

Government Strategies In The Covid-19 Vaccination Program (A Study On The Health Policy Model For Covid-19 Vaccination In Palu)

¹Nasrullah and ²Rusmawaty Bte. Rusdin

^{1,2}Tadulako University - Palu Central Sulawesi, Indonesia



Abstract – One of the government programs, to end the spread of the COVID-19 virus, is issuing the policy of COVID-19 vaccination to all Indonesian people for free. The program raises pros and cons, especially regarding the delivery of the COVID-19 vaccination. Not only a matter of mechanism, but the problem of the vaccine used is also still being questioned by many parties. The purpose of this study is to describe the policy model applied for the COVID-19 vaccination program in Palu and to analyze the government's communication model in providing understanding to the public regarding COVID-19 vaccination in Palu, Central Sulawesi Province. In this study, the researchers applied a qualitative method. Data were collected using observation, interviews, and documentation studies. Furthermore, the obtained data were analyzed using Miles and Huberman's model, namely data collection, data reduction, data presentation, and verification. Interviews were conducted on the members of the COVID-19 Task Force and the recipients of the COVID-19 vaccines. Results indicated that the applied policy model for the COVID-19 vaccination is a centralized institutional policy model. The regulation and procurement of vaccinations are taken over directly by the central government, while the roles of the government of Palu are only limited to carrying out vaccination campaigns and providing vaccinations to those who must be vaccinated. There are 7 policies issued by the government of Palu regarding vaccination, namely vaccine rangers, vaccine ambassadors, vaccine festivals, providing vaccination centers & posts, adding the number of vaccinators, collaborating with community leaders, and conducting vaccination to pregnant women. The communication model applied by the government of Palu in accelerating vaccination is Lasswell's model of communication. This model has many shortcomings because communication is only one way. The success of vaccination communication needs to involve all elements or communities to aggressively carry out campaigns concerning the importance of vaccination.

Keywords – Policy, Vaccination, COVID-19.

I. INTRODUCTION

Since September 2021, the number of confirmed cases of COVID-19 is increasing. As of 1 September 2021, the total number of confirmed cases of COVID-19 is 4,100,138 people. The number of those who have recovered is 3,776,891 people. Meanwhile, the number of those who died due to COVID-19 is 133,676 people (covid19.go.id). Previously, many efforts have been carried out by the government to suppress the spread of the COVID-19. However, those efforts have not been able to suppress the rate of confirmed cases of COVID-19. Therefore, to suppress the spread of COVID-19, the government issued a policy of free COVID-19 vaccinations for all Indonesian people through Indonesia's Minister of Health Regulation concerning the Implementation of Vaccination in the Context of a Response to the COVID-19 (Coronavirus-Disease-2019) Pandemic. This ministerial regulation is a reference for the central government, provincial governments, city/regency governments, health workers, related stakeholders, and the community in the implementation of COVID-19 vaccination.

The central government has set six COVID-19 vaccines originating from abroad for use in Indonesia. The determination of these COVID-19 vaccines is stipulated in the Decree of Indonesia's Minister of Health No. 9860/2020. Those six COVID-19 vaccines

are produced by PT Biofarma, AstraZeneca, China National Pharmaceutical Group Corporation (Sinopharm), Moderna, Pfizer Inc. & BioNTech, and Sinovac Biotech Ltd (Kompas, 2021). However, as time goes by, through regulatory changes, Indonesia's Ministry of Health allows the provision of Gotong Royong vaccines.

The government has started the COVID-19 vaccination program in Indonesia on Wednesday, 13 January 2021, at the State Palace (Indonesian: *Istana Negara*). The person who was first injected with a vaccine made by Sinovac was President Joko Widodo. At the same time, many officials, religious leaders, representatives from professional organizations, and representatives from the general public participated in the vaccination. As of 1 September 2021, 63,944,955 people have been injected with phase 1 vaccines. Meanwhile, the number of people injected with phase 2 vaccines is 36,342,220 people. Specifically, for Palu City, as of 1 September 2021, the number of those injected with phase 1 vaccines is 115,918 people, while the number of those injected with phase 2 vaccines is 76,378 people. Furthermore, the number of those who have been injected with phase 3 vaccines (currently intended for health workers only) is 1,612 people from a total target of 265,498 people.

The COVID-19 vaccination program raises pros and cons in the community. Not only related to a matter of its mechanism but the vaccines made by Sinovac from China are also questioned by many people. Policies related to vaccination will certainly not run smoothly according to the expected goals if there are still some parties who do not accept it well. Therefore, the government is demanded to provide more understanding to the public about the importance of vaccination through socialization. Not only that, but the government also needs to improve data concerning people who will be vaccinated and who will not. It is because data errors often occur in Indonesia and create controversy among the public. In the field, some people have a distrust of the COVID-19 vaccine, especially the effects it causes after being used. An online survey conducted by Indonesia's Ministry of Health and ITAGI in collaboration with WHO and UNICEF from 19 to 30 September 2020 indicates as follows. More than 115,000 respondents from 34 provinces and 508 of 514 regencies/cities in Indonesia participated in this survey. Most of them accepted this COVID-19 vaccine. Only about 7% refused because of the factors of safety, effectiveness, and others (Kompas, 2020). The phenomenon of vaccination refusal does not only occur in Indonesia. In several countries, such as the US, UK, and China, most people (on average more than 50 – 60 percent) are willing to be vaccinated (Kompas, 2021). Therefore, for solving the problems of pros and cons in the community related to COVID-19 vaccination, the government needs appropriate policies and communications so that there is no more rejection of COVID-19 vaccination.

