



COVID-19 Vaccination Service: Legal Issues and Health Workers Protection in Indonesia



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Abstract

The purpose of this paper is to discuss potential legal complications as well as the protection of health care employees involved in COVID-19 immunization services at HSFs. COVID-19 instances are increasing at an alarming rate, and strict health norms are falling behind. COVID-19 vaccinations are critical to halting the virus's transmission in the community, reducing disease-related suffering and mortality, boosting herd immunity, and protecting the community from COVID-19 while social and economic activities are restored. COVID-19 vaccination, on the other hand, continues to confront obstacles as a result of public rejection. This scientific publication is based on a normative legal approach. The public's refusal of the COVID-19 vaccine results in a plethora of complications, including public misconceptions and suspicions of vaccination conspiracies by healthcare professionals. According to a review of the literature, health workers who provide COVID-19 vaccination services in Indonesia are legally protected if they follow established procedures. Medical Practice Law No. 29 of 2004, Presidential Regulation No. 14 of 2021, Health Minister of Republic Indonesia Regulations No. 269 and 290, and Decree of the Minister of Public Health HK.01.07/Menkes/413/2020 concerning Coronavirus Disease Prevention and Control 2019 all provide legal protection for health workers.

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1 Introduction

The Coronavirus pandemic has had a profound effect on health, social, and economic issues in Indonesia. The Second Wave of COVID-19 has seen a significant increase in new daily cases, owing to the threat posed by the virus's latest form. By nature, the early coronavirus variety (wild type) had a low mutation rate (Djalante et al., 2020) there is a possibility of a new variant mutation (Liem et al., 2021).

The threat of COVID-19 is increasing because it doesn't maintain health protocols. COVID-19 will cause 2.5 million illnesses and 250,000 deaths if no timely and adequate public health response is implemented. Strict health standards and a considerable rise in COVID-19 vaccination are necessary to break the SARS-CoV-2 transmission cycle. To reduce COVID-19-related information, illness, and mortality, as well as to develop herd immunity, and to sustain the community's social and economic viability (Rahiem, 2021).

Indonesia has begun vaccinating against COVID-19 since January 2021, with the Ministry of Health setting targets. Public employees, health care workers, youth, pregnant women, and other vulnerable populations have all received the COVID-19 immunization (Manullang, 2021). In addition to the studies, Indonesia has altered and improved the COVID-19 vaccine. Three important obstacles, however, are impeding the COVID-19 vaccine program's advancement: incompatibility between vaccine supply and the vaccinator team's ability to reach vaccine targets are not evenly distributed and there are still many people who refuse to be vaccinated. Low vaccination coverage in Indonesia is a result of these three primary factors. On August 15th, 2021, 53,688,122 residents received their first dose of COVID-19 vaccination, out of a total population of 208,265,720. (25.78 percent) (Hazfiarini et al., 2021).

Concerns about vaccination safety, effectiveness, and potential adverse effects, as well as religious beliefs, the impact of one's immediate environment, and a desire for alternative components such as natural components, have all led to vaccine reluctance worldwide. Within each group, there are various underlying reasons for uncertainty. The main causes of vaccines are 30% of the public worrying about safety, 22% of efficacy, 13% of skepticism, side effects after the vaccine are the reason many do not want to be vaccinated, as well as halal or not, 12% fever, pain, and 12% religion. (8 percent) (Cahyadi & Newsome, 2021).

Despite several studies demonstrating the vaccine's safety and effectiveness, vaccination fear remains the most significant hurdle to treating the COVID-19 outbreak. It will be difficult to cover 40% of Indonesia's population with vaccinations by the end of this year and 70% by the middle of next year. President Joko Widodo of Indonesia issued Presidential Regulation No. 14 of 2021, which requires the vaccination of individuals registered with the Ministry of Health as vaccine recipients. This approach is consistent with the practices of other countries, which impose vaccination mandates to protect the health and safety of individuals and communities worldwide (Rejeki et al., 2021).

