



# Republic of Moldova

WUENIC 2024 revision,  
Published 15 July 2025



# WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2024 revision

Every year, WHO and UNICEF jointly review submissions from Member States on national immunization coverage, including annual administrative and official coverage, finalized survey reports and data from both published and grey literature. The data is triangulated with consideration of potential biases and local expert opinions to differentiate between accurately reflective empirical data and potentially misleading data, to assess the most likely coverage levels for each country.

WHO and UNICEF produce country-specific estimates by individually reviewing each country's data without borrowing from other countries in the absence of data. These estimates are not based on ad hoc adjustments to reported data; sometimes, empirical data come from a single source, typically nationally reported coverage data. If no data are available for a specific country-vaccine-year combination, data from earlier and later years are considered and interpolated to fill in the gaps. When data sources are conflicting and show significant variations, efforts are made to determine the most likely estimate, taking into account potential biases in the available data.

This slide deck presents the latest WUENIC estimates (published 15 July 2025).

NA: • [Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.](#)

- [Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.](#)
- [Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.](#)
- [Danovaro-Holliday et al. 2021. Compliance of WUENIC with Guidelines for Accurate and Transparent Health Estimates Reporting \(GATHER\) criteria.](#)

# Definitions of immunization terms

## Vaccine coverage

Percentage of infants (children under one year of age) who received certain vaccine-doses. For example, coverage of DTP3 is the percentage of infants who received all three doses of diphtheria, tetanus, and pertussis (DTP) vaccine.

## Unvaccinated

An infant that did not receive the first dose of a vaccine series. The term "zero-dose" is used to describe children unvaccinated with DTP1.

## Under-vaccinated

An infant who received some but not all the recommended vaccine-doses in the national schedule.

## Vaccine-Doses

- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis
- Hepatitis B birth dose, given within 24 hours after birth (HepBB)
- Diphtheria, tetanus, and pertussis vaccine, first dose (DTP1) and third dose (DTP3)
- Hepatitis B vaccine, third dose (HepB3)
- *Haemophilus influenzae type b* vaccine, third dose (Hib3)
- Poliomyelitis vaccine, third dose (Polio3)
- Inactivated polio vaccine, first dose (IPV1) and second dose (IPV2): second dose is only shown for oral polio vaccine (OPV) using countries
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, third dose (PCV3)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human papillomavirus vaccine, first dose (HPV1) and last dose (HPVc): vaccine to protect against certain types of human papillomavirus that can lead to cancer or genital warts

## The Immunization Agenda 2030 (IA2030)

The IA2030 is a global strategy endorsed by the World Health Assembly aiming to ensure everyone, everywhere, at every age benefits from vaccines for improved health and well-being by 2030. It focuses on increasing vaccine coverage, equity, sustainability and pandemic preparedness while promoting life-course immunization and integrating immunization with other health services.



# Key concepts

- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as a proxy for identifying children who have not received any vaccinations, also known as "zero-dose" children. High DTP1 coverage indicates good access to immunization services, while low coverage suggests challenges in reaching children with essential vaccines.
- DTP3 is a widely used indicator of immunization programme performance. It reflects a country's ability to deliver routine immunization services and ensures children are protected against serious disease. DTP3 is tracked globally and serves as a key measure of a nation's vaccination efforts.
- DTP1-DTP3 drop-out measures the percentage of children who received DTP1 but not DTP3, and highlights where children are lost along the vaccination pathway, highlighting potential weaknesses in service delivery and follow-up.
- MCV1 (usually recommended between 9-12 months) assesses the ability to deliver vaccines later in infancy. It serves as a tracer for protection against measles and is a good indicator of health system performance.
- HPV vaccine protects against specific types of human papilloma virus (HPV), and is used to measure life cycle vaccination.
- Other key indicators include PCV3 and MCV2, which are used to monitor the Sustainable Development Goals (SDGs).
- Together, these indicators provide a consistent and comparable way to track immunization progress, identify missed communities and monitor global targets, including those under the Immunization Agenda 2030 (IA2030) and Sustainable Development Goals (SDGs).

# Key messages

- DTP1 coverage remained constant at 87% between 2023 and 2024.
- DTP3 coverage declined 1 percentage point from 87% in 2023 to 86% in 2024.
- There were there were approximately the same number of zero-dose children in 2024. This leaves 4,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further <500 with incomplete protection.
- Republic of Moldova accounted for 1.7% of zero-dose children in Europe and Central Asia (ECAR) and <0.1% of zero-dose children globally.
- MCV1 coverage declined 1 percentage point from 85% in 2023 to 84% in 2024. There were 5,000 children who missed out on the first measles vaccination.
- MCV2 coverage remained constant at 93% between 2023 and 2024.
- Last dose coverage of HPV vaccination (HPVc) among girls remained constant at 42% in 2024.

# Vaccination schedule, 2024

Level	Vaccine	Dose number and age administered				
		1	4	2	3	5
National	BCG	2 days				
National	DTWP (booster)		2 years			
National	DTWPHIBHEPB	2 months		4 months	6 months	
National	HEPB (pediatric)	Birth				
Subnational	HPV (females)	10 years		+6 months		
National	IPV	6 months		2 years		
National	MMR	12 months		7 years	15 years	
National	OPV	2 months	2 years	4 months	6 months	7 years
National	PCV	2 months		4 months	12 months	
Subnational	Rotavirus	2 months		4 months		

This table shows the 2024 national immunization schedule for routine services in Republic of Moldova, reported through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Each row corresponds to a vaccine or combination vaccine, indicating whether it is delivered at the national or subnational level. The schedule outlines the number of doses and the recommended ages for administration. Only childhood and adolescent vaccines relevant to WUENIC are included.

# Vaccine introduction years

Vaccine	National introduction	Partial introduction
HPV (Human Papilloma Virus) vaccine	Not introduced	2017
HepB birth dose	1998	
Hepatitis B vaccine	1995	
Hib (Haemophilus influenzae type B) vaccine	2009	
IPV (Inactivated polio vaccine)	2018	
IPV (Inactivated polio vaccine) 2nd dose	2022	
Malaria vaccine	Not introduced	
Measles-containing vaccine 2nd dose	2002	
Meningococcal meningitis vaccines (all strains)	Not introduced	
Mumps vaccine	1995	
PCV (Pneumococcal conjugate vaccine)	2022	2013
Rotavirus vaccine	Not introduced	2012
Rubella vaccine	2002	
YF (Yellow fever) vaccine	Not introduced	

This table displays the year each vaccine was introduced in Republic of Moldova. If a vaccine has been suspended, no introduction year is shown, but if it was suspended and later reintroduced, the year of reintroduction is provided. The introduction years can reflect nationwide rollout, partial (subnational) rollout, or introduction targeted to specific risk groups or high-risk areas, as indicated in the column headers.

# Vaccine stockouts

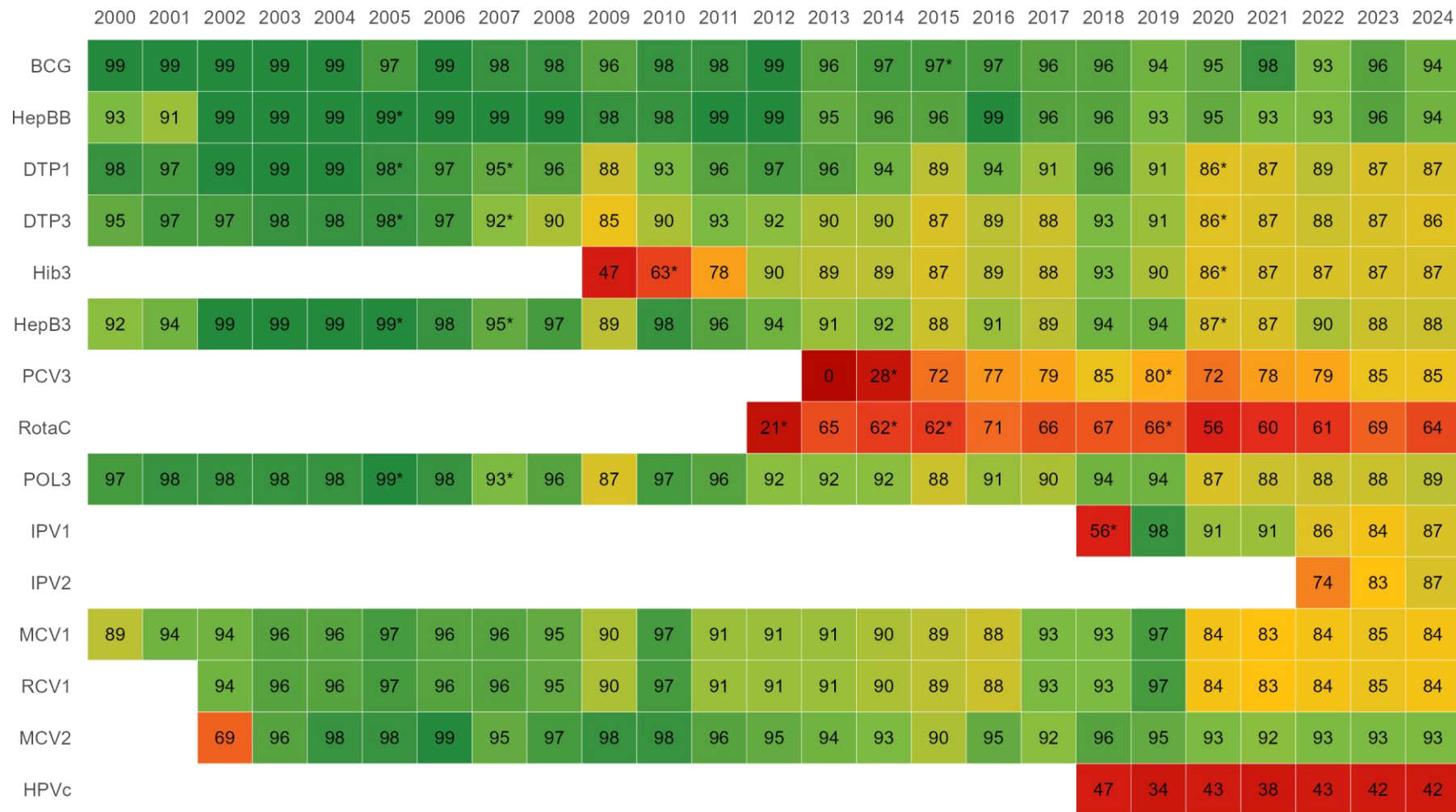
Vaccines / supplies	2020
DTP-containing vaccine	Subnational

This table presents reported vaccine stockouts of childhood vaccines relevant to WUENIC at the national and subnational levels over the last 5 years (2020 to 2024). Where available, the duration of national-level stockouts is indicated in months. Subnational stockouts are noted without specifying duration. Only vaccines that had a stockout during the specified time period are displayed.

A stockout refers to a period when vaccine storage and distribution points (e.g., national or district stores) are fully depleted, including buffer stock, and are unable to supply vaccines to lower-level stores or facilities. It is important to note that facility-level stockouts can still occur even when upper-level stores have inventory. Stockouts, especially prolonged ones, can negatively impact immunization coverage.



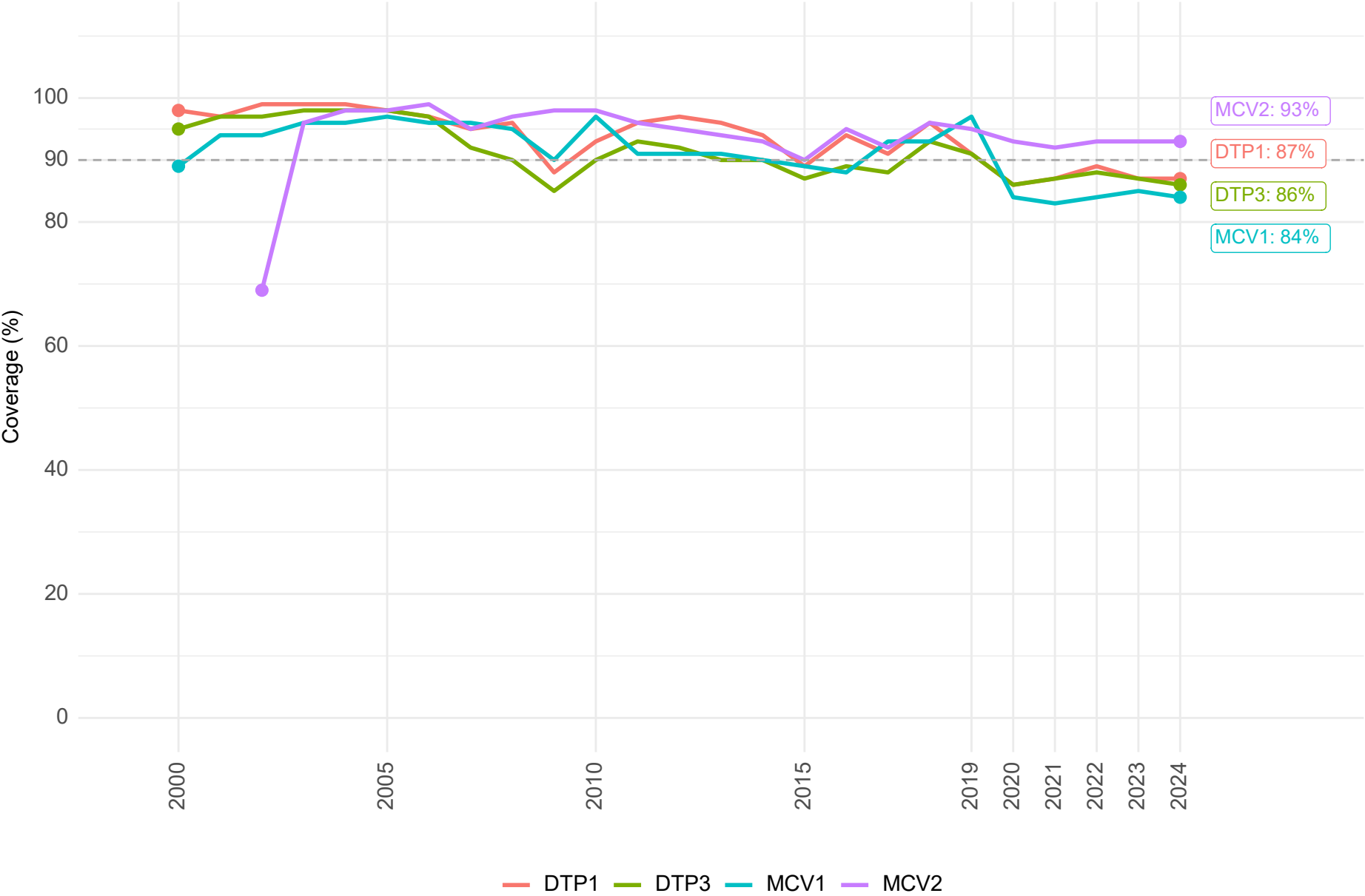
# Vaccine coverage, Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision.  
 Note: Stock information available from 2003.  
 An asterisk (\*) indicates where there was a vaccine stockout at the national or subnational level.

This heatmap shows trends in vaccine coverage since 2000, with green cells indicating coverage of 90% or more.

Coverage of key childhood vaccines (%), Republic of Moldova, 2000-2024



This chart shows coverage trends for the DTP and measles vaccines. These are key antigens for assessing national immunization programmes.

In 2024, DTP1 coverage (a proxy for access to immunization services) was 84%.

DTP3 coverage - a marker of how well countries are delivering immunization services to children - fell short of, but was close to the 90% target.