II. METHODS

In this study, the researchers applied a qualitative design with a qualitative descriptive approach. The qualitative method is expected to describe directly and provide an interrelated connection between researchers and the object that becomes the research focus. According to Moleong (2013:5), the application of the qualitative method is easier when dealing with multiple realities. In addition, this method is more sensitive and more able to adapt to many sharpening influences on reality or patterns of shared values that are faced. In this study, the researchers collected two types of data, namely primary and secondary data. The primary data consisted of unwritten data in the form of interviews from informants and the results of the researchers' field observations. Meanwhile, the secondary data were written data, such as the results of documentation in the form of letters, numerical data, photos, figures, leaflets, guidebooks, and others. The collected data were analyzed using several steps based on Miles, Huberman, & Saldana's theory (2014), consisting of three steps: data condensation, data display, and conclusion drawing & verification.

III. RESULTS

In Indonesia, the impact of the COVID-19 pandemic continues to show an increase from time to time and has resulted in an increasing number of casualties and material losses. As a result, it has implications on social, economic, and community welfare aspects. Besides, the impact on the country's economy is very significant, including a slowdown in national economic growth, a decrease in state revenues, and an increase in state spending & financing. Not only that, but the COVID-19 pandemic also has an impact on the deterioration of the financial system as indicated by a decrease in various domestic economic activities. With all the implications and impacts of the COVID-19 pandemic, the country (in this case: the Indonesian government) issued a policy, namely vaccination acceleration.

COVID-19 vaccination aims to reduce the transmission of COVID-19, reduce morbidity and mortality due to COVID-19, achieve herd immunity, and protect the community from COVID-19 in order to remain socially and economically productive. Herd immunity can only be achieved if vaccination coverage is high and evenly distributed throughout the nation. From an economic aspect, prevention efforts through the vaccination programs will be much more cost-effective, when compared to treatment efforts.

3.1. Regulations Concerning COVID-19 Vaccination

In every implementation of a government program, things that should not be forgotten are related to legal instruments, namely laws and regulations, that will become the legal basis for the implementation, including those concerning the vaccine procurement program and the COVID-19 vaccination implementation. The Indonesian government has prepared several legal instruments as a legal basis. However, things that are reviewed and discussed further in this study are preparation and establishment of Presidential Regulation No. 99/2020 which has been revised and strengthened by Presidential Regulation No. 14/2021, and its implementing or derivative regulations, namely Indonesia's Minister of Health Regulation No. 28/2020 concerning the Implementation of Vaccine Procurement in the Context of a Response to the COVID-19 Pandemic and Indonesia's Minister of Health Regulation No. 84/2020 concerning the Implementation of Vaccination in the Context of a Response to the COVID-19 (Coronavirus-Disease-2019) Pandemic. The implementation of vaccination aims to reduce the transmission of COVID-19, reduce morbidity and mortality due to COVID-19, achieve herd immunity, and protect the community from COVID-19, improve the overall health system, and maintaining & minimizing social and economic impacts. The government divides the recipients of COVID-19 vaccines into 6 target groups. The first group consists of medical personnel, army, police, law enforcement officers, and public service officers. The second group consists of spiritual or community leaders. The third group consists of public figures and education personnel. The fourth group consists of government officials from the central government, regional government, and even members of the legislative board. The fifth group consists of recipients of Indonesian health assurance (Indonesian: *BPJS Kesehatan*). The last is the sixth group consisting of Indonesian people aged 19 – 59 years.

3.2. Mechanism of COVID-19 Vaccination

A vaccine is an antidote given to prevent disease. In the body, vaccine contributes to creating antibodies. These antibodies have the function of guarding against disease so that the body is immediately ready to fight it. The purpose of vaccine provision is to provide immunity to all elements of Indonesian society to reduce the death rates and the number of those infected with the virus or disease. Vaccines are currently an important tool in the fight against COVID-19 in the current pandemic era. It is encouraging to know that many types of vaccines have proven successful and are being developed. Requirements for being vaccine recipients are stated in the Decree of the Director-General of Disease Control and Prevention of Indonesia's Ministry of Health No. HK.02.02/4/1/2021 regarding the Guide of the Vaccination Implementation Process During the COVID-19 Pandemic Countermeasures. The following are some terms and conditions that need to be met.

- 1) Not have diseases, as written in the screening form.

These diseases are to be exposed to COVID-19, suffer from early indications of respiratory tract infections (cough, flu, asthma, or others) within 7 days, and receiving prolonged active treatment for blood malfunctions, heart failure, chronic kidney disease, hyperthyroidism, and cancer.

- 2) Not pregnant or breastfeeding.
- 3) Have no family members who are in the treatment of COVID-19.
- 4) According to the body temperature measurement, the recipient must have a body temperature below 37.5°C.
- 5) According to blood pressure measurements, the recipient with a result above 140/90 is not allowed to get vaccinated.
- 6) People with controlled type 2 diabetes and Hb A1C below 58 mmol/mol or 7.5% are allowed to get vaccinated.

