



MEETING REPORT • MAY 7-8, 2025

# Collaborating for Action on the Future of Demographic and Health Surveys

Since 1984, USAID has funded the Demographic and Health Surveys (DHS) Program to provide technical assistance to more than 400 surveys in over 90 countries. On February 24, 2025, the U.S. government terminated the DHS Program. In the aftermath of the termination, numerous efforts have emerged to mobilize action to sustain collection of high-quality demographic and health data through surveys. These efforts span a range of critical challenges, including preservation and accessibility of current data, completion of near-final surveys, and identifying long-term strategies to support future data collection. As multiple streams of effort have emerged, PRB organized a virtual global convening to support coordination and collaboration.

The convening brought together key stakeholders—including leaders from National Statistical Offices, donor organizations, partner organizations, and data user groups—to identify opportunities and priorities for collaboration to protect current data and preserve ongoing data collection activities. This event created a space to identify needs, gaps, opportunities, and emerging solutions; share efforts that are underway; and support ongoing coordination among stakeholders moving forward.

This meeting report summarizes the discussion and ideas shared in the convening. Each topic, objective, and related stakeholder discussion is presented, with little interpretation, to form a record of the conversation and ideas that arose. This report concludes with a summary of emerging next steps.

# Discussion Summary

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## Overview of the DHS Program: Components of the Program and Current Status

**Objective:** Root deliberations in a clear understanding of the elements of the DHS program.

ICF presented an overview of the terminated DHS program, and status update on surveys which were ongoing at the time of termination. The DHS Program provided technical assistance in over 90 countries to surveys implemented by national government agencies. The DHS Program, led by ICF, had three main components, which existed in addition to and in support of the survey implementation happening in-country:

- **The Global Good.** The publicly available data, reports, and tools shared for free through the [website](#) and apps. Approximately 20 percent of USAID funding to the DHS Program was for core work (as opposed to country-specific survey activities), including the global good.
- **Technical assistance for survey implementation.** The DHS Program maintained standard tools to promote comparability and technical quality, offered expertise across technical areas to guide core tools and approaches, and delivered ongoing improvements and innovations in methods that improve data quality, efficiency, and usefulness.
- **Data use and capacity strengthening.** Final reports and factsheets, data use seminars, fellowships, and trainings promote use of the data in research and decisionmaking.

Since the termination, ICF has kept the public website live and functional, but has not made updates (for example, approval of new user registrations and addition of new data sets to the website and the interactive [STATcompiler](#) database). ICF is in negotiations with USAID to confirm conditions under which they can continue to support access to current and future data that is considered a global good with non-U.S. government funding.

Many country surveys were in different phases of implementation when the DHS Program was terminated (see table, next page). Additional funding to replace the lost USAID funds will be required to complete many of the ongoing surveys that were disrupted. The costs of implementing a DHS survey vary across countries, depending on sample size, questionnaire length and complexity, biomarkers included, and lab costs.

For surveys where ICF's technical assistance was supplemented with non-USAID funding (Zambia DHS, Angola DHS, Guinea DHS, Ethiopia DHS, Togo DHS, and Congo DHS), DHS Program staff continue to provide technical assistance to these country teams to support survey completion. For ongoing or upcoming surveys with no alternative funding, ICF has provided cost estimates for technical assistance to those countries that are trying to raise funds. ICF has also shared recoded data files with the countries that had almost-final data sets and reports, including Tajikistan, Democratic Republic of the Congo, Indonesia, Mali, Nigeria, Rwanda Malaria Indicator Survey (MIS), and Zimbabwe.

