




# The Role of International Organizations in Handling Covid-19 Pandemic

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Article Info	Abstract	
<p><b>Keywords:</b> World Health Organization (WHO) ; Covid-19 ; Vaccine.</p>	<p><b>Introduction:</b> The spread of the Covid-19 virus after being designated as a pandemic by the WHO (World Health Organization) in early 2020 had a negative impact on the sustainability of life in the world. The hampering of activities due to lockdown policies to break the chain of transmission of the virus, paralyzed the movement of the world economy.</p> <p><b>Purposes of the Research:</b> This study aims to find out the development of handling the Covid-19 virus as a pandemic and the role of WHO as an international health organization in equalizing vaccine availability.</p> <p><b>Methods of the Research:</b> Normative juridical approach method with a statute approach, a historical approach and an analytical approach.</p> <p><b>Results of the Research:</b> That as an effort to address inequality of access and distribution of Covid-19 vaccines between poor and rich countries, WHO formed a cooperation forum with the Global Alliance for Vaccines and Immunizations (GAVI), Vaccine Alliance, Coalition for Epidemic Preparedness Innovations (CEPI), and UNICEF namely Covid-19 Vaccines Global Access (COVAX) which has set up a pricing mechanism for rich countries to pay a requisite fees as a form of subsidize to poor countries.</p>	

## 1. INTRODUCTION

Since the exploration period, the distribution of resources by traders from one place to another has become something that many people are starting to follow. The media of ship transportation is used to cross the ocean to sell their wares, and the traders will be helped by the sailor sailed. The wares was not the only thing that spread out around the world. Boarding the ship, the carrier of disease such as mosquitoes and flies, pests such as rats and insects, as well as the disease itself began to migrate from its habitat in the hope of seeing the world. The sailor who infected the disease will spread it after they were harbour in the destination country. As well as the other stowaway who got off after arriving to the destination. This is the beginning of the disease on a global scale.

The development of globalization era can also be said to be the globalization of disease, therefore an organization was formed that aims to maintain the health of the world. The organization called the World Health Organization (WHO), hereinafter referred to as WHO, is an international organization under the United Nations (PBB) acting as the international public health coordinator based in Geneva, Switzerland. This organization was established on April 7, 1948, which has the main task of eradicating disease, especially infectious

diseases that have spread widely.<sup>1</sup> The establishment of WHO by the United Nations began with an increase in the mobility of trades and travel which caused the cholera epidemic and another epidemic disease in Europe. Based on a number of other epidemic outbreak cases, an International Sanitary Conference was held as an effort to build an international cooperation mechanism for prevention and control of the disease. With these efforts, it resulted in the adoption of the International Sanitary Convention in 1892 for the control of cholera. This convention was last held in 1938 Paris on the eve of the World War II. Shortly after World War II in 1945, the United Nations proposed the creation of a new health organization and was approved by International Health Conference a year after.<sup>2</sup>

In controlling the deployment of disease, WHO also sponsors programs aimed at preventing and treating infectious diseases, and supporting the development and distribution of safe and effective vaccines; diagnosis of diseases and disorders; and drugs.<sup>3</sup> WHO as a world health agency has a role in tackling health problems that are contagious in the wider society, such as what is currently happening, Corona Virus Diseases 2019 hereinafter abbreviated as COVID-19. The emergence of a pandemic that has lasted more than two years has hit the whole country. The corona virus was first reported to have occurred in the city of Wuhan, China, in December 2019. COVID-19 was officially declared as a pandemic by WHO on March 11, 2020 with confirmed positive cases exceeding 3 million people on April 27.<sup>4</sup>

On December 31, 2019, the Wuhan government confirmed that health officials were treating dozens of patients suffering from mysterious pneumonia. Furthermore, Chinese media reported the first death from this virus, namely a 61-year-old man who was known to be a customer of the Huanan wet market which is suspected to be the beginning of the transmission of the corona virus.<sup>5</sup> Since then, COVID-19 has continued to spread to several countries rapidly and has claimed many victims. Since being designated a Public Health Emergency of International Concern (PHEIC) or Public Health Emergency of World Concern (KKMMD), recorded in the first 3 months (March 2020), it is confirmed that 65 countries with 90,308 people have contracted the Covid-19 virus. The death rate in the world reaches 3,087 people or about 2.3%.