By considering that the presence of the COVID-19 vaccine is to form herd immunity, it is estimated that at least 70% of the Indonesian population or equivalent to 182 million people must get the COVID-19 vaccine. However, it is not easy to get the needed number of COVID-19 vaccines considering that almost all countries affected by COVID-19 also have priorities/targets to be able to access the COVID-19 vaccine. Besides, the number of vaccine providers that have met the qualifications for COVID-19 vaccination is also limited. As stated by the President of the Republic of Indonesia, all countries in the world are competing to obtain the COVID-19 Vaccine. This aims to restore their health system and revive economic conditions.

With the large need for vaccines and the limited vaccine providers in the midst of many countries in the world that also need the COVID-19 vaccine, the government of Indonesia has taken several ways at once, namely through 3 ways to meet domestic needs. First, the government of Indonesia is developing the red and white vaccine (Indonesian: *Vaksin Merah Putih*) independently.

Second, the government of Indonesia purchases vaccines from abroad. Third, the government of Indonesia is collaborating with international institutions. The development of the Indonesian COVID-19 vaccine, named the Red and White Vaccine, is carried out under the coordination of the National Research Agency (Indonesian: *Badan Riset Nasional*) in collaboration with six institutions, namely the Bandung Eijkman Institute (Indonesian: *Lembaga Eijkman Bandung*), the Indonesian Institute of Sciences (Indonesian: *Lembaga Ilmu Pengetahuan Indonesia* (LIPI)), University of Indonesia (Indonesian: *Universitas Indonesia* (UI)), Gadjah Mada University (Indonesian: *Universitas Gadjah Mada* (UGM)), Bandung Institute of Technology (Indonesian: *Institut Teknologi Bandung* (ITB)), and Airlangga University (Indonesian: *Universitas Airlangga* (UNAIR)). The government estimates that the red and white vaccine can obtain a permit by the end of 2021 and can be distributed in early 2022.

3.3. Policy Model of COVID-19 Vaccination in Palu

The applied policy model in accelerating COVID-19 vaccination at the regional level is a centralized institutional policy model. This is indicated by the regulation and procurement of vaccinations carried out by the central government. The government of Palu has a role in preparing vaccination. The programs for accelerating the COVID-19 vaccination carried out by the government of Palu are as follows.

1. Vaccine Rangers

The vaccine ranger is a program of the government of Palu in collaboration with the Indonesian Doctor Association (Indonesian: *Ikatan Dokter Indonesia* (IDI)) to accelerate vaccination services to the community in which vaccinators directly visit people who cannot come to the vaccination service locations, such as public health centers or hospitals.

2. Vaccine Ambassadors

The goal of vaccine ambassadors is to create young educators who will later be tasked with educating and socializing the importance of vaccines. Education and socialization are not only done face to face but also through social media.

3. Vaccine Festival

The government of Palu in collaboration with the Indonesian Doctors Association of Palu held a vaccine festival for the people of Palu. These mass and free vaccination services also involve health workers from the police, army, regional hospitals, health centers, and Tadulako University. For three days, people with the age of over 18 years may come by showing their ID card to get the mass service. This program aims to increase the achievement of vaccination for the elderly, which is still low.

4. Providing vaccination centers and posts

In the context of accelerating the vaccination program, the government of Palu collaborated with several parties work together to provide vaccination booths. All health centers in Palu are required to prepare free COVID-19 vaccinations. The public can come only by bringing their ID card and then health workers are ready to carry out free vaccinations for them.

In the context of accelerating the implementation of the COVID-19 vaccination, the government of Palu provides vaccination services through vaccination booths referring to the provisions set by the Ministry of Health through the Decree of the Director-General No. HK.02.02/4/1/2021 concerning the COVID-19 vaccination technical guidelines, as follows.

- a. Intensifying COVID-19 vaccination services in health care facilities, by increasing the number of service days, service sessions per day, the service time for each session, and the target quota served per session.
- b. Increasing the number of health service facilities and health workers who carry out COVID-19 vaccination services.
- c. Providing COVID-19 vaccination service posts which can be in the form of:
 - 1) Indoor COVID-19 vaccination service posts, such as those organized by ministries/institutions/business entities/agencies, airports/stations/terminals, buildings, crowded places (markets or shopping centers), sports stadiums, and places of worship.
 - 2) Outdoor COVID-19 vaccination service posts, such as those located in the field, drive-thru method (service without getting out of the vehicle), mobile vaccinations by using mobile health centers, or other mobile health services.

