

## “PRO-ACTIVE” SYSTEM IN THE ACCELERATED COVID-19 VACCINATION

Rahmi Yuningsih

### Abstract

*Approaching the Christmas and New Year holidays in 2022, the handling of Covid-19 gets increased, including the accelerated Covid-19 vaccination. Current vaccination program in Indonesia has exceeded the WHO target for December 2021, namely, above 40% of the population. However, in the midst of the achievement, there are still problems, such as expired vaccines and uneven vaccination in the area. This writing describes efforts to accelerate the achievement of Covid-19 vaccination through the increased “pro-active” system. Moving the entire community for vaccination requires a stage of Behavioral change from the start the information is received to the action. Apart from being influenced by their own will, access to vaccination that is getting closer to the community is also needed, such as the “pro-active” system. In practice, it is necessary to pay attention to willingness of the people, coordination in mapping, and resource support. Commission IX of the House of Representatives of the Republic of Indonesia needs to oversee the implementation of the “pro-active” system to ensure equal distribution of vaccinations and encourage the government to immediately discuss the revision of Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases.*

### Introduction

The Covid-19 Task Force estimates the increase in Covid-19 cases could reach 430% in March 2022 if there are no strict countermeasures (Republika, November 23, 2021). This is predicted as the impact of the upcoming Christmas and 2022 New Year holidays. Reflecting on last year, long Christmas and 2021 New Year holidays resulted in the peak of the first wave on January 30, 2021 as many

as 14,518 daily cases of Covid-19 and sloped at the end of March 2021 by 4,083 daily cases of Covid-19.

As an effort to anticipate the spike in long post-holiday cases, vaccination is an effort that is also important, in addition to the implementation of the strict health protocol and increased efforts in tracking and checking. For equal distribution of vaccinations in all countries, WHO has set vaccination targets in each country by 10% of the



population at the end of September 2021, 40% in December 2021, and 70% by mid-2022 (who.int, October 7, 2021). Thus, Indonesia today is one of the countries that have exceeded the December target. The data on the achievement of the Covid-19 vaccination shows that on November 30, 2021 the 1st achievement of vaccination was 139,374,391 or 66.92% of the population and the 2nd achievement of vaccination 95,483,061 or 45.85% of the population (covid19.go.id, December 1, 2021).

In the midst of that achievement, there are still problems around the implementation of Covid-19 vaccination activities, including expired vaccines and the uneven vaccination in the area. Throughout November 2021, there are thousands of expired vaccines in a number of areas, such as Nusa Tenggara Timur in the amount of 5,000 doses, Kudus Regency Central Java as in the amount of 4,000 doses and Central Kalimantan in the amount of 4,000 vaccines (cnnindonesia.com, November 13, 2021). Around 4,000 doses of Covid-19 vaccine of Astrazeneca brand expires on October 25, 2021. The vaccine was received on October 10, 2021 and spread in Murung Raya, North Barito, Barito Selatan, and Barito Timur Regencies (Republika, November 19, 2021). The short time break since the vaccine is received until the expiration date is suspected to be the cause of the failure for benefiting the vaccine. The expired vaccine cannot be used and must be destroyed.

In addition, when viewed by province, the vaccination coverage is not evenly distributed. When comparing the amount already been vaccinated to vaccination targets (208,265,720 people consisting of medical staff, elderly groups, public officials, the general public and the age of 12-17 years), there are still provinces with low coverage

of first vaccination. The province, among others, Papua 25.64%, Aceh 36.39%, Maluku 37.98%, Southeast Sulawesi 38.3%, and West Papua 40.19% (vaksin.kemkes.go.id, November 25, 2021). Lots of expired vaccines and uneven achievement of vaccination distribution are some things that hinder the achievement of the communal immunity target. This short writing explains the effort to accelerate the achievement of Covid-19 vaccination through the increase of "pro-active system.

### **Behavioral changes of Community for Vaccination**

The Covid-19 pandemic has made people exposed to various new information related to Covid-19 and its vaccines. The information is obtained from various sources, both trusted and hoax news. The information received cannot directly change the attitude and behavior of the people to participate in handling the Covid-19 such as vaccination. In Behavioral change theory, there are several stages for the people exposed to new knowledge can turn it into attitude and behavior (Notoatmojo, 2007). This change certainly takes a long time. With the hoax news about Covid-19 and its vaccine, it will take longer to realize the Behavioral change. In addition, news regarding expired vaccines make people worried and doubtful giving bad perception to Vaccination activities. There is hoax and worrying news such as expired vaccines will hinder the achievement of vaccination in the community.

