

Fulfillment of the Right to Health through Vaccination Services Covid-19 in Palu City - Central Sulawesi, Indonesia

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ABSTRACT

The Government's efforts to prevent the transmission of Covid-19 through the provision of vaccines and vaccination services are a manifestation of the Government's responsibility to fulfill citizens' health rights. Some of the community groups prioritized to get vaccination services are civil servants (PNS) and non-civil servants (non-PNS) who work in government agencies. This study is located in the city of Palu, Central Sulawesi Province (Indonesia). The research questions to be discussed in this paper are: how is the right to health implemented in the Covid-19 vaccination process for civil servants) and non-civil servants working at Tadulako University? Furthermore, from the results of the analysis of the research questions, conclusions were drawn: (a) the fulfillment of the right to health through Covid-19 vaccination services for employees (PNS) and non-PNS working at Tadulako University has not yet reached the set target.

Keywords: Health rights, Covid-19 vaccination, PNS, non-PNS, Tadulako, Palu City Indonesia.

1. INTRODUCTION

The Covid-19 pandemic that is engulfing all countries in the world today not only killed millions of people but also disrupted social interactions between citizens and between family members, interfere with public service activities disrupting the activities of economic life, especially the flow of goods and services trade,[1] even had time to disrupt the political agenda in several countries.[1]–[3]

All of this demands serious attention from governments in each country and cooperation between countries. Under international law, states have an obligation to cooperate with other states and protect other states from harmful acts committed by individuals within their jurisdiction.[4] Governments in each country bear a moral responsibility in protecting and saving everyone's lives from the onslaught of the Covid-19 pandemic.

Since the World Health Organization (WHO) declare Covid-19 as a global pandemic on March 11, 2020,[5] Governments from various countries have responded with various prevention policies. Especially after WHO recommended standard health protocols that became a reference for the international community, namely self-

isolation, Stay at Home, Work from Home, Physical Distance.[6] On that basis, governments in several countries have been forced to isolate people positively infected with Covid-19, quarantine people who have had close contact with people infected with Covid-19; some have even set a lockdown.[7] restrictions on cross-border travel accompanied by city lockdowns and curfews.[8]

In Indonesia, various policies have been carried out by the Central Government and local governments to tackle the spread of the virus Covid-19. In addition to having to follow the health protocol standards set by WHO (Stay at Home, Work from Home, Physical Distance) as well as the policy of banning Lebaran homecoming (Idul Fitri) since May 2020 and April-May 2021,[9] change the habit of official meetings, including the learning system from face to face to indirect by using the zoom application,[10] also carry out Covid-19 vaccination services by referring to the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of the Year 2021 regarding the Implementation of Vaccination in the Context of Combating the Corona Virus Disease 2019 (Covid-19) Pandemic. The groups that receive priority in the Covid-19 vaccination service are civil servants and non-civil servants who work for all

government agencies from the center (in Jakarta) to the regions. This policy departs from the consideration that civil servants and non-civil servants who work in government agencies are state servants who must come forward in providing maximum public services. Therefore, for public services to be realized optimally, civil servants and non-civil servants working in government agencies must be healthy and not infected with Covid-19.

In the city of Palu, Central Sulawesi Province, the priority for getting vaccination services is civil servants and non-civil servants who work in all government agencies. In getting the Covid-19 vaccination service, civil servants and non-civil servants working in government agencies can visit all hospitals provided by the Central Sulawesi Provincial Government and Palu City Government and Community Health Center units (Puskesmas). Implementation of the Covid-19 vaccination for civil servants and non-civil servants working in government agencies does not use the "mutual assistance vaccination" scheme but uses the "program vaccination" scheme. Based on Article 3 of the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021 concerning the Implementation of Vaccination in the Context of Combating the 2019 Corona Virus Disease Pandemic, that vaccine recipients in the vaccination service program are not burdened with a fee (free).