- d. Mobilizing the target by coordinating with health service facilities, health offices, or ministry or private institutions. In this program, the local community can be involved. In implementing the vaccination program, the health offices in the city/regency level and community health centers can open COVID-19 vaccination service posts with the following mechanism.
- 1) The community health center proposes a COVID-19 vaccination service post to the health offices in the city/regency level.
 - 2) The health office determines and directly inputs the data into the application of PCare Vaksinasi.
 - 3) The health office and the community health center must ensure the availability of implementing personnel and adequate facilities to carry out safe and quality COVID-19 vaccination services.
 - 4) The implementation of vaccination services at the vaccination service post must meet the COVID-19 vaccination service standards.
- e. Each vaccination service post must also conduct recording and reporting. In this case, some public institutions/organizations will participate in implementing the vaccination program. They can work together with the health offices at the city/regency level, health offices at the provincial level, and the Ministry of Health to open a COVID-19 vaccination service post through the following mechanisms.
- 1) Submitting an application to open a vaccination service post to the health office at the city/regency level or provincial level.
 - 2) The application must be accompanied by data on the target to be vaccinated according to the stage of the vaccine recipient. It is then input into the One-Way Data Information System for the COVID-19 Vaccination through the application of Smart Checking.
 - 3) Providing a link/system/registration form & schedule that can provide information concerning the date and time for the registerer to get vaccinated.
 - 4) The collected data concerning the vaccination targets must be guaranteed its confidentiality through a document containing an integrity pact from the organizing community, institution, or organization.
 - 5) Vaccination can be carried out after all the data concerning the vaccination targets is input in the One-Way Data Information System for the COVID-19 Vaccination through the application of Smart Checking by the health office at the city/regency level.
 - 6) The minimum number of vaccination targets served is 450 – 500 per day.
 - 7) The provision of vaccines and necessary vaccination logistics (ADS, alcohol swab, and safety box) is carried out by coordinating with the health office at the city/regency level.
 - 8) The minimum number of vaccination teams is 3 teams. The involved vaccination team can come from government health service facilities, such as public health centers, government hospitals, army hospitals, police hospitals, or private health service facilities. Human resources with a non-health education background are also needed as field coordinators, security personnel, administrative staff, and supervisory officers to regulate the flow of services.
 - 9) Prior to the implementation of vaccination activities, there must be socialization and education for the targets of vaccination.
 - 10) The financial funding for the implementation of vaccination is sourced from the budget of the institution or community organization that organizes the activity or other legal sources of financing based on the provisions of laws and regulations.
 - 11) The implementation of vaccination services must apply health protocols and meet COVID-19 vaccination service standards.
 - 12) Each vaccination service post must have a user id and must carry out recording and reporting that is integrated with the One-Way Data Information System for the COVID-19 Vaccination.
 - 13) As an effort to anticipate the adverse event following immunization (AEFI) (Indonesian: *Kejadian Ikutan Pasca Imunisasi* (KIPI)), it is necessary to prepare an ambulance, mobile health center, or special room (mini-ICU) along with an adequate

anaphylactic kit. At least, 1 expert doctor must be on standby to monitor the process and carry out the first treatment of AEFI.

5. Vaccination for Pregnant Women

The government of Palu for the first time held the first stage of COVID-19 vaccination for pregnant women on 6 September 2021. Pregnant women are a group at risk of being exposed to COVID-19. They tend to get severe effects with certain medical conditions. Therefore, vaccination is highly needed by them, as an effort to protect mothers and the baby. Between January and August 2021, there were 44 pregnant women confirmed with COVID-19. Meanwhile, the number of deaths of pregnant women due to COVID-19 was two cases. This vaccination is an effort to maintain the health of the next generation and a mandate to protect the generations.

6. Collaborating with Community Leaders

The involvement of community leaders is important in accelerating vaccination so that citizens are willing to be vaccinated either by going directly to the vaccination booth or calling the vaccine ranger team so that the team may directly come to their location as long as they meet the minimum of requirement, namely 10 people. The involvement of community leaders in vaccination campaigns is to educate the public on the importance of vaccination.

3.4. Budget Sources for COVID-19 Vaccination Programs

The financial funding for the monitoring and prevention of the adverse event following immunization (AEFI) due to COVID-19 vaccination is borne by the state budget or other legitimate funding sources based on the provisions of laws and regulations. Funding for active JKN program participants is covered through the JKN mechanism, while funding for non-active JKN program participants and others is through other funding mechanisms sourced from the state budget of revenues and expenditures carried out under the provisions of laws and regulations. Furthermore, activities for implementing COVID-19 vaccinations are funded from the State Revenue and Expenditure Budget (Indonesian: *Anggaran Pendapatan dan Belanja Negara* (APBN)), Regional Revenues and Expenditures Budget (Indonesian: *Anggaran Pendapatan dan Belanja Daerah* (APBD)), and other sources based on the provisions of laws and regulations. The costs that must be covered are as follows.

1. Operational costs,
2. Costs of distribution of vaccines and other logistics,
3. Costs of developing and disseminating Information Education Communication (IEC) materials (Indonesian: *Materi Komunikasi, Informasi, dan Edukasi* (KIE)),
4. Costs of organizing advocacy meetings, coordination, and socialization,
5. Costs of technical guidance and monitoring, and
6. Costs of AEFI surveillance.

The use of the operational budget for the implementation of vaccinations refers to the Ministerial Decree which stipulates the Technical Guidelines for Budgeting Planning for the Implementation of Vaccination in the Context of a Response to the COVID-19 Pandemic, in which it is sourced from the General Allocation Fund (Indonesian: *Dana Alokasi Umum* (DAU)) and Revenue Sharing Fund (Indonesian: *Dana Bagi Hasil* (DBH)) for the 2021 Fiscal Year.

