

Research Article

Overcome COVID-19 through Collaboration between Components in Indonesia

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Abstract.

Vaccination against Covid-19 is one of the most important steps adopted by the government to limit the spread of the virus in the community by establishing population immunity. According to Ministry of Health data, Covid-19 vaccination coverage has reached 92% of the population until 2023; however, there are still various obstacles to overcome in its implementation, ranging from the initial feasibility trials to the distribution and acceptance of the Covid-19 vaccine at various levels of society. These obstacles have resulted in varying degrees of success in receiving the Covid-19 vaccination in various countries and provinces around the world, including Indonesia. This study aims to find out how successful the response to a pandemic is through establishing population immunity and involving all components of the government, TNI/Polri, agencies, and the community/NGOs in handling the pandemic in the implementation and acceptance of the Covid-19 vaccine in Indonesia since it was first tested and distributed. This research uses the literature review methodology. Researchers analyzed various articles with the keywords “factors affecting Covid-19 vaccine acceptance,” “collaboration in Covid-19 vaccine,” “TNI role in Covid-19 vaccine,” and “government role in Covid-19 vaccine” from various international open sources such as Elsevier, MDPI, ScienceDirect, Frontiers, Tandfonline, and Google Scholar. Articles relevant to the theme and research objectives were selected, analyzed, and grouped based on the researcher’s requirements. The findings of the literature review show that the roles of and collaboration between public components, including the government, the Indonesian National Police, agencies, and the community, have an impact on the success of the Covid-19 vaccination in Indonesia. The government’s role is to establish communications and campaigns to boost public confidence in the benefits of the Covid-19 vaccine. Furthermore, the role of the TNI/Polri is to ensure the implementation of disaster management in a planned, integrated, coordinated, and comprehensive manner, while the role of agencies/NGOs is to encourage advocacy activities and distribution networks for receiving the Covid-19 vaccine. Each component plays a role that positively influences vaccination acceptance in the community, so collaboration between components is required for the success of the Covid-19 vaccine activity in Indonesia.

Keywords: vaccine, Covid-19, collaboration, roles, communication, government

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1. Introduction

Coronavirus Disease 2019 (COVID-19) is an infectious disease. This disease is dangerous. The disease comes from Coronavirus a new kind, Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV 2). The first case of COVID-19 appeared in the city of Wuhan, China at the end of 2019. WHO declared COVID-19 a pandemic outbreak starting in March 2020 because cases spread very widely in almost all countries [1]. There are 221 countries that have been affected by COVID-19 with positive cases reaching more than 295 million people and a fatal death rate (Case Fatality Rate-CFR) of 2% or 5.5 million deaths with 256 million people recovered in approximately the last 2 years as of January 5 2022. Indonesia itself is in first place out of 11 countries in the Southeast Asia region with the highest number of deaths and average CFR amounting to 3.4% compared to other countries in the Southeast Asia region [2]. The high number of deaths due to the spread of COVID-19 is due to limited access to COVID-19 cases and COVID-19 tests.

In 2020, active cases of COVID-19 were still quite high with the rate of recovery still below 20% in the first 2 months after the first case was confirmed in Indonesia as of 2 March 2020 and increasing by 80% in the first 10 months [3]. Indonesia only recorded 4,654 active reported cases as of January 5 2022, but these reported cases are still small compared to other Southeast Asian countries. The impact of COVID-19 affects all sectors of life, including health, economy, trade industry, oil and gas industry, mining, education, employment, tourism, transportation, religion, socio-culture, security, public order, infrastructure and the environment. In order to prevent and reduce the risk of the COVID-19 pandemic, the government is prioritizing health by reallocating and refocusing APBN, APBD and village funds are in accordance with Perppu 1/2020 concerning state financial regulations and financial system stability in handling the pandemic.

The initial steps taken by the central government were to determine the status of a health emergency, carry out quarantine and isolation as well as limit physical and social activities, form a COVID-19 Task Force at the central level up to the RT/RW, actively inform about the number of COVID-19 cases, provide easy financial loans, define terms Work From Home (WFH), and hybrid learning. Apart from that, the government also implemented Large-Scale Social Restrictions (PSBB) which later became Micro-Scale PPKM for the special regions of Java and Bali, thickened the Micro-Scale PPKM, then established Emergency PPKM and established PPKM Levels 1-4. The government has also established a Micro Lockdown and determined regional zoning based on the number of cases in the area.

