

Strengthening Indonesia's National Immunisation Program

Country Case Study



Introducing the Linked Network

The Linked Immunisation Action Network facilitates a collaborative, peer-to-peer learning approach that brings together Gavi-eligible Middle-Income Countries (MICs) with common challenges to discuss their experiences implementing approaches and strategies to address them. Countries may have access to global guidance and evidence but often express that they do not have access to the necessary practical "how-to" implementation knowledge that comes from the experiences of other countries. This is a gap that peer learning seeks to address.

Collaborative learning goes beyond convening countries around a specific topic, to facilitate a structured learning process in which country participants who face common challenges systematically share knowledge and produce new ideas that enable them to tackle complex issues and achieve their goals. It creates a shared space to discuss and analyse the root causes of implementation challenges.

Linked continues to support countries to translate learnings to action. After a country identifies an approach or strategy to address a barrier to sustainable immunisation coverage or new vaccine introduction, Linked supports the country to develop and implement an action-oriented roadmap for adapting and implementing the approach or strategy within their own context. The stages of Linked's country causal pathway are identified in Graphic A.

Graphic A: Stages of Linked's country casual pathway



Key Findings

- Designing learning engagements that are both specific and responsive to the needs and priorities of Linked network countries has yielded concrete progress in Indonesia. With the supportive supervision pilot and the introduction of the e-Notification and reminder system to the EIR, Indonesia has achieved concrete, scalable progress to address backsliding via human resources and information system improvements.
- The "Build Back Better" Linked workshop from 2022, which addressed the causes of and strategies to address vaccine backlogs due to COVID-19, had a broader scope and objectives. This approach may have been less effective at supporting Indonesia to identify and implement workable strategies to address backsliding. It is also possible that, as the first collaborative learning engagement, the learnings from "Build Back Better" fed into and bolstered the learnings from subsequent workshops.
- While collaborative learning may be a new and unconventional approach for many participants of the subnational peer learning network, there are already expressions of enthusiasm from the District Health Offices.
 Representatives from both the national and subnational levels already see the value in collaborative problem-solving and have voiced hope that the network can expand to include more districts.

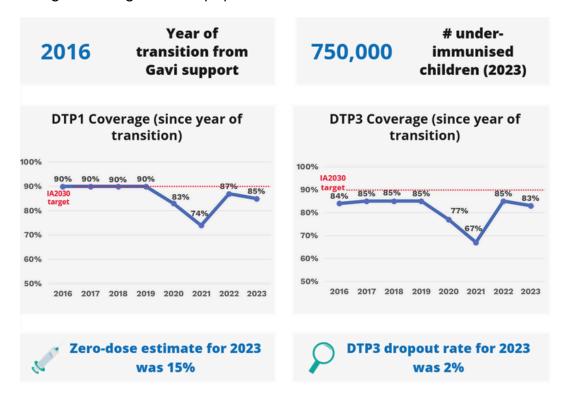
Building the Case for Linked

This case study is a part of Linked's broader monitoring, measurement, and learning effort to assess how the network's collaborative learning approach is contributing to improved immunisation outcomes, specifically achieving and sustaining high and equitable coverage of essential vaccines.

To develop this case study, Linked first conducted a review of project documentation, including plans to adapt and implement learnings from network engagements, as well as notes from follow-on discussions on the progress of these plans. In addition, Linked conducted qualitative interviews with Indonesian network participants and stakeholders, including representatives from the Ministry of Health's Expanded Programme for Immunisation, the Ministry of Health's Digital Transformation Office, the District Health Offices of Konawe and Lombok Barat, and Gavi, to further validate and examine the progress that has been made thus far and the linkage between network learnings and contributions to improved outcomes. Additionally, key insights from this case study may further inform which and how aspects of the networks collaborative learning approach have been effective.

Engaging Indonesia at a Strategic Moment

Indonesia joined the Linked Network in 2022 during a critical period in which the immunisation programme was experiencing significant challenges and setbacks amidst the COVID-19 pandemic. Indonesia saw a severe decline in DTP3 coverage from 85% in 2019 to 67% 2021, with 26% of children receiving no vaccinations in 2021. The country was in the process of implementing a national government-led catch-up campaign, but their preexisting human resource shortage was worsened by staff remobilisation to COVID-19 efforts. They were also facing significant vaccine hesitancy challenges among both the population and health workers.



