

FEAST



Food  systems that support
transitions to healthy  and
sustainable  diets

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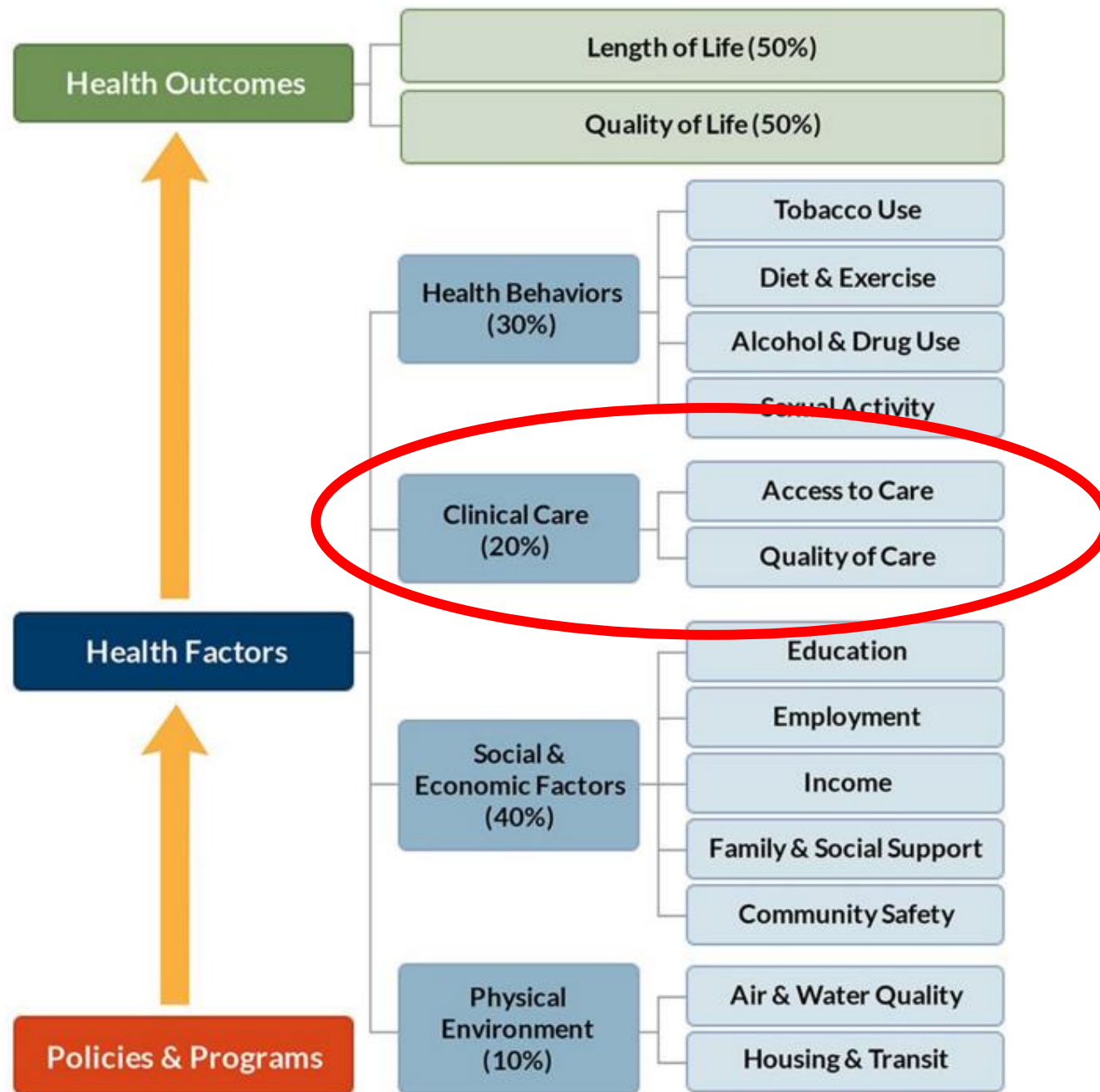
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One Health

an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.