3.5. Communication Model Carried Out by Government of Palu in the COVID-19 Vaccination Program

One of the biggest challenges for successful COVID-19 vaccination is public acceptance and participation. Therefore, public education must continue to be improved through various information channels. Besides, the interpersonal communication of health workers in the community must also continue to be improved. This is in line with the findings and recommendations of the community acceptance survey regarding COVID-19 vaccination conducted by the Ministry of Health in collaboration with ITAGI, WHO, and UNICEF. However, the government will continue to ensure that the vaccination program will run well and will also continue to follow the results of COVID-19 clinical trials in various parts of the world with various types of vaccines. This is to achieve herd immunity in Indonesia (Indonesia's Ministry of Health, 2021).

Building public trust in a new vaccine is not easy. Moreover, this vaccination is widely regarded as a government “intention”. There are even those who suspect that there is a business motivation behind the vaccination, which is played by oligarchs and plutocrats. The problem is that the majority of stakeholders who take part in this vaccination are controlled by the government on a top-down basis, both from upstream to downstream activities.

In guarding the success of this vaccination agenda, appropriate communication strategies are needed to build mutual understanding and acceptance from a wide audience. In fact, society is still divided into three zones, referring to the Social Judgment Theory of Muzafer Sherif and Carolyn Sherif, as quoted by Richard M. Perloff in his book “*The Dynamics of Persuasion*” (2010). The first is people who are in the latitude of acceptance for the vaccine. People in this group argue that vaccines are generally needed for the body’s immune system to fight the coronavirus. For this reason, the risk of getting infected with this virus will be much smaller. Even if someone who has been vaccinated is confirmed with COVID-19, the vaccine can prevent severe symptoms and complications. Some of the people in this group understand that if the vaccine is given to all people, it will encourage the establishment of herd immunity. Although if asked in more detail, the derivatives of the technical implementation of this vaccination are not widely understood by the general public.

The second is people who are in the latitude of rejection, namely those who from the beginning did not accept and did not want to get vaccinated. Generally, it is caused by three things, namely attitudes, subjective norms, and the environment. There are groups of people who since the beginning have been anti-pathetic to whatever President Jokowi’s government has taken. This can be due to many factors, including political choices during the presidential election that influences their opinion of Jokowi’s policies. Subjective norms are related to a normative frame of reference that guides their subjectivity towards vaccines. It can be religion or a reading source that guides their beliefs, reasoning, and emotions. Besides, environmental factors, such as family, peer groups, socialization at school, and others, also influence their opinion on vaccines.

The third is people who are in the zone of doubt and have not committed to accept or reject (latitude of non-commitment). This stratum of society still needs explanations, more adequate information, and affirmation of intentions to change attitudes and behavior from doubting to accepting or rejecting. By referring to one theory of persuasion, *the Theory of Reasoned Action* developed by Martin Fishbein and Icek Ajzen in 1980 in their book “*Predicting and Changing Behavior: The Reasoned Action Approach*” (2007), behavior change is determined by one’s intentions. People behave in a conscious way and consider all available information. In this context, communication plays a strategic role and function in vaccination. Without good communication, the vaccination program will not touch the consciousness of the majority of people to participate.

Furthermore, the model of communication applied by the government of Palu in the vaccination programs is Lasswell’s model of communication. It is described further in the following.

3.6. Model of Communication Applied by the Government

Communication is very important in life. Humans need to communicate with each other in the public sphere. One of the old communication models but is still used by people for certain purposes is the communication model proposed by Harold Lasswell. He proposes 5 questions that need to be asked and answered in finding out the communication process, namely ‘who’, ‘says what’, ‘in what media/channel’, ‘to whom’, and ‘what its effect’. Those questions create various types of communication, ranging from horizontal communication (communication between people) to vertical communication (communication from superiors to subordinates, and vice versa). This vaccination program still raises pros and cons. There are people who are willing to take the vaccine, but there are also some people who are not willing to get vaccinated for various reasons, ranging from health history, pregnant conditions, and breastfeeding factors to personal reasons. The Committee for COVID-19 Handling and National Economic Recovery (Indonesian: *Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional* (KPCPEN)) on covid19.go.id reports that the cons raise due to some misinformation circulating in the community regarding vaccines, such as halal-haram status, dangerous ingredients in vaccines, effectiveness & safety of vaccines, and others.

In fact, the government has ensured that they will only provide vaccines that are proven to be safe and pass clinical trials according to WHO recommendations. Furthermore, the COVID-19 vaccines produced by Sinovac are guaranteed to be halal. The distrust of some people towards the COVID-19 vaccine does not only occur in Indonesia but also occurs in all regions of the world. This is absolutely homework for all governments in their respective country. A survey that has been conducted by Nature Medicine (2021) indicates that there are still many global people who have doubts about vaccines. Regarding the attitude of people who are

still unsure about the COVID-19 vaccination, the government needs to take steps for a more effective communication strategy to reduce the level of apathy and produce a change in attitude among people who are still unsure about the COVID-19 vaccination.

