The Success of the Vaccine Policy in Treating Covid-19 in Indonesia

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ABSTRACT:
The Covid-19 pandemic has created new problems for various countries hit by this pandemic, especially regarding how the country's efforts are to prevent and stop the spread of the COVID-19 pandemic so that it does not become wider and cause more victims. The covid-19 vaccine is one of the policies taken by many countries in response to the covid-19 pandemic. The purpose of this study was to find out how successful the vaccination policy was in handling the Covid-19 pandemic in Indonesia. The research method used in this study is Literature Review, the data used is to collect several research papers related to the covid-19 vaccination policy. The results of the research related to the success of the vaccination policy as a response to the Covid-19 pandemic in Indonesia can be said to be successful, because the level of attainment of vaccine doses continues to increase, then positive cases of COVID-19 continue to sag, although there are still pros and cons in the community, and there are also cases of the public's distrust of the covid-19 vaccine, the biggest obstacle due to the lack of clarity of information regarding the corona vaccination, these obstacles can be input for the government to further accelerate the vaccination program. The government itself has targeted vaccination to reach 2 million doses a day, and also the occurrence of public distrust with the covid-19 vaccine.

Keywords: Policy; Vaccinations; Covid-19; Indonesia
Since the beginning of March 2020 the first time the corona virus or its medical language Corona Virus Disease (Covid-19) was found in Indonesia, until now this virus has not been able to stop its spread. Covid-19 is a disease that has become a phenomenal concern because it threatens human lives throughout the world, including Indonesia. The spread of this virus is very fast and if it is not handled quickly and properly it will result in death, the government has declared the Covid-19 outbreak a national disaster. The handling of the Covid-19 pandemic has disrupted the implementation of national development whose focus on improving the national economy has shifted to dealing with the Covid-19 pandemic and its associated impacts. Handling the Covid-19 pandemic is a challenge to regional autonomy, because almost all regions in Indonesia have been hit by the Covid-19 outbreak, so handling it requires the synergy of the central government, provincial governments and district and city governments. Until now, the number of people exposed to Covid-19 is still increasing, the government continues to work hard to deal with it by issuing various prevention and healing policies as well as the economic impact caused by the Covid-19 pandemic, but this has not been successful (Moraci et al., 2020; De Campos-Rudinsky & Undurraga, 2021).

The Coronavirus Disease 2019 (COVID-19) pandemic has not ended and is still a global threat. Based on data from the World Health Organization (WHO), the total confirmed positive cases in exactly one year of the pandemic on March 11, 2021 were 117,788,562 cases (Borchering et al., 2021; Isril et al., 2021; Upadhaya et al., 2020). This situation has made a number of countries including Indonesia continue to struggle to stop the spread of COVID-19. Prevention efforts by implementing health
protocols continue to be echoed, but the number of confirmed cases of COVID-19 continues to grow. The spike in cases had occurred several times in Indonesia, namely in September 2020 and January 2021 after a long holiday (Media Indonesia, 2021; Task Force for Handling COVID-19, 2021a). Some of the government’s policies in handling the Covid-19 pandemic are Work From Home, Online learning, Large-scale social barrier, Prohibition on returning to one’s home area, New normal, PPKM, Sanctions for violators of health protocols.

Exactly one year after the COVID-19 pandemic, the accumulated number of positive cases in Indonesia reached 1,403,722 (COVID-19 Handling Task Force, 2021b).

The following is data on the number of Covid-19 cases in Indonesia from March 2020 to August 2022, where the number of Covid-19 cases continues to climb until it reaches its highest peak in July 2021. Vaccination against COVID-19 is one of the efforts made and intensified to overcome the pandemic. Not only related to efforts to achieve herd immunity or communal immunity, vaccination has been clinically proven to provide more protection when exposed to COVID-19 (Wardhana, 2020).
The Covid-19 pandemic has created new problems for various countries hit by this pandemic, especially regarding how the country’s efforts are to prevent and stop the spread of the COVID-19 pandemic so that it does not become wider and cause more victims. The covid-19 vaccine is one of the policies taken by many countries in response to the covid-19 pandemic (Müller et al., 2020).

