

Beauty of the Human Spirit:
COVID-19
in Thailand
(Jan-Oct 2020)



Center for Philanthropy and Civil Society, National Institute of Development Administration.
Beauty of the Human Spirit: COVID-19 in Thailand (Jan-Oct 2020) / Center for
Philanthropy and Civil Society, National Institute of Development Administration – 1st ed. --
Bangkok: TPN Press, 2021.

134 pages.

ISBN 978-616-482-053-1

1. COVID-19 (Disease) – Social aspects -- Thailand 2. COVID-19 (Disease) – Government
policy – Thailand 3. COVID-19 (Disease) (1) Center for Philanthropy and Civil Society, National
Institute of Development Administration

RA 644 .C67 C333 2021

NIDACIP

614.592 -- dc

2021

Contents

Introduction	1
<i>Juree Vichit-Vadakan</i>	
World's COVID-19 Situation (Jan-Oct 2020)	5
<i>Angkana Asawasakulkrai</i>	
Thailand's Response to COVID-19 (Jan-Oct 2020)	
Thai Government's Response to COVID-19 (Jan-Oct 2020)	20
<i>Angkana Asawasakulkrai</i>	
<i>Rattanachai Nakpansua</i>	
Private Sector's Contribution to the Fight Against COVID-19 (Jan-Oct 2020)	41
<i>Angkana Asawasakulkrai</i>	
<i>Kanisorn Tubtim</i>	
The Public and Civil Society's Contribution to the Fight Against COVID-19 (Jan-Oct 2020)	53
<i>Angkana Asawasakulkrai</i>	
<i>Kanisorn Tubtim</i>	
Thailand in the Pandemic: How all Sectors Unite to Survive the Peril (Jan-Oct 2020)	73
<i>Ketkanda Jaturongkachoke</i>	
<i>Kanokkan Anukansai</i>	
The Role of Village Health Volunteers in Curbing COVID-19 in Thailand (Jan-Oct 2020)	91
<i>Sutthana Vichitrananda</i>	
Perception Survey of COVID-19 Responses in Thailand (Jan-Oct 2020)	97
<i>Sutthana Vichitrananda</i>	
COVID-19: Impacts and Adjustments of the NGO Sector in Thailand (Jan-Oct 2020)	117
<i>Sutthana Vichitrananda</i>	
What Has Thailand Achieved in the Battle Against the Coronavirus Pandemic? (Jan-Oct 2020)	123
<i>Juree Vichit-Vadakan</i>	

Introduction

Juree Vichit-Vadakan

When Coronavirus was first recognized as a threat to human safety and well-being, great anxiety and fear built up among a great number of Thai people who were at a loss as to what will unfold. There was yet clarity on government policies and actions. Travels were not prohibited but the level of anxiety and stress over the uncertainties was pitch high for some, whilst those who were not convinced they could be vulnerable carried on totally oblivious to the warning signs. When the government decided firmly on implementing a series of measures to combat and contain the situation, most Thai people cooperated and complied. What would have been difficult to impose normally in Thai society such as temperature screening before entering any public place, social distancing, and mask wearing were adopted without a hitch. Eventually many “non-essential business” were closed. The lockdown went into effect and finally even curfews were implemental¹. In the midst of these measures, a lot of people were affected economically. Thai society, however, witnessed two quite special phenomena. The first one was an outpouring of ‘giving’ in money and in kind, like essential items for health and wellbeing, food, medical supplies and even various services and etc., from all segments of society to help those who were directly fighting the pandemic like the health care professionals and hospitals. The second one was the amazing generosity from all people to assist those whose income has been affected by COVID-19, especially the outpouring of ‘empathy’ through various acts for those affected economically to cope with survival during the pandemic.

We at the Center for Philanthropy and Civil Society, National Institute of Development Administration have decided that we should seize the occasion to study COVID-19 in relations to Thai Society. Not only were we intrigued by the seemingly smooth compliance and generally voluntary or willful cooperation to the state-imposed measures, which appear counter or opposite to the lack of disciplines and highly individualistic behaviour that Thai people usually exhibit, but we were also astounded and happily surprised by the charity, compassion, creativity and self-less involvement and participation of countless people in Thai society for the support of other members of society.

We intended to document the gist of what was going on. We needed to understand why things happened as they did. We wanted to analyze what transpired. To be able to see COVID-19 related phenomena reflected clearly like from a mirror and what they had shown us about Thai society. Moreover, our Center’s interest in philanthropy (giving and doing good) inevitably required that we must study and analyze ‘giving’ regarding COVID-19 which will help cast more understanding on philanthropy in Thai society.

All told, our researchers started the study not without some difficulty during the lockdown. From March-May, we discussed the research framework, focus, methodology and what needed to be done immediately and how the division of labor among the team members ought to be. Gathering of data including some interviews and observation went on from April-September. Writing of the reports started in October 2020.

As we met to exchange progress reports, we realized that it was a study carried out under not 'normal' conditions. Most data came from secondary sources, although some primary sources such as interviews were carried out. Given the dynamic or the ever changing activities related to our subject matter, we decided that we would capture as much 'happenings' as we could. But we would not be under any illusion that our study is comprehensive or exhaustive. Because of the spontaneous nature of 'giving' of different things (in cash and in kind) to help people cope with the troubles and difficulties that so many in society faced when the economic 'lockdown' was implemented, it will be futile to claim a complete picture of 'giving'. However, we believe that what we have captured in this study can provide us with a good, deep look, not just a glimpse, and some understanding of what has transpired here in Thailand.

As head of the project, I would like to thank many who have made this study possible, first of all for the seed money given by Transparency Thailand to kick off the study. We would like to thank Khun Surang Prempridi for the funding support of the study. Without it, we will be hard pressed to find funding for an urgent study. Khun Surang's friendship and continuous support to me especially will be remembered and treasured always. I would like to thank all of our researchers, most of whom are responsible for the following chapters. They have been wonderful to work with. To Dr. Chirawan Bhakdibutr, my long-term colleague I would like to thank her for going over the manuscripts for typos, consistency in citations and references, and etc, a task that only a library information specialist could and would manage. I would also like to thank the NIDA poll, its staff and especially its Director, Dr. Suvicha Pouaree who cooperated with us in conducting our survey to gauge public opinions about various issues on COVID-19 and about 'giving' in the time of COVID-19.

Although each author in this study was tasked with a specific issue but due to the sharing and discussion on the data gathered, we decided not to restrict each person to focus mainly in a narrowly defined area. In the interest of creativity and freedom in dealing with the subject matters, we all agree that writers can touch on each other's domain or area. Topics in the study are not mutually exclusive because all issues evolve around the central topic of COVID-19 in Thailand. Hence, we do find some overlaps on some issues discussed².

Angkana Asawasakulkrai a very capable Ph.D. candidate currently working on her dissertation was entrusted with looking at the COVID-19 globally and afterwards to focus on COVID-19 in Thailand. The task of impartially documenting the course of events was not as easy as it would seem initially. Judgements and decisions needed to be made when contradictory or unsubstantiated or even questionable data surfaced. On how and what to make sense of it all was a challenge indeed. Angkana, in fact, went on further to include aspects of the study like 'giving' and the opinion survey which will be dealt with in greater details by other authors. In Angkana's compilation of Thai government's multiple measures to help stave off economic hardship to people due to COVID-19, she was assisted by Rattanachai Nakpansua, a younger researcher whose patience and equanimity must have been corroded by the senior team members like myself in demanding more data that he could not produce. It is most understandable that public entities are not always best equipped to provide up-to-date, let alone real time data, not mentioning the bureaucratic red tapes that require to garner them. For the data on private sector's 'giving' and contribution to help in the COVID-19 crisis,

another young and able researcher, Mr. Kanisorn Tubtim, assisted Angkana throughout this component. No matter how much and how wide he cast his net for data, there appeared to be more out there. Kanisorn had to be told and even consoled that whatever we could gather in this study will not be comprehensive or exhaustive. But that was after being pressured to get as much data as possible. Truth be told, there were moments of intense pressure when realizing that there were other ungathered data. But then came the realization that we needed closure and what we already have should suffice.

Dr. Sutthana Vichitrananda, on the other hand, was allowed relative freedom to look into the role of the village health volunteers in this coronavirus pandemic, the write-up of the opinion survey and of a small survey on more traditional civil society organization or the NGOs³. She carried out these tasks efficiently, given her experience and capability. Dr. Ketkanda Jaturongkachoke and Dr. Kanokkan Anukansai both focused on the proliferated 'giving' and 'doing good' that exploded in Thai society during the COVID-19 pandemic. They complemented each other's findings so well that a joint paper was the result of this cooperation. Both were enthused and much inspired by what they found: the unprecedented and multifarious expressions of giving and doing good in Thai society.

In our final chapter, I will do some analysis to make sense of what have all these 'activities' or 'happenings' during the entire episode of COVID-19 in Thailand (Jan-Oct 2020) meant. What can they tell us about our society and our people?

When asked if this study was intended to cast Thailand in a positive light, I would answer quite readily and willingly that we were more than happy and pleased that our findings proved our initial intuition correctly, that Thailand had fared well. Too often, we, whether academics, journalists or 'experts', have been quite critical of what goes on in Thailand. Few would take the time or effort to glean positive and successful things that happen in an objective manner. Leaving state propagandas aside, it is high time that we pay attention to the positive aspects in our society and culture in an unbiased manner, not to evoke unjustified patriotism, but to highlight the many things that we can appreciate and feel proud of. In other words, we have to give credit where it is due and to celebrate the 'good' and the 'beautiful' which are the building blocks to a resilient and sustainable Thailand. The coronavirus pandemic in Thailand to-date has revealed the many good and beautiful aspects, from management, cooperation and compliance of people to the measures put in place by government. However, private sector entities, civil society organizations and especially citizens themselves have been the key players in adjusting and coping with the difficulties and suffering brought by the curtailment policies, especially the economic hardship due to the 'lockdown'. Detail and specifics will be narrated and shown in the chapters to follow.

End notes

¹Although generally the imposition of strict measures was not questioned or challenged, there were some violations such as curfew hours. There was virtually no protest, hostile or angry reactions to all the health measures such as the required mask wearing, temperature screening, the omnipresent reminders to use alcohol or other hand sanitizers.

²On the overlaps in the presentation and discussion of some issues, I think it is best to attribute them to the argument that important matters can be repeated. The late Professor Martin Landau's exposition on the 'Redundancy theory' resonates here. For some purposes such as safety, redundant safety measures need to be in place. In our case, to impress the readers with a germane point, reiterating the issue may be useful. Redundancy may not always be bad but in fact can serve well in many instances.

³The data from the NGOs was gathered by Ms. Benjamas Siripat to provide another dimension of civil society in Thailand.



World's

COVID-19

Situation

(Jan-Oct 2020)

Angkana Asawasakulkrai

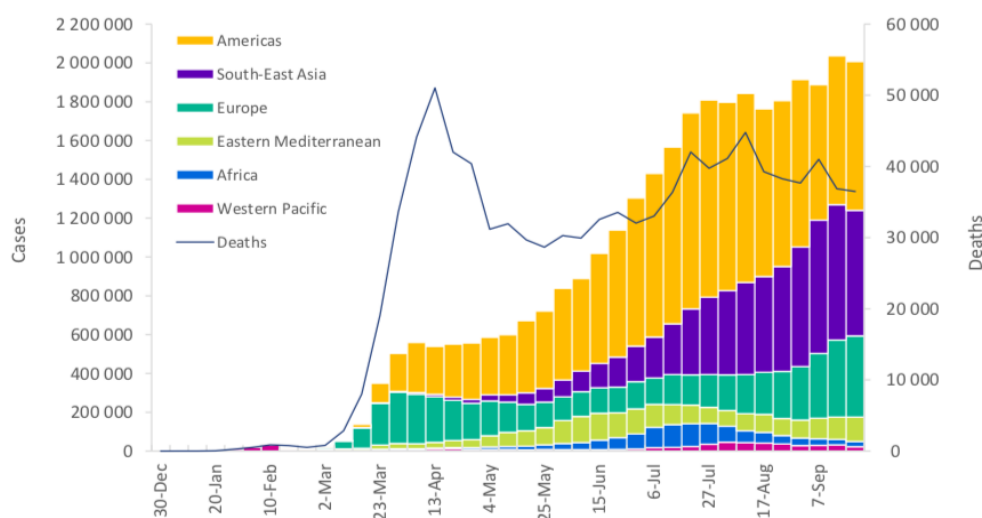
World's COVID-19 Situation (Jan-Oct 2020)

Angkana Asawasakulkrai

I. World's COVID-19 Situation

2020 has seen the world reluctantly entering an unprecedented state of confusion and fear. Caused by coronavirus, COVID-19 has claimed over a million lives around the world and infected over 36 million people from late last year through early October 2020, according to most recent statistics by World Health Organization (WHO). It is undoubtedly the pandemic of the century; the one nobody has ever seen nor experienced in the past century. Many countries all over the world have fallen victim to the virus and become the infection hotspot, including for instance China, Spain, Italy, South Korea, Singapore, India, Brazil, Chile, and the United States. With this ill-fated threat to humanity, governments and organizations around the world are scrambling to control and contain the disease. Healthcare professionals and government officials investigate countless theories about how the virus spreads and mutates, trying to find ways to effectively curb the spread and treat the infected.

Each country has been implementing different levels of restrictions and measures, all hoping to control and contain the pandemic. Some are met with unparalleled success, while some with theatrical failures. In the Americas alone, the disease has infected over 17 million people as of September 2020, causing the medical and economic crises at the level never seen before. European countries, while currently faring slightly better in terms of infection rates, have not struggled any less in the handling of the outbreak. Although major parts of Asia and Western Pacific have been able to better contain the spread, in Southeast Asia alone, the number of infected cases is inching closer to that of the entire Europe. Even the countries that received international recognition early this year for their ability to swiftly contain the disease such as South Korea and Singapore have experienced the second wave of infections that called for better management and strategies by the governments.



Number of confirmed COVID-19 cases and deaths, by date of report and region, December 30, 2019 through September 27, 2020
Source: Coronavirus disease (COVID-19), Situation Report, WHO

It is clear then that COVID-19, as many have remarked, is a wake-up call to humanity. The battles are real and the pains faced by many first- and third-world countries alike are unmistakable. While the disease itself has brought on a direct existential crisis to the lives of the global population, it has also exposed countless issues of mismanagement, misallocation, and misdirection of global resources in all forms and venues. All industries and sectors have seen themselves exposed to all kinds of unimaginable risks.

COVID-19 is an infectious disease caused by coronavirus. Coronaviruses are not entirely new. They are a family of viruses that have been around for quite some time as they are responsible for approximately 10-15% of common colds, causing mild to moderate symptoms. These viruses, according to WHO, mostly infect animals such as bats, chickens, or camels. On rare occasions, these viruses can mutate when there is a cross-species transmission, which is when the more dangerous strains are discovered. The first deadly strain was detected in 2002 in Guangdong province in China, called SARS or Severe Acute Respiratory Syndrome. A deadlier coronavirus the world witnessed was the Middle East Respiratory Syndrome or MERS which occurred in 2012 in Saudi Arabia. Both SARS and MERS see the higher mortality rates at around 10% and 30% respectively, while COVID-19's mortality rate hovers around 1-3%. However, the infection rates (R_0) of both SARS and MERS are much lower than that of COVID-19. This is most likely why the numbers of deaths from both previous outbreaks are not as alarming as those we see from COVID-19.

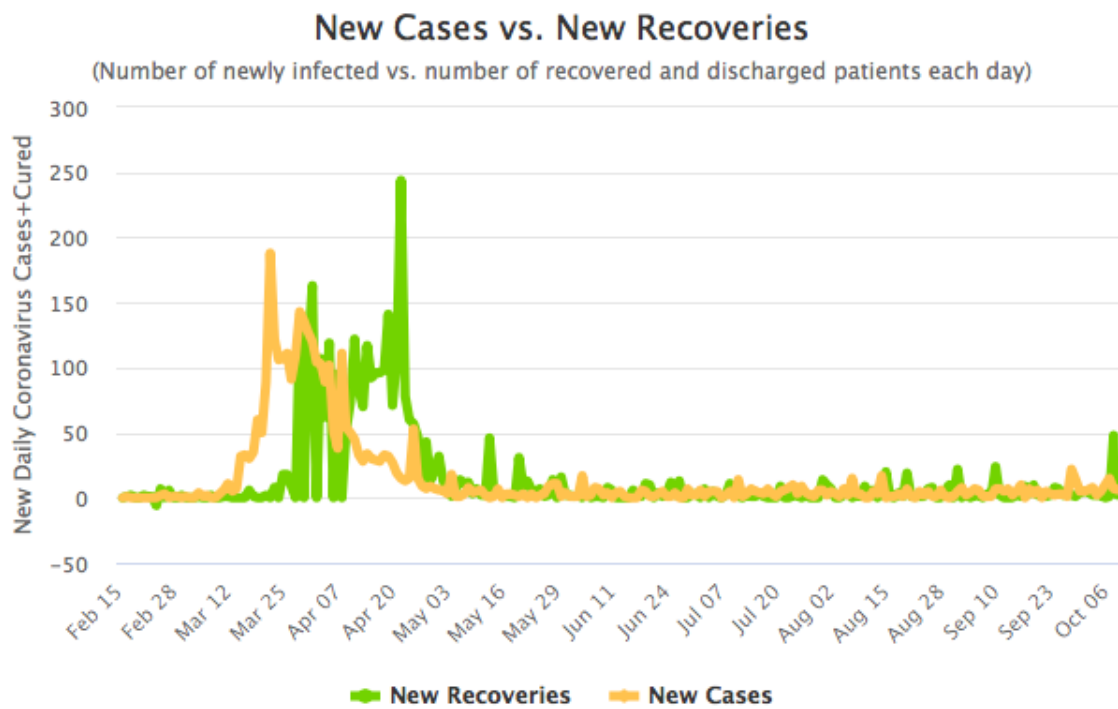
This particular strain of COVID-19—SARS-CoV-2—is also believed to be a cross-species transmission from animals to humans originating in the city of Wuhan, China, although this has yet to be scientifically proven nor accepted in the global scientific community. The majority of COVID-19 cases have been mild to moderate such as low-grade fever and dry cough. The patients are able to recover without elaborate treatments or hospitalizations. Nevertheless, the population groups who are at risks of developing life-threatening symptoms and complications include the elderly and those with serious underlying medical conditions such as cardiovascular diseases or chronic respiratory disease. Until there is a vaccine or highly effective treatments for it, each and every country must face various challenges it has never faced before.

II. Thailand's COVID-19 Situation

In Thailand, in early October 2020, there is a total of 3,634 cases, with 98% recovered (3,445 cases) and 2% fatality rate (59 deaths). There are 93 patients currently hospitalized across the country. The number of tests performed at the end of August 2020 is 859,480. With these figures, it is also worth noting that the recent cases in Thailand in the past few months have been clusters of cases occurring from those who travel from abroad or Thai nationals who are repatriated from overseas. Impressively, Thailand has just marked 100 days of no local transmission within the country.

It is undeniable that Thailand has rightfully earned the praises. Both domestic and international media echo the same sentiment praising Thailand on its decisive actions and collective cooperation from all sectors. In other countries with comparable demographics and population size such as Germany or South Korea, while they are now commended for their COVID-19 success stories, they have experienced much worse

infection and death rates than Thailand. Germany has so far in early October found itself with more than 320,000 confirmed cases and over 9,000 deaths, whereas South Korea has dealt with over 24,000 confirmed cases and 430 deaths. Considering the fact that Thailand is the country with the first ever coronavirus case outside of China, discovered on the 13th of January, when compared with those other countries that have gone through similar fate, Thailand has exceeded many expectations in its handling of the outbreak. Once considered the next epicenter for the disease following China, Thailand has performed a much better job than many had anticipated.



COVID-19 New Cases in Thailand and New Recoveries
Source: Thailand's COVID-19 Information Center, Oct 9, 2020

Inarguably one of the most favorite destinations for Chinese tourists, Thailand was considered the hottest spot for this infectious disease since thousands of Chinese tourists visited Thailand in January, which also included more than 7,000 visitors from Wuhan, the epicenter of the pandemic at the time. In the subsequent weeks, the Thai public waited for the situation to worsen, but it never did. Nevertheless, just like the road to recovery is not always filled with rose petals, Thailand has inevitably experienced several hiccups along its path to recovery as well.

Impact and Criticism

Back in January 2020, there were tremendous amounts of backlash and confusion regarding the government's handling of the crisis. The public consensus grew upset over the government's actions for continuing to open the country and allowing foreign tourists to enter and roam the country freely. Many voiced their discontent on how the government neglected the public safety and well-being, just to maintain foreign relations and keep the economy running. International travels remained active until early March when the situation appeared to worsen by the day with a hundred

confirmed cases. By then most new cases occurred in Bangkok, with the first cluster of cases linked to the boxing stadium in Bangkok. The government then invoked the Emergency Decree on Public Administration in Emergency Situation 2005 and announced the closures of non-essential businesses on March 26, 2020.

The 2005 emergency decree was originally created to manage the Muslim Malay insurgency. This law has many provisions granting the Prime Minister emergency powers to handle threats to national security, with the consent of the cabinet. A period of emergency cannot exceed three months but can be extended to no more than three months. The decree gives discretionary power to the Prime Minister to impose, for instance, curfews, search and detention, and implementing emergency measures.

The declaration of the state of emergency announced by Prayuth's administration imposed six response measures. First was a soft lockdown, closing venues of social gatherings such as department stores and boxing rings. Second was the closure of borders and airports. Third was the prohibition of overpricing masks and other medical supplies. Fourth was the prohibition of social gatherings. Fifth was the prohibition of disseminating fake news and misinformation. Finally, sixth was imposing daily curfew starting from 10 pm to 4 am. The original end date of the curfew was April 30 but was later extended to May 31, 2020.

In the beginning, critics expressed dissatisfaction over the announcement, claiming the decree was too harsh and unnecessary. Some went even further stating that it was an abuse of power since the decree was first promulgated under the Prime Minister Thaksin Shinawatra administration, which was seen by the general public as being authoritarian. The emergency power and bureaucracy were viewed as too expansive and excessively centralized. Moreover, many believed the government had not fully disclosed information on the infection rates and the actual number of patients who died from the disease. The emergency decree and the withholding of information, as some alleged, were used as a political tool to cover up and distract the Thai public from the escalating public outcry and imminent street protests over the dissolution of the key opposition party. To many, COVID-19 was a providential turn for the Prayuth administration; a much-needed diversion from an impending political upheaval.

However, the political backlash from the handling of COVID-19 was not the only unfortunate turn of events. During the first few weeks of cases emerging in Thailand, government authorities and officials had not been in the Thai public's good grace. All through February to March 2020, Thailand's health minister Anutin Charnvirakul made a series of derogatory remarks disparaging foreigners who had visited or resided in Thailand. The minister made reproachful statements such as "Farungs who don't wear masks should be kicked out" and explicitly commented that the western tourists were dirty and more likely to spread the disease. Even though he subsequently apologized, his remarks raised a widespread fury and painted a picture of him as ignorant and incompetent.

Of all the impacts felt by the pandemic, the economy is unequivocally the most prominent one. After the emergency decree was declared, most of the non-essential businesses had to shut down in Bangkok and five adjacent provinces, leaving thousands

of workers unemployed. Since the lockdown was announced in such short notice, the government was criticized over its lack of supporting plans to assist those who were affected by the sudden lockdown. Most of the labor were informal workers who received daily wages; hence, they could only afford food and rent on a daily basis. Left without a job and a home in the city, at least eighty thousand people crowded the bus stations overnight trying to travel back to their rent-free homes in the countryside, defeating the purpose of physical distancing imposed by the government.

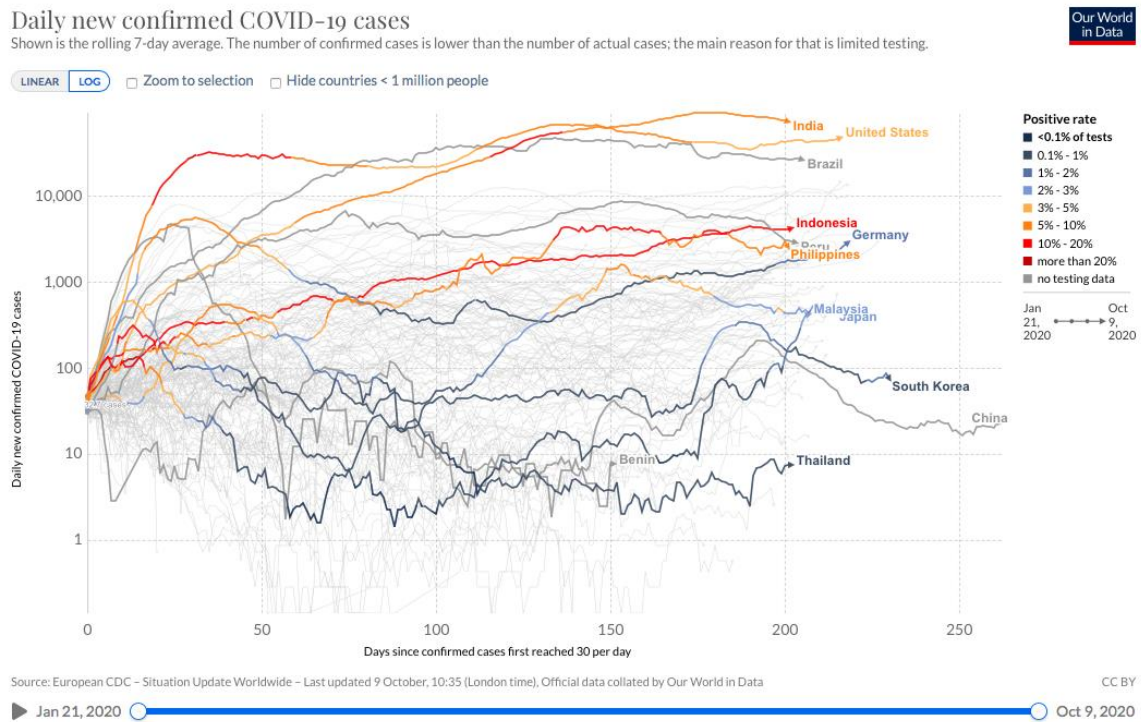
In addition, small and medium-sized businesses, most run by day-to-day cashflow, were directly affected by the shut-down of the economy. Many companies have been forced to shut down or laid off their employees. The government has thus been sharply criticized for its delay in responding to the socio-economic problems arising from the shutdown. The initial economic relief of 5,000 baht was not adequate nor easily accessible, as there were 28.8 million people who registered but almost 10 million were ineligible for seemingly unidentified reasons. So far only about 15 million people have received the package. The online registration sparked another round of criticisms since no one would expect the most vulnerable in the society to have access to such channel or knowledge to participate. The public then demanded a more universal coverage and that the registration and payment process should be made less complicated and more easily accessible.

The latest economic projections made by Bank of Thailand (BOT) in June 2020 have exhibited a grim future for Thailand. Seven million jobs have already been lost and the number is expected to reach 10 million. The GDP projection is estimated to shrink 8-10% this year, which would be the lowest point of economic recession since the 1998 Asian financial crisis. BOT has also estimated the export and import values to contract by 10.3% and 16.2% respectively. Domestic investments and activities are estimated to contract by 13%. Domestic consumption is also expected to decline by 3.6%. According to the World Bank, sales for retail and recreational services have already plummeted by 12% during the first quarter of this year.

For tourism industry, the impact is certainly beyond anyone's imagination. It is indisputable that Thailand's tourism sector is the hardest hit by COVID-19 since Thailand relies heavily on its tourism industry, which in 2019 accounts for almost one-fifth of its GDP, according to the Office of the National Economic and Social Development Council (NESDC). The number of tourists visiting Thailand in 1960 was only about 80,000, while for the past five years the number has gone up to nearly 40 million, bringing in more than \$60 billion in revenue for the country, according to the Ministry of Tourism. Nearly 8 million Thais worked in tourism and its related industries and most have already lost their job as hotels, car rentals, and tour companies went into bankruptcy and shut down. Although the country has recently started reopening in May, the tourism industry has yet to see the light since international travels are still restricted and many other countries are still grappling with the pandemic. As long as the world still struggles to handle this health crisis, the future of Thailand's tourism industry remains uncertain.

Success Story

COVID-19 definitely poses the kind of challenges no country has prepared for. It challenges humanity in every aspect from individuals, societies, institutions, and nation states. Hard choices must be made to balance the impacts felt by all. Thailand has no less suffered from the pandemic, physically, socially and economically. But despite early public confusions and widespread criticisms, it is unquestionably accepted that Thailand has emerged as one of the top success stories not in just Asia, but around the world.



New confirmed COVID-19 cases
Source: Ourworldindata.org Oct 9, 2020

Thailand's figures are rather impressive as they are empirical evidence demonstrating its ability in handling the pandemic. Compared with the rest of the world, Thailand is therefore ranking one of the top countries that are effective in containing the outbreak. As deservedly so, Thailand, along with New Zealand, is chosen by WHO for its documentary depicting success stories of how the country overcomes the pandemic. WHO specifically praises Thailand for its robust healthcare system and more importantly, the village health volunteers who have made incredible sacrifices in tracking and tracing hundreds of thousands of villages across the country. The volunteers have monitored closely over 12 million homes around the country and at the peak of the pandemic found 600,000 people at risk of contracting the disease. For these reasons, Thailand is applauded for its handling of COVID-19 and praised as a successful model in containing and controlling an infectious disease. Not only is Thailand chosen by WHO for its victory in handling the COVID-19 pandemic, Thailand also has a track record demonstrating its healthcare capabilities which can be seen in many other international indices.

The Global COVID-19 Recovery Index (GCI) has Thailand ranked at number one among 184 countries, for its ongoing COVID-19 recovery in the report issued on July 28, 2020. The index evaluates the recovery process and progress occurred in the 184 participating countries with regard to responses and measures that have been put in place in the fight against COVID-19. The index is spearheaded by PEMANDU associates in collaboration with WHO, with longstanding support from the Ministry of Science, Technology, and Innovation of Malaysian Government. At the end of July, Thailand receives a score of 82.06 out of 100, followed by South Korea, Latvia, Malaysia, and Taiwan in the top five.

RANK	COUNTRY	RECOVERY RATING	RECOVERY INDEX	SEVERITY RATING	SEVERITY INDEX	CONTINENT
1	Thailand	5	82.06	1	10.69	Asia
2	South Korea	5	81.09	1	13.53	Asia
3	Latvia	5	80.81	1	17.37	Europe
4	Malaysia	5	79.37	1	16.18	Asia
5	Taiwan, ROC	5	78.94	1	10.74	Asia
6	New Zealand	5	78.55	1	13.07	Oceania
7	Lithuania	5	77.54	1	20.64	Europe
8	Australia	5	77.18	1	12.41	Oceania
9	Canada	5	75.87	3	53.77	North America
10	Malta	5	75.79	1	24.63	Europe

Global COVID-19 Recovery Index issued on July 28, 2020
Source: PEMANDU associates, www.covid19.pemandu.org

The Global COVID-19 Recovery Index (GCI) is measured by key dynamic parameters divided into two main parts. The first part which accounts for 70% of the score is composed of active cases per population, recoveries per confirmed case, tests conducted per confirmed case, and tests conducted per population. The index takes into account the difference in population size in each of the countries being evaluated, thereby eliminating potential parameter biases. The second part utilizes the Global Health Security Index (GHS) which accounts for 30% of the score. Led by Johns Hopkins University and funded by many well-known charities and philanthropic organizations, the GHS is widely accepted as an indicator for health security and healthcare preparedness across 195 countries. In essence, with such comprehensive assessments, the GCI represents the country's overall effectiveness in dealing with the containment and mitigation of the COVID-19 pandemic.

The fact that Thailand sees itself on top of the ranking in dealing with COVID-19 is not much surprising to those involved in the health sector. Thailand has served as a medical hub in Asia for quite some time, thanks to the strong healthcare system in both private and public sectors. The Global Health Security Index (GHS) in its latest report 2019 ranks Thailand first in Asia and sixth in the world out of 195 countries with the score of 73.2. Thailand is the only non-high-income country in the top 10 and one of the two countries in Asia, with South Korea at number nine.

Thailand scores consistently over the 70th percentile in all categories, except for one unfortunately, which is the risk environment, mainly consisting of political risk. Considering the political instability that has plagued Thailand for the past two decades and the fact that Thailand is the only non-high-income country on the list, it is truly a remarkable feat for the country and its healthcare system.

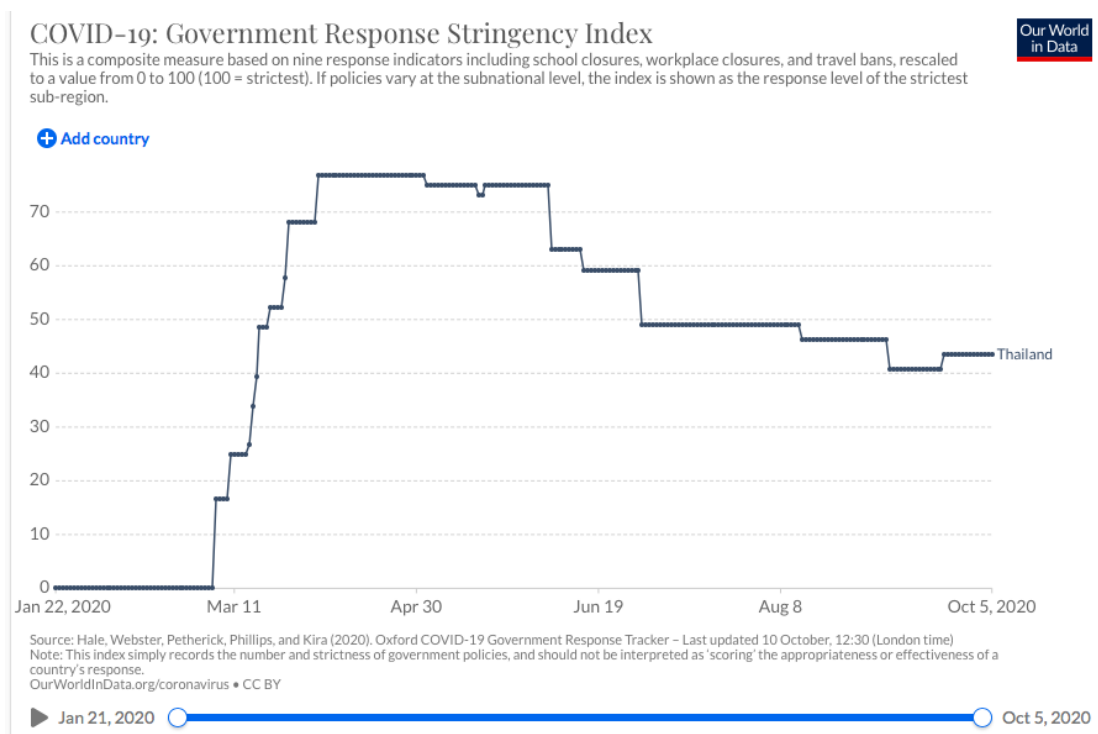
The Global Health Security Index (GHS) is considered the most comprehensive assessment of health-related capabilities across the 195 countries. The index is measured in six categories: prevention, detection and reporting, rapid response, health system, compliance with international norms, and risk environment. The index is measured under the framework detailing 140 questions across the abovementioned six categories, using 34 indicators and 85 sub-indicators. The main objective is to assess the country's ability to prevent and alleviate epidemics and pandemics.

Ignited by the West African Ebola outbreak in 2014, the GHS project is initiated by the Nuclear Threat Initiative (NIT) and the Johns Hopkins Center for Health Security (JHU). The index is developed with collaboration from a panel of experts from countries around the world and with research headed by the Economist Intelligence Unit (EIU). The data is collected and validated by individual countries and international organizations such as the World Bank and WHO. The GHS is funded by a number of philanthropic organizations including the Open Philanthropic Project, the Bill & Melinda Gates Foundation, and the Robertson Foundations.

Measured by international standards, Thailand has also performed well in terms of government responses to COVID-19. Led by Oxford University, the Stringency Index is designed to dynamically track the government responses to COVID-19. Thailand has consistently scored appropriately to the risk environment within the country and abroad. During the peak period of infection in March to April 2020, Thailand scored well over 80. The score has declined steadily afterward in response to the decline in the infection rate but remained around 50 until the time of this writing. Therefore, although there might have been a fair amount of political scandals and public dismay during the early months of the epidemic, so far the results do speak for themselves as the disease is well-contained and a resemblance of normality has gradually returned.

The Stringency Index is initiated by the University of Oxford's Blavatnik School of Government. It is a pioneering tool that collects and consolidates the data from more than 180 countries on policy responses, such as lockdown restrictions, school closures, testing, contact tracing, travel bans, public gatherings, emergency investment in healthcare, and economic support for citizens. The dataset is generated by teams of academics and students around the world. The index is part of the four indices designed to measure and track the government response to Coronavirus around the world. The score, ranging from 0-100, is meant to reflect the level and intensity of government actions in four areas: overall government response index, containment and health index, economic support index, and stringency index.

Although it might be worth noting that this government response tracker is not an indicator of successful policy implementation nor a response to the severity of the pandemic in a country, the indices provide a useful comparative lens through which further investigations can be conducted on government effectiveness and efficiency in dealing with health emergencies and crises.



Thailand's Government Response Stringency Index: COVID-19
 Source: Oxford COVID-19 Government Response Tracker, Ourworldindata.org Oct 5, 2020

The international measurements and praises reflect the success Thailand has achieved in its handling of COVID-19. But what contributes to such a high level of success? Many health experts and policy analysts have continued to give praises to the Thai government in its decisive responses and strict measures. However, in addition to government responses, there must be other factors that contribute to this success. Government response alone cannot be a panacea to this unprecedented health crisis.

III. How Thailand Contains COVID-19

Since the first case of COVID-19 hit Thailand on January 12, the Thai government has announced a series of measures to respond to the level of threat. Beginning with the soft lockdown in late February until mid-March, schools were closed, and public gatherings were prohibited, followed by the closures of non-essential businesses and services. In early April, the country was in a stricter lockdown with inter-provincial travels strongly discouraged and those who wished to do so must go through a strict 14-day quarantine. International travels were banned, and some provinces mandated complete lockdown such as Phuket, requiring travelers to request permission from local authorities before exit or entry. Mass confusion and disorganization emerged as the country faced this health emergency.

