

## CHAPTER 3

# Demand-Side Approaches Supporting Healthier Food Choices

**SUNNY S. KIM, NADIA KOYRATTY, CHRISTINE E. BLAKE,  
AND NEHA KUMAR**

**Sunny S. Kim** and **Neha Kumar** are senior research fellows, and **Nadia Koyratty** is an associate research fellow, Nutrition, Diets, and Health Unit, International Food Policy Research Institute. **Christine E. Blake** is an associate professor, Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina.



### KEY MESSAGES

- Globally, consumption of most foods has increased, but less than half of adults consume diverse diets, and rising consumption of ultra-processed foods is a concerning trend. Efforts to increase the healthfulness and sustainability of diets must focus on quality – not just quantity – of food production or consumption to achieve optimal nutritional status across diverse populations.
  - Understanding the drivers of individual food choices, consumer behavior, and food demand is essential to reshape food systems to achieve broad nutrition and sustainability goals. Although many initiatives to transform food systems and promote healthier diets focus on supply-side changes, actions must also focus on the demand-side drivers of food choices.
  - Creating demand for sustainable healthy diets requires shifting personal and collective food choice behaviors. Demand-side actions can incentivize sustainable production of healthy foods and improve the enabling environment for healthy diets by influencing consumer preferences and increasing purchasing power.
  - Key actions to shift demand include developing national food-based dietary guidelines that define context-specific diets, and promoting behavior change through consumer empowerment and food and nutrition education.
  - Nutrition-sensitive agriculture programs, social protection programs, and school meals and school-based nutrition programs are also proven to improve diets and nutrition outcomes when selected and designed based on the intended objectives and context.
- To generate and support demand for sustainable healthy diets, it is important to:
- Build understanding of the drivers of food choices, especially the perceptions and values of consumers.
  - Develop food-based dietary guidelines to help consumers navigate their food environments and make healthy food choices.
  - Strengthen social and behavior change communication to reach a wide audience and build practical skills that nurture an informed consumer base.
  - Integrate multisectoral approaches, including agriculture, education, health, and economic policy, within the context of local food systems to help create an enabling environment for healthy food choices.