Communication that occurs regarding the COVID-19 vaccination based on the communication theory put forward by Lasswell (in Arni Muhammad, 2011) may be identified in five questions, namely 'who', 'says what', 'in what media/channel', 'to whom', and 'what its effect'. The first is 'who'. The government official in charge of conveying information to the public regarding the COVID-19 vaccines and vaccination plans needs to be determined from the beginning. The authorized official should be permanent. This is important to avoid confusion of information. The results of interviews with informants who support the vaccination program from the government of Palu indicate that information related to COVID-19 can be found through local television media (e.g., local TVRI) and social media (e.g., the official Instagram account of the government of Palu). Furthermore, two of the government figures that often urge the public to get vaccinated are the Mayor of Palu and the Vice Mayor of Palu. Meanwhile, at the level of the local government working unit, those who always provide information regarding the COVID-19 vaccination are the Heads of Offices and the Heads of the Civil Services and General Subdivisions.

The second is 'says what'. Two slogans always conveyed by the government are *"Let's make the COVID-19 vaccination program successful"* and *"Together we deal with fake news (hoax) circulating on social media."* According to key informants, there is a need for collaboration between the government and related parties, such as academicians, vaccine ambassadors, and community organizations, to filter disturbing news. That kind of news can affect public communications related to the COVID-19 vaccination, resulting in a decrease in enthusiasm and confidence for those who have not participated in the COVID-19 vaccination program.

The third is 'what media/channel'. The media or channels used by the government to provide information regarding the implementation of the COVID-19 vaccination must be easy to be accessed by the public. The provided information must be in detail, such as information on vaccine procurement, the halal status of the vaccines, the benefits of vaccines, availability of vaccines, and roadmaps of vaccination in Indonesia.

The fourth is 'to whom'. Information concerning COVID-19 vaccination is first conveyed to journalists and eventually consumed by the public. Information provided by the government and the journalists must be the same to avoid miscommunication in the public. According to the main informant, this is important considering that there are still people who refuse to get vaccinated because the news circulating in the public is still confusing. With one-way information, it is expected to be able to increase people's trust to be willing to get vaccinated.

The fifth is 'what its effect'. This is concerning the effect of communication applied for COVID-19 vaccination. According to key informants, during the COVID-19 pandemic in Indonesia, the government has been open in conveying information and opened up space for discussion and dialogue regarding the implementation of the COVID-19 vaccination. Therefore, the public can convey their complaints before and after the vaccine. In addition, they may convey various other important matters related to vaccination to the government, either in the form of notes, input, suggestions, or criticism.

3.7. Challenges in Government Communication in Accelerating Vaccination

3.7.1. Rejection from Society

Based on the survey results from Saiful Mujani Research and Consulting (SMRC) with a margin of error of 3.07%, the number of people who refuse vaccines is quite high. Quoted from AntaraNews, 33% of the residents of Jakarta do not want to get vaccinated. Jakarta as the capital city is in the first place, followed by East Java (32%) and Banten (31%). Meanwhile, the province with the lowest percentage of vaccination refusal is Central Java. However, its rejection rate is still high, namely 20%. In addition, SMRC also found data that about 31% of Muslim respondents out of a total of 1,220 respondents are not willing to get vaccinated. This is higher than the percentage of non-Muslims who are not willing to get vaccinated (19%). Furthermore, based on ethnicity, ethnic groups with the highest percentages of being not willing to get vaccinated are Madurese (58%) and Minang (43%). Meanwhile, ethnic groups with the highest percentages of being willing to get vaccinated are Batak (57%) and Javanese (56%). Apart from that, the release of a survey by the Indonesian Survey Institute (Indonesian: *Lembaga Survei Indonesia* (LSI)) on 18 July 2021 indicates that from 1,200 respondents who were asked to respond by telephone on 20-15 June 2021, 82.6% of them had not been vaccinated. Of the total respondents, only 63.6% are willing to get vaccinated, while 36.4 percent are reluctant to get vaccinated. There are various reasons for refusing the vaccine. The reason with the highest percentage is "the vaccine is unsafe" (55.5%). It is followed by the reasons "the vaccine is ineffective" (25.4%), "they do not need the vaccines or still feel healthy" (19%), "they do not want

to pay for the vaccine” (8.7%), “many people have been vaccinated so that they do not need it” (4.1%), “vaccine is just a trick for gaining profit” (3.8%) and others (9.3%). The percentage of those who do not provide any answer is 1.8%. However, the results of LSI’s survey indicate that public knowledge of COVID-19 is at 66.5% with the status of knowing the dangers to people’s health (92%) and the national economy (95.8%). Eka Afrina Djamhari, a public policy researcher, is not surprised to find the results of a survey of people refusing vaccines. She considers that vaccinations are still experiencing rejection not because of failed communication but lack of access to information.

Based on the latest COVID-19 data update specifically in Palu, as of 1 September 2021, the total confirmed cases reached 571. Besides, the number of people in the monitoring is 8,671, while the number of people who have been declared cured is only 7,905. Meanwhile, the number of the death reached 208. In Palu, some people still do not believe the existence of COVID-19. This kind of people is difficult to be invited to get vaccinated. In addition, many rejections of vaccines still occur. This is an obstacle and a challenge for the government of Palu. Therefore, those responsible in the government of Palu must massively provide information to the public. The rejections occur because the public receives information that is not balanced. In general, people more believe in hoaxes regarding vaccinations.

