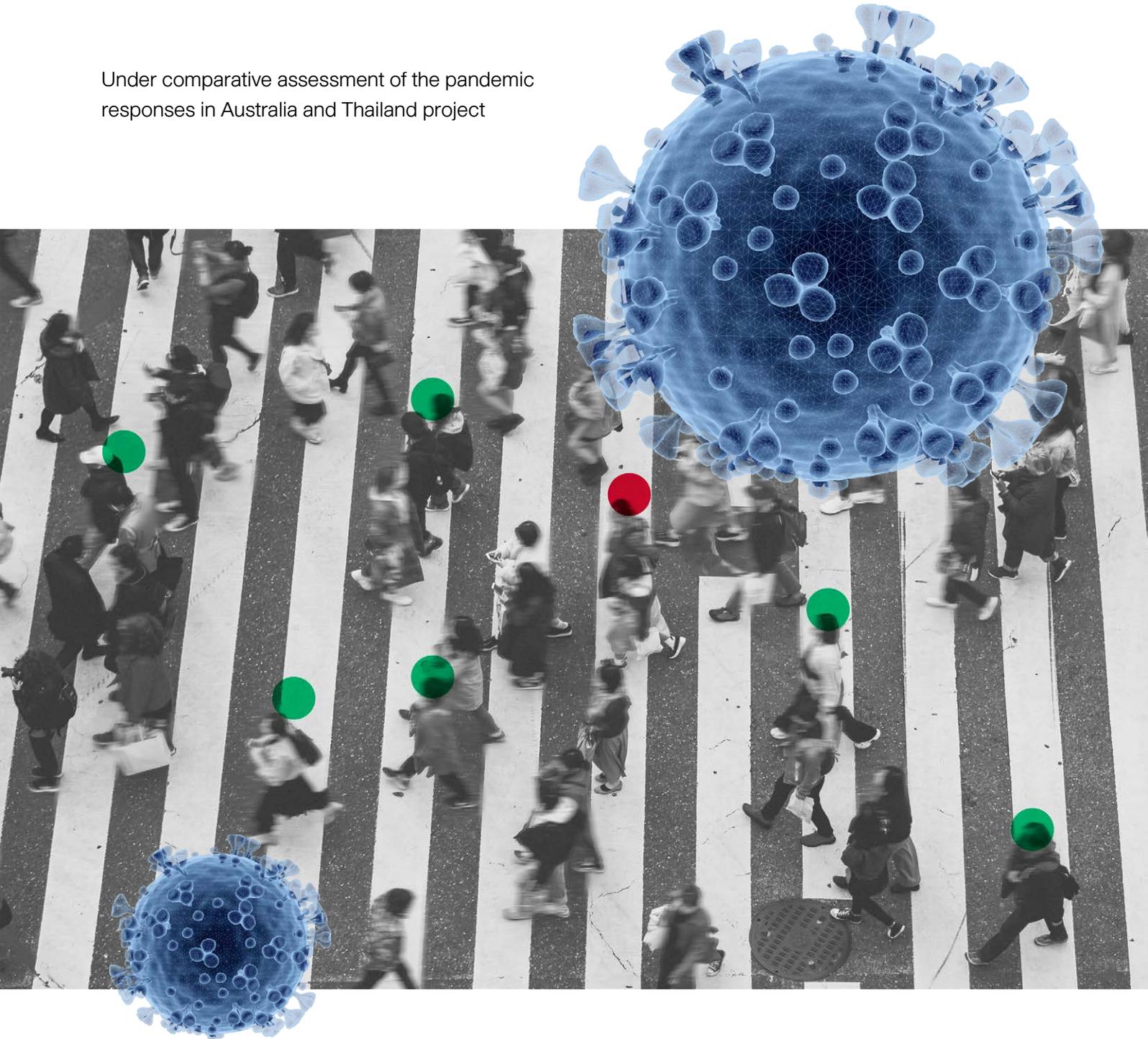


Collection of Articles Australia–Thai Pandemic Responses Project

Under comparative assessment of the pandemic responses in Australia and Thailand project



Proudly supported by

The Australia-ASEAN Council under Australia-ASEAN Council COVID-19 Special Grants Round,
the Australian Department of Foreign Affairs and Trade.

Researchers

Dr. Chavalin Svetanant
Assoc. Prof. Dr. Viengrat Nethipo
Assoc. Prof. Dr. Siripan Nogsuan Sawasdee
Assoc. Prof. Dr. Jakkrit Sangkhamanee
Assist. Prof. Dr. Pasoot Lasuka

Book and cover designed by

Sutawat Dongthong
(www.behance.net/peepzii)

Translated by

Duen Sureeyathanaphat
(www.translatethai.com.au)

Citation

Svetanant, C., Nethipo, V., Sawasdee, S.N., Sangkhamanee, J., Lasuka, P. (2022). Australia-Thai Pandemic Responses: Collection of Articles (Report No. AAC2020231). Australia-ASEAN Council Grant Round 2020. <https://www.austhaipandemic.com/> [<https://www.austhaipandemic.com/en/download>]

AUSTRALIAN-THAI

PANDEMIC RESPONSES PROJECT

Supported by
the Australia-ASEAN Council under Australia-ASEAN Council COVID-19
Special Grants Round, the Australian Department of Foreign Affairs and Trade.



Our Project

Australia and Thailand are among the few highly praised countries in ‘flattening the curve’ of the COVID-19 pandemic according to the Global COVID-19 Index. Yet, the two successful stories present the unique contexts and principles in shaping a response to the crisis.

Our Australian-Thai Pandemic Responses Project aims to build a collection of expert knowledge, based on socio-cultural, political, and media analysis to examine how the two countries tackle the outbreak and to highlight the lessons learned for strategic future management.

It also strengthens institutional engagement and bilateral relationships through a collaboration between Australian and Thai research teams. Ultimately, the project generates knowledge that will contribute to the needs of Thailand and other ASEAN countries during and following the pandemic by providing a comprehensive source of knowledge and policy reference for practitioners.

The collection of articles is made available for free download as an eBook thanks to the Australia-ASEAN Council. We hope that it will serve as a comprehensive source of knowledge and policy reference of Australia and Thailand in response to the COVID-19 pandemic. The eBook can be downloaded from the project website: www.austhaipandemic.com

List of Contents

Articles	Page
COVID-19 Crisis Response under Thailand’s Authoritarian Approach by Assoc. Prof. Dr. Viengrat Nethipo	4
When ‘Voice’ Is Power: COVID Management through the Power of Communication by Dr. Chavalin Svetanant	12
The Naming of Digital Platforms and the Thai Government’s Image in the Context of COVID-19 Management by Assist. Prof. Dr. Pasoot Lasuka	20
Salute to the Underappreciated Role of Thai Local Administrative Organisations in COVID-19 Prevention by Assoc. Prof. Dr. Viengrat Nethipo	28
Disparities, COVID-19, and School Closures by Assoc. Prof. Dr. Siripan Nogsuan Sawasdee	36
Society-Oriented Immunity of the Vaccines: Perception, Hesitancy, and (Non) Acceptance by Assoc. Prof. Dr. Jakkrit Sangkhamanee and Abhirat Supthanasup	45
The World and Thailand in Perspective after Two Years of COVID-19 by Assoc. Prof. Dr. Siripan Nogsuan Sawasdee	54
Vaccine in Society: From Matters of “Fact” to Matters of “Concern” by Assoc. Prof. Dr. Jakkrit Sangkhamanee and Abhirat Supthanasup	64
Stories of the “Good Vaccines” - Lessons Learned in Public Health Communications by Dr. Chavalin Svetanant and Dr. Dragana Stosic	78
Face Masks and COVID-19 Society by Assist. Prof. Dr. Pasoot Lasuka	89
Acknowledgements of support	95

Researchers



Project Leader

Dr. Chavalin Svetanant

Senior Lecturer in the Department of Media, Communications, Creative Arts, Language and Literature (MCCALL), Macquarie University (Sydney, Australia)

Dr. Chavalin Svetanant is a Senior Lecturer in the Department of Media, Communications, Creative Arts, Language and Literature (MCCALL), Macquarie University (Sydney, Australia). Her research interests lie at the intersection of language and culture, with primary focus on media and communication studies in cross-cultural contexts, as well as linguistics, semiotics, and multimodal discourse analysis. Dr Svetanant has published her academic works in top journals such as *Visual Communication* (SAGE), *Corpora* (SAGE) as well as *Open Linguistics* (de Gruyter). Her articles in *Open Linguistics* ranked as the most downloaded article of the journal in 2018-2019.

Before joining Macquarie in 2008, Chavalin was an Assistant Professor at the Department of Eastern Languages, Faculty of Arts, Chulalongkorn University (Bangkok, Thailand); and a visiting research scholar at the Japanese Research Centre for Japanese Studies (Kyoto, Japan).



Assoc. Prof. Dr. Viengrat Nethipo

Associate professor, Government Department
Faculty of Political Science, Chulalongkorn University, Thailand

Viengrat works at the Faculty of Political Science, Chulalongkorn University, Thailand, as an associate professor. Since she started teaching at Chulalongkorn University in 2001, many classes have been supervised by her; State-Society, Local Government and Politics, Thai Politics, Japanese Politics are among them. For her experience, she has been invited as the visiting research fellow at the Center for Southeast Asian Studies (CSEAS) and the Graduate School of Asian and African Areas Studies (ASAFAS), Kyoto University in 2009 and 2013 respectively.

Viengrat has several research works on clientelism, local politics, Thai politics and she , authored 2 books (in Thai), “Tun Chiang Mai” [Chiang Mai Capital] in 2006 and “Heepbat kab Boonkoon” [Ballots and Gratitude: Dynamics of Electoral Politics and Its Impacts to the Patronage System] in 2015. Recently, she also conducts researches on clientelism and provincial politics in Thailand to examine the function the state operated under an authoritarian regime in the past 7 years.



Assoc. Prof. Dr. Siripan Nogsuan Sawasdee

Associate professor, Government Department
Faculty of Political Science, Chulalongkorn University, Thailand

Siripan Nogsuan Sawasdee is an Associate Professor of Politics and Government, Faculty of Political Science, Chulalongkorn University, Thailand. Siripan received a Master Degree in Comparative Politics from the Johns Hopkins University and a Ph.D. from Kyoto University. Her research interests embrace comparative political parties and electoral systems, political behaviour, institutional design, Thai politics and civic education.

Her publications in English include “Electoral Integrity and the Repercussions of the Institutional Manipulations: The 2019 General Election in Thailand.” *Asian Journal of Comparative Politics*. Volume 5 Number 1, March. “A Tale of Two Hybrid Regimes: A Study of Cabinets and Parliaments of Indonesia and Thailand” *Japanese Journal of Political Science* 19 (2), 2018. “The Conundrum of a Dominant Party in Thailand” *Asian Journal of Comparative Politics*. 1–18. “The Development of Political Science in Thailand” (*The Journal of Asian Comparative Politics*, Vol.1 NO. 2, 2016). “Political Parties in Thailand” (In Jean Blondel and Takashi Inoguchi (eds.). *Political Parties and Democracy: Contemporary Western Europe and Asia*. New York: Palgrave Macmillan, 2012). *Thai Political Parties in the Age of Reform*. (The Institute of Public Policy Studies, 2006); *Party Elites in the Business Conglomerate Model of Thai Political Parties* (King Prajadhipok’s Institute, 2006), for example.



Assoc. Prof. Dr. Jakkrit Sangkhamanee

Associate professor, Sociology and Anthropology Department
Faculty of Political Science, Chulalongkorn University, Thailand

Jakkrit Sangkhamanee is an associate professor of anthropology at Chulalongkorn University's Faculty of Political Science in Bangkok, Thailand. His works focus on STS, specifically hydrological engineering projects related to Thai state formation, environmental infrastructure, and environmental politics. Currently, Jakkrit also serves on the editorial board of *Engaging Science, Technology, and Society*.

His latest publications include "Bangkok Precipitated: Cloudbursts, Sentient Urbanity, and Emergent Atmospheres" *East Asian Science, Technology and Society (EASTS)* 15(2); "State, NGOs, and Villagers: How the Thai Environmental Movement Fell Silent" in *Environmental Movements and Politics of the Asian Anthropocene* (2021); "Infrastructure in the Making: The Chao Phraya Dam and the Dance of Agency" *TRaNS: Trans-Regional and -National Studies of Southeast Asia*, 6(1); and "An Assemblage of Thai Water Engineering: The Royal Irrigation Department's Museum for Heavy Engineering as a Parliament of Things" *Engaging Science, Technology and Society*, 3.



Assist. Prof. Dr. Pasoot Lasuka

Assistant professor, Literary Studies Department
Faculty of Humanities, Chiang Mai University, Thailand

Pasoot Lasuka is an assistant professor of literary studies at Faculty of Humanities, Chiang Mai University. He completed his doctoral study from the School of Culture, History, and Language, The Australian National University. His research interest focuses on how cultural narratives play a societal role in giving rise to or maintaining the contemporary and public cultures. He has published articles in Thai and English on Thai cinema, graphic narratives circulated in the online social platforms, and travel writing. Pasoot, as a chief investigator, and his colleagues from his faculty have just been awarded a research grant from the Office of National Higher Education Science Research and Innovation Policy Council for the project titled "Ageing Conditions Beyond Numbers through Literature and Language Use". The project studies the limitation and complexity of the public health policies which relies on the objective age ranges in the ageing society. Drawing on the examples from literary works and language use in real life, the project proposes a new way to deal with this gerontological complexity and to live in the ageing society more ethically.



COVID-19 Crisis Response under Thailand's Authoritarian Approach

Assoc. Prof. Dr. Viengrat Nethipo¹

Government Department, Faculty of Political Science,
Chulalongkorn University, Thailand

Original article published on Prachatai
<https://prachatai.com/journal/2021/07/93809>

1. See more from the research in Vongsayan, Hatchakorn and Nethipo, Viengrat. "The Roles of Thailand's City Municipalities in the COVID-19 Crisis". in Contemporary Southeast Asia. Vol. 43/1 (April 2021) pp. 15-23.

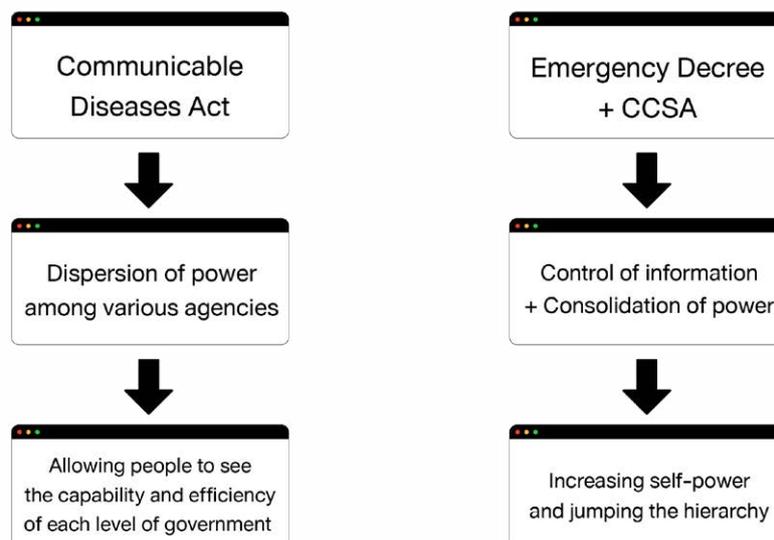
The entire world faces the COVID-19 outbreak all at once. Yet, the ways states, societies and people around the world respond to the crisis vary. Each country's quality of life and standard of living may have affected the management of the outbreak to a certain extent, but they are not the sole contributing factors to success. In fact, several other factors also play a part in the success or failure of a state. In response to the crisis, Thailand employs an authoritarian approach, with an agenda of seeking to gain benefits from the situation. Despite the approach being effective in controlling COVID cases early on, the authorities seem to struggle as the problem drags on. The short time that has elapsed reveals a crisis on top of a crisis arising from several emerging issues during the ongoing outbreak.

