



November 6, 2015

The Honorable Shaun Donovan
Director Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Director Donovan:

On behalf of the Population Association of America (PAA) and the Association of Population Centers (APC), two affiliated organizations that together represent the interests of population research scientists and applied demographers, we thank President Obama for the Administration's ongoing commitment to evidence-based decision-making. Indeed, access to high quality data is essential for effective policy-making, because good data can inform every aspect of policy development—from initial problem assessments to allocation of resources to evaluation of results. As you know, the federal government appropriately funds an array of data collection programs through several federal agencies. At this time, however, we would like to bring to your attention the unique value of one such important data collection program administered by the US Agency for International Development (USAID): the Demographic and Health Surveys, and urge your support for continued funding in fiscal year 2017.

Funded through the Office of Population and Reproductive Health at USAID, the Demographic and Health Surveys Program (DHS) provides timely, consistent and relevant data on child and maternal health as well as widespread infectious diseases such as HIV/AIDS and malaria in more than 90 developing countries across Africa, Asia, Latin America/Caribbean and Eastern Europe. Using consistent survey methods conducted through household and facility-based surveys, the DHS facilitates measurement of key indicators such as infant and child mortality, fertility, family planning use, child immunization, malnutrition levels, prevalence of HIV/AIDS and malaria. The data collected allow researchers and program planners to establish benchmarks and track trends within countries and regions and also conduct cross-country comparative research—research that can identify and illuminate emerging trends or provide a clear retrospective outlook of a particular condition or topic.

One of the most compelling and valuable aspects of the DHS Program data, moreover, is its transparency and accessibility. Once data are collected, the data sets are freely available for public use. It is hard to overstate the value of the high quality data to thousands of individual, governmental, non-government/non-profit and commercially-based users across the globe. In fact, in 2014-15 alone, researchers from 130 countries downloaded 375,000 DHS datasets. More than 125 articles using DHS data were published in about 75 peer-reviewed journals.ⁱ

The DHS Program includes several types of surveys and provides technical assistance to partners within host countries to facilitate data collection, to strengthen local capacity among survey personnel and researchers, to address host country data needs, and to disseminate survey results. These activities in turn guide policies and programs. The following surveys are being implemented under the DHS Program umbrella:

- Standard Demographic and Health Survey (DHS), typically conducted in-country at 4- to 5-year intervals;
- Malaria Indicator Survey (MIS), which collects data used for monitoring the performance of malaria programs;
- Service Provision Assessment (SPA), a facility-based survey that collects data and facilities' readiness to provide essential health services and quality of services;
- AIDS Indicator Survey (AIS), which collects data for monitoring and evaluating HIV/AIDS programs.

The DHS Program also provides technical assistance for biomarker data collection to measure a range of conditions, including infectious and sexually transmitted diseases, chronic illnesses such as diabetes, micronutrient deficiencies, and exposure to environmental toxins.

Some examples of the impact of DHS Program-generated data on real world policy applications include:

- In the past ten years DHS data on Gender-Based Violence (GBV) has led to programmatic responses and statutory changes (in the form of anti-domestic violence and/or anti-female genital mutilation laws) in several countries, including Zimbabwe, Uganda, Moldova and Timor-Leste.ⁱⁱ
- In 2012, Tanzania expanded free distribution of mosquito nets and indoor residual spraying in the Kagera region, in response to data collected via the Malaria Indicator Survey, which highlighted a high incidence of malaria in the Kagera region.ⁱⁱⁱ
- In 2014, Armenia signed a cooperative agreement with USAID and UNICEF to improve health and nutrition programs for Armenian children – after earlier data from DHS Surveys indicated that about 19 percent of Armenian children under age 5 were stunted, and the trend was growing.^{iv}

Given the wealth of information produced under the auspices of the DHS Program, the compelling, ongoing need for high quality data to assist in the formulation and evaluation of policy and in resource allocation, and the increasing globalization of disease and other population characteristics, it is essential that the DHS Program receive adequate funding to support its vital mission. To this end, we respectfully request that the Office of Population and Reproductive Health within the Bureau of Global Health at USAID receive at least a modest increase – in the range of five percent – in funding over the final enacted fiscal year 2016 level. If, however, final FY 2016 funding for this account sustains a cut from FY 2015, we respectfully request a level in FY 2017 that restores any FY 2016 shortfall plus an additional increase in the range suggested.

Thank you for your consideration of our views and your commitment to prudent investments in evidence-based programs and policies.

Sincerely,



Steve Ruggles, Ph.D.
President
Population Association of America



Lisa Berkman, Ph.D.
President
Association of Population Centers

ⁱ Source: ICF International, DHS project coordinator

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} Ibid.