After the period of early public confusion, the government soon entrusted the leading health experts and professionals with the management of the crisis. This proved to be the right move as the general public soon showed solidary support for the measures laid out by the health authorities. The Center for COVID-19 Situation Administration (CCSA) was then established in March after a sharp rise in confirmed cases in the Bangkok vicinity. The health authorities, lacking adequate resources for mass testing, implemented instead a strategy of contact tracing, strict quarantining, diligently screening both local and international travelers, and aggressively promoting physical distancing and personal hygiene. The curve was then beginning to flatten, and Thailand began to see no local transmission.

In May and June, some non-essential businesses were allowed to reopen, albeit with certain guidelines to comply. The Thai government introduced a track and trace application called Thaichana which requires all public spaces and businesses to screen and keep records of daily visitors. Many companies slowly reopened and introduced a new norm of working from home and staggered working hours. People are strongly encouraged to continue to practice good hygiene, such as physical and social distancing, regular handwashing, and mask wearing. These preventive measures have proven to be invaluable in these trying times and Thais are more than willing to cooperate.

As restrictions on domestic travels have begun to relax, tourism starts gaining traction, although still much further away from what it used to be. Hotels and resorts are allowed to reopen with strict measures being put in place. Masks are stringently required in public places. Because the civil consensus put an emphasis on the physical well-being of both Thai and foreign citizens within the country, the new campaign called the Amazing Thailand Safety and Health Administration (SHA) was created by the Department of Health and the Tourism Authority of Thailand. The SHA grants certifications to businesses that pass the assessment of safety standards to ensure public safety during the pandemic. The safety standards include, for instance, food safety, cleanliness of public restrooms, mask wearing, and waste management system.

Thailand's COVID-19 response has truly been remarkable. The response packages amount to 12.9% of GDP, according to the World Bank statistics published in June 2020. The packages emphasize the financial relief to the most vulnerable and small to medium-sized businesses. The level of assistance is also at a historic level for Thailand, with the use of various architectures and instruments. Economically, the relief packages

include cash transfers and building infrastructures to boost the local economy. There are also tax relief, reduction of social security payments for employees, soft loans, and debt restructuring for households and businesses.

Explaining the Numbers

As many countries are still wrestling with a chain of health emergencies caused by the pandemic, South Korea, Japan, and Singapore have already seen a second wave of infections throughout April and June. Even though Thailand implemented a strict lockdown in March and April, many fear the second wave is waiting at the corner once the country starts reopening. There is also a conspiracy theory circling that the Thai government has been hiding the actual figures of infection and mortality rates as some academics and experts observe Thailand's COVID-19 figures with caution and skepticism. Some critics also blame the lack of testing for the low figures. In any case, the facts remain apparent that there have been no reports of hospitals or medical centers being inundated with patients. Moreover, Thailand enjoys a great amount of social media freedom and if there is such a cover-up or rampant infections untested, it would be practically impossible for the incidents to remain unexposed.

Since Prime Minister Prayuth's administration is widely viewed as a military government with its latest questionable parliamentary process and election result, some attribute Thailand's success to its somewhat authoritarian regime. This explains how fear may be a driver as to why Thai citizens are willing to follow orders and comply with the rules. This theory is supported by a few COVID-19 success stories of China, Vietnam, and Singapore where citizens diligently follow guidelines imposed by their moderately authoritarian governments. This has not been convincing however, since many other countries that fully enjoy democracy have achieved similar results such as South Korea, Taiwan, or New Zealand. The countries that are even more autocratic such as the Philippines and Indonesia have performed so poorly to the point of denial. As such, it is rather obvious that political regime seems to have no correlation with how well each country handles the pandemic.

In times of crisis, leadership proves a deciding factor whether or not the country will survive. Whether or not the Prayuth administration exhibiting leadership is a matter of opinion, but the administration does deserve praise for its action in letting health authorities take the reign in tackling the pandemic. There is also evidence demonstrating the effective inter-ministerial coordination and successful cooperation between central government agencies and provincial municipalities. With decisions made based on scientific evidence, the country was able to implement aggressive public health screening and preventive measures that prove to be highly effective. The daily updates from the CCSA also prove to be useful. Led by a respectable medical doctor, the daily announcements provide the public with the COVID-19 updates and assessments. This regular channel of communication helps the public learn and understand the current situation within the country, in turn promoting government transparency and creating public awareness. The health experts are then able to easily win public trust and compliance.

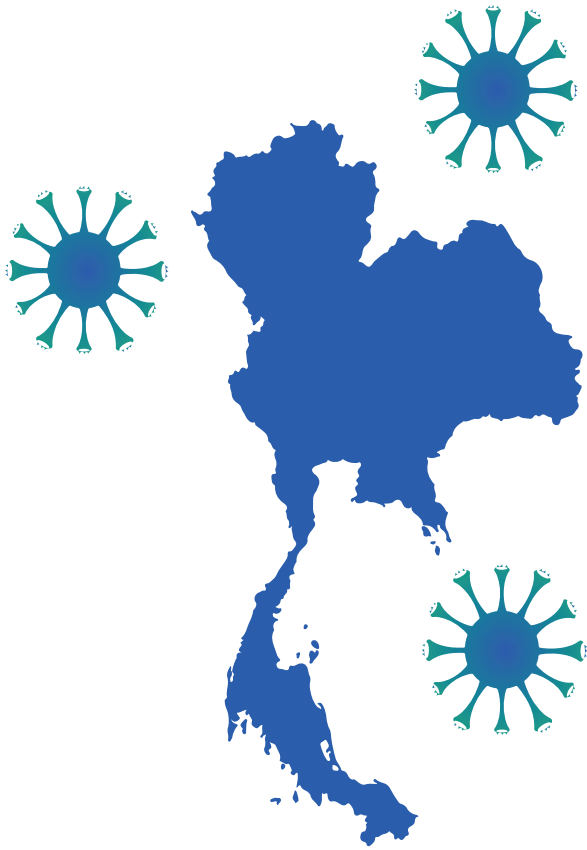
Thailand's robust healthcare system is the one area all critics are in agreement. Because of the solid foundation of public health system, Thailand is now enjoying the fruits of its

labor. With a great number of world-class hospitals and a vast network of public and private health centers across the country, Thailand is fully equipped with the capabilities in dealing with an outbreak. Furthermore, Thailand's public health system has also been famous for its accessibility and affordability for a few decades. The country's universal healthcare coverage established in the early 2000s offers affordable and quality medical care and services to the majority of the population. Accordingly, Thai people in general traditionally have a great amount of respect for medical doctors and healthcare professionals and hold high regards toward public health authorities. This long history of trust and confidence is supported by the long establishments of over a million village health volunteers we see today. All these reasons are precisely why Thailand, the lone middle-income country, is able to rank 6th on the Global Health Security Index. Thailand has by far the most comprehensive and high-quality medical infrastructure in Asia.

Most importantly, as observed and praised by international media and organizations, the Village Health Volunteers (VHVs) are the real heroes in the fight against COVID-19. They are an army of community-based workers, predominantly women and with only basic medical training. At the grassroots level, the volunteers closely monitored the movements of people in their communities, identifying any potential risks of contraction. They were out in the field regularly checking people's temperature, disseminating health-related information, teaching people basic personal hygiene, distributing masks and hand sanitizers, and collecting the data and reporting back to their respective head offices. Some, at the height of the infection, were out on the field visits everyday checking in on their local communities.

Cultural norms and preferences are another factor some believe have a role in containing the spread. Thailand is not accustomed to shaking hands or hugging, opting for Wai instead, which may help contribute to the lower chances of person-to-person transmission. Another newly emerging norm is the facemask wearing due to the pollution problem that has been persistent in the past several years, prompting people to wear face masks in affected areas when outside in the public space. A survey of global facemask use by YouGov, a UK based research organization found that 95% of Thai people wear facemasks in public, as opposed to 44% in France, 48% in the US, and only 15% in the UK. Because wearing a facemask is not a popular choice for many, especially in the western countries, it became a controversial issue during the early months of the pandemic. WHO early on in fact recommended against it. Although facemasks have yet to be clearly and scientifically proven effective in preventing the transmission of the virus, the statistics in countries like Thailand and other Asian countries that religiously wear facemasks seem to suggest the facemask's effectiveness.

At the beginning of the pandemic, Thailand was considered one of the highest-risk countries as it welcomes the largest number of Chinese tourists in Southeast Asia each year. Thailand also holds the world's record as being the country with the first case outside of China. What makes Thailand successful in this fight against the most serious pandemic of our time may still be unclear. One thing for certain is that there is a historically strong relationship between public health authorities and society.



Thailand's Response to COVID-19

(Jan-Oct 2020)

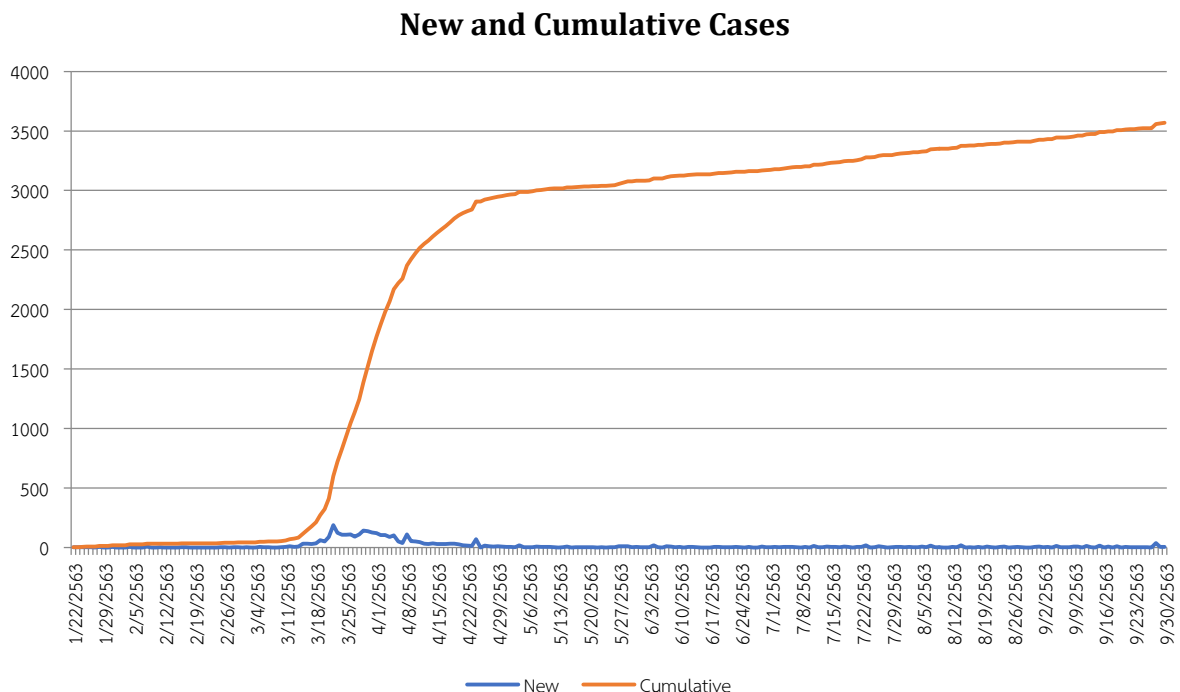
Thai Government's Response to COVID-19 (Jan-Oct 2020)

Angkana Asawasakulkrai
Rattanachai Nakpansua

I. Thailand Government Response to COVID-19

At the heights of the pandemic in March 2020, Thailand had seen a higher cumulative number of cases each day. But with the stringent responses from the Government and the overwhelming amount of support and cooperation from all sectors, by May 25, 2020, Thailand became one of the lowest risk countries in the world. The Thai government has been recognized as highly effective in containing the spread and monitoring the cases by international communities. Since the lockdown has started to ease up in June, Thai people begin to resume their life under the new normal, one with face masks and portable hand sanitizers.

As officially reported by WHO, the first confirmed case of COVID-19 was found in China on December 8, 2019, although China itself suspected that the very first case could be traced back as far as November 17, 2019. Thailand began setting up the screening point for tourists traveling from China on January 3, 2020, before discovering the first confirmed case of COVID-19 in the country and in the world outside of China on January 12, 2020.

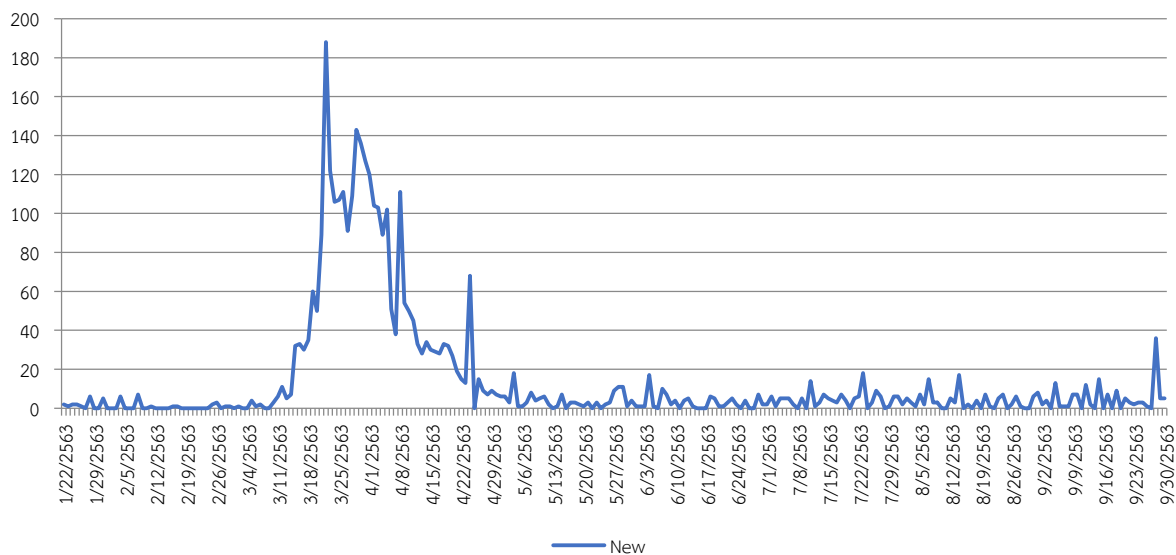


Source: Royal Thai Government, September 30, 2020

First Wave of the Infection (January – February 2020)

In January, the number of cases found in Thailand was gradually increasing. Until the end of the month, Thailand found the first local case that had not traveled abroad and cumulatively the number of cases increased to 19. The Ministry of Public Health, which is the key agency responsible for the public well-being and the epidemic, started closely monitoring the spread and communicating to the public on precautions people should take. In February, the epidemic was spreading more widely to other countries outside of China and the number of cases in Thailand continued to climb. By the end of February, there were 42 confirmed cases within the country. The rising number of cases created panic and fear among the general public, causing a spike in demand, hoarding, and in turn prices for face masks, food, alcohol, hand sanitizers, and other medical supplies.

New Confirmed Cases



Source: Royal Thai Government, 2020

Severe Spread of the Epidemic (March - April 2020)

On March 1, 2020, Thailand had the first death of COVID-19. Not long after, there was a superspreading event occurring among a huge crowd at a boxing stadium in Bangkok. The cluster of cases spiked to over 100 and on March 22, 2020, Thailand saw the highest number of cases in one day at 188 cases. The trend appeared to be continuing as there were more than 100 cases confirmed each day. By the end of March, the cumulative number of cases reached over 1,000 and 2,000 in early April.

In March, the Thai government established a special administration overseeing COVID-19 operations with a specific purpose of controlling and containing the increasing level of the epidemic. The COVID-19 Information Center and Center for COVID-19 Situation Administration (CCSA) were established on March 4 and 12 respectively. The information center was to gather data and disseminate information on the outbreak to the public, while the CCSA, led by General Prayuth, Thailand's Prime Minister, was to spearhead in the management and handling of the crisis. The provincial governors were

also appointed to head each province in the containment of the outbreak. A package of policies and measures were consequently approved and implemented.

On March 17, 2020, the Government issued a preventive measure of closing down non-essential businesses and places where large crowds normally gathered in Bangkok and its vicinity as the crowds and close proximity would exacerbate the infection. Such places included, for instance, educational institutions, tutoring schools, massage parlors, entertainment venues, pubs, and stadiums. Because of this sudden shutdown, a massive number of daily-wage workers had to abandon the city and travel back to their hometown, causing the nationwide spread of the virus. Government agencies at the provincial level became important vehicles in the handling of the crisis.

By the end of March, the Government decided to implement the stringiest measure to contain the virus, including declaring the Emergency Decree on Public Administration in Emergency Situation on March 26th. The decree imposed a lockdown prohibiting the commute in and out of the high-risk venues, shutting down all ports of international entry, and requiring a 14-day quarantine for inter-provincial travels. Later on April 3rd, daily curfew was set from 10 pm to 4 am and the Government opened up space for state quarantine. Attempting to control the epidemic from the central administration, the Government relied on CCSA for managing and handling the crisis by distributing power, policies, and measures down onto regional and provincial levels respectively.

The management at the provincial level was headed by the provincial governors with directions and guidelines mandated by the central government. Each of the province was, however, afforded its own consideration for the measures appropriate for their respective situation. Government agencies and resources were integrated to handle the crisis with Provincial Public Health serving as an administrative office providing standards and guidelines for both policy and implementation. The provincial public health offices worked in collaboration with the Ministry of Interior and field volunteers, while local governing bodies such as provincial administrative municipality and subdistrict municipality provided support in funding and medical supplies.

Each of the provinces exercised different extent of restrictions and flexibility. For example, with regard to the Emergency Decree forbidding international travels and discouraging provincial travels, each province implemented different levels of responses. Uthaitanee province, considered one of the lowest-risk provinces in the country due to its small number of tourists and other visitors, remained open. The commute in and outside of the province remained fairly normal, with only screening points set up for entry and exit. On the other hand, Krabi province was one of the highest-risk areas for the spreading since it housed a great number of foreign tourists, with an international airport operated daily. Besides, Krabi was in close proximity to Phuket, which experienced a rather severe spreading. Krabi's provincial governor therefore issued a strict measure locking down the province and prohibiting travels at all levels—provincial, district, and subdistrict.

Toward the End of the Severe Infection (mid April – May 2020)

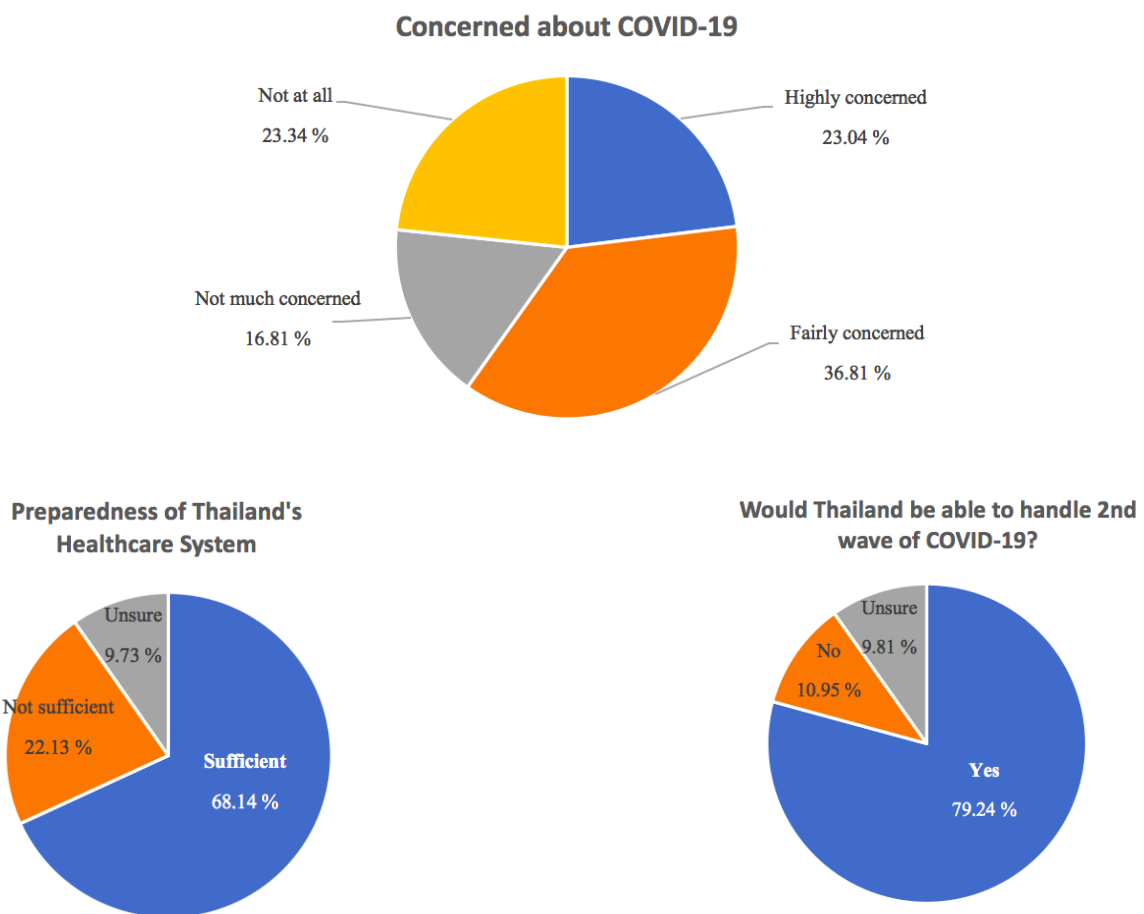
With the strict measures implemented nationwide and the overwhelming level of cooperation from every sector in the country, Thailand finally saw the number of

COVID-19 cases declining. The number of new confirmed cases continued to steadily drop to a single digit on 27th of April. The Thai government has thus been domestically and internationally praised for its ability to contain the virus. However, despite the success, the stringency and intensity of government measures have inevitably caused a great damage to the economy. Many people lost their jobs as businesses closed down or were forced to lay off employees to cut costs in the time of zero revenue. Realizing the severity of the economic damage COVID-19 has put onto its citizens, the Government issued a series of relief packages concentrating on unemployment benefits and loss of income. The direct assistance included a monthly financial aid of 5,000 baht; unbundling costs of living such as utility bills, rent, and tax payments; and supporting financial liquidity such as soft loans and lower interest fees for small and medium-sized enterprises.

In May, Thailand saw the strict lockdown imposed in the previous months softened, but still with careful consideration and precaution.

- **Phase I, May 3, 2020:** Certain businesses such as wet markets, flea markets, restaurants, street foods, convenience stores, small retail shops were allowed to reopen, albeit operating under strict standards and regulations. Additionally, sport venues and public parks were allowed to open, but group sports and competitions were still prohibited. Hair salons and barbers could also reopen, but only for cutting and blow-dry services.
- **Phase II, May 17, 2020:** Department stores, malls, and community malls were permitted for service, but no later than 8:00 PM. Large stores and shops such as hardware, furniture, wholesale, beauty clinics, gyms, fitness centers, swimming pools, conference venues, libraries, and museums could reopen for use, but with limited number of visitors and no lessons permitted. The daily curfew was pushed from 10:00 to 11:00 PM.
- **Phase III, June 1, 2020:** Daily curfew was reduced to 5 hours, closing time for department stores was moved to 9:00 PM. Other non-essential businesses were open, such as amulet centers, beauty clinics, health massages and spas, gyms and fitness centers, movie theaters, and zoos. Inter-provincial travels were permitted.
- **Phase IV, June 15, 2020:** Daily curfew was lifted. Conferences, seminars, exhibitions, parties, music events, and concerts were to resume normal operations. Daycare, child-development centers, nursing homes, entertainment businesses could also reopen. Inter-provincial public transportations resumed operations. Public buses and air travel were permitted with certain restrictions. Group exercise classes were allowed, and alcohol was permitted in restaurants.
- **Phase V, July 1, 2020:** Nightclubs, pubs, karaoke, breweries, bathhouses, game shops, and internet cafes were permitted. International travels for certain groups were allowed, but with a 14-day quarantine such as business travelers, investors, education personnel, skilled labor and experts, and foreign nationals with Thai relation or Thai residency.

Although the situation appeared to be improving in Thailand and the government measures have mostly been relaxed, the world's COVID situation remains worrisome. The survey results of public opinion regarding the pandemic, conducted by the Center for Philanthropy and Civil Society (CPCS), in collaboration with NIDA Poll in early September 2020, revealed that 59.85% of the respondents were still concerned about COVID-19, with 23.04% feeling highly concerned and 36.81% feeling fairly concerned. Despite Thailand's success in containing the infection, these numbers only slightly declined from the survey results found in early March of the same year, which saw respondents very concerned about the infection at 68.18%. This demonstrated that as long as the pandemic is still prevalent, even in other countries, Thailand and its government must remain vigilant in order to avoid a possible second wave of infection that has plagued many other countries in the world.



Nevertheless, the September survey results with regard to the Government's handling of the pandemic showed a high level of public confidence. If the second wave of the infection were to occur, the majority of the respondents—79.24%—believed the Government would be able to handle it. Only 10.95% believed that the Government would not be able to and 9.81% were unsure. When asked specifically about the preparedness and sufficiency of the medical and healthcare system in Thailand, 68.14% of the respondents trusted the system, whereas only 22.13% did not and 9.73% were unsure. The survey results reflect the public confidence in Thailand's handling of the crisis and show that the measures and efforts have been successful and globally recognized. Many factors play contributing roles in the success, including a strong

healthcare system, effective government measures and personnel, and an overwhelmingly unprecedented level of cooperation from all the sectors.

II. Government and Center for COVID-19 Situation Administration (CCSA)

After the situation worsened during the months of January and February, a severe shortage of medical supplies became problematic as some people and opportunistic vendors had begun hoarding the supplies and increased the prices such as hygienic masks and hand sanitizers. In early March, the Government established COVID-19 Information Center and Center for COVID-19 Situation Administration (CCSA) in order to manage the COVID-19 situation that has intensified so much than any one agency could handle.

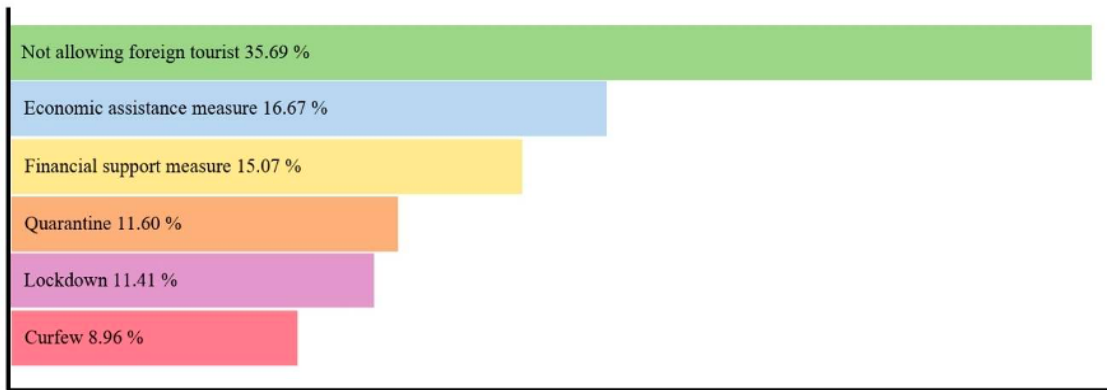
COVID-19 Information Center gathers and disseminates information with regard to COVID-19 emphasizing the accuracy and timeliness. In addition, the Center is open for public complaints, and serves as a coordinating point with relevant entities. Led by the Prime Minister, the CCSA is responsible for issuing policies and measures for the crisis management in a timely, clear, and efficient manner.

COVID-19 Information Center is tasked with the mission of overseeing the collection of data and information regarding COVID-19. To acquire a comprehensive set of data, the Center coordinates with local organizations, government agencies, and other public and private organizations. Moreover, the Center is responsible for receiving donations and public complaints. The Center is headed by Deputy Prime Minister, Office of the Prime Minister who reports directly to Prime Minister Prayuth.

In mid-March, the number of COVID-19 cases continued to climb rapidly, over 100 cases daily. As such, the Government had issued a series of policies and measures in order to curb the spread and to alleviate the public suffering caused by the crisis. There were a number of measures being put in place at the height of the outbreak. Conducted by the Center for Philanthropy and Civil Society (CPCS), in collaboration with NIDA Poll, the survey results with regard to government measures revealed that the majority of the respondents at 35.69% favored the international travel restriction that prohibited foreign nationals from entering the country. 16.67% of the respondents preferred economic relief packages such as loan payment suspension, low interest fee, reduction of utility costs, and electricity meter repayment. Additionally, 15.07% of the respondents found financial relief package most useful, while 11.41% preferred the lockdown measure and 8.96% preferred the practice of curfew.

From the survey results, the most important measure seen by the public is the preventive measure. The infection was viewed as coming from foreign countries and thus shutting down all ports of entry would be the right thing to do. Moreover, other preventive measures were preferable such as quarantine, work from home, lockdown, and curfew. The second priority for the public concerns the state of the economy. In this instance, relief packages were designed to assist every group of population.

Public opinion on the government measures



Source: Survey by the Center for Philanthropy and Civil Society (CPCS) and NIDA Poll, September 2020

(1) Preventive Measures in Monitoring and Controlling the Infection

COVID-19 was originated from overseas. Hence, the preventive measures must begin from the external sources, covering all ports of entry – land, air, and sea. Simultaneously, domestic prevention from local transmission was also necessary. Campaigns on educating the public and raising awareness about the severity of the situation were obligatory. The public needed to be educated and realize the extent of the outbreak. They must learn how to protect themselves and follow the recommended standards and guidelines in accordance with government measures.

Screening and Restricting International Travels

The screening points were set up in more than 68 points such as at airports, ports, and the borders since December 2019 when news about the virus in China became public. The screening points were first implemented only with the tourists traveling from Wuhan, China. Later on, the checkpoints were extended to cover all travelers from China. When the virus started to spread to many other countries, Thailand announced a list of high-risk countries such as China, South Korea, Malaysia, and Italy. The list was continuously updated to include more high-risk nations and all international travelers had to be screened before entry and abide by the regulations and measures imposed by the Government.

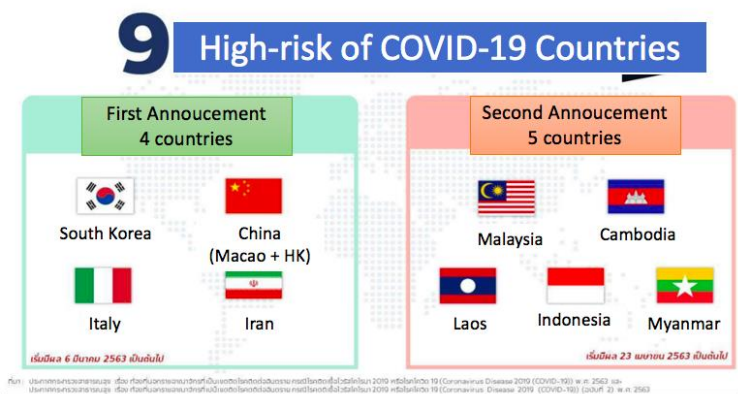


Photo source: Royal Thai Government, May 2020

Closure of International Travels



Photo source: Royal Thai Government, May 2020

When the regional epidemic became a global pandemic, coupled with the worsening situation in Thailand with the increasing number of cases found nationwide, the Government announced the shutting down of all international airports in the country and prohibited international travels from April until June.

State Quarantine and Local Quarantine

For those travelling from abroad, the measure required a 14-day quarantine, during which any person exhibiting relevant symptoms (Patient Under Investigation: PUI) must be sent to and treated at medical centers to prevent the possibility of infecting others. The state quarantines, a total of 5,595 rooms, were prepared across the country which were operated by Ministry of Interior and Ministry of Public Health. 765 local quarantine units designed to accommodate 20,696 persons were set up across the country in 76 provinces, again overseen by Ministry of Interior and Ministry of Public Health.

Campaign for Public Cooperation as Outlined by Ministry of Public Health

In order to control and contain the spread within the country, people are deemed the most critical factor. As such, Ministry of Public Health introduced a campaign encouraging Thais to follow the ministry guidelines and a set of preventive measures.



ชีวิตวิถีใหม่
ใส่หน้ากากทุกวัน
ป้องกันโควิด-19

Photo source: Royal Thai Government, 2020

stores. Physical and social distancing was also a key element in the campaign of the fight against COVID-19. To reduce the exposure, the physical distancing required a minimum of 1-2 meters between persons. Working from home was also introduced to decrease the exposure. The Government requested companies

The slogan “Stay home, Stop the virus, for the Country” was campaigned encouraging people to stay home and avoid unnecessary commutes in order to reduce the exposure to the infection. Wearing hygienic or cloth masks was also required when out in public places such as buildings and department



ชีวิตวิถีใหม่
ห่างกันสักพัก รักษาสุขภาพ



ห่างกันสักพัก
← 1m →



and organizations in all sectors make necessary arrangements to accommodate their employees by reducing work at the office and increasing work at home by 50%. Organizations were encouraged to use online platforms and other technologies to facilitate distance working and learning such as online conference and online learning.

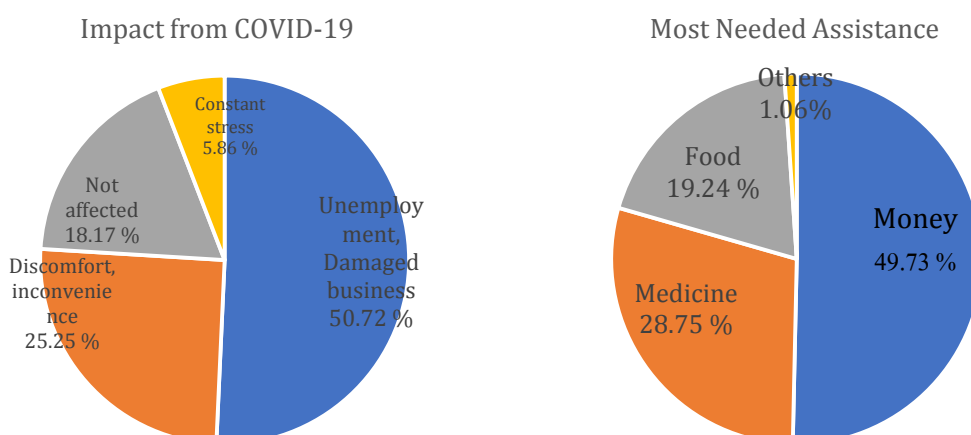
Emergency Decree and Curfew

Because of the worsening situation in March with more than 1,000 confirmed cases, the Government invoked the Emergency Decree in order to impose stricter measures in the attempt to remedy the situation. The measures included closure of international travels, quarantine for inter-provincial travelers, closure of high-risk venues such as wet markets, restaurants, hair salons, sport venues, educational institutions, and department stores. On April 3, 2020, curfew was announced prohibiting travel and commute outside of homes from 10:00 PM to 4:00 AM. The penalty was a maximum 2-year imprisonment and a maximum fine of 40,000 baht.

Prohibition of the Sale of Alcoholic Beverages

One of the hotspots for contagion turned out to be social gatherings which usually involved alcoholic beverages. Plus, alcohol impairs one’s judgement and lowers their guard. Coupled with Thailand’s Songkran holidays which saw Thais traveling back to their hometowns to celebrate the Thai new year, the infection could rapidly spread and be difficult to contain. The Government, therefore, issued the measure prohibiting the sale of alcohol across the country. The measure had been extended for several months afterwards. The Songkran holiday were also postponed nationally.

With the infection intensifying both domestically and globally, plus the strict measures imposed by the Government, our way of life was inescapably affected in many ways. The survey results, conducted by Center for Philanthropy and Civil Society (CPCS) and NIDA Poll, found that the majority of respondents (50.72%) were affected economically; for instance, damages to their businesses, unemployment, or loss of income. 25.25% felt uncomfortable due to the inconvenience from the restrictive measures. 5.86% of the respondents believed the situation had a psychological effect, inducing constant stress to their mental health, while 18.17% said they had not been affected much by the pandemic. Another set of results was in reference to what kind of assistance would be most needed. The majority of respondents, 49.73%, would like financial assistance. 28.75% preferred medicine, 19.24% food, and 1.06% preferred others such as employment, utility payments, and face masks.



From the survey results, it is clear that the economic assistance is most need The Government thus realized the extent of the struggle and implemented a series of relief packages.

(2) Economic Relief Measures for the Public and Entrepreneurs

The strict measures imposed by the Government since the beginning of the pandemic have put a great amount of pressure and impact on the public. The closures and suspension of businesses resulted in job loss and reduction of income for many people, especially those individuals relying on daily wages who were in the informal sector of the economy. The impact is massive in almost every industry, whether it be tourism, education, and many more. Therefore, the gigantic economic relief package of more than one trillion baht has been approved with a three-dimensional purpose.

Purpose	Million Baht
1) Projects and initiatives with medical and healthcare purposes, such as support for medical personnel, medical equipment and supplies, medicine, vaccine, research and development, quarantine expenses, and treatments	45,000
2) Relief packages for the public, agriculturists, and entrepreneurs	555,000
3) Projects and initiatives for social and economic revitalization such as economic investments, local and community economy, and economic stimulation	400,000

The Government has implemented an array of assistive measures to help heal the economy and the public.

Financial Relief Measures

Due to the shutdown of almost all of the industries, many businesses encountered a massive loss of revenue. Employees in both formal and informal sectors, were placed on furlough, saw their salary decreased, or in many cases were laid off. The vulnerable groups in society were also greatly affected, including children, the disabled, and the elderly. The Government was aware of the struggles faced by many people, thereby implementing a number of projects.

- Raow Mai Ting Kan Project:** this is the project aiming at helping daily-wage workers, temporary workers, and independent workers that are not in the formal labor market. It also included businesses that were directly affected by the shutdown such as boxing rings, sport venues, pubs, nightclubs, theaters, traditional massage shops, spas, fitness centers, and other service-oriented businesses. The informal labor was compensated for 5,000 baht per month



Photo source: www.เราไม่ทิ้งกัน.com

during the period of three months. There had been 15.3 million registered users, amounting to 229,500 million baht in payment.