Two years have passed and Indonesia has now entered the post-pandemic phase. WHO defines post-pandemic as a phase where the COVID-19 pandemic cases have returned like seasonal influenza cases which require routine surveillance and pandemic management plans. Currently, WHO has determined that the COVID-19 pandemic case has been resolved while still paying attention to adapting to new habits (new normal era). The public remains educated and encouraged to maintain distance, continue to wear masks when traveling or indoors, and wash hands with soap and running water through the 3M slogan and implementation of 3T (testing, tracing, treatment) involving health workers, the COVID-19 Task Force together with sub-districts and local RT/RW. In addition, a prophylactic vaccine has been developed to reduce transmission and transmission of the virus. This is because controlling virus transmission cannot only rely on preventive regulations but also needs to build community immunity to protect other people, including risk groups such as the elderly and comorbidities.

The types of vaccines that have been developed around the world include mRNA vaccines (Moderna and Pfizer vaccines), viral vectors (AstraZeneca, Sputnik V, Janssen CanSino), protein subunits (Novavax), and inactivated viruses (Sinovac, CoronaVac, Sinopharm) [4]. As of January 6 2021, Indonesia has ordered several types of vaccine totaling 3 million vaccine doses and then added vaccine stock with a total of 329.5 million doses, of which the Sinovac type is 125.5 million and Novavax with a total of 30 million doses, the Covax/Gavi type with a total of 54 million, Astrazeneca with 50 million doses, and Pfizer with a total of 50 million doses. Biofarma has distributed the COVID-19 vaccine and then delivered it to every Health Service at the provincial level and Health Service at the district/city level, then sent to Community Health Centers and hospitals [4]. COVID-19 vaccination is given to several community groups such as health workers with a high risk of contracting COVID-19, community groups with a high risk of death or having dangerous diseases, public officials, the elderly with comorbid diseases, and vulnerable and general communities [5].

The government targets that 67% of Indonesian people (181.5 million of the 270.9 million population in Indonesia) have been vaccinated by 31 December 2021, where 11.49% of the population as of 22 August 2021 have been vaccinated. With this data, it is estimated that it will be difficult to reach a percentage of 70% of Indonesian people vaccinated as of March 21 2022 [6,7]. Based on survey data between WHO, the Indonesian Ministry of Health, and UNICEF as of November 2020 of 112,888 samples regarding willingness to be vaccinated against COVID-19 in Indonesia, it shows that 64.8% were willing to be vaccinated, 7.6% refused to be vaccinated, and 27.6% felt they were not sure/doubtful [8]. Therefore, there needs to be encouragement from

the Indonesian people to be willing to be vaccinated. Hesitancy to be vaccinated is dominated by psychological factors such as cognitive abilities, trust in the government, scientists and health workers as well as other psychological reasons.

Based on data from the Ministry of Health, currently in 2023 COVID-19 vaccination coverage has reached 92% but the process has experienced many obstacles and obstacles from the start of the feasibility test to the acceptance of the COVID-19 vaccine in the community. This causes differences in vaccination coverage in each province in Indonesia. There needs to be collaboration between components to build a sense of trust and security in the community regarding COVID-19-19 vaccination. Therefore, researchers conducted research with the aim of finding out how successful the handling of the pandemic was through establishing community immunity, the involvement of all components of the government, TNI/Polri, NGOs and the community in dealing with the pandemic in the implementation and acceptance of the COVID-19 vaccination in Indonesia since the first time. tested and distributed.

2. Methods

This research method uses a systematic literature study method. The systematic literature study method is the main standard for reviews because it synthesizes research findings systematically, openly, and can be developed according to needs [9]. The aim of the literature study research method is to identify and critically assess relevant research by collecting and analyzing research data [10]. The data analyzed is all empirical data that complies with predetermined inclusion criteria to answer certain hypotheses. The results of the article review and all appropriate findings can minimize bias in drawing conclusions.

Systematic review method with a statistical approach like meta-analysis, it is used to integrate relevant research results. Meta-analysis is a statistical method that combines the results of different studies to weigh, compare and identify patterns, inequalities, or association relationships that emerge in a study with the same context and research topic [9]. With a meta-analysis approach, each primary study is separated and coded, and the findings are then converted into a common metric to calculate the overall effect size. However, to be able to conduct a meta-analysis, the included studies must share statistical measures [effect sizes] to compare existing results. Therefore, it is difficult to perform meta-analyses with different methodological approaches [11]. This means that a rigorous systematic review process was used to collect the articles, and then a qualitative approach was used to assess them.