From Success in 2020 to Failure in 2021

During the first year of the pandemic, Thailand stood out among other developing countries, keeping new cases at bay. The situation was against the backdrop of the authoritarian regime lacking legitimacy in many ways, having risen to power as a result of the 2014 NCPO-staged coup. The continuing intense protests against the government by young men and women are evidence of the deep-rooted issues in Thai politics. However, between April and May 2021, the virus spread at a faster rate from the fast-surgingly third wave, deepening worries. Whilst Thailand was coping with the challenge, other countries sped up their vaccination programs, with several of them successfully distributing vaccines across various population groups. The question of which vaccines are the best for the population, with the budget in mind, sparked off a debate in many countries. Thailand, on the contrary, encountered no vaccine choices, delayed vaccine deliveries, and insufficient vaccines, leaving the elderly and most of the population bewildered, not knowing when they will receive their jabs. On the other hand, those in power and well-connected or those working in an agency that could "find" the vaccine had already been vaccinated.

Thailand, on the contrary, encountered no vaccine choices, delayed vaccine deliveries, and insufficient vaccines, leaving the elderly and most of the population bewildered, not knowing when they will receive their jabs.

How the authorities cope with the crisis while benefiting from it reflects the Thai sociopolitical structure, both in light of what appears to be reality and what is happening below the surface. As such, I have raised questions about last year's success in keeping infections under control versus this year's questionable handling of vaccines. Specifically, Thailand got a vaccine with the lowest efficacy for a similar price as other vaccines. Many people who had received their jabs are not in vulnerable groups or target groups. Delayed vaccine production by a Thai company also posed a problem. What do these issues tell us about Thai politics? From my perspective as someone who studies the relationships between the central government and local authorities and local-level politics, particularly government activities concerning the people, let me draw your attention to the structure of power in handling the COVID-19 outbreak through two different laws. To depict a clearer picture, in my case study, I will compare how Thailand manages the crisis with Australia, a country successful at curbing the COVID-19 outbreak from 2020 so far. Australia's politics, society, and structure of power are not at all the same as Thailand. But it is not an overstatement to say that the standards of Australia's law enforcement and political management are exemplary. Their crisis management is consistently in alignment with the country's institutional structure and in accord with the laws. This explains why Australia's strategy to tackle the pandemic runs systematically and predictably, so people can clearly examine relevant government agencies' capability. This is a sharp contrast to Thailand, where factors have from time to time interfered with the established structure, and, therefore, are not in alignment with the institutional structure. Also, Thailand's crisis handling shows a lack of transparency, a dismantling of the governance hierarchy, and a failure to uphold the public institutions.



Communicable Diseases Act: When Power is Dispersed among Various Agencies

On 13 January 2020, Thailand was the first country where a COVID case was reported outside China. The country continued to record more cases throughout January, all of which are travellers from China. On 31 January 2020, the first locally acquired case was confirmed. In February, the number of infections was still small, with only 40 cases in total.

An existing law ready for implementation is the Communicable Diseases Act B.E. 2558 (2015). The Act took effect when the Ministry of Public Health declared COVID-19 a “dangerous communicable disease” on 26 February 2020, leading to the establishments of the National Communicable Disease Committee, the Bangkok Communicable Disease Committee, and the Provincial Communicable Disease Committee of each province. Under the law, the power hierarchy emphasises provincial administration, giving the power and autonomy to provinces, as important local administrative units. The law treats Bangkok as a province, as a local administrative unit with more autonomy than in a normal situation. The prime minister chairs the National Communicable Disease Committee. The Bangkok governor chairs the Bangkok Communicable Disease Committee. Each provincial governor chairs the Provincial Communicable Disease Committee of their province, with the municipal mayor as a committee member.

The Act allows us to see the potential and capability of each administrative unit, authorising all provinces and Bangkok to impose and implement their directives independently. For instance, we witnessed some problems surrounding the shortage of masks. In March 2020, the prime minister imposed a ban on stockpiling of masks, which led to subsequent arrests of small retailers for selling overpriced masks. However, in mid-March, amid a domestic shortage of masks, 5.6 million masks were found [to have been permitted] to be loaded for shipping overseas. In a separate instance, the government directed immigration police to implement tougher measures to tighten airport screening. Still, ineffective implementation of the screening measures, which was caused by officials lacking experience and possibly insufficient budget, made the news.

On the other hand, we observed quick responses to the crisis at the provincial level. For example, with Bangkok becoming the COVID-19 epicentre with growing clusters, the Bangkok governor imposed Bangkok “lockdown” before the central government declared a state of emergency. After the Lumpini Boxing Stadium cluster broke out on 6 March 2020, the country recorded over 100 new cases daily, the number of which continued to rise. Later, on 16 March 2020, the governor of Buri Ram Province ordered the closure of its border to counter the spread of COVID-19, followed by the closure of many routes to several other provinces by their governors.

At the provincial level, the public health system played a significant role in monitoring the situation and bracing for more patients. At the same time, local administrative organisations were instrumental in curbing the spread of the virus. In my municipality-level research, I found that

city municipalities performed a vital role by using their workforce and local networks and joining hands with Village Health Volunteers (VHVs) in various forms of collaboration to enhance the provincial capability where needed. Examples were monitoring crowded and high traffic places, e.g. bus terminals, markets and food distribution points, and monitoring vulnerable groups in the local community to protect them from the risks posed by outsiders. I found that municipality-level political groups all worked hard towards their mission of COVID-19 prevention. They did so for the maximum benefits of the local people, anticipating that a municipal election will take place soon, albeit not knowing when the election will take place or at which municipal level it will be. Although the wider public may not recognise the role of local political networks, the locals, as voters, appreciated their hard work from their first-hand account.

In my opinion, the credit for the successful control of COVID-19 across Thailand at the provincial level in 2020 must go to the local networks and communities, on which I hope to elaborate on other occasions. My key point here is to show that the Act, by conferring power on disease control committees, disperses the authority to make decisions and allocate budgets among various local government agencies, utilising the local administrative units' expertise. The outcome of the strategy reflects the levels of the capability of the central authority and the local authorities.

However, some inconsistencies in the strategy implementation emerged at a later stage. The directives from the government and the Bangkok governor frequently contradicted one another. Sometimes, the Bangkok governor exercised his power, only to be contradicted by the central government afterwards, despite the governor having complete autonomy over his jurisdiction under the Act.

Act, by conferring power on disease control committees, disperses the authority to make decisions and allocate budgets among various local government agencies, utilising the local administrative units' expertise. The outcome of the strategy reflects the levels of the capability of the central authority and the local authorities.

CCSA – an Information Control Centre, Rather Than a Disease Control Centre

Now let me revert to the central government. On 12 March 2020, by the Cabinet's resolution, the prime minister announced the formation of a body called the Centre for COVID-19 Situation Administration (CCSA) whose duty is to develop policies and urgent measures to manage the COVID-19 crisis. From then on, the Centre has been the central body to provide directives for and communicate with the public and enforce a harsh law, the Emergency Decree on Public Administration in Emergency Situation B.E. 2548 (2005), in controlling the people.

The appointment of the CCSA and the enforcement of the Emergency Decree are based on the authoritarian model, particularly regarding control of information. Although giving constant updates helped raise the public awareness and resulted in active public cooperation with the government, the centralised CCSA portrayed the crisis with an emphasis on case numbers and ways to reduce the numbers. But the Centre lacked collaboration and connection with the people and concealed the hardship the people endured as a result of the government measures to control the infections in 2020. Because communications were monopolised by the CCSA, we did not hear about the success at the municipal or community levels. Even government agencies with strong capability like public health agencies did not receive straightforward briefings. The success was attributed to the CCSA and the government. This one-way communication did not make the people aware of what contributed to the success and the work that was directly related to them.

The appointment of the CCSA and the enforcement of the Emergency Decree are based on the authoritarian model, particularly regarding control of information.

Having exercised its power for some time, the CCSA, with full authority from the prime minister, exacerbated the problem when it issued directives without considering the Communicable Diseases Act. The Act empowered the Bangkok Communicable Disease Committee and the Provincial Communicable Disease Committees to decide for their jurisdictions. However, the CCSA started giving orders directly to heads of agencies and administrative areas from the end of 2020 without going through the communicable disease committees, leading to confusion among the public.

How do they do it in other countries? Let's look at Australia.

When we look at how Australia manages the same crisis, we could see that being a federation is the crucial factor that allows Australia to decentralise its power to a full extent. The mechanism in place can handle the situation with consistency in accord with the law, which prescribes the duties of each level of authority, with no agencies interfering in each other's affairs. The major drawbacks of decentralisation are some difficulties for a federal government in ensuring that all states' practices are consistent with the federal government's and some conflicts of interests between states, especially in countries comprising several states, such as the US and Germany. For instance, conflicts among the German states led to the Angela Merkel-led federal republic government passing legislation to pull the power concerning lockdown and other control measures back to the federal government. However, Australia does not have many states. Giving

autonomy to state governments through decentralisation rather than the opposite has allowed smoother and more effective crisis management for the past two years.

Being a federation is the crucial factor that allows Australia to decentralise its power to a full extent.

The mechanism in place can handle the situation with consistency in accord with the law, which prescribes the duties of each level of authority, with no agencies interfering in each other's affairs.

Australia had a confirmed COVID-19 case on 25 January 2020. The government used the Biosecurity Act 2015, legislation roughly from the same time as the Thai Communicable Diseases Act, to control the disease. On 18 March 2020, the Australian government declared a human biosecurity emergency. The declaration gave the Minister of Health power to issue directions and set requirements to combat the outbreak. The federal government broadly provided support to states and territories in two forms: 1) resources and finance as required by the state governments and 2) coordination arrangements with the state governments. Such arrangements established a mechanism for the federal government and the state governments to work in tandem and share information with each other in their responses to the public health crisis. In this regard, the Secretary of the Department of Health was appointed to coordinate across the governments.

The federal government broadly provided support to states and territories in two forms: 1) resources and finance as required by the state governments and 2) coordination arrangements with the state governments.

The responsibility for area controls, therefore, rests with the state governments. Where there is a threat jeopardising the people, property or public security, the state governments can exercise power to declare a state of emergency. Under a state of emergency, the state governments can decide to impose orders and measures to counter the outbreak. These include making masks mandatory in public places; closing public venues, e.g. schools, libraries, public facilities and businesses; arranging COVID-19 testing; contact tracing; administering quarantine; and imposing lockdown – a mandatory order by the state governments to be implemented as they see fit.

On 27 May 2021, for instance, the Victorian Government announced a statewide lockdown of all non-essential activities for a week following a spike of 26 new confirmed COVID-19 cases.

Periodically, each state issued its interstate travel restrictions; some were strict while some were lenient as appropriate to the event. These restrictions were announced by the premier of each state after the consideration of the state-level disease control committee. A state committee comprises representatives from relevant departments, including the Department of Health, the Department of Education, the Department of Home Affairs, and representatives from the state police forces.

Also playing a crucial role is local government, the lowest level of government and the closest to the people. Notwithstanding having no power to declare a state of emergency, local governments ensure proper enforcement of the regulations in line with the federal and state governments' emergency response plan. They also collaborate with the state government to develop readiness, implement applicable measures, and communicate information to the community. Their work includes closing public facilities and displaying signs for the response measures put in place. This shows that local government's role is to implement the policies in practice as it works at the frontline closest to the community, similar to the work of Thailand's local administrative units.

Summary

In conclusion, Thailand's Communicable Diseases Control Act disperses power among various levels of government, enabling us to see the capability and incapability of each level of government. We observed questionable actions at the central government level but a competent contribution to the robust responses to the pandemic by other levels of government, especially the local administrative units and village health volunteers. By force of habit under the authoritarian leadership style, the central government has exclusively controlled information and increased the power of its central body by jumping the hierarchical structure, confusing people about the exercising of power. You might think that a crisis will make government agencies stronger, but Thailand has proven the opposite, with its agencies becoming weaker in the hands of the government. Such practice will inevitably serve as a model to dictate the country's future. We can see a clearer picture when comparing Thailand with a country that has exercised its power systematically like Australia. With Australia's systematic consistency and transparency, people can predict the government's direction in battling the crisis. Effective management and political control of the crisis will help people determine how their country will continue along the path of democracy.



When 'Voice' Is Power: COVID Management through the Power of Communication

Dr. Chavalin Svetanant

Department of Media, Communications, Creative Arts, Language and Literature (MCCALL),
Macquarie University (Sydney, Australia)

Original article published on THE STANDARD
<https://thestandard.co/covid-19-public-communication/>

The COVID crisis has indiscriminately disrupted every single country, revealing both strengths and weaknesses of the elements that sustain public well-being. Its massive scale has posed unthinkable challenges to public health and administration, diplomacy, the economy, and education. For any government, the tool that becomes more indispensable than ever is effective public communication. Without it, public cooperation may never happen.

Roles of 'Voice' in Communication

In this article, the author uses Russian linguist Mikhail Bakhtin's definition of 'voice'. A voice under this definition is not limited to uttered sounds but extends to include an abstract component representing the speaker's attitude, identity, stance, and self-positioning in each discourse. According to Bakhtin's theory, all utterances, whether in writing or verbal, are responses to other 'voices' or, in other words, diverse opinions in society as represented by various forms of response. In some circumstances, a speaker may choose not to acknowledge other opinions, and thus not to respond to other 'voices' but to communicate using their own single 'voice' (monogloss). By contrast, in other circumstances, a speaker may choose to respond to different 'voices' (heterogloss). Responses can be positive (to accept) or negative (to reject), depending on the speaker's intention and communication techniques. For example, when using 'voices' only to convey that "He is a good person", we may say, "*Many people say he is a good person.*" Alternatively, we may say, "*He may be a good person*" to leave room for a different 'voice' (which in this case is a 'voice' that says, "He is a bad person"). On the other hand, we may choose to leave no room at all for this opinion by refuting it, stating, "He used to be bad, *but* he is a good person now.", or "*No matter what, I am certain that he is a good person.*"

A voice under this definition is not limited to uttered sounds but extends to include an abstract component representing the speaker's attitude, identity, stance, and self-positioning in each discourse.

In a crisis, it is common for people to pay attention to their countries' leaders, particularly because their "authoritative voices" guide all parties involved. In this article, the author presents a comparative study of authoritative 'voices' in public discourse in Australia and Thailand, particularly regarding COVID management. The article will first discuss Thai Prime Minister General Prayut Chan-o-cha, who typically responds to different 'voices' negatively by refuting allegations aggressively and often addresses the public audience as his direct opposing interlocutors:

"I'm *never* attached to my position. *Many people* said I wanted to be in my position for a long, long time. *You need to ask those who said this.*" (27 Oct 2020)

"If everyone gets tested once using the Antigen Test Kit, and it turns out that they are all sick, whoa, [the number of cases] will grow more. It's not that we hide [the figures]. It's a medical principle. You need to understand this." (30 Jul 2021)

Meanwhile, Australian Prime Minister Scott Morrison tends to respond to reprimanding 'voices' by initially accepting them before adding further comments beneficial to himself.