- **Relief package for formal employees within social security system:** this initiative focuses on two measures. One was to provide compensation and unemployment benefits for unemployed individuals during COVID-19. If employees were terminated, there would be an increase in compensation from the usual 50% to 75%. In case that employees resigned, the compensation during COVID-19 was added from the usual 30% to 45%. Under this package, there were 714,268 individuals being compensated for at the total amount of 17,224 million baht.
- **Reduction and 3-month extension of social security contribution:** the contribution rate of payment was reduced from 5% to 4% for employers and to 1% for employees. For example, employers were normally required to contribute 750 baht, but with this assistance, the amount was down to 600 baht. Employees, under Section 33, were to contribute only 150 baht. For self-contributing individuals, the amount was reduced from 432 to 86 baht. This package benefited 16,408,753 million individuals in the formal labor market.
- **Relief measure for agriculturists:** this measure was designed to aid the agriculturists and local farmers who have registered agriculture as their primary and secondary core occupation. This also included farmers who lacked opportunities and access to basic agricultural infrastructure. The recipients must be individuals affected by COVID-19 and had not received assistance under other measures of the similar nature. The total number of agriculturists who received this financial assistance was 7,747,490, amounting to 120,000 million baht.
- **Relief measure for the vulnerable:** this measure was to assist newborns, the elderly, the disabled, and other vulnerable populations who were not on social security system, government welfare, and not qualified to receive other types of aids during the crisis. Each person received 1,000 baht per month for a period of three months, amounting to 39,000 million baht. The total number of recipients was 13.1 million, with 1.4 million newborns and under 6 years of age in poor households, 9.6 million elderly persons, and 2 million disabled persons.
- **Relief measure for professional athletes:** a budget of 182 million was set aside to help professional athletes of 13 sports, each receiving 5,000 baht per month for a duration of three months. The sports included badminton, football, golf, snooker, tennis, takraw volleyball, basketball, table tennis, car racing motorcycle racing, and Thai boxing. The groups qualified included professional athletes, sport personnel, professional athletic associations, professional athletic clubs, and sport event organizers. Each of the associations and clubs received no more than 500,000-baht assistance.
- **Relief measure for government welfare recipients:** government welfare recipients who had not qualified for other types of assistance during COVID-19 totaled 1,164,222 persons. Under the budget of 3.49 billion baht, each recipient

received a monthly compensation of 1,000 baht for the period of three months automatically via the government welfare card with no registration required.

- **Relief measure for unsuccessful registrations of Raow Mai Ting Kan project:** Raow Mai Ting Kan project left a number of users unable to register, at 302,160 persons. This group has not been qualified for or given other forms of assistance during COVID-19 as well. They are also not social security contributors under Section 33. At the time of this study, Fiscal Policy Office is in the process of determining the target group and the kind of relief measure appropriate for this group of people. The package will then be sent for approval within one month under the budget of 906 million baht.

Cost of Living Relief Measures

In addition to the financial packages for individuals affected by the pandemic, the Government also understood the ramifications that came with unemployment or salary cut. As such, a set of cost of living relief measures were issued to help those who struggled to survive the crisis.

- **Electricity cost relief measure:** this measure aimed at decreasing electricity costs and providing free use of electricity. The cost was reduced at 3% for a period of three months from April to June 2020. Moreover, the residential households that had the electricity meter installed under 5 amp were permitted free use of electricity at the maximum of 90 units per month for three months. The total budget for this measure amounted to 5,160 million baht. Aside for these measures, the Government also returned the electricity meter deposits for residences and small businesses, which helped more than 22 million people, amounting to 32,700 million baht. For business owners, hotel and accommodation businesses, the electricity payment was extended to a 6-month period from April to May 2020. Medium-sized to large hotels and nonprofit organizations were allowed to pay the minimum cost of electricity for three months starting from the billing cycle of April until June.
- **Water supply relief measure:** water supply bills were reduced by 3% for all types of buildings for a period of three months, starting from April to June 2020. The deposit was also returned for residential households. This measure provided needed assistance to over 5.7 million people, amounting to 2,834 million baht. For hotel and accommodation businesses, the payment period was extended to a minimum of 6-month installments without interest for each billing cycle for April until May 2020. There would be no discontinuing of water supply and registered users could inform the respective provincial waterworks authorities of their intention for the installments. This relief measure benefited 30,900 people.
- **Cost of living relief measure:** this measure, led by Ministry of Commerce, aimed at providing discounted consumer goods to the public to help alleviate the financial burden faced by many during the crisis. There were six groups of products contributing to this measure, including food and beverage, frozen packaged food, seasoning sauce, daily use products, personal care products, and

cleaning and washing products. The number of participating products was more than 3,000 items, with 51 distributors.

- **Exemption of royal property rent:** this measure was to help Thai people or agriculturists who lived on royal property or land by reducing fees and rent supposed to be paid to government agencies and state enterprises. The rent was also waived for residents and agriculturalists for one year.
- **Free internet access:** to encourage people to stay home and work from home, National Broadcasting and Telecommunication Commission (NBTC), in collaboration with mobile phone service providers offered free internet access for 10 gigabytes to facilitate the new work arrangements and to assist with this financial burden.

Tax Relief Measures

Bureau of Internal Revenue came up with a set of tax measures designed to alleviate financial burdens for the public. The measures encompassed all groups of population including individuals, juristic persons, entrepreneurs, and medical personnel, especially those directly involved with COVID-19.

- **Tax return:** Bureau of Internal Revenue expedited the process of tax return, aiming to restore the financial liquidity and alleviate the economic impact felt by the public and businesses. As of August 2020, there have been over 3 million tax return applications and the amount of tax returned completely process is approximately 33,145 million baht.
- **Tax payment extension:** Bureau of Internal Revenue has extended the payment period for individuals and businesses. For personal income tax, the payment has been extended to August 31, 2020. The same extended deadline was applied to corporate income tax as well and in some cases the deadline was extended to September 30, 2020. The total amount of tax payment that has been extended would be 150,000 million baht. This same amount instead would provide cash flow and increase the spending power within the system, thus stimulating the economy. Moreover, health insurance policy can also be tax deducted for personal income tax from a maximum of 15,000 baht originally to 25,000 baht.
- **Tax deduction and lower interest rate:** to increase cashflow and liquidity, Bureau of Internal Revenue has reduced the withholding tax rate of 3% to 1.5% for the revenue received during April to September 2020 for individuals and businesses. In addition, the interest rate was lowered for SMEs who participated in the Soft Loan program during April to December 2020.
- **Other tax relief measures:** there have been several other measures with regard to tax that helped support both individuals and businesses. For instance, there is tax deduction designed to help stabilize the hiring of SMEs. There is also tax exemption to support the operations of medical personnel involved in the handling of COVID-19. Additionally, there is an extension period of three months for excise tax payment for oil and refinery industry. Import tax exemption on

preventive medical supplies and products is also imposed for six months until September 2020.

Credit and Debt Measures

To help alleviate the impact of the economic shutdown, Bank of Thailand has issued various measures to help both creditors and debtors.

Individual Loan	
Suspension of principle payment and lowering of interest rate	the suspension of principle payment is to be within 1-2 years, while the interest rate for loans is to be reduced by 10-20% per year.
Emergency loan	Government Savings Bank and Bank for Agriculture and Agricultural Cooperatives provide a loan for a maximum of 10,000 baht per person, with a monthly 0.10% interest rate. Credit period is no more than two years and six months. There would be no payment for the first six months. Applications are open until December 30, 2020. The total amount of credits available is 40,000 million baht.
Special loan	A maximum of 50,000 baht per person for temporary relief is set at a monthly 0.35% interest rate. The credit period is under three years. Applications are welcome until December 30, 2020. The total amount of available credit is 20,000 million baht, provided by Government Savings Bank.
Low interest loan for Government Pawn Office	Government Savings Bank provides low-interest loans for Government Pawn Offices under Ministry of Social Development and Human Security at the interest rate of 0.1% annually. The interest rate for individuals is no more than 0.125% monthly within a period of two years.
Business Loan	
Loan for small businesses	In order to restore the liquidity for business operation and reduce operating costs for tourism businesses, spa, and transportation, Small and Medium Enterprise Development Bank of Thailand provides a loan amount for 10,000 million baht. Each loan is under three million baht with 3% interest rate for the first 2 years and the credit period under 5 years.
Low-interest soft loan	Low-interest soft loans are offered to restore the liquidity for SME operations under 500 million baht with 2% annual interest for 2 years. As of August 2020, there have been 68,251 loans so far and 113,975 million baht has already been approved, averaging 1.7 million baht per loan.
Loan for hiring purpose	Provided by Social Security Office, in collaboration with financial institutions, a loan amount of 30,000 million baht is available for small and medium-sized businesses for retaining their employees.
Debt Repayment	
Personal loan and credit card debtors	Debtors can request for repayments under 10% of the standing debt or apply for a long-term loan payment with lower interest rates.

Individual Loan	
Other types of loan	Debtors can enter negotiations for compounding debt, such as repayment extension, payment without principle, lowering interest rate, credit extension, or change to long-term loan. Bank of Thailand has relaxed rules and regulations with regard to institutional debt in order to reduce credit risks in the next two years.

Investment Measures

The shutdown of the economy and international travels has direct impacts on Thailand's economy. The strict measures imposed by the Government, though effective in curbing the spread of the virus, created many implications for the country's investment. Bank of Thailand has therefore issued a set of policies to help alleviate these unavoidable impacts.

- **Special financial deregulations:** the lowering of interest rate has begun and been ongoing since February 2020 before the height of the infection; the lowest interest rate in history at 1% on February 5. The recent rate has been lowered to 0.75% since March 2020 in order to stimulate investment, increase liquidity, and reduce interest rate for government loans.
- **Government budget procedures:** although the delay in government budget procedures occurred in the beginning of the year, the process has been expedited under the Budget Procedures Act, reducing the delay by one month. The Government then increased the budgeting efficiency for the disbursement in the remaining seven months of the fiscal year by shortening the procurement procedures and expediting the disbursement process for new projects.
- **Liquidity for fixed income mutual fund:** a fund to help restore the liquidity of 70,000-100,000 million baht has been set up to reduce investment risks in fixed income mutual funds.

Employment Assistance Measures

Of all the economic impacts induced by COVID-19, employment is probably the most urgent one that needs fixing. To this end, the Government approved a budget to help individuals who lost their jobs from the COVID-19 crisis through government-funded or initiated projects.

- Ministry of Higher Education, Science, Research, and Innovation created a new project aiming at hiring 1,974 new graduates and other individuals for laboratory work for 9,000 baht per month. The total budget amounted to 53 million baht.
- Department of Local Administration, Ministry of Interior organized a local volunteer project to help take care of the elderly for 12 months. This helped create 15,548 jobs with the budget of over 1 billion baht.

- Department of Provincial Administration, Ministry of Interior established an integrated development for sub-district program in order to build an integrated data base for regional development plans. Each sub-district hires two individuals for a monthly salary of 15,000 baht. Across the country, there are 14,510 hires, amounting to the budget of 2.6 billion baht.
- Department of National Parks, Wildlife, and Plant Conservation, Ministry of Natural Resources and Environment hires 9,137 persons with a daily wage of 300 baht per day under the budget of 246 million baht for wildfire protection project.
- Royal Irrigation Department, Ministry of Agriculture and Cooperatives created a number of projects to help agriculturalists who have been affected by drought and COVID-19. The projects hire 88,838 local farmers to repair and restore the irrigation pipes; to build water reservoirs and water systems; to treat wastewater and prevent water-related disasters. The daily wage stands at 377 per day or 8,000 baht per month. The employment period lasts 3-7 months, amounting to the budget of almost 5 billion baht.
- Department of Employment, Ministry of Labor is designing the projects to help alleviate the impact from COVID-19 by hiring 700 individuals for public relation operations such as employee survey, work permit extension, unemployment benefit registration, and employment assistance. The daily wage is 300 baht in the period of 45 days. The budget set aside for this is almost 10 million baht and the projects have already helped find almost 200,000 jobs.

III. Ministry of Public Health

Ministry of Public Health is the agency directly responsible for the handling of COVID-19. The Ministry has closely been monitoring the situation in China and has started the passenger screening process from China since January 3, 2020 before setting up Public Health Emergency Operation Center (EOC). The Center manages the responses to the crisis by preparing medical personnel and equipment including setting up 68 infectious disease checkpoints across the country, by land, sea, and air. Ministry of Public Health also serves as a COVID-19 information center providing accurate information about preventive measures the public should practice to stay safe and cooperative measures to help curb the spread. This centralized dissemination of information prevents public confusion and panic.

By the end of February, COVID-19 was declared by Ministry of Public Health a serious contagious disease. Communicable Disease Act 2015 was invoked, with National Communicable Disease Committee responsible for formulating the policy, structure, and implementation for the control and containment of COVID-19. The committee is chaired by Public Health Minister and director-generals from each department under Ministry of Public Health as members of the committee. At the provincial level, Provincial Communicable Disease Committee is responsible for the monitoring, prevention, and containment of the infection, under the guidelines provided by National Communicable

Disease Committee. The provincial committee is led by the provincial governors, with each provincial department heads as members, including Chief Executives of the Provincial Administrative Organizations (PAO), Mayors of each district, and hospital directors. There are also field officers who have been appointed for the monitoring and reporting of the spread. Moreover, there were appointments for officers to monitor and report the spread.

Public Health Measures

Ministry of Public Health plays an essential role in the handling and managing of the pandemic. Because Ministry of Public Health has a long and respectable history within Thai society, the Government entrusted it with the lead in policy formulation and implementation. A number of policies and measures by Ministry of Public Health have been formulated in the fight against COVID-19. These are considered vital as they are direct preventive measures in the fight.

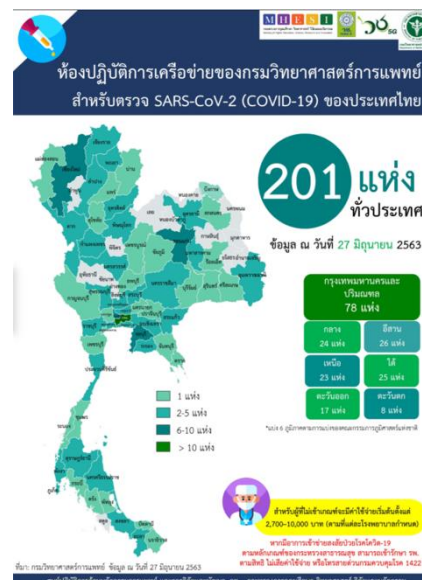


Photo source: Royal Thai Government, June 2020

- **Medical equipment and supplies:** Ministry of Public Health has prepared all entities involved in the handing of the crisis. As of June 2020, there are 11,777 beds available for COVID-19 patients, over 1 million N95 masks, half a million PPEs, and more than 11,000 ventilators. The medication needed for the treatment is also sufficient.
- **COVID-19 testing:** at present, Thailand has 201 laboratories for COVID-19 testing nationwide; 78 in Bangkok and its vicinity, 24 in central region, 26 in northeastern region, 23 in northern region, 25 in southern region, 17 in eastern region, and 8 in western region. The testing labs are well-distributed across the country, with the testing capacity of 20,000 samples per day. As of June 26, 2020, Thailand has conducted over 600,000 tests. In proportion to 1-million population size, there is 9,064 tests conducted and the infection rate is only 0.52%.

- **Patient under investigation (PUI):** for individuals under the high-risk category, the test would be administered free of charge and if found positive the patients would be admitted into the treatment process. The PUI criteria include temperature higher than 37.5, cough, mucus, sore throat, difficulty in breathing, pneumonia, travel history, and other exposures to the virus.
- **Active case finding:** Ministry of Public Health has been on high alert in identifying COVID-19 cases among the high-risk population or in high-risk areas such as migrant workers or high-risk occupations. These high-risk occupations refer to those working closely with foreign tourists or with large crowds. High-risk areas include, for example, slum communities and three southernmost provinces. The active case finding takes place across 77 provinces, which helps assure the public of early detection and prevention.

IV. Provinces

In the initial phase of COVID-19, the infection was still limited in Bangkok. Ministry of Public Health, directly responsible for the prevention and control of the virus, communicated with regional physician groups and infectious diseases units by sending messages about the virus through Line application. These early messages helped raise awareness and precaution about the severity of the disease. The provincial public health offices followed the news and monitored the situation closely until the Ministry of Public Health officially set up the Emergency Operation Center (EOC). The provincial offices followed suit and set up its own provincial emergency operation center in order to handle the outbreak that might spread from Bangkok.

In March after the superspreading event at a boxing stadium in Bangkok, the confirmed COVID-19 cases increased rapidly and spread extensively to other provinces. Center for COVID-19 Situation Administration (CCSA) appointed provincial communicable disease committee for each province to be led by provincial governors in order to manage and contain the infection, depending on the severity of the situation in each province. The safety of the citizens was the first priority. The handling of the crisis required systematic cooperation and integration from all government agencies. The situation was closely monitored. The conferences among provincial committees were done daily online in order to track the infection and to facilitate the field inspection.

The management of COVID-19 pandemic was the collaboration between two main agencies. One is Ministry of Interior, including provincial governors, chief district officers, sub-district chief, and village chief who have legal authority in the handling of the crisis. The other is Ministry of Public Health, which includes provincial public health offices, community hospitals, sub-district health promotion hospitals, and village health volunteers. These are medical personnel who provide COVID-19 information and guidelines on how to prevent the infection and practice good hygiene.

There are also other provincial agencies that provide support in the fight against COVID-19, including the provincial administrative office, local governing bodies such as provincial administrative organizations and municipalities. The local organizations provide a budget for medical equipment and supplies such as hygienic masks, face

masks, and hand sanitizers in support of medical personnel, COVID-19 operations, and preventive measures for the public.

Provincial Preventive Measures

Cascaded from higher levels of instructions, the provincial measures fall in line with the regulations and guidelines set by the central government and Ministry of Public Health. The cooperation from all agencies concerned has been overwhelmingly successful. The provincial public health offices follow the policy guidelines religiously, while still freely adapting and adjusting them to their own situation and contexts.

Public relation campaign: the campaign aims at educating the public on the prevention and protection from the infection. The public is made to be aware of the severity and danger of the outbreak by understanding the operations undertaken by the public health offices. Although the provincial measures might inconvenience and disrupt the daily life, they help save lives and reduce the infection rate. Moreover, public cooperation is considered the heart of the prevention, as seen from the slogan ‘Stop the Infection, for the Nation.’

Public relation channels are divided into two categories. One is the local media such as broadcasting center, poster, and pamphlet. The other is direct communication, which mainly relies on the village health volunteers (VHVs). The VHVs conduct field visits walking door to door to each household in order to communicate to the villages about COVID-19 information, healthcare advice and practices such as mask wearing, hand washing, and other measures advised by the Government. In addition to the campaigning relying on the VHVs as its main mechanism to reach out to the public, municipalities, sub-district chiefs and village heads also take part in encouraging people to take every necessary precaution.

Monitoring and surveillance by village health volunteers: the surveillance is routinely conducted by the VHVs, particularly for individuals traveling from high-risk areas. They also need to be in a 14-day quarantine. The surveillance strategy is called “pineapple eyes” referring to the pineapple skin that resembles human eyes. Operating locally across the country, and covering the provincial communities, the VHVs track and trace individuals traveling in and out of their responsible community. They perform temperature checking, examining traveling history, and risks associated with the virus. If any individual is under inspection, he or she is to be reported to the authorities and to be admitted into quarantine or treatment.

In many high-risk provinces, the measure of *active case finding* is implemented such as Krabi, which is one of the highest traffic spots for foreign tourists. Its PAO supported the active case finding by providing the testing kits and conducting 100% inspection in Phi Phi island, Lanta island, and others. The quarantine units were also set up in every district, as well as field hospitals.

Screening checkpoints: screening checkpoints were set up to monitor inter-provincial travels. For instance, the checkpoints between provinces and districts conduct temperature check for every traveler. The operations also include tracking and tracing the spread. The main operating authorities are sub-district chiefs, village heads, and

civil defense volunteers. The provincial checkpoints may include physicians, nurses, and VHVs from public health offices.

Lockdown: in high-risk provinces or high infection rate, lockdown was implemented to control the spread. For example, Krabi province implemented the lockdown in February. The lockdown was implemented in three levels. First was the prohibition of international and inter-provincial travels, which cover air travel, ports, and other routes into the province. Second was the prohibition of inter-district travels. Third was the prohibition of inter-community travels. No individuals were allowed to travel outside of their community, except only for essential circumstances which needed to be considered and approved by district chiefs.

Quarantine: when individuals are under inspection, the quarantine measure must be undertaken to prevent any potential spread. The high-risk groups are firstly, high exposure to the disease such as those who have had close contact with the patients and secondly, travelers from areas or countries with high infection rates. The high-risk individuals must remain in a 14-day quarantine. At the provincial level, home quarantine was the first process for individuals traveling from high-risk areas such as Bangkok and its vicinity or Phuket. The Provincial Public Health Officers would monitor the situation closely by visiting the home quarantine units. State quarantine was then implemented with the collaboration between Ministry of Interior and Ministry of Public Health. The quarantine quarters were set up by the Ministry of Interior and inspected and approved by Ministry of Public Health to ensure the quarters meet the requirements and standards advised by the Ministry of Public Health.

Production of medical supplies: due to the public chaos caused by COVID-19 news, there had been a severe shortage in medical supplies such as hygienic masks and hand sanitizers, resulting in the hoarding and the drastic increase in pricing during the early stage. Many provincial offices therefore prepared to cope with the situation by training the VHVs to sew face masks and produce hand sanitizers to be distributed to the people in their respective districts. Other agencies and organizations provided assistance by offering trainers or budgets for the production. Some districts relied on village funds for financial support. Consequently, the scarcity of medical supplies did not have an impact in many of the provinces. This demonstrated that the provincial assessment of the situation was very well thought out and highly effective.

“In the beginning, we foresaw that there would certainly be a shortage in medical supplies such as hygienic masks. Thus, we encouraged our own production of cloth masks by campaigning through TV shows and other media outlets in the area. This helped raise awareness and preparation for the infection and the lack of face masks,”
A Provincial Governor

Provincial Relief Measures for the Public

The economic impact caused by COVID-19 is a second priority, following the well-being and safety of the people. However, the public has been directly affected by many of the

government measures implemented. The measures concerning the state of the economy during and after the shutdown were intended to help alleviate the struggle.

"I feel that when we imposed the lockdown, the people struggle immensely. We must take care of the people," Uthaitani Provincial Governor

A number of projects and initiatives have been implemented. For instance, relief packages were made and distributed to those in need. In Krabi province, many sectors had collaborated and contributed to this cause, including private sector and local authorities. In addition, Chao Krabi Too Gab Khao was initiated with the same concept as Too Pun Sook (Happiness-sharing pantry). The pantry was situated at every checkpoint in Krabi at over 100 locations. People would help one another by donating food and other items in the pantry for others to take. Uthaitanee's Caravan relief package was another initiative by Uthaitanee province. A parade of caravans would patrol the province distributing relief packages to those in need every week or every other week. The district chiefs would collect the packages to pass onto the public. Private package delivery services such as Thaipost and Kerry also helped deliver the packages.

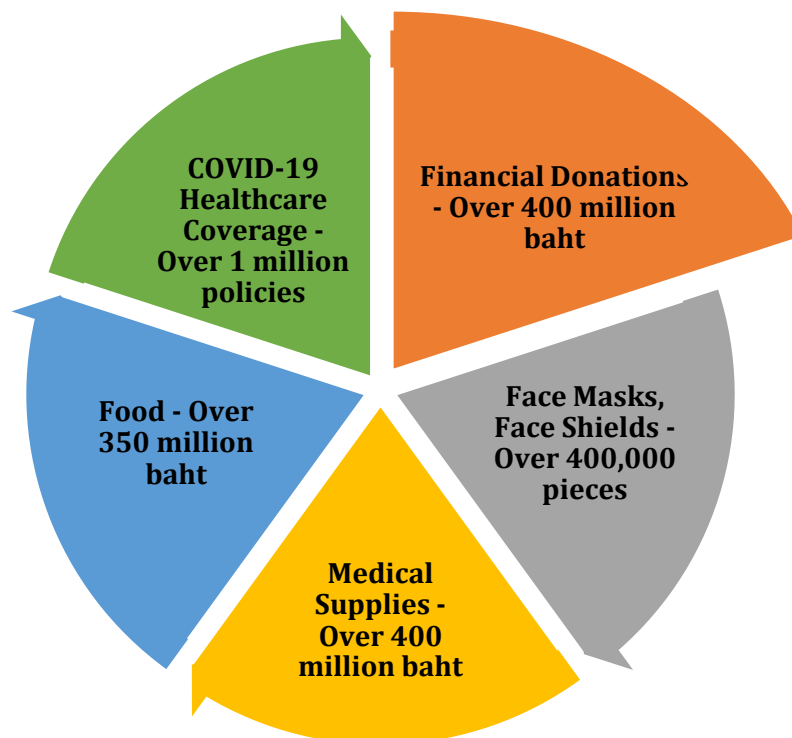
There were other forms of aids from government agencies such as assistance in negotiation for rent reduction. The provincial governor of Uthaitanee province authorized district chiefs to help local people with the negotiations for various purposes such as lowering rent at markets and royal property and land during COVID-19. District chiefs, sub-district chiefs, village heads, and other community leaders also had field visits to households and communities to inquire about people's well-being and to provide moral support. The visits have revealed the true extent of the infection and the impact felt by the public. The field experiences helped craft the most suitable path for improving the situation and alleviating the suffering caused by the pandemic.

Private Sector's Contribution to the Fight Against COVID-19 (Jan-Oct 2020)

Angkana Asawasakulkrai
Kanisorn Tubtim

Every sector within the country is undeniably impacted by COVID-19 pandemic. The economic repercussions have become even greater, especially after the Government declared the state of emergency and shut down all ports of international entry. Businesses were forced to lay off employees and some had to adapt to the new economic conditions threatened by the pandemic. Many businesses had to inevitably close their doors for good. Employers and employees alike have suffered from the shutdown of the economy.

Even though the private sector has most likely been hardest hit by COVID-19, based on this study alone, which gathered the data from over 100 for-profit companies, big corporations and companies have greatly contributed to the fight against COVID-19 in various ways. The donations include medical equipment, medical supplies, and basic necessities such as respirators, ventilators, personal protective equipment (PPE), face masks, face shields, and hand sanitizers. Moreover, there are foods and survival kits charitably provided for medical professionals as well as COVID-19 health insurance. It is important to remember though that this overwhelming estimated amount of donations is only the minimum and does not even include a diversity of assistance, necessities, and other aids that are not covered in this study and perhaps cannot be financially computed.



The private sector is one of the key driving forces in the fight against COVID-19, helping move the Thai economy and society forward. The donations come in many different forms both financial and non-financial. Many private companies offer their expertise and assistance according to their capacity. For instance, a number of companies in food and beverage industry have donated food and beverages to medical professionals and personnel including those in 14-day quarantine. Many companies in the logistics industry offer transportation of food and medical equipment and supplies, all free of charge. IT companies and providers also offer installations of 5G network in hospitals, telecommunication services, and unlimited internet usage to accommodate the medical community and reduce any unnecessary risks from personal interactions. These are just a few examples of the Thai generosity amid this health crisis.

It is important to note that in this study, the data gathered only represent a small number of philanthropic efforts from the private sector in Thailand during the pandemic. The businesses studied are large-scale companies listed in the Stock Exchange of Thailand and others whose information is publicly available. As of August 31, 2020, the philanthropic efforts worth-mentioning in the fight against COVID-19 are the following.

Face Mask Manufacturing

During COVID-19 pandemic, face masks are considered one of the most essential items for medical personnel and professionals. As such, there is a major problem of face mask scarcity. Facemask manufacturers do not have sufficient capacities for such spikes in demand. In light of this situation, Charoen Pokphand Group (CP), the largest conglomerate in Thailand holding the most diverse manufacturing network including food, beverage, convenience stores, mobile phone services, has donated 100 million baht for the building of a factory aimed at manufacturing face masks for medical professionals and the general public in need of the supplies. Once the crisis has passed, the factory will be ceded to Chulalongkorn Hospital for other medical purposes.

Food and Beverage for Medical Professionals, the Vulnerable Groups, and People in Quarantine

During this health crisis, the medical communities who have made great sacrifices in detecting and treating the infected are one of the most affected. The people in quarantine and the vulnerable population are also in need of assistance. In the beginning of the crisis, the most basic necessities such as food and medication were feared to be scarce and difficult to acquire. As such, many large corporations and companies have lent a hand in the management, production, and delivery of these items. This is a truly collective effort seen in Thai society during this health crisis.

CP group provided a budget of 200 million baht for food delivery to 88 public hospitals nationwide such as Bamrasnaradura Infectious Diseases Institute, Siriraj Hospital, Ramathibordi Hospital, Police General Hospital, and other provincial hospitals in Mae Hongson, Chiang Mai, Pitsanulok, Ubonratchathani, Nakhonratchasima, Buriram, Srisaket, Phuket, Pattani, Yala, and Narathiwat. CP group also instituted the project CPF Food Delivery in the Fight against COVID-19 that aims to provide food for individuals in the 14-day quarantine in order to ensure the travel restrictions. Moreover, in

collaboration with the 1st Army Area, CP group donated food and beverage to 8,499 households in Klongtoey communities and other provinces. Since the beginning of the pandemic, CP group has demonstrated social responsibility by delivering food to medical communities in more than 300 hospitals, to 30,000 families in medical professions, and 20,000 individuals in quarantine.

There are many more private companies that have contributed to society during these difficult times. Gulf Energy Development PCL has so far delivered 2,000 boxes of food daily to 27 communities in Bangkok. MK Restaurant Group delivered daily more than 7,400 meals to 34 public hospitals in the country. The vulnerable groups in 22 orphanages and foundations for children, disabled, and elderly also received the meals, amounting to more than 8,000 kilograms of food within one month. Another well-known restaurant Jae Jong Fried Pork helped contribute 1,300 daily meals to medical professionals at Bamrasnaradura Infectious Diseases Institute and Siriraj Hospital. An An Lao Company provided 3,000 sets of food and beverage to various hospitals such as Rajavithi Hospital, Bamrasnaradura Infectious Diseases Institute, and Chakri Naruebodindra Medical Institute. Thai Union Group PCL donated 80,000 packages of canned food at the cost of 1 million baht to 20,000 households affected by COVID-19 in Bangkok and donated another 1 million baht worth of Select canned tuna to the medical communities. Betagro Group also donated 30,000 kilograms of frozen food to 22 hospitals nationwide.

Toyota Motor Thailand donated 77 tons of rice from its Ratchamongkol Rice Mill through its Toyota dealers; 1 ton to each of the 77 provinces of Thailand in order to help the concerned officials handle the outbreak. Furthermore, disaster relief packages have been distributed to those impacted by COVID-19 by Muangthai Capital PCL at 200,000 packages, 147,000 of which through the Ministry of Interior and 53,000 through Bangkok Governor. The aid packages include items such as rice and dried food and are worth 300 baht each, amounting to the total of 60 million baht.

Oishi Group under Thai Beverage PCL in collaboration with Thai Chamber of Commerce donated 24 million baht worth of money, food, and beverage through Thai Red Cross Society to seven hospitals consisting of Chulalongkorn Hospital, Phramongkutklao Hospital, Siriraj Hospital, Ramathibordi Hospital, Thammasat Hospital, Rajavithi Hospital, and Bamrasnaradura Infectious Diseases Institute. In addition, Osotspa PCL has established a project called Osotspa Enhances the Fighting Spirit of All Thais in the Fight Against COVID-19 aiming at supporting and assisting industries impacted by COVID-19. Osotspa has donated beverage products worth 23 million baht to Chulalongkorn Hospital, Ramathibordi Hospital, and Rajavithi Hospital. Boon Rawd Brewery Company also made a contribution in providing food and beverage for medical personnel at various hospitals.

5G Network for Medical Personnel

Access to the Internet and communication technology is especially crucial during the time of a pandemic. Communication network becomes indispensable due to the policy of physical distancing and the limited number of medical professionals. 5G communication technology helps bridge the gap between physicians and patients in tracing, tracking, and treating the patients while reducing the risks of exposure and

personal contact for medical personnel. In this regard, the telecommunication industry saw the significance and many companies therefore offered their service at no cost. For instance, True Corporation PCL (True) installed its 5G network to hospitals and granted Hero Sim Cards to medical personnel. In addition, True collaborated with Faculty of Engineering, Chulalongkorn University-Startups HG Robotics and Obodroid in installing assistant robots in hospitals such as Chulalongkorn Hospital, Ramathibordi Hospital, Chakri Naruebodindra Hospital, and Vachira Phuket Hospital.

Advance Info Service PCL (AIS) also installed 5G network in the monitoring of COVID-19 patients. In helping Thammasat University handle the pandemic, AIS introduced telemedicine technology which helped monitor the patients around the clock. This greatly helped reduce the infection rate for the medical personnel as it reduced the amount of person-to-person contact. Moreover, AIS worked with Faculty of Engineering and Faculty of Medicine, Chulalongkorn University in utilizing 5G and 4G technology to enhance medical robotic capabilities. The technology was also used to track and monitor the high-risk individuals and COVID-19 cases through the telemedicine system. The utilization of robotic technology helped lower person-to-person contact between patients and medical professionals. So far, three hospitals have made a good use of this technology including Rajavithi Hospital, Central Chest Institute of Thailand, and Nopparatratjathanee Hospital.

Total Access Communication PCL (DTAC) provided support for Siriraj Hospital with the project called DTAC Ruem Rangjai Fight COVID-19. The project was led by DTAC call center team who has experience and expertise in overseeing over 10,000 clients on a daily basis. The project oversaw the digital connection called Siriraj Connect between the hospital and patients. Via this application, the patients received care through the Interactive Voice Response (IVR) which provided ongoing treatment without risk of exposure.

Healthcare Coverage

Health insurance is another important component amidst this unprecedented situation. A number of companies provide health and life insurance for medical personnel and other concerned individuals to ensure stability for their family and loved ones. Thai Life PCL provided group insurance under the project called the White Shirt Warrior Fighting COVID-19. The 5-million baht coverage was offered at no cost to doctors and nurses who have been exposed to COVID-19 patients and who are at risk of dying from the disease. The total insurance premium amounted to more than 1.4 trillion baht. Bangkok Mass Transit System PCL (BTS) also contributed 60 million baht to this initiative.

B. Grimm Power PCL under B. Grimm Group owned by Harald Link donated 6.5 million baht in support for health coverage for every healthcare personnel in Ramathibordi Hospital. Energy Absolute PCL and its alliance also contributed to the funding of 50,000 health insurance policies. AIS provided free 30-day insurance of 50,000 baht to the village health volunteers during COVID-19 operations that covered all causes of death and a daily 400 baht compensation at the maximum of 15 days. For those who are AIS customers, Coronavirus health coverage was offered free of charge for 30 days.

Medical Equipment and Supplies

As the number of confirmed cases had rapidly increased during the first few months of the pandemic, there was a severe shortage of medical equipment and supplies, causing some opportunistic producers to increase the prices to take advantage of the unprecedented demand. In addition to the typical medical equipment such as ventilators and respirators, there were other medical supplies in urgent need such as personal protective equipment (PPE), face masks, and cleaning materials. In light of this unintended consequence and the rapidly increasing number of cases, many private companies were willing to provide assistance and make donations for the production and purchase of medical equipment such as N95 masks, face shields, and PPEs.

Mitropol and Banpu Fund was established for the fight against COVID-19. Each of the companies contributed 250 million baht to the fund for a total of 500 million baht. The initial 30 million baht was granted to Thammasat University Hospital for medical equipment and supplies, such as 10 negative pressure rooms, 11 ventilators, and PPEs. Moreover, CP ALL Seven Eleven Company donated 77 million baht for the purchase of medical equipment for 77 hospitals. MK Restaurant Group donated 60.1 million baht for medical supplies and for the improvement of eight negative pressure rooms at Ramathibordi Hospital for the purpose of treating the cases of airborne transmission and COVID-19. MK Restaurant Group also donated 10 million baht in support for the rapid screening test for COVID-19 through Faculty of Medicine, Chulalongkorn University. Likewise, Muangthai Capital PCL donated 60 million baht for medical equipment and supplies to Chulalongkorn Hospital, Siriraj Hospital, Thammasat Hospital, Ramathibordi Hospital, Bamrasnaradura Infectious Diseases Institute, Rajavithi Hospital, and Chareon Krung Pracharak Hospital.

TCP Group took part in the COVID-19 fight by donating medical-related equipment and other supplies necessary for the well-being of medical personnel worth over 50 million baht, including the very first automatic COVID-19 testing machine at the value of 15 million baht which is used by Chulalongkorn Hospital and Thai Red Cross Society. The machine provides rapid testing and accuracy which helps detect and contain the infection. TC Pharmaceutical Industries also donated 50 million baht to Chulalongkorn Hospital for the purchase of AI database-used CT Scan, which can process and analyze 1,440 COVID-19 cases per day with 99.8% accuracy. The fund was also used to produce nano-masks and 50 COVID-19 testing booths, worth 5 million baht to be distributed to 20 selected hospitals. Furthermore, Honda Thailand donated medical equipment at the value of 40 million baht and transformed its assembly line into the production of 100 negative pressure mobile bed.

Central Group made financial donations and donated medical equipment, worth at 30 million baht to 20 hospitals nationwide. Gulf Energy Development PCL donated 20 million baht to Faculty of Medicine, Ramathibordi Hospital, Mahidol University for the purchase of Extracorporeal Membrane Oxygenation (ECMO) and ventilators for COVID-19 patients. In banking industry, Kasikorn Bank provided financial support at nearly 6 million baht for three government agencies including Urban Institute for Disease Prevention and Control under Department of Disease Control, Chulalongkorn Hospital, and Phramongkutklao Foundation.

Since the beginning of the outbreak, there have been an overwhelming number of philanthropic initiatives and donations, both financial and non-financial, made by many other private companies. Additional donations are compiled in the table below. **It must be noted, nevertheless, that for the duration of the study, the list gathered here is by no means complete.** It is most likely only a small fraction of philanthropic givings occurring since the start of the pandemic.