At the end of 2020, there were 4,249,773 confirmed cases worldwide with a death toll of 84,977. The curve of the number confirmed positive cases and deaths is getting higher coupled with the absence of a drug to deal with the surge in the spread of the Covid-19 virus. It was recorded until the end of 2021, the curve of the spread of the Covid-19 virus was different in each country. Globally, the increase in the number of confirmed cases of Covid-19 reached 10 million cases in December 2021, with 42,000 deaths. Based on the scale recorded on the official WHO website, the number of deaths recorded in the last 6 months in 2021, has decreased compared to the previous 6 months, namely January to June 2021. This cannot be separated from the vaccination program carried out by WHO assisted by the

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<sup>1</sup> Hetty Ismainar, M. Dedi Widodo, dan Leon Candra, *Organisasi Manajemen Kesehatan* (Bandung: Widina Bhakti Persada, 2021), p. 21.

<sup>2</sup> Michael McCarthy, 'A Brief History of The World Health Organization', *The Lancet*, Vol 360, Isu 9340, 2002, p. 1, [https://www.thelancet.com/article/S0140-6736\(02\)11244-X/fulltext](https://www.thelancet.com/article/S0140-6736(02)11244-X/fulltext).

<sup>3</sup> Hetty Ismainar, M. Dedi Widodo, dan Leon Candra, *Op.cit.*, p. 29.

<sup>4</sup> Robert Bergquist dan Anna Sofie Stensgaard, 'COVID-19: End of The Beginning?', *Geospatial Health*, Vol 15, No 1, 2020, p. 6, <https://www.geospatialhealth.net/index.php/gh/article/view/897>.

<sup>5</sup> CNN Indonesia, "Jejak Pandemi COVID-19, dari Pasar hingga Mengepung Dunia", CNN Indonesia (online), p. 1, <https://www.cnnindonesia.com/internasional/20210804100935-113-676183/jejak-pandemi-COVID-19-dari-pasar-hingga-mengepung-dunia>.

active role of the governments of each country. The high demand for vaccines was not matched by the availability of vaccines produced by pharmaceutical companies. The role of a country that has influence in the international world provides more advantages rather than a poor country. This creates a sense of injustice for countries with below-average economic capacity categories.

Based on this phenomenon, it shows that there is a problem of injustice in handling the Covid-19 virus in the international world. The international world is based on the absence of a hierarchy of states that have more power over other countries, which is the basis of justice. The ability of the international community to help each other in fulfilling efforts in dealing with the Covid-19 pandemic is required to be implemented. The role of states and international organizations is needed in it. The problems that will be discussed in this study are the development of handling the Covid-19 virus as a pandemic and the role of WHO as an international organization in distributing vaccine availability.

## 2. METHOD

The approach method used in this scientific journal is normative juridical, namely legal research carried out by examining library materials or secondary legal materials as the basis for research by conducting searches on regulations related to the issues discussed.<sup>6</sup> The researcher uses a statutory approach and an analytical approach as the basis for scientific journal research.

## 3. RESULTS AND DISCUSSION

### 3.1 The Development of Handling Corona Virus As A Pandemic

#### a. The Covid-19 Pandemic Period (July 2021 – June 2022)

After the first cases emerged in Wuhan at the end of 2020, the Covid-19 pandemic has not been well controlled. The cases continue to increase even though various countermeasures have been carried out in a coordinated manner from the international to the national level. The policies such as 5M (wearing masks, washing hands, maintaining distance, avoiding crowds and limiting mobility and interaction), implementing Community Activity Restrictions or PPKM, implementing Large-Scale Social Restrictions or PSBB, and holding vaccination programs to break the chain of transmission of the Covid-19 virus. Indonesia has experienced the first wave of Covid-19 after the Christmas and New Year holidays in January 2021, then in June 2021 the second wave began.<sup>7</sup> The emergence of the second wave along with the discovery of the first vaccine, helped a little to deal with the spread of the Covid-19 virus throughout the world. However, the availability of vaccines has not been able to meet the needs of all countries. In the early of 2022, the emergence of the Omicron variant led to the third wave of the Covid-19 pandemic. Although vaccines have been found that can form antibodies against viruses, in several European countries such as Austria, the Netherlands and Germany.<sup>8</sup>

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<sup>6</sup> Soerjono Soekanto dan Sri Mamudji, *Penelitian Hukum Normatif Suatu Tinjauan Singkat*, (Jakarta: Raja Grafindo Persada, 2006), p. 13 – 14.

<sup>7</sup> Ibnu Susanto Joyosemito and Narila Mutia Nasir, "Gelombang Kedua Pandemi Menuju Endemi Covid-19: Analisis Kebijakan Vaksinasi Dan Pembatasan Kegiatan Masyarakat Di Indonesia," *Jurnal Sains Teknologi Dalam Pemberdayaan Masyarakat* 2, no. 1 (2021): 55–66, <https://doi.org/10.31599/jstpm.v2i1.718>.