To reduce the number of cases, apart from implementing health protocols, special protection measures need to be implemented, namely vaccination. For years, vaccines have been proven to reduce the incidence of infectious diseases through the mechanism of the human body’s immunity (Miller et al., 2020; Sparrow et al., 2020). The COVID-19 vaccine was developed to assist the formation of individual body immunity so that the administration of the COVID-19 vaccine is expected to accelerate the formation of group immunity (herd immunity) which will have an impact on reducing the number of infected cases (Barberia et al., 2021; Soneji et al., 2021; Wardman, 2020). The COVID-19 vaccination program in Indonesia began on January 13, 2021. For the first batch, the vaccine was given to health workers, public officials, and the elderly. In the second wave, the targets of vaccination are vulnerable groups and the general public. The government targets 181.5 million people to have received the COVID-19 vaccination by March 2022 (Surianta, 2021). To meet the targets that have been set, the Indonesian government is trying to ensure the availability of vaccines. The types of vaccines that have been and will be used in Indonesia are AstraZeneca, Moderna, Pfizer, Sinopharm and Sinovac (Kemenkes RI, 2020a).

The five types of vaccines have different efficacy based on clinical trials that have been carried out. WHO explained that the performance of vaccines can be seen from three measurements, namely through the efficacy, effectiveness, and impact of the vaccine (Hermina et al., 2021).

Vaccine efficacy measures the reduced risk of infection in vaccinated individuals in controlled situations. These efficacy data
were obtained from a randomized control trial. While vaccine effectiveness measures the reduction in the risk of infection occurring in vaccinated individuals related to the implementation of vaccination in the community or in the real world using observational studies. Furthermore, the impact of vaccines is to reduce the risk of infection or disease in a population where some of the people have been vaccinated. Studies showing the effectiveness of vaccines in several countries have been carried out (Wu & Lin, 2020; Bhattacharya et al., 2021; Kenwick & Simmons, 2020).

However, data is not yet available showing how the impact of the vaccine has on the Indonesian people, especially with regard to the five types of vaccines used. A study measuring the impact of vaccines on the population was carried out in the UK using two types of vaccines namely AstraZeneca and Pfizer (Tzanelli, 2021). The Indonesian government until April 2021 targets that 40.3 million people have been vaccinated with the complete dose (twice the injection dose). In addition to the low speed of vaccine delivery, another thing that causes the low coverage of the COVID-19 vaccine is the lack of public acceptance of the vaccine itself. Harapan et al found that vaccine acceptance would be higher in high-efficacy vaccines (Yustina et al., 2020). In the first stage, the type of vaccine that is widely used is Sinovac which is considered to have low efficacy. If we refer to the performance of vaccines according to WHO, we need information on how the vaccine impacts at the community level. One of the efforts to obtain an overview of the impact of vaccines on the community is through modeling (Almufarid & Fadhilla, 2021). In this community service activity, modeling is used as a way to predict the condition of COVID-19 in Indonesia with dynamic conditions, including the various types of vaccines used in Indonesia. Thus the government can take strategic steps related to the vaccination program to reduce the risk of transmission of COVID-19 in the community, based on the background of the problem above, the purpose of this study is to find out how successful the vacci-
nation policy is in handling the Covid-19 pandemic in Indonesia.

**LITERATURE REVIEW**

COVID-19 is an emerging and growing phenomenon. As its prevalence increases in “developing countries”, it will significantly affect the weak health care systems of low-income earners. Various health initiatives, including continuous vaccination programs, have been affected due to some disruptions in them resulting from overstretching of the health care system (Aidukaite et al., 2021; Mohler et al., 2021; Sledge & Thomas, 2021). Vaccination faces various specific challenges in socio-cultural, economic, and political contexts that substantially affect its absorption. Likewise, natural disasters and health emergencies greatly impact immunization efforts, such as the 2019 coronavirus Pandemic (COVID-19) that has hit the entire world. It was anticipated that the pandemic would severely affect the vaccination program due to interruptions in routine vaccinations and the redundant health care system (Arias Yurisch et al., 2020; Dutta & Fischer, 2021; Sylvester, 2021).