WHO recommends that countries achieve at least 95% coverage with both the first (MCV1) and second (MCV2) doses of measles-containing vaccine. MCV1 provides initial protection and MCV2 ensures long-term immunity and closes gaps in coverage.

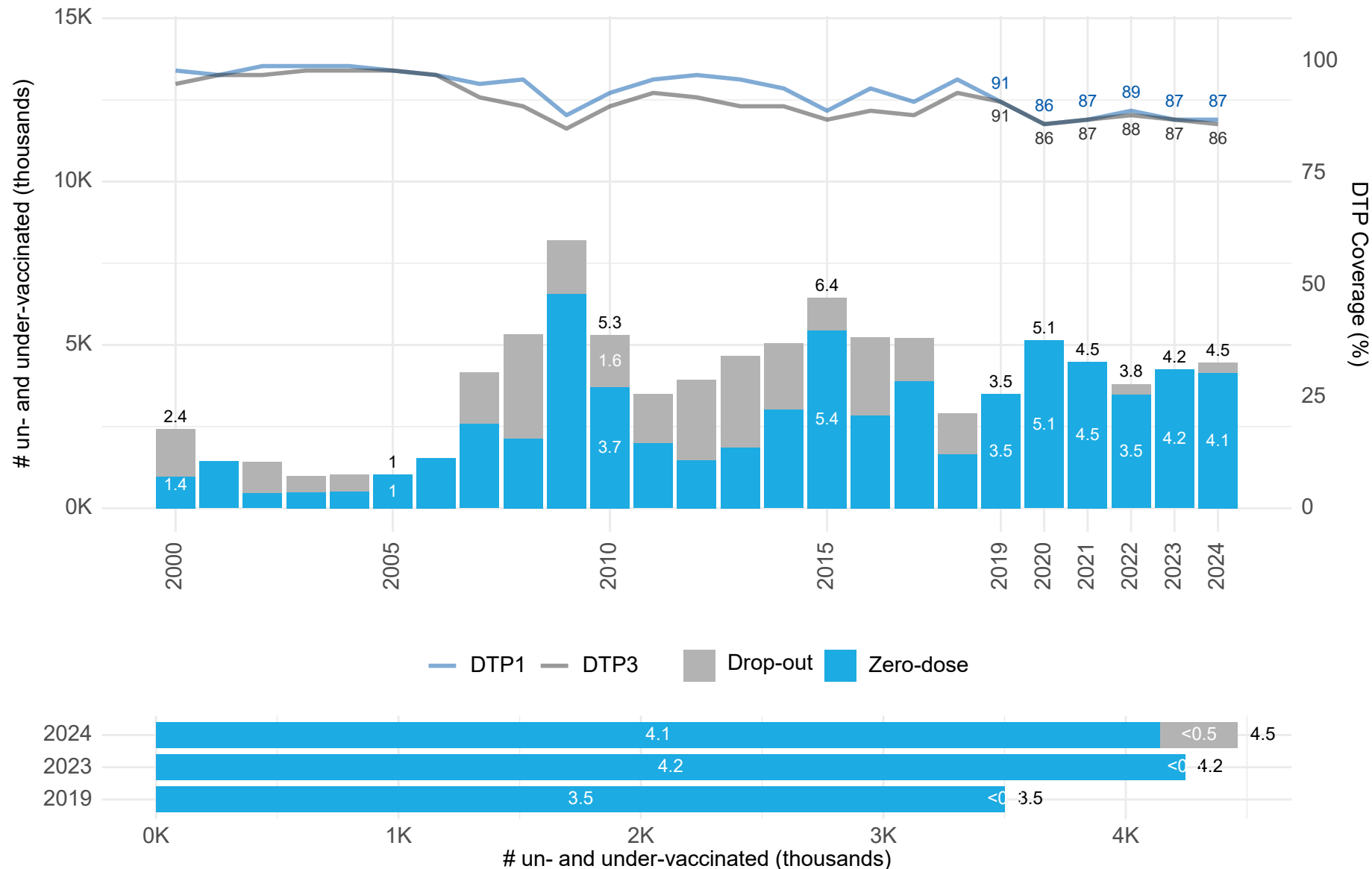
In 2024, MCV1 coverage NA and MCV2 coverage was below, but close to the 95% target.

Between 2023 and 2024, 0 vaccines increased coverage, 2 declined and 2 remained the same.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

DTP1

Estimated coverage and number of un- and under-vaccinated children for DTP, Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
 Note: Lines show vaccine coverage and bars show number of children.  
 Zero-dose children are those who did not receive DTP1.

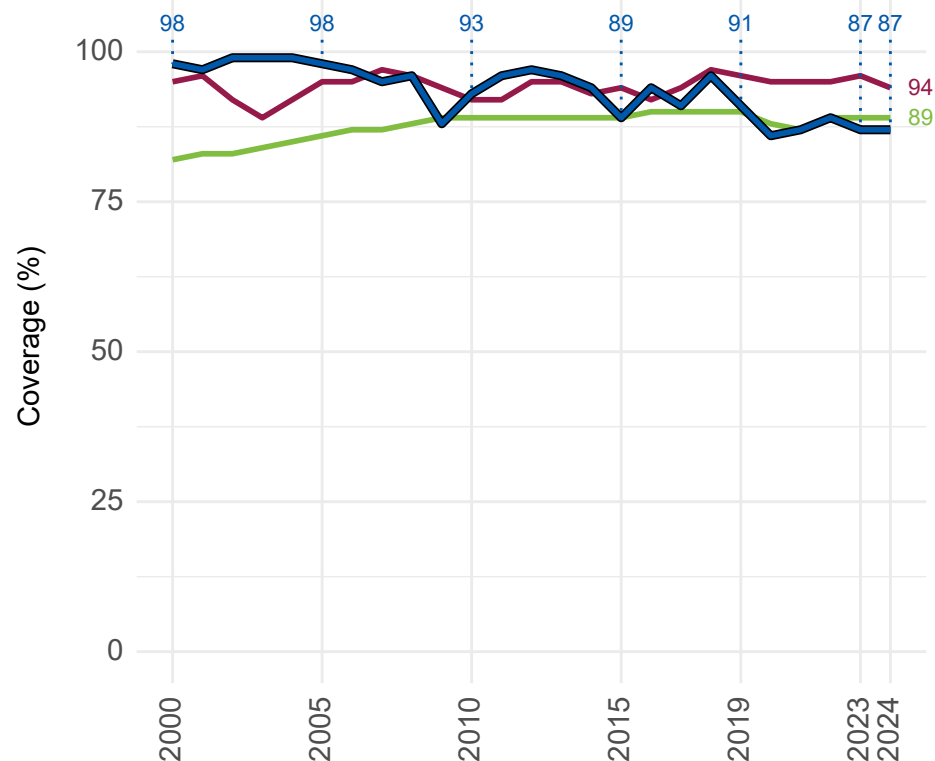
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

This chart shows diphtheria, tetanus and pertussis-containing vaccine first (DTP1) and third dose (DTP3) coverage trends, the number of zero-dose children and DTP drop-out in Republic of Moldova.

In 2024, DTP1 coverage in Republic of Moldova remained constant 87%. The number of children missing out on any DTP vaccination (zero-dose children) remained constant at from 4,000 in 2023 to 4,000 in 2024.

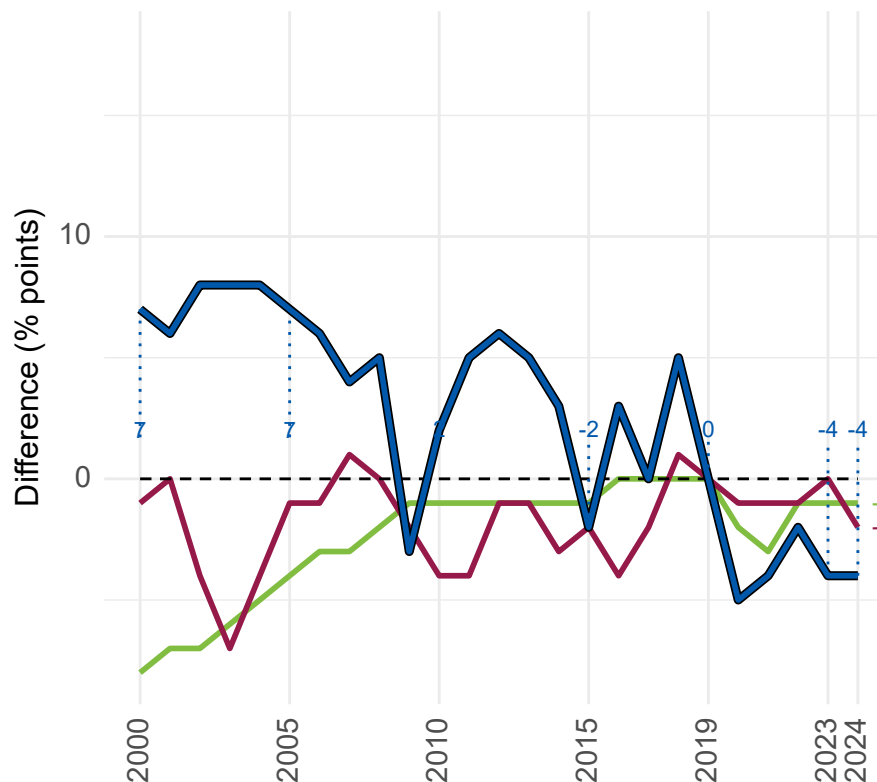
DTP3 coverage remained relatively constant within 1% at 86% in 2024, leaving 4,000 children vulnerable to vaccine-preventable diseases.

DTP1 coverage, Republic of Moldova, 2000-2024



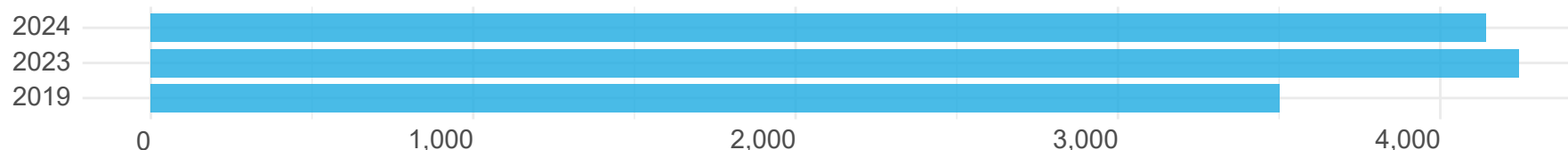
— Republic of Moldova — Global — ECAR

Coverage difference compared to 2019



— Republic of Moldova — Global — ECAR

Number of zero-dose children, 2019, 2023 and 2024



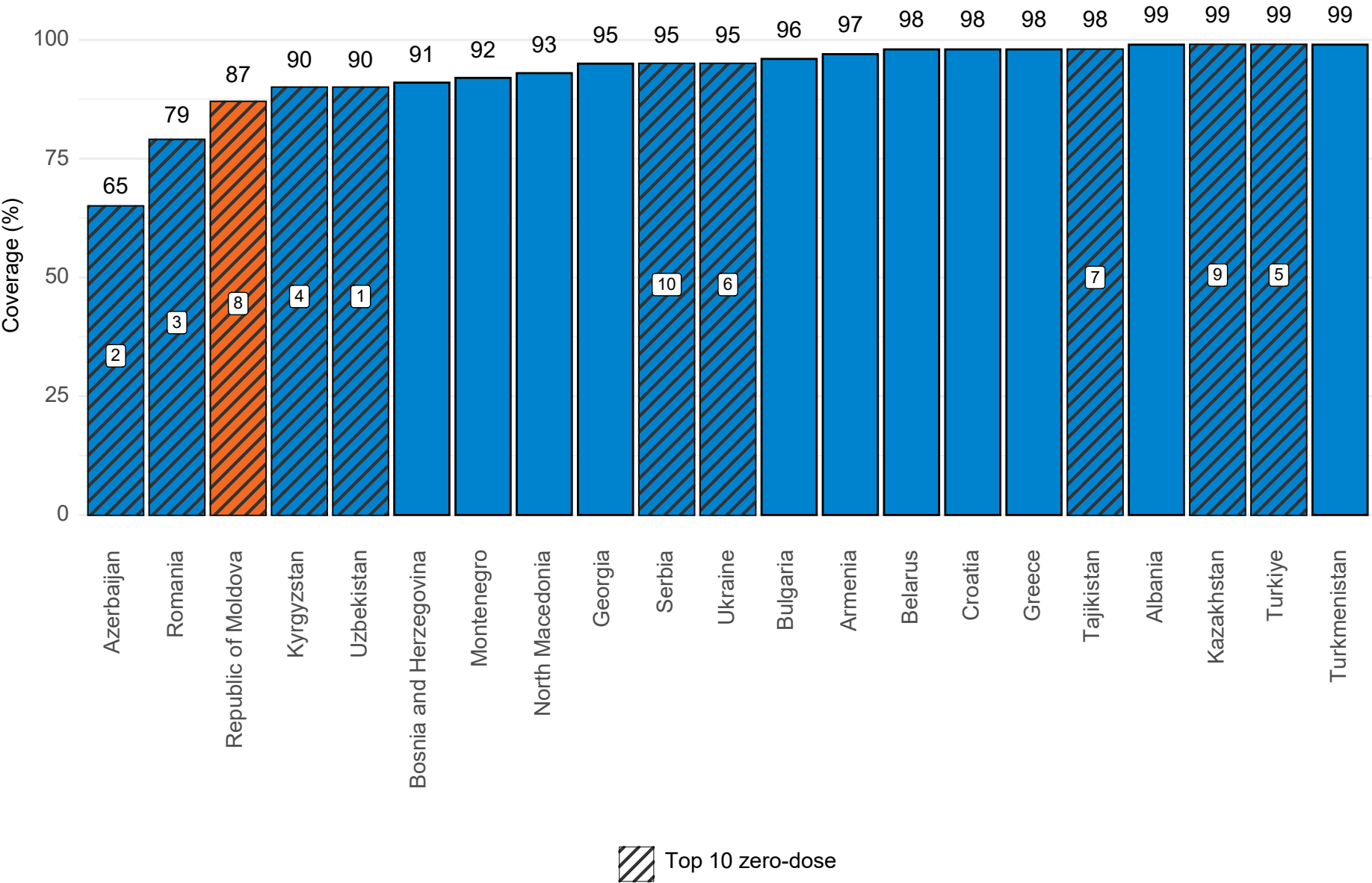
In 2024, DTP1 coverage in Republic of Moldova (87%) was 2 percentage points lower than the global average (89%) and 7 percentage points lower than the average across all ECAR countries (94%).

National DTP1 coverage was 4 percentage points lower than in 2019 (91%).

This equates to 4,000 zero-dose children in 2024 - the same number of zero-dose children as in 2019.



