



---

# Evaluation of UNICEF Support to Immunization 2018-2023

Country Evaluation Report  
for the Republic of Moldova

November 2024

Evaluation Team Leader: Mr. Ted Freeman

National Evaluation Consultant: Ms. Antonina Rishko-Porcescu

Evaluation Support: Ms. Paola Vela

## Table of Contents

Acronyms .....	v
Executive Summary.....	vi
1.0 Introduction .....	1
1.1 Background: Regional Evaluation and the Role of the Moldova Evaluation.....	1
1.2 Purpose and Objectives.....	1
1.3 Scope of the Evaluation.....	2
1.4 Object of the Evaluation and Stakeholders.....	2
1.5 Structure of the Report .....	2
2.0 Methodology and Data Collection .....	3
2.1 Evaluation Criteria and Key Evaluation Questions (KEQs).....	3
2.2 Approach and Methodology.....	4
2.3 Data Collection.....	5
3.0 National Context .....	6
3.1 Organizational Structure for the Planning and Management of Immunization .....	6
3.2 From Procurement to Delivery (the Supply and Services Chain ) .....	8
3.3 Immunization Coverage History (2018-2023).....	8
3.4 Challenges and Issues (2018-2023).....	10
4.0 UNICEF Support.....	11
4.1 Evolution of UNICEF’s Support (2018-2023).....	11
4.2 UNICEF Expenditures on Immunization .....	12
4.3 Partnerships and Engagement with Other Support Providers.....	12
5.0 Evaluation Findings .....	13
5.1 Relevance of UNICEF’s Support for National Systems .....	13
5.2 Coherence of UNICEF’s Support within the National System .....	18
5.3 Effectiveness of UNICEF’s Support in the Context of the National Response .....	21
5.4 Sustainability.....	31
5.5 Efficiency .....	34
5.6 Impact .....	36
6.0 Evaluation Conclusions .....	40
7.0 Lessons Learned .....	41
8.0 Recommendations for UNICEF’s Support of the Immunization System in the Republic of Moldova .....	43
Annexes.....	46
Annex 1: Terms of Reference.....	46

Annex 2: Theory of Change .....	47
Annex 3: Methodology and Evaluation Dataset .....	48
Annex 4: References .....	53
Annex 5: Persons Interviewed .....	55
Annex 6: Sites Visited .....	56
Annex 7: Selected Data .....	57
Annex 8: Compliance with Norms and Standards in Evaluation.....	59

## List of Tables

Table 1: Summary of Recommendations.....	xii
Table 2: Key Evaluation Questions (KEQs) .....	3
Table 3: Site Visit Locations .....	6
Table 4: Limitations and Applied Mitigation Strategies.....	6
Table 5: Moldova - Vaccine Coverage for Selected Antigens (2018-2023).....	9

## Acronyms

ANSP	National Agency for Public Health (Romanian)
BCG vaccine	Bacille Calmette-Guérin Vaccine
BI	Behaviour Insight
C4BC	Communication for Behaviour Change
CA	Contribution Analysis
CCS	Country Case Study
CIFMA	Compulsory Insurance Funds for Medical Assistance
CMF	Family Doctors' Centre
CNAM	National Health Insurance Company
CO	Country Office
COAR	Country Office Annual Report
CS	Health Centre
CSO	Civil Society Organization
DTP vaccine	Vaccine against Diphtheria, Pertussis, and Tetanus
DTP-HepB-HiB vaccine	Pentavalent Vaccine against Diphtheria, Tetanus, Pertussis, Viral Hepatitis B, and Haemophilus Influenzae
ECARO	UNICEF Europe and Central Asia Regional Office
EVM	Effective Vaccine Management
EU	European Union
GDP	Gross Domestic Product
IMSP	Public Medical-Sanitary Institution (Instituții Medico-Sanitare Publice)
IPC	Interpersonal Communication
HIB vaccine	Vaccine Against Viral Hepatitis B
HMIS	Health Management Information System
HPV	Human Papillomavirus
KEQ	Key Evaluation Question
KII	Key Informant Interview
MER	Ministry of Education and Research

MHLSP	Ministry of Health, Labour and Social Protection
MICS	Multi-indicator Cluster Surveys
MoH	Ministry of Health
MLM	Mid-level Management
NAPH	National Agency of Public Health
NVDP	National Vaccine Deployment Plan
NGO	Nongovernmental Organization
NIP	National Immunization Programme
NITAG	National Immunization Technical Advisory Group
OECD/DAC	/Development Assistance Committee of the Organisation for Economic Co-operation and Development
PHC	Primary Healthcare
RAM	Results Assessment Module
SBC	Social And Behavioural Change
SDGs	Sustainable Development Goals
SIAMP	Automated Information System for PHC
ToC	Theory of Change
UKaid	The United Kingdom's Aid Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WUENIC	WHO/UNICEF Estimates of National Immunization Coverage

## Executive Summary

### Introduction

1. In September 2023, the Europe and Central Asia Regional Office (ECARO) of the United Nations Children's Fund (UNICEF) launched an evaluation of immunization programming at system level. The decision to undertake this evaluation marked a recognition of the critical importance of immunization in Europe and Central Asia region based on the central role of immunization in the attainment of Sustainable Development Goal 3 ("to ensure healthy lives and promote well-being at

all ages”). Furthermore, equitable access to immunization is highlighted in the implementation of SDG target 3b, which includes the requirement to “provide access to affordable essential medicines and vaccines.”<sup>1</sup>

2. The regional evaluation includes, as a core method, a set of five country evaluations of UNICEF immunization programming, namely those of Bosnia and Herzegovina, Kyrgyzstan, Kosovo, Moldova, and Tajikistan.<sup>2</sup> This report presents the results of the Moldova evaluation. The purpose of this country-focused evaluation is to provide an independent, rigorous assessment of UNICEF results to date in contributing to the national immunization system in Moldova in its efforts to maximize immunization coverage. The following four specific evaluation objectives apply at both regional and country levels:

- To assess the impact of immunization programming, looking at both supply and demand, and to understand what worked and what did not in terms of improving immunization coverage;
- To determine the effectiveness, impact, coherence, relevance, and efficiency of immunization programming with a system’s lens;
- To assess the contribution of UNICEF’s work to national and sub-national progress (outcomes and impact) in immunization coverage, especially for hard-to-reach individuals/communities; and
- To draw lessons and provide recommendations to further support national governments in their efforts to strengthen immunization programming within the healthcare system.

### **Scope of the Evaluation**

3. The evaluation addresses both the effectiveness of the immunization system in Moldova and the contribution of UNICEF support to reinforcing that system to ensure it is well organized and financed to reach every child with life-saving vaccines. It covers the time period of 2018-2023, and includes UNICEF support to the national response to the COVID-19 pandemic. Geographically, the evaluation covers the operation of immunization programs and activities in Moldova at the country, region, and district levels, as well as local points of delivery for vaccine services.

### **Intended Evaluation Audience and Evaluation Management and Governance**

4. The primary stakeholders and users of the evaluation are UNICEF Moldova and national health authorities, especially those engaged in all aspects of immunization programming including needs forecasting, procurement and storage, primary healthcare service delivery, disease surveillance and response, and health promotion. The evaluation was jointly managed by the ECARO of UNICEF and the UNICEF Country Office (CO) in Moldova. It relied throughout on the guidance, support, and advice of an Evaluation Reference Group, membership of which comprised representatives of the UNICEF CO in Moldova and the Government of Moldova.

### **Evaluation Criteria and Key Evaluation Questions**

5. The evaluation assessed immunization programming in Moldova through the lens of six evaluation criteria ((Relevance, Coherence, Effectiveness, Sustainability, Efficiency, and Impact) developed by the Development Assistance Committee of the Organization for Economic Cooperation

---

<sup>1</sup> WHO, 2017, Monitoring the Health-related Sustainable Development Goals (SDGs).

<sup>2</sup> References to Kosovo in this document shall be understood in the context of Security Council Resolution 1244 (1999).

and Development (OECD/DAC), and adopted and refined by the United Nations Evaluation Group (UNEG). In accordance with these criteria, the evaluation addressed 12 key evaluation questions (KEQs), as described in full in Section 2.0 of the report.

6. Under **Relevance**, the evaluation examined the adaptability and responsiveness of UNICEF support to the immunization system in Moldova as well as the suitability and effectiveness of its institutional role in supporting immunization. Meanwhile, addressing **Coherence** involved assessing the alignment of UNICEF support with national strategies, policies, and programmes in immunization as well as the extent to which UNICEF-supported initiatives have been integrated into the national system. Applying the **Effectiveness** criteria meant focusing on UNICEF Moldova's capacity to support the national immunization system and the effectiveness thereof in strengthening the healthcare system and reaching under-served populations to improve equity.

7. In applying the **Sustainability** criteria, the evaluation assessed both the institutional and financial sustainability of the immunization system and the role played by UNICEF support in strengthening both. Under the **Efficiency** criteria, the evaluation assessed the effect of UNICEF support on the system's capacity to identify bottlenecks and inefficiencies that may limit immunization coverage. Finally, the evaluation addressed the **Impact** criteria by assessing trends in immunization over time, as well as their likely impact on reducing vaccine-preventable disease prevalence and the contribution made thereto by UNICEF support.

### **Approach and Methodology**

8. This evaluation applied a theory-based approach utilizing a theory of change (ToC) for UNICEF support to immunization, developed as a regional model but used (in consultation with COs) to identify KEQs applicable at the country level. Contribution analysis (CA) was the main analytical model applied during the evaluation. Data collection and analysis followed a mixed-method approach at country level, combining document and quantitative data reviews with key informant interviews (KIIs) of key stakeholders and observational site visits to a sample of offices, warehouses, distribution centres, and immunization service delivery sites. Data collection was undertaken from April to June 2024, followed by a data consolidation workshop (involving a central evaluation team and five country consultants) and further analysis during July and August 2024.

### **Conclusions**

9. The evaluation resulted in 24 detailed findings corresponding to all of the evaluation questions and sub-questions. In turn, those findings are directly reflected in, and support, the evaluation conclusions presented here. The numbered findings underlying each such conclusion are presented in parentheses at the end of each one.

10. **Conclusion 1.** UNICEF has played a crucial role in shaping immunization programming in Moldova, culminating in support for Moldova's National Immunization Programme (NIP) for 2023-2027. Through close collaboration with the Ministry of Health (MoH) and other stakeholders, UNICEF has established a strong evidence base for strategic planning, ensuring that national immunization policies are informed by rigorous data and aligned with best international practices. **(Findings 1, 3, 6, 8), Evaluation Criteria: Relevance, Effectiveness.**

11. **Conclusion 2.** By utilizing tools such as Social and Behavioural Change (SBC) assessments, social listening, and real-time research, UNICEF has effectively tailored its immunization support strategies in Moldova. These tools have provided valuable insights during public health crises, including the COVID-19 pandemic and the measles outbreak, enabling more responsive and context-

specific interventions that resonate with local populations. **(Findings 2, 9, 10, 11, 17), Evaluation Criteria: Relevance, Effectiveness.**

12. **Conclusion 3.** Despite UNICEF’s strong reputation and record of effectiveness in Moldova, intermittent funding and anticipated reductions in humanitarian support jeopardizes the capacity of the organization to implement its mandate and secure uninterrupted support for the national immunization system. These factors undermine the sustainability of ongoing immunization efforts, particularly in the implementation of SBC strategies and cross-sectoral initiatives, which are crucial to long-term success.

13. **(Findings 4, 7, 17, 18), Evaluation Criteria: Relevance, Sustainability.**

14. **Conclusion 4.** Initiatives and investment supported by UNICEF Moldova have been well integrated into the strategies, plans, and programming of the national immunization system. This represents important support in ensuring medium-to-longer-term sustainability. In addition, public investment in the immunization system was sustained throughout the evaluation period. However, some of the more impactful investments, such as the use of SBC methods to identify and overcome barriers to vaccine uptake, remain heavily reliant on external financing. **(Findings 17, 19), Evaluation Criterion: Sustainability.**

15. **Conclusion 5.** Despite UNICEF's supportive efforts, such as the “HPV+ in Moldova” initiative<sup>3</sup> and educational games promoting vaccinations, which have both shown promise, insufficient cross-sectoral collaboration has limited UNICEF’s capacity to address the social and behavioural drivers of vaccine uptake and achieve sustained immunization outcomes. **(Findings 5, 15), Evaluation Criteria: Relevance, Coherence, Effectiveness.**

16. **Conclusion 6.** UNICEF Moldova has supported targeted outreach efforts, the training of healthcare workers, and community engagement initiatives, all of which have led to measurable improvements in immunization coverage, particularly in Balti municipality and targeted rural areas. These efforts demonstrate the effectiveness of context-specific strategies in overcoming vaccine hesitancy and enhancing public trust in vaccines. **(Findings 13, 15, 16, 23), Evaluation Criteria: Effectiveness, Impact.**

17. **Conclusion 7.** Despite UNICEF’s support and the national response, systemic barriers such as misinformation, skepticism, and declining trust in healthcare (with lower levels of trust observed especially in urban areas compared to rural ones), continue to hinder immunization coverage. The COVID-19 pandemic exacerbated these challenges, highlighting the need for sustained communication and targeted interventions to rebuild public confidence in vaccines. **(Findings 12, 16, 23), Evaluation Criteria: Effectiveness, Sustainability, Impact.**

18. **Conclusion 8.** UNICEF-supported interventions have had a significant impact on Moldova’s immunization outcomes, as evidenced by the prevention of approximately 42,000 cases of vaccine-preventable diseases annually. However, challenges remain in addressing the specific needs of migrant and refugee populations, such as ensuring access to immunization services, overcoming differences in immunization calendars, and addressing language and cultural barriers. In addition, there is a need to fully integrate SBC strategies into national immunization efforts. **(Findings 20, 23, 24), Evaluation Criteria: Efficiency, Impact.**

---

<sup>3</sup> The “HPV+ in Moldova” initiative, coordinated by UNICEF Moldova, demonstrates that an integrated, adolescent-centric approach addressing multiple health issues—such as HPV vaccination, bullying, and mental health—through cross-sector collaboration and capacity building among stakeholders significantly improves health outcomes.

19. **Conclusion 9.** UNICEF has been able to assume a critical institutional role in supporting the strengthening of the immunization system in Moldova, as reflected in its mandate, capacities, and comparative advantages. It has done so while collaborating and coordinating effectively with key partners, both technical (WHO<sup>4</sup>) and funding (World Bank, USAID<sup>5</sup>). UNICEF Moldova has ensured that its role aligns with and actively reinforces national strategies, priorities, policies, and programmes, working in close collaboration with national healthcare authorities. **(Findings 1, 2, 3, 7, 13, 23, 24), Evaluation Criteria: Relevance, Coherence, Impact.**

20. **Conclusion 10.** UNICEF's support for strengthening the evidence base on drivers of vaccine uptake has helped to improve the capacity of healthcare authorities to identify bottlenecks and respond accordingly. In addition, improvements to vaccine management and logistics (including cold chain enhancements) have contributed to better efficiency in national immunization programming. **(Findings 11, 16, 17, 20), Evaluation Criteria: Effectiveness, Sustainability, Efficiency.**

21. **Conclusion 11.** UNICEF's support has significantly bolstered Moldova's immunization system, particularly through the provision of cold chain and IT equipment, which has enhanced vaccine storage, transport, and real-time monitoring capabilities. Despite these advancements however, the integration of digital systems into immunization data management remains incomplete, with challenges related to staff capacity, infrastructure, and the availability of real-time data, particularly in rural areas. While these gaps hinder the seamless operation of Moldova's immunization programme, many stakeholders acknowledge the potential for further improvement as digitalization efforts progress and coordination continues among partners. **(Findings 6, 12, 13), Evaluation Criteria: Coherence, Effectiveness.**

## Recommendations

22. The evaluation findings and conclusions have been used to develop the following evaluation recommendations, each of which includes supporting rationale and an assigned ranking of priority.

23. **Recommendation 1: UNICEF, in collaboration with the MoH and working with the National Immunization Technical Advisory Group (NITAG)<sup>6</sup>, should increase efforts on strategic engagement, including but not limited to enhancing data-driven decision making, strengthening community engagement, and further building the capacity of healthcare workers to ensure that national immunization policies remain aligned with the latest evidence and best practices, especially within the implementation of the SBC component of the NIP for 2023-2027.**

24. **Rationale:** Maintaining this strategic alignment is crucial to sustain the progress made in immunization coverage and ensure that new challenges, such as emerging diseases or shifts in population dynamics, are effectively addressed. Continuous evidence-based planning will enhance the resilience and responsiveness of Moldova's immunization programmes.

**Based on Conclusions:** 1, 5, 7, 10. **Priority:** High.

25. **Recommendation 2: UNICEF should advocate for and secure more stable and diversified funding sources to bolster the sustained implementation of supported SBC strategies and cross-sectoral initiatives, ensuring that its critical activities are not disrupted by fluctuations in funding.**

---

<sup>4</sup> The World Health Organization.

<sup>5</sup> The United States Agency for International Development.

<sup>6</sup> The National Immunization Technical Advisory Group (NITAG) is multidisciplinary body of national experts providing evidence-based recommendations to policymakers and immunization programme managers.

26. **Rationale:** Intermittent funding poses a significant risk to the long-term success of immunization initiatives. By diversifying and stabilizing funding, UNICEF can ensure the continuity and effectiveness of key interventions that rely on SBC strategies and cross-sectoral collaboration. **Based on Conclusions:** 2, 3, 6, 7. **Priority:** High.

27. **Recommendation 3:** UNICEF should advocate for and support the development of a national strategy and budget for national SBC initiatives, ensuring that these critical components are fully integrated into Moldova's immunization programmes.

28. **Rationale:** A dedicated national strategy and budget for SBC initiatives will provide the necessary framework and resources to sustain and expand these efforts, which are essential to address vaccine hesitancy and improve immunization outcomes across the country. **Based on Conclusions:** 3, 6, 7. **Priority:** High.

29. **Recommendation 4:** It is strongly recommended that UNICEF strengthen its intra-institutional linkages and cooperation to secure regular and institutionalized engagement of its health and education teams in immunization programme development and design, and policy support measures. Furthermore, the UNICEF CO should expand its support to national and local cross-sectoral initiatives and programmes that address the social and behavioural drivers determining vaccine uptake.

30. **Rationale:** Strengthening the linkages between education and health sectors is essential in addressing vaccine hesitancy and ensuring sustained improvements in immunization coverage. Integrated efforts will allow for more holistic and effective interventions, particularly in tackling the underlying social and behavioural factors influencing vaccine acceptance. **Based on Conclusions:** 4, 5, 6, 7. **Priority:** High.

31. **Recommendation 5:** UNICEF should continue enhancing its support of capacity-building programmes for healthcare workers, with a focus on improving their interpersonal communication skills and community engagement techniques to better address vaccine hesitancy and build public trust, especially in urban areas. It is crucial that these trainings are continuous rather than one-off events, as ongoing education allows healthcare workers to stay up to date on the latest communication strategies, adapt to evolving community needs, and consistently reinforce their skills.

32. **Rationale:** Targeted training programmes are necessary to equip healthcare workers with the skills needed to effectively combat misinformation and rebuild trust in vaccines. This is especially important in urban areas where vaccine hesitancy is more prevalent and can significantly impact immunization coverage. **Based on Conclusions:** 5, 6, 7. **Priority:** Medium.

33. **Recommendation 6:** UNICEF should work closely with national authorities to develop and implement targeted outreach programmes that specifically address the immunization needs of migrant and refugee populations, to ensure equitable access<sup>7</sup> to vaccines for all vulnerable groups.

---

<sup>7</sup> "Equitable access" refers to ensuring that all individuals, regardless of their socioeconomic status, geographical location, or personal circumstances, have fair and just opportunities to obtain vaccines and essential health services, with particular attention paid to the needs of vulnerable and marginalized populations.

34. **Rationale:** Migrants and refugees face specific challenges, such as language barriers, lack of documentation, and limited access to healthcare services, all of which hinder their access to vaccines. Tailored outreach programmes are therefore necessary to address these barriers and ensure that all populations are protected, thereby contributing to the accomplishment of overall public health and immunization goals.

**Based on Conclusions:** 7, 8. **Priority:** Medium.

35. **Recommendation 7:** UNICEF should build on its existing partnerships with national health authorities, the WHO, the World Bank, and USAID by focusing on optimizing joint initiatives to address emerging challenges, such as improving vaccine equity, strengthening supply chain resilience, and supporting the retention of family doctors.

36. **Rationale:** By building on established partnerships, UNICEF can more effectively tackle emerging challenges like ensuring equitable vaccine access for vulnerable populations, enhancing the resilience of supply chains to prevent disruptions, and supporting the retention of family doctors, all of which are critical to sustainable healthcare delivery. This approach will further strengthen Moldova’s immunization system and enhance overall health outcomes.

**Based on Conclusions:** 1, 4, 7, 9. **Priority:** Medium.

37. **Recommendation 8:** UNICEF, in tight cooperation with other partners, particularly the WHO and the World Bank, should support the MoH and the National Agency of Public Health (NAPH) in further developing a unified, real-time digital data system for immunization management, including targeted training for healthcare personnel and addressing infrastructure gaps in rural areas.

38. **Rationale:** Enhanced digital integration may improve data entry and reporting processes, thereby facilitating more accurate monitoring of vaccine stocks and coverage across regions. Addressing these technical and capacity challenges could strengthen Moldova’s immunization system, especially in remote areas where data access and entry remain limited.

**Based on Conclusions:** 8, 9, 11. **Priority:** High.

**Table 1: Summary of Recommendations**

Recommendation	Based on Conclusions	Responding Agency	Collaborative Role	Priority
1 Strengthen strategic engagement by improving data-driven decision making, community engagement, and healthcare worker capacity to ensure that national immunization policies align with evidence and best practices, particularly in the implementation of the SBC component of the NIP for 2023-2027.	1, 5, 7, 10	UNICEF CO	MoH, NITAG	High
2 Advocate for and secure more stable and diversified funding sources to support sustained implementation of SBC strategies and cross-sectoral initiatives.	3, 6, 7	UNICEF CO	MoH	High
3 Advocate for and support the development of a national strategy and budget for national SBC initiatives, ensuring that these critical components are fully integrated into Moldova's immunization programmes.	3, 6, 7	UNICEF CO	MoH	High
4 Strengthen UNICEF’s intra-institutional linkages and cooperation to secure regular and institutionalized engagement of its health and education teams in immunization programme development and design, and policy support measures. The UNICEF CO should expand its	4, 5, 6, 7	UNICEF CO	UNICEF ECA	High

	support to national and local cross-sectoral initiatives and programmes that address the social and behavioural drivers determining vaccine uptake.				
5	Continue enhancing capacity-building programmes for healthcare workers, focusing on improving interpersonal communication and community engagement to address vaccine hesitancy and building public trust, particularly in urban areas.	5, 6, 7	UNICEF CO	MoH	Medium
6	Work closely with national authorities to develop and implement targeted outreach programmes that specifically address the immunization needs of migrant and refugee populations, to ensure equitable access <sup>8</sup> to vaccines for all vulnerable groups.	7, 8	UNICEF CO	MoH	Medium
7	Build on existing partnerships with national health authorities, the WHO, the World Bank, and USAID by focusing on optimizing joint initiatives to address emerging challenges, such as improving vaccine equity, strengthening supply chain resilience, and supporting retention of family doctors.	1, 4, 7, 9	UNICEF CO	MoH, WHO, World Bank, USAID	Medium
8	UNICEF, in cooperation with other partners, in particular WHO and World Bank should support the MoH and NAPH in further developing a unified, real-time digital data system for immunization management, including targeted training for health personnel and addressing gaps in rural areas.	8,9.11	UNICEF CO	MoH, MoH, World Bank	High

Source: Evaluation Dataset, UNICEF (2024).

<sup>8</sup> "Equitable access" refers to ensuring that all individuals, regardless of their socioeconomic status, geographical location, or personal circumstances, have fair and just opportunities to obtain vaccines and essential health services, with particular attention paid to the needs of vulnerable and marginalized populations.

## 1.0 Introduction

### 1.1 Background: Regional Evaluation and the Role of the Moldova Evaluation

39. The UNICEF ECARO planned the evaluation of immunization programming as a key part of its Regional Office Management Plan in 2022. The decision to undertake such an evaluation in 2023 and 2024 recognized the critical importance of immunization in the region with regard to the achievement of SDG 3 (“to ensure healthy lives and promote well-being for all at all ages.”)<sup>9</sup> Furthermore, equitable access to immunization is highlighted in SDG target 3b. which includes the requirement to “provide access to affordable essential medicines and vaccines.” The evaluation’s terms of reference (ToR) are presented in Annex 1.