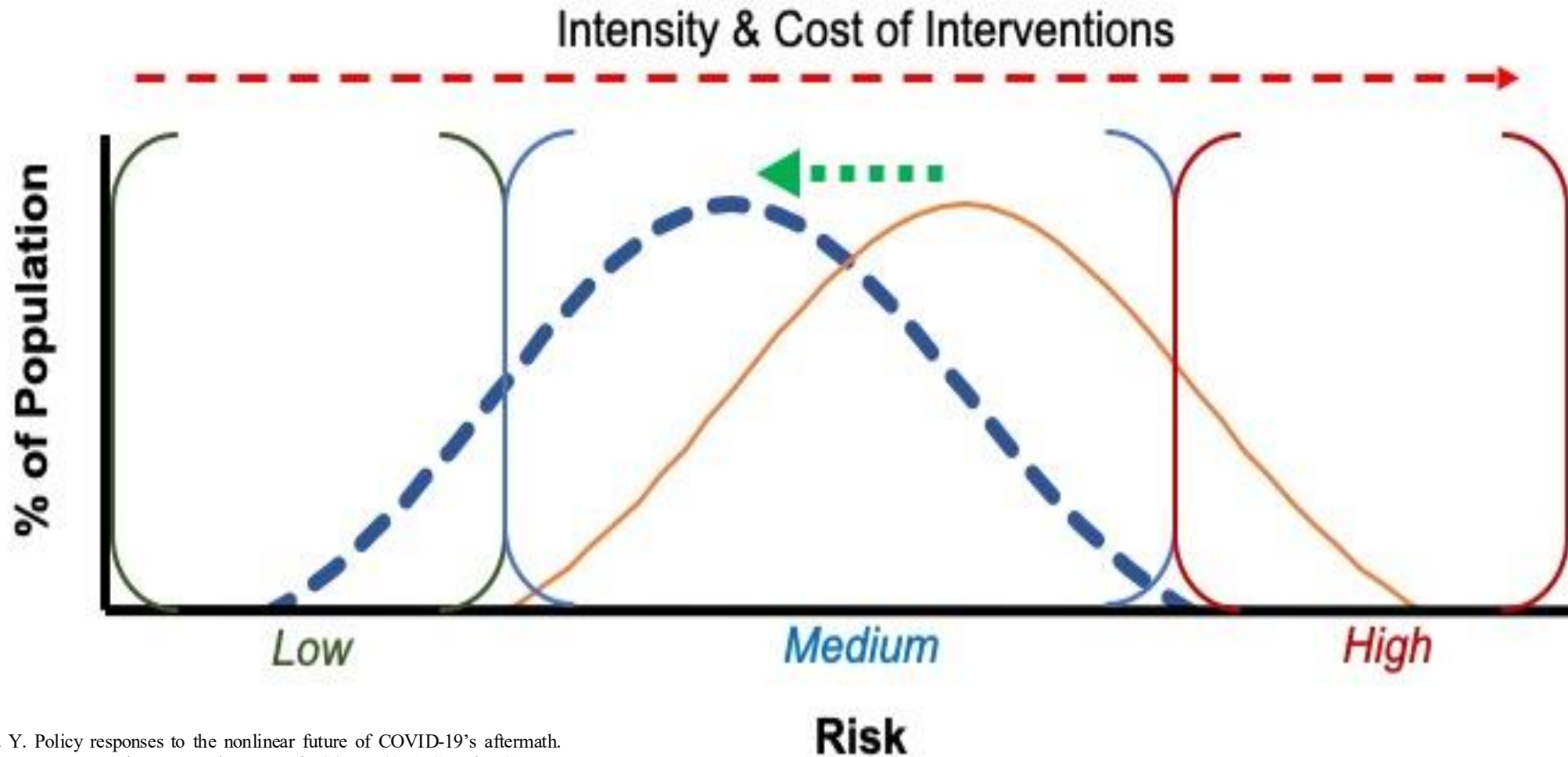
https://www.who.int/health-topics/one-health#tab=tab_1

What influences One Health?



County Health Rankings model © 2014 UWPHI

Delivering One Health: *Left shift*



Jani A and Kawazura Y. Policy responses to the nonlinear future of COVID-19's aftermath. COVID: A complex systems approach. In: Morales A.J. ed. *COVID-19 A Complex Systems Approach Papers and Commentaries*. New York: STEM Academic Press, pp. 209-221.

