

# COVID-19 Vaccination Policy: Quo Vadis Fulfillment of Citizen's Right to Life

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DOI: 10.23917/laj.v6i2.15269

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Submission

Track:

Received:

26 July 2021

Final Revision:

4 March 2022

Available Online:

28 March 2022

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## ABSTRACT

This article aimed to analyze the factors that influence the pros and cons of the community regarding the COVID-19 vaccine policy and discuss the formulation of the Indonesian Government's policy regarding the distribution of an effective vaccine to realize the right to life amid the COVID-19 pandemic. Furthermore, the methodology of this research is normative, in the hope that the research approach was carried out for researchers to obtain information from various aspects in order to find the issues to be addressed. Normative research uses legal materials obtained through scientific literature or the law. The results of the conclusion show that the factors influencing the pros and cons of the community regarding the fulfillment of the right to life through vaccine policies consisted of multicultural settings that affected the mindset and perspective of the community in perceiving the COVID-19 virus outbreak so that there were differences of opinion regarding government policies that echoed mass vaccines to aggravate the number of the positive cases. Besides, the government's consistency factor in the form of data disclosure regarding COVID-19 led the public to obtain inaccurate information from various sources, giving rise to diverse public opinions. The formulation of government policies related to the provision of effective vaccines to realize the right to life amid the COVID-19 pandemic was done through the 3S vaccine policy, namely before the vaccine, during the vaccine, and after the vaccine. These included campaigns of the main

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objectives of the COVID-19 vaccine, priority allocation of COVID-19 vaccinations, and efforts to supervise COVID-19 vaccinations.

**Keywords:** Vaccines, COVID-19, government policies, right to life.

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## INTRODUCTION

Juridically, based on Article 1 of Law Number 39 of 1999 (Human Rights Law), Human Rights (HAM) are defined as a set of rights inherent in humans as creations of God and are His blessings that must be respected, upheld, and protected by the state, law, government, and anyone for the sake of honor and protection of human dignity. Naya Amin Zaini (2016) explains that human rights refer to rights that have value and must be fulfilled. The purpose of fulfillment is the basic rights related to economic, social, and cultural rights, otherwise, it will impact the quality of life of the community. Furthermore, human rights as a right that must be protected imply basic rights related to civil and political rights, which entail consequences; if they are not protected, security and comfort cannot be achieved. Based on these descriptions, it can be seen that Human Rights consist of Civil, Political, Economic, Social, and Cultural Rights.

As a state of law, Indonesia should refer to the law in its administration. It is stated by Nuria Siswi Enggarani (2018) that the constitution has determined that the Republic of Indonesia is a state based on law. Likewise, the explanation of the constitution mentions the state government system is regulated – Indonesia is a state based on the law (*rechtstaat*). In this concept, based on the doctrine explained by Julius Stahl, the elements contained in a rule of law consist of several important points, two of which are guarantees for human rights (*grondrechten*) and government should be based on legal regulations (*wet Matigheid Van Herbert*). This is in line with the concept of fulfilling human rights based on law.

Rights related to civil and political rights are the right to life, the right to sovereignty, the right to correct and proper service, the right to be indiscriminate, and so on. Regarding the right to life, it is guaranteed in Article 28A of the 1945 Constitution which reads "Every person shall have the right to live and to defend his/her life and existence". Furthermore, the legal basis that guarantees the right to live in Indonesia is also contained in Article 9 of the Human Rights Law which reads: (1) Every person has the right to live, to sustain life, and to improve his/her standard of living. (2) Every person has the right to tranquility, safety, peace, happiness, physical and mental prosperity. (3) Every person has the right to an adequate and healthy environment.

Indonesia is affected by the COVID-19 pandemic, which is closely related to the government's obligation to fulfill the people's right to life. The right to life is also related to the right to health and economic rights. *Nasional Kompas* (2021) states that it refers to the provisions of Article 7, Article 8, Article 39 Paragraph 1, Article 52, Article 55, and Article 79 of Law Number 6 of 2018 on Health Quarantine and Article 8 jo. Article 5 of Law Number 4 of 1984 on Infectious Diseases Epidemic. It is clearly stated the priority is that the rights of citizens must be fulfilled by the Central Government and Regional Governments when an infectious disease epidemic, a public health emergency, and quarantine area, residence quarantine, or in the status of Large-Scale Social Restrictions (PSBB) occur.