Researchers search for various articles and empirical data findings using several keywords in accordance with research needs related to Covid-19 vaccination and the role of components in its implementation. The following are several important keywords in conducting this research, including “Covid-19”, “policy of Covid-19”, “Covid-19 vaccine”, “factor affecting Covid 19 vaccine acceptance”, “collaboration in Covid-19 vaccine”, “TNI role in Covid-19 vaccine”, “government role in Covid-19 vaccine”, “Covid-19 vaccine coverage gap”, dan “psychological perception of Covid-19 vaccine” from various international open sources such as Elsevier, MDPI, ScienceDirect, Frontiers, and Tandfonline. These terms should be based on words and concepts that are directly related to the research question. Depending on the purpose of the review and research question, these search terms may be broad or narrow to consider including additional limitations. All the articles found were international and national articles, selected according to the theme, inclusion criteria and objectives of the research conducted.

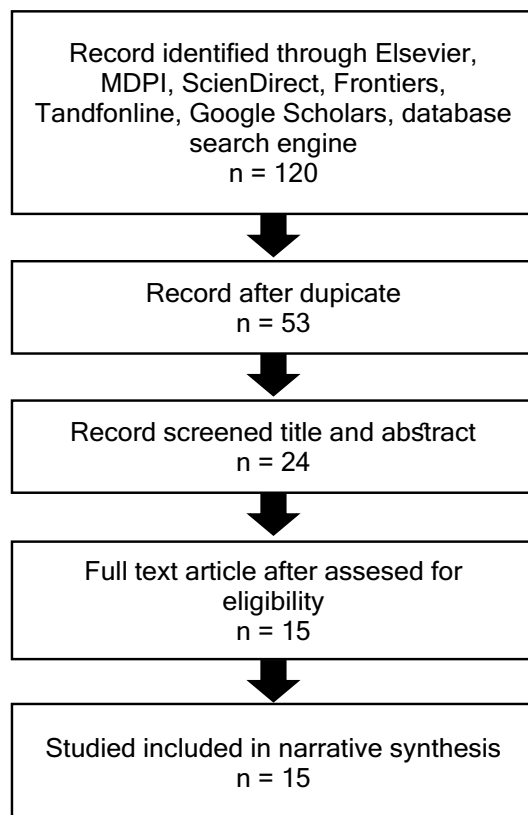


Figure 1: Result Identification Process.

The selected articles are read as a whole and analyzed for their contents and then grouped into sections according to the researcher’s needs in accordance with the research objectives. Articles are grouped into sections that explain the COVID-19 vaccine as well as government regulations/policies/rules related to COVID-19 mitigation,

the role of government in implementing the COVID-19 vaccine, the role of the TNI/Polri in implementing the COVID-19 vaccine, the role of agencies or Non-Government Organizations (NGOs) regarding the implementation of COVID-19 vaccination, perceptions or views of public acceptance regarding COVID-19 vaccination, and collaboration between components regarding COVID-19 vaccination nationally.

3. Results and Discussion

3.1. COVID-19 Vaccination Policy and Its Implementation

The first case of the COVID-19 pandemic outbreak was indicated to have started with cases spreading in Wuhan in 2019. Due to the transmission of the COVID-19 disease from human to human, this caused cases to increase rapidly without any limits. Its spread has reached 188 countries and 25 territories throughout the world since November 2019. There are six indices for assessing COVID-19 cases, including confirmed positive cases, confirmed deaths, confirmed cases per million people, confirmed deaths per one million people, confirmed cases according to the proportion of tests, and tests per thousand people in comparing the handling of Covid-19 in various countries globally [2]. Of the 102 countries ranked, Indonesia was ranked 89th as of March 13 2021. This shows that even though many efforts and policies have been issued and implemented, the increase in confirmed cases is still increasing.

Confirmed cases and the ever-increasing death toll require complex efforts from WHO and governments around the world. Efforts and policies that the Indonesian government has implemented to reduce the increase in confirmed positive patients in Indonesia include establishing health emergency status as contained in Presidential Decree 11/2020 concerning the Determination of Public Health Emergencies. Coronavirus Disease 2019 (COVID-19), carrying out quarantine and isolation as well as limiting community physical and social activities (physical distancing and social distancing), forming a COVID-19 Task Force at the central level to RT/RW, actively informing the number of COVID-19 cases (sick, recovered, dead), providing injections and making it easier to borrow funds, and setting terms Work From Home (WFH) for the workforce as well as distance learning (online method) for students who are then determined by the system hybrid learning (online and face-to-face learning)/flipped classroom.

The government has issued policies to increase the effectiveness of emergency management of the COVID-19 health disaster by limiting the spread and increase in

COVID-19 cases nationally, including the implementation of Large-Scale Social Restrictions (PSBB) based on PP 21/2020 concerning Large-Scale Social Restrictions, then the establishment of Micro-Scale PPKM in Java and Bali, Micro-Scale PPKM Thickening, Emergency PPKM then becomes PPKM with Levels 1-4, and Micro Lockdown as well as setting zoning regions based on the number of cases in the area.