40. The evaluation of UNICEF ECARO’s support of immunization comprises, as its core methodology, a set of five country evaluations undertaken from March to July 2024. The five countries (Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan) were chosen to provide an illustrative sample of both country contexts and UNICEF support across the region as a whole.

41. The role of the Moldova country evaluation is twofold:

- To provide a consistent and well-structured analysis of UNICEF’s support for immunization, potentially serving as one of the main pillars of the regional synthesis report of the evaluation; and
- To provide an independent evaluation of UNICEF’s support for immunization in Moldova, along with conclusions and recommendations serving the needs of stakeholders including the UNICEF CO, national health authorities, and other key partners in Moldova.

42. The evaluation was co-managed by the UNICEF ECARO and UNICEF Moldova with participation of, and consultation with, the MoH. It is supported by an Evaluation Reference Group of key stakeholders in the Republic of Moldova.

### 1.2 Purpose and Objectives

43. The purpose of the evaluation is to provide a rigorous assessment of the Government of the Republic of Moldova and UNICEF results to date in contributing to immunization coverage, taking into consideration variability across countries and sectors. This provides an objective assessment of the strengths and weaknesses in the approaches taken as well as yielding insights on how to address possible system and programme-level bottlenecks.

44. The objectives of the evaluation include:

- To assess the impact of immunization programming in the healthcare system, looking at both supply and demand, and to understand what worked and what did not in the covered period in terms of improving immunization coverage, especially for hard-to-reach individuals/communities, as well as how and why;
- To determine the effectiveness, impact, coherence, relevance, efficiency, and sustainability of immunization programming within a system’s lens;
- To assess the actual and potential contribution of UNICEF’s work to national and sub-national progress (outcomes and impact) in immunization coverage, especially for hard-to-reach individuals/communities; and

---

<sup>9</sup> Accessible at: <https://www.un.org/sustainabledevelopment/health/>

- To draw lessons and provide recommendations for the refinement and potential scaling-up of best practices to further support the national government in its efforts to strengthen immunization programming within the healthcare system.

### 1.3 Scope of the Evaluation

45. **Thematic:** With its system-level focus, this evaluation addresses both the effectiveness of the national immunization system and the contribution of UNICEF’s support to reinforcing it as part of strengthening the national health system to ensure they are well organized and financed to reach out to every child with life-saving vaccines.

46. **Temporal:** The evaluation focuses on the period of 2018 to 2023. Covering this timeframe required the taking into account of the effects of the COVID-19 pandemic on immunization services in the 2020-2022 period.

47. **Geographic:** The evaluation covers the operation of immunization programmes and activities in the Republic of Moldova at the country, region, and district level, including the points of delivery for vaccine services.

### 1.4 Object of the Evaluation and Stakeholders

48. The **object under evaluation** is UNICEF’s provision of support to Moldova to “reinforce immunization programmes as part of health system strengthening, to ensure they are well organized and financed to reach out to every child with life-saving vaccines.”<sup>10</sup> This includes all UNICEF Moldova programme expenditures coded under immunization activities from 2018 to 2023, as presented in Table 1 in Annex 7. In 2019, there was a minor negative adjustment of \$1,386. The expenditures surged in 2020 and 2021, with \$2,785,841 and \$3,962,732 allocated, respectively, primarily to limit human-to-human transmission of COVID-19 and prevention efforts. In 2022, the focus shifted towards reaching zero-dose communities and community engagement, with expenditure of \$9,673, while in 2023, the spending on immunization programming reached \$449,103, covering community engagement and technical assistance. Over the period under evaluation, UNICEF Moldova’s expenditures on immunization totaled \$7.2 million.

49. The object of the evaluation is UNICEF’s provision of support to immunization programming within the national immunization and primary healthcare system. The primary stakeholders and users of the evaluation are UNICEF Moldova and the national health authorities, especially those engaged in immunization programming, primary healthcare service delivery, disease surveillance and response, and health promotion. Secondary stakeholders include development partners supporting immunization programming as well as implementing partners directly supported by UNICEF. The evaluation’s recommendations are directed toward UNICEF Moldova and national health authorities, as appropriate.

### 1.5 Structure of the Report

50. The report is structured as follows:

- Section 1.0 consists of this introduction;
- Section 2.0 presents an overview of the evaluation’s approach and methodology, and the steps taken to collect and analyse data, along with a discussion of the limitations of the evaluation and remedial actions;

---

<sup>10</sup> UNICEF ECARO, 2023, Evaluation Terms of Reference: Immunization programming at the system level, 2018 to 2023. p. 3.

- Section 3.0 provides an overview of the national context for immunization programming in Moldova during the evaluation period;
- Section 4.0 outlines a profile of UNICEF’s support for immunization programming;
- Section 5.0 presents the evaluation findings, organized under evaluation criteria and KEQs;
- Section 6.0 contains the overall conclusions derived from the evaluation;
- Section 7.0 builds on the conclusions to present a brief overview of the lessons learned; and
- Section 8.0 presents the evaluation’s recommendations.

## 2.0 Methodology and Data Collection

### 2.1 Evaluation Criteria and Key Evaluation Questions (KEQs)

51. The evaluation applied the evaluation criteria developed by the OECD/DAC, as adopted by the UNEG. These criteria are relevance, coherence, effectiveness, sustainability, efficiency, and impact. The KEQs are presented in Table 2. Meanwhile, Annex 2 provides the full set of evaluation questions and sub-questions. Taken as a whole, the questions encompass all of the evaluation criteria set out by the OECD/DAC, as endorsed by the UNEG (OECD/DAC, 2020).<sup>11</sup>

**Table 2: Key Evaluation Questions (KEQs)**

<b>Evaluation Criteria and Key Evaluation Questions (KEQs)</b>
<b>Relevance</b>
<b>KEQ 1.</b> To what extent and in what ways has UNICEF responded to address immunization rates at country level? To what extent has it adapted to respond to changes and trends, including by addressing social and behavioural drivers of vaccine uptake at system, community, and individual levels?
<b>KEQ 2.</b> To what extent has UNICEF assumed an institutional role in supporting immunization, which is commensurate with its mandate, capacities, and comparative advantages, especially in relation to key partners? To what extent does UNICEF’s operational and strategic role at country level reflect its institutional strengths and comparative advantages in immunization support in relation to key partners?
<b>Coherence</b>
<b>KEQ 3.</b> Where key partners have significant influence on the strengthening of the immunization system, has UNICEF’s support been aligned and/or complementary with actions taken by stakeholders to improve vaccination coverage in the ECA region?
<b>KEQ 4.</b> Where UNICEF has supported efforts to identify and address barriers to, and increase demand for, immunization (including adjustments to policies, programmes, services, workforce capacity, and accountability), has this resulted in programmes and actions being embedded into health systems and integrated into national immunization programmes, budgets, and policies?
<b>Effectiveness</b>
<b>KEQ 5.</b> To what extent do UNICEF ECARO and CO staff have the capacity, tools, and incentives to effectively support national actions to address social and behavioural drivers of vaccine uptake as an integral element of the support given to strengthening the system for immunization within primary healthcare (PHC)?
<b>KEQ 6.</b> To what extent has UNICEF contributed to strengthening the national system’s capacity to improve vaccine uptake?
<b>KEQ 7.</b> To what extent has the healthcare system been able to identify, understand, and address factors affecting its ability to reach the most vulnerable and address issues of inequity in immunization programming?

<sup>11</sup> Accessed at: <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

<b>Evaluation Criteria and Key Evaluation Questions (KEQs)</b>
<b>KEQ 8.</b> What drivers or groups of drivers influence change(s) in immunization coverage, positively or negatively, at policy, system, service, community, and individual level?
<b>Sustainability</b>
<b>KEQ 9.</b> To what extent has UNICEF’s support for immunization at country level contributed to sustainable system strengthening including boosting capacity to address factors affecting vaccine uptake/demand?
<b>Efficiency</b>
<b>KEQ 10.</b> How efficient are the health system’s immunization policies and programmes to identify and address current and potential bottlenecks or inefficiencies?
<b>Impact</b>
<b>KEQ 11.</b> To what extent have the national health system's policies and programmes (including on demand generation) aiming to improve vaccination rates over the past five years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, and perceptions and immunization-related behaviours of key stakeholders (such as healthcare providers and caregivers)?
<b>KEQ 12.</b> To what extent has UNICEF been able to influence key stakeholders to take actions that could reasonably be expected to result in changes in vaccination rates and what have been the most impactful UNICEF-supported investments aimed at increasing immunization coverage – including those fully or mostly financed by the national government?

Source: Evaluation Inception Report, UNICEF (2024).

## 2.2 Approach and Methodology

52. As one of five country case studies (CCSs) in the regional evaluation of UNICEF’s support for immunization in the ECA region, this evaluation uses a data collection, analysis, and reporting framework common across all five countries (Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan) but is also flexible enough to allow for specific inquiry in each CCS to enhance the evaluation’s utility for key stakeholders at country level. As a result, the individual country reports include country-specific evaluation recommendations.

53. The evaluation uses a theory-based approach, beginning with the development of an overall (regional) ToC, as presented in Annex 2. The regional ToC was used to identify key evaluation assumptions and to articulate the KEQs.

54. Overall, the predominant analytical model for the evaluation was CA, which required gathering available documentary and quantitative evidence on the results of UNICEF’s provision of support to the immunization system, and supplementing that with primary and secondary data as needed. A more complete description of how the analytical model for regional and country evaluations was developed (including selection of the sample of CCSs) is provided in the evaluation’s inception report.

55. The methodology applied specifically in the Moldova evaluation is described in detail in Annex 3, which also provides a link to the evaluation’s inception report, which includes the detailed evaluation matrix and all data collection instruments. Furthermore, Annex 3 also contains a link to the evaluation evidence base/matrix, summarizing the evidence gathered from all sources (organized by KEQ). The provision of links to these documents allows the reader to access information quickly.

## 2.3 Data Collection

### 2.3.1 Data Collection Methods

56. The evaluation took a mixed-method approach to data collection, relying on triangulated evaluation evidence gathered from different sources using a variety of methods to address each KEQ. For all CCSs, the following data collection methods were used:

- A review of relevant documents on immunization and the support provided by UNICEF (and other development partners) to immunization in Moldova including, among others, UNICEF CO Annual Reports, Effective Vaccine Management Reports, Behaviour Change Insights Research Reports, Root Cause Analysis Reports, National Vaccination Plans, Communication Strategies, and UNICEF Country Program Documents (for a full list of documents reviewed, see Annex 3).
- Interviews with key informants identified through stakeholder mapping by the UNICEF CO and UNICEF Moldova staff, including national health authorities responsible for immunization programming, PHC services, disease surveillance and response, and disease promotion, as well as health service providers at facilities level, and other UN agencies supporting immunization and bilateral or multilateral organizations supporting immunization (see Annex 4).
- Site visits to offices, warehouses, cold rooms, distribution centres, and urban and rural service delivery points where the evaluation team could observe operations and conduct interviews with service managers and providers.
- A review of available quantitative data on results concerning immunization at system level including the UNICEF Results Assessment Module (RAM) data on immunization results indicators, data on UNICEF expenditures on immunization, the WHO and UNICEF estimates of national immunization coverage (WUENIC), and administrative data on vaccine coverage as well as the results of surveys including the 2012 Multiple Indicator Cluster Survey (MICS).

### 2.3.2 Results of Data Collection Efforts

57. Data were collected during April and May 2024, including a brief mission to Moldova undertaken by the evaluation team. The evaluation examined all available documents uploaded by the UNICEF CO, supplemented by other materials obtained during interviews or sourced after the formal data collection period (Annex 4).

58. In addition, the evaluation team conducted 35 KIIs with 21 female and 14 male stakeholders. In total, 30 out of the 35 interviews were conducted face-to-face, while five KIIs took place online (Annex 3).

59. Interviewees represented different stakeholder groups<sup>12</sup> (the full list is presented in Annex 5) to ensure triangulation of data.

60. In addition, the evaluation conducted 18 site visits to observe vaccination storage, distribution, and service delivery in the Moldovan capital city of Chisinau and in the central, northern, and southern regions of the country. The evaluation used a purposive sampling method to identify and select sites for visits. The criteria for selecting sites aimed to ensure that sites both large and small and encompassing different levels of immunization supply, storage, distribution, and service delivery would be visited. In addition, the sites were chosen to illustrate system operations at central and district levels in both urban and rural settings. Final site selection was completed after consultations between the evaluation team and the UNICEF CO<sup>13</sup> (Table 3).

---

<sup>12</sup> For interviewees representing multiple stakeholder groups (e.g., “Beneficiary/Family Doctor” and “Academia”), the table counts the group identified by the CO as their primary representation.

<sup>13</sup> The full list is presented in Annex 5.

**Table 3: Site Visit Locations**

Site visit location	Number of site visits	
Chisinau	2	
<b>Centre:</b>	Orhei district	2
	Telenesti district	4
	Hincesti district	1
North	Edinet district	2
	Balti municipality	2
South	Cahul district	3
	Comrat district	2

Source: Evaluation Dataset, UNICEF (2024).

### 2.3.3 Limitations

61. The evaluation encountered several limitations and, for which mitigation strategies were developed in each case (Table 4).

**Table 4: Limitations and Applied Mitigation Strategies**

Limitations	Mitigation strategies
Lack of institutional memory in some stakeholder organizations (like USAID and the WHO) due to staff turnover.	The CO together with the consultant mapped stakeholders and identified replacement staff, where possible, while otherwise the extensive document review replenished the information.
Unavailability of key informants for face-to-face meetings due to travel difficulties or other reasons.	Online format offered to accommodate stakeholders' preferences.
Limited number of covered districts within the data collection.	The sample ensured coverage of districts with different characteristics from southern, central, and northern regions of the country.

Source: Evaluation Dataset, UNICEF (2024).

## 3.0 National Context

### 3.1 Organizational Structure for the Planning and Management of Immunization

62. The immunization system in Moldova is decentralised, with various components managed by different branches of the MoH. The NAPH handles the technical and logistical aspects, while the PHC sector is responsible for service delivery<sup>14</sup>.

63. Vaccination is mandatory<sup>15</sup> in Moldova, and is required for school and kindergarten enrolment unless there are medical contraindications. This excludes the HPV<sup>16</sup> vaccine, which is recommended for girls and boys, starting at age 9.

<sup>14</sup> Root Cause Analysis of National Immunization Program Performance at Sub-national level in Moldova, Balti municipality, 2022.

<sup>15</sup> Articles 52 and 60 of Law No 10/2009 provide that children's admission to communities and educational and recreational institutions is contingent on their systematic prophylactic vaccination.

<sup>16</sup> The HPV vaccine is designed to protect against infections caused by certain types of human papillomavirus, which can lead to cervical cancer and other types of cancer. The vaccine is most effective when administered before individuals become sexually active, and is typically recommended for pre-teens, but it can be given to individuals up to 45 years of age. It is a critical public health tool in reducing the prevalence of HPV-related diseases globally (WHO, 2022).

64. Currently, the Republic of Moldova is carrying out the NIP for 2023 to 2027. The NIP follows the guidelines of the WHO Global Vaccination Action Plan and the European Vaccine Action Plan. It aims to reduce or eliminate vaccine-preventable diseases through rigorous epidemiological surveillance and control. Achieving high vaccination coverage (over 95%) in target populations, including during epidemics and high-risk situations, is key to accomplishing this objective<sup>17</sup>.

65. The MoH spearheads the NIP's strategic planning, policy formulation, and overall coordination, supported by various governmental and non-governmental stakeholders. Moreover, the MoH is the primary authority responsible for promoting immunization policies, approving normative frameworks, and issuing annual planning and vaccination orders. It also oversees the allocation of funds for vaccine procurement, equipment for safe waste disposal, and cold chain systems. The Ministry coordinates with the National Coordination Council and the National Expert Committee on Immunization to ensure the NIP's implementation and to adapt the National Vaccination Calendar based on epidemiological needs.

66. The NAPH<sup>18</sup> both at the central and territorial levels, plays a critical role in the operational management of the NIP. Its responsibilities include developing territorial immunization programmes, ensuring timely vaccine procurement and distribution, monitoring programme implementation, and conducting epidemiological surveillance of vaccine-preventable diseases. The NAPH is responsible for generating demand for immunization, and it also trains healthcare personnel on immunization practices, supervises cold chain maintenance, and monitors adverse events following immunization.

67. Other key institutions that provide support to the NIP include:

- Public medical-sanitary institutions<sup>19</sup> include primary care providers and hospitals responsible for delivering immunization services, ensuring access, and maintaining high service quality.
- The National Agency for Medicines and Medical Devices: This agency oversees the registration and quality control of vaccines, ensuring their compliance with WHO standards.
- The Centralised Public Health Procurement Center: This entity organizes public tenders for vaccines that are not procured through the UNICEF Supply Division and related medical supplies.
- National Health Insurance Company (NHIC)<sup>20</sup>: This body provides partial financial coverage for vaccination costs, supports information campaigns, and implements performance indicators to encourage vaccination uptake.
- Educational Institutions: The "Nicolae Testemițanu" State University of Medicine and Pharmacy and medical colleges are involved in the education and training of healthcare professionals in immunization practices and public health and interpersonal communication (IPC).

68. The NIP's success relies on effective collaboration between the following various bodies:

- **The NITAG:** The Group provides medical, scientific, and public health advice on vaccines and immunization practices, evaluates new vaccines, and studies international best practices.
- **National Coordination Council:** The Council ensures intersectoral cooperation, involving central and local public authorities, international organization (such as the WHO, UNICEF, and

---

<sup>17</sup> National Immunisation Program for 2021-2025.

<sup>18</sup> In Romanian, Agenția Națională pentru Sănătate Publică (ANSP).

<sup>19</sup> In Romanian, instituții medico-sanitare publice (IMSPs).

<sup>20</sup> In Romanian, Compania Națională de Asigurări în Medicină (CNAM).

the Global Alliance for Vaccines and Immunization (GAVI<sup>21</sup>), and civil society to achieve universal and equitable access to immunization services.

69. **Monitoring and Evaluation.** The MoH, through the NAPH, conducts ongoing monitoring and evaluation (M&E) of the NIP. This includes performance assessments, reporting on coverage and morbidity indicators, and annual reviews to inform the national government and stakeholders. Mid-term and final evaluations are also conducted with the participation of international organizations to ensure the NIP's objectives are met.

### 3.2 From Procurement to Delivery (the Supply and Services Chain )

70. Vaccines under the NIP are provided to the population for free<sup>22</sup>. Vaccines for rotavirus (2012), pneumococcal infection (2014), and HPV (2017) have all been introduced, with the latter launched through GAVI's demonstration programme introduced under the framework of the NIP. Additional vaccines such as COVID-19, hepatitis A, rabies, and influenza, are all available within the NIP, as needed. The private sector offers other vaccines like varicella, yellow fever, and meningococcal infection for a fee.

71. According to the NIP<sup>23</sup>, the work across three main workstreams is organized as follows:

- **Procurement and Quality Control.** The MoH allocates funds for vaccines, managed by the Centralised Public Health Procurement Center through public tenders. Procurement is carried out through UNICEF procurement services. Meanwhile, the National Agency for Medicines and Medical Devices ensures that vaccines meet WHO standards before distribution.
- **Cold Chain Management and Distribution.** The NAPH oversees cold chain management, ensuring vaccines are stored and transported at optimal temperatures. The NAPH also coordinates timely vaccine distribution to healthcare facilities across the country.
- **Administration and Monitoring.** The public medical-sanitary institutions administer vaccines, adhering to the National Vaccination Calendar. Meanwhile, healthcare personnel receive training in immunization practices, and the MoH and the NAPH continuously monitor the process, assessing vaccine coverage and compliance.

72. In summary, Moldova's vaccine supply chain is a coordinated system that ensures safe procurement, storage, distribution, and administration, maintaining high immunization standards nationwide.

### 3.3 Immunization Coverage History (2018-2023)

73. Currently, in Moldova, healthcare facilities offer vaccinations within the NIP against 13 vaccine-preventable diseases, namely hepatitis B, tuberculosis (BCG), diphtheria, tetanus, pertussis, haemophilus influenzae type b (Hib), poliomyelitis, rotavirus, pneumococcal infection, measles, mumps, rubella, and HPV<sup>24</sup>.

---

<sup>21</sup> Global Alliance for Vaccines and Immunization.

<sup>22</sup> The Law on Healthcare No 411-XIII/1995, with further amendments and addenda provides in Chapter III, Article 20(2)(a): "The State, according to the provisions of the Constitution, shall guarantee the minimum free health insurance for the citizens of the Republic of Moldova, which includes preventive anti-epidemic measures and healthcare services under the national programs envisaged in the state budget."

<sup>23</sup> National Immunisation Program (NIP) for 2023-2027, <[https://gov.md/sites/default/files/document/attachments/subiect-15-nu-44-ms-2023\\_0.pdf](https://gov.md/sites/default/files/document/attachments/subiect-15-nu-44-ms-2023_0.pdf)>

<sup>24</sup> <https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2020/national-immunization-programme-in->

**Table 5: Moldova - Vaccine Coverage for Selected Antigens (2018-2023)**

Vaccine	2018	2019	2020	2021	2022	2023
BCG	96	94	95	98	93	96
DPT 1	96	91	86	87	89	87
DPT 3	93	91	86	87	88	87
MCV1	93	97	84	83	84	85
MCV 2	96	95	95	95	96	93
HPV	44	48	50	40	47	
Polio3	94	94	87	88	88	88

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 Revision, Accessed at: <https://worldhealthorg.shinyapps.io/wuenic-trends/>

**74. Stability and Decline in Coverage Rates.** Between 2018 and 2023, Moldova's vaccination coverage experienced periods of stability and decline across various antigens. The Bacillus Calmette-Guérin (BCG) vaccine coverage remained relatively stable, starting at 96% in 2018 and ending at 96% in 2023, consistently aligning with regional averages (Table 5). However, other vaccines, such as DPT1<sup>25</sup> and DPT3<sup>26</sup>, witnessed notable declines. In particular, DPT1 coverage dropped from 96% in 2018 to 87% in 2023, while DPT3 coverage fell from 93% in 2018 to 87% in 2023, indicating challenges in maintaining high coverage levels for these essential vaccines.

**75.** Moldova maintained its polio-free status<sup>27</sup> and there were no cases of polio (caused by wild or circulated vaccine-derived polio virus) registered in the country over the reviewed period<sup>28</sup>. In addition, no tetanus, neonatal tetanus, diphtheria, rubella, or CRS and invasive forms of Hib were detected in Moldova in 2018. However, 25 cases of acute viral hepatitis B were reported in 2018<sup>29</sup>.

**76. Impact of the COVID-19 Pandemic.** The COVID-19 pandemic had a significant effect on Moldova's vaccination coverage, particularly in 2020 and 2021. The coverage for the first dose of the measles-containing vaccine (MCV1) dropped sharply from 97% in 2019 to 84% in 2020 and remained low at 83% in 2021 (Table 5). This decline reflects the broader disruptions caused by the pandemic, including lockdowns and resource reallocation, which hindered routine immunization efforts. Although there were recoveries in 2022 and 2023, MCV1 coverage did not return to pre-pandemic levels, highlighting the lasting effect of the pandemic on immunization programmes.

**77.** In 2021, Moldova's COVID-19 vaccination rate was 28.7%, falling short of the 40% target for the year. While 90% of healthcare workers were vaccinated, the rate among the elderly (those aged 60 years and older) was only 52%. The country's immunization programme generally achieved high coverage rates for most vaccines, ranging from 84% to 97%. However, the coverage was lower for rotavirus and the HPV vaccine, with rates of 60% and 44%<sup>30</sup>, respectively. Vaccination coverage rates have been steadily declining over the past decade, threatening the control of communicable diseases. Over the covered period, routine vaccination coverage remained below the national target of 95%, and in 2020 there was a 5-10 percentage point decline in coverage for almost all vaccine-preventable diseases<sup>31</sup>.

<sup>25</sup> DPT1 refers to the first dose of the Diphtheria, Pertussis and Tetanus vaccine.

<sup>26</sup> DPT3 refers to the third dose of the Diphtheria, Pertussis and Tetanus vaccine.

