URBAN FOOD POLICY · CONCEPT STUDY · BRUSSELS 2026

Brussels

& the Mediterranean Diet

A Strategic Food Policy Analysis for an Inclusive, Sustainable and Health-Literate Urban Food System

FOOD · GOVERNANCE · EQUITY · TERRITORY · SOLCO 2026

ABSTRACT

Brussels hosts the European Commission, EFSA and DG SANTE — the institutions that define nutritional standards for 450 million Europeans. Two kilometres away, Saint-Josse-ten-Noode has the highest poverty risk of any municipality in Belgium at 33%, and dietary quality among the worst in the EU. This study proposes that Brussels' own Good Food Strategy 2 (2022–2030) already contains — without naming it — a Mediterranean dietary framework. Naming it, measuring it, and connecting it to the communities that already embody it would transform GFS2 from a sustainability strategy into a scientifically validated public health intervention.

1.25M	37.5%	33%	19	31 pp.
Inhabitants	Non-European origin	Poverty risk Saint-Josse	Communes	30+ sources

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CHAPTER 01

Executive Summary

The city that writes Europe's food policy has not yet read it.

THE PARADOX

Brussels is the city that writes Europe's food policy guidelines. The European Commission's DG SANTE, the EFSA, the Directorate-General for Agriculture and Rural Development — all are headquartered within 3 kilometres of Molenbeek-Saint-Jean, where the poverty risk exceeds 31% and dietary quality is among the lowest in the European Union. Brussels tells 450 million Europeans how to eat. It has not yet worked out how to apply that knowledge to itself.

THE ARGUMENT

This study proposes that the Brussels-Capital Region's Good Food Strategy 2 (GFS2, 2022–2030) — already one of the most thoughtfully designed urban food policy frameworks in Europe — contains an unrecognised structural asset: its nutritional vision is substantively a Mediterranean dietary framework. GFS2 explicitly promotes legumes, seasonal vegetables, fruits, whole grains and nuts while limiting red meat, processed foods and sugar. This is, operationally, the Mediterranean diet. The strategy has been written. What is missing is the name, the scientific validation, the cultural bridge to the communities who already embody it, and the measurement framework to prove it works.

KEY FINDINGS

Health inequalities in Brussels follow a precise geography: Saint-Josse-ten-Noode (poverty risk 33%), Molenbeek-Saint-Jean (31.2%), Anderlecht (28%) and Schaerbeek (26.1%) concentrate diet-related disease, food insecurity, and child overweight at rates that exceed the Belgian national average by significant margins. Brussels' largest Moroccan and North African communities — concentrated in precisely these communes — already practice dietary patterns profoundly aligned with Mediterranean principles. The city's largest market, the Marché du Midi, is one of the biggest Mediterranean food markets in Europe. GFS2 does not yet see any of this as an asset.

RECOMMENDATIONS

This report delivers six policy recommendations focused on closing the gap between what GFS2 says and what it could become: formalise the Mediterranean diet as the nutritional framework of GFS2; commission a MEDAS baseline measurement across Brussels communes; connect the food strategy to Sciensano health data through a shared monitoring framework; reform school canteen menus around named Mediterranean principles; build an institutional partnership with the Marché du Midi network; and position Brussels as the EU's flagship Mediterranean food city — a living demonstration that the Union's own nutritional science can be applied at home.

1.25M	37.5%	33%	2022
Inhabitants	Non-European origin	Poverty risk — Saint-Josse	Good Food Strategy 2 adopted

CHAPTER 02

Introduction & Research Framework

A city of contradictions — and the argument for resolving them.

2.1 The Question This Study Asks

Two kilometres separate the European Commission's Directorate-General for Health and Food Safety (DG SANTE) from the commune of Molenbeek-Saint-Jean, where 31.2% of the population lives below the poverty threshold and where diet-related disease rates are among the highest in Belgium. This proximity is not incidental — it is the central argument of this study.

The question is not whether Brussels can afford a better food policy. The question is why a city that hosts the institutions that define nutritional standards for 450 million Europeans has not applied those standards to its own most vulnerable communities. The answer, this study argues, is not political will — the Good Food Strategy 2 (GFS2, 2022–2030) demonstrates genuine ambition. The answer is a missing conceptual link: the absence of a named, measured, scientifically validated nutritional framework that connects what GFS2 is already trying to do with the scientific literature that proves it works.

That framework exists. It is the Mediterranean diet. And the evidence that GFS2 has already, implicitly, adopted it is written into the strategy's own text.

> *"Concrètement, le régime alimentaire Good Food se traduit par une assiette saine et savoureuse, faisant la part belle aux fruits, légumes, légumineuses, fruits à coques et céréales complètes." — Good Food Strategy 2, Bruxelles Environnement, 2022*

Fruits, vegetables, legumes, nuts, whole grains. This is not a description of a new dietary concept. This is a description of the Mediterranean diet — the most scientifically validated dietary pattern in nutritional research history, with over 7,000 peer-reviewed studies, a 2013 UNESCO Intangible Cultural Heritage inscription, and an evidence base that includes the landmark PREDIMED trial demonstrating 30% reduction in cardiovascular events (Estruch et al., *NEJM*, 2018). GFS2 describes this diet without naming it. This study proposes naming it — and building the measurement and cultural framework that would allow Brussels to demonstrate, to itself and to the EU institutions it hosts, that the science works.

2.2 Research Scope & Methodology

This is a concept study produced independently by Solfood Studio — as a direct contribution to Brussels' food policy debate. It is not a commissioned report by the Brussels-Capital Region or any Belgian public authority. It is offered as a foundation for institutional partnership and co-development, addressed simultaneously to Bruxelles Environnement, the Conseil de la Politique Alimentaire de la Région de Bruxelles-Capitale, the Brussels public health network (COCOM/Common Community Commission), and relevant EU-level bodies.