Covid-19 is a case of disease that has just emerged in the community and immunity to this type of disease has not been previously discovered, making it difficult to determine the right type of vaccination to build immunity in the community. Therefore, collaboration between various companies to design COVID-19 vaccinations using various methods is really needed. Various countries have accelerated vaccine production since the epidemic began, with at least 166 types of vaccines having been developed. Even though it was initially stated that the production planning for the COVID-19 vaccine was planned to be completed in 10-15 years, there was a paradigm shift in vaccine development which forced completion to be accelerated by 2-3 years. This causes the need for a strategy to clarify the safety and effectiveness of vaccines regarding how to test the feasibility, usefulness and future hopes for vaccine development. Even though the development of various vaccines comes from various companies with different vaccine characteristics, evidence of direct and indirect safety can help plan the reception of the Covid-19 vaccine in an organized manner [17].

WHO and UNICEF have issued complete guidelines as a reference for implementing mass COVID-19 vaccination in a country in the document Interim Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines which has been published since November 2020. The contents of the document include the mechanism for distribution, strategies for administering vaccines, strategies for protecting the vaccination quality control chain, who is the target population that will be vaccinated, who are the individuals who must be vaccinated, how to treat waste from the vaccination process, monitoring vaccination safety, injection activities, and handling Post-Immunization Adverse Events as well as surveillance activities. In Indonesia, the President of Indonesia, Joko Widodo, has declared the acceleration of vaccine production by forming a national team to produce the COVID-19 vaccine. President Joko Widodo has signed and ratified a Presidential Declaration calling for vaccines and introducing a vaccine campaign to overcome the COVID-19 pandemic.

The types of vaccines that have been developed around the world include mRNA vaccines (Moderna and Pfizer), viral vectors (AstraZeneca, Sputnik V, Janssen, CanSino), protein subunits (Novavax), and inactivated viruses (Sinovac/CoronaVac, Sinopharm) [4]. As of January 6 2021, Indonesia has ordered several types of vaccine totaling

TABLE 1: Ministry of Health Regulations and Presidential Decree regarding COVID-19 Mitigation from February 2020-August 2023.

No.	Publication Time	Regulations/Policies/Rules	Topics Regulations/Policies/Rules
1	February 4, 2020	Minister of Health Regulation Number HK.01.07/MENKES/ 104/2020	Determining COVID-19 as a disease outbreak that causes a pandemic and procedures for dealing with it
2	March 10, 2020	Minister of Health Regulation Number HK.01.07/169/2020	Determination of referral hospitals for confirmed COVID-19 patients
3	March 10, 2020	Minister of Health Regulation Number HK.01.07/169/2020	Determination of referral hospitals for confirmed COVID-19 patients
4	March 13, 2020	Presidential Decree Number 7 of 2020	Establishment of a Rapid Response Task Force (Task Force) for COVID-19
5	March 20, 2020	Presidential Decree Number 9 of 2020	Revision of Presidential Decree Number 7 of 2020 concerning the COVID-19 Rapid Response Task Force
6	March 31, 2020	Presidential Decree Number 11 of 2020	Public health emergency for COVID-19
7	9 April 2020	Minister of Health Regulation Number HK.01/07/MENKES/ 247/2020	Guidelines for preventing and mitigating COVID-19
8	July 13, 2020	Minister of Health Regulation Number HK.01/017/Menkes/ 413/2020	5th revision of the COVID-19 prevention and mitigation guidelines
9	July 20, 2020	Presidential Decree Number 82 of 2020	Revision of Presidential Decree Number 9 of 2020 concerning the COVID-19 Rapid Task Force and Economic Recovery
10	October 5, 2020	Presidential Decree Number 99 of 2020	Procurement of vaccines and implementation of COVID-19 vaccinations in the context of overcoming the COVID-19 pandemic
11	December 3, 2020	Minister of Health Decree Number 9860 of 2020	Determining the type of vaccine for implementing COVID-19 vaccination
12	December 14, 2020	Minister of Health Regulation Number 84 of 2020	Implementation of vaccination in the context of tackling the COVID-19 pandemic
13	December 28, 2020	Minister of Health Regulation Number HK.01/017/Menkes/ 12757/2020	Determining targets for implementing COVID-19 vaccination
14	February 8, 2021	Minister of Health Regulation Number HK.01/07/Minister of Health/446/2021	Usage of <i>rapid diagnostic test antigen</i> in COVID-19 examination
15	February 24, 2021	Minister of Health Regulation Number 10 of 2021	Implementation of vaccination in the context of tackling the COVID-19 pandemic
16	May 5, 2021	Minister of Health Regulation Number 16 of 2021	Procurement of vaccines in the context of tackling the COVID-19 pandemic
17	June 2, 2021	Minister of Health Regulation Number 18 of 2021	Amendments to Minister of Health Regulation Number 10 of 2021 concerning the implementation of vaccinations in the context of dealing with the COVID-19 pandemic
18	July 6, 2021	Minister of Health Regulation Number 19 of 2021	Second Amendment to Minister of Health Regulation Number 10 of 2021 concerning the implementation of vaccinations in the context of dealing with the COVID-19 pandemic