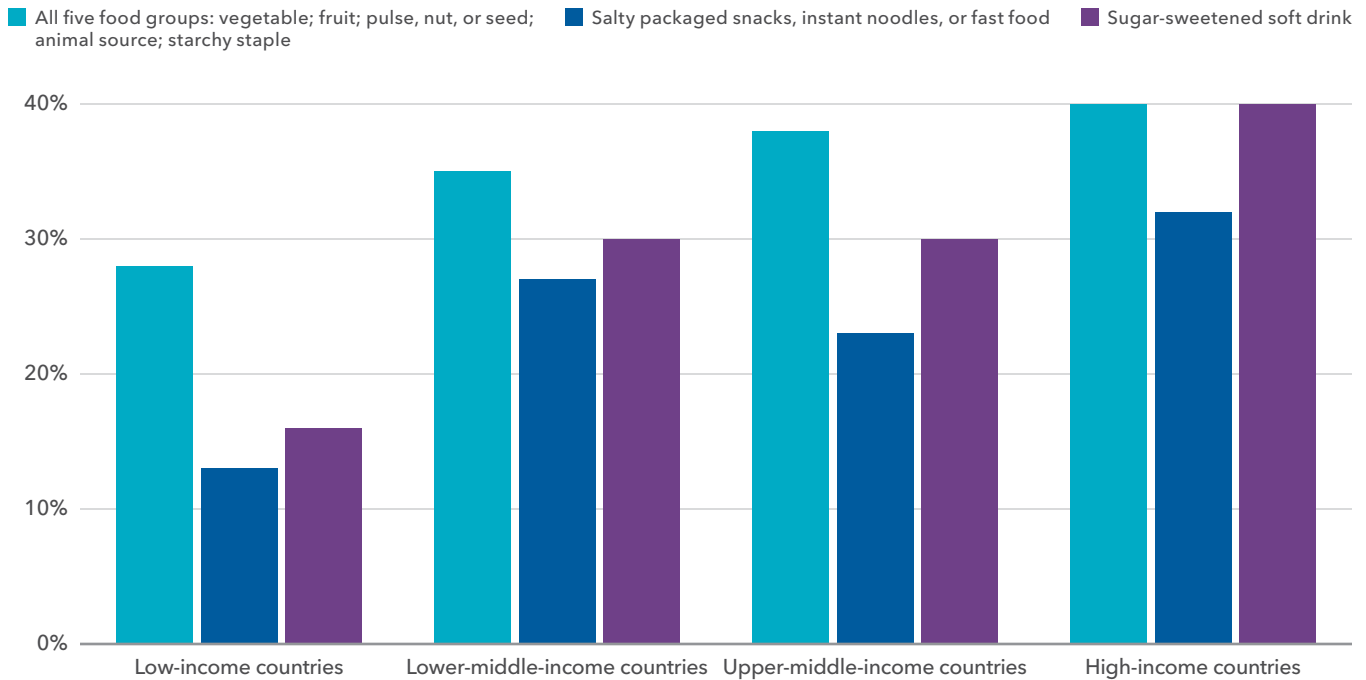


As with most of the world, low- and middle-income countries (LMICs) are grappling with questions of how to support and promote sustainable healthy diets<sup>1</sup> that prevent malnutrition in all its forms while reducing the food system's environmental impacts.<sup>2</sup> Global nutrition and health communities are increasingly coalescing around broad principles for transforming food systems to achieve sustainable healthy diets that promote all dimensions of individuals' health and well-being; exert low environmental pressure; are accessible, affordable, safe, and equitable; and are culturally acceptable.<sup>3</sup> However, health and nutrition challenges remain huge, with one in three individuals globally affected by at least one form of malnutrition, such as hunger, stunting, wasting, micronutrient deficiencies, or overweight and/or obesity, and rising prevalence of diet-related noncommunicable diseases (NCDs).<sup>4</sup>

Current global patterns show increased per capita consumption of most foods, including both animal- and plant-source foods, but less than half of adults worldwide consume diverse diets, and there are concerning increases in consumption of ultra-processed high-fat, high-sugar foods.<sup>5</sup> In countries across most income classifications (lower middle to high income), the share of people consuming salty packaged snacks, instant noodles, and other fast food and sugar-sweetened beverages (SSBs) (as reported in the previous 24 hours) nearly reaches the prevalence of those consuming all five food groups (that is, at least one type of vegetable; fruit; pulse, nut, or seed; animal-source food; and starchy staple) (Figure 1).<sup>6</sup> Efforts to increase the healthfulness of diets must focus on quality, not just on increased food production or greater consumption, to achieve optimal nutritional status across diverse populations.<sup>7</sup> This goal requires understanding of supply, food environment, and demand-related drivers of dietary intake.

Many initiatives to transform food systems and promote healthier diets focus on improvements in food supply (see Chapters 6 and 7) and in food environments (see Chapter 5), addressing availability, accessibility, and affordability of healthy foods in the marketplace. Actions must also focus on demand-side drivers of food choices to achieve sustainable healthy diets.<sup>8</sup> Understanding individual food choices and their net aggregate – which constitutes demand – is essential for any effort to reshape food systems to achieve

**FIGURE 1** Consumption of all five food groups, ultra-processed foods, and sugar-sweetened beverages



**Source:** Data from Food Systems Dashboard, [www.foodsystemsdashboard.org](http://www.foodsystemsdashboard.org)

**Note:** Based on 24-hour recall among adults ages 15 years and older. Data from 2021.

broad nutrition and sustainability goals. This chapter presents an overview of food choice and consumer food demand in complex food systems, provides a summary of evidence for demand-side approaches to improve the healthfulness of diets, and identifies key areas where demand-side approaches can foster healthier food choices to achieve optimal health and nutrition.