Source Type	Key Materials Used
Demographic & Health Data	Statbel (Statistics Belgium); IBSA (Brussels Institute of Statistics and Analysis); Sciensano Belgian Health Survey 2018; Observatoire de la Santé et du Social de Bruxelles-Capitale
Food Policy Documents	Good Food Strategy 2 (2022–2030), Bruxelles Environnement; Good Food Strategy 2016–2020 evaluation; City of Brussels Climate Plan 2030 (food chapter); COCOM health reports
Mediterranean Diet Science	PREDIMED trial (Estruch et al., NEJM 2018); EAT-Lancet Commission (Willett et al., The Lancet 2019); FAO Sustainable Diets and Biodiversity (2012); UNESCO Intangible Heritage No. 00884 (2013)
Comparative Case Studies	Rotterdam Food Vision 2030; Milan MUFPP Progress Report 2022; Barcelona Estratègia Alimentària 2021; Ghent Thursday Veggie Day evaluation 2020
Field Intelligence & Original Research	Solco professional network across Italy, Mediterranean basin and Northern Europe; author fieldwork in Brussels food markets and community spaces; KA220/KA210 Erasmus+ project documentation

2.3 A Note on Authorial Standpoint

This study is written from a specific position, and that position deserves to be stated clearly.

Its author, **Dr. Antonio Caso**, was born and raised in Puglia — the Italian region that, perhaps more than any other in Europe, represents the Mediterranean diet not as a theoretical construct but as a daily practice, built over centuries from legumes, seasonal vegetables, ancient grain varieties, olive oil, and the shared table. The black chickpea of the Murgia Carsica, the fava beans of the Gargano, the lentils of Altamura exported to Germany and Canada in the 1930s — these are not historical artefacts. They are living knowledge, still practiced, and still nutritionally superior to the processed food systems that have partially displaced them.

That background matters in the Brussels context for a precise reason: the communities of Molenbeek, Anderlecht and Saint-Josse do not need to be told what Mediterranean food is. The Moroccan family in Molenbeek cooking *harira* with chickpeas and preserved lemon is not approximating the Mediterranean diet. She *is* the Mediterranean diet — or one of its oldest and most intact branches. This study does not propose importing a Southern European food culture into Brussels. It proposes recognising the Mediterranean dietary logic that already exists there, and building the institutional infrastructure that

allows it to survive the pressure of industrial food systems.

ON THIS DOCUMENT

Why this study was written

Brussels hosts the institutions that shape European food policy. Those institutions have access to the best nutritional science in the world. The communities of Saint-Josse and Molenbeek do not benefit from that proximity. This study exists to reduce that distance — not through charity, but through recognition: these communities already carry the dietary knowledge that EU nutritional science has spent decades trying to validate.

CHAPTER 03

Brussels: The Capital Paradox

1.25 million people, 19 municipalities, one unresolved question.

3.1 Demographics & Cultural Diversity

The Brussels-Capital Region (Région de Bruxelles-Capitale / Brussels Hoofdstedelijk Gewest) has a population of approximately **1.25 million inhabitants** (January 2024, IBSA/Statbel). It is Belgium's most densely populated and most diverse region: **37.2% of residents hold non-Belgian nationality** (464,629 people), a proportion more than three times higher than in Flanders (10.8%) or Wallonia (11%). When including naturalised citizens and second-generation residents, the share of the population with a migration background is substantially higher — the Brussels Institute of Statistics estimates that **42% of the BCR population arrived in Belgium between 1990 and 2020**.

The largest registered foreign communities are French (70,800), Romanian (46,600), Italian (36,700) and Moroccan (33,200 registered nationals — but with Belgian citizenship, the Moroccan-origin community is significantly larger, representing the largest non-European group in Belgium at approximately 340,000 nationally). Congolese, Turkish, Indian, Polish, Spanish and other communities add further layers to a cultural landscape that, for food policy purposes, is one of the richest and most consequential in Europe.

1.25M	37.2%	19	42%
Inhabitants (2024)	Non-Belgian nationality	Municipalities	Arrived post-1990

The 19 municipalities (communes) of Brussels are not equal. The inequality is spatial, economic and dietary — and it follows a well-documented pattern.

Municipality	Population	Poverty Risk	Median Income	Food Vulnerability
Saint-Josse-ten-Noode	~26,000	33.0%	€20,815	Very High
Molenbeek-Saint-Jean	~98,000	31.2%	€21,279	Very High
Anderlecht	~120,000	28.0%	€21,975	High
Koekelberg	~22,000	26.2%	€22,781	High
Schaerbeek	~138,000	26.1%	€23,392	High

Municipality	Population	Poverty Risk	Median Income	Food Vulnerability
Forest / Vorst	~56,000	~22%	~€24,500	Medium-High
Ixelles / Elsene	~87,000	~16%	~€27,000	Medium
Uccle / Ukkel	~84,000	~8%	€29,887	Low
Woluwe-Saint-Pierre	~42,000	~5%	€33,796	Very Low

Sources: Statbel, Municipal poverty figures 2023 (income data: 2022); IBSA, Mini-Bru 2025; poverty risk = share of population below national poverty threshold. Food Vulnerability: composite indicator derived from poverty risk, dietary health data, and food environment proximity.

3.2 The Institutional Complexity

Brussels is the only European capital with a three-layered institutional structure for health and social policy: the **Brussels-Capital Region** (responsible for environment, including the Good Food Strategy); the **French Community Commission (COCOF)** and **Flemish Community Commission (VGC)** (responsible for community-level health and social services); and the **Common Community Commission (COCOM)** (responsible for bi-community health policy, including food security programmes).

For food policy, this means that a coherent strategy must navigate three parallel governance levels with overlapping competences. The Good Food Strategy 2 is a regional initiative led by Bruxelles Environnement — but school food, community health, and social services are managed by different bodies with different priorities. This structural fragmentation is, in fact, one of the strongest arguments for a unifying dietary framework: the Mediterranean diet, as a named and measurable concept, could provide the connective tissue between the Region's sustainability ambitions and the community-level health and food access work of COCOM and the Community Commissions.

3.3 Economic Profile & Food Poverty

Five of the ten municipalities with the highest poverty risk in all of Belgium are in the Brussels-Capital Region (Statbel, Municipal poverty figures 2023). Saint-Josse-ten-Noode, with a poverty risk of 33%, has the highest poverty concentration of any municipality in Belgium. Molenbeek-Saint-Jean (31.2%) is second. These are not marginal statistics — they represent tens of thousands of people for whom a nutritionally adequate diet is a daily economic challenge.

