broader determinations of health. Food system decisions shape diet-related diseases, climate change, contamination, pesticide use, antibiotic resistance, and water pollution (Story, Hamm, and Wallinga 2009; Navas, D'Alisa, and Martínez-Alier 2022). Even within nutrition, critical perspectives (Hayes-Conroy and Hayes-Conroy 2013) urge a shift beyond reductionist food-body relations toward more contextualised understandings of nourishment.

Bringing FS and integral health together requires encompassing all aspects of food production, transformation, consumption, and trade. Yet, translating this into action demands attention to the socio-economic and power dynamics that determine whether food systems are equitable and sustainable or remain dominated by extractive regimes. For this, in the next section we draw on critical approaches in health and agrarian studies, which shed light on the structural conditions necessary to advance both FS and integral health.

### **3. Integral Health as a goal, critical studies as an analytical framework, food sovereignty as praxis**

The interactions between food and health span a wide range of domains within complex physical, social, and political arenas that require urgent consideration of structural settings (Jernigan et al. 2023). To explore how FS and integral health can work together to drive systemic transformation, this section examines three areas: (1) critical health studies as a framework to assess how collective approaches to health can strengthen integral health narratives, reinforce FS, and guide effective interventions; (2) Critical Agrarian Studies as a lens to analyse socio-economic power dynamics within food systems and regimes; and (3) FS as praxis, to investigate how its principles and pillars can be applied to achieve healthy communities and a healthier world.

#### **3.1. The contribution of critical and collective health approaches towards the strengthening of the FS movement**

As described, integral health is inextricably linked to life, understood as a dynamic state in which life flourishes under optimal conditions across multiple scales and domains. FS movements have incorporated this understanding of systemic, integral, and multidimensional health, as it stems directly from social realities and a relational understanding of the world. Nevertheless, despite contributions from diverse epistemic communities, it is

useful to foreground insights from collective health and critical epidemiology, as their structural conception of health can strengthen the FS strategies.

Collective health emerged in Latin America between the 1970s and 1980s as a critique of traditional public health, shaped by Latin American social medicine and Marxist analyses of health-disease processes (Breilh 2021; Laurell 1982; Almeida-Filho 2006). Consolidated in academic and activist spaces such as the Latin American Association of Social Medicine (ALAMES), it frames health as a social, historical, and political process.

Critical epidemiology, a branch of this tradition, distances itself from classical epidemiology, which relies on linear multicausality, functional ecological models, or the framework of 'social determinants of health' (Breilh 2013; Krieger 2024). Classical epidemiology has been criticised for its inability to capture the complex interactions between social systems, lifestyles, and health outcomes. It struggles to explain how class structures shape exposure to harmful conditions and vulnerability, and it neglects the relationship between society and nature. In conventional epidemiology, the health of individuals and environmental damage are often isolated, surrounded by externalities, or viewed as decontextualised data points. This narrow view limits interventions to specific issues, obstructs systemic prevention strategies, and weakens the application of the precautionary principle in decision-making (Breilh 2019).

Conversely, critical epidemiology builds research on collective processes to describe the conditions of social reproduction, lifestyles, and environments in which life unfolds. By adopting a relational rather than a fragmented perspective, integrating the individual within the collective, and considering the biological nature of humans and other species, critical epidemiology seeks to explain the social roots and mechanisms through which impacts occur. Critical epidemiology interrogates the structure of sexist, classist, and racist inequity that conditions the distribution of life-destructive processes. It advances the concept of collective health to distinguish itself from individualistic biomedical models, framing health as a multidimensional process operating at societal, group, and individual levels. Likewise, Collective health examines how structural, relational, and personal factors interact, aiming to transform harmful conditions and power dynamics through social strategies. At the individual level, it emphasises care, prevention, and health promotion rooted in real-life contexts (Breilh 2013). A key contribution of critical epidemiology is the notion of social determination, which diverges from the conventional 'social determinants' framework. Rather than predicting impacts through linear cause-and-effect models, social determination embraces complexity, rejecting mechanical determinism and recognising that health outcomes are shaped by dynamic social and ecological processes.

Scholarship has underscored the relevance of territory as more than a geographical backdrop, but as a constitutive dimension for analysing health and disease. Territory is both the space where health and disease processes unfold and a source of epistemologies and practices that sustain life in its multiple dimensions. Borde and Torres-Tovar (2017) identify a triple inequity in health processes across Latin America where class, race-ethnicity, and gender intersect to produce differentiated health profiles across populations and territories. Using territory as an analytical category enables a deeper understanding of the spread of structural social determination and its implication for collective well-being.