<sup>8</sup> News Okezone, "3 Negara Eropa Yang Alami Gelombang Ketiga Corona, Nomor 1 Langsung Lockdown Ketat", Diakses pada <https://news.okezone.com/read/2021/12/10/18/2515158/3-negara-eropa-yang-alami-gelombang-ketiga-covid-19-nomor-1-langsung-lockdown-ketat?page=2>.

Since the start of the pandemic, WHO has received several reports of outbreaks that may be related to the SARS-CoV-2 variant. WHO routinely assesses whether the emergence of various viral variants affects transmission, clinical presentation and disease severity, diagnostic methods, therapeutics, and vaccine development.<sup>9</sup> This is evidenced by the emergence of new mutations, namely the Alpha variant (September 2020 in the UK), Beta (May 2020 in Africa), Gamma (November 2020 in Brazil), Delta (October 2021 in India) and Omicron (November 2021 in South Africa).<sup>10</sup> The appearance of adjacent Delta and Omicron variants triggered the second and third waves worldwide. The speed of the transmission of the two compared to the previous mutations caused the spread of the SARS-CoV-2 virus to be faster. The Omicron variant in particular, played a major role in sharply increasing the number of Covid-19 cases. The curve of confirmed cases and the number of deaths, which initially declined slightly, has increased. Supported by the emergence of the vaccine, although not all countries get it evenly, public awareness begins to decline.



Source: Primary Data of WHO Dashboard on <https://covid19.who.int/>

**Figure 1.**  
**Omicron Covid-19 Global Variant Distribution Map as of 9 January 2022**

#### **b. Distribution of Covid-19 Vaccines**

The Covid-19 pandemic has had an impact on various aspects that harm society, not only suffering from pain and death, but also in the economic, social and cultural fields. The inhibition of daily activities with social distancing in the form of PPKM and PSBB causes the GDP (Gross Domestic Product) of each country, especially Indonesia, to continue to shrink. To reduce the number of Covid-19 cases, intervention is needed, not only in the application of health protocols, but more effective interventions are needed to break the chain of transmission, namely in the form of vaccination.<sup>11</sup> In situations of limited supply, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) proposes 3 priority stages based on risk groups in the vaccination program. These groups are health workers, groups at risk of death or serious illness (comorbid), and public officials.

Indonesia as one of the countries with the third largest population in the world, strives for an equitable vaccination program. The limitations of vaccines obtained by the government have caused the implementation of national vaccination to be carried out in 4 stages. The first phase prioritized for health workers, including assistants to health workers,

<sup>9</sup> Adityo Susilo et al., "Review of Current Literatures Mutasi Dan Varian Coronavirus Disease 2019 (COVID-19): Tinjauan Literatur Terkini," *Jurnal Penyakit Dalam Indonesia* 9, no. 1 (2022): 59–81.

<sup>10</sup> Susilo et al.

<sup>11</sup> Rayhana Maria, "Analisis Distribusi Vaksin Covid-19 Dengan Metode *Cold Chain* Dalam Memelihara Kualitas Vaksin (Studi Kasus Pada Puskesmas di Wilayah Kota Depok)", Politeknik Negeri Jakarta, 2021.

students of the medical profession and working in health care facilities. The second phase is for the people of Jakarta, public service officers (TNI and POLRI), law enforcement officers and other public service officers (officers at airports, ports, stations, terminals, banking, PLN, PDAM, and some of them), also included elderly residents (above 60 years). The third phase is for the vulnerable community from the geospatial, social and economic aspects. The fourth phase is for the community and other economic actors.

Vaccination priorities for certain groups are carried out as a form of mitigating the impact of the needs for outside activities by these groups. The government also cooperates with the private sector to be able to vaccinate workers. The benefits of the vaccination program are not only felt for the workers, but also for the company's image which will be assessed better and optimize performance. The mutual cooperation vaccination carried out by the government together with the private sector expected to reduce the burden on the government and allow for reinforcement in achieving the Sustainable Development Goals program. The government's ability in procure the vaccines for the society is constrained by limited numbers, it cause mix and match or heterolog vaccines in the used of doses. Heterologous vaccines involve the administration of the same or similar disease antigens through two different types of vaccines, the first dose to build the immune system and the next dose of a different type to enhance the immune response.<sup>12</sup> The Indonesian government has procured a vaccination program with various combinations. The prescribed dose has been adjusted to the effectiveness of the immune system. The vaccination program which has entered the Vaccine Booster phase, has so far been considered sufficient to reduce the number of confirmed positive cases, supported also by health workers who have adapted in dealing with the Covid-19 pandemic phenomenon.

