

Healthy-food procurement: using the public plate to reduce food insecurity and diet-related diseases

Around the world, municipal, provincial, and national governments are using food procurement—the purchase, preparation, and serving of food in public institutions—to improve the diet and nutritional health of vulnerable populations. Schools reach the highest number of people who dine from the public plate, but childcare centres, hospitals, correctional facilities, and youth programmes also serve food to populations at risk of food insecurity, obesity, and diet-related diseases.¹

Why is the procurement of healthy food for the public plate a promising strategy that has attracted the attention of public officials in high-income, middle-income, and low-income countries? First, healthy-food procurement is one of the few nutritional interventions that can address both dietary scourges facing the world today—undernourishment and over-nourishment. Almost 800 million people worldwide are undernourished² and 2·1 billion people have BMIs that put them at risk of type 2 diabetes and other diet-related chronic diseases.³ Any strategy that can unite policy makers, health providers, and advocates who are working on what are often posed as contradictory goals warrants attention and resources.

Second, the public plate serves multiple populations who can benefit from nutritional support: preschool and school-aged children, teenagers, hospital patients, refugees, older people, and those in public institutions for people with disabilities or other vulnerable groups. For many of these populations, institutional food programmes provide a substantial proportion of their daily caloric intake. Although the reach of these institutional food programmes varies by sector and country, few other food intervention programmes have the potential to reach so many in need.

Third, because food procurement is within the remit of the public sector, governments use the market power of the public plate to win concessions on quality food from a global food industry whose ultra-processed products now dominate the global food supply and contribute to increasing burdens of diet-related diseases.⁴ In Brazil, the Government mandates that 15–30% of nutritional intake in schools come from local procurement of fresh vegetables, fruit, and meat, improving the diets

of schoolchildren and boosting the local farming economy.⁵ In the USA, six of the country's largest urban school districts joined forces to create a purchasing collaboration that will buy only chickens that have not been fed antibiotics. The agreement creates a larger national market for antibiotic-free chicken and provides participating schools with market-share bargaining power.⁶

Fourth, healthy-food procurement has the potential to bring together many constituencies who can become a broader force for the promotion of healthy food.⁷ Educators, public officials, small-scale farmers, parents, and local businesses can all benefit from effective food procurement programmes, giving these programmes and policies a base of support that more controversial food policies (eg, sugar taxes or sodium restrictions) sometimes might be missing. Successes in the improvement of institutional food can bring deeper changes, such as the new markets for local farmers in Brazil.

Finally, unlike other food policy innovations, food procurement is an idea that has been tested for decades. In many places, an infrastructure of funding streams, kitchens, and suppliers are already in place. The task now is to align the goals of these players rather than to start from scratch. For health and educational officials, healthy-food procurement is a strategy for which evidence on its short-term and long-term benefits is already accumulating.^{8,9}

Despite these advantages, it would be naive to assume that the expansion of healthy-food procurement programmes faces no opposition. For advocates of austerity budgeting or limited government, these programmes are a promising target for budget cuts. For those who emphasise personal responsibility for diet and health, the public plate can symbolise the so-called nanny state. Furthermore, for the large and growing multinational institutional food catering industry, the public plate is a potential profit centre in which global processed products bring higher returns on investment than fresh local food, even though they are also putting consumers at risk of diet-related diseases.¹⁰

In high-income countries, global food service corporations (eg, Aramark [based in the USA], Sodexo

Published Online
April 4, 2016
[http://dx.doi.org/10.1016/S2213-8587\(16\)00078-4](http://dx.doi.org/10.1016/S2213-8587(16)00078-4)

[France], and the Compass Group [UK]) work with transnational food companies to produce highly processed—and profitable—foods that can be easily shipped, stored, and re-heated in school kitchens.¹⁰ Findings from a study¹¹ in the USA showed that more than 50% of commodity foods that are bought by the US Department of Agriculture to send to school systems without charge are first sent to food processing companies that might add fat, sugar, or sodium before being delivered to schools. As a result, much of this food has “the same nutritional value as junk foods”.¹¹ In middle-income countries such as South Africa, investigations of school meal programme contracts have shown that corruption and theft reduced the quantity and quality of what children consumed.¹² Partnerships such as the one between the six large urban school districts in the USA can gain enough power to bargain successfully with food service and food processing companies, and vigorous contract monitoring and enforcement can reduce corruption in food procurement. Ultimately, however, successful food procurement programmes might require strengthening public sector oversight to ensure that public goals of improving food security and nutritional health are achieved.

To achieve that goal of stronger public sector engagement in food procurement, health researchers and officials need to strengthen the evidence for the benefits and costs of healthy-food procurement strategies and translate this knowledge into actionable policy agendas. One priority is to analyse how the lessons on food procurement from high-income countries can be adapted for use in middle-income and low-income countries.^{13,14} Another key task is to discuss and, where possible, resolve the tensions between those who debate whether reduction of hunger or prevention of obesity should be the principal goal of institutional food programmes. In middle-income countries such as China, Mexico, India, and South Africa, the persistence of undernutrition can make it difficult to address obesity prevention, even though many institutional food programmes can reduce both.

Municipal governments can play an important part in developing healthy-food procurement programmes because of their close connections with communities, schools, hospitals, and other local institutions. However, many city governments need assistance to develop

the capacity to devise and enforce standards for safety, health, and affordability and to stand up to business interests that seek to profit by promoting cheaper, less healthy food.

Finally, advocates of healthy-food procurement need to ally with professionals in health, social services, and education, and other advocates, and public officials seeking to expand public involvement in education, health care, housing, and transportation—key sectors for the social determinants of health. In an era when the ideology of markets-know-best dominates the political agenda, the development of governance processes and public sector capacity to put the public interest first are key prerequisites for the improvement of population health and the reduction of health inequalities.

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I declare no competing interests.

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