Collective health and critical epidemiology thus conceptually and methodologically enrich the notion of integral health. At the same time, integral health contributes epistemological and ontological perspectives that broaden the understanding of health to

include human, planetary, and other-than-human dimensions. The FS movement aligns with these goals by promoting a structural understanding and transformation toward a sustainable, fair, and equitable food system. We argue that the dialogue between these frameworks and Critical Agrarian Studies, which interrogates the power relations shaping food systems and regimes, offers a crucial pathway to integrate health, FS, and justice. This intersection is explored in the following section.

### **3.2. Critical Agrarian studies as an analytical framework**

Critical Agrarian Studies (CAS) focuses on agrarian life, livelihoods, and social formations (Edelman and Wolford 2017; Akram-Lodhi et al. 2021). Borras (2023a, 449) defines CAS as the ‘interaction between social structures, institutions and actors that shapes the process of change in, and in relation to, the rural world’. As an important member of the FS movement and the IPC for FS, La Vía Campesina (LVC) has helped shape CAS (Borras 2023b), while CAS elucidates the agrarian and political dynamics of food systems and FS praxis, contributing to the integral health vision we wish to highlight.

At first glance, health appears underexplored within CAS. In the CAS handbook (Akram-Lodhi et al. 2021), none of its 72 sections directly address human, environmental, or planetary health. While themes such as rural ecological crises, gender – nature – body relations, water access, industrial labour, agroecology, neoliberal diets, and even Covid-19 intersect with health, in our view, the topic itself lacks systematic treatment and literature connecting FS and health remains limited. A meta-narrative mapping conducted by Weiler et al. (2015, 1) found that ‘combinations of health equity and food security (1414 citations) greatly outnumbered pairings with FS (18 citations).’

Nevertheless, health inequalities are deeply tied to imbalances in food system configurations (Weiler et al. 2015). Although not always explicit, agrarian studies have long addressed health-related issues. CAS has produced knowledge on agrarian relations and: (a) social reproduction and care (O’Laughlin 2013); (b) food, hunger, and famine (Sen 1983); (c) productive forces, corporeal rift, and the industrialisation of food (Betancourt 2024); (d) industrial farming and pandemic emergence (Wallace 2016); and (e) farmworkers’ health (Mintz 1986; Holmes 2023). The body of knowledge illuminates scenarios often overlooked by FS or health scholars. To strengthen the synergies between FS and health research, scholar-activism, and movements’ praxis, we propose that CAS more explicitly incorporate health, using an integral approach, especially when researching FS.

There are compelling examples of CAS research that align with the social determination of health approach, when political economy is a vector and a cause of disease. For example, Moran-Thomas (2019) critiques the binary of communicable vs. non-communicable diseases, introducing the notion of ‘para-communicable diseases.’ Chronic illnesses like diabetes, though not contagious, spread through structural factors – exposure to toxins, industrialised food systems, and historical inequalities. These disproportionately affect marginalised communities. Yet global health frameworks often blame individuals for ‘lifestyle choices,’ ignoring systemic drivers like food apartheid and toxic environments.

But chronic and metabolic illnesses are not merely the result of personal behavioural choices, ‘lifestyle,’ or what is often framed as a ‘diet-related disease.’ Instead, an individual’s proximity to health risk factors is influenced by a combination of structural and

intimate violence, which includes the lack of FS as well as land and livelihood dispossession (Gálvez, Carney, and Yates-Doerr 2020). For instance, Mexico's high diabetes rates correlate with its soda consumption, among the highest globally. Soda, sometimes cheaper and more accessible than drinking water or traditional beverages like *pozol* or *pulque*, has replaced them due to economic policies that favour foreign investment over small-scale agriculture. This shift displaced corn growers and flooded the market with U.S. soda brands (Gálvez 2018).

CAS also reveals health impacts in less expected areas, such as sexual and reproductive health. Stoler (1985) studied North Sumatra's early multinational plantations, where female 'coolies,' underpaid and unhoused, were forced into prostitution, leading to widespread venereal disease. These 'outdoor prisons' prioritised estate expansion at the cost of nutrition and dignity. Today, similar dynamics persist, as evident in toxic exposures in Mindanao banana plantations (Paredes 2021) and the erosion of Marind Indigenous health systems (Chao 2025).

### **3.3. The Praxis of food sovereignty in the pursuit of integral health**

When the International Planning Committee for FS introduced FS as a political and economic paradigm, the Food and Agriculture Organisation (FAO) hesitated to adopt it, instead promoting Food Security policies focused on physical and economic access to food. Regarding the health question, the FAO's Rome Declaration only mentioned health as a goal for contributing to a 'healthy life,' urging 'governments, in partnership with all actors of civil society [...] to] support investment in human resource development such as health [...]' (FAO-World Food Summit 1996).

