

The Socio-Political Approach in Viewing the Vaccination Programs in Indonesia

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ABSTRACT

The current COVID-19 pandemic has led to more social segregation among the world's people, including in Indonesia. This pandemic has created social, economic, and political inequality. The turning point for getting out of this pandemic is when the COVID-19 vaccine is discovered. This article discusses how politics plays a role in the vaccination program in Indonesia. The vaccination program has already started to be implemented in January 2021, following the issues of an emergency use approval (EUA) permit by Indonesia's Food and Drug Supervisory Agency (Indonesia: Badan Pengawas Obat dan Makanan (BPOM)) and a halal (sacred) fatwa by the Indonesian Ulema Council (Indonesian: Majelis Ulama Indonesia (MUI)). At some stages of policy implementation, the government has not even been able to provide valid data related to the vaccination program. In this article, researchers explore the problems emerging concerning the COVID-19 vaccination program. Furthermore, researchers analyze the political agenda that is possible to become a health, social, and economic policy intervention in the corridor of the perspective of sociology.

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1. INTRODUCTION

The COVID-19 pandemic does not consider how rich, how poor, or even how strong a person is in society. All levels of society are affected (Carr, 2020). Furthermore, this pandemic raises socio-cultural, economic, and even environmental problems (McNeely, 2021).

In Indonesia, the COVID-19 pandemic has not only impacted the private sector particularly women workers but also resulted in the severity of poverty and the increasing number of poor people. On top of that, it impacts indigenous peoples who are vulnerable to poverty and facing hunger (Suryahadi et al., 2020).

Currently, Indonesian people still deal with the presence of the COVID-19. This COVID-19 is even more virulent, as seen by the confirmed cases of the COVID-19 in Indonesia that are increasing drastically day by day. Various policies have also been carried out by the Indonesian government to reduce the spread of the COVID-19, starting with the Large-Scale Social Restriction (Indonesia: *Pembatasan Sosial Berskala Besar* (PSBB)) to changing teaching methods in the field of education. However, to date, the spread of the COVID-19 is still occurring in Indonesia. The number of cases even tends to increase, as shown in the following graph.

Graph 1. Data concerning COVID-19 Cases in Indonesia as of 9 February 2021



Source: COVID-19 Handling Task Force (Covid-19, 2021)

Being observed closely, it is seen that there was an increase in new confirmed cases from 8,242 on 8 February 2021 to 8,700 on 9 February 2021. With new cases increasing and the implementation of the vaccination program is in the initial phase by the government, this condition is a big challenge for the government on how to immediately reduce the number of confirmed COVID-19 cases and carry out the vaccination program with a massive scale to the public as a form of prevention.

The provision of the COVID-19 vaccine is considered a way to break the chain of the spread of COVID-19 in the community. The fact that the COVID-19 vaccines are imported directly from Sinovac Biotech, China, creates the pros and cons in the community, starting from people who doubted whether the vaccine is *halal* or not, the quality of the vaccine, and the stages in the provision of the vaccine to the Indonesian people. For the success of the COVID-19 vaccination program, the current main task of the government is to ensure that the COVID-19 vaccine that will be injected into Indonesian people is safe, effective, and *halal*.

This crisis requires immediate action to protect vulnerable people and prepare a long-term (sustainable) recovery strategy (World Bank, 2020). In this situation, the World Health Organization (WHO) collaborates with world-class scientists, businessmen, and other global health organizations in accelerating the distribution of the COVID-19 vaccine in response to this pandemic (World Health Organization, 2020a).

The government's decision to provide vaccines for the community as a step to deal with COVID-19 reaps pros and cons. The public doubt the content of the vaccine. It is worsened by an uncertainty whether we may be free from COVID-19 even though vaccination has been carried out. In addition, data used as a reference for vaccine provision come from data belonging to the General Elections Commission (Indonesian: *Komisi Pemilihan Umum* (KPU)), which are considered ineffective and inaccurate to be used as a reference for vaccine provision.

