



**Linked Immunisation  
Action Network**



## **Indonesia's Subnational Collaborative Learning Network:**

### ***Catalyzing a transformative problem-solving culture to strengthen immunisation programming at the district level***

Since late 2019, the Linked Immunisation Action Network (Linked) has been an integral part of Gavi's strategic approach to engaging with MICs globally and achieving MICs' outcomes and objectives. Linked's collaborative learning approach recognizes the experience and expertise within MICs and brings together country practitioners, technical experts, and immunisation partners from MICs to identify common immunisation programme challenges and the promising practices that will lead to greater resilience, equity, and sustainability. It facilitates a highly participatory, action-oriented collaborative learning process in which participants can deconstruct their own assumptions about challenges and strategies to overcome them.

By working with and through regional and country-level partners, Linked engages countries' broader immunisation ecosystem to ensure that knowledge, approaches, and good practices gained through network learning engagements translate into actions that contribute to greater impact within countries. Linked's proof of concept demonstrated that, at a global level, peer-to-peer learning is a catalyst for action and a complement to direct technical assistance, enabling countries to support one another as mentors, problem-solvers, and accountability partners.

In 2024, Linked began piloting a subnational collaborative learning network in Indonesia. The initiative adapted Linked's proven global peer-to-peer learning approach to target priority districts in Indonesia and to determine whether collaborative, peer-to-peer learning could foster collaborative, innovative problem-solving among districts to help overcome critical barriers to achieving high, equitable immunisation coverage and the sustainable introduction of new vaccines.

The network demonstrated this proof of concept, with all districts identifying and implementing new strategies to address priority challenges across a range of issue areas, including:

- Multisectoral coordination
- Community acceptance and demand generation

- Resource mobilization
- Vaccine distribution and stock monitoring
- Integrated service delivery
- Engagement with private providers
- Data monitoring and evaluation

These issues encompass both the operational and strategic dimensions of immunisation system strengthening, with practical, district-led solutions emerging from the collaborative learning engagements.

Beyond more immediate district-level improvements, the subnational network and its collaborative learning approach also generated broader, systemic benefits for Indonesia's immunisation programme, including the development of an adaptive learning culture oriented toward regular discussion of challenges and lessons learned, and stronger bidirectional communication between the national and subnational levels to better inform and align policy discussions with the local realities of frontline service delivery.

## **BACKGROUND**

Indonesia was selected for the pilot of a subnational collaborative learning network for several key reasons. First, with the 6th highest zero-dose burden in the world, Indonesia has an estimated 748,000 children who never received the DTP1 vaccine and 660,000 who never received a measles vaccine. As a result, Indonesia is a priority within Gavi's portfolio and critical to achieving global immunisation goals. Second, because of Indonesia's highly decentralised health and immunisation system, its subnational governments have greater responsibility, autonomy, and accountability for certain aspects of immunisation programming. Third, due to Indonesia's highly engaged and lengthy tenure with the global network since 2018, the effectiveness of Linked's collaborative learning approach has been validated among key national immunisation stakeholders. Indonesia was very receptive and supportive of the pilot.

***Collaborative learning approach.*** The foundation of this collaborative learning network is the recognition of common challenges across districts in Indonesia and the opportunity for these districts to not only share experiences implementing strategies to overcome these challenges but also collaborate to identify new ideas, strategies, or approaches to strengthen immunisation programming. It creates a shared space for districts to discuss and analyse the root causes of their immunisation programme challenges. While districts may have access to global evidence and national guidance, they may lack the practical "how-to" implementation knowledge that emerges from learning from their peers' experiences.

Through an ongoing collaborative learning process, the network supports districts in adapting and implementing lessons learned from Linked engagements in the form of workable strategies, approaches, and best practices. The simplified causal pathway below illustrates how the collaborative learning approach contributes to improved outcomes and impact.