DTP1 coverage and ranking of number zero-dose, by country, ECAR, 2024



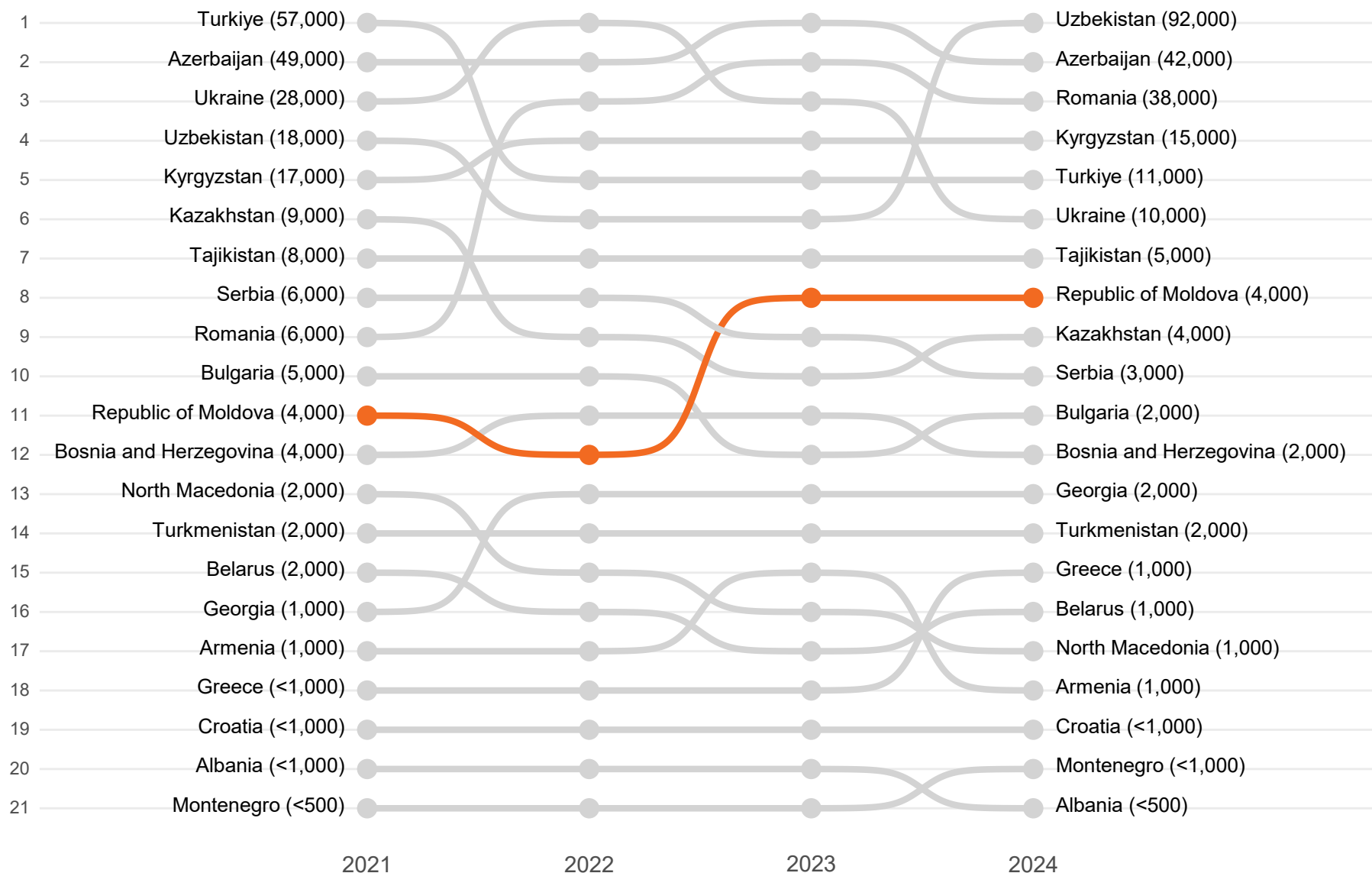
This chart shows DTP1 coverage in countries in ECAR from lowest to highest coverage, and the rank of the top 10 countries with the most zero-dose children, based on absolute numbers.

In 2024, Republic of Moldova ranked number 3 out of 21 countries for lowest DTP1 coverage (based on tied ranks).

Republic of Moldova was in the top 10 countries with the most zero-dose children (rank=8).

Note: Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

## Countries ranked by number of zero-dose children, ECAR, 2021-2024



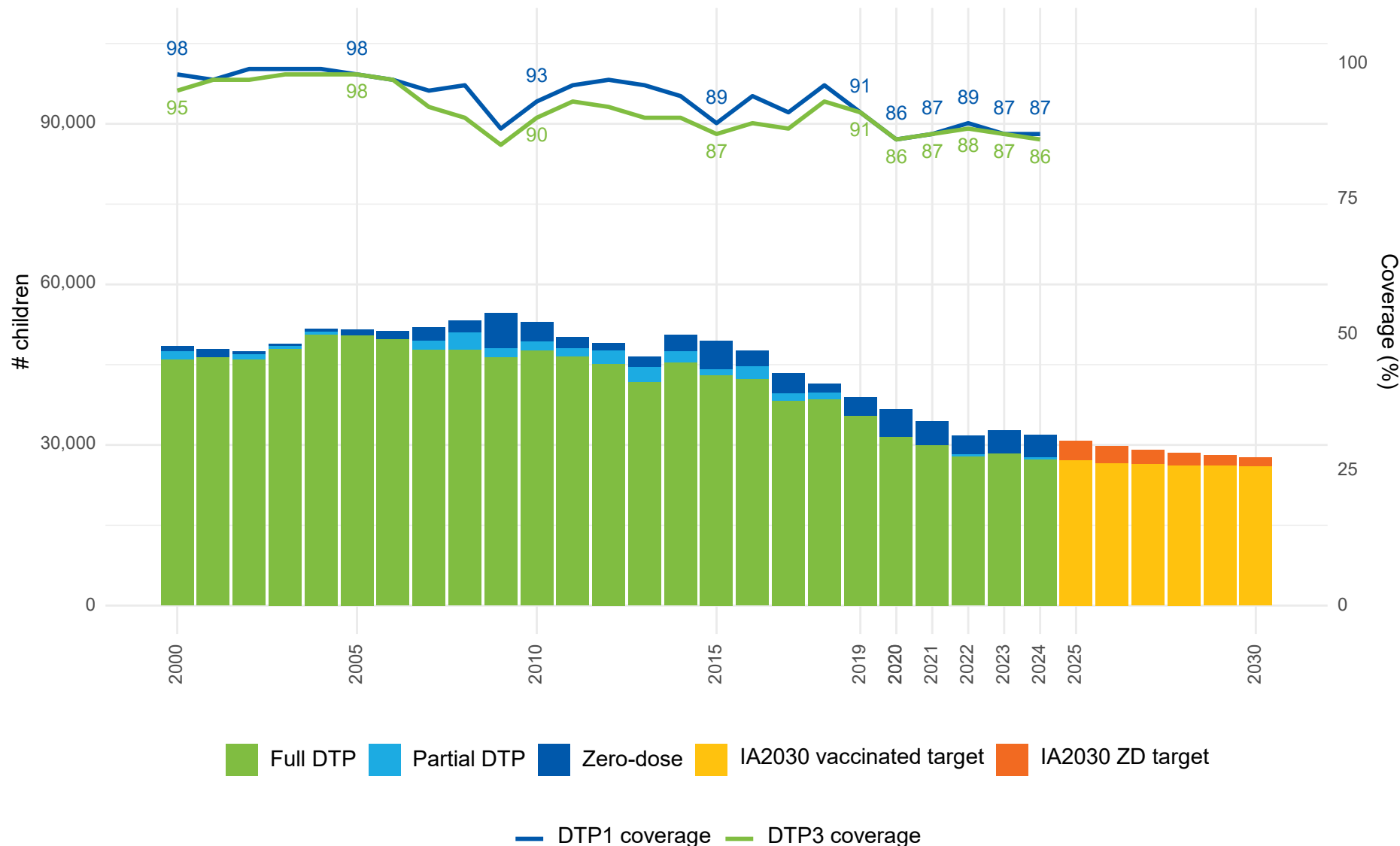
This chart compares the ranking of countries in ECAR based on the absolute number of zero-dose children, with rank 1 representing the country with the most zero-dose children.

In 2021, Republic of Moldova ranked number 11 out of 21 countries with 4,000 zero-dose children.

In 2024, Republic of Moldova ranked number 8 out of 21 countries with 4,000 zero-dose children.

Note: Absolute numbers of zero-dose children is based on a combination of programme performance and surviving infant target population size. Countries may climb to a higher rank despite a decline in number of zero-dose children as the ranking also depends on performance of other countries in the region.

DTP coverage (%), number of children fully, partially and unvaccinated for DTP 2000-2024 and projections to 2030 based on IA2030 target , Republic of Moldova

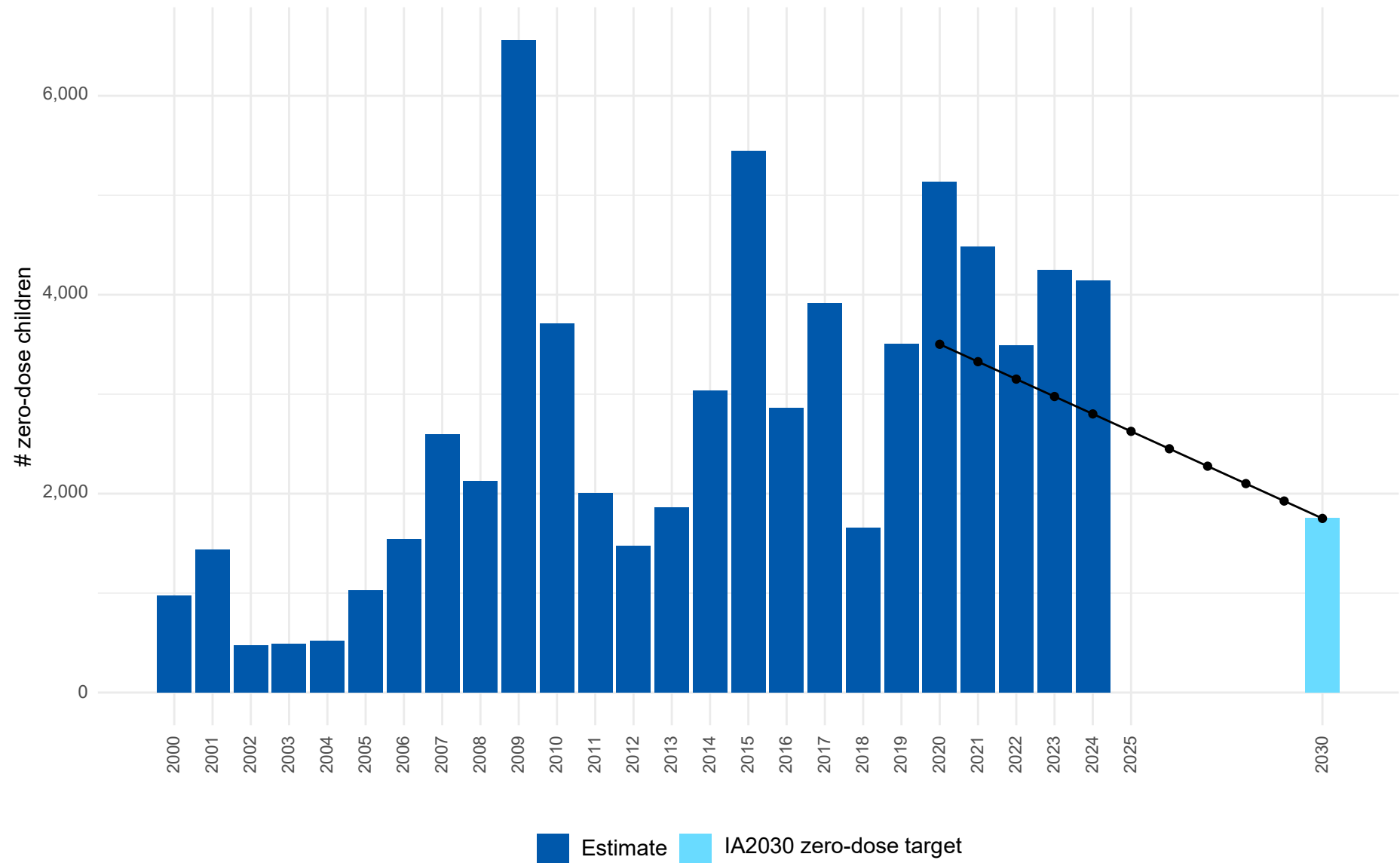


IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

Republic of Moldova is projected to have a decline in the number of surviving infants by 2030. To achieve the IA2030 ZD target, current efforts would be sufficient, however, countries must strengthen beyond the targets.

Estimated number of zero-dose children, 2000-2024 and target by 2030, Republic of Moldova



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2024, light blue bar is the target number of zero-dose children by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

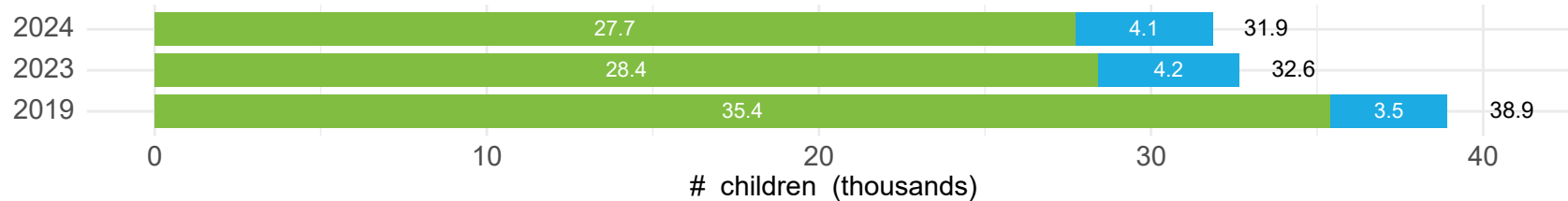
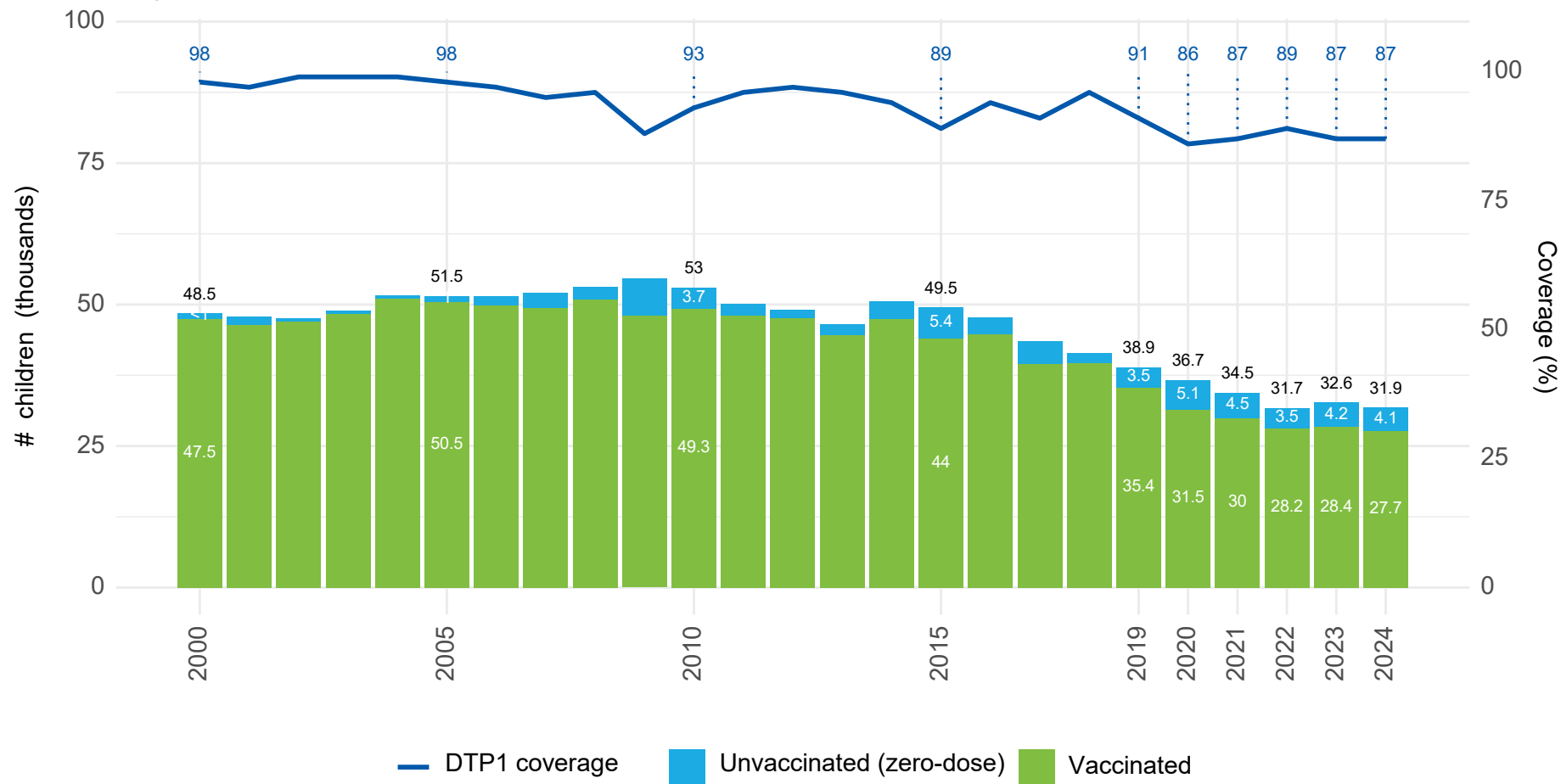
IA2030 aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- This chart shows:
- Estimated number of zero-dose children in 2000-2024 (dark blue bars)
  - Zero-dose target by 2030 (light blue bar)
  - Trajectory to reach the 2030 target based on a linear decline (points)

In 2024, the number of zero-dose children was approximately 48% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.