In terms of the political process in vaccination, it refers to the bargaining, meaning that which group of society will receive the vaccine first after the health workers. Besides considering the recommendations of the World Health Organization (WHO) and the Indonesian Technical Advisory Group on Immunization

(ITAGI) (Indonesian: *Komite Penasihat Ahli Imunisasi Nasional*), bargaining in the level of policy-making is also carried out. Therefore, the question to be answered in this article is “*How can social and political approaches play a role in the COVID-19 vaccination program in Indonesia?*”

2. RESEARCH METHOD

In this study, researchers applied a qualitative literature review approach towards secondary data. Secondary data were obtained through online searches on Google Scholar, Sage publications, PubMed, Elsevier, MDPI, and online news. The diversification of individual tasks of researchers is grouped based on themes of data, as follows: (1) politics on vaccines: global and national issues, (2) vaccines and politics: how elites have the potential to politicize the situation, (3) political sociology approach, (4) potentially mistargeted vaccinations, and (5) the vaccination agenda in Indonesia. Secondary data analysis is based on the theme of data collected by individual researchers. After that, data verification is carried out at the same time as data collection. Therefore, researchers applied the triangulation technique towards secondary data sources to ensure the validity of the data.

3. RESULTS AND DISCUSSION

3.1. The COVID-19 Vaccination Program in the Emergency Situation in Indonesia

To reduce the spread of COVID-19, the Indonesian government implements a policy of vaccine provision to the people of Indonesia. This is not only applied in Indonesia, but several countries are also doing the same thing in the emergency response to COVID-19 cases.

Article 8 Paragraphs 1 to 4 of Indonesia’s Ministry of Health Regulation No. 84/2020 informs that the prevention of coronavirus disease 2019 is the government’s effort to overcome social realities that are developing and increasingly worrying for the community. Therefore, the implementation of the COVID-19 vaccination program is carried out in stages based on the availability of the COVID-19 vaccine.

In the implementation of the vaccination as referred to Article 1 of Indonesia’s Ministry of Health Regulation No. 84/2020, the criteria for the recipients of the COVID-19 vaccine are based on the study conducted by the Indonesian Technical Advisory Group on Immunization (ITAGI) (Indonesian: *Komite Penasihat Ahli Imunisasi Nasional*) and/or the Strategic Advisory Group of Experts on Immunization of the World Health Organization (SAGE WHO). The criteria for the recipients of the COVID-19 vaccine are as follows.

1. Health workers, health worker assistants, supporting staff working in health service facilities, members of the Indonesian National Armed Forces, members of the Indonesian National Police, law enforcement officers, and other public service officers
2. Community / religious leaders, strategic economic actors, and officials of local government in the levels of sub-district, village, neighborhood, and hamlet
3. Teachers in elementary school, primary school, junior high schools, senior high schools, and higher education institutions
4. Ministry apparatus, regional government apparatus, and members of the legislature
5. Vulnerable people from geospatial, social, and economic aspects
6. Public and other economic actors

3.2. Politics on Vaccines: Global and National Issues

Vaccination is an important agenda in building political trust between the public and the government (Lakoff, 2015; Taylor, 2009). In Indonesia, the procurement of COVID-19 vaccines is an agenda that indicates the government’s seriousness in handling this outbreak. To avoid disinformation about the issues related to the vaccine, the government cannot rely on itself. Therefore, public participation and support from political parties are highly needed (Suryahudaya, 2020).

Historically, global health diplomacy has experienced difficulties for equitable access to medicines and vaccines during outbreaks, such as in the 2009 H1N1 flu outbreak (Fidler, 2020). International access occurs only after developed countries secure medicines and vaccines for themselves, as happened with vaccines for the smallpox outbreak, the polio outbreak, and the HIV/AIDS epidemic.

In history, vaccines are produced by superpower countries. For this reason, the global commoditization of drugs and vaccines tends (vulnerable) to be privatized (Holmberg et al., 2017). Therefore, information from experts can help public health practitioners consider in advance the effects and consequences that may be caused by policy interventions that affect large-scale populations (Power, 2018).

By considering the handling of the COVID-19 pandemic, the government plays the dominant role and tends to only rely on bureaucratic institutions from the central government to the village government.

In this case, it does not heed the potential for "dynamics of community interaction" down to the grassroots level (Wirutomo et al., 2020). Therefore, for the implementation of the vaccination program, the dynamics in society should not be ignored.

Furthermore, the use of data from the General Elections Commission as basis data in this vaccination program, when referring to the reasons from the Ministry of Health, does look quite effective. These data are considered more up-to-date because Indonesia has just held the 2020 Regional Head Election. However, this reason is not strong enough to use these data as a basis, considering that there are so many weaknesses on several sides.