However, since the Covid-19 vaccination was carried out in early March 2021, not all civil servants and non-civil servants working for government agencies in the city of Palu have complied with the recommendation to vaccinate Covid-19. There has been much sad news on the Whatsapp (WA) media, saying that yet another colleague has died from being infected with Covid-19. Furthermore, because not all civil servants and non-civil servants working in government agencies have complied with the recommendation to vaccinate Covid-19, the dose of Covid-19 vaccine distributed by the Central Sulawesi Provincial Health Office to all hospitals and public health center units in the city Palu, not all of them are used according to the target set. So, since the opening of the Covid-19 vaccination service, On that basis, it is interesting to conduct a study on the implementation of vaccination (scheme) *vaccination program* for civil servants and non-civil servants. The research question is: how is the right to health guaranteed in *the implementation of the Covid-19 vaccination for civil servants and non-civil servants working in government agencies?*

2. RESEARCH METHOD

The legal material that underlies the writing of this paper comes from the results of a literature study, namely

in the form of regulatory documents related to the context of studies, opinions, and studies of experts contained in books and articles in various journals or proceedings. To enrich the study material, the authors collected data on the number of civil servants and non-civil servants who were called to get the Covid-19 vaccine, the number of participants who had been vaccinated, and the number of participants who had not received the Covid-19 vaccination service. The subjects that are the focus of the study are limited to civil servants and non-civil servants who work at Tadulako University. The research location is centered at the Tadulako Hospital, namely the hospital belonging to Tadulako University and managed by the medical faculty of Tadulako University. Furthermore, all legal materials obtained from the results of library searches and data from the implementation of the Covid-19 vaccination were analyzed qualitatively and presented descriptively.

3. RESULTS AND DISCUSSION

3.1. The Right to Health as a Human Rights (HAM)

The Covid-19 pandemic that has hit the entire world is a humanitarian problem that threatens everyone's health. The right to health is one of the dimensions of human rights.[11] namely human rights in the group of rights in the social field.[12] The right to health has been formulated in various international documents (treaties or covenants).[13] International human rights law provides guarantees for everyone to obtain a high standard of health and requires governments to take steps to fulfill the right to health for everyone.[14]

International documents that include the right to health as part of human rights are:

1. The Universal Declaration of Human Rights (UDHR), enacted on December 10, 1945. Article 25 of the UDHR states: Everyone has the right to a *standard of living adequate for the health and well-being of himself and of his family...*[15]
2. The Constitution of the World Health Organization (WHO) has established health as part of human rights. Enjoying a high standard of health is a fundamental right of every person.[16] WHO, founded on April 7, 1948, is determined to achieve a noble goal: The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.[17]
3. International Covenant on Economic, Social and Cultural Rights (ICESCR) was established on December 16, 1966. In Article 12 paragraph (1) of the ICESCR, it is stated: The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.[18] The ICESCR has been ratified through Law No. 11 of 2005 concerning

Ratification of the International Covenant on Economic, Social, and Cultural Rights.

4. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. The conference results were outlined in an agenda called the Alma Ata Declaration, and its slogan was: "Health for All by the Year 2000".[19] This declaration reaffirms the commitment that health should be viewed as a human right. In number I of the Alma Ata Declaration it states: "The conference strongly reaffirms that health, which is a state of *complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right...*"[20]

In Indonesia, the right to health as part of human rights has been set in the 1945 Constitution of the Republic of Indonesia. The inclusion of the right to health occurred during the 2nd amendment of the 1945 Constitution. In the old 1945 Constitution (before the amendment), the material for human rights, including the right to health, had not been included. Then, after the constitutional reform, which was followed by several amendments to the 1945 Constitution, the People's Deliberative Assembly (MPR), the body with the power to amend the 1945 Constitution, considered it essential to include human rights in a separate chapter (Chapter XA). This chapter's right to health is formulated in a separate article, namely Article 28H paragraph (1). This article states: "Every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment, and shall have the right to obtain medical care." So, the right to health is one of the new types of human rights in the 1945 Constitution.[21]

Right on health is part of human rights as stipulated in Law No. 39 of 1999 concerning Human Rights (UU HAM). Article 9 of the Human Rights Law states: Everyone has the right to a good and healthy environment. The reason for including the right to health as one of human rights dimensions is read in Law no. 36 of 2009 concerning Health (Health Law). In Article 1, number 1 of the Health Law, it is stated: that health is a healthy state, both physically, mentally, spiritually, and socially, that allows everyone to live a socially and economically productive life. So, health is a prerequisite for the fulfillment of the degree of humanity. A person is conditionally equal if he factually has a healthy physical and mental condition[22]. Furthermore, Article 4 of the Health Law reaffirms that everyone has the right to health. [23]