### WHAT ARE DEMAND-SIDE FACTORS, AND WHY DO THEY MATTER?

Food choice and food demand are two related but distinct concepts (Box 1).<sup>9</sup> A common misconception is that people living in LMICs have limited choice. However, even in resource-constrained settings, most

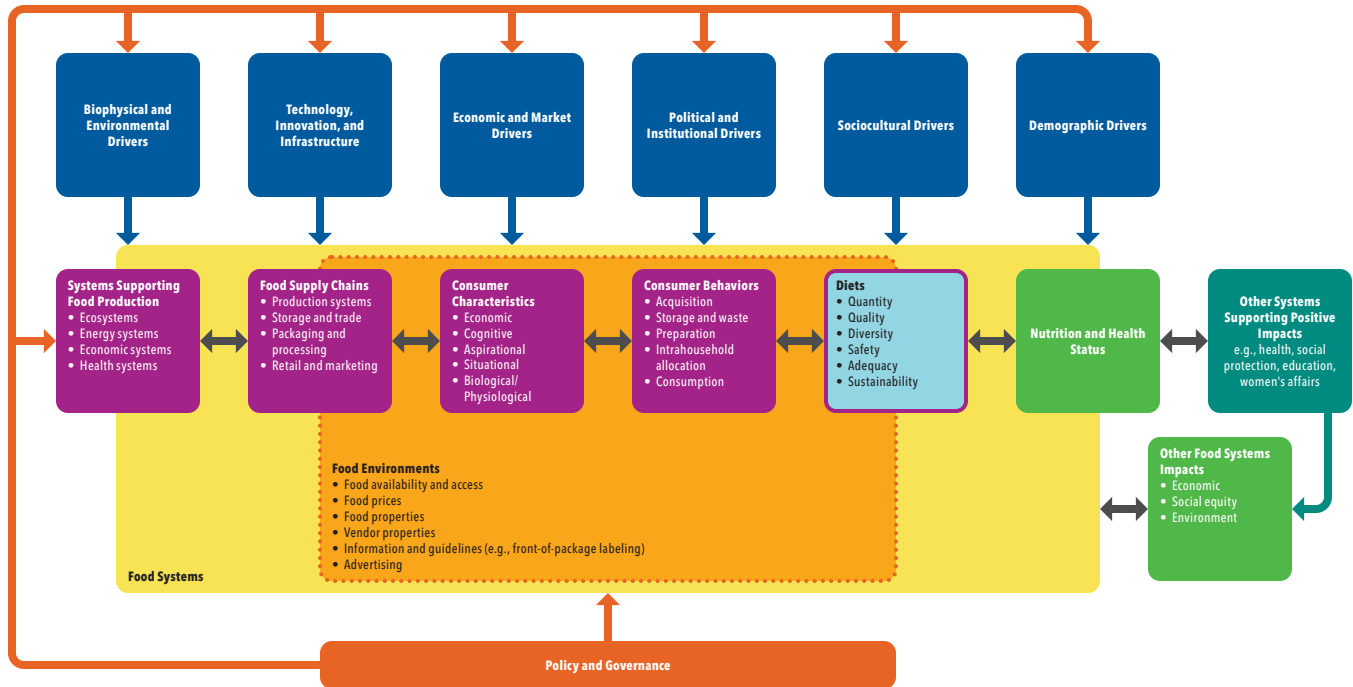
#### BOX 1 DEFINITIONS

**CONSUMER BEHAVIOR:** The activities through which individuals engage with markets and how they purchase, use, and dispose of goods and services. In food markets, this includes behaviors related to acquisition, storage and waste, preparation, intrahousehold allocation, and consumption of foods.

**FOOD CHOICE:** The processes by which people consider what and how to acquire, prepare, store, distribute, and consume foods and beverages.<sup>a</sup>

**FOOD DEMAND:** The quantity, amount, and type of food that consumers want to buy at a given price, which is determined by the interaction of consumer preferences with market conditions.<sup>b</sup>

**FIGURE 2** A consumer-focused food systems framework for sustainable healthy diets



**Source:** Adapted from High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, *Food Security and Nutrition: Building a Global Narrative Towards 2030* (Rome: 2020).

people have some choice of what foods to prepare, serve, and consume, and when, where, with whom, and how to do so.<sup>10</sup> There are many drivers of these food choice processes that contribute to consumer behavior. Assessment of food demand provides insight into relationships between consumer characteristics (their tastes and preferences) and market conditions that shape consumer behavior, including prices, income levels, availability of substitutes and complements, consumer expectations, and government policies.<sup>11</sup> Understanding food choice processes, consumer behavior, and food demand in the context of dynamic food systems is essential for the development, implementation, and evaluation of demand-side approaches to foster sustainable healthy diets.

