

More Data Better Health

A scalable, inclusive, and low-cost way to understand population health, behaviors, and needs

Across the world, governments are navigating a rapidly changing health and development landscape. Yet their ability to make informed, equitable decisions is constrained by data collection systems that are too slow, costly, and infrequent to keep up with evolving realities.

Governments have relied on extensive national household surveys for decades to understand population health. These surveys remain essential pillars of global health intelligence, providing valuable insights that have guided policy for years. However, they are often expensive, time-consuming, and too infrequent to reflect the lived experiences of people navigating health systems as they evolve.

With tightening budgets and shifting priorities, countries face a growing **gap between the information they have and the insights they need**.

More Data Better Health (MDBH) closes this gap. It offers a pragmatic, scalable, low-cost, and timely alternative that complements, and in resource-limited settings can temporarily replace, traditional surveys without compromising methodological rigor or representativeness. By combining public health and political polling techniques, MDBH is leveraging private-sector innovation to rethink how governments can listen to citizens at scale to improve health care. The model achieves nationally representative results by building on existing infrastructures:

- **Digital:** mobilizing existing mobile and internet networks for outreach.
- **Analytical:** using standard census-based weighting and open-source tools already familiar to national statistics offices.
- **Institutional:** embedding results directly into Primary Health Care (PHC) dashboards, reviews, and planning cycles.

At its core, More Data Better Health provides timely insight into access, quality, and equity, enabling governments to design more adaptive, inclusive, and people-centered policies. The methodology has proven capable of reaching remote and traditional populations, including Indigenous groups in the Amazon region, demonstrating that fully digital surveys can achieve representativeness even in challenging contexts.

MDBH costs roughly 70% less than traditional household surveys, which often require multimillion-dollar investments and several months of fieldwork. For roughly USD 200K per round, governments and donors can obtain real-time, nationally representative insights, including the full design, data collection, analysis, and communication process.

Across its first modules, MDBH captured timely, actionable insights on a diverse range of issues:

PRIMARY HEALTH CARE

Public perceptions of access and quality.

EVERYDAY DISCRIMINATION

Experiences and causes of daily discrimination, using a nationally applied *Everyday Discrimination Scale*.

CLIMATE AND HEALTH IN THE AMAZON

The lived impacts of climate change and food insecurity across the nine Amazonian states.

Upcoming modules will extend this range to include cancer, tobacco use, urban mobility, and physical activity, demonstrating MDBH's flexibility to surface the public dimensions of emerging health priorities.



Brazil's Unified Health System team visits community affected by storms in the city of Porto Alegre. Photo: Wanderson Rosa/Ministry of Health.

SPOTLIGHT

Brazil — When Listening Changes What's Possible

Brazil — a vast country of over 200 million people, marked by immense regional diversity and areas where access to communities can be logistically complex — became the proving ground for MDBH's innovation. MDBH pioneered a 100% online, self-administered survey delivered through programmatic digital ads — a first for large-scale health data collection in this challenging context. In just 14 days, MDBH achieved national representation; within 58 days, it extended to all nine states of the Legal Amazon, including remote and traditional populations — a breakthrough in digital public health monitoring.

Freed from interviewer bias, respondents shared more candidly, reducing respondent shyness. Weighted to Brazil's 2022 census, the findings reached policy-grade quality at 70% less cost and time than traditional surveys.

National Insights at a Glance

Over 12,000 respondents have now participated, generating nationally representative data that informs health policy across multiple fronts:

- **Primary Health Care:** While 8 in 10 Brazilians report satisfaction with PHC services, access barriers remain significant: 62% needed care but did not seek it.
- **Regional Equity:** People in the North and Northeast report markedly lower access and satisfaction than those in the South, revealing enduring structural inequities.
- **Trust in Clinics:** While satisfaction is high, only 6 in 10 Brazilians would recommend their local clinic, signaling persistent issues of accessibility and continuity.
- **Discrimination:** Nearly 1 in 3 Brazilians report experiencing everyday discrimination. However, Black and Brown Brazilians report a greater number of reasons for feeling discriminated against, especially due to race, highlighting the persistence of racial inequities in daily life.
- **Gender Gaps:** Women are twice as likely as men to face body-related discrimination.
- **Climate and Health:** In the Amazon, one in three residents say they already feel directly affected by climate change — through events such as heatwaves or droughts — revealing how environmental change is becoming part of daily life.

What this means: Within weeks, policymakers gained visibility into where PHC systems underperform, who is left behind, and where operational reforms could yield the fastest gains. The Brazil pilot demonstrated that citizen-generated data can be collected and analyzed rapidly enough to inform policy discussions, offering a promising model for people-centered public health monitoring.



Launch of Climate and Health in the Legal Amazon, highlighting the impacts of climate anxiety in the region.

Opportunities for Application

The MDBH model proves that it is possible to monitor population health **rapidly, inclusively, and affordably, without sacrificing rigor or reach**. It shows that listening at scale can be both scientific and human, giving governments a live pulse on what people experience and need.

It can be used to:

- **Explore new and emerging health topics** with agility, adapting to evolving national priorities.
- **Evaluate reforms, interventions, and campaigns** through before-and-after comparisons.
- **Track behavioral patterns and NCD risk factors** continuously, at a fraction of traditional cost.

Designed for flexibility and equity, MDBH can be replicated in any setting, from large national systems to subnational levels, enhancing data sovereignty and public trust. It is a proven, adaptable model for ongoing listening, ready to help countries learn more, act faster, and build health systems that reflect the people they serve.

About Vital Strategies

Vital Strategies partners with governments and local organizations to tackle the growing burden of noncommunicable diseases and injuries, using data and evidence to assess health and environmental threats and to move policy, practices and people. Our team of 400+ includes epidemiologists, policy experts, communicators, data analysts, and others who work in 80+ countries around the world.



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