The country's populace has reacted positively and negatively to presidential authority. Numerous persons disagree on whether vaccination is a fundamental right or a must for everyone. Refusing immunizations is a fundamental human right, according to particular human rights. Each side presented scientifically sound arguments, adding to the vaccine campaign's complexity (Widjaja et al., 2021). As a result, we investigated the factors that contribute to community-level COVID-19 vaccine apprehension, the effect of legislative

regulations controlling vaccination on improving vaccination coverage, and the most effective method for reducing COVID-19 vaccine apprehension in the Indonesian population (Yusriando, 2019).

2 Finding and Discussions

2.1 The social and legal consequences of COVID-19 vaccine reluctance

Eight experts from Indonesia's varied fields comprise the final pool of studies. Each study had a distinct sample size, ranging from 37 to 112,888 people. In Indonesia, vaccine fear affects between 10.5 percent and 88.5 percent of the population (Afrianty et al., 2021). The effectiveness of the vaccine is still in doubt because only >50% (Masyeni et al., 2021).

Table 1
Reasons for COVID-19 vaccine hesitancy in Indonesia

Author/Period/Sample Size	Hesitancy Rate	Reasons for The Vaccine Hesitancy
Ministry of Health, ITAGI, UNICEF, and WHO/2020/ 112.888	35,2%	Vaccine safety (30%), vaccine effectiveness (22%), vaccine disbelief (13%), side effects (12%), religious reasons (8%)
Valinza, V / 2021 / 61	88.5%	There is no relationship between knowledge level and vaccination readiness
Argista / 2021 / 440	22,3%	Anxiety about the side effects (43%), the effectiveness of vaccines (32%), anxiety about being exposed to COVID-19 (28%), religious reasons (22%).
Vebrielna, N / 2021 / 272	40,07%	There is a significant relationship between knowledge, perception, severity, benefit, and cues of action with vaccination acceptance
Febriyanti N, et al / 2021 / 37	18,9%	Anxiety about the side effects (56.8%), vaccine effectiveness (21.6%), vaccine safety (16.2%), vaccine disbelief (5.4%)
Ichsan DS, et al / 2021 / 266	64,7%	Religious reasons
Indriyanti D / 2021 / 38	10,5%	Anxiety about the side effects (100%)
Arumsari, et al / 2021 / 200	58,1%	Vaccine safety (30%), vaccine effectiveness (22%), and vaccine disbelief (13%)

Regardless of the benefits and cons, mandated immunizations increased COVID-19 vaccine coverage in various countries. Governments, the WHO states, must address the ethics and ramifications of this commitment (Karjoko et al., 2020). COVID-19's large mortality toll gives an ethical justification for this restriction. However, the law must evolve in response to COVID-19 scientific advances. The choice chooses not to get vaccinated must be weighed against the social costs of disease propagation. The government should employ a variety of strategies to educate the public about how the COVID-19 vaccine has been proved to reduce disease mortality and severe symptoms (Suryasa et al., 2021). Scientific developments meticulously evaluate data on vaccination safety and screening standards to verify that vaccine aims are acceptable. If individuals do not accept the COVID-19 vaccine's critical role in this pandemic, the mandated vaccine is the last resort (Cucunawangsih et al., 2021).

According to the WHO, the first step in combating the epidemic is COVID-19 vaccination. The World Health Organization ensures that immunization guidelines are adhered to in a variety of countries globally. In July 2020, the World Health Organization published "The COVID-19 Law Lab," a compilation of 190 countries' pandemic-related legislative provisions. The COVID-19 legal laboratory has determined that the Act protects public health while conforming to international human rights standards (Rasjid et al., 2021).