Company	Purpose	Recipient	Value/Item
Siam Commercial Bank	Medical equipment and supplies	5 hospitals, university hospitals, Thai Red Cross Society	8 million baht
Chevron Thailand Exploration and Production	Medical equipment and supplies	Ramathibordi Foundation, Siriraj Foundation, Thai Red Cross Society, Songklanakarin Foundations	3.3 million baht
Bangkok Bank PCL	Special Fund for Prevention and Assistance in COVID-19 Pandemic	Ramathibordi Foundation	10 million baht
Krungthai Card PCL	Special Fund for Prevention and Assistance in COVID-19 Pandemic	Ramathibordi Foundation	2 million baht
RS Group	Ventilators	Police General Hospital	2 million baht
TOA Paint PCL	Medical equipment and supplies, hand sanitizers	Hua Chiew Hospital, Hospitals under Poh Teck Tung Foundation, Ministry of Public Health	1 million baht
CP ALL Seven Eleven	PPE	5 selected hospitals	10,000 sets
TCP Group	N95 masks, Face masks, PPE, COVID-19 testing booth	Medical personnel	10 million baht
BMW Group	Face masks	5 selected hospitals	5,000 sets
Ramada Hotel and Chongpha Beach Resort	PPEs, face masks	High-risk individuals in quarantine, medical personnel	200 and 5,000 sets
Central Food Retail Group	Face shields	40 selected hospitals nationwide	60,000 sets
Unilever Group	Hand sanitizers, soap	UNICEF for children in orphanages, slums, low-income housing, rehabilitation centers, observation and protection center for children and youth	30,000 and 120,000 sets

Company	Purpose	Recipient	Value/Item
Colgate-Palmolive Thailand	Soap	Government agencies under Bangkok municipality	3.46 million baht
PTT Exploration and Production PCL	Medical equipment, face masks, hand sanitizers, support for medical innovations - COVID-10 strip test, negative pressure mobile bed, ventilators	Chatuchak District Office, Chulalongkorn University	3,500 sets and 5,000 liters
Global Power Synergy PCL	Support for COVID-19 strip test, face shields, PPEs, N95 masks	VISTEC, Rayong Province, local municipalities, Pattani Hospital	1,400, 1,000, and 2,000 sets
PTT Global Chemical PCL	Disposable gown made by InnoPlus, support for development of Powered Air-Purifying Respirator and Protective suit	Medical personnel in 61 hospitals in 24 provinces nationwide, Vachiraphayaban Hospital	91,000 sets
Thai Oil PCL	Hand sanitizers, face shields, ventilators	Ministry of Energy, Provincial Public Health Office, and selected hospitals	3,000 liters, 5,000 sets
Mitr Phol Group	Hand sanitizers	Hospitals, schools, and government agencies in 20 provinces	7.2 million baht
Toshiba Thailand	Mobile refrigerators, N95 masks	Selected hospitals	2.1 million baht

Financial Aids

This health crisis has revealed once again an overwhelming amount of compassion and generosity in Thai society. In addition to a massive amount of money donated for specific purposes such as the purchase of medical equipment or development of innovations, the private sector has also contributed a large sum of financial donations to various hospitals nationwide in order to support other operations necessary in the fight against COVID-19. These in the table below are just a few examples of the donations gathered within a short period of this study. There is much more, both through formal and informal channels. It is therefore nearly impossible to capture all the philanthropy demonstrated during these challenging times in its entirety.

Company	Recipient	Amount (Baht)
Boon Rawd Brewery	26 hospitals nationwide	50 million
King Power	Department of Disease Control, Bamrasnaradura Infectious Diseases Institute, Chakri Naruebodindra Hospital	45 million
Bangkok Bank	Ramathibordi Hospital, Thammasat University Hospital, Chulalongkorn Hospital, Faculty of Medicine, Mahidol University	40 million
Gulf Energy Development	Ramathibordi Hospital, Police General Hospital, Rajavitee Hospital, Bamrasnaradura Infectious Diseases Institute, Central Chest Institute of Thailand, Police General Foundation	39 million
Coco Cola	Chaipattana Fund for COVID-19 (and Other Infectious Diseases)	25 million
The Mall Group	Siriraj Hospital, Ramathibordi Hospital, Chulalongkorn Hospital, Rajavithree Hospital, Bamrasnaradura Infectious Diseases Institute	20 million
A.P. Honda	Selected hospitals and government agencies	7.5 million
Ch. Karnchang	Chulalongkorn Hospital, Thai Red Cross Society, Faculty of Medicine, Mahidol University	6 million
Betagro Group	7 selected hospitals	5 million

Accommodation for Medical Personnel

Another branch of compassion exhibited in Thai society during this crisis is the free accommodation provided for medical and healthcare personnel. The first company with this initiative was The Quarter Residence Hostel in Phaya Thai district, followed by Rabbitat Hostel in the same area. The Orientale Hotel suspended its operation temporarily in order to offer free accommodation for medical personnel. Moreover, there are large hotel chains such as Centara Grand at Central World that offered free accommodation for medical professionals at Police General Hospital. OYO Technology and Hospitality Company also provided accommodation for medical doctors, nurses, and other healthcare personnel. Bangkok Commercial Asset Management PCL also had the company-owned Muangphet Hospital building transformed into a temporary field hospital for COVID-19 cases in Phetchaboon province. There are many more hotels and companies that have provided free accommodation for medical personnel and COVID-19 patients at no charge.

Blood Donation

Since the pandemic has caused the level of blood reservoir to deplete, the Mall group, in collaboration with National Blood Donation Center, Thai Red Cross Society, introduced the campaign encouraging Thai people to donate blood in the fight against COVID-19. The fixed station for blood donation was built in five branches of the Mall Department Stores to facilitate the process and offer a more convenient alternative for blood donation for Thai citizens. With regard to blood donation campaign, Banpu PCL and Thai Wacoal PCL contributed 20 million baht for the production of 400,000 masks to be given to blood donors as a token of appreciation under the slogan Mask for Blood Hero.

Debt Payment Suspension

COVID-19 has generated a grave impact to the economy at the level never seen before. Many private companies have seen and experienced this impact unfold and lent a hand in helping those parties unable to repay their debt in time. Financial institutions and finance companies offered a suspension of debt payment for those affected by COVID-19. For instance, Toyota Leasing Thailand allowed the extension to no more than 90 days of debt payment for industries directly affected by COVID-19 including tourism, transportation, logistics, and other independent businesses concerning tourism. Honda Leasing, Nissan Leasing, and Tri Petch Isuzu Leasing issued similar measures permitting the debt payment to be suspended for the maximum of three months without penalty and credit record.

Commercial banks such as Thanachart, Kasikorn Thai, Krungsri Ayudhaya, Kietnakin, Siam Commercial Bank, and Tisco issued the debt suspension policy to the maximum of six months, the extension of debt payments, and fee reductions. Other financing companies such as Srisawad Power 2014, Muangthai Capital, and Highway also amended financial leases and contracts to suspend debt collection and reduce interest fees for both phase 1 and 2 of the COVID-19 contagion.

Cars for the Fight Against COVID-19

Several automobile companies saw that motor vehicles could be a valuable asset in the fight against COVID-19. Toyota Motor Thailand thus provided 100 Toyota Corolla Altis and 150 Hilux Rivo pick-up trucks for use in official capacity during the handling of the crisis. The vehicles are used for tracing and tracking high-risk individuals, as well as at monitoring and screening points under the operations of the Ministry of Interior. Honda Thailand also provided 10 ambulance vehicles for use of transporting patients. Nissan Motor Thailand supported Thai Red Cross Society and Foundation for Good Governance on Medicine by providing Nissan vehicles for the volunteers who participated in the Fighting COVID-19 mission. The mission was to help transport medical equipment, supplies and other necessities of more than 500,000 items to hospitals and communities across the country. Finally, Thai Yamaha Motor provided 100 Yamaha motorcycles to Ministry of Public Health for use in all 77 provinces to help with the COVID-19 related operations.

Company Policies during COVID-19

Because of COVID-19, the normal operations and work hours could not take place. The old way of life and work as we know it has practically disappeared, replaced by the new normal of work from home, virtual meetings and conferences, alternative work hours, just to name a few. The majority of companies could not open at normal operating hours and some had to shut down completely. As such, many companies needed to survive by adjusting working hours and other activities to deal with the crisis.

Work from home has become the new normal for most people. Working in shifts or stacking work hours were also employed. Online or virtual meetings and conferences became more common. In addition, for long term survival, some companies needed to reduce operating costs by lowering employees' salary, rent, utility costs, and other service fees in times when revenue was nonexistent. Even if some companies were forced to lay off their employees, many chose to implement policies that kept both the company and employees afloat. In this instance, small firms tended to do better due to their structural flexibility. But large corporations also had some options as they often had greater resources for risk management and for more technological investment and stability.

COVID-19 Health Insurance for Employees: As many companies give emphasis to the well-being of their employees and to prevent any health issues that may arise from COVID-19, they invested in health insurance plans for their employees, which often times extend to their families as well.

Work From Home: In line with Thai Government's policy - Stay Home, Stop the Infection, for the Country - private companies allowed employees to work from home and check into office one day a week. Various technologies have been used to facilitate this long-distance work conditions such as VDO conference through many applications. This policy is rather popular since it is highly cost-efficient for both employees and employers. More importantly, work from home clearly reduced the person-to-person contacts, which in turn help contain the infection.

Leave without Pay: Because the economy was mostly shut down, business transactions were almost non-existent. Most companies had to endure the loss of revenue and were in the verge of bankruptcy. The industry hardest hit was unquestionably tourism since all ports of entry were closed and no international or interprovincial travels were permitted. With this stressful situation, many companies, instead of laying off their employees, opted to put their employees on furlough. Although this was not an ideal scenario for the employees, it might still be better than termination. Many companies were also forced to cut costs in every aspect of their operations.

Leave with Partial Pay: A number of companies helped their employees by implementing the policy of leave with partial pay. Since the employees could not work at the same designated hours due to the economic shutdown, they could still retain employment, but receive partial pay in order to help the company survive the crisis. Some companies offered 50-70% of employees' salary such as restaurant and service industry since they could not operate at their full capacity, but only take-away or delivery.

Social Security Payment: Because private companies are required to contribute to social security funds for their employees, during COVID-19 crisis, the employees were suspended and thereby eligible for unemployment benefits. Once the economy is back on, the employees would gain back their employment status. This greatly helped companies reduce costs and thus survive during the shutdown of the economy.

Rent Reduction and Rent-Free Space: Due to the economic shutdown and government policy of social distancing, major department stores, malls, flea markets, and other retail shops were closed. Many department stores and market businesses therefore offered to lower the rent or temporarily waived rent to vendors. This provided a temporary relief for entrepreneurs and vendors who had no revenue because of the pandemic.

Private Sector's Role in the Fight Against COVID-19

The corporations and companies discussed here are only a fraction of all the philanthropy that emerged during this time. But they did demonstrate one thing very clearly. The private sector plays a crucial role in the fight and containment of COVID-19. Not only is it the key to keeping the economy alive during the time of crisis, but it is also an important part helping the society survive the immense impact caused by the pandemic. With cooperation and collaboration from other sectors in society, the private sector is a major force that can help encourage innovations during these trying times.

Faster Response

During the beginning of the pandemic in March and April, the Thai government announced the campaign of wearing face masks and hand washing to prevent the spread of COVID-19. This caused a severe shortage of these products, especially for medical personnel who must be in daily contact with the high-risk individuals and patients. Many hospitals had to request for donations of these items as each hospital needed an average of 60,000-70,000 masks per week during the height of the crisis. Medical professionals had to endure the problem and try to make the most efficient use and reuse of the available face masks, which proved to be risky at times and the government could not respond to this problem in time.

The private sector stepped in and was able to secure a great number of face masks and hand sanitizers through donations. A face mask manufacturing factory was also built in record time for medical and public use. Moreover, other alcohol-producing factories increased their capacity and production in order to respond to the public needs. This showed that the assistance from the private sector is much more flexible than the government's and it is also ready to contribute whenever Thailand falls into a predicament.

Concentrated Assistance

During the short period of this study on the private sector's contributions, the assistance, both in monetary and non-monetary forms, was rather concentrated on a small number of selected hospitals, mostly located in Bangkok. Those hospitals included Chulalongkorn Hospital, Thai Red Cross Society, Phramongkutklao Hospital, Siriraj Hospital, Ramathibordi Hospital, Thammasat University Hospital, Rajavithi Hospital, and Bamrasnaradura Infectious Diseases Institute. Even though there were donations and aids intended for provincial hospitals, the amount was incomparable to that reported in the capital. This image reflected the crisis management of the Thai government, which is rather centralized. Perhaps this problem can be alleviated by utilizing technology for the management of donation and philanthropic efforts. Technology can be used to bridge the gaps, increase efficiency, and distribute the aids more widely and evenly.

New Technology in the Fight Against COVID-19

The COVID-19 pandemic has immensely impacted and disrupted our day-to-day life, including work, education, travels, public consumption, and many more especially those in the medical industry. They must endure constant risks of exposure and contracting the disease. Nevertheless, this crisis has inspired a new wave of innovation in many areas, particularly in medical and medicinal. New technologies have been developed to help reduce the risks and facilitate the testing and treatments. For instance, True Corporation PCL (True) in collaboration with Faculty of Engineering, Chulanlongkorn University Startup HG Robotics and Obodriod invented *Transportation Robot* in various hospitals to help reduce person-to-person contacts between medical personnel and patients. *Medical Servicing Robot* was also invented to track and monitor high-risk individuals around the clock with the use of telemedicine technology, developed by Advanced Info Service PCL (AIS). These are only a small fraction of technology-assistive innovations that emerged during this pandemic.

The Public and Civil Society's Contribution to the Fight Against COVID-19 (Jan-Oct 2020)

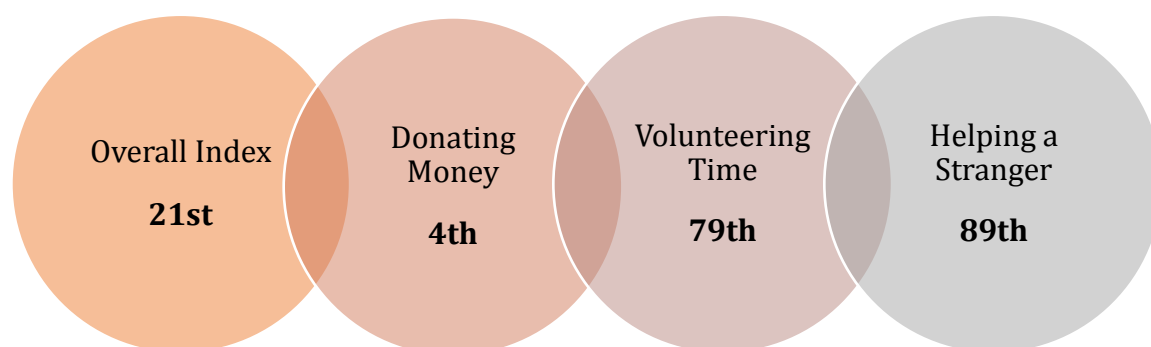
Angkana Asawasakulkrai
Kanisorntubtim

The Public Sector

COVID-19 has brought on a crisis so unprecedented in recent human history. The impact encompassed every aspect of the life as we know it, from small adjustments such as wearing masks 24/7 and excessively washing hands to job loss and lack of income. No one can argue that the economic impact this crisis has created is so detrimental all across the world.

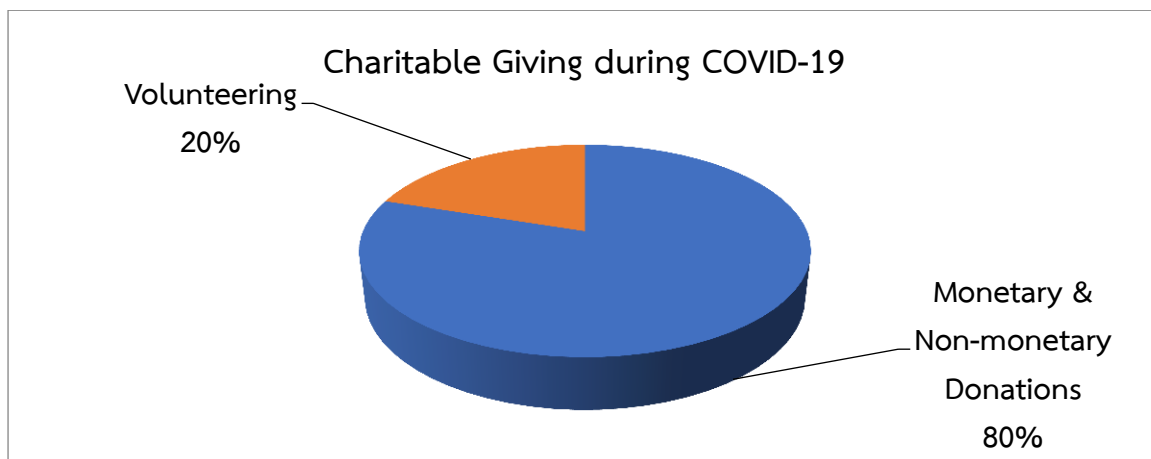
On the bright side, however, the pandemic has unveiled an astonishing level of Thai generosity from every sector. An outpouring support in the Thai society comes in many different forms, money, basic necessities, as well as moral support. The government has issued a number of policies and measures to help alleviate the impact for those affected by the pandemic. Private companies were badly affected from the pandemic and the economic shutdown and some had to shut their doors for good, especially small and medium-sized ones. But some have been able to retain their employees, although had to make circumstantial adjustments. The civil society is also not immune to the impact but has nevertheless displayed support for each other. This kindness is truly the key to survival for Thailand.

According to World Giving Index 2019 (WGI), Thailand currently ranks 21 on the overall philanthropy index in the world. Seventy one percent of the population make financial donations, ranking at number 4 globally. The percentage of people volunteering is 15%, ranking at number 79 while 41% of people are willing to help strangers, ranking at number 89.



The World Giving Index (WGI) is an index developed by the Charities Aid Foundation (CAF), which gathers the data from countries around the world on their charitable endeavors. The data is collected by Gallup with the first report published in 2010. The index considers three areas of charitable parameters, including the number of people donating money, volunteering time, and helping a stranger. The report covers the data of 1.3 million individuals that had been interviewed over the past decade from 128 countries around the world.

The results conducted by NIDA Poll in collaboration with Center for Philanthropy and Civil Society, National Institute of Development Administration (NIDA) also revealed similar trends. More than 80% of respondents have, during COVID-19 crisis, donated money and other non-monetary items such as food, clothing, medicine, face masks, and hand sanitizers. The majority of donations (70%) is less than 1,000 baht. For volunteering, there is 20% of respondents who have volunteered during the crisis such as cooking, packing and distributing food or other necessary items. It is clear that charitable giving is prevalent within Thai society, particularly in time of urgent need.



Although The COVID-19 crisis has caused so much disruption and long-term damage to our way of life, there was a silver lining as well. Struggling through this health crisis, Thailand has emerged with such tremendous success. The level of collective determinations and generosity helped Thailand come out as one of a very few countries in the world that could control and contain the epidemic. The Thai people are always ready and willing to help one another, whether it be with financial donation, food, or other medical supplies.

The community effort became particularly essential when government's assistance was not always accessible nor available to those in need. The members of society filled in the gap by contributing in many different ways. For example, with the help from the experts, local farmers were able to find distribution channels within the country other than international markets when international travels were strictly prohibited. A number of fundraising events aimed at raising funds for medical equipment had been organized with famous artists who pulled together for the cause. Monks from various temples have set up almshouses and asked for food donation to be distributed to those affected by the crisis. These are just a few examples showing Thailand's charitable giving which has always been a vital element in helping the country survive any crisis.

Endless Giving

This crisis has seen Thai people exhibit their charitable nature, not only through money or objects, but also their knowledge, expertise, and skills. These were used to provide assistance not only to family members, but also fellow human beings. Thai generosity is already well-known around the world and COVID-19 was no exception. One creative idea was Happiness-Sharing Pantry or Too Pun Sook, created by a group of people called 'It Noi' who brought the idea from overseas to be used to help the unfortunate Thai during this crisis. In the beginning, there were five pantries, but the number has been increasing all over the country. Happiness-Sharing Pantry contains food and other necessary items donated by anyone who wish to help others. In this sense, the concept of Sharing Pantry is to provide a direct channel for Thais who are struggling during this COVID-19. Each pantry and each location vary in its rules and conditions; for example, some ask people to only take three items so there is enough to go around. Sharing Pantry has rapidly expanded throughout the country possibly due to the Thai generosity and willingness to help others fight this crisis. Some local communities have also organized fundraising to purchase food and other necessities to be placed in the pantry for others.

Expertise in Time of Crisis

During this hardship, Thailand has seen many of its citizens lend a helping hand to fellow citizens. One example worth mentioning is Trin Ruchiravanich, a businessman who used social media to help bridge a gap between local agriculturists who have been affected by COVID-19 and potential domestic customers. Through Facebook, he created a page called 'Consumption for



Farmers' helping to build a distribution channel for local farms that have been affected by the shutdown of the economy. This resulted in the mutual benefits for both farmers and buyers since the majority of farmers had no knowledge nor access to such technology and the buyers were offered a direct source of product, eliminating a middleman, thereby receiving quality products at a lower price. Another instance is a group of artists and singers under the name of 'Whylive Su Virus'. The group organized a fundraising concert via Facebook for Rajavithree Hospital. The donation was transferred directly to the hospital for the purpose of transparency and accountability.

There are many more groups that have utilized social media for charitable causes helping hospitals acquire medical equipment and supplies and others who need help. Social media is one of the most popular channels nowadays that can serve as an effective medium for philanthropy.

Platform for Fundraising

Another fundraising strategy that has become popular in this era of social media is crowdfunding. Crowdfunding takes advantage of the numerous access points and features that social media and the internet offer, including for example websites, applications, and blogs. These features are able to access a vast number of users, hence the name crowdfunding. This strategy has become particularly popular among the startups as they seek initial investments and developments in their business ideas.



Photo source: www.taejai.com/th/d/no-covid

During this pandemic, crowdfunding was used in the project called ‘Tae Jai’ through which the system offered a variety of projects and initiatives complete with the amount of donation needed. Users can choose whether they want to donate and which initiative most suited for them. For this cause, there have been a good number of crowdfunding initiatives such as ‘Tae Jai Hai Mod Ngan Su Covid’ aiming at raising 1.1 million baht for the purchase of PPEs and COVID-19 health insurance for medical personnel. The initiative was able to raise 2.86 million baht, much more than anticipated. Another project called ‘Mask to School for the Needy Children’ operated by Buddha Rak Sa Foundation aimed to purchase face masks for 3,300 children in welcoming the new school year in 5 selected schools. The foundation was able to raise 185,000 baht and the receipt can be used for tax deduction.

There were other new and interesting platforms used for fundraising. For instance, celebrity fan pages with a huge number of followers raised funds and helped advertise the products for merchants and entrepreneurs who had been impacted by COVID-19. Moreover, social media platforms are used to disseminate information and guidelines about COVID-19, how to stay healthy, and be socially responsible to prevent the spread. These platforms are also used for government information and campaigns so that the public receive accurate information and in a timely manner.

It is indisputable that social media plays an important role in our way of life. It is a communication channel, connecting the world and offering the endless amount of data and information. People of all ages, in one way or another, are engaged in the online communities for various purposes. During these difficult times, social media has proved to be an indispensable philanthropic tool helping to provide access, convenience, and dissemination of information across the country. There are countless pages that are

created during COVID-19 with different charitable goals. The examples below are just a small number of fan pages that have a massive number of followers.

Fan page	Philanthropy
Drama-addict	<ul style="list-style-type: none"> • Campaign on healthy living, government measures and policies • Raise awareness on social responsibility by wearing masks and practice physical distancing • Announce donation channels for hospitals • Provide space for shops and restaurants affected by COVID-19 to advertise their products
Lab Panda Doctor	<ul style="list-style-type: none"> • Educate and advise on how to stay healthy during the pandemic • Raise awareness on social responsibility by wearing masks and practice physical distancing • Provide space for shops and restaurants affected by COVID-19 to advertise their products
Maam Po Dam	<ul style="list-style-type: none"> • Help those affected by giving away disaster relief packages and other necessities • Provide access to assistance from various sources • Provide space for shops and restaurants affected by COVID-19 to advertise their products
Red Skull	<ul style="list-style-type: none"> • Provide space for donations including clothing, school uniforms, scouts' uniforms, sneakers, school shoes, school supplies, books, and other necessities for children
E-Jun	<ul style="list-style-type: none"> • Organize the events helping those affected by COVID-19 <ul style="list-style-type: none"> - Project Unemployed Mothers which opened for the affected to register to receive aids - Project Moral Support Box which provided help for unemployed individuals and others affected by COVID-19
Phra Mahapriwan Worawanno	<ul style="list-style-type: none"> • Channel for donations and other necessities for the general public • Organize and fund online almshouse which is open to public free of charge
The Mirror Foundation	<ul style="list-style-type: none"> • Channel for donation of food and adult diapers to be used for homeless patients and others who are affected

Another effective access point for donation is public TV, which remains one of the most popular ones for the general public. Whenever a crisis strikes, local channels would serve as a vehicle connecting the donors to various sources of foundations. In this case, many accounts have been set up mostly for hospitals in order to raise funds for medical equipment and supplies needed to treat and contain the disease. As of May 30, 2020, the donations from three public TV channels (Channel 3, One 31, and Channel 7) and Fighting COVID-19 Campaign #Gowith20 amount to more than 150 million baht.

	Fund/Project	Amount (baht)	End of donation period
1	Channel 3: Stand beside Thais in the Fight Against COVID-19	39,994,997	26/4/20
2	Channel 3: Project Sharing Story	19,456,203	26/5/20
3	One 31: Building Happiness Day: Fight against COVID-19	17,000,000	15/4/20
4	Channel 7: United Against COVID-19	35,000,000	9/4/20
5	Fighting COVID-19 Campaign #Gowith20	41,759,368	29/4/20
	Total	153,210,568	

Source: Channel 3, 7, and One 31 July 21, 2020

Help from Celebrities

The Thai entertainment industry has also contributed to the fight against COVID-19. A number of actors, artists, celebrities have campaigned for various foundations and organized fundraising events. The total amount of financial donation raised by celebrities was estimated to be over 21 million baht. In addition, necessary items such as face masks, PPEs, cloth masks, and negative pressure ventilators were donated to hospitals and medical personnel nationwide. For the general public, there were donations of basic necessities such as food and survival kits. There was fundraising even for animals that have been affected as well.

Borderless Giving

Another important character about Thai generosity is the unconditional giving. Because not only does this crisis impact Thai population, a certain number of foreigners and tourists have also been trapped here, unable to travel home due to the international travel restrictions. Stranded in another country, some could not afford the cost of living that stretched far beyond their travel plans. Nevertheless, Thai people have shown their kindness and helped out foreigners in ways that they could. For instance, the tourists who had been stuck on Phi Phi island for over two months were offered free accommodation and food donation by the locals.

In Suratthanee Province, Russian tourists, unable to go home, were able to reside at Maipattanaram Temple under the care of the Abbot. Face masks and hand sanitizers were also distributed to foreigners for free. Hospitals provided free healthcare services to those affected by COVID-19. Visa exemption was also issued, extending their stay until the end of June 2020. Many foreigners were so touched by this Thai generosity.

I asked to stay at the temple since early April and helped out with chores inside the temple. When the monks distributed food, I helped as well. They consistently gave me face masks and hand sanitizers. I thank Thai people for all the times I stayed at the temple of their care and generosity,” Ivan, Russian tourist

Source: <https://mgronline.com/travel/detail/9630000047375>

The Civil Society

The Thai civil society during COVID-19 also plays a role in the fight. The sector acts as an intermediary helping direct and distribute the fund to those individuals in need. Many organizations have taken the initiatives in the fight and greatly contributed to alleviating the impact of the crisis, both medically and economically.



Photo source: www.redcross.or.th/home

Thai Red Cross Society, as a large non-profit organization, has received national attention and donation during this pandemic. The organization’s main missions are to provide medical and healthcare services, alleviate human suffering, and enhance human quality of life. With its well-established reputation and recognition, Thai Red Cross Society is front and center in the fight against COVID-19, both in providing assistance and receiving donations.

Since the beginning of the epidemic in China, Thai Red Cross Society has provided financial aid of \$50,000 to Chinese Red Cross Society. In Thailand, Thai Red Cross Society has given medical equipment and supplies such as N95 face masks, PPEs, and Mobile Digital X-ray to hospitals across the country. The foundation also donated relief packages for those quarantined at home and those who had been economically impacted by the crisis. The charitable giving amounted to over 83 million baht.

Founded by the late King Rama IX, Chaipattana Foundation is another well-known nonprofit that has been around for a long time. The foundation established Chaipattana Fund for COVID-19 and Other Infectious Diseases in order to receive donations, which was to be spent on medical equipment for hospitals nationwide. The foundation was able to raise over 100 million baht for this cause. Moreover, the Vegetable Oil Refining and Biodiesel Integrated Production Plant of the Chaipattana Foundation produced hand sanitizers for organizations and communities in Petchaburi Province and donated food and basic necessities to the public all over the country. Finally, Rural Doctor

Foundation set up Community Hospital Development Fund and Hospital for COVID-19 Crisis by strategizing community hospitals at the forefront. These community hospitals are central to the fight against COVID-19 since they are located in every district in the country. As such, the Rural Doctor Foundation had volunteered to serve as an intermediary channel helping over 778 hospitals across the country.

Adaptation for a New Mission

A number of nonprofits and foundations have found themselves in the new environment where their original mission might not serve well during this health crisis. For example, with the use of social media, Kaokonlakao Foundation started the project 'Talad Jai' which aimed at raising funds for the purchase of medical equipment for healthcare personnel. In order to do so, the project enlisted the help from a variety of artists and celebrities to come and showcase their talent through their channel. More than 40 million baht had been raised.

The Mirror Foundation's key mission focuses on human and social development and innovation for change. It has generated a great number of social projects and initiatives. However, with COVID-19 pandemic, the foundation must add to its goals a role of managing and handling the crisis. The project 'Arsa Mayiem' was set up with the goal of delivering food to about 2,000 families affected by the crisis. Yuvabadhana Foundation also had to extend its mission from youth education development for the underprivileged to the project called 50 baht Helping Children Back to School. The project was designed to help low-income households struggling during the crisis to send their children back to school. Until now, the project has raised 2.9 million baht.

Ruamkatanyu Foundation is another organization working for public interests and disaster alleviation. The foundation realized the extent of COVID-19 crisis and started providing training on the operations and safety in relation to COVID-19 for volunteers. The infection screening was set up prior to the field work in order to ensure public safety and PPEs were donated to medical personnel and 27 hospitals in Bangkok and other provinces. The foundation also distributed medicines for the poor in all 50 districts in Bangkok, each of which received 300 sets amounting to 15,000 sets of medicines.

In the past three months, the children and families under the care of Foundation for Slum Child Care (FSCC) have been gravely affected by COVID-19. The foundation has been providing assistance to the children whose parents became unemployed and had no money for basic necessities. There was food delivered to each house and all four houses operated under the foundation—(Baan Somwaai, Baan Dekonsueyai, Baan Hangkwamwang, and Baan Srinakaran) were available for over 500 children. The foundation has set up a protective system, providing food and a safe space for children to play and grow.

Volunteer Foundation for Society established the project 'Helping the Homeless Fight COVID-19' aiming at providing donated food and necessities for different communities in Bangkok and its vicinity such as Rangsit Homeless Center, Bangkoknoi Homeless Center, and Talingchan Homeless Center. Food and basic necessities were arranged in a relief package and distributed to each person. COVID Thailand Aid, consisting of more than 300 volunteers, also organized a project 'Helping High-Risk Individuals' with the

goal of helping the vulnerable groups in society, including the elderly, the disabled, low-income households, and the homeless.

There are many more nonprofits and social enterprises that have contributed to the fight against COVID-19. Association of Thai Securities Companies (ASCO) donated 4 million to Chakri Narabordin Ramathibordi Foundation. Arsom Silp Institute of the Arts, a small higher education institution and social enterprise with the goal of human development and sustainable society, organized a campaign called ‘Jai Dee Su COVID’ and was able to raise over 2 million baht for the affected communities. Community Partnerships Association (CPA) is another example of a nonprofit that donated equipment for COVID-19 operations totaling at almost 1 million baht for Rayong Hospital.

Foundations within Private Companies

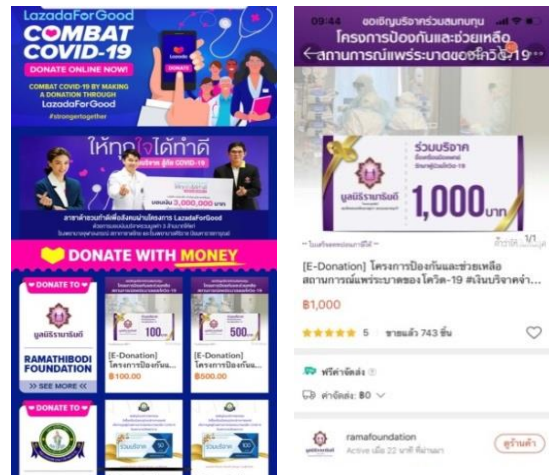
Establishing a foundation under the umbrella of private corporations and companies has become more widespread in the past decades. Under their parent structure, these foundations were created so private companies can give back to society in the forms of social benefits, education, healthcare, and environment. When COVID-19 crisis occurred, these foundations have done their part in helping and alleviating in the areas that they could, including financial donations, using expertise to create and invent new technology, and volunteer for various initiatives.

Foundation	Initiative/Project
Kasikorn Thai Foundation	<ul style="list-style-type: none"> • 300 million for Project Special Compensation for Special White Gown Warriors, donated to medical personnel in the five southernmost provinces of Thailand, which had high infection rates (Songkla, Yala, Narathiwat, Pattani, and Satul). • Each of the 5,083 medical personnel in these provinces would receive a monthly stipend of 4,000 baht for a period of three months from May to July 2020
Honda Foundation of Thailand	<ul style="list-style-type: none"> • 40 million baht of medical equipment donated to selected hospitals • Production of mobile negative pressure beds
Vichai Srivadhanaprabha Foundation (King Power)	<ul style="list-style-type: none"> • 45 million baht donation to Bamrasnaradura Infectious Diseases Institute, Department of Disease Control, Ramathibordi Chakri Narubordin Hospital, and Police General Hospital
Tailong-Cheng Phornprapha (Siam Motors industries)	<ul style="list-style-type: none"> • 22.5 million baht donated to Ramathibordi Foundation for Nihon Kohden patient’s vital sign monitor G9, to Siriraj Hospital, Chulalongkorn Hospital, and Phramongkutklao Hospital
Charoen Pokphand Foundation	<ul style="list-style-type: none"> • 5 million baht donated to medical personnel for the purchase of PPEs, isolation gown, face masks, and face shield
Khunpa Thongkam Mekto Foundation (MK Restaurant Group)	<ul style="list-style-type: none"> • 5 million baht donated to Chulalongkorn Hospital, Thai Red Cross Society for the purchase of Real Time RT-PCR machine for COVID-19
IVL Foundation (Indodrama Ventures)	<ul style="list-style-type: none"> • 2 million baht donated to Project Protection and Assistance for COVID-19 Pandemic by Ramathibordi Foundation, Project Treatment Fund for COVID-19 Patients by Chulalongkorn

Foundation	Initiative/Project
	Hospital and Thai Red Cross Society <ul style="list-style-type: none"> Over 1,000 relief packages containing dried food, medicines, face masks, and other necessities donated to homeless people in Bangkok and other provinces
SCG Foundation	<ul style="list-style-type: none"> 50 million baht worth of innovation to seven hospitals <ul style="list-style-type: none"> 12 sets of Modular Screening & Swab Unit (27 million) 70 sets of Tele-monitoring (2 million) 28 Modular Bathrooms (1 million) CT Scan (15 million) Medical equipment that helps contain the spread: isolation capsule, isolation chamber, aerosol box (5.3 million)

Channels for Donation

Today's communication technology plays an undeniably significant role in philanthropy. Nonprofits and foundations are no exception. As online transactions have become increasingly common, each foundation found this channel to be incredibly useful when COVID-19 necessitated physical and social distancing. For example, Ramathibordi Foundation collaborated with Grab Thailand, JD Central, Lazada, and Shopee in setting up the Project Ramathibordi Foundation United with Super App for White Gown Warriors. This changed the giving culture, opening up a new donation channel on these popular mobile applications in support of medical personnel in the fight against COVID-19. These applications are major online shopping in Thailand. Moreover, Ramathibordi Foundation also used its Facebook page to announce the donation campaign for medical equipment by asking users to share the page, increase visibility, and donate online.



Many hospitals also used social media as a donation and fundraising platform. Especially for small hospitals in rural areas where resources and aids were difficult and insufficient, social media could provide a direct communication channel with donors. For instance, a hospital in Yala province experienced an urgent need for medical equipment. The medical personnel had to cut and sew their own protective gear for



operations. Through social media, the hospital was able to raise sufficient funds in a short period of time for the much-needed medical equipment. This similar trend of incidents became increasingly common in many of the provinces, which demonstrated the Thai generosity in time of the crisis.

The examples included in this study are only a fraction of the power of giving shown in Thailand in time of need. There is much more that it is nearly impossible to include all. The Thai charitable giving and generosity are endless and indescribable as witnessed during this COVID-19 crisis.

The Public and Civil Society's Role in the Fight Against COVID-19

Confidence in Our Public Sector and Civil Society

Ever since the social and economic shutdown inevitably imposed by the government, Thailand has suffered a great decline in economic growth and activity. Unemployment soared; income reduced. Some struggled to even put food on the table. Government assistance was not always available nor adequate. Thailand could, however, still be thankful for its strong civic participation, which is a driving force that can still help propel the country forward, as seen from a vast number of campaigns and initiatives during the crisis, ranging from basic necessities, food, money, and many more. In addition, many Thais have sacrificed their time and effort in volunteering to help those affected. Even religious institutions had provided aids where needed. A great number of foundations and nonprofit organizations served as a medium connecting the dots for the general public and providing support, both financially and non-financially to those affected by the crisis.

The Changing Face of Thai Society

COVID-19 has caused a disruption never seen before to our way of life. Work, school, and human consumption were all affected and still are pretty much so at the time of this writing. The pandemic has called on different mechanisms of our society to revise their role and stance in order to respond to the crisis. There has been a stronger emphasis on training and educating personnel and volunteers on how to handle a complex situation, particularly one that involves life and death. Most, if not all, communities and organizations were required, positively, to change the way they operated, to be more proactive, and to embrace more technology.

As the people adapt to the new normal, the importance of technology has never been more pronounced. Because of the urgency of the situation, many processes and procedures, political or non-political, were short-circuited, resulting in technologies and innovations being approved and developed at an unprecedented speed. Social media and popular applications also played a major role in campaigning and fundraising. Donations are only a few clicks away and have never been this easy. New ways of donating and fundraising were introduced and became an important piece of the puzzle in the alleviation of this human calamity.

There are countless examples and incidents of Thai generosity and philanthropy; so much so that the space in this study or any study would never be able to hold. Although COVID-19 is one of the worst phenomena in our recent memory, in some ways, the crisis has brought about positive changes to all members of our society.