Current Food Systems: Lose-Lose-Lose-Win

People: LOSE

- Poor-quality diets - leading cause of death and a top contributor to Non-Communicable Disease (NCD – high BP, diabetes, obesity/overweight)
 - NCDs: ~75% of all diseases in Europe
 - NCDs: ~ 85% of all deaths in Europe
- Entrench health inequalities

Environment: LOSE

- 26% of global greenhouse gas (GHG) emissions
- 50% of global habitable land use
- 70% of freshwater use
- 78% of eutrophication
- 60% of biodiversity loss

Public Sector/Society: LOSE

- EU governments spend about €700 billion/year to treat NCD
 - ~70% of the ~€1 trillion (7-10% of GDP) EU governments spend annually on healthcare
- Cost of overweight/obesity to increase from \$2 trillion to \$4 trillion by 2035

Large Multinationals: WIN

- Processed foods sales: ~\$350 billion, ~7% profit margin
- Soft drinks – sales: ~\$100 billion, ~14% profit margin
- Fast food – sales: ~\$75 billion, ~13% profit margin

Ideal Food Systems: *Left Shift*

Humans

- Increased food security
- Better health

Environment

- Improve soil health
- Improve biodiversity
- Reduced GHG
- Optimised H2O use
- Improved land use

Economy

- Increased employment
- More just distribution of revenue
 - Farmers
 - Small businesses

One Health¹

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1. https://www.who.int/health-topics/one-health#tab=tab_1

Make it **easy** for **all people in Europe** to eat
delicious, healthier and more sustainable food

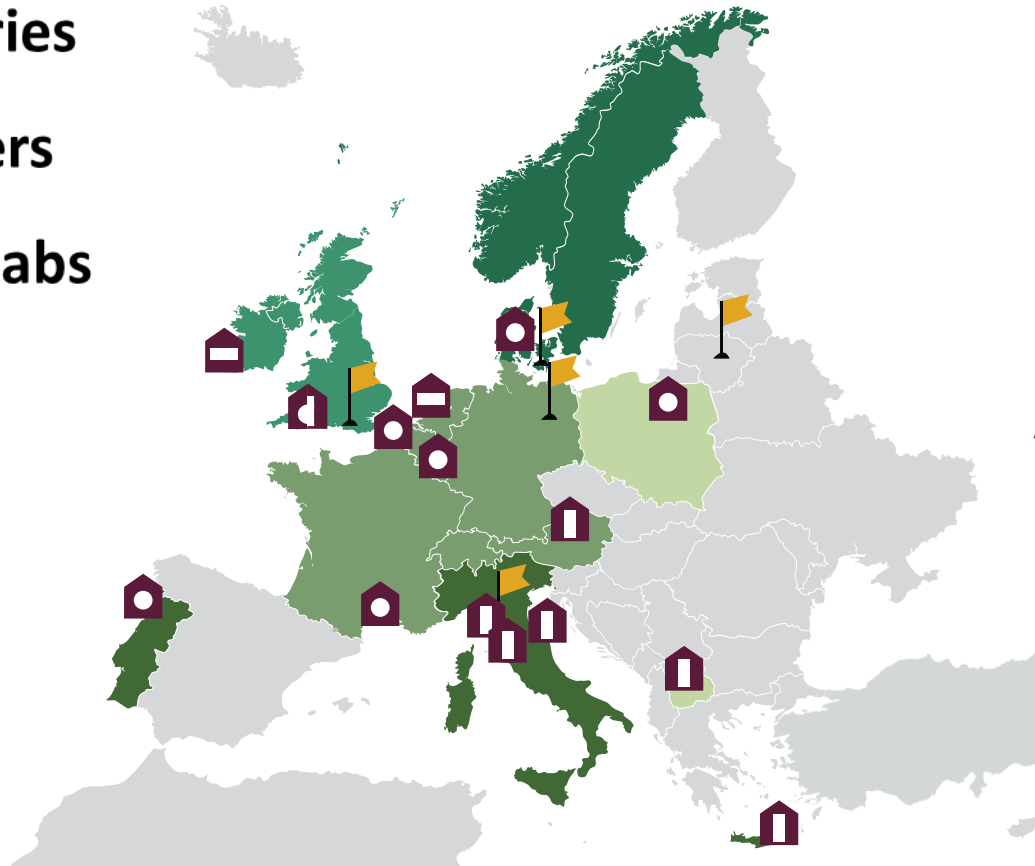


FEAST: Win-Win-Win-Win

15 countries

35 partners

13 living labs



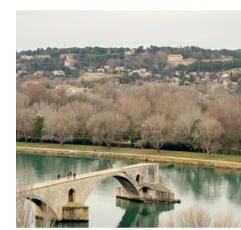
LIVING LAB



- Anglosaxon group**
Cork Oxfordshire (GFO)
- Central European group**
Rotterdam (ROT) Avignon (AVI)
Leuven (LEU) Ghent (GEN)
LEADER Region Weinviertel-Donauraum (LEA)
- Scandinavian group**
Guldborgsund (GUL)
- Southern group**
Alto Minho (CIM) Sitia (SIT)
Lucca Valli Etrusche (TNO)
- Eastern European group**
Lodz (UL) Prilep (PRI)