Indonesian authorities have released some COVID-19-related regulations, including instructions for COVID-19 vaccination. Presidential Regulation Number 14 of 2021 regulates COVID-19 vaccination activities in Indonesia, starting with procurement and ending with trial efforts. According to this law, the Ministry of Health identifies people who are required to participate in COVID-19 research (Sudarwanto et al., 2021; Widana et al., 2021). As a result, immunization goals are aimed at stages and following safety norms and current scientific understanding. Following the advice of professional organizations that represent health care providers, immunization targets are limited to adolescents, the elderly, pregnant women, and breastfeeding mothers (Malwa, 2019).

The Ministry of Health, as the organization responsible for vaccination activities, has the authority to establish vaccine recipient criteria and priorities, more precisely the eligibility criteria for vaccination targets during screening, following recommendations from health professional organizations. Prioritization of vaccine recipient locations using epidemiological data on morbidity and death in each region. Schedule and stage of vaccination administration. COVID-19 immunization is required by Article 13A paragraph (2) of the Constitution to meet all Ministry of Health targets. According to this law, if a person does not meet the objective screening criteria for vaccination, they are not required to be vaccinated (Wijaya & Ali, 2021) This is a rule that a minority of people are aware of. According to others, this legislation is discriminatory because it makes no allowance for an individual's health state. Despite being factually deserving and safe to be vaccinated, the number of targets declined to engage in the vaccination program due to faked health concerns. Those who do not vaccinate will be penalized according to the applicable law. (2) (Lintang et al., 2021).

Numerous research has discovered that a variety of factors contribute to community fear of the COVID-19 vaccine. It is crucial to consider these variables. Before proceeding with the campaign, the government must ensure that the vaccines' safety and efficacy are understood by Indonesia's immunization targets. The results of the BPOM's safety and effectiveness testing must be communicated to community leaders who have been outspoken in their opposition to vaccines despite a dearth of scientific evidence to support their claims (Karjoko et al., 2021; Akbarov & Xabilov, 2021). Consider how much more straightforward it is to spread and believe false information about vaccines than it is to communicate the truth. While vaccination is used to protect public health, the safety test is still undertaken. The Ministry of Health must convince the public that the vaccine was not made arbitrarily and that all vaccination laws were adhered to (Mishra & Negi, 2021).

Each community that has been immunized is provided with a contact number for medical personnel who can be notified in the event of a subsequent incident (Gusti Ayu Ketut Rachmi Handayani et al., 2020). For the AEFI committee to assure the legitimacy of AEFI's severe concerns, AEFI reporting must be transparent and verifiable. Worldwide, more than 4.9 billion vaccine doses had been provided as of August 17, 2021. If the COVID-19 vaccination is found to be unsafe and harmful, a large number of sufferers should have come forward (Yussoff & Nordin, 2021).

Along with curative (treatment) efforts, health professionals engage in preventive and promotional activities. Medical personnel, particularly those working on COVID-19, play a critical role in teaching and convincing the public to engage in vaccination efforts. Whether providing medical, paramedical, or support services, each healthcare worker wishes for individuals to have a better understanding of health information (Jaelani et al., 2020b). As a result, public education must keep up with scientific advancements. Vaccination, according to health professionals, has aided in the eradication of diseases such as polio, variola, tetanus, and others. As a result, the COVID-19 vaccination is expected to effectively eliminate this disease, similar to earlier vaccinations (Noor et al., 2021).

It should be recognized that convincing those opposed to COVID-19 vaccination will require considerable effort on the part of numerous individuals. Health care providers and influential community leaders may be more effective than other means of teaching citizens about the need for immunization. The community approach, as used by community leaders, must take into account the community's initial opinions and the fundamental reasons for its rejection (Jaelani & Karjoko, 2020a). Then, using a well-designed poll to avoid misrepresentation, a proactive discourse was held. The government can use social media to spread accurate information about the COVID-19 epidemic and the rights and obligations of infected individuals (Putri et al., 2021).

