



How to cite this article:

Arsyzilma Hakiim & Rahayu Hartini. (2024). The impact of mandatory COVID-19 vaccination policy in Indonesia: Legal and bioethics perspectives. *UUM Journal of Legal Studies*, 15(1), 23-47. <https://doi.org/10.32890/uumjls2024.15.1.2>

THE IMPACT OF MANDATORY COVID-19 VACCINATION POLICY IN INDONESIA: LEGAL AND BIOETHICS PERSPECTIVES

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Received: 28/3/2022 Revised: 10/8/2023 Accepted: 30/8/2023 Published: 24/1/2024

ABSTRACT

The Indonesian government has made significant efforts to provide vaccines as a solution to prevent the transmission of COVID-19. However, while some individuals have received the vaccine, others have refused due to fear and doubts about its safety and halal status. The implementation of a policy mandating COVID-19 vaccination by the government has both advantages and disadvantages. According to the policy, individuals who refuse to vaccinate will face administrative and criminal sanctions. Therefore, this research aims to provide a summary of the mandatory COVID-19 immunization policy, particularly in Indonesia, from both a legal and bioethical perspective. A legal approach and normative bioethical principles were used to analyze applicable legal norms and bioethical principles, utilizing literature research. Legal materials included Law Number 4

of 1984 concerning Outbreaks of Infectious Diseases, Law Number 36 of 2009 concerning Health, Article 28H of the 1945 Constitution of the Republic of Indonesia, and Article 34 paragraph (3) of the 1945 Constitution. Meanwhile, the source of bioethical data used was the Universal Declaration of Bioethical and Human Rights. Instead of implementing a mandatory vaccination policy containing elements of criminal sanctions, the government should actively engage with the community and analyze why there are still doubts regarding COVID-19 vaccination. This would be a more effective and humane strategy for providing health protection. A mandatory COVID-19 vaccination policy should be based on a comprehensive strategy and ongoing efforts, taking into account legal and bioethical aspects.

Keywords: Vaccination obligation, COVID-19, law, medical bioethical, Indonesia.

INTRODUCTION

During the COVID-19 pandemic, Indonesia reported 4,309,270 positive cases and ranked first in Southeast Asia. The country ranked third in Asia, with 144,261 deaths (Indonesian Ministry of Health, 2021a). The data on deaths due to COVID-19 is certainly large. Therefore, the government issued regulations related to the health protocol policy, *Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)* or the implementation of restrictions on community activities and started a vaccination program to prevent an increase in morbidity and mortality due to the outbreak. Vaccination or immunization is the act of giving a person immunity to enable the body to recognize and fight bacteria or viruses that cause disease. Although vaccines do not guarantee 100 percent protection against viral infections, they can minimize the presence of clinical symptoms and severe complications (COVID-19 Task Force, 2020). Some research evidence regarding the effectiveness of vaccine, including Pfizer-BioNTech, showed that it is 30 percent effective in protecting against infection with the COVID-19 alpha variant in the first dose and 93.7 percent effective at protecting against the alpha variant in the second dose. However, the BNT162b2 vaccine effectively protected 48.7 percent against the delta variant in the first dose, while the second dose provided 88 percent protection (Bernal et al., 2021). Given the evidence of the effectiveness of the vaccines, both the Indonesian government and the

world are committed to carrying out massive and evenly distributed COVID-19 vaccines. The vaccine was also found to be 7 percent effective in protecting against the alpha variant after the second dose. In Indonesia, the COVID-19 vaccination program faced many challenges, with a significant portion of the community rejecting vaccination. In September 2020, a survey on acceptance of the COVID-19 vaccines was conducted by the Indonesian Ministry of Health, the Indonesian Technical Advisory Group on Immunization (ITAGI), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), which involved 115,000 respondents. The results showed that many people were hesitant or refused vaccination, with 7.6 percent outright refusal and 27 percent expressing hesitation (RI Ministry of Health, 2022). Vaccine hesitancy and refusal have also been experienced by several other countries, including Japan, a developed nation where vaccination doubts have been observed in a readiness survey (Yoda, 2021). Surely, doubts about this vaccine are also influenced by uneven and inadequate infrastructure, socioeconomic factors, and people's understanding and poor awareness of the benefits and dangers of the disease, which hinders the optimal implementation of vaccination (Guzman-Holst et al., 2020). Even though some people in Indonesia rejected the COVID-19 vaccines, several countries with similar characteristics, such as China, India, and Malaysia, have implemented mandatory COVID-19 vaccination policies and achieved higher vaccination rates than Indonesia (Wong, 2021).