Estimated DTP1 coverage, and number of vaccinated and unvaccinated children, Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

DTP1 coverage in 2024 (87%) was lower than in 2019 (91%).

The number of children vaccinated with DTP1 decreased 22% compared to in 2019.

The number of surviving infants decreased approximately 18% compared to in 2019.

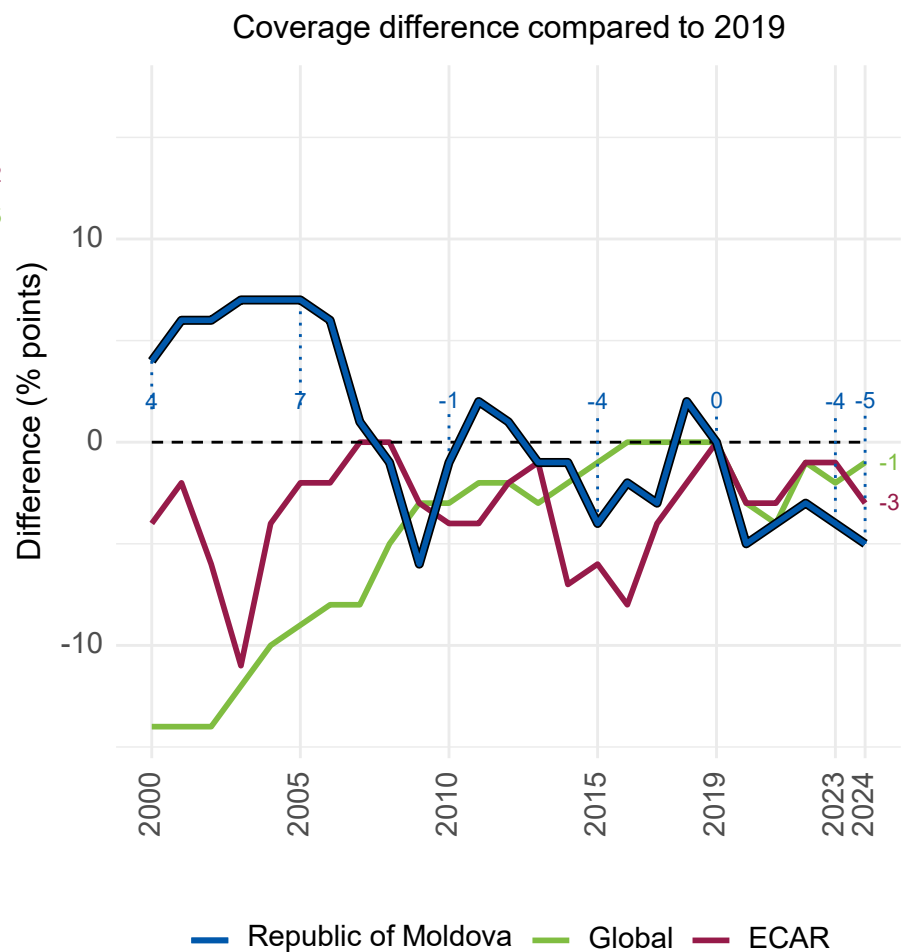
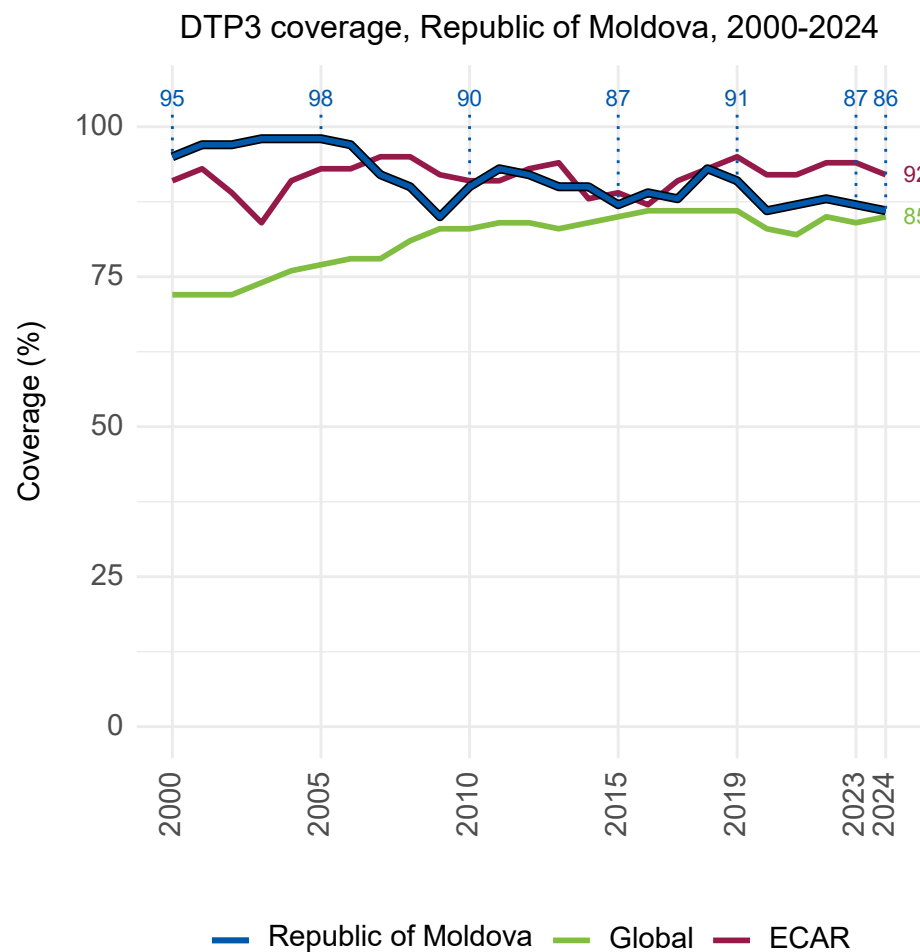
In 2024, fewer children were vaccinated than in 2019.

In 2024, there were fewer surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.



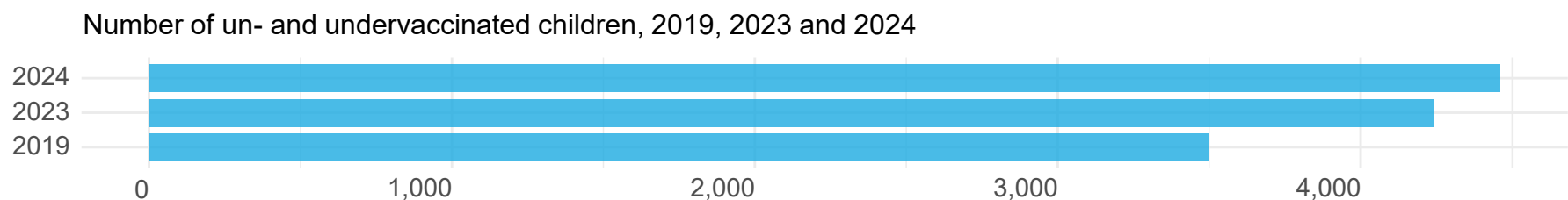
DTP3



In 2024, DTP3 coverage in Republic of Moldova (86%) was 1 percentage point higher than the global average (85%) and 6 percentage points lower than the average across all ECAR countries (92%).

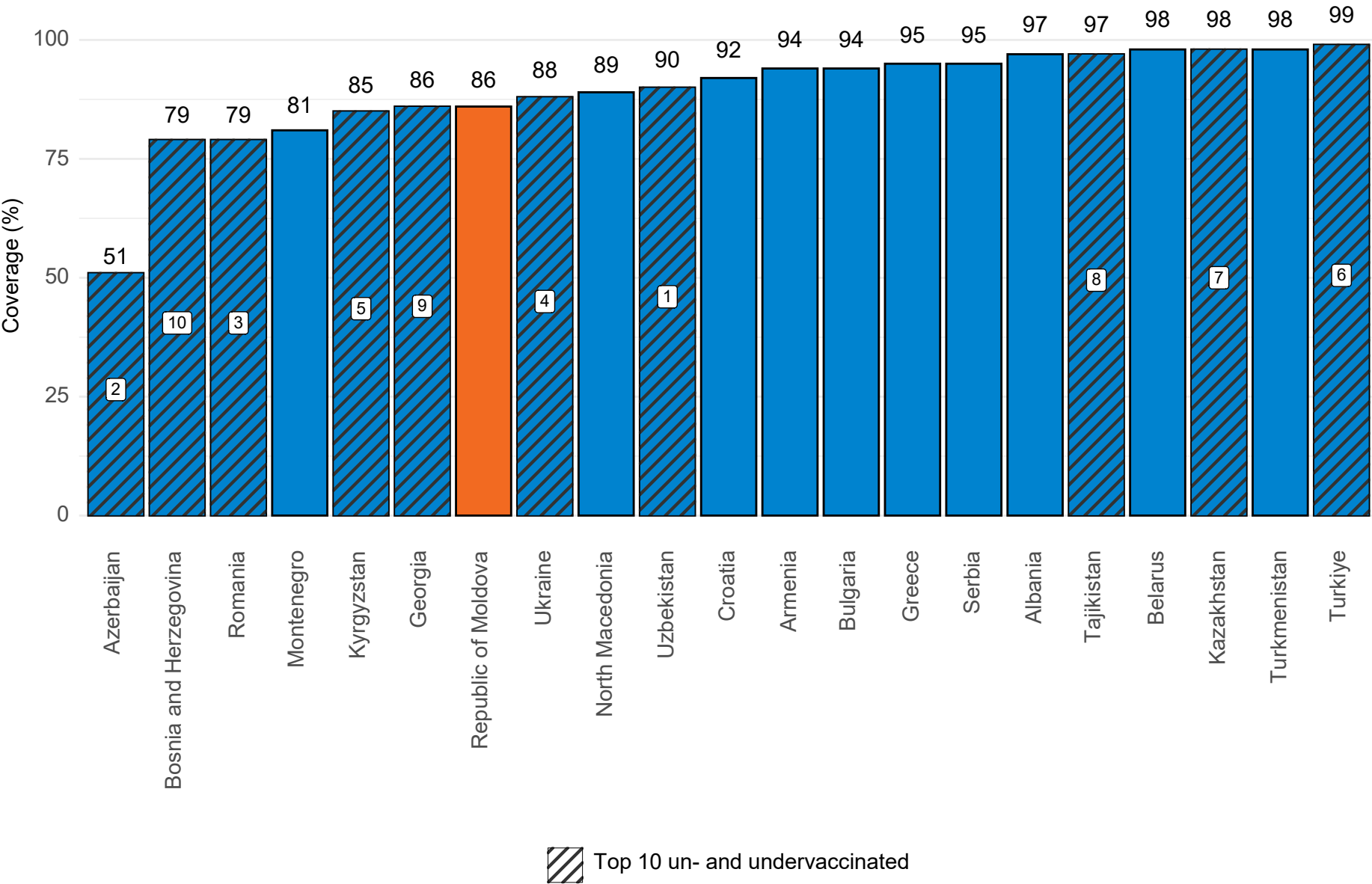
National DTP3 coverage was 5 percentage points lower than in 2019 (91%).

This equates to 4,000 un- and undervaccinated children in 2024 - the same number of un- and undervaccinated children as in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
 Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

DTP3 coverage and ranking of number un- and undervaccinated, by country, ECAR, 2024



This chart shows DTP3 coverage in countries in ECAR from lowest to highest coverage, and the rank of the top 10 countries with the most un- and undervaccinated children, based on absolute numbers.