"*I take responsibility for the problems that we have had*, but I am also taking responsibilities for the solutions we're putting in place and the vaccination rates that we are now achieving." (21 Jul 2021)

On another occasion, Scott Morrison responded to the 'voices' of public criticism demanding him to accept responsibility for delayed vaccine deliveries and inadequate vaccine supply in a press conference while the press was attempting to corner him, as follows:

"The idea of COVID zero, that's not the issue once you get to 70 and 80 per cent. *Any state and territory that thinks that somehow they can protect themselves from COVID with the Delta strain forever*, that's just absurd." (24 Aug 2021)

To close down the different 'voices' in the example, Scott Morrison's technique was to provide justification for the desired vaccination rate while at the same time subtly rejecting the COVID zero strategy. He then immediately shifted the focus by criticising the opposing leaders (in this case, it was the Premier of Queensland and the Premier of Western Australia who insisted on using the strategy) instead of directly blaming the "voices' of the people who supported the idea.

In addition to the above techniques, the use of conjunctions, such as "but", "although", and "despite the fact that", to connect contrasting expressions and the use of more credible 'voices' to reiterate speakers' claims were often employed by the Thai and Australian authorities in order

to close down opposing opinions, as the following examples illustrate:

“According to the statistics,...dining in at a restaurant risks the spread of COVID because people talk to each other without wearing masks. *Although* it is not a worrying cluster, it does create small hotspots here and there, especially at bars and pubs.” (Thai Ru Su COVID page, 29 Jun 2021)

“*The findings from contact tracing clearly showed that* ‘most cases’ came from construction sites where there were no strict prevention/control measures stipulated by the CCSA in place.” (Thai Ru Su COVID page, 29 Jun 2021)

“Following updated *health advice from NSW Chief Health Officer Dr Kerry Chant*, stay-at-home orders will apply to all people who live in regional NSW.” (NSW Health Facebook page, 14 Aug 2021)

While responding to dissenting public ‘voices’ negatively by rejecting them, counter-arguing them, or using more powerful ‘voices’ to drown them out makes the messages strong and powerful, closing them down as such often antagonizes those disagreeing with the point of view, because they feel that their opinions are bluntly rejected in public without the opportunity for them to counter-argue.

What the Government Wants to Say versus What People Want to Hear

The pandemic crisis requires governments to make timely decisions as the situation evolves daily. Each decision to do or not to do something inevitably generates public debate because different and diverse opinions are commonplace in multicultural societies. However, responding to different ‘voices’ by counter-arguing them in public discourse may not be the most effective way of communication when important messages need to reach the public during this critical time. Not only does it waste time and unnecessarily offend those who disagree with the government, but it also tends to take focus away from the key message that needs to be delivered to the public, minimising its exposure. Some incidents may even spark a dramatic public outcry and result in a never-ending war of opinion.

Responding to different “voices” by counter-arguing them
in public discourse may not be the most effective way of communication
when important messages need to reach the public during this critical time.

One technique that governments may consider using when it comes to public health communication is to limit to a single ‘voice’. This monogloss technique is based on the principle that



a message becomes clearer when other 'voices' are kept as minimal as possible. It is often used in legal documents or official government statements (Examples of the Australian Government's Statements). This has the advantage that the public receives the message their government wants to communicate - without public attention being divided by conflicting 'voices' - which is likely to minimise dissatisfaction and any backlash from those who disagree with the government's view.

However, this type of communication has its drawbacks. For example, the message may sound uninteresting and not attract attention as much as it should, especially when it is wordier than necessary. Moreover, frequent communication without responding to dissenting 'voices' may create an image of a government as cold-hearted and unsympathetic.

In public communication, the skill to balance responses to different 'voices' appropriately to the context is key to winning people's hearts. Based on a preliminary observation, the author found that most statements delivered by the Australian Government are short and precise, using a semi-formal language level, which is simple and easy to understand. Written statements are often conveyed through the monogloss technique to avoid responding to 'voices' conflicting with the key message. In some statements, recognition of the public's voices is made but it is positive and shows sympathy towards the receivers. An example is the final part of the Premier of New South Wales and the New South Wales Health Minister's lockdown announcement on 17 Jul 2021.

"These decisions have not been made lightly and we understand this is a difficult time for the community and appreciate their ongoing patience." (Statement from the Premier of New South Wales and the New South Wales Health Minister)

In public communication, the skill to balance responses to different "voices" appropriately to the context is key to winning people's hearts.

We can see the technique used to respond to the public operates at a higher level of audience engagement when the Australian authorities address the public directly. Oftentimes, they use positive word choices and open a wider space of argumentative discourse, and if it is deemed necessary to reject dissenting 'voices', it is mostly done indirectly, as mentioned earlier. (Examples of videos and messages to the people of New South Wales from the Australian Prime Minister's Facebook page)

By contrast, the Thai authorities' announcements, be it declarations of a state of emergency or statements from the Office of the Prime Minister, are highly formal, with complex and lengthy language structure and vocabulary. Despite their formality, responses to disagreeing 'voices' are still incorporated into the messages. Indeed, it often seems that the government's main aim is to respond to the audience's 'voices', which has become one of the unique characteristics of Thai-style communication. (Examples of the Office of the Prime Minister's declarations of a state of emergency and messages to the Thai people from the Thai Prime Minister's Facebook page)



In addition to the verbal language used, non-verbal language (i.e. gestures, facial expressions, eye expressions and tone of voice) is also an important component in creating meaningful 'voices' that appropriately convey the speaker's intention to the receivers. For example, in Australia, communication from the government to the public by press conference, whether from the

Prime Minister, the state premiers or government officials in various levels, is usually delivered with serious but friendly gestures, a solid and calm tone of voice, and sympathetic facial and eye expressions. However, if a politician or a government official shows disrespectful gestures against the public, whether through arrogant and belittling actions, unsympathetic verbal expressions, or aggressive gestures - even if slightly - the Australian public will not hesitate to call the person "un-Australian" and attack them immediately. (Example: NSW Health Minister Brad Hazzard slammed for 'trainwreck' press conference on state's worst covid day so far)

Alternatively, the way in which the Thai Government communicates to the public is what the Thai people are used to, whereby the government acts authoritatively and uses its discourses to teach, rebuke or reprimand people in the same manner as what a parent would do to a child or a supervisor to a subordinate. The level of formality and tone of voice it employs are often inconsistent, thus confusing people to a certain degree. For example, sometimes, the government employs highly formal gestures and tone of voice, to the extent that people cannot understand the message. On other occasions, the government chooses to do it half-playfully, half-seriously as if it is talking to a close friend, which tends to undermine the credibility of the message, such as the Department of Disease Control's advice about wearing masks, social- distancing and handwashing.

Transparent Information and Positive Attitudes are Key

This article discusses some techniques for verbal and non-verbal languages, which are essential elements in effective communication from a government to the public. What is most important when it comes to health communication is, in fact, transparent and verifiable information. Whether the public perceives the news as positive or negative, communicating the truth frankly will help a government earn public trust. And trust is what makes people cooperate with a government in the long run.

What is most important when it comes to health communication is, in fact, transparent and verifiable information.
Whether the public perceives the news as positive or negative.

Research led by Professor Michael Bang Petersen, a political scientist and COVID-19 management advisor to the Government of Denmark, confirms that sustaining public trust in authorities is vital to effective health communication, not only during the current pandemic, but also to promote positive outcomes in future health emergencies. On the other hand, non-disclosure of information for fear of public panic, despite yielding a positive result in the short term, will cause the public to continue to lose trust in authorities in the long run. Professor Petersen

therefore suggests that authorities must induce “optimistic anxiety” so that people are alert and anxious enough to follow authorities’ advice, and that they are given enough hope to convince themselves that the decisions they make will create positive changes. (For more information, please read “The unpleasant truth is the best protection against coronavirus.”)

A positive attitude is as crucial as transparent disclosure of information and truth. This means a mindset that shows respect towards the audience and views them as equal to oneself, with the trust that every individual has the intellectual ability to understand. An example is shown in the persistent outbreak in South Sydney and South Western Sydney where there are diverse ethnic groups who do not speak English in their everyday lives. While many people call for increased punishment against those in the community who fail to follow the government’s regulations, the health authorities of New South Wales instead chose to have their daily statements and other important information about COVID translated into as many as 60 languages. The provision of translations thus allows diverse communities to receive information in languages that they can best understand. (Example of COVID information in Thai and signs in different languages in New South Wales)

In a crisis, communicating health information to the public is a challenge for every government in developed and developing countries alike. It requires governments and officials to demonstrate both positive attitudes and sincerity when communicating with the public. Communication must be based on scientific evidence, not political motivation - be it a daily report on new cases, deaths, number of vaccinated people, or vaccination side effects and risks. Moreover, medical professionals and public health experts within the government’s public relations team must firmly adhere to medical principles and ethics. This is because their ‘voices’ are a powerful force in building public trust, encouraging the public to follow the government’s health policies, and preventing long-term failure in health communication.

Government ‘voices’ can never be powerful unless the ‘voices’ of the people are respected. Playing a game of ‘voices’ to increase political power may be what some government leaders do best. In reality, however, the most powerful ‘voices’ during the pandemic are the ‘voices’ that the people trust, easily understand and appreciate, not the ‘voices’ that keep numbers in the parliament under control or the ‘voices’ that command the armed forces.



The Naming of Digital Platforms and the Thai Government's Image in the Context of COVID-19 Management

Assist. Prof. Dr. Pasoot Lasuka

Literary Studies Department
 Faculty of Humanities, Chiang Mai University, Thailand

Original article published on Thairath Website
<https://plus.thairath.co.th/topic/speak/100671>

One of the more notable efforts made by the Thai Government to manage COVID-19 has been in its naming of the digital platforms it developed. The most important digital platforms deployed by the Thai authorities against the coronavirus to reduce public hardship have been mobile phone applications, COVID check-in websites, and the LINE chat application. For many, the names that Thai authorities gave to these platforms seemed to embody the egotism of the leadership of these authorities and their attitude toward the pandemic. This article suggests that the names the authorities chose for these platforms were indicative of a strong effort by these authorities to create a positive image for their pandemic management. Indeed, despite the platforms themselves failing to achieve their intended objectives, the positive perception created by the use of these platforms' names was in itself an important factor in eliciting a positive public response to government efforts to manage the pandemic.

Naming of Digital Platforms and COVID-19 Management

Countries have employed various digital platforms to contain the spread of coronavirus, with two of the most common and important being contact-tracing applications and COVID check-in QR (Quick Response) Codes. In general, Asia-Pacific nations responded quickly to the onset of the pandemic in early 2000 by developing such platforms. However, the most interesting aspect of these platforms to this author is not how 'intelligent' these platforms may be per se, but the specific names chosen for these platforms. Before discussing the names of various platforms used in Thailand, this article will first explore the names of platforms used in other countries.

The most interesting aspect of these platforms to this author is not how 'intelligent' these platforms may be per se, but the specific names chosen for these platforms.

The Australian Federal Government's Department of Health developed the "COVIDSafe" application as a contact-tracing tool. According to the Department's website, the application helps identify and track people who have been in close contact with people infected by COVID-19. The Government of Singapore developed a similar application, naming it "TraceTogether". Its feature, like Australia's COVIDSafe, is to notify people who have had close exposure to infected persons. Meanwhile, Japan released a similar application named "COCOA" (Contact-Confirming Application), working similarly to its Australian and Singaporean counterparts. China uses a wider variety of platforms, all of which require users to scan QR codes with their phones on which information regarding risk to the user is subsequently displayed. From these straightforward naming practices, we can readily understand both the purpose of these applications and the public advisory information which they provide. However, the thought processes of the Thai authorities in the naming of the Thai applications seem to differ somewhat from those of other countries in the region.



Technologically, Thailand seems not to have lagged the other countries mentioned in this regard. As early as March 2020, when the coronavirus spread to North America and Europe, Thailand's public and private sectors concurrently developed digital platforms to fight the spread of coronavirus. Indeed, a group of private programmers joined hands with Thailand's Digital Government Development Agency to develop the contact-tracing application called "Mor Chana"

[Winning Doctors], which resembles foreign developed applications by displaying users' GPS locations and alerting them when they have been in close contact with infected people or people who have previously had the virus. The Thai developers chose the "Mor Chana" [Winning Doctors] name to foster belief that the application would reduce the burden on healthcare workers, facilitate patient categorisation according to illness severity, and generally help to improve the effectiveness of healthcare services¹. The use of the Mor Chana [Winning doctors] name for the application was therefore intended to evoke a strong sense of connection between the public and the public health sector led by doctors.

Not long after the launch of Mor Chana, the Thai Government created another application for use as a central platform called "Thai Chana" [Winning Thais]. The application differs from "Mor Chana" in that it is not a full-on contact tracing application that alerts users in real time. Instead, users scan QR Codes when visiting public venues, and the platform records the data on a central database which users and public health authorities can access via the application to trace the timeline of those infected during an outbreak. The important point is that, compared to the non-Thai contact-tracing applications mentioned, the Thai Chana application name does not directly indicate its function or purpose. Instead, it refers to the desired result to be obtained from using the application, implying that if the public is conscientious in using the application to scan the Thai Chana QR Codes, Thailand's "winning against the pandemic" will be greatly assisted.

The Thai Chana application name does not directly indicate its function or purpose. Instead, it refers to the desired result to be obtained from using the application, implying that if the public is conscientious in using the application to scan the Thai Chana QR Codes, Thailand's 'winning against the pandemic' will be greatly assisted.

Mor Chana and Thai Chana are not the only Thai-developed digital platforms whose name origins are based on a desired result and the image of a "fight" against a biological threat. Several local government agencies developed their own platforms and named them according to similar thought processes. For example, Chiang Mai Province developed the "Chiang Mai Chana" [Winning Chiang Mai] QR Code check-in application. Subsequently, when the first vaccines became available, the provincial government created a vaccination booking application called "Kam Pang Wiang" (City Walls), and in a public relations campaign promoting the application, people were encouraged to "help build strong city walls" as protection from the coronavirus by registering for their vaccination. In the southern province of Phuket, an application of the same kind was named "Phuket Tong Chana" [Phuket must win]. Besides the words "to win" against

1. For an example of the campaign promoting the application, please visit <https://www.prachachat.net/ict/news-447255>.

and “to protect the city” from the threat, similar word choices conveying positive meanings were used to name other platforms. For example, Pattaya named its vaccination booking application as “Pattaya Prom” [Pattaya is ready], promoting the sense of a strong and united community to overcome the crisis. Meanwhile, authorities in Bangkok, which is often seen as a representation of Thailand, named their vaccination booking application “Thai Ruam Jai” [United Thais] despite the application being for Bangkok residents only.

While these various applications added to the public confusion when travelling to different parts of the country or when receiving other types of health care services, one uniform attribute shared by these digital platforms was a communication of the same basic theme—that Thailand could and would “win” against the pandemic because of its technological and public health “readiness” and the Thai people’s “unity and cooperation”. That said, such an outcome is the author’s interpretation of those platforms’ names only, and in fact, these locally developed applications produced outcomes far different than intended. In fact, partly as a result of this partial public policy failure, Thailand’s performance in managing the pandemic went from being praised by the international community for doing an excellent job until the end of the year 2020, to becoming a country considered having very poor capability in terms of pandemic management.

