

Analysis of vaccination policy in the era of the COVID-19 pandemic in Indonesia

Nuryanti Mustari¹, Junaedi², Hafiz Elfiansya Parawu¹, Hardianto Hawing², Herman², Ulfiah Syukri², Aqmal Reza Amri²

¹Master of Public Administration, University of Muhammadiyah Makassar, Makassar, Indonesia

²Government Science Department, Faculty of Social and Political Science, University of Muhammadiyah Makassar, Makassar, Indonesia

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ABSTRACT

This study aims to reflect on the pattern of vaccination policies implemented by the Indonesian government and to analyze public sentiment (pro/con) towards vaccination policies and the government's strategy in formulating democratic policies, prioritizing the aspirations of those affected by the policies adopted. This paper uses qualitative research methods with NVivo 12 Plus as a data processing tool. This study's results indicate that vaccination policies tend to be mandatory in Indonesia with an indirect compulsory application polarization. Hence, the government still uses a coercive and restrictive approach to vaccination programs. In Indonesia, vaccination policy intersects with ethical aspects, especially religious values, resulting in diverse public sentiments.

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Corresponding Author:

Nuryanti Mustari

Department of Governance Science, Faculty of Social and Political Science

Muhammadiyah University of Makassar

Makassar, Indonesia

Email: nuryantimustari@unismuh.ac.id

1. INTRODUCTION

This study aimed to evaluate the Indonesian government's policies and analyze the pros and cons of public policies related to the coronavirus disease-19 (COVID-19) vaccination program. The spread of COVID-19 has become a serious threat to public health around the world, so the government must make policies that support the completion of the reach of the disease and maintain social stability in society [1]. The vaccination policy is one of the strategies implemented by various countries to stop the spread of COVID-19; this gives rise to pros and cons in the community [2], [3]. Vaccinations had a tremendous impact on human morbidity and mortality the past decades saving two to three million lives every year [4]. There are various demands for the government to deal with the pandemic and return people's lives to normal. On the other hand, the public does not believe in the government's efforts in dealing with COVID-19, especially in the vaccine program [5].

In practice, vaccination policy intersects with restrictions on individual freedom because it requires a person to be vaccinated to maintain public health. It has become a worldwide debate, especially regarding coercive vaccination policies [6]. Coercion poses a threat to the principles of autonomy, liberty, and freedom [7]. Furthermore, the vaccination policy has sparked a public debate: Should a person be vaccinated? Is it optional?, and who decides? [8]. The state of emergency prompted the government to impose a vaccination policy on its citizens [9]. Almost every country is engaged in rigorous vaccination campaigns that focus on improving COVID-19 vaccination awareness [10]. As happened in the UK, although the government has

stated that it is not considering a mandatory vaccination policy, there are some restrictions based on a person's vaccination status, especially in accessing public facilities, so that a person has no choice but to vaccinate [11].

The COVID-19 pandemic has become a crucial issue in Indonesia, considering its higher infection rate has caused disasters for individuals and governments worldwide [12], [13]. The Indonesian government initiated a national vaccination program to create herd immunity by stipulating Presidential Regulation Number 99 of 2020, which has been amended by Presidential Regulation Number 14 of 2021 [14], and Regulation of the Minister of Health Number 84 of 2020 [15]. The COVID-19 vaccination is one of the policies implemented to expedite pandemic control, which is expected to be completed in 2022. Through Presidential Regulation Number 14 of 2021, the government mandates every participant of the vaccine target to be vaccinated. In practice, this vaccination policy has reaped public resistance. Some people consider vaccination as a form of prevention by strengthening the body's immune system. On the other hand, those who doubt and disagree view vaccines as nothing more than an attempt to weaken society for the sake of certain interests [16]. Even, Aceh and West Sumatera have the lowest vaccine acceptance (46% and 47%) because they are unsure of the safety and effectiveness of the vaccine [17].

Figure 1 of the report [18], on the challenges and problems of vaccination in Indonesia reveals that 41 percent of the population subsequently refused to be vaccinated due to unconfirmed vaccine side effects (54.2%). Then there's the effectiveness of the vaccine (27%), whether you feel well or don't need it (23.8%), and whether you have to pay for it (17.3%). The Indonesian government has designated the COVID-19 pandemic as a non-natural disaster in the form of a virus; therefore, adequate measures must be taken to prevent its spread [19]. There are several previous studies on COVID-19 vaccination policies in Indonesia, but they tend to use legal, medical, and travel/transportation reviews [20]–[23]. Based on this, this research is presented as a perspective development on the dynamics of COVID-19 vaccination in Indonesia by synthesizing two perspectives: the policy and the ethical perspectives. Vaccination policy is related to public health, individual freedom, and individual choice, which triggers the birth of ethical problems, philosophical views, and value beliefs of each individual [24]. The following are the results of VOSviewer data processing to see the novelty of the research as shown in Figure 2.

The results of the VOSviewer data processing above use three keywords, namely public policy, vaccination, mandatory vaccine policy, and COVID-19. Then 510 publications were obtained in the last five years (2018-2023). It was found that there were 48 topics relevant to the researcher's research, including vaccination policy [25]–[27]. Most previous studies have focused on vaccination implementation from a health perspective [28], [29]. However, no one has examined vaccination policy from a social and political perspective and focuses on Indonesia which has not been studied by previous researchers. This study is also interesting to study because it tries to describe the Indonesian government's strategy in implementing vaccination policies that have caused pros and cons.

As the visualization results in the Figure 2 found 5 clusters. Cluster 1 in red includes chadox1, challenges, development, hospitalization, immunogenicity, mortality, participants, public health policy, vaccine candidates, vaccine development, and vaccine platforms. Cluster 2 in green consists of Australia, mandatory vaccination, Europe, Italy, mandatory vaccination, mandatory vaccines, regulation, vaccination intention, vaccination status, vaccination uptake, and vaccine-preventable diseases. Cluster 3 in blue includes bnt162b2, bnt162b2 vaccine, first dose, healthcare, immunity, infection, israel, mRNA vaccine, vaccine effectiveness and variants. Cluster 4 in yellow includes childhood vaccination, consequences, determinants, health, doubts, new vaccines, policy makers, vaccine confidence, and vaccine refusal. And cluster 5 in purple includes effective vaccines, influenza, influenza vaccination, predictors, and social media.