In the food systems framework developed by the High Level Panel of Experts on Food Security and Nutrition,<sup>12</sup> consumer behaviors are depicted at the center of the food system. We have expanded this framework to include key consumer characteristics and behaviors (Figure 2). A clearer understanding of the drivers of food choice and consumer behaviors provides an important foundation for developing innovative programs and policies for sustainable healthy diets.<sup>13</sup> For example, knowledge is needed about how consumers think (such as consumer perspectives on food safety),<sup>14</sup> shifting aspirational values and priorities,<sup>15</sup> changes in situational food access and time use due to shifting livelihoods,<sup>16</sup> and individual economic interactions with formal and informal food markets.<sup>17</sup>

Any intervention designed to change demand for certain foods or ways of eating must take into account the particular context, including relevant trends in the cultural, social, economic, and food environments. Further, policies meant to support healthy eating can also have impacts on demand for foods that affect dietary and sustainability outcomes, specifically through the varied trade-offs, priorities, constraints, and facilitators inherent in these policy actions. For example, many communities in LMICs are undergoing dramatic shifts in livelihoods due to broad technological, geopolitical, and environmental changes that affect the reliability of income and reduce time available for food purchase and production. In this context, any

intervention that aims to increase demand for healthy foods must account for the complex trade-offs consumers make across income, time, energy, and other considerations. For example, healthy foods that require consistent access to food preparation equipment or substantial preparation time are unlikely to be adopted.

Aligning priorities and efforts across supply- and demand-side sectors is also a major challenge for the successful development and scaling of evidence-based programs and policies for sustainable healthy diets. Ideally, alignment across sectors would ensure the development of food environments that offer access to foods of adequate quality and diversity (supply side), facilitate acquisition of necessary knowledge and skills to increase demand for healthy foods (demand side), and instill the demand for and motivation to apply resources, knowledge, and skills to procure foods and beverages for optimal diets of all household members (demand side). The following sections provide an overview of demand-side approaches for increasing healthfulness of diets, with examples of successful interventions.

## WHAT WORKS TO SHIFT FOOD CHOICES AND CONSUMER DEMAND?

Creating demand for sustainable healthy diets<sup>18</sup> requires shifting personal and collective food choice behaviors. The FAO and WHO guiding principles for sustainable healthy diets<sup>19</sup> identify two key demand-side actions: (1) developing **national food-based dietary guidelines** that define context-specific diets; and (2) promoting **behavior change**, including consumer empowerment and food and nutrition education. These demand-side actions can also incentivize sustainable production of healthy foods and improve the enabling environment for production by influencing consumer preferences and increasing purchasing power. Other important interventions to shift diets include **multisectoral approaches**, most notably nutrition-sensitive agriculture, social protection programs, and school meals and school-based nutrition programs. When designed to promote sustainable healthy diets, these programs are often leveraged to generate demand.

### NATIONAL FOOD-BASED DIETARY GUIDELINES

Food-based dietary guidelines (FBDGs) encourage healthier and increasingly more sustainable food choices and create environments conducive to better health and nutrition by offering practical guidance on specific food groups, nutrients, and dietary patterns. FBDGs provide context-specific advice and principles for healthy diets and lifestyles based on evidence, and respond to a country's public health and nutrition priorities, food production and consumption patterns, sociocultural influences, food composition data, and accessibility.<sup>20</sup> FBDGs are shifting toward a more comprehensive approach to diets, with countries now incorporating advice into their guidelines on meal combinations, eating habits, food safety, lifestyle, and sustainability. These guidelines provide a framework for public education, healthcare guidance, food production priorities, nutrition programs, and policies on food labeling and advertising. In Sri Lanka, for example, national FBDGs have led to the development of a "model food plate."<sup>21</sup> This educational tool, representative of a balanced diet, was tailored to align with the cultural palate, locally sourced foods, and nutritional requirements of the Sri Lankan populace. The tool has been integrated into school curricula and used by public health midwives for community-based education.