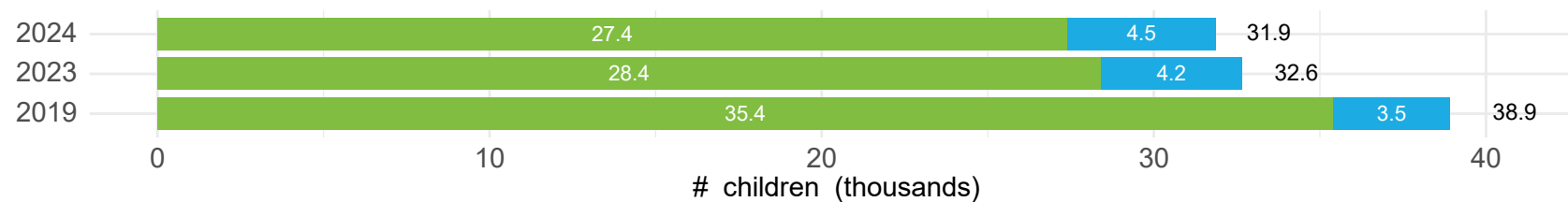
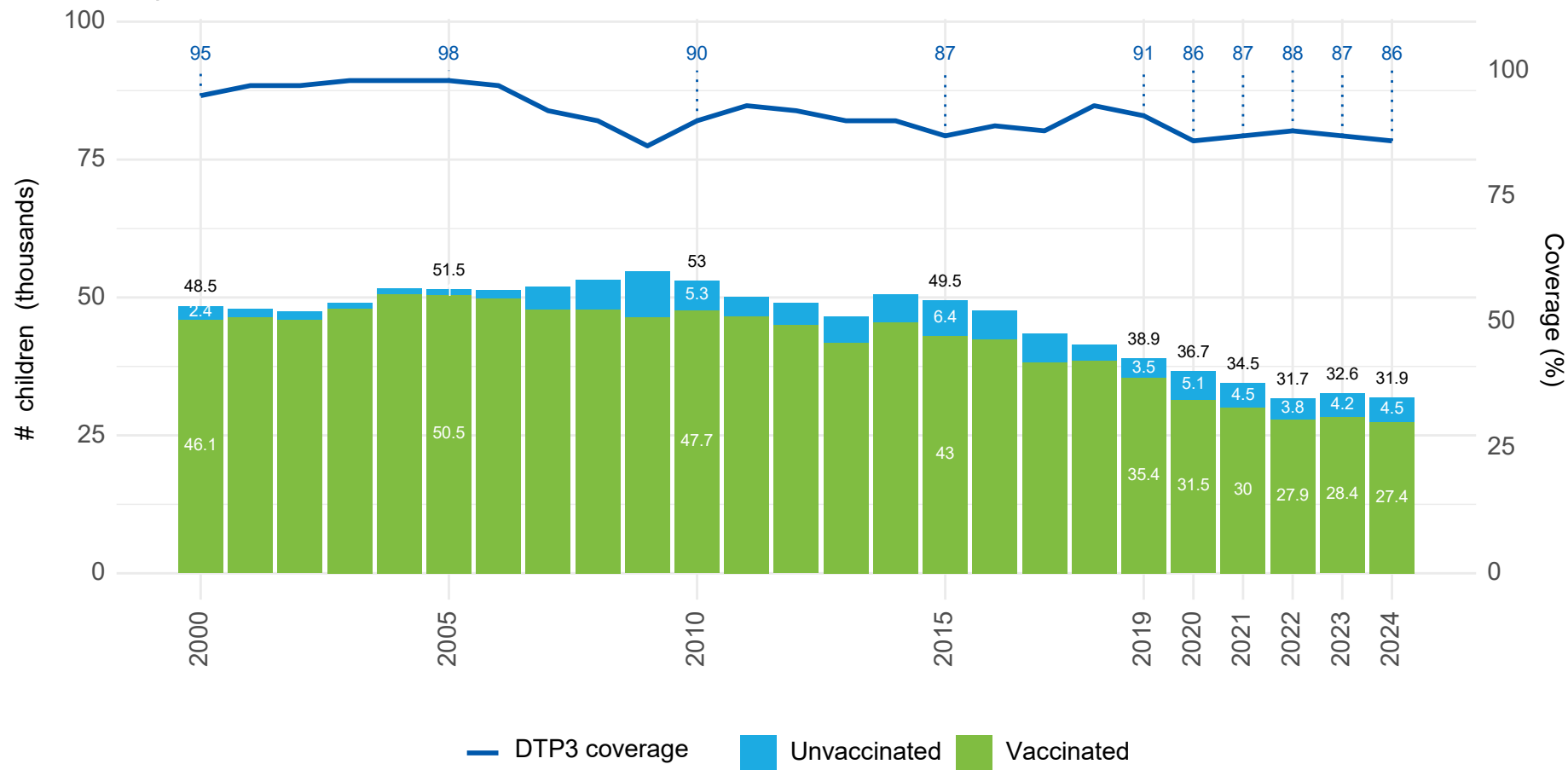
In 2024, Republic of Moldova ranked number 6 out of 21 countries for lowest DTP3 coverage (based on tied ranks).

Republic of Moldova was not in the top 10 countries with the most un- and undervaccinated children.

Note: Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of un- and undervaccinated children.

Estimated DTP3 coverage, and number of vaccinated and unvaccinated children, Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
Note: Unvaccinated includes zero-dose and undervaccinated children

DTP3 coverage in 2024 (86%) was lower than in 2019 (91%).

The number of children vaccinated with DTP3 decreased 23% compared to in 2019.

The number of surviving infants decreased approximately 18% compared to in 2019.

In 2024, fewer children were vaccinated than in 2019.

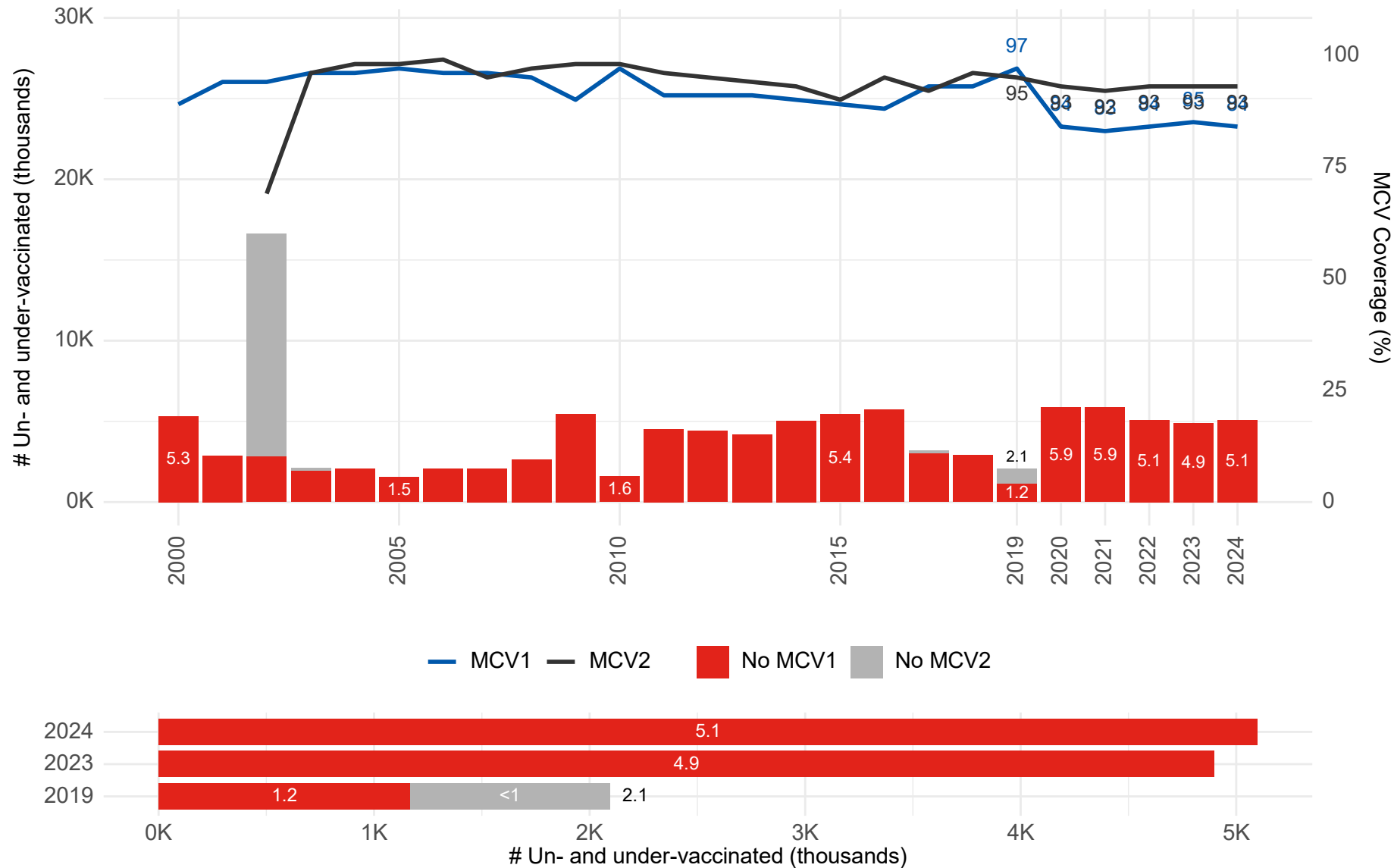
In 2024, there were fewer surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

MCV1



Estimated coverage and number of un- and under-vaccinated children for MCV, Republic of Moldova, 2000-2024



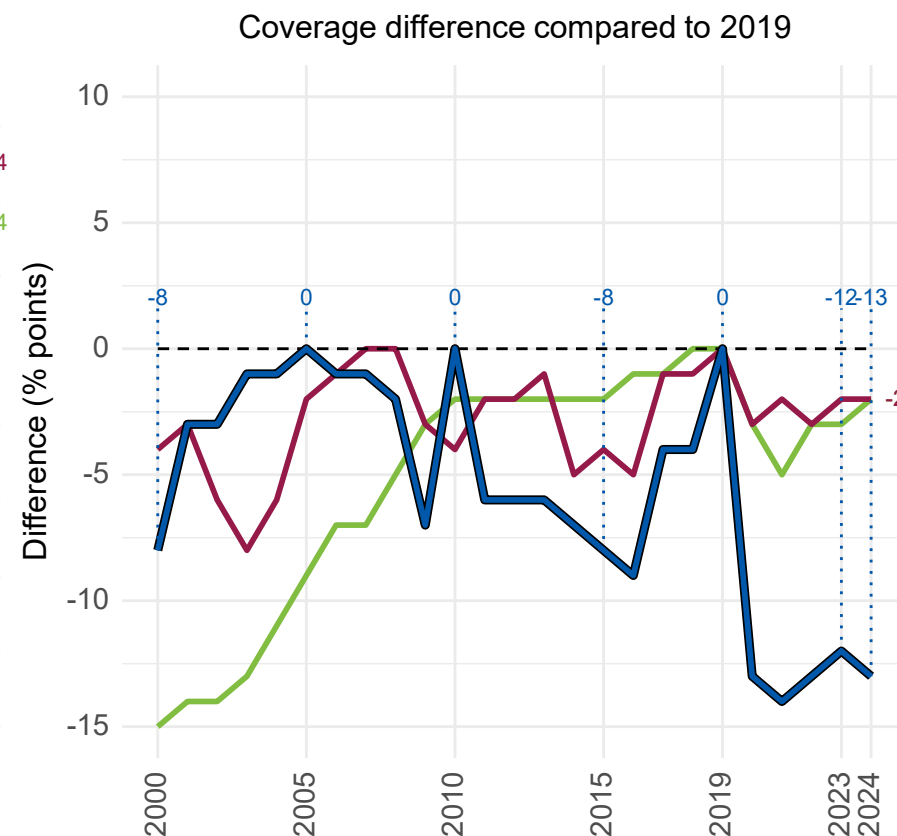
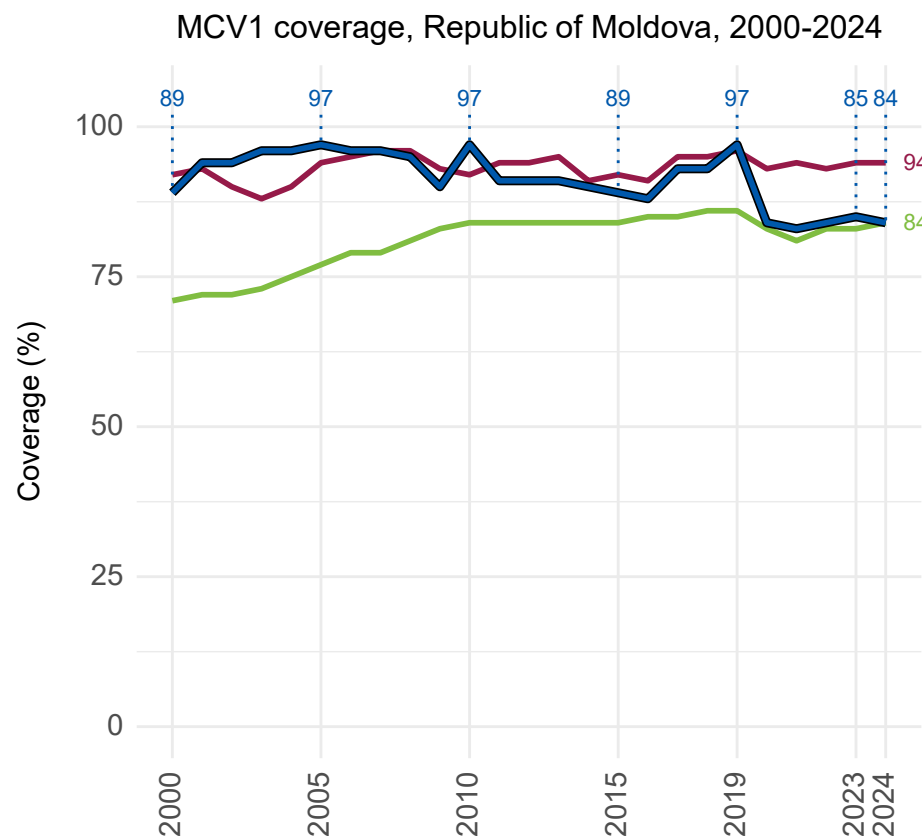
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
 Note: Lines show vaccine coverage and bars show number of children.

Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – remained relatively constant (within 1%) at 84%. This is lower than in 2019, where coverage was 97%.

5,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained constant at 93% in 2024.



In 2024, MCV1 coverage in Republic of Moldova (84%) was the same as the global average and 10 percentage points lower than the average across all ECAR countries (94%).

National MCV1 coverage was 13 percentage points lower than in 2019 (97%).

This equates to 5,000 unvaccinated children in 2024 compared to 1,000 unvaccinated children in 2019.

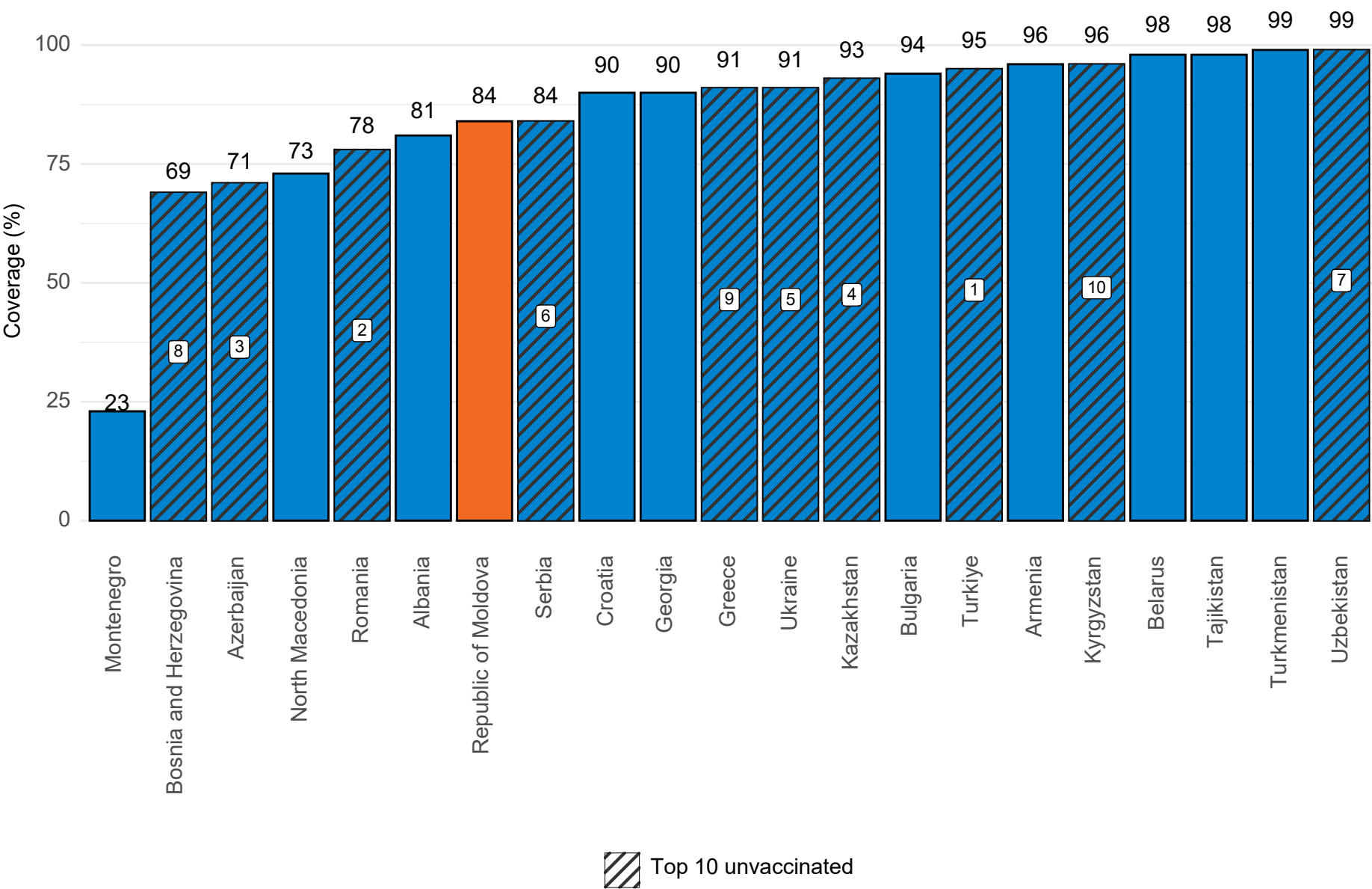
— Republic of Moldova — Global — ECAR

### Number of infants unprotected against measles, 2019, 2023 and 2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
 Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

