

To Be Young and Rich: Indonesia's Vaccination Controversies

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No parliamentary opposition means the government is not held to account for its vaccination programme.

Indonesia's pandemic response and relief efforts continue to struggle with the tensions between economic and health priorities. Last year, this manifested itself in the uneven and changing "lockdown" policies restricting social mobility. At the very beginning of the pandemic's spread in Indonesia, President Widodo [warned](#) provincial governments not to endanger the economy by imposing lockdowns. Indonesia still is suffering from its' [first very long wave](#) of confirmed Covid-19 infections.

In January, 2021, this unresolved tension was revealed in a new polemic and policy flip-flop. Government statements explained that the *productive* age group would receive Covid-19 vaccines first and people over the age of 65 later. To underline this prioritisation policy, President Widodo, who is 59, was vaccinated on 13 January. Vice-President Maruf Amin, who is 77, was not.

On the same day, Professor Amin Soebandrio, a government advisor on the pandemic, [argued](#) that it was best to immunise working people - "who go out of the house and all over the place and then at night come back home to their families" where they might infect elderly family members. The professor's assertion ignores the lack of confirmed data that the vaccines stop transmission. Available data only confirm that they prevent serious illness in those vaccinated. Medical experts in and outside Indonesia have [criticised](#) the Widodo administration's vaccination prioritisation policy.

The administration also justified this controversial prioritisation policy by noting that the National Agency of Drug and Food Control (BPOM) had not authorised vaccines for use on people over 65. On 7 February, BPOM [approved](#) the Sinovac Biotech vaccine for use for people aged 65 years and older. Ten days later, Vice-President Amin was vaccinated. Two days after that, the age criterion for vaccination was dropped, and discussions over the economic benefits of vaccinating the "productive" age group first fell silent.

A second prioritisation controversy has been whether people can pay for vaccination outside the government's free vaccination programme. On 14 January, the Health Minister announced the government was considering allowing the [private sector](#) to purchase and distribute for free approved vaccines to their employees, alongside the government's own free vaccinations. Private sector lobby groups, including the powerful Indonesian Chamber of Commerce (KADIN), have been [promoting](#) this commercial alternative. President Widodo has announced that the government regulations for this private sector parallel programme, termed Independent Vaccination (Vaksinasi Mandiri), would be issued in late February or March.

The question remains if the Mandiri programme will be able to obtain sufficient supplies of vaccines from outside the seven being purchased by the government given current

global demand.

Mandiri is motivated by businesses wishing to speed up the vaccination of their employees to minimise the pandemic's continuing impact on their bottom lines. Mr Rosan P. Roeslani, the Chair of KADIN, told [the media](#) that "factories currently operating at half-capacity could return to normal after workers received their shots."

As of mid-February, it is reported that the government has [28 million doses](#) available, with more arriving in stages. The Mandiri programme would provide additional dosages, though still managed through the government. To avoid competition for supplies, the government has stated clearly that any vaccines bought through the Mandiri programme would have to be different from the seven vaccines being purchased by the government. These [seven](#) are: Sinovac Bio Farma; AstraZeneca; Sinopharm; Moderna; Novavax Inc.; Pfizer Inc. and BioNTech; and Sinovac Biotech.

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While the Mandiri scheme will not be competing with the government programme in sourcing vaccines, there are concerns that it will result in wealthy people being able to jump the vaccination queue by paying for the privilege. The current Health Minister Budi Gunadi Sadikin has [warned](#) that this perception must be avoided. At the same time though, KADIN's Rosan Roselani has been quoted as saying: "[It's like going to the Disneyland ... if you want to go faster, there's a priority pass, but you must pay more](#)".

Meanwhile, [according to statista.com](#) 78% of Indonesians fear falling ill from Covid-19. Despite these widespread community fears, the government has decided that it needs to threaten people with [fines and other sanctions](#) to ensure they will get vaccinated, when it becomes available. These sanctions have already attracted the criticism that they will hit the poor hardest. By the end of February, Indonesia had recorded [1,329,074](#) confirmed Covid-19 cases, although this is based on a [very low testing rate](#), and 35,981 related deaths. As of February 22, 732,634 people, 0.27% of the population, had been fully vaccinated.

It is too early to assess what impact the economic divides reflected in these controversies will have on the management of the vaccination roll-out itself. The additional resources from the Mandiri program could possibly speed up vaccination, assuming everything goes smoothly. Politically, policy criticism of the vaccination programme, so far, has only come from experts and civil society, and not from the political opposition in the legislature. This weakness in political accountability from within the political system may make mismanagement easier and more likely.

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