3.7.2. Hoax

One of the Indonesian government’s efforts to fight COVID-19 is to hold vaccinations for all Indonesian people. However, this effort encounters problems because of the emergence of hoaxes in various media. Hoaxes regarding the COVID-19 vaccines are as follows: (1) hoax about the ingredients of the COVID-19 vaccines, (2) hoax about the impact of the COVID-19 vaccines, and (3) hoax about the rejection of the COVID-19 vaccines.

Currently, hoaxes in online media have become a public concern. These hoaxes can make people confused in determining the truth of information, namely which one is in a false category and which one is in a true category. Sometimes, the presence of false information can cause conflict between groups of friends. This is because each group feels that information, they convey, is true (Gumilar *et al.*, 2019). A survey conducted by Nadzir I. *et al.* (2019) on 9 provinces in Indonesia shows that there are 3 hoaxes believed in the society, namely hoax concerning COVID-19, hoax concerning the presence of millions of Chinese workers in Indonesia, and hoax concerning the revival of the Indonesian Communist Party (Indonesian: *Partai Komunis Indonesia* (PKI)). The frequency of access to hoax content and misinformation varies and correlates with educational background, geography, and internet access. People with higher education tend to have higher exposure to hoaxes and cases of misinformation. Besides, people with internet access are more likely to be more familiar with hoaxes and misinformation than those who do not have such access. However, the survey also shows that higher education and better access to information do not guarantee that they will not be deceived by hoaxes and misinformation. The misinformation about the existence of millions of Chinese workers in Indonesia is the most widely believed hoax, especially in urban areas. Meanwhile, the rise of the PKI is a hoax that is most widely spread in rural areas.

In addition to the ingredients of the COVID-19 vaccine, cyberspace is also shocked by the issue of the chip installed in the COVID-19 vaccine. It is reportedly closely related to Bill Gates who is accused of inserting a microchip in the COVID-19 vaccine. This microchip conspiracy theory first appeared in March 2020. The news is obtained from a video that spread on Twitter on 19 January 2021 in the form of video clips. One of the most popular clips is about Erick Thohir as the Head of the COVID-19 Handling Team who is explaining the function of a barcode system. He explained that the barcode contains information regarding the recipients of the vaccines (CNN Indonesia, 2021).

Another clip mention that the COVID-19 vaccine can cause permanent changes in human DNA, as said by Dr. Carrie Madej, an internal medicine specialist who has studied the vaccine for 20 years. In another clip, it is said that the COVID-19 vaccine contains a synthetic genetic code of the coronavirus that could help to improve the health or damage it. Based on the results of an investigation carried out by BBC, it is known that what Madej said is not true. According to Mark Lynas, a visiting fellow at the Alliance for Science Cornell University, no vaccine can genetically modify human DNA (Dewi, R.K. & Nugroho, R.S., 2020).

Agiesta, F.S (2020) reported a hoax on social media mentioning that the Indonesian Doctors Association refused to be the first institution to use the COVID-19 vaccine. According to the person who disseminated the information, the president should be the first person injected with the COVID-19 vaccine. Based on the investigation of merdeka.com, the information mentioning that the Indonesian Doctors Association refuses the vaccines is a hoax.

3.8. The Communication Strategy of the Government of Palu in the Vaccination Program

1. The use of digital media

The government of Palu optimizes its public communication using various channels, such as social media, media centers, and others managed by the government of Palu as an information center and an ecosystem in socialization and amplification. These channels are also a platform to answer public questions and prevent hoaxes. Furthermore, the vaccination information is conveyed through digital media.

2. Partnering with potential local groups

Cross-institutional cooperation aims to embrace key stakeholders (i.e., media, experts/academics, community/religious leaders, central/local governments, and business actors) to optimize the vaccination program through periodic briefs and educational content as an extension of the voice of the government.

3. Sharing information with the public

Sharing is an effective instrument to influence a person's behavior. Furthermore, it is added with cross-institutional cooperation to prepare mechanisms to accommodate and channel the aspirations of the public.

4. Conventional media

In this case, it is related to the distribution of edu-posters, brochures, and banners in government agencies, schools, markets, and public places.

5. Face to face

In delivering information about the importance of vaccination, the government also forms a team to directly educate the public. In addition, the government of Palu also forms vaccine ambassadors as a team to educate people regarding vaccination.

IV. CONCLUSION

The applied policy model in the COVID-19 vaccination is a centralized institutional policy model. The regulation and procurement of vaccinations are taken over directly by the central government, while the roles of the government of Palu are only limited to carrying out vaccination campaigns and providing vaccinations to those who must be vaccinated.

The success of a COVID-19 vaccination program depends on many influencing factors. One of them is public communication. A public communication that is prepared with accuracy, thoroughness, maturity, continuous monitoring, and evaluation will have a positive influence on the level of knowledge, understanding, and participation of the community. In other words, if the information given is clear, the community will be sure, not be confused, and no longer need to look for other sources of information. From the results in the field, according to one of the informants, as the subordinates in the program, they will follow all orders from their superiors and support all forms of policies issued, including in terms of COVID-19 vaccination. The communication model applied by the government of Palu in accelerating vaccination is Lasswell's model of communication. This model has many shortcomings because communication is only one way. The success of vaccination communication needs to involve all elements or communities to aggressively carry out campaigns concerning the importance of vaccination.