MCV1 coverage and ranking of number unvaccinated, by country, ECAR, 2024



This chart shows MCV1 coverage in countries in ECAR from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

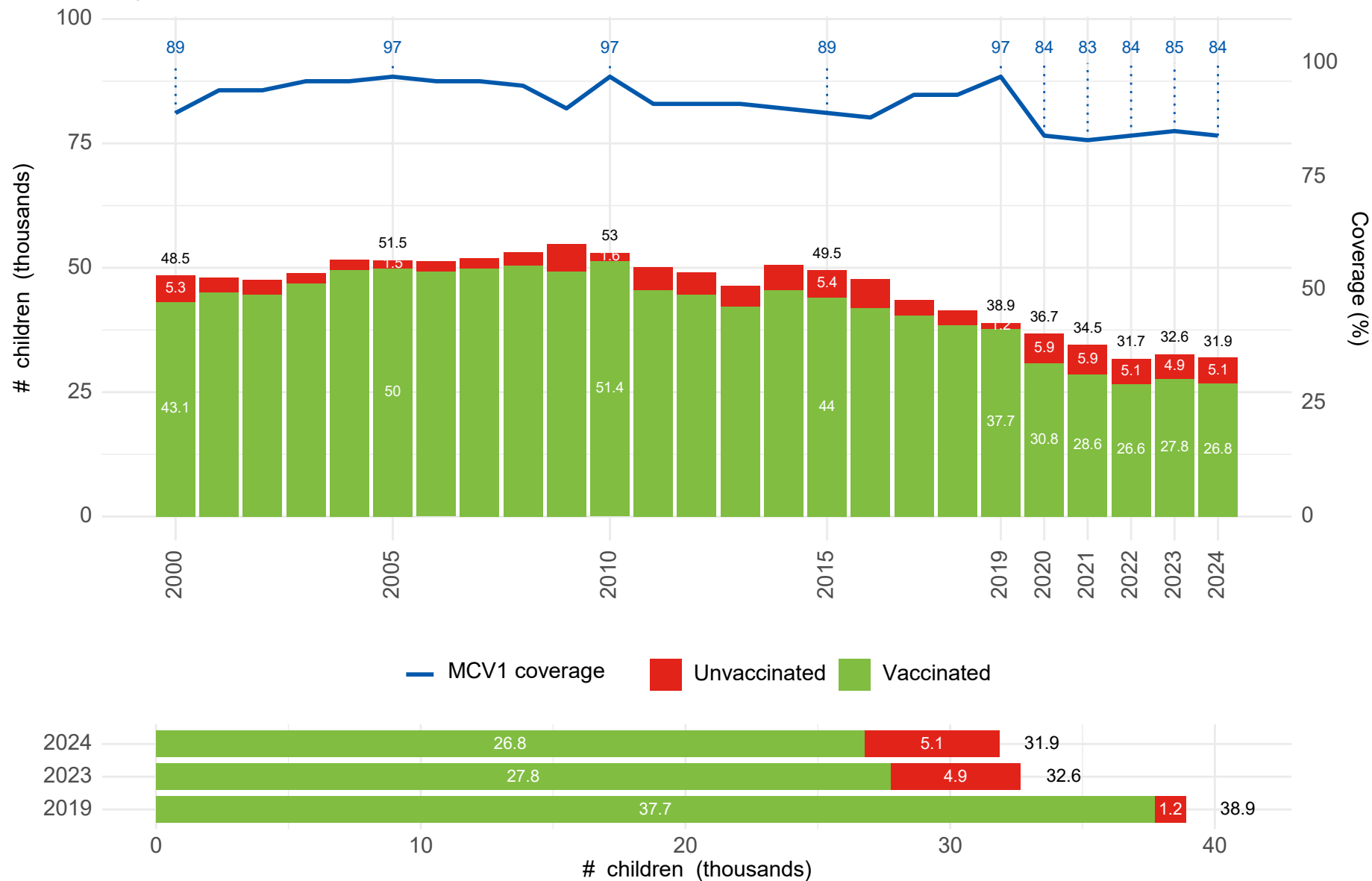
In 2024, Republic of Moldova ranked number 7 out of 21 countries for lowest MCV1 coverage (based on tied ranks).

Republic of Moldova was not in the top 10 countries with the most unvaccinated children.

Note: Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of unvaccinated children.

Estimated MCV1 coverage, and number of vaccinated and unvaccinated children, Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

MCV1 coverage in 2024 (84%) was lower than in 2019 (97%).

The number of children vaccinated with MCV1 decreased 29% compared to in 2019.

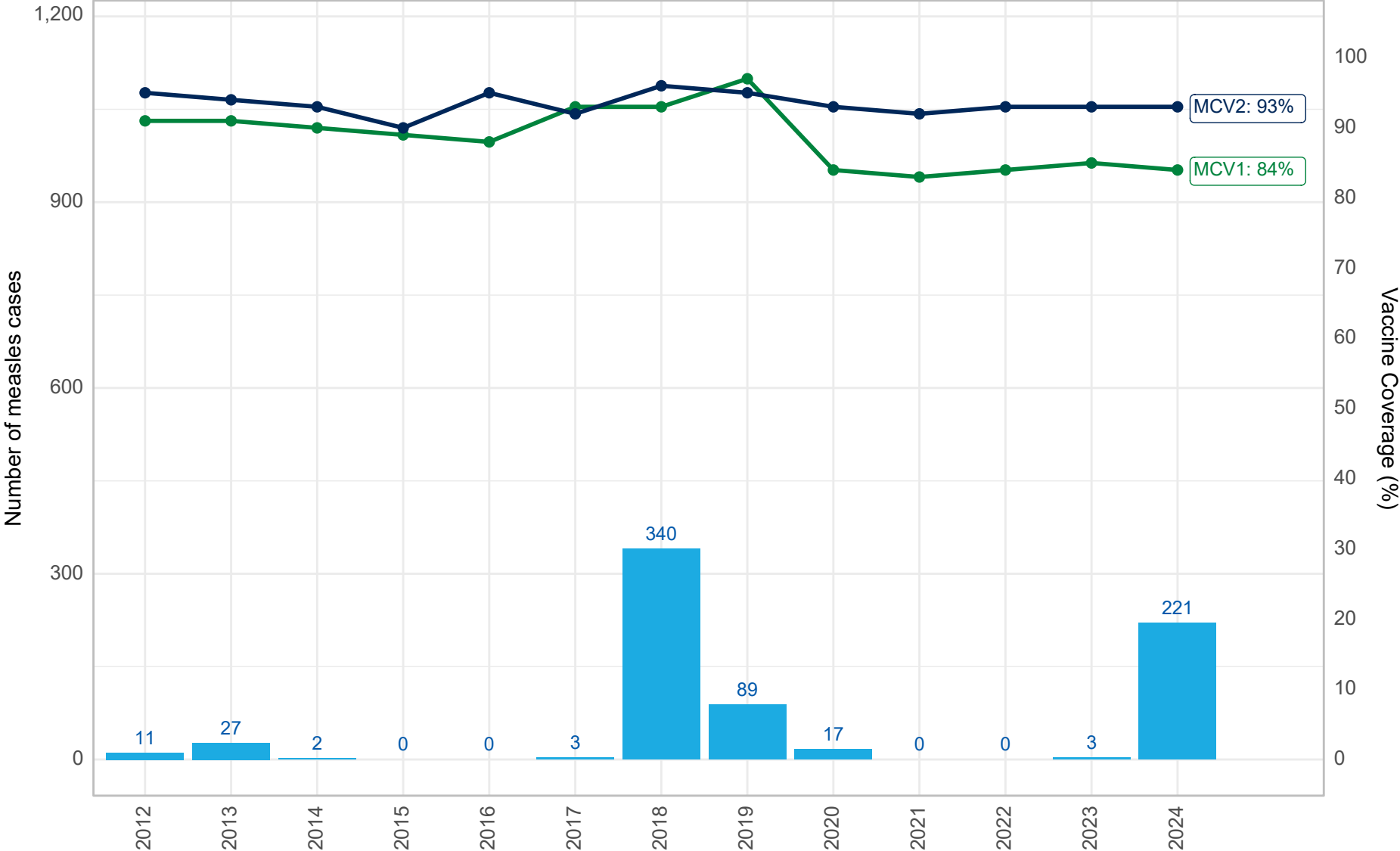
The number of surviving infants decreased approximately 18% compared to in 2019.

In 2024, fewer children were vaccinated than in 2019.

In 2024, there were fewer surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to either increase or decline at a slower rate than the decline in surviving infant target population.

Trends in the number of measles cases and MCV coverage, Republic of Moldova, 2012-2024



In 2024, there was a total of 221 confirmed measles cases in Republic of Moldova. In the same year, MCV1 coverage was 84% and MCV2 coverage was 93%.

The number of cases in 2024 was 73.7 times more cases than in 2023 (n=3).

The highest number of measles cases was reported in 2018 (n=340). In this year, MCV1 coverage was 93%.

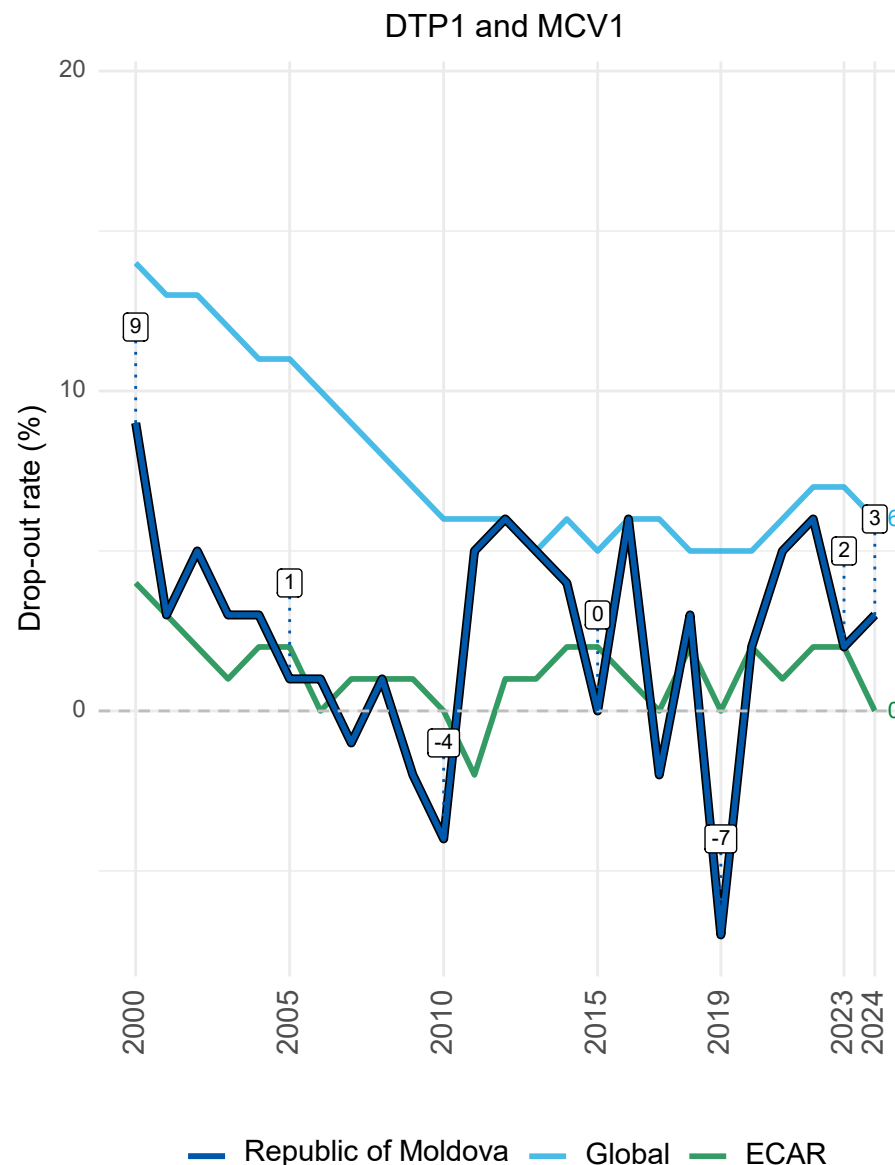
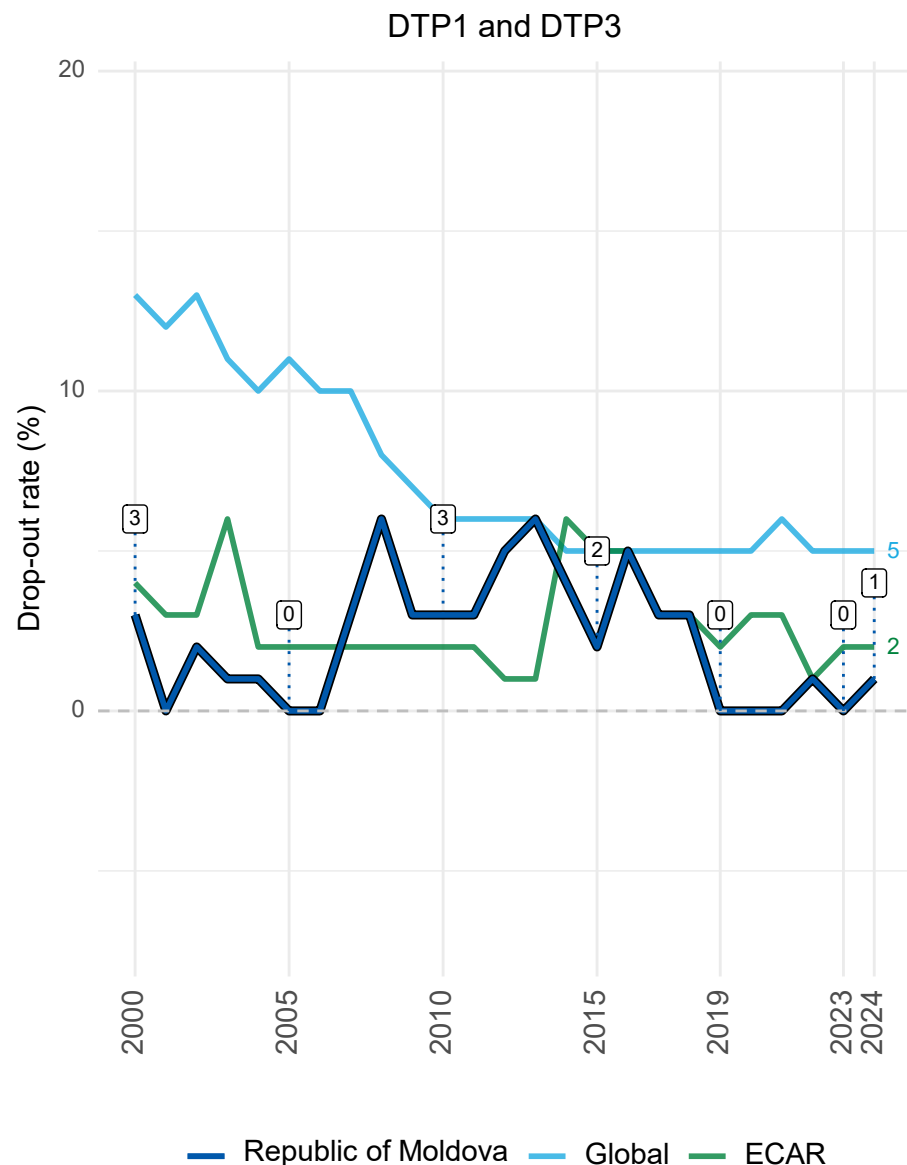
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision; Reported measles and rubella cases and incidence rates by WHO Member States, as of 08-Jul-25. Provisional data based on monthly data reported to WHO (Geneva) as of July 2025.