The Belgian Health Survey (Sciensano, 2018) found that only **13% of the Belgian population aged 6 and over** met WHO guidelines for daily fruit and vegetable consumption (5 portions per day). **20% consume sugary drinks daily**. Childhood overweight rose from 13.6% in 1997 to 18.9% in 2018, with the gap between low and high socioeconomic groups widening from 8 percentage points to 14.9 percentage points over the same period (Drieskens et al., *Archives of Public Health*, 2024). In Brussels, where low-SES households are concentrated in the most densely populated communes, these figures skew significantly worse.

THE INSTITUTIONAL PARADOX

The data point that needs to be on every desk in the Berlaymont

The European Commission's DG SANTE publishes guidelines recommending a plant-forward, legume-rich, minimally processed diet as the evidence-based standard for European public health. Its offices are 2 kilometres from communes where poverty risk exceeds 30% and dietary quality is among the worst in the EU. If the European Union's own food policy cannot demonstrate results in its own capital, what does that say about its capacity to deliver those results elsewhere?

3.4 Food Governance in Brussels

Brussels' primary food governance instrument is the **Good Food Strategy 2 (GFS2, 2022–2030)**, adopted by the Brussels Government on 2 June 2022 and managed by **Bruxelles Environnement**. GFS2 follows the first Good Food Strategy (2016–2020) and represents a significant deepening of ambition: it explicitly adopts a 'by neighbourhood' approach (*approche par quartier*), involves social and health sector actors, and sets concrete 2030 targets including three vegetarian meals per week in schools.

The **Conseil de la Politique Alimentaire de la Région de Bruxelles-Capitale** provides advisory capacity, broadly analogous to Rotterdam's Voedselraad, with working groups spanning food access, urban agriculture and sustainable food systems. The city of Brussels itself has a food and urban agriculture chapter in its **Climate Plan 2030**, targeting 10 new hectares of urban agriculture and 150 Good Food-labelled hospitality establishments.

The infrastructure is present. The political will is documented. What is missing is the analytical link between the strategy's nutritional aspirations and the scientific framework that would validate, measure and scale them.

CHAPTER 04

The Mediterranean Diet as Policy Framework

From regional tradition to universal dietary architecture.

4.1 UNESCO Heritage & Scientific Evidence

In 2010 and 2013, UNESCO inscribed the Mediterranean diet as Intangible Cultural Heritage of Humanity, recognising it as a way of life, a set of skills, knowledge and social practices transmitted across generations in Spain, Italy, Greece, Morocco, Croatia, Cyprus and Portugal. The inscription explicitly frames the diet as an expression of cultural identity, social solidarity and ecological relationship with territory — not a cuisine, but a system.

The scientific evidence base is unambiguous. The landmark **PREDIMED trial** — a randomised controlled study of 7,447 participants published in the *New England Journal of Medicine* (Estruch et al., 2013; corrected and republished 2018) — demonstrated that adherence to a Mediterranean diet supplemented with extra-virgin olive oil or mixed nuts reduced major cardiovascular events by **30% relative to a control low-fat diet** (HR 0.70, 95% CI 0.54–0.92). Subsequent meta-analyses have confirmed associations with reduced type-2 diabetes risk (RR 0.81, Schwingshackl et al., *Nutrients*, 2015), lower all-cause mortality (Sofi et al., *BMJ*, 2010), and significantly improved metabolic outcomes in children from low-income backgrounds.

4.2 What the Mediterranean Diet Actually Is

Policy translations of the Mediterranean diet often reduce it to olive oil and fish. This study uses the precise definition based on the **PREDIMED MEDAS score** and the **FAO Mediterranean Food Pyramid** — the same framework used in the Rotterdam Food Policy Study (Solco, 2026):

Component	Recommendation	GFS2 Alignment
Olive oil	Primary fat source; ≥4 tbsp/day	Implied but not specified
Vegetables	≥2 servings/day; seasonal, diverse	✓ Explicitly named in GFS2
Fruits	≥3 servings/day; local and seasonal	✓ Explicitly named in GFS2
Legumes	≥3 servings/week	✓ Explicitly named in GFS2

Component	Recommendation	GFS2 Alignment
Fish/seafood	≥3 servings/week	Not addressed in GFS2
Whole grains	Replace refined grains	✓ Explicitly named in GFS2
Nuts	≥3 servings/week	✓ Explicitly named in GFS2
Red meat	<1 serving/week	✓ GFS2 targets reduced meat consumption
Processed foods	Minimised or absent	✓ GFS2 limits sugar, salt, high-fat foods
Shared meals	Social practice; daily	Not addressed in GFS2

GFS2 = Good Food Strategy 2 (2022–2030), Bruxelles Environnement. "Explicitly named" = direct reference in strategy text. The alignment column demonstrates that GFS2 already operationalises 7 of the 10 MEDAS components.

> *"Le repas Good Food est cuisiné à base d'ingrédients frais, de saison, de préférence bio, un maximum locaux. Il comprend des légumes, des légumineuses, des fruits à coques et des céréales complètes, tout en limitant les sucres, le sel et les aliments trop gras." — Good Food Strategy 2, Bruxelles Environnement, 2022*

4.3 Why the Name Matters

The alignment between GFS2 and Mediterranean dietary principles is not coincidental — it reflects the convergent conclusions of nutritional science applied to the same policy problem. But the absence of the name has three concrete consequences that matter for Brussels.

First, it means GFS2 cannot be measured. The MEDAS score provides a validated, internationally comparable metric for dietary quality at population level. Without adopting it, Brussels has no way to demonstrate progress, compare outcomes with other cities, or make the case for European funding that requires evidence of nutritional impact.

Second, it means GFS2 cannot access the full scientific evidence base. The PREDIMED literature, the EAT-Lancet Commission data, the UNESCO cultural heritage framework — all of these are directly applicable to what GFS2 is trying to do, but none are cited in the strategy document. The science exists. The strategy is not using it.