If you look at the item “doubts” that appears most frequently, it means that this topic has been researched a lot. This item is linked to the “policymakers” item, meaning that there has been research on the policy of refusal of vaccination in the community. This is also discussed in this researcher's study, but the connecting line between the two items is far away so that the researcher has the opportunity to raise the topic of vaccination policy. Then, from the visualization, there are also several country items, including Israel and Australia, but there is no item for Indonesia. With the conclusion that the topic of vaccination policy in Indonesia is still relatively new.

Implementing vaccination policies without regard to ethical frameworks risks becoming a paternalistic practice [30]. therefore, it is very interesting to deeply analyze the dynamics of vaccination policies made by the Indonesian government. The dynamics of vaccination is a debated phenomenon in public policy making that involves the paternalistic power of the state and individual freedom. The author assumes that the formulation and implementation of COVID-19 vaccination policies in Indonesia tend to be compulsory and cause public resistance. So, it is important to conduct an in-depth observation of the government's vaccination policy and assess its ability to accommodate the interests and needs of the community without coercion/restrictions.

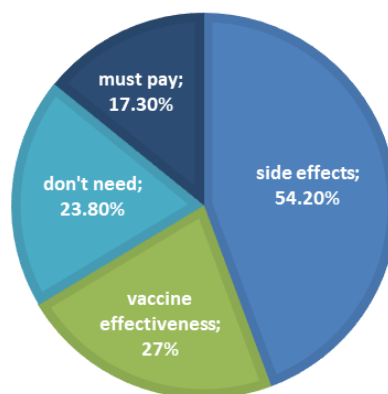


Figure 1. Public reason to refuse vaccination [18]

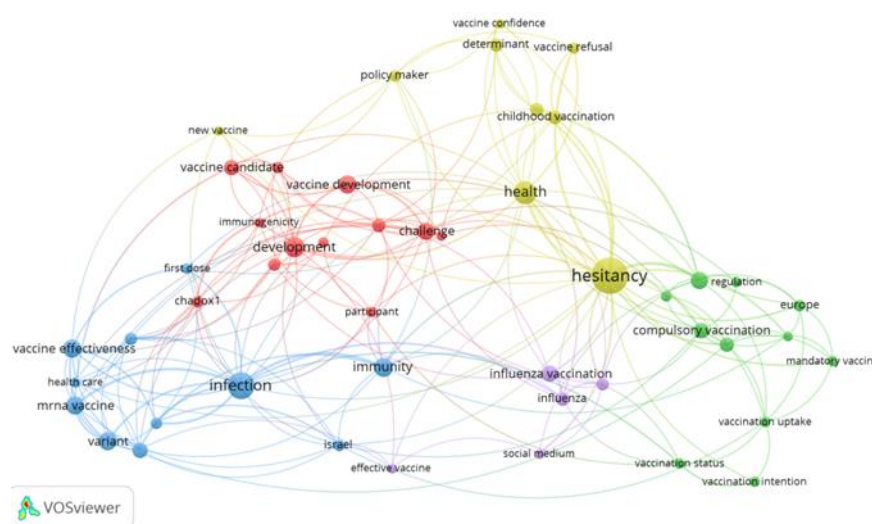


Figure 2. Public reason to refuse vaccination (source: VOSviewer analysis)

2. LITERATURE REVIEW

Public policy is whatever the government chooses to do or not do [31]. The term policy is always associated with government decisions in government administration. Hamalainen *et al.* who stated that policy is taken to be any course of action relating to the selection of goals, the definition of values or the allocation of resources [32]. Policy analysis is one of the methods or techniques used in the study of public policy to provide information and alternatives in the policy-making process [33]. Policy analysis is intended to inform the dynamics of public deliberation and debate about policy decisions [34].

The presence of a vaccination policy in the era of the COVID-19 pandemic is one of the policy cases that require in-depth analysis. This case is due to the many polemics over the implementation of vaccination policies, especially when vaccination is mandatory. Infections and deaths from the COVID-19 virus have prompted the need for some countries to make a COVID-19 vaccine mandatory [35]. However, on the other hand, there is the anti-vaccine movement, which refuses to vaccinate themselves and their children [36]. Doubts about vaccination in the COVID-19 era became a major problem [37]. They became complex due to public resistance, so careful policy observation was needed [38].

The mandatory COVID-19 vaccine policy is the government's responsibility to protect public health [39]. According to Yastrebov [36] vaccination policies can be voluntary or mandatory, either directly or indirectly. The pattern of implementing vaccine policies must be followed by legal and criminal instruments for those who do not, while indirect forms of vaccination are seen as implicit coercion by limiting individual choices to carry out activities outside the home [40]. Health ethics can justify the adoption of mandatory vaccine policies. However, policies that pressure parents to vaccinate their children can undermine traditional clinical ethical standards (e.g., autonomy and consent) [41].

Vaccination can be one of the achievements that have benefits for public health [37]. However, vaccination contains ethical issues in its application, namely the debate between individual autonomy to choose to refuse or refuse to be vaccinated and the responsibility to protect society from infectious diseases [42]. Vaccination policy has relevance to ethical aspects. Several concepts are closely related to the ethical perspective, such as herd immunity and vaccine resistance. The choice to vaccinate is essentially an ethical issue, and This is because vaccination is not only concerned with self-interest but also with the public interest, as in the concept of herd immunity. In addition, ethical problems also arise at the level of state or government action regarding the obligation to implement a vaccination policy because it can be coercive [43].