## SUMMARY OF SURVEYS DISRUPTED BY TERMINATION OF THE USAID-FUNDED DHS PROGRAM\*

Surveys ongoing with non-USAID funds	Reports and datasets ready for release	Surveys with fieldwork complete but other parts incomplete	Surveys with only a few steps completed	Surveys on the list to be initiated
Congo Ethiopia Guinea Togo Zambia	Angola Congo DRC Rwanda (MIS) Tajikistan	Indonesia Malawi Mali Nigeria (DHS, VASA) Tanzania Micronutrient Uganda (MIS) Zimbabwe	Burundi Cameroon Chad Cote d'Ivoire Ghana (MIS) Haiti Kenya (MIS) Nepal (DHS, SPA) Nigeria (MIS) Pakistan Philippines Rwanda South Africa Timor Leste	Benin Burkina Faso Cambodia CAR Liberia Madagascar Mali (MIS) Namibia Senegal Continuous Sierra Leone Tanzania (MIS) Sri Lanka

\* In addition to the Demographic and Health Surveys (DHS), the DHS Program also implements several other surveys such as Malaria Indicator Surveys (MIS) and Service Provider Assessments (SPA).

## Documenting the Impact of Program Termination to Inform Paths Forward

The Inter Secretariat Working Group on Household Surveys (ISWGHS) presented on activities to document the impact of the program termination, preserve the data, and support countries in future data collection. The ISWGHS was established in 2015 under the UN Statistical Commission to improve coordination of household surveys, advance cross-cutting survey methodology, and enhance communication and advocacy. In March 2025, in response to the termination of the DHS Program, the ISWGHS established a DHS task force to work towards the following:

- 1. Ensuring access** to existing DHS data as a public good. ISWGHS is working with the U.S. Office of the Chief Statistician (in the Office of Management and Budget) to address data access.
- 2. Coordinating activities** to complete ongoing DHS activities.

**3. Assessing the impacts** of the DHS's termination and potential reductions in international assistance to surveys. ISWGHS has initiated surveys of custodian agencies using Sustainable Development Goal (SDG) indicators, DHS data users, and national statistics offices.

- Custodian agencies report that 70 percent of data points come from the DHS; this figure rises to over 90 percent for sub-Saharan African and least-developed countries.
- Users rated internationally comparable questions and indicators, geographic coverage, and public use microdata among the most important features of the DHS.

**4. Devising sustainable long-term solutions** to demographic and health data production. The ISWGHS aims to organize expert group meetings and knowledge exchange, and support fundraising to bring together a broad coalition of partners to agree on principles and actions for sustainable solutions.

## Listening Session: Country Insights on the Impact of the Program Termination and the Future of Demographic and Health Data Collection

**Objective:** Center the experience, diverse perspectives, and innovations from survey stakeholders across country contexts.

Representatives from Indonesia, Ghana, Mexico, and South Africa shared insights about the impact of the program termination on their data collection efforts and their vision for the future. The termination of the DHS Program disrupted finalization of the survey report in Indonesia and the launch of data collection for the first DHS in a decade in South Africa. The termination is especially disruptive in South Africa, which was on track to launch data collection in 2026, but now will likely be unable to do so without urgent intervention. Representatives of Ghana, Indonesia, and South Africa all underscored that DHS data have been a critical source for indicators such as maternal mortality, infant mortality, family planning, and HIV, and are essential to monitor progress towards the Sustainable Development Goals. All three countries use the data to monitor the impact of policy and program interventions, and the absence of DHS data will put progress to improve health outcomes at risk.

As they look to the future, Ghana and Indonesia are already beginning to discuss and plan around data collection going forward. In Indonesia, stakeholders are building their own health and demographic data system, leveraging their existing economic surveys and piloting surveys that include indicators for fertility, mortality, health, and nutrition, with minimal external funding. BPS-Indonesia (the central statistics agency), the Ministry of Health, and the Ministry of Population and Family Planning are working together to align survey and data digitization efforts with government needs. Ghana is similarly working to strengthen internal data collection capacity, including in strengthening systems for collective administrative and service statistics, to help fill the gap left behind by the DHS Program.

The panelists were also joined by a representative of the national statistical office of Mexico. Mexico has not received DHS Program support for a DHS since 1987. Since then, Mexico has conducted its own survey to collect demographic and health data, with engagement from the Ministry of Health, the Ministry of Women, the National Population Council, and other entities. These organizations are both contributors to and users of the data, ensuring the results are accepted as “information of national interest.” Although Mexico’s surveys have deviated some from the DHS Program standard questionnaires and harmonized recoded data for direct comparison with DHS Program data is not available, key indicators and results can still be compared with DHS indicators and results from other countries. Takeaways from Mexico’s experience implementing their own survey include: involve policymakers and other stakeholders early and often; make all information from the surveys publicly available; and create a feeling of ownership among users.