The mandatory COVID-19 vaccination policy in the country is outlined in Presidential Regulation Number 14 of 2021, which governs the Procurement and Implementation of Vaccines in the Context of Combating COVID-19 Pandemic. In amendments to the Presidential Regulation Number 99 of 2020, the contents of Article 13A, Paragraphs 4 and 5 of the regulation specify that individuals who do not meet the requirements for vaccination will face administrative sanctions such as not receiving social security or assistance from the government, having government administration services suspended or stopped, and being fined. In addition, Paragraph 5 reads, "According to Paragraph 4, the imposition of administrative sanctions is carried out by ministries, agencies, local governments, or related agencies in accordance with their authority to delegate. Also, Article 13B stated that when a person refuses to be vaccinated, causing an obstacle to the implementation of countermeasures against the spread of COVID-19, they will be subject to sanctions according to the law on disease

outbreaks.” In the disease outbreak law (Law Number 6 of 2018), it is stated that sanctions are a form of criminal imprisonment and a fine of Rp 100 million. Based on this policy, it will undoubtedly burden the community, particularly the small circle, and has the potential to reduce public trust and support for government programs (Vaz, 2020).

The sanctions contained in the mandatory COVID-19 vaccination policy should not only be viewed from a legal perspective but also from a bioethical standpoint. Bioethical is a crucial ethical aspect of human relations (Van Aardt, 2021), and bioethical guidelines are stated in the Universal Declaration on Bioethical and Human Rights (UD-BHR). Based on the UD-BHR regulations, the policy of mandatory COVID-19 vaccination with threats and fines is not consistent with the principles of respect for human dignity and human rights, non-maleficence and beneficence, autonomy and individual responsibility, equality, justice, and equity. WHO supports the inclusion of ethical considerations in COVID-19 vaccination policy (WHO, 2021). The negative impact of an unethical mandatory vaccination policy can result in significant resistance within the community, leading to large-scale demonstrations against vaccination and potentially causing the policy to be abolished, as evidenced by the mandatory smallpox vaccination incident in England in 1966 (Williamson, 1984). Furthermore, an unethical policy can impede vaccination achievement (Gori et al., 2020), which can be dangerous when vaccination coverage is not optimal, as it may increase morbidity and mortality.

Several normative juridical analytical research on vaccination regulations have been carried out. Hertianto (2021) concluded that there were cases of illegal vaccines being used during the implementation of Law Number 25 of 2009 concerning Public Services (Hertianto et al., 2021). In contrast, Gandryani and Hadi (2021) concluded that mandatory vaccination is permissible during emergencies in Indonesia. In addition to previous research, the investigation team aimed to provide a legal and bioethical perspective and explore strategies for COVID-19 vaccination policy in countries with similar policy characteristics to Indonesia to minimize tensions in a society where the importance of vaccination is not yet fully understood (Hertianto et al., 2021; Gandryani & Hadi, 2021).

METHODOLOGY

This is a type of normative legal and bioethical research, both of which involve examining literature or secondary data (Sutrisno,

2020). Normative legal and bioethical research involves collecting and analyzing prevailing legal norms and bioethical rules. The data sources used in this research include the constitution, law, presidential decrees, ministerial regulations, UD-BHR and other related literature (Amiruddin, 2018). The data collection method and technique used include literature review and documentation, respectively. The data were thoroughly analyzed to obtain a clear, complete, and accurate perspective. Conclusions were drawn using a deductive approach, solving problems by reasoning from general principles to specific conclusions.

RESULTS

Legal Review of Mandatory COVID-19 Vaccination Policy in Indonesia

Success in controlling the spread of COVID-19 requires policy synergy with the implementation of the right strategy. The measures taken to prevent the spread of the virus in Indonesia are similar to those implemented by other countries, such as the *Pembatasan Sosial Berskala Besar (PSBB)* or Large-Scale Social Restrictions policy, which has now been replaced by *Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)*, regional or national quarantine, implementation of COVID-19 control protocol with 3M (washing hands, wearing masks, maintaining distance), and providing test kits (Rapid PCR Test) to help mitigate with 3T (Testing, Tracing, Treatment) (Hartini et al., n.d.). Currently, the focus is on vaccination efforts as a means of controlling the spread of COVID-19. However, the vaccination rate in Indonesia is less than 50 percent, while WHO target is to achieve vaccination in at least 181.5 million people or 80 percent of the population (Nafikhatul Khikmah, 2021). Compared to neighboring countries such as Malaysia (78%) and Singapore (80%), Indonesia's achievements are still lagging (Wahab, 2022). To accelerate the achievement of this target, the Government of Indonesia issued Presidential Decree Number 14 of 2021 concerning the Procurement of Vaccine and Implementation of Vaccine in the Context of Mitigating COVID-19 Pandemic, which amends Presidential Regulation Number 99 of 2020.