Remember, because the right to health is one of the human rights dimensions, the state government is responsible for fulfilling the right to health for every citizen. Therefore, in addition to referring to Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, Article 9 of the Human Rights Law, and

Article 1 point 1 and Article 4 of the Health Law, the constitutional obligation of the Indonesian Government to fulfill the right to health for every citizen, also refers to the provisions of Article 28I paragraph (4) of the 1945 Constitution of the Republic of Indonesia which stipulates that the protection, promotion, enforcement, and fulfillment of human rights are the responsibility of the State, especially the Government. So, the Government (the State) is the leading actor responsible (duty holders) for fulfilling the right to health for every citizen.

In The condition of the Covid-19 pandemic has spread to all regions in Indonesia, the responsibility of the Government (State) is getting more extensive and more complex in maintaining public health from the threat of the Covid-19 pandemic. The implementation of the Covid-19 vaccination is based on the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021 is only a small part of the implementation of Government (State) responsibilities in fulfilling human rights in the health sector.

3.2. Fulfillment of the Right to Health through Vaccination

The implementation of Covid-19 vaccination is one of the steps to prevent the spread of the Covid-19 pandemic. According to Amalina bint Ahmad Tajudin, the implementation of the Covid-19 vaccination is critical, not only for the benefit of global health but also for the benefit of the global economy. Vaccination aims to prevent high rates of illness, injury, or disruption in a population (morbidity) and prevent the number of deaths that occur in a population (mortality), and in the end, will bring about group immunity (herd immunity) and prevent continuous transmission [24]

In Indonesia, the implementation of the Covid-19 vaccination is one way to deal with the spread of the Covid-19 pandemic. Although the implementation of the Covid-19 vaccination is based on the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021 has not yet reached all levels of society. However, the implementation of the Covid-19 vaccination through the "vaccination program" scheme is still considered necessary in order to protect public health, especially for Covid-19 vaccination participants to remain productive both in the social and economic context. Therefore, article 4 of Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021 has determined that the implementation of the Covid-19 vaccination aims to: (a) reduce the transmission/transmission of Covid-19; (b) reduce morbidity and mortality due to Covid-19; (c) achieve herd immunity, and; (d) protect the community from Covid-19 in order to remain socially and economically productive.

Next, Article 8 paragraph (3) of the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021 also stipulates that the implementation of the Covid-19 vaccination is adjusted to the availability of the Covid-19 vaccine dose. The priority groups to receive Covid-19 vaccination services are:

- a. Health workers, assistants for health workers, and supporting personnel working in health service facilities;
- b. elderly people and public service personnel/officers;
- c. vulnerable people from geospatial, social, and economic aspects; and
- d. other communities.

With refer to Article 8 paragraph (3) point b Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021, specifically related to the phrase public service personnel/officers, then civil servants and non-civil servants in general, including civil servants and non-civil servants who work at Tadulako University are included in the priority group for Covid-19 vaccine recipients. Tadulako University is a public institution tasked with providing higher education services to students. Tadulako is based on the Regulation of the Minister of Research, Technology and Higher Education of the Republic of Indonesia No. 8 of 2015 concerning the Statute of Tadulako University. Education governance at Tadulako University is based on in the Regulation of the Minister of Research, Technology and Higher Education of the Republic of Indonesia No. 3 of 2019 concerning Amendments to the Regulation of the Minister of Research, Technology and Higher Education No. 44 of 2017 concerning the Organization and Work Procedure of Tadulako University (UNTAD).

As a public institution that manages higher education, civil servants -non-PNS working at Tadulako University are required to provide academic services to more than 40 thousand students. On this basis, the Central Sulawesi Provincial Health Office granted the request of the Chancellor of Tadulako University regarding the distribution of the Covid-19 vaccine dose for the benefit of civil servants and non-civil servants working at Tadulako University. The target recipients of the vaccine at Tadulako University are 3,165 people, consisting of 1,616 civil servants and 1,549 non-civil servants. Referencing Article 9 paragraph (1) of the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021, the implementation of vaccination for civil servants and non-civil servants working at Tadulako University uses the "vaccination program" scheme.