Representatives from these countries agreed that DHS data is recognized by diverse actors as critical for in-country decisionmaking and, thus, future data collection efforts must be responsive to individual country needs. At the same time, all countries face challenges in including all survey modules with large enough sample sizes as resources become more constrained. Potential solutions include regional cooperation, mobile technology, and triangulation of data from other sources. Ultimately, ensuring quality is paramount.

## Looking Ahead: Key Principles, Ideals, Best Practices

**Objective:** Document the aspects of DHS that participants value as a community and hope to retain going forward.

Participants identified a list of the core elements that make the DHS distinctive. Key themes include:

- Easily accessible, publicly available data.
- Standardized questions and indicators for comparisons across geographies and over time.

- Rigorous methodology leading to high-quality, trusted data.
- Country ownership of surveys and results.
- Investment in capacity building and technical assistance.
- Key source of data for the UN SDGs.

## Exploring Opportunities, Challenges, and Innovations

**Objective:** Identify how high-quality demographic and health data can be collected in a more resource-constrained environment.

Participants were asked to think critically about how collection of high-quality demographic and health

data through surveys might be able to move forward in a more resource-constrained environment. In four discussion groups, participants honed in on the elements and approaches that make DHS data useful for decisionmakers, and then discussed potential trade-offs between standardization, harmonization, and triangulation. Participants then suggested features of the DHS that they might be willing to give up under funding constraints, which mostly focused on aspects of the survey design and data collection. Key themes include: retaining and protecting data quality, even if data are collected less frequently and for fewer indicators; strengthening country leadership and ownership of data collection, management, and analysis; using innovative approaches to improve cost efficiency in data collection and analysis; and testing creative cost recovery models for the global public good.

Question	Responses
How could DHS be conducted in a future where less donor funding is available?	<p><b>Survey design</b></p> <ul style="list-style-type: none"> <li>• Less frequent surveys.**</li> <li>• Reduce number of questions.</li> <li>• Organize by optional modules.**</li> <li>• Prioritize high-need settings.</li> <li>• Cut the biomarkers.</li> <li>• Use phone surveys / innovative technology / artificial intelligence (AI) to improve efficiency.</li> </ul> <p><b>Organization / management</b></p> <ul style="list-style-type: none"> <li>• Increase emphasis on country ownership / management.*</li> <li>• Establish regional hubs for technical assistance.</li> <li>• Improve global coordination to reduce burden on countries.</li> <li>• Build on other data sources and avoid duplication with other surveys.*</li> </ul> <p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• Increase local / country funding.</li> <li>• Establish “basket funding” approach.</li> <li>• Identify a neutral convener to reduce oversized influence of a few funders.</li> <li>• Enable funding of specific modules by interested parties.</li> <li>• Establish fees for download to some users from high-income countries, which can help sustainably maintain free access for users in low- and middle-income countries.</li> </ul>

**Note:** In this table, which summarizes questions and discussion responses, asterisks are used to denote ideas or responses that came up multiple times or that participants highlighted as important.

Question	Responses
<p><b>What elements and approaches are most important to ensure the data are useful for decisionmakers?</b></p>	<ul style="list-style-type: none"> <li>• Include policymakers in planning from beginning, including in developing questionnaires.*</li> <li>• Explicitly align questions with national policy priorities.</li> <li>• Ensure data are easily accessible.</li> <li>• Prioritize the factors that are critical for use in the survey design: <ul style="list-style-type: none"> <li>– Prioritize data quality over breadth.*</li> <li>– Enable triangulation between surveys and routine data systems.*</li> <li>– Maintain consistency and comparability with past surveys.</li> <li>– Maintain standard indicator definitions.</li> <li>– Create standard guidance on data management / cleaning procedures.</li> </ul> </li> </ul>
<p><b>What are you comfortable supporting, from standardized data, to harmonization of similar data, to triangulation of fragmented data?</b></p>	<ul style="list-style-type: none"> <li>• Harmonization moving increasingly towards triangulation.*</li> <li>• Modularization to ensure that country-led surveys include certain standardized components.</li> </ul>
<p><b>What are you prepared to “give up” in a more streamlined approach to survey data collection (for example, timeline, size and scope, standardization, modules, etc.)?</b></p>	<ul style="list-style-type: none"> <li>• This should be a country-led decision.</li> <li>• Consider cost-savings and efficiencies in the core functions, rather than just at the country level.</li> <li>• Survey design: <ul style="list-style-type: none"> <li>– Reduced scope (fewer modules).</li> <li>– Reduced frequency.</li> <li>– Reduced sample size.</li> <li>– Reduce microdata / granularity / disaggregation.</li> <li>– Remove biomarkers.</li> <li>– Move to a more modular approach that allows countries to decide priorities: some modules are optional, some required.**</li> <li>– Reduce duplication between DHS and other similar surveys such as Multiple Indicator Cluster Surveys.</li> </ul> </li> </ul>