Table 1

Mandatory Vaccination Regulations in Indonesia

No.	Mandatory policy	Vaccination actions	
		Obligation	Penalty
1	Act Number 4 of 1984 concerning Outbreaks of Infectious Diseases.	Article 12, paragraph 1 states that the local/regional head who becomes aware of a suspected outbreak or a patient with an infectious disease is obligated to take immediate necessary countermeasures.	Article 14, Paragraph (1) stipulates that anyone who intentionally obstructs the implementation of epidemic control measures is subject to a maximum sentence of one year in prison and/or a maximum fine of one million rupiah. Paragraph (2) states that anyone who obstructs the implementation of epidemic control due to negligence, as referred to in this statutory regulation, is subject to imprisonment for a maximum of six months and/or a fine of up to Rp 500 thousand. Article 15, Paragraph (1) stated that anyone who deliberately misuses goods regulated in this law to cause an epidemic is subject to a maximum imprisonment of ten years and/or a maximum fine of Rp 100 million; Paragraph (2) stated that anyone who due to negligence handles substances regulated in this law inappropriately to cause an epidemic is subject to imprisonment for a maximum of one year and/or a fine of up to Rp 10 million; Paragraph (3) stated that when a legal entity commits the said crime, it will be subject to further sanctions in the form of revocation of its business license.
2	Presidential Regulation Number 14 of 2021 concerning Procurement of Vaccine and Implementation	Article 13A, Paragraph (1) states that the Ministry of Health records and identifies receivers of COVID-19 immunization;	Article 13A, Paragraph (4) stipulates that individuals who are designated as COVID-19 vaccine recipient targets but fail to comply with the provisions of Paragraph (2) will be at risk of administrative sanctions.

(continued)

No.	Mandatory policy	Vaccination actions	
		Obligation	Penalty
	of Vaccine in the Context of Combating COVID-19 Pandemic, Amendments to Presidential Regulation Number 99 of 2020 (Government of Indonesia, 2021)	Paragraph (2) stated that COVID-19 immunization should be given to everyone who has been identified as a target recipient of the COVID-19 vaccine from the results of the data collection referred to in Paragraph (1).	This may include not receiving social security or assistance from the government, temporary or permanent suspension of government administration services, and subject to a fine. Paragraph (5) clarifies that the ministry is responsible for imposing administrative sanctions as per Paragraph (4) where institutions, regional governments, or related agencies in accordance with their authority to delegate. Article 13B provides that individuals selected as target recipients for COVID-19 vaccination but fail to receive the vaccine in regards to Article 13A Paragraph (2) and obstruct the prevention of the spread of COVID-19 may face sanctions in accordance with the provisions of Law on Communicable Disease Outbreaks, apart from the sanctions stated in Article 13A. Article 93 outlines the consequences of non-compliance.
3	Law Number 6 of 2018 concerning Health Quarantine	Article 41 states that the crew, personnel, and passengers departing to endemic, infected, or countries requiring mandatory vaccines should possess a valid vaccination certificate.	Article 13B provides that individuals selected as target recipients for COVID-19 vaccination but fail to receive the vaccines in regards to Article 13A Paragraph (2) and obstruct the prevention of the spread of COVID-19 may face sanctions in accordance with the provisions of the Law on Communicable Disease Outbreaks, apart from the sanctions stated in Article 13A. Article 93 outlines the consequences of non-compliance with the rules of health quarantine, including anyone who fails to comply with health quarantine as referred to in Article 9 Paragraph (1) and/or obstructs the implementation of quarantine health leading to a public health emergency.

(continued)

No.	Mandatory policy	Vaccination actions	
		Obligation	Penalty
4	Special Regional Regulations Capital City Jakarta Number 2 of 2020	Article 8 states that every person in DKI Jakarta Province is required to take measures for individual health protection.	Failure to comply may result in imprisonment for up to one year and/or a fine of up to Rp 100 million. Similarly, Article 30 imposes a maximum fine of Rp 5 million for anyone who intentionally refuses to receive COVID-19 treatment and/or vaccination, as stated by the Jakarta City Government in 2020.