References

- Abuza, Z. (2020, April 21). *Explaining Successful (and Unsuccessful) COVID-19 Responses in Southeast Asia*. The Diplomat.
<https://thediplomat.com/2020/04/explaining-successful-and-unsuccessful-covid-19-responses-in-southeast-asia/>
- AIS. (2020, March 25). *AIS to install 4G and 5G networks for field hospitals treating COVID-19 patients*.
https://investor-th.ais.co.th/news.html/id/770068/group/newsroom_press
- Aphonda. (2020, May 8). *Uniting A.P. Honda*.
- Arsomsilp. (2020, May 7). *Jai Dee Su COVID-19*. <https://www.arsomsilp.ac.th/covid-19/>
- Assistance for Agriculturalists (2020, July 31). *Space for Agricultural products*
- Bainbridge, A. and Vimonsuknopparat, S. (2020, June 22). *Thailand had the world's first coronavirus case outside China. Here's how it avoided disaster*. ABC News.
<https://www.abc.net.au/news/2020-06-22/thailand-defies-odds-to-successfully-manage-coronavirus-pandemic/12359632>
- Bam. (2020, April 10). *BAM cares in the fight against COVID-19*.
<https://www.bam.co.th/news/271/>
- Bangkok Post. (2020, February 8). *Health minister apologizes for anti-western slurs*.
<https://www.bangkokpost.com/thailand/general/1852949/health-minister-apologises-for-anti-western-slurs>
- Bangkok Post. (2020, March 26). *Anutin criticizes careless health personnel, apologizes again*. <https://www.bangkokpost.com/thailand/general/1887115/anutin-criticises-careless-health-personnel-apologises-again>
- Bangkokbiznews. (2020, April 10). *GULF provides 140,000 meal boxes for communities in Bangkok aid COVID-19*. <https://www.bangkokbiznews.com/news/detail/875509>
- Bangkokbiznews. (2020, April 12). *Relive the 100-day timeline with the COVID-19 situation in Thailand*. <https://www.bangkokbiznews.com/news/detail/875664>
- Bangkokbiznews. (2020, April 13). *BTS donates 60 million baht in support for the fight against COVID-19*. <https://www.bangkokbiznews.com/news/detail/875835>
- Bangkokbiznews. (2020, June 6). *Getting to know the Mirror Foundation in the fight against COVID-19* <https://www.bangkokbiznews.com/news/detail/883159>
- Bangkokbiznews. (2020, March 7). *Private sector united for Thailand in the fight against COVID-19*. <https://www.bangkokbiznews.com/news/detail/869509>
- Bank of Thailand. (2020, May – August). *Measures and information about financial institutions in the COVID-19 situation*. <https://www.rd.go.th/publish/272.0.html>
- Banmuang. (2020, March 28). *The Mall Group helps alleviate blood shortage*.
<https://www.banmuang.co.th/news/activity/185817>

- Bello, W. (2020, June 3). *How Thailand Contained COVID-19*. Foreign Policy in Focus. <https://fpif.org/how-thailand-contained-covid-19/>
- Betagro. (2020). *BETAGRO stands by Thais through COVID-19*. <http://www.betagro.com/corporate/th/news/2750>
- Blavatnik School of Government, Oxford University. (2020, August 6). *Oxford's coronavirus policy tracker adds data for US states* <https://www.bsg.ox.ac.uk/sites/default/files/2020-08/2020-08-06%20Oxford%20COVID-19%20Government%20Response%20Tracker%20expanded%20to%20US%20states%20PRESS%20RELEASE.pdf>
- Blavatnik School of Government, Oxford University. (2020, July). *Oxford COVID-19 Government Response Tracker Regional report – East Asia and Pacific*. <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>
- Boonbandit, T. (2020, February 7). *Anutin: Farangs who don't wear masks should be kicked out*. Khasod English News <https://www.khasodenglish.com/news/crimecourtscalamity/2020/02/07/anutin-farangs-who-dont-wear-mask-should-be-kicked-out/>
- Boyle, G. (2020, July 23). *Thailand chosen for Covid success documentary*. Bangkok Post. <https://www.bangkokpost.com/learning/easy/1956231/thailand-chosen-for-covid-success-documentary>
- Boyle, G. (2020, March 23). *Thousands leave Bangkok*. Bangkok Post. <https://www.bangkokpost.com/learning/advanced/1884565/thousands-leave-bangkok>
- Broadbent, L. (2020, April 15). *Coronavirus – a brief history*. The Conversation. <https://theconversation.com/coronaviruses-a-brief-history-135506>
- Businesstoday. (2020, April 28). *Ramathibordi Foundation united four super-apps in support to white gown warriors for the fight against COVID-19*. <https://www.businesstoday.co/covid-19/28/04/2020/36568/>
- Cafonline. (2019, October). *World Giving Index 2019*. <https://www.cafonline.org/about-us/publications/2019-publications/caf-world-giving-index-10th-edition>
- Cattelecom. (2020). *CAT provides support for accommodation for medical personnel*.
- Chaipat. (2020, April 7). *Coca-Cola Thailand donates 25 million baht to Dr. Sumej Tuntivejchakul for Chaiwattana Foundation in the fight against COVID-19*. <https://www.chaipat.or.th/donation/covid19-fund/10597-25-19.htm>
- COVIDThailandAID. (2020, May 5). *'COVID Thailand AID' Volunteers in support for the vulnerables during COVID-19*. <https://www.timeout.com/bangkok/th/things-to-do/covid-thailand-aid>
- Cpfworldwide. (2020, April 9). *CPF extends food supports to families of doctors and nurses in the frontline*. <https://www.cpfworldwide.com/th/media-center/1290>

- Crispin, S.W. (2020, May 26). *Thailand's unsung Covid-19 success story*. Asia Times. <https://www.bangkokpost.com/thailand/special-reports/1933736/how-has-thailand-kept-the-lid-on-covid->
- Dailynews. (2020, March 29). *Singha donates 50 million baht to hospitals for COVID-19 patients*. <https://www.dailynews.co.th/bangkok/765670>
- Department of Disease Control. (2020, August). *COVID-19 Situation Report*. Ministry of Public Health. <https://covid19.ddc.moph.go.th/en>
- Department of Disease Control. (2020). <https://ddc.moph.go.th/viralpneumonia/situation.php>
- Energytimeonline. (2020, August 7). *Baan Pu manufactures masks for Blood Hero*. <https://www.energytimeonline.com/content/8207/บ้านปู-จำกัด-มหาชน>
- Foundation For Slum Childcare. (2020, April)
- Government Contact Center. (2020, August) <http://www.gcc.go.th/webgcc/>
- Hale, T., Angrist, N., Kira, B., Petherick, A., Phillips, T. and Webster, S. (2020, May). *Variation in Government Responses to COVID-19*. Blavatnik School of Government, Oxford University. <https://www.bsg.ox.ac.uk/research/publications/variation-government-responses-covid-19>
- Head, J. (2020, March 13). *Coronavirus: Tourism in Thailand hit by Covid-19*. BBC News. <https://www.bbc.com/news/business-51796812>
- Hfocus. (2020, May 18). *AIS provides 30-day insurance for village health volunteers*.
- Hondathailand. (2020, May 20). *Honda Fund delivers 100 negative pressure mobile beds and medical equipment*.
- iLAW. (2020, March 25). *Emergency decree: Understanding the laws for the fight against COVID-19*. <https://ilaw.or.th/node/5583>.
- iLAW. (2020, May 1). *Comparing Thailand's measures for COVID-19 with the World's*. <https://ilaw.or.th/node/5644>.
- iLAW. (2020, May 8). *COVID-19 related laws you need to know*. <https://ilaw.or.th/node/5650>.
- Kaokonlakao. (2020). *Donations for medical equipment and supplies in the fight against COVID-19*. <https://kaokonlakao.com/>
- Kendall, D. (2020, June 12). *How has Thailand kept the lid on Covid?* Bangkok Post. <https://www.bangkokpost.com/thailand/special-reports/1933736/how-has-thailand-kept-the-lid-on-covid->
- Khaosod English News. (2020, March 13). *Health Minister: Dirty Europeans Pose Virus Risks to Thailand*. <https://www.khaosodenglish.com/news/2020/03/13/health-minister-dirty-europeans-pose-virus-risks-to-thailand/>
- Marketeeronline. (2020, May 15). *MK Restaurant Group donates 60.1 million baht for the purchase of medical equipment and supplies and the improvement of negative pressure rooms at Ramathibordi hospital*. <https://marketeeronline.co/archives/164387>

Marketthink. (2020, April 27). *MK Restaurant Group provides 8,000 kilograms of raw ingredients per week for food production*. <https://www.marketthink.co/5479>

Metropolitan Waterworks Authority. (2020, May – July). <http://www.mwa.co.th/>

Mgronline. (2020, April 7). *Muangthai Capital donates 60 million baht in the fight against COVID-19 to seven hospitals*.
<https://mgronline.com/stockmarket/detail/9630000035650>

Ministry of Agriculture and Cooperatives. (2020, June – August). *Measures to remedy the COVID-19 situation for farmers*. <https://www.moac.go.th/>

Ministry of Finance. (2020, April – August). <https://www.mof.go.th/th/home>

Muangthaiinsurance. (2020, March 10). *Muangthai Insurance provides free COVID-19 health insurance to medical personnel*.
<https://www.muangthaiinsurance.com/th/news/detail/186>

Newsconnect. (2020, May 28). *Baan Pu Group builds critical respiratory care unit for COVID-19 patients*. <http://newsconnect.com/news1.php?id=3918>

Office of the National Economic and Social Development. (2020, August)
<http://thaime.nesdc.go.th/>

Parpart, E. (2020, June 24). *Update: BOT said Thailand could go into a recession of 8.1 percent in 2020; export value could contract by 10.3 percent*. Thai Enquirer.
<https://www.thaienquirer.com/14859/bot-said-thailand-will-go-into-a-recession-of-8-1-per-cent-in-2020/>

Pinchuck, J, (2020, July 11). *How Covid-19 Will Change Tourism Sector*. Thailand Business. <https://www.thailand-business-news.com/tourism/79048-how-covid-19-will-change-the-thailand-tourism-sector.html>

Positioningmag. (2020, April 8). *Size doesn't matter. A list of companies donating money, necessities, and others in the fight against COVID-19*.
<https://positioningmag.com/1272152>

Posttoday. (2020, April 16). *Bangkok Bank donates 40 million baht to four selected hospitals*. <https://www.posttoday.com/economy/news/620812>

Postupnews. (2020). *The Tub Kaw Krabi Boutique resort provides free accommodation for 3 days/2 nights for medical personnel*.
<https://th.postupnews.com/2020/05/the-tubkaa-krabi-resort-for-medical-staff-covid-19.html>

PR Thai Government. (2020, July 29). *Thailand Ranks First in the Global COVID-19 Recovery Index*. Thailand Business News.
<https://www.thailand-business-news.com/health/80125-thailand-ranks-first-in-the-global-covid-19-recovery-index.html>

Prachachat. (2020, April 8). *Private sector's generosity in the fight against COVID-19*.
<https://www.prachachat.net/csr-hr/news-445810>

Provincial Waterworks Authority. (2020, May – August). <https://www.pwa.co.th/>

Redcrossthailand. (2020, October 5). *Report Summary the COVID-19*.

- Royal Thai Gazette Volume 137. (2020). *Royal decree: Financial Assistance to State Enterprise affected by Coronavirus 2019.*
- Royal Thai Gazette Volume 137. (2020). *Royal decree: Ministry of Finance to provide financial loans for social and economic recovery caused by Coronavirus 2019.*
- Royal Thai Gazette Volume 137. (2020). *Royal decree: Stabilization and security of financial and economic system 2020.*
- Royal Thai Government. (2020, May – August).
<https://www.thaigov.go.th/news/contents/details/29299>
- Ryt9. (2020, March 27). *Vichai Srivaddhanaprabha Foundation stands with Thai society amid COVID-19 crisis; donates 45 million baht for public health aids*
<https://www.ryt9.com/s/prg/3109503>
- SCG News Channel (2020). *SCG Foundation provides COVID-19 innovations for seven hospitals at over 50 million baht.*
<https://scgnewschannel.com/th/scg-news/scg-foundation-provide-innovation-to-prevent-covid-19/>
- Siamrath. (2020, April 6). *OISHI donates 24 million baht for the fight against COVID-19 through Thai Red Cross Society to 7 selected hospitals.*
- Siamrath. (2020, May 5). *Kasikorn Thai Foundation grants 300-million-baht premium for white gown warriors and SME loans for salary payments.*
<https://siamrath.co.th/n/152759>
- Siamrath. (2020, September 15). *Poh Teck Tung Foundation: Abandoning traditions during COVID-19.* <https://siamrath.co.th/n/182529>
- Social Security Office. (2020, May – August). <https://www.sso.go.th/wpr/main>
- Son, J. (2020, April 14). *How stringent is Thai response to Covi-19 compared to ASEAN neighbors?* Khaosod English
<https://www.khaosodenglish.com/politics/2020/04/14/how-stringent-is-thai-response-to-covid-19-compared-to-asean-neighbors/>
- Taejai. (2020). *Devotion in the fight against COVID-19.*
<https://taejai.com/th/projects/covid-19/>
- TAT Newsroom. (2020, June 15). *Thailand ranked second best in the world for ongoing COVID-19 recovery.* TAT News.
<https://www.tatnews.org/2020/06/thailand-ranked-second-best-in-the-world-for-ongoing-covid-19-recovery/>
- Techsauce. (2020, April 6). *Honda manufactures negative pressure mobile beds to be donated to 48 hospitals nationwide.*
<https://techsauce.co/news/honda-produce-negative-pressure-mobile-bed-covid-19>
- Thailife. (2020, April 14). *White-gown warriors in the fight against COVID-19.*

- Thaipbsnews. (2020, May 20). *Private sector donates necessities for affected individuals amid COVID-19*. <https://news.thaipbs.or.th/content/292696>
- Thairat. (2020, April 28). *Tailong-Cheng Phornprapha Foundation donated to Ramathibordi Foundation*. <https://www.thairath.co.th/lifestyle/life/1831569>
- Thairath. (2020, April 13). *Generosity in the fight against COVID-19*. <https://www.thairath.co.th/news/business/1818619>
- Thairath. (2020, March 27). *Private sector to donate and discount in the fight against COVID-19*. <https://www.thairath.co.th/news/business/1805914>
- Thaisaeree. (2020, April 11). *GULF donates 34 million baht to hospitals and provides food for communities affected by COVID-19*. <https://www.thaisaeree.news/49612/>
- Thaitimenews. (2020, May 12). *DTAC to unite with Siriraj Hospital in the fight against COVID-19*. <https://www.thaitimenews.com/content/13235>
- Thaivolunteerorg. (2020, March 27). *Helping the homeless during COVID-19*. <https://www.thaivolunteer.org/ช่วยคนไร้บ้านปลอดภัย-covid-19/>
- Thansettakij. (2020, April 24). *Community Friend Association provides medical supplies for Rayong province*. https://www.thansettakij.com/content/normal_news/431352
- Thansettakij. (2020, May 21). *TCP group to assist in the fight against COVID-19, both nationally and internationally*. https://www.thansettakij.com/content/strategy/434844?utm_source=homepage&utm_medium=internal_referral&utm_campaign=strategy
- The Center for COVID-19 Situation Administration (CCSA), Ministry of Interior. (2020, May – July). <http://www.moicovid.com/>
- The Nuclear Threat Initiative (NTI), Johns Hopkins Center for Health Security, Intelligence Unit, The Economist. *GHS Index Report & Model* <https://www.ghsindex.org/report-model/>
- The Nuclear Threat Initiative (NTI), Johns Hopkins Center for Health Security, Intelligence Unit, The Economist. *GHS Index Global Health Security Index: Building Collective Action and Accountability*. <https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf>
- The Nuclear Threat Initiative (NTI), Johns Hopkins Center for Health Security, Intelligence Unit, The Economist. *Why is the GHS Index Needed?* <https://www.ghsindex.org/about/>
- The Revenue Department. (2020, May – August). <https://www.rd.go.th/publish/272.0.html>



Thailand in the Pandemic:

How all Sectors Unite to Survive the Peril

(Jan-Oct 2020)

*Ketkanda Jaturongkachoke
Kanokkan Anukansai*

Thailand in the Pandemic: How all Sectors Unite to Survive the Peril (Jan-Oct 2020)

Ketkanda Jaturongkachoke
Kanokkan Anukansai

Introduction

Covid-19 challenges science, technology and, inevitably, humanity. Encircling the globe, the virus was declared a pandemic. All nations have no option but to fight it individually and collectively. In Thailand, the government, the medical communities, and people join hands to prevent it from spreading. While finding a cure depends on public health officials with medical expertise, helping each other to survive economically is done by the general public. During this pandemic, Thailand has been successful in limiting the spread of the virus. Measures have been used at different stages, ranging from closing down the country, imposing a curfew, banning international and domestic travel, to less strict measures such as requiring social distancing and mask wearing. Moreover, technology was introduced to assist the state identify and track those who have been potentially infected.

This means that life is no longer “normal.” The tourism industry, which is a major source of revenue for Thailand, has virtually ceased. This means that people working in this industry have been left unemployed without knowing when they will go back to work. While few are financially prepared for emergency, many who work for daily wages find themselves in a dire situation. Many businesses have been forced to close down as people no longer consume as much as they used to. People of all walks are in one way or another hurt. The state alleviates this hardship by rendering financial assistance. Emergency money is allocated to help people who qualify to receive it. Also, widely seen are volunteers who assist the state in tracking the sick and ensuring that the virus is contained. Still, there are many who are not included in the formal system and these people are left to the mercy of the non-formal mechanisms, civil societies, NGOs, foundations, religious organization, and so on.

In comparison with many countries, Thailand ranks high in the management of this crisis. The number of deaths is only in the double digits. The sick are well taken care of. Never before has Thailand seen a stronger cooperative effort by every sector of society. The state with its administrative power has not hesitated to do what needs to be done. The medical community does its job devotedly and tirelessly. Technology is used to its maximum potential so that people are kept informed of the situation. Volunteers are active in assisting the state. All in all, we have been witnessing a harmonious synchronization of the administration (the state and health care system), technology (wireless networks enabling people to find out what they need to know and stay informed) and humanity (volunteers who provide services and people who give to those who need help).

The picture now is that Thai society inhabits a technologically enhanced environment. In such an environment the administration, the medical community and the people adjust themselves so that they are well tied together to pull the country out of this

perilous situation. The state at this time allows more decentralization of administrative power. Local governments are given authority to make the decisions they deem urgent and essential. The medical community is more proactive than before in tackling potentially infected people. Volunteers step in to help prevent more people from being infected. Other sectors and the general public give assistance to those lacking support. Their help comes in all forms including making donations, giving food (street pantries in which food are placed for people to collect) and online institution-based market groups created so as to provide members of institutions with platforms to sell their goods. This allows the people to have additional income at a time when businesses are shut down. Through these and other measures, Thailand has been able to cope well with the pandemic better than many more developed nations.

Many philanthropic acts are taking place during the pandemic, as the government alone is not able to take care of its citizen as the infection pervades exponentially. For fear that the crisis might escalate beyond control, the government ordered Bangkok be shut down. The government's main concern was to cure the sick and prevent the disease from spreading. But economic consequences immediately followed. People who live on salaries or wages inevitably were forced out of their employment. While few have savings on which they can temporarily live, many struggle to make ends meet. The government's immediate allocation of an emergency fund to help people who are out of work was in no way adequate since the fund helped only those registered in the system. Non-taxpayers who earned a living by working for wages in the informal sector were hit the hardest. These people, without wages, are not able to even put food on the table.

The situation was most challenging for Thai society as a whole since all were potentially in danger. While the medical front fought to contain the disease, the people have to both survive and try not to get infected. The government had to put out both proactive and reactive measures so as to contain the virus and to help those in need. In sum, the country was in short supply of many things to cure the sick, prevent the disease from escalating, enable people to survive and get the economy to work. And never before has there been this much of a need for Thais to unite to overcome the unprecedentedly severe crisis. Ways of helping each other come in two channels. Well-established formal channels include help from the royal family, donations from existing foundations, giving from cooperates and the like. Additional to these well-established giving channels, we also see in this crisis innovative channels emerging which will be mentioned in detail in the later section.

Well-established channels

The Royal Family

In Thailand, the monarchy and the people have had unbreakable ties. The Thai royal family has been steadfast in helping the people in times of crisis. Whenever disasters strike, the royal family is always the first to lend support to people. This time, when it was clear that the pandemic could not be avoided, the royal family immediately provided its support. The support from the monarchy has two functions. First of all, it directly gives relief to people from their dire situation. Secondly, and more significantly, the royal support prompts other segments to rush to help. The royal family has always

be a role model in charitable work. The King and the Queen were prompt to release emergency help. Their help is multi-faceted, well planned and effectively executed to make sure that the necessities are given to the people who need help.

Supporting the medical community

Realizing that the medical front is most important in getting the whole country through this crisis, the Royal couple allocated private funds to over one hundred hospitals so that they could acquire medical equipment needed to treat the infected. As the situation progressed, more medical necessities were given by the monarchy. The King and the Queen donated 13 medical mobile units which can go around offering testing for people. This helps the state control the spread of the disease. As testing in hospitals costs money, people who cannot afford it can get free testing from such units which are readily available. Also donated by the Royal couple are respirators which are needed to help patients in critical condition. And to prevent the spreading of the virus which is suspected to be airborne, the King and the Queen sent out air sterilizers to be used in hospitals throughout the country.

In addition to the King and the Queen, other members of the royal family have given supports to the people. HRH Princess Bhajakittiyapa set up a Covid-19 research fund (through the Chaipattana Foundation) for the vaccine development. She also gave 10 million medical masks to health care providers who need to protect themselves from infection. HRH Prince Sirivanvaree established a lab to produce rubbing alcohol and alcohol gel which was in short supply and much needed for sanitization in hospitals. Through her Chulabhorn Institute, HRH Princess Chulabhorn sponsored free testing for 15,000 people.

Helping the subjects

As the whole country falls under the virus spell, the poor are hit the hardest. Those who live on daily wages were cut off from their livelihood when the government ordered the shutdown. As Thailand relies on tourism, the travel ban practically brought the industry to a complete stop. Those working in hotels became jobless and have to fall back on their social security income which is hardly adequate for normal living. Concerned about people's survival, the royal family continually distributed "emergency survival packs" to enable those in need to get by before other help could reach them. So far, more than 15,000 bags have been handed to those in great need. HRH Princess Maha Chakri ordered that the Red Cross under her patronage to set up temporary kitchens to prepare warm meals for poor people. With HRH's initiation, many organizations have followed suit. Many people, through this charitable act, do not go to bed hungry.

Getting the unemployed to work

Seeing that providing medical help and food is just a temporary relief and that many people are out of employment, the King allows the existing Royal Project to hire more employees. Among the centers hiring people are the 30 model dairy

farms. People who are employed will work while receiving training on sufficiency economy which can be used as an alternative way of life after the pandemic ends. The help from the royal family directly reaches the people. In addition, their acts encourage other organizations to follow suit. Their giving is immediate, responsive, well-planned and well-executed.

The Temple

Another institution which has been central to the Thai society is the temple. Buddhism is most prominent in Thai society. Buddhist temples are almost everything to the people. Formerly, temples were schools where religious knowledge, reading and writing were taught. At certain temples, various arts and crafts, self-defense, and other subjects were also included in some curricula. Parents sent their sons to study at temple schools to obtain both secular and religious knowledge. Besides education, temples were also an important source of the arts and the training of artisans. Some temples were healthcare centers where the sick were cured by monks, but, most importantly, temples have been community centers where people can always go to in good times and bad times (Vichit Vadakan, 2002). Though nowadays the importance of temples is less than before, they play a significant role in this pandemic crisis (Bangkok Post, 2020, June 3). At the onset of the pandemic, the Supreme Patriarch indicated to the public that “since the old days, temples have existed in Thai society. Temples are both residence of monks and community centers. As such, they can potentially be turned into a place to which people can come for help” (Krungthepturakij, 2020, March 23). Because of his comments, many temples have turned themselves into make-shift food halls where people in the nearby communities can come for a meal. In Bangkok, the Temple of Dawn, normally a tourist attraction, for instance, is currently a lunch box distribution center. Also distributed are canned food, consumer products, and alcohol gel which people take home (MCOT, 2020, April 1). At a time in which communication is crucially important, temples can be turned into communication centers in many communities. They are the coordination units through which the government can connect to the public. Those who want to give can give through the temples because the pandemic prevents people who want to reach out from having direct contact with those they want to help. Temples, in a sense, become coordinating units in many communities. There are temples that set themselves up as units to solicit comments from the people. Through this, people can say what they need and the right thing can be given to the right people who really need it. It has been reported that, in this crisis, more than 1,000 temples have set up make shift dining halls to which people can come to eat (Dailynews, 2020, May 28).

As this crisis is so severe and as many people are in need, many temples have been proactive in rendering their help. With the whole country locked down and people, thus, confined at home, temple mobile food units have been set up to cater to the people. Being served food at home also prevents people from gathering in large crowds which, in turn, will reduce the spread of the virus. In places difficult to reach, monks have been seen boating to distribute necessities. One monk indicated that “in normal times, people come to the temple to donate things. In this crisis, our abbot said that we have to reciprocate by helping the people who gave to us.” (Nation TV, 2020, June 2). Additionally to providing food, some monks go to the people to give cash so people can

cover their expenses. Some temples allow people to grow vegetable gardens on their premises. There have also been cases where temples have helped recover pawned tools from pawn shops of those forced to pawn their valuables (such as tools they use to make a living) (ThaiPBS, 2020, April 13).

In crisis, humans are both physically and spiritually vulnerable. Many temples set up online chanting ceremonies and monks give sermons to provide comfort. Psychologically, this helps people to cope with the hard times and makes them know that they are not alone. With its available resources, the temple has done what it can to get Thailand through this crisis. Reactive to the situation, the outreaches emerge in various forms. The poor, sick and underprivileged are all helped. In these modern times, the temple is not as centrally important as before, but this crisis proves that it never fails to do what it can to alleviate both physical and spiritual sufferings. As such, the temple is now both a social and spiritual sanctuary where people can go for help. It becomes a coordinating mechanism through which all sectors can reach out to one another during this apparently endless crisis.

The Educational Sector

Setting up field hospitals

When cases of Covid-19 peaked in March and April, Thailand was uncertain of how the situation would develop. With prospects not looking positive, many sectors prepared for the worst. Realizing that if cases surged existing hospitals would be insufficient, Thammasat University was ready to turn its dormitories into a field hospital. They offered 380 beds and would provide food and other services for patients. Following Thammasat's example, 156 universities both in Bangkok and other regions offered to turn their premises into hospitals; and hotels around the country offered to become places of quarantine (Nation TV, 18 April 2020).

The Private Sector

Another sector that has done a great deal to help others during this crisis is the private sector, which itself is severely affected. Nowadays, most companies accept that they are socially responsible for what goes on outside them. Realizing that they will be viable only if they maintain a viable relationship with the outside world, companies routinely give to those in need. In this event when everything has stopped and operations are forced to close, some companies are doing good deeds in the form of paying their employees full or partial salaries. This is a major sacrifice since the companies themselves are adversely affected. Among the hardest hit are restaurants, hotels, and businesses related to tourism.

Help from within

As concerned that the situation progressively worsened, the government was forced to shut the country down. Business inevitably halted. Business

organizations saw it as their duty to take care of their employees. Most people have kept their employment despite the operations of their employers temporarily stopping. Some established financial funds are taking care of their employees. Salespeople who have to meet customers are given protective equipment so that they are not exposed to the virus. Hotels do catering to generate income to support their employees. While earning income from selling food, hotels also allow employees to take the food home to feed their families. Food coupons are given by some companies to their employees to relieve some financial burden. And there are companies who insure their employees against Covid-19.

Helping on the medical front

Concerning direct giving, we see many large corporations and the country's top billionaires who own major businesses donate in both cash and kind. At the onset of the pandemic, ThaiPublica (2020, April 18) reported that the top 20 billionaires combined donated up to 337 million baht. Their major contribution was giving to the health care front. Medical supplies such as face masks, face shields and rubbing alcohol (then in short supply) were given to hospitals. Additional to giving to hospitals, donors saw that doctors and nurses were at risk and needed to be protected physically and emotionally. To ensure their financial security, the donors have provided clean and healthy food and drink. Life insurance was also given to them so that should anything happen, they can rest assured that their families will be taken care of. Businesses give what they can. For instance, cosmetic companies have helped by donating hair care products to hospital staff to reduce their financial burden.

Among the major companies which have been active in helping out during this crisis are, for instance, Advanced Info Service, Airports of Thailand, Bangkok Bank Limited, Bangkok Dusit Medical Services PCL, CP All PCL, Kasikorn Bank, PTT PCL, PTT Exploration and Production PCL, Siam Commercial Bank and The Siam Cement PCL. These corporations give not only hospital beds, respirators, and ambulances but they also have developed robots which are used to perform routine tasks such as distributing medicine to those in quarantine.

Helping the general public

Covid-19 proves that Thai hospitality still exists. Large, medium and small enterprises play a role in helping the society. They give what they can to whomever is in need. For instance, businesses under the Thailand Council of Industry support the making of cabinets used as pantries in which people can put food and other items for those in need to take. Honda Thailand sets up such pantries in front of their showrooms throughout the country. As sanitation is crucially important in preventing the spread of the virus, producers of detergent and cleaning solution have been prompt to donate their products to the public. Oil refineries capable of producing alcohol use their petrol stations as outlets to sell alcohol to the public at cost. Pet food producers donate pet food to owners who have been forced out of employment. Many businesses have set up stations to distribute food to people on the streets.

Non-Institutional Impromptu Giving of the People

Traditional Ways of Giving

In this period of uncertainty, many have stocked up on essential items. Many things are in short supply. The society was for a short while in chaos, but everything returned to normal and kindness can be seen everywhere. More heart-warming than at any other time is the impromptu and innovative ways of giving by the people. Apparently, most Thais have become more selfless during this crisis. Seeing that everybody experiences hardship, those who have more try to help those who have less. Constant giving from people to people at a horizontal level can be seen. This giving is both an individual and collective effort.

Food stalls and almshouse

We see people set up tables to distribute lunch boxes to taxi drivers struggling to find passengers. Delivery persons who work hard to deliver necessities also benefit from this food distribution. This food giving practices are done both individually and collectively. Some people such as those living in the same neighborhood joined hands to bring food to distribute. Taxi drivers who received the food, in turn, tell others of this giving. Announcements are made over the traffic radio stations on where drivers can get lunchboxes and, in some cases, a small amount of money to live on for at least a day. Some food shops also allow people to eat for free, while some sell at extra low prices. These shops were not allowed to open and to receive clients, but they were able to make food to distribute to passersby and to deliver to those in need and to medical staff confined to hospitals. A shop famous for its fried pork, for instance, delivers 1,200 lunchboxes every day to different hospitals. A vendor who owns a food mobile unit drives around to distribute his food. Minorities who live in the hills in Chiang Mai and grow vegetables bring their products to town to give to people. A shop selling fresh eggs put up a sign telling people to take the eggs without having to pay. A chicken rice shop put lunch boxes in front for people to take for free (Wongnai, 2020, April 14). A university football coach together with his family gives food to the local poor people. University alumni gather to do what they can to help people in poor neighborhoods. Small kindnesses are everywhere, pulling Thailand out of this crisis.

In some places, people gather to set up almshouses and the community joins hands to cook. Ingredients are mostly donated by local merchants. Almshouses can be seen throughout Thailand, especially in hard times. Not only rich people are giving, those who cannot help financially donate their labor and skill. Community members come to cook and clean. In addition to providing food, these almshouses hand out necessary items such as detergent and baby formula. Some restaurants with technical know-how have volunteered to run almshouses. Some serve as “bridges of merit” to link donors to receivers. A café named 60 Café, which hires the disabled, delivers food to monks in hospitals, which the public can make donations toward.

In Klong Toey, the largest slum in Bangkok, people set up the “Klong Toey Sharing” project. Food shops in the community take money from those who want to give to those in need of help. Donors give 30 baht, enough to cover lunch for those who come to eat but are unable to pay (Krungthepturakij, 2020, June 3). Also set up is a project distributing food coupons to the poor. The underlying principle is “those who do not have get to eat free, while those who have some share what they have” (Workpoint Today, 2020, May 2). A noodle shop, for example, put up a sign which reads “out of job, take a coupon and eat free”.

Giving cash to fellow citizens

As many are forced out of their jobs, receiving donated food is not enough. Some need money to pay their bills, so many donate money. There are those who donate to different individuals ranging from a hundred to a thousand baht. This cash giving, though not widespread, has a large impact on some lives. A mother of an infant was given 3,000 baht from a kind person so that she could buy baby formula. When asked why they donate money, some donors said that it was a form of merit making and they usually make merit on their birthday. Some make use of technology such as Facebook to give cash to the less fortunate. There are those who announce on Facebook that they will make cash donations at certain locations and people can go to those places at the time set. Those who have no access to technology but want to donate money go through community leaders who have the information about who needs help. All in all, we see many channels for giving. Some give to those living nearby, while others go to intermediaries such as community leaders.

Helping hospitals and medical personnel

Thai people give high recognition to medical doctors. This crisis, in particular, demands sacrifice from those in medicine. They are on the frontline combating the disease. At the onset of the pandemic when there was panic to store face masks, alcohol and cleaning solution, hospitals which needed these items the most were desperate. People were prompt to donate these much needed supplies so as to help doctors (known metaphorically as “Fighters in Medical Gowns”). An elderly couple who own a noodle shop took a million baht in cash to give to a hospital. They set an example for others. Their good deed was featured on the evening news (Channel 3 Hot News, 10 April 2020). People saw that even this couple, seemingly with modest means, was willing to help. Ad hoc groups formed to help hospitals. Alumni associations of many institutions solicited contributions from members to buy medical supplies for hospitals. Mahidol Alumni Association, for instance, donated protective suits for doctors, nurses, and lab technicians who are most at risk. Dr. Supat Hasuwannakit, director of Jana hospital in Songkhla, said the “donated items came from all directions. They were donated by both town and upcountry people. While town people sent in medical supplies, people in villages sent fruits and fish. People in Jana fishing village, for instance, sent eight kilograms of fish to us. They said it was a moral support to those who work to combat Covid-19.” (Facebook page Dr. Supat Hasuwannakit. 2020, April 1 and 30).

Ad-hoc gathering to do what can possibly be done

As face masks were in short supply, people resorted to producing them. Friends got together to sew facial masks using available materials. The handmade masks were delivered to different hospitals. Some groups distributed them to the public by simply handing them in the street. Additional to mask-making, friends also gathered to cook food for medical personnel confined to hospitals. An ex-Minister of Education, who is also a medical doctor, posted a clip of himself sewing face masks on Facebook. This post was widely shared and became a role model for others. Ad-hoc gatherings of this sort have emerged all over Thailand to support the medical staff working tirelessly during this hard time.

The pantry of sharing

A new phenomenon is the impromptu setting up of cabinets on the streets. The name “Too Pun Suk (pantry of happiness sharing)” was coined. The underlying idea is that those who have surplus food can deposit it in the pantry and those who need the food can take it. A sign saying “take what you need, but if you have extra, please give” is posted on the cabinet. This idea was taken from what was done in the United States in 2016. People in Ithaca, a small community in Thailand, was first to do this. The first four cabinets were set in Bangkok and one in Rayong (ThaiPBS World, 2020, May 12). The pantry idea is a major source of inspiration and soon 1,400 cabinets were set up all over the country (Facebook page Too Pun Suk. 2020, May 23). This giving differs from normal ways of giving in that even those who do not have much can share. Usually, particularly in Thai society, those who give are those who have. But “Pantry of Sharing” offers everybody an opportunity to share. An 80 year old lady without any income, for instance, made dessert and put it in the nearby cabinet. Monks who receive food from almsgiving put canned food and instant noodles for others to take. Not only is food given, but notes with words of encouragement (fight, keep your spirit up, Thais will not leave Thais behind) are found placed in some cabinets. HRH Princess Maha Chakri reflected that the Pantry of Sharing “is like sharing happiness. Whoever has something extra can put it out for those who need it. This is for Thais to help Thais.”

Initiated by the public, this idea was taken up by other sectors and institutions. A temple in Udon Thani deposits its surplus supplies in a pantry and other temples followed suit. Honda Motors has set up more than 600 cabinets in front of its outlets throughout the country. Mazda also has 133 cabinets. Sahapatta Corporation took it a step further by establishing a project called “Pantry of sharing hospitality from ICC to the people,” with cabinets in all regions. Thai Chubb Insurance Company has 15 cabinets in front of its branches and Thai Athlete Foundation hosts four cabinets in Bangkok. Moreover, government offices informally set up cabinets on their premises. One finds these cabinets even in front of police stations, customs offices and municipal offices. In a short time, many places have a cabinet in front of them. The cabinet has evolved into a mobile one, carrying items to communities in remote areas. The Mass Transit Authority, for example, drives to the remote areas in Payao Province to distribute goods.

The Pantry of Sharing is not without problems as there is no rule as to how much and how often one can take. There are those who have taken items to sell for their own benefit, while others have taken more than they need leaving others in need with nothing. Some people, thinking of it as their entitlement, demanded that the pantry always be filled. The worst instance is a case of a cabinet being stolen (Krungthepturakij. 2020, May 12; Kom Chad Leuk. 2020, May 13). These problems, however, have not deterred people from giving. Each community solves the problems in its own way. Some set rules as to how much one can take, while others use surveillance cameras to monitor what is taken. There are also those who, having witnessed abuse of the system, bravely stepped forward to intervene. A man said “I saw a family, coming with a motorcycle, loaded things into their big bags. I asked whether they will use or sell those things. They felt ashamed and drove away.” Many incidents have been posted on social media, helping to deter abusers.

The success of Pantry of Sharing, as such, relies on people’s good conscience. Many cabinets still exist and giving has not ceased. Mr. Supakrit, a prominent marketing coach and a key figure who initiated the Pantry of Sharing, stated that “In truth, the Pantries of Sharing will only last as long as communities support them. If one takes all items in one sweep, givers will not be happy to refill it.” (ThaiPBS World. 2020, May 12). Some donors stated that “once you give, you should not worry about who will take what for which purposes. To them, the act of giving suffices. The Ithoi community solved the problems by 1) putting a notebook for people to write thank you notes to the donors, 2) making people queue so that the one who stands behind can see what the one in front takes, 3) explaining clearly the purpose of the pantry, and 4) not overstocking items in the cabinet.” (Facebook Page Too Pun Suk. 2020, May 23).

At present the situation has improved, however the Pantry of Sharing still operates and people have not stopped giving. A cabinet on Rama 9 road is still active. A donor who brought goods to fill up the cabinet stated that “it is still standing here. We come back here to fill it up with rice we got from farmers. Merchants in the market fill it up with what they have left over. Customers at a nearby convenience store also buy canned food to fill it. When you open the cabinet, you see cooked food, uncooked rice, instant noodles, spices, vegetables, bread and so on. It is always filled.” (Facebook Page Thamturakit., 2020, July 30).