In the early days of the pandemic, it was well anticipated that COVID-19 containment measures would substantially impact routine vaccination programmes. There is no empirical evidence for this, only reasonable assumptions. However now, this assumption has been verified. It was also predicted that due to different socio-cultural, economic, and political factors, the impact of the pandemic on vaccination programs was different in countries (Aidukaite et al., 2021; Ferreira et al., 2021; Keogh-Brown et al., 2020).

Several studies have shown that combining vaccination and lockdown is beneficial (Silva et al., 2021; Carrapico & Farrand, 2020) include vaccination in epidemiological models to study optimal lockdown control policies. He assumed the arrival of vaccinations as a Poisson process and once vaccinations became available, people immediately got vaccinated. However, the second
assumption is an oversimplification. In fact, due to limited productivity and speed of vaccination rollout, it often takes a long time to get vaccinated for a large population. In contrast to previous work, we assumed that vaccination was readily available at the outset and focused on the impact of vaccination on lockdown policies.

Spending on vaccines is an issue for policymakers to consider when there are different types of vaccines available in the market. We provide an approach to estimation of vaccine value based on utility indifference. The estimation results can be a reference for policy makers to choose different vaccines. Under the parameter settings in our simulation, the estimated value of the vaccine is approximately in the middle of the vaccine price in the current market (Robertson et al., 2020).

The condition of the Covid-19 pandemic, which requires rapid handling efforts, has forced the state and society to form mass immunity through vaccines. Paradigm changes related to vaccines have developed massively in response to the conditions of the community who agree and are against or reluctant to carry out vaccines with various considerations because of the information that has been received (Peci et al., 2021; Kraaijeveld, 2020). Vaccines are understood by some people as a form of prevention by forming the immune system. On the other hand, people who are reluctant and disapproving of it, consider vaccines to be a mass weakening effort for certain interests. Inappropriate information and conditions develop in the community in understanding the content and impact of vaccination (Anderson, 2021; Arias Yurirsch et al., 2020; Mohler et al., 2021).

The Covid-19 vaccination is a government policy program around the world that aims to reduce the transmission of Covid-19, reduce morbidity, mortality due to Covid-19 and achieve group immunity in the community (herd immunity) and protect the community from Covid-19 disease so that they remain safe, productive socially and economically. Herd immunity can only be formed if vaccination coverage is high and evenly distributed
throughout the region (Farid, 2020; Herdiana, 2020; Wahidah et al., 2020).

Prevention efforts through the provision of vaccination programs, if assessed from an economic point of view, will be much more cost-effective, when compared to treatment efforts. Globally high vaccination coverage is urgently needed to stop the Covid-19 pandemic. However, the pros and cons color the ongoing Covid-19 vaccination programs in various countries, including Indonesia, a number of studies have shown several factors that are responsible for vaccine acceptance, namely vaccine efficacy, adverse health outcomes, misunderstanding about the need for vaccination, lack of trust. In the health system, there is a lack of knowledge among the public about vaccine-preventable diseases. Vaccine hesitancy can jeopardize public health in response to the current crisis.