Public health protection through mass vaccination may require coercive state intervention [43]. Still, on the other hand, citizens have the right to freedom of choice to refuse vaccines that must be protected and respected by all parties, especially the COVID-19 government [3]. Coercive measures to protect public health are controversial, raising questions about the state-citizen relationship and the conflict between individual autonomy and the public interest [44]. The phenomenon becomes a reference so that in analyzing vaccination policies, especially those applicable in Indonesia, a broader perspective is needed to reflect the implementation polarization. This policy suggestion caused great conflict because the behaviors they recognized conflicted strongly with views of acceptable behavior held by powerful groups in the country, such as the religious right [45], [46]. Policy and ethical aspects influence public sentiment to present adequate conclusions about the dynamics of COVID-19 vaccination. Policies also provide important, relevant information regarding the implementation of vaccination policies to overcome the pandemic. Figure 3 shows the conceptual framework analysis of vaccination policies, especially those applicable in Indonesia.

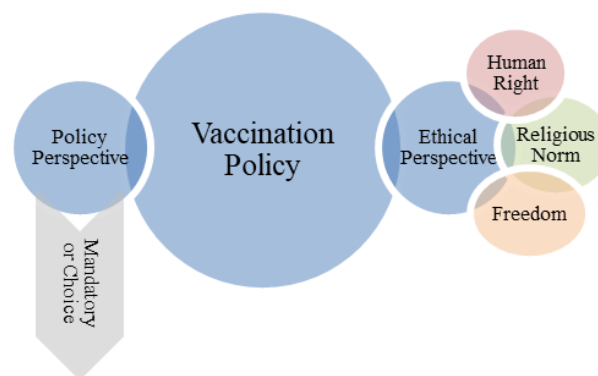


Figure 3. Conceptual framework vaccination policy analysis

3. METHOD

This study uses a policy analysis methodology, which refers to a critical investigation of potential solutions to practical problems [47], which aims to analyze issues related to policy, regulation, relations, bureaucracy, communication, and the techniques used in making policy. The approach used in this study is more specific in the synthesis approach of multiple analysis and multiple perspective analysis. Multiple analysis synthesis is a critical assessment of the analysis of a program or policy [48], so that it will critically assess various analyzes that touch on vaccination policy issues and then contextualize them in the practice of existing vaccination policies in Indonesia. While the analysis of multiple perspectives includes various perspectives, such as ethical, political, organizational, economic, social, cultural, psychological, and technological, in analyzing policies, factors that influence public sentiment in assessing the COVID-19 vaccination policy will be found in Indonesia.

The data collection in this study used the library method (literature), which was obtained from various library sources such as books, journals, and articles relevant to the focus of the research study, namely the COVID-19 vaccination policy. In addition, data sources also come from observations in the news media and social media (Twitter) related to the sentiments of the Indonesian people regarding vaccination policies, which are then processed using the Nvivo12 Plus software. The NVivo12 Plus software is intended to analyze and describe the COVID-19 vaccination policy in Indonesia. The analysis process by Nvivo12 Plus is also known as a five-step analysis [49]. The steps show that the data collected was matched with the research indicators that had been determined. Then, the data collected is matched with research indicators following the literature. The coding process is also adjusted to the initial theory, while the NVivo

crosstabulation is used to classify the data during the retranslation process [19]. The final stage, the data managed by the Nvivo12 Plus software will be displayed in graphs and tables as shown in Figure 4.

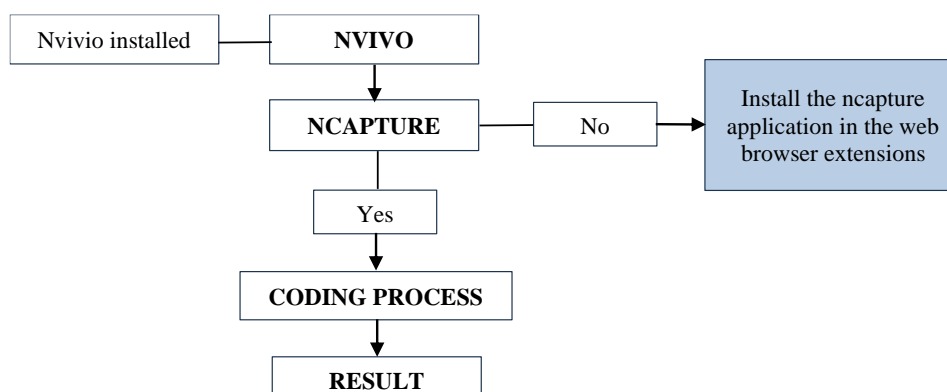


Figure 4. The steps analysis and describe the vaccination policy

4. RESULTS AND DISCUSSION

4.1. Vaccination policy in Indonesia: obligation or choice

Several countries have made the COVID-19 pandemic a disaster or a health emergency, so various efforts have been made to overcome the pandemic, one of which is a vaccination policy for every citizen. Vaccination policy is basically about limiting the freedom of individuals or parents for the public good or the good of their children. Coercion means that the threat of punishment is used to limit one's choices, by making certain choices [50]. Such a situation seems to convince the public that each individual has the right and choice to vaccinate, but that choice is almost impossible.

The implementation of the vaccination policy has given rise to a debate between two groups with differing views on its nature. Some say vaccination is mandatory and everyone's responsibility to stop the spread of the virus. Those who support mandatory vaccination argue that vaccination is necessary to build herd immunity, so refusing to vaccinate is considered selfish [51]. The second group rejects vaccination as an obligation and emphasizes that vaccination is a free choice and a fundamental right. The group also considers that herd immunity is not a sufficient reason for countries to impose mandatory vaccines. According to Make and Lauver [52], the use of herd immunity to mandate vaccination is inadequate, and historically it has been rejected. The issue of vaccination is not only about access and distribution of vaccines, but debate continues over the nature of the call for vaccines, that is, an obligation or a choice. In Indonesia, the nature of the vaccination policy can be identified through several government regulations, both ministerial and presidential regulations.