Implementation Covid-19 vaccination at Tadulako Hospital is carried out in stages. The vaccination process began with an invitation letter from the leadership of Tadulako University to civil servants who have positions both at the rectorate level and at the faculty level, all members of the university senate, chairmen and

secretaries of all institutions, heads of bureaus, all chairpersons and secretaries of departments, all chairpersons and secretaries study program/section, all heads of the Task Implementation Unit (UPT), all lecturers, and all education staff. This letter was later followed by an invitation letter for vaccination services for non-civil servants working at Tadulako University. All of these are groups of participants for the Covid-19 vaccine.

Finding research (data from Tadulako Hospital and the results of interviews with the director of Tadulako Hospital) revealed that the implementation of the Covid-19 vaccination from March 10, 2021, to April 14, 2021, 1,512 target people had been vaccinated with dose 1. 2,200 doses of vaccine, the vaccine target has shown the figure of 68.7 percent. However, suppose the target number of vaccinated persons with the first dose (1,512 people) is compared with the number of participants to be vaccinated, namely civil servants and non-civil servants working at Tadulako University (3,165 people). In that case, the percentage will appear lower, namely 47, 8 percent. Furthermore, data on vaccine services for the second dose on April 26, 2021, were recorded as 1,244 people or 82.3 percent.

Data from Tadulako Hospital also revealed that the participants who received the Covid vaccine who came for the vaccination from March 10, 2021, to March 18, 2021, showed a relatively large number. Because out of the 300 invited participants of the Covid-19 vaccine, 322 people showed up for the vaccination. However, of the 322 participants who came to the Tadulako Hospital, only 284 people were declared eligible (MS) to receive the Covid-19 vaccine. At the same time, the remaining 38 people were declared ineligible (TMS) to be vaccinated based on a health check from medical officers at Tadulako Hospital.

Next, the description of the number of participants receiving the Covid-19 vaccine from elements of university and faculty officials during the vaccination from March 10, 2021, to March 18, 2021, is read in the following table.

Table 1. Vaccine Recipient Participants From University and Faculty Officials On March 10 to March 18, 2021.

Day/Date	Target (Person)	Come (Person)	Get vaccinated (Person)
Wednesday /10/3/2021	60	67	59
Monday /15/3/2021	60	65	58
Tuesday /16/3/2021	60	59	50

Wednesday /17/3/2021	60	68	61
Thursday /18/3/2021	60	63	56
Total	300	322	284

The data regarding the large number of participants receiving the Covid-19 vaccine during the vaccination from March 10, 2021, to March 18, 2021, is very different from the data on the number of participants receiving the Covid-19 vaccine during the vaccination from March 24, 2021, to March 29, 2021. During the vaccination program from March 24, 2021, to March 29, 2021, the number of participants who received the Covid-19 vaccine who were invited to be vaccinated at Tadulako Hospital was 1,900 people. Then, out of 1,900 people invited to be vaccinated, only 807 people came to Tadulako Hospital or 42.47%. Meanwhile, only 742 people meet the requirements (MS) to be vaccinated or as many as 39.05 percent. Participants who were declared ineligible (TMS) to be vaccinated based on the results of a medical examination from medical officers at Tadulako Hospital were 65 people.

Given that the number of 742 people (39.05 percent) was still far from the target (1,900 people), two additional days were given for the vaccination, from March 30, 2021, to March 31, 2021. However, after the additional days had passed, only as many as 188 people showed up for the Covid-19 vaccine at the Tadulako Hospital. Here, the number of participants who met the requirements (MS) to be vaccinated based on the results of health checks from media officers at Tadulako Hospital was only 178 people. In contrast, those who did not meet the requirements (TMS) had been 10 (ten) people. Thus, the number of participants who were vaccinated after an additional 2 (two) days, plus the number of participants who had been vaccinated from March 24, 2021, to March 29, 2021, was 920 people (742 people + 178 people). This data shows that the percentage of vaccinated participants is only 48.42 percent of the total target (1,900 people).