TABLE 1: Continued.

No.	Publication Time	Regulations/Policies/Rules	Topics Regulations/Policies/Rules
19	July 28, 2021	Minister of Health Regulation Number 23 of 2021	Third Amendment to Minister of Health Regulation Number 10 of 2021 concerning the implementation of vaccinations in the context of dealing with the COVID-19 pandemic
20	November 10, 2021	Presidential Decree Number 101 of 2021	Implementation of the favipiravir drug patent in connection with the urgency of overcoming the COVID-19 pandemic
21	December 31, 2021	Presidential Decree Number 24 of 2021	Determining the factual status of the COVID-19 pandemic
22	February 17, 2023	Minister of Health Regulation Number 7 of 2023	Procurement of vaccinations and implementation of vaccinations in the context of dealing with the COVID-19 pandemic
23	June 21, 2023	Presidential Decree Number 17 of 2023	Determination of the end of the COVID-19 pandemic status after the revocation of Presidential Decree Number 11 of 2020, Presidential Decree Number 12 of 2020, and Presidential Decree Number 24 of 2021
24	August 4, 2023	Presidential Decree Number 48 of 2023	The published end of handling of the COVID-19 pandemic is in line with the end of the COVID-19 pandemic status and the factual status that it has changed to an endemic disease
25	August 21, 2023	Minister of Health Regulation Number 23 of 2023	Guidelines for dealing with COVID-19 during the endemic period

SOURCE: Cakra et. al (2022) [12]; Djalante et. al (2020) [13]; covid19.go.id (2023) [14]; bpk.go.id (2023) [15]; setkab.go.id (2023) [16]

3 million vaccine doses and then added vaccine stock with a total of 329.5 million doses, of which the Sinovac type is 125.5 million and Novavax is 30 million doses, the Covax/Gavi type is 54 million, AstraZeneca with 50 million doses, and Pfizer with 50 million doses. At the end of 2020, the Indonesian Government has determined 7 types of COVID-19 vaccines that will be distributed and used in Indonesia, namely AstraZeneca, vaccines produced by PT Bio Farma, China National Pharmaceutical Group Corporation (Sinopharm), Moderna, Novavax Inc, Pfizer Inc, and Sinovac Life Science Co., Ltd.

3.2. The Government's Role in Implementing the Covid-19 Vaccine

The government's efforts to face the emergency of the COVID-19 pandemic, there are several policies being tried by the Indonesian government, one of which is a policy related to the implementation of COVID-19 vaccination which aims to reduce transmission and spread of the COVID-19 virus, reduce morbidity and mortality rates from COVID-19 cases, and achieving community immunity and protecting society by not

forgetting to pay attention to socio-economic productively [18]. Economically, it can be said that preventing virus transmission by vaccination is considered more cost-effective (effective) compared to treatment after infection. However, community immunity can only be established if vaccination coverage is broad and evenly distributed in each region. Preventive intervention by means of vaccination is urgently needed considering the importance of the COVID-19 vaccine in helping to make the use and implementation of health protocols more effective.

In Indonesia, the President of Indonesia, Joko Widodo, has declared the acceleration of vaccine production by forming a national team to produce the COVID-19 vaccine. President Joko Widodo has signed and ratified a Presidential Declaration calling for vaccines and introducing a vaccine campaign to overcome the COVID-19 pandemic. Vaccination is carried out on a rolling basis from the provincial, district, city to all regions in Indonesia. The government is encouraging the acceleration of vaccination to control the rate of transmission of the COVID-19 pandemic so that various efforts to fulfill vaccination needs are carried out based on the government-to-government roadmap or the roadmap to vaccine producers directly [4].