Problems that arise are as follows. First, it is afraid that there will be duplicate data, as a fact that is often found in the field. For example, several people are registered in 3 different family cards and even several people have been died and still being counted. Second, if data from the General Elections Commission are used, it is likely that people who will be vaccinated will be less than actual. It is because some people live in an area but they do not have a family card registered in the area. Furthermore, the permanent voter list (Indonesian: *Daftar Pemilih Tetap* (DPT)) has a chaotic history in the 2019 Simultaneous Elections) (Amalia, 2020).

The accuracy of data used for the vaccination program in the future can be better if the government represented by the Minister of Health goes down to the public collecting the data. Data from the General Elections Commission can only be used as one of the references which must be then adjusted further with the latest data from the Central Bureau of Statistics (Indonesian: *Badan Pusat Statistik* (BPS)). Collecting data directly from the public is still the best option with the greatest chance to confirm the data that are already possessed.

As a government policy program that has never been neutral, the vaccination program is considered vulnerable to being politicized. At the world level, for example, politicization is related to the country's dependence on vaccine manufacturers and the distribution of vaccines (Chrysnha, 2020). Vaccine manufacturers with their technological prowess have great bargaining power in front of countries that currently highly need vaccines for their citizens. On the other hand, high-income countries with great bargaining power as well can order vaccines in large quantities. These facts create gaps in the provision of vaccines in each country.

In addition to the procurement of vaccines, sanctions for refusing vaccination are also vulnerable to being politicized in many countries, including Indonesia. For example, the UK used to impose fines on those who refused smallpox vaccines in the mid-19th century (Chrysnha, 2020). At that time, this policy became a boomerang because many vaccine refusals were unable or refused to pay. Many of them ended up in prison with new problems that arose in the prison system.

Based on this case, the government's policy to impose fines for people who refuse the COVID-19 vaccine is considered problematic and could create new problems in Indonesia. The government has not finished convincing the public that the COVID-19 vaccine is safe. At the same time, the imposition of fines for vaccine refusal can make people more disgusted and resentful. This coercive approach possibly can turn the anti-vaccination movement into an anti-government revolutionary political movement like what happened in the UK.

Recognizing the magnitude of the impact of social determinants on vaccination programs is highly critical to designing and intervening programs to be more effective (Glatman-Freedman & Nichols, 2012). This kind of intervention is essential to reduce inequality in vaccination in the public. Therefore, everyday political intervention can be an alternative in the health policy system because it may represent various actors, interests, and choices to be able to influence public action (Gilson, 2016).

3.3. Potential Social Problems in the Implementation of the National Vaccination Program

Based on the availability of the vaccines and criteria for the recipients of the vaccines, the determined groups of vaccine recipients are medical personnel, community/religious leaders, teachers, state apparatus, geospatially, socially, & economically vulnerable communities, economic actors, and others (Indonesia's Ministry of Health Regulation No. 84/2020). This regulation shows that the success of vaccination in Indonesia is highly dependent on the efforts of the health bureaucracy in all regions, dissemination of information, socialization of the criteria for vaccine recipients, and the availability of vaccination-supporting facilities.

Several potential problems can arise in the implementation of the COVID-19 vaccination program in Indonesia. First, the implementation of the vaccination program requires supporting tools that must meet the standards to maintain the quality of the vaccine. Unfortunately, in Indonesia, health facilities are not evenly distributed to remote areas. It can be an opportunity for some parties to determine the price for

vaccine-supporting equipment at will, which may not match the market price, especially with the involvement of business entities outside the government bureaucracy.

Second, although Article 3 of Indonesia's Ministry of Health Regulation No. 84/2020 explains that vaccinations carried out by the central government and local governments are free of charge, President Jokowi emphasizes that there will be two approaches in the vaccination process, namely vaccines that are given free of charge and vaccines that must be purchased by the public (Asmara, 2020). People who get free vaccines are active members of the Health Social Security Agency (Indonesian: *Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan*), totaling 93 million people. Meanwhile, the independent program is for people who can pay for the vaccination. The problem is that, in 2018, the Health Social Security Agency noted that the number of Indonesian people who had not been registered as participants in the National Health Insurance-Healthy Indonesia Card (Indonesian: *Jaminan Kesehatan Nasional – Kartu Indonesia Sehat (JKN-KIS)*) program reached 69 million people (Rahadian, 2018). Besides, citizens who are potentially able to pay for independent vaccines are registered members of the Health Social Security Agency. Meanwhile, those unregistered citizens in the Health Social Security Agency are vulnerable to not being identified to get free vaccines.