Technologically Enhanced Giving

Nowadays, we witness the impact of social media on our lives. Social media platforms have been used both for business and non-business purposes. Social media is used to raise funds, and to market and promote products. In philanthropy, social media is an effective means of soliciting contributions because it is accessible to all people. The Covid-19 pandemic reveals how technologically capable the Thai people have become. Facebook, for instance, is used to solicit contributions, connect donors to receivers, and communicate information on what is needed and where it is needed. Indirectly, it functions to motivate people to give more. With its instantaneous nature, social media

allow virtual groups to be set up for different purposes. In instances where physical contact is forbidden, online communication proves extremely useful and media technology is creatively used to make life possible amidst the pandemic.

Giving delivery

Known in the Thai language as the “Market of Hearts,” this platform was set up for people to share their generosity. The “One Step, One Person Foundation” established by Toon Bodyslam, a well-known singer, and Udom Taepanich, a famous stand-up comedian, was initially established to solicit contributions to help hospitals, but later became a connection between donors and receivers. People who are in need of help can make requests to the foundation who publicizes the request. This virtual market has been highly successful in providing the much needed face masks to many hospitals. It offered to pick up masks from anyone who wanted to donate and delivered them to hospitals. With the motto “picking up from your location and delivering them right to the doctors”, the center is very successful. People who want to donate masks but had no means to reach the hospitals could do it through this foundation. The medical front has been encouraged by the support from all over the country. Additional to linking people, the foundation provides warehouses in which donated goods can be stored prior to distribution. Publicizing their activities live on Facebook, this foundation has gained a reputation for being multifaceted. It is keen to solicit help as well as find those who need help. Its experienced personnel and logistical ability ensures the right things are given to the right people in a timely fashion. Its website is attractive and user-friendly with information regularly updated, where the public can send and receive essential information. For example, a small hospital, hearing about the foundation, posted that it was in need of blood pressure monitors, heart defibrillators and refrigerators to store vaccine; the center quickly found and delivered the items to the hospital. In return, the hospital posted on Facebook a video clip thanking the foundation for its prompt support.

The Market of Hearts makes use of Facebook, with Toon Bodyslam, Udom Taepanich and other hosts appearing live on a variety talk show known as “Toon’s Juke Box” to solicit contributions. Other well-known singers also volunteer to appear on the show and people can donate money by sending a text message that costs 10 baht per message. The money is used for charitable purposes. In the show, medical personnel often call in to request a song. In addition to donating in the form of a text message, people can directly wire money to the foundation’s bank account. Hospitals can phone in to request help or send video clips showing what they need. A time slot is also assigned to “The Nurse Singer” program to provide a chance for medical personnel to express their feelings. This Market of Hearts is in a sense a sanctuary in which people can come for material and spiritual help.

In this crisis, no one deserves more praise than Village Health Volunteer (VHV). This group works tirelessly to keep their community informed about what to do and not to do. They go around the village taking temperatures and screening the sick. When the virus spread in Yala, Narathiwat and Pattani, the three

southernmost provinces, VHVs worked steadfastly to identify the sick and to keep others safe. The Market of Hearts praised the VHVs as lifesavers essential to the country and as a key factor in Thailand's success at avoiding the full destructive force of the pandemic who deserve to be supported because of their sacrifice. The Market of Hearts responded promptly to requests for food from VHVs, giving 50 kilograms of rice together with other food items to each of the 6,616 volunteers.

The Market of Hearts is active and creative in raising funds. Instead of asking for cash contributions, it sells souvenirs autographed by movie stars who come to help in fundraising activities. A concert 23 of May raised 40 million baht, with singers from many music groups coming together to perform without the issue of copyright. All in all, it is the market in which people can find help, give, and express gratitude.

Technologically convenient ways of sharing

People from all walks of life have done what they can do to help each other survive this pandemic. New projects have been established to cover different areas of society. Being familiar with internet technology, the young generation has created media platforms to solicit contributions. The taejai.com, for instance, has raised funds to support seven hospitals. In addition to helping humans, some projects aim at helping animals which, in the crisis, are mostly neglected. One project raised funds to buy food for elephants, another helped out-of-work musicians, and a project raised funds to buy health insurance for medical staff. The cash solicited was used well and detail on how the money was used is available on the taejai.com website.

Other non-profit organizations encourage donations by creating more convenient channels for sending money. The Thai Red Cross created a program called "63 Baht" for victims of the year 2563 [2020] disaster. Donors can easily donate 63 baht by simply scanning the QR code. Upon scanning the code, the donors receive an instant receipt which is tax deductible and their names appear on the Red Cross Facebook page. The Mirror Foundation solicits contribution via electronic channels and asks those in need of help to register on its website so as to enable them to send help to the right person. Additionally, there are organizations that link donors to receivers. In "Thai Hospitality Group", those who need help can post their stories on the organization's Facebook page and donors can read their stories and make decisions as to who to help and what to give. A group called "Covid Rider" gathers motorcyclists to deliver food without charging a delivery fee. Influential Facebook Pages which have many followers such as Drama Addict, Doctor Panda, and Mam Pho Dam also make donations by having people write on their pages.

As mentioned above, media technology enables people to give help, with help emerging via many existing Facebook groups. Members of these groups help others by sharing cash, materials, and all kinds of technical know-how. In a bakery group called "Bakery Society" created as a platform for keeping up with bakery trends and new products, a member who specializes in making crispy

coconut rolls offered to share her recipe as well as give lessons at her house. Many came to learn from her and are now selling the rolls for additional income. Also seen is, for instance, dressmakers and tailors who post video clips to teach others how to create patterns for clothing items and how to sew them. Know-how can bring in extra income, particularly when people are forced to stay at home. When the school year was starting, a tailor posted on Facebook that he would like to help with alteration jobs. Realizing that buying new uniforms will burden parents, this tailor offered to mend and enlarge uniforms for free. In Thailand, students are required to embroider school logos and their names on school shirts. A dressmaker offered to do this free of charge to any parent who could bring the uniforms to her shop. Also announced on Facebook, barbers and hairdressers offered free haircuts for students at the start of school year. A tarot card reader appeared live on Facebook to offer free card readings. He stated that in times of uncertainty, fortune telling can be a comfort to those who feel hopeless. These offerings mentioned above might appear small monetarily, but they can be a great relief for the marginalized who suffer the most in this dire situation. The people do what they can to help each other survive economically and emotionally, and technology enables them to be more effective in this endeavor.

Institution-based online market: Appealing to a sense of altruism

During this difficult time in which large swathes of the population are short of many things, a new way of helping each other has emerged. We see in the cyber world many institution-based market spaces where members of the institution (faculty, staff, current students and alumni) can buy and sell their products. Of course, marketplaces have existed for quite a while, but what is new about them during this pandemic is many are institution-based markets. These markets were intentionally created to help people sell their products when the country was practically shut down. Thammasat Market created by a group of alumni was the first known of this type. A day after its inception, thousands joined. It has been a success ever since and more members are joining every day. Also popular is Chula Market Place created by Panapon Chantarasukri who graduated from the Faculty of Architecture a few years ago (Awear Phisal, 2020). With his mother involved in trading on the cyber marketplace, Panaphon had the idea of creating a market for Chulalongkorn University. By the first week of its operation, the market had over 10,000 members. NIDA (National Institute of Development Administration) Market indicates on its page that it was created to help the NIDA community during this period of hardship. Membership fee is not charged. There are similar rules in all markets that must be abided by. Members who would like to post their products have to state what faculty they are from and as well as the year they entered the university. Since Thammasat and Chulalongkorn, many institutions have followed suit. Private universities, vocational colleges, schools and non-educational institutions such as gated communities established markets. The products sold are wide in scope and include desserts, fruits, cosmetics, furniture, clothes and services. In some markets, one sees non-business offers. A member of Satriwithaya School market announced that her boutique hotel near the school which had no guests was

open for school students for free. An alumnus who teaches English went online to offer students, whom she considers her young siblings, free English lessons.

The markets are popular because they have become places of business and non-business reciprocity. People come to sell their products and in turn buy products from others. Moreover, people can network and find connections for future business. Appealing to a sense of humanity and altruism, some sellers also post statements about their hardship. A fishball factory owner posted a picture of his workers and noted that he did not want to make profit but came to ask for help for the sake of his employees. Anyone buying their products will help his employees to survive this economic situation. A member of a market stated that “buying here is somewhat like giving. The products are more expensive, but I buy to help my friends. I cannot leave home and everything is closed, so this is convenient.” Building on institutional ties and trust, people buy and sell without fear of being cheated. A member put it that “I do not have to worry about getting bad quality products. I trust that students of Chula are good people and they will not betray their fellow alumni.” Also, a factor contributing to its popularity could be that payment is convenient because of internet banking. An alumnus said that “buying is convenient. These days, I do not want to touch money as it can be coated with the virus. When I buy from the marketplace, I simply wire the money electronically and the good is delivered to my door. I am old and can be prone to the virus. When I buy, it is like helping young brothers and sisters who went to the same university as I did.” Another alumnus of Satriwithaya School stated that she did not need to buy anything but still bought a lot to help others. She mentioned that the cookies she ordered were the same as the store-bought ones, but she bought them to help the sellers.

Some people go on the markets on behalf of others. A member who sells mangoes said she did it for the orchard owners who could not sell their harvest because export demand has simply disappeared. This member said that she did not receive any benefit, but wanted to help others. One member who sells bakery said that business was good and she might consider not going to work after lockdown was over. She said selling in this online market is almost expense free. She does not pay any rent, advertising is done by word of mouth, and the delivery costs are paid by buyers. To her, this is like selling to people in the family. If the price is not too high and the quality is good, business shall prosper, and she is able to survive.

Online spiritual support

Another form of giving is spiritual support. This pandemic has brought heartbreak to many. Confinement to home causes some to be depressed and many worry about their future. Therefore, people who are able to give emotional and spiritual support try to provide it. For example, Spiritual Alchemy, a Facebook group, hosts a live Facebook program in the morning and evening coaching meditation with a discussion of mind and spiritual development. The Pandara group also teaches Tibetan Buddhism using Zoom application. Dang Trin, a famous author, uses Facebook to guide people to mentally cope with the situation. There are also groups such Universal Tao Garden that teaches free

mental exercises online while others offer group physical exercise at home for free such as Free Daily Chi Kung.

Music is a comfort. In a stressful time, people escape reality by listening to music. Many musicians and artists perform online to relieve tension and provide support for the hardworking medical staff. As mentioned earlier, Toon Bodyslam invited artists to take part in a Facebook Love performance. The online concert “Why Live, Virus” not only entertained but also solicited contributions to help hospitals. “Sing from Home” by Da Endorphine asked viewers to contribute 20 baht each, which was spent on buying medical masks for hospitals. Another example is students of Mahidol Music School who performed their show “Challenge: Ode to Joy” online to relax the public.

Thai people could not have done such a great deal as outlined above to help each other without technology. This event teaches us that, in times of trouble, people resort to what they have to snatch themselves and their community out of the jaws of destruction. They approach the problems from a wide range of perspectives. Although lacking formal mechanisms, they have found or created what they need. Advanced internet technology enables people to tell the world what help they need. Through it, those who can help announce to the world what they can do. In certain cases, people make a living by appealing to a sense of group belonging. However, profit making in the online marketplace is not thought of as someone trying to take advantage of someone else, with buyers glad to pay more for less because they see buying as doing a charitable deed. Through this example and the others noted above, we can see that this pandemic has brought out the best in people. This crisis, although terrible, has shown how the hands of science and humanity can join together in a strong bond, and it is clear that technology only makes this bond even stronger.

References

- Awear, Phisal. (2020, April 15). Chula Marketplace: the Charm of Online Trading originated by Friends from Thammasat. The standard.co.th
- Bangkok Post. (2020, June 3). "A Return to the Old Days"
<https://www.bangkokpost.com/thailand/general/1928600/a-return-to-the-old-ways>.
- Channel 3 HotNews. 2020, April 10
- Krungthepturakij. (2020, June 3). (An update of 5 projects of free distribution to people). <http://bangkokbiznews.com/news/detail/883497>.
- Krungthepturakij. (2020, May 12). Kind people gave money to those unemployed.
<https://www.bangkokbiznews.com/news/detail/877743>.
- Krungthepturakij. (2020, March 23). The supreme patriarch of Thailand asked temples nationwide to set up almshouses.
<https://www.bangkokbiznews.com/news/detail/872255>.
- Dailynews. (2020, May 28). In time of crisis monks need to help take care of people.
<https://www.dailynews.co.th/education/776985>.
- Facebook page. (2020, April 1 and 30). Dr. Supat Hasuwannakit
- Facebook Page. (2020, May 23). Too Pun Suk
- Facebook Page. (2020, July 30). Thamturakit
- Komchadluek. (2020, May 13). Six drama events that damaged the Pantry of sharing.
<https://www.komchadluek.net/news/regional/430472>.
- MCOT. (2020, April 1). Temple of Dawn set up an almshouse.
<https://www.mcot.net/viewtna/5e842b2fe3f8e40af942d8d5>.
- Nation TV. (2020, April 18). 156 universities and colleges to be turned into field hospitals.
<https://www.nationtv.tv/main/content/378771366/>.
- Nation TV. (2020, June 2). Monks distributed food to people by boat.
<https://www.nationtv.tv/main/content/378779201/>.
- ThaiPBS World. (2020, May 12). " 'Pantry of Sharing' campaign unlocks Thais' spirit of generosity". <https://www.thaipbsworld.com/pantry-of-sharing-campaign-unlocks-thais-spirit-of-generosity/>.
- ThaiPBS. (2020, April 13). Monks distributed food to people in Pak Chong.
<https://news.thaipbs.or.th/content/291078>.
- Thaipublica. (2020, April 18). what Thai millionaires have helped during covid-19.
<https://thaipublica.org/2020/04richest-man-covid19/>.
- Vichit-Vadakan, Juree. (2002). An Overview of Philanthropy and Civil Society in Thailand. Center for Philanthropy and Civil Society, National Development Administration. Bangkok.

Wongnai. (2020, April 14). List of free food shop.

<https://www.wongnai.com/listings/free-food-during-covid-19>.

Workpoint Today. (2020, May 8). Underlying idea of Too Pun Suk (Pantry of Sharing): those who have surplus food can deposit it in the pantry and those who need can take it.



The Role of Village Health
Volunteers in Curbing
COVID-19
in Thailand

(Jan-Oct 2020)

Sutthana Vichitrananda

The Role of Village Health Volunteers in Curbing COVID-19 in Thailand (Jan-Oct 2020)

Sutthana Vichitrananda

Background

For over four decades, Thai primary health care system placed strong emphasis in establishing the local infrastructure and network. Conceptualizing the concept of local participation as the key strategy to achieve the ‘health for all’ goal, Village Health volunteers (VHVs) initiated in 1977, became critical contributors to the Primary Health Care of Thailand. From the first batch of VHVs recruitment in 1977 when the piloted idea was launched to have a VHV in each of the sub-districts in only 20 provinces, VHVs have since multiplied. Currently over 1,040,000 VHVs are in place in all rural and urban communities in Thailand where each VHV is responsible for about 8-15 households. In 2020, VHVs are in the spotlight as one of the key factors contributing to the success of Thailand’s response to COVID-19, drawing attention of national and international news headlines.

“Thailand’s 1 million village health volunteers – “unsung heroes” – are helping guard communities nationwide from COVID-19” (World Health Organization, August 2020)

“Thailand’s one million health volunteers hailed as coronavirus heroes” (Reuters, June 2020)

“Volunteers on the frontline.” (Bangkok Post, April 2020)

Who are the VHVs? To be a VHVs, they needed to be selected by the village committee, the village health communicator, and the subdistrict health officials. VHVs established themselves as operating through a spirit of volunteerism. Though they are not government officials, they are connecting and receiving the continued technical supports from the Ministry of Health and local governments. The Primary Health Care Division in the Ministry of Public Health has been the technical force behind the VHVs, providing needed technical support and linkage with other governmental health units as well as building capacity for VHVs and the communities to take active role in community health care. Sub-district health officials are the key connecting point with VHVs. They are assigned to provide technical advice and work closely with the VHVs within their responsible subdistrict.

Training: VHVs are provided with the orientation and continuing training courses. In the early days, they are trained on the basic health and medical knowledge such as first aid, communication disease control, sanitation and environmental health, personal hygiene and family health (including family planning and maternal and childcare).¹ As the public health trends shifted – that the change of population health risks evolved from infectious diseases to non-communicable diseases, so are the tasks and skills of VHVs that needed to be up to date. VHVs are now active in both preventive health of non-communicable disease (such as diabetes, cancer, heart disease) as well as in the monitoring of the health risks as they emerge such as dengue fever, HIV/AIDS, SARS, Avian Influenza, and the latest COVID-19.

Given the ongoing and increasing tasks, the Ministry of Public Health invested in regular training for VHVs in addition to considering providing other benefits to VHVs. VHV was initially an unpaid volunteer initiative until about three decades later in 2009 when the government started to provide a stipend of 600 baht per month. The stipend was later increased to 1,000 baht per month since 2018.

Frontline of COVID -19 – What are VHV Actions during the Epidemic

Preparation: Since the onset of COVID-19 situation in Thailand in February 2020, VHVs started the routine surveillance. Given their past experiences in handling the pandemic such as SARS and Avian Influenza, they immediately understood the involved tasks. Lessons learnt from their many years of closely having monitored the health of the communities during the seasonal epidemic such as influenza or dengue fever were applied instantaneously as the COVID-19 emerged. VHVs would provide health information to the communities as well as start monitoring them closely for any risks. Due to the shortages of masks at the time VHVs took the opportunity to teach the communities to make a cloth mask and alcohol gel, while raising awareness of COVID-19 prevention.

Knocking Doors Policy: In March 2020, with the increased severity of the spread of COVID-19 in the country, in addition to their routine surveillance, VHVs implemented a mission advised by the Department of Health Service Support to carry out the ‘Knocking Doors’ policy. This activity advanced the surveillance to be more systematic and thorough.

¹ Primary Health Care Division, Department of Health Service Support. (2014). “The Four-Decade Development of Primary Health Care in Thailand (1978-2014)”.

The Knocking Doors policy involve the following tasks²:

- For communities that COVID-19 cases or risks were identified, VHV's would be provided with case information for them to implement 'Knocking Doors' and start monitoring the case and the situation in such communities according to the surveillance protocol.
- VHV's would be updated with knowledge of latest COVID-19 risks and development.
- VHV's should be fully informed to understand clearly the standard prevention advice to be given to the communities. VHV's would visit the households that they are assigned to (1) provide advice on COVID-19 prevention and hand out masks and alcohol gels, (2) observe general health situation of the households.
- VHV's would also need to activate coordination with local network such as local leaders and local government officials.
- VHV's were provided with health knowledge to care for themselves while on duty during the pandemic. They were also provided with basic equipment such as face shields, alcohol gels, and trash bags for disposing hazardous items.



Figure 1: Knocking Doors instruction pamphlet for VHV's

Photo Source: <https://resourcecenter.thaihealth.or.th/interesting-issues/article/คู่มือแนะนำสำหรับ-อสม-ในการเคาะประตูเยี่ยมบ้านเพื่อสังเกตอาการโควิด-19>

Use of Technology: Mobile technology was used extensively, specifically messaging applications, for VHV's to receive situation updates from the Ministry of Public Health as well as relaying the information to the households. VHV's had already been using mobile application to send information to the Ministry of Health. During COVID-19 pandemic, a



special feature of mobile application was developed by AIS company³ to assist VHV's with the case surveillance, screening, and monitoring of quarantined and other risky groups in the communities. The application provided a real time information tracking and reporting features for the VHV's to be in instant communication with the corresponding sub-district health officials.

² <https://resourcecenter.thaihealth.or.th/interesting-issues/article/คู่มือแนะนำสำหรับ-อสม-ในการเคาะประตูเยี่ยมบ้านเพื่อสังเกตอาการโควิด-19>.

³ <http://brandinside.asia/aiz-5g-fight-covid19/>

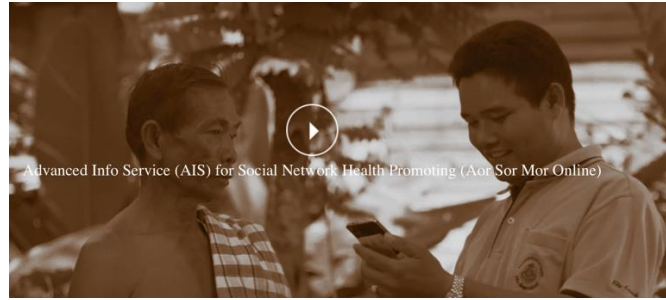


Photo source: <https://www.ais.co.th/aorsormor/>

VHV Grab Drug. The VHV network initiated a ‘Grab Drug’ project as another COVID-19 assistance effort. The aim of such initiative was to facilitate patients during the lock down as well as to reduce the crowdedness at the public hospital pharmacies. VHV would collect the needed medications and deliver them to a patient’s home.



Photo source: <https://news.thaipbs.or.th/content/291608>

Migrant Health Volunteers. Although the Migrant Health Volunteers (MHVs) have been lesser known to the public than the VHV, their role and contribution in the event of COVID-19 are not any less commendable. MHV was formed quite informally as migrant workers had volunteered to work with NGOs and public health workers to improve the healthcare of migrant workers. The role of MHVs has been significant in bridging the language and trust barriers – the two key blockages that impede the healthy relationship between migrant workers and health workers. In 2005, the Ministry of Health began working more formally with the MHVs, to tackle the transmission of tuberculosis at that time.⁴

⁴ <https://www.bangkokpost.com/thailand/general/1906480/backbone-of-migrant-health-care>

Currently there are over 4,000 MHVs volunteering in 9 provinces of Thailand where the migrant workers are most concentrated. During the COVID-19 pandemic, many public health agencies have been working closely with MHVs such as providing training and producing health information in the native languages of migrant workers. In addition to raising awareness about COVID-19 prevention, MHVs also implemented the 'Knocking Doors' program similar to the VHV's activity, however focused more on migrant workers and communities at risk. MHV also assisted the public health officials sampling the saliva samples collecting which was another COVID-19 active measure of surveillance⁵.

Recognition and compensation. The Ministry of Public Health as well as the public at large recognized VHV's hardworking and effectiveness. Many contributions were made by various groups to support their efforts. The examples are as follows:

- Ministry of Public Health provided a medical care package for all 1.04 million VHVs. All VHVs are eligible to receive free medical care at the public hospitals. Their family members will be charged only 50% of the costs.
- Funeral funds were initiated which will support funeral related costs for VHVs and their families. Joining fees during the COVID-19 (before 23 May 2020) and the required health check-ups were waived.
- BTS Group Holdings provided 10 million baht to contribute to the VHVs Support Fund.

⁵ <https://pr.moph.go.th?url=pr/detail/2/04/142118/>



Perception Survey of
COVID-19
Responses in Thailand
(Jan-Oct 2020)

Sutthana Vichitrananda

Perception Survey of COVID-19 Responses in Thailand (Jan-Oct 2020)

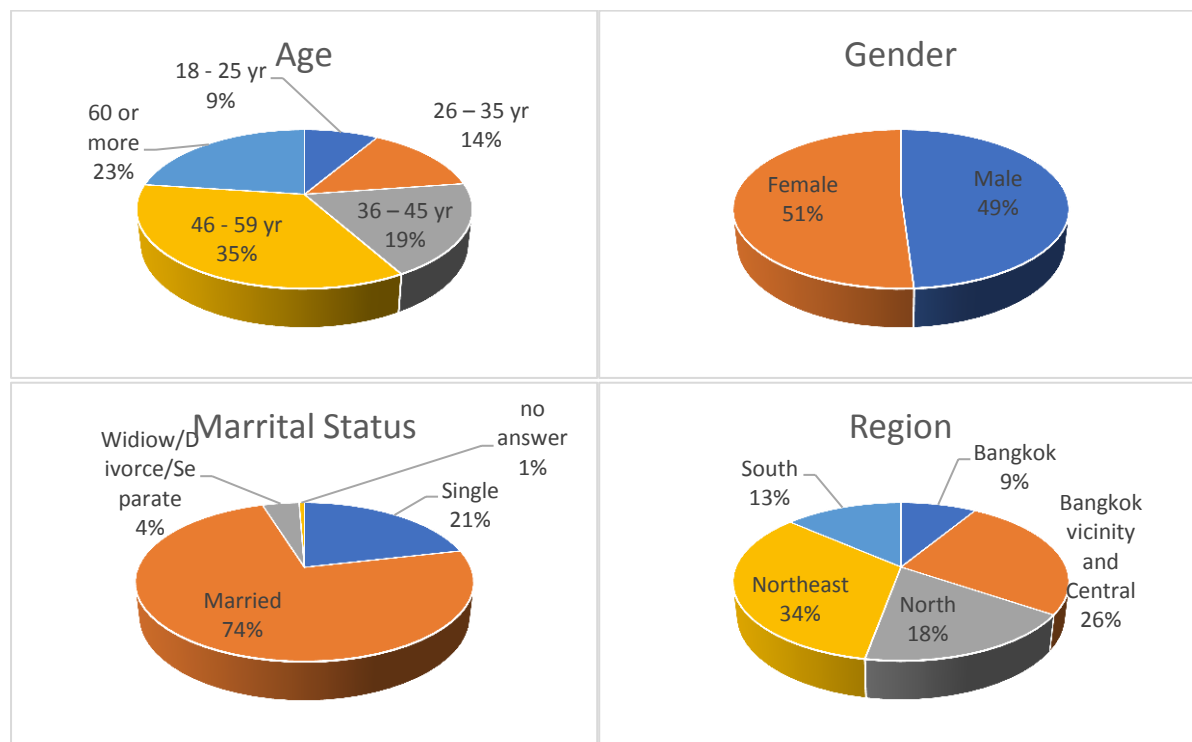
Sutthana Vichitrananda

This section presents findings from the survey of COVID-19 responses in Thailand conducted in September 2020 by the Center for Philanthropy and Civil Society (CPCS) and the NIDA Poll. At the time of the survey, Thailand has progressed to normalizing, most of the stringent measures have been lifted, maintaining only certain needed precautionary measures. The survey questions traced back to the respondents' perception towards a pandemic phase earlier this year (2020) as well as their anticipated future actions should the pandemic recur in the country.

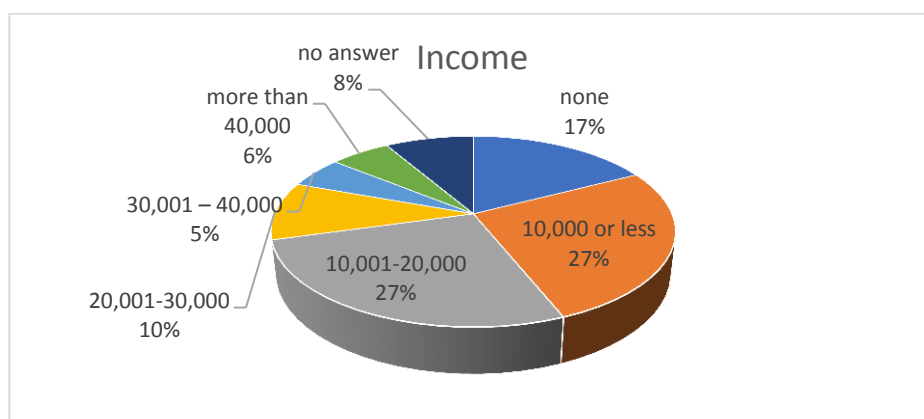
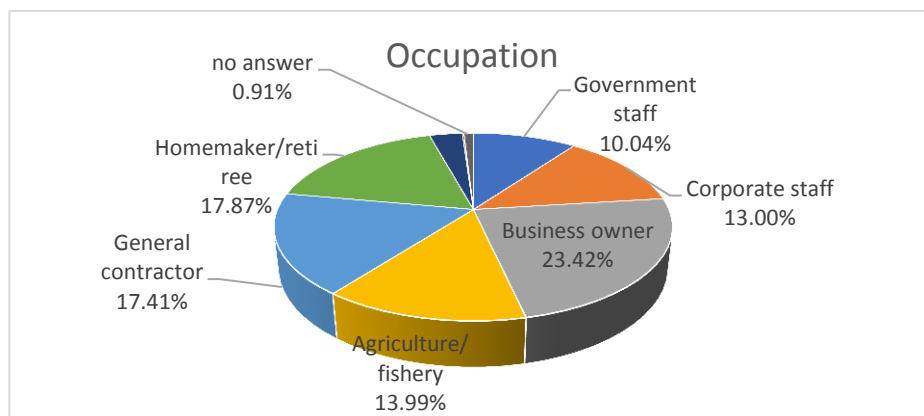
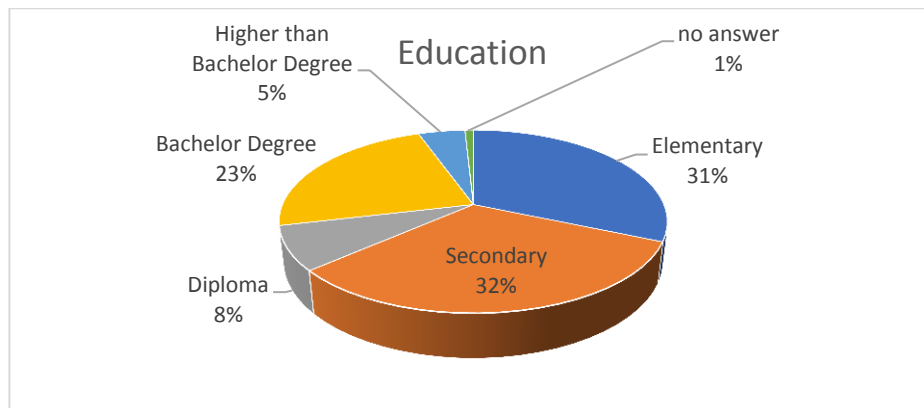
I. Profile of Survey Respondents

The survey involved interviews with 1,315 respondents in Bangkok and four regions of Thailand. The respondents are proportionate of male and female (51% female and 49% male). They are mostly in the age range of 46-59 years (35%) and over 60 years (23%), and majority are married (74%).

Figure 1-7: Profile of Respondents



Respondents are mostly secondary school (32%) and elementary school (31%) graduates, about 23% of them have college education. Majority are working in private sector either as business owners (23%), general contractors¹ (17.4%), and corporate staff (13%). A number of respondents are homemakers and retirees. About ten percent of respondents hold a job in the public sector. Respondents are largely in the income brackets of 10,001-20,000 bath/month (26.8%) or less than 10,001 baht/month (26.5%).



¹ General contractors' refers to the employees who are not the owner of the businesses/organizations but are contracted to perform the work. The job nature can range from short term to long term, and low skill to high skill/professional.

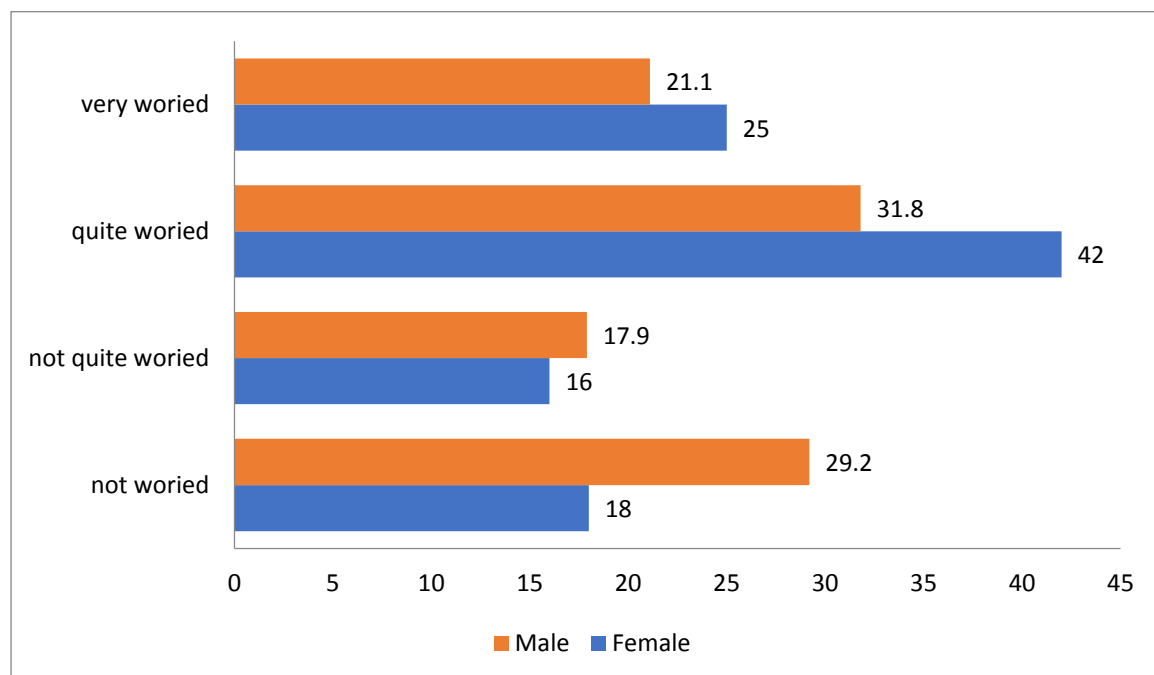
II. Findings

The survey focuses on understanding the perception of respondents in the areas of: (1) worries and concerns about the COVID-19 pandemic situation in the country; (2) need and impact during COVID-19 pandemic; (3) perspectives on the government measures during the previous outbreak; (4) confidence prospect if the next round of the pandemic recurs; and (5) cooperation and philanthropic actions.

2.1 Worries and concerns about the COVID-19 pandemic situation in the country

Respondents expressed quite a concern about the COVID-19 pandemic although the situation seems to have subsided in the country and many measures were lifted. Forty-two percent of female and 31.8% of male respondents said they were 'quite worried'. Much higher percentage of men answered 'not worried' (29.2%) than women (18%). The overall result that indicated a higher degree of worry among female could be due to a concern with health and well-being. Having to assume nursing and health care activities, females are more concerned with the hardship and difficulties to health and well-being of family members.

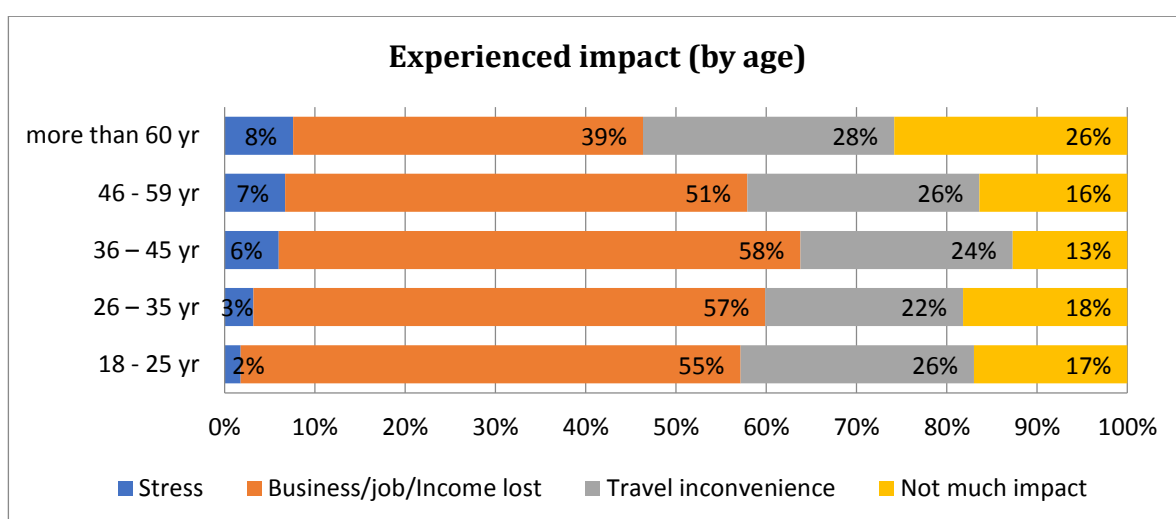
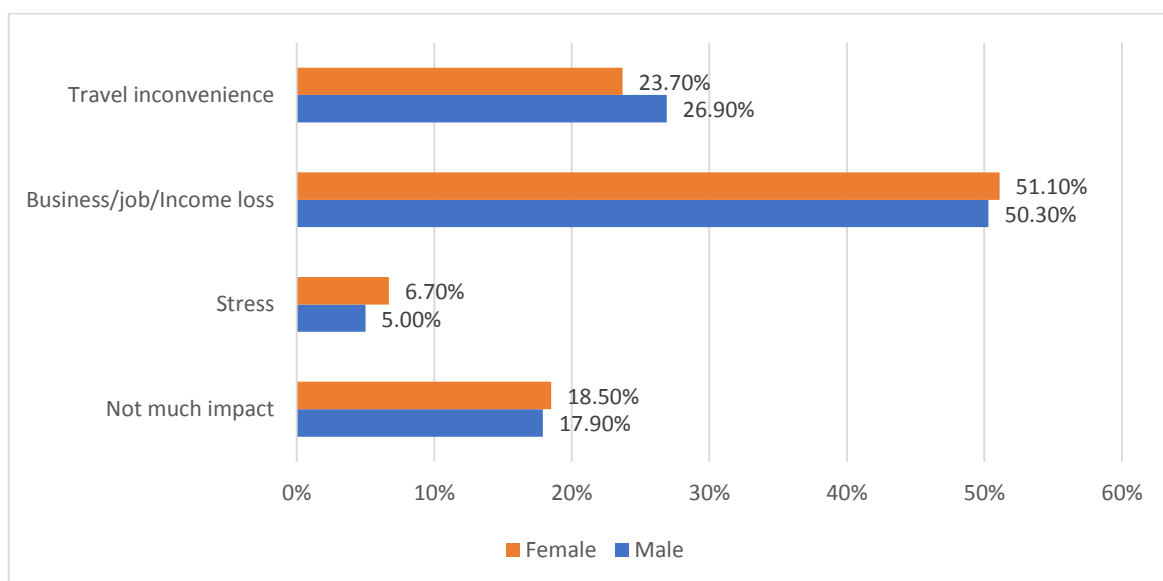
Figure 8: Concerns about contracting the COVID-19 in the pandemic (although currently the country does not have any cases)

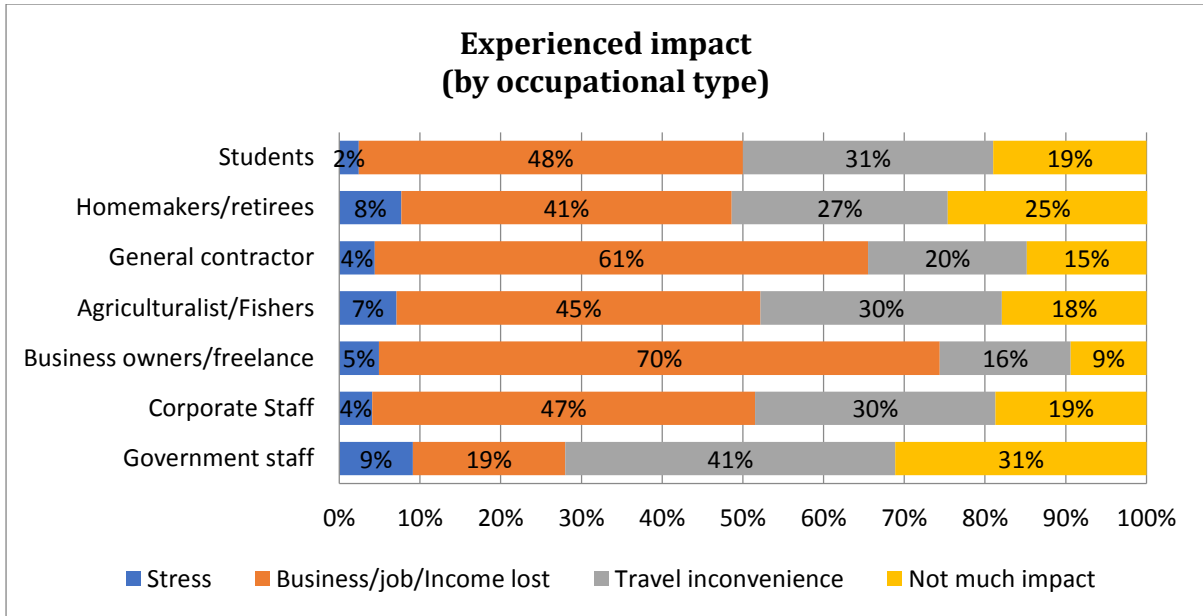


2.2 Needs and impacts during COVID-19 pandemic

Impacts: The impacts of COVID-19 were experienced in many fronts. Fifty-one percent of female and 50.3% of male said that they experienced most impact from 'Business loss, job loss, or income reduced'. Quite a minimum number of people (6.7% of female, 5% of male) mentioned that their psychological health was affected. It is noted that older people reported lesser impact, however they also reported more stress than the younger population. Generally, older people stay at home more, are less mobile, and are no longer working. Their worries could be more towards the vulnerability to the disease.