Because all targets who are not contraindicated from receiving the vaccine will be required to do so, the compulsory vaccine will significantly increase COVID-19 immunization rates. Mandatory vaccination is an extreme measure when vaccination coverage is inadequate, their health and interests cannot be ruled out

(Hidayah et al., 2021). However, given the current status of the COVID-19 pandemic, the government must conduct a thorough evaluation of vaccination implementation, paying special attention to targeting, vaccine logistics distribution, AEFI management, and legal product changes (Prasetio et al., 2020). Regulations must be consistent with the most recent COVID-19 pandemic research, vaccine availability (including safety, efficacy, and adverse effects), and the results of Indonesia's COVID-19 immunization efforts. To achieve public health and overcome the epidemic, the government should prioritize general communication methods, psychological approaches, and mass immunization programs that are more effective and acceptable to the community (Handayani et al., 2019).

2.2 Legal protection of health workers for the COVID-19 vaccine

The Indonesian population over the age of 18 is considered a priority group for immunization recipients (Prasetyo et al., 2019). There are no restrictions regarding the vaccination of juveniles under the age of 18 due to the availability of acceptable vaccine safety data (Ulhaq et al., 2020).

The public should understand that health care services supplied by health facilities that adhere to established health protocols are quite safe. It will, however, deteriorate if health care staff and visitors to health care facilities do not adhere to these health rules. According to the, As a result, the COVID-19 virus can spread across the crowd (Kajoko et al., 2019; Widjaja, 2021). This condition considerably increases the risk of infection with SARS CoV-2, especially in primary health care settings with limited vaccination space. Vaccination services must be available to targets. Massive COVID-19 vaccines in public locations are challenging for health care workers and everyone else engaged. cases increase due to a lack of maintaining health protocols (Triwanto & Aryani, 2020).

This can also occur as a result of a misconception that targets are protected after vaccination, resulting in the disregard of health protocols. It is crucial to notice that the vaccination effectively reduces COVID-19 morbidity and mortality after 28 days of receiving the second dose immunization. As a result, health protocols must be maintained. Another difficulty is that COVID-19-infected individuals remain vaccinated and are only discovered after some time. As a result, they assume the COVID-19 vaccination is ineffective and contract the virus as a result of the vaccine. This can occur in two ways: unopened targets with COVID-19 symptoms or who have just been contacted by someone with a proven case, or targets with asymptomatic patients who are missed during pre-vaccination screening (Syuhada et al., 2021).

COVID-19 vaccination services are continually developing to improve vaccine effectiveness. Screening for immunization target eligibility is a frequent and important change. Initially, the immunization technical instructions identified 16 disorders and diseases for which vaccination against COVID-19 was not indicated. The government must rein in this trend by enacting appropriate and comprehensive healthcare laws. To provide safe immunization services, health care professionals must also have up-to-date knowledge about vaccinations (Djanas et al., 2021).

Adverse Events of Following Immunization are medical occurrences considered to be associated with immunization (AEFI). This medical event could be a reaction to the vaccine, an injection method error, an incident (another medical ailment that occurs concurrently), the vaccine recipient's anxiety, or an undetermined causal relationship. Severe adverse events are those that necessitate hospitalization, have a long-term effect, result in life-threatening medical complications, or result in death. Since each vaccine recipient's health is unique, this might occur with any type of immunization. The anti-vaccine movement cites the COVID-19 vaccine as an example of widespread anti-vaccination sentiment among the general public (Adzania et al., 2021).

COVID-19 vaccine is ineffective at preventing COVID In general, health workers in Indonesia are legally protected when they do their duties following established standards. Additionally, the government has set rules and technical instructions for vaccination application as a field standard (Giwangkencana et al., 2021). This legislation will safeguard patients, physicians, and dentists while also providing legal stability. Patients are safeguarded, the standard of medical care provided by physicians and dentists is maintained and improved, and the public, physicians, and dental professionals enjoy legal certainty. Doctors who adhere to set protocols while doing their duties are legally protected. Health care personnel may face legal complications as a result of the outbreak and other issues with the local community (Syahrudin et al., 2021).