Despite these institutional tensions, millions of people around the world are actively working towards constructing a firm and sound FS at the family, community, regional, and national levels. Their work spans labour and decision-making on food production, transformation, consumption, trading and care actions. This diverse praxis has been defined through six pillars: (a) Food for people, (b) Values food providers, (c) Localises food systems, (d) Puts control locally, (e) Builds knowledge and skills, and (f) Works with nature (The Nyéléni ISC Committee 2007).

Another important aspect of FS praxis is the creation of regional, national, and international networks that enhance education, training, advocacy, and mobilisation. These networks unite producers, consumers, health practitioners, academics, students, activists, journalists, and policymakers. Notable communities include LVC and IPC, alongside others such as the FS Network, the Black FS Coalition, and important allies, such as World March of Women, the World Forum of Fish Harvesters and Fish workers, the Asia Pacific Network for FS, and the Latin America Scientific Society of Agroecology. As the Nyéléni FS Forum puts it, 'building strategic alliances among diverse constituencies' (Nyéléni ISC 2007, 67) is fundamental to strengthening and constructing the movement. The PHM endorses it, affirming that the necessary and urgent radical systemic transformation 'will only be possible if we strengthen the networks and build popular power with other global movements' (Nyéléni Global Forum 2025).

The following section explores each FS pillar through the lens of integral health, offering empirical examples of their implementation by communities worldwide.

Food Sovereignty principles and pillars as a base for integral health.

### a) Food for people

The report of the Nyéléni 2007 forum for FS states that ‘Food is for people’s health and nutrition’, and repeatedly highlights health as central to FS (Nyéléni ISC 2007). A core goal of the FS movement is to ensure access to healthy food as a human right, with sustainable production methods tied to health. The movement opposes corporate food systems that ‘place profits before people, health and the environment (...) technologies and practices that (...) damage the environment and put our health at risk’ (10). FS is also transcendental for indigenous peoples to face historical inequities that have severely and negatively impacted their health (Calderón Farfán, Medina, and Torres 2022).

This lays the groundwork for a unified pursuit of FS and health, suggesting that we can redefine this pillar as ‘Food for healthy people and a healthy environment’. *Rooted* magazine’s editorial board (2025) reinforces the practical aspect of this pillar, affirming that people ‘have power and agency to choose health for both people and planet’, and illustrates it with several cases from the field, some of which will be drawn upon in the following pillars.

To realise this vision, access must be guaranteed to both ecologically sound production systems and affordable, nutritious food. Agroecology, agroforestry, and ecosystem-based fisheries offer viable models for sustainable production. However, Bernstein (2014) identifies two unresolved challenges: (a) the capacity of producers to supply cheap food to non-producers (most of the global population and the working class) and (b) the mechanisms to ensure equitable distribution. On his part, Mintz (1986), in his key work on the sugar’s place in modern history, points out how capitalist commodification of a regional crop became one of the most significant drivers of nutrition – and labour-linked malaise in our time, where food production is alienated from people, highlighting the nexus between capitalism, food and health. Addressing these issues through a collective health lens and the framework of social determination of health is essential for enhancing the understanding of such deep interconnections. Furthermore, these domains are shaped by complex, multi-scalar dynamics that must be considered in planning across local, regional, and global levels. Ensuring that food truly serves health requires systemic transformation rooted in equity, ecological integrity, and collective agency.

### b) Values food providers

Most food providers, from peasants to urban gardeners, are small-scale producers organised in various social structures. Many are marginalised, with low incomes and limited access to fertile lands or productive ecosystems, especially in rural and peri-urban areas (Woodhill et al. 2022). Health disparities compound these inequalities in land, inputs, and rights: those striving for healthy, culturally appropriate food often face severe barriers to healthcare (Valencia et al. 2025). Integrating intersectional analysis of class, race, ethnicity, and gender from the critical health studies to the FS analysis, can deepen the understanding of food-health inequities along territories and socio-economic conditions. Food and health must therefore be addressed together, through strategies that promote the well-being of food providers, including trade policies that uphold their rights to safe, healthy, and ecologically sustainable production (Nyéléni ISC 2007).

A compelling example of local action towards such integration is the experience of Ogiek indigenous people in Kenya's Rift Valley. Historically reliant on hunting and foraging, they faced forced evictions and government bans due to conservation policies, resulting in malnutrition and loss of their ancestral diet. In response, they revived traditional agriculture, agroecology, and beekeeping to restore nutrition and cultural heritage (Luari and Kobei 2025). The social determination of health is evident in both political transformations and community efforts that prioritise food providers for achieving integral health.

### c) Localises food systems

Geographically extended food systems require more energy and chemical inputs, generate more waste, and disconnect producers from consumers. Long transport distances lead to decisions in government and corporate settings, diminishing food quality and contributing to food waste and dumping; while unregulated international trade exerts significant environmental pressures and undermines human well-being; for example, through greenhouse gas emissions that contribute to climate change (Dalin and Rodríguez Iturbe 2016).