Jenis Vaksin	Booster	Dosis	Vaksin Primer
CoronaVac / Vaksin COVID-19 Bio Farma	Homolog	1 dosis	Sinovac (CoronaVac/ Vaksin COVID-19 Bio Farma)
Pfizer (Cominaty)	Homolog	1 dosis	Pfizer
AstraZeneca	Homolog	1 dosis	AstraZeneca
Moderna	Homolog/ Heterolog	1/2 dosis	Moderna, AstraZeneca, Pfizer (Cominaty), Janssen
Zifivax	Heterolog	1 dosis	Sinovac (CoronaVac/ Vaksin COVID-19 Bio Farma), Sinopharm

**Usia penerima:** >18 tahun  
**Rentang waktu:** min. 6 bulan setelah vaksinasi primer

**Keterangan:**

- **Booster Homolog:** vaksin booster sama dengan vaksin primer
- **Booster Heterolog:** vaksin booster berbeda dengan vaksin primer
- **Vaksin Primer:** vaksin yang digunakan untuk dosis 1 dan 2

**2 Ayo Pakai Masker, Ayo Cepat Vaksin**

**Kementerian Komunikasi dan Informatika - RI**

Sumber: pom.go.id | Olah Visual 100122/VAC | Info COVID-19: covid19.go.id | s.id/infovaksin (KPCPEN)

Source: Ministry of Communications and Informatics of the Republic of Indonesia

**Figure 2.**  
**Primary and Booster Vaccine Doses**

### 3.2 The Role of WHO in Vaccine Availability.

The implementation of the Covid-19 vaccine, especially in poor countries, has its own challenges due to several things that can become obstacles in the implementation of the

<sup>12</sup> Rita Khairani, "Strategi Mix-and-Match Vaksin COVID-19, Seberapa Efektifkah?," *Jurnal Biomedika Dan Kesehatan* 4, no. 3 (2021): 87-89, <https://doi.org/10.18051/jbiomedkes.2021.v4.87-89>.

vaccine itself. This is evidenced by the scarcity of vaccines that had occurred in African countries, which was also supported by hoarding factors and export bans.<sup>13</sup> In addition, the infrastructure and medical personnel in Africa were still very limited so that the health facilities are often found to be overcrowded due to staff shortages.<sup>14</sup> Meanwhile, easy access to the Covid-19 vaccine as well as booster doses in large countries such as the United States is available up to children aged 5.<sup>15</sup>

### a. Poor Country

Chad, is one of the poorest countries in Central Africa which one third of it was the Sahara desert, is a clear testament to the delay and widespread shortage of Covid-19 vaccine supply, it is still waiting in line to get vaccines for its citizens.<sup>16</sup> Furthermore, Haiti also experienced a shortage of vaccines for a year after the pandemic began to be offered to its 11 million population.<sup>17</sup> According to the People's Vaccine Alliance, which includes Amnesty International, Frontline AIDS, Global Justice Now and Oxfam said at least 90% of people in 67 low-income countries have little chance of getting vaccinated against Covid-19 by 2021 because rich countries have ordered more than they need and the developers don't share their intellectual property.<sup>18</sup>

In addition, there is also the only country on the African continent that has not started the Covid-19 vaccination, namely Eritrea.<sup>19</sup> In Eritrea, as many as 6,547 thousand people have been detected with Covid-19 and 35 people have died.<sup>20</sup> Overall, 11.753,000 million people in Africa have been exposed to Covid-19 and 253,000 thousand people are reported to have died.<sup>21</sup> For some of the countries that have been described, this shows that access to the Covid-19 vaccine is very limited for poor countries, which in this case is in Africa. This limited access is also due to the fact that it is easier for large countries to spend more money to order vaccines several times over for their citizens.<sup>22</sup> Meanwhile, low-income countries can only enter into their first vaccine purchase agreement in January 2021, 8 months after the United States and Britain made their purchase agreement.<sup>23</sup> In addition,

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<sup>13</sup> "The Race to Vaccinate: Why Africa is Struggling to Get Covid Jabs", <https://www.france24.com/en/live-news/20210921-the-race-to-vaccinate-why-africa-is-struggling-to-get-covid-jabs>.

<sup>14</sup> Gizachew A Tessema *et al*, "The COVID-19 Pandemic and Healthcare System in Africa: A Scoping Review of Preparedness, Impact, and Response", *BMJ Global Health*, Vol. 6, Isu 12, 2021, p. 2, <https://gh.bmj.com/content/6/12/e007179>.