RESEARCH METHOD

The research method used in this study is Literature Review, the data used is to collect several research papers related to covid-19 vaccination policies in National and International journals from several countries, Ministry of Health Performance Reports and also the most trusted sources from government websites related to covid vaccination. -19. International Journal data collection using Scopus (TITLE-ABS-KEY (covid-19).19 AND vaccine) AND TITLE-ABS-KEY (policy) AND ( LIMIT-TO ( OA , “all”) ) AND ( LIMIT-TO ( SUBJAREA , “SOCl” ) ) AND ( LIMIT-TO ( SRCTYPE , “j” ) ), then the data that has been obtained is processed using the NVivo 12 Plus data processing application and also Vos Viewer. In this study also uses the theory of William N Dunn (William N. Dunn, 2016)

RESULTS AND DISCUSSION

EFFECTIVENESS

In this case, the effectiveness of the Covid-19 vaccine policy can indeed be said. Before the vaccine was injected, various stages
and Covid-19 health protocols were implemented, such as using masks, washing hands, maintaining distance, checking blood pressure and measuring body temperature. Then after the injection process, the vaccine recipient must remain in the vaccination service for 3 minutes. This is done to anticipate cases of post-immunization follow-up (AEFI). This event can be a Vaccine reaction, a procedural error, an incident, an anxiety reaction, or an undetermined causal relationship. Usually there is always an effect after getting this immunization or what in the medical world is called a Post-Immunization Adverse Event (AEFI) after the body responds to the weakened virus into the body. So therefore, To avoid this incident, the Health Office in each region formed a working group (POKJA) KIPI. So that when the vaccine recipients have side effects, the Working Group is ready to be deployed.

Based on the provisions stipulated in the use of the Sinovac type of vaccine, each person gets two injections with a dose of 0.5 milliliters. It was previously known that the first phase of the Sinovac vaccine came in Kukar as many as 7,040. Vaccination focused on health workers begins on the same day, January 14. A total of 18 health service facilities participated in the vaccination process. Several health facilities were appointed to carry out vaccination in stages, namely three hospitals, 39 private clinics, and 32 health centers. As of February 11, 2021, Indonesia’s vaccination coverage reached 1 million health workers. The first phase of the second batch of Covid-19 vaccinations for health workers in Kutai Kartanegara Regency at that time had reached 82% or around 4,000 health workers who have been injected (Juliansyah, 2021). Meanwhile, so far, based on data reported on the kemenkes.go.id page until March 29, 2021. The number of health human resources (HR) throughout Indonesia who have received the first dose of the Covid-19 vaccine are 1,432,153 or 97.51 percent of the target of 1,468,764 people. Meanwhile, the number of health human resources who have received the second dose of the Covid-19 vaccine has reached 1,275,981 people. This means
that the vaccination for health human resources is almost close to the target. 468,764 people. Meanwhile, the number of health human resources who have received the second dose of the Covid-19 vaccine has reached 1,275,981 people. This means that the vaccination for health human resources is almost close to the target. 468,764 people. Meanwhile, the number of health human resources who have received the second dose of the Covid-19 vaccine has reached 1,275,981 people. This means that the vaccination for health human resources is almost close to the target.

In a letter from the Ministry of Health of the Republic of Indonesia Number SR.02.06/C.II/384/202, the implementation of the COVID-19 vaccination was carried out in phase 2 with the target of public service being carried out in the third week of February 2021 with a target number of 17.4 million people. For this, it is necessary to collect data on stage 2 target groups consisting of teachers, TNI, Polri, DPR, DPRD, religious leaders, regional officials, ASN, BUMN, BUMD, Satpol PP, market traders, tourism officers, Organda, to motorcycle taxis or online taxis. The second stage of the Covid-19 vaccine injection is given to people who have carried out the first stage of vaccination which previously took place on March 5, 2021. So everyone who has been vaccinated the first stage can already be given the second stage of the vaccine.

The Covid-19 vaccine, the second stage, aims to increase immunity in the body as well as an antidote to the virus. So it is hoped that anyone who has been vaccinated will be free from the corona virus. The covid-19 vaccine has 2 doses that are injected at an interval of 2 weeks (14 days). The first dose to introduce the vaccine and trigger the initial immune response. The second dose to strengthen the immune response that has been formed previously. New antibodies will be optimal 14-28 days after the second injection is done. If someone is tested positive after being vaccinated, it means that when they were vaccinated they were infected with COVID-19 and were in the incubation
period. The effectiveness of the Covid-19 vaccination can be seen from the sloping number of positive cases of Covid-19 and also victims due to the pandemic.