Figure 9-11: Impact experienced during the COVID-19 pandemic

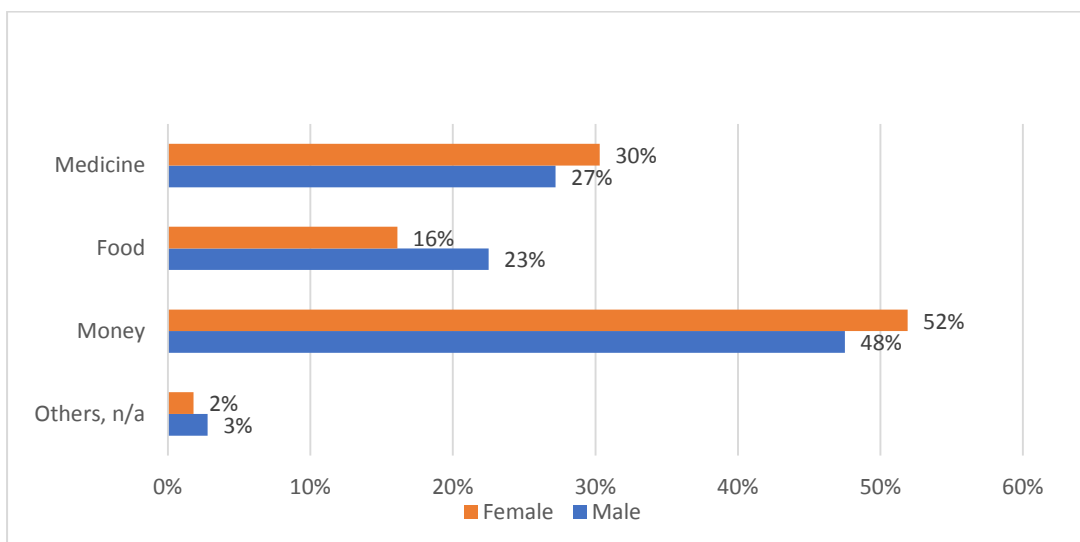


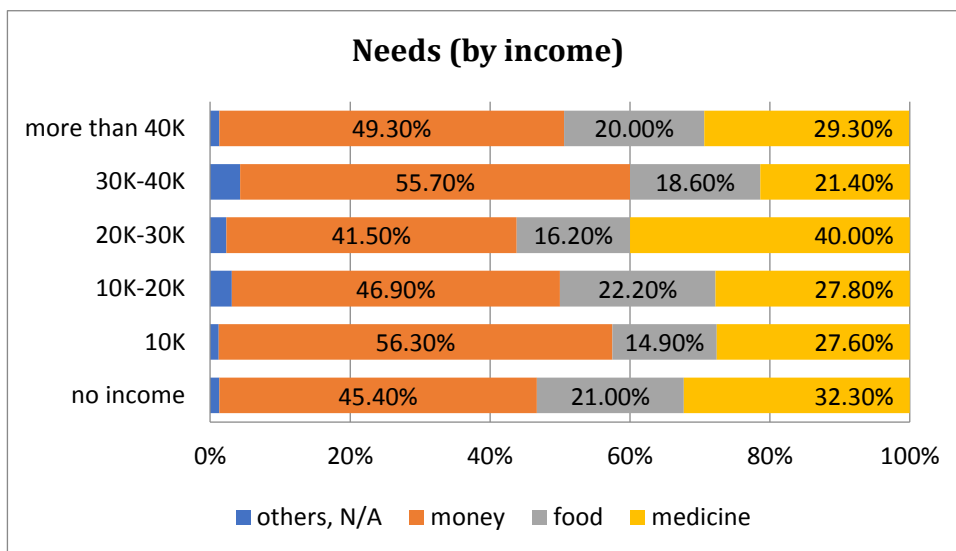
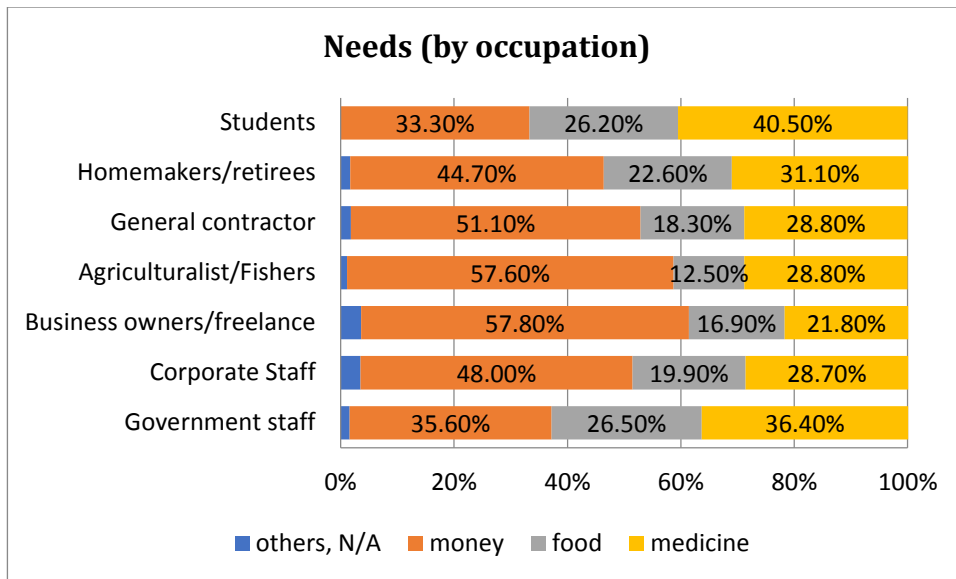


Overall, we see the economic impact experienced by respondents of all occupations. However, economic-wise government employees are affected the least (19%) due to their more permanent source of income (salaries paid uninterrupted by the pandemic) as compared to others such as business owners (70%) and general contractor (61%) where their economic impacts were very high.

Needs: For the needs during the COVID-19 pandemic, respondents mostly indicated 'money' (52% female, and 48% male) as the assistance most needed, followed by 'medicine' (30% male and 27% female). The responses are consistent across income ranges and occupations.

Figure 12-14: Assistance most needed during the COVID-19

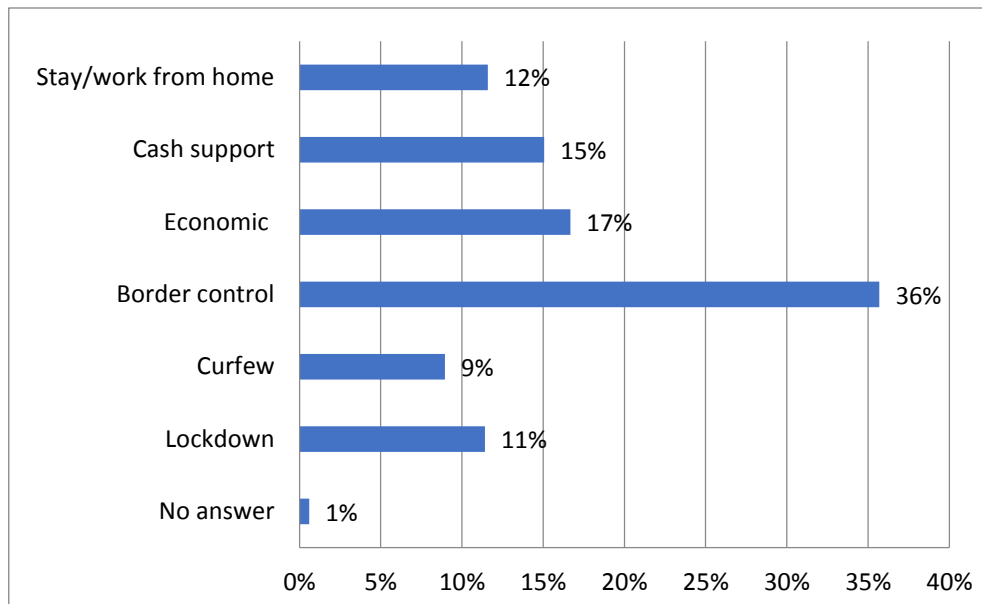




2.3 Perspective on the government measures during the previous outbreak

The government issued many measures implemented during the outbreak of COVID-19 such as the lockdown, border control, social assistance, and economic stimulus. On the perception towards these measures, most respondents said they liked the border control which prohibited entries of foreigners (45%). Other measures such as curfew, lock down, and economic measures were about similar percentage (10-15%).

Figure 15: Government's measures that respondents like the most



2.4 Confidence prospect in the next round if the pandemic recurs

Perceptions in the management of second round's pandemic have been assessed to gauge the confidence in the country capacity and in the government in such situation. Seventy-nine percent of the respondents said that they are very confident of the government's management of the second round of COVID-19. Additionally, 68% of the respondents said they are confident that Thailand will have sufficient medical and health care for the next round of COVID-19.

Figure 16: Confidence - Thailand will be able to handle second round of COVID-19

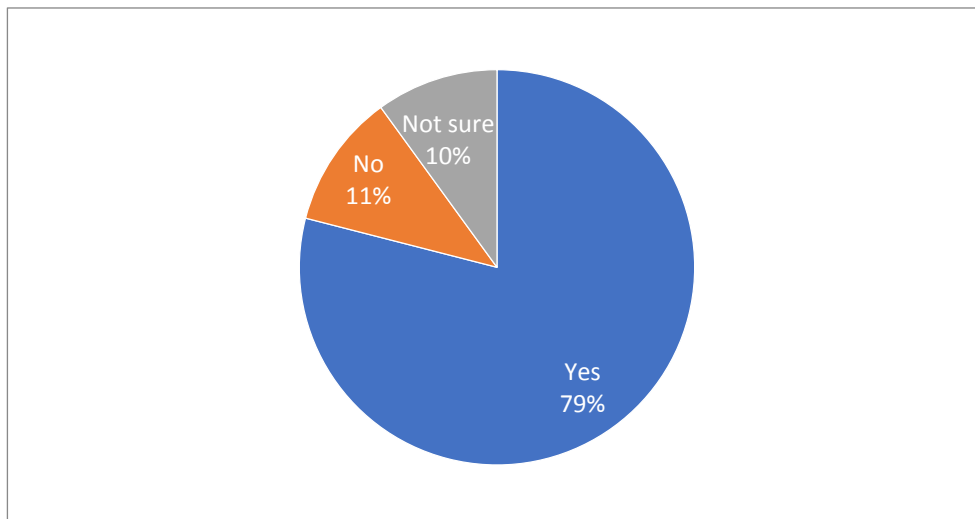
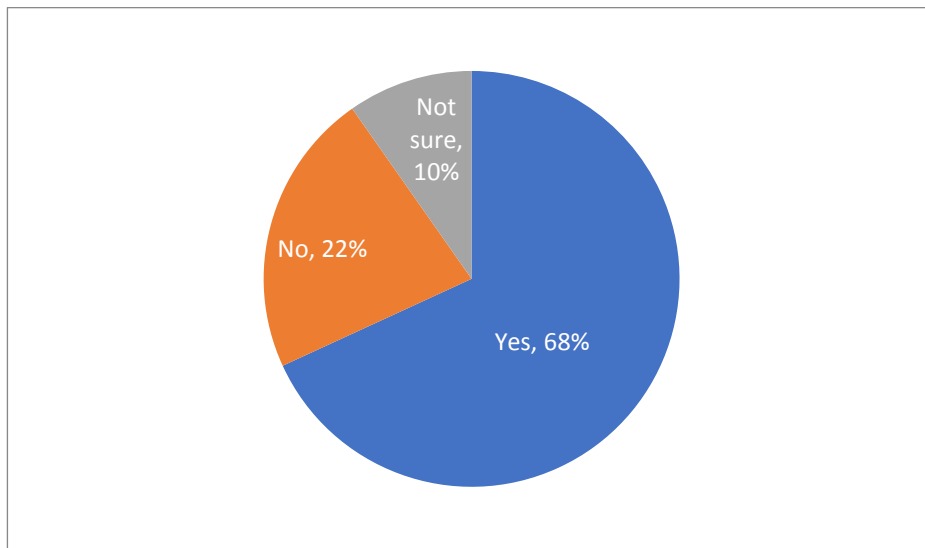
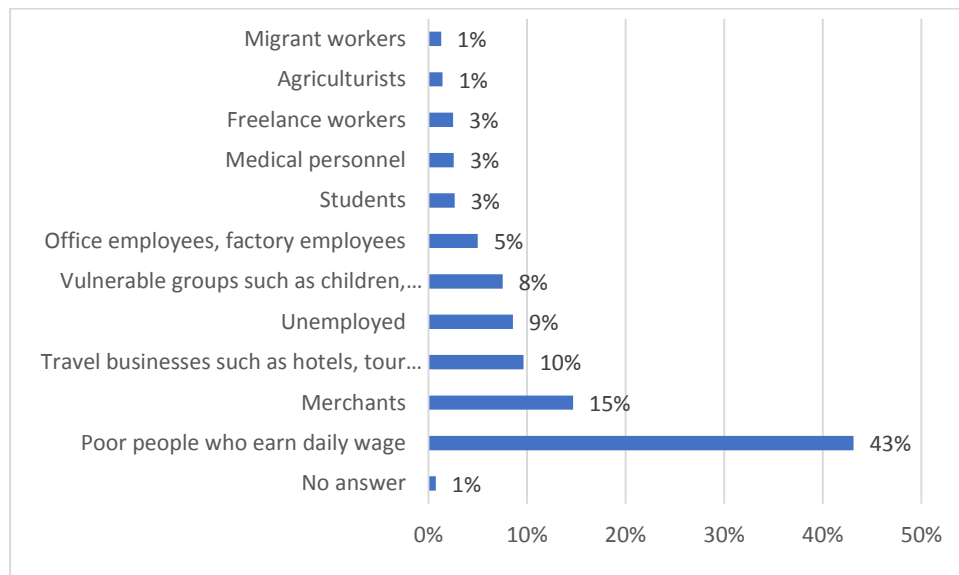


Figure 17: Confidence - in the second round of COVID-19 Thailand will have sufficient medical and healthcare



If the second round of COVID-19 occurs, respondents anticipate that the poor people who earn daily wage will be most likely affected (43%), followed by people who are running businesses such as general merchants and tour related businesses. Very small number of respondents think that those in agriculture and migrant workers will be affected most.

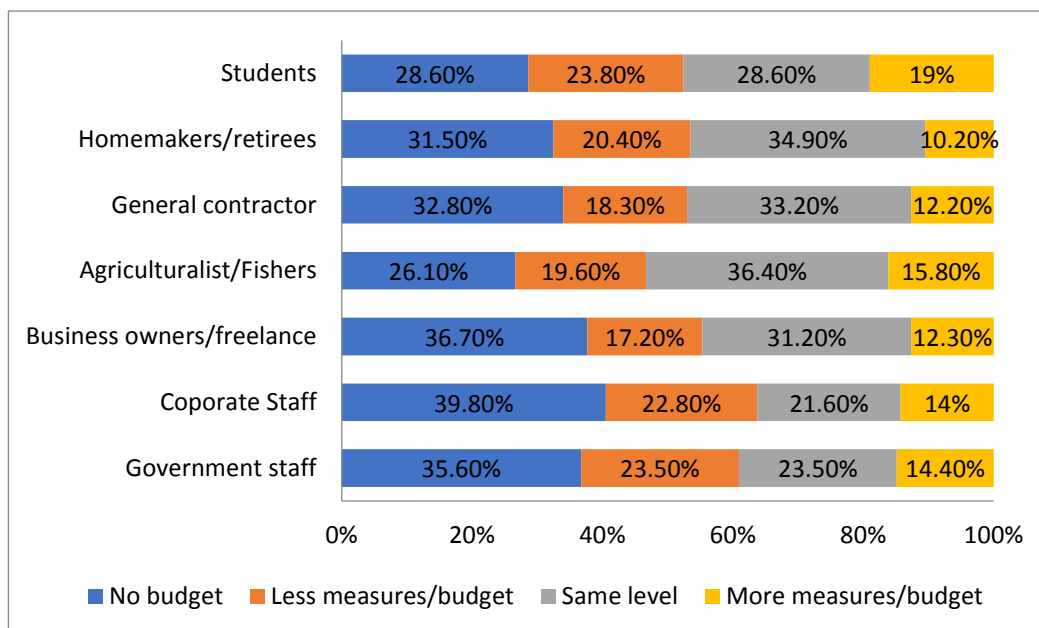
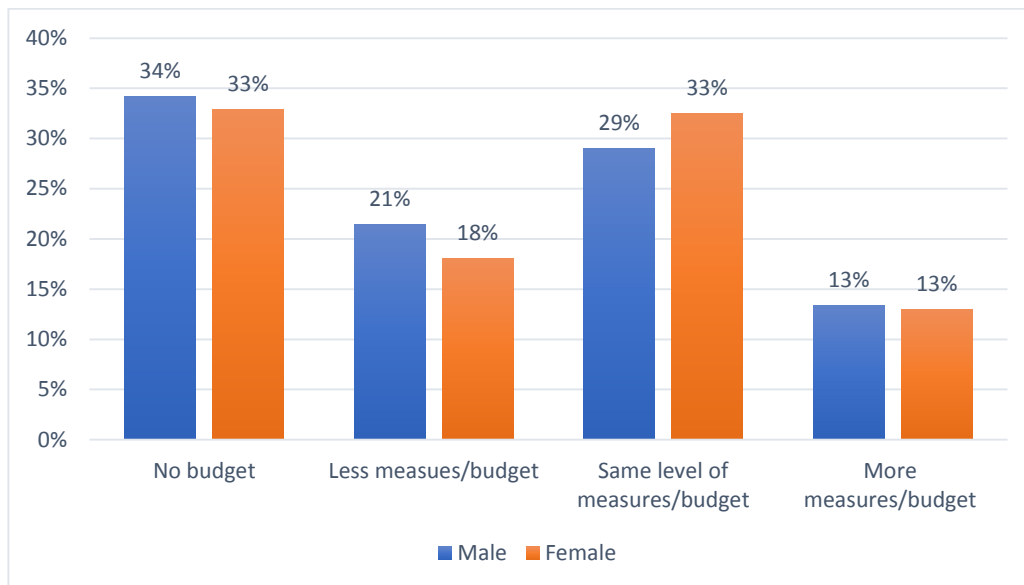
Figure 18: Groups of people anticipated to be most affected by the second round of COVID-19 pandemic



Future measures and budget availability. The perspective on the future measures and the public budget availability for the next rounds were also explored in the survey. About similar number respondents answered that the government: (i) will have no

budget available (34.2% male and 32.9% female), and (ii) will implement the same level of measures and have about the same level of budget (29% male, and 33% female).

Figure 19-20: Availability of government's budget and level of measures for the second round of COVID-19

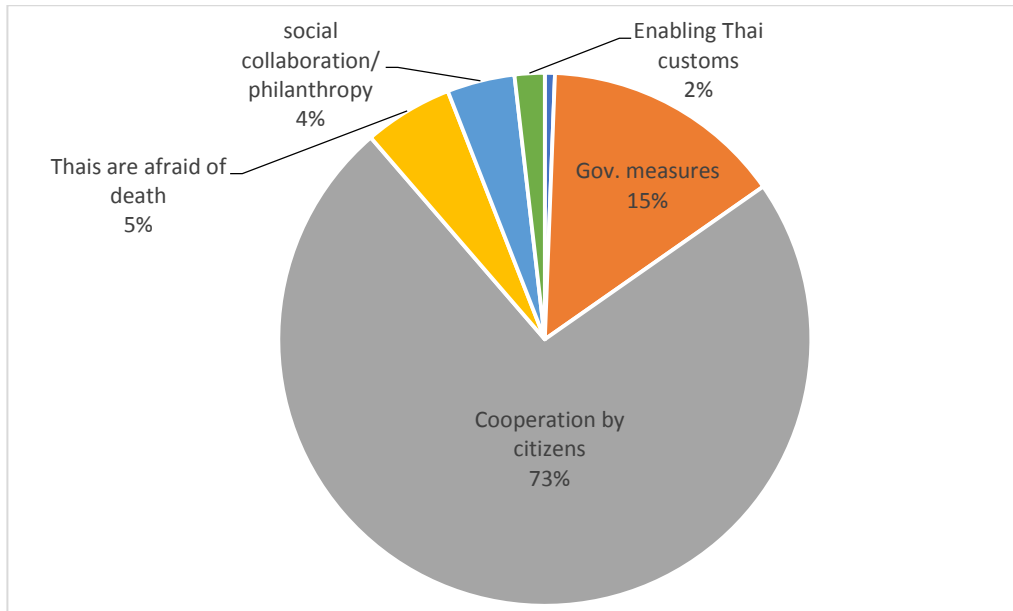


Those who feel most strongly that the government will not have the budget to handle the second round of COVID-19 are corporate employees (39.8%), business owners/freelance workers (56.7%), and government employees (35.6%).

2.5 Cooperation and philanthropic actions

There is a general feeling that Thai people have come to unity and cooperated with the government's measures which led to the success in managing the pandemic situation. The similar perception is also reported by 73% of respondents in the survey.

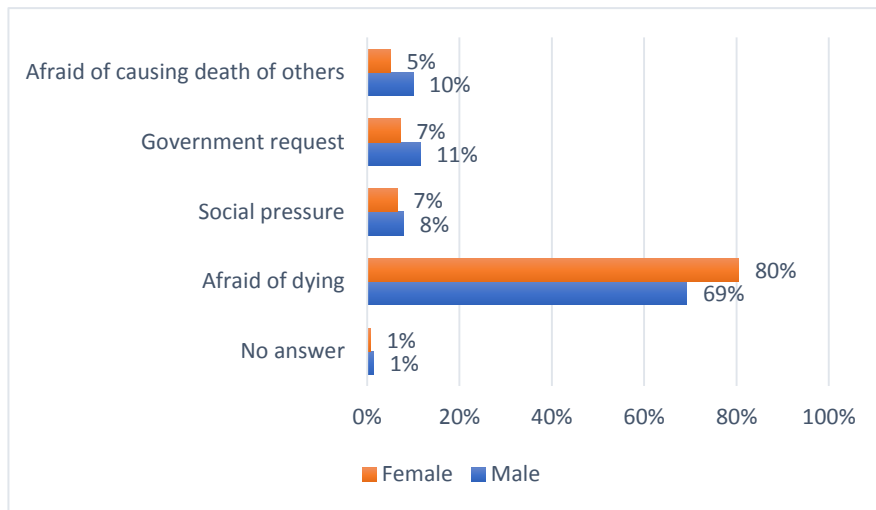
Figure 21: Factors contributing to success of managing COVID-19 pandemic



Mask wearing. Thai health authorities advised on and raised awareness about mask wearing as one of the preventive measures for the spread and contraction of the virus. The measure was highly complied and cooperated by the public. In the survey conducted by the Imperial College London and YouGov⁷ in July 6-12, 2020, 82% of Thais in that survey said they always wore a face mask outside the home in the last seven days. When our survey asked the respondents about the main reason for mask wearing which majority of people (80% of women and 69% of men) said it was because of the fear of death.

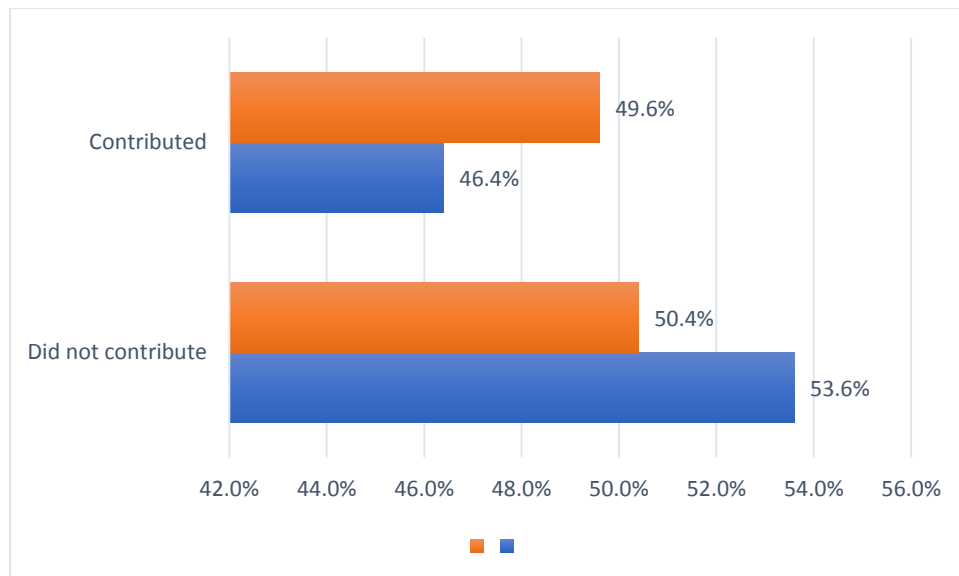
⁷ Felter, C. and Bussemaker, N. (2020). <https://www.cfr.org/in-brief/which-countries-are-requiring-face-masks>, Council on Foreign Relations. Published on August 4, 2020.

Figure 22: Main reason for mask wearing



Contribution and philanthropic actions: General public's contribution to COVID-19 related causes have also been highlighted in both their volunteering and their monetary contribution.

Figure 23: Contribution to COVID-19 related causes



However, it is noted that contribution behavior could also be related to income level and types of occupation. Government employees (71%) makes up the majority who indicated that they have made contribution to COVID-19 causes. More people in the higher income ranges also reported to have made the contribution.

Figure 24: Contribution by occupation type

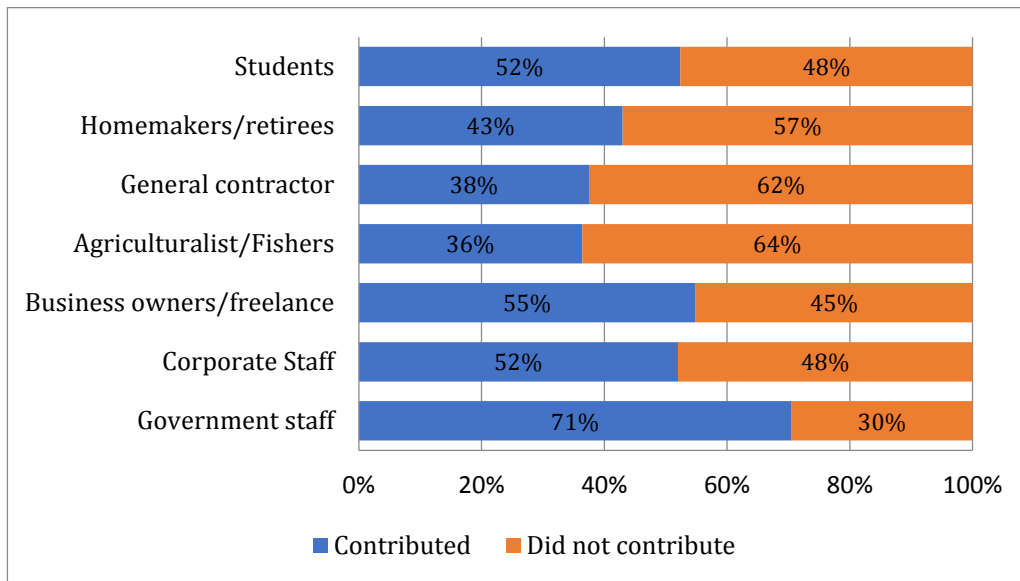
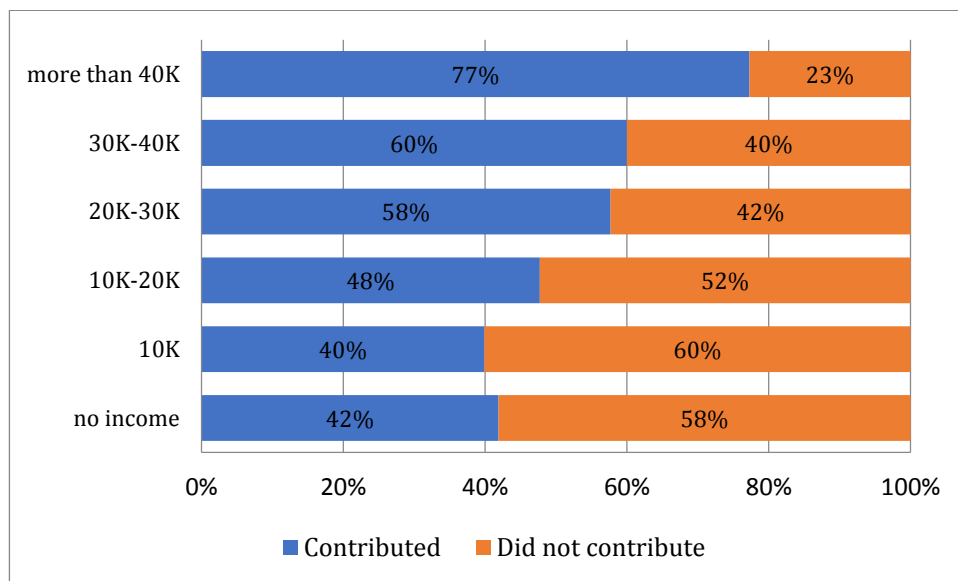
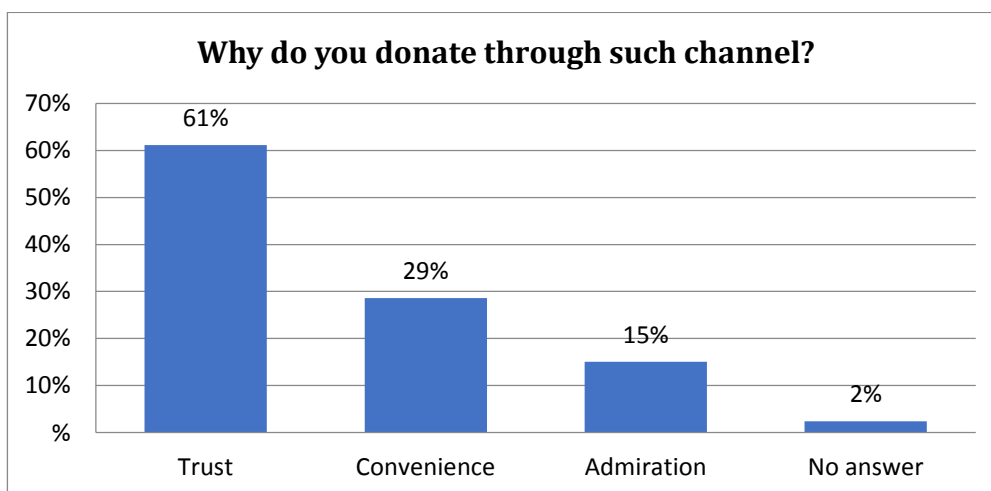
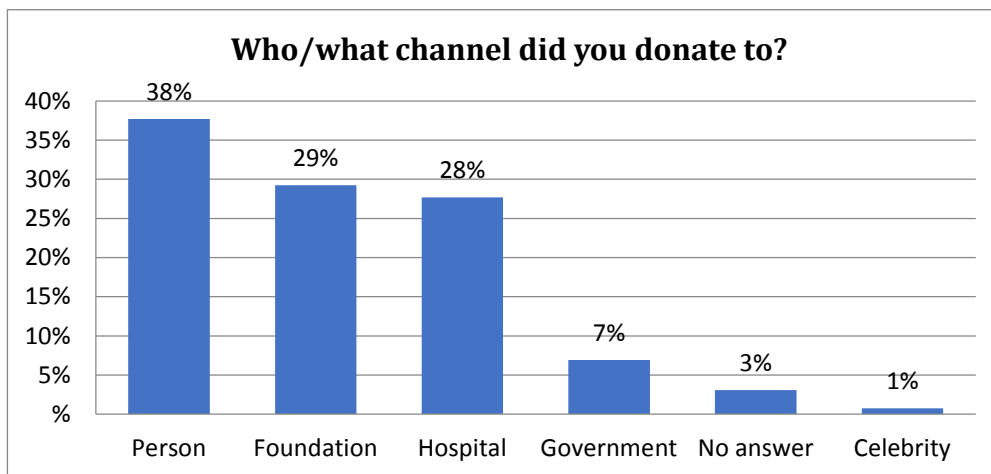
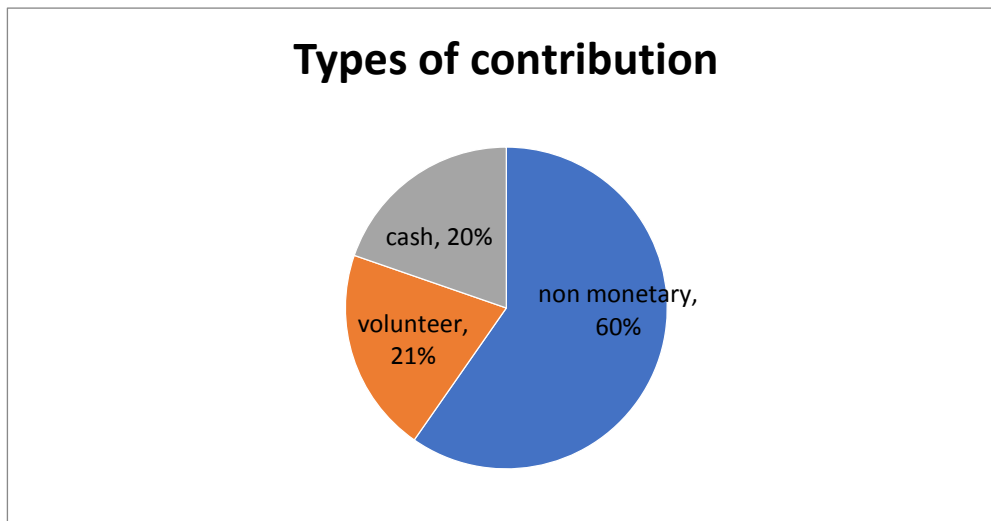


Figure 25: Contribution by income



Among those who contributed, 60% of them have contributed the non-monetary items (such as masks, food, medical supplies), 21% contributed through volunteering, and 20% donated cash. For those that donated cash, most have donated less than 1,000 baht. The venues that received most donations were hospitals and foundations. The identified reasons for choosing such organizations to donate to were mainly due to trust (57.5) and convenience (27%).

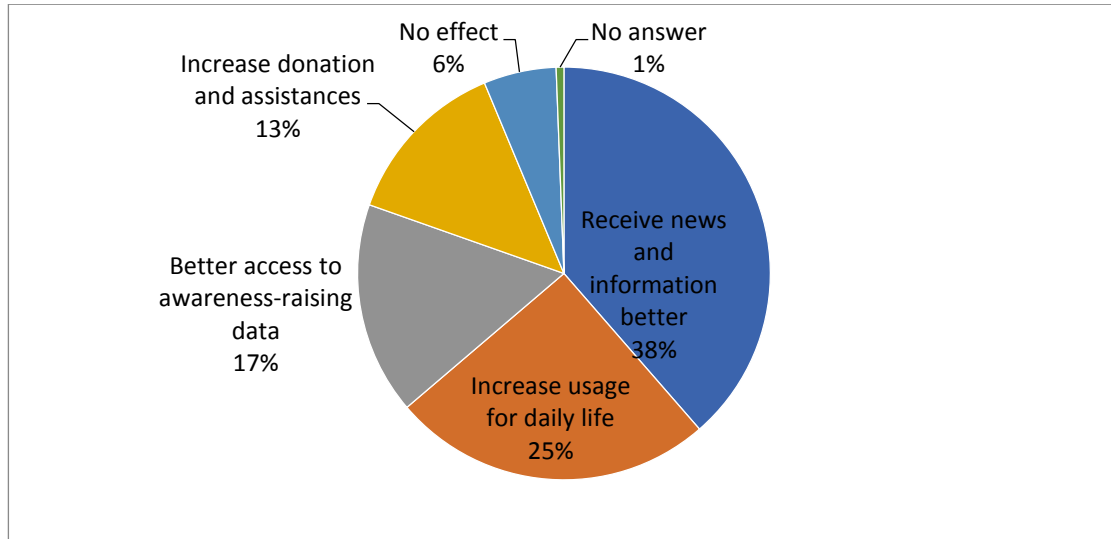
Figure 26-28: Contribution behavior



Use of technologies: Various forms of technologies were brought in to assist during the event of COVID-19 pandemic, particularly during the lock down when traveling was restricted. Usage of mobile phones and other internet connectivity were largely evident such as the use of social media, mobile banking and other applications. The survey

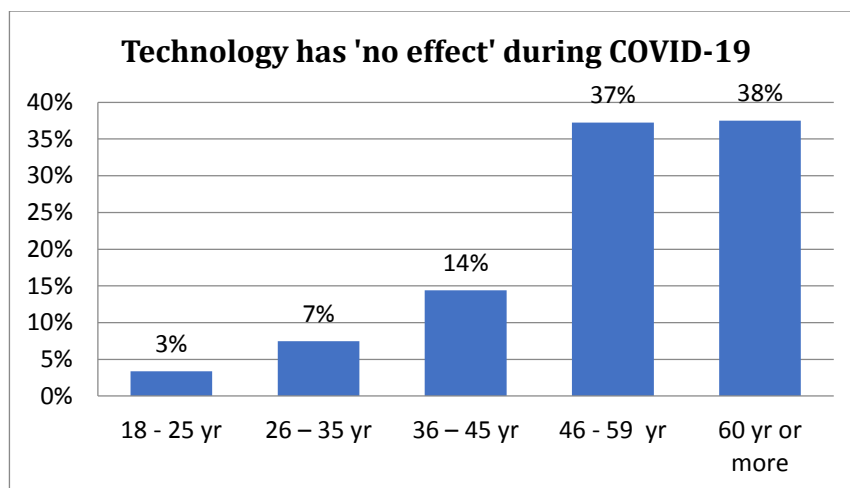
looked into the effect and benefits that people see from using the technology during the pandemic.