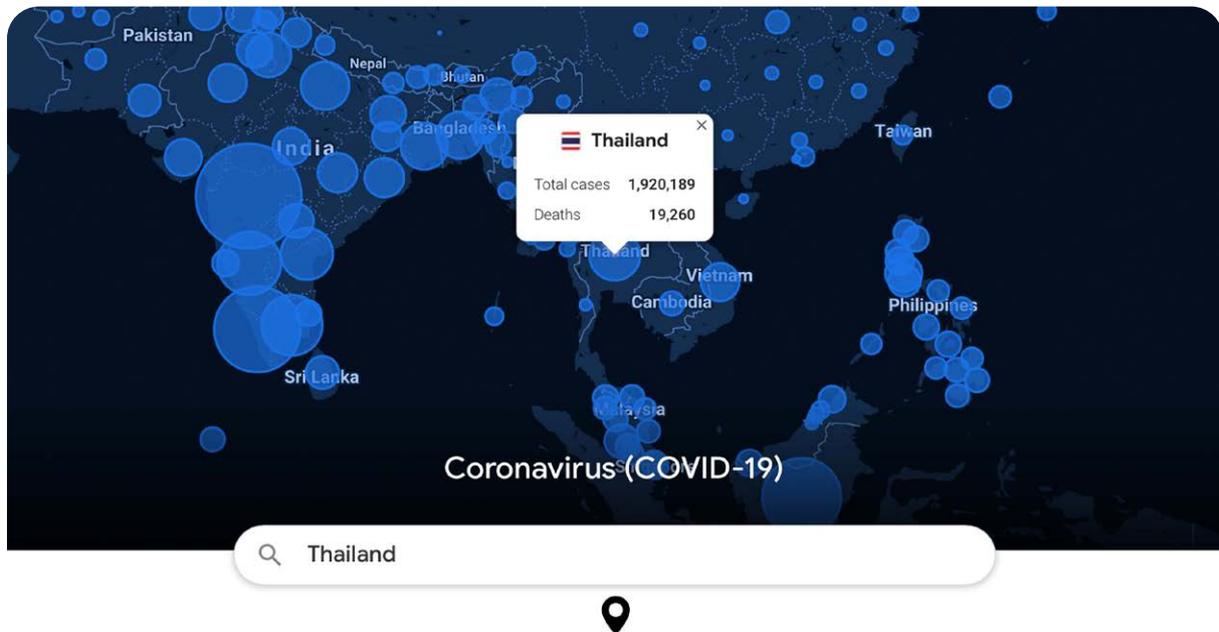
“Winning Thais” but Rising Case Numbers and Death Rate

When “Mor Chana” [Winning Doctors] was being developed in early 2020, the situation in Thailand still looked promising compared to China, Europe, and North America where new case numbers and death rates were soaring. Naming the application Mor Chana may have come from the Thai authorities’ confidence in the public health system and their general belief that the country would be “ready” to effectively contain the spread of the virus. At the time, many other countries were commending Thailand for its effective preparation and low infection rate. However, many epidemiologists warned that because COVID-19 was a newly emerging disease, many important aspects of it remained a mystery to modern medicine. At the time of writing this article, much uncertainty remains over mutation and transmission of the coronavirus. The stark reality for Thailand is that despite the positive messaging about the “morale” of Thailand “winning” against the pandemic, the rampant spread of infection and soaring death toll from COVID-19 has overwhelmed the country since mid-2020.

The stark reality for Thailand is that despite the positive messaging about the ‘morale’ of Thailand ‘winning’ against the pandemic, the rampant spread of infection and soaring death toll from COVID-19 has overwhelmed the country since mid-2020.

In mid-December 2020, a large COVID-19 cluster broke out in Samut Sakhon Province’s seafood factory district and fresh market. The number of infections hit the thousand mark in a matter of two weeks. It was by far the biggest outbreak in Thailand to that time, leading to considerable speculation about how it slipped through the cracks while strict border measures

were supposedly in place. Among those who tested positive with COVID-19 was Samut Sakhon Governor Veerasak Vichitsangsri, who had been constantly visiting the most affected areas. However, the outbreak in the area was satisfactorily controlled by implementing strict lockdown and entry/exit procedures.



ข้อมูลสรุปการระบาดของโควิด 19 ของประเทศไทย ณ วันที่ 2 พฤศจิกายน 2564, <https://news.google.com/covid19/map>

Worse was soon to follow, as the dream of Thailand becoming a “winner” turned into a nightmare at the start of 2021, when a fresh outbreak of the Delta COVID-19 variant erupted in the heart of Bangkok, making it more difficult to contain this outbreak because of the diverse groups infected and their constant travel to other areas of the country. Shortly afterwards, an outbreak emerged in Chiang Mai, coinciding with the final examination week when local university students went out to celebrate the end of semester. An investigation by the public health authorities indicated that the Chiang Mai outbreak was linked to the earlier cases in Bangkok. Following the incidents in Bangkok and Chiang Mai in early 2021, large clusters subsequently appeared in several other provinces.

Despite infections and deaths increasing between the end of 2020 and early 2021, the Thai government evidently did not see the need to change its thinking, as its methods, technology, and messaging remained basically the same. Another significant contributor to the worsening of the outbreak was an unnecessary delay in bringing quality vaccines to the country. Amid all the chaos it presided over, the government still stuck to the same approach: promoting the use of “Thai Chana” [Winning Thais] and maintaining Thailand’s image as a “to-be winner”, evidenced by several very unrealistic announcements about early re-opening of the country. These failures further exacerbated the problem by widening the already large credibility gap between what the government dreamed of achieving and the suffering people were enduring daily, which only added to the widespread public despair.

What Do Application Names Mean (to the Government)?

Naming these platforms may be one thing. But if we look at how these platforms have been utilised, we may understand why they were named after their desired results rather than functions.

Scholars in the academic circle of Thai culture studies have discussed “the Thai regime of images”. The concept refers to the differences between social images presented publicly and what people practise privately². The government’s efforts to create its image as capable of handling COVID-19 may have influenced the naming of platforms “Mor Chana”, “Thai Chana”, and the likes, rather than focusing on actual achievements. It was business as usual as long as the image of “We are winning” had been promoted. The local authorities also followed the same strategy. Chiang Mai, for instance, named an application “Chiang Mai Chana” [Winning Chiang Mai] while the extent to which the province stretched was plainly announcing timelines of infected people and long lists of venues closed after being visited by people with COVID-19.

The government’s efforts to create its image as capable of handling COVID-19 may have influenced the naming of platforms ‘Mor Chana’, ‘Thai Chana’, and the likes, rather than focusing on actual achievements.
It was business as usual as long as the image of ‘We are winning’ had been promoted.

The image created by the authorities affects how people behave. When we are required to interact with these applications whose names are ideological, we then “take them for granted³” or comply obediently with the mandatory protocols. We check-in before entering a venue by scanning a QR Code with our phones or filling out a paper-based contact register, not knowing whether it is just a mere formality or a valuable contribution to public health. In a personal anecdote, the author, who was trying to interact with these platforms the least, was required to scan a “Chiang Mai Chana” QR Code before boarding a flight from Krabi Province to Chiang Mai Province. The action did not guarantee that the author or Chiang Mai Province would clearly “win” against the coronavirus, as claimed by the application’s name. After getting off the plane in Chiang Mai, the author could freely leave the airport without further checks by the authorities. If

2. Peter A. Jackson. (2004). The Thai Regime of Images. *Sojourn: Journal of Social Issues in Southeast Asia*, 19(2), 181 – 218.

3. “Taking something for granted” here derives from the “interpellation” theory introduced by social philosopher Louis Althusser. Interpellation is the process by which individuals or groups of individuals in society act or behave in certain ways because they have internalised a culture’s or ideology’s values. Such actions transform individuals into “subjects”. For example, when a police officer shouts to stop someone and the person turns around to answer the call, he or she then becomes a “subject” to the ideology created by the state.

the author had had COVID-19, using the application alone that day would not have kept Chiang Mai safe from the virus.

The evidence suggests that the approach taken by the Thai Government gave too much importance to naming these digital platforms, as if these names gave it immunity against the coronavirus—and too little importance to developing and implementing effective public health policy solutions to the pandemic as well as to resolving existing problems which compromised its best efforts. There are many other examples of similar Thai application names besides the ones mentioned in this article, and together the consequences of their ineffectiveness are a scathing indictment of the Thai government's "regime of images" and its public policy. While authorities may have a legitimate desire to increase their power to control and improve public behaviour and the public response to the pandemic, complacent public policy labels are no substitute for the development of good public policy, efficient implementation, and effective oversight.



ภาพโดย สุราวิวัฒน์ ดงทอง

Salute to the Underappreciated Role of Thai Local Administrative Organisations in COVID-19 Prevention

Assoc. Prof. Dr. Viengrat Nethipo

Government Department Faculty of Political Science,
Chulalongkorn University, Thailand

Original article published on Prachatai
<https://prachatai.com/journal/2021/11/96008>

Thailand's ranking among the top countries for best COVID-19 response in 2020 came as a surprise to many. While some praised the Thai government for its achievement, many reprimanded it over various issues, leading to a constant chorus of public disapproval which exposed the government's authoritarianism, incompetence, and self-interest. However, against all odds, in 2020, the number of COVID-19 cases in Thailand remained zero long enough to enable the young generation to voice their concerns in street protests. The country's early success in dealing with COVID-19 was largely due to significant contributions by local administrative organisations (LAOs), although the role of local organisations, local leadership, and local networks was hardly noteworthy in the public eye, nor were these local institutions given credit by the central government, which in fact even tried to reign in local level power. This article will discuss the findings from a study that I co-conducted with Hatchakorn Wongsayan¹ about the vital role that local administrations played in curbing the spread of the coronavirus because their capability and accountability are directly related to the interests of local people and the role of democratic local governance. Indeed, despite long-delayed local elections, local government actions against the pandemic were a genuine reflection of democratic values and the public interest, although these issues remain of limited concern in Thai politics.

The role of local organisations, local leadership, and local networks was hardly noteworthy in the public eye, nor were these local institutions given credit by the central government, which in fact even tried to reign in local level power.

1. Wongsayan, Hatchakorn and Nethipo, Viengrat. "The Roles of Thailand's City Municipalities in the COVID-19 Crisis". in Contemporary Southeast Asia. Vol. 43/1 (April 2021) pp. 15-23.

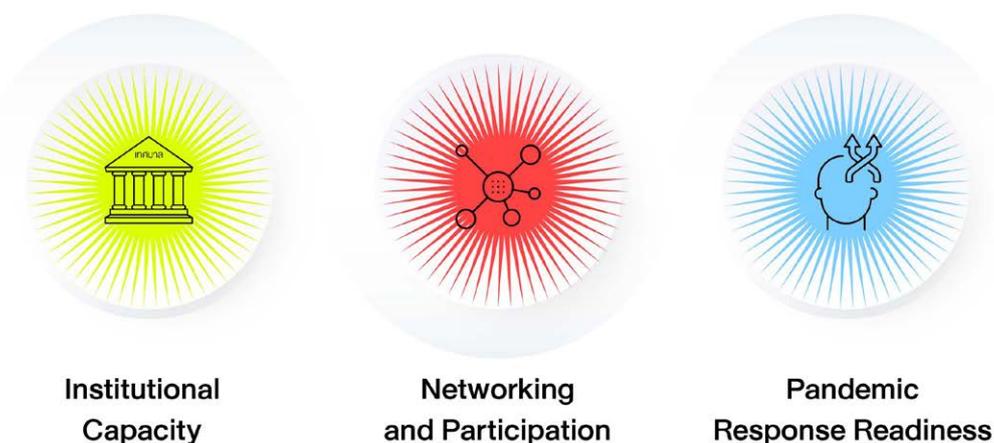
While the zero new cases of Covid that Thailand recorded for much of 2020 took a heavy toll on local businesses, worker health, and people's livelihoods, this article will focus on the role played by local administrative organisations and their work practices, because otherwise their contribution would largely go unnoticed and expensive lessons would be ignored.

This study analysed the response of two city municipalities with differing geographical features but comparable COVID-19 responses and similar budgets. The first city municipality, located next to Bangkok, has a population of around 80,000. It features a transport hub covering various modes of transport and routes, several large shopping centres, and accommodation for many middle-class and low-income people who work in Bangkok. The second city municipality has a population of around 120,000 and is located in a tourism-driven province. At the start of the pandemic, many tourists continued to visit the province, and several social gathering venues were still heavily patronised.

This study found that the most crucial factor in the successful control of the coronavirus during 2020 was the LAOs, because of the various management mechanisms they employed, utilising both formal by-law powers and informal powers through several levels of collaborative networks. Such efforts resulted in the two city municipalities being free of COVID-19.

The most crucial factor in the successful control of the coronavirus during 2020 was LAOs, because of the various management mechanisms they employed, utilising both formal by-law powers and informal powers through several levels of collaborative networks.

Municipal Response Capability to COVID-19



COVID-19 municipal response capability analysis covered three areas: 1) institutional capacity, 2) networking and participation, and 3) pandemic response readiness.

Institutional Capacity of Local Administrative Organisations (LAOs)

The first aspect of municipal response to the pandemic to be discussed is the institutional capacity of LAOs. Public health response provided the most accurate insight into how municipalities performed in this area, as it had a tangible impact on local communities. The most important finding was that these city municipalities demonstrated sound knowledge and expertise in the public health area as, at the start of the coronavirus outbreak, they immediately began exercising their existing authority and expertise.

Public health response provided the most accurate insight into how municipalities performed in this area, as it had a tangible impact on local communities.

Following Thailand's first coronavirus cases in January 2020, both these municipalities quickly responded using both their public health budget and central budget funding before the central government had given any relevant directives. Specifically, the two city municipalities in the study began educating people about preventive measures by running public relations campaigns in which they used billboards, LED screens, leaflets, community public address systems, websites, the municipalities' official Facebook fan pages, and the most accessible and effective two-way communication tool—LINE chat groups. Notably, LINE chat groups became a very effective method of getting news and updates out to the worried public.

Similarly, both municipalities directly procured personal protective supplies, such as PPE (personal protective equipment), N95 masks, and protective glasses, through the local healthcare agencies under their chain of command. The first municipality in the study has five healthcare centres, while the second one has a municipal hospital. Through these municipal healthcare providers, the two municipalities gained ad hoc access to vital supplies while following existing municipal guidelines; however, these guidelines were later amended to align with advice from the central government's Department of Disease Control.

Another mechanism which can reveal the municipalities' institutional capacity building is the Local Health Security Fund, founded by the National Health Security Office (NHSO) in 2006. The NHSO allocates funds to municipal administrative organisations and sub-district administrative organisations at 45 baht per capita. These LAOs then pay their contribution to the fund in proportion to the size of their organisations. For example, a city municipality would have to

contribute to the Local Health Security Fund no less than 60 per cent of the NHSO funding it gets allocated, with the fund being managed by the LAO's committee, chaired by the president of the LAO.

The fund's strength comes from the importance the LAO's leadership gives to public health and collaboration from other local stakeholders. To access the fund, public health providers (i.e. local hospitals and community health services centres) and civil society bodies (e.g. community committees, elderly clubs, and community volunteer clubs) submit a project proposal to request budget funding. Their proposed projects must serve the objectives of health promotion, disease prevention, rehabilitation, or proactive primary care. Projects commonly operating under such funding arrangements include disease education, group physical exercise activities, free health examinations, and home nursing care for bedbound patients.

Management of the fund empowers LAOs and enhances their public health capability and collaboration within their communities. Because the fund is more flexible and more readily accessible than the central government funding, local municipalities can more quickly respond to the spread of COVID-19, as evidenced by the shift in their role from giving project proposal approval to management and implementation of COVID-19 prevention projects. The NHSO also supported this development with new fund access criteria specifically for COVID-19 management, allowing LAOs to access the fund for swift and effective pandemic response.

In using the fund to facilitate response to emerging challenges, the two municipalities held meetings with their local civil networks to discuss segregation of tasks to ensure that project objectives would not overlap. Projects supported by the municipalities included workshops for making cloth face masks, mask neck straps, face shields, hand sanitisers; work space arrangements to ensure social distancing; provision of protective gear and safe work practice guidelines for public transport providers (e.g., vans, pickup trucks, and motorcycle taxis); providing lectures about communicable diseases and hand hygiene for students at municipal schools; providing home visits for elderly patients and chronically ill patients; and training on COVID-19 prevention for elderly citizen clubs, local business workers, and the Community Health Volunteer Association. The two municipalities each spent a similar amount of between 8-9 million baht in funding.