However, the COVID-19 pandemic spurred significant investment and political commitment towards improving immunisation infrastructure and information systems, namely their Electronic Immunisation Registry (EIR), with immunisation data at the level of the individual. Indonesia began development of their EIR in 2022 and began implementation in 2023, a major step forward in Indonesia's ability to monitor coverage and use data to increase coverage and identify and target zero-dose children.

Linked's continuous demand assessment process ensures that the network has a solid understanding of Indonesia's immunisation challenges and priorities. Indonesia was invited to participate in 5 Linked collaborative learning engagements, which were both timely and responsive to these priority challenges related to coverage backsliding, inadequate human resources, new vaccine introduction, and the development of a national EIR. Graphic B showcases how each of the 5 key objectives set by the Indonesia Ministry of Health to accomplish by 2025 informed responsive Linked engagements which, along with complementary support from Gavi, has ultimately supported Indonesia in achieving progress towards Gavi's two main objectives for MICs.

Graphic B: Linked's Responsive Engagements to Indonesia's Key Objectives 1

national and subnational level

Responsive Linked Engagements Indonesia's Objectives by 2025 **Gavi MICs Objectives** 2022-2024 complementary ongoing Improve subnational capacity in support from Gavi and planning, implementing and Alliance partners monitoring to catch-up vaccination Addressing persistent backsliding Improve routine data quality and "Build Back Better". December 2022. Support sustainable data use, including high risk and "Supportive Supervision Study Tour". hard to reach areas, to identify and introduction of key June 2023. target zero dose missing vaccines in former and never Evidence-based demand Establishing a national EIR. Gavi countries generation supported by cross "Australia EIR Study Tour". October sectoral involvement, including private sector, particularly for "EIR Learning Exchange". July 2024. missed communities **Supporting New Vaccine Introduction** Prevent and mitigate Improve EPI capacity at national (NVI). and subnational level in vaccine backsliding in "NVI Learning Forum". April 2024. logistics, social mobilization and vaccine coverage in advocacy for sustainable and former-Gavi equitable immunisation coverage Subnational collaborative learning countries network. May 2024 - Present. Facilitate sustainable subnational financing for operations of immunisation programs Strengthen coordination to promote shared accountability at

Addressing Learning Priorities through Linked Learning Engagements

Linked's collaborative learning engagements are one mechanism of support leveraged by Gavi to support the sustainable introduction of new vaccines and to prevent and mitigate backsliding in vaccine coverage in MICs. As a network member country, Indonesia has participated in a series of in-person, cross-regional participatory learning engagements with other MICs to share experiences implementing strategies to strengthen immunisation programming, discuss good practices and lessons learned, produce new ideas and knowledge, and develop actionable plans to adapt and implement learnings from these engagements to tackle immunisation challenges.

In addition to these in-person meetings, Indonesia has been regularly engaged with the Linked facilitation team in the form of virtual exchanges. These calls are an opportunity to bring countries from the in-person meeting back together to discuss progress implementing strategies to address their common challenges and share new challenges and learnings with their peers.

In 2024, Linked piloted its first subnational collaborative learning network in Indonesia. As a decentralised Gavi priority country experiencing a high zero-dose population and persistent backsliding, Indonesia represented the ideal country to test the application of Linked's technical approach to a country-level network. The primary objective of the subnational network has been to engage district-level stakeholders in peer-to-peer learning to deepen the impact of national programs and other Gavi-supported activities.

- [1] Linked designs engagements that are responsive to Indonesia's priorities and contribute to Gavi's two main objectives for MICs. Details about these Linked engagements are included below:
- I."Build Back Better". December 2022. Examining how the COVID-19 pandemic led to routine immunisation backlogs,
- and strategies to restore coverage rates and reach zero-dose children.

 2. "Supportive Supervision Study Tour". June 2023. Learning about Sri Lanka's human resource management strategies.

