

WHO Immunization, Vaccines and Biologicals Survey Manual Updates Concept Note

Background

The 2025 revision of the 2018 WHO Vaccination Coverage Survey Manual will be informed by developments in the field of household surveys, including those in data collection, sampling and analysis, and the experience in using the WHO Survey Manual for routine immunization and post campaign coverage surveys (PCCS). It will also be informed by advances in household surveys in general, cost and time-in-motion studies, learnings in fragile and conflict settings including those from Gates-supported “Routine Immunization Strengthening in Polio High-Risk Geographies (RISP)” surveys, and experiences of multi-age cohort integrated surveys. The revised WHO Survey Manual will incorporate explicit guidance on using geospatial techniques for sampling and analysis; a revised tetanus section aligned with updates to the maternal and neonatal tetanus elimination strategies and monitoring; a specific HPV module drawing from lessons from recent surveys and the learnings from Gavi-funded learnings on HPV surveys. It will include the full integration of the Behavioral and Social Drivers (BeSD) questions and framework, and it will potentially also include guidance on nesting vaccine-preventable disease (VPD) serosurveys, with a focus on Multiplex assays for dried blood samples, as appropriate. This revision will also complement ongoing Gavi-supported guidance development on targeted assessments being done in partnership with M-RITE. Finally, the Survey Manual revision will be done concomitantly with updates to the analytical tool VCQI, and activities aimed at improving analyses and capacities of survey implementers, in an opportunistic manner and in as much as feasible within the available budget. Proposed revisions to the table of content of the 2018 *WHO Vaccination Coverage Cluster Survey: Reference Manual* are included as Annex I.

Methodology

Overview

A request for proposals (RFP) will be issued to hire a team with a strong statistical background and experience in similar documents to work closely with WHO staff. A draft revision will be shared for comments with regional survey and national level immunization stakeholders and stakeholders with survey experience, emphasizing the importance of their input. The finalization of the manual will be a collaborative effort, engaging a technical editor. If feasible, the revised WHO Survey Manual will be made available also in French. It is anticipated that a working draft will be available by Dec 2025 and a final publication in Q2 2026.¹

¹ *Timeline and budget are not included in this document.

Literature Review/Desk Review/Consultation with Experts

The manual updates will commence with a comprehensive landscape analysis: a desk review of published work regarding lessons learned on surveys since the publication of the 2018 Survey Manual. Additionally, experts will be actively sought for their invaluable contributions to the additional or revised sections of the Survey Manual, including geospatial techniques for sampling and for analysis; disease-specific sections like tetanus and HPV; BeSD, and potentially on nesting serosurveys. Equally important will be to engage with persons who have implemented Vaccination Coverage Surveys, or similar activities for example for Neglected Tropical Diseases (NTDs), in various settings including fragile and conflict areas and in various parts of the world. After the landscape analysis and expert consultation, a guidance writer will update each section, with the sections then reviewed by a technical focal point at WHO/IVB for additional inputs.

Technical Steering Group (TG)

This process also includes the launch of a technical working group to oversee updating processes. The TG will meet in person twice to 1) discuss existing proposed changes to the survey manual and establish a work plan, and 2) to finalize the manual updates in 2025-2026.

Sections	Changes
List of annexes Manual resources for each step of the survey process List of boxes, figures and tables Abbreviations Acknowledgements Preface	
1. Introduction 1.1. Why vaccination coverage is assessed 1.2. Methods for measuring vaccination coverage 1.3. Population-based surveys: cluster sampling 1.4. Changes to previous methods and materials 1.5. Considerations on new antigens such as human papillomavirus (HPV), COVID-19, malaria, and influenza 1.6. Considerations on high-risk groups such as zero-dose children 2. Design the sample structure of the survey 2.1. Convene a survey steering group 2.2. Discuss the purpose of the survey 2.3. Identify primary questions that affect survey design and sample size 2.4. Define the target population 2.5. Set inferential goals 2.6. Select a survey design 2.7. Calculate the required sample size 2.8. Draft an analysis plan, table shells and report figures 2.9. Budget for the survey and estimate the timeline 2.10. Evaluate affordability and timeliness 2.11. Implications of adding routine immunization questions to a post-SIA survey 2.12. Designing for multiple outcomes 2.13. Designing for multiple geographic areas	1.2. Add cohort approach to measure vaccination coverage; introduce the concept of Post Campaign Coverage Surveys (PCCS), its definition, particularities, and compare with other methods. 1.3. Add other sampling methods for specific circumstances, such as school sampling for HPV, gridded population sampling, etc. Add link to the Android-based GPS Sample App developed by CDC and Georgia Tech. See also Annex T. 2.7. Expand existing box on oversampling.

Annex K: Using software to calculate weighted coverage estimates	
Annex L: Standard definitions for vaccine coverage indicators	
Annex M: Graphical display of coverage results	
Annex N: Examples of classifying vaccination coverage	
Annex O: Missed opportunities for vaccination (MOV) analysis	
Annex P: Suggested outline for coverage survey report	<i>Annex P: Follow the Preferred Reporting Items for Complex Sample Survey Analysis (PRICSSA)</i>
Annex Q: Using Geographical Information Systems (GIS) and geospatial analysis to investigate geographical differences	
Annex R: Using multiplex testing on dried blood spots for serosurvey analysis	
Annex S: Behavioural and Social Drivers (BeSD) of vaccination	
Annex T: Considerations on special populations	<i>Annex T: Include considerations on refugees, displaced populations, conflict settings, etc. Consider UNHCR guidance on nutrition surveys among refugees. See also section 6.5.</i>
Annex U: Considerations on bivariate and multivariate analysis for complex sampling	