Based on a survey by WHO together with the Ministry of Health of the Republic of Indonesia, UNICEF and NITAG, around 65% of 112,888 respondents expressed their readiness to receive the COVID-19 vaccine, while another 8% said they would not receive the vaccine and the remaining 27% expressed concerns about the government's intention to promote COVID-19 vaccination. Of the 30 percent of respondents whose family members, close relatives, neighbors and colleagues had contracted the COVID-19 infection, they were found to be more likely to be recipients of the COVID-19 vaccine. A survey conducted between WHO and the Ministry of Health of the Republic of Indonesia also found that the reasons respondents did not intend to take the COVID-19 vaccine were because they were worried about the safety of the vaccine (30 percent), doubts about the effectiveness of the vaccine (22 percent), loss of confidence in vaccination (13 percent), worry about side effects after vaccination (12 percent), and religious beliefs regarding whether vaccine ingredients are halal or haram (8 percent) [17].

The government has regulated the provision, delivery and implementation of COVID-19 vaccine vaccination. The government plans to provide 30 million vaccine doses by the end of 2020 by entering into bilateral agreements with many vaccine producing companies as well as 50 million vaccine doses from other countries in early 2021 [17]. Planning for the process of administering the COVID-19 vaccination is carried out comprehensively with the steps of preparing plans, increasing access to quality services and according to standards in order to achieve the target of achieving comprehensive

vaccination coverage. Several steps have been taken by the government, for example creating various policies to respond and try to prevent and stop the further spread of COVID-19.

Several important policies have been chosen to be effective in controlling the transmission of COVID-19, namely implementing a lockdown policy system, implementing a social distancing policy, Large-Scale Social Restrictions (PSBB), and providing a COVID-19 vaccination program. The implementation of the lockdown policy was carried out on March 2 2020 after the first confirmed case in Indonesia. The confirmed positive rate for Covid-19 from 5% in June rose drastically to 12.2% at the beginning of September 2020. Cases continued to increase and the red zone increased at the end of August 2020, which required the government to implement PSBB, quarantine and self-isolation, and implement physical and social distancing to society [19]. This policy requires everyone to maintain distance when indoors and outdoors, wash their hands with soap and running water and use hand sanitizer, and must wear a mask. In line with this policy, the government is also participating with other countries and other agencies in developing COVID-19 vaccination.

The government has issued and stipulated regulations for vaccine implementation in Presidential Decree 99/2020 regarding the procurement and implementation of COVID-19 vaccination. The implementation is designed to target health workers and their assistants, supporting health workers who work in health service facilities, elderly groups, officers who work in public services and community groups who are vulnerable to the virus from socio-economic and geospatial aspects. The first phase will be implemented in January 2021, then the second phase will be held in February 2021, and the third phase will be carried out in July 2021 plus research regarding the COVID-19 vaccine and local regional regulations. The government also pays attention to the human resource element by providing training in the form of training to health workers who support the policy implementation process with the aim of ensuring that COVID-19 vaccination activities are carried out efficiently, effectively and safely [18].

Furthermore, funding for the vaccination program is also prepared from the APBN (DAK or BOK funds and deconcentration funds), APBD, and other funding that implements refocusing and reallocation policies with the rules contained in statutory regulations. This funding is for operational costs in the field, costs used for meeting activities such as outreach, coordination and advocacy, technical guidance activities in the field, and costs for distributing vaccines and other logistical items, costs for developing and disseminating educational materials as well as monitoring and surveillance of vaccine side effects . Apart from that, the government has provided infrastructure to support

the implementation of vaccine activities. These infrastructure include health and non-health physical equipment, logistics equipment, buildings and other supporting facilities for operational activities as needed.

Even though the government has implemented various policies, including the COVID-19 vaccination program in Indonesia, various obstacles are still encountered by the community as vaccine recipients. Many people still have doubts about the safety and effectiveness and are worried about the side effects of the vaccine itself, which is why coverage rates are still low in some areas. The strategy implemented by the government is to apply the jemput bola method to the community through an injection service approach to the community. Currently, vaccination coverage has reached 92% and Indonesia has entered the New Normal era. People can now live “side by side” with COVID-19, which means they can carry out activities as usual while still observing social distance and health protocols.

3.3. The role of the TNI/Polri in implementing the Covid-19 vaccine

The TNI/Polri and other armed forces take part in important battles in dealing with natural and non-natural disasters in a region to ensure that disaster management is carried out in a coordinated, integrated, planned and comprehensive manner. The TNI itself carries out various tasks in disaster management during the COVID-19 pandemic. At the beginning of the spread of the COVID-19 virus, the TNI was deployed to evacuate Indonesian citizens living in Wuhan, China by monitoring hundreds of Indonesian citizens when they arrived at Raden Sadjad Air Force Base, Natuna, Riau. TNI personnel also quarantine and observe newly arrived Indonesian citizens according to the observation process for up to 14 days, take PPE from Wuhan China, set up a hospital on Galang Island, and deploy health workers to military hospitals so that Indonesian citizens can be treated immediately. Apart from that, the TNI also plays an important role guarding the border to monitor foreigners entering Indonesian territory with the aim of reducing the transmission of the incoming virus [20].