<sup>27</sup> [https://ansp.md/wp-content/uploads/2023/07/Balti-RCA-for-Improving-Performance\\_NIP.pdf](https://ansp.md/wp-content/uploads/2023/07/Balti-RCA-for-Improving-Performance_NIP.pdf), pp. 8

<sup>28</sup> <https://www.unicef.org/eca/media/30236/file/Balti%20District%20Root%20Cause%20Analysis%20of%20Immunization.pdf>

<sup>29</sup> COAR 2018, p.6. COARs for each year of the period under evaluation can be found at: [2018 COAR Report Moldova Final.pdf](#); [2019 COAR Report Moldova Final.pdf](#); [Moldova-2020-COAR.pdf](#); [ECAR - Moldova-2021-COAR.pdf](#); [Moldova-2022-COAR.pdf](#).

<sup>30</sup> WHO/UNICEF Estimates of National Immunization Coverage, 2023 Revision (completed 15 July 2024).

<sup>31</sup> COAR 2021.

**78.** In 2022, Moldova's national COVID-19 vaccination rate was 32.3%, significantly below the 70% target for the year. This shortfall was largely due to vaccine hesitancy driven by misinformation, the war in Ukraine, and other factors. Vaccination coverage among healthcare workers remained high at 93%. However, across the general population, coverage varied among age groups: 65% for those aged 70-79; 58% for those aged 60-69; and only 34% for those aged 80 and older. Routine vaccination coverage rates continued to decline and remained below the 95% target for all antigens. Meanwhile, the influx of Ukrainian refugees into Moldova necessitated the adaptation and translation of informational materials into Ukrainian. These materials were disseminated through Blue Dots (refugee accommodation centres) and social media to ensure effective communication and support for the refugee population<sup>32</sup>.

**79. Introduction of HPV Vaccination.** The HPV vaccine coverage showed variability and lower uptake compared to other vaccines over the covered period. Starting at 44% in 2018, HPV coverage saw minor fluctuations, reaching 50% in 2020 before dropping to 47% in 2022. This inconsistent trend indicates challenges in the acceptance and promotion of the HPV vaccine.

### 3.4 Challenges and Issues (2018-2023)

**80.** From 2018 to 2023, Moldova faced the following immunization challenges:

- The COVID-19 pandemic disrupted routine vaccination<sup>33</sup> and the level of vaccination coverage dropped below the targets, with a declining trend in 2020<sup>34</sup> dictated largely by the restrictive conditions imposed to combat the COVID-19 pandemic and increased public skepticism. However, routine immunization was restored after a two-month pause due to the pandemic<sup>35</sup>, reflecting an enormous effort on the part of the national government as well as supporting partners.
- The COVID-19 pandemic revealed logistical issues, such as maintaining the cold chain, especially ultra cold maintenance, and ensuring timely vaccine distribution, which persisted despite improvements<sup>36</sup>.
- With the start of Russia's war on Ukraine, Moldova experienced an influx of Ukrainian refugees, who (among other issues) needed to be integrated into the national health system in order to receive vaccinations, while vaccination calendars and informational materials also had to be modified to meet their needs.
- The HPV vaccine faced resistance due to misconceptions and required targeted campaigns. The resistance to the HPV vaccine was primarily driven by widespread misinformation, including erroneous beliefs that it could cause infertility or other health issues, which necessitated targeted public health campaigns to correct these falsehoods and improve vaccine acceptance.

---

<sup>32</sup> COAR 2022.

<sup>33</sup> COAR 2020, 2021, and 2022.

<sup>34</sup> Immunization overview document in preparation for the NIP (2021), UNICEF.

<sup>35</sup> COAR 2021.

<sup>36</sup> WHO and UNICEF (2021). COVID-19 Vaccine Delivery and Logistics in Moldova: Challenges and Lessons Learned.

## 4.0 UNICEF Support

### 4.1 Evolution of UNICEF's Support (2018-2023)

81. From 2018 to 2023, UNICEF continued to provide support aimed at enhancing the immunization system in Moldova through strategic engagement in vaccine procurement, capacity building, and combating misinformation. In this regard, UNICEF supported interventions designed to increase vaccination coverage, improve health infrastructure, and secure stronger public health responses to outbreaks.

82. In 2018, UNICEF Moldova, alongside UNICEF's Supply Division, assisted the Ministry of Health, Labour and Social Protection (MHLSP)<sup>37</sup> and the NAPH in conducting a forecasting exercise for the NIP, resulting in the procurement of vaccines and consumables worth \$1,115,812<sup>38</sup>. The national government also planned to allocate \$265,000 for an immunization communication strategy and action plan developed with UNICEF's support<sup>39</sup>.

83. In 2019, UNICEF facilitated the procurement and distribution of nearly 1.5 million vaccine doses nationwide<sup>40</sup>. In 2020, UNICEF supported the MHLSP by procuring 1.5 million vaccine doses for catch-up immunizations and training 300 family doctors and nurses on safe immunization practices. UNICEF and the WHO assisted the MHLSP and the NAPH in accessing the COVAX<sup>41</sup> mechanism, evaluating the cold supply chain, and developing the national vaccination plan<sup>42</sup>.

84. In 2021, UNICEF and the WHO helped to develop and cost the National Vaccine Deployment Plan (NVDP) and conducted a simulation for SARS-CoV-2<sup>43</sup> vaccine logistics. In addition, UNICEF procured 432 cold-chain units and 3 million syringes, supporting so-called "vaccination marathons" that immunized over 12,000 people. Meanwhile, mobile teams reached 1,000 rural residents. These efforts secured over 2 million vaccine doses and vaccinated over 1 million people. UNICEF also provided technical support to implement the NIP, procuring 0.9 million routine immunization vaccine doses and training specialists in interpersonal communication for immunization<sup>44</sup>.

85. In 2022, UNICEF supported drafting the National Health Strategy 2022–2032 and the NIP for 2023-2027. UNICEF provided assistance in vaccine procurement, capacity building of health service providers, and demand generation for routine and COVID-19 immunization<sup>45</sup>. Furthermore, UNICEF conducted a qualitative study<sup>46</sup> on COVID-19 vaccine perceptions and attitudes in Moldova. It also started conducting social listening research<sup>47</sup> and trained family doctors on routine child immunization, reaching 50% of the family doctors in the country. Elsewhere, UNICEF supported the immunization of over 2,071 refugee children, ensuring access to vaccinations for this vulnerable group<sup>48</sup>. At the same time, local and regional communication campaigns, supported by USAID, targeted populations with low vaccination coverage.

---

<sup>37</sup> During 2017-2021, the Ministry of Health, Labour and Social Protection (MHLSP) was the main ministry in charge of healthcare in Moldova, after the Ministry of Health (MOH).

<sup>38</sup> COAR 2018.

<sup>39</sup> COAR 2018.

<sup>40</sup> COAR 2019.

<sup>41</sup> COVAX is a global initiative co-led by GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI), and the WHO, aimed at ensuring equitable access to COVID-19 vaccines for all countries, regardless of income level. It is a key component of the "Access to COVID-19 Tools (ACT) Accelerator," working to distribute vaccines to the world's most vulnerable populations and support countries in vaccine delivery (WHO, 2021).

<sup>42</sup> COAR 2020.

<sup>43</sup> SARS-CoV-2 is the severe acute respiratory syndrome coronavirus 2, the virus responsible for causing COVID-19.

<sup>44</sup> COAR 2021.

<sup>45</sup> COAR 2022.

<sup>46</sup> Perceptions, attitudes, and beliefs about the acceptance of the COVID-19 vaccine in the Republic of Moldova (2022).

<sup>47</sup> Social listening research involves monitoring and analysing online conversations and social media to understand public perceptions, behaviours, and misinformation trends.

<sup>48</sup> COAR 2022.

86. In 2023, UNICEF and the WHO supported a mid-level management (MLM) training workshop for medical epidemiologists and representatives from the medical pharmaceutical authorities. This training enhanced the capacity of over 80% of staff involved in the NIP. UNICEF also helped to develop strategies to combat vaccine misinformation, conducting a study on public perceptions and behaviours regarding immunization<sup>49</sup>. Together with the WHO, UNICEF supported the MoH to counter the spread of anti-vaccination messages<sup>50</sup>. As part of this effort, UNICEF Moldova supported the conducting of a study<sup>51</sup> on behaviour insights (BI) research into the drivers influencing COVID-19-vaccination-related behaviours in Moldova, and BI research<sup>52</sup> on drivers influencing childhood immunization-related behaviours in Moldova.

#### 4.2 UNICEF Expenditures on Immunization

87. From 2019 to 2023, UNICEF's expenditures on immunization programming in Moldova varied significantly, reflecting a strategic response to emerging needs, particularly during the COVID-19 pandemic (Table 1, Annex 7). In 2019, there was a minor negative adjustment of \$1,386. Thereafter, expenditures surged in 2020 and 2021, with \$2,785,841 and \$3,962,732 allocated, respectively, primarily to limit human-to-human transmission of COVID-19 and prevention efforts. In 2022, the focus shifted towards reaching zero-dose communities and community engagement, with expenditure amounting to \$9,673, and in 2023 the spending on immunization programming reached \$449,103, covering community engagement and technical assistance.

#### 4.3 Partnerships and Engagement with Other Support Providers

88. From 2018 to 2023, UNICEF collaborated with a variety of key partners to enhance immunization efforts in Moldova. In particular, UNICEF has worked closely with the MoH to forecast national immunization needs, procure vaccines, and develop national vaccination plans, ensuring smooth implementation and monitoring while supporting healthcare worker training. The NAPH is the main implementing partner in immunization programming, collaborating with UNICEF to enhance vaccine distribution, storage, and readiness assessments, including with regard to the cold supply chain.

89. The WHO is another key partner, collaborating with UNICEF on strategic planning, training, outreach, and other activities to deliver coordinated efforts in the immunization programme. In addition, during the COVID-19 pandemic, USAID provided financial support to strengthen supply chains and to generate demand for immunization services through local and regional communication campaigns.

90. In the covered period, UNICEF also collaborated with the World Bank on health system assessments and infrastructure improvements, although cooperation with GAVI was limited to polio and HPV vaccination support. Elsewhere, cooperation with the Nicolae Testemițanu State University of Medicine and Pharmacy and the Raisa Pacalo Center of Excellence in Medicine and Pharmacy addressed curriculum changes and training. Moreover, the International Committee of the Red Cross (ICRC) Moldova facilitated community engagement strategies targeting vulnerable populations, while Youth Klinik led informational campaigns on HPV vaccine introduction. UNICEF also partnered with the School of Public Health Management in social listening research to monitor misinformation trends, providing real-time insights to the MoH and developing outreach campaigns accordingly. Local CSOs, like the Center for Information and Communication in Health, the Association of Independent Press,

---

<sup>49</sup> Raportul cu privire la realizarea Programul național de imunizări pentru anii 2023-2027, aprobat prin Hotărârea Guvernului nr. 211/2023, accessed: <[https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211\\_2023.pdf](https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211_2023.pdf)>, pp.7

<sup>50</sup> Raportul cu privire la realizarea Programul național de imunizări pentru anii 2023-2027, aprobat prin Hotărârea Guvernului nr. 211/2023, accessed: <[https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211\\_2023.pdf](https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211_2023.pdf)>, pp.3

<sup>51</sup> Behaviour insights research on drivers influencing COVID-19-vaccination-related behaviours in Moldova. Draft report, May 2024.

<sup>52</sup> Behaviour insights research on drivers influencing childhood immunization-related behaviours in Moldova. UNICEF, March 2024.

and the Centre for Health Strategies and Policies, also collaborated with UNICEF on research and promotional campaigns on immunization.

## 5.0 Evaluation Findings

### 5.1 Relevance of UNICEF's Support for National Systems

#### 5.1.1. UNICEF's Response to Changes and Trends including Social and Behavioural Drivers Affecting Uptake

**KEQ 1.** To what extent and in what ways has UNICEF responded to address immunization rates at country level? To what extent has it adapted to respond to changes and trends, including by addressing social and behavioural drivers affecting vaccine uptake at system, community and individual levels?

**Finding 1:** UNICEF assessments of vaccine management, cold chain logistics, and social and behaviour change **identified gaps in national immunization programmes.** Pinpointing such shortcomings resulted in enhanced COVID-19 vaccine logistics, improved cold chain systems, targeted interventions for better coverage, and adjustments to UNICEF's programming.

**Finding 2:** UNICEF enabled the use of various **tools, including SBC assessments and social listening research,** to understand vaccine demand and uptake in Moldova. These efforts, valued by the MoH and CSOs, provide real-time insights and tailored approaches, especially during outbreaks like measles.

**Finding 3:** Key stakeholders acknowledged the crucial role played by UNICEF in supporting the development of Moldova's NIP for 2023-2027 and **establishing a strong evidence base.** They also expressed appreciation for its collaboration with the MoH, international organizations, and CSOs, **introducing progressive interventions aligned with national health priorities** and ensuring effective implementation of health programmes.

#### Identifying Gaps in National Immunization Programming

91. Desk research identified that UNICEF has supported numerous assessments to identify gaps in national immunization programming in Moldova over time. For instance, in 2020, UNICEF conducted an assessment of effective vaccine management (EVM). Meanwhile, UNICEF Moldova and the WHO helped the MHLSP and the NAPH to access COVAX to ensure timely coronavirus vaccine availability, while also assessing the cold supply chain, including ultra-cold-chain equipment, to provide safe deployment.<sup>53</sup> In 2021, UNICEF and the WHO helped to develop (and costed) the NVDP and conducted a simulation for SARS-CoV-2 vaccine logistics.<sup>54</sup> In early 2021, UNICEF supported the **conducting of another cold chain assessment in Moldova at the request of the MoH. This assessment evaluated the country's capacity to effectively receive, store, and distribute COVID-19 vaccines. All of these assessments provided crucial insights allowing the strengthening of national capacities, helping to identify gaps, and improving responses to health crises. However, healthcare workers and epidemiologists noted that a gap persists in assessments regarding outbreaks of diseases other than COVID-19, highlighting a potential area for future focus.**<sup>55</sup>

---

<sup>53</sup> COAR 2020.

<sup>54</sup> COAR 2021.

<sup>55</sup> Key informant interview with healthcare workers and epidemiologists.

92. In 2023, an EVM assessment was conducted, revealing significant improvements in the vaccine supply chain, including in the quality of conditions for vaccine arrival and storage, temperature monitoring, and the provision of PQS<sup>56</sup> refrigerators and computers to service providers.<sup>57</sup>

93. UNICEF, in the reporting period, also conducted assessments and research on SBC to support its planning and enhance national immunization strategies. For instance, in 2019 it conducted a root cause analysis<sup>58</sup> in Balti municipality, which identified specific barriers to vaccine uptake and thus guided targeted interventions, such as healthcare worker training and community engagement.

*“Declining vaccinations in Balti was solid before COVID, for different reasons. UNICEF helped us to understand what was going on and how to catch up, and in 2023 we improved coverage pretty well.” - Epidemiologist from Balti municipality.*

94. In 2020, the Situation Assessment on Mainstreaming of Immunization demand promotion / SBC in national immunisation policies, programmes and budgets was commissioned by UNICEF ECARO.<sup>59</sup> Later, in 2021, UNICEF Moldova conducted a qualitative study on attitudes towards COVID-19 vaccination<sup>60</sup>, focusing on groups refusing vaccination. The findings, which revealed deep distrust in public authorities and the medical system, informed the national government's communication strategy and action plan on COVID-19 vaccination.

95. A study specifically focusing on COVID-19 vaccine uptake<sup>61</sup> was conducted in 2023, revealing that concerns about vaccine safety were significant psychological drivers influencing vaccination behaviour. Other recent research on routine immunization coverage analysed drivers affecting childhood immunization-related behaviours<sup>62</sup>.

#### Demand for and Uptake of Vaccinations in Moldova

96. According to the desk research, and as confirmed during the KIIs, UNICEF has developed and supported the utilization of a range of tools to identify and understand factors affecting the demand for and uptake of vaccinations in Moldova. Several SBC assessments have focused on COVID-19 vaccine uptake (in 2021 and 2022), including recent BI research on drivers influencing vaccination-related behaviours (2024). In 2022 and 2023, UNICEF also supported an ad-hoc needs assessment of Ukrainian refugees in Moldova, which included their vaccination needs.

97. In addition, social listening research<sup>63</sup> has been ongoing for the past three years (2022-2024), revealing trends and rumours on social media platforms. Relatedly, monthly social listening reports enable MoH representatives to plan real-time responses during crises like the COVID-19 pandemic and the recent measles outbreak.

*“This is a very new way of seeing what people are talking about, and how to reveal fakes about vaccines and the overall healthcare system. Very timely and effective.” - Government representative.*

---

<sup>56</sup> PQS refrigerators are WHO-prequalified refrigeration units designed to meet high standards for safely storing vaccines and maintaining the cold chain in resource-limited settings.

<sup>57</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024, pp.9.

<sup>58</sup> <https://www.unicef.org/moldova/media/11286/file/IMMUNIZATION%20INTERVENTION%20LED%20BY%20ROOT%20CAUSE%20ANALYSIS%20ASSESSMENT%20UNDERScores%20CONTEXT%20SPECIFIC%20APPROACHES%20TO%20IMPROVE%20VACCINE%20UPTAKE.pdf>

<sup>59</sup> Situation Assessment on Mainstreaming of Immunisation mainstreaming demand promotion / social and behaviour change (SBC) in national immunisation policies, programmes and budgets. UNICEF, 2022.

<sup>60</sup> Perceptions, Attitudes and Beliefs on the Acceptance of COVID-19 vaccine in the Republic of Moldova' (2022).

<sup>61</sup> Behaviour insights research on drivers influencing COVID-19-vaccination-related behaviours in Moldova. Draft report, May 2024

<sup>62</sup> Behaviour insights research on drivers influencing childhood immunization-related behaviours in Moldova. UNICEF, March 2024.

<sup>63</sup> Timotin A et al. Digital social listening in the COVID-19 pandemic for informed interventions in the Republic of Moldova: integrated data, OHRM, VOL. 4, ISSUE 3, 2023, pp.56-63.

98. These assessments and studies have been well received by the MoH and CSOs due to their contribution to understanding social and behavioural drivers. In particular, government representatives highlighted the support of UNICEF for social listening studies, which provided real-time insights into public sentiment and misinformation during the measles outbreak. The value of this approach was also endorsed by CSO representatives.

*“It is, finally, a new way of understanding society and applying tailored approaches. More new ways and new technologies should be used in the health sphere in order to support immunization.” - CSO representative*

99. Through these various tools and assessments, UNICEF has been able to identify key factors influencing vaccine hesitancy, such as misinformation, trust issues, and healthcare workers' communication practices.

100. Besides supporting assessments itself, UNICEF has also referred to the results of other studies conducted in the country. For instance, a knowledge, attitudes and practices study on cervical cancer prevention<sup>64</sup> helped the UNICEF team to shape communication for HPV vaccine introduction.

#### UNICEF's Contribution to National Strategies, Plans, and Programmes

101. In the reporting period, UNICEF supported the development of national strategies, plans, and programmes in a context-specific and relevant way to address the identified gaps. According to the CO team, all gathered evidence has enabled UNICEF to play an effective role in supporting the development of a risk communication and community engagement strategy during the COVID-19 pandemic, a COVID-19 vaccination promotion strategy, and the NIP for 2023-2027 to push for the inclusion of features focused on demand generation and EVM, addressing some of the identified gaps regarding vaccination demand and uptake. The pivotal role of UNICEF in developing the NIP for 2023-2027 was repeatedly emphasized by MoH representatives.

102. The NIP for 2023-2027 outlines priorities to ensure universal access to preventive immunization services in Moldova. It focuses on securing a sustainable vaccine supply, effective communication, advocacy activities, and building the capacity to deliver coordinated responses during outbreaks. The NIP also aims to protect public health and prevent the spread of infectious diseases through robust and accessible immunization services.<sup>65</sup>

103. The NIP for 2023-2027 builds on the previous NIP (2017-2020) and is informed by several key studies and evaluations conducted by UNICEF, the WHO, and other partners. These include the monitoring and evaluation of the previous Program through supervisory visits in 2019, a review of the vaccine-preventable disease surveillance system in 2019, and an assessment of vaccine hesitancy in 2020.

104. Other significant inputs include the cost-financing evaluation of the public health surveillance service reform (2019), a comprehensive review of the Expanded Program on Immunization (2020), and a joint external evaluation (2018). Furthermore, evaluations of the HPV vaccine's introduction (2017-2018) and qualitative research on its implementation (2017) have also shaped the current strategies to enhance immunization coverage and address healthcare challenges.<sup>66</sup>

---

<sup>64</sup> Assessment of Knowledge, Attitudes and Practices on Cervical Cancer Prevention in the Republic of Moldova – KAP Survey, 2018, [https://moldova.unfpa.org/sites/default/files/pub-pdf/KAP%20Survey%20Report%20on%20cervical%20cancer\\_Chisinau\\_2018.pdf](https://moldova.unfpa.org/sites/default/files/pub-pdf/KAP%20Survey%20Report%20on%20cervical%20cancer_Chisinau_2018.pdf)

<sup>65</sup> National Immunisation Program for 2023-2027.

<sup>66</sup> National Immunisation Program for 2023-2027.

### 5.1.2 UNICEF's Institutional Role

**KEQ 2.** To what extent has UNICEF assumed an institutional role in supporting immunization which is commensurate with its mandate, capacities, and comparative advantages, especially in relation to key partners? To what extent does UNICEF's operational and strategic role at country level reflect its institutional strengths and comparative advantages in immunization support in relation to key partners?

**Finding 4:** UNICEF has a strong reputation and government acceptance, is well positioned in the country and has a strong voice in health programming, particularly in immunization. However, the stakeholders noted that **intermittent funding** along with anticipated **cuts in humanitarian support** pose barriers to fully realizing its mandate, capacities, and comparative advantages.

**Finding 5:** Key stakeholders highlighted the **need for stronger integration** within UNICEF teams and increased cooperation with other sectors like education. In addition, they referred to its potential to improve immunization strategies to ensure a more holistic and sustained immunization effort, particularly through initiatives like 'HPV+ in Moldova' and interactive educational campaigns.

#### Government Acceptance

105. UNICEF is widely appreciated in the country by government entities, international organizations, and local CSOs. MoH representatives confirmed strong and consistent collaboration with UNICEF, highlighting its support for all of the Ministry's initiatives and its role in introducing progressive interventions aligned with national health priorities.<sup>67</sup> Government representatives interviewed for this evaluation emphasized the pivotal role of UNICEF in immunization support, citing it as a reliable and stable partner on which the national government can rely.

106. The crucial role of UNICEF has also been acknowledged by government representatives, and the national government frequently highlights the collaborative efforts of UNICEF and the WHO, noting the strong public trust in the information provided by these agencies, especially within the communication campaigns in support of vaccination initiatives.

107. *"UNICEF and the WHO's involvement is crucial in supporting public campaigns to build trust in vaccination programmes. However, more visibility within national media could enhance their impact."* - Government representative

108. According to WHO representatives<sup>68</sup>, the broader UNICEF portfolio, as well as its focus on children, adolescents, and young people, makes UNICEF an invaluable partner for the initiatives supporting immunization. In most cases, the initiatives of the WHO and UNICEF complement each other, with the WHO providing technical guidelines and standards and UNICEF driving community engagement and the implementation of advocacy measures. This synergy between the two organizations enhances the overall impact of vaccination campaigns and other health interventions, building scientific foundations and ensuring social acceptance.

109. According to its partners, including international organizations and local CSOs<sup>69</sup>, UNICEF is well positioned in Moldova and has a strong voice when it comes to health programming, particularly in immunization. Various CSO representatives mentioned that the comprehensive approach of UNICEF includes engaging government stakeholders, leveraging its position as a UN agency to ensure that central authorities pay attention to demands and implement health programmes effectively.

<sup>67</sup> Key informant interviews with health officials.

<sup>68</sup> Key informant interviews with the WHO.

<sup>69</sup> Key informant interviews with CSO representatives, the World Bank, and the WHO.

110. However, according to the key stakeholders, UNICEF faces several barriers that may prevent it from assuming a position fully commensurate with its mandate, capacities, and comparative advantages. Despite being well respected by the national government, other donor organizations, and local CSOs, and having almost all of its initiatives accepted by the MoH, certain challenges persist. Indeed, implementing partners highlighted issues with interrupted financing, leading to discontinuities within programming.<sup>70</sup> They claimed that despite a consensus among government representatives, healthcare workers, and CSOs that immunization advocacy should be a continuous process<sup>71</sup>, the short-term nature (ranging from less than a year to 2-3 years) of implementing partnerships often caused disruptions, affecting the consistency of these efforts.<sup>72</sup>

111. The CO staff stressed the need for better forecasting of financial and staffing constraints. In particular, anticipated cuts in humanitarian support programmes could lead to funding and staffing gaps, threatening the sustainability of ongoing and future initiatives. In addition, while UNICEF has leveraged funding effectively in response to the influx of refugees, maintaining this level of support consistently remains a challenge.