As mentioned in Rokhman Adi P. N. and Nuria Siswi E. (2021), given the condition of the COVID-19 pandemic, which is perceived to be uncertain in terms of the sustainability impact, and the increasing number of COVID-19 cases in Indonesia, has caused significant changes among the Indonesian people. As result of the COVID-19 pandemic, it affects almost all aspects of life, including in the aspect of fulfilling the right to health. The fulfillment of the right to basic health is in line with medical needs which have not been fully felt by all levels of society. The government, which is obliged to provide health services and facilities has not been able to achieve this duty. Various media have reported regarding the shortage of medicines, Personal Protective Equipment (PPE), and other medical facilities in various places. The government's obligation to ensure that all health facilities and services can be accessed by the entire community, both in terms of costs, geography or culture, has not yet been experienced by the poor. They still have difficulty accessing test services to detect the infection of the COVID-19 virus with accurate results, which in reality is expensive. Furthermore, *Tempo.com* (2020) stated that the government's obligation to ensure health facilities and services meet health standards, namely in terms of the availability of doctors, nurses, medicines, medical devices including quality personal protective equipment, needs to be maintained. However, many doctors and other health workers have died due to exposure to the COVID-19 virus. The situation demands more action from the government.

Furthermore, related to the right to receive equal treatment in the implementation of health quarantine of everyone, Indonesia has pronounced that the vaccine from Sinovac can be distributed by all Indonesian people. In reality, many people have not taken vaccination at all. Meanwhile, many residents have been admitted for the vaccine twice. The government's obligation to ensure that health services and health facilities are provided on target and to not emerge discrimination has not been accomplished properly since many poor people have

limited access to health test services. Besides, vulnerable groups such as people with disabilities are also increasingly cornered.

During a major crisis such as the current COVID-19 pandemic, the government should also ensure that the public can obtain accurate and reliable information because the public has the right to obtain health quarantine information as an effort to eradicate and prevent the arrival or departure of those who have been infected and the risk factors involved may result in a public health emergency. The problem is, along with the increase in the number of positive cases of COVID-19, the Indonesian government is more obscure in conveying information that should be witnessed by the public. The speed of new cases is even more concerning. The Indonesian government's policies are in contrast to other countries which always publish information developments related to COVID-19. Warta Ekonomi (2021) stated that the transparency of COVID-19 data in the era of Terawan Agus Putranto, who served as Minister of Health (Menkes) at that time, appeared to be concealed regarding the accuracy of data publication. Terawan once asked that the work meeting held in May 2020 must be organized behind closed doors to Commission IX of the DPR (People's Representative Council). Even though Commission IX of the DPR planned to inquire Terawan for information regarding the technical efforts to handle COVID-19 in Indonesia. In addition, Alinea.id (2020) states that Indonesia Corruption Watch (ICW) urged the government to detail the number of donations for handling COVID-19 received from the public. This is because up to this day it has not been published in detail. These facts denote that the government has not been able to provide clearer information regarding how many people have donated money or goods, such as PPE.

When the COVID-19 pandemic was not resolved, another controversial issue emerged, which is a member of the House of Representatives Commission XI named Ribka Tjiptaning who refused to be vaccinated. Liputan6.com (2021) reveals that she refused to be vaccinated using Sinovac because she believed that PT Bio Farma, as the company that procured vaccines and carried out vaccinations for the prevention of the COVID-19 pandemic, had not yet tested clinically in terms of quality and safety of the vaccine. It is certainly efficient to prevent and reduce the number of COVID-19 outbreaks with the movement of the mass vaccine. Even though the President of the Republic of Indonesia, Joko Widodo, has urged the public to immediately carry out vaccines 3 times on a regular basis. Concerning the effectiveness of the Sinovac vaccine, questions also arose among the general public because there were public figures or public officials who had carried out the vaccination then had been tested positive for COVID-19. This issue then spread among the community. Kompas.com (2021) states that the Sleman Regent, Sri Purnomo, was confirmed positive for COVID-19 after a week of being

injected with the Sinovac vaccine. As a result, Sri Purnomo was self-isolated at the official residence of the Sleman Regent. The confusing information raises questions for the general public regarding the government's policy of conducting mass and periodic Sinovac vaccinations.