Figure 5 shows that presidential regulations tend to require vaccination. Article 13A of the Presidential Regulation of the Republic of Indonesia Number 14 of 2021 concerning the Implementation of Vaccination in Handling the COVID-19 pandemic requires everyone who is designated as the target recipient of the COVID-19 vaccine to participating in the vaccine. Vaccine recipients who are not vaccinated may be subject to administrative sanctions, with sanctions indicating that vaccination policy in Indonesia is mandatory under a presidential regulation. It was further explained that based on the results of the Nvivo data analysis, there were around 16.67% of obligations regarding vaccination in the presidential regulation. This was because there were exceptions for people who were not vaccinated because they did not meet the criteria, as stipulated in article 13A paragraph 4. In ministerial regulations such as 84 of 2020 and Number 10 of 2021, there is no obligation to reduce, fine, or sanction.

The Ministry of Health explains a persuasive communication strategy to increase participation in vaccination policies. However, the Ministry of Health's policies are mostly about criteria and main targets for vaccine recipients, showing a tendency to require vaccination of some community groups based on processed Nvivo data. If we refer to the description [36] regarding the polarization of mandatory vaccination policy implementation, it can be identified that the existing vaccination policy polarization in Indonesia refers to an indirect form of obligation.

Furthermore, this is because there are several points that imply the obligation of vaccination indirectly, such as delaying or discontinuing the provision of social security or social assistance and delaying or discontinuing government administrative services. Vaccine certificates are the main prerequisite for accessing public facilities and public services in government agencies so that indirectly someone must

vaccinate, such policies are characteristic of repressive law, which sets strict sanctions for violators [53]. In line with that, in the circular letter of the Task Force for Handling COVID-19 of the Republic of Indonesia Number 16 of 2022 concerning travel provisions during the pandemic, it is required that every intercity (domestic) traveler must show proof of vaccination if they want to travel [54]. The same thing can also be found in the Instruction of the Minister of Home Affairs of the Republic of Indonesia Number 15 of 2021 concerning the implementation of the COVID-19 emergency community activity restrictions (PPKM) in Java and Bali, which requires people who want to travel between regions to show a vaccine card [23]. Thus, based on these regulations, Indonesia indirectly obliges its citizens to receive vaccines.

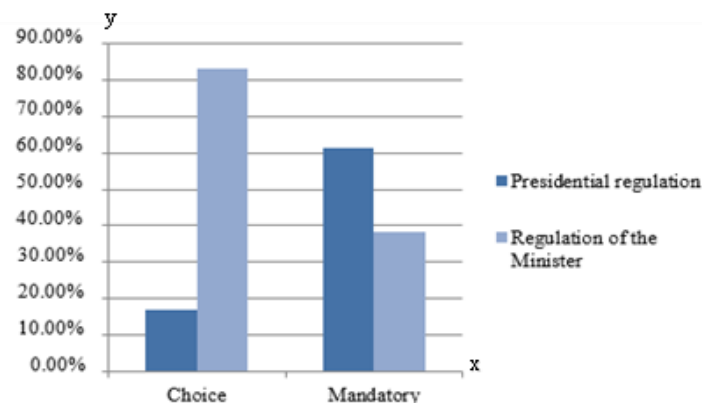


Figure 5. Analysis of the nature of vaccination policy in Indonesia

4.2. Implementation of vaccination policies and ethical problems

Vaccination decisions and policies present a tension between individual rights and moral obligations to contribute to harm prevention [45]. Some scientists view the mandatory vaccine policy as a violation of one's rights and freedoms, such as the right to freedom and security [55]. Lawrence [52] revealed that the mandatory vaccine policy is a violation of medical ethics and human rights. The mandatory vaccine policy violates basic moral principles and has a profound and damaging effect on medical practice, as well as the relationship between patients and doctors.

The mandatory vaccine policy imposed by the state violates a person's rights, freedoms, and safety, and when vaccination results in death, the policy violates the right to life. However, there are some scientists who give a positive view of the mandatory vaccine policy [56], [57]. The mandatory vaccine policy, in this case, the COVID-19 vaccine, can be ethically justified if the threat to public health is considered serious, so refusing vaccination policy would be unethical. Savulescu also recommends providing incentives in the form of money or goods to residents to increase participation in vaccination programs [57], [58].

The mandatory vaccine policies are in many ways relevant to the ethics of policy-making. One of the arguments put forward in support of mandatory vaccine policies is to put forward the analogy of seat belts. Correspondingly, it argues that from a public health ethical point of view, vaccination has significant relevance to the use of motor vehicle seat belts and that vaccination policies, although coercive in nature, are ethically justified for the same reasons as seat belts regulations. Furthermore, providing incentives in the form of money or goods to residents to increase participation in the vaccination program is highly recommended [24].

However, skepticism about Savulescu's offer to provide incentives in kind or money to people who are willing to be vaccinated because doing so will not effectively address the question of why people refuse vaccination [59]. Furthermore, both also argued that it was not ethical for the government to require a COVID-19 vaccine, especially by criminalizing vaccine refusal or imposing fines to overcome public doubts about vaccination policies. Philosophically, the group that rejects the mandatory vaccine policy is based on a liberal conception of the individual's right to self-determination regarding his health, body, and life. Therefore, no one, let alone the government, can interfere with an individual's right to undergo or leave medical treatment [60]. Vaccination is a classic social dilemma: a potential conflict of interest between personal gain and societal benefit [61]. The social dilemma of vaccination sometimes puts individual interests at odds with society's goals of eliminating infectious diseases [62]. Vaccination policy creates a paradoxical situation in terms of importance and socio-epistemology, which manifests itself in various perceptions about vaccination.

The phenomenon of vaccination policy in the relationship between government and health officials can be a policy model in a technical framework, which perceives the problem as purely a technical issue [63].