#### Cross-sectoral Collaboration

112. The CO staff mentioned that at both national and regional levels, there is a limited number of joint initiatives of health team and other sector teams due to the division of work coming with the assigning of responsibility for particular outputs. This siloed approach restricts the potential for more comprehensive and impactful immunization strategies that could benefit from cross-sectoral insights and resources. However, the SBC team is cross-sectoral, works with different teams within UNICEF, and has great potential to create a bridge connecting teams inside the agency. According to key stakeholders, there was scope to capitalize more on UNICEF's cross-sectoral teams to bring about joint solutions. Partners, especially local CSOs<sup>73</sup>, noted that UNICEF was expected to take a cross-sectoral approach.

*“More complex campaigns are needed, about overall hygiene and self-care, and vaccination should be packed within broader cross-sectoral interventions.” - CSO representative*

113. Externally, while UNICEF's health team has established strong relationships with the MoH, its collaboration with the Ministry of Education and Research (MER) and other relevant actors has remained limited. Most stakeholders at local and national levels mentioned education-related initiatives as the main prerequisite for better immunization rates.<sup>74</sup> Meanwhile, a project led by UNICEF and the Association of Intellectual Games<sup>75</sup>, with USAID support, demonstrated the effectiveness of interactive educational methods in increasing vaccination awareness among children, resulting in a 22% rise in the number of students planning to use vaccination as a means of protection and a 26% increase in the number of those recognizing its role in combating the COVID-19 pandemic. Through cross-sectoral interventions with the involvement of local public authorities, schools, journalists, and media, UNICEF has increased demand generation for both routine and COVID-19 immunization.<sup>76</sup>

---

<sup>70</sup> Key informant interviews with implementing partners.

<sup>71</sup> This statement was also confirmed in the assessment of institutional capacity needs and entry points for mainstreaming demand promotion / social and behaviour change (SBC) in national immunisation policies, programmes and budgets, 2020.

<sup>72</sup> Key informant interviews with implementing partners.

<sup>73</sup> Key informant interviews with CSOs.

<sup>74</sup> Key informant interviews with healthcare workers and epidemiologists confirmed this statement is as well as the Assessment of institutional capacity needs and entry points for mainstreaming demand promotion / social and behaviour change (SBC) in national immunisation policies, programmes and budgets, 2020.; End-line assessment of the Interventions under the “HPV+ In Moldova initiative”, July 2022.

<sup>75</sup> Support to COVID-19 Vaccine Rollout program, USAID, April 2024.

<sup>76</sup> Support to COVID-19 Vaccine Rollout program, USAID, April 2024.

114. In addition, the 'HPV+ in Moldova' initiative has highlighted the success of integrated, adolescent-centric approaches, showing that cross-sectoral collaboration and comprehensive capacity building can significantly improve health outcomes, making these strategies scalable for broader application.<sup>77</sup> The 'HPV+ in Moldova' initiative, supported by UNICEF, focuses on improving adolescent health by promoting HPV vaccination and addressing related issues such as bullying and mental health through an integrated, multi-sectoral approach.

115. To sustain the achievements made and enhance the approach taken, activities addressing secondary impacts were integrated into the NIP for 2023-2027, combining direct services, cross-sectoral interventions, and demand-generation activities.<sup>78</sup> Moreover, with the support of UNICEF, cross-sectoral cooperation was included in the NIP for 2023-2027 under objective 1<sup>79</sup>, where one of the priorities is: “Creating a cross-sectoral platform of social promoters of vaccination with a focus on identifying and removing barriers to raising awareness of the importance of vaccination, using networks and practical tools, including involving communities and opinion leaders.”

116. Although UNICEF supported the implementation of significant steps towards cross-sectoral cooperation within immunization programming, local doctors pointed out that more efforts are still needed as more cross-sectoral collaboration would enable UNICEF to better address the social and behavioural drivers determining vaccine uptake, ensuring a more holistic and sustained immunization effort.

*“Everything is coming from school, how they teach children about health and illness, how the schools accept children without vaccination. This matters a lot. Overall doctors have limited access to patients, schools have access to parents and children on a daily basis. More should be done to work with schools.” – Local doctor*

117. Regional epidemiologists also emphasized the need for UNICEF to collaborate more with schools to address the issue of children having only a few vaccines (typically those administered at birth) or none at all.<sup>80</sup> They noted a lack of administrative control over schools accepting unvaccinated children. Unlike kindergartens, where attendance is optional, school attendance is mandatory for all children and equal access to school is ensured by the Constitution of Moldova. Therefore, educational interventions at schools have good potential to increase vaccination rates.

*“We have Law #10<sup>81</sup> saying that all children should be vaccinated according to their age, but at the same time, the Constitution talks about the right of all children to have equal access to attend school. And parents argue that their child should be at school even without any vaccination. We do not have any administrative influence on this.” - Regional epidemiologist*

## 5.2 Coherence of UNICEF’s Support within the National System

### 5.2.1 Alignment with Key Partners

**KEQ 3.** Where key partners have significant influence on the strengthening of immunization systems, has UNICEF’s support been aligned and/or complementary with actions taken by stakeholders to improve vaccination coverage in the ECA region?

<sup>77</sup> End-line assessment of the Interventions under the “HPV+ In Moldova initiative”, July 2022.

<sup>78</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

<sup>79</sup> “Specific objective 1. Achieve a high immunisation coverage of at least 95% with routine vaccines at national and territorial levels.” - National Immunisation Program for 2023-2027.

<sup>80</sup> The coverage of BCG vaccine is high in Moldova – 96.2% for 2022: NBS, 2022 <[Children coverage with prophylactic vaccination, 1995-2022](#)>, accessed 10 May 2024.

<sup>81</sup> Law No. 10 “On state supervision over public health”, 2009, <[https://www.legis.md/cautare/getResults?doc\\_id=106570&lang=ro](https://www.legis.md/cautare/getResults?doc_id=106570&lang=ro)>, accessed 10 May 2024.

**Finding 6:** UNICEF has collaborated with the MoH, the NAPH, and the WHO in **securing vaccines, improving distribution and storage, and enhancing public health education and vaccination strategies**, particularly during the COVID-19 pandemic in Moldova.

**Finding 7:** UNICEF has coordinated with donors, like USAID, and CSOs in **securing resources, improving vaccine logistics, and enhancing communication** to address vaccine hesitancy in Moldova, although stronger collaboration is needed to promote HPV vaccination.

#### *Collaboration with the MoH and other Local International Organizations*

118. UNICEF has collaborated with the MoH to assess immunization needs, secure vaccines, and develop national vaccination plans, ensuring effective implementation and monitoring while also providing training for healthcare workers. The NAPH serves as the primary partner in immunization efforts, working with UNICEF to improve vaccine distribution, storage, and cold chain readiness.<sup>82</sup>

119. Government representatives highlighted the crucial role of UNICEF during the COVID-19 pandemic outbreak, particularly in the establishment of a task force on crisis communication and technical assistance, in tight coordination with the MoH, the WHO, and other stakeholders.<sup>83</sup> The partners' coordination mechanism at the national level, co-led by UNICEF and the WHO, was formed during the first weeks of the COVID-19 pandemic.<sup>84</sup> Daily meetings at the beginning, followed by weekly and bi-weekly meetings, created a strong communication channel connecting UN agencies and the national government, deepening trust and ensuring tight collaboration. This coordination framework facilitated the creation of a cohesive strategy for promoting vaccination.<sup>85</sup>

120. UNICEF's support of the NITAG was described as crucial, bringing together specialists and representatives from various health organizations to recommend vaccination strategies and improvements to the MoH. The importance thereof was emphasized by both NITAG representatives and MoH officials.

121. The collaboration between UNICEF and the WHO has been particularly noteworthy, as emphasized by all stakeholders. UNICEF's joint collaboration with the WHO and local health authorities has ensured a unified approach to immunization and public health education.<sup>86</sup> As mentioned by doctors and epidemiologists, this was particularly evident during the COVID-19 pandemic where UNICEF and the WHO worked together on vaccination strategies along with local authorities.

122. Representatives of national health authorities mentioned the synergy between UNICEF and the WHO, which was especially visible during the COVID-19 pandemic, as their joint efforts ensured a unified approach to immunization<sup>87</sup> and public health education. As noted by WHO representatives<sup>88</sup> the partnership extended to daily coordination meetings to ensure alignment of efforts and resources, demonstrating an exemplary model of cooperation. This effort continues but has become less regular.

123. UNICEF's coordination with donors, such as USAID, UKaid, the World Bank, the Swiss Agency for Development and Cooperation (SDC), and the Japan International Cooperation Agency (JICA), has

---

<sup>82</sup> COAR 2018-2022.

<sup>83</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023.

<sup>84</sup> Key informant interviews with UNICEF CO, WHO, and government representatives.

<sup>85</sup> Supravegherea de Stat a Sănătății Publice în Republica Moldova. Raport Național, 2020.

<sup>86</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>87</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023.

<sup>88</sup> Based on KIs.

been instrumental in securing funding and resources necessary for national immunization efforts, especially during COVID-19 pandemic.<sup>89</sup> For instance, with USAID's support, from August 2022 to February 2024, UNICEF implemented activities to support Moldova's COVID-19 pandemic response. These efforts strengthened the national cold chain system for vaccine storage, supported logistics, communication, community engagement, and demand generation, and provided human resource support for health programmes and vaccination campaigns, including training and supervision.<sup>90</sup>

124. UNICEF also partnered with local CSOs to conduct studies on social and behavioural drivers affecting vaccine uptake. For instance, it collaborated with the Center for Health Policies and Studies on a study on the acceptance of COVID-19 vaccines.<sup>91</sup> UNICEF also partnered with the School of Public Health Management on social listening research to monitor misinformation trends, providing real-time insights to the MoH and developing outreach campaigns. According to one CSO representative, the partnership with UNICEF helped to create effective communication strategies that addressed vaccine hesitancy and misinformation, further enhancing the impact of vaccination campaigns.<sup>92</sup>

125. In the reporting period, UNICEF, in collaboration with the Association of Independent Press, improved the skills of 73 journalists from 27 media outlets through four workshops, helping them to better identify and counteract false information about COVID-19 and vaccination.<sup>93</sup>

126. In 2022, UNICEF collaborated with the s to enhance communication efforts around COVID-19 and routine immunization. Two mobile teams reached 17,547 people across 25 *rayons*, delivering key messages on the importance of vaccination. Simultaneously, 3,141 health professionals from 151 health institutions were actively engaged in these communication efforts. The initiative also extended to non-health professionals, with 8,405 individuals from 315 organizations being informed, alongside 1,926 refugees in 33 refugee accommodation centres, all receiving vital information on COVID-19 and promoting routine immunization.<sup>94</sup>

127. Despite close coordination with the national government and international organizations, there is room for improvement when speaking about engaging grassroots organizations that could provide local capacities and volunteers. According to CSO representatives,<sup>95</sup> organizations like the ICRC have sufficient volunteers to expand community engagement strategies and grassroots vaccination campaigns but require strategic support from UNICEF. This support may include identifying targeted communities, facilitating contacts with local authorities, and coordinating efforts to enhance the reach and effectiveness of vaccination initiatives.

128. While UNICEF's coordination with key UN stakeholders and the national government has enhanced immunization efforts and the effectiveness of public health campaigns, particularly in routine immunization (including during the COVID-19 pandemic), there is still a need for more intense collaboration to strengthen HPV vaccine promotion. Relatedly, the lack of coordination around the HPV campaigns in the area of adolescent health was mentioned by CSOs as well as doctors.<sup>96</sup> The need for more visible campaigns and ongoing activities for HPV vaccine promotion were also mentioned by family doctors throughout the country.

*"HPV vaccination is the newest and most problematic; many myths and misinterpretations are in place. There is a need for efforts not only from UNICEF but all together with other organizations for a stronger voice."* - Chief Doctor.

---

<sup>89</sup> COAR 2021 and 2022.

<sup>90</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

<sup>91</sup> 'Perceptions, Attitudes and Beliefs on the Acceptance of COVID-19 Vaccine in the Republic of Moldova' (2022)

<sup>92</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

<sup>93</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023

<sup>94</sup> Final Partnership Review Form. Centre for Health Strategies and Policies, 2023.

<sup>95</sup> Key informant interviews with CSO representatives.

<sup>96</sup> End-line assessment of the interventions under the 'HPV+ In Moldova initiative,' July 2022.

### 5.2.2. Integration of UNICEF's Support with National Action

**KEQ 4.** Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization (including adjustments to policies, programmes, services, workforce capacity, and accountability), has this resulted in programmes and actions being embedded into health systems and integrated into national immunization programmes, budgets, and policies?

**Finding 8:** UNICEF has **influenced** the incorporation of advocated policy and strategy changes into Moldova's national strategies, including the **NIP for 2023-2027**, which emphasizes raising awareness and promoting immunization in school curricula. In addition, with USAID funding, UNICEF's support for the development of social listening reports and tailored messaging has led to **increased vaccination awareness** among adolescents and a notable rise in COVID-19 and influenza vaccine uptake, although a national strategy and budget for SBC remains absent.

#### *Support for National Strategy and Programme Changes*

129. As confirmed by both the CO team and the national government representatives, UNICEF has supported the incorporation of advocated policy and strategy changes into national strategies and programmes. In particular, UNICEF supported the development of the National Programme - Communication for Behaviour Change Strategy for the NIP for 2017-2020<sup>97</sup> and supported the inclusion of SBC approaches into the current NIP. The NIP for 2023-2027 includes statements reflecting UNICEF's advocacy and influence. Under Objective 1, one of the priorities identified is to include the topic of raising awareness and promoting the importance of immunization in the curricula of schools and universities.<sup>98</sup>

130. With USAID funding, UNICEF has supported the development of eight social listening reports informing tailored messaging for the National Communications Strategy for COVID-19 Vaccination, leading to a 22% increase in the number of students planning to use vaccination as a means of protection and a 26% increase in the number of those viewing it as a defence against COVID-19. These efforts reached 1,500 adolescents with targeted messages on COVID-19 protection.<sup>99</sup> The participation of local authorities, facilitated by the WHO and bolstered by UNICEF's community engagement efforts, led to a notable increase in COVID-19 and seasonal influenza vaccination uptake, as reported by the NAPH.<sup>100</sup>

131. According to the key stakeholders, UNICEF's involvement in the NIP and the development of effective vaccine management practices has further strengthened the country's capacity to address relevant drivers. The establishment of the Methodological Consultative Vaccination Centre within the Mother and Child Institute and the development of Healthy Child Rooms in outpatient clinics exemplify UNICEF-supported initiatives that have contributed to a more robust immunization infrastructure. However, based on the desk research and feedback gleaned from key stakeholders, a national strategy and budget for SBC is still under development, indicating a shortcoming in financial support for these initiatives, especially from state funding<sup>101</sup>.

## 5.3 Effectiveness of UNICEF's Support in the Context of the National Response

### 5.3.1. UNICEF's Capacity

<sup>97</sup> Communication for Behaviour Change Strategy for the National Immunisation Program. Republic of Moldova 2017 – 2020.

<sup>98</sup> National Immunisation Program for 2023-2027.

<sup>99</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

<sup>100</sup> The National Agency of Public Health sends a bi-weekly report on the epidemiological situation and the rate of vaccination.

<sup>101</sup> Analysis of national strategic documents, and KIIs with government representatives and chief doctors.

**KEQ 5.** To what extent do UNICEF ECARO and CO staff have the capacity, tools, and incentives to effectively support national actions to address social and behavioural drivers affecting vaccine uptake as an integral element of the support given to strengthening the system for immunization within PHC?

**Finding 9:** UNICEF's CO health team and SBC team worked together to manage vaccination programming and upscaled operations during the COVID-19 pandemic and refugee crisis.

**Stakeholders praised the quality and capabilities of the teams.**

132. Support for vaccination programming has been provided by UNICEF's CO health team and SBC team. The health team includes three health officers, while the SBC team includes one SBC officer<sup>102</sup>. In addition, the team is supported by a communication specialist and an M&E specialist, who assist with overall CO activities. The number of current staff is a consequence of increased needs during emergencies, such as the COVID-19 pandemic and the refugee crises. Overall, CO staff numbers increased from 25 to 65, with the health and SBC teams expanding to include additional specialists and temporary consultants. The adaptability shown here highlights the capacity of UNICEF to scale-up operations in response to a crisis. However, the CO team is expected to face shortages upon the conclusion of some humanitarian funding, which will lead to a reduction in activities and less work.

133. All external stakeholders agreed that UNICEF's staff is sufficient in number and exceptional in terms of professional capacities. Of note, government representatives highlighted that during the 2018-2023 period,<sup>103</sup> the UNICEF CO in Moldova demonstrated substantial staff capacity to support the country in establishing logistics to accomplish efficient procurement and distribution of vaccines, to respond punctually to the local needs of the district centres of the NAPH and vaccination points. Meanwhile, communication with UNICEF was noted for its efficiency and timeliness, with prompt responses to requests and invitations, indicating well-managed interaction.

134. Implementing partners also reported that the UNICEF team are adequately staffed, with no noticeable personnel shortages during their collaboration during the last 3-4 years. This is further evidenced by the strong capacity and expertise of UNICEF staff in managing immunization programmes, supported by frequent discussions and coordination meetings. Beneficiaries-doctors<sup>104</sup> mentioned that UNICEF-supported activities were well organized and clearly communicated. Reportedly, all projects were closely monitored and transparently reported, ensuring a robust partnership that supports children's health and immunization efforts in the country. Even during the COVID-19 pandemic, when most interactions took place online rather than face-to-face, effective communication was maintained by UNICEF's health and immunization teams, showcasing the agency's flexibility in communication methods.

135. Government representatives and public-sector implementing partners noted that UNICEF attracts top staff members from public institutions. While this fosters strong connections and collaboration, it may also weaken the capacity of national institutions. However, this situation is not unique to UNICEF and is common among most international agencies in Moldova.<sup>105</sup>

136. As noted by both the health and SBC teams, the UNICEF CO receives adequate guidelines, tools, and support from UNICEF ECARO for immunization programming. Moldova's participation in

---

<sup>102</sup> At the time of the evaluation fieldwork (April 2024), the SBC team comprised one international specialist and one national specialist. Later, the international post was terminated.

<sup>103</sup> Timeframe of the evaluation.

<sup>104</sup> Based on KIIs.

<sup>105</sup> The same was also noted about the WHO and the World Bank.

regional evaluations<sup>106</sup> and studies<sup>107</sup> has also facilitated learning from other countries. Tools like the *Bebbo* app<sup>108</sup> support immunization efforts by providing parents with essential health information and reminders, although its specific impact on improving immunization rates or uptake remains unclear. Interviewed doctors highlighted that further analysis is needed to assess its effectiveness in directly promoting and tracking vaccination coverage.<sup>109</sup> The social listening exercise, well received by partners and the national government alike, was also adapted based on experiences in other countries.

137. Government representatives and beneficiaries could not specify exact tools and guidance provided by the UNICEF ECARO. However, they did note that the training curriculum on doctors' interpersonal communication received was adapted to the national context before being implemented nationwide. Furthermore, with support from the UNICEF ECARO and in partnership with the Sabin Vaccine Institute, training courses were organized for the country's top journalists. The training topics here included communication, measles epidemiology, and key messages to convey to the population.<sup>110</sup>

**Finding 10:** Stakeholders highlighted the role of UNICEF's support in helping the Moldovan authorities to shift vaccination programmes from a health-focused approach to a broader SBC strategy, effectively addressing vaccine uptake and hesitancy.

138. UNICEF's support has been instrumental in helping the Moldovan authorities to identify and address key drivers of vaccine uptake, shifting the handling of vaccination programmes from purely health-focused initiatives to broader social change and SBC strategies.<sup>111</sup> This comprehensive approach has been well received by national authorities, as it provides a more effective framework with regard to increasing vaccine uptake.

139. UNICEF's efforts in conducting joint SBC studies with the MoH have shed light on the social and behavioural factors influencing vaccine hesitancy, particularly among marginalized communities. In addition, ongoing social listening projects have played a crucial role in countering misinformation, which is a significant barrier hindering vaccination. According to government representatives, UNICEF's support has enabled the national authorities to identify and address drivers of vaccine uptake through various initiatives. During the last decade, UNICEF support has significantly shifted the handling of vaccination programmes, integrating them into a broader context of social change and SBC rather than viewing them solely as health programmes.<sup>112</sup>

### 5.3.2 Strengthened National Capacity to Address and Improve Vaccine Uptake

**KEQ 6.** To what extent has UNICEF contributed to strengthening the national system's capacity to improve vaccine uptake?

**Finding 11:** UNICEF has supported national authorities in understanding the social and behavioural drivers affecting vaccine uptake, particularly by conducting joint SBC studies and root cause analyses with the MoH. These efforts have identified key factors contributing to vaccine hesitancy, such as misinformation, and have informed evidence-driven interventions that have strengthened national

<sup>106</sup> Multi-Country Programme Evaluation Europe and Central Asia (ECA) Region – Bulgaria, Kyrgyzstan, Republic of Moldova, and Ukraine - UNICEF Country Programme Evaluation MOLDOVA, 2021.

<sup>107</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023.

<sup>108</sup> *Bebbo* is a pocket partner in parenthood, from the moment a child baby is born to the first day of school.

<sup>109</sup> Only 2 out of 8 doctors recalled the *Bebbo* app based on its presentation, and they were not sure if patients used this application.

<sup>110</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

<sup>111</sup> KIIs with government representatives and chief doctors.

<sup>112</sup> Based on KIIs as well as the evaluation of national strategic documents, namely the NIP for 2017-2020 and the NIP for 2023-2027.

immunization programmes, improved healthcare worker training, and enhanced public communication strategies.

140. UNICEF has supported national efforts to develop an evidence-based understanding of social and behavioural drivers behind vaccine uptake and the barriers hindering vaccination in Moldova. Relatedly, several joint SBC studies were conducted by UNICEF and the MoH to explore COVID-19 vaccine uptake (the example of such report<sup>113</sup>).

141. Assessments, including SBC studies and root cause analysis supported by UNICEF, helped to identify the main drivers influencing vaccine uptake and to build programming by addressing them. For instance, conducted in 2019, one root cause analysis<sup>114</sup> revealed that vaccine hesitancy was driven by several factors, including the spread of misinformation on social media by anti-vaccination campaigns involving medical professionals, homoeopathic practitioners, and religious groups. That increased skepticism and fear among parents, who also often lack adequate information from health professionals about the benefits of immunization. The experience in the Balti municipality offers a valuable model for enhancing national immunization efforts across Moldova, with evidence from root cause analysis<sup>115</sup> informing policies and strategies to deliver a broader impact. By identifying root causes, implementing evidence-driven interventions, and engaging local leaders, immunization efforts have gained momentum, showcasing the root-cause-analysis-driven approach as a transformative tool in strengthening PHC and advancing vaccination at both local and national levels.<sup>116</sup>

142. In 2021, UNICEF supported a qualitative study on perceptions and attitudes toward the COVID-19 vaccines in Moldova<sup>117</sup>, revealing that misinformation and disinformation on social media significantly contributed to vaccine hesitancy. To combat this, UNICEF employed innovative social listening techniques to identify and debunk myths and fake news.<sup>118</sup> The study found that, despite being trusted, medical professionals often struggled to effectively communicate information. UNICEF, in collaboration with the MoH, trained 50% of family doctors nationwide on routine child immunization, resulting in the vaccination of over 2,071 refugee children. During the COVID-19 pandemic, 3,141 healthcare workers were trained to support routine and COVID-19 vaccinations, and 8,405 teachers and educators attended sessions to improve their understanding of these immunizations. In 2021, a total of 10 specialists from the “Nicolae Testemitanu” State University of Medicine and Pharmacy, national health facilities, and the NAPH were trained in interpersonal communication with regard to immunization, aiming to incorporate these skills into nationwide health professional training. In 2022, UNICEF also provided training on COVID-19 vaccine administration to 4,910 vaccinators and support staff.<sup>119</sup>

143. With UNICEF’s support, the interpersonal communication module on immunization was integrated into curricula of Moldova’s medical colleges and the “Nicolae Testemitanu” State University of Medicine and Pharmacy for pre- and in-service training. The module was developed by Drexel University and with the support of UNICEF, adapted to fit the national context. Starting from 2023, a total of 24 medical colleges and 24 university professors have participated in the training of trainers in order to deliver the module. At the same time, in 2023 over 270 family doctors from Balti municipality

<sup>113</sup> BI research on drivers influencing COVID-19-vaccination-related behaviours in Moldova (Draft report), May 2024.