Localising food systems offers a counter-narrative and approach: it shortens supply chains, strengthens producer-consumer relationships, promotes local governance, and protects food quality from corporate control. It supports care for humans and the environment. Calderón Farfán, Medina, and Torres (2022) link the erosion of local seeds and food diversity to rising health issues and family financial strain, advocating for the preservation of reproductive cycles of productive systems within territories and aligning with community values such as self-organisation and biocultural diversity. Jernigan et al. (2023)<sup>5</sup> identify practices that support localisation, including sharing local foods and stories, community service, spiritual connections to food, land stewardship, and environmental exploration. These activities reinforce traditional food systems, reduce dependence on processed foods, and offer nutritious alternatives. Localised systems also enhance integral health by strengthening cultural ties, promoting engagement with traditional foods and seeds, improving nutrition knowledge, and restoring land-based responsibilities. Broader impacts include the revival of foodways and improved environmental health. Localisation also highlights the role of territory in analysing collective health through the interplay of individual, social, and ecological factors. However, Robbins (2015) cautions that localisation alone may be insufficient, as it can still operate within capitalist constraints. The Research and Action Group for Wellbeing in Benin exemplifies a strong localisation effort – reviving agroecological practices and protecting sacred forests as part of a territorial strategy to restore both community health and ancestral lands (Akôyi 2025).

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<sup>5</sup>In 2021, Jernigan et al. developed a series of FS indicators for community capacity building and health. In 2023, they published a framework based on work with communities and indigenous peoples from Oklahoma, Hawai'i and Alaska, United States. The framework allows us to understand the health effects of FS activities, and the FS-Health links, as a guide for thorough examination in any socio-ecological setting, considering the state and values of several items under: Access to resources, production, trade, food consumption, polity, community involvement, and culture.

#### d) Puts control locally

To achieve the previous pillars, decision-making about food production, distribution, transformation, and trade must be controlled by the people. The FS movement prioritises the structural aspects of food and productive questions, including who has power in decision-making processes, how decisions are made, who participates, and the effectiveness of those decisions in addressing inequalities. As Jernigan et al. (2023, 1071) state, 'Food sovereignty directly intervenes upon the complex physical, social, and political factors that have contributed to Indigenous health disparities, placing structural matters at the forefront of health initiatives.' The FS activities described by the authors may enhance collective efficacy in accessing food and health, reflecting the promotion of local autonomy.

Calderón Farfán, Medina, and Torres (2022) emphasise the importance of strengthening social coalitions around the right to food, agrarian political reforms, and territorial sovereignty, which will subsequently impact public health. They affirm that FS should inform national level agrarian and health policies, guided by the principles of territorial sovereignty and collective community health. An example of such an integration is the government-led Cuban moral economy – characterised by solidarity and just redistribution of goods – that has guided a public nutrition and health approach through an ecological route to food and agriculture, and that, according to Wilson, Baden, and Wilkinson (2020) contributed to collective human and environmental well-being. In contrast, other actors prioritise gaining greater local autonomy over food and health systems to reduce reliance on external decisions. The Bagobo Tagabawa in Mindanao exemplify this through their 'food as medicine' programme, where rural communities build empowerment by involving elders, farmers, women, and youth in diversifying crops, boosting income, improving biodiversity, and soil health (Apuzen-Ito et al. 2025).

In a stark contrast, in Latin America, urban movements are reclaiming control over food and health through more transparent labelling of industrialised products. In Chile, public health advocates led the adoption of Law 20.606 – one of the world's most impactful front-of-package (FOP) labelling policies. It mandates black octagonal 'HIGH IN' warnings on foods exceeding limits for sugar, sodium, saturated fat, or calories, bans their sale in schools, and restricts marketing to children under 14 (Taillie et al. 2021). This law challenges corporate food regimes and strengthens public accountability for health. Similarly, five years after the implementation of FOP warning labels in Mexico, strong evidence indicates a positive impact on public health (El Poder del Consumidor 2025). This area offers valuable opportunities for urban residents to discuss about the right to access healthy food and to understand how policy changes are being implemented.