Third, it is related to the socialization of the program to the community in all regions so that they are willing to be vaccinated. This process absolutely requires accommodation and transportation costs to the people appointed to conduct the socialization. In this process, the public also needs guarantees so that they can really realize the importance of being vaccinated. Then, the questions are "*Who are the parties appointed or assigned by the government to carry out this socialization?*", "*Are the health workers currently in the first stage of the vaccination process?*", and "*Will this socialization process involve the private sector or third parties?*".

Fourth, Indonesia's Ministry of Health targets the COVID-19 vaccination to 107 million people in the age range of 18 – 59 years (Rizal & Mukaromah, 2021). However, of this number of people, only 30% of them will get a free vaccine from the government. Meanwhile, the rest of them have to pay for the vaccine independently. According to epidemiologists from the University of Indonesia (Indonesian: *Universitas Indonesia*), Pandu Riono, this 70%-paid-vaccine scheme shows that the government is not only targeting vaccines to control the COVID-19 pandemic but also restoring the national economy through the vaccination program (Rizal & Mukaromah, 2021).

This is getting clear by seeing that Chapter 2 Article 6 concerning Vaccination Needs Planning regulates that the implementation of vaccination is determined by a ministerial decision which is prepared based on the recommendations of the Indonesian Technical Advisory Group on Immunization, the COVID-19 Handling Committee, and the National Economic Recovery (Indonesia's Ministry of Health Regulation No. 84/2020).

3.4. Anti-Vaccine Sentiment: What Should Be Done?

Vaccination planned by the government should be an important momentum in health policy interventions in Indonesia. This means that this vaccine must become a moment that may raise the "trust" from the community towards the government in handling the COVID-19 outbreak. However, in reality, as far as the vaccination program goes, data ambiguity becomes a serious problem (Nugraheny, n.d.).

Politics can be a more realistic and sustainable intervention in public health policy, especially in dealing with the COVID-19 pandemic (Greer et al., 2020). It is closely related that the influence of power is involved in all areas of health at the global level (Gore & Parker, 2019). This means that the current existence of COVID-19 vaccines cannot be separated from the influence of power, which is not only at the global level but also at the national and local levels.

Some people do not want to be vaccinated because they have doubts about the vaccine. Their question is like "*Are the existing vaccines very effective as body protection against contracting COVID-19?*". Other doubts arise due to socialization that does not reach the public properly. The public still receives information that contains elements of hoaxes or falsehoods related to the COVID-19 vaccine. The socialization is not as exciting as the news about the emergence of COVID-19 in Indonesia or compared to the socialization to use the face mask.

Another doubt is related to the data concerning people being vaccinated. The data used is the Permanent Voters List (Indonesian: *Daftar Pemilih Tetap (DPT)*) belonging to the General Elections Commission, which is actually very irrelevant to be used as data for vaccine recipients if considering that the two uses of those data have very different interests. If DPT data is needed because it has voting rights, it means that anyone can get vaccinated. However, for vaccines, not all of the people registered in DPT data are included in the criteria for vaccine recipients.

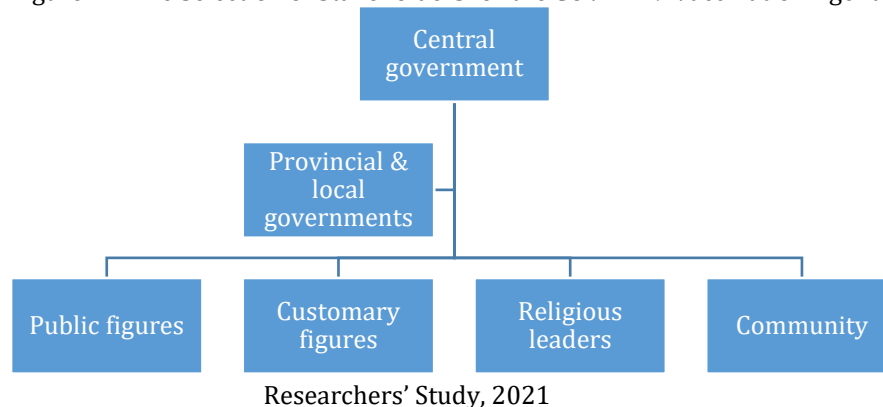
Actually, the anti-vaccination sentiment is as old as the vaccination itself, which means that anti-vaccination has existed since the vaccine is discovered (Dubé et al., 2015). Although this anti-vaccination movement has adversely affected the achievement of the government program, it also has beneficial effects, such as pressure for the provision of safe vaccines, the implementation of large-scale surveillance of licensed vaccines, and the development of the compensation program for victims of vaccine-related injuries (Gangarosa et al., 1998).

