



Piloting revival and evolving policy initiatives over sovereignty led food, nutrition, and health system

The Wicked Challenge

Reviving traditional health systems is challenging due to fragmented communities and policy gaps, and requires a coordinated, preventive, community-led approach to address widespread health issues.

BUT

A sovereignty-led revival of indigenous, community-based health systems—centered on women, elders, and local health workers—offers a sustainable, low-cost alternative to treatment-heavy healthcare models.

Common agreement

Community-centric approach
Importance of grassroots engagement and empowerment

Critique of existing policy paradigms

Need for systems change
Structural transformation rather than quick fixes

Value of indigenous knowledge
Revival and respect for local traditions and food systems

Against commodification
Stand against viewing health and food as services/products

Power structures matter
Caste, gender, and historical positioning as key barriers to equity.



Speaker
Mallika Biddappa
Lead Knowledge Management, KHPT

Community engagement is essential to public health

Highlighted the triangular relationship between power imbalances, social exclusion, and vulnerability, urging community participation to break it

Advocated for process-oriented policy and attitudinal change before behavioral change

Stressed the importance of local governance, systems thinking and community co-ownership of problems - Enhanced indigenous knowledge, grassroots data collection, and a Decision Support System (DSS) owned and accessed by communities

Critiqued the limited service delivery model of health, urging inclusion of social determinants and micro-contexts

Called for respect for indigenous practices and collaboration as an end rather than a means



Speaker
Anshuman Das
Lead Expert - Agroecology and Food Systems, Welthungerhilfe India

The Pahadiya tribe example - PDS rice has disrupted their millet-based food culture, causing malnourishment

Critiqued the Green Revolution paradigm and commodification of food, especially via **rice-centric and export-focused policies**

Stressed that food is cultural and relational, not just a product

MSP discourages crop diversification, leading to a loss of nutrition and biodiversity

Pseudo-diversity due to dominance by 20 companies in the food market

Need to Call for the localisation of production and consumption, and grassroots food sovereignty initiatives



Moderator
Narender Kumar
Chief Functionary, Shivi Development Society

By multistakeholder collaboration we can strengthen the community health management system

Potential Solution



Empower communities to co-health and food systems



Redesign public systems like PDS and MSP to support localized, diverse, and culturally rooted food practices



Shift policy focus from risk to vulnerability, integrating social determinants and micro-contexts into health frameworks



Develop community-led data platforms (like DSS) to enable evidence-based, inclusive decision-making from the ground up