**EFFICIENCY**

There is still public distrust (public trust) by the public who think that the COVID-19 vaccine is not important, thus causing the inefficient operation of policies. Public perceptions of barriers to vaccine implementation vary widely. One of the strongest factors is the issue of belief or trust. If people do vaccines, they feel the need for guarantees against the impacts that will later be caused. Uncomfortable physical conditions, psychological feelings of anxiety due to the side effects of the vaccine are felt directly by the body and result in fear of death due to being intentionally exposed to the Covid-19 virus.

Another obstacle is the stigma for those who do not get vaccinated. Access to public space is very limited, and the terms and conditions of public services that require the community to carry out vaccines. Those who do not get vaccinated will be ostracized at work because they are considered to be exposed at any time and can carry an active virus in their workplace. Some of them finally did not want to be honest about the conditions before vaccination. People who have comorbidities force themselves to be vaccinated because if they don’t have a vaccine card, they won’t be able to do anything.

Another perceived obstacle is the public’s perception of the government’s inability to meet the availability of vaccines. Perceptions of the signs to act for the community, some people are relatively able to pick up on these signals, enthusiastically following vaccinations. The public realizes that the vaccination program that was conveyed to prevent the transmission of Covid-19 needs to be responded to with positive behavior to get better expectations.
RESPONSIVENESS

The distrust of some citizens towards the COVID-19 vaccine does not only occur in Indonesia but also occurs in all parts of the world. This is of course a homework together. A survey that has been conducted by (Nature Medicine, 2021) shows that there are still many global people who have doubts about vaccines. The popular term used is vaccine hesitancy. The World Health Organization or the World Health Organization (WHO) interprets doubts about this vaccine as a “delay in acceptance or refusal” of vaccination even though vaccination services are already available. What’s interesting about the Nature Medicine survey is that vaccine skepticism seems to have a relationship with people’s low trust in government. If this is the case in Indonesia, then the possibility of the first vaccination carried out by the President the other day was not enough to “leveraging” public confidence. Of course this is a serious homework, considering that vaccination is one of our efforts in the midst of this pandemic.

In carrying out vaccination activities, the provincial government of DKI Jakarta cooperates with various parties. The cooperation can be in the form of providing COVID-19 vaccination sites, logistics/transportation, COVID-19 vaccine warehouse and storage, security and/or socialization and community movement, provision of non-health workers, medical waste management. For example, the DKI Jakarta provincial government is collaborating with the Ministry of Law and Human Rights of the DKI Jakarta regional office, the Jakarta Metro Police and the Jayakarta Military Command to support the optimization of COVID-19 vaccination by implementing a complete vaccination program (Wahyuniarti, 2021). In addition to the DKI Jakarta provincial government, it also cooperates with community and religious organizations, professional organizations and health facilities to provide vaccine locations, health workers.

Besides the challenge of getting the COVID-19 Vaccine, what the Government needs to consider is the budget for the imple-
mentation of the Vaccine procurement program and the imple- mentation of the COVID-19 Vaccination. Considering that the COVID-19 Pandemic is a National Disaster and it is necessary to establish herd immunity with a minimum of 70% of the Community Population/Citizens being given Vaccines, the Government has taken a policy that the provision of COVID-19 Vaccines for the community is free as a form of responsibility and presence of the state. The following is a description/illustration regarding the allocation of funding for the Vaccination Procurement Program and the Implementation of the COVID-19 Vaccination:

**TABLE 1. COVID-19 VACCINATION BUDGET ALLOCATION**

<table>
<thead>
<tr>
<th>Years of Allocation/Budget</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 35.1 Trillion</td>
<td>The budget of Rp. 35.1 Trillion comes from the 2020 State Budget, of which is used for the procurement of the Covid-19 Vaccine during 2020 (Details: 3 Million Doses of Sinovac Vaccine i.e. 1.2 Million sent in 2020. And the remaining 1.8 million was sent 2021 and 100,000 Doses of CanSino Vaccine) as well as for supporting equipment such as syringes, alcohol swabs, safety boxes, and others.</td>
</tr>
<tr>
<td>2021 74 Trillion + reallocation of 19.6 Trillion</td>
<td>The budget jumped 26.48% from the previous estimate of Rp. 54.4% Trillion. For 2021, the Government allocates Rp. 18 Trillion plus a reallocation of 19.6 Trillion in the 2021 State Budget and 36.4 Trillion from the remaining health care funds in the 2020 National Economic Recovery Program (PEN). The Ministry of Finance provides a note/affirms that the budget has not is final.</td>
</tr>
</tbody>
</table>

Source: Ministry of Finance, 2022

In determining the budget requirements for COVID-19 Vaccines and Vaccinations, the Government considers the following (especially in 2021), namely:
### TABLE 2. DETERMINING THE BUDGET REQUIREMENTS FOR COVID-19 VACCINES

<table>
<thead>
<tr>
<th>No</th>
<th>Aspect/Scope</th>
<th>Description</th>
</tr>
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</table>
| 1  | Target Population who receive the Covid-19 Vaccination | The Ministry of Health (Kemenkes) will determine the target number of people who will receive the vaccination.  
The determination of this population target is in accordance with recommendations from the World Health Organization (WHO) as well as suggestions from the association of pandemic experts to achieve herd immunity.  
Assuming the temporary target is to vaccinate as much as 70% of the population in order to achieve herd immunity, then at least 182 million people must vaccinate. |
| 2  | Vaccination Dosage for Covid-19 Vaccination | The Ministry of Health must determine how many doses of vaccine each person should inject. If the average vaccine is two injections, then 182 million times 2 doses are needed. |
| 3  | Covid-19 Vaccine Effectiveness or Eviction | The Ministry of Health together with the Ministry of SOEs and PT. Bio Farma must ensure how much effectiveness or efficacy of the Covid-19 corona virus vaccine that will be injected into vaccination recipients. If the efficacy is 90%, more than 100% of the vaccine must be provided or added 10% of the 182 million in order to achieve the target of 70% of the total population of Indonesia. |
| 4  | Covid-19 Vaccine Distribution | This includes the delivery/distribution of vaccines on the way to the vaccination site, so they cannot be delivered 100%. Including considering COVID-19 vaccines that are damaged or of lower quality, due to the distribution of vaccines throughout Indonesia. |
| 5  | Human Resources / COVID-19 Vaccination Implementers | Includes the number of health workers who will be involved in the vaccination process and priority groups who will receive the COVID-19 vaccination. |

Source: Ministry of Finance, 2022

Responsiveness in ability and reliability in assisting or providing services appropriately and quickly and must be responsive in meeting the needs and desires of the community, In this case, the government makes a budget for meeting the needs of the Covid-19 vaccination for the community. he budget requirement
for the Vaccine Procurement Program and the Implementation of COVID-19 Vaccination is charged through the State budget and Regional Revenue and Expenditure Budget (especially for the Implementation of Vaccination) which is relatively large and significant so that the Government implements several policies including reallocation and/or budget cuts from Ministries/Agencies taking into account:

Considering the track record of agencies, both Ministries and Institutions, in the use or realization of their annual budgets. See the 2021 budget implementation list (DIPA), so that you know how much the budget can be diverted to fund vaccinations.

From the time of the implementation of the COVID-19 Vaccination, the Ministry of Health estimates that the vaccination process will last for 15 months, starting from January 2021 to March 2022. The COVID-19 vaccination will be held in 34 provinces throughout Indonesia which is divided into 2 stages/periods. The first was carried out from January to April 2021 with priority recipients of the COVID-19 vaccine for 1.3 million health workers and 17.4 million public service workers in 34 provinces in Indonesia. The second will be held for 11 months, starting from April 2021 to March 2022. So with this estimate, the number of people who are vaccinated will reach a population of 181.5 million people/person. The national vaccination program was officially launched on January 13, 2021 with the President of the Republic of Indonesia as the recipient of the first COVID-19 vaccine.