Behavior is the result of various very complex determinants, either those occurred inside themselves or outside the environment. Determinants such as belief, age, education level, economic social status, and the surrounding environment influence community behavior get vaccine. Behavioral changes other than influenced by themselves will also be influenced by supporting factors, such as the availability of facilities and driving factors such as medical

staff, community leaders, religious leaders, and others (Notoatmodjo, 2007). The people follows vaccinations due to supporting factors such as access to vaccinations that is getting closer to their environment through the “pro-active” system.

### **“Pro-Active” System on Covid-19 Vaccination**

In early April 2021, the Vice Chairperson of the House of Representatives of the Republic of Indonesia Azis Syamsuddin, asked the government to implement a “pro-active” system in the Cbvid-19 vaccination program, namely by visiting the people already registered as a vaccine recipient in the scope of Neighborhood Association (RT)/Community Ward (RW) and not focusing on development of distant vaccination center and creating a crowd (Kompas.com, April 6, 2021). In April 2021, the government appreciated the “pro-active” system innovation done by the community does to accelerate the achievement of vaccination on elderly. The “pro-active” system was then carried out by various parties to reach people with disability, schools, and communities constrained by geographical conditions. Not only that, the State Intelligence Agency (BIN) together with the Indonesian Army and the National Police of the Republic of Indonesia also played a role and vaccinate using the “pro-active” system targeting general public in areas with low achievement of vaccination. With the involvement of actors outside of health, the achievement of vaccination will be faster, in the midst of limited government resources. The “pro-active” system effectively accelerates the achievement of vaccination by bringing vaccination services closer to the community, thus, accessibility of the people increases.

The “pro-active” system makes the community mobilization in settlements easier. In this way, medical staff visits the community within the neighborhood

association (RT)/community ward (RW) to reach the community who have not been vaccinated. The “pro-active” system is also carried out to accelerate and deplete vaccine stock already close to expiration date. In addition, it accelerates the achievement of second vaccination. Especially the current curve of the Covid-19 daily cases is sloping, thus the community does not pro-actively to vaccinate.

The effort for being “pro-active” is also done via drive thru. The people here can be directly vaccinated without having to get off the vehicle, such as those carried out by the Regional Government of Banyuwangi, East Java (jatimpos.co, June 11, 2021). The Effort for being “pro-active” has also become effective to reach people that are geographically spread, as conducted in the Riau Archipelago (sidonews.com, September 1, 2021). The system effectively reaches the people who have not been vaccinated, allowing the distribution of vaccinations in an area.

Vaccination is one of the health quarantine actions as referred to in Article 15 paragraph (2) of Law Number 6 of 2018 concerning Health Quarantine. In addition, vaccination is also an effort to countermeasure outbreak as stated in Law Number 4 of 1984 concerning Infectious Disease Outbreaks Article 5. According to the author, the law especially disease outbreak law regulates the dominance of the health sector and no distribution of authority between central and regional governments in their efforts to countermeasure the community health or infectious disease emergency, even though in the Covid-19 vaccination activities, there are limited health sector resources and also regional government, thus, the president ordered other institutions such as the National Intelligence Agency (BIN), Indonesian Army (TNI), National Police of the

Republic of Indonesia (POLRI), and other institutions to participate in the accelerated Covid-19 vaccination and the “pro-active” system.

### **Influential Factors in the Implementation of “Pro-Active” System**

According to the author, there are some things that influence the implementation of the “Pro-Active” system on the Covid-19 vaccination, among others: *First*, willingness of the people. Efforts to bring access to vaccinations closer are useless if the community is not pro-actively vaccinated. Therefore, even though the “pro-active” system is organized by other institutions, coordination is still needed with the regional government, in this case the regional Covid-19 Task Force and the health department. In addition, it requires collaboration with local environmental management to trace the people who have not been vaccinated. The involvement of local health cadres or community leaders is also needed to disseminate vaccinations, counter hoax news, and invite the people to be immediately vaccinated. The Neighborhood Association (RT)/Community Ward (RW) administrators need to register their respective citizens, thus, it can be clearly identified the reasons for unvaccinated causes, for example due to comorbidity or in Covid-19 recovery period. This data then become a reference for the regional government to conduct the next vaccination program.