In scheduling the COVID-19 vaccination to the public, researchers think it is necessary to first conduct a social analysis by inviting sociology experts in a forum to see the situation of society during this pandemic. This is important to do to minimize failures in the implementation of the COVID-19 vaccination program due to socio-political aspects. To administer the vaccination, we need to know in advance how the character of the community is, the social and cultural values of Indonesian people are, and how the social response from the community regarding the administration of the COVID-19 vaccination is.

When the rumor of the vaccination program began to be rolled out by the government, people from various parties generally asked about the clarity of the realization of the program. The rumor of the vaccination program is further exacerbated by the circulation of various kinds of confusing information related to vaccination. The public is kind of fear that they will be used as "laboratory rats" or the ingredients used to make vaccines are categorized as not *halal* (*haram*).

It is important to review the vaccine agenda from the perspective of sociology so that the process of planning and implementing a mass vaccination program that is carried out is truly appropriate and effective. Furthermore, social gaps may not arise due to the implementation of the vaccination program. In addition, it is expected that the presence of the socio-political study will eliminate the socio-political effects that will be received. The approach or strategy that can be carried out, in this case, is by cooperating with related stakeholders as partners. This is for boosting the participation from the upper classes to the lower classes of society. The following is the framework for selecting stakeholders that should be involved in the COVID-19 vaccination agenda in Indonesia.

Figure 1.1 The Selection of Stakeholders for the COVID-19 Vaccination Agenda



Researchers consider that the presence of stakeholders is very important because vaccination is not only the task of the central government. Provincial and local governments also have highly important roles. Besides, stakeholders play their respective roles as the bridge to socialize the COVID-19 vaccination program to the public. The government needs to cooperate with stakeholders as an extension of the government so that latent divisions in society and small minority communities can be reached out.

Furthermore, clarity of information is also very important in the implementation of the COVID-19 vaccination, as known that information related to vaccines spread in the community is very likely to contain false information. The presence of unclear or false information can create public doubt regarding the vaccine. Therefore, the government must be able to provide clear and accurate information related to vaccines and ensure that the information received by the public does not contain false information.

The current COVID-19 vaccination as a form of prevention is considered effective. However, the effectiveness of the vaccination program lies not only in the content of the vaccine but also in the policies or authorities related to the act of distributing the vaccine, which needs to be strengthened and supported in its implementation so that there is no conflict of interest.

3.5. Public Figures: Convicting the Public of the Vaccination

In the early period of the spread of the COVID-19 pandemic around the world, the public collided with various anxiety and fear. For example, in Indonesia, the lack of availability of face masks at the beginning of the outbreak of the pandemic was due to panic buying by the upper-middle class of society

(Indonesia, 2020). Therefore, it creates social segregation, in which society experiences divisions (Harahap, 2020). The division in the society at the beginning of the emergence of the pandemic was due to the scarcity and high-raising price of medical equipment and lack of information access for the lower classes of society.

Furthermore, based on Chapter III concerning the COVID-19 Vaccine Implementation Targets in Part I regarding the Criteria and Priorities for COVID-19 Vaccine Recipients, Article 8 Paragraph 8 states that "each person can only be registered in one of the priority groups of recipients of the COVID-19 vaccine as referred to in Paragraph 4".

Based on the article, it can be interpreted that the process of receiving the COVID-19 vaccine is implemented based on Article 8 Paragraph 4 which further categorizes the community based on position, profession, and domicile. This is very risky because the categorization of the four priority stages of the COVID-19 vaccination is very concise and general.