Physicians and dentists may face penalties for practicing their profession following the provisions of this Law. Doctors, on the other hand, must obtain Provisional Registration rather than a Medical License to conduct crisis management. They require legal protection to deliver comprehensive healthcare. Along with providing high-quality health care, health workers play a critical role in educating the community about the importance, willingness, and capability of living a healthy lifestyle. As stated in the Preamble to the 1945 Constitution of the Republic of Indonesia, this would be accomplished by investing in the development of socially and economically viable human resources and public welfare. Medical practitioners must meet community needs while accepting health services, and the community must be protected (Djalante et al., 2020).

Additionally, the law seeks to enhance the quality of health care delivered by health professionals while also giving legal certainty to the general public and health workers. Health care professionals have acquired schooling and are already licensed to provide medical services. COVID-19 infection is more likely to occur among healthcare personnel who come into contact with COVID-19 patients. Health care employees are legally protected provided they adhere to specified standard operating procedures when doing their duties. Human dignity, values, ethics, and religious beliefs all protect the occupational safety and health of health care professionals. Health staff is the most critical resource for containing the COVID-19 epidemic. As a result, the government is responsible for defending and ensuring their rights when it comes to health care (Masudin et al., 2021).

COVID-19 vaccinations must be prioritized and procured as quickly as feasible to address the COVID-19 outbreak/pandemic and protect public health. Additionally, the COVID-19 Vaccination must be administered following applicable government regulations and available resources. The same legislation applies to COVID-19 vaccinations, the purchase of which necessitates extraordinary measures and arrangements. This Presidential Regulation aims to accelerate COVID-19 preventative efforts through the acquisition of vaccinations and administration of COVID-19 immunizations. Vaccine procurement encompasses vaccine investment, vaccination implementation, and the acquisition of vaccines from ministries, institutions, and municipal governments. The community's COVID-19 vaccination program is governed by Article 13 A. Everyone who meets the criteria must be vaccinated against COVID-19. Refusing to engage in the COVID-19 vaccine program may result in administrative penalties such as the suspension or termination of Social Security or Social Assistance benefits, the suspension or termination of Government Administration Services, or the payment of fines (Sreeramula & Rahardjo, 2021).

It is crucial to monitor and report adverse events following COVID-19 vaccination. Field etiology is conducted by the Regional Committee for the Assessment and Management of Special Interest Adverse Events. In comparison, the National Committee for the Assessment and Management of Adverse Events Associated with Special Interests undertakes causality research. Additionally, Article 15 assures that each incidence of AEFI is treated following medical standards and practices. The Public Health Ministry continues to revise the guidelines for avoiding and controlling the COVID-19 pandemic in light of the latest study findings. This standard serves as a reference for health professionals and establishments offering pandemic-related services (Noor et al., 2021)

COVID-19's most recent prevention and control guidelines (revision V) lay the groundwork for treating this disease in all health care settings. Each iteration makes changes to a variety of substances in light of current knowledge and advancement. This guidance serves as a reference for surveillance and tracking suspected patients and close contacts, as well as procedures for diagnosing COVID-19 infection using the SARS COV-2 fast antigen test or PCR swab. Officials responsible for vaccine screening should follow these instructions to identify targets infected with COVID-19 and delay immunization for up to three months after the target has recovered. The Ministry of Health continuously updates the document, culminating in Decree HK.01.07/Menkes/5671/2021 of the Minister of Health of the Republic of Indonesia Concerning Corona Virus Disease 2019 (COVID-19) Clinical Management Procedures in Health Care Facilities. Health care facilities may resort to this rule when treating confirmed patients (Rosidah, 2020).