The reallocation of funds for handling and impacting Covid-19 from the Regional Budget (APBD) reached Rp 56.67 trillion. The Ministry of Home Affairs (Kemendagri) noted, as of Friday (17/4) as many as 528 Provincial and Regency and City Regional Governments (Pemda) have completed the reallocation of the APBD in response to the handling of the Corona pandemic in their respective regions. “Of the total Rp 56.57 trillion, it will be allocated for three priority posts,” said Acting Director General
of Regional Finance at the Ministry of Home Affairs Ardian Norvianto in a press release received by journalists in Jakarta, Friday (17/4). “The first is for handling health. Second, for handling the economic impact, and third, for providing social safety nets,” he said. Ardian explained, the refocusing of Unexpected Expenditures (BTT) in the APBD experienced a significant increase after the refocusing and reallocation of the APBD. After the refocusing, he explained, the allocation to BTT increased by 842.93% with an initial value of Rp. 2.94 trillion to Rp. 24.74 trillion. Ardian also revealed that the DKI Jakarta Provincial Government allocated the most budget for handling Covid-19, reaching Rp10.64 trillion. Indeed, DKI is the largest because the position of the DKI Regional Budget is also the largest,” said Ardian when contacted, Tuesday (15/4). The Rp 10.6 trillion budget is the result of certain budget allocations (refocusing) and the reallocation of the APBD.

This is in accordance with the Instruction of the Minister of Home Affairs Number 1 of 2020 concerning Prevention of the Spread and Acceleration of Handling Covid-19 in the Regional Government. Of the Rp 10.6 trillion budget, the DKI Provincial Government has allocated Rp 1.6 trillion for health care. Then for the handling of the economic impact of Rp. 1.3 trillion, social safety nets of Rp. 325 billion and grant funds (social assistance) of Rp. 6.2 trillion.

Based on the results of interviews, observations and documentation, the results of the analysis are that the COVID-19 vaccination program in Indonesia began on January 13, 2021. For the first batch, the vaccine was given to health workers, public officials, and the elderly. In the second wave, the target of vaccination is vulnerable groups and the general public.

**ACCURACY**

Based on the results of the Charta Politica survey, there are a number of obstacles for the community when they want to carry out the Covid-19 corona virus vaccination. The biggest obstacle
is due to unclear information regarding the corona vaccination. This was conveyed by 29.4% of respondents. As many as 26.3% of respondents stated that vaccination constraints were due to people who did not believe in the corona virus. As many as 17.3% of respondents considered the uneven distribution of vaccines to be an obstacle to the government program. Then, 11.2% of respondents considered that vaccination was hampered because health facilities were still very limited. As many as 7.5% of respondents considered the barriers to vaccination because the number of health workers was too few. Meanwhile, 8.3% of respondents said they did not know or did not answer. These various obstacles can be input for the government to accelerate the vaccination program. The government itself has targeted vaccination to reach 2 million doses a day.

According to Our World in Data report, more than half of Indonesia’s population or 57.93% have received two doses of the Covid-19 vaccine until April 4, 2022. This figure places Indonesia in the third lowest position with full vaccination achieve-
ments in Southeast Asia. Brunei Darussalam is still the country with the highest ratio of full Covid-19 vaccinations in Southeast Asia. The country has injected two doses of the corona vaccine to 91.75% of its citizens. Singapore is in second place with 91.04% of its citizens fully vaccinated. Next, the full vaccination ratios in Cambodia and Vietnam are 82.86% and 79.20%, respectively. Furthermore, the full vaccination ratio in Malaysia is 78.82%. Meanwhile, the population of Thailand and Laos who received two doses of the vaccine were 71.88% and 61.58%, respectively.