## Mapping Solutions Across Key Themes

**Objective:** Identify potential solutions to key challenges, across potential scenarios that could unfold in the future.

In this session, participants were asked to consider solutions across three potential scenarios:

- 1. Fragmentation.** The first scenario is complete fragmentation of efforts. In this scenario, there is not a centrally coordinated, global effort to collect population-level demographic and health data across country contexts.
- 2. Multi-model constellation of efforts.** In this scenario, some organizations emerge to lead or support surveys globally or regionally. Those efforts may not be coordinated. For example, some countries

may independently lead and execute their own surveys, while others receive support and technical assistance through project or other models.

- 3. Consortium of actors leading a program or programs.** In this scenario, a consortium or multiple consortiums of organizations are formed that are supporting survey implementation, in at least a subset of countries. There is some centralization of effort around the global public good.

Key themes include: investing in documenting learning from the current DHS Program on coordination and transition; assessing the landscape of related data collection efforts to improve coordination and efficiencies and avoid duplication; prioritizing cross-country coordination; retaining centralized, publicly accessible standardized tools and resources, even if optional; and ongoing donor coordination.

### Topic 1: Data preservation, accessibility, and distribution

Scenario	Solutions
<b>Fragmentation</b>	<ul style="list-style-type: none"> <li>• Use existing, funded platforms to archive and distribute data (such as ICPSR (Inter-university Consortium for Political and Social Research), IPUMS, and World Bank).               <ul style="list-style-type: none"> <li>– IPUMS could be helpful in harmonizing data in a fragmented scenario—methodology already well established.</li> <li>– Existing archive platforms are all dependent on funding, including National Institutes of Health funding. Even a fragmented system will need funding.</li> </ul> </li> <li>• Funding:               <ul style="list-style-type: none"> <li>– Avoid dependence on a single donor while maintaining coordination.</li> <li>– Consider all the costs of data preservation, disbursement, accessibility, and others.</li> </ul> </li> </ul>
<b>Multi-model constellation of efforts</b>	<ul style="list-style-type: none"> <li>• Invest resources in coordination to ease some of the pain points of fragmentation.</li> <li>• Learn from other surveys that have worked this way, including DHS which currently does have different donors and different modules by country.</li> <li>• Streamline surveys to the extent possible.</li> <li>• Establish a creative commons license to ensure sharing of data.</li> </ul>



Scenario	Solutions
Consortium	<ul style="list-style-type: none"> <li>• Priorities: <ul style="list-style-type: none"> <li>– Take advantage of lessons learned from existing DHS Program to build something that reconsiders assumptions and retains key features.</li> <li>– Create a global network of DHS experts to serve as technical resources.</li> <li>– Ensure sufficient investment in succession, self-reliance, and diversity of funding.</li> </ul> </li> <li>• Funding: <ul style="list-style-type: none"> <li>– Multiple donors supporting a centralized process with multiple archives.</li> <li>– Diversified funding remains a clear priority but needs coordination, and coordination has costs.</li> <li>– Increase coordination between donors.</li> </ul> </li> </ul>