Another example of local control of food systems and health is school feeding programmes. These are powerful tools for advancing FS by directly connecting children's health to sustainable local food systems. As argued by Wittman and Blesh (2017), these programmes offer a dual benefit: they provide children with healthy, culturally suitable meals, enhancing dietary diversity, food security, and educational outcomes. At the same time, they create stable markets for local producers. An example of this is Brazil's National School Feeding Programme (PNAE), which requires that a significant portion of food be purchased from local family farmers, especially those practising agroecology. This method strengthens rural livelihoods, stimulates local economies, and promotes

agrobiodiversity, thereby empowering communities to control their food systems and decreasing dependence on industrial agriculture. The transformative potential of such programmes is emphasised by Affonso et al. (2025) in their research on forest-adjacent communities in the Brazilian Amazon. Their study shows that when school feeding programmes are carefully designed with local procurement as a key component, they transcend mere social welfare projects. Instead, they become a catalyst for FS, linking the immediate health of children to the long-term resilience of local economies, ecosystems, and cultures. The PNAE case exemplifies that this is a practical and beneficial policy approach.

#### e) Builds knowledge and skills

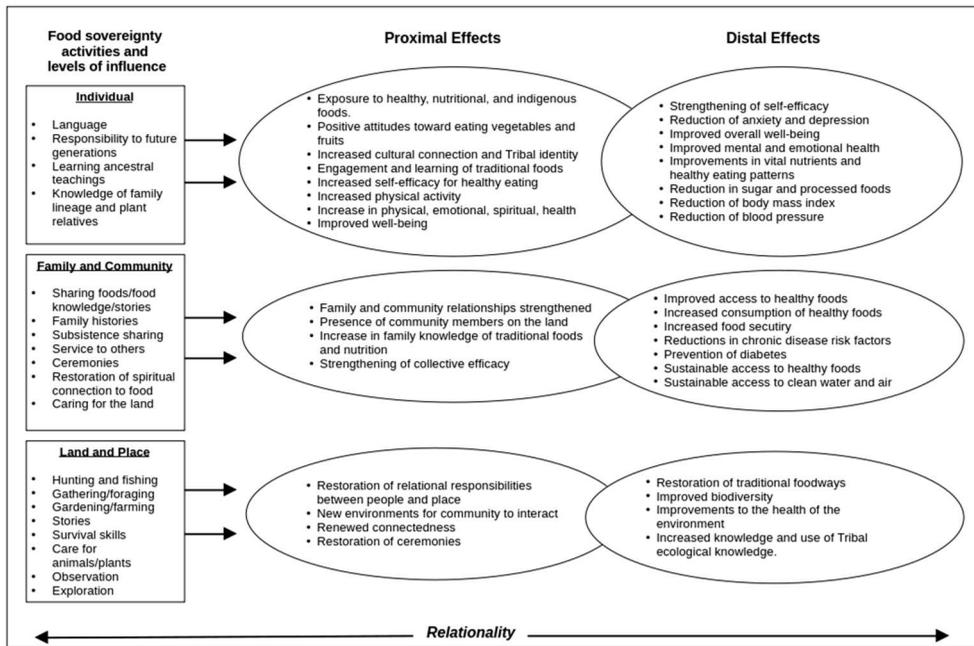
Empowering people to control food systems requires building capacities and gaining knowledge to make better decisions. This includes acquiring new skills, ecological innovations, and learning from local traditional knowledge. Learning about ecology and production techniques enables youth to develop relevant competencies and relational responsibilities, which are 'central to Indigenous concepts of health and wellness' (Jernigan et al. 2023; 1070). The Nyéléni 2007 International Steering Committee proposed a self-instruction strategy rooted in local wisdom and hands-on education, addressing themes such as healthy local foods and the impacts of GMOs and pesticides (Nyéléni ISC 2007).

Individual, familial, and community FS activities focus on knowledge and skill building, providing both immediate and long-term benefits (Jernigan et al. 2023). These include using local languages, sharing ancestral teachings, passing down knowledge of plants and family traditions, participating in ceremonies, and acquiring technical skills such as hunting, fishing, gardening, and animal care. These practices expose people to nutritious foods, strengthen collective efficacy, and have long-term effects, enhancing biodiversity and overall well-being (see Figure 1). To guide FS efforts toward integral health, key areas of knowledge include access to resources, production, trade, consumption, policy, community engagement, and culture (Jernigan et al. 2021).

School feeding programmes offer a practical example. Powell and Wittman (2018) found that farm-to-school (F2S) initiatives in British Columbia, which feature food literacy, gardens, and cooking classes, advance FS goals even without large-scale procurement. By engaging students directly, these programs foster long-term support for just and sustainable food systems. Their success depends on equitable implementation, adequate infrastructure, and the inclusion of diverse producers, especially those from marginalised communities. When these conditions are met, school feeding programs become foundational strategies for building resilient, equitable, and sustainable food systems from the ground up.