ASSOCIATED SITES

- Berlin
- Bologna
- London
- Kaunas
- Stockholm



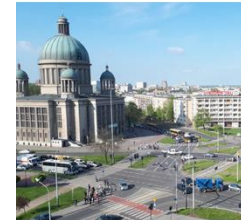
Avignon



CIM Alto Minho



Ghent



Lodz



Oxfordshire



Prilep



Guldborgsund



LEADER Weinviertel



Leuven



Rotterdam



Tuscany



Sitia



04/06/26

www.feast2030.eu

https://www.frontiersin.org/articles/10.3389/fsufs.2022.1039127/full?trk=organization_guest_main-feed-card_reshare_feed-article-content



Multilevel Governance: Win-Win-Win-Win

NEEDS

political decision-making that determines the overall context of the collective choices of food system actors that shape food environments

procurement of healthy and sustainable food by producers, retailers and the food industry, and how this creates food environments that influence food cultures

individual dietary choices shaped by food cultures & environments

STAKEHOLDER GROUP LEVELS

Macro

EU Commission & policymakers, National authorities

Meso

Provincial/Municipal/Local authorities, Large food industry (producers, retailers distributors), Hospitality/Catering, Health-care providers, Education system (schools, universities)

Micro

EU citizens, diverse vulnerable groups, non-governmental consumer, community & patient organisations, SMEs, small farmers

ACTIVITIES

Macro + Meso

- Develop systemic transition models,
- Get/create multi-level perspective on socio-technical transitions,
- Implement transition management,
- Design strategic niche management and the technological innovation
- Capture relevant barriers and enablers of food system actors to improve food environments.

Meso + Micro

- Development of innovative, effective tools and strategies
- Use of digital tools for self-management Monitoring of policy impacts.

Micro

- Model of social transformation in food behaviours
- Identify individual determinants of dietary choices
- Identify social practices of food (e.g. food cultures).

https://www.frontiersin.org/articles/10.3389/fsufs.2022.1039127/full?trk=organization_guest_main-feed-card_reshare_feed-article-content



Multilevel Governance:

Rebalancing Power

Power over

ability to influence or coerce

Power to

organise and change existing hierarchies

Power with

power from collective action

Power within

power from individual consciousness

FOOD SYSTEM POLICY GOAL

EXAMPLES

Fairness & transparency

Across the food value chain:

- Implement transparency disclosure requirements and stricter conflict of interest standards
- Develop norms to regulate Corporate Social Responsibility practices and their interference in Public Health policies
- Protect scientific publications from corporate influence, focusing especially on clear funding and Conflict of Interest disclosures

Level playing field

Across the food value chain:

- Especially at EU level, address the inequality in access to institutions between industries and civil society organisations²⁴
- Prevent “revolving doors” between big corporations and important governmental positions
- Focus on mandatory regulations versus self-regulatory approaches favoured by the industry

Preventing wealth capture

Across the food value chain:

- Regulate tax havens, tax evasion, profit repatriation and implement progressive corporate taxation

Protecting population health

Producers and Retailers:

- Implement taxes on foods high in sugar, salt and fat (HFSS)
- Regulate predatory marketing, especially targeted to children, on all media and especially in digital platforms



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Thank you!

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Joint action
cardiovascular diseases
and diabetes

The importance of early detection and intervention in the fight against NCDs

Olimpia Vincentini, PhD

Senior researcher - Italian National Institute of Health

Coordinator of D1Ce Screen

Pilot Leader INSPIRE T1D/CD (JACARDI)-WP08



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JACARDI: Project overview

- Total budget: **€66 Million**
- Duration: **01 November 2023 – 31 October 2027**
- Coordinator: **Istituto Superiore di Sanità (Italy)**
- Number of European Countries: **21**
- Number of Partners: **81**
- Pilots to be implemented: **143**

- To **reduce the burden of CVD and DM**, both at individual and societal level, while assuring health systems **sustainability and equity**

JACARDI's comprehensive approach involves **143 pilots projects across 18 European countries**, aiming to **implement best practices and innovative strategies** to reduce the burden of CVD and DM



Why Early Detection Matters?