Third, and most importantly for this study: it means GFS2 cannot see the communities that already embody it. When the strategy is framed as a sustainability and environment initiative rather than a Mediterranean dietary framework, it becomes structurally blind to the Moroccan, Turkish and North African communities of Molenbeek and Anderlecht who already cook with legumes, seasonal vegetables,

whole grains and olive oil. Their food culture is not a problem to be solved. It is the solution, already present, waiting to be recognised.

CHAPTER 05

The Good Food Strategy 2 — A Gap Analysis

What the strategy says, what it measures, and what it misses.

5.1 What GFS2 Says

The Good Food Strategy 2 is, by European standards, an ambitious and well-constructed urban food policy document. Adopted June 2, 2022 by the Brussels Government after a year-long participatory process involving approximately 300 stakeholders, it sets a clear vision: that all Brussels residents should have access to Good Food in their neighbourhood, at a fair price for producers. It explicitly identifies fruits, vegetables, legumes, nuts and whole grains as the cornerstones of a healthy diet. It establishes a 'by neighbourhood' implementation approach. It involves health and social sector actors. It sets quantified 2030 targets.

GFS2 Pillar	Stated Goals	Key 2030 Targets
Sustainable Food System	Requalify the food chain from production to consumption; support short supply chains; reduce food waste; circular economy	30% food waste reduction; 348 Ha agricultural land maintained; 80 Ha community gardens; local procurement expansion
Healthy Food Access	Ensure all Brussels residents access Good Food in their neighbourhood; address food deserts; support collective catering transformation	3 vegetarian meals/week in schools; 2,500+ collective catering establishments engaged by 2030 (GFS2 target); social sector integration
Economic & Social Transition	Create quality jobs; support food businesses; inclusive approach integrating social and health sectors	150 Good Food-labelled HoReCa establishments; cooperative models supported; neighbourhood kitchen network

5.2 What GFS2 Does Not Say

Three absences define the gap between what GFS2 is and what it could be.

1. No named nutritional framework. GFS2 describes what a Good Food plate contains — but never names the dietary pattern it is describing. The word 'Mediterranean' does not appear in the GFS2 strategy document. This means the strategy has no connection to the PREDIMED evidence base, no link to the UNESCO cultural heritage framework, and no validated measurement tool. It cannot prove to a funding

committee or a health authority that it is working, because it has not defined what 'working' looks like in nutritional terms.

2. No dietary quality measurement. GFS2 tracks environmental and economic indicators (food waste, land use, organic procurement, job creation) but does not measure dietary quality at population level. There is no MEDAS baseline for Brussels communes. There is no mechanism to determine whether the strategy's food interventions are actually changing what people eat. This is a critical gap for any claim to public health impact.

3. No cultural bridge to existing food practices. GFS2 frames food culture as something to be built — through education, through neighbourhood kitchens, through communication campaigns. It does not start from a recognition that Moroccan, Turkish and North African communities in Molenbeek, Anderlecht and Saint-Josse already practice a dietary pattern that is substantively aligned with what GFS2 is trying to achieve. The strategy misses its own most powerful asset: the people who already know how to eat the way it wants everyone to eat.

THE CENTRAL FINDING

GFS2 is a Mediterranean food policy that does not know it is a Mediterranean food policy

This is not a criticism of GFS2's authors. It is a structural observation about how nutritional science, cultural anthropology and public health policy have failed to communicate with each other. The fix is not to rewrite the strategy. It is to name what it already is — and build the measurement, cultural recognition and scientific validation infrastructure that would allow it to demonstrate, at scale, that it works.

5.3 The Three Structural Gaps

Gap	Current State in GFS2	What Is Missing	Consequence
Nutritional Framework	Food described as "healthy" without defining the dietary pattern	No named framework; no MEDAS or equivalent score; no connection to PREDIMED science	Unmeasurable outcomes; no access to scientific validation; cannot demonstrate health impact to funders
Cultural Recognition	Communities addressed as targets of food education and outreach	No mapping of existing Mediterranean-aligned food practices in Moroccan/Turkish/North African communities	Strategy misses its most powerful asset; reinforces deficit framing; community knowledge invisible to policy

Gap	Current State in GFS2	What Is Missing	Consequence
Institutional Connection	GFS2 managed by Bruxelles Environnement; health outcomes managed by COCOM and Community Commissions	No shared monitoring framework; no joint indicator connecting food strategy to health data (Sciensano, Observatoire de la Santé)	Policy silos; sustainability goals disconnected from public health outcomes; no evidence loop

5.4 Benchmarking: Four European Cities

Four European cities have moved beyond the structural gap that Brussels currently occupies, and each represents a different pathway relevant to Brussels' institutional context.

City	Policy Instrument	Key Outcome	Brussels Applicability
Rotterdam (NL)	Solco Rotterdam Food Policy Study (2026) proposes Mediterranean Diet as framework for Food Vision 2030; Voedselraad advisory structure	Framework proposed for adoption 2026; MEDAS baseline measurement under discussion; community kitchen network model identified	Direct — same diversity profile, same structural gap; Rotterdam evidence directly transferable to Brussels context
Milan (IT)	Milan Urban Food Policy Pact (MUFPP, 2015); school food reform; proximity procurement	Documented increase in legume/vegetable consumption in schools; food waste reduction reported (MUFPP Progress Report 2022; specific percentage figures are Solco estimates based on MUFPP public reporting)	High — Milan has comparable diversity and institutional complexity; MUFPP membership pathway clear
Barcelona (ES)	Estratègia Alimentària 2021; Mediterranean-aligned school menus in 85% of public schools; proximity procurement	Significant increase in local food procurement; measurable dietary improvement in school populations (Ajuntament de Barcelona, 2022; specific percentage figures are Solco estimates based on Barcelona public reporting)	High — Barcelona demonstrates the Mediterranean diet as explicit urban policy framework in a diverse European city
Ghent (BE)	Thursday Veggie Day (since 2009); plant-based normalisation; Voedselteam network	25% reduction in animal protein in school meals; plant-based meals normalised across city institutions (Stad Gent, 2020)	Very High — Ghent is Belgian, geographically proximate, and has demonstrated that food culture shift is achievable at municipality scale in Belgium

Sources: Solco Rotterdam Food Policy Study 2026; MUFPP Annual Report 2022; Ajuntament de Barcelona, Avaluació Estratègia Alimentària 2022; Stad Gent, Gentse Donderdag Evaluatie 2020.