According to Cnb-Indonesia.com (2021), the fact is that in Norway 29 citizens have died not long after receiving the first dose of the COVID-19 vaccine. Given this incident, questions arise regarding the government's policy to continue to regularly promote mass vaccination in the community, whether the vaccination is effective or otherwise to overcome the ongoing pandemic. Obviously, in the community, there is a separate polemic due to the issue of deaths after being vaccinated. In addition to those who have to continue to meet their economic needs during this pandemic, they are also overshadowed by fears about the safety and side effects of this COVID-19 vaccination. Even though, several community leaders involved in the health setting argue that the vaccine has no harmful side effects.

Furthermore, from mortality cases due to contracting COVID-19, Cnb-Indonesia.com (2021) also asserts that Indonesia received a red report card terms of handling the growth rate of the COVID-19. This happens because, in recent times, the number of positive cases of COVID-19 in Indonesia has increased above 10,000 cases per day. This implies that there are high positive cases of COVID-19 in Indonesia and the government is deemed slow in issuing policies and carrying out obligations to fulfill the right to life of its people. In this context, it appears that there is an assumption that the efforts made by the government through the COVID-19 vaccination policy have not been well received by the public because there are circulating issues that make people do not believe in the quality and safety of the COVID-19 vaccine.

Therefore, it is important to pay attention to the formulation of good policies so that government programs can be carried out effectively. In addition, policy formulation is essential so that there is no more corruption in the implementation of vaccinations, as has happened before in the infamous case of the social assistance launched by the Minister of Social Affairs, Juliari Batubara. As mentioned in Marisa Kurnianingsih and M. Zaki Attirmidhi (2021), Social Assistance has been corrupted with a value of IDR 17 billion, a dishonorable and inhumane corruption because it directly cut off the aid that should be received by the community, causing the public to feel deceived and distrusted by the government. Therefore, the actions taken by the government must be able to achieve justice so that people can put trust in the policies made by the government, including vaccination which is a form of government service to realize the

health rights of the people. As mentioned by Absori, et al. (2020), to be able to create services based on social justice, it is necessary to have the power of law that can be a guide in providing these services and preventing discrimination by irresponsible persons. This is where the importance of the formulation of policies is taken by the government.

## **FORMULATION OF THE PROBLEM**

Based on the background, the following problems are formulated:

1. What are the factors that influence the pros and cons of the community regarding the COVID-19 vaccine policy?
2. How is the government's policy formulation regarding the administration of an effective vaccine to realize the right to life amid the COVID-19 pandemic?

## **RESEARCH METHODS**

The research was conducted using the juridical-normative method and using legal materials obtained through literature studies. The legal materials in this study consisted of 2 (two) sources of legal materials, namely primary legal materials obtained from the original sources in form of statutory regulations and any official document containing legal provisions, which consist of the 1945 Constitution, Law Number 39 of 1999 on Human Rights, Law Number 6 of 2018 on Health Quarantine, Law Number 4 of 1984 on Infectious Diseases Epidemic, Government Regulation Number 21 of 2020 on Large-Scale Social Restrictions (PSBB) In the context of Accelerating the Handling of COVID-19, and Regulation of the Minister of Health Number 9 of 2020 on Guidelines for Large-Scale Social Restrictions in the Context of Accelerating Handling of COVID-19. Furthermore, secondary legal materials included legal materials that provide a description of primary legal materials and were obtained indirectly from the source, in other words, collected by other parties. This comprised the form of official documents, legal journals, legal books, research reports, other relevant scientific works to the topic of this research, as well as opinions or relevant press news media, which can channel researchers to the data needed for this research.