<sup>114</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

<sup>116</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>117</sup> Perceptions, Attitudes and Beliefs on the Acceptance of COVID-19 Vaccine in the Republic of Moldova (2022).

<sup>118</sup> Timotin A et al. Digital social listening in COVID-19 pandemic for informed interventions in the Republic of Moldova: integrated data, OHRM, VOL. 4, ISSUE 3, 2023, pp.56-63.

<sup>119</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

were trained using the module to enhance professionals' skills in addressing vaccine hesitancy and misinformation.<sup>120</sup>

144. Beneficiaries highlighted the importance of training programmes for doctors, including sessions on interpersonal communication, which have equipped healthcare providers with the skills needed to effectively communicate the benefits and safety of vaccines to the public. Furthermore, as mentioned by implementing partners, UNICEF has provided training for staff at the NAPH, enhancing their capacity to manage immunization programmes and address public health challenges including drivers influencing vaccine uptake.

145. Moldova's Communication for Behaviour Change (C4BC) strategy<sup>121</sup>, which was also developed with UNICEF's support for the NIP for 2017-2020, highlights the importance of diverse communication methods and stakeholder engagement to boost vaccination rates. Effective techniques here have included advocacy, social mobilization, and individual behaviour change communication targeting parents, healthcare workers, community influencers, policymakers, and journalists. These approaches have been critical in combating misinformation and fostering trust in vaccines.

146. A recent BI study also highlighted that healthcare workers are crucial to the success of immunization programmes and the most trusted information source for patients.<sup>122</sup> However, gaps in human resources as well as the external and internal migration of staff widen disparities in the healthcare network, impacting the NIP's performance. Moldova suffers from a shortage of professionals in the NAPH and medical institutions. Thus, sustainable interventions are needed to attract young, qualified specialists, particularly in immunization.<sup>123</sup>

**Finding 12:** Before the COVID-19 pandemic, Moldova, supported by UN agencies like UNICEF, made **progress in disaster preparedness**, including in the form of disaster risk assessment guides and updated health emergency resource maps. The pandemic and the 2022 Ukrainian refugee crisis highlighted ongoing public health challenges, leading to enhanced vaccination efforts, cold chain infrastructure improvements, and strengthened health workforce capacity, with key support coming from UNICEF and the WHO through the COVAX mechanism and national vaccination planning.

147. Before the COVID-19 pandemic, Moldova had already taken significant steps in its disaster preparedness. In particular, UN agencies including UNICEF supported the development of a comprehensive guide to disaster risk assessment for districts, alongside multisectoral preparedness plans for interventions in exceptional situations. Moreover, national stock summaries and health emergency resource maps were created and have been regularly updated since, ensuring readiness for potential health emergencies.<sup>124</sup>

148. In 2018, the Government of Moldova, led by the Prime Minister, demonstrated a high level of political commitment to planning and implementing adequate measures in response to disease outbreak. The national government organized Public Health Emergency Committees at the national and sub-national levels in 10 districts affected by the measles outbreak. The MoH and the NAPH, with support provided by international development partners (UNICEF and the WHO), developed and implemented the Crisis Communication Action Plan, which included a media outreach campaign to be enacted through traditional media and social networks. In addition, the NAPH organized and implemented an MMR<sup>125</sup> booster campaign that covered 9,360 children in total.<sup>126</sup>

<sup>120</sup> <https://www.unicef.org/moldova/en/press-releases/module-interpersonal-communication-immunization-will-be-included-subject-study>.

<sup>121</sup> Communication for Behaviour Change Strategy for the National Immunisation Program for the Republic of Moldova 2017–for 2020.

<sup>122</sup> BI research on drivers influencing COVID-19-vaccination-related behaviours in Moldova. Draft report, May 2024

<sup>123</sup> National Immunisation Program for 2023-2027, p. 13.

<sup>124</sup> Joint external evaluation of IHR core capacities of the Republic of Moldova. Mission report: 1–5 October 2018, WHO, 2019 <<https://iris.who.int/bitstream/handle/10665/311711/WHO-WHE-CPI-2019.54-eng.pdf?sequence=1>>, pp.39.

<sup>125</sup> The MMR is a vaccine that protects against three viral diseases: measles, mumps, and rubella.

<sup>126</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

149. The COVID-19 pandemic and the Ukrainian refugee crisis highlighted the imminent risks of public health emergencies in Moldova. Persistent issues with vaccination rates, surveillance systems, and immunization service delivery remain major public health challenges in this regard, significantly increasing the risk of vaccine-preventable disease outbreaks. Emergency immunization efforts and gaps in immunity among the population, including refugees and migrants, emphasize the need for improved access to vaccination services and intensive promotion through social mobilization in high-risk areas. Collective responsibility and changes in behaviour and awareness about the importance of vaccinations are crucial to achieving global polio eradication, regional measles and rubella elimination, and a significant reduction in vaccine-preventable disease.<sup>127</sup> Furthermore, UNICEF's efforts to mitigate the COVID-19 pandemic's social and economic impacts included implementing a recommendation taken from the 2019 simulation exercise, which enhanced the inclusion of children in Social Aid calculations, ultimately improving the resilience of beneficiary households in coping with the crises<sup>128</sup>.

150. Although the COVID-19 pandemic disrupted lives, it also spurred improvements in Moldova's national cold chain infrastructure and health workforce capacity, as well as the development of a COVID-19 vaccination registry. These upgrades benefitted both COVID-19 and routine immunization efforts. Meanwhile, UNICEF and the WHO assisted the MHLSP and the NAPH in accessing the COVAX mechanism, evaluating the cold supply chain, and developing a national vaccination plan.<sup>129</sup>

#### ***Improving the Management and Operation of the Vaccine Cold Chain***

**Finding 13:** UNICEF supported the MoH and the NAPH by providing cold chain and IT equipment, enhancing vaccine storage, transport, and real-time monitoring capabilities. Despite these improvements, challenges remain in fully integrating digital systems and addressing infrastructure and staff capacity issues, particularly in rural areas.

151. UNICEF provided substantial support to the MoH and the NAPH in equipping central and regional public health centres with cold chain and IT equipment. This support included the provision of modern refrigeration units, vaccine carriers, and other cold chain equipment to ensure the safe storage and transport of vaccines at all levels of the healthcare system. In 2021, UNICEF procured 432 cold chain units and 3 million syringes<sup>130</sup>, as well as enhancing supply chains and healthcare worker training. In addition, UNICEF procured air conditioners for regional public health centres to keep the temperature optimal for all necessary cold chain equipment. Moreover, in some centres support was extended to the installation of uninterruptible power supply systems to ensure continuous power delivery for critical medical equipment and IT infrastructure, thereby preventing data loss and maintaining the integrity of the cold chain during power outages. According to one regional epidemiologist: "thanks to UNICEF centres we are well equipped for 15 years." Nevertheless, the question of the maintenance and replacement of unfit equipment may arise in the coming years, as one representative of a regional public health centre outlined: "Now, everything is working well, we have additional refrigerators to replace if one will be out of order; currently all equipment is quite new, but in some years, we will need to do some maintenance."

152. UNICEF's assistance over the covered period extended to the supply of IT infrastructure and equipment, which is crucial to the digitalization of immunization data management. Thanks to the procurement of computers during the COVID-19 pandemic, real-time monitoring of vaccines has been enhanced, allowing for more accurate tracking of vaccine distribution, stock levels, and coverage rates

---

<sup>127</sup> NIP for 2023-2027, pp11, the MoH of the Republic of Moldova, 2023.

<sup>128</sup> COAR 2020.

<sup>129</sup> COAR 2020.

<sup>130</sup> COAR 2021.

across the country. One regional epidemiologist highlighted: “We knew coverage for each day, how many doses were distributed. It was extremely useful during the pandemic crisis.”

153. As a result of these efforts, Moldova's capacity to maintain vaccine potency throughout the cold chain has been reinforced, contributing to the overall reliability of the immunization system. However, gaps remain in the availability of real-time data and integrated information systems to track vaccination and immunization. As mentioned by regional epidemiologists and family doctors, while IT equipment has been provided, the integration and operationalization of real-time data systems have not yet been fully realized, leading to delays in data reporting and challenges in monitoring vaccine coverage and stock levels. These factors highlight the need for further improvements in digital data management to optimize the NIP's reach and effectiveness.

154. Furthermore, the digitalization process has encountered challenges related to staff capacity and the technical infrastructure required for seamless data integration. Relatedly, at present, there is no separate tracking system for routine vaccination, though it is partially included under the integrated data module on infectious diseases<sup>131</sup>. The WHO and the World Bank representatives mentioned the ongoing work on improving digitalization of the healthcare data system.

155. Although several efforts have been made to improve digitalization of the healthcare data system in general, and immunization in particular, doctors are worried about additional burdens and complicity of separate digital data systems. Moreover, as mentioned by different stakeholders at the local level, healthcare personnel, particularly at district and local levels, have varying levels of familiarity with new digital tools, which has affected the speed and consistency of data entry. In addition, infrastructure limitations, such as intermittent internet connectivity in remote areas, have impacted the ability to maintain up-to-date records. Despite these challenges, stakeholders recognize the potential of a fully operational digital system to improve vaccination coverage monitoring and stock management once these issues are addressed.

### 5.3.3 Understanding and Addressing Factors Limiting Access

**KEQ 7.** To what extent have healthcare systems been able to identify, understand, and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?

**Finding 14:** UNICEF's efforts in Moldova have **focused on reaching marginalized communities and vulnerable populations**, including those in rural areas, through targeted education and vaccination campaigns.

**Finding 15:** UNICEF's targeted outreach, including healthcare worker training, community engagement, and media campaigns, has improved vaccine acceptance in areas like Balti municipality. However, while these initiatives have raised awareness and addressed misinformation, **evidence of increased confidence among vulnerable communities remains limited.**

---

<sup>131</sup> Based on KIIIs with doctors and epidemiologists.

## Reaching Marginalized Communities and Vulnerable Populations

156. For the immunization system, reaching marginalized communities and vulnerable populations is a central focus of UNICEF's efforts in Moldova. For these groups, strengthened health systems and community engagement have proved essential<sup>132</sup>, particularly for marginalized children and women, to sustain progress and enhance resilience.<sup>133</sup>

157. While UNICEF supported efforts to reach marginalized children and women throughout the evaluation period, the number of zero-dose children has remained relatively stable. In both 2021 and 2023, the WUENIC reports identified 4,000 zero-dose children in Moldova.<sup>134</sup>

158. The NIP for 2023-2027<sup>135</sup> prioritizes increasing immunization coverage among disadvantaged populations, including by offering free immunization services to migrants and refugees.<sup>136</sup> The prioritization of marginalized groups was also stressed by government representatives and doctors. According to the stakeholders, and universal access to vaccines in Moldova is ensured through PHC institutions in primary care and maternity hospitals across all administrative regions<sup>137</sup>. For at-risk groups unable to visit these facilities, mobile vaccination teams provide safe vaccinations while maintaining the cold chain. As mentioned by doctors and epidemiologists, during vaccination campaigns, especially in epidemiological risk situations, vaccinations can also be organized in specially designated public places, adhering to safety and cold chain requirements.<sup>138</sup>

159. UNICEF has concentrated on advocating for and supporting initiatives to extend its reach to vulnerable populations, including those in rural areas and marginalized groups, by implementing targeted education and vaccination campaigns. Notably, interventions like the 'Health Bus'<sup>139</sup> highlight the impact of integrated outreach activities on improving health outcomes for marginalized communities. This initiative has engaged 252 educational institutions, including kindergartens and schools, and 65 professional organizations. The extensive engagement here has facilitated access to health services for over 17,547 people, demonstrating the initiative's wide-reaching impact and its role in promoting public health and vaccination awareness.<sup>140</sup>

160. In response to the ongoing war in Ukraine, UNICEF and its partners have ensured that refugee children from Ukraine have access to essential health services, including vaccination<sup>141</sup>. To date, these efforts have resulted in over 2,000 refugee children being vaccinated in Moldova, reflecting the program's commitment to inclusivity and comprehensive healthcare access for all vulnerable groups.<sup>142</sup> UNICEF has also supported the integration of refugees into the existing vaccination system, deploying mobile teams and buses to provide vaccinations and ensure regular health facility visits<sup>143</sup>.

---

<sup>132</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023, pp.8.

<sup>133</sup> Immunization intervention led by root cause analysis assessment underscores the context-specific approaches taken to improve vaccine uptake, UNICEF, 2023.

<sup>134</sup> Europe and Central Asia, WEUNIC revision, 15 July 2024. UNICEF/WHO (2024).

<sup>135</sup> The program was developed with the support of UNICEF.

<sup>136</sup> Specific objective 1 "Achieve a high immunisation coverage of at least 95% with routine vaccines at national and territorial levels". National Immunisation Program for 2023-2027.

<sup>137</sup> Based on desk research and 18 site visits including to both rural and urban areas in 6 administrative districts.

<sup>138</sup> National Immunisation Program for 2023-2027, p.11.

<sup>U</sup> A trolleybus and a bus were used as mobile centres for vaccination and promotion of vaccines with key messages on COVID-19 and routine immunization conveyed, significantly contributing to increased vaccine uptake, doubling COVID-19 vaccination rates in some areas, while also providing valuable insights through additional assessments on vaccine acceptance and satisfaction (Health Bus initiative report, 2022).

<sup>140</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023.

<sup>141</sup> KII with stakeholders including doctors.

<sup>142</sup> "Vaccination protects our children" say Moldovan and Ukrainian mothers, article, 2023,

<<https://www.unicef.org/moldova/en/stories/vaccination-protects-our-children-say-moldovan-and-ukrainian-mothers>>

<sup>143</sup> A Better Life for Moldovan and Ukrainian Families (2024), available at

[https://www.unicef.org/moldova/media/14351/file/Unicef\\_ppliant\\_Better%20life%20for%20Moldovan%20and%20Ukrainian%20Families\\_EN\\_G.pdf](https://www.unicef.org/moldova/media/14351/file/Unicef_ppliant_Better%20life%20for%20Moldovan%20and%20Ukrainian%20Families_EN_G.pdf)

161. UNICEF has also supported national interventions that purposefully target vulnerable and under-vaccinated groups in Moldova by addressing service quality and acceptance for these populations. Meanwhile, several joint studies, including SBC studies and the BI COVID-19 study, were conducted to understand vaccination barriers among key populations such as the elderly, chronically ill, and healthcare workers. These studies included interviews with religious leaders and other key figures to better understand their influence on vaccination decisions.

162. The recent establishment of the Methodological Consultative Vaccination Centre within the Mother and Child Institute, supported by UNICEF, provides a centralised hub for immunization services, training, and public education. According to regional epidemiologists, this centre plays a crucial role in strengthening the national immunization infrastructure and support in addressing vaccine hesitancy among those who do not trust local doctors or have some contraindications (real or otherwise).<sup>144</sup>

#### Awareness Raised and Misinformation Addressed

163. UNICEF has supported outreach efforts targeting vulnerable populations, first aiming to reach those who refuse vaccination. For instance, to improve immunization coverage in Balti municipality, targeted interventions based on a root cause analysis<sup>145</sup> were implemented, emphasizing the critical role of PHC. Supported by UNICEF and the WHO, these initiatives included training over 270 physicians and nurses on vaccine safety and communication skills. Community engagement involved local influencers, such as healthcare professionals and religious leaders, to share accurate vaccine information and build trust. A media campaign and culturally relevant materials targeted hesitant groups, including religious minorities and Roma communities. In addition, logistical support ensured delivery of vaccines and supplies to healthcare facilities, with PHC providers identifying and vaccinating children who had missed earlier doses.<sup>146</sup>

164. In 2021, UNICEF conducted a qualitative study to explore attitudes towards COVID-19 vaccination, particularly among those refusing the vaccine. The study revealed significant distrust in public authorities and the medical system, which shaped the national government's communication strategy and action plan for COVID-19 vaccination. As a result, a nationwide awareness-raising campaign titled 'Be safe: get the COVID-19 vaccine' was initiated alongside the vaccine distribution.<sup>147</sup> In 2022, UNICEF and the WHO, with support from USAID, continued to strengthen the supply chain and generate demand for COVID-19 and routine immunization services through local and regional communication campaigns, targeting populations with low vaccination coverage.<sup>148</sup>

165. The 'Assessment of Knowledge Retention on COVID-19 Vaccination'<sup>149</sup> in 2023 surveyed 1,380 schoolchildren aged 10-13 from 282 institutions across 10 districts in Moldova. The results show a 25.9% increase in the number of those acknowledging the need for vaccination and a 22.1% rise in the number of those planning to protect themselves through vaccination. In addition, knowledge about COVID-19 protective measures improved, with a positive shift towards relying on family, school, and

---

<sup>144</sup> <https://www.unicef.org/moldova/en/press-releases/unicef-and-ministry-health-have-inaugurated-first-methodological-consultative>

<sup>145</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

<sup>146</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>147</sup> 'Perceptions, Attitudes and Beliefs on the Acceptance of COVID-19 Vaccines in the Republic of Moldova' (2022).

<sup>148</sup> COAR 2022.

<sup>149</sup> The survey was conducted within a UNICEF project funded by USAID called 'COVID-19 Vaccine Rollout in the Republic of Moldova (2022-2024),' and in particular in the course of activities in UNICEF's partnership with the Association for Technological Development (TEKEDU) and the Association of Intellectual Games to promote social innovation and school participation for an active lifestyle and immunization.

doctors for vaccination information, demonstrating the effectiveness of the educational programme in enhancing vaccine awareness and acceptance among children.<sup>150</sup>

166. Doctors mentioned that the establishment of Healthy Child Rooms in outpatient clinics had facilitated important discussions on child health among family doctors, pediatricians, and parents, fostering a supportive environment for vaccination. Based on site visits, this practice is more effective in urban areas where diverse specialists are available, while in rural areas the effectiveness is limited due to a shortage of expertise, which is further compounded by a lack of family doctors. Awareness-raising and training materials have been developed in Romanian, Russian, and Ukrainian languages to ensure that refugee children receive necessary immunizations.

167. Despite these efforts, according to the interviewed doctors, the evidence of increased confidence among vulnerable communities of caregivers is thus far limited.

#### 5.3.4 Drivers Affecting Uptake

**KEQ 8.** What drivers or groups of drivers influence change in immunization coverage, positively or negatively, at policy, system, service, community, and individual level?

**Finding 16:** UNICEF and its partners have **identified key barriers to immunization in Moldova, including misinformation, skepticism, and declining trust in healthcare**, particularly in urban areas. These challenges were intensified by the COVID-19 pandemic.

168. UNICEF and its national counterparts gathered data and evidence to identify the drivers and barriers related to immunization coverage in Moldova. Thus, UNICEF supported joint SBC studies<sup>151</sup> with the MoH to provide insights into the factors contributing to vaccine hesitancy, including the spread of misinformation through social media and reluctance from caregivers influenced by religious and local leaders. Social listening projects<sup>152</sup> have also been implemented to monitor and address misinformation effectively, ensuring that targeted communication strategies are informed by real-time data. These factors all contribute to parents' reluctance to vaccinate their children, particularly in urban areas where anti-vaccination sentiment is stronger. Meanwhile, the Misinformation Management Team was established to oversee this effort, engaging public health and communication specialists as well as media representatives who coordinate the identification and assessment of, and response to, vaccine-related rumours, providing actionable insights and recommendations to the MoH, the NAPH, and other key stakeholders.

169. The declining immunization coverage is also linked to the low capacity of healthcare providers to address vaccine hesitancy effectively. High staff turnover<sup>153</sup> and the lack of trained personnel<sup>154</sup> further exacerbate this issue, making it difficult to sustain effective communication strategies and vaccine advocacy.

<sup>150</sup> Engaging schoolchildren and teachers from 10 districts of Moldova in discussions about the COVID-19 pandemic and vaccination through educational games, 2023

<sup>151</sup> BI research on drivers influencing COVID-19-vaccination-related behaviours in Moldova. Draft report, May 2024; BI research on drivers influencing childhood immunization-related behaviours in Moldova. UNICEF, March 2024.

<sup>152</sup> Timotin A et al. Digital social listening in COVID-19 pandemic for informed interventions in the Republic of Moldova: integrated data, OHRM, VOL. 4, ISSUE 3, 2023, pp.56-63.

<sup>153</sup> Joint external evaluation of IHR core capacities of the Republic of Moldova. Mission report: 1–5 October 2018, WHO, 2019 <[https://iris.who.int/bitstream/handle/10665/311711/WHO-WHE-CPI-2019\\_54-eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/311711/WHO-WHE-CPI-2019_54-eng.pdf?sequence=1)>, pp 25.

<sup>154</sup> Situation analysis of children and adolescents in Moldova, 2022, <

<https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>>, pp. 10/

170. Moreover, the COVID-19 pandemic severely disrupted access to basic health services<sup>155</sup>, including routine vaccinations. Studies indicate that 37% of households with children experienced reduced access to health services in this period, contributing to the decline in vaccination rates.<sup>156</sup> Currently, child vaccination rates are relatively high but that trend is threatened by a rising anti-vaccination movement and apparently decreasing trust in formal healthcare, especially in urban areas.<sup>157</sup> Nevertheless, a recent BI study highlights that trust in family doctors and pediatricians has remained relatively high, even amidst these challenges<sup>158</sup>.

171. Studies in Moldova have shown that the decline in vaccination coverage is largely due to growing skepticism among parents and healthcare workers about the benefits and safety of vaccines. This has led to many false contraindications, causing delays in vaccination and leaving children unprotected against vaccine-preventable diseases. These delays have been particularly problematic for the rotavirus vaccine, as age restrictions have resulted in many children missing this crucial immunization.<sup>159</sup>

172. Immunization has fallen victim to its own success; the drastic reduction in the number of disease cases has led to the mistaken belief that vaccine-preventable diseases no longer pose a threat.<sup>160</sup> Decreasing vaccination rates are mainly observable in urban areas and are largely due to the parents' decision not to vaccinate their children.<sup>161</sup> This trend was also noted by doctors<sup>162</sup> who are particularly concerned about highly educated urban parents refusing to vaccinate their children because of social media trends and the popularity of anti-vaccination theories. Despite vaccination being a requirement for school and kindergarten attendance, vaccine-hesitant caregivers often bypass this. Furthermore, informed consent forms are seen by caregivers as a means of shifting responsibility for any consequences onto them rather than the given institution or state.<sup>163</sup>

## 5.4 Sustainability

### 5.4.1 Sustainable System Strengthening

**KEQ 9.** To what extent has UNICEF's support for immunization at country level contributed to sustainable system strengthening, including capacity to address factors affecting vaccine uptake/demand?

**Finding 17:** Immunization in Moldova is **fully integrated into primary healthcare**, guided by a comprehensive national programme that covers all aspects of the immunization process (including SBC), although the implementation of the SBC component heavily relies on donor support and partnerships.

<sup>155</sup> Situation analysis of children and adolescents in Moldova, 2022, <<https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>>, pp 16.

<sup>156</sup> Assessment of coping mechanism of families with children from the Republic of Moldova, 2021, pp 10, <[https://www.unicef.org/moldova/media/6556/file/Unicef%20Moldova\\_COVID19%20Impact%20on%20Remittances%20and%20Families%20with%20Children\\_2021.pdf](https://www.unicef.org/moldova/media/6556/file/Unicef%20Moldova_COVID19%20Impact%20on%20Remittances%20and%20Families%20with%20Children_2021.pdf)>

<sup>157</sup> Situation analysis of children and adolescents in Moldova, 2022, <<https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>>, pp.73.

<sup>158</sup> BI research on drivers influencing childhood immunization-related behaviours in Moldova. UNICEF, March 2024.

<sup>159</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

<sup>160</sup> National Immunisation Program for 2023-2027, p.9.

<sup>161</sup> Situation analysis of children and adolescents in Moldova, 2022, <<https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>>

<sup>162</sup> KIIs.

<sup>163</sup> UNICEF ECARO, December 2017 - "Immunisation and vaccine hesitancy in Europe and Central Asia: A systematic review of literature (2008-2017) and field visits to BiH, Moldova, Romania and Ukraine."

**Finding 18: Family doctors** play a central role in delivering immunization services, but shortages, caused by migration patterns and low salaries, could hinder the country's immunization efforts.

**Finding 19:** UNICEF has been able to leverage the funds of other organizations, like USAID, to advance the immunization agenda and improve coverage.