More than 100 countries have developed tailored national FBDGs, often complemented by visual food guides for consumer education,<sup>22</sup> but not all are implemented, and many LMICs do not yet have national FBDGs. Among the countries with FBDGs, none of the guidelines fully meet all the global recommendations for both encouraged food groups (fruits and vegetables; legumes, nuts, and seeds; whole grains; fish) and discouraged ones (sugar, red meat, processed meat).<sup>23</sup> Even so, a recent analysis of 85 national FBDGs found that their adoption by the population would lead to a 15 percent reduction on average in premature mortality from NCDs and a reduction of 13 percent in greenhouse gas emissions.<sup>24</sup> This decrease in mortality reflects dietary shifts recommended by the FBDGs, such as increased consumption of whole grains

(+19 percent), vegetables (+11 percent), fruits (+10 percent), legumes (+5 percent), fish (+3 percent), and nuts and seeds (+1 percent), and decreased intake of processed and red meats (–4 percent and –3 percent, respectively).<sup>25</sup> The potential effectiveness of FBDGs, if everyone follows the guidelines, varies widely by region, from a 6 percent mortality decrease in Africa – where communicable diseases still pose a significant health risk – to as much as 19 percent in North America, attributed to notable declines in obesity rates. Indeed, the health advantages of adopting FBDGs could equal 10–25 percent of a country’s GDP, highlighting the significant value of these dietary guidelines.

While FBDGs are an important starting point for encouraging the uptake and demand for sustainable healthy diets at a population level, adoption of their recommendations remains a major challenge. Clear and consistent policy actions and investments are needed to support fulfilment of the recommendations of FBDGs.

## SOCIAL AND BEHAVIOR CHANGE INTERVENTIONS

Social and behavior change (SBC) interventions aim to change individual and collective behaviors by addressing their drivers. SBC interventions leverage informational, technological, and social platforms (for example, counseling or education, mobile phones or wireless technology, mass media, social groups, or gatherings) to apply common behavior change techniques,<sup>26</sup> including:

- providing instructions on how to perform a behavior (such as brochures or recipe cards),
- demonstrating a behavior (such as cooking or feeding sessions),
- providing information on benefits or consequences (such as posters or tv/radio spots),
- using a credible or influential source (such as campaigns with respected leaders or celebrities),
- adding objects to the environment or substituting with alternatives (such as food supplements or kitchen products), or
- restructuring the physical or social environment (such as modifying physical spaces to make behavior easier, engaging groups that are not typically included, or mobilizing communities).

SBC interventions have been successful in influencing consumer behaviors related to consumption of healthy foods, such as fruits, vegetables, whole grains, and some animal-source foods, and in improving dietary diversity. However, SBC interventions have had mixed results in changing consumption of unhealthy foods, including ultra-processed foods and beverages,<sup>27</sup> which is perhaps unsurprising given their intense appeal and commercial force.

Interventions to improve diets often start with awareness and educational efforts. Nutrition education interventions, for instance, assume that consumer knowledge is a key driver of food demand, and evidence shows that diets can be improved by increasing awareness of the health benefits of a diverse diet or the dangers of unhealthy foods. For example, increasing caregiver knowledge and skills about complementary feeding for infants and young children (that is, feeding solid, semi-solid, and liquid foods along with breast milk)<sup>28</sup> have led to significant improvements in children’s diets (Box 2).<sup>29</sup> To reduce intake of SSBs such as carbonated sodas and fruit juices, most studies have tested the impact of providing information on the consequences of high sugar intake, but the intervention that has proved most effective among children is modeling or demonstrating appropriate behavior (for example, choosing or preparing less-sweetened alternatives) by parents or other adults.<sup>30</sup>

SBC interventions need to be high quality, equitable, and scalable and to allow for the maintenance of positive food choice behaviors if they are to be successful in achieving sustainable healthy diets and changing the contextual norms underpinning those behaviors. Furthermore, evidence shows that approaches that