## Topic 2: Data collection

Scenario	Solutions
Fragmentation	<ul style="list-style-type: none"> <li>• Do everything possible to avoid the fragmentation scenario because it has negative impacts for local and global actors. Plan for what can be done, but work towards something different.** <ul style="list-style-type: none"> <li>– If donors only fund surveys in their priority countries, we will end up with data deserts.</li> <li>– What can be proactively done to avoid an outsized influence by a few donors with limited priority countries, leaving other countries out?</li> </ul> </li> <li>• Ensure standard tools (methodology, questionnaires, training materials) are easily and centrally accessible.**</li> <li>• Create networks and guidance for sharing best practices, similar to those for censuses where statistical commission sets standards and countries can choose to follow. <ul style="list-style-type: none"> <li>– Avoid a global north coordinating body.</li> <li>– Encourage data-sharing by creating a centralized repository for the fragmented actors to share their datasets and resources.</li> <li>– Ensure global and regional coordination for transparency and country-centric approach.</li> </ul> </li> <li>• Access: <ul style="list-style-type: none"> <li>– Data collection is led and implemented locally but shared to a global platform that enhances visibility and ensures continued access by researchers around the world.</li> <li>– Acknowledge risks of fragmentation do not just affect global actors, but local institutions who rely on these data as well.</li> </ul> </li> </ul>



Scenario	Solutions
<b>Multi-model constellation of efforts</b>	<ul style="list-style-type: none"> <li>• Requirements for success:               <ul style="list-style-type: none"> <li>– Standardized core component.</li> <li>– Open data access in all projects and platforms, harmonized data outputs.</li> <li>– Financial contributions / buy-in by all partners.</li> <li>– Open access to survey instruments and documentation of methods.</li> </ul> </li> <li>• Working groups led by ministries of health to steer and harmonize efforts across projects and donors and avoid duplication within country.</li> <li>• Regional coordination bodies:               <ul style="list-style-type: none"> <li>– Could aggregate and facilitate data access. For example, in the Latin America and Caribbean region, regional statistical bodies such as ECLAC facilitate this process.</li> </ul> </li> </ul>
<b>Consortium</b>	<ul style="list-style-type: none"> <li>• Priorities:               <ul style="list-style-type: none"> <li>– Take advantage of lessons learned from existing DHS Program to build something that reconsiders assumptions and retains key features.</li> <li>– Create a global network of DHS experts to serve as technical resources.</li> <li>– Ensure sufficient investment in succession, self-reliance, and diversity of funding.</li> </ul> </li> <li>• Funding:               <ul style="list-style-type: none"> <li>– Multiple donors supporting a centralized process with multiple archives.</li> <li>– Diversified funding remains a clear priority but needs coordination, and coordination has costs.</li> <li>– Increase coordination between donors.</li> </ul> </li> </ul>

### Topic 3: Data management, cleaning, and analysis

Scenario	Solutions
Fragmentation	<ul style="list-style-type: none"> <li>• Make use of existing tools and training materials: <ul style="list-style-type: none"> <li>– Ensure ongoing availability of interview training guides.</li> <li>– ISWGHS handbook on household surveys.</li> </ul> </li> <li>• Any central body should focus more on: <ul style="list-style-type: none"> <li>– Capacity strengthening.</li> <li>– Developing and agreeing on shared standards.</li> </ul> </li> <li>• South-south cooperation and peer exchange to document challenges and practical solutions.</li> <li>• Data processing cannot be looked at wholly apart from data collection. There are implications for data capture if analysis and management are part of a separate initiative.</li> <li>• Learn from Feed the Future surveys, which were not managed centrally.</li> <li>• Identify mechanisms for transferring costs or subsidizing modules for countries that are less supported.</li> <li>• Avoid redundant overhead costs.</li> </ul>
Multi-model constellation of efforts	<ul style="list-style-type: none"> <li>• Funding: <ul style="list-style-type: none"> <li>– Consider a subscription-based costing model where certain users pay to subsidize other types of users.</li> <li>– For cost-recovery, build programs around data and analysis of the datasets at the regional level.</li> </ul> </li> <li>• To ensure accessibility broadly, donors can fund scholarships for researchers and other data users to access data.</li> <li>• Multi-model provides more opportunity for south-south cooperation than fragmented.</li> <li>• Focus on who is using the data.</li> <li>• A group could be responsible for a central clearinghouse of tools and guidance; a separate task could support countries to implement those standard tools and approaches so that the centralization is being carved off a bit. Survey-specific technical assistance would follow more of a regional, country, or south-south model.</li> </ul>
Consortium	<ul style="list-style-type: none"> <li>• More focus on national ownership and ensuring that countries are investing their own resources.</li> <li>• Support research and analysis through resources such as code for the analytical reports.</li> <li>• Ensure that capacity strengthening is a priority, including data analysis and data processing.</li> <li>• This consortium does not have to be a consortium of donors, but this could include data users who can ensure the priority areas are funded.</li> </ul>