Different figures are obtained from the vaccination on March 10, 2021, to March 18, 2021, where the participants are structural officials in universities and faculties. In contrast, in the vaccination carried out on March 24, 2021, and from March 30, 2021, to March 31, 2021 (the two additional days), participants who received vaccines were civil servants and non-civil servant elements who did not hold good positions at the national, university, or the faculty level. They were elements of civil servants and non-civil servants who have the status of lecturers and academic staff. The full description can be seen in the following table.

Table 2: Overview of the Number of Vaccination Participants From PNS and Non-PNS Elements with Lecturer and Education Staff Status From March 24, 2021, to March 29, 2021.

No	Date and time	Come/Attend (Person)	Vaccinated (Person)
1.	Wednesday/March 24, 2021	164	147
2.	Thursday/March 25, 2021	201	186
3.	Friday/March 26, 2021	139	127
4.	Saturday/March 27, 2021	113	105
5.	Monday/March 29, 2021	190	177
6.	Tuesday, March 30, 2021	123	118
7.	Wednesday, March 31, 2021	65	60
	Amount	995	920

Furthermore, because the target had not been met for the target group, while the vaccine doses were still available at the Tadulako Hospital, the university leadership again sent invitation letters for the target group of vaccine participants (PNS and non-PNS who were lecturers and academic staff and did not have positions) to come to Tadulako Hospital and get Covid-19 vaccination. Responding to the invitation letter from the university leadership, Tadulako Hospital again provided 500 doses of vaccine for five days of vaccination, from April 7, 2021, to April 12, 2021. During that time, 483 vaccine recipients showed up, and 434 people were declared Eligible (MS) to be vaccinated or 86.8 percent of the total vaccine doses provided by Tadulako Hospital. The other 49 people were declared ineligible (TMS) to get the Covid-19 vaccine based on the results of health checks by medical officers at Tadulako Hospital were 49 people.

The number of participants receiving the Covid-19 vaccine from PNS and non-PNS elements with the status of lecturers and academic staff during the vaccination from April 7, 2021, to April 12, 2021, can be seen in the table below.

Table 3: Overview of the Number of Participants Recipient of Vaccines from April 7 to April 12, 2021.

Date and time	Come (Person)	Vaccinated (Person)	TMS (Person)
April 7, 2021: Participant Dose 1	67	56	11
Participant Dose 2	56	54	2
April 8, 2021: Participant Dose 1	74	64	10
Participant Dose 2	96	96	-
April 9, 2021	58	47	11
April 10, 2021	65	56	9
April 12, 2021	67	61	6
Amount	483	434	49

By observing the results of the Covid-19 vaccination at Tadulako Hospital from March 10, 2021, to April 12, 2021 (data in table 1 to table 3), the total number of participants who came (present) to be vaccinated at Tadulako Hospital is 1,800. Meanwhile, the total number of those who met the requirements (MS) to be vaccinated was 1,638, and the total number of those who were declared ineligible (TMS) to be vaccinated based on the results of the medical officer's examination at Tadulako Hospital was 162. The complete picture is shown in table 4 below.

Table 4. The total number of civil servants and non-civil servants who came to the Tadulako Hospital from March 10, 2021, to April 12, 2021.

Time Vaccination	Come/ Attend (Person)	Vaccinated (Person)	TMS	Note:
March 10 – 18, 2021	322	284	38	Civil Servant (Official)
March 24 – 29, 2021	807	742	65	PNS/Non-PNS
March 30 – 31, 2021	188	178	10	Civil Servants / Non Civil Servants
April 7- 12, 2021	483	434	49	Civil Servants / Non Civil Servants
Amount	1,800	1,638	162	Civil Servants and Non Civil Servants

From the data above, there are only 1,638 civil servants and non-civil servants vaccinated at Tadulako University, or 51.75 percent of the total number of civil servants and non-civil servants at Tadulako University (3,165 people). However, based on the number of vaccine doses distributed by the Central Sulawesi Provincial Health Office to Tadulako Hospital, which was 2,200 doses of vaccine, the implementation of vaccination has reached 74.45 percent. These percentage figures show that the implementation of vaccination at Tadulako Hospital has not yet reached the target number.