President Joko Widodo appointed senior TNI officers to various COVID-19 commando operations forces. The first appointment was Lieutenant General (Letjen) Doni Manardo as Head of the Task Force for the Acceleration of Handling COVID-19 which later became the Committee for Handling COVID-19 and National Economic Recovery and the appointment of General Andika Perkasa, TNI Commander-currently retired, as Deputy Chair of the Committee Handling COVID-19 and National Economic Recovery. Jokowi's strategic management in handling COVID-19 is to use the role of the Indonesian

National Army (TNI) and the State Intelligence Agency (BIN). The TNI was mobilized to assist local police and civil institutions to deal with COVID-19 [21]. The TNI, Polri and BIN as security forces function to maintain political and social security in society during the pandemic and provide sanctions to people who violate the rules and policies that have been implemented during the pandemic. This is also implemented in several countries where the country mobilizes the role of armed forces to handle COVID-19, however there are several special things that differentiate the duties and functions of the TNI, Polri and BIN in Indonesia

The role of the TNI as an agency participating in activities to accelerate handling of COVID-19 has reaped pros and cons. Because of this, the government has issued a legal umbrella for the duties and functions of the TNI's role in participating in tackling the COVID-19 pandemic. The legality of the TNI is stated in Presidential Decree 7/2020 and Presidential Instruction 6/2020 as an effort to increase the effectiveness of controlling COVID-19 in every region in Indonesia. The role of the TNI, Polri and BIN as security apparatus is increasingly broader because they are given the power to impose sanctions on people who violate the rules directly and are included in anti-COVID-19 drug production activities and COVID-19 tests even though this is beyond their capabilities. armed forces community. The TNI, Polri and BIN not only serve as security apparatus, but are also given the task of participating in campaigning for the term "new normal" to the public at the end of May. As many as 340,000 military and police personnel were deployed in various regions to support the implementation of health protocols. Even in early August, instructions were issued from the president to give a mandate to armed forces to carry out patrol activities in 83,000 villages in terms of monitoring compliance with the implementation of health protocols in these areas [21].

3.4. The role of NGOs in implementing the Covid-19 vaccine

Non-government agencies participate in the success of COVID-19 handling activities and the COVID-19 vaccination program. Non-governmental agencies or non government organizations Here in after referred to as NGOs, these include academics such as epidemiologists, health analysts, researchers, and other public health and non-health workers, mass media, community leaders and religious leaders in the region, Non-Governmental Organizations (NGOs), and similar NGOs. From the start, the public did not really trust various vaccines until the level of doubt about vaccination reached 90% since 2014 [22]. This also applies to the development of this vaccine, so health promotion and education regarding vaccine-related information, both the safety and

effectiveness of vaccination, is important. Education and health promotion activities are more achieved if assisted by NGOs in the area that are closer and trusted by the community. NGOs encourage advocacy activities and distribution networks for receiving the COVID-19 vaccine [23].

Academics are also involved in realizing the successful implementation of the COVID-19 vaccination by utilizing campus facilities. In addition, various support and optimizations platform information media related to activities to disseminate communication, information and education regarding COVID-19 and COVID-19 vaccination which can increase public knowledge and understanding of Covid-19 and the COVID-19 vaccine. Epidemiologists and other public health workers also participated in vaccination trial activities even though health workers were confused by government policies that were inconsistent with decisions of other state ministers, inadequate and inconsistent mitigation measurements, and relying too much on vaccinations that were still being tested.

3.5. Community Role and Perception in Implementing the Covid-19 Vaccine

The government has provided various access methods to receive Covid-19 vaccination to increase vaccination coverage. Vaccination activities can not only be accessed by the public through Community Health Centers but can also be obtained at independent health clinics/practices, health laboratories, hospitals, UKBM (Posyandu, UKS, UKK), public places (malls, government offices, police stations, and others), Islamic boarding schools, nursing homes, and other places. By making access to vaccines easier, it is hoped that vaccination coverage rates in all provinces can be increased. Apart from that, vaccination activities are carried out free of charge in several places, for example at Community Health Centers, UKBM, malls and other public places at the start of vaccination implementation. Currently, vaccines can still be obtained by paying directly at hospitals, clinics/independent health practices, and health laboratories.