 3. "Australia EIR Study Tour". October 2023. Learning about Australia's experience building, scaling, and integrating their
- 4. "EIR Learning Exchange". July 2024. Discussing challenges and approaches to effectively collect, manage, analyse, and use data with EIRs.
- 5."NVI Learning Forum". April 2024. Discussing political will and decision-making for NVI; vaccine procurement, pricing, and sustainability; challenges and approaches to HPV vaccine introduction; and Gavi support mechanisms for NVI.
- 6. Subnational collaborative learning network. May 2024 Present. Six districts across the East, West, and Central regions routinely engage to share common challenges and approaches to strengthen immunisation programming at the subnational level.

Early signs of progress in Indonesia's immunisation program

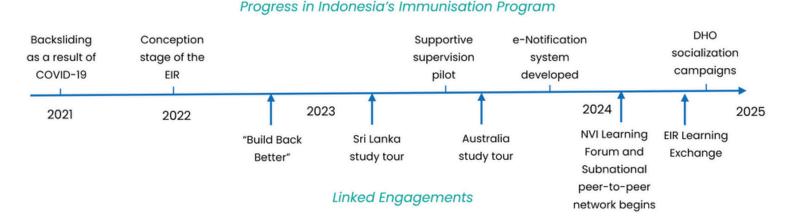
Improving supportive supervision with lessons from Sri Lanka. In June 2023, a delegation from Indonesia participated in a Linked study tour to Sri Lanka to learn about their approach to management and supportive supervision and its positive effects on the immunisation programme. Participants of the study tour discussed Sri Lanka's management structure, the provider training framework, and their monitoring, evaluation, reporting, and feedback processes. The study tour included site visits to clinics and the National Institute of Health office, offering participants a chance to understand how the theoretical management structure worked in practical settings. By witnessing these supervisory practices in-person and meeting with immunisation practitioners, the Indonesia delegation learned how Sri Lanka effectively implemented supportive supervision and the subsequent impact on health worker capacity and immunisation coverage.

"[The study tour to] Sri Lanka helped us make better training plans, such as developing targets, planning, logistics, injections, and reporting, because more attention needs to be paid to the implementation of the immunisation programme in the field."

- Indonesia subnational representative

A subnational representative who attended the study tour initiated a clinic-based study to test an adaptation of Sri Lanka's supportive supervision programme in an Indonesian health clinic. UNICEF provided support in revising and digitising the supportive supervision checklist tool, and the pilot was rolled out at the Posyandu Bubutan Subdistrict Purwodadi, Central Java in September 2023. The programme has been well-received by health workers so far and there are early indications of positive effects on immunisation rates and a reduction in vaccine hesitancy and resistance. The hope is that, with support from the provincial health offices and the Ministry of Health, the pilot can be scaled up and implemented in other primary health centres across Indonesia and eventually integrated into national health policies. If scaled, supportive supervision and a more effective training and management system has the potential to improve health worker capacity and vaccine coverage rates.

Graphic C: Linked Interventions to Indonesia's Immunisation Program



Refining the EIR with Lessons from Australia. In October 2023, with several network countries in the process of building or rolling out an Electronic Immunisation Registries (EIRs), Linked hosted a study tour to Australia to examine Australia's experience of integrating and scaling its information systems, and of improving usability, quality, and uptake of their EIR. An EIR can be an essential tool for countries trying to improve coverage and strengthen the responsiveness and effectiveness of immunisation programming. The study tour included presentations from Australian public health officials and site visits to clinics to share practical strategies and lessons learned from Australia's journey to integrate and operate its EIR. The Indonesian delegation noted the overall value of learning about the Australian experience, specifically the incremental process of transitioning from paper-based to digital immunisation records, the importance of unique identifiers for individuals, and socialisation and capacity-building for health workers on the importance and use of the EIR technology.

Indonesia was encouraged by Australia's use of an automatic reminder system integrated in their EIR. This system enabled sent letters or emails about upcoming or overdue vaccines to parents, a feature which effectively supports local health workers to improve coverage and reduce drop-out rates. At the end of the study tour, Indonesia shared a plan to develop an automated messaging system through Satu Sehat mobile [2] and via WhatsApp, a process similar to the Australian system but adapted to their local context and technology. They also planned to develop an overdue immunisation calculator and dashboard to better identify and target under immunised and zero dose children.