Furthermore, of the 3,165 civil servants and non-civil servants at Tadulako University who were invited by the university leadership to be vaccinated, only 1,800 civil servants and non-civil servants answered the invitation from the university leadership or 56.87 percent. Furthermore, if the number of vaccine doses available at Tadulako Hospital is used as a benchmark, as many as 2,200 vaccine doses, then 81.82 percent of civil servants and non-civil servants have come to Tadulako Hospital to be vaccinated. From this percentage figure, it shows that there are still some civil servants and non-civil servants who do not have the awareness and compliance to exercise their rights in fulfilling health through Covid-19 vaccination, which is 43.13 percent of the total number of civil servants and non-civil servants at Tadulako University or 18.18 percent of the vaccines available at Tadulako Hospital.

The Covid-19 vaccination for civil servants and non-civil servants at Tadulako Hospital also shows a disparity regarding the level of awareness and compliance between civil servants who have structural positions at universities and in faculties with civil servants and non-civil servants without positions (lecturers and academic staff). Tables 1 and 4 show that civil servants who occupy structural positions seem to show higher awareness and compliance in answering vaccination invitations compared to those of civil servants and non-civil servants who do not occupy positions (electors of lecturers and education staff) (see table 3 and table 4). Thus, the invitation to be vaccinated at the Tadulako Hospital is a fulfillment of the right to health notwithstanding.

The high awareness and compliance of civil servants occupying structural positions in exercising their right to be vaccinated cannot be separated from the responsibilities attached to the positions. As officials at the university and the faculty, of course, they must show an exemplary attitude in complying with the Covid-19 vaccination regulations set by the central Government (Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021). The exemplary attitude of university and faculty officials in complying with the Covid-19 vaccination rules is one of the factors that support the efforts of the Central Government, hand in hand with the local Government to gain success in overcoming the Covid-19 pandemic in the city of Palu.

If the level of awareness and compliance of officials at universities and in faculties in the implementation of Covid-19 vaccination is associated with the theory of Herbert C. Kelman[25] and Leopold J. Pospisil in "Anthropology of Law"[26] regarding three categories of legal compliance, namely compliance, identification, and internalization, the level of legal compliance of officials at universities and in faculties is in the category of internalization. In addition to showing an exemplary attitude, officials within Tadulako University, including officials at all faculties, are aware that the implementation of Covid-19 vaccination is based on Minister of Health Regulation No. 10 of 2021, providing benefits in preventing the threat posed by the Covid-19 pandemic.[27]

The exemplary attitude of officials at Tadulako University in supporting efforts to overcome Covid-19 through the implementation of vaccinations is vital amid many hoaxes or distorted information regarding the effect of the Covid-19 vaccine on health through digital media. Community members, including civil servants and non-civil servants joining the Whatsapp and Facebook communities, must often read messages or information sounding like (a) Covid-19 vaccine is forbidden for Moslem because the Covid-19 vaccine contains ingredients from pigs, (b) the procurement and distribution of Covid-19 vaccine is a business benefiting only non-native actors ("non-pribumi," which oftentimes refer to the Indonesian citizens of Chinese descent), (c) the Covid-19 vaccine contains substances that are harmful to the human body and will eventually fatal for the recipients, (d) it is suspected that the vaccination uses fake doses of Covid-19 vaccine, (e) there is no guarantee that the vaccine recipients will not get infected by Covid-19, (f) some people died after getting the vaccine shot, (g) and other hoax or distortive news about Covid-19 vaccine. Ironically, hoax or distortive information about the effect of the Covid-19 vaccine ebbs and flows in many social media repeatedly shared through WhatsApp or Facebook.