**Selection of districts.** In collaboration with Indonesia’s Ministry of Health (MOH) and other immunisation stakeholders, six districts were initially selected to participate in the pilot. Two districts were chosen from each of three regions—East, West, and Central—representing one higher-performing and one lower-performing district per region. Recognizing the unique context within each of Indonesia’s regions, this “twinning approach” for districts within each region enabled rich experience and learning exchanges with colleagues facing similar demographic, geographic, and administrative realities—fostering mutual accountability and trust.

In 2025, to scale the network’s geographic scope and expand opportunities for experience sharing and learning, the network included one additional district in each region.

**Districts included in the Linked Indonesia Subnational Learning Network, by region**

**East Region:** Kabupaten Konawe, Kabupaten Takalar, and Kota Makasar

**West Region:** Kabupaten Sukabumi, Kabupaten Serang, and Kota Balikpapan

**Central Region:** Kabupaten Lombok Barat, Kabupaten Banjar, and Kota Bogor

**Identification of representatives from each district.** Each participating district nominated three representatives to engage with the network, ensuring diverse technical and managerial perspectives and forming a cross-functional team able to bridge technical and leadership dimensions to support programme improvement. The network included representatives from the District Health Office (DHO), the District Education Office, and other local government stakeholders.

**Implementation model.** The subnational learning network launched in 2024 with a convening of all national and subnational stakeholders, including Alliance implementing partners. It provided an opportunity for the districts to jointly identify their most pressing challenges and learning priorities, ensuring that network engagements were responsive and context-driven—each addressing key challenges and priorities through actionable strategies. The network subsequently held three additional in-person engagements for the remainder of the year, bringing together all district representatives, as well as representatives from the national MOH and implementing partners such as WHO and UNICEF.

In-person engagements were complemented by monthly virtual engagements to maintain momentum, reflect on progress, and share updates. These virtual engagements proved invaluable in sustaining engagement and deepening understanding of implementation strategies and approaches between workshops, reinforcing a culture of continuous learning and adaptation. Participants in monthly virtual engagements often included broader local government representatives, public and private primary care providers, midwives, and hospitals, as needed, to inform the discussion on approaches to address a specific challenge.

After each in-person engagement, participating districts developed or updated linked action plans, integrating insights and lessons learned into their existing workplans. These action plans served as practical roadmaps for adapting successful approaches to local contexts.

Importantly, the network's infrastructure design included a built-in feedback loop from the districts, collectively, to Indonesia's national EPI programme. This element enabled and empowered districts to share emerging challenges and strategies upward — creating a virtuous cycle of learning, standardisation, and policy alignment throughout the immunisation system.

**Co-facilitation for ownership and capacity strengthening.** Linked's facilitators designed and facilitated the workshops in close collaboration with national MOH and technical partners, grounding

#### **District Action Planning: Linked's Unique Approach**

##### **District Ownership and Accountability**

Linked's action-planning process, adapted from the global network for the subnational network, is central to its effectiveness. Rather than prescribing solutions, Linked facilitates a structured process through which district teams identify strategies for adaptation and implementation. Because districts draft their own action plans, ownership—and follow-through—is high.

The network also convenes monthly virtual sessions to maintain momentum and accountability in implementing the action plan and ensuring follow-through.

##### **Dedicated Time to Reflect on the Translation of Learnings to Action**

Linked engagements deliberately provide protected time for teams to reflect, discuss, and jointly analyse challenges. Participants find the structure—objectives, activities, timelines—useful for internal coordination and for communicating priorities to other relevant district and national stakeholders.

discussions in policy, evidence, and best practices. Over time, participating DHO representatives were invited and encouraged to co-facilitate sessions – both virtually and in person – to strengthen facilitation skills and foster ownership of the learning process.

This deliberate emphasis on co-facilitation proved instrumental in building district leaders' capacity to champion peer learning within their own teams and local networks.

## **RESULTS AND IMPACT**

Linked has a systematic approach to monitoring and evaluation, including post-engagement evaluations and biannual network-wide surveys. The findings are used to understand (1) the extent to which countries at the global level and districts at the subnational level in Indonesia are making progress toward the intermediate outcomes of the Linked and Gavi MICs approach; and (2) how the Linked collaborative learning approach did or did not contribute to these improved outcomes.

