

## Abstract

**Background:** While citation counts are critical metrics for scholarly impact of research articles, they cannot objectively measure other impacts of research to society. Research articles have broader impact beyond academic, including informing health-policy making, planning and practice, but this utility has not been systematically examined for the Demographic and Health Survey (DHS)-based publications. This paper examines both the academic and policy-related impacts of DHS-based articles. **Methods:** A Systematic search was conducted in PubMed, Scopus, Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Wiley Online Library, and Dimensions and grey literature (theses and dissertations) to identify DHS-based publications since 1984. Academic impact was assessed through journal destinations, scope, accessibility, and citation counts. To assess policy impact, this study utilizes the Overton database to identify citations of scientific research in policy documents. **Results:** Citation to DHS-based publications have increased over the last four decades, contributing significantly to the public health evidence that has been utilized for academic and policy in low- and middle-income countries (LMICs). Multidisciplinary and open-access journals such as PLOS One have predominantly published DHS-citation related research, often led by researchers from High-income countries (HICs). While open-access has improved accessibility for LMIC-led research, citation impact is skewed towards HIC-led studies, suggesting inequities in the citation impact landscape. The steady increase in both scholarly and policy citations indicates that DHS-based research is an important resource for academic and global health policymaking. **Conclusion:** DHS-based evidence plays a critical role in both academic and policy spheres. Its consistent citation growth demonstrates the scientific value of open, standardized, nationally representative data, and its citation growth in policy documents underscores the need for continued investment in the program to support evidence-based decision-making in LMICs.