## **RESULTS AND DISCUSSION**

### ***Pros and cons of right to life fulfillment through the COVID-19 vaccine policy***

Discussing Human Rights (HAM) is identical to discussing the dimensions of human life. The nature of basic human rights can be interpreted that in every human existence of humans there is an obligation to be understood, acknowledged, and responsible for maintaining

them. The existence of human rights is based on the principle that every human born has equality in dignity and rights until the end of his day. I Gusti Ayu Eviani Yuliantasari (2016) states that the principle of equality in human rights emphasizes that every human being has an equal position and there are no differences that can cause the human position to be unequal.

Justice in the equality of rights of every citizen as stipulated in the Act, among others, is by creating equal treatment to the whole community. Indonesia is one of the countries that upholds Human Rights (HAM). The provisions on human rights have substantially been regulated in Article 28A to Article 28J of the 1945 Constitution of the Republic of Indonesia (UUD 1945). One of the human rights regulated is the right to life and it is explicitly stated in Article 28I paragraph (1) of the 1945 Constitution that "The rights to life, freedom from torture, freedom of thought and conscience, freedom of religion, freedom from enslavement, recognition as a person before the law, and the right not to be tried under a law with retrospective effect are all human rights that cannot be limited under any circumstances."

The right to life does not only concern the right to the individual but has a wider scope, which includes the right to health. The existence of policies related to the prevention of COVID-19 is a form of fulfillment of the right to life in the health sector. Every individual has the right to health protection. Therefore, all efforts made to increase the number of health in the community should be based on sustainable principles in the development of human resources. The fulfillment of the right to life in the health sector can be realized through efforts to provide quality and affordable health services for the community.

From the beginning of the pandemic until today, Indonesia is considered as one of the countries experiencing ebb and flow related to the handling of COVID-19. It started from the delay in public awareness of the potential for transmission that led to high mortality rates at the beginning of the pandemic to the emergence of various policies that caused pros and cons among the community, such as ineffective social restrictions policies, or the mandatory vaccine policy which did not do well and caused new debates. It is known that the COVID-19 virus has a very fast ability to spread in the human body, considering that not everyone can feel the symptoms. Tanu Singhal (2020) states that the symptoms that often appear with a percentage of 50% are fever and cough with a percentage of 38%. Not many people will significantly experience the worst symptoms of COVID-19, such as shortness of breath, thus making many people still think that this virus is a mere heresy.

As many as 32,000 people have been declared dead due to the COVID-19 virus. Indonesia is considered to have reached the highest death rate in Southeast Asia. This high

death rate is the worst impact of COVID-19, which automatically causes a health crisis. Every effort has been made to fight the pandemic. The increase in COVID-19 cases every day has caused the government to issue policies related to vaccinations that must be carried out by all people. The government considers that without an effective vaccine or antiviral treatment, the wave of the pandemic will increase. As a result, not only a health crisis will occur but also an economic crisis.

I Dewa Agung Panji Dwipayana (2020) expresses that several companies are closely related to the Indonesian government regarding vaccines, including Sinovac, Sinopharm, G42 Health Care, CanSino, and Genexine. The policy regarding the COVID-19 vaccination plan is further regulated in Presidential Regulation of the Republic of Indonesia Number 99 of 2020 on Vaccines Procurement and Implementation of Vaccination for Handling the Corona Virus Disease 2019 (COVID-19) or also known as Presidential Decree 99/2020. In Article 2 of Presidential Regulation 99/2020, it is explained that the implementation of the COVID-19 vaccination is carried out by the Minister of Health while still taking into account the COVID-19 Handling Committee and National Economic Recovery. It is also stated in Article 16 that the provisions regarding the implementation of the COVID-19 vaccination are regulated in the Regulation of the Minister of Health.