[2] Satu Sehat is Indonesia's data platform for integrated health services. Satu Sehat is used by health care workers for electronic medical recordkeeping, and the Satu Sehat mobile application is used by patients to access their health records.

"Australia sent letters or email to follow up with the targeted population who are overdue with the immunisation schedule. We can tailor the strategy into Indonesia adjusting with local technology adaptation."

- Indonesia's action plan

In November 2023, staff from the Indonesia Digital Transformation Office (DTO) who attended the study tour shared that they had completed programming for the notification system' mobile application and WhatsApp. In the next phase of development, the reminder feature will be refined to enable personalisation for each child.



Policies and training to improve data quality. The Australia study tour emphasised health worker education and training as pivotal components to the success of the EIR. Indonesia has made progress implementing these relevant learnings from the study tour by training and socialising health workers and immunisation coordinators at the Puskesmas, district and provincial levels on the new notification and reminders system. They have delivered the socialisation to at least one representative from each of 38 provincial offices and 514 District health offices. To further facilitate the implementation of the new system, Indonesia created a competition to encourage health workers to collect parents' WhatsApp information and enter it in the system, an idea inspired by the study tour.

To further facilitate the implementation of the Indonesia also created a competition to encourage health workers to collect parents' WhatsApp information and enter it in the system, an idea inspired by the study tour. Australia uses an incentive structure to increase vaccination administration rates among health workers. Indonesia issued a letter from the Director General to each primary health centre which disseminates regulations and guidelines for data entry.

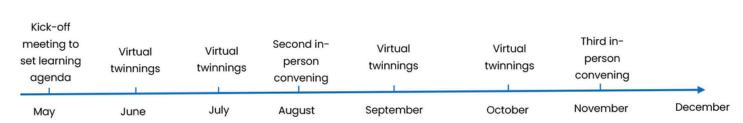
Indonesia recently attended another Linked learning engagement in Jakarta in July 2024 in which Indonesia showcased their EIR progress to date and deepened their learnings from a cross-regional cohort of countries to support implementation. The objective of this workshop was to share country experiences in effective data collection, management, and use to enhance immunisation programs. The Indonesia delegation who attended the workshop developed an action plan to translate learnings into concrete next steps. The main objectives of their action plan were to train and provide incentives to health workers in the individual data entry feature of the ASIK platform, and to strengthen implementation of the Sat Sehat platform in health facilities through training of trainer workshops, a monitoring dashboard, and routine evaluation. The DTO's addition of the e-notification and reminder system, and subsequent investments in health worker training and overdue dashboards, signifies an important step in Indonesia's journey to restoring coverage and reaching zero-dose children.



A pilot platform for subnational peer-to-peer learning

In 2024, Linked piloted a subnational peer-to-peer learning platform in Indonesia with the goal of adapting the network's global approach at a country-level. Indonesia is a high-priority country in the Gavi MICs portfolio with large inequities and a significant proportion of zero-dose children. The national Ministry of Health recognised the peer learning platform as a tool to potentially address critical challenges contributing to disparities across districts and regions. In consultation with the Ministry of Health, Linked invited six districts to participate in the first phase of the peer learning platform: one higher- and one lower-performing district from each of the three regions of Indonesia. The selection of these districts recognises the opportunity for lower-performing districts to learn from their higher-performing peers with similar population and geographic characteristics. It also creates an opportunity for the higher-performing districts to acquire new knowledge from the experiences of their peers when all the districts are brought together for cross-regional engagements.

Graphic D: Timeline of Linked's Peer-to-Peer Learning Platform for Indonesia



Indonesia peer-to-peer learning

As of January 2024, Linked has convened national, subnational, and development partner representatives for one kick-off meeting, two learning engagements, and monthly virtual engagements. During the kick-off meeting, representatives from the central region (Banjar, West Lombok), west region (Serang, Sukabumi), and east region (Lombok Barat, Takalar) of Indonesia agreed upon a six-month learning plan. The learning plan lays out the districts' priorities and learning opportunities, including:

- Improving data quality in the transition from paper-based to digital recordkeeping;
- Sustainable financing; private sector collaboration;
- Immunisation target-setting and reporting; and
- Increasing rotavirus coverage.