Regarding the willingness of the people to be vaccinated, there will definitely be a group people who refuse to be vaccinated even though the “pro-active” system has been implemented. This occurred in Southwest Aceh Regency where a fishermen group refused vaccination

and destroyed vaccination facilities (merdeka.com, September 28, 2021). The “pro-active” system certainly needs more prior preparation. The Preparation is done by all relevant stakeholders in the efforts of dissemination, prevention of hoax news, and various innovation for the people to be willing to be vaccinated.

*Second*, people are often confused by the many parties administering vaccinations including the “pro-active” system within a community. There is an overlapping implementation of vaccination at a time due to lack of coordination in vaccination mapping and planning. In this case, the vaccination provider can coordinate with the regional government to conduct vaccination mapping and planning carried out by various parties in their work area. The coordination is also required to ensure vaccine stock availability. Especially for vaccine availability, based on data from the Ministry of Health, each province has a stock of vaccine doses (vaksin.kemkes.go.id, November 25, 2021).

*Third*, resource support in the implementation of the “pro-active” system. There are still areas with limited facilities that support vaccine distribution to carry out the “pro-active” system, especially in areas with geographical conditions that are difficult to reach. The “pro-active” system requires facilities such as vehicles and special storage area that guarantees the quality of the vaccine from warehouse until the vaccine is injected to the people. In addition, the support also comes from the presence of medical staff who conduct vaccination. For information, medical staff in an area is divided for handling treatment and vaccination, especially when daily cases of Covid-19 increase. Therefore, it requires cooperation with all parties, not only the central and regional governments, but also other institutions, private sector, community, and the people to participate in administering the Covid-19 vaccination.



## Closing

Indonesia is currently one country that has exceeded the WHO target on the achievement of vaccination in December 2021, namely by 40% of the population. As of November 30, 2021, the achievement of the first vaccination has reached 49.45%. However, it requires vaccination up to 70% of the population to form communal immunity. Therefore, various parties use the “pro-active” system to accelerate vaccination in the elderly group, people with disability, people with geographic constraints, etc. In addition, to pursue the achievement of second vaccination, in its implementation, it requires to pay attention to several factors such as willingness of the people, coordination in vaccination mapping and planning, and resource support.

The Commission IX of the House of Representatives of the Republic of Indonesia needs to carry out monitoring efforts on the implementation of vaccination, including the “pro-active” system to ensure equal distribution of vaccinations and avoid expired vaccines. The Commission IX of the House of Representatives of the Republic of Indonesia also needs to revise the Law No. 4 of 1984 concerning Infectious Disease Outbreaks stating in it the term vaccination as one of the efforts of handling the infectious disease outbreaks. Through this revision, it allows regulations regarding vaccination that is not only organized by central and regional governments, but also other institutions. This revision will provide legal protection for vaccinators, vaccination administration facilities, and the people receiving vaccination services.

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Rahmi Yuningsih  
[rahmi.yuningsih@dpr.go.id](mailto:rahmi.yuningsih@dpr.go.id)

Rahmi Yuningsih, SKM, MKM completed her bachelor degree in public health with a specialization in health administration and policy at the Faculty of Public Health of the University of Indonesia in 2009 and master degree education in public health with a specialization in health policy and law at the Faculty of Public Health of the University of Indonesia in 2014. She is currently serving as a Young Researcher of public health experts at the Research Center, Expertise Body of the House of Representatives of the Republic of Indonesia. Several scientific papers published in books and journals include: “Strategi Promosi Kesehatan dalam Menurunkan Angka Kematian Balita di Provinsi Gorontalo in 2007 (Health Promotion Strategy in Reducing Toddler Mortality Rate in Gorontalo Province in 2017)”, “Penguatan Kendali Pemerintah Terhadap Peredaran Obat dan Makanan (Strengthening Government Control on Drug and Food Circulation)” (2017), and “Penguatan FKTP dalam Membangun Kesehatan Keluarga (Strengthening FKTP in Building Family Health)” (2016).

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