However, among the public, the issue of vaccination is more than a technical issue, but it can also touch on ethical aspirations, philosophical views, and personal religious beliefs, as has happened in Indonesia. As a country with the largest Muslim population in the world, Indonesians reject vaccines mostly because studies show that people have refrained from using certain vaccines due to doubts regarding their halal status which the government should consider in policy formulation [64]. Based on the results of the Republic of Indonesia Ministry of Health survey in 2020, data in Figure 6 showed that the highest rate of vaccine acceptance (75%) came from Catholic and Christian respondents, while the lowest (44%) came from respondents who refused to reveal their beliefs, followed by Confucians, animists and other beliefs (56%). Around 63% of Muslim respondents are willing to receive the vaccine and around 29% of them have not decided whether to accept or refuse the vaccine [18].

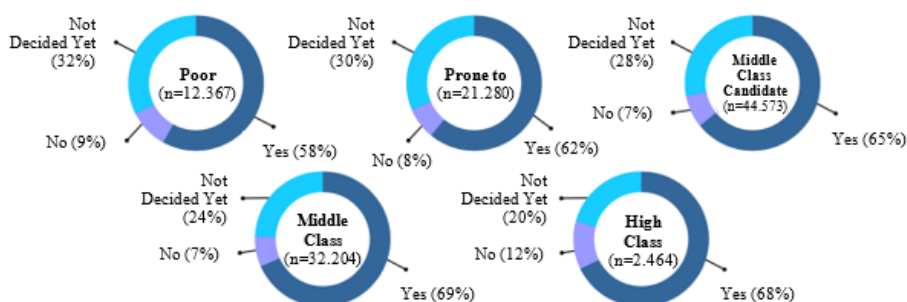


Figure 6. COVID-19 vaccine acceptance rate based on trust

Respondents expressed concerns about the safety and effectiveness of vaccines, expressed distrust of vaccines, and questioned the halalness of vaccines. Figure 7 shows that the most common reasons for not accepting the COVID-19 vaccine were related to vaccine safety (30%); doubts about vaccine effectiveness (22%); distrust of vaccines (13%); concerns about side effects such as fever and pain (12%); and religious reasons (8%). The study by the Health Ministry of Indonesia and WHO in 2020 which surveyed more than 115,000 respondents from all 34 provinces in Indonesia found that respondents indicated considerable worries regarding vaccine safety and effectiveness, expressed a lack of faith in vaccination and voiced reservations about the vaccine's haram-halal classification [18]. In this case, the halal-haram aspect gets a rejection percentage of 8%. Although the MUI has issued a fatwa (Fatwa MUI No. 14 of 2021) that the Astra Zeneca vaccine product is legally permissible and can be used, some Muslim communities in the end still choose not to vaccinate because there is no halal label on the vaccine [65].

Debates between government and society are a natural part of public policy formulation. The debate is not only a conflict of legitimacy but also a conflict of perception. Various protests by the public to the government as a policy maker are a form of public skepticism towards the government's perception or interpretation as shown Figure 8. Protests and rejection of mandatory vaccine policies have symbolic meanings that question the effectiveness and accountability of policymakers.

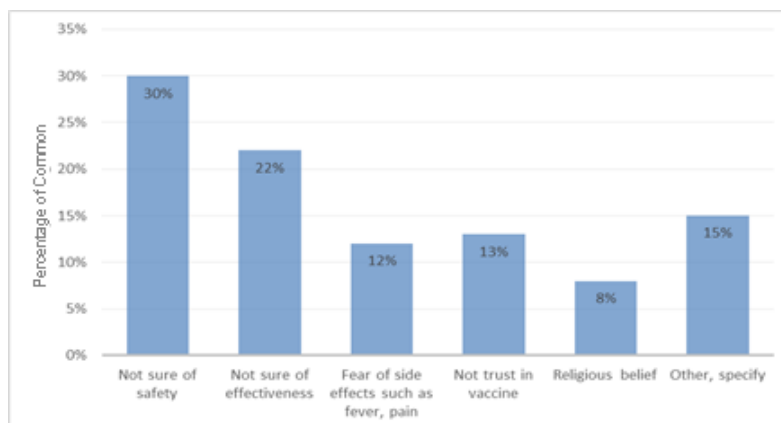


Figure 7. Common reasons for not accepting vaccination

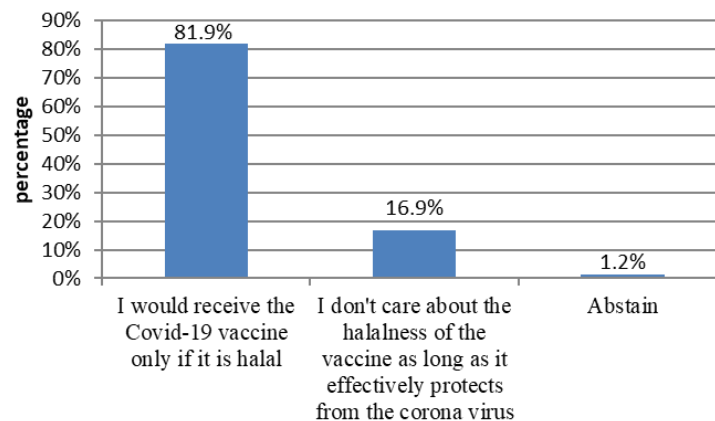


Figure 8. Public opinion about the halalness of vaccines

Based on the survey results of the Survey's Health Ministry 2020 as shown in Figure 8, around 81.9% of Indonesians will receive the COVID-19 vaccine if the vaccine is halal. On the other hand, there are 16.9% of people who don't care about the halalness of the vaccine, as long as it effectively protects from the Coronavirus [66]. The debate depicted in Figure 8 regarding the issue of the absence of a halal label on the vaccines used by the government turned out to have influenced public perceptions in responding to vaccination policies.

4.3. Vaccination policy, democratization and conflict of perceptions

Indonesia has made several efforts to secure doses of the COVID-19 vaccine for its population, namely through international cooperation and independent efforts. Internationally, Indonesia has succeeded in collaborating with Sinovac, Sinopharm, G42 Health Care, CanSino, Genexine, and the COVAX initiative. Independently, Indonesia has initiated 6 self-developed vaccine research under the Red and White banner. The combined efforts are estimated to have produced about 300 million vaccine doses. If the vaccine used requires 2 doses for each person, the estimated stock is not enough to vaccinate 70% of Indonesia's population to achieve herd immunity [67].