After each workshop, subnational representatives from each district have created and iterated on a Linked action plan in which key lessons and takeaways from the workshop are incorporated into their existing workplans. Challenges and learnings from the subnational network are shared with the national Ministry of Health to support a virtuous cycle of learning, feedback, and standardisation of the immunisation programme. The peer learning network in Indonesia is the first time Linked has translated the global collaborative learning model to the subnational level and offers a major learning opportunity for Linked and Indonesia.



Early adaptation of peer-tested strategies to support district-level trainings. Roughly halfway through the implementation period for the subnational peer-to-peer learning platform so far, participants are already showing signs of enthusiasm and motivation. Collaborative learning is a new approach for participants from the District Health Offices (DHOs), who traditionally receive direction and guidance from the national Ministry of Health alone.

By pairing high- and low-performing districts together for 'twinning' discussions, districts learn about the strategies and approaches from geographically and demographically similar districts. Monthly virtual meetings have been effective for keeping in touch and deepening understanding of challenges and strategies. A representative from the Konawe district shared that through the Linked subnational network, they have established close relationships with programmes from other districts and regions and built a community.

"Through Linked subnational learning platform with other districts in Indonesia, we have built a very close relationship when discussing challenges or issues related to the Immunisation programmes from each district - exchanging opinions, sharing inputs, adopting strategies, and sharing approaches carried out in each district to achieve our targets."

- Representative of Konawe DHO

Representatives from the DHO have been iterating on action plans that they indicated, if implemented, would result in more sustainable and/or equitable immunisation coverage for their districts. Respondents from each of the six districts affirmed that they have made progress on their action plans. For example, the Konawe district was experiencing challenges with financing the Complete Basic Immunisation programme, which is the complete schedule of vaccines given to newborns and children, including BCG, Polio, DPT, HB, and PCV. Learning from another district about a cost-saving approach to socialising the programme, Konawe trained community leaders, health workers, and health cadres by introducing it to relevant stakeholders during a mini-workshop hosted by the Population Control Service Office. The hope is that participants of this workshop will then convey the tenants of the Complete Basic Immunisation programme to the wider community.

Similarly, a representative from the District Health Office of West Lombok shared that because of their participation in the Linked subnational network, they have begun utilising "Coffee Morning" mini workshops, an event routinely conducted by the DHO, to not only disseminate the latest guidance and coordinate activities, but also to hear about implementation challenges at the sector level and support health centres in problem-solving. They have found this to be an effective and cost-saving approach to improve implementation of the vaccine programme.

Additional learnings from the subnational network so far include the practice of allocating time for a weekly data transfer and DHO decree for ASIK data entry; collaboration with a women's empowerment organisation to build immunisation capacity of community cadres; increased coordination with other district offices; and the conducting of data validation to ensure data quality and availability.

The Way Forward

Linked will continue support Indonesia to improve the sustainability and equity of their immunisation programme with additional in-person and virtual engagements related to backsliding and EIR planned for 2024 and 2025. The subnational peer learning platform will continue to provide districts a space to share challenges and strategies for implementation. Linked is exploring ways to transfer ownership of the subnational network to a local partner in order to sustainably continue peer learning at the district level.

Graphic E: Indonesia's Progress Along the Country Causal Pathway

Country joins the Linked Network Country identifies barriers to sustainability, equity, NVI Country identifies workable strategies, good practices

Country adapts and implements identified strategies Country
achieves
outcomes to
improve
immunisation
program



Indonesia joined the Linked Network in 2022, attending the "Build Back Better" workshop in Sri Lanka.



Indonesia identified
their priority
challenges as
significant backsliding,
intra-regional
inequities, and lack of
quality data for
decision-making.



- Cost-effective and peer-tested strategies to improve district-level performance.
- E-notification and WhatsApp reminder system
- Supportive supervision checklist for health workforce management



- District-level mini workshops to improve local capacity
- E-notification and WhatsApp reminder system
- Supportive supervision checklist pilot