### *Immunization as a Part of Primary Healthcare (PHC)*

157. In Moldova, all immunization services are provided at PHC centres through fixed site delivery<sup>164</sup>. Family doctors and dedicated nurses administer vaccinations based on household lists and specific immunization plans prepared by each doctor. These plans are integrated into the given district's broader immunization plan. The district centre of public health monitors, coordinates, and manages the NIP, including surveillance and control of related activities.<sup>165</sup>

158. The Government of Moldova engages in mid-term planning of the NIP. The five-year plan includes all interventions of the NIP and the respective budget for the implementation of immunization-specific activities<sup>166</sup>. This five-year planning approach significantly contributes to the financial and programmatic sustainability of the NIP, as it is based on sub-national level resource requirements for implementation.

159. The national government fully covers the cost of traditional vaccines and allocates sufficient funds for the co-financing of new and underused vaccines provided and co-financed by GAVI<sup>167</sup>. The centralised state budget managed by the MoH covers the procurement of vaccines, with annual budget approvals reflecting a strong political commitment. However, fluctuations in the Moldovan Leu (MDL) and the introduction of new, potentially more expensive vaccines present ongoing financial challenges<sup>168</sup>.

160. The total estimated cost for the NIP over five years is MDL 295,444,975.86<sup>169</sup>, with MDL 159,695,104.86 from the state budget, MDL 115,934,391.00 from the Health Insurance Fund (FAOAM), and MDL 19,815,480.00 from development partners.<sup>170</sup> According to the 2023 report of the MoH on the realization of the NIP<sup>171</sup>, the year budget was MDL 43,541,140,61 (\$2,501,473.07<sup>172</sup>), and a total of 100% was spent on procurement of vaccines, while other priorities were covered by donor organizations.

161. As noted by the WHO in 2022, the Republic of Moldova spends more on PHC than other middle-income countries. In 2019, public spending on PHC was 1.4% of gross domestic product (GDP), which was higher than other countries in the central and eastern parts of the WHO European region.<sup>173</sup> At 1.4% of GDP, public spending on PHC in Moldova was considerably higher than in Armenia (0.7%), Tajikistan (0.8%), and Kyrgyzstan (1.0%). However, the WHO also notes that increased spending on outpatient prescription medicine was contributing to there being less budgetary space for

---

<sup>164</sup> Fixed-site delivery refers to the provision of immunization services at designated PHC centers, where vaccines are administered at permanent locations rather than through mobile or outreach services.

<sup>165</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019, pp. 12.

<sup>166</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

<sup>167</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019.

<sup>168</sup> BI research on drivers influencing COVID-19-vaccination-related behaviours in Moldova. Brief. Draft report. May, 2024.

<sup>169</sup> The currency of Moldova.

<sup>170</sup> National Immunisation Program for 2023-2027, p 19.

<sup>171</sup> Raportul cu privire la realizarea Programul național de imunizări pentru anii 2023-2027, aprobat prin Hotărârea Guvernului nr. 211/2023, accessed: <[https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211\\_2023.pdf](https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211_2023.pdf)>.

<sup>172</sup> 1.1.2024 National Bank exchange rate.

<sup>173</sup> WHO European Region, 2022. Primary health care financing: policy options for the Republic of Moldova. P.8.

PHC (including immunization). The report noted that “currently, the decreasing priority given to PHC spending is alarming.”<sup>174</sup>

162. All stakeholders agreed that, currently, there are no issues in the overall immunization system in the country.<sup>175</sup> However, despite a well-organized centralised immunization system, the human resource capacity to manage the NIP at the district level is extremely limited.<sup>176</sup>

### Role of Family Doctors

163. Doctors and epidemiologists emphasized that family doctors play a crucial role in the national immunization system.<sup>177</sup> Family doctors in Moldova must submit monthly standardised immunization reports, detailing planned and actual vaccinations for each routine immunization dose. These reports monitor monthly immunization plans at the health facility, district, and city levels, and contribute to annual immunization coverage data. Annual reports track the number of children who turned one during the year and those fully vaccinated by the age of 12 months, thereby assessing the NIP’s progress in meeting target coverage rates.<sup>178</sup> With that in mind, the lack of family doctors in many regions due to migration and low salaries is one of the biggest challenges hindering immunization programming in Moldova.

### Leveraging the Funds of Other Organizations

164. UNICEF has successfully leveraged the funds of other organizations to advance the immunization agenda and improve coverage in Moldova. Through strategic partnerships with major donors such as USAID and UKAid, UNICEF has secured significant financial support to bolster its immunization initiatives.

165. More specifically, UNICEF, in cooperation with government stakeholders, the WHO, and the “Nicolae Testemitanu” State University of Medicine and Pharmacy effectively utilized partnerships to enhance COVID-19 response and vaccination efforts.<sup>179</sup> This cross-coordination enabled a comprehensive response to the pandemic’s complex needs and improved operational efficiency. Support from multiple donors, including COVAX and USAID, allowed UNICEF to scale-up activities across all PHC facilities. Through the “Prevention and Response to COVID-19 Programme,” which included \$3.9 million in assistance, efforts were made to halt the virus’s spread in Moldova. Moreover, COVAX support saw the provision of COVID-19 vaccines, upgraded cold chain equipment, facilitated vaccine transportation, offered supervision, engaged communities, and strengthened the COVID-19 vaccine reporting system. In 2022, UNICEF and UKAid/FCDO partnered to support Moldova’s government-led response to the Ukrainian refugee crisis. As a result, over 100,000 BioNTech-Pfizer COVID-19 vaccine doses were delivered through the COVAX facility, to which the UK is a key financial contributor. In addition, more than 175,000 children in Moldova benefited from improved social assistance and child protection services during 2022-2023<sup>180</sup>.

166. USAID funding of \$700,000 supported the implementation of COVID-19 vaccine rollout in Moldova from August 2022 to February 2024, during which UNICEF successfully implemented COVID-19-vaccination-related activities to support the response to the COVID-19 pandemic and its secondary

---

<sup>174</sup> WHO European Region, 2022. Primary health care financing: policy options for the Republic of Moldova. P.8.

<sup>175</sup> Based on KIIs.

<sup>176</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019, pp 12.

<sup>177</sup> Based on KIIs.

<sup>178</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019

<sup>179</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023, pp 8.

<sup>180</sup> COAR 2023; More on cooperation between UNICEF and UKAid: <https://www.unicef.org/moldova/en/what-we-do/unicef-and-uk-cooperation-moldova>.

impact. The interventions here were focused on strengthening the national cold chain system for storing vaccines as well as providing support to logistics, communication, community engagement, and demand generation, along with boosting human resources for associated health programmes and vaccination campaigns, including training and supervision<sup>181</sup>.

## 5.5 Efficiency

### 5.5.1 Efficiency of Policies and Programmes

**KEQ 10.** How efficient are the health system's immunization policies and programmes in identifying and addressing current and potential bottlenecks or inefficiencies?

**Finding 20:** UNICEF's collaboration with national authorities and the WHO has contributed to the efficiency of Moldova's health system by improving routine immunization coverage, enhancing infrastructure with regard to vaccine procurement and cold chain support, and strengthening the evidence base on social and behavioural drivers behind vaccine uptake, including addressing vaccine hesitancy through targeted research and communication strategies.

**Finding 21:** Moldova's immunization system, with technical and logistical oversight provided by the NAPH and service delivery handled through PHC centres, is organized and operates in a manner that enables the identification of inefficiencies, courtesy in part of routine monitoring and evaluation (M&E) processes. While progress has been made in addressing gaps in vaccine procurement and cold chain management, challenges remain in scaling up SBC strategies to address vaccine hesitancy. There are also persistent gaps resulting from workforce shortages and challenges in integrating alternative vaccination points into the system, particularly for HPV vaccines.

#### ***UNICEF's Support for the Health System's Efficiency***

167. UNICEF, in collaboration with national authorities and the WHO, has focused on strengthening Moldova's national immunization system. This partnership has led to improvements in routine immunization coverage<sup>182</sup>. Moreover, UNICEF has consistently procured approximately 1.2 million vaccine doses annually for children's routine vaccinations and has provided essential infrastructure support, including the delivery of 432 refrigerators and freezers in 2021<sup>183</sup>. In addition, as noted in Section 5.3.4, UNICEF has provided considerable support to the development of a stronger evidence base on social and behavioural drivers influencing vaccine uptake. This has enabled the health authorities to gain a better understanding of the interaction between demand generation and service delivery. Collaborative research efforts, such as SBC studies conducted alongside the MoH, have also shed light on the key contributors to vaccine hesitancy, such as the spread of false information on social media and hesitancy among caregivers swayed by religious or local community leaders. In addition, social listening initiatives have been used to track and counteract misinformation, enabling the development of communication strategies that are responsive to public sentiments in real time.

#### ***The Health System's Capacity to Identify Bottlenecks and Inefficiencies***

168. Based on document review, and as confirmed by stakeholders, the structure of the immunization system—where technical and logistical management is overseen by the NAPH and service delivery is managed by PHC centres—shows that the system is indeed capable of identifying and addressing inefficiencies. For instance, vaccination coverage is regularly monitored by the MoH through ongoing M&E frameworks led by the NAPH. These M&E processes, including mid-term and

<sup>181</sup> Support to COVID-19 Vaccine Rollout Program. SM220585. Report, April 2024.

<sup>182</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>183</sup> COAR 2021.

final evaluations, enable the identification of coverage gaps and operational inefficiencies in the system, which are then reported back to policymakers<sup>184</sup>.

169. The NIP for 2023-2027 has made tangible progress through routine vaccine procurement, infrastructure support, and policy improvements. As noted by epidemiologists and doctors, the inclusion of 13 antigens and the introduction of newer vaccines such as the rotavirus vaccine (2012), the pneumococcal conjugate vaccine (2013), the HPV vaccine (2017), and the inactivated polio vaccine (2018) reflect a proactive national approach to maintaining comprehensive immunization. Vaccination coverage stands at around 90%.

170. However, the national system heavily relies on donor support, both financial and logistical. For instance, UNICEF, through its Supply Division, has consistently procured approximately 1.2 million vaccine doses annually for children's routine vaccinations, but the funds for that are allocated from the state budget. Meanwhile, UNICEF has provided essential infrastructure support, including the delivery of 432 refrigerators and freezers in 2021<sup>185</sup>. At the same time, doctors and epidemiologists in some regions noted the efficiency of cold chain management and efficient vaccine distribution, which are coordinated centrally. Furthermore, government representatives and implementing partners at the central level noted that policies around procurement and distribution are robust, with clear oversight from the National Agency for Medicines and Medical Devices to ensure vaccine quality. However, logistical gaps were exposed during the COVID-19 pandemic, such as challenges in maintaining the cold chain and ultra-cold chain as well as delays in vaccine distribution. To address those challenges, the national government relied on donor support, particularly that of UNICEF and the WHO.

171. Despite progress being made, programmatic limitations exist when it comes to identifying and systematically addressing SBC challenges. While UNICEF and the MoH have made strides in understanding the social drivers of vaccine hesitancy<sup>186</sup>, the implementation of effective SBC strategies remains limited. For example, studies conducted on social and behavioural drivers have illuminated the key contributors to vaccine hesitancy, such as misinformation on social media and resistance from religious and local leaders. However, the process of translating these insights into practical, large-scale solutions has been slow. Though communication strategies have been developed to counter misinformation, the inclusion of SBC approaches in national health programmes has yet to be fully realized, albeit thanks to donor support, from UNICEF in particular, progress has been made. Therefore, there is a clear intention to integrate SBC strategies into national health programmes<sup>187</sup>, even if the practical implementation of these initiatives remains challenging.<sup>188</sup>

172. In addition, systemic issues such as the migration of healthcare professionals and informal payments in the health system have been identified as barriers that affect the overall efficiency of immunization strategies. Although policies aim to address the shortage of healthcare workers<sup>189</sup>, such as by providing salary bonuses based on immunization coverage, the emigration of doctors continues to limit healthcare delivery in rural areas, indicating that current policies are not sufficiently addressing this critical gap.<sup>190</sup>

---

<sup>184</sup> NIP for 2023-2027.

<sup>185</sup> COAR 2021.

<sup>186</sup> Based on desk research and KIIs with

<sup>187</sup> Based on KIIs and analysis of the NIP for 2023-2027.

<sup>188</sup> Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023.

<sup>189</sup> Situation analysis of children and adolescents in Moldova, 2022.

<sup>190</sup> Joint external evaluation of IHR core capacities of the Republic of Moldova. Mission report: 1–5 October 2018, WHO, 2019.

173. Despite these challenges, overall, stakeholders agreed that the system of routine immunization administered through family doctors works efficiently and does not need to be changed. However, some family doctors noted a need for additional support in services for adolescents and gynecologists to promote the HPV vaccine. According to CSOs, the integration of private and public vaccination efforts remains insufficient with regard to the HPV vaccine, with most vaccinations being administered by family doctors rather than through more appealing points like youth-friendly health centers. Specific campaigns, like those for HPV vaccination, have faced resistance due to misconceptions and a lack of targeted engagement with medical specialists and community leaders.<sup>191</sup> Therefore, as noted by stakeholders, alternative points of vaccination administering the HPV vaccine, for instance, youth-friendly clinics, could support the promotion and greater acceptance of this vaccine.

## 5.6 Impact

174. It is important to note that this evaluation cannot be classified as a classical “impact evaluation” as is commonly understood in the evaluation literature. It does not, for example, attempt to test a counterfactual situation in which Moldova or a similar country did not benefit from UNICEF’s support, and none of the interventions examined were randomized to allow for a comparison of communities or individuals with or without intervention. In an effort to examine potential impact, the evaluation considered some of the changes over time where it would be credible (or not) to infer a UNICEF contribution over the evaluation period. The evaluation did not attempt to attribute the trends and changes noted here to the support provided by UNICEF. At the same time, the findings presented in the sections above and interviews with key informants of all types indicate that UNICEF’s support made a significant contribution to the results achieved.

### 5.6.1 Impact on Vaccine Coverage and Disease Prevention

**KEQ 11.** To what extent have the national health system's policies and programmes (including with regard to demand generation) aiming to improve vaccination rates over the past five years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, and the perceptions and immunization-related behaviours of key stakeholders such as healthcare providers and caregivers?

**Finding 22:** Since 2017, UNICEF's involvement in **vaccine procurement has eliminated supply interruptions and improved Moldova's vaccine supply chain**, ensuring consistent coverage. In Balti municipality, a root-cause-analysis-guided intervention led to a 35% increase in DTP3 coverage and a 29% increase in MMR1 coverage by June 2023, demonstrating the effectiveness of tailored strategies and healthcare worker training in improving immunization outcomes.

### Vaccine Supply and Delivery

175. In recent years, there have been significant improvements in the dynamics of vaccine supply and delivery. Prior to 2017, vaccine supply was frequently interrupted due to inefficiencies in state-managed procurement processes.<sup>192</sup> However, since UNICEF took a more active role in supporting vaccine procurement, there have been no reported interruptions in the supply of vaccines. All key stakeholders, including government entities, healthcare providers, and international partners, confirm that vaccine supply is now regular and consistent. This reliability in supply has established a robust safety net, ensuring that extra doses are available if needed. The improved vaccine supply chain has

<sup>191</sup> CÎRSTEA, O., PICLON, C. and REVENCO, N. (2023) “Studiul cunoștințelor părinților privind papilomavirusul uman și vaccinarea copiilor anti HPV”, *One Health & Risk Management*, p. 37. Available at: <https://journal.ohrm.bba.md/index.php/journal-ohrm-bba-md/article/view/436>.

<sup>192</sup> Communication for Behaviour Change (C4BC) strategy for the National Immunisation Program for 2017--2020

also enhanced delivery quality<sup>193</sup> as healthcare facilities now receive vaccines in a timely manner, and the cold chain infrastructure has been significantly bolstered as well.<sup>194</sup>

176. Historically, Moldova's immunization programmes have achieved high coverage rates. However, since 2009, there has been a noticeable decline in vaccination rates for all antigens in the national immunization schedule. By 2018, this downward trend persisted, and the country fell short of the targeted 95% coverage rate for most antigens, except for the BCG vaccine, which is administered in maternity hospitals.<sup>195</sup> The significant dip in vaccination rates from 2016 to 2021 in certain population groups was due to misinformation, myths, false contraindications, religious beliefs, and personal convictions.

177. Furthermore, the more pronounced drops in vaccination coverage in 2020 and 2021 were also caused by COVID-19-related restrictions.<sup>196</sup> The COVID-19 pandemic brought new challenges, as the administering of most vaccines was suspended from March to May in 2020 in Moldova. According to the key informants from implementing partners, this resulted in a dramatic drop in coverage for certain vaccines, going below 70% before the immunization services were relaunched. While vaccinations have since resumed and catch-up campaigns planned, the anticipated negative impact on immunization coverage remains significant due to a continued decline in trust in the formal health system.<sup>197</sup>

178. The impact of UNICEF interventions was analysed in a Balti municipality case study published by UNICEF in 2023.<sup>198</sup> In particular, the immunization intervention led by a root cause analysis in Balti municipality aimed to address the district's declining vaccination rates, exacerbated by the COVID-19 pandemic. This assessment underscored the need for context-specific approaches to enhance vaccination delivery and coverage.<sup>199</sup> Through tailored strategies, including a root cause analysis and comprehensive healthcare worker training, UNICEF and its partners, including the WHO and the MoH, addressed critical barriers hindering vaccine uptake. This led to a 35% increase in DTP3 coverage and a 29% increase in MMR1 vaccination coverage in Balti municipality during March-June 2023 compared to the previous year. In addition, over 270 healthcare workers were trained to improve communication and reduce vaccine hesitancy, resulting in improved immunization outcomes and stronger community engagement.<sup>200</sup> This issue requires specific analysis and tailored interventions at both district and national levels to improve immunization outcomes.<sup>201</sup>

179. The HPV vaccine programme, introduced into the national immunization schedule in 2017, has faced particular challenges.<sup>202</sup> Its coverage remains lower than that of other vaccines, partly due to misinformation and parental concerns about the vaccine's safety and necessity. Nevertheless, slow but steady progress is being made through reinforced communication strategies and targeted campaigns.

---

<sup>193</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

<sup>194</sup> Based on KIs with doctors.

<sup>195</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019

<sup>196</sup> NIP for 2023-2027, p.9.

<sup>197</sup> Assessment of institutional capacity needs and entry points for mainstreaming demand promotion / social and behaviour change (SBC) in national immunisation policies, programmes and budgets, 2020.

<sup>198</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>199</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>200</sup> Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

<sup>201</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national level in Moldova, Balti municipality, 2019, pp.10.

<sup>202</sup> CÎRSTEA, O., PICLON, C. and REVENCO, N. (2023) "Studiul cunoștințelor părinților privind papilomavirusul uman și vaccinarea copiilor anti HPV", *One Health & Risk Management*, p. 37. Available at: <https://journal.ohrm.bba.md/index.php/journal-ohrm-bba-md/article/view/436>.

180. While challenges remain, such as addressing vaccine hesitancy and ensuring equitable access to vaccines, the combination of improved supply chain management, enhanced delivery quality, and proactive community engagement strategies provide a strong foundation for greater vaccine coverage in the near term.

### 5.6.2 UNICEF and Key Stakeholders

**KEQ 12.** To what extent has UNICEF been able to influence key stakeholders to take actions that can reasonably be expected to result in changes to vaccination rates and what have been the most impactful UNICEF-supported investments aimed at increasing immunization coverage – including those fully or mostly financed by the national government?

**Finding 23:** Key stakeholders recognize UNICEF's role in shaping national immunization strategies. Its efforts in **training healthcare workers and running public awareness-raising campaigns** have enhanced vaccine coverage, although sustained communication is still needed. **The increased visibility of SBC strategies** in national plans highlights UNICEF's significant role in advancing immunization programmes.

**Finding 24:** Impact studies on vaccine-preventable diseases and cost-efficiency analyses have shown that **vaccination programmes in Moldova, supported by UNICEF and partners**, prevented approximately 42,000 cases and 350 deaths annually in the covered period, while also highlighting the need to address challenges posed by migrants and refugees.

#### UNICEF's Influence on Key Stakeholders

181. Key stakeholders<sup>203</sup>, including government entities, international organizations, and CSOs view UNICEF as a pivotal player in the immunization space. In particular, stakeholders acknowledge that UNICEF's comprehensive support has significantly influenced the development and refinement of national immunization strategies. These strategies have become more holistic and now incorporate the role of CSOs, which is a novel development.

182. In 2018, UNICEF and the MoH facilitated a parliamentary hearing aimed at focusing the attention of key policymaking and decision-making authorities onto the importance and benefits of immunization, as the most cost-effective public health intervention.<sup>204</sup>

183. UNICEF investments in training healthcare workers, public information campaigns, and promoting interpersonal **communication strategies** are seen as crucial to the success of immunization programmes. These efforts have improved vaccine coverage and raised public awareness, although stakeholders noted the need for sustained communication strategies to maintain engagement and adapt to emerging challenges.

184. The visibility of SBC strategies in national health plans has increased due to UNICEF's advocacy, but further development is needed. Collaborative efforts involving UNICEF and national authorities have resulted in more comprehensive strategies that include demand generation, EVM, and targeted interventions for marginalized groups. UNICEF's role in enhancing the national immunization infrastructure, particularly through cold chain support, is also widely recognized.

---

<sup>203</sup> Based on KIIs.

<sup>204</sup> Root Cause Analysis of National Immunisation Program Performance at Sub-national Level in Moldova, Balti municipality, 2019, pp.6-7.

However, stakeholders emphasize the importance of continuous evaluation, ongoing support, and further development of SBC strategies to fully realize the potential of the NIPs.

185. In summary, stakeholders view UNICEF as a key driver in advancing national immunization priorities and programmes. Their collaborative efforts have led to more inclusive and comprehensive national strategies, improved public awareness, and stronger community engagement.

#### UNICEF's Most Impactful Investments

186. Impact studies on vaccine-preventable diseases and cost-efficiency studies following vaccination implementation provide essential data that can inform the introduction of new vaccines and optimize immunization programmes.

187. The WHO estimates that vaccines save over 3 million lives globally each year. In Moldova, the NIP annually prevents approximately 42,000 cases of vaccine-preventable diseases and at least 350 deaths, making vaccination a safe and cost-effective public health measure.<sup>205</sup>

188. In 2017, Moldova conducted a cost-effectiveness study on HPV vaccination using a WHO tool. Based on cervical cancer incidence, mortality, treatment costs, and HPV vaccine introduction costs, it was projected that vaccinating a cohort of 12-year-old girls would annually prevent 127 cervical cancer cases and 98 deaths. The estimated annual savings in treatment costs due to HPV vaccination were \$263,965.<sup>206</sup>

189. UNICEF and its partners, including national authorities and other implementing partners, stated<sup>207</sup> that investments in immunization have been effective, as Moldova has experienced no major outbreaks of vaccine-preventable diseases in recent years, with only minor occurrences such as small outbreaks of measles and a few unconfirmed cases of polio within the last five years. This indicates the presence of a robust immunization programme capable of controlling the spread of these diseases.

190. Overall, the evidence indicates that UNICEF investments in immunization, in collaboration with national authorities and other partners, have been effective in preventing vaccine-preventable diseases in Moldova, but challenges remain when it comes to addressing the risk of disease spread from refugees or neighbouring countries with lower vaccination rates, such as Romania.

191. In particular, key informants from all different groups emphasized the following as high impact investments deserving of UNICEF's ongoing support and engagement:

- Continued strengthening of the supply chain, including cold chain infrastructure and management in order to continue the reliable supply of quality vaccines at service delivery points;
- Investments in outreach and mobile services to engage with and provide vaccine services to under-served children and caregivers, including in urban areas;
- Investments in research to understand and address social and behavioural drivers influencing vaccine uptake and incorporating the results into the design of immunization services; and

---

<sup>205</sup> NIP for 2023-2027, p.7.

<sup>206</sup> NIP for 2023-2027, p.14.

<sup>207</sup> Based on KIIs.

- Investments in capacity development and training for healthcare professionals at all levels, which is then integrated into regular pre-service, in-service, and graduate training.

## 6.0 Evaluation Conclusions

192. **Conclusion 1.** UNICEF has played a crucial role in shaping immunization programming in Moldova, culminating in support for Moldova's NIP for 2023-2027. Through close collaboration with the MoH and other stakeholders, UNICEF has established a strong evidence base for strategic planning, ensuring that national immunization policies are informed by rigorous data and aligned with the best international practices.