Based on Table 1, several mandatory vaccination policies in Indonesia are listed in Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases, Presidential Regulation Number 14 of 2021 concerning Procurement and Implementation of Vaccine in the Context of Combating COVID-19 Pandemic, Amendments to Presidential Regulation Number 99 of 2020, Law Number 6 of 2018 concerning Health Quarantine, and Regional Regulation of the Special Capital Region of Jakarta Number 2 of 2020 (Jakarta City Government, 2020). These policies conflict with Law Number 36 of 2009 concerning Health Article 5 that “Every person has the right to independently and responsibly determine the health services they need” (Indonesian Government, 2009a). The 1945 Constitution of the Republic of Indonesia Article 28H states that “Every person has the right to live in physical and spiritual prosperity, have a healthy environment to live, and have the right to obtain health services” (Indonesian Government, 2011). Also, Article 34 Paragraph (3) of the 1945 Constitution states that “The state is responsible for proper health and public service facilities.” (Indonesian Government, 2009b). Therefore, it can be concluded that receiving COVID-19 vaccination is a right and not an obligation. Individuals who are aware have the right to decide whether to accept or refuse the vaccines without any element of coercion or threat.

Regarding the existence of criminal sanctions in government regulations, Andi Hamzah in 2008 reported that criminal sanctions should be regulated in government regulations, especially regional

regulations (*peraturan daerah*), but also at the level of law, as criminal sanctions are possible in autonomous regions according to cultural, social and environmental conditions, and local economy. Maria Farida Indrati Soeprapto pointed out that criminal provisions are not absolute statutory regulations, and their formulation depends on each statutory regulation. A. Hamid S. Attamimi stated in 2018 that one of the characteristics of government regulations is they cannot include criminal sanctions when not included in the law (Ahmad Redi, 2018).

Article 15, Paragraph (3) Law Number 11 of 2012 concerning the Formation of Law and Regulations stated that can contain the threat of imprisonment or a fine. In other words, it shows that not all laws necessarily contain criminal provisions (Government of Indonesia, 2011). HG van de Bunt, a criminologist at Erasmus University Rotterdam, and Jan Rimmelink, Dutch Attorney General from 1968-1989, argued that the use of criminal law requires it to be used as *primum remedium* (i.e., last resort after exhausting all other alternative solutions). They identified five criteria that should be met before criminal law is employed, namely: 1) it is of utmost importance, and no other law can be used (mercenary); 2) it has caused many victims; 3) the suspect/defendant is a recidivist; 4) losses cannot be recovered (irreparable); 5) other less severe law enforcement mechanisms are no longer effective or feasible (Kurnia, 2015).

Although some experts argue that criminal law can be used as *primum remedium* with the special criteria mentioned, criminal law should be considered the last resort (*ultimum remedium*). This is because criminal law is the harshest among other legal mechanisms that regulate public behavior. The determination of criminal sanctions should be precise and careful because they are related to the deprivation of human rights, specifically the right to freedom which is legalized by law. When creating regulations, it is crucial to the three main elements of law, namely legal certainty (*Rechtssicherheit*), benefit (*Zweckmassigkeit*), and justice (*Gerechtigkeit*) (Rhiti, 2016).

The Ministry of Health issued regulations based on the Decree of the Director General of Disease Prevention and Control of the Ministry of Health of the Republic of Indonesia Number HK.02.02/4/1/2021, which provides technical instructions for implementing vaccination in the context of handling the COVID-19 pandemic. These regulations include specific requirements for vaccine recipients, such as not having

a disease that is included in the screening/disease screening format, such as experiencing COVID-19 with symptoms in the last seven days or undergoing active long-term therapy for blood disorders, heart disease, autoimmune diseases, and other illnesses. Vaccine recipients should also not be pregnant or breastfeeding (Ministry of Health, 2021). While policy recommends vaccination for several diseases, those not mentioned in the regulation can still be vaccinated by providing a certificate or medical record from their treating doctor. Based on these conditions, it can be concluded that the target recipients of vaccines are healthy individuals or those with specific diseases who have obtained permission from their doctor to receive vaccines and have not been exposed to the virus. This aligns with Article 13A Number 1 of Presidential Regulation Number 14 of 2021, which concerns the Procurement and Implementation of Vaccine to mitigate COVID-19 Pandemic. By following this regulation, vaccine recipients cannot be held responsible for delays in the prevention of the spread of COVID-19 and hence, cannot be subject to sanctions as referred to in Article 13B or Article 30 of the Regional Regulations of the Province of the Special Capital Region of Jakarta Number 2 of 2020. According to Article 5 Paragraph (3) of Law of the Republic of Indonesia Number 36 of 2009 concerning health, everyone has the right to determine their health services independently and take responsibility for their health needs.

