

## **Executive Summary**

The Demographic and Health Surveys (DHS) are nationally representative surveys that monitor and evaluate population health and nutrition indicators in developing countries on a regular basis. The project is implemented by ICF Macro<sup>1,2</sup> and funded by the United States Agency for International Development (USAID), with contributions from other donors such as UNICEF, the World Bank, UNFPA, WHO and UNAIDS. Over 200 DHS have been conducted in more than 75 countries during the 26 years of the MEASURE DHS project.

This report systematically documents successful utilization of DHS data for health policy formulation and revision. We begin by presenting a review of scientific articles, grey literature, DHS and USAID documents, and magazine and newspaper articles on evidence-based health policy. The literature search and synthesis is then combined with over twenty interviews with individuals familiar with the utilization of data for policymaking as well as the MEASURE DHS Project more specifically. We present a conceptual model based on this research, beginning with the processing of data and its dissemination, identification and verification of a public health problem (e.g. gap in services, unmet need), leading to dialogue, evidence-based framing of the issue, and advocacy efforts. Ideally, enough awareness can be raised to lead to political commitment at various levels of government after which action can be taken to formulate or revise health policy. Monitoring should be done both during and after implementation and the resulting data can then close the cycle by contributing to future policy formulation and change.

We discuss various considerations and assumptions in the conceptual framework, most important of which is that although DHS data can serve as a convener and catalyst around a public health problem, any resulting policy actions cannot be causally attributed to its availability.

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<sup>1</sup> Although now called ICF Macro, the company has gone through a number of iterations over the past 26 years. We identify it by its current name in the text, but readers should note that in the reference section the citations use the company's name at the time of data collection and report writing.

<sup>2</sup> Since 2008, ICF Macro has collaborated with the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs, the Program for Appropriate Technologies in Health (PATH), The Futures Institute, CAMRIS International and Blue Raster.

We present six case studies to illustrate how the data-to-policy process described in the conceptual framework has been successfully operationalized in practice. These case studies include:

- 1) Expanding the provision of injectable contraceptives in Malawi
- 2) Increasing rates of breastfeeding in the Philippines
- 3) More accurately estimating HIV prevalence in India
- 4) Increasing access to contraceptive methods in Kenya
- 5) Criminalizing domestic violence in Moldova
- 6) Increasing political commitment to reduce fertility in Rwanda

A variety of lessons learned while investigating the DHS data-to-policy translation process via case studies are discussed, including the importance of utilizing data to strategically orient policymakers' competing priorities advantageously; ensuring the "messenger" provides as convincing a presentation as possible through cultivation of a policy "champion"; being sensitive to cultural context and other social, political, and historical catalysts for change; and ensuring that more people have access to DHS data as well as the skills required to understand, interpret and utilize it appropriately. Limitations to both the study and the data itself are noted, and we call for improved documentation of policy formulation and revision in the future.

Our goal in presenting these case studies and conceptual model is to inform, improve and encourage further utilization of DHS data for evidence-based policy implementation and documentation. Given strong interest in reporting, monitoring and evaluating health policies and programs, it is increasingly important to operationalize a variety of tracking and accountability mechanisms; the conceptual model illustrated here can contribute to that effort. Although providing high-quality data is often necessary but not sufficient to effect informed and timely high-level change on behalf of marginalized, sick and disenfranchised communities, DHS data has and will continue to be a catalyst in this area by highlighting a need, beginning a conversation, and in more than a few instances, successfully informing policy formulation and change to improve the lives of millions of people living in developing countries worldwide.