- NCDs develop slowly over time, often without obvious symptoms in the early stages
- **timely identification and intervention can significantly improve outcomes, reduce healthcare costs, and ultimately save lives**

Early intervention is not just clinically sound — it is economically rational

A 2025 Lancet Regional Health analysis introduced the concept of "**quick buys**" — **evidence-based, cost-effective NCD interventions** with measurable public health impacts achievable within five years,— offering policymakers a more actionable near-term framework



NCDs represent a global public health priority, and WHO calls on Member States to adopt integrated prevention and control strategies.

WHO recognized that the world is “off track” in achieving the SDGs and approved a roadmap to accelerate:

- **screening**
- **access to care**
- **epidemiological surveillance**
- **integration of NCDs into primary health care.**

WHO resolutions are relevant :

- **Type 1 diabetes is included among chronic non-communicable diseases (NCDs); (not CD for the moment)**
- **WHO encourages regional and national early screening programs;**
- **there is a strong emphasis on preventing complications and promoting early identification in children.**



Italian Republic National Law 130/2023 on type 1 diabetes and celiac disease screening in infants and adolescents

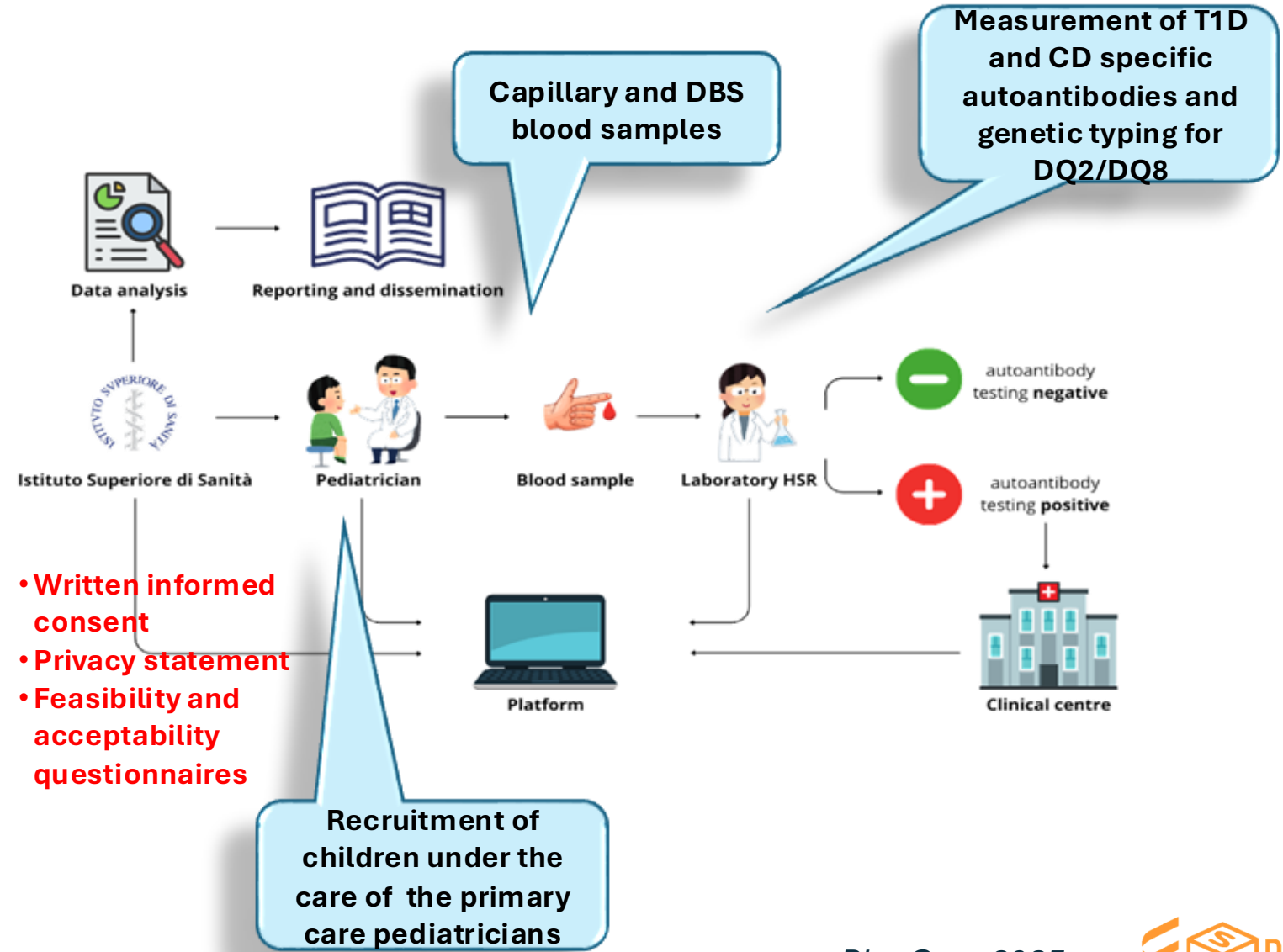
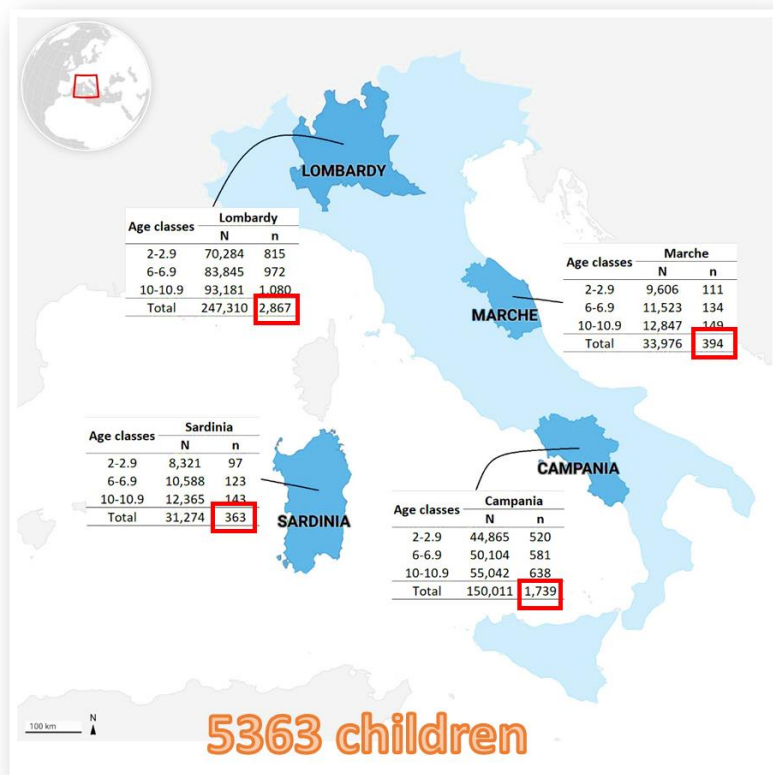
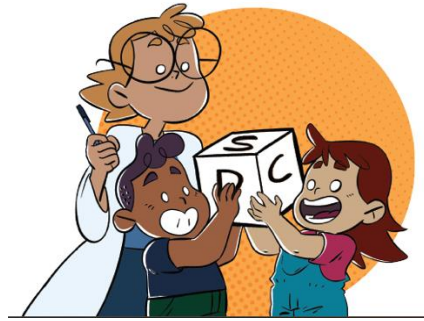
General Objective

Nationwide, Public Health Program in the paediatric **general population** in Italy to identify individuals at risk for type 1 diabetes and/or undiagnosed celiac disease, to reduce the complications associated with acute and late diagnosis of these diseases.