Regional Regulation Number 32 of 2009 in Article 65 Paragraph (1) stipulates that every person has the right to a safe and healthy environment. Meanwhile, Paragraph (2) emphasizes the right to an educational environment, access to information, participation and access to justice, all of which contribute to fulfilling the right to live a healthy and happy life (Government of Indonesia, 2009a). However, the mandatory policy of COVID-19 vaccination in Presidential Regulation Number 14 of 2021 conflicts with Article 65 of Law Number 32 of 2009, which asserts health is a human right and everyone has the right to participate, access information, and access justice to live a decent and healthy life. It is important to note that COVID-19 immunization cannot be forced or based on threats of sanctions.

Research of the UD-BHR on Compulsory COVID-19 Vaccination Policy in Indonesia

The UD-BHR (Ten Has et al., 2009) formulated a set of norms to guide biomedical practice, establishing principles of human dignity, human

rights, and fundamental freedoms. In the context of the mandatory policy of COVID-19 vaccination in Presidential Regulation Number 14 of 2020 concerning Procurement and Implementation of Vaccine in the Context of Combating COVID-19 Pandemic, amendments to Presidential Regulation Number 99 of 2020, Bioethical rules at UD-HBR will review the threat of sanctions that will be given later. Respect for human dignity and human rights is of utmost importance and are as follows:

Respect for Human Dignity and Human Rights

The term ‘human dignity’ refers to each individual’s inherent value, which is, by definition, the same for all individuals. Every human being, regardless of age, gender, religion, health status, political beliefs, social or ethnic origin, deserves the highest level of respect. Dignity is the foundation of all rights and freedoms; it addresses the importance of promoting self-determination and protecting individuals from cruel or degrading treatment. Human Rights in Indonesian, the word Human Rights translates to ‘Human Rights’. Human rights are important concepts created by countries around the world to maintain the dignity and worth of all human beings. Proper knowledge of human rights and dignity is a core principle of bioethical and humanities.

Respect for human dignity, which has become the main principle of legal norms related to bioethical, demands respect and is, of course, not a new international law. This principle underlies most international human rights treaties, especially those that prohibit torture, enslavement, cruel and degrading treatment, and all forms of discrimination. In the mandatory policy for COVID-19 vaccines, special attention should be given to human dignity. Sanctions for someone who is registered but refuses to be vaccinated can be considered acts of discrimination that limit freedom and decision-making. Giving fines violates the dignity of citizens who are doubtful about vaccines or who refuse vaccines. Research conducted by Alexander (Reese et al., 2022) supports this argument.

Non-Maleficence and Beneficence

When dignity is linked to human relations, specifically equality, humans should have a universal moral imperative to do good and refrain from hurting one another. The fulfillment of this obligation

is the basis of the principles of beneficence and non-maleficence. The lowest level of goodness in the scheme is truly non-maleficence, which is the responsibility not to harm, and the highest level of integrity is promoting goodness (beneficence).

Regarding COVID-19 vaccine policy, the principles of non-maleficence and beneficence should be adequately considered. Policymakers should ensure that the safety and benefits of vaccines outweigh the risks of harm without a vaccine, and they should provide guarantees to protect public health. When vaccination is deemed safe enough, mandatory vaccination should be accompanied by a no-fault compensation plan to compensate for vaccine-related injuries or side effects. This is important because it is unfair to expect individuals who suffer vaccine-related injuries to seek legal recourse for harm caused by the necessary interventions (D'errico et al., 2021). Compensation will be determined by the country's health system, including universal health coverage, and how they handle vaccine-related injuries. The Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/4638/2021 concerning Technical Guidelines for Vaccination Implementation in the Context of Combating the 2019 Corona Virus Disease (COVID-19) Pandemic has regulated provisions regarding the prevention and treatment of post-immunization events or *Kejadian Ikutan Pasca Imunisasi (KIPI)*. However, it has not been explained in detail regarding compensation for people who experience disability or death affected by COVID-19 vaccines (RI Ministry of Health, 2021b).