#### f) Works with nature

As La Vía Campesina (2021) beautifully wrote, FS 'embraces every element of our cosmos; the sky above our heads, the land beneath our feet, the air we breathe, the forests, the mountains, valleys, farms, oceans, rivers and ponds. It recognises and protects the interdependence between eight million species that share this home with us.' Working with



**Figure 1.** Conceptual framework of potential health effects of indigenous food sovereignty initiatives. Source: Jernigan et al. (2023); used with permission of the authors.

nature means acknowledging our coexistence with millions of species and respecting ecological rhythms, cycles, and limits. When these are breached, illness emerges through metabolic rifts, human malaises, or global pandemics. Undermining FS compromises both environmental and human health. For instance, excessive pesticide use toxifies ecosystems and endangers farmers and workers (Jørs, Neupane, and London 2018; Navas 2022). Industrially produced foods erode essential nutrients, weakening immune systems and increasing vulnerability during epidemics (Verzeñassi et al. 2022). Protecting FS requires ecological awareness and practices that sustain the health of people, land, and all other-than-human beings sharing this planet. Verzeñassi et al. (2022) therefore propose FS as a therapeutic strategy for the recovery of collective health; restoring health also entails rebuilding immune systems at individual and collective levels (Marya and Patel 2021). Explicit care, knowledge, and observation of the land, water bodies, plants, and animals will lead to the restoration of relational responsibilities between people and their place, promoting connectedness, sustainable access to healthy food, clean water, and air, improved biodiversity, and increased traditional ecological knowledge (Jernigan et al. 2023).

FS initiatives directly support collective and planetary health by prioritising sustainability, biodiversity, soil health, resilience to climate change and social justice. They reduce toxin exposure for workers, rural populations, and consumers by avoiding pesticide residues. For example, Baudry et al. (2018) found the consumption of organic foods to be associated with lower risks of breast cancer, non-Hodgkin lymphoma, and other cancers. Yet access to organic food remains restricted to wealthier groups due to high costs, reinforcing inequalities in diet and health (Ghali-Zinoubi 2021). Addressing the

political challenges of reducing pesticide dependence while expanding affordable, pesticide-free alternatives is therefore essential (Castro-Vargas et al. 2025).

As part of the FS framework, agroecology has broader impacts on the structural basis for environmental health, such as reducing ecological footprints and fossil fuel dependence, while promoting more resilient production in the face of climate change. By preserving nutritional quality, agroecological systems enhance public health. Socially, agroecology strengthens community ties, boosts civic engagement, and supports marginalised groups. Economically, agroecological practices can yield similar results with lower input costs (Rosset and Altieri 2017). Thus, agroecological practices should be evaluated using broad indicators that consider environmental, social, and health benefits, moving beyond the dichotomy of ecological sustainability, economic efficiency and health.

#### **4. Strategies for building alliances between food sovereignty and health**

This section explores academic and political dialogues among integral health, FS, and critical agrarian studies, aiming to articulate theoretical frameworks and political strategies capable of driving systemic transformations toward just, democratic, and life-sustaining food systems. Much remains to be discussed regarding research, policy, and actions that FS and health actors should take to enhance multiscale impact. Here, we explore possibilities and invite new questions about committed research, support between food and health movements, and open debates that can inform the conversation.

##### **4.1. The need for more committed research**

The connections between FS, Critical Agrarian Studies, and critical and integrative health approaches are evident in their philosophical, theoretical, and practical dimensions. All three commit to overcoming social and environmental injustices and inequalities, focusing on basic human needs such as food and health. This includes ensuring access to healthy and culturally appropriate foods, achieving integral health for all, promoting wellness, and caring for life broadly. The FS movement strives for systemic transformation.

Still, the empirical evidence linking FS directly to improve human health remains weak, and FS is largely absent from the public health literature (Jones, Shapiro, and Wilson 2015; Jernigan et al. 2021). This gap is problematic: without convincing evidence of the harms caused by the current agro-industrial systems, they face little pressure to change. As Navas (2022) shows in Nicaragua, the concept of 'undone science' highlights missing studies that could demonstrate the damage that pesticides and other industrial practices inflict on communities and ecosystems. The absence of such evidence delays reparations, weakens political action, and leads to partial or misinformed strategies that fail to address systemic harms.

Have we advanced in the past decade in constructing sound and solid evidence with scientific and political rigour? In 2015, Jones, et al. proposed six research areas to evaluate the concrete contributions of FS to human health: (1) the links between the use of agrochemicals, industrial farms management, contrasted with agroecology, and the health of producers and consumers; (2) the effects of agroecological management in mitigating the impacts of climate change and in constructing adaptive production systems in the face of

current changes; (3) the impacts of agroecology on more equitable social relationships and community unity, including gender relations; (4) the repercussions of every phase of the agro-industrial chain on the human health; (5) how FS self-determination control over food processing, marketing, seed systems and production inputs, may advantage health in direct and indirect pathways; (6) the impacts of advertising and general media content of industrial food vs 'healthy' food on children and general public perception, preferences, and diet patterns.