## Topic 4: Country to country technical assistance

Scenario	Solutions
Fragmentation	<ul style="list-style-type: none"> <li>• We want as much country ownership as possible, but standardization is the core of the DHS, and an agency or team is needed to facilitate standardization.</li> <li>• Need to ensure that political interference does not impact output—data is inherently political and need to carefully facilitate conversations about priorities.</li> <li>• Knowledge sharing: <ul style="list-style-type: none"> <li>– Leverage expertise from nearby or comparable countries.</li> <li>– Support global organizations to facilitate forums in which countries could share learning and identify common needs, gaps, and strategies to support each other.</li> <li>– Use existing regional convenings for countries to gather and compare experiences.</li> <li>– Make lists of vetted questions publicly available. Maybe posted by a UN agency or regional health agency.</li> <li>– Country exchange tours for south-south learning.</li> </ul> </li> <li>• Do not want to lose the element of the global public good.</li> </ul>
Multi-model constellation of efforts	<ul style="list-style-type: none"> <li>• Some sort of coordinating group is needed to facilitate any of the sharing and coordination described above.</li> </ul>
Consortium	<ul style="list-style-type: none"> <li>• Allows for pooling of resources and a more strategic approach to generate evidence we need.</li> <li>• Still country-led but this consortium is the coordinator and provider of the standardization and cross-country learning.</li> <li>• Steering committee for cross-consortium management and decisionmaking.</li> </ul>

# Next Steps

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Participants in the convening advanced a critical first step of documenting the critical elements of the DHS Program that should be prioritized moving forward, and identifying changes that could make collection of demographic and health data more cost-effective in an increasingly resource constrained environment.

During the convening, donor and philanthropic organizations participated in a closed-door session to discuss future coordination around the DHS. The donors committed to engage in a series of dialogues, beginning in June 2025, designed to address:

- Coordination on urgent, short-term needs, with a focus on near-final surveys as well as interim actions on data preservation and access.
- Support to countries that are early in the survey process and those that were about to be initiated.
- Collaboration around long-term planning and technical assistance needs for collection of demographic and health data in the future.

Following the convening, country stakeholders, multilateral organizations, and other partners have continued to advance efforts to support sustained collection of high-quality demographic and health data through surveys. This convening report is a resource to these stakeholders as they chart paths forward.

# Annex

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## Agenda: Collaborating for Action on the Future of the DHS

Wednesday, May 7

Time	Session
8:30 - 8:45 a.m. ET	Welcome and Opening Remarks Objectives, Expectations, Facilitation
8:45 - 9:30 a.m. ET	Learning Session: Status of the DHS Program and Efforts to Document the Impact of Program Termination
9:30 - 10:20 a.m. ET	Listening Session: Country Insights on the Impact of Program Termination and the Future of Demographic and Health Data Collection
10:20 - 11:00 a.m. ET	Breakout Discussion: Looking Ahead: Key Principles, Ideals, Best Practices

Thursday, May 8

Time	Session
8:30 - 8:40 a.m. ET	Recap
8:40 - 9:40 a.m. ET	Breakout Discussion: Exploring Opportunities, Challenges, and Innovations
9:40 - 9:45 a.m. ET	Transition
9:45 - 10:45 a.m. ET	Breakout Discussion: Mapping Solutions Across Key Themes* <small>*A closed-door session for philanthropic and donor organizations will run concurrently with this discussion.</small>
10:45 - 11:00 a.m. ET	Future Coordination and Next Steps



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