<sup>15</sup> Umair Irfan, "Why are rich countries still monopolizing Covid-19 vaccines?", <https://www.vox.com/22759707/covid-19-vaccine-gap-covax-rich-poor-countries-boosters>.

<sup>16</sup> Krista Larson, "Vaccine Deserts: Some Countries Have No COVID-19 Jabs At All", <https://apnews.com/article/africa-coronavirus-vaccine-coronavirus-pandemic-business-government-and-politics-2d5eab50c1ef8bd63b1a48331f4c3025>.

<sup>17</sup> "Haiti has no Covid vaccine doses as violence looms larger than pandemic", <https://www.theguardian.com/world/2021/apr/05/haiti-no-covid-vaccine-doses>.

<sup>18</sup> Owen Dyer, 'Covid-19: Many Poor Countries Will See Almost No Vaccine Next Year, Aid Groups Warn', *BMJ*, 2020, p. 1, <https://doi.org/10.1136/bmj.m4809>.

<sup>19</sup> "Eritrea is The Only African Country Without COVID-19 Vaccination", [https://www.dailysabah.com/world/africa/eritrea-is-the-only-african-country-without-covid-19-vaccination?gallery\\_image=undefined#big](https://www.dailysabah.com/world/africa/eritrea-is-the-only-african-country-without-covid-19-vaccination?gallery_image=undefined#big).

<sup>20</sup> *Ibid*.

<sup>21</sup> "World Coronavirus Tracker and Maps", <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/regions/africa/>.

<sup>22</sup> Keith Collins dan Josh Holder, "See How Rich Countries Got to the Front of the Vaccine Line", <https://www.nytimes.com/interactive/2021/03/31/world/global-vaccine-supply-inequity.html>.

<sup>23</sup> *Ibid*.

these large countries also have the potential to stockpile Covid-19 vaccines excessively, so the World Health Organization (WHO) strongly condemns rich countries for stockpiling the Covid-19 vaccine as well as treatment and protective equipment. <sup>24</sup>

## **b. International Cooperation Forum**

WHO's concerns regarding inequalities in access and distribution of Covid-19 vaccines between poor and rich countries were finally agreed by forming a cooperation forum with international organizations, namely the Global Alliance for Vaccines and Immunizations (GAVI), Vaccine Alliance, and Coalition for Epidemic Preparedness Innovations (CEPI). and WHO with UNICEF, in an effort to ensure that access to the Covid-19 vaccine is evenly distributed throughout the country. This collaboration is called Covid-19 Vaccines Global Access (COVAX) which is one of the four pillars of the Access to Covid-10 Tools (ACT) Accelerator, an initiative that started in April 2020. <sup>25</sup> The ACT Accelerator is a global collaboration to accelerate development, production, and equitable access to COVID-19 diagnostics, therapies and vaccines. <sup>26</sup> With regard to the formation of the ACT, these include the WHO, the Government of France, the European Commission, and the Bill & Melinda Gate Foundation which aims to bring together government, business, civil society, scientists, philanthropists and global health organizations. <sup>27</sup> The four pillars of the ACT include Vaccines (COVAX), diagnostics, therapy, and the health system. <sup>28</sup>

COVAX plans to deliver as much as two billion doses of the Covid-19 vaccine by the end of 2021, mainly in low to middle income countries where this represents about 20% of the participating countries' vaccine needs. <sup>29</sup> More than 90 low-income and middle-income countries will be eligible to receive 1 billion doses of the Covid-19 vaccine at the low price of an estimated \$1.60 or even no cost. <sup>30</sup> For the criteria of vaccine recipients through COVAX, this includes population groups with a higher risk of death, disease burden, threats, vulnerabilities, product supply and logistics, country circumstances, and global health security priorities. <sup>31</sup>

With the establishment of COVAX, it requires large capital as well as commitment from rich countries. This is because the COVAX pricing mechanism has been set up for rich countries to pay a premium to subsidize poor countries. <sup>32</sup> COVAX also cooperates with the governments and vaccine manufacturers around the world which also includes rich countries as supporters of this program, namely the United States, New Zealand, United Arab Emirates, France, Germany, Italy, Spain, Sweden, and Portugal. <sup>33</sup> Based on the types of vaccines distributed through the COVAX program, Oxford-AstraZeneca was the first

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<sup>24</sup> Robert Towey, "WHO Criticizes Wealthy Nations for Hoarding Covid Treatments and Vaccines, Saying it's Prolonging Pandemic", <https://www.cnn.com/2021/09/07/who-says-wealthy-nations-are-prolonging-pandemic-by-hoarding-covid-treatments-and-vaccines.html>.