In addition, the Indonesian government has allocated more than IDR 58 trillion (USD 4.1 billion) for vaccine procurement and vaccination implementation. In addition, additional funds of IDR 6.5 trillion (USD 464 million) allocated through the regional government to support the vaccination implementation program have also been secured [68]. Public policy-making is, in fact, a stage for reflecting the future desires of society. Public policy initiatives make people think about who they are, where they come from, and where they will go if they go together, so public policy, in other words, functions as a public domain, as a space for people of different origins to discuss their future, and their interconnectedness and relationship with government.

In the dynamics of mandatory vaccine policy formulations in Indonesia, the conflict of perceptions calls for the emancipation of social practices. Government and health officials must be more open and attentive to the condition of the larger community due to vaccination policies [69], [70]. Such transparency attempts to create space for democratization in public policy formulation. On the other hand, it encourages the broader community's attitude of being active and critical of government interpretations found in everyday life through policies.

Differences of opinion about vaccination are not new [65]; In Indonesia, debate in the community then arose because of the rule that someone who refuses to give the vaccine will be subject to sanctions in the form of fines. As is the case with DKI Jakarta Regional Regulation Number 2 of 2020 Article 30, which reads, "Everyone who deliberately refuses to be treated and vaccinated against COVID-19, shall be punished with a maximum fine of IDR 5,000,000.00 (five million rupiah) [71]. This policy creates sentiment and polemic in the community, as in the description of data compiled from Twitter containing keywords related to vaccination policy in Indonesia. In addition, various public opinions were found, used as random samples, and analyzed using Nvivo12 to find conclusions about public sentiment in positive and negative forms.

The data classification in Figure 9 comes from people's perceptions, most of which evaluate the vaccination policy based on the effects caused after receiving the vaccine. People who give positive sentiments see that vaccines have gone through laboratory tests and received legality from experts, so there is no need to be afraid to receive vaccines. On the other hand, those who give negative sentiments think that

vaccines are unsafe and not very effective. There have been several serious incidents after someone received the vaccine, so they doubt the vaccination policy. In fact, a study in the United States proves that the emergence of the anti-vaccine movement on social media is related to increasing public concern about vaccines. This movement involves Brazil, Indonesia and the United States, which are among the 5 largest democratic countries in the world.

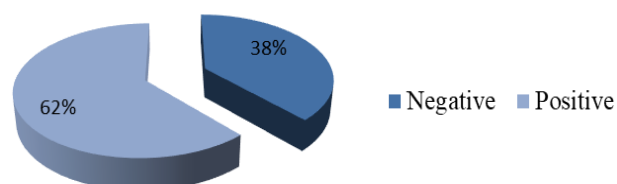


Figure 9. Classification of public sentiment from Twitter

Social media hashtags that reject vaccines are relatively widely used in Brazil with 69.26%, Indonesia with 62.81%, and the United States with 59.44 hashtags (Hashtag as a new weapon to resist the COVID-19 vaccination policy a qualitative study of the anti-vaccine movement in Brazil USA and Indonesia). Indonesian people's attitudes towards vaccination are also influenced by their experience with vaccines, the role of health professionals and the anti-vaccine lobby, which started with skepticism and eventually developed into outright rejection of vaccines [72]. The Indonesian Political Indicators survey results also show the same thing. There are various public assessments of the Indonesian government's draft vaccination policy as shown Figure 10.

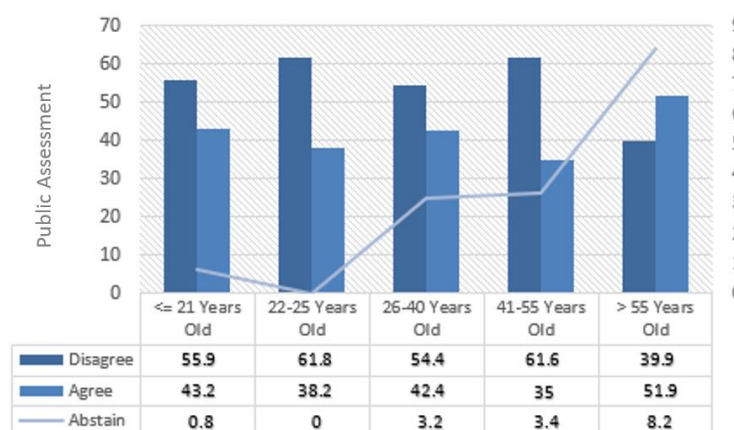


Figure 10. Public assessment of the government's plan to provide vaccines

Figure 10 explained that the majority or 54.8% of respondents do not agree with the government's plan to provide a third or booster dose of COVID-19 vaccine. The survey details the socio-demographics of respondents who do not agree with the program, based on age. Respondents who most disagreed were in the age range of 22-25 years, namely 61.8%, while those who agreed were only 38.2%. The Indonesian government has set a national vaccination target of 208,265,720 people. As of April 8 2022, the first dose of the COVID-19 vaccine had been given to 197,243,959 people (94.71%); the second dose has been given to 160,983,733 people (77.30%); and the third dose has been given to 25,719,265 people (12.63%) of the national target [73].

Based on these findings, the target for vaccination for dose I is very high, the target for vaccination for dose II is quite high, and the target for vaccination for dose III is still low. Based on the targets that have been achieved in Indonesia, these figures can be said to be quite high considering that Indonesia's territory is very large and quite difficult to reach [74]. 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. This figure places

Indonesia in the third lowest position in terms of achieving full vaccination. Brunei Darussalam is still the 62nd country with the highest ratio of full COVID-19 vaccination in Southeast Asia. This country has injected two doses of vaccine into 91.75% of its citizens. Singapore is in second place with 91.04% of its citizens fully vaccinated. Furthermore, the full vaccination ratio in Cambodia and Vietnam is 82.86% and 79.20% respectively, and the full vaccination ratio in Malaysia is 78.82%, meanwhile, residents of Thailand and Laos have received two doses of vaccine each. Respectively are 71.88% and 61.58% as shown in Figure 11 [75]. Apart from that, this vaccination policy also looks at the comparison between the two countries, Indonesia and Italy, which in fact have the same societal characteristics. However, the Italian government's vaccination policy is more likely to be successful than Indonesia's in terms of building public trust in carrying out vaccinations. The strategy pursued by the Italian government is to remove as far as possible the burdens that might make them reluctant or uncomfortable to use the vaccine, through progressive flexibility in the organization.