Several community groups also experience disparities in access to vaccination in several parts of the country. For example, undocumented immigrant groups have difficulty receiving vaccines in several European countries, France, Germany, Italy, the UK, and South Africa, which experience problems related to very difficult administration, often empty vaccine availability, and very expensive vaccination prices. making it difficult for undocumented immigrant groups in these countries to receive Covid-19 vaccination [24]. In Indonesia itself, at the start of the vaccine program, people were still reluctant to

be vaccinated for reasons of concern about the safety and effectiveness of vaccination. This causes initial Covid-19 vaccination coverage in 2021 to remain very low [25].

An important factor that drives the success of the Covid-19 vaccination program policy is optimal community support and participation. However, there are quite a few groups of people who are hesitant and even against vaccination in society. The dominant factor that influences vaccine acceptance in society is the social environment the community lives in. Many people refuse to be vaccinated because they are influenced by their environment which does not accept vaccinations. Apart from that, demographic factors also influence the decision to accept the vaccine. These demographic factors are gender, age, education level, employment status, and history of having relatives who have been previously exposed to Covid-19 [26]. Apart from that, support factors from the government, such as the establishment and consistency of policies in the form of people's rights to the availability and access of Covid-19 vaccination, ensuring the vaccination program system can cover all community groups, and dealing with public doubts about vaccines through government collaboration with NGOs, CSOs, and regional/community leaders through disseminating information regarding Covid-19 vaccination [27].

The success of overcoming Covid-19 and implementing Covid-19 vaccination cannot be separated from the role of collaboration between components, in this case the government, TNI/Polri, NGOs and society in Indonesia. Other countries such as Malaysia, Singapore, Italy and other neighboring countries have their own problems and countermeasures in dealing with the Covid-19 pandemic. At the start of the Covid-19 case in Malaysia, the Malaysian government did not immediately ban travel to China even though China was under quarantine at that time [28]. The reason is the political crisis and the belief of the Malaysian people that they will not be easily exposed to the virus. This ultimately resulted in a drastic increase in confirmed cases on March 8 2020 which caused panic in the community [29]. The measures carried out by the Malaysian government (in this case the MoH) include screening at entry points, isolating and quarantining tourists and immigrants. MoH also increased the number of hospitals that can treat Covid-19 patients, set policies Movement Control Order (MCO), managing funds for Covid-19 response, collaborating with disaster management agencies and provincial hospitals, and collaborating with the media, NGOs and public institutions [30].

Singapore prioritizes contact tracing and isolation policies in tackling the Covid-19 pandemic [31]. Singapore's success in overcoming the pandemic was based on the country's experience which was expressed in the policy for dealing with SARS in

2003. This policy prioritized economic management during the Covid-19 pandemic because policy formation in Singapore was centered on increasing economic growth. The Singapore government is known for its high quality health services, making the Singapore government prepared to handle this pandemic. For example, by providing beds for Covid-19 patients, a special hospital for treating SARS patients under the name Tan Tock Seng Hospital which is then used to treat Covid-19 patients under the name National Center for Infectious Disease (NCID), detecting and treating food poisoning patients, and conducting research on infectious diseases [31].

In European countries such as Italy, the first country outside Asia with a widespread Covid-19 outbreak, is a country that is not yet ready to face a pandemic. Italy is focusing more on slowing the impact of the pandemic through improving health services and mitigation. The Italian state's unpreparedness in facing the pandemic was because Italy had not previously faced an outbreak case for some time [32]. Germany, Italy, Spain and Sweden show similarities in handling the pandemic in that they prioritize central leadership communication regarding public policy [33].

4. Conclusion

Based on the review carried out, it can be seen that there is a positive influence on collaboration between components in dealing with Covid-19 and Covid-19 vaccination in Indonesia. At the beginning of the trial and acceptance of vaccination, there was a reluctance among the public to participate in the Covid-19 vaccination program and difficulty in accessing the Covid-19 vaccination itself. With collaboration, integration and communication between components, in this case the government, TNI/Polri, agencies/NGOs and society, obstacles and gaps can be reduced. Collaboration, integration and communication between these components can increase public confidence in the safety and effectiveness of Covid-19 vaccination and overcome problems of access to Covid-19 vaccination in various groups of society, such as administrative problems, vaccination availability and the price of the vaccination itself. The government plays a role in establishing communications and campaigns to build public confidence in the benefits of the Covid-19 vaccine. The role of the TNI/Polri in ensuring the implementation of disaster management in a planned, integrated, coordinated and comprehensive manner as well as the role of agencies/NGOs in encouraging advocacy activities and distribution networks for receiving the Covid-19 vaccine. Each component has a role that has a positive influence on vaccine acceptance in society, so collaboration between components is needed to make Covid-19 vaccine activities a success in Indonesia.

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