Note: Asterisks (\*) indicate years with measles vaccine stockouts and carets (^) indicates years with measles vaccination campaigns (national or subnational).



# Childhood immunization: Additional charts

Zero-dose children are those who did not receive DTP1.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
Drop-out classification: <5% = low, 5-10% = medium, >10% = high

Drop-out rates show the percentage of children who received DTP1, but not DTP3/MCV1. Low drop-out rates indicate high retention of children in immunization programmes.

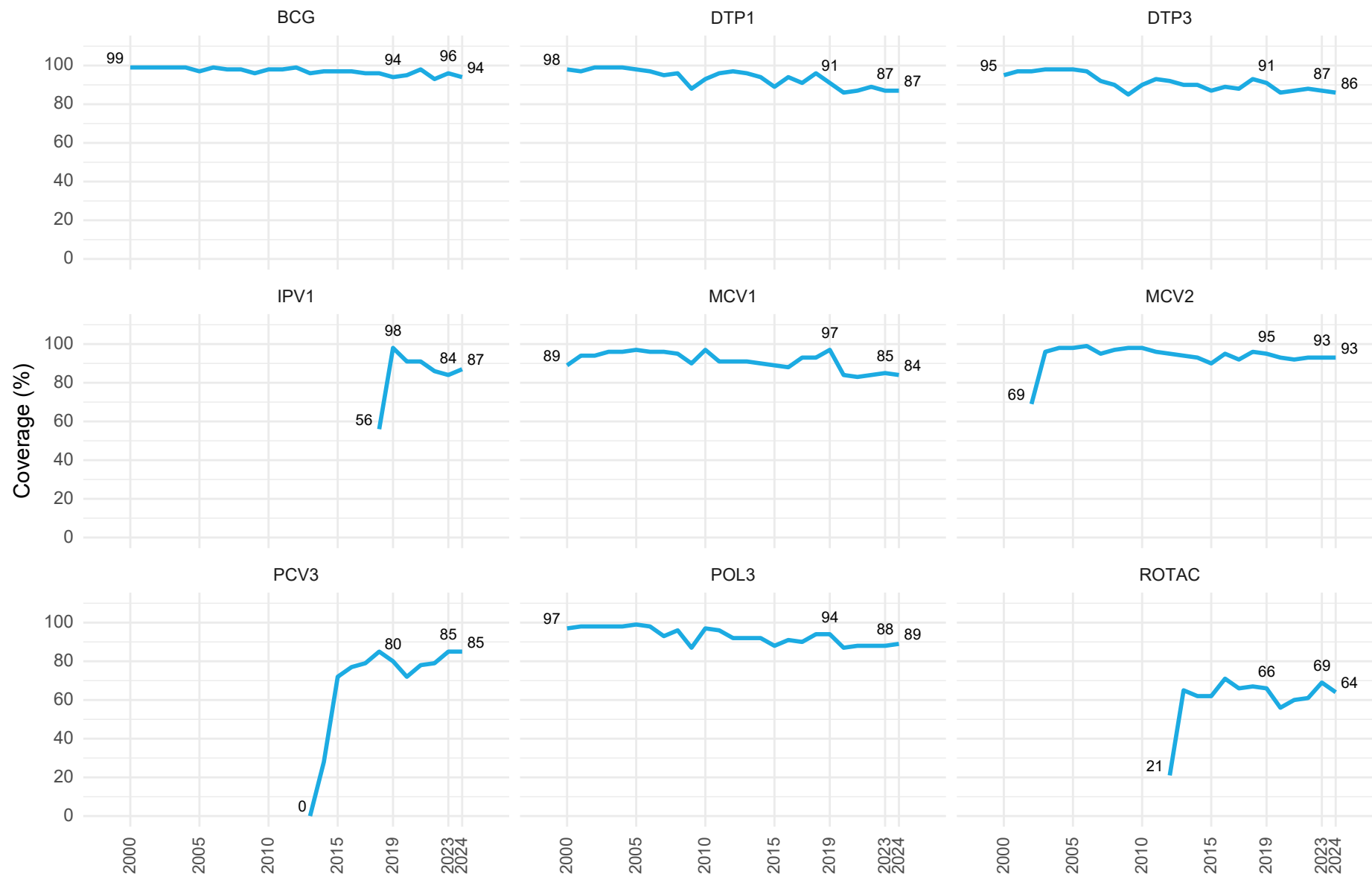
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2024, 1% of children who received DTP1 did not receive DTP3 (left), and 3% of children who received DTP1 did not receive MCV1 (right).

The low DTP drop-out rates imply good ability to provide a complete series of vaccines early in life. The low DTP-MCV drop-out rates imply good retention in immunization programmes and ability to provide a full course of vaccines in infancy (up to one year).

In 2024, Republic of Moldova DTP drop-out was lower and DTP-MCV drop-out was lower than global drop-out rates, respectively.

## Coverage of recommended childhood vaccines, Republic of Moldova, 2000-2024



This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

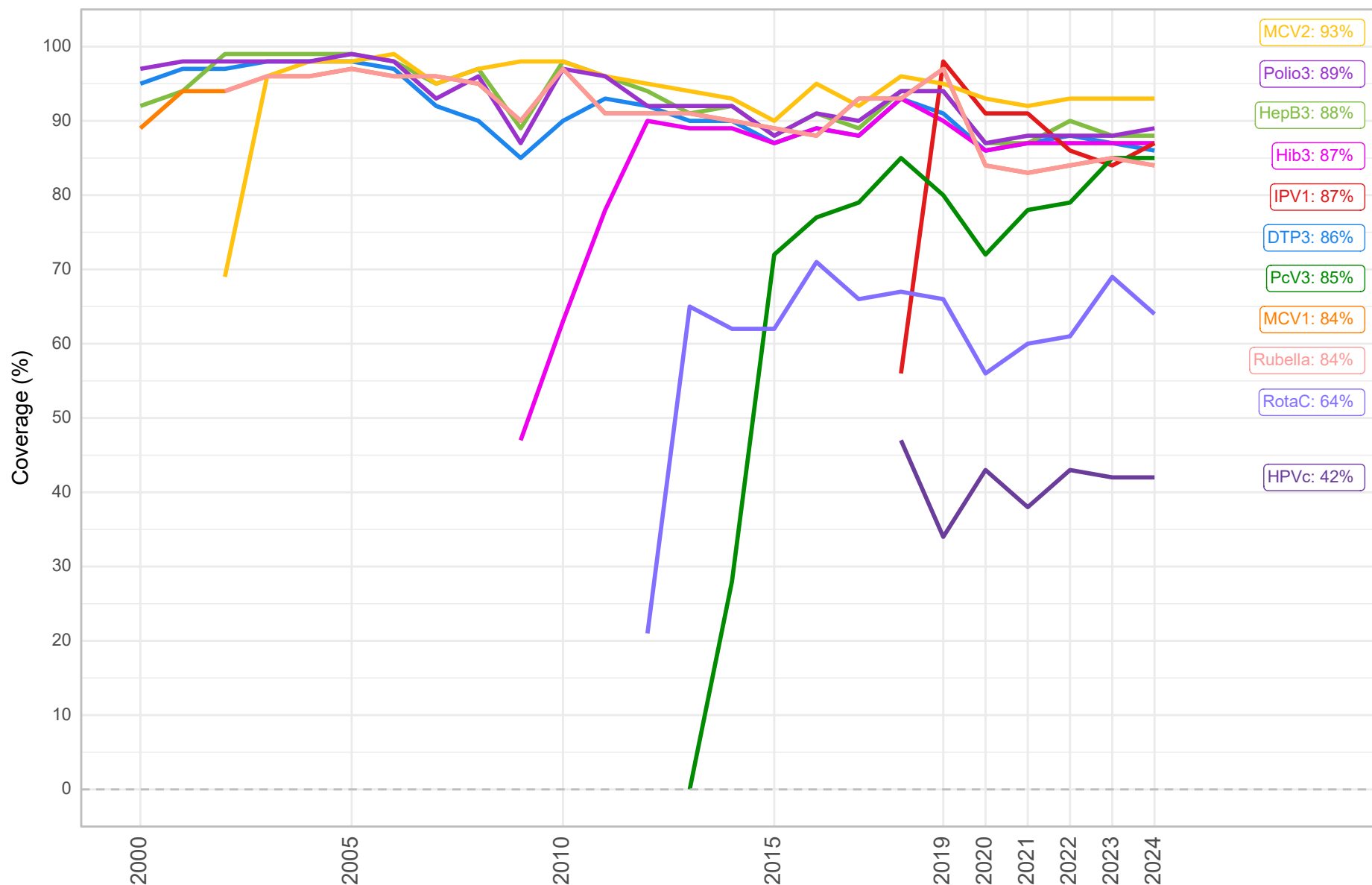
In 2024, ROTAC had the lowest coverage (64%), followed by MCV1 (84%).

Compared to 2019, coverage of one vaccine remained constant (BCG), 7 vaccines decreased (DTP1, DTP3, IPV1, MCV1, MCV2, POL3 and ROTAC), and one vaccine increased (PCV3).

Compared to 2023, coverage of 4 vaccines decreased (BCG, DTP3, MCV1 and ROTAC), 3 vaccines remained constant (DTP1, MCV2 and PCV3), and 2 vaccines increased (IPV1 and POL3).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
Note: Data labels are shown for 2000 (or first year of reporting), 2019 and 2024

Vaccine coverage (%), Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
Numbers in the data label bubbles refer to vaccine coverage in the latest year estimates are available.

This chart shows trends in coverage of 9 vaccines (complete series).

In 2024, RotaC had the lowest coverage of all vaccines (64%), followed by MCV1 (84%).

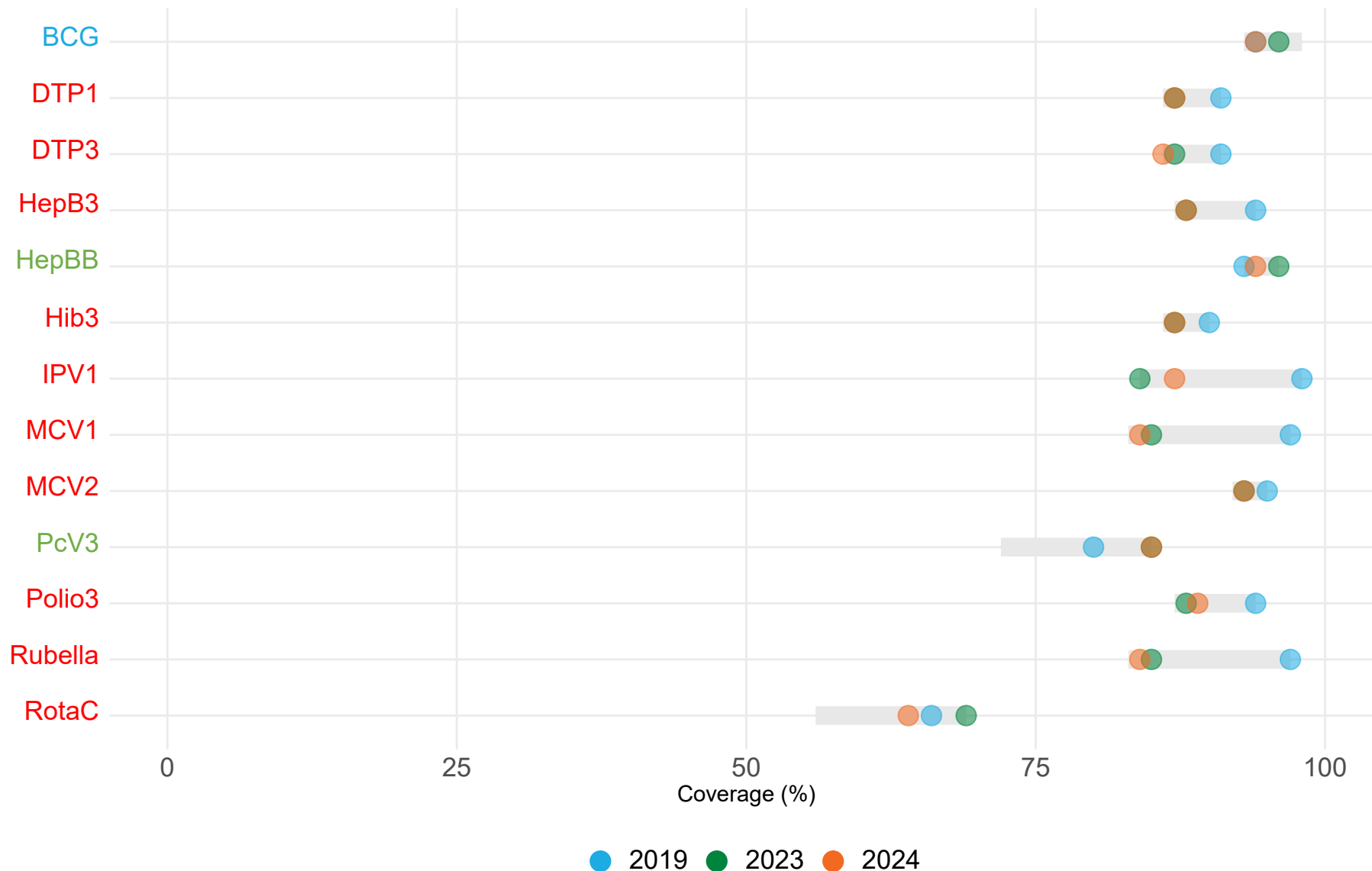
Coverage of 9 vaccines decreased (DTP3, HepB3, Hib3, IPV1, MCV1, MCV2, Polio3, RotaC and Rubella) and 2 vaccines increased (HPVc and PcV3) compared to respective coverage in 2019.

Coverage of 4 vaccines decreased (DTP3, MCV1, RotaC and Rubella), 5 vaccines were the same (HPVc, HepB3, Hib3, MCV2 and PcV3), and 2 vaccines increased (IPV1 and Polio3) compared to respective coverage in 2023.



WUENIC 2024 revision

## Vaccine coverage (%), Republic of Moldova, 2019-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
 Note: The grey bar spans vaccine coverage across all years 2019-2024 and the dots represent coverage in specific years.  
 Coverage is shown for vaccines with data all years 2019-2024.  
 Vaccine names are coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019

This chart shows the range of coverage across all years 2019 to 2024 (grey bars), and coverage in specific years (dots), by vaccine. The chart can be used for assessing recovery to pre-pandemic levels.