**(Findings 1, 3, 6, 8, 20), Evaluation Criteria: Relevance, Effectiveness.**

193. **Conclusion 2.** By utilizing tools such as SBC assessments, social listening, and real-time research, UNICEF has effectively tailored its immunization support strategies in Moldova. These tools have provided valuable insights during public health crises, including the COVID-19 pandemic and the measles outbreak, enabling more responsive and context-specific interventions that resonate with accommodating the needs of local populations. **(Findings 2, 9, 10, 11, 16), Evaluation Criteria: Relevance, Effectiveness.**

194. **Conclusion 3.** Despite UNICEF's strong reputation and track records of effectiveness in Moldova, intermittent funding and anticipated reductions in humanitarian support jeopardize the capacity of the organization to fully implement its mandate and secure uninterrupted support for the national immunization system. This undermines the sustainability of ongoing immunization efforts, particularly in the implementation of SBC strategies and cross-sectoral initiatives, which are crucial to long-term success. **(Findings 4, 7, 16, 17, 21), Evaluation Criteria: Relevance, Sustainability.**

195. **Conclusion 4.** Initiatives and investment supported by UNICEF have been well integrated into the strategies, plans, and programming under the national immunization system. This represents important support for medium-to-longer-term sustainability. In addition, public investment in the immunization system was sustained throughout the evaluation period. However, some of the more impactful investments, such as the use of SBC methods to identify and overcome barriers impeding vaccine uptake, remain heavily reliant on external financing. **(Findings 16, 18), Evaluation Criterion: Sustainability.**

196. **Conclusion 5.** Despite UNICEF-supported efforts, such as the 'HPV+ in Moldova' initiative<sup>208</sup> and educational games promoting vaccinations, both of which have shown promise, insufficient cross-sectoral collaboration has limited UNICEF's capacity to address the social and behavioural drivers affecting vaccine uptake and achieve sustained immunization outcomes. **(Findings 5, 14), Evaluation Criteria: Relevance, Coherence, Effectiveness.**

197. **Conclusion 6.** UNICEF-supported targeted outreach efforts, healthcare worker training, and community engagement initiatives have all led to measurable improvements in immunization coverage, particularly in Balti municipality and targeted rural areas. These efforts demonstrate the effectiveness of context-specific strategies in overcoming vaccine hesitancy and enhancing public trust in vaccines. **(Findings 13, 14, 15, 22), Evaluation Criteria: Effectiveness, Impact.**

198. **Conclusion 7.** Despite UNICEF's support and the national response, systemic barriers such as misinformation, skepticism, and declining trust in healthcare continue to hinder immunization

---

<sup>208</sup> The 'HPV+ in Moldova' initiative, coordinated by UNICEF Moldova, demonstrated that an integrated, adolescent-centric approach addressing multiple health issues—such as HPV vaccination, bullying, and mental health—through cross-sector collaboration and capacity building among stakeholders significantly improves health outcomes.

coverage. The COVID-19 pandemic has exacerbated these challenges, highlighting the need for sustained communication and targeted interventions to rebuild public confidence in vaccines. **(Findings 12, 15, 22), Evaluation Criteria: Effectiveness, Sustainability, Impact.**

199. **Conclusion 8.** UNICEF-supported interventions have had a significant impact on Moldova's immunization outcomes, as evidenced by the prevention of approximately 42,000 cases of vaccine-preventable diseases annually. However, challenges remain in addressing the specific needs of migrant and refugee populations, such as ensuring access to immunization services, overcoming differences in immunization calendars, addressing language and cultural barriers. In addition, there is a need to fully integrate SBC strategies into national immunization efforts. **(Findings 19, 22, 23), Evaluation Criteria: Efficiency, Impact.**

200. **Conclusion 9.** UNICEF has assumed a critical institutional role in supporting the strengthening of immunization systems in Moldova, which reflects its mandate, capacities, and comparative advantages. It has done so while collaborating and coordinating effectively with key partners, both technical (WHO<sup>209</sup>) and funding (the World Bank and USAID<sup>210</sup>). UNICEF has ensured that its role aligns with and actively reinforces national strategies, priorities, policies, and programmes, working closely with national health authorities. **(Findings 1, 2, 3, 7, 22, 23), Evaluation Criteria: Relevance, Coherence, Impact.**

201. **Conclusion 10.** UNICEF's support for the strengthening of the evidence base regarding drivers affecting vaccine uptake has helped to improve the capacity of health authorities to identify bottlenecks and respond accordingly. In addition, improvements to vaccine management and logistics (including cold chain) have contributed to more efficient national immunization programming. **(Findings 11, 15, 16, 19), Evaluation Criteria: Effectiveness, Sustainability, Efficiency.**

## 7.0 Lessons Learned

### 1) Approaches to Address Hesitancy Among Highly Educated Parents/Caregivers: Immunologist Consultation Room in the Balti Health Centre and Establishing the Methodological Consultative Vaccination Centre within the Mother and Child Institute.

202. In recent years, addressing vaccine hesitancy among highly educated parents has emerged as a significant challenge for many family doctors.<sup>211</sup> Recent BI research<sup>212</sup> confirms that parents with a higher level of educational attainment tend to be more hesitant about vaccination, particularly with respect to its alleged impact on children's health and potential contraindications. At the Balti Health Centre #1, the immunologist focuses on cases of contraindication and increased hesitancy that family doctors struggle to manage. Family doctors have noted here that the immunologist helps to overcome vaccine refusals among 1-2% of parents<sup>213</sup> who are particularly concerned about contraindications or vaccine safety. The immunologist provides detailed information on the benefits of vaccination and, if necessary, develops individualised vaccination schedules to help children to catch up on missed vaccines. This personalised approach has been effective in reducing refusals from highly educated

---

<sup>209</sup> The World Health Organization.

<sup>210</sup> The United States Agency for International Development.

<sup>211</sup> Based on KIIs.

<sup>212</sup> BI research on drivers influencing childhood immunization-related behaviours in Moldova. UNICEF. March 2024.

<sup>213</sup> Taken from the words of family doctors.

parents.<sup>214</sup> The immunologist's ability to offer in-depth explanations and tailored vaccination plans reassures concerned parents, thereby improving vaccine uptake among this demographic.

203. The establishment of the Methodological Consultative Vaccination Centre within the Mother and Child Institute further underscores the importance of tailored interventions in combating vaccine hesitancy. This centre, equipped with modern facilities and supported by UNICEF, plays a critical role in enhancing immunization services. Its mission extends beyond vaccination delivery to educating parents about the importance of immunization and training healthcare workers. The centre has been working for only a few months (since April 2024), but is already seen as a significant source of support for family doctors and epidemiologists in the regions and Chisinau. In cases of specific contraindications, family doctor hesitation, and parents' vaccine hesitancy, children can be redirected to consultation in the centre.

## **2) Multi-faceted Approach, Combining Educational Games, Comprehensive Training, and Community Engagement, Proved to be a Robust Model for Health Education.**

204. The project led by UNICEF and the Association of Intellectual Games, with USAID support, aimed at engaging children and adolescents in discussion on COVID-19 preventive measures through educational games, yielded some significant lessons.<sup>215</sup> One major lesson learned concerns the effectiveness of interactive and game-based educational methods in increasing awareness and acceptance of vaccination among young people/students. The data showed a remarkable 22% increase in the number of students who planned to use vaccination as a protective measure against infectious diseases, and a 26% increase in the number of those who recognized vaccination as a means of defence against COVID-19. This indicates that children respond positively to engaging, participatory learning environments, which can effectively shift perceptions and behaviours regarding health practices.

205. Furthermore, the project highlighted the vital role of teachers and young leaders in disseminating accurate information and fostering positive attitudes towards vaccination. The training of trainers for 293 teachers and 302 young leaders equipped these influential community members with the skills necessary to hold effective discussions about COVID-19 vaccines, thus amplifying the reach and impact of the educational interventions. A national conference in Chisinau further reinforced the importance of such collaborative efforts, bringing together stakeholders from various sectors to support and validate the initiative. This multi-faceted approach, combining educational games, comprehensive training, and community engagement, proved to be a robust model of health education, demonstrating potential scalability and applicability in other regions and contexts to combat vaccine hesitancy and misinformation.

## **3) Integrated Strategies and Collaborative Efforts in the 'HPV+ Moldova' Initiative.**

206. The 'HPV+ in Moldova' initiative<sup>216</sup>, coordinated by UNICEF, raised several critical lessons. First, an integrated approach that addresses multiple adolescent health issues simultaneously, such as HPV vaccination, bullying, and mental health, proved highly effective. Leveraging youth-friendly health services and involving stakeholders from health, education, and social services sectors ensures holistic intervention. Second, adolescent-centric and gender-sensitive strategies, combined with cross-sectoral collaboration, are essential to success. In particular, comprehensive capacity building for teachers,

---

<sup>214</sup> Based on doctors' statements.

<sup>215</sup> Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

<sup>216</sup> End-line assessment of the interventions under the 'HPV+ In Moldova' initiative, July 2022.

parents, and healthcare providers enhances the effectiveness of these interventions. Third, developing and implementing training programmes, ‘edutainment’ tools, and communication campaigns can significantly improve HPV vaccination awareness and uptake while addressing related issues like bullying and mental health. Despite challenges such as misinformation and logistical constraints, a multi-level, evidence-based strategy proved effective in improving health outcomes. Ultimately, this initiative provides a sustainable model for integrated adolescent health interventions in Moldova and beyond.

## 8.0 Recommendations for UNICEF’s Support of the Immunization System in the Republic of Moldova

207. The evaluation findings, lessons learned, and especially the conclusions have been used to develop the recommendations presented in this section. The draft recommendations were circulated for review and comment by the Evaluation Reference Groups (ERG) and revised accordingly. Each recommendation includes a reference to the supporting conclusions and an assigned level of priority.

208. **Recommendation 1: The UNICEF CO, in collaboration with the MoH and the NITAG<sup>217</sup> should increase strategic engagement efforts, including but not limited to enhancing data-driven decision making, strengthening community engagement, and building the capacity of healthcare workers to ensure that national immunization policies remain aligned with the latest evidence and best practices, especially in the implementation of the SBC component of the NIP for 2023-2027.**

209. **Rationale:** Maintaining this strategic alignment is crucial to sustain the progress made in immunization coverage and ensuring that new challenges, such as emerging diseases or shifts in population dynamics, are effectively addressed. Continuous evidence-based planning will enhance the resilience and responsiveness of Moldova's immunization programmes.

**Based on Conclusions:** 1, 5, 7, 10

**Priority:** High

210. **Recommendation 2: The UNICEF CO should advocate for, and secure, more stable and diversified funding sources to support sustained implementation of supported SBC strategies and cross-sectoral initiatives, ensuring that critical activities are not disrupted by funding fluctuations.**

211. **Rationale:** Intermittent funding poses a significant risk to the long-term success of immunization initiatives. By diversifying and stabilising funding, UNICEF can ensure the continuity and effectiveness of key interventions that rely on SBC strategies and cross-sectoral collaboration.

**Based on Conclusions:** 2, 3, 6, 7

**Priority:** High

212. **Recommendation 3: The UNICEF CO should advocate for, and support, the development of a national strategy and budget for national SBC initiatives, ensuring that these critical components are fully integrated into Moldova's immunization programmes.**

213. **Rationale:** A dedicated national strategy and budget for SBC initiatives would provide the necessary framework and resources to sustain and expand such efforts, which are essential to address vaccine hesitancy and improve immunization outcomes across the country.

---

<sup>217</sup> The NITAG is a multidisciplinary body of national experts that provide evidence-based recommendations to policymakers and immunization programme managers.

**Based on Conclusions:** 3, 6, 7

**Priority:** High

214. **Recommendation 4:** UNICEF is strongly recommended to strengthen its intra-institutional linkages and cooperation to secure regular and institutionalized engagement of its health and education teams in immunization programme development and design, as well as policy support measures. Furthermore, the UNICEF CO should expand its support of national and local cross-sectoral initiatives and programmes that address the social and behavioural drivers affecting vaccine uptake.

215. **Rationale:** Strengthening the linkages between education and health sectors is essential to address vaccine hesitancy and ensure sustained improvements in immunization coverage. Integrated efforts here would allow for more holistic and effective interventions, particularly in addressing the underlying social and behavioural factors influencing vaccine acceptance.

**Based on Conclusions:** 4, 5, 6, 7

**Priority:** High

216. **Recommendation 5:** UNICEF should continue enhancing the capacity-building programmes for healthcare workers, with a focus on improving their interpersonal communication skills and community engagement techniques to better address vaccine hesitancy and build public trust, especially in urban areas. It is crucial that these trainings are continuous rather than one-off events, as ongoing education allows healthcare workers to stay up to date on the latest communication strategies, adapt to evolving community needs, and consistently reinforce their skills.

217. **Rationale:** Targeted training programmes are necessary to equip healthcare workers with the skills needed to effectively combat misinformation and (re)build trust in vaccines. This is especially important in urban areas where vaccine hesitancy is more prevalent and can significantly impact immunization coverage.

**Based on Conclusions:** 5, 6, 7

**Priority:** Medium

218. **Recommendation 6:** The UNICEF CO should work closely with national authorities to develop and implement targeted outreach programmes that specifically address the immunization needs of migrant and refugee populations, to ensure equitable access<sup>218</sup> to vaccines for all vulnerable groups.

219. **Rationale:** Migrants and refugees face unique challenges, such as language barriers, lack of documentation, and limited access to healthcare services, which hinder their access to vaccines. Tailored outreach programmes are necessary to overcome these barriers and ensure that all populations are protected, thereby contributing to overall public health and immunization goals.

**Based on Conclusions:** 7, 8

**Priority:** Medium

220. **Recommendation 7:** UNICEF should build on its existing partnerships with national health authorities, the WHO, the World Bank, and USAID by focusing on optimizing joint initiatives to address emerging challenges, such as improving vaccine equity, strengthening supply chain resilience, and supporting the retention of family doctors.

221. **Rationale:** By building on established partnerships, UNICEF can more effectively tackle emerging challenges like ensuring equitable vaccine access for vulnerable populations, enhancing the

---

<sup>218</sup> "Equitable access" refers to ensuring that all individuals, regardless of their socioeconomic status, geographical location, or personal circumstances, have fair and just opportunities to obtain vaccines and essential health services, with particular attention paid to the needs of vulnerable and marginalized populations.

resilience of supply chains to disruptions, and supporting the retention of family doctors, which is critical to sustainable healthcare delivery. This approach would further strengthen Moldova's immunization system and enhance overall health outcomes.

**Based on Conclusions:** 1, 4, 7, 9

**Priority:** High

222. **Recommendation 8:** UNICEF, in close cooperation with other partners, in particular the WHO and the World Bank should support the MoH and the NAPH in further developing a unified, real-time digital data system for immunization management, including targeted training for health personnel and addressing infrastructure gaps in rural areas.

223. **Rationale:** Enhanced digital integration may improve data entry and reporting processes, facilitating more accurate monitoring of vaccine stocks and coverage across regions. Addressing these technical and capacity challenges could strengthen Moldova's immunization system, especially in remote areas where data access and entry remain limited.

**Based on Conclusions:** 8, 9, 11

**Priority:** High

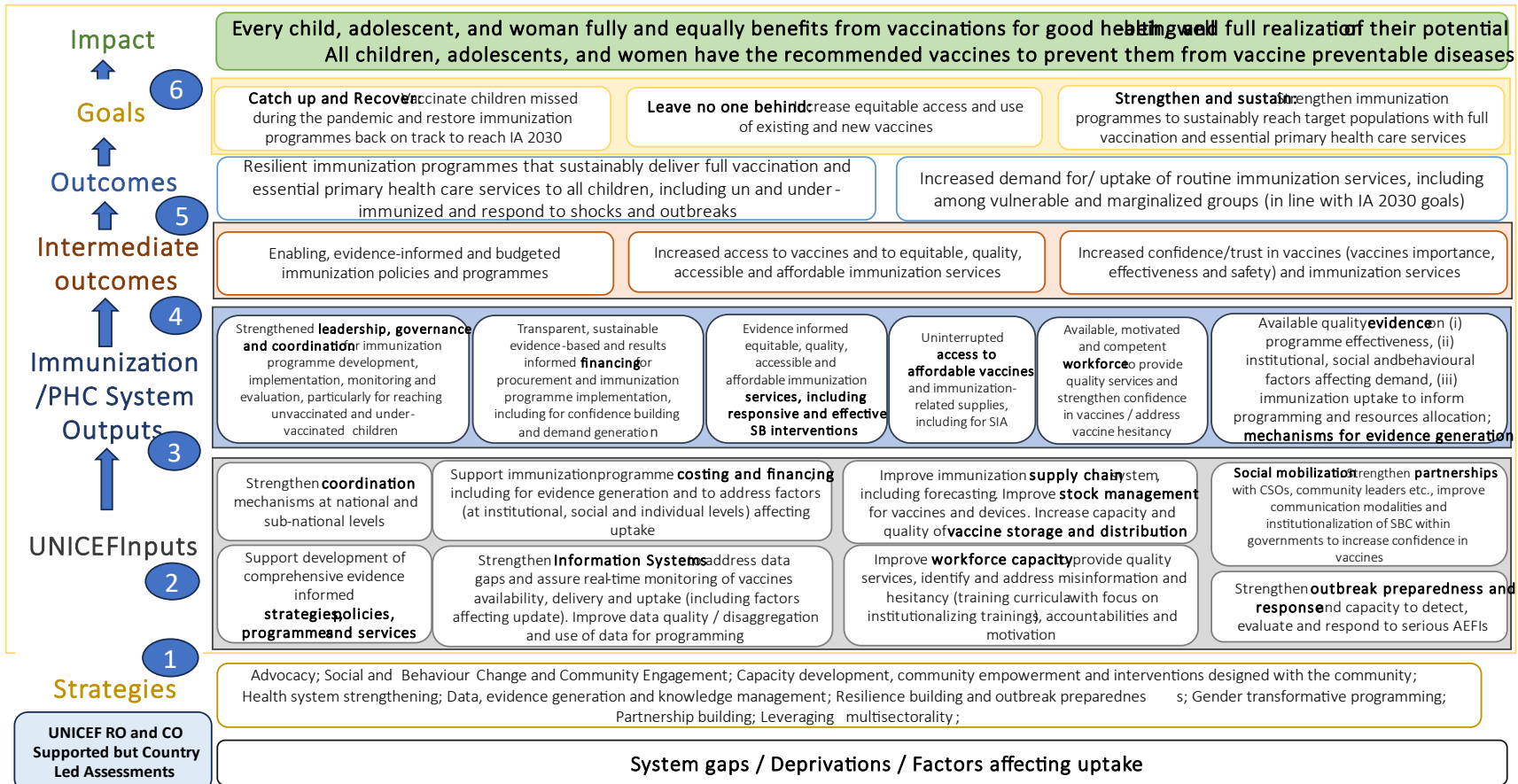
## Annexes

### Annex 1: Terms of Reference

The complete terms of reference (ToR) for the evaluation are available via this link:  
[TOR evaluation Immunization FULL.docx](#)

## Annex 2: Theory of Change

The theory of change presented here is comprehensive and meant to apply to UNICEF's support for each country in the region. However, it recognizes that each UNICEF CO engages in a selection of supporting activities and programming, as illustrated here, in accordance with national needs and priorities and the changing national immunization context.



*Note: As factors affecting vaccine uptake are often persistent at individual, social and system/institutional levels, SBC is an important strategy to address these determinants and achieve immunization results (outcomes, intermediate outcomes and outputs). SBC should/could be considered across (most) inputs, from evidence generation, to designing and delivering services, strengthening the capacities of the workforce, developing policies informed by behavioural insights.*

## Annex 3: Methodology and Evaluation Dataset

### **Part One: Analytical Methods**

At both regional and country level, the evaluation relied on two main analytical methods to analyse the evidence gathered: contribution analysis (CA) and a simplified form of process tracing.

**Contribution Analysis:** The essential value of CA is that it offers an approach designed to reduce uncertainty about the contribution of the intervention to the observed results through an increased understanding of why the observed results have occurred and the roles played by the intervention and other internal and external factors (UNEG 2020, p.14). The findings of a CA do not serve as definitive proof, but rather provide evidence and a line of reasoning from which we the evaluation can draw a plausible conclusion that, within some level of confidence, the programme has made an important contribution to the documented results.

The process of CA involves six main steps (UNEG, 2020, p.14). Table 7 sets out these different steps and shows how they were applied to the country-level evaluation in Moldova.

#### Steps in Contribution Analysis (CA) as Applied to ECA Immunization Evaluation

<b>Steps in Contribution Analysis</b>	<b>Application to the Evaluation of Immunization Programming in Moldova</b>
Set out the contribution problem (questions to be addressed)	Completed during the inception phase: KEQs (particularly question 1) identified the expected UNICEF contributions
Develop theory of change (results chain with causal links and assumptions)	Regional theory of change developed during the inception phase and vetted by the UNICEF CO
Gather evidence (pre-existing and available)	Preliminary document and data review carried out by the central evaluation team during the inception phase (completed in March 2024)
Assemble and assess evidence (lay out and assess the credibility of the narrative of UNICEF's contributions)	Completed by the national evaluator from mid-April until the end of May 2024 with participation of a member of the central evaluation team
Seek out more evidence (gather more primary and secondary data to augment evidence, as needed)	Carried out concurrently with step 4 based on weekly team meetings and consultations and interaction between the central evaluation team and the Moldova-based evaluation team member
Revise the narrative (identify reasonable causal claims wherever supported by evidence)	All country-based team members met with the central evaluation team in Istanbul for a data consolidation workshop to review evidence for each KEQ and to develop an assessment of the credibility of claims regarding UNICEF's actions and their contribution to the observed results

The claimed contribution analysis is supported by evidence on both achieved results and underlying assumptions.

**Process tracing** is a methodology used in qualitative analysis that examines important positive choices and decisions (for example, changing a strategy, altering a curriculum for training, or introducing new

vaccines) and arrives at an assessment of how different actors may have contributed to the choice/decision. In applying process tracing, the evaluator should identify and describe the decision-making process while paying attention to the question of sequence (for example, the time elapsed between advocacy and decision) (Collier, 2011). Process tracing is most often used **within a case study framework**.

Given the complexity and variety of the important changes made to the immunization system in Moldova over time, the evaluation relied on a simplified approach to process tracing by identifying key changes in the orientation and operation of the immunization system in general and the NIP in particular (such as incorporating SBC approaches into the operations of the communications team of the RCIP). The role of UNICEF in these changes was then examined by cross-triangulation of key stakeholder inputs on the influence of UNICEF Moldova's engagement and support. It is important to note that process tracing was designed from the beginning as a supplement to the main analytical approach of CA.

#### ***Part Two: Data Collection, Analysis, and Reporting***

The evaluation applied a mixed-method approach to data collection, including a document and data review, KIIs, and site visits both inside and outside the capital city.

The evaluation team for Moldova consisted of a nationally engaged evaluator supported by a member of the central evaluation team.

- The **national evaluator** was responsible for data collection and joint analysis and acted as lead author in the preparation of draft and final **Country Evaluation Reports**. The Moldova CO played a supportive role in country-level data collection to ensure access and guidance, as appropriate. In addition, the evaluation was guided by its own ERG comprising representatives of the UNICEF CO and the Government of Moldova.
- The **central evaluation team member** (in this case the evaluation team leader) provided input, guidance, and oversight to the national evaluator and engaged in joint analysis and preparation of the draft Country Evaluation Reports. The central evaluation team was responsible for quality assurance of the Country Evaluation Reports and took part in all presentations to the ERG. The evaluation team leader also took part in a brief mission to Moldova in April 2024 to join in selected KIIs and provide support and oversight to the national evaluator.
- During the data collection phase, the national evaluator for Moldova took part in the regular weekly remote meetings of the overall evaluation team. He also participated in the three-day data consolidation and analysis workshop in Istanbul in June 2024.

#### ***Document Review***

The evaluation entailed conducting a desk review of key strategic, policy, programme, and project documents and a review of secondary sources of information and analysis, including documents published by UNICEF, the national government, and other donors, as well as immunization and health system technical documents.

The desk review also identified key priorities and challenges to be addressed during the evaluation process (through KIIs and field visits), ensuring that efforts were focused on areas in need of further inquiry and analysis. The list of key documents consulted can be found in Annex 4.

#### ***Quantitative Data Review***

Quantitative profiling included the collection of quantitative data from UNICEF reports and immunization programme dataset, related to coverage and other relevant reports and assessments. Quantitative analysis of secondary data included tracking the trends of immunization coverage from 2018 to 2023 in the country using different sources of information (Joint Reporting Form (JRF), administrative data, and WUENIC data, updated for 2023). Elements forming the review of quantitative data are presented in the relevant sections of the report and in Annex 6.