<sup>25</sup> Hidayat Aliouche, "What is COVAX?", <https://www.news-medical.net/health/What-is-COVAX.aspx>.

<sup>26</sup> WHO Team, "COVAX, the ACT-Accelerator Vaccines Pillar", <https://www.who.int/publications/m/item/covax-the-act-accelerator-vaccines-pillar>.

<sup>27</sup> Hidayat Aliouche, *Loc. Cit.*

<sup>28</sup> *Ibid.*

<sup>29</sup> *Ibid.*

<sup>30</sup> *Ibid.*

<sup>31</sup> WHO Team, *Loc. Cit.*

<sup>32</sup> "What is COVAX? All You Need to Know in 500 Words", <https://www.aljazeera.com/news/2021/2/24/what-is-covax-all-you-need-to-know-in-500>.

<sup>33</sup> "Covax: How many Covid vaccines have the US and the other G7 countries pledged?", <https://www.bbc.com/news/world-55795297>.

vaccine manufacturer to register under this program in June 2020.<sup>34</sup> In January, COVAX signed an agreement with Pfizer-BioNTech to purchase up to 40 million doses of their vaccine.<sup>35</sup> In addition, made a memorandum of understanding with Johnson & Johnson for 500 million single vaccine doses.<sup>36</sup>

The Republic of Ghana, was the first country to receive the Covid-19 virus vaccine through the COVAX program with the delivery of 600,000 doses of AstraZeneca vaccine in Accra, prioritizing the health workers as recipients of the first vaccine.<sup>37</sup> According to GAVI data, currently COVAX has distributed 1.43 billion doses of Covid-19 vaccine to 145 countries covering the continents of Africa, Europe, Asia and the Pacific, and America.<sup>38</sup> In its distribution, it has also used many types of Covid-19 vaccines which include Johnson & Johnson, Pfizer-BioNTech, AstraZeneca, Moderna, Sinovac, and Sinopharm.<sup>39</sup>

With regard to the state process for obtaining the Covid-19 vaccine from the COVAX facility, this can be accessed through the COVAX Facility Advance Market Commitment (AMC). COVAX AMC is a financing instrument that will support the participation of 92 low- and middle-income countries in COVAX facilities and are required to develop a Covid-19 National Vaccination and Dissemination Plan (NDVP) which is reviewed by WHO, UNICEF and other partners to help countries ensure the plan well.<sup>40</sup> A National Vaccination and Dissemination Plan (NDVP) is an operational plan to implement and monitor a country's rollout of Covid-19 vaccinations that serves as the 'one country plan' and the primary framework for a country's vaccine introduction and vaccination efforts.<sup>41</sup> The NDVP outlines several key aspects of a country's preparedness, which include:<sup>42</sup>

- 1) regulatory preparedness
- 2) planning and coordination
- 3) costs and funding
- 4) target population and vaccination strategy
- 5) supply chain and healthcare waste management
- 6) human resource management and training
- 7) receiving and requesting vaccines
- 8) vaccine safety
- 9) immunization monitoring.

The country's NDVP must be well planned to ensure that the main readiness criteria are met so that access to Covid-19 vaccine doses can run effectively.

### **c. The Solution of Covid-19 (July 2021 - June 2022)**

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<sup>34</sup> "Explained: What is COVAX, the scheme to distribute Covid-19 vaccines around the world?", <https://indianexpress.com/article/explained/explained-covax-scheme-to-distribute-covid-19-vaccines-around-the-world-7204738/>.

<sup>35</sup> *Ibid.*

<sup>36</sup> *Ibid.*

<sup>37</sup> "Covax vaccine-sharing scheme delivers first doses to Ghana", <https://www.bbc.com/news/world-africa-56180161>.

<sup>38</sup> Marta Frackowiak et al, "Factbox: Vaccines delivered under COVAX sharing schemes for poorer countries", <https://www.reuters.com/business/healthcare-pharmaceuticals/vaccines-delivered-under-covax-sharing-scheme-poorer-countries-2022-01-03/>.

<sup>39</sup> *Ibid.*

<sup>40</sup> WHO, "Country Readiness for COVID-19 Vaccines", <https://www.who.int/news-room/feature-stories/detail/country-readiness-for-covid-19-vaccines>.