We call on scholars, scholar-activists, and civil organisations to pursue research in these areas, generating evidence to guide transformative decision-making. Building on the integral health approach, research should also assess environmental health impacts; examine mental health in relation to food production, consumption, and control; and explore the role of health education in shifting perceptions and practices among producers and consumers. Knowledge production must be reoriented toward transformation and grounded in local knowledge systems, developed through dynamic and dialogic processes. Furthermore, framing research on FS strategies within the intersectional analytical model of critical health studies may enlighten our comprehension of food and health disparities. This approach can help reveal how class, gender, and ethnicity, and other axes of inequality shape territorial distribution as well as the most effective routes to address such inequalities.

#### ***4.2. Alliances between food and health movements worldwide***

Over the past thirty years, the FS movement has demonstrated the importance of alliance building, with approximately 200 million people globally affiliated with La Vía Campesina, alongside numerous local and regional movements operating concurrently (Altieri and Toledo 2011; Mier y Terán et al. 2018). After decades of working separately, during which little dialogue was developed between the FS movement and the People's Health Movement (PHM) due to specialised agendas, they are now joining forces in a new stage of partnership (Nyéléni Global Forum 2025). The FS model – through its six-pillar praxis of production, distribution, and consumption – already informs food-health processes and can further strengthen global health movements. Conversely, insights from collective health provide a deeper understanding and more effective interventions within FS. This mutual exchange reinforces pathways developed by FS and allied frameworks such as agroecology, advancing systemic transformation for healthier, more just, and sustainable societies.

The implementation of the FS framework holds significant potential to expand access to healthy food, improve dietary quality, and address systemic problems of food insecurity and poor health (Jernigan et al. 2021). For public health, FS is particularly relevant, as it offers a pathway to reduce persistent diet-related disparities that have shown limited progress under Western interventions focused narrowly on individual intake. Unlike external food security or health programs, FS provides a culturally grounded and politically action-oriented approach to address the root causes of disease and inequality within food systems, offering more sustainable solutions (Jernigan et al. 2021).

The PHM can draw on the experiences of La Vía Campesina and other grassroots movements that mobilise millions through collective organisation and advocacy. At the same time, PHM's global network of health activists, civil society organisations, and scholars

brings critical insights into how health issues intersect with FS struggles. This collaboration can strengthen education on food systems, engage health practitioners and activists, and identify research and action gaps. Ultimately, strategies for health promotion, prevention, and education must integrate FS principles, while FS initiatives must explicitly prioritise health as a central goal.

To achieve collaboration between FS, health, and allied movements, regional and national evaluations of health in relation to food systems are essential. The assessment tool proposed by Jernigan et al. (2021) offers a starting point for such appraisals, or for designing context-specific alternatives. These evaluations can systematically examine community food-health assets, including access to culturally appropriate healthy foods; the capacity to produce food sustainably; equitable distribution within communities; support for food providers; and policies that ensure control over food systems and protect essential resources (2–3)

From these assessments, research gaps can be identified. What neglected areas of science are urgently needed in each setting? Which harmful aspects of food systems lack documented evidence despite their visible impacts on people and ecosystems? Universities, research institutes, and scholar-activists can be called upon not only to generate data but also to inspire research processes rooted in collective health. Such research must maintain an integral health vision, integrating social and ecological intersections, interactions and determinations.

Educational gaps must also be addressed, as the complex links between food and health (beyond nutrition) are not always easy to understand. The case of the retired South African nurses Busisiwe and Xolelwa, who drew on their health expertise and became agroecological activists, promoting self-sufficiency, soil and body healing, and community development, illustrates the benefits of inter-sectoral education (Farr 2025). Their work, alongside many other initiatives, demonstrates the importance of creating spaces that inform and empower people at multiple levels.

The IPC, the PHM, and regional allies can amplify these efforts by mobilising diverse actors already engaged in food and health struggles. Health practitioners, with their privileged positions, can transmit key messages on collective health. Teachers can help students reflect on the links between local production, diets, and health outcomes. Communicators can employ practical tools, such as local radio, leaflets, YouTube videos, infographics, and artistic expressions, to reach diverse audiences. Storytelling, particularly engaging children and youth, fosters pride and ownership. These strategies can be expanded into long-term popular education processes on food literacy, integrating more people into transformative action (Powell and Wittman 2018).