Besides public health, city municipalities have other existing disaster relief mechanisms in place, which helped these two municipalities fund the timely relief of COVID-19 victims using their existing funding mechanisms. For instance, the first municipality interviewed local households and granted a 1,000-baht payout to over 1,000 families, giving priority to those who were found to have been more severely affected by the pandemic, while the second municipality delivered to all registered households a bag of relief supplies containing five kilograms of rice, one bottle of palm oil, ten cans of tinned fish, and a large pack of instant noodles.

Networking and Participation

The second municipal strength is defined as networking and participation. Village Health Volunteers (VHVs) are the most vital civil society mechanism in municipal public health, working hand in hand with the city municipalities. Indeed, this powerful mechanism was the key to success in stopping the COVID-19 spread throughout Thailand in 2020 by largely preventing super-spreader events in local communities. This positive outcome was particularly evident in the second municipality, which included several congested, low socioeconomic communities. Selected by people in their communities, these VHVs receive standard health volunteer training and are responsible for carrying out orders issued by the central government's Ministry of Health. A VHV is typically responsible for 10-20 households in each community. With such close access to households, the VHVs play a crucial role in the overall primary care system, by helping communities understand the disease, distributing news, conducting health surveys, recording household health information, and promoting disease prevention.

Village Health Volunteers (VHVs) are the most vital civil society mechanism in municipal public health, working hand in hand with the city municipalities. Indeed, this powerful mechanism was the key to success in stopping the COVID-19 spread throughout Thailand in 2020, by largely preventing super-spreader events in local communities.

In January 2020, the Ministry of Health's Department of Health Service Support, which sits at the top of the chain of command in relation to VHVs, established the COVID-19 Emergency Operation Centre to provide guidelines on COVID-19 response. These guidelines prompted VHVs to check and maintain a community health database in order to provide timely tracking of those who were close contacts of covid cases and expedite quarantining and medical treatment. The VHVs carried out this process through stronger collaboration with the regional administration's hospitals, linking their work more closely with the nation-level public health. However, even without these central government directives, the VHVs already worked closely with their communities, particularly regarding preliminary monitoring and prevention of the spread of COVID-19. For instance, the VHVs in Chiang Mai monitored tourists visiting the communities while those in Pathum Thani Province's Rangsit Sub-district monitored returned overseas travellers in their areas.

VHV staff receive a salary and fringe benefits from the Ministry of Health; local municipalities do not directly employ them. However, VHVs work more closely and have stronger interpersonal relationships with municipal officials than with the regional administration's hospitals or provincial health offices. This is because VHVs used to come under the local municipalities' responsibility and project basis budget before the Ministry of Health transferred the VHVs to be under its au-

thority in 2008. During the COVID-19 pandemic, VHVs mostly worked with the Division of Public Health and Environment's officials, whose official duty was to control diseases. As one of the key resources, with around 300 and 1,500 VHVs in the first and second municipalities, respectively, these VHVs worked proactively around the clock in their municipal areas. One of their primary activities was to screen people at various provincial entry points, such as bus terminals and community checkpoints. In Chiang Mai, the VHVs also constantly worked with municipal police to implement social distancing measures and conduct body temperature screening at 30-40 privately organised food distribution locations. They also monitored people subject to 15-day home quarantine. Even before the hospitals informed them, they were able to keep in contact with COVID-19 close contacts through collaboration with Committee of Community Health leaders, and with Community Health Association volunteers via the LINE group chat communication channel. The Division of Public Health's municipal officials and the Municipal Council members, who were in charge of local decision-making and updating both provincial and central governments on progress, provided support for the VHVs' work and their collaboration with the communities.

Another testament to the strong relationship between the VHVs and the local communities was the establishment of the Community Health Association, which occurred after the VHVs' transfer to the Ministry of Health's authority in 2008. For instance, a group of locals from the first municipality in the study set up their own community health association to replace the transferred VHVs, with the view of maintaining a local health network to work directly with the community. The community then provided their members with training and supported them in carrying out various activities. In fact, two-thirds of the association members were also VHV workers, meaning they took up an extra role as a community health volunteer besides VHV duties. Their strong relationships with the community produced positive outcomes by supporting effective municipal management and strong collaboration with the community. In addition, these VHVs and community health volunteers also served as election canvassers during campaigning for local elections.

The robust networking of the VHVs and the community health volunteers also provided access to external resources. For example, in Chiang Mai, they could obtain tax deductions from the Excise Department for purchases of alcohol for making hand sanitisers. They also got free distilled water from the Electricity Generating Authority of Thailand for the same purpose, while local politicians provided them with free thermometers through the Provincial Administrative Organisation.

Response Readiness of Local Administrative Organisations in Tackling New Challenges

The third strength of LAOs is their ready response to tackling new challenges. For example, a recent Ministry of Health order issued under the Communicable Diseases Act 2015 assigned a new role to the LAOs' personnel, including mayors, municipal clerks, directors of the Department

of Public Health and Environment, and designated public health officers. This additional duty was to serve as communicable disease control officers whose main task included subpoenaing people for questioning and inspecting vehicles, buildings, and premises during daylight hours. The Act also prescribed punishment for those who failed to comply with the mandate.

While the Covid-19 outbreak was still relatively small, the central government issued three orders to give the staff of various central and regional administrative agencies the authority to act as communicable disease control officers. However, on 13 March 2020, it subsequently issued an additional order appointing municipal level officials as communicable disease control officers, which implied that the central and regional workforces were unable to control the outbreak.

This order to appoint municipal level officials as communicable disease control officers significantly increased municipal authority, making the battling against the pandemic much more effective. By utilising their already close connections with and excellent access to local communities, municipal authorities were able to readily assume these extra duties and play an essential part in fighting the spread of COVID-19.

This order to appoint municipal level officials as communicable disease control officers significantly increased municipal authority, making the battling against the pandemic much more effective.

Another instance of municipal staff being assigned new roles was that municipal police officers, whose regular duties would include the monitoring of hygiene and safety concerning street vendors, were given the additional task of ensuring proper social distancing practices at public places, such as food distribution locations and transport terminals.

Conclusion

In contrast to the central government's various failures in managing the Covid-19 pandemic and its role in the prolonged suspension of local-level democracy, LAOs, particularly city municipalities, have proven to be highly capable of handling one of the most daunting challenges faced by Thailand and the rest of the world. The strong performance of these local organisations has been reinforced by their health volunteers' knowledge, experience, and close connection with the community, as well as by the extensive health database available. While the central government's Centre for COVID-19 Situation Administration (CCSA) largely controlled Thailand's COVID-19 response, especially information distribution, at the local level, voters have witnessed the impressive performance of their municipalities in successfully curbing the spread of the coronavirus in their local communities.



Disparities, COVID-19, and School Closures

Assoc. Prof. Dr. Siripan Nogsuan Sawasdee

Government Department, Faculty of Political Science,
Chulalongkorn University, Thailand

A performance index for a country's COVID-19 management may not only be the numbers of infections and deaths but also the number of days schools are open or closed. Reputedly, schools should be the last places to be closed; in fact, shutting down schools should only be a last resort because schools are fundamental institutions in society producing future quality citizens. This article explores how primary and secondary schools in several countries adjusted themselves during the COVID-19 pandemic and how Thailand can apply these lessons to minimise the impact of the lost learning time on Thai students.

Arguably, if 31 December 2019 was counted as day zero of the then not-yet-named epidemic originating in China's city of Wuhan, it would have been nearly two years for the world to deal with several COVID-19 variants: Alpha, Beta, Gamma, Delta, Lambda Mu, and the newly emerged Omicron variant. Thailand recorded its first locally acquired COVID-19 case on 31 January 2020. Subsequently, on 26 March 2020, the country invoked the Emergency Decree on Public Administration in Emergency Situations, which so far has been extended until 31 January 2022. On 18 March 2020, the Cabinet resolved to postpone the reopening of all schools from mid-May to 1 July 2020. Since then on, several schools in Thailand have still not fully resumed face-to-face classes.

On 18 March 2020, the Cabinet resolved to postpone the reopening of all schools from mid-May to 1 July 2020. Since then on, several schools in Thailand have still not fully resumed face-to-face classes.

The “Lockdown Generation”

Thailand has not gone through this challenge alone. Most countries across all continents also shut down schools, and even several wealthy countries closed schools to reduce the

risk of infection. Countries' school closing measures can be grouped into two approaches: 1) Shutting down schools nationwide as a precaution, and 2) Leaving schools open if there was no outbreak in the community. According to a data analysis by UNICEF, Bangladesh, the Philippines, and Panama are the three countries that kept schools closed the longest over the past 18 months¹. In Finland, the government declared a state of emergency and closed all schools nationwide for only three days since WHO declared COVID-19 a pandemic in March 2020. In the United Kingdom, 44 per cent of primary schools halted their classes sometime during the pandemic. Another 21 per cent were not open fully, while the other 35 per cent remained open, as advised by the government. France was among the first countries to close schools since March 2020, but President Emmanuel Macron afterwards announced a policy to keep schools as open as possible,

resulting in France being one of the Western European nations with the highest number of days schools remained open, possibly after Switzerland, Iceland, and Sweden. In Germany, despite Federal Minister of Education and Research Anja Karliczek's decision to not shut down schools but to continue with face-to-face classes as usual, schools in some areas had inevitably to be closed in 2020. Interestingly, in many European countries, a decision to close or open schools does not entirely depend on the central government, but rather the local government and the school itself, without politicians' intervention. In addition, the negotiating power of the teachers' unions, whose priority was the safety of education staff, played a part in the conclusion of a decision. Therefore, in spite of the central government's policy of maintaining face-to-face learning, several schools came under intense pressure from the teachers' unions and, thus, opted to close as a safety precaution.

Australia and New Zealand, the sister nations in the Pacific Ocean, had different approaches to school closures. In 2020, schools in almost all Australian states and territories were rarely closed, in line with the uniform practice of keeping schools open as usual. The decision was perhaps made by also factoring in the previous year's results from the Program for International Student Assessment (PISA), which showed that Australian students' performance was declining compared to other OECD countries - a circumstance which school closures could have otherwise exacerbated². Also, because the Commonwealth of Australia comprises several states and territories, the authority to shut down schools rests with each state government. For example, Victoria and New South Wales had longer school closures than other states. Meanwhile, in New Zealand, Prime Minister Jacinda Ardern employed rigorous measures of closing the borders and schools despite few infections. From its experience, New Zealand suffered little when schools were closed following the 2011 Christchurch earthquakes; its high school students performed well because teachers made lessons more concise and focused

1. Sundstrom S. and Blackmore R. "Does missing a term due to COVID-19 really matter? What happened to student results after the Christchurch quake." ABC News. 17 April 2020. <https://www.abc.net.au/news/2020-04-17/will-missing-school-due-to-covid-19-matter-for-school-students/12154266>

2. Jonas Vlachos et al. "The effects of school closures on SARS-CoV-2 among parents and teachers." PNAS. 2 March 2021. 118 (9) e2020834118. <https://doi.org/10.1073/pnas.2020834118>

on what had to be learned³.

Research Confirmed School Closing Did Not Significantly Stop the Spread of the Virus

Sweden kept schools open throughout the COVID-19 pandemic and left it up to individual schools' consideration whether to close or open⁴. Sweden's approach to closing few schools was particularly interesting. When needed, the country closed senior high schools but kept junior high schools open to assess the impact of school closures and to gather evidence whether closing schools could minimise the spread of the coronavirus, and if so, to what degree. In its finding, keeping schools open resulted in slightly higher infections among parents but more than double infections among teachers and their partners. In spite of this, Sweden concluded that the benefit of closing schools was minimal and did not outweigh its detrimental impact upon the education system and students. Therefore, the country continued to keep schools open as much as it could and used preventive measures to ensure that teachers and school staff would be safe⁵. Findings from research in Japan⁶ and the United States⁷ also confirmed the same results.

After two years, most countries seemed to discern the fact that keeping schools open was not a contributor to outbreaks growing. Several countries, e.g. Singapore, Indonesia, Ireland, and the United States, began vaccinating children younger than 12 as a concurrent measure.

Lost Childhood and Learning Time

According to the United Nations, school closures, for which online learning had been substituted, have affected over 1.6 billion children in 190 countries, or 98% of the world's children population. The lack of classroom interactions with teachers and classmates not only hindered students' literacy and numeracy skills, but also their physical and emotional health. Many countries found that long school closures during the COVID-19 pandemic induced

3. Fukumoto, K., McClean, C.T. and Nakagawa, K. "No causal effect of school closures in Japan on the spread of COVID-19 in spring 2020." *Nat Med* (2021). <https://doi.org/10.1038/s41591-021-01571-8>

4. "Sweden keeps schools open during the Covid-19 pandemic: Results of the situation" Eurydice. 6 May 2021. https://eacea.ec.europa.eu/national-policies/eurydice/content/sweden-keeps-schools-open-during-covid-19-pandemic-results-situation_en

5. Jonas Vlachos et al. "The effects of school closures on SARS-CoV-2 among parents and teachers." *PNAS*. 2 March 2021. 118 (9) e2020834118. <https://doi.org/10.1073/pnas.2020834118>

6. Fukumoto, K., McClean, C.T. and Nakagawa, K. "No causal effect of school closures in Japan on the spread of COVID-19 in spring 2020." *Nat Med* (2021). <https://doi.org/10.1038/s41591-021-01571-8>

7. Inge Axelsson. "Schools do not need to close to reduce COVID-19 but other measures are advisable. 4 June 2021. <https://doi.org/10.1111/apa.15951>

stress in children, some of whom subsequently developed a depressive disorder because of an unsuitable learning environment at home, an inability to adjust themselves, or a lack of equipment for online learning. For young poor children in many countries, including Thailand, going to school means access to school provision of food, snacks, and milk. Closing schools jeopardised these vulnerable children's health, caused them to suffer malnutrition, and increased the risks of them being subject to forced labour, abuses, or, in some cases, forced marriage.

Widening Disparities When Schools Taught Online



All countries unanimously agreed that the effectiveness of remote learning is inferior to face-to-face learning, except for when students are equipped with necessary tools and can adjust to independent learning. Remote learning's lower effectiveness than face-to-face learning is mainly because of two following reasons:

All countries unanimously agreed that the effectiveness of online learning is inferior to face-to-face learning, except for when students are fully equipped with necessary tools and can adjust themselves to independent learning.

1. Disparities among learners in their access to and familiarity with technological tools: Such disparities were not common to poor countries only. Australia, South Korea, and the

United States also found the shockingly enormous gap between average students and their peers from low socio-economic backgrounds, with the largest disparities between private and public schools. It was found that most private school students were familiar with doing schoolwork and homework on computers regularly⁸. In Australia, Aboriginal and Torres Strait Islander public school students were four times as likely as non-Indigenous students to have no internet access at home⁹.

2. Teachers' inadequate digital competencies: The lack of adequate digital skills among teachers created as many problems as the lack of hardware and software tools among students. Had teachers never incorporated technology into teaching and learning prior to COVID-19, they would have faced a tremendous challenge within a pressing time frame. Teachers' inadequate skills, therefore, are significant obstacles to remote teaching in any country.

The Most Vulnerable Groups Are the Most Affected

A 2020 survey by the National Statistical Office of Thailand showed that nearly half of families in Thailand were not ready for their children's online learning. Of these families, 51 per cent did not have a computer, laptop, or tablet at home. 26 percent of them did not have internet access at home, and 40 per cent of them were concerned that they would not have time to constantly support their children in remote learning¹⁰.