<sup>41</sup> *Ibid.*

<sup>42</sup> *Ibid.*



With regard to the handling of Covid-19, many from each country focus on the implementation of vaccinations and boosters to reduce the number of Covid-19 transmission more. Jonathan Abraham, an assistant professor of microbiology at the Blavatnik Institute at Harvard Medical School and an infectious disease specialist at Brigham and Women's Hospital, says that booster injections are meant to increase the body's immune response levels by tricking the immune system into thinking it's seeing a pathogen again, so antibody-producing cells, and other immune cells, are recalled and as a result the quantity and quality of antibodies produced can increase.<sup>43</sup>

Based on statistics of July 2021 by Our World in Data, several major countries such as the United Kingdom, United States, Republic of Chile, and so on, have reached as much as 50% of the population which has been partially vaccinated.<sup>44</sup> Meanwhile, low-income countries such as Afghanistan, the Republic of Chad, the Republic of Haiti, and so on, have a lower vaccination rate of less than 10% of the population.<sup>45</sup> This gap occurs due to several reasons such as stockpiling, production constraints, supply chain constraints that are clogged, as well as lost communication between vaccine makers, donors, and recipients.<sup>46</sup> Thus, on September 22, 2021, the United States at the Global Covid-19 Summit (Summit) promised to contribute an additional 500 million doses of Pfizer vaccine to be sent via COVAX as an effort to increase access for low-income countries.<sup>47</sup>

e implementation of the Covid-19 vaccination by several countries is based on the Covid-19 Strategic Preparedness and Response Plan (SPRP) made by WHO as a guide in dealing with Covid-19 which is more measurable nationally, regionally, and globally. The first SPRP by WHO was published on February 4, 2020 with a focus on suppressing the spread of Covid-19, reducing exposure, protecting the vulnerable and saving lives.<sup>48</sup> In the 2022, SPRP explained in more detail about 5 important components that are interconnected as a form of handling and responding to Covid-19, namely:<sup>49</sup>

- 1) Surveillance, laboratory and public health intelligence

The Covid-19 surveillance is carried out by tracking the spread and development of SARS-CoV-2 by quickly detecting and classifying the variants found, as well as adjusting public and social health measures as well as medical measures.<sup>50</sup> In making these oversight adjustments, the countries could strengthen inpatient and intensive care surveillance, health system capacity, and mortality.<sup>51</sup> For laboratories, the countries need to adjust Covid-19 tests that are managed professionally and independently by taking into account the latest epidemiology, available resources, and priority community needs.<sup>52</sup>

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<sup>43</sup>Dennis Nealon, "Breaking down boosters", <https://news.harvard.edu/gazette/story/2021/11/understanding-the-science-behind-a-vaccine-booster/>.

<sup>44</sup> Umair Irfan, *Loc.Cit.*

<sup>45</sup> *Ibid.*

<sup>46</sup> *Ibid.*

<sup>47</sup> WHO, "Global leaders commit further support for global equitable access to COVID-19 vaccines and COVAX", <https://www.who.int/news/item/23-09-2021-global-leaders-commit-further-support-for-global-equitable-access-to-covid-19-vaccines-and-covax>.

<sup>48</sup> WHO, "Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022", <https://reliefweb.int/report/world/strategic-preparedness-readiness-and-response-plan-end-global-covid-19-emergency-2022>.

<sup>49</sup> *Ibid.*, p. 2.

<sup>50</sup> *Ibid.*, p. 8.

<sup>51</sup> *Ibid.*

<sup>52</sup> *Ibid.*, p. 9.

2) Vaccinations, public health intervention, and the communities involved

It is hoped that Covid-19 vaccination in each country has reached 70% of their population by mid-2022 and in achieving this target, they can focus on vaccination of clinically vulnerable society in accordance with the WHO Prioritization Roadmap, and use optimal vaccine schedules, including boosters. <sup>53</sup> With regard to public and community health engagement, WHO will continue to track the implementation of this in each country and guide on appropriate measures to be used. <sup>54</sup>

3) Safe and scalable clinical care, and a resilient health system

To facilitate rapid action and deployment of new treatments at the country level, WHO created a COVID-19 clinical care readiness (C3R) framework together with ACT-A partners, which enables countries to identify barriers to COVID-19 treatment in a timely and effective manner.<sup>55</sup> In addition, several actions are also needed as an effort to protect, support and empower health workers by strengthening the capacity and optimal management of the health workforce team; mobilizing additional health workers with new recruits; rationalization of the deployment and distribution; and strengthening public health personnel. <sup>56</sup>

4) Research, development and equitable access in essential countermeasures and supplies

In an effort to access fair vaccines and increase international support, WHO together with UNICEF and GAVI have formed the Covid-19 Vaccine Delivery Partnership and the ACT Health System Response Connector, which is also working with the Health System Response Connector. World Bank and CDC Africa. <sup>57</sup> In this regard, there are 4 areas that have important value in increasing vaccination coverage in the country, namely i) community involvement, ii) communication and education, iii) improving service quality, iv) supportive policies. <sup>58</sup> For research and development, there are 5 main priorities, namely i) placing research at the center of the pandemic response, ii) better data interpreting better decisions and results, iii) building trust in global science, iv) research must be centered on equitable access, v) pandemic research should be a long-term investment. <sup>59</sup>