Research and education must also remain open to evolving farming systems and consumer preferences, even when these contradict FS ideals (Gyapong 2020). Critical tension for FS lies in the gap between its ideals and the material realities of producers and consumers under the corporate food regime. For the working poor, cheap, processed food is often a necessity of survival, not a choice, within an economic system that depresses wages and monopolizes markets. Concurrently, the health and ecological benefits of agroecology remain priced as a privilege, while small-scale farmers locked in by debt and input dependence often cannot afford to abandon chemicals. These production pressures dovetail with a cultural frontier: through dumping and marketing, consumer tastes are reshaped, leading many, especially youth, to dismiss traditional foods as

"coarse" or "poor," and to see farming as undesirable labour. These are not mere preferences but attitudes sculpted by structural forces, including dominant education and media. Therefore, a truly transformative FS politics must develop strategies that directly address this nexus of economic coercion, cultural displacement, and segmented access to sustainable alternatives. As Smith (2018) argues, decolonising curricula is essential if education is to foster respect for traditional foods and farming.

Innovative educational and communication processes can also enhance advocacy, reach broader audiences, and build solidarity with urban populations increasingly interested in healthy, clean food and fair trade, yet distanced from its production. At the macro level, the role of the state is crucial. National policies, practices, and programmes must integrate FS principles into public health agendas. Research, education, communication, and activism should converge to deliver clear messages and lobby decision-makers to treat FS as a public health priority, ensuring that health is central to food system transformation.

## **5. Concluding discussion towards a new research agenda.**

Food Sovereignty, Critical Agrarian Studies (CAS), and critical and integrative health approaches question industrial food systems and propose sustainable, just, and locally centred alternatives. This paper fosters dialogue and advances global discussions between these areas of study. The integral health approach offers a framework for evaluating the broader implications of food systems, recognising their influence on environmental and social health determinations. It aids in understanding the structural interactions within the FS-health dyad, which connects society, social groups, classes, families, and individuals, aligning with CAS's insights.

We envision a horizon where integral, relational, collective health is accessible to all beings. To achieve this, we must design and implement strategies that strengthen both FS and health, reinforcing autonomy, decision-making, and collective organisation. FS praxis aims to build healthy communities and a more just world. Fortunately, many communities around the World are already developing creative solutions in response to the urgent need to preserve life. Yet, serious threats, injustices, and inequalities persist. To overcome the hazards and improve health conditions through varied and innovative ways, the FS and health movements, organisations, alliances, and sectors must be continuously reinforced. Fostering collaboration among actors, including practitioners, educators, communicators, advocates, researchers, and scholar-activists, is imperative for advancing equity, defending rights, and promoting a transformative vision of well-being. It is also necessary to constantly interrogate decision-making processes: who defines the needs and solutions for FS and health; the institutional, organisational, and political contexts in which these decisions are made; and how inequalities, gender biases, and class conditions shape them. We must ask what concrete needs for social and environmental justice are as essential pillars to achieving integral health for people and their territories; how we enforce sovereignty in decisions concerning the link between FS and health systems; how health practitioners understand health in relation to food systems and agriculture; and, more broadly, how FS and health agendas are connected or disconnected.

The reciprocal interactions between FS and health highlight the need to integrate ecological and socio-political dimensions into global health and food governance. This

requires studying the conditions of food production, transformation, and consumption that generate diverse health outcomes – from adequate nutrition and healthy communities to hunger, undernutrition, and chronic disease. In pursuing individual, social, and environmental health, as well as human rights and social reproduction, health institutions at all levels must reconsider the broader context of food systems. Several ongoing debates intersect with FS and health, shaping strategies and deepening understanding of complex challenges. These include the decolonisation of food systems, urban – rural connections and rising poverty; urbanisation and food access; solidarity and local economies; and the need for practical tools to assess progress and shortcomings.

This analytical and dialogical work requires time and resources for movements to carry out and adapt continuously. We expect these efforts to materialise through collective work, the development of global networks, and community-building both within and outside academic spaces. Drawing on food sovereignty principles and echoing Levkoe, Brem-Wilson, and Anderson (2018), we urge scholar-activists to advance this work by promoting deeply engaged, humanised relationships, challenging power asymmetries, and contributing to social movements with a commitment to transformative change. Through such academic and movement alliances, we can collectively confront structural injustices, document and strengthen existing alternatives, and co-create a transdisciplinary, action-oriented agenda for a more just and sustainable world.

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## Author contributions

CRedit: **Claudia I. Camacho-Benavides:** Conceptualization, Investigation, Supervision, Writing – original draft, Writing – review & editing; **Grettel Navas:** Conceptualization, Investigation, Writing – original draft, Writing – review & editing; **Fizza Batool:** Conceptualization, Investigation, Writing – original draft, Writing – review & editing; **Lorena Rodríguez Lezica:** Conceptualization, Investigation, Writing – original draft, Writing – review & editing; **Adwoa Yeboah Gyapong:** Conceptualization, Investigation, Writing – original draft, Writing – review & editing; **Nadya Karimasari:**

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