Specialization on critical matters is felt to be very necessary to not obscure the categorization that has been set by the government, such as in indigenous peoples. The categorization in the four stages of the vaccination process does not at all offend indigenous peoples. There are so many indigenous peoples in Indonesia that inhabit areas that have recorded having a high number of infected cases and deaths due to COVID-19.

Likewise, in category e (vulnerable communities from geospatial, social, and economic aspects) and category f (the public and other economic actors), are they a lower-level priority group based on the consideration of Article 8 Paragraph 1 due to the limited COVID-19 vaccine supplies?

The confusion of information about the Sinovac vaccine is slowly fading with the vaccinations to volunteers, officials, and even public figures (influencers). The vaccination is prioritized on the people with an age group of over 18 years. Meanwhile, those with an age of under 18 years have been proved scientifically to have a consistently lower impact of COVID-19 than adults. Therefore, they are initially not placed as a top priority for vaccination (Russell & Greenwood, 2021).

In Australia, politicians and public figures can be a positive influence for parents in the vaccination program so that they have a responsibility to provide accurate health information (Zhang et al., 2019). The emotional approach in disseminating the vaccination program plays an important role in providing a positive image for the community, especially for anti-vaccine groups (Chou & Budenz, 2020).

The mobilization of politicians (public figures) and influencers in the vaccination agenda can lead to social segregation in society. In contrast to the Ebola outbreak, the emergence of the COVID-19 pandemic undoubtedly has a more severe impact on health systems, global and local economies, and a serious disruption to daily life (Ogundele et al., 2021). The COVID-19 pandemic has shed light on the different ways in which vaccines may be approved and distributed globally (Kimble et al., 2021). Vaccines have become a vital item in the world today to deal with the pandemic. Therefore, it needs equality in access to vaccines for all groups. As shown by World Health Organization (2020b), the COVID-19 vaccine should become a global public good. The ultimate goal is to make the COVID-19 vaccine be able to contribute significantly to equitable protection and promote prosperity to all people in the world.

There are six principles of allocation and priority for the COVID-19 vaccination program, namely human welfare, equal respect, global equity, national equity, reciprocity, and legitimacy (World Health Organization, 2020a). These six principles are motivated by the emergence of global problems. Therefore, principles that are comprehensive, open to the public, and transparent are highly needed. Transparency is critical to fostering public trust and ensuring that the allocation is clear, open to review, and involving the public (Bell et al., 2020). This is attempted to prevent new social segregation in society. Likewise, in Indonesia where the administrative system is quite complex, keeping the implementation of the vaccination program as simple as possible is the main key.

In addition to COVID-19, polio has also been one of the diseases that hit the world several decades ago, in which the vaccine succeeded in breaking the chain of the spread of the disease. At the beginning of the 20th century, polio became one of the most feared diseases in industrialized countries because it has been proven to be able to paralyze hundreds of thousands of children every year (Tirta, 2021). After several trials, a vaccine was finally found and paralyzed polio cases in the United States, that fell from 18 cases per 100,000 population to 2 cases per 100,000 population. Vaccines from America were then exported abroad.

The vaccination strategy was finally implemented in Indonesia. The vaccination program in Indonesia attracted the attention of WHO for cooperating in expanding the scope of Biofarma in order to produce both polio and measles vaccines at the same time. The structured long-term work plan was realized with the National Immunization Week (Indonesian: *Pekan Imunisasi Nasional (PIN)*) in 1995. At that time, the polio vaccine was given to all Indonesian children without consideration of having been vaccinated previously. This program was stopped when Indonesia was hit by the monetary crisis in 1997 and was resumed in 2002. The target for Indonesia to be free of polio was achieved in 2014.

4. CONCLUSION

Vaccination policy by the government may potentially create domestic social and political problems if the government does not apply the socio-political approach in formulating policies related to the vaccination program. Anti-vaccine sentiment, public distrust of COVID-19, and vaccination policies that are prone to politicization are several issues faced ahead. The government needs to work hard to carry out social planning as a form of anticipating social and political problems. Besides, it is important to build collaboration with stakeholders regarding the provision of COVID-19 vaccines. Furthermore, the government should establish a policy on categorizing vaccination targets based on national equity recommended by WHO, which in principle is comprehensive, open, and transparent.

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