The form of WHO's implementation in increasing vaccination coverage in Southeast Asia, on October 4, 2021, launched an online Risk Communication and Community Involvement Experience Sharing (KRPM) with the title 'Management of Infodemic and Misinformation in Indonesia'. <sup>60</sup> In addition, on November 15, 2021, WHO also provided technical assistance to the Ministry of Health (Kemenkes) and the Health Office (Dinkes) in the installation of an ultra-cold temperature freezer in one province, and support in carrying out trainings on the handling and management of the Covid vaccine. -19 Pfizer-BioNTech throughout Indonesia. <sup>61</sup> In other states, on January 15, 2022 WHO together with COVAX

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<sup>53</sup> *Ibid.*, p. 11.

<sup>54</sup> *Ibid.*

<sup>55</sup> *Ibid.*, p.13.

<sup>56</sup> *Ibid.*, p.15.

<sup>57</sup> *Ibid.*, p. 17.

<sup>58</sup> *Ibid.*, p.18.

<sup>59</sup> *Ibid.*

<sup>60</sup> WHO Indonesia, "Coronavirus Disease 2019 (Covid-19) Ikhtisar Kegiatan - 17", <https://covid19.go.id/peta-sebaran-covid19>.

<sup>61</sup> WHO Indonesia, "Coronavirus Disease 2019 (Covid-19) Ikhtisar Kegiatan -18", 2021 <https://covid19.go.id/peta-sebaran-covid19>.

partners delivered 1.1 million vaccines to Rwanda, which was also followed by billions of vaccine doses to others.<sup>62</sup>

In relation to the handling of Covid-19 in Indonesia, based on data from the United Nations Office for the Coordination of Humanitarian Affairs as of December 2, 2021, that Indonesia has received around 387 million Covid-19 vaccines and for the achievement of priority group vaccinations, it is divided as follows:<sup>63</sup>

- 1) Elderly with the achievement of Dose I as much as 11.6 million and Dose II as much as 7.5 million
- 2) Vulnerable people and the general public with the achievement of Dose I as much as 81.8 million and Dose II as much as 51.2 million
- 3) Children 12-17 years with the achievement of Dose I as much as 20.4 million and Dose II as much as 14.7 million
- 4) Public officers with the achievement of Doses I and II as much as >100%
- 5) The health workers with the achievement of Doses I and II as much as >100%, Dose III/booster as much as 1.2 million.

In addition, the implementation of vaccination in Canada until December 29, 2021 has reached a total of 30 million people with the first dose of Covid-19 vaccination, while 29 million people have completed the first and second doses.<sup>64</sup> For children aged 5-11 years, 1 million people have received the first dose and 37,216 people have been fully vaccinated.<sup>64</sup>

#### 4. CONCLUSION

The handling of the Covid-19 virus as a pandemic is entering its third wave. After the start of vaccine distribution in mid-2021, it is quite helpful in reducing the number of confirmed cases. The government and the private sector work together in the implementation of the Mutual Cooperation Vaccination program which is carried out to achieve the Sustainable Development Goals program. The implementation of the heterologous or mix and match vaccine system is carried out in a vaccination program that is held at a predetermined dose based on the effectiveness of each vaccine. Inequality of access and distribution of Covid-19 vaccines between poor and rich countries, in coordination with WHO as an international organization, agreed to form a cooperation forum with international organizations, namely the Global Alliance for Vaccines and Immunizations (GAVI), Vaccine Alliance, and Coalition for Epidemic Preparedness Innovations. (CEPI) and WHO with UNICEF, in an effort to ensure that access to the Covid-19 vaccine is spread evenly throughout the country. This collaboration is called Covid-19 Vaccines Global Access (COVAX), where the COVAX pricing mechanism has been set up so that rich countries pay a premium to subsidize poor countries.

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<sup>62</sup> WHO, "COVAX Delivers Its 1 Billionth COVID-19 Vaccine Dose", <https://www.who.int/news/item/16-01-2022-covax-delivers-its-1-billionth-covid-19-vaccine-dose>.

<sup>63</sup> Kantor PBB untuk Koordinasi Urusan Kemanusiaan, "Update Situasi Penanganan COVID-19 di Indonesia", [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/20211203\\_situation\\_update-bahasa.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/20211203_situation_update-bahasa.pdf).

<sup>64</sup> *Ibid.*

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