Autonomy and Individual Responsibility

The principle of bioethical, namely autonomy, has an important role, particularly in the approval of medical interventions. Historically, the UD-BHR strictly followed the Nuremberg Code (1947) in the following quote:

“Voluntary agreement of the human subject is very important. This means the person involved should have legal capacity to give consent, should be placed in such a position to use freedom of choice without interference from elements of violence, fraud, coercion, duress, or any hidden forms of coercion and should have sufficient knowledge and understanding of the elements of the subject matter involved to make informed decisions. This

last element requires that before receiving an affirmative decision by the experimental subject, the person should be informed of the nature, duration, purpose of the experiment, methods and means to be carried out. The individual should also be informed of all reasonable inconveniences and harms to be expected, and the effects that may result from participation in the experiment. The duty and responsibility of ensuring the quality of consent rests with each individual who initiates, directs, or is involved in the experiment.”

In the declaration, voluntary consent is essential. This means that the individuals involved should have legal capacity to consent and need to be placed in a position to exercise their freedom of choice without coercive intervention, deception, fraud, coercion, outreach, or any other form of restraint or coercion, and should have sufficient knowledge and understanding of the existing subject matter to make informed judgments and decisions, as stated in the Nuremberg Code of 1947.

When someone agrees to an action voluntarily, the principle of respect for autonomy should be given more attention. Several ways of applying the principle of respecting autonomy include telling the truth, respecting the privacy of others, protecting confidential information, obtaining consent for intervention with patients, and helping others make important decisions. Certainly, communication and transparency aspects help a person’s understanding of medical action. Patients can voluntarily make decisions regarding the actions to be taken (Ten Have et al., 2009).

According to policy for Presidential Regulation Number 14 of 2021 concerning Procurement and Implementation of Vaccine in the Context of Mitigating COVID-19 Pandemic, amendments to Presidential Regulation Number 99 of 2020 should certainly be with autonomy rules. When there are threats of sanctions or fines, it will be difficult for someone to decide to voluntarily participate in the COVID-19 vaccination. The following are alternative ways that the government can make policy by minimizing restrictions on a person’s autonomy from the lowest level of restriction to the highest. They include persuasion, encouragement, giving incentives, cutting financial benefits, coercing financial sanctions, and cutting social services and goods (for example, enrollment in public schools and childcare) (Brennan, 2018).

In addition to the alternatives above, what is of concern is the disinformation factor, where the government needs to provide easy-to-understand information and take an active role in action against spreaders of hoaxes related to vaccines, and empower and cooperate with all levels of society in socializing the importance of COVID-19 vaccine. Apart from the government, medical personnel, such as doctors, pharmacists and nurses, are responsible for providing correct information regarding vaccine effectiveness, vaccine side effects, and other education related to vaccines (Widjaja et al., 2020). It is hoped that communities can voluntarily participate in vaccination programs.

Equality, Justice and Equality

The highest uptake of COVID-19 vaccination (more than 100%) was in the capital cities of Jakarta and Bali, while the lowest uptake was in Papua at 21.8 percent (Indonesian Ministry of Health, 2021a). In provincial capitals, hospital facilities are capable of procuring state-of-the-art medical equipment. However, this is certainly different from districts where facilities are limited and there are no sophisticated medical devices and adequate resources. Therefore, when the central government issued a mandatory vaccine policy, not all regions could apply it according to the standards set by the government. Aside from infrastructure and geography, the ethnic and cultural diversity of the people of each region is also different. Thus, the approaches between regions cannot be the same. Therefore, the policy should take into account the principles of equality, fairness, and equity.

The Impact of Compulsory Vaccination Policy on COVID-19 on Awareness and Achievement of COVID-19 Vaccination

As of November 2021, the number of COVID-19 vaccine injections in Indonesia has exceeded 200 million. This includes 123.4 million first injections, 77.1 million second injections and 1.1 million third injections, resulting in a total of 201.6 million vaccination injections. These vaccination achievements in the country are in line with the targets set by WHO, which aims to vaccinate 40 percent of the world's population. This success of vaccination in the country can be attributed to government policy that has required vaccines for the public since February 2021. The government has implemented a policy where anyone who refuses the vaccines can be fined, denied social assistance, and not be provided with services by government

agencies. Despite this success, vaccination attainment has been uneven across several regions. While provincial areas, especially those that are popular tourist destinations, have achieved optimal vaccination rates of more than 70 percent, such as in Jakarta, Bali, and Surabaya, there is still room for improvement in other areas. Meanwhile, in remote areas of Indonesia, such as Madura, Nusa Tenggara, Papua and other remote areas, vaccination achievement is still low, namely less than 50 percent (Ministry of Health, 2023). Are other countries that achieved more than 50 percent of their COVID-19 vaccination implementing a strategy of requiring COVID-19 vaccine through administrative sanctions and fines for people who refuse? (RI Ministry of Health, 2021b; RI Ministry of Health, 2021).