News or information presented on various social media also influences people's understanding of the law and legal compliance attitudes.[28]The number of hoaxes and distorting information regarding the effects of the Covid-19 vaccine has also conditioned one's attitude in complying with the Covid-19 vaccination rules. Fighting the threat of Covid-19 requires hard work and the support of community participation. Fighting the threat of Covid-19 is almost as hard as fighting hoaxes or distorted information about the effects of the Covid-19 vaccine. According to Roxana Radu, fighting online disinformation related to the Covid-19 controversy is as important as ensuring the supply of medical devices that health workers desperately need.[29]a

4. CONCLUSION

Based on the results and discussion above, this study paper/article concludes as follows:

- a. The fulfillment of the right to health through Covid-19 vaccination for civil servants and non-civil servants at Tadulako University has not yet reached the target. In the Covid-19 vaccination taking place at Tadulako Hospital, the civil servants and non-civil servants at Tadulako University receiving Covid-19 vaccine at Tadulako Hospital only reached 51.75 percent of the total number of civil servants and non-civil servants at Tadulako University or 81.82 percent of the total vaccine doses available at Tadulako Hospital.
- b. Some civil servants and non-civil servants at Tadulako University have not complied with the Covid-19 vaccination invitation by the university leadership. This situation affects the achievement of the target for the implementation of the Covid-19 vaccination at Tadulako Hospital. Of the 3,165 civil servants and non-civil servants at Tadulako University invited for vaccination, the number of civil servants and non-civil servants who came (present) to answer the invitation for the Covid-19 vaccination were only 1,800 or 56.87 percent or 81.82 percent of the total doses of vaccine available at Tadulako Hospital.
- c. The compliance of civil servants and non-civil servants in answering the invitation to the Covid-19 vaccination at Tadulako University shows a disparity. Civil servants who occupy structural positions at the university level and the faculty level have a higher level of compliance than civil servants and non-civil servants who do not have structural positions, occupying the status of lecturers and academic staff. The high compliance of civil servants in participating in the Covid-19 vaccination cannot be separated from the responsibilities attached to the position held.

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REFERENCES

- [1] K. Pistor, "Law in the Time of COVID-19," 2020.
- [2] "Elections and COVID-19," *Elections and COVID-19*, vol. 19, no. March, pp. 1–5, 2020, doi:10.31752/idea.2020.11.
- [3] Ilya Shapiro and James T. Knight, "Election Regulation During the COVID-19 Pandemic, Cato Institute is Collaborating with JSTOR to Digitize, Preserve and Extend Access to this Content. Legal Policy Bulletin," 2020.