This rule serves as a guide for the government (central, provincial, and regency/city) and health facilities that provide COVID-19 immunization services in implementing COVID-19 vaccination. These technical standards address vaccine supply planning, beneficiary identification, immunization financing and distribution, and other vaccine-related challenges. Additionally, it regulates AEFI registration, reporting, monitoring, and prevention

As part of Indonesia's COVID-19 immunization program, BPJS Kesehatan utilizes the "Pcare Vaccination" application, which is monitored and updated following established standards and processes. The Pcare application is projected to improve COVID-19 immunization services in Indonesia (Jaelani et al., 2020b). Whether for all health care workers in general or just for immunization health care workers during a pandemic. The statutes' sections 1 and 2 govern legal protection for health staff in regular circumstances as well as during disasters or pandemics. Regulations 3, 4, and 5 guide how to execute health services during a pandemic, both in terms of preventing and managing COVID-19 and speeding the performance of the COVID-19 vaccine in the community (Karjoko et al., 2021). Due to administrative obligations and punishments, herd immunity against this disease is likely to be established. On the other hand, the public does not need to feel compelled or frightened about vaccination services because technical instructions ensure vaccine efficacy, vaccination services are given by trained health staff, and targets establish eligibility before vaccination. It must be made public so that community members and health care professionals are informed of their legal rights (Sudarwanto et al., 2021).

COVID-19 is a big challenge for Indonesian health workers. Apart from their involvement in COVID-19 vaccination, health personnel is critical in COVID-19 regulation via 3T. (Testing, Tracing, and Treatment). COVID-19 management measures that are critical include 3T attempts or tests, locating contacts (trace), and treating COVID-19 patients. The government's top concern during a pandemic should be to protect healthcare professionals. COVID vaccination-19 service and handling protection should be subject to severe legal issues in general. The COVID-19 outbreak is not yet over, and the government must stay current on COVID-19 management advances. To remain relevant, regulations must be revised to reflect the most recent scientific findings. To battle the pandemic, the government must be prepared to provide legal protection for the general public and health staff, as well as optimal regulatory oversight (Karjoko et al., 2020).

3 Conclusion

The COVID-19 outbreak has affected numerous elements of life in Indonesia. Due to the inadequacy of current health rules in containing the pandemic, COVID-19 immunization is expected to significantly reduce community morbidity and mortality. COVID-19 is undergoing expedited development. The government's priority in dealing with COVID-19 has switched to immunization. Several concerns with vaccination implementation, on the other hand, may result in legal complications for health care providers who provide vaccination services. Under Indonesia's fundamental rule of law, health personnel who provide immunizations are immune from legal liability if they follow approved procedures. To safeguard the safety of healthcare staff while they do their duties. It is also vital to establish public faith in vaccination to develop quick herd immunity. Attempts to increase COVID-19 vaccine coverage continue to attract opposition from a variety of quarters. Concerns about vaccination safety, efficacy, potential adverse effects, religious beliefs, the impact of the surrounding environment, and a preference for other alternatives, such as those made from natural components, are the most common reasons for vaccine aversion globally. The Indonesian government has adopted many legal steps to address this issue. Presidential Regulation 14 of 2021 has been the most effective legislative measure for increasing vaccine coverage. It is critical to emphasize that the needed vaccine indicated in this rule is only used as a last resort in cases when poor COVID-19 vaccination coverage is insufficient to prevent COVID-19 morbidity and mortality. While some fear the government is worried about vaccine safety and effectiveness, this is untrue. This law ensures that needed vaccines are only delivered to individuals who have a legitimate fear of being immunized, as established by Ministry of Health data in conjunction with WHO, ITAGI, and professional health organizations recommendations. The Technical Guidelines for the Administration of Vaccines also regulate the reporting and management of adverse events in vaccine recipients. To address public concerns regarding the COVID-19 vaccine, the government must employ a more effective public communication plan, a psychological strategy, and a mass vaccination campaign.

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