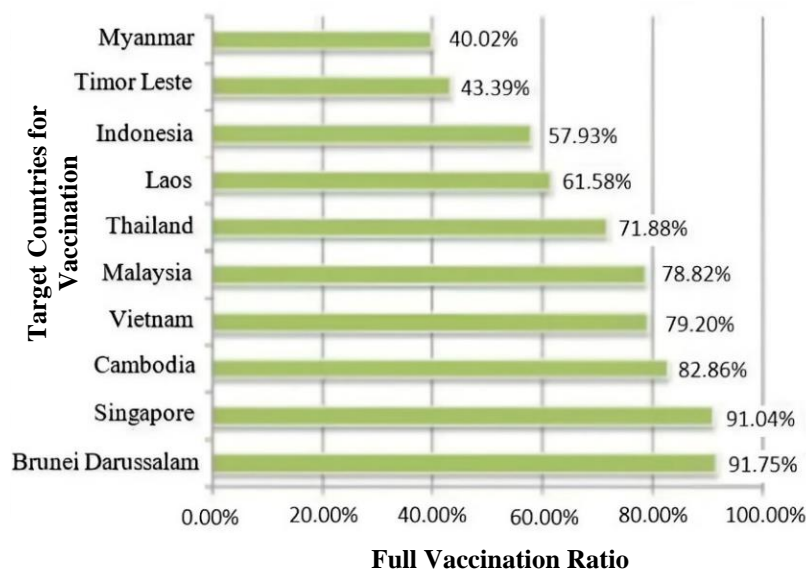


Figure 11. Full vaccination achievements in Southeast Asia

Not only the decentralization of vaccination points, but also the decentralization of vaccination points, which was decided by the Draghi government under the reorganization of Italy's vaccination plan, but also other more encouraging measures such as the possibility of taking the vaccine in trusted (and close) places, such as pharmacies and local pediatricians, the opportunity to book a second dose outside one's region of residence for holidays, non-reservation open days and mobile vaccination sites on beaches, and at airports. Looking at the available data, the measures implemented during this period had some positive impact on the number of newly vaccinated people. The number of first doses administered daily began to increase again in July, although not immediately and the target of 60% of the population receiving vaccination by the end of July has been achieved [76]. In several TV interviews when the new Green Pass came into effect, Special Commissioner Figliuolo made enthusiastic comments about its impact, claiming a growth in first dose orders of between 15 and 200%, which varied by region [76].

Meanwhile in Indonesia, the public's trust issue regarding vaccination by the government is still lacking. This is similar to the results of a survey on acceptance of the COVID-19 vaccine in Indonesia, where public concerns about vaccine safety were 30%, doubts about vaccine effectiveness were 22%, low confidence in vaccines was 13%, and fear of side effects such as pain and fever was 12%. Many people believe that the COVID-19 infection and the vaccine are a conspiracy, propaganda and a business venture for the government. The public's perception that vaccines cannot suppress the spread of the virus also reduces their interest in receiving the vaccine [77].

On the other hand, the Indonesian government has taken strategic steps to respond to this trust issue. On March 18, 2020, the government formed a task force to handle COVID 19 to form the information media covid19.go.id. This page is the entry and exit point for various types of information that must be carefully selected before it reaches the public. Starting from the number of cases, the number of people infected,

recovered to deaths, will be updated every day. Not only that, news related to COVID-19, especially vaccines, is information that the public has been waiting for, but of course this information cannot be fully accepted by the public due to certain considerations [15].

In the COVID-19 vaccination policy is dialectical because it is a blessing between the government and public perception. Government perception refers to the discourse used by the government to define a problem, which usually uses scientific claims. On the other hand, public perception is characterized by the discourse used by ordinary people to see social phenomena through their daily life experiences. In the context of COVID-19 vaccination, the government believes that alternative options are safe, but this is contrary to the experience of ordinary people who see some undesirable possibilities of vaccination policies. Society will not only consume decisions by policymakers but will have room to influence those decisions. There is a confrontation between what is felt by ordinary people and what is valued by the government.

Conflicts of perception certainly encourage the space for democratization in the dynamics of public policy. Government authorities and interpretations are not top-down; this allows the government to apply the concept of understanding (*verstehen*) in policy formulation and implementation. Such a concept emphasizes the deep appreciation by policymakers of the experiences (*erlebnis*) felt by the community. Skepticism and public disapproval of claims and policies imposed by the government is a symbol or language that policy makers must understand. This understanding encourages the government to adopt a voluntary vaccination policy in the context of the COVID-19 pandemic. The government allows everyone to make their policies, decisions about whether or not to vaccinate themselves [78].