Nearly half of families in Thailand were not ready for their children's online learning. Of these families, 51 per cent did not have a computer, laptop, or tablet at home. 26 percent of them did not have internet access at home, and 40 per cent of them were concerned that they would not have time to constantly support their children in remote learning.

Thailand's Equitable Education Fund (EEF) revealed that, in its August 2021 follow-up on 294,454 extremely destitute students, there were 43,060 students (14.6 per cent) who had not yet resumed their studies. Of these not-yet-returning students, there were 33,710 ninth graders

8. "OECD Policy Responses to Coronavirus (COVID-19) Strengthening online learning when schools are closed: The role of families and teachers in supporting students during the COVID-19 crisis." 24 September 2020. <https://www.oecd.org/coronavirus/policy-responses/strengthening-online-learning-when-schools-are-closed-the-role-of-families-and-teachers-in-supporting-students-during-the-covid-19-crisis-c4ecba6c/#figure-d1e177>

9. Guy J. "Digital equity audits are necessary for public schools in Australia". 24 February 2021. <https://www.ei-ie.org/index.php/en/item/23697:digital-equity-audits-are-necessary-for-public-schools-in-australia-by-jonathon-guy>

10. <https://www.unicef.org/thailand/th/press-releases/โควิด-19-คือวิกฤตที่หนักหนาสาหัสที่สุดสำหรับเด็กในประวัติศาสตร์-75-ปีของยูนิเซฟ> 9 ธันวาคม 2564.

and 8,699 sixth graders¹¹. By the organisation's definition, extremely destitute students are those who were so categorised in a screening or those from a family with an average income of 1,200 baht/person/month. In 2020, Thailand had 1.8 million extremely destitute students, and this number later rose to 1.9 million in semester 1/2021¹². In more tragic circumstances, children became orphaned by losing both parents or guardians to COVID-19. Many Thai students were, thus, predicted to be out of the education system in the foreseeable future, an issue no longer common in developed countries.

A survey in fiscal year 2021 showed worrying facts about underprivileged students in Thailand. In 23,864 Thai public schools under the reporting line of the Office of the Basic Education Commission (OBEC), there were 357,021 students in grades one to six who failed standard assessments, meaning that they are illiterate¹³. Underprivileged students often could not catch up with their peers and were languishing in the bottom of each year's student ranking. Such a learning gap would hamper these children's future job opportunities and income. Research indicated that about 18 per cent of Thai youth did not even own a book. Poor children in rural areas, especially in the Northeast, had low expectations for their future and significantly foresaw themselves with fewer opportunities and possibilities for a promising future than better-off and metropolitan students.¹⁴

Positive Attitudes towards Education More Important Than Technology

Providing students with access to technological tools may not be as crucial as inculcating an attitude of perseverance. With a positive attitude towards education, students would nourish their continued desire to learn while their schools are closed and would be self-driven towards their learning goals. Parents and teachers can instill such a positive attitude in students through support and attentiveness¹⁵. However, parents who struggle to make ends meet, living from hand to mouth may have less time to tend to their children than those who are already well-off, well-educated, and have useful connections. It is a striking reality that traps people in a vicious circle of social disparities. School teachers, therefore, shoulder the burden of minimising the gap between families from different socio-economic statuses to remedy the disparities. Shutting down schools placed the burden of educating children on

11. “กองทุนเพื่อความเสมอภาคทางการศึกษา. กสศ-ธนาคารโลก ห่วงปัญหาความเหลื่อมล้ำการศึกษาพุ่ง ชี้ต้องเร่งยกระดับคุณภาพ รร.อย่างทั่วถึงและมีมาตรฐานพิเศษ.” 4 กันยายน 2564. <https://www.eef.or.th/news-eef-world-bank-raise-the-quality-of-the-school/>

12. “เจาะข้อมูล เด็กหลุดจากระบบการศึกษา เมื่อป้ายผ้าและการชวนคอสะท้อนปัญหาที่รุมเร้าเด็กไทย.” The Standard. 7 กันยายน 2021. <https://m.facebook.com/thestandardth/photos/a.1725541161072102/2844631549163052/?type=3&source=48>

13. โครงการจัดหาถุงยังชีพการศึกษา เสริมปัญญาเยาวชนและวัสดุอุปกรณ์การพัฒนาทักษะการเรียนรู้ ภาษาไทยตามโครงการส่งเสริมและพัฒนาการพูด อ่าน เขียนภาษาไทย สำนักงานบริหารกิจการเหล่ากาชาด สภากาชาดไทย

14. Siripan Nogsuan Sawasdee. Thai Youths: Perspective and Hopes. Report presented to the Friedrich Ebert Stiftung, Thailand Office. 2021.

15. Peterson, A. et al. “Understanding innovative pedagogies: Key themes to analyse new approaches to teaching and learning”, OECD Education Working Papers, No. 172, OECD Publishing, Paris, 2018. <https://doi.org/10.1787/9f843a6e-en>

parents, and many of them were not ready to cope. This finding indicates why closing schools should be a last resort.

Parents who struggle to make ends meet, living from hand to mouth may have less time to tend to their children than those who are already well-off, well-educated, and have useful connections. It is a striking reality that traps people in a vicious circle of social disparities.

Let's Look Ahead and Plan the Way Forward

The lack of adequate digital skills among teachers

created as many problems as the lack of hardware and software tools among students.



Had teachers never incorporated technology into teaching and learning prior to COVID-19, they would have faced a tremendous challenge within a pressing time frame. Teachers' inadequate skills, therefore, are significant obstacles to remote teaching in any country.

Government payouts failed to address the root cause of the unfulfilled learning and truncated teaching during the COVID-19 pandemic.



The government should have cascaded its educational assistance down "in layers"; that is, to use a tailored approach to help each group of students based on their circumstances, with a priority given to the highly vulnerable groups, ensuring that they will not be languishing at the bottom end or left to their eventual fate.

What is even more important is **long-term readiness.**

It can be achieved by raising teachers' and education staff's awareness of building inspiration and positive attitudes towards learning in students and by building their skills in using digital tools to create meaningful learning processes.



To facilitate teachers to achieve these goals, **unnecessary duties outside teaching**, e.g. working towards a higher accreditation and creating needless reports, **must be reduced.**

All countries, regardless of their economic status, are facing a digital divide. The United Kingdom, Germany, the United States, and Australia all have students who lack technological tools. However, countries with strong financial resources can assist schools, teachers, and students in various forms more quickly and thoroughly. Examples of their help included loaning laptops and digital tools to students, providing free internet access, creating user manuals for parents to help their children with learning tools, and mobilising resources to improve teachers' skills to enhance the quality and effectiveness of teaching and learning.

Thailand's relief came as a 2,000-baht payout per head to around 11 million students under the Ministry of Education from kindergarten up to grade 12 and vocational education

levels, costing over 23 billion baht in budget.¹⁶ The government also put other measures in place to lessen the burden of parents. However, these payouts and measures failed to address the root cause of the unfulfilled learning and truncated teaching during the COVID-19 pandemic. In fact, the government should have cascaded its educational assistance down “in layers”; that is, to use a tailored approach to help each group of students based on their circumstances, with a priority given to the highly vulnerable groups, ensuring that they will not be languishing at the bottom end or left to their eventual fate.

The government should have cascaded its educational assistance down “in layers”; that is, to use a tailored approach to help each group of students based on their circumstances, with a priority given to the highly vulnerable groups, ensuring that they will not be languishing at the bottom end or left to their eventual fate.

What is even more important is long-term readiness. It can be achieved by raising teachers' and education staff's awareness of building inspiration and positive attitudes towards learning in students and by building their skills in using digital tools to create meaningful learning processes. To facilitate teachers to achieve these goals, unnecessary duties outside teaching, e.g. working towards a higher accreditation and creating needless reports, must be reduced.

The most important thing is to keep school closures as a last resort. The measure is not worth doing at the expense of the future of Thai students who have already lost far too much learning time.

16. “เปิด 3 มาตรการ กระทรวงศึกษาธิการเยียวยาภาระค่าใช้จ่ายสร้างอนาคตชาติยุคโควิด 19.” ไทยรัฐออนไลน์. 3 สิงหาคม 2564. <https://www.thairath.co.th/news/local/2155593>



ภาพโดย สุรวัดน์ คงทอง

Society-Oriented Immunity of the Vaccines: Perception, Hesitancy, and (Non) Acceptance

Assoc. Prof. Dr. Jakkrit Sangkhamanee

Faculty of Political Science, Chulalongkorn University

and

Abhirat Supthanasup

National Centre for Epidemiology and Population Health, The Australian National University

Original article published on THE STANDARD
<https://thestandard.co/social-immunity-of-vaccines/>

The phenomenon pertaining to the coronavirus pandemic and the efforts to curb its spread entails several social dimensions. The outbreak of the virus is fundamentally linked to the biological dimension of the virus, its environment, and the health of living organisms such as human beings. However, besides the biological dimension, the outbreak concerns the physical dimension related to close relationships, spatial relations, and physical contacts. It also involves technical elements, particularly the development, storage, and distribution of the vaccine as well as the evaluation of humans' bodily reactions to the virus and the vaccines. Most importantly, it has social and political implications as the spread of the virus and the efforts to curtail it are strongly entwined with the credibility of the production of the vaccines, the transparency of the information on the vaccines, the fair procurement and distribution of the vaccines, and the public attitudes towards the management of the outbreak in society.

Therefore, to understand the pandemic and the efforts to contain the spread of the coronavirus, we need to consider the ecology or the multi-layered and inextricable relationship of the vaccines' biological, physical, technical, social, and political perimeters.

Therefore, to understand the pandemic and the efforts to contain the spread of the coronavirus, we need to consider the ecology or the multi-layered and inextricable relationship of the vaccines' biological, physical, technical, social, and political perimeters.

The vaccines' mechanism, successes, and limitations in providing immunity to society is, hence, not only about their effectiveness in providing virulence-oriented immunity for humans but more so about whether they have society-oriented immunity when being developed, acknowledged, accepted, and endowed to be expansively accessible in society.

In this paper, we are citing Australia's and Thailand's management of the pandemic as a case study to demonstrate, on one hand, the ecology and the manufacturing process, the procurement, the provision of information and the campaigns, and the distribution of the vaccines to the population, and on the other hand, people's perception, attitudes, and concerns, which eventually lead to accepting or rejecting vaccination. We propose that different types of vaccines exist in, are accepted by, and have become a part of society to varying degrees. The difference in how each vaccine has been widely accepted and functioned in society stems not only from vaccines' different potential efficacy, but also from vaccines' different "society-oriented immunity."

The Ecology of the Vaccines



Vaccination has been a vital mechanism to prevent and curtail the spread of a disease. It is a safe and cost-effective public health intervention that can efficiently reach out to the world population with its diversity in races, faiths, age ranges, sexuality, financial status, and political systems¹. Vaccines have been employed to manage different diseases in both humans and other living beings. The success of vaccination has made smallpox become relegated to history and will soon eradicate framboesia, poliomyelitis, and malaria.

1. Casiday, Rachel E. 2005. "Risk and trust in vaccine decision making" *Durham Anthropology Journal.*, 13 (1).

In this regard, vaccination has provided immunity to protect health and save lives and is an essential tool for the survival of humanity.

Vaccines, despite being technical products of biological and medical sciences, have never existed independently of social and political valuations. The technical process in laboratories is a key factor in acquiring an efficacious, safe, and transportable vaccine; nonetheless, it is only part of a success in providing immunity to eradicate and prevent the disease. In actuality, another element of success in disease prevention is an appropriate administration of the vaccines as well as the fact that said vaccines have public trust and the use of vaccination has to be widespread.²

Even though vaccines are technical products of biological and medical sciences, they have never existed in independence of social and political valuations.

During the coronavirus pandemic, basic measures in social distancing, mask wearing, hand washing, quarantine regulations, and contact tracing have been widely and universally employed. These measures are nothing novel as they were used to contain quite effectively the spread of previous viruses such as SARS and MERS. However, said measures are not sufficient in containing this outbreak since the coronavirus can be transmissible during the asymptomatic phase. Swift and all-inclusive vaccination is, thus, believed to be a long-term solution in dealing with this disease.

A vaccine development process comprises several stages and usually starts in a laboratory somewhere in the world. Sinovac (or CoronaVac) was jointly developed by Sinovac Biotech and Wuhan Institute of Biological Products, AstraZeneca by a team of Oxford University researchers, and Pfizer by the U.S. pharmaceutical company Pfizer Inc. in collaboration with the German BioNTech. These scientific institutions and pharmaceutical industry research organisations have played a crucial role in laying foundations for the paths and frameworks of different vaccines' mechanisms, offering more options to the public. Still, it should be noted that the development of a vaccine starts with collecting specimens of the virus that has been spreading in society to study its genetics, biophysical characteristics, survival mechanisms, and transmissibility in the real world. Also, the development of a vaccine stems from social concerns as the disease is destroying human lives and economic and political stability, and it is being implemented while the whole hopeful world is watching.

2. Fuentes, Agustin. 2020. A (Bio)anthropological View of the COVID-19 Era Midstream: Beyond the Infection, *Anthropology Now*, 12:1, 24-32, <https://doi.org/10.1080/19428200.2020.1760635>

The development of a vaccine starts with collecting specimens of the virus that has been spreading in society.

The specimens collected from the environment are then tested and developed in a laboratory. Despite being conducted in closed space, this process is usually closely monitored by the public. The public scrutinises and critiques all procedures: development paths for inactivated vaccine, recombinant protein vaccine and mRNA vaccine; in vitro phases; in vivo phases; progress and efficacy presentations; and recognition from national public health institutes as well as international organisations such as World Health Organization.³

Amid the pandemic, more widespread are human curiosity, debates, and valuation of different vaccines in different corners of the world.

Vaccines always arise from the midst of the social dynamics and hope.

Vaccines' Perception and Reality



3. Terence S. Dermody, Daniel DiMaio, Lynn W. Enquist. 2021. "Vaccine Safety, Efficacy, and Trust Take Time" Annual Review of Virology 8:1, iii-iv. <https://doi.org/10.1146/annurev-vi-08-102220-100001>

On “Good Vaccines” and “Better Vaccines”

In Australia, the Australian Technical Advisory Group on Immunisation (ATAGI) plays a crucial role in advising the Minister of Health on the medical administration of vaccines as well as advising research organisations and others.⁴ In response to AstraZeneca safety concerns, ATAGI issued a statement on 8 April 2021 recommending Pfizer as the preferred vaccine for those under 50 years. This recommendation was based on a potentially increased risk of thrombosis with thrombocytopenia syndrome (TTS) following AstraZeneca vaccine in those under 50 years.⁵ On 17 June 2021, ATAGI issued a statement recommending Pfizer as the preferred vaccine for those aged 16 to under 60 years. The recommendation was revised because of a higher risk of TTS related to the use of AstraZeneca observed in Australia in people aged between 50-59 years.

From early April to 16 June 2021, 60 confirmed or probable TTS cases were reported in Australia. This included an additional seven cases reported in the previous week in people between 50-59 years, increasing the rate in this age group from 1.9 to 2.7 per 100,000 AstraZeneca vaccine doses. TTS was a serious condition with the overall case fatality rate in Australia at 3% (2 deaths among 60 cases).⁶ AstraZeneca had been selected as the main injection vaccinating the country; however, ATAGI's recommendation affected public confidence in the vaccine, which in turn impacted the country's vaccine rollout plan since Australia had secured 53.8 million doses of AstraZeneca vaccine with 50 million doses manufactured in Australia, while only a limited number of Pfizer vaccine doses were procured.⁷

ATAGI's recommendation caused a problem; there was a public perception that there were two vaccines: the “good” one and the “less good” one. So, people were asking, “Why can't I have the good one?”⁸ The risk of getting AstraZeneca was compared to other risks, such as the chance of dying from a lightning strike or in a car crash, but people still compared the AstraZeneca risk to that of Pfizer. This fear resulted in cancellations of AstraZeneca bookings and concerns about receiving the second dose of AstraZeneca.

4. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Government; Department of Health. <https://www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi>

5. Australian Technical Advisory Group on Immunisation. ATAGI statement on AstraZeneca vaccine in response to new vaccine safety concerns. Canberra: Australian Government, Department of Health; 2021. <https://www.health.gov.au/news/atagi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>

6. Australian Technical Advisory Group on Immunization. ATAGI statement on revised recommendations on the use of COVID-19 Vaccine AstraZeneca, 17 June 2021. Canberra: Australian Government, Department of Health; 2021. <https://www.health.gov.au/news/atagi-statement-on-revised-recommendations-on-the-use-of-covid-19-vaccine-astrazeneca-17-june-2021>

7 Australia's vaccine agreements. Australian Government, Department of Health; 2021. <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/about-rollout/vaccine-agreements>

8. Frances Mao. Covid vaccine: Why are Australians cancelling AstraZeneca jabs?; 22 June 2021. <https://www.bbc.com/news/world-australia-57549796>

ATAGI's recommendation caused a problem;
there was a public perception that there were two vaccines:
the "good" one and the less "good" one. So, people were asking,
"Why can't I have the good one?"

The Household Impacts of COVID-19 Survey conducted by the Australian Bureau of Statistics in June 2021 showed that 15% of all unvaccinated Australians said they had not received it because they wanted a different vaccine to what was available to them.⁹ The number of unvaccinated people waiting for a different vaccine rose to 35% among those aged 50-69.¹⁰ 52% of those who did not want the vaccine raised side effects as an issue, while 15% were concerned about the vaccine's efficacy.

Contradictory information confounded the public. The National Cabinet Statement 2021, issued on 28 June 2021, noted that general practitioners could continue administering AstraZeneca to Australians under 60 years of age.¹¹ Prime Minister Scott Morrison also urged any adult regardless of their age, including those under the age of 40, who wanted the vaccine to get it after consulting a general practitioner¹² despite the fact that ATAGI had revised the age recommendation for AstraZeneca from over 50 years of age to over 60 after it was found that those aged in their 50s had a potential risk of TTS. The prime minister's statement caused confusion among the public as well as concerns among general practitioners who continued to endorse ATAGI's advice that Pfizer was the preferred vaccine for under-60s.¹³

Even though Pfizer was regarded as a better vaccine than AstraZeneca, online misinformation instilled concerns in some communities about the new mRNA technology used to produce Pfizer. For example, posts on Chinese social media platform WeChat were spreading the false claim that mRNA vaccines could affect a person's DNA and gene expression. It was reported that said misinformation was shared in at least five active WeChat groups, where over 2,000 Chinese Australians discussed and shared this information. Such misinformation caused misunderstand-

9. Australian Bureau of Statistics. Household Impacts of COVID-19 Survey; 14 July 2021. <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/latest-release# covid-19-vaccination>

10. Christopher Knaus. One in four unvaccinated Australians over 70 waiting for 'different vaccine'; 14 July 2021. <https://www.theguardian.com/australia-news/2021/jul/14/one-in-four-unvaccinated-australians-over-70-waiting-for-different-vaccine-poll-finds>

11. National Cabinet Statement; 28 June 2021. <https://www.pm.gov.au/media/national-cabinet-statement-5>

12. Bevan Shields. AstraZeneca creator says Australia's mixed messages on vaccine may cost lives; 30 July 2021. <https://www.smh.com.au/world/europe/astrazeneca-creator-says-australia-s-mixed-messages-on-vaccine-may-cost-lives-20210730-p58e8v.html>

13. Christopher Knaus. Some GPs refuse to give AstraZeneca jab to young Australians eager to get Covid vaccine; 29 June 2021. <https://www.theguardian.com/australia-news/2021/jun/29/some-gps-refuse-to-give-astrazeneca-jab-to-young-australians-eager-to-get-covid-vaccine>

ings to people who had no medical background.¹⁴ False claims as well as misinformation were shared on social media by those who did not speak English as their first language. Conflicts over COVID-19 and the safety of vaccines arose in families where members did not speak English and received information from international sources.¹⁵

On “Best Vaccine”: mRNA Better Than Viral Vector Better Than Inactivated Vaccine

In Thailand, there were disputes about the efficacy of each type of the three vaccines, namely mRNA vaccines (Pfizer and Moderna), viral vector vaccines (AstraZeneca), and inactivated vaccines (Sinovac and Sinopharm). Most people did not accept Sinovac for its inefficacy against the Delta variant, as indicated in the Ministry of Public Health's study on Sinovac's efficacy in Thailand. The study showed that Sinovac was 90% effective against the Alpha variant and 75% effective against the Delta. This reported result triggered many online discussions and criticisms over the credibility of said study.¹⁶ Concerns over Sinovac's efficacy drove people's demands for mRNA, as seen in a great number of advance Moderna vaccination bookings. On 5 July 2021, Ramathibodi Hospital's website crashed due to the high traffic for Moderna bookings.¹⁷ The websites of all private hospitals in Nakhon Ratchasima Province also crashed when the locals tried to make bookings for the second batch of Moderna.¹⁸

Most people did not accept Sinovac
for its inefficacy against the Delta variant.

Apart from their concerns about different types of vaccines, people also felt apprehensive about the mix-and-match approach. On 12 July 2021, Thailand's National Communicable Disease Committee approved the administration of mix-and-match vaccines. The Committee noted

14. Bang Xiao, Tahlea Aualitita, Natasya Salim and Samuel Yang. Misinformation about COVID vaccines is putting Australia's diverse communities at risk, experts say; 4 Mar 2021. <https://www.abc.net.au/news/2021-03-04/covid-19-vaccine-misinformation-cald-communities/13186936>

15. Erwin Renaldi. Families divided over COVID-19 misinformation from conflicting news sources; 6 Apr 2021. <https://www.abc.net.au/news/2021-04-06/families-divided-over-covid-coronavirus-misinformation/100038156>

16. PPTV Online. ชาวเน็ตถล่มเดือด ผลศึกษา สธ. พบ “ซิโนแวค” ป้องกันโควิดอัลฟา 90% เดลตา 75%. 21 กรกฎาคม 2564. <https://www.pptvhd36.com/news/%E0%B8%AA%E0%B8%B8%E0%B8%82%E0%B8%A0%E0%B8%B2%E0%B8%9E/152229>

17. PPTV Online. ยอดจอง “โมเดอร์นา” เต็มแล้ว ปชช.แห่จองวันแรกจนเว็บร.รามาฯล่ม. 5 กรกฎาคม 2564. <https://www.pptvhd36.com/news/%E0%B8%AA%E0%B8%B8%E0%B8%82%E0%B8%A0%E0%B8%B2%E0%B8%9E/150884>

18. Maticchon Online. ชาวโคราชแห่จอง ‘โมเดอร์นา’ เอกชนจนเว็บล่ม – รพ.มหาราชจ่อเปิดจอง ‘ซิโนฟาร์ม’ 3 ส.ค. 30 กรกฎาคม 2564. https://www.maticchon.co.th/region/news_2857121

that those who got Sinovac for their first shot could have AstraZeneca for their second dose with a 3-4 week waiting period to increase the vaccine's efficacy against the mutated Delta coronavirus. This recommendation caused trepidations among the public since the World Health Organization had issued a warning against the mix-and-match approach, citing that only a few studies supported the practice. People got confused, worried, uncertain, and unhappy that they would become guinea pigs while Prof. Dr. Yong Poovorawan affirmed that he had studied and evaluated the efficacy and side effects of the mix-and-match formula.¹⁹

The concerns over the efficacy and side effects of the vaccines as well as lack of public trust in the recommendations from the government and the experts representing the government resulted in a delay in the rollout of Sinovac, the primary vaccine for Thailand at that time. Also, people had to carry the financial and time burden of booking alternative vaccines with private hospitals. Due to the resulting distrust and discontent, the Public Health Minister's and experts' slogan "The best vaccine is the one you can get the soonest" became a joke in Thai society and got ridiculed widely on social media platforms.

The concerns over the efficacy and safety of the vaccines
as well as lack of public trust in the recommendations
from the government and the experts representing
the government resulted in a delay in the rollout of Sinovac.

Weak Vaccines

Weak vaccines, aside from their efficacy, are those that are not trusted by society, as they are not accepted due to unclear information, lack of transparency in procurement, and untrustworthy campaigns. Prospective vaccine recipients' worries reduce a vaccine's social-oriented immunity. Amid the perception, hesitancy and (non) acceptance of a vaccine, what could be effective immunisation for a vaccine when it is to be administered in a community is to mitigate the public's anxiety as well as ensuring legitimacy and acceptance of the vaccine.²⁰

In the next paper, we will discuss another important procedure to give the vaccine society-oriented immunity, namely relevant agencies' campaigns for societal acceptance of the vaccine.

19. BBC Thai. นายกฯ ให้เดินหน้าฉีดวัคซีนโควิดสูตรผสม แต่ รพ. บางแห่งประกาศงดฉีด กั้นความสับสน. 14 กรกฎาคม 2564. <https://www.bbc.com/thai/thailand-57832770>

20. Larson, Heidi J. 2018. "Politics and public trust shape vaccine risk perceptions" *Nature Human Behavior* 2:316. <https://doi.org/10.1038/s41562-018-0331-6>



The World and Thailand in Perspective after Two Years of COVID-19

Assoc. Prof. Dr. Siripan Nogsuan Sawasdee

Associate professor, Government Department
Faculty of Political Science, Chulalongkorn University, Thailand

Original article published on Thairath
<https://plus.thairath.co.th/topic/spark/102148>

At the time of writing, people in many countries worldwide are roaming streets freely without masks on their faces after the number of COVID-19 cases in 184 countries has reached 613 million, after 12.6 billion administered doses of vaccines, and 6,517,051 deaths¹ (compared to about 70-85 million deaths in World War II). In Thailand, the official daily report now shows only 1,321 new cases and 14 deaths. As things overall are easing, it seems Thailand will soon announce the COVID-19 pandemic as endemic in October, delaying its original plan to do so since July. This article invites you to look in retrospect at this emerging infectious disease through two lenses: one to look at the big picture of COVID-19 worldwide through a comparison across various dimensions and the other one to examine how Thailand responded to COVID-19 from day one, 31 January 2020, when the first case was reported in the country to its turning point, and to identify the lessons learned.

4 Performance Indexes of COVID-19 Responses Worldwide

The Lowy Institute² studied global COVID-19 responses using data from 116 countries over 43 weeks in 2021 and gave the performance score of 0 to 100, with 0 representing the lowest effectiveness and 100 representing the highest effectiveness. Its findings can be summarised as follows:

1. Regions: The Lowy Institute ranked regions' performance of COVID-19 responses in the order of highest to lowest as Asia-Pacific, the Middle East and Africa, Europe, and Americas.

1. ทั่วโลก Our World in Data และ JHU CSSE COVID-19 Data

2. <https://interactives.lowyinstitute.org/features/covid-performance/>

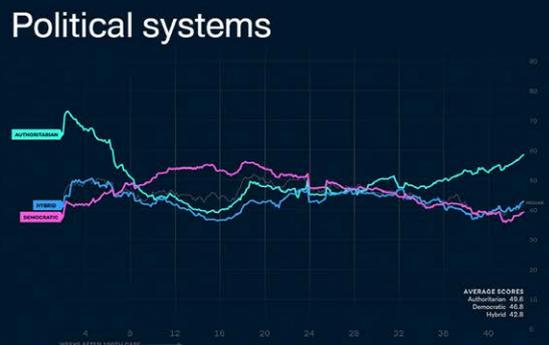
Covid Performance Index

Lowy Institute (2021)

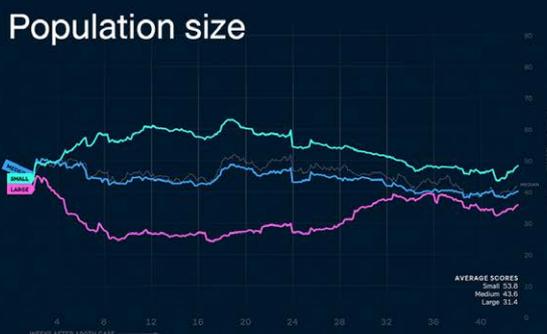
Regions



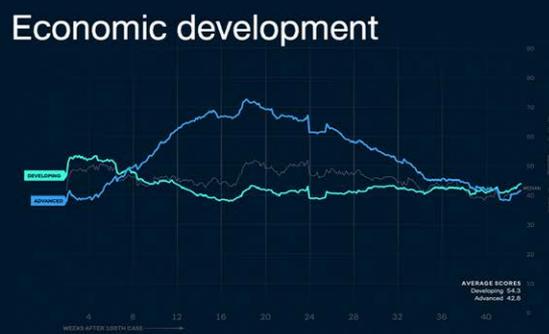
Political systems



Population size



Economic development



However, details of countries in the same region can vary. For instance, Taiwan, a small country, and countries with no land border like Australia and New Zealand were successful in their pandemic responses, while India, Indonesia, and the Philippines took a long time to turn the crisis back to normal. In terms of vaccine accessibility, Africa had the lowest vaccination rate. By country, only 4 in 100 people in Haiti and 14 in 100 people in South Sudan were vaccinated against COVID-19.³

2. Political systems, defined as a set of rules that grants authorities political powers and allows them to exercise those powers, are the common tools used by all countries, regardless of their types of regimes, to contain the spread of COVID-19. Governments around the world implemented various stringent measures and restrictions, such as social distancing, mandatory mask wearing, home isolation, lockdowns, and border closures. Although each government's varying degrees of restrictions reflected the nature of each political system, it was found that different political systems did not significantly affect how well countries handled the pandemic.

3. <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/#global>

On one hand, authoritarian countries were able to slow the spread effectively during the initial outbreak of the virus, presumably because their leaders have more control over the social aspect of citizens' lives, the media, and bureaucracy without the need to also weigh up transparency and checks and balances on their scale. On the other hand, most democratic countries, with the mechanism of accountability and individuals' freedom to advocate for their rights, began their pandemic responses with more difficulties, but over time were able to achieve satisfactory outcomes, at least until the newer variants emerged. Hybrid regimes, such as Bolivia and Ukraine, did not cope very well with the pandemic, with only 30% and 36% of population respectively having been vaccinated against COVID-19. Cuba, a communist country, had the highest vaccination rate per capita of 95.1% or 3.67 doses per head.⁴

3. Population size: At the onset of the pandemic, a population size did not largely affect the performance of a country's response to COVID-19, but after one month, countries with a population of fewer than 10 million were found to have handled the pandemic better than those with a larger population. However, the longer the spread of the virus continued, the smaller the gap became. Borders between nations were another important consideration. There was evidence that leaving borders open contributed to a rise in infections in a nation.

4. Economic development: Advanced economies with greater fiscal powers and resources may have been assumed to perform better than poorer countries or developing countries, but surprisingly, the data showed the opposite. During the initial stage of the pandemic, developed countries could access and distribute vaccines to greater population faster, as shown in high vaccination rates, such as 63.3 million administered doses or 2.46 doses per person on average in Australia, 2.52 doses per person in Singapore, and 2.67 doses in the UAE. But over the longer period, many developing countries proved to have handled the pandemic better. Many developed nations experienced surges in new cases with the second wave of infections.