Across all participating districts in Indonesia, respondents rated the overall effectiveness of Linked's collaborative learning activities and resources at 4.8 on a scale of 1 to 5, underscoring the network's relevance and quality. All participating districts (100%) reported that the network helped identify specific risks and barriers to sustainable coverage, equity, and NVI in their contexts. Moreover, 96% of representatives reported that they had identified peer-tested strategies or lessons from other districts that could strengthen their immunisation programmes. These findings confirm that peer learning effectively surfaces actionable insights and locally adaptable solutions.

All districts showed progress in implementing their Linked action plans, demonstrating efforts to incorporate strategies or lessons from Linked engagements into their local operations. Many districts also integrated these plans into their budgets and overall planning processes. For instance, Takalar used insights from Linked engagements to draft a Regent's Regulation aimed at boosting immunisation coverage through cross-sector collaboration. Similarly, Kabupaten Banjar is developing a Regent's Regulation to establish an Immunisation Coordination Team. Additionally, representatives from Konawe, Kota Bogor, and Kota Balikpapan reported that their learnings influenced circular letters on topics like routine immunisation and coordination between the Ministries of Health and Home Affairs.

*"We advocated with several cross-sectoral agencies and signed MoUs with the District Office of Religion, the Civil Registration Office, and the Family Welfare Movement to strengthen immunisation efforts. We also issued circular letters to accelerate coverage improvements and address low-performing health centers." – Representative, Konawe District Health Office*

Nearly all representatives (96%) indicated that the leadership, technical, and operational skills gained through network engagements were directly applied to improve coverage and reduce barriers to equitable immunisation. District leaders reported greater confidence in managing cross-

sector collaboration, analysing data, and coordinating local partners — key competencies for sustained immunisation performance.

### **District Spotlight: Kabupaten Serang**

The district of Serang was an invaluable participant in the subnational learning network, often serving as a learning resource for other districts. Kabupaten Serang shared their best practices in multi-sectoral engagement and community mobilization, including leveraging educational and religious institutions to combat misinformation. Three peer districts, Kabupaten Sukabumi, Kabupaten Takalar, and Kota Bogor, adopted similar strategies based on Kabupaten Serang 's example. The district also made meaningful improvements to its own immunisation programme using peer-tested strategies highlighted through Linked workshops, including the successful mobilization of resources from the private clinic association and increasing relevant immunisation service delivery data entry inputs in 2024 by 4%. Complete Infant Immunisation (IBL) coverage in the district increased by 32% in 2024.

### **District Spotlight: Kabupaten Lombok Barat**

Kabupaten Lombok Barat demonstrated significant progress in its participation in the Linked network, moving from a participant to a lead in sharing its experience implementing solutions to strengthen routine monitoring and evaluation. Its "Talas Manis" is a daily immunisation coverage monitoring initiative in which district leadership reviews the ASIK dashboards and provides weekly feedback to the heads of the puskesmas on programme achievements and opportunities for improvement. Its domestic resource mobilization strategies have also been successful, optimizing the regional budget for advocacy and cross-sectoral coordination activities in 2025. The region saw increases in tetanus vaccination coverage among women of reproductive age and pregnant women, and school-age immunisation coverage for measles and rubella reached 89.8%, both in 2025. The DHO of Lombok Barat stated that these achievements are associated with improvements in monitoring and evaluation processes and strengthened coordination with education institutions, and that learnings from the Linked network contributed to these improvements.

## **LONG-TERM BENEFITS OF THE NETWORK**

Findings from the network's monitoring and evaluation efforts also indicate that beyond immediate district-level improvements, the subnational network generated broader, systemic benefits for Indonesia's immunisation programme, namely:

***Enhanced Technical Knowledge and Motivation.*** District representatives reported a deeper technical understanding and renewed motivation to tackle immunisation challenges.

Notably, 96% of participants agreed that Linked increased their motivation to address local barriers to sustainable and equitable vaccine coverage.