CHAPTER 06

Health Inequity & Dietary Poverty

The data behind the paradox.

6.1 Brussels' Health Burden

Health inequalities in Brussels are among the most pronounced in Western Europe — not in absolute terms, but in their geographic concentration and their relationship to poverty. The Brussels-Capital Region shows a significantly higher proportion of residents reporting poor health than the Belgian national average: **27.6% of Brussels residents do not consider themselves to be in good health**, compared to 22.2% in Flanders and 29.7% in Wallonia — but Brussels' younger demographic profile means this figure, age-standardised, is even worse than the raw numbers suggest (Observatoire de la Santé, Brussels journals series).

Health Indicator	Brussels	Belgium	Excess Burden
Adults: poor self-rated health	27.6%	22.2% (Flanders)	+5.4 pp
Adult overweight (self-reported)	~49%	49% national	Concentrated in low-SES communes
Adult obesity (objective)	~21%	21% national	Higher in Molenbeek, Anderlecht, Saint-Josse
Childhood overweight (low SES vs high SES)	Gap: 14.9 pp (2018)	3.1 pp gap (1997)	Gap nearly quintupled in 20 years
Population meeting 5 fruit/veg/day guideline	~13%	13% national	No progress since 2010
Daily sugary drink consumption	~20%	20% national	Higher in under-18 population in deprived areas
Poverty risk — highest BCR commune	33% (Saint-Josse)	5.6% national avg	+27.4 pp
Poverty risk — second highest BCR commune	31.2% (Molenbeek)	5.6% national avg	+25.6 pp

Sources: Sciensano, Belgian Health Survey 2018; Statbel, Municipal poverty figures 2023 (income data: 2022); Drieskens et al., Archives of Public Health 2024 (childhood overweight trends); Observatoire de la Santé et du Social de Bruxelles-Capitale.

33%	14.9pp	13%	5×
Poverty risk Saint-Josse	SES gap in child overweight	Meet 5 fruit/veg/day	Widening of childhood SES gap since 1997

6.2 The Geography of Inequality

The health data in Brussels is not randomly distributed. It follows the same spatial logic as poverty: concentrated in the inner-western communes (Molenbeek, Anderlecht, Saint-Josse, Koekelberg, Schaerbeek), where the combination of high population density, high non-Belgian origin population, low income, and limited access to quality food retail creates conditions of structural dietary disadvantage.

A 2019 study by the **Mutualités Chrétiennes / Christelijke Mutualiteiten** (Missinne, Avalosse, Luyten, 2019) mapped health inequalities by Brussels neighbourhood and found that socioeconomic health inequalities are established from birth and accumulate throughout life. Poverty in these communes is not a temporary condition but a structural one, transmitted across generations and reinforced by food environments in which fast-food outlets significantly outnumber fresh food retailers.

RESEARCH FINDING

The childhood SES dietary gap

Drieskens et al. (Archives of Public Health, 2024) tracked childhood overweight across 20 years of Belgian health surveys and found the socioeconomic gap in overweight prevalence widened from 8 percentage points in 1997 to 14.9 percentage points in 2018. Children from low-SES families now show 2–3 times higher odds of overweight than high-SES peers. In Brussels, where low-SES households are geographically concentrated, this translates to a measurable, mappable childhood health emergency.

6.3 The Cost of Inaction

The Belgian Federal Health Knowledge Centre (KCE) and Sciensano have both documented the economic cost of diet-related disease in Belgium. Overweight and obesity alone cost the Belgian healthcare system an estimated **€2.4–3.2 billion annually**, representing approximately 3–4% of total health expenditure (Sciensano, Cost of overweight and obesity factsheet, 2023). Brussels carries a disproportionate share of this burden given its poverty concentration.

The case for a Mediterranean diet policy intervention in Brussels is not only ethical. It is economic. The PREDIMED trial demonstrated a 30% reduction in cardiovascular events with dietary change alone. Applied to the population of Molenbeek, Anderlecht and Saint-Josse — where cardiovascular disease is the leading cause of premature mortality — even a modest shift toward Mediterranean dietary patterns would produce measurable reductions in hospitalisation costs, premature death, and the long-term healthcare burden carried by COCOM and Belgian mutualités.

CHAPTER 07

The Mediterranean Diet & Brussels' Communities

The solution is already in the kitchen. Policy needs to look.

The argument of this chapter is the same argument made in the companion Rotterdam study (Solco, 2026), and it bears repeating here because it is, in Brussels, even more empirically grounded: the communities of Molenbeek, Anderlecht, Saint-Josse and Schaerbeek do not need to be taught the Mediterranean diet. In many cases, they practice a version of it more faithfully than the Belgian-heritage population that has been most thoroughly processed by the industrial food system. What they need is not nutrition education. What they need is recognition — institutional, political and economic — that what they already do has value, and that food policy should be built around that value, not around its absence.

7.1 The Marché du Midi — Europe's Most Unrecognised Food Policy Asset

Every Sunday, in front of the Gare du Midi — Brussels South railway station, the point of arrival for most Eurostar and Thalys trains connecting Brussels to London, Paris and Amsterdam — more than **500 dealers** occupy Avenue Fonsny and the surrounding streets for what is arguably **the largest Mediterranean and North African food market in Northern Europe**.

The Marché du Midi is not primarily a tourist attraction. It is a working food supply infrastructure for Brussels' Moroccan, Algerian, Tunisian, Turkish, Spanish, Italian and Congolese communities. It sells dried legumes in dozens of varieties — chickpeas, lentils, fava beans, split peas — at prices 25–40% lower than mainstream supermarkets (Solco field observation, March 2026). It sells preserved lemons, olives in bulk, seasonal vegetables, fresh herbs, whole spices, halal meats and freshwater fish. On any given Sunday, the range of Mediterranean and Near Eastern food ingredients available at the Marché du Midi exceeds that of any mainstream supermarket in Brussels, at significantly lower prices.

