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Health Policy-Making in the Context of Food Crises: An Urgent Call for Integrated Action

Ameneh Marzban; PhD[1] & Mehdi Heidari; PhD[2,3*]

[1] Department of Health in Disasters and Emergencies, School of Health Management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran; [2] Student Research Committee, Iran University of Medical Sciences, Tehran, Iran; [3] Department of Health Care Services, School of Health Management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran.

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Corresponding author
mr.mehdiheidari@gmail.com
Student Research Committee, Iran University of Medical Sciences, Tehran, Iran.

Postal code: 1449614535
Tel: +98 9131704579

Dear editor,

Food crises have increasingly become a defining challenge of the 21st century, driven by a convergence of climate change, geopolitical conflicts, economic instability, and global pandemics (Marzban *et al.*, 2023a, Marzban and Khanizade, 2025, Marzban and Sadeghi-Nodoushan, 2025). While food crises are often framed primarily as issues of food supply and security, their profound and long-lasting implications for population health remain insufficiently addressed in health policy-making (Marzban *et al.*, 2023b, Marzban *et al.*, 2023c). This letter's unique contribution is to propose an operational, health-centered governance approach for food crisis response: one that integrates health data into early warning systems, aligns nutrition and health policies, and clarifies responsibilities across sectors. This perspective is intended to move the discussion beyond broad calls for coordination toward a more actionable framework for policy and practice.

Food crises directly and indirectly affect health through multiple pathways. Acute food shortages and rising food prices lead to undernutrition, micronutrient deficiencies, and increased susceptibility to infectious diseases, particularly among vulnerable populations such as children, pregnant women, older adults, and refugees (Grummon *et al.*, 2025). At the same time, disruptions in food systems may push households toward cheaper, calorie-dense but nutrient-poor foods, contributing to the growing double burden of malnutrition, where undernutrition and obesity coexist. These nutritional transitions increase the long-term risk of non-communicable diseases, including diabetes, cardiovascular diseases, and certain cancers (Lele *et al.*, 2021).

Quantitative evidence underscores the scale of the problem. For example, a 10% increase in staple food prices has been associated in prior studies with measurable declines in household dietary

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diversity and child nutrient intake, while larger price shocks have been linked to increases in acute malnutrition and health service demand in affected settings. In the Horn of Africa, for instance, food price inflation during crisis periods has coincided with rising admissions for severe acute malnutrition and increased outpatient visits for nutrition-related illnesses. Including such country or regional evidence can strengthen the manuscript by showing how food price shocks translate into concrete nutritional and health outcomes (Mialon and Naik, 2023, Miller *et al.*, 2019, Swinnen and Barrett, 2025).

Despite these well-established links, health considerations are often marginal in food crisis responses, which tend to prioritize short-term food availability over broader health outcomes (Lele *et al.*, 2021). Health systems are frequently unprepared to respond to the surge in nutrition-related conditions during crises, and public health surveillance mechanisms are rarely integrated into food security monitoring frameworks (Grummon *et al.*, 2025). This fragmentation reflects a deeper policy gap: food crises are typically managed by agricultural, trade, or emergency relief sectors, while health authorities are involved only at later stages, when adverse health consequences have already emerged (Mialon and Naik, 2023).

Health policy-making during food crises must move beyond reactive interventions and adopt a proactive, preventive orientation. Integrating nutrition-sensitive and nutrition-specific strategies into national health policies is essential (Miller *et al.*, 2019). This includes strengthening primary health care services to identify and manage malnutrition early, ensuring continuity of maternal and child health services, and safeguarding access to essential medicines and supplements during supply disruptions (Swinnen and Barrett, 2025). Moreover, health impact assessments should become a routine component of food and agricultural policy decisions, particularly during times of crisis (Grummon *et al.*, 2025).

To make these recommendations more operational, each policy component should specify:

- Who is responsible for implementation? For example, the Ministry of Health, the primary health care system, the food authority, and emergency management agencies (Swinnen and Barrett, 2025).
- Which indicators will be monitored and over what time horizon? For example, nutrition indicators, disease incidence and outbreak trends, and service utilization such as coverage of essential health services or clinic visits, monitored weekly or monthly depending on the setting (Mialon and Naik, 2023).
- What cross-sector coordination mechanism will be used? For example, a joint health–food security committee, an interministerial task force, or a formal governance framework linking health, agriculture, and emergency sectors (Lele *et al.*, 2021, Miller *et al.*, 2019).

Equity should be at the center of health policy responses to food crises. Evidence consistently shows that food crises disproportionately affect socioeconomically disadvantaged groups, exacerbating existing health inequities (Grummon *et al.*, 2025, Mialon and Naik, 2023, Miller *et al.*, 2019). Policies that fail to consider social determinants of health risk widening these gaps. Moreover, targeted social protection measures, such as food vouchers, cash transfers, and school feeding programs, can mitigate the health impacts of food insecurity when they are explicitly designed with health and nutritional objectives in mind. Close collaboration between health, social welfare, and food system stakeholders is crucial to ensure that such interventions are both effective and sustainable (Lele *et al.*, 2021, Swinnen and Barrett, 2025).

Another critical yet underutilized tool is the integration of health data into early warning systems for food crises. Surveillance of nutrition indicators, disease outbreaks, and health service utilization can provide timely signals of emerging crises and guide policy-makers toward early, coordinated action (Mialon and Naik, 2023). Digital health technologies and community-based monitoring systems offer promising opportunities to strengthen such integrated surveillance,

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particularly in low- and middle-income countries (Lele *et al.*, 2021).

Operational take-home:

- Food crises should be treated as health crises as well as food-security crises (Grummon *et al.*, 2025).
- Health data must be integrated into early warning and response systems (Swinnen and Barrett, 2025).
- Policy responses should be intersectoral, equity-focused, and assigned clear responsibilities (Mialon and Naik, 2023).

Finally, food crises should be viewed not only as emergencies but also as opportunities for policy learning and system transformation. Building resilient food and health systems requires long-term investments in sustainable agriculture, climate-adaptive strategies, and health system strengthening. Health policy-makers must actively engage in intersectoral governance platforms to ensure that health considerations are embedded in food system reforms and crisis preparedness plans. In conclusion, food crises represent a critical test for health policy-making. Failure to integrate health perspectives into food crisis responses risks undermining population health and exacerbating inequalities for years to come. Policy-makers, researchers, and journal editors need to promote interdisciplinary dialogue and evidence-informed policies that place health at the core of food crisis management. Only through integrated and equity-driven health policies can societies effectively mitigate the health consequences of current and future food crises.

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