Following up on Presidential Regulation 99/2020, the Minister of Health of the Republic of Indonesia Regulation Number 84 of 2020 on the Implementation of Vaccination in the Context of Overcoming the Corona Virus Disease (COVID-19) Pandemic was stipulated or also known as Minister of Health Regulation 84/2020. In Article 1, it is stated that vaccination is the administration of a vaccine that is specifically given in order to actively generate or increase a person's immunity against a disease. Therefore, if exposed to the disease, the person will not be ill or only experience mild illness, and will not become a source of transmission. However, despite all the policies related to the COVID-19 vaccination made by the Government, people still refuse and are reluctant to follow the vaccination plan. Meanwhile, on the other hand, no other opinion has been proposed, apart from implementing the policy of regional restrictions, isolation, and quarantine. Large-Scale Social Restrictions or PSBB policies that have been carried out since the beginning of the pandemic have, in fact, not been able to diminish the number of COVID-19 transmissions. The community is oriented to the notion that there is no policy optimization carried out by the government in handling COVID-19, and the PSBB policy is more detrimental to the people. This can be seen from the slower pace of economic growth at this time.



The public has different views regarding the COVID-19 vaccination plan. Some people are very enthusiastic when they hear about this vaccination policy, but not a few also choose to oppose the government's steps in dealing with the COVID-19 virus using this vaccination. Rustam Ibrahim (2013) suggests that cultural pluralism in Indonesia is a historical and social fact that cannot be denied. The uniqueness of this pluralistic culture causes the influence of the mindset, behavior, and personal character of each as a living tradition in the community and region. Many Indonesians ignore the government's policies in preventing COVID-19, which include urging the public to stay at home and travel when necessary. There are many people, especially young people, who gather or travel with their friends in groups and ignore health protocols. This fact, of course, has triggered the increase in the positive number of COVID-19 in the community. This condition then caused many people to support the COVID-19 vaccine encouraged by the government to reduce the number of people exposed to the COVID-19 virus in Indonesia. The COVID-19 vaccination is expected to prevent people from contracting the COVID-19 virus. It aims to start from protecting oneself to protecting others because resistance varies depending on the health of each person.

It is known that many people do not fully understand the dangers of this COVID-19 virus if it is not addressed immediately. Currently, the government is vigorously trying to conduct research on COVID-19 prevention through various policy packages, including the formulation of vaccination policies that are expected to completely overcome the COVID-19 virus. The biggest challenge to date remains on how to raise awareness of the Indonesian people to help break the chain of the spread of the COVID-19. The COVID-19 vaccination program is primarily prioritized for the group of health workers followed by military or police officers, government officials, and communities.

The general public is aware of the rejection regarding the COVID-19 vaccination policy among the public because there are many misunderstandings and information about the consequences that will arise after vaccination. As quoted in DetikHealth (2020), Dr. Julitasari Sundoro, Executive Secretary of the Indonesian Technical Advisory Group on Immunization (ITAGI), expresses that other countries in the world also experienced various rejection actions related to the COVID-19 vaccination. The government's lack of openness in providing information related to the COVID-19 vaccine is assumed to be a trigger for the emergence of groups who oppose the COVID-19 vaccination. In the absence of further information regarding the safety and effectiveness of the COVID-19 vaccine, the public's focus point is only on negative information and fake news related to this vaccine formula. It is undeniable that social

media has a very vital role in shaping opinion in today's society. Many opinions have been established, among others, such as the dangers that will cause side effects in the long term. This is created on the basis that other vaccine trials need to be carried out for years, while the vaccine for COVID-19 arrived quickly. Thus, it has aggravated the public's concerns about the safety of this COVID-19 vaccination.

International article review John P. Moore and P. J. Klasse. (2020) observed multiple COVID-19 or SARS-CoV-1 vaccines in virus-challenged animals, 36 research papers identified reported adverse effects, including but not limited to lung pathology. Other reviews have also listed many examples of side effects in trials of coronavirus vaccines. Severe illness caused by SARS-CoV-1 is more likely to occur around the 3rd week after infection when the viral load in the respiratory tract decreases as NAb titers increase. Based on the case of SARS and COVID-19, there is simultaneously concern that antibody responses to SARS-CoV-1 and -2 may not protect against disease but instead contribute to pathogenesis.