The Marché du Midi is not mentioned in the Good Food Strategy 2. It appears in no procurement partnership framework. It receives no institutional support, no quality recognition, no connection to school food supply chains. It is the most concrete, most accessible, most affordable Mediterranean food supply infrastructure in the city — and food policy does not see it.

> *"The Marché du Midi is probably the best representation of Brussels: a melting pot of people, colours and cultures." — Visit Brussels. What it does not say: it is also an untapped food policy infrastructure worth more than any number of Good Food labels on tourist restaurants.*

7.2 Community by Community — The Convergence

Community	Est. Size	Existing Mediterranean-Aligned Practices	Primary Risk Factors	Policy Entry Point
Moroccan-Belgian	Largest non-EU group in Belgium; ~340k nationally; concentrated in Molenbeek, Anderlecht, Schaerbeek	Harira (chickpea/lentil soup), ful medames, couscous with vegetables, preserved lemons, seasonal herbs, olive oil, shared Ramadan meal culture	Second-generation shift to processed foods; sugary drinks; bread quality (refined)	Harira as flagship Mediterranean-diet school recipe; Ramadan nutrition programme; Marché du Midi procurement partnership
Turkish-Belgian	est. ~50,000 in BCR; Schaerbeek, Molenbeek	Meze culture, mercimek (red lentil soup), nohut (chickpea dishes), olive oil, bulgur, fresh vegetables, yoghurt, shared table	Higher red meat than optimal; white bread; younger generation fast-food adoption	Meze format for community kitchen meals; bulgur in school food; engagement via mosque structures
Congolese/Central African-Belgian	est. ~30,000+ in BCR; Molenbeek, Forest, Anderlecht	Cassava leaves (pondu), plant-forward cooking, legume-vegetable stews, fresh fish culture, minimal processed food in traditional cooking	Adaptation to Western processed food in urban context; loss of traditional ingredients	Plant-forward cooking workshops; cassava leaf nutrition integration; community kitchen anchor
Maghrebi (Algerian, Tunisian)-Belgian	est. ~40,000+ in BCR	Chakchouka (vegetable-egg dish), couscous, herb use, olive oil, seasonal eating, harissa from scratch	Urban dietary shift; processed snack adoption	Chakchouka and couscous as Mediterranean school lunch pilots; recipe documentation

Community	Est. Size	Existing Mediterranean-Aligned Practices	Primary Risk Factors	Policy Entry Point
Italian, Spanish, Greek-Belgian	est. ~80,000+ in BCR	Full Mediterranean dietary tradition — olive oil, legumes, pasta/grain dishes, seasonal vegetables, shared table culture	Assimilation to Belgian dietary norms in younger generations	Community-as-ambassador model: Mediterranean heritage communities as food culture educators in schools
Belgian-heritage	~600,000+ in BCR	Stamppot tradition (mashed vegetable-legume) has structural Mediterranean logic; some dairy, bread, seasonal vegetables	Highest processed food consumption; lowest legume intake; most thoroughly industrial diet	School food as primary lever; bread reform; stamppot revival as culturally resonant legume entry point

***Community size estimates** include registered nationals, naturalised citizens and second-generation residents; derived from Statbel nationality and migration background data and community organisation estimates. These are approximate figures; no single official source disaggregates BCR population by all heritage communities simultaneously.*

7.3 What Policy Needs to Do

The practical conclusion from this mapping is identical to the Rotterdam study finding, and it bears stating once more with Brussels-specific force: **a Mediterranean food policy for Brussels must be designed as a recognition programme, not an education programme.**

The first act of a Mediterranean-aligned GFS2 implementation should be a formal participatory mapping of existing food practices across Brussels communes — not to measure their deviation from a nutritional ideal, but to document their alignment with it. That mapping becomes the evidence base for a food policy built from what already exists in the city's kitchens, markets and food memories, rather than from what planners in Bruxelles Environnement wish existed.

The second act should be connecting the Marché du Midi and the network of North African and Mediterranean specialty grocers across Molenbeek and Anderlecht to institutional food procurement — schools, hospitals, collective kitchens. Not as a charity gesture. As the most economically rational, nutritionally optimal, and culturally coherent food supply chain the city possesses.

CHAPTER 08

Strategic Recommendations

Six actions — grounded in what Brussels has already written.

The following six recommendations are not a new food policy for Brussels. They are the next phase of the food policy Brussels has already adopted. Each recommendation is directly grounded in GFS2's own stated goals — it names what GFS2 implies, measures what GFS2 envisions, and connects what GFS2 has left disconnected. Together they represent a 12–18 month programme of strategic clarification that would transform GFS2 from a well-intentioned sustainability strategy into a scientifically validated, culturally grounded, measurable public health intervention.

R1

Name the Framework — Formally Adopt the Mediterranean Diet as the Nutritional Architecture of GFS2

Commission and publish a formal policy brief establishing the Mediterranean diet — defined by PREDIMED MEDAS criteria — as the nutritional framework underlying GFS2. Amend the GFS2 monitoring framework to include MEDAS as the primary dietary quality indicator. This does not require rewriting GFS2: the nutritional vision is already there. It requires naming it, connecting it to the scientific literature, and establishing the measurement infrastructure that will allow Brussels to demonstrate outcomes. Estimated cost: €40,000–€60,000 (policy brief, stakeholder consultation, MEDAS framework design). Primary funder: Bruxelles Environnement operational budget.

R2

Measure It — Commission a MEDAS Baseline Survey Across Brussels Communes

Commission Sciensano or the Observatoire de la Santé et du Social to conduct a Mediterranean Diet Adherence Score (MEDAS) baseline survey across the 19 communes of Brussels, stratified by socioeconomic level and community of origin. This creates the evidence baseline without which GFS2 cannot demonstrate dietary impact. The survey becomes the foundation for an annual monitoring mechanism, creates directly comparable data with Rotterdam (Solco, 2026) and other European cities, and provides the quantified evidence base needed for Erasmus+ and ESF+ funding applications. Estimated cost: €150,000–€200,000 (one-time baseline). Primary funder: COCOM public health budget + potential Horizon Europe research co-funding.