“Linked’s resources significantly increased my motivation and understanding of how to take strategic steps to improve immunisation outcomes in our area.” – *Representative, Kabupaten Konawe*

**Strengthened Learning Culture.** Districts integrated collaborative learning methods beyond Linked engagements to facilitate deeper discussion and diagnosis of challenges, sharing of experiences, and creative problem-solving during routine district meetings.

“In Takalar Regency, we used a collaborative learning approach among community health centers, where each center shared tips and best practices to improve immunisation. Other centers then adopted these approaches during their coordination meetings.”

– *Representative, Takalar District*

In addition to districts’ appeals for the continuation of the subnational learning platform, representatives suggested extending peer learning activities to the city and community health levels. This shows appreciation for these implementers’ experiences in enhancing understanding of challenges and needs, which helps identify the most effective strategies to improve immunisation programming.

**Stronger Professional Networks and Community-Building.** The platform cultivated enduring relationships among district representatives, who continue to discuss challenges and share insights and advice through informal communication channels.

“Through the Linked subnational learning platform, we’ve built very close relationships across districts. We exchange opinions, share inputs, and learn from each other’s strategies to reach our targets.” – *Representative, Konawe DHO*

**Empowering a Collective Voice to the National Level.** By channeling subnational experiences and lessons upward, the network unified the districts’ voice to the Ministry of Health – improving alignment of policy discussions with local realities and strengthening national-subnational collaboration. Similarly, the network helped district-level representatives connect with the national MOH in a new way, as hierarchical structures were flattened and DHO and MOH representatives viewed themselves as peers.

## KEY FACTORS CONTRIBUTING TO SUCCESS

The Indonesia pilot demonstrates that peer-to-peer learning is transformative at the subnational level. The investment in collaborative learning fostered creative problem-solving and local innovation. Linked supported local practitioners to translate learnings into tangible improvements in immunisation coverage and equity, contributing to Gavi’s vision of sustainable, equitable immunisation for all.

This experience offers a powerful model for other countries seeking to leverage the contextual expertise of subnational actors while unlocking innovation at lower levels of the health system. Drawing on the pilot of a subnational collaborative learning network in Indonesia, Linked identified several factors that contributed to its success to inform those looking to implement a similar model elsewhere:

1. **Positive endorsement and active engagement from the national MOH**, ensuring alignment with national priorities and sustained support.
2. **A decentralised government structure**, with sufficient autonomy at the subnational level to enable experimentation and adaptation.
3. **Dedicated funding and facilitation support** to enable consistent, structured engagements, action planning, and sustained momentum between engagements.
4. **Structured pairing of high – and lower – performing districts**, promoting reciprocal learning, the exchange of contextual knowledge, and the development of feasible solutions.
5. **Progressive district ownership**, cultivated through gradually increasing roles in co-facilitation and co-leadership during virtual and in-person engagements.

Together, these elements enabled the Indonesian subnational network to evolve from a pilot initiative into a dynamic, self-sustaining learning community.

## LOOKING TO THE FUTURE

As Indonesia prepares to transition out of eligibility for Gavi MICs support, the subnational collaborative learning network has established a strong foundation for the Government of Indonesia to sustain, and perhaps scale, its collaborative learning activities.

As the end of 2025 approached, district representatives expressed clear interest in sustaining the network beyond Gavi support – an encouraging sign of ownership and commitment. In addition, building on the subnational network’s momentum and recognizing the potential of the collaborative learning approach, Indonesia’s MOH launched a similar collaborative learning community at the national level, also focused on immunisation, directly inspired by the success of the Linked subnational network model.

*“These activities are very good and helpful, so this needs to continue!” – Representative from Kota Makassar*

At the final in-person learning engagement in November 2025, following a decision by nine districts and cities, the network fully transitioned ownership to the Government of Indonesia.

The findings from this subnational pilot offer valuable lessons and represent a milestone for Linked: the first time its collaborative model has been translated to the district level, providing insights for Indonesia, Gavi, and other countries seeking to replicate or scale similar approaches.

*Learn more about the impact of Linked's global platform for Middle-Income Countries [here](#) and view the network's website with curated resources [here](#).*