Seeing the rapid rate of transmission and spread of the COVID-19 outbreak without being accompanied by symptoms, it is sufficient to explain that vaccination is the most effective solution in bringing people back to normal life. Yen-Der Li, et al (2021) explain that when the COVID-19 vaccine is available, some of the duration of immunity that will be caused by the vaccine is still unknown. Studies have shown that the specification of neutralizing antibodies in vaccines can only be maintained for approximately two years in patients who have recovered from COVID-19 infection. This means that permanent immunity generated from this vaccine has a small possibility so a mature vaccination policy is needed for the future. This is supported by the results of observations of the development of the COVID-19 virus, in which most of the cases of re-infection of COVID-19 only experienced mild symptoms or did not experience symptoms as in the first infection. Therefore, it is important to carry out further research related to antibody antidotes and the protective effect of the COVID-19 vaccine as a prevention of the development of the COVID-19 virus. Fernando P, et al (2020) found that the percentage of vaccine efficacy against COVID-19 was 52%, and in the first seven days after the second dose was 91%, reaching the full percentage against the disease within seven days. This percentage figure as a whole is consistent with its high effectiveness against all existing COVID-19 cases to date.

On the other hand, there are also groups of people who are aggressively and enthusiastically conveying positive affirmations regarding the importance of the COVID-19 vaccination as the only solution in dealing with the pandemic. Information on the safety and success of clinical trials of vaccine side effects that do not harm the human body continues to

be informed to the public. With proper and continuous dissemination and education, the community will form a self-awareness, not under coercion which will cause great doubts about this vaccination policy.

### ***Formulation of an effective vaccine policy to achieve the right to life amidst the COVID-19 pandemic***

Muhyiddin (2002) express that the emergency response period for handling COVID-19 had begun in early March 2020. In April 2020, located in Jakarta, the PSSB policy was implemented which was finally followed by other regions because it showed a significant increasing case. In realizing the right to life of the Indonesian people amid the COVID-19 Pandemic, the government has made a policy for mass COVID-19 vaccinations as regulated in Regulation of the Minister of Health 84/2020. In reality, many factors, as explained in the previous sub-chapter, hinder the COVID-19 vaccination process. Therefore, there is a study of several policy formulations to increase effectiveness related to the policy of providing an effective COVID-19 vaccine. The policy is called the 3S vaccine step, which includes the steps before the vaccine, the steps during the vaccine, and the steps after the vaccine, namely:

#### **1. The Campaign of Three Main Goals of the COVID-19 Vaccination**

The problem of dissemination of the COVID-19 vaccination in Indonesia is challenged with a crisis of trust from the public to the government. Rohit and Stephanie (2020) mention three main goals in the COVID-19 Vaccination Campaign, namely reducing morbidity and mortality rates, minimizing the economic and social burdens related to the pandemic, and narrowing health disparities. Krisna et al. (2017) state that morbidity is a condition in which a person experiences pain when complaints about perceived health and ultimately disrupt daily activities so that they cannot work, take care of their family or household, as well as do normal daily activities. The higher the level of morbidity, the lower the degree of public health. While mortality according to the United Nations (United Nations) and WHO (World Health Organization) is the permanent loss of all signs of life that occurs after the birth phase. The size of the mortality rate affects the health indicators in an area.

The goal in reducing morbidity and mortality is to reduce the impact of disease on health. Then the goal is to minimize the economic and social burden related to the pandemic due to the large-scale losses caused by the pandemic from an economic and social perspective. So, it is important to maintain the social infrastructure of the community. Furthermore, the aim of narrowing health disparities in the community is that the moral foundation of public health is social justice and for that, it is necessary to make efforts to reduce this inequality. Amilia

Shafa and Sriwidodo (2021) state that the prevention of COVID-19 can be carried out by vaccination via subcutaneous or intramuscular injection since syringes cannot be used easily by patients without the supervision of health workers. Based on the identification of the three main objectives of COVID-19 vaccination, it can be used as an assessment or consideration in providing criteria and vaccine allocation strategies.