R3

Formalise the Marché du Midi as a Good Food Infrastructure Partner

Establish a formal procurement partnership between the Marché du Midi vendor network and Brussels institutional food buyers (school canteens, hospital catering, collective kitchens operated under GFS2). Create a quality recognition scheme — parallel to the Good Food label but designed for market vendors rather than restaurants — for stalls meeting Mediterranean-compatible supply standards (dried legumes, seasonal vegetables, whole grains, olive oil, herbs). This simultaneously reduces institutional procurement costs, improves nutritional quality, supports the economic viability of minority-owned food businesses, and closes the gap between GFS2's stated commitment to neighbourhood food access and its current blindness to the city's largest Mediterranean food market. Estimated cost: €180,000 (setup, certification scheme, logistics support) + €100,000/year. Primary funder: Brussels Economy and Employment (ESF+, ERDF).

R4

Reform School Canteen Menus Around Named Mediterranean Principles

GFS2 already targets 3 vegetarian meals per week in Brussels schools by 2030. This recommendation advances that target by 18 months and gives it a nutritional name and framework. Implement Mediterranean-aligned school canteen menus — explicitly labelled, with cultural community engagement — in the 100 most food-vulnerable primary schools in Brussels (concentrated in Molenbeek, Anderlecht, Saint-Josse, Schaerbeek) by end of 2027. Menus developed with Moroccan, Turkish and Italian community food experts to ensure cultural resonance. Use Marché du Midi network for ingredient supply. Model: Barcelona's school food reform 2017–2022. Estimated cost: €900,000–€1.4M (menu development, procurement transition, school chef training, 3-year rollout). Primary funder: French Community Commission (COCOF) + Erasmus+ KA220-SCH.

R5

Build a Cross-Community Mediterranean Kitchen Network in Brussels

Create a city-supported network of 6–8 community kitchens in the highest food-vulnerability communes (Molenbeek, Anderlecht, Saint-Josse, Schaerbeek), designed explicitly as intercultural Mediterranean food spaces. Each kitchen pairs a Moroccan or North African cook with a Congolese, Turkish, Italian or Belgian-heritage co-facilitator, using Mediterranean dietary principles as the shared framework for intercultural recipe exchange. Programme delivered in Arabic, French, Dutch and Turkish. Target: 150 meals/week per kitchen within 12 months; 8,000 meals/week city-wide by year 3. Unlike Rotterdam's requirement to build from scratch, Brussels' GFS2 targets engagement of 2,500+ collective catering establishments by 2030 — the infrastructure partially exists; what is missing is the nutritional framework and intercultural design. Estimated cost: €400,000–€600,000 (initial capital + €200,000/year). Primary funder: ESF+, COCOM, social enterprise revenue.

R6

Position Brussels as the EU's Mediterranean Food Policy Demonstration City

Brussels hosts the institutions that define European food policy. It should become the city that demonstrates European food policy works at neighbourhood level. This means: (a) joining the Milan Urban Food Policy Pact (MUFPP) — Brussels is currently not a member, a significant omission for the EU capital; (b) commissioning a formal evaluation of GFS2's nutritional outcomes using MEDAS as the primary indicator; (c) publishing annual comparative data linking GFS2 implementation to Sciensano health indicators in targeted communes; and (d) hosting a bi-annual European symposium on Mediterranean diet as urban food policy framework, positioning Solco as the convening organisation and Brussels as the demonstration site. The strategic value is asymmetric: the cost is minimal; the positioning dividend — Brussels as proof of concept for EU food policy applied at home — is substantial. Estimated cost: MUFPP membership minimal; symposium €80,000/edition. Primary funder: Brussels-Capital Region representation budget + DG SANTE co-funding.

8.1 Investment Summary

Recommendation	Timeline	Estimated Cost	Primary Funding Source
R1: Name the Framework	Q3 2026	€40,000–€60,000	Bruxelles Environnement budget
R2: MEDAS Baseline Survey	Q4 2026	€150,000–€200,000	COCOM + Horizon Europe
R3: Marché du Midi Partnership	Year 1–2	€180,000 + €100k/yr	ESF+, ERDF, BCR economy
R4: School Canteen Reform	Years 1–3	€900,000–€1.4M	COCOF + Erasmus+ KA220
R5: Community Kitchen Network	Years 1–3	€400,000–€600,000 + €200k/yr	ESF+, COCOM, social enterprise
R6: MUFPP + EU Positioning	Year 1 (immediate)	<€80,000/year	BCR + DG SANTE

Total estimated investment over 3 years: €1.8M–€2.6M capital + €400,000–€500,000/year operational. Estimated EU-fundable share: 65–75%. Net Brussels-Capital Region budget requirement: €450,000–€700,000. ***These are Solco cost estimates*** *based on comparable European urban food programmes (Milan, Barcelona, Ghent) and EU funding rates; they are not derived from official Belgian budget documents.*

CHAPTER 09

Implementation Roadmap 2026–2030

A phased approach built on what already exists.

9.1 Phase Structure

Phase 1: Name & Measure (Q3 2026–Q2 2027)	Policy brief naming Mediterranean diet as GFS2 nutritional framework (R1). Commission and complete MEDAS baseline survey across 19 communes (R2). Initiate Marché du Midi vendor mapping and procurement pilot (R3). MUFPP membership application (R6). Identify 8 community kitchen sites in target communes (R5).
Phase 2: Build Infrastructure (Q3 2027–Q2 2028)	Launch first 4 community kitchens in Molenbeek, Anderlecht, Saint-Josse and Schaerbeek (R5). Begin school canteen pilot in 25 schools in highest food-vulnerability communes (R4). Formalise Marché du Midi procurement partnership with 3 institutional buyers (R3). Publish Year 1 MEDAS follow-up measurement.
Phase 3: Scale & Demonstrate (Q3 2028–Q2 2029)	Scale to 8 community kitchens (R5). Expand school canteen reform to 100 schools (R4). Full Marché du Midi partnership with 10+ institutional buyers (R3). Host first Brussels European Mediterranean Food Policy Symposium (R6). Publish comparative MEDAS data (Brussels vs Rotterdam baseline).
Phase 4: Institutionalise (Q3 2029–2030)	Complete GFS2 cycle with full MEDAS integration in monitoring framework. Present Brussels outcomes to MUFPP annual conference. Submit Horizon Europe application for "MedUrban" multi-city Mediterranean diet research programme (Brussels, Rotterdam, Marseille, Milan). Publish GFS2 evaluation with Mediterranean diet framework as primary analytical lens.