## BOX 2 NUTRITION EDUCATION FOR PARENTS IMPROVES CHILDREN'S DIETS

In Nigeria, only 22 percent of children achieve minimum dietary diversity, meaning that they consume the minimum recommended number of food groups per day.<sup>a</sup> Fathers are key influencers of children's diets but are not well-informed about which types of foods help children develop. The Alive & Thrive initiative implemented an intensive multichannel social and behavior change (SBC) campaign aimed at educating caregivers on complementary feeding and increasing paternal support for child nutrition. The campaign engaged caregivers by distributing communication materials such as pamphlets, sharing posters at community meetings, delivering information during religious services, offering counseling sessions during home visits from community health workers, disseminating information to fathers via mobile text messages, and using mass media outlets such as television and radio for broader reach. These efforts led to increases in caregivers' nutrition knowledge and in children's consumption of fish and eggs.<sup>b</sup>

Similar successes were observed in Bangladesh, where education on complementary feeding delivered through mass media, interpersonal communication, and community efforts led to improved dietary diversity.<sup>c</sup> In Ghana, a series of drama programs targeted to both mothers and the wider family were broadcast on the radio. These programs aimed to not only educate caregivers on child feeding, but also encourage support from other household members. This campaign led to an increase in health and nutrition knowledge among caregivers and improvements in dietary diversity among young children.<sup>d</sup> These approaches considered the cultural and social norms in these countries, recognizing the role that other family members and society play in influencing children's diets.

The development of practical skills, such as cooking and food preparation, also improves dietary diversity and nutrition outcomes. In Ethiopia, an SBC intervention provided education about adequate feeding practices and cooking demonstrations with the goal of improving complementary feeding and enhancing caregivers' self-efficacy in preparing food and feeding their children.<sup>e</sup> The intervention led to increased consumption of fruits, vegetables, and animal-source foods (including eggs and dairy). In Malawi, a nutrition education intervention targeting pregnant women included a cooking demonstration and food processing activity focused on following the national dietary guidelines.<sup>f</sup> At the end of the intervention, the participants reported improved nutrition knowledge and greater dietary diversity.

Most of the studies described above measured outcomes on diet quality or food groups using a dietary diversity survey module based on maternal reports, which are subject to reporting bias; a few but not all of the studies attempted to measure and account for social desirability bias.

combine interventions to address multiple drivers and multiple socioecological levels (individual, interpersonal, organizational, community, general public) may be more effective than stand-alone interventions.<sup>31</sup>

Unfortunately, development activities or actions such as humanitarian aid can unintentionally increase demand for ultra-processed foods and beverages (Box 3).<sup>32</sup> Such experiences provide cautionary tales that should be considered when designing or implementing food-related interventions.

With or without SBC interventions, integrated multisectoral approaches have been shown to be effective in generating demand for sustainable healthy diets in low-income settings, particularly in addressing barriers by improving access to and affordability of sustainable healthy foods. In the following sections, we highlight three such multisectoral strategies or platforms: nutrition-sensitive agriculture, social protection, and school meal and school-based nutrition programs.

### NUTRITION-SENSITIVE AGRICULTURE PROGRAMS

Agriculture programs have potential to improve global food availability and access and to enhance household food security, diet quality, income, and women's empowerment. As part of a broader food systems approach, agriculture programs that integrate nutrition interventions (known as nutrition-sensitive

### BOX 3 UNINTENDED CONSEQUENCES: HUMANITARIAN ASSISTANCE IN POST-EARTHQUAKE NEPAL

Nepal has made progress in reducing malnutrition, although childhood stunting and wasting remain significant challenges. In Kathmandu Valley, children under two years of age obtain one-quarter of their calories from unhealthy snack foods and beverages,<sup>a</sup> and only 1.1 percent of Nepalese adults (over 15 years of age) consume at least the recommended 400 grams of fruits and vegetables daily.<sup>b</sup>

A study in a low-income setting in the country revealed substantial changes in food behaviors over the past decade, with increased consumption of rice, meat, and highly processed snack foods.<sup>c</sup> After the devastating earthquake in 2015, Nepal's nutrition transition accelerated, stimulated by the inflow of cash for reconstruction efforts and increased availability of packaged snack foods. The emergency food aid provided after the earthquake included packaged foods like instant noodles.<sup>d</sup> This inadvertently increased demand for unhealthy foods, as people became accustomed to eating these foods.