**Key Informant Interviews (KIIs)**

Building from a stakeholder map developed in consultation with UNICEF Moldova, the list of stakeholders to be interviewed was agreed between the evaluation team and the UNICEF CO prior to the in-country mission by the overall evaluation team leader in April 2024. The evaluation conducted semi-structured interviews based on a set of guidelines tailored to each category of key stakeholder<sup>[4]</sup>.

The data collection guidelines allowed the interviewer the flexibility to deviate from the predetermined order. This approach enabled improvisation, while ensuring that all key topics were still covered, thereby promoting flexibility, empathy, and mutual understanding to encourage the exchange of information. Accordingly, a script was developed to structure the interview content. The evaluation took advantage of many personal interactions to obtain detailed information related to immunization programme components. The direct interactions provided deeper insights into stakeholders' perspectives, experiences, and challenges, which are critical to accomplish a thorough and accurate assessment and evaluation. Interviews were conducted in person, virtually, or by phone.

Key Informant Interviews by Institutional Type

Stakeholder group	Number of interviewees
UNICEF Moldova CO	5
Government	3
Development agencies/donors	2
Implementer partners (NAPH), including regional representatives	8
Academia	1
CSOs	4
Beneficiaries/doctors	8
Beneficiaries/medical assistants	4
<b>Total</b>	<b>35</b>

### ***Site Visits and Observations***

In addition to collecting documents and conducting KIIs in the offices of key stakeholders in the capital city, the evaluation visited regional NAPH branches, vaccine storage and distribution centres, and rural health facilities. The primary purpose of these visits was to gather additional evidence by observing immunization services at grassroot level. The sites to be visited were chosen in consultation with the UNICEF CO and the NAPH.

The site visits aided the evaluation in exploring the extent of the contribution to the observed results by UNICEF (and other partners) and in identifying barriers and challenges at operational level. By allowing the evaluation to engage with service managers and providers across a wide variety of contexts, the site visits also provided an important lever for triangulation and served as a validity check of results identified through other data sources such as survey data or research reports.

### ***Part Three: Analysis and Reporting***

The analysis phase of the Moldova evaluation relied on a collaborative process involving the national evaluator, the central evaluation team, and evaluators carrying out the other four country studies. It adhered to the following sequence:

- Evaluation evidence from all sources was entered into an Excel database under each evaluation question with the evidence coded as negative, positive, or neutral, and with the relevant evidence data point summarized. Accordingly, all relevant data could be organized under each evaluation question for analysis.
- After initial analysis by the country evaluation team member, the evidence for Moldova was presented and discussed in the data consolidation workshop in Istanbul in June 2024 with the participation of all evaluation team members and the UNICEF Evaluation Office for ECA.
- This process allowed for the calibration of evidence across all five country studies and the identification of themes that could inform the regional evaluation report.
- Subsequent to the data consolidation workshop, the national evaluator for Moldova prepared the first zero draft of the report along with preliminary findings. Analysis was then carried out on an interactive basis with the central evaluation team providing oversight, comments, and quality assurance.
- Upon the identification of an agreed set of evaluation findings, these were presented to the Moldova ERG for review and feedback at a meeting held on 3 September 2024.
- Subsequent to that meeting, evaluation conclusions and recommendations were developed and incorporated into the draft evaluation report shared with the Evaluation Manager on 13 September 2024.
- After being reviewed by the Evaluation Manager, the draft report was issued to the members of the ERG to be finalized after receipt of comments and feedback.

The challenges and limitations faced by the evaluation and the mitigating strategies used to address these are described in detail in Section 2.0 of the main report.

### ***Part Four: Evaluation Evidence Base/Dataset***

As noted above, the evaluation evidence was combined in an Excel database organized around the KEQs. The evidence dataset for Moldova is available via the following link: [Evidence Matrix - Vaccination Evaluation Moldova.xlsx](#).

The evaluation matrix and data collection instruments are included in the Evaluation Inception Report, which can be accessed via this link: [Final ECA Inception Report March 13 TFR.docx](#)

#### Annex 4: References

1. UNICEF Moldova Annual Reports 2018 to 2022.
2. UNICEF Moldova CPD 2018-2022.
3. UNICEF Moldova CPD 2023-2027.
4. Situation Analysis of Children and Adolescents in the Republic of Moldova. UNICEF, 2022, accessed < <https://www.unicef.org/moldova/en/reports/situation-analysis-children-and-adolescents-republic-moldova>>.
5. Perceptions, Attitudes and Beliefs on the Acceptance of COVID-19 Vaccines in the Republic of Moldova (2022).
6. End-line assessment of the interventions under 'HPV+ in Moldova' initiative (2022).
7. AMC30 CDS Results Tracker (Excel Link) June 2023 Moldova (WHO-UNICEF).
8. AMC30 CDS Results Tracker (Excel Link) November 2022 (WHO).
9. Article: Immunization Intervention in Balti municipality Led by Root Cause Analysis (2022).
10. Balti municipality Plan for the Improvement of the National Immunisation Program (Undated).
11. Draft Government of Moldova Decision on the National Immunisation Program (2023 to 2027, with appended National Program Plan).
12. Final Partnership Review Form: MOL/PCA2022101 (COVID-19 Risk Communication and Community Engagement in 24 districts, including in RACs): Asociația Obsteasca Centrul Strategii și Politici de Sanatate (Centre for Health Strategies and Policies): October 2022.
13. Standard Quarterly Progress Report: A situational analysis and mapping of the existing hotlines in the Republic of Moldova: Health for Youth Association (HF/Y) June 2023.
14. National Immunisation Program for 2021-2025 Overview MDA 2021.
15. Communication for Behaviour Change Strategy for the National Immunisation Program of the Republic of Moldova for 2017–2020 (2017).
16. Mapping of Institutional Capacity and Needs for Mainstreaming demand promotion and Social and Behavioural Change (SBC) in national immunisation policies, programs and budgets (Oxford Policy Management) 2020.
17. Root Cause Analysis of National Immunisation Program Performance at Sub-national Level in Moldova, Balti municipality, 2022 (undated).
18. PP Presentation on the communications campaign on immunization carried out by the Centre of Health Strategies and Policies supported by UNICEF, the MoH, and the NAPH (2023).
19. COVID-19 Vaccine Rollout in the Republic of Moldova Final Report to USAID (Dec 2022).
20. Commodities Request Template for COVID-19-related Commodities via UNICEF (USAID).
21. Joint external evaluation of IHR core capacities of the Republic of Moldova, 2019, <https://www.who.int/publications/i/item/WHO-WHE-CPI-2019.54>.
22. Raportul cu privire la realizarea Programul național de imunizări pentru anii 2023-2027, aprobat prin Hotărârea Guvernului nr. 211/2023, accessed: <[https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211\\_2023.pdf](https://ms.gov.md/wp-content/uploads/2024/06/Raport-PN-Imunizari-La-HG-nr.-211_2023.pdf)>.
23. CÎRSTEA, O., PICLON, C. and REVENCO, N. (2023) "Studiul cunoștințelor părinților privind papilomavirusul uman și vaccinarea copiilor anti HPV", *One Health & Risk Management*, p. 37. Available at: <https://journal.ohrm.bba.md/index.php/journal-ohrm-bba-md/article/view/436> (Accessed: 6 August 2024).
24. Root Cause Analysis of National Immunisation Program Performance at Sub-national Level in Moldova, Balti municipality, 2019.
25. Integrating health and communication to achieve better results for routine and COVID-19 immunization in Moldova. Moldova Case Study, 2023, <<https://www.unicef.org/moldova/media/11926/file/Integrating%20health%20and%20communication%20in%20Moldova>>

[20to%20achieve%20better%20results%20for%20routine%20and%20COVID-19%20immunization%20in%20Moldova.pdf](#)>.

26. Assessment of coping mechanism of families with children from the Republic of Moldova, 2021, <

[https://www.unicef.org/moldova/media/6556/file/Unicef%20Moldova\\_COVID19%20Impact%20on%20Remittances%20and%20Families%20with%20Children\\_2021.pdf%20.pdf](https://www.unicef.org/moldova/media/6556/file/Unicef%20Moldova_COVID19%20Impact%20on%20Remittances%20and%20Families%20with%20Children_2021.pdf%20.pdf)>.

27. Immunization intervention led by root cause analysis assessment underscores context-specific approaches to improve vaccine uptake, UNICEF, 2023.

28. Situation analysis of children and adolescents in Moldova, 2022, <

<https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>>.

29. Joint external evaluation of IHR core capacities of the Republic of Moldova. Mission report: 1–5 October 2018, WHO, 2019 < <https://iris.who.int/bitstream/handle/10665/311711/WHO-WHE-CPI-2019.54-eng.pdf?sequence=1>>.

30. Support to COVID-19 Vaccine Rollout Program, USAID, April 2024.

31. Engaging schoolchildren and teachers from 10 districts of Moldova in discussions about COVID-19 pandemic and vaccination through educational games, 2023, <

<https://drive.google.com/file/d/1zDEbxZh47IzSiew1P0m6el07QVpHhI0D/view>>.

## Annex 5: Persons Interviewed

1. Angela Capcelea, Health Specialist, UNICEF Moldova CO;
2. Farhad Imambakiev, Social and Behaviour Change Specialist, UNICEF Moldova CO;
3. Cristina Stratulat, Social and Behaviour Change Officer, UNICEF Moldova CO;
4. Elena Laur, M&E Specialist, UNICEF Moldova CO;
5. Angela Munteanu, Communication Specialist, UNICEF Moldova CO;
6. Angela Paraschiv, Secretary of State, Ministry of Health;
7. Ninel Revenco, Chief of Pediatric Department, Mother and Child Institute, the NITAG attached to the MoH;
8. Olga Carstea, Paediatrician, Mother and Child Institute;
9. Ghenadie Curocichin, Chief, Family Medicine Commission of the MoH,;
10. Dumitru Capmari, Technical Officer, WHO in the Republic of Moldova;
11. Ilie Volovei, Health Economist, World Bank;
12. Veaceslav Gutu, Deputy Director, the NAPH;
13. Oleg Lozan, Director, School of Public Health Management, “Nicolae Testemițanu” State University of Medicine and Pharmacy;
14. Tatiana Cotelnic, Program Manager, Center for Information and Communication in Health;
15. Galina Lesco, Director, Youth Clinic (HPV);
16. Petru Macovei, Director, Asociatia presei independente;
17. Daniela Gamureac, Manager, Red Cross Association;
18. Lidia Bordeian, Epidemiologist and Head of Transmissible Disease Control, Center of Public Health Orhei;
19. Ion Bolboceanu, Doctor-Chief, Center of Public Health Orhei,;
20. Iurie Lupaceascu, Doctor-Chief, Center of Family Doctors #1, Orhei,;
21. Nicolae Porcescu, Center of Family Doctors Saratenii Vechi, rayon Telenesti, Doctor-Chief;
22. Lucia Botnar, Medical Assistant, Health Point (vaccination point), village Mandra, rayon Telenesti;
23. Raisa Popovic, Medical Assistant, Health Point (vaccination point), village Ratus, rayon Telenesti;
24. Tamara Kislac, Medical Assistant, Health Point (vaccination point), village Ratus, rayon Telenesti;
25. Katerina Iskra, Medical Assistant, Health Point (vaccination point), village Condru Nou, rayon Telenesti;
26. Vasilie Bejenari, Doctor-Chief, Center of Public Health Edinet,;
27. Lilia Sontea, Doctor-Chief, Center of Family Doctors, Cupceni, rayon Edinet;
28. Elena Tureac, Epidemiologist and Head of Transmissible Disease Control, Center of Public Health Balti;
29. Valeria Dascal, Immunologist, Center of Family Doctors #1, Balti;
30. Nicolae Gaisan, Epidemiologist and Head of Transmissible Disease Control, Center of Public Health, Cahul;
31. Larisa Chiriac, Chief Doctor (adjunct), Medical Center Cahul;
32. Ion Armanu, Chief Doctor, Center of Family Doctors Crihana Veche;
33. Elena Dulgher, Epidemiologist and Head of Transmissible Disease Control, Center of Public Health, Comrat,;
34. Uzun Nadejda, Family Doctor, Medical Center Comrat;
35. Oleg Eremciuc, Epidemiologist and Head of Transmissible Disease Control, Center of Public Health, Hincesti.

## Annex 6: Sites Visited

1. Mother and Child Institute, Chisinau, Moldova;
2. University Primary Healthcare Clinic, Chisinau, Moldova;
3. Center of Public Health, Orhei, Moldova;
4. Center of Family Doctors #1, Orhei, Moldova;
5. Center of Family Doctors, Saratenii Vechi, rayon Telenesti, Moldova;
6. Health Point (vaccination point), village Mandra, rayon Telenesti, Moldova;
7. Health Point (vaccination point), village Ratus, rayon Telenesti, Moldova;
8. Health Point (vaccination point), village Condru Nou, rayon Telenesti, Moldova;
9. Center of Public Health, Edinet, Moldova;
10. Center of Family Doctors, Cupceni, rayon Edinet, Moldova;
11. Center of Public Health, Balti, Moldova;
12. Center of Family Doctors #1, Balti, Moldova;
13. Center of Public Health, Cahul, Moldova;
14. Medical Center, Cahul, Moldova;
15. Center of Family Doctors, Crihana Veche, rayon Cahul, Moldova;
16. Center of Public Health, Comrat, Moldova;
17. Medical Center, Comrat, Moldova;
18. Center of Public Health, Hincesti, Moldova.

## Annex 7: Selected Data

**Table 1: UNICEF Moldova Expenditures Coded to Immunization 2020 to 2023**

Expenditure Intervention Code	2020	2021	2022		2023
Immunization programmes to reach zero-dose communities			\$9,673		
SBC and community engagement for immunization					\$348,808
Technical assistance for immunization - excluding polio technical assistance					\$100,295
(Output 6) Limit H to H transmission of COVID-19	\$843,720	\$589,471			
(Output 7) COVID-19 prevention	\$1,942,121	\$3,373,261			
<b>Total</b>	<b>\$2,785,841</b>	<b>\$3,962,732</b>	<b>\$9,673</b>		<b>\$449,103</b>

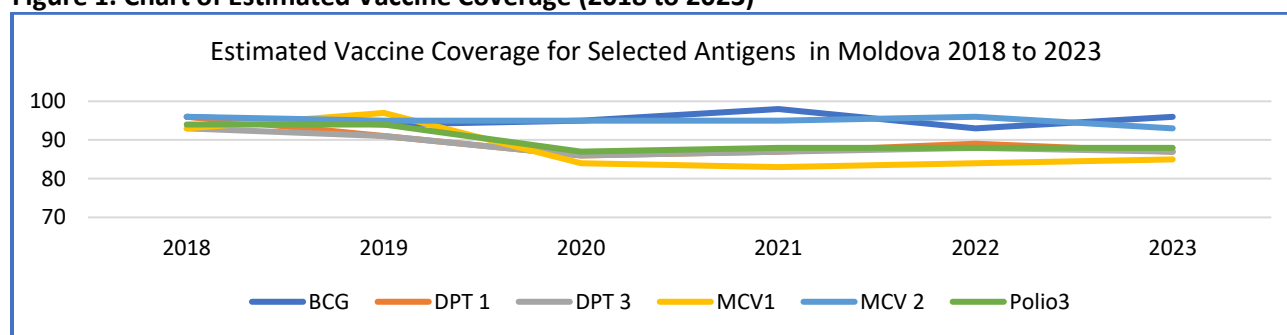
Source: UNICEF Moldova (2024).

**Table 2. Moldova Immunization Coverage and Regional Average for Selected Antigens: 2018 to 2023**

Vaccine	Moldova 2018	Regional Average 2018	Moldova 2019	Regional Average 2019	Moldova 2020	Regional Average 2020	Moldova 2021	Regional Average 2021	Moldova 2022	Regional Average 2022	Moldova 2023	Regional Average 2023
<b>BCG</b>	96	96	94	95	95	96	98	95	93	95	96	96
<b>DTP 1</b>	96	97	91	97	86	96	87	96	89	96	87	97
<b>DTP 3</b>	93	95	91	96	86	94	87	94	88	94	87	96
<b>MCV 1</b>	93	96	97	97	84	94	83	95	84	93	85	96
<b>MCV 2</b>	96	94	95	94	95	92	95	94	96	93	93	94
<b>HPV</b>	44		48		50		40		47			
<b>Polio 3</b>	94	95	94	96	87	94	88	94	88	95	88	96

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2023 Revision, accessed at: <https://worldhealthorg.shinyapps.io/wuenic-trends/>

**Figure 1. Chart of Estimated Vaccine Coverage (2018 to 2023)**



Source: WEUNIC 2023 Revision, 15 July 2024.

**Table 3. Incidence Rate and Cases of Measles in Moldova and in ECA Region (2018 to 2023)**

Year	2018		2019		2020		2021		2022		2023	
Incidence Rate is # per million of population	Incidence Rate	Total Cases	Incidence Rate	Total Cases	Incidence Rate	Total Cases	Incidence Rate	Total Cases	Incidence Rate	Total Cases	Incidence Rate	Total Cases
<b>ECA Region</b>	89.54	82596	112.07	104248	13.08	12205	0.18	166	0.97	904	62.38	58114
<b>Moldova</b>	84.14	340	22	89	4.21	17	0	0	0	0	0.87	3

Source: WHO EpiData, WHO European Region: No.07/24

**Table 4. Moldova: Selected Results Indicators Reported by UNICEF Moldova for Immunization (2018 to 2024)**

Indicator name	Type	Baseline yr	Baseline value	Target yr	Target value	Actually achieved	Rating
Extent of UNICEF's support for the roll-out of COVID-19 vaccines	Core Standard Indicator (CSI)	2021	Score 6	2023	Score 7	Score 7 (2022)	Fully Achieved
Extent to which communication and social mobilization plan for routine and supplementary immunization is implemented by health providers	CSI	2016	Score 1	2022	Score 2.5	Score 2.5	Fully Achieved
Number of children vaccinated against measles through UNICEF-supported programmes	CSI	2021	31,353	2023	N/A	24,153	Not Rated
Children < 1 year receiving DTP-containing vaccine at national level	Standard Indicator	2022	86	2023	88	88.6	Fully Achieved

Source: UNICEF inSight Outcome/Output Data Explorer: Updated 09/12/24

## Annex 8: Compliance with Norms and Standards in Evaluation

### **United Nations Evaluation Group (UNEG) Norms and Standards**

The evaluation was carried out in accordance with UNEG norms and standards. The following table provides an overview of the evaluation design and operational plan as it was carried out in Moldova in light of the UNEG general norms for evaluation (UNEG, 2021, pp. 10-12):

UNEG Norms	Evaluation Compliance
Internationally Agreed Principles, Goals, and Targets	The evaluation assessed UNICEF’s performance and contribution to goals in immunization which are integral to the achievement of SDG 3 (“Ensure wellbeing and promote healthy living for all at all ages” in accordance with SDG Target 3.b which includes ensuring access to essential medicines and vaccines.
Utility	The evaluation report provides findings, conclusions, and recommendations that can inform and guide programming for UNICEF, national authorities, and key stakeholders.
Credibility (independence, impartiality, and rigor of methodology)	The evaluation was independently managed by the UNICEF ECA Office of Evaluation and conducted by impartial international and national team members recruited through a competitive process and vetted to ensure no conflicts of interest. In addition, the evaluation methods were reviewed by key stakeholders at regional and national levels.
Independence	In prior evaluations, the central and national team members demonstrated their ability to evaluate without undue influence by any party. The ECA Evaluation Office also provided independent management of the evaluation.
Impartiality	None of the evaluation team members have been or will be directly responsible (in the near future) for policy setting, design, or management of immunization programming in the region.
Ethics	Discussed in detail below.
Transparency	The evaluation report will be publicly available through the online UNICEF Evaluation Portal.
Human Rights and Gender Equality	The evaluation directly focused on access to quality evaluation services for marginalized populations in accordance with the principle of “no-one-left-behind.” This is especially relevant in immunization programmes. The evaluation addressed, in particular, the availability of disaggregated data by sex and by marginalized or under-served groups.
National Evaluation Capacities	By engaging the national evaluation team member fully in all aspects, the evaluation has contributed to strengthening national capacity in Moldova, which can strengthen national systems for evaluation.
Professionalism	All members of the evaluation team were selected based on their experience, knowledge, and demonstrated integrity. They followed these norms and applicable ethical standards throughout the evaluation.

## **Adhering to Ethical Standards**

Throughout all phases of the evaluation, the evaluation team conformed to and upheld the UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis adhering to the principles of respect, beneficence, integrity, and accountability<sup>219</sup>.

### **Respect**

Respect here encompasses the access to the evaluation process given to relevant stakeholders: going from powerless to powerful. This element was pursued during the inception phase of the evaluation by engaging with UNICEF staff at regional and CO levels, and through their engagement with national authorities, including with regard to participation in the country ERG. It also entailed fair representation of different voices in the evaluation process through engagement with stakeholders across all UNICEF CO and RO staff, national health authorities at all levels, and development and implementing partners.

### **Beneficence**

Adherence to this principle required the evaluation and the evaluators to consider the ongoing risks and benefits arising from the evaluation process and products – including longer-term consequences. For this evaluation, that meant, among other considerations, ensuring that the costs, including the opportunity cost of staff time devoted by UNICEF, national authorities, service providers, and other stakeholders, was commensurate with the benefit realized through the findings, conclusions, and recommendations, which can inform and improve future programming. In addition, it required that the evaluation “do no harm” and ensure an overall positive contribution to human and natural systems and to the mission of the United Nations. The positive contribution in this regard was pursued throughout the commissioning and design of the evaluation and remained a priority during the data collection, analysis, and reporting phases.

### **Integrity**

This required the evaluation managers and the evaluation team to commit to honesty and truthfulness in their communications and actions, and to demonstrate professionalism and competence throughout the evaluation process. It also demanded that the evaluation team demonstrate independence, impartiality, and incorruptibility. These interdependent and mutually reinforcing principles were supported by an evaluation design that required frequent updating and reporting to key stakeholders at regional and national levels, and oversight from the Moldova ERG.

### **Accountability**

Accountability was achieved through transparency regarding the evaluation’s purpose and actions taken, as well as genuine responsiveness to any questions arising during the conducting of the evaluation. It also meant that the evaluation manager and team members had to act with full responsibility in terms of meeting the evaluation purpose, exercising due care and ensuring redress whenever action was needed. The team members remained committed to delivering high-quality evaluation products and deliverables on time and within budget to the extent that these dimensions remained within their control. Accountability also required fairly and accurately reporting to stakeholders the decisions, actions, and intentions of the evaluation.

## **UNICEF Ethical Standards in Research**

The evaluation was designed and implemented in alignment with the comprehensive UNICEF ethical standards in research, evaluation, data collection, and analysis (UNICEF, 2021). These standards

---

<sup>219</sup> UNICEF PROCEDURE ON ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS (2021) Document Number: PROCEDURE/OOR/2021/001.

emphasize the importance of respect for participants, ensuring no harm, and maintaining data integrity and confidentiality. All team members completed mandatory UNICEF ethics training prior to commencing their work. This training included modules on the principles of "do no harm," informed consent, voluntary participation, and safeguarding vulnerable groups, particularly children and marginalized populations. Ethical considerations were integrated throughout each phase of the evaluation, from planning to data collection and analysis. Specific measures included obtaining informed consent from all participants, ensuring that participation was voluntary, and providing the option of anonymity when collecting qualitative data. Special attention was given to sensitive contexts, and protocols were established to manage any adverse events or disclosures during interviews. Reflective discussions on ethical dilemmas encountered during data collection were conducted regularly, fostering a culture of ethical reflexivity among the evaluation team. These reflections informed adaptations in fieldwork practice to ensure continuous adherence to ethical principles.

### **Quality Assurance**

Quality assurance was embedded at various stages of the evaluation, ensuring that ethical standards were upheld and that the overall integrity of the process was maintained. A quality assurance framework was developed to monitor the consistency and accuracy of data collection, the rigor of the analysis, and the reliability of the findings. The framework was discussed during the evaluation team's workshop in June 2024. At the final stage of the evaluation, an additional round of quality assurance was carried out to verify that all ethical considerations had been addressed comprehensively and to ensure that the findings were presented transparently and accurately.

To ensure compliance with Instruction 3 of UNICEF's ethical standards (pp. 12 and 13), the evaluation plan underwent an internal review. Considering the nature and scope of the research, it did not require assessment of an external ethical review board or panel. However, the internal quality assurance process did include a thorough review of ethical protocols to ensure that potential risks to participants were mitigated effectively.