DTP1 coverage declined between 2019 (91%) and 2023 (87%). DTP1 coverage remained the same in 2024 (87%) compared to 2023, and was lower than in 2019. In 2019-2024, DTP1 coverage was at it's lowest level in 2020 (86%).

In 2023, 9 vaccines had lower coverage than in 2019.

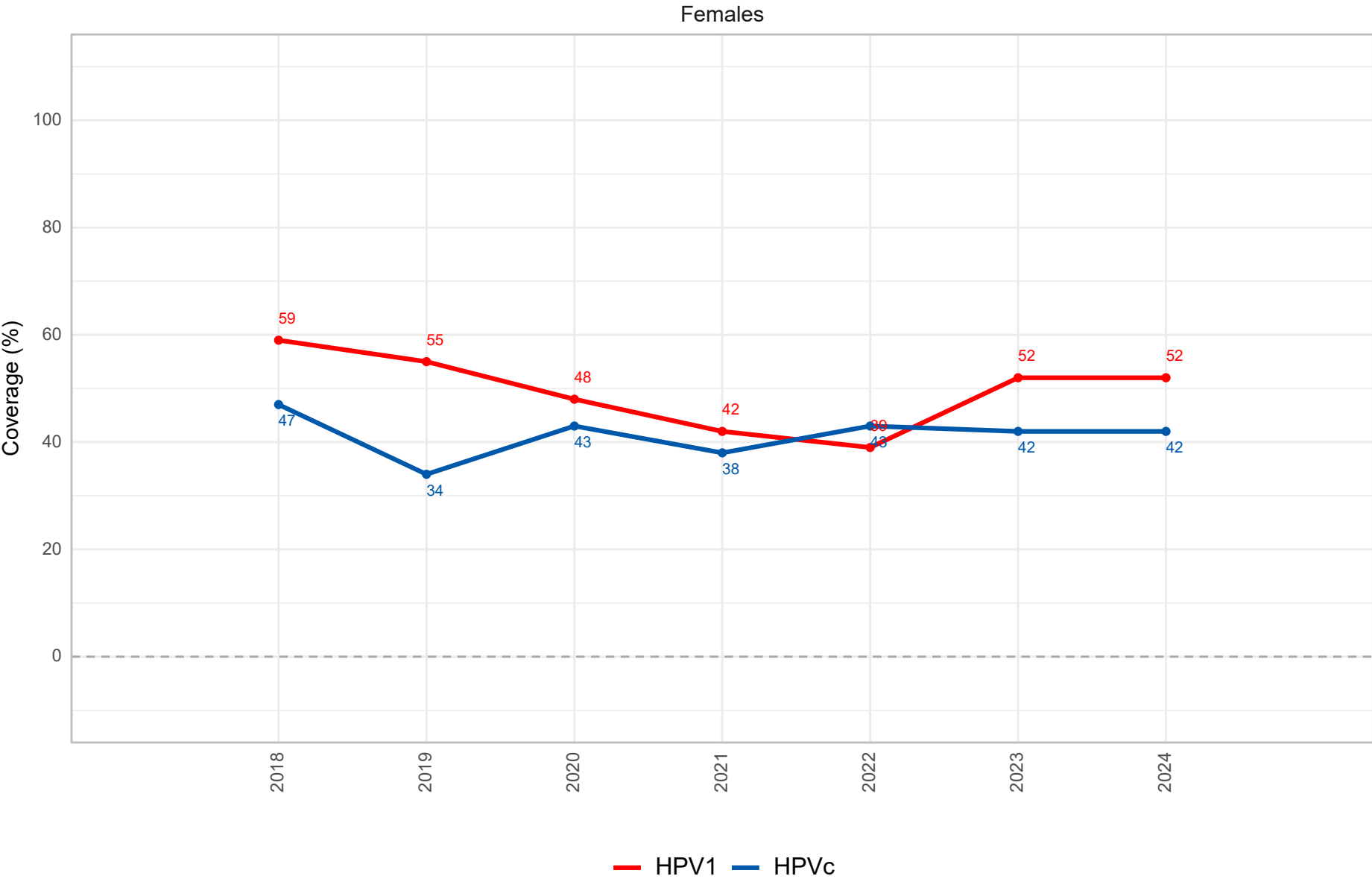
In 2024, 10 vaccines had lower coverage than in 2019.

In 2024, 6 vaccines had lower coverage than in 2023.

# HPV vaccination

NA: • [Bruni et al. 2021, HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019 \(supplementary materials\).](#)

# Human papillomavirus (HPV) vaccine coverage (%), Republic of Moldova, 2018-2024



The first year of HPV programme coverage estimates in Republic of Moldova was 2018.

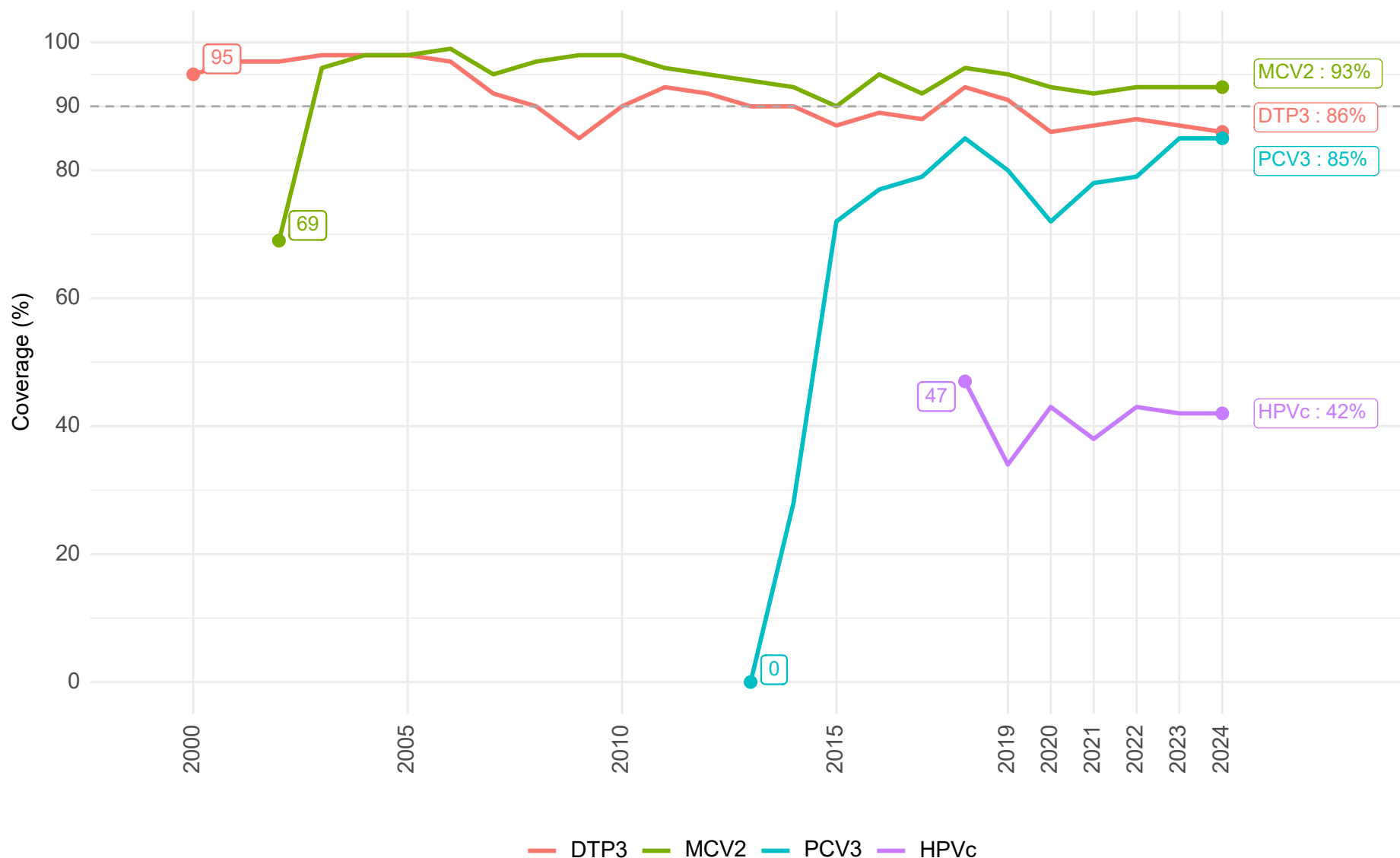
In 2024, first dose (HPV1) programme coverage among girls was 52% and last dose (HPVc) programme coverage was 42%.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision.  
For some countries, if HPV vaccine is in the schedule, but the country did not report data in a given year, HPV programme coverage estimates are not produced.



SDG 3.b.1

### SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, Republic of Moldova, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision  
 Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCV3 and HPVc  
 The Immunization Agenda 2030 (IA2030) global target is 90% coverage of all four antigens by 2030.

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCV3, MCV2 and HPV.

The IA2030 global target is 90% coverage of all four antigens by 2030.

Republic of Moldova has all 4 of the SDG vaccines.

In 2024, Republic of Moldova had achieved at least 90% coverage of 1 out of the 4 vaccines.

Additional resources

[illegible][illegible]

**WUENIC Trends**

2020 2021 2022

Burkina Faso

DTP3

Reminder: WUENIC should be used with caution and assessed in light of the objectives for which they are being used.

Data received as of: 8/July, 2024

Suggested citation: WHO/UNICEF Estimates of National Immunization Coverage, 2023 Revision

**Burkina Faso - DTP3**

100  
80  
60  
40  
20  
0

2010 2012 2014 2016 2018 2020 2022 2023

● Administrative Coverage ● Government Estimate — UNHCR/UNICEF Estimate ■ Survey ▲ Accepted Survey Value

**Description of WUENIC Estimate**

2023 Estimate informed by reported data. Estimate challenged by 0.

2022 Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by 0.

2021 Estimate informed by reported data. Estimate challenged by 0.

2020 Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Unplanned demographic event in Saint. Burkina Faso, 2021 and in history results of 88 percent modified for

**Figure 1: Impact of DTP3 coverage on COVID-19 outcomes**

**Panel A: DTP3 coverage and COVID-19 outcomes (2000-2020)**

Bar chart showing DTP3 coverage (blue bars) and COVID-19 cases (green bars) and deaths (red bars) per 100,000 population. The x-axis represents the year (2000-2020). The y-axis represents the percentage of DTP3 coverage (0-100%) and the number of cases/deaths per 100,000 population (0-100).

**Panel B: DTP3 coverage by country (2020)**

Map of the world showing DTP3 coverage by country in 2020. The color scale ranges from 0% (red) to 100% (blue).

**Panel C: COVID-19 case and death rates by DTP3 coverage**

Line graph showing COVID-19 case rate (green line) and death rate (red line) per 100,000 population by DTP3 coverage (0-100%). The x-axis represents DTP3 coverage (0-100%). The y-axis represents the rate per 100,000 population (0-100).

**Panel D: COVID-19 case and death rates by country and DTP3 coverage**

Heatmap showing COVID-19 case rate (green) and death rate (red) per 100,000 population by country and DTP3 coverage (0-100%). The x-axis represents DTP3 coverage (0-100%). The y-axis represents the country (USA, Canada, Mexico, Brazil, Argentina, Chile, Peru, Colombia, Venezuela, Ecuador, Guyana, Suriname, French Guiana, Guadeloupe, Martinique, Saint Martin, Saint Pierre and Miquelon, French Polynesia, New Caledonia, Wallis and Futuna, French Southern Territories, Monaco, San Marino, Vatican City, Andorra, Liechtenstein, Switzerland, Austria, Germany, Czech Republic, Slovakia, Hungary, Poland, Romania, Bulgaria, Greece, Turkey, Cyprus, Israel, Jordan, Lebanon, Syria, Iraq, Kuwait, Saudi Arabia, United Arab Emirates, Qatar, Oman, Yemen, Afghanistan, Pakistan, India, Bangladesh, Nepal, Bhutan, Maldives, Sri Lanka, Myanmar, Thailand, Laos, Cambodia, Vietnam, Philippines, Malaysia, Singapore, Brunei, Timor-Leste, Indonesia, East Timor, Papua New Guinea, Solomon Islands, Vanuatu, Fiji, Tonga, Samoa, Tokelau, Kiribati, Tuvalu, Nauru, Marshall Islands, Micronesia, Palau, North Macedonia, Serbia, Montenegro, Albania, Kosovo, Bosnia and Herzegovina, Herzegovina, Croatia, Slovenia, Hungary, Poland, Romania, Bulgaria, Greece, Turkey, Cyprus, Israel, Jordan, Lebanon, Syria, Iraq, Kuwait, Saudi Arabia, United Arab Emirates, Qatar, Oman, Yemen, Afghanistan, Pakistan, India, Bangladesh, Nepal, Bhutan, Maldives, Sri Lanka, Myanmar, Thailand, Laos, Cambodia, Vietnam, Philippines, Malaysia, Singapore, Brunei, Timor-Leste, Indonesia, East Timor, Papua New Guinea, Solomon Islands, Vanuatu, Fiji, Tonga, Samoa, Tokelau, Kiribati, Tuvalu, Nauru, Marshall Islands, Micronesia, Palau).

[illegible]

**WUENIC Analytics**

Charts | Map | Data | About

Year: 1967  
 Coverage: 100% 100%

Vaccine: DTP3

Group Type: UNICEF

Group: UNICEF Regions

Subgroup: EAPR

Name: Brunel Darussa

**Coverage of DTP3, 2015-2023**

Year	Brunel Darussa	Cambodia	EAPR
2015	95%	95%	95%
2016	95%	95%	95%
2017	95%	95%	95%
2018	95%	95%	95%
2019	95%	95%	95%
2020	95%	95%	95%
2021	95%	95%	85%
2022	95%	95%	95%
2023	95%	95%	95%

**Number of vaccinated children and target population DTP3, EAPR, 2015-2023**

Year	Number of vaccinated children	Target population
2015	2500	2000
2016	2600	2000
2017	2500	2000
2018	2600	2000
2019	2500	2000
2020	2400	2000
2021	2300	2000
2022	2200	2000
2023	2100	2000

**Percentage of unvaccinated children, UNICEF Regions, DTP3, 2015-2023**

Year	WCAR	ESAR	ROSA	EAPR	MENA	LACR	Non-programme	ECAR
2015	60%	10%	10%	10%	10%	10%	10%	10%
2016	60%	10%	10%	10%	10%	10%	10%	10%
2017	60%	10%	10%	10%	10%	10%	10%	10%
2018	60%	10%	10%	10%	10%	10%	10%	10%
2019	60%	10%	10%	10%	10%	10%	10%	10%
2020	60%	10%	10%	10%	10%	10%	10%	10%
2021	60%	10%	10%	10%	10%	10%	10%	10%
2022	60%	10%	10%	10%	10%	10%	10%	10%
2023	60%	10%	10%	10%	10%	10%	10%	10%

<https://worldhealthorg.shinyapps.io/wuenic-trends/>

# Short feedback questionnaire

(5 minutes)

We are seeking your feedback on the global groupings (GAVI, African Union, World Bank Income, WHO and UNICEF) and country-level PowerPoint slides developed for the release of global immunization estimates. Your input will help us understand their usefulness and identify areas for improvement.

Please take a few moments to complete this short survey and have your voice heard:



<https://forms.office.com/e/Qv1HXxxNZQ>