It is important to highlight that the perception of the severity of COVID-19 and the perceived benefit of getting the COVID-19 vaccine are also significant predictors of COVID-19 vaccination. Therefore, disseminating adequate information to the public is required, in particular providing strong evidence on the safety and efficacy of vaccines from field trials. An article study by Yulan Lin, et al (2020) found that slightly more than half reported that they would only take the COVID-19 vaccine used by a large number of people in the community. Furthermore, participants stated that those taking the COVID-19 vaccine if it had been used by many people also expressed lower vaccination intentions. The findings imply that promoting COVID-19 vaccination in form of advertorials and testimonials can serve as a cue for action to get vaccinated.

## 2. Priority Allocation of COVID-19 Vaccination

The first strategy is to prioritize those who are most vulnerable to COVID-19 morbidity and mortality. Most of those who need priority in COVID-19 Vaccination are from age of 30 years to 60 years and over. Fitria (2020) states that the highest percentage of COVID-19 deaths in Indonesia was found in the 31-45 year age range of 30.56%, followed by the 19-30 age range of 24.72%, and the 46-59 year age group of 23.14%. According to Dawei Wang et al. (2020), people with co-morbidities such as hypertension, diabetes, cancer, cardiovascular disease, and cerebrovascular disease also have a high risk of COVID-19 infection. Therefore, people with comorbidities and with the oldest age range followed by the highest percentage of deaths can be considered in the priority allocation of COVID-19 vaccinations. This is a manifestation of the Three Main Goals of the COVID-19 Vaccination Campaign which is in line with narrowing health disparities because the first priority population has a higher risk of COVID-19 infection and is not departed from the economic or social level.

The second strategy is to prioritize COVID-19 vaccination based on the life cycle, which is to ensure individuals have an equal chance to live, from childhood to old age. The COVID-19 vaccination is required for the age range below the three highest percentages of deaths from COVID-19. L.R Fledstein, et al (2020) state that a young age also has a large potential for COVID-19 infection, thus it is necessary to prioritize COVID-19 vaccination so a short life cycle can be avoided. This second strategy aims to revive the economy because it focuses on

the productive age. In addition, prioritizing a younger age is also beneficial to support the family's education, social and economic aspects. However, on the other hand, it does not maximize the reduction of morbidity and mortality in the elderly because the productive age has a lower potential for COVID-19 infection.

Previously, the virus that caused COVID-19 in Wuhan was found, named Sars-Cov-2 and pronounced by the International Virus Taxonomy Committee. Further understanding, Muge Cevik et al. (2020), about the pathogenesis of SARS-CoV-2 will be very important in developing therapies, vaccines, and supportive care modalities in the treatment of COVID-19. More data are needed to understand the determinants of healthy versus dysfunctional responses and immune markers for protection and disease severity. In addition, optimal testing systems and technology are required to support and inform early detection, as well as clinical management of infection. Better understanding is needed for long-term consequences following acute illness and multisystem inflammatory disease, especially in children

The third strategy is to prioritize individuals who provide instrumental value. This can be done by prioritizing health workers or those who provide health services, and workers who provide services demanded by the community so that life activities can run normally. Prioritizing this population because health care workers or public service workers are assumed in order to maintain a consistent goal of minimizing morbidity and mortality due to COVID-19. This population is the key to dealing with COVID-19. This priority also aims to maintain the economy. Besides, workers with public services are also important to be prioritized. Furthermore, prioritizing this population will also directly safeguard the health care system.

The fourth strategy is to guarantee equal access to COVID-19 vaccinations. This has also been stated in Article 3 paragraph (3) of the Regulation of the Minister of Health 84/2020 that the implementation of the COVID-19 vaccination is carried out free of charge. The main objective of the COVID-19 vaccination is to narrow unfair health facilities. However, in this case, there is a need for thorough supervision so that the public can get equal access, therefore there is no economic or social burden that affects the overall COVID-19 vaccination.