Vaccination is important to reduce morbidity and mortality from Covid-19. Even though they have been vaccinated, the public is still advised to maintain 3M’s health protocols, namely wearing masks, maintaining distance, and washing hands.

FIGURE 3. PROCESSED BIBLIOGRAPHIC DATA

Source: Researcher, 2022

In Central Asia, public trust in governments is low, and social media users claim their governments openly demonstrate their readiness to be vaccinated with the same COVID-19 vaccine used for mass campaigns, i.e. risk sharing. Public confidence could
further decline if the number of side effects following the use of a specific COVID-19 vaccine increases or if its effectiveness is low. An important factor becomes whether equal access to health care will be guaranteed for all, in case of unforeseen side effects or conditions. Society cannot expect such justice if their previous access to health care is highly dependent on their social status. If the public doesn’t see a response to this issue, the current situation may lead to vaccine rejection or hesitancy in Central Asia, where communities have historically been highly vaccinated. Implementation of priority strategies proposing to vaccinate certain sub-communities such as the elderly, life savers or social services staff, and close contact individuals may fail in this course (Cheshmehzangi et al., 2021).

From this point of view, the implementation of mandatory vaccination seems inappropriate, in Central Asia. We consider four additional conditions to make this decision. First, the lower proportion of the population that is older and lower than in Europe and the US mortality rate makes the threat to public health less serious, in all three countries. Kyrgyzstan has the highest case fatality (1.71%) in a smaller population, and this could be due to a policy of not clearly listing all deaths as COVID-19, at the height of the epidemic. However, the Institute for Health Metrics and Evaluation estimates consider Central Asia to be the region with the highest ratio of total COVID-19 deaths to reported deaths. The problem is that all three countries have relatively low coverage of PCR testing, because of its high cost. This can be a factor that increases and reduces the true burden of the epidemic for these countries. Second, even with the evidence from phase III trials for some vaccines, there is a general concern both experts and the public that vaccine testing has been rushed, and they may not be as safe and effective as stated. And this problem has more to do with Russian and Chinese vaccines. These conditions may decrease public and individual benefits and increase individual risk from vaccination, in three countries. Third, a systematic review of observational studies confirms the
effectiveness of social distancing and wearing masks in reducing the transmission of COVID-19. This means that this vaccine still has high potential as an alternative to vaccination, especially in communities where its application is not yet widespread. Finally, another problematic issue is how proportional the compulsion is in the case of mandatory vaccination policies. In addition to the unequal distribution of individual risk, one can expect that coercion will be too strict, leading to human rights violations and significant social restrictions (Zhang, 2020).

FIGURE 4.

Based on the data processed above which was obtained from coding words from collected journals, national and international journals related to the covid-19 vaccination policy, that the covid-19 vaccination policy is very dependent on the handling of the covid pandemic for the community, but in carrying out the policy the government really need the role of the community in the success of the policy, then the efforts made by the government, starting from disseminating policies and communication to the community, will not succeed if the community does not have confidence in the policies issued by the government, so feedback from the community is very important here.
CONCLUSION

The success of the vaccination policy as a response to the COVID-19 pandemic in Indonesia can be said to be successful, because the level of attainment of vaccine doses continues to increase, then positive cases of COVID-19 continue to swell, although there are still pros and cons in the community, as well as public distrust with the COVID-19 vaccine.

One of the biggest challenges in successful COVID-19 vaccination is public acceptance and participation. Therefore, efforts to educate the public must continue to be improved through various information channels. Interpersonal communication of health workers in the community must also continue to be improved. This is in accordance with the findings and recommendations of the Community Acceptance Survey of COVID-19 Vaccination conducted by the Ministry of Health together with ITAGI, WHO and UNICEF. However, the government will continue to ensure that the vaccination program will run well, and will also continue to follow the results of COVID-19 clinical trials in various parts of the world with various types of vaccines. This is for the sake of achieving community immunity or Herd Immunity in Indonesia.

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