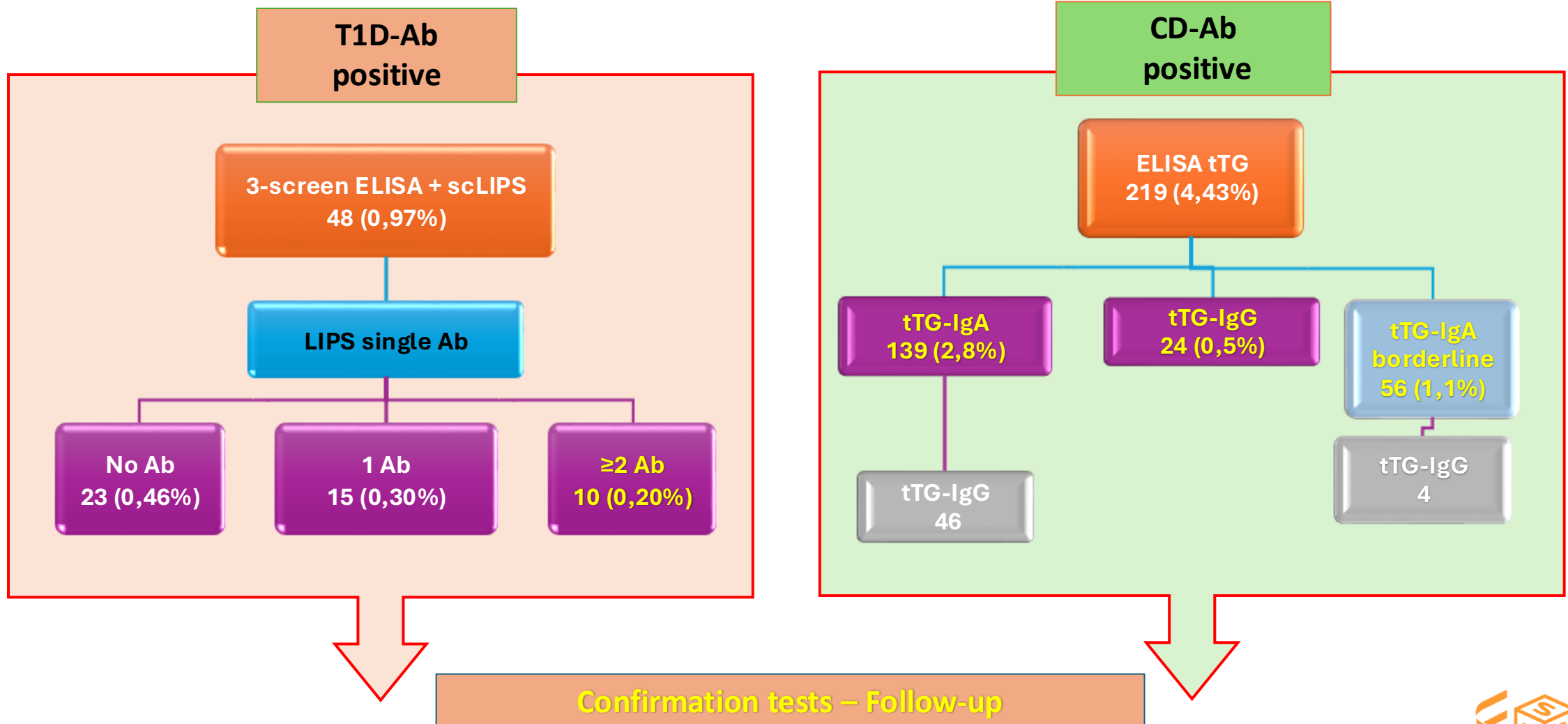
Specific Aims

- **Prevention of diabetic keto-acidosis (DKA)** at the clinical onset of type 1 diabetes;
- **Identification of pre-symptomatic type 1 diabetes** suitable to disease modifying therapies.
- Prompt **treatment of newly diagnosed celiac disease** by gluten free diet;
- **Prevention of non-gastrointestinal complications of celiac disease**, including impaired growth or short stature, iron deficiency, osteopenia, delayed puberty, etc...

D1Ce Screen-The pilot project of the Italian national Screening program for T1D and CD in the paediatric population