interventions) and are gender focused can increase agricultural productivity, boost women's agency, and promote nutritious crops that can be consumed by women and children or sold for income. One approach to addressing the challenges of affordability and accessibility of healthy foods – such as fruits and vegetables, which tend to be the most expensive food groups in LMICs (see Chapter 4)<sup>33</sup> – is through home gardening, which can provide direct access to homegrown fresh produce. In rural Bangladesh, major improvements were observed in household-level fruit and vegetable consumption and dietary diversity when agricultural training was combined with nutrition education.<sup>34</sup> In Cambodia, complementary interventions spanning production enhancement, processing or preserving techniques, and nutrition education led women farmers to significantly increase both their yields and personal levels of vegetable consumption.<sup>35</sup>

By increasing household access to nutritious foods, nutrition-sensitive agriculture programs can lead to improvements in the diets of young children, who are especially vulnerable to malnutrition and poor development due to low-quality diets.<sup>36</sup> A recent meta-analysis of studies in several African countries and Cambodia showed that children under five years of age are 64 percent more likely to achieve minimum dietary diversity when exposed to such interventions.<sup>37</sup> In India, children under two years of age were more likely to achieve minimum dietary diversity if their caregivers viewed videos about nutrition and agriculture, compared with those who did not.<sup>38</sup> Similar interventions that combined agriculture programs with nutrition messaging in Ghana, Malawi, and Nepal also showed positive impacts on children's diets.<sup>39</sup>

### SOCIAL PROTECTION PROGRAMS

Social protection encompasses public actions intended to support poor and vulnerable individuals and households, including social assistance programs that provide food and cash transfers. These programs function in both urban and rural settings in many LMICs, and evidence shows that they improve food security and reduce chronic poverty at the household level.<sup>40</sup> At the individual level, evidence suggests that social assistance programs are effective in improving dietary diversity and intake of micronutrient-rich foods among women and children.<sup>41</sup> These programs also improve nutrition outcomes such as anthropometric indicators, hemoglobin, and anemia, though they are more effective for women than children.<sup>42</sup> Evaluation of these interventions also provides important lessons on the transfer modality (such as cash or food) and effective design components. For example, in-kind transfers (which often include fortified foods) have been found more likely to improve women's and children's nutritional status, compared with cash transfers.<sup>43</sup> Delivering behavior change communication alongside the transfers has been linked to program effectiveness, and increasing the size of transfers has been linked to improvements in dietary diversity and

#### **BOX 4 WOMEN'S GROUP-BASED PROGRAMS LEAD TO NUTRITION CHANGE IN SOUTH ASIA**

Women's groups serve as important social and financial institutions, particularly in South Asia.<sup>a</sup> Originally formed as savings and credit groups, these organizations are now providing platforms to deliver health and nutrition interventions.<sup>b</sup> Studies on the impact of nutrition interventions delivered through women's groups in South Asia suggest that information provision can modify behaviors but does not change nutritional status among women and children. This work also draws attention to important aspects of delivery and design:

1. To have traction, outcomes selected must resonate with and be relevant for the members of the group. The intervention should not only focus on information delivery but also mobilize the community and build their capabilities.
2. Interventions must be intentional (having components with a nutrition focus) and consider the pathways to impact, and they must ensure that the inputs being delivered are adequate for achieving the desired outcomes, are targeting (and reaching) the right group, and are delivered with an intensity and for the duration that is needed to have the desired impact.
3. Nutrition outcomes often depend on factors such as the healthcare system or availability of nutritious foods and/or are constrained by resources available to households. To identify such constraints and address them in design and delivery, interventions must take a holistic view.

consumption of animal-source foods (for more on the role of these foods in healthy diets, see Chapter 7).<sup>44</sup> Success in improving nutrition outcomes varies significantly by the type of social assistance program and its design (for example, target populations, inclusion of fortified foods, and behavior change communication), meaning that programs should be selected and designed based on the intended objectives and the particular context.<sup>45</sup>

Empowering women by enhancing their agency in decision-making, protecting against intimate partner violence, and providing access to education also contributes to restructuring the social environment in ways that better engage women in food systems and generate demand for healthier diets. Women's groups, for example, can play an important role in enhancing the objective of social assistance programs (Box 4).