- [4] L. Bergkamp, "State liability for failure to control the covid-19 epidemic: International and Dutch law," *euros. J. Risk Regulation.*, vol. 11, no. 2, pp. 343–349, 2020, doi:10.1017/err.2020.21.
- [5] R. Shaw, Y. kyun Kim, and J. Hua, "Governance, technology and citizen behavior in pandemic: Lessons from COVID-19 in East Asia," *prog. Disaster Science.*, vol. 6, p. 100090, 2020, doi:10.1016/j.pdisas.2020.100090.
- [6] Sulbadana at all, "The Potential of Human Rights Violations In The Management of Covid – 19," vol. 24, no. 3, pp. 30–34, 2021.
- [7] MP. Wendy E. Parmet, JD, and Michael S. Sinha, MD, JD, "Covid-19-The Law and Limits of Quarantine, The New England Journal of Medicine," *N. Engl. J. Med.*
- [8] G. Gleason, K. Baizakova, G. Gleason, and K. Baizakova, "Partnership for Peace Consortium of Defense Academies and Security Studies Institutes COVID-19 in the Central Asian Region COVID-19 in the Central Asian Region : National Responses and Regional Implications," vol. 19, no. 2, pp. 101–114, 2020.
- [9] "In 2020, the policy of banning Eid homecoming is based on the Regulation of the Minister of Transportation of the Republic of Indonesia No. PM 25 of 2020 concerning Transportation Control During the Eid Al-Fitr Homecoming Period in 1441 Hijri in the Context of Preventing the Spread of the Corona Virus Dis."
- [10] Jamaluddin, *Prevention and Control of COVID-19 Infection, Article in the book Masrul, et al., Pandemic COVID-19: Problems and Reflections in Indonesia.* Our Writing Foundation, 2020.
- [11] D. Afandi, "The Right to Health in the Perspective of Human Rights," *Right to Health. In Perspective. HAM*, vol. 2, no. 8, p. 14, 2016.
- [12] N. Suryawati, "Criticize the Constitutional Rights of Citizens on Era and Post Pandemic Covid 19 in State of the Republic of Indonesia," vol. 499, no. Icolgas, pp. 554–564, 2020, doi:10.2991/assehr.k.201209.337.
- [13] J. Saunders, *Covid-19 And Human Rights: States Obligations and Businesses Responsibilities in Responding to the Pandemic.* Oxfam GB for Oxfam International Under, 2020.
- [14] JJ Amon and M. Wurth, "A virtual roundtable on COVID-19 and human rights with human rights watch researchers," *Health Hum. Rights*, vol. 22, no. 1, pp. 399–413, 2020.
- [15] Adnan Buyung Nasution and A. Patra M. Zen, "Basic International Instruments of Human Rights," *Indonesian Torch Foundation. Lemb Foundation. Help. Huh. Indonesia. and the Ake wise Working Group*, 2006.
- [16] ZL and HVF Jonathan M. Mann, Lawrence O. Gostin, Sofia Gruskin, Troyen Brennan, *Health and Human Rights in a Changing World (Edited By: Michael A. Grodin, ... (et al.), Routledge, 711 Third Avenue.* New York, 2017.
- [17] "https://www.who.int/governance/eb/who_constitution_en.pdf."
- [18] James W Nickel, *Making Sense of Human Rights (Philosophical Reflection on the Universal Declaration Of Human Rights.* Jakarta: PT Gramedia Pustaka Utama, 1996.
- [19] F. Baum, "Health for All Now! Reviving the spirit of Alma Ata in the Twenty-first century: An Introduction to the Alma Ata Declaration," *soc. Med.*, vol. 2, no. 1, pp. 34–41, 2007.
- [20] "https://www.who.int/publications/almaata_declaration_en.pdf."
- [21] H. Affandi, "Implementation of the Right to Health according to the 1945 Constitution: Between Regulation and Realization of State Responsibilities," *J. Huk. positum*, vol. 4, no. 1, p. 36, 2019, doi:10.35706/positum.v4i1.3006.
- [22] Aminuddin Kasim (et al.), "Implementation of Responsibilities of the Donggala Regency Government in the Implementation of Mandatory Affairs in the Health Sector, Research Reports, Cooperation with the Donggala Regency Regional Development Planning Agency and the Faculty of Law, Tadulako University," 2014.
- [23] A. Widyawati, R. Rasdi, R. Arifin, and ..., "Covid-19 and Human Rights: The Capture of the Fulfilment of Rights During the Covid Outbreaks," *Unnes Law...*, vol. 6, pp. 259–286, 2020, [Online]. Available: <https://journal.unnes.ac.id/sju/index.php/ulj/article/view/42289>.
- [24] Amalina Binti Ahmad Tajudin, "The Supply of Covid-19 Vaccines: An Analysis of Article Xi of Gatt 1994 of The World Trade Organization (WTO)," vol. 24, no. 3, pp. 9–15, 2022.
- [25] Herbert C. Kelman, *Compliance, Identification, and Internalization: Three Processes of Attitude Change.*
- [26] S. Soekanto, *The Uses of Legal Sociology for Legal Circles.* Bandung: Alumni, 1986.
- [27] *The results of the primary author's interview with Prof. Dr. Ir. Maffudz, MP (Untad Chancellor), Dr. Lumman. M.Hum (Vice Chancellor for Academic Affairs Untad), Dr. Ir. Adam Malik, MP (Dean of the Faculty of Forestry Untad), and Dr. H. Sulbadana (Dean of Law Untad).*
- [28] S. Roy, "Theory of Social Proof and Legal Compliance: A Socio-Cognitive Explanation for Regulatory (Non) Compliance," *Ger. Law J.*, vol. 22, no. 2, pp. 238–255, 2021, doi:10.1017/glj.2021.5.
- [29] R. Radu, "Fighting the 'Infodemic': Legal Responses to COVID-19 Disinformation," *soc. Media Soc.*, vol. 6, no. 3, 2020, doi:10.1177/2056305120948190.