9.2 Key Performance Indicators

KPI	Baseline (2026)	Year 2 Target	Year 4 Target	Source
Mean MEDAS score — Molenbeek	To be established	+1.5 points	+3.0 points	MEDAS survey (R2)
Mean MEDAS score — Anderlecht	To be established	+1.5 points	+3.0 points	MEDAS survey (R2)

KPI	Baseline (2026)	Year 2 Target	Year 4 Target	Source
School meals Med-Diet aligned	~10% (Solco estimate based on GFS2 implementation monitoring; no official baseline measurement exists)	40%	80%	GFS2 monitoring + R4
Marché du Midi institutional buyers	0 formal contracts	3	12	R3 programme data
Community kitchen meals/week	0 (programme)	1,200/week	8,000/week	R5 programme data
MUFPP membership	Not a member	Application submitted	Full member	MUFPP secretariat
Brussels childhood overweight — low SES	~30% (2018 baseline)	Stable / slight decrease	-3 pp vs 2026 baseline	Sciensano HIS 2028

CHAPTER 10

Conclusion

What Brussels already has, and what it needs to see it.

This study began with a paradox: the city that houses the European Union's food policy institutions has not applied EU nutritional science to its own most vulnerable neighbourhoods. It ends with a resolution: the tool for applying it is already written into the city's own strategy document.

The Good Food Strategy 2 is not a failed policy. It is an incomplete one. Its nutritional vision is substantively correct — it describes, without naming, the Mediterranean dietary pattern that the PREDIMED trial has proven reduces cardiovascular disease by 30%, that the EAT-Lancet Commission has identified as among the most ecologically sustainable dietary patterns on earth, and that UNESCO has recognised as a living cultural heritage of humanity. The strategy has written the answer. What it has not done is connect the answer to the science that validates it, the communities that already embody it, or the measurement tools that would allow it to prove, at scale, that it works.

Five conclusions emerge from this analysis:

1. **The framework already exists in GFS2.** No new food strategy is needed. What is needed is a formal act of naming — adopting the Mediterranean diet, defined by MEDAS criteria, as the nutritional framework of GFS2 — followed by the measurement and cultural infrastructure that would make it operational.

2. **The communities already practice it.** The Moroccan, Turkish, North African and other Mediterranean-heritage communities of Molenbeek, Anderlecht and Saint-Josse already cook with legumes, seasonal vegetables, whole grains and olive oil. This is not a coincidence. It is the convergent result of food cultures developed independently under similar ecological constraints — and it is identical, structurally, to the dietary pattern that GFS2 is trying to build.

3. **The Marché du Midi is the most underutilised food policy asset in Brussels.** The largest Mediterranean food market in Northern Europe operates every Sunday 2 kilometres from the European Commission with no institutional procurement partnerships, no formal recognition in GFS2, and no connection to school or hospital food supply chains. This is a policy failure that is straightforwardly correctable.

4. **The measurement gap is the critical barrier.** GFS2 cannot demonstrate health impact because it has not defined what health impact looks like in dietary terms. MEDAS provides a validated, internationally comparable, low-cost measurement tool. A baseline survey costs €150,000–200,000. The cost of not measuring — continuing to fund a food strategy with no evidence of dietary outcomes — is measured in

healthcare expenditure, premature deaths, and the persistent erosion of children's health in the city's poorest communes.

5. **The institutional opportunity is unique.** No other city in Europe has the combination of geographic proximity to EU food institutions, cultural diversity concentrated in Mediterranean-heritage communities, an existing food strategy that implicitly describes Mediterranean dietary principles, and a political context in which being the EU's demonstration city for its own food policy would have genuine strategic value. Brussels can become proof of concept for the proposition that EU nutritional science, applied at neighbourhood level through a culturally grounded Mediterranean framework, produces measurable public health outcomes. That proof of concept would be worth more to European food policy than any number of position papers.

An Offer — from Solco

Beyond the study

This report is an analytical contribution, but it is also a direct proposal. Solfood Studio — offers to work alongside Brussels' food governance bodies — Bruxelles Environnement, the Conseil de la Politique Alimentaire, COCOM, the Community Commissions and Brussels public health networks — in translating this framework into concrete implementation. Our offer includes:

• **Policy design support**: formalising the Mediterranean diet within GFS2 language and monitoring framework
• **European project design**: writing Erasmus+ KA220 and ESF+ applications to fund community kitchen, school food and MEDAS measurement programmes
• **Community engagement facilitation**: designing intercultural food policy co-design processes in Molenbeek, Anderlecht and Saint-Josse
• **MEDAS implementation**: deploying the dietary adherence measurement protocol across Brussels communes in partnership with Sciensano
• **Research partnership**: joint publication of findings in peer-reviewed food policy literature; positioning Brussels as co-author of the European Mediterranean urban food policy evidence base

Solfood Studio — is a professional association founded by Dr. Antonio Caso, with 12+ years of experience in food system strategy across Italy, the Mediterranean basin and Northern Europe. Our work on the Rotterdam Food Policy Study (2026) — the companion document to this study — is available at solfoodstudio.cloud.

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About This Document

Methodological Note — Solco Analysis vs. Cited Data

This document distinguishes between two categories of information: (1) **cited data** from named primary sources as referenced above, and (2) **Solco analysis** — original analytical constructs. This includes: the GFS2 alignment table (Solco mapping of GFS2 text against MEDAS criteria — not an official Bruxelles Environnement assessment); the commune Food Vulnerability composite indicator (Solco construct based on Statbel poverty data, HCHS-analogous indicators, and food environment analysis); investment estimates (R1–R6 cost ranges — Solco estimates based on comparable EU urban food programmes, not official BCR budget projections); and the three structural gaps analysis (Solco analytical framework). These should be treated as expert analytical assessments, not empirical measurements.

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