REFERENCES

- [1] Agiesta, F.S. (2020). CEK FAKTA: Hoaks IDI Menolak Menjadi Pengguna Pertama Vaksin Covid-19. <https://www.merdeka.com>, diakses 24 Januari 2021.
- [2] Agustino, L. (2020, August 24). Analisis Kebijakan Penanganan Wabah Covid-19: Pengalaman Indonesia. *Jurnal Borneo Administrator*, 16(2), 253-270. <https://doi.org/https://doi.org/10.24258/jba.v16i2.685>
- [3] Alamsyah, Kamal. 2016. Kebijakan Publik Konsep dan Aplikasi. Bandung : Media Citra Mandiri Press.
- [4] CNN Indonesia. (2021). Hoaks Vaksin Covid Pakai Chip, Erick Thohir hingga Bill Gates. <https://www.cnnindonesia>
- [5] Gumilar, Gumgum, dkk. (2017). "Cerdas Menggunakan Media Sosial Dalam Menanggulangi Berita Palsu" *Jurnal Pengabdian Kepada Masyarakat*. 1(1), 23-25.

- [6] Hana. Oktaviano. Judul "Survei SMRC: Masih Ada 28 Persen Warga Tolak Vaksinasi Covid-19", kabar24 .bisnis.com/read/20210324/15/1371806/survei-smrc-masih-ada-28-persen-warga-tolak-vaksinasi-covid-19.Diakses 6 September 2021.
- [7] Harold D. Laswell, Abraham Kaplan. 1970. Power and Society, New Haven: Yale University Press.com/, diakses 24 Januari 2021.
- [8] Hasan, Erlina 2005. Komunikasi pemerintahan .Bandung: Rafika aditama.
- [9] <https://www.covid19.go.id/diakses> tanggal 21 Januari 2021-01-24
- [10] <https://www.kompas.com/tren/read/2020/12/06/210200765/mengenal-6-vaksin-covid-19-yang-ditetapkan-untuk-vaksinasi-di-indonesia?page=all>//diakses tanggal 21 Januari 2021
- [11] <https://nasional.kompas.com/read/2020/11/19/05000021/survei-kemenkes--tingkat-penerimaan-vaksin-covid-19-di-aceh-paling-rendah?page=all>//diakses tanggal 21 Januari 2021-01-24
- [12] Islamy, M.Irfan, 2002. *Prinsip-prinsip Perumusan Kebijakan Negara*, Jakarta: Bumi Aksara
- [13] Kompas.com dengan judul "Banyak Orang Ragu Terhadap Vaksin Covid-19, Kenapa Bisa Terjadi?", Klik untuk baca: <https://www.kompas.com/sains/read/2020/12/22/130300423/banyak-orang-ragu-terhadap-vaksin-covid-19-kenapa-bisa-terjadi-?page=all>/ diakses 21 Januari 2021
- [14] Miles,M.B, Huberman,A.M, dan Saldana,J. 2014. *Qualitative Data Analysis, A Methods Sourcebook, Edition 3. USA: Sage Publications. Terjemahan Tjetjep Rohindi Rohidi*, UI-Press.
- [15] Moleong, Lexy J. 2013. Metode Penelitian Kualitatif. Edisi Revisi. Bandung : PT. Remaja Rosdakarya.
- [16] Muchsin, dan Fadillah. P. (2002). *Hukum dan Kebijakan Publik*. Malang: Averroes Press
- [17] Mufida, Saleha, dkk. 2020. *Strategi Pemerintah Indonesia Dalam Menangani Wabah Covid-19 Dari Perspektif Ekonomi*. Jurnal Politik Indonesia dan Global. Volume 1 No.2 Oktober 2020 e-ISSN : 2721-9755. Hal. 121-130. <https://jurnal.umj.ac.id/index.php/Independen/article/view/7348/4760>
- [18] Nani Rahayu, Rohani & Senyuyati. Vaksin Covid 19 Di Indonesia : Analisis Berita Hoax. Jurnal Ekonomi, Sosial & Humaniora. E-ISSN 2686 5661 VOL.2 NO. 07 - February 2021
- [19] Nadzir,I Sari Seftiani, S. and Permana, Y.S.(2019).Hoax and Misinformation in Indonesia: Insights from a Nationwide Survey. ISEAS – Yusof Ishak Institute Analyse Current Events, (92): 1-12.
- [20] Nurfurqon, Andika. Analisis Kebijakan Pemerintah Daerah Dalam Penanganan Covid-19: Perspektif Hukum Administrasi Negara . Vol 23 No 01 (2020): Jurnal Yustika: Media Hukum dan Keadilan. <https://doi.org/10.24123/yustika.v23i01.2864>
- [21] Perloff, R.M. (2010). The dynamics of persuasion: communication & attitudes in the 21st century. New York: Routledge.
- [22] Simon, Herbert A., Donald W. Smithburg, and Victor A. Thomson, The Communication Process, dalam Richard J. Stilman II. 1992. Public Administration: Concepts and Cases. Boston: Houghton Mifflin Company.