Research has been conducted regarding the effectiveness of mandatory vaccine policy on public awareness of vaccination. One of the most recent research studies was conducted in Germany, and it was found that mandatory vaccine policy is not the most effective method. In the research, about half of Germany's population was in favour of the mandatory vaccination policy and the consent rate for mandatory vaccination was much higher among those who would voluntarily be immunized (about 60%) than among those who were not voluntarily vaccinated (27%). Individual willingness to be vaccinated and acceptance of mandatory vaccination policy correlate systematically with the sociodemographic and psychological characteristics of the respondents. In general, the desire to be vaccinated was significantly lower for women, young people, respondents with low education, and those on low incomes. Compulsory vaccination policy is not supported, especially among females and is preferred by parents. Based on the results of the research in Germany, it was stated that the mandatory vaccine policy could be an extreme step and should only be taken after conducting surveys of people in Indonesia to find out the sociodemographic and psychological characteristics of the respondents, as well as analyzing the factors causing rejection or doubt about vaccination. This approach would ensure that vaccination policy is carried out in accordance with legal and bioethical principles and does not violate human rights. Mandatory vaccination policies, particularly for the female population, are not widely supported but are preferred by some parents (Dai et al., 2021).

Another research conducted in Germany revealed that when vaccination rates are low and disease risk is high, individuals may

be more likely to support and receive mandatory vaccination (Meier et al., 2019). Meanwhile, research in Indonesia found that vaccine refusal was driven by socioeconomic conditions, religious and cultural beliefs, and low education levels, leading to difficulty in understanding and obtaining vaccine information and distrust of healthcare workers (Hanifah et al., 2021). Many people consider 'official' sources to be tainted by commercial interests, which is why official agencies involved in vaccination should become the center of attention and intervention to restore trust and credibility. To increase vaccine awareness and participation, positive individuals should advocate for vaccination through public campaigns, and vaccination should be required only for vaccines with a perfect safety profile (Yaqub et al., 2014).

In a research conducted in England, it was found that those aged 18-24 years had no intention of getting vaccinated (Mills, 2022). Unlike the UK, France and Italy, Indonesia has implemented a mandatory vaccination policy aimed at increasing vaccine uptake. However, the results of vaccination achievements are still not optimal (WHO, 2023). Many governments are considering making COVID-19 immunization mandatory for all eligible populations. Currently, most countries have difficulty achieving vaccination rates comparable to those achieved with the measles vaccine, which is often over 95 percent. Israel is an example of a country that requires vaccination. COVID-19 vaccination program in Israel has reached more than one million people at a rate of 11.55 vaccine doses per 100 residents, according to WHO (2022) data. As of January 28, 2022, Israel's vaccination achievement reached 69.24 percent. The country started its own COVID-19 vaccination program on December 19, prioritizing residents over 60 years old, health workers, and vulnerable groups in society. State regulations require all citizens to register with a recognized healthcare institution. There is a 'green light' incentive scheme that allows public events in the social, cultural and sporting fields to take place for those who have been fully vaccinated starting from February 21, 2021. This serves as a motivation for those who choose not to get vaccinated to take action (Muhsen et al., 2021). State regulations require all citizens to register with a recognized healthcare institution.

According to Israel's Basic Law on Human Dignity and Freedom, four conditions should be met to prevent the alleged unconstitutionality of a law as an offense, including (1) the offense was committed by

law or under express authorization; (2) law is in line with state principles; (3) law is for a worthy purpose; (4) proportional loss (and no more than necessary). Some groups that do not qualify in Israel are physically restricted from certain places. However, the government provides alternatives such as access to online shopping and the option of showing a negative COVID-19 test (Evrony et al., 2017).

Unlike Israel, Australia's vaccination policy is voluntary, meaning it is not mandatory. Nevertheless, the country has achieved a higher uptake of COVID-19 vaccination than Israel, according to WHO data as of January 28, 2022, with a rate of 78.87 percent (WHO, 2022). The high vaccination rate is a significant accomplishment for national immunization. Success is attributed to a culture that was more receptive to public health interventions, reducing mass vaccine rejection. Research on Australia's COVID-19 vaccine hesitancy survey indicated that there was no resistance to vaccination. Instead, the scope and need for health promotion and positive messaging support the high success of vaccine uptake (Trent et al., 2021). Additionally, China is another country that does not mandate COVID-19 vaccination, with a vaccination uptake rate of 83.27 percent, according to WHO data as of January 28, 2022. This rate is undoubtedly higher than in countries that require COVID-19 vaccination, such as Israel. Furthermore, China has regulations on compensation for abnormal vaccine reactions (Huang et al., 2021).