The COVID-19 pandemic has fundamentally changed the way we live, work and interact. Even as we see signs of recovery and control of the pandemic, the experiences we gain during this time of crisis must be the basis for building a more resilient and adaptive society and world to face future challenges. Collaborative Governance where collective action from the government, private sector and society will be the key to creating an adaptive and disaster-resilient society and country. Based on the discussion previously outlined, here are several recommendations and directions for the post-COVID-19 pandemic that can be considered to face global health threats, as follows: i) Strengthening global health systems, the pandemic situation highlights weaknesses in the global health system. The main recommendations are to strengthen the health system, increase hospital capacity, and ensure the availability of adequate medical equipment. Investment in research and development of drugs and vaccines must also continue to be encouraged. ii) Strengthening International Collaboration, a better future requires stronger collaboration between countries and international organizations. Increased exchange of information, technology and assistance between countries can help face global health challenges more effectively. iii) Global Policy Alignment, coordinated global policies are the key to dealing with the pandemic. The need for alignment in responding to crises, taking preventive measures, and mitigating social and economic impacts must be recognized and implemented by the international community. iv) Supports the economy and jobs, economic recovery is a top priority. The government and private sector must work together to support businesses, create new jobs, and provide financial support to economically impacted individuals and families. In addition, strengthening remote work models and business strategies that can adapt to market changes must be adopted more widely. v) Strengthening education and skills, as the shift towards technology-based and remote work shifts, education and skills become key. Investments in digital education, skills training and human capital development will help society adapt to these changes. The end, vi) Increase resilience of local communities, the importance of local community resilience must be emphasized. This involves developing disaster-resilient infrastructure, increasing emergency response capacity, and empowering local communities to face challenges that may arise in the future.

5. CONCLUSION

Vaccination is the government's strategy in fighting the COVID-19 pandemic. In the process, the mandatory vaccine policy received pros and cons from various parties. This research provides an in-depth understanding of the public's views on vaccination policies. By identifying conflicts in people's perceptions regarding their acceptance of vaccination policies as an obligation or an option that is optional. Arguments for and against vaccination policies illustrate the diversity of perceptions, concerns and levels of public trust in vaccination. So, it is important to carry out health education campaigns to provide accurate, easy to understand and reliable information about the benefits and safety of vaccines.

This research also has implications for a comprehensive explanation of the determining factors that cause differences in perceptions of vaccination policies. Apart from that, this research also provides insight into the role of media and information in shaping public opinion. Investigating how news or information spreads can help understand the communication dynamics that influence perceptions of vaccination. And in the end, it is hoped that this research can provide valuable input to improve the formulation of public policies

regarding vaccination. Policy recommendations resulting from this research can help the government design policies that are more effective and acceptable to the public. And in a global context, research implications can expand to the world level, especially in the context of a pandemic. Globally, the findings of this research can shape the world's view of global health policy and help design joint strategies to address shared challenges related to vaccination.

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BIOGRAPHIES OF AUTHORS






Nuryanti Mustari    was born in Jeneponto, May 6, 1980, completed the undergraduate degree in Government Science at Hasanuddin University in 2002, then the postgraduate program in Development Administration at the same University in 2004 and completed the doctoral program in Public Administration in 2010 at Makassar State University. She currently teaches at the University of Muhammadiyah Makassar both undergraduate Government Science (Fisip) and Postgraduate (S2) Public Administration, and has a concentration on Public Policy, Political Economy, and Governance. She can be contacted at email: nuryantimustari@unismuh.ac.id.







Junaedi    was born in Indramayu, on September 20, 1975. is a practicing Lecturer at the Muhammadiyah University of Makassar. He is a Law Consultant, Advocate, and Lawyer. He is also the Adjunct Professor at UIPM Institute in Indonesia. He has written many Journals under UIPM. In his Ph.D. dissertation, he wrote on the “Implementation of Good Corporate Governance to Secure Assets in State-Owned Palm Oil Plantation Companies And Privately-Owned Companies In Indonesia. Apart from writing, he is also Dozens of scientific papers have been published in national and international journals. He can be contacted at email: junaedi@unismuh.ac.id.







Hafiz Elfiansya Parawu    was born in Jakarta on November 7, 1977. He has been working as a lecturer since 2017 at the State Administration Study Program, Faculty of Social and Political Sciences, Universitas Muhammadiyah Makassar. Educational background graduated from S-1 Architectural Engineering at the Indonesian Muslim University (UMI) in 2004. After that, he continued his S-2 State Administration education at the Puangrimaggalatung College of Administration (STIA) in 2012. And after that continued his S-3 Public Administration education at Makassar State University graduated in 2017. As a lecturer, he is always active in carrying out the tridharma of higher education in the form of teaching, research, and community service activities. He can be contacted at email: hafizelfiansyah@gmail.com.







Hardianto Hawing     Completing his Masters in Politics and Government at Gadjah Mada University, Hardianto Hawing is a social researcher at IISM. I am also a lecturer at FISIP, Muhammadiyah University of Makassar. Hardianto has experience in research in the extractive industry sector, such as being a Socio-Economic (Sosek) researcher in collaboration between the Partnership and Genting Oil Indonesian Power in Bintuni Bay, West Papua in 2015. I have been involved in research on social mapping on former tin mining land in Singkep Island, Riau Islands, which is a collaboration project between IISM and the Embassy of the Republic of Germany in Jakarta. Apart from being a researcher and lecturer, Hardianto is also active in daily discussions regarding Environmental Politics. He can be contacted at email: hardiantoawing@gmail.com.







Herman     was born in Lahaddato, Malaysia on April 1, 1993. He currently teaches at Universitas Muhammadiyah Makassar as an Extraordinary Lecturer (LB) at the Faculty of Social and Political Sciences and teaches English courses. Apart from being an LB Lecturer, especially in the international class of the Government Science study program. He can be contacted at email: hermansakir0104@gmail.com.



Ulfiah Syukri     has completed her undergraduate studies in government science, FISIP, Universitas Muhammadiyah Makassar. During her studies, she was active in social activities by becoming a member of the social sector at the Indonesian Pioneer Youth Forum (FPPI) South Sulawesi. In addition, he took advantage of opportunities by building a small business in the field of education. At the end of my studies, I managed to hold the achievement of being the best graduate at the University level. She can be contacted via email: ulfiahsyukri1717@gmail.com.



Aqmal Reza Amri     completed his undergraduate study in government science, FISIP, Universitas Muhammadiyah Makassar and postgraduate program (S2) in philosophy at Gadjah Mada University. He is currently active as a lecturer and laboratory staff in the government science study program, Universitas Muhammadiyah Makassar. He can be contacted at email: aqmalrezaamri@gmail.com.