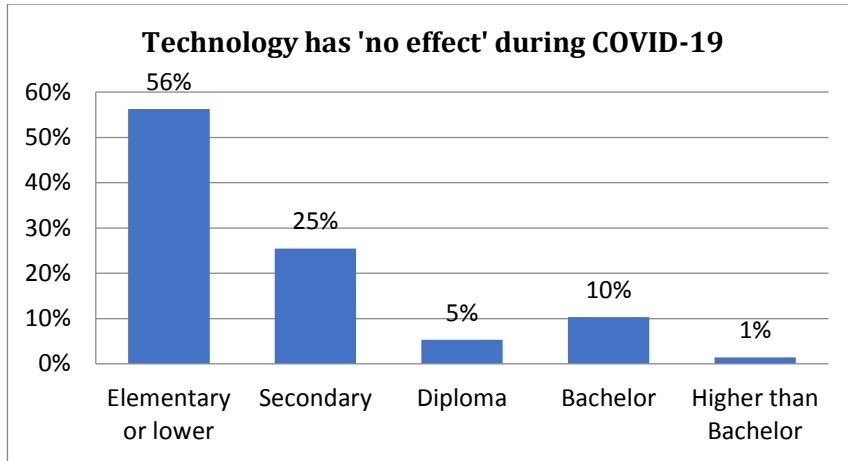
Figure 29: Effects from the use of technology during COVID-19



While technologies are useful, result of the survey pointed to the issue of digital divide, that not all are benefited from the use of technology. These are trends indicated when the data is analyzed in terms of education level and age of the respondents. Among those that have answered that technology has 'no effect' in anyway during COVID-19, the highest number of respondents are those of older age group and lowest education.

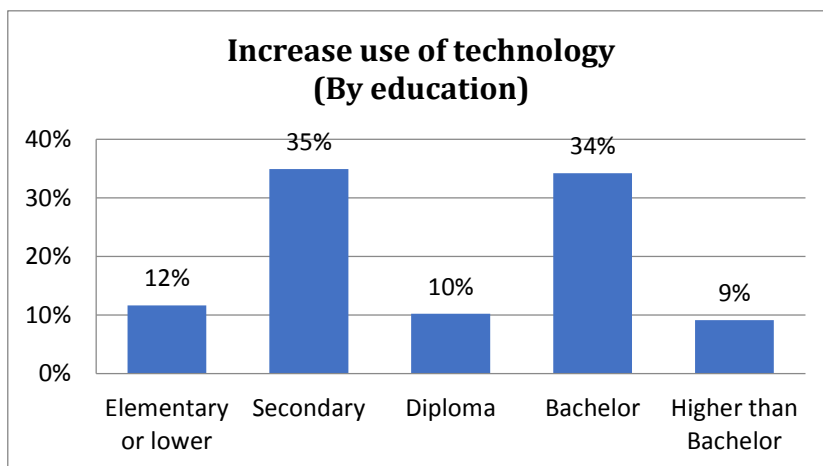
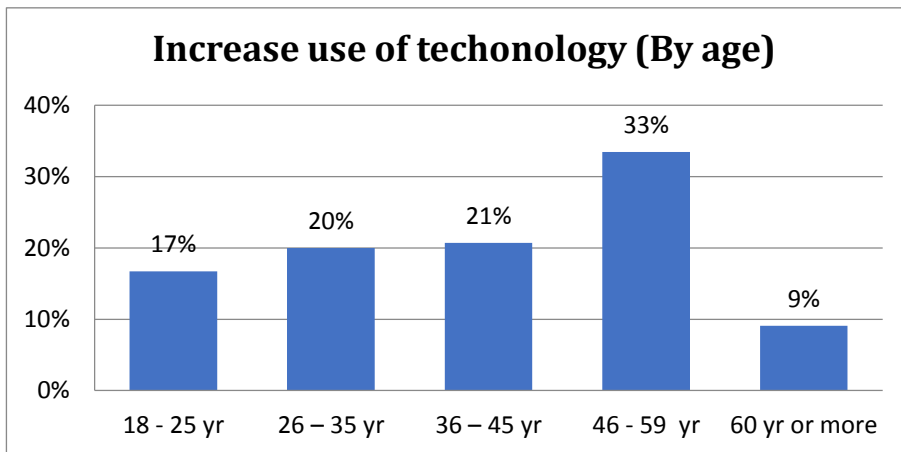
Figure 30-31: Age and education of people answered 'no effect'





Most respondents who indicated that they have increased usage of technology in their everyday life during COVID-19, such as online class, meeting, shopping, and banking, are people in the working age and have secondary school or bachelor's degree education.

Figure 32-33: Age and education of people indicated increase use of technology



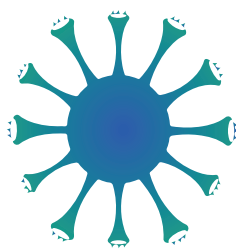
Annex 1: Questionnaire of the Perception Survey of COVID-19 Situation in Thailand

<p>1. While Thailand does not have any cases of COVID-19 for many months now, are you still worried about contracting the COVID-19?</p>	<p>a. Very worried b. Quite worried c. Not quite worried d. Not worried</p>
<p>2. The main reason why you choose to wear the mask.</p>	<p>a. Afraid of dying b. Social pressure c. Government request d. Afraid of causing death of others e. No answer</p>
<p>3. If there is a second round of COVID-19 pandemic in the country, do you think Thailand will be able to handle it?</p>	<p>a. Yes b. No c. Not sure</p>
<p>4. If there is a second round of COVID-19 pandemic in Thailand, do you think the country will have sufficient medical and healthcare (such as doctors, hospital beds, and medical supplies.)?</p>	<p>a. Sufficient b. Not sufficient c. No answer, do not know, not interested</p>
<p>5. Which of the following government measures that you like the most?</p>	<p>a. Lock down, closing places b. Curfew c. Prohibit foreigners to enter the country d. Economic measures (reduced interest rates, temporary extension of debt payments, electricity meter refunds, discount electricity/water usage fees, etc.) e. Cash support (5,000 baht cash support, elderly and vulnerable groups cash support, etc.) f. Stay at home, work from home, search for high risk cases g. No answer, do not know, not interested</p>
<p>6. What do you think is the most important factor contributing to Thailand's success in managing COVID-19 pandemic?</p>	<p>a. Government's measures – lockdown, curfew, home quarantined b. Cooperation by citizens in the government's issued measures and awareness-raising such as not traveling out of certain area, maintaining social distance, wearing mask, washing hands, eating warm food c. Thais are afraid of death d. Sectors of society collaborate in</p>

	<p>preventing and treating of COVID-19, such as donating ventilators, masks, alcohol gels</p> <p>e. Thai customs such as not greeting by handshakes, hugs, and kisses; removing shoes before entering the house.</p> <p>f. No answer, do not know, not interested</p>
7. Which of the following assistance do you think is most needed during the COVID-19 pandemic?	<p>a. Money</p> <p>b. Medicine</p> <p>c. Food</p> <p>d. Others (such as employment, utilities payment support, mask distribution)</p> <p>e. No answer, do not know, not interested</p>
8. What is the most impact you experienced during the COVID-19 pandemic?	<p>a. Psychological health, stress</p> <p>b. Businesses loss, job loss, income reduced</p> <p>c. Uncomfortable, travel inconvenience</p> <p>d. Not much impact</p> <p>e. No answer, do not know, not interested</p>
9. During the COVID-19 pandemic, have you provided any social assistances?	<p>a. No</p> <p>b. Yes (can answer more than one)</p> <p>(1) Nonmonetary assistance (food, clothing, medicine, mask, alcohol gel, etc.)</p> <p>Approximated amount:</p> <ul style="list-style-type: none"> - Not more than 1,000 baht - 1,001-5,000 - 5,001-10,000 - 10,001-20,000 - More than 20,000 <p>(2) Volunteer (such as Kitchen aid, food packing, food delivering)</p> <p>(3) Donate money</p> <p>Approximated amount:</p> <ul style="list-style-type: none"> - Not more than 1,000 baht - 1,001-5,000 - 5,001-10,000 - 10,001-20,000 - More than 20,000 <p>(3.1) Through which channels did you donate (check all applicable answers)?</p> <ul style="list-style-type: none"> - People who requested

	<ul style="list-style-type: none"> - Foundations - Hospitals - Government - Celebrities - No answer <p>(3.2) Why do you donate through such channels?</p> <ul style="list-style-type: none"> - Trust in the agencies or the people receiving the donation - Convenience such as ease of transfer, availability of payment methods - Admiration in the agency or the people receiving the donation - No answer
<p>10. During the COVID-19, technology has been used (such as social media, application, mobile banking) how do these affect you? (choose all applicable answers)</p>	<ul style="list-style-type: none"> a. Receive news and information better b. Use technology more in everyday life such as taking online class, online shopping, online meeting, etc. c. Better access to awareness-raising data from many sources d. More donation and assistances e. No effect f. No answer, do not know, not interested
<p>11. Which group of people do you think were mostly affected if the second round of COVID-19 pandemic occur?</p>	<ul style="list-style-type: none"> a. Poor people who earn daily wage b. Merchants c. Travel businesses such as hotels, tour operators, tour guide, restaurants d. Unemployed e. Vulnerable groups such as children, elderly, disable people f. Office employees, factory employees g. Students h. Medical personnel i. Freelance workers j. Agriculturists k. Migrant workers l. Government employees m. No answer, do not know, not interested

<p>12. What is your opinion about the measures and budget to support those who are affected by COVID-19 in the second round?</p>	<ul style="list-style-type: none">a. Government will not have enough budget to support those who are affectedb. Measures/budget will be about the same as beforec. Measures/budget will be less than befored. Measures/budget will be more than beforee. No answer, do not know, not interested
--	---



COVID-19
Impacts and Adjustments
of the NGO Sector in Thailand
(Jan-Oct 2020)

Sutthana Vichitrananda

COVID 19: Impacts and Adjustments of the NGO Sector in Thailand (Jan-Oct 2020)

Sutthana Vichitrananda

CPCS conducted the interview surveys with 15 non-governmental organizations (NGOs) in Thailand to obtain understanding on the impact of COVID-19 epidemic to their operations. The key questions of the survey included: *how the NGOs are affected; what their contributions to the COVID-19 causes are; how the work of NGOs has changed during the COVID-19 epidemic; and what their future plans are to adjust to the new normal environment.*

I. Profile of the NGOs

There are fifteen NGOs participating in the interview surveys. The size of the NGOs included those with very small operation (less than 5 staffs and operating budget of less than 5 million baht per year) to larger NGOs (more than 10 staff with operating budget more than 10 million baht per year). These NGOs are working to support a wide range of issues such as alternative agriculture, environment, women, children, education, local development, consumer protection, volunteer support, and network coordination and support.

Figure 1-2: Size of the NGOs in the survey

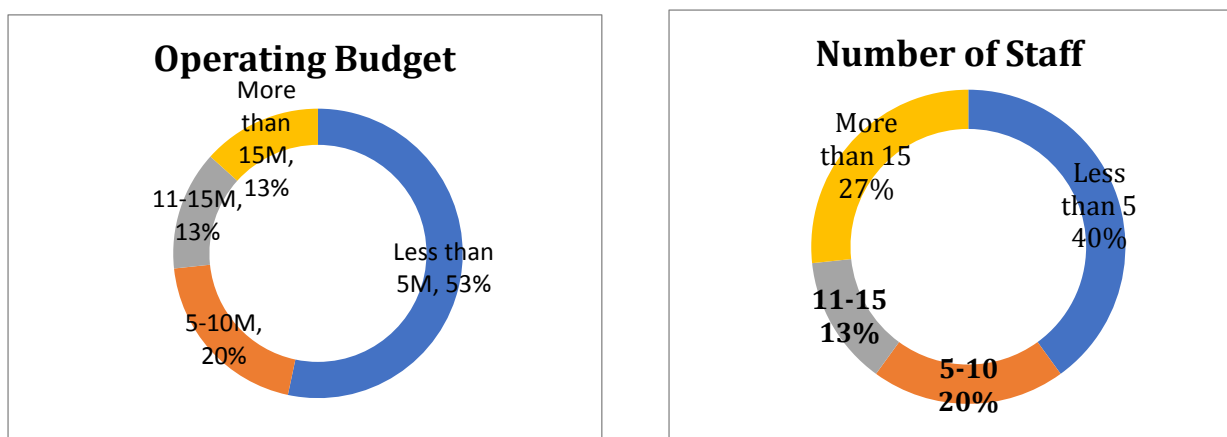


Table 1: Focus area of operation

Operation	Number of Organizations
Alternative agriculture	3
Environment	1
Women	1
Children	2
Education	1
Local development	2
Consumer protection	1
Volunteer support	1
Network coordination and support	3
TOTAL	15

II. Findings

2.1 Impact and Adjustments to the NGOs during COVID-19

COVID-19 epidemic presented challenges in many fronts to the NGOs. At the height of the COVID-19 crisis in Thailand (from late March to July), the government issued strict measures such as the lockdown, curfew, and border control. All sectors including the NGOs had to operate in this sudden disrupted environment. The followings are the main issues experienced by the NGOs.

2.1.1 Fundraising difficulties: Many NGOs needed to continuously raise funds for their operation. Fundraising during the COVID-19 lock down had been particularly difficult for those whose main sources of funding come from general public through various visible means such as donation boxes and fundraising events. The lockdown and curfew also meant no visitors to the centers such as the orphanage homes or women’s homes that largely relied on donation and supports from visitors. In addition, the NGOs that received funding from the government reported delays of funding as the government reprioritized and reallocated the resources to the COVID-19 related issues, and in some cases the tasks assigned by the government to be implemented by the NGOs were cancelled. A few NGOs who could secure longer term funding have been less affected. The impact to the funding of NGOs is estimated to be about 25%-75% loss.

None of the NGOs interviewed made immediate adjustments in their fundraising strategy. Some NGOs started to explore options for alternative fundraising strategies, cost savings, and scaling down of operations. Most NGOs reported continuation of paying full salaries of staff unless they were on the event/project-based pay, then they were likely not paid because most events had been canceled.

2.1.2 *Disrupted operations:* Most NGOs reported delays or cancellation of planned events (such as public forums, trainings, and workshops) but the routine tasks had been maintained. Traveling restrictions had posed difficulties for the NGOs staff that needed to visit the communities or sourcing supplies. During the lockdown, most NGOs asked majority of staff to work from home if the nature of their work permitted.

2.1.3 *Increased expenses:* Adjustments to the operation during COVID-19 resulted in increased expenses. These are mostly incurred cost associated with technology improvement in the office to enable staff to work from home such as internet and video conferencing facilities. For meetings, when the large public forums were prohibited, many NGOs opted to break the large meetings into smaller size or individual meetings with strict social distancing precautions. Such meetings added to their cost as they needed to conduct more meetings therefore incurred additional costs of traveling and renting rooms and equipment. NGOs that managed orphanage and women's homes also reported increased costs during COVID-19 as they needed to adjust their place to ensure the hygiene and social distancing of residents and staff.

2.2 NGO Contribution during COVID-19 epidemic

Only a few NGOs reported that they implemented activities to make contribution during the COVID-19 epidemic. For those that contributed, their activities are such as the following.

- *Alternative agriculture NGO* bought the fresh produce from farmers who faced difficulties of selling due to COVID-19 lockdown and distributed to the network of restaurants to sell meals at a cheaper price to people in need.
- *Children NGO* distributed masks and provided cash support to needed families.
- *Environment NGO* raised awareness of reduced disposable food packaging and trash management.
- *Consumer protection NGO* increased staff and channels to receive case reports and provide quick resolution. Case studies of grievances and their respective resolutions were compiled and shared so that those who faced similar situation could be informed of the various mitigations.

2.3 Future plans to adjust to the 'new normal' environment

A major concern of the NGOs is the funding stream. Most NGOs experienced the difficulties of fundraising during the COVID-19 lockdown and their adjustment has been very minimal.

However, the funding issue might not be just due to the lockdown, but the overall worsening of the economy can actually prolong the situation. Many NGOs are considering options for future fundraising such as setting up a social enterprise or diversifying funding sources. In addition, other adjustments are made to the operations to enhance cost effectiveness. These are such as adjustment to human resources, investing in IT solutions where long-term cost savings can be made. Some NGOs are looking into cutting down the non-core operations or merging some functions with other organizations to share the personnel costs. Mostly, these adjustments are still in the planning process.

In addition to focusing on fundraising and cost effectiveness, a key challenge for the NGOs is also on the relevancy and impact. As competition for resources is stronger in all sectors of the economy and society, higher demand for impact is expected. The NGOs who are still operating under traditional operating model might no longer be able to sustain their operations. It is the volatility of the 'new normal' environment that each organizations will have to adapt to, in order to maintain survival and meaning.



What Has Thailand Achieved in
the Battle Against the
Coronavirus Pandemic?

(Jan-Oct 2020)

Juree Vichit-Vadakan

What Has Thailand Achieved in the Battle Against the Coronavirus Pandemic?

(Jan-Oct 2020)

Juree Vichit-Vadakan

Indisputably, Thailand was able to control and contain the coronavirus pandemic as the paper by Angkana has shown. There had been no contagious infection within the country for months (as of October). The reported infection cases were mostly from Thais returning from abroad. As the pandemic threatened the wellbeing and even life of all around the globe, Thailand found herself with a big surge of Thai nationals studying, working or living abroad in so many countries across different continents seeking Thai government's permission and assistance to return to Thailand. The repatriation process was carefully planned and executed. After registering with the nearest Thai embassy or consulate abroad, returnees were required to register and await their turn on a first come first serve basis to be repatriated. But once a person, whether Thai or expatriate, arrives at the Thai airport, he/she would be subject to a series of tests and would then be steered towards a quarantine center. For those not able or willing to pay, the government provided free quarantine centers. For those who would like more comfortable accommodation during the mandatory 14 day quarantine, there is a range of participating facilities, mostly hotels at different prices. This 14 day quarantine is not exempted for anyone who enters the country. (There is strictly no exception to this rule¹). The Ministry of Public Health mainly, with cooperation from other agencies, specified and enforced the requirements of the quarantine setting and procedures.

These measures have provided feelings of safety and security to the Thai public who have been anxious about how the coronavirus might spread by inbound people from other parts of the world. When the daily information on new infected cases showed that those infected were returnees from other countries, the public sighs with relief and reaffirms its faith and confidence in the quarantine measures imposed by the government.

At this moment in time, we can credit Thailand with a good and sound control and containment of the coronavirus pandemic. Even the administration and management of Thai returnees and expatriates as well as other foreigners entering Thailand have been carried out with careful procedures.

What Thailand has achieved in fact goes far beyond the control and containment of the coronavirus. But it'll be a point to return to later.

Why Was Thailand Able to Achieve What She Did?

As portrayed in the previous essays, the success cannot be attributed to any single factor. A host of reasons combined to make things work.

First of all, when COVID-19 occurred in Thailand, most people were at a loss as how to handle it. Fear and anxiety rose as the daily news of the Wuhan situation was made known. Life still went on as usual after the first infection cases were reported. There

seemed to be undecided moments initially as to who should be in charge and how to proceed. Fortunately for Thailand, a decisive move was made by the Prime Minister to follow the advice from the Ministry of Public Health. A unified Center of Command was put in place under the oversight of the Prime Minister with full cooperation from Ministry of Public Health experts. This was definitely a deciding factor when medical health experts were put in charge of all technical aspects of the situation while the Prime Minister as head of the government threw in his active support to that effect. Hence, we saw the beginning of a unified, national plan with strategies to be implemented under strong leadership. In the past, many centers or committees had been appointed to combat various crisis situations or to meet national agenda. Not much success could be recorded from them. Probably in managing the coronavirus, the necessary, full and decisive support given by the head of the government was crucial. Unlike other national committees past and present where the ex-officio members tend not to feel or behave like real stakeholders, this time there seemed to be synergy and participation by committee members from different ministries and agencies. The unified Command Center was not only driven by a life threatening situation, the Command center was mandated to provide data and information to the public through an information dissemination unit. As a result, the momentum was on for quick actions and for a quality, daily report, to the public. In its daily report there are also constant reminders to the public to be vigilant against the virus through mask wearing, washing and sanitizing hands, as well as social distancing. The public was also urged to comply with evolving measures, such as avoiding crowds, staying at home, using serving spoons when sharing food, cleaning and sanitizing commonly used items and public areas. Eventually, the public was urged to observe the rules of the lockdown and then the curfew and border control. All told, having the structure and system under the technical and scientific stewardship of the medical and health experts with full support from the Prime Minister and other ministries that he oversaw, including having an active media broadcast daily are critical to the success of this fight.

Pre-existing Public Health Infrastructures

However, it is also crucial to recognize the multiple layers of public health infrastructures laid down by Thailand's earlier public health officials and experts over the past decades. Not only were there health/medical clinics at the sub-district level and district level medical facilities, there has also been an important establishment called the Village Health Volunteers (VHVs) at the village level as explained in an earlier chapter by Dr. Sutthana Vichitrananda². I would consider this an important asset to the health infrastructure. VHVs are villagers who have been trained to do basic first aid and give health care advice. They assume the role of health care monitors and health care givers at the village level. In the past, I have been awed by some Village Health Volunteers in their dedication to their task in helping fellow villagers, including dispensing necessary medications to those afflicted with various diseases but were not vigilant or careful and punctual in taking their medicine. With COVID-19, the VHVs have played a crucial role in disseminating information to the villagers on the need to and how to protect themselves. Villagers were also urged to be watchful of those who may be sick in order to avoid the contagion effect. In the rural areas, it would be quite difficult to control and contain the virus, if the VHVs did not exist and did not carry out their tasks diligently and conscientiously³.

Other Factors: Vertical and Horizontal Linkages in Fighting the Coronavirus

When the Central Command Unit was set up, it mandated collaboration between ministries and agencies. Again, contrary to the past, COVID-19 has witnessed relatively good and smooth cooperation and collaboration among ministries and among many bureaucratic and political entities. To have the Ministry of Public Health working closely with the Ministry of Interior synergistically is definitely not a small feat. Anyone who's familiar with the Thai bureaucracy would agree that it is not easy to have inter-ministerial cooperation and collaboration. In fact, cooperation and collaboration may be lacking even among departments within the same ministry. Hence, it is encouraging to see the two ministries cooperate in this case. The Ministry of Interior avails its district and sub-district officials to carry out directives, instructions, orders and messages to the villages. In turn, the sub-district and district officials instructed the sub-district heads and the village heads (both of whom are villagers themselves) to monitor if the orders and directives were followed strictly. Different tiers of authority carried out their duties conscientiously. Moreover, the elected provincial administrative organizations (PAOs), the municipalities and the sub-district or tambon organizations (TAOs) set aside the usual sense of rivalry or competition between them and the sub-district heads and village heads to throw in their support to fight the pandemic. Since the centralized system of administration where line ministries have their provincial offices, channels of communication tend to flow through that direction. But during this crisis, the governors of provinces are active heads of the special committee to fight the pandemic, mirroring the structure of the national committee. The provincial committee generally adheres to the advice and directives of the Ministry of the Public Health which enable the structure and system to operate not only vertically but also horizontally. We have found PAOs, municipalities and TAOs throwing in their support both through cash support in buying and distributing needed medical supplies or assisting the poorer households with cash support in some instances. They have also supported the dissemination of information and knowledge to their constituents on how to protect themselves. Mask, alcohol, gel sanitizers were commonly distributed to the people by the local elected governments. Also, broadcasts and announcements have also been carried out by the TAOs to reinforce the messages given by agents of the central government.

Such cooperation and collaboration bodes well for the welfare of local people. Although the parallel structures and systems in which Ministry of Interior's district and sub-district officials along with their sub-district heads and village heads, on the one hand, versus the elected local officials of PAOs, municipalities and TAOs, on the other hand, may seem redundant and unwarranted. The current pandemic demonstrated that when the dual system operated complementarily, the local people benefited⁴.

Open and Transparent Communication made available by the central media team was important in putting citizens and others residing in the country on the same page. Especially when an appointed spokesperson who is a medical doctor with a pleasant personality, good social and speaking skills communicated with the public daily. By giving data and explaining medical issues in easily understandable terms, fear and anxieties appear to lessen. What the experts promote became reasonable and acceptable. The power of the authoritative voice and messages by the said medical doctor and the larger medical team of experts, as well as by the Prime Minister who addressed the nation from time to time should not be underestimated. Moreover, the

data, messages and explanations of both experts and the Prime minister never conflicted or contradicted one another, like they were speaking in one voice rendering creditability to the messages. Hence, all are kept informed in a transparent way. It made cooperation and compliance by the people easier.

As we grapple with analyzing Thailand's case in handling the coronavirus, up till the time of writing this concluding chapter in early November 2020, we have come to a consensus that the management of the pandemic was a success. Successful factors can be simply summarized: right decision-making to have a unitary command system under the stewardship of the Prime Minister who entrusted the medical team of experts to design the national policy and implementation of it. National strategies incorporated 1) transparent and up-to-date information for the public; 2) the use of media tools such as clips, cartoons, infographics, slogans and etc. to create awareness on preventive measures such as mask wearing, hand washing, use of alcohol and gel sanitizers, social distancing, avoiding crowds and social gatherings; 3) co-opting "celebrities" such as actors and singers to rally everyone to the fight through much publicity as when an actor and subsequently his wife were infected but turned themselves to the health authorities and were eventually cured. In this example, society was made comfortable with contact tracing to mitigate contagious infection because the actor and his wife gave details of all the people they were in contact before they became ill; 4) temperature checking was carried out everywhere as a normal practice as was contact tracing which the health and other supportive authorities came to require and became accepted by the public; 5) the banning of public gathering and even consumption of alcohol at public places; to be followed by; 6) the lockdown; and 7) curfew and border control.

These measures were put into action without much resistance. Of all the measures, the lockdown was criticized most due to the economic effect. Most business stood still, some were in a limbo. Many employees were either laid off or paid minimally in the private sector. However, the opinion survey we made, as reported by Dr. Sutthana, indicated that there was trust in the government's efficient management of the current situation. Furthermore, there was confidence in the management of the pandemic when respondents answered that if a second wave of infection occurs, the government will be able to manage and control it. In fact, when asked which measure was deemed necessary if Thailand faces a second wave of infection, the majority chose the lockdown as a preferred preventive measure.

Corollary Positive 'Happenings' in the Face of the Coronavirus

The study came upon 'events' or 'happenings' in Thai Society that merit some discussion.

We have recorded the varying types of provision that the state had provided to those whose livelihood and wellbeing were affected by the 'lockdown'. Although what was provided may not be enough, the state did attempt to include a variety of categories of need for citizens situated differently. For the private sector, a host of measures were undertaken as was discussed in the chapter by Angkana. What's very interesting and revealing of Thai society under severe stress was discussed by Dr. Ketkanda and Dr. Kanokkan on "giving" by Thai people. Never before had so many people given so much in cash and in-kind to others in Thai society. Never before have we seen such a variety

of ways and means to help other people in Thai society. Not even when we had major, devastating floods, the Tsunami or other natural disasters.

What can this spontaneous, proliferated, diverse ways of giving, as well as fund raising, tell us about Thai society? There is no denial that as a Buddhist country, Thai people are used to making merits for religious causes. Giving to the poor and needy is also considered a way of making merits which is also not uncommon in Thai society. However, the Coronavirus had catapulted 'giving' to a new height. It has also added a new and very special feature to giving, which is the spontaneity and ease of giving. What is worth mentioning is the broad-based giving. Donors or givers may hail from all social classes, all levels of education and all occupational groups. More importantly, one's willingness to participate in 'doing good' for others can assume so many different forms. Hence, we have the conventional donation of money, medical supplies and other necessary items to combat coronavirus. But we also have food donation not only for the health professionals but also for the poor. The food pantry as already discussed in earlier chapters allowed anyone and everyone to put edible items or even other goods for those who could make use of them.

In past events, the rich and the powerful are expected to contribute. Ordinary people may follow via fund raising through television networks or newspaper. As I mentioned, 'giving' is a familiar concept and a common behavior, however this time, there is a sense of dignity and pride when a barber offers free haircut and a dressmaker offers to alter school uniforms for children from poor parents.

There are definitely changes in the air. One does not have to be rich to help others. People can assist one another with good will and dignity via different options. In the past, however, fund raising via television or newspapers often involve celebrities and people at the upper echelon of society as key players. The difference this time around seems to mark a new beginning that giving can be made without much publicity or fanfare. That giving can be done by various means. The diversity of forms is most interesting. It also means that creativity is also a part of designing the giving. That you can devise your own method and system of helping others unashamedly. That conventional methods of giving may no longer be the norm.

In a highly stratified society like Thailand, such expressions and manifestations need to be taken note of. Perhaps the winds of change have already swept in, signifying calls for more egalitarianism, although not yet achievable in structural terms but certainly taking shape and form in the perception, values and mindset of many in society.

COVID-19 and Changes in Thai Society

The major changes one could find are the deviation from traditional ways of giving and the strong disciplines that Thai people exhibited in adherence to the measures to prevent and control COVID19. As well known, Thai people generally are easy-going, highly individualistic, although gregarious as the Thai saying goes "follow one's own heart makes a true Thai". Anthropologists from decades ago have identified such characteristics in Thai (with no negative implications) that Thai people lack discipline, avoid long-term commitment, behave outwardly in conformity with others but retain inner psychic independence⁵. Such characteristics may hold some truth through the

years which may explain the lack of discipline as well as the lack of cohesion especially solidarity or commitment to social causes. Thai people are also polite and considerate to others in avoiding hurting others' feelings 'เกรงใจ' which leads to non-interference or involvement in other's business. Therefore, it has been difficult to expect adherence to rules and regulations. As is also difficult to expect social sanction as a means of social control. Perhaps this is also the reason why we have more laws than necessary or needed in Thailand when inner control or social control are weak and often undependable. How then can we explain the disciplines and compliance that Thai people exhibited during this crisis?

I think that COVID-19 had invariably brought these issues to a head. When COVID-19 became recognized as an existential threat to the Thai people, people from all social classes and all sectors of Thai society realized that mortality was never so real and so near to everyone. The possibility of death stared everyone in the face. Not just death as a concept but the immediacy of death which will make no exemption or exception. Both the superrich and powerful or the poor and powerless equally have no immunity to the Coronavirus. With this realization, and with the messages hammered in on the need to urgently comply and cooperated with public health and other state measures must have made a profound effect on most of the Thai people. The messages of the urgency to "cooperate or perish" were hammered into the Thai people. Consequently, disciplines and compliance vis-à-vis fighting the virus became a necessary reality for everyone. It's also a first to see Thai people understand the concept of urgency, no delay and no deferment when other urgent messages ordinarily would have been ignored or undermined. In the opinion survey we conducted, it was reported that most people complied with directives and adhere to rules due to the fear of death.

From another perspective, one could also explain that Coronavirus had jolted Thai people out of the stratified system where authority and power always reside with the rich and powerful. In an unplanned and unintended manner, the lower status persons have been empowered by the crisis situation. As temperature checking was required for entry to every public place, security guards in most places were tasked with the temperature screening test.

For the first time, low status security guards actually can turn away someone who failed the temperature test from the premise, as also with those who wore no face mask, no matter how rich or powerful. In fact, there would be no negative repercussions to the security guards when they perform their duty. The public would give them their approval, endorsement, and appreciation. It is most interesting to observe the security guard's sense of pride and dignity when they feel empowered with satisfaction that to do an important task is to do it right.⁶

Following the same line of analysis, the donors of services who made bold moves to offer their services as described earlier must have also felt empowered to be able to give to others in a more egalitarian manner. Not having to worry what others would think of them or what conventions they have broken or how inferior the services they could offer might be. These unconventional donors have carved a place for themselves in an increasing spectrum of giving in Thai society.

More Insights into ‘Giving’ in the Time of COVID-19

This study shows that Thai people, institutions, corporations, temples, the government and the Thai royalty have been charitable and generous in giving and helping others in need. Giving was not demanded, required or coerced by anyone on anyone else. With the exception of the government which was expected to fulfill its duty in helping the citizens in need, all others including individuals, groups or even businesses were not directly pressured to do so. All the donations and the multifarious forms of giving were voluntary. In the midst of difficulty and hardship as in the time COVID-19, Thailand witnessed the true essence of “goodness” which must have been suppressed, undermined and overlooked by the fast-paced life with its struggles and competition to survive and to get ahead. Such “goodness” or the best in humanity that manifested in society include kindness and compassion, sympathy and empathy, charity and good will, to mention just a few. Modern living in the fast lane was put to a halt with the lockdown. Perhaps suspended from the hectic, endless runs on the ‘treadmill’ had made possible for many in Thai society to contemplate about living and mortality. Having the time to examine and reexamine the social conditions must have inevitably made people realized that those who were poor and in need in Thai society were in a dire situation. COVID-19 and the displacements of people from their livelihood and regular income could not have been overlooked, especially in the current technology-led society. Lending a helping hand, helping supporting others became not only sensible but comforting and spiritually up-lifting to the givers as well. Good will towards others coupled with the convenience of ‘offers’ to help via technology and the increased sense of egalitarianism have created what I would call a proliferation of giving and doing good.

It is heart-warming to detect that many Thai people have exhibited an appreciation for the ‘common good’ or the ‘greater good’ via their compliance to health rules and regulations and through giving and helping others in what they can afford and could do. Many have chosen creative, unconventional ways that they can contribute, even like fortune telling through tarot card reading. In fact, the opinion poll we conducted and already discussed by Dr. Sutthana in an earlier article showed that about half of the people surveyed were donors, not giving big sums, mostly not over 1,000 Baht per person. Considering that majority of the respondents in the survey earned little money, not over 15,000 Baht per month, we can surmise that charity, kindness, compassion and empathy must have been a factor in the decision to give.

Many Thai temples and monks have also participated actively in more ways than one to help out in this pandemic as the article by Dr. Ketkanda and Dr. Kanokkan showed. Perhaps the current Lord Patriarch as the topmost Buddhist leader had instructed, persuaded and inspired temples and monks to do the best that they could. Providing food by transforming temples like alms houses was a starter. Monks took on multiple roles including giving spiritual guidance and comfort to actively providing cash for the needy. The role of the Thai temple as Center of the community in a true sense appeared to have been revitalized during the COVID-19 pandemic. Monks expressed the sentiment that they had been on the receiving end of people’s giving. But they would reverse their role to be the giver this time around.

COVID-19 cast a dark shadow over Thai society and especially the economy. However, the experience of Thailand living through it had also reflected positive aspects that would make any member of the nation proud. We have used medical knowledge and know-how to rally all in Thai society to adhere to strict observances of the health rules and regulations. We have made sacrifices to freedom, income, convenience and etc. We have helped one another to overcome difficulties in an amazingly diverse ways. We have set aside many differences such as in status and positions, in respecting others' rights and in respecting the duty bearers. The experience manifested that across the board, there is a sense of social cohesion and social solidarity which was not seen or found, at least not in my living memory⁷. One can only wish and hope for it to be more permanent and sustainable as in what had transpired in the past few months. Even if this will not last, we can at least look back and realize that a better Thai society was possible and did exist, even for a short period of time.

End notes

¹In the very beginning of the quarantine system for people entering the country, some reports were made that a foreign diplomatic family member was not strictly quarantined in the assigned residence. There was a big public outcry and doubts cast on the efficacy of the quarantine system. A very strict tracing/tracking system to determine the health status of those who have come into contact with the infected was explained and implemented to erase all fears. Moreover, health and other authorities ensured the public that no one will be exempted from the quarantine.

²Public Health infrastructures of Thailand which includes at its lowest rank the Village Health Volunteers (VHVs) could also be credited with successes in immunization of babies and young children resulting in low infant mortality. Likewise, their maternal and child care efforts have resulted in low maternal mortality and low under weighed babies at birth.

³Although some may argue that the VHVs were just doing what they were tasked to do, one cannot deny that their commitment, dedication and enthusiasm have engendered awareness and participation of villagers to be on the alert, lest they get sick. In fact, there were instances of overzealous villagers in monitoring those who were suspected of catching the virus.

⁴One might say that the appearance of horizontal collaboration between the sub-district heads and village heads vis-à-vis the politically elected PAOs, municipalities and the TAOs and their teams may just be temporary or issue-specific, or that the latter were vying for villagers' favor and support in the next election. Nonetheless, it is a good sign that horizontal linkages could be forged. A possibility that is often too remote in Thai society where top-down relationship predominates.

⁵See the writings of John Embree, Herbert P. Philips as examples.

⁶I have observed security guards demanding that masks be worn before entering premises which was diametrically opposed to the past when guards could be ignored, scolded, or even made fun of when carrying out their duties such as not to smoke in-doors, not to park at forbidden areas, etc.

⁷Social cohesion and social solidarity that cut across the country is something new and alien to Thai society. In the past, one could only witness social cohesion and solidarity within specific groups. In the COVID-19 case, there's a united front to fight the disease. All seem to take pride in the success of the joint effort with each announcement of no new in-country infection daily.

Project Leader

Juree Vichit-Vadakan

Contributors

Juree Vichit-Vadakan

Ketkanda Jaturongkachoke

Kanokkan Anukansai

Sutthana Vichitrananda

Angkana Asawasakulkrai

Kanisorn Tubtim

Rattanachai Nakpansua