Since the summer of 2021, the French Government has mandated vaccination for all individuals aged 12 and above and implemented regulations requiring proof of immunization or a negative SARS-Cov-2 test to access public places such as bars, malls, libraries, and hospitals. This policy significantly increased the coverage of COVID-19 vaccination in France. However, since October 2021, COVID-19 vaccination coverage in France has plateaued at approximately 90 percent of the population, and there has not been a significant increase in vaccination coverage. This sparked a debate on whether mandatory vaccination should be re-implemented or other strategic actions should be taken to increase the coverage of COVID-19 vaccination in France. The factors hindering the increase in COVID-19 vaccination coverage in France include (a) lack of public confidence in the safety and efficacy of vaccines in the health system and policymakers (confidence factor), (b) the perception that they are at low risk and consider vaccination as not urgent (complacency factor), (c) lack of availability and affordability of vaccine, level of

health literacy, and level of attractiveness to less optimal vaccination services (convenience factor) (Ward et al., 2022).

The coercion of blanket vaccines, especially the imposition of criminal consequences, is a clear violation of human rights. COVID-19 vaccinations should only be administered with the individual's prior, informed, and free consent. Certain safeguards are necessary for international human rights instruments to permit limitations on human rights for the sake of public health (Ashgar et al., 2021). COVID-19 vaccination plans should be implemented in a manner consistent with the protection of human rights rather than imposing conditions with criminal consequences. Actively engaging the public and analyzing why doubts persist would be a more humane and productive strategy to protect public health (Graeber et al., 2021).

The results of literature research in Europe found that several main conditions are acceptable from a legal and ethical point of view in mandating COVID-19 vaccination, namely, (1) mandatory COVID-19 vaccination is the final solution after lighter efforts have been made such as providing appropriate and proportional information to the public and persuading the public to be vaccinated; (2) mandatory vaccination is a limitation on the right to self-determination and therefore, should be regulated by law and strictly governed by certain conditions that should be carried out for COVID-19 vaccination; (3) the obligation to vaccinate is only temporary while the pandemic is ongoing; (4) people who are willing to be vaccinated should not be forced, and incentives should be provided; (5) the mandatory COVID-19 vaccination policy should be preceded by the provision of detailed information and massive and comprehensive outreach to the public, accompanied by efforts to prevent all forms of anxiety, misunderstanding or misinformation regarding it; (6) the availability of COVID-19 vaccine should be guaranteed to countries/regions that need COVID-19 vaccination; and (7) there should be rules regarding the exclusion of certain medical conditions that do not allow COVID-19 vaccination (Panagopoulou, 2021).

CONCLUSION

Vaccines are very effective at protecting against COVID-19. However, before implementing a mandatory immunization policy for COVID-19, government and/or institutional policymakers should

provide arguments for voluntary vaccination. Efforts should be made to demonstrate the efficacy and safety of vaccines to increase immunization acceptability. Stricter regulatory measures should only be considered when voluntary measures are unsuccessful. Also, COVID-19 Immunization Plan should be carried out in a manner that complies with the protection of human rights. Instead of imposing mandates with criminal consequences, it will be more humane and effective to actively engage with the public and address concerns around vaccine hesitancy. Vaccination policy should also provide incentives for anti-vaccine groups to encourage participation.

Mandatory COVID-19 vaccination policy should adhere to the principles of medical bioethics, including human dignity and human rights, non-maleficence and beneficence, autonomy and individual responsibility, and equality, justice, and fairness.

When determining whether mandatory COVID-19 immunization is an ethically justifiable policy option, ethical concerns and caveats should be explicitly addressed through an ethical analysis. As with all public health policy, the choice of involuntary vaccination should be based on the best available data and decided by a legitimate public health authority in an open, fair and non-discriminatory manner that incorporates input from affected parties. To achieve the target of high COVID-19 vaccination coverage, various strategies and approaches are needed. Whether implementation of COVID vaccination needs to be mandatory or not, it is not enough to require it with administrative and criminal sanctions alone.

ACKNOWLEDGEMENT

This research did not receive specific funding from any public, commercial, or non-profit funding agency.

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