The fifth strategy is to prioritize reducing the spread of COVID-19 with a large population of individual groups that are in close proximity to each other and have the potential to contract COVID-19, for example, the family of health workers. According to Tiodora Hadumaon Siagian (2020), based on research, groups of health workers who treat and examine COVID-19 patients, those who attend COVID-19 patients in one hospital room, and those who

live at home, travel together and work with infected COVID-19, have a high risk of contracting and contracting COVID-19.

### 3. COVID-19 Vaccine Monitoring Efforts

According to Taufikkurrahman (2016), consumer protection against the use of counterfeit vaccines can be realized because of the participation of the government with the authority that has been assigned to supervise and foster the circulation of products around the community. The National Agency of Drug and Food Control (BPOM), which specifically supervises drugs and food, is assigned to conduct Pre-Market and Post-Market. In addition, the National Consumer Protection Agency (BPKN) also plays a proactive role in resolving complaints submitted by users. John P. Moore and P. J. Klasse (2020) state that fake vaccines used on a large scale and increasing the risk of contracting an infection or exacerbating post-infection disease would be disastrous. Poorly protected vaccines will cause infection in those who have enhanced antiviral immune responses. In particular, vaccination during a pandemic can cause a weak primary response and potentially impair induction in people who contract the virus before they receive a vaccination.

Ferdian (2020) assumed the COVID-19 vaccination program can run smoothly if the community is also proactive in carrying out health protocols. This discipline must be maintained even though the COVID-19 vaccine is present. There needs to be an effort from the central and regional governments in collaboration with health facility services. The central and local governments play an important role in supervising the community so that they can accomplish a fast and smooth COVID-19 vaccination.

Rohit and Stephanie (2020) express that efforts to stop the spread of COVID-19 require widespread vaccination. Objective planning for the distribution and allocation of priorities for COVID-19 vaccination is very important to support policies aimed at health in ensuring the right to life of the community so as to reduce the level of morbidity and mortality in Indonesia, narrow the economic burden and social burden on the community, and efforts to narrow health disparities among people in Indonesia. Furthermore, Armanto et al. (2020) assert that the involvement of various academics, institutions, companies, and the government is a big aspiration so they can create a SARS-Cov-2 Virus Vaccine and finally this pandemic will end soon.

## CONCLUSION

Factors that influence the pros and cons of society regarding the fulfillment of the right to life through vaccine policies include: The first is multicultural factors that influence

perspective and view on the COVID-19 virus disease epidemic so that there are different opinions regarding government policies that echo the COVID-19 vaccine. The second is the globalization factor where technological advances facilitate people to obtain information from the internet regarding the quality of the Sinovac vaccine used by Indonesia, which has been recorded in various other countries and its use causes various side effects. The third is the government's consistency factor regarding steps to handle the spread of the COVID-19 virus which appears to be slow, causing the increase in the positive number of contracting the COVID-19 virus and the public is distrustful of the steps taken by the Indonesian government. The fourth is the stability factor of data openness. The increasingly obscure data related to COVID-19 has caused the general public to obtain inaccurate information from various sources and triggered various public opinions.

The formulation of government policies related to the provision of effective vaccines to realize the right to life amid the COVID-19 pandemic is referred to as the 3S step. The first goal is to reduce morbidity and mortality rates, to reduce the impact of disease on health. The second goal is to minimize the economic and social burdens associated with the pandemic. The third objective is to narrow health disparities in the community. The second step is during the vaccine. This is carried out with the priority distribution of COVID-19 vaccinations, namely prioritizing those from the age range of 30 to 60 years and above, prioritizing based on the life cycle of individuals who can live from childhood to old age, prioritizing those who provide instrumental value such as health workers, guaranteeing equal access to COVID-19 vaccinations and prioritizing reducing the spread of COVID-19 with a population of individual groups that are close to each other and have the potential to contract COVID-19. The third step is after the vaccine. This is carried out by monitoring the COVID-19 vaccine. Consumer protection against the use of counterfeit vaccines can be realized because of the role of the government with the authority that has been given to supervise and guide the circulation of products around the community. Furthermore, supervision of the health protocol program carried out by the government can run smoothly if the community is also proactive in carrying out the program.

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