Results





Screening high-risk population and individuals

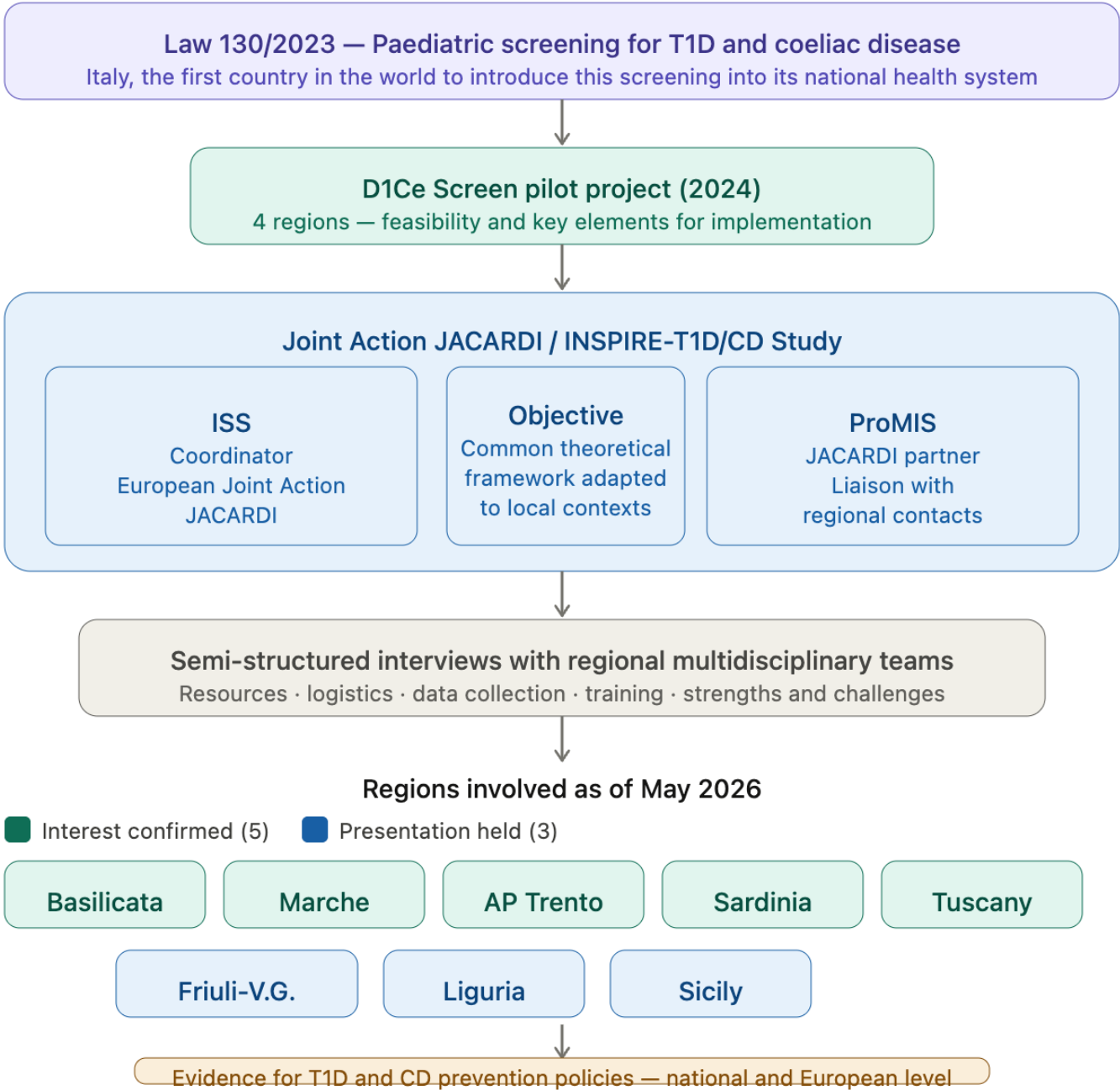
COUNTRIES OF IMPLEMENTATION

Belgium, Finland, France, Hungary, Ireland, Italy, Latvia, Romania, Slovenia, Spain, Ukraine

19 Pilots projects

- 19 pilot projects, which test the feasibility of different screening approaches in diverse local situations and infrastructures and generate real-world evidence to support development of the European level screening guidelines
- Pilots implement population- or individual- based, systematic, or opportunistic screening and operate in clinical or non-clinical settings

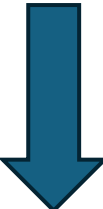
In this WP, **INSPIRE–T1D (Implementation of National Screening Program in Italian REgions Type 1 Diabetes)** ISS Pilot is implementing its activities



From a pilot study to



Implementation



Scalability



INSPIRE-T1D/CD scope and general objectives



- to promote the development of **sustainable pathways for the regional implementation** of the screening program for type 1 diabetes and celiac disease



- to create a **common theoretical framework, adapted to the characteristics of individual regions**, by analyzing elements such as existing infrastructure, available human and financial resources, and the current flow of services.



Identification of complex areas for implementation

- Regional structures involved
 - Reference laboratories,
 - Differentiated care pathways adapted to regional organization for follow-up of children with positive screening results
 - Logistics (sample collection and transport)
 - Digital platform (information system, data collection methods, and data analysis)
 - Staff training and education
- Long-term sustainability of the screening programme
 - Ensuring equity in access and participation
 - Communication and promotion of screening
 - Stakeholders (e.g. patient associations)