#### **SCHOOL MEAL PROGRAMS AND SCHOOL-BASED NUTRITION PROGRAMS**

School-based initiatives can lay foundational pillars for the development of food preferences, nutritional literacy, and agricultural understanding, fostering demand for healthy foods that are safe, nutritious, sustainable, and affordable from early childhood into adulthood. The Global Survey of School Meal Programs underlines the pivotal role of school meal initiatives as investments in human capital, ensuring that children's fundamental nutritional requirements are met so they can thrive.<sup>46</sup> These programs, such as India's Mid-Day Meal Scheme, demonstrate that providing free meals in primary schools can yield intergenerational nutritional advantages, evidenced by improved growth metrics in the children of beneficiaries.<sup>47</sup>

School meal programs go beyond simply feeding children to also promote awareness of healthy dietary habits and steer food preferences toward nutritious choices. WHO recommends strategies for school-based nutrition programs that include (1) targeting the school curriculum to include nutrition education for children and teaching professionals; (2) restructuring the school food environment through placement or convenience of foods, marketing or promotion, variety or portion sizes of foods, school menu reformulations, and canteen policies; and (3) forming partnerships with students, families, staff, and community members to encourage healthy food purchases and adequate allocation to household members.<sup>48</sup>

Together and individually, these strategies have shown positive impacts on dietary behaviors, notably enhancing fruit and vegetable consumption and reducing fat intake.<sup>49</sup> These interventions can lay the groundwork for lifelong healthy eating habits, not just addressing undernutrition but also preventing obesity and NCDs by fostering more nutritious diets. However, further evidence is needed on the effectiveness of some strategies, underscoring the need for research to inform evolving objectives.<sup>50</sup>

## CHANGING COURSE: PRIORITIES FOR GENERATING DEMAND FOR SUSTAINABLE HEALTHY DIETS

Generating and supporting demand for sustainable healthy diets requires an understanding of the drivers of food choices, especially the perceptions and values of consumers. Drawing on the evidence and insights presented in this chapter, we outline the following priorities for fostering this pivotal shift in consumer demand.

**DEVELOPING FOOD-BASED DIETARY GUIDELINES.** Developing FBDGs tailored to local contexts can empower consumers and help them navigate their food environments to make healthy food choices. These guidelines must not only communicate the nutritional benefits of diverse diets but also emphasize the environmental sustainability of food choices.

**STRENGTHENING SOCIAL AND BEHAVIOR CHANGE COMMUNICATION.** Robust SBC interventions are essential to effectively shift consumer preferences and habits. These interventions should use a variety of platforms – from traditional media to digital channels – to reach wide audiences. SBC should build practical skills that enable consumers to incorporate diverse, nutritious foods into their daily lives and nurture an informed consumer base that can drive food demand. Engaging influential change agents and using culturally relevant content can enhance the effectiveness of these campaigns.

**INTEGRATING MULTISECTORAL APPROACHES.** Increasing demand for sustainable healthy diets requires a concerted effort across multiple sectors. This includes agriculture, education, health, and economic policies that collectively create an enabling environment for healthy food choices. These programs should be designed with a deep understanding of local food systems and consumer behaviors to ensure they meet the needs and preferences of the target populations.

By prioritizing these actions, we can generate the demand necessary to drive the transition toward sustainable healthy diets. However, achieving widespread adoption of better diets will also require overcoming socioeconomic and affordability, accessibility, and availability constraints that can make it difficult for households and individuals to act on knowledge gained from interventions. For example, public-private partnerships can play a crucial role in aligning the food industry's incentives with public health and sustainability goals by supporting the development of healthier food products, promoting responsible marketing practices, and increasing the availability and affordability of nutritious food options (see Chapters 4, 5, 6, and 7) that are in the best interest of public health and environmental stewardship. In addition, interventions must be sensitive to the barriers faced by different population groups. This includes ensuring that healthy food options are not only available but also affordable and accessible to all segments of society. Policies and programs should be designed to address the specific needs and constraints of vulnerable groups and reduce inequities in food access and nutrition outcomes. The chapters that follow explore the role of these constraints, including food affordability, the food environment, and supply-side constraints, which must be addressed to increase demand for healthy diets.