Thailand's COVID-19 Vaccine Procurement and Distribution

Thailand was recognised as one of the countries that handled COVID-19 well, with 56,954,724 vaccinated people or 76.5% of the population, 4.66 million (0.02%) infections, and 32,447 (0.07%) deaths. It is therefore worth magnifying the country's vaccine procurement and distribution timeline to evaluate government's performance and effectiveness in responses to COVID-19.

Thailand was recognised as one of the countries that handled COVID-19 well, with 56,954,724 vaccinated people or 76.5% of the population, 4.66 million (0.02%) infections and 32,447 (0.07%) deaths.

4. <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/#global>

Internationally, 91-year-old British national Margaret Keenan was the first person in the world to have received COVID-19 vaccination on 8 December 2020.⁵ In Southeast Asia, Thailand is the only country that did not join COVAX (COVID-19 Vaccine Global Access Facility), a WHO-sponsored coronavirus vaccine program which provided poor countries with free vaccines. The Thai Government did not see the scheme worth investing in as Thailand, categorised as a middle-income country, would not be eligible for free vaccines and would have to contribute to vaccine procurement. The Government's goal was to use AstraZeneca as the main vaccine during the first several months of its vaccine rollout. However, due to the shortage of AstraZeneca supply, the Government turned to inactivated virus vaccine Sinovac despite its high price and ample global data suggesting its lower efficacy than mRNA vaccines.

On 28 February 2021, Professor Yong Poovorawan, MD, administered the first-ever COVID-19 jabs in Thailand, doses of Sinovac, in a "Vaccine Inauguration Ceremony"⁶, joined by Deputy Prime Minister and Public Health Minister Anutin Charnvirakul and other ministers aged lower than 60. On the same day, Thailand received its first shipment of 117,000 doses of AstraZeneca. Between March and April 2021, Thailand's vaccination rate inched towards the hundred thousand mark. When faced with criticism over inadequate supplies of vaccines, Deputy Prime Minister and Public Health Minister Anutin Charnvirakul in a press interview said that he would negotiate with Pfizer again, "[I] would beg them to speed up the vaccine delivery as soon as possible".⁷ With the backdrop of vaccine uncertainty, the number of infections spiked before reaching a peak in July 2021, during which new cases increased from 400,000 to 500,000 within only eight days. As of 26 July 2021, Thailand had 512,678 accumulated cases.⁸ The first shipment of 1.5 million Pfizer doses⁹ donated to Thailand by the U.S. arrived in the country on 30 July 2021, after which an online photograph of a Thai medical frontline worker holding a sign thanking U.S. President Joe Biden for the donation sparked dramatic public debates.¹⁰ As of November, the vaccination rate had not yet reached 70% of the population, and the 1 million-dose target set by the Government had not yet been achieved.¹¹ The problems in Thailand's vaccine procurement demonstrated poor risk management without a backup strategy.

Thailand's turning point was when the vaccination rate started to climb satisfactorily in November 2021, when the country had over 30 million doses of COVID-19 vaccines in reserve,

5. <https://www.bbc.com/news/uk-55227325>

6. <https://www.bbc.com/thai/thailand-56227686>

7. <https://www.thairath.co.th/news/2076286>

8. <https://ddc.moph.go.th/covid19-dashboard/?dashboard=main>

9. สหรัฐฯ ได้บริจาควัคซีนโควิด-19 ของไฟเซอร์จำนวน 1,503,450 โดสให้กับประเทศไทย

10. <https://www.dailynews.co.th/news/141214/>

11. <https://www.thairath.co.th/news/politic/2257352>

Number of COVID-19 vaccine administered by manufacturer

The line depicts the country's 7-day average number of vaccination brands injected.



Source : <https://covid-19.researcherth.co/vaccination>

comprising 13 million AstraZeneca doses, 10 million Pfizer doses, two million Sinopharm doses, and two million Moderna doses, some of which included a donation from the U.S., procurement by the private sector, and a donation of 1.5 million Sinovac doses from the Chinese Government. In December, AstraZeneca, despite its delayed shipments being forecast to occur in 2022, finally delivered the entire committed 61 million doses¹² to Thailand.

Thailand's turning point was when the vaccination rate started to climb satisfactorily in November 2021, when the country had over 30 million doses of COVID-19 vaccines.

So far, Thailand has administered over 143 million doses of COVID-19 vaccines or 2.05 jabs per person. However, what makes the country's "fully vaccinated" status unusual is the "vaccine cocktail mix" where different vaccines are administered in various combinations. This combination strategy is found to have caused some troubles for people travelling overseas as some countries require travellers to have received certain approved vaccines. To enter Japan, for instance, a traveller must have received at least three doses of COVID-19 vaccines, excluding inactivated virus vaccines like Sinovac or Sinopharm. According to The Researcher's Covid Tracker¹³, Thailand received AstraZeneca the most at 48 million doses, followed by Pfizer at 37 million

12. <https://www.astrazeneca.com/country-sites/thailand/press-releases/th-astrazeneca-completes-delivery-of-61-million-covid-19-vaccine-doses-to-thailand.html>

13. <https://covid-19.researcherth.co/vaccination>

doses. However, since March 2022 onwards, Pfizer has been the most administered vaccine in Thailand.

It is worth looking at two main issues involving Thailand's vaccine management. First is unfair vaccine distribution or the so-called "VIP vaccines" at all levels of society – individual connections, private organisations, government agencies, both at local and national levels. Some provinces received a larger quantity of vaccines and much more quickly than the others, stirring public doubts over vaccine manipulation to gain political advancement or solicit votes in upcoming elections.

Second is the lack of unity in executing the vaccine rollout plan. The coalition parties all wanted to have a role in distributing vaccines, creating various channels of vaccine registration, including the Mor Prompt (Doctor is Ready) application, the Social Security system (S. 33), the Thai Ruam Jai platform (by then Bangkok Governor Asawin Kwanmuang), and on-site/walk-in registration, without effective collaboration across the different channels.

Besides the vaccine distribution issue, Thailand at some point faced shortages of medical masks and gloves, prompting the public to question the efficiency of the cabinet-approved budget of 225 million baht on 3 March 2020¹⁴ for the Ministry of Interior to buy materials to make 50 million masks for the general members of the public, with hashtags like #หน้ากากหาย? (#lostmasks?) and #โรงพยาบาลขาดหน้ากากหนักมาก¹⁵ (#hospitalsdonthaveenoughmasks)

From Controlling the Public with “Fear” rather than “Providing Knowledge” to a Sudden “Self-Care” Practice

Significant contradictions were conveyed in the Thai government's communications with the public. On one hand, the public health minister played down the coronavirus saying it was “just a flu”. On the other hand, the Government and the public created an evil image of those infected with the virus, causing these people to be rejected and feared by the rest of society. In one example, “little ghosts”, returning Thai migrant workers from South Korea, were condemned for bringing the virus into Thailand. In another example, people opposed the building of field hospitals near their communities. The public health minister rebuked COVID-19 infected medical staff, saying “[We] need to punish [these people]. We are not happy about the medical staff who do not watch out for themselves” and proposed the Internal Security Act B.E. 2551 to be invoked to prevent COVID-19 clusters emerging from political protests.¹⁶

14. <https://nbtworld.prd.go.th/th/news/detail/TCATG200306132721677>

15. <https://news.thaipbs.or.th/content/289539>

16. <https://waymagazine.org/the-best-of-anutin-charnvirakul/>

Significant contradictions were conveyed in the Thai government's communications with the public. On one hand, the public health minister played down the coronavirus saying it was "just a flu". On the other hand, the Government and the public created an evil image of those infected with the virus, causing these people to be rejected and feared by the rest of society.

Besides controlling the spread of COVID-19 by fear, the Government based their pandemic responses on its distrust of people. One of the most astounding examples was when some doctors alleged people intentionally contracted the virus for an insurance payout.

The Ministry of Public Health took a long while to allow the public to use self-rapid antigen tests, which might also reflect its distrust of people. The Ministry's directive to allow sales of rapid antigen tests at local and online distributors came into effect on 29 September 2021¹⁷, lagging Europe and the U.S. for some time. Singapore by then had already distributed free self-test kits to its citizens. Australia, however, allowed the use of self-test kits at around the same time as Thailand.¹⁸

Currently, the Omicron variant makes up of 90% of total infections in Thailand. People who contracted this variant have milder symptoms than the Delta variant. The Government has, therefore, removed COVID-19 from the Universal Coverage for Emergency Patients (UCEP) scheme and switched to individual patient's eligibility for health coverage. It has also advised people with mild symptoms to isolate at home or at a community isolation facility. Home isolation, i.e., living with the virus, is a universally accepted approach adopted by many countries. In Thailand, the situation has mostly affected low-income earners, those at the lower end of the economic spectrum, and the vulnerable. These groups of people are most at risk as they cannot help themselves when falling ill, cannot take sick leave for an extended period, and have no proper place to self-isolate due to limited space at home. A huge number of the lower middle-class and those who live from hand to mouth opted for a COVID-19 insurance policy that pays a lump sum benefit when they test positive. This type of insurance was so popular that some insurers struggled to meet their payment obligations and eventually went out of business.

Making quality medication accessible, cheap, and equitable for everyone is the key to effective and dependable self-care and home isolation. The big question now is whether Favipiravir, the main antiviral medication used by Thailand's Ministry of Public Health, is actually effective.

17. <https://www.bangkokbiznews.com/social/963010>

18. <https://theconversation.com/rapid-antigen-tests-have-long-been-used-overseas-to-detect-covid-heres-what-australia-can-learn-168490>

Research overseas found that COVID-19 patients with mild to moderate symptoms who were given Favipiravir did not show different outcomes than those who were given a placebo.¹⁹ This casts doubts over whether the medicine could reduce the coronavirus, or, in fact, it totally lacks efficacy. People also ask a similar question about herbal medicine green chiretta, which was at some point in high demand for COVID-19 treatment. Molnupiravir and Paxlovid, approved and used as standard COVID-19 treatments by many countries, are still expensive and hard to find in Thailand. Next door in Cambodia, both Molnupiravir and Paxlovid are available at local pharmacies at an affordable price.

Making quality medication accessible, cheap,
and equitable for everyone is the key to effective
and dependable self-care and home isolation.

This policy of using COVID-19 oral medication should be based on credible research, and relevant information should be communicated to the public to allow them to make informed decisions. People should not be left puzzled with contradictory information and no choices but “helping themselves”, resonating with the motto, “God helps those who help themselves”, that many people are using to get by in this COVID-19 era.

Government Competencies, Leaders’ Responsiveness, and Citizens’ Compliance with Restrictions

Three major factors contributing to the effectiveness of government responses to COVID-19 over the past two years are:

1. Government Competencies and Public Health System Capabilities

Thailand’s responses to COVID-19 supported by medical professionals paint a clear picture of the Thai government’s attitude, power relationship, and operations that are centralised by the Centre for COVID-19 Situation Administration (CCSA), chaired by the prime minister. The CCSA is overseen by the National Security Council (NSC) chief in his ex officio capability as the CCSA director, whose role is to propose important restrictions, such as imposing and lifting lockdown, cancelling the test and go program, and extending the Emergency Decree. Village health volunteers and public health volunteers have also played a crucial role in stopping the spread of COVID-19, and their effort should be recognised. It is noteworthy that the Thai Government ap-

19. Golan Y et al. Favipiravir in patients with early mild-to-moderate COVID-19: a randomized controlled trial. *Clinical Infectious Diseases*. 6 September 2022.”

proved a central budget to increase the remuneration for both types of volunteers from 500 baht to 1,000 baht per month for six months from October 2021 until March 2022 under the frontline worker special payout scheme with a budget of 3.15 billion baht.

2. Leaders' Responsiveness

Although there is no direct correlation between leaders' responsiveness and types of regimes, common experiences from handling the COVID-19 pandemic show that whether a leader takes the severity of the disease seriously, acts quickly and communicates adequately with the public leads to how effective or ineffective a response to COVID-19 is, particularly in procuring and distributing vaccines and imposing restrictions.

3. Citizens' Compliance with Restrictions

In a pandemic, governments step in to take control of how people live their everyday lives and how society operates. Success in responding to the pandemic depends in part on how willingly people in society comply with government restrictions and recommendations, e.g. wearing masks, washing hands, adhering to social distancing rules, and curfews, and more so on how each individual fulfills his/her responsibility as a sensible citizen and builds support networks without having to wait for government directives.

The people of Thailand deserve high praise for their cooperation with the government and the development of their collective support networks.



Vaccine in Society: From Matters of “Fact” to Matters of “Concern”

Assoc. Prof. Dr. Jakkrit Sangkhamanee

Faculty of Political Science, Chulalongkorn University

and

Abhirat Supthanasup

National Centre for Epidemiology and Population Health, The Australian National University

In the previous article, we wrote about the development of covid-19 vaccines as well as how to ensure their efficacy, not only of providing immunity against the viruses but also of responding to social needs and confidence. We called the latter issue the “society-oriented immunity” of the vaccines. This is a dimension of great importance if we wish to understand how the vaccines work and how they are distributed amid the spread of information, expectations, and the virus.

We pointed out that the essential aspect of the debate over “good” vaccines was not limited to the efficacy against the diseases, but it involved the contexts of the timing, the value, the acquisition process, and the trustworthiness of the producing and procuring agencies. In other words, whether a product of science will be widely recognised and accepted into people’s lives does not stem only from the fact that said technology or product is technically effective but also from the fact that it is publicly accessible — with people being involved in the acceptance process — and well-placed in accordance with the social, cultural, and economic standpoints as well as different attitudes of diverse populations.

In this article, we will point out another important process, which follows the technical and social processes of vaccine development already discussed. It is the process of disseminating vaccines widely into society. Vaccine dissemination is an important process that transforms a matter of fact from scientific research and experiments, a collaboration of specific groups of people and agencies, into a matter of concern for a broader society, which includes people of diverse ideas and backgrounds.¹ Dissemination of vaccines is therefore a process necessary to

1. Latour, Bruno. 2004. “Why Has Critique Run Out of Steam” From Matters of Fact to Matters of Concern” *Critical Inquiry*

connect institutional dimensions and diverse relationships, including medical specialties, political institutes, digital technologies, social networking, mass communication, systematic population grouping, and emphasis on multiculturalism. This article will cite Australia as a case study for Thai people to contemplate on and compare it with what has happened in Thailand.

From Scientific Facts to Vaccine Dissemination in Society

In late 2020, or about a year after the onset of the COVID-19 pandemic, many countries around the world began planning to use vaccines to mitigate the spread of the diseases. In November 2020, the Australian Parliament endorsed the Australian COVID-19 Vaccination Policy,² which set out key principles for the rollout of COVID-19 vaccines in Australia and the key priority of which was making safe and effective COVID-19 vaccines available to all Australians. The policy established a communication strategy for providing timely, transparent, and credible information to the public and stakeholders with the focus on regular and transparent communication via Australian government channels and media, with the following messages.

- 1) Covid vaccine was the best method to protect Australians.
- 2) The goal was access to safe and effective vaccines for all Australians.
- 3) The government would closely monitor the tracking and tracing systems for Covid vaccines to ensure the vaccines used were effective and safe.
- 4) Priority populations would have access to vaccines before others.
- 5) Vaccine characteristics, results of vaccine trials and pandemic situations would determine priority populations.
- 6) Australians would be encouraged to get vaccinated as more vaccines became available.
- 7) Australians were encouraged to acquire credible information for informed decision-making and to keep themselves well updated.

The Australian Parliament endorsed the Australian COVID-19 Vaccination Policy, which set out key principles for the rollout of COVID-19 vaccines in Australia and the key priority of which was making safe and effective COVID-19 vaccines available to all Australians.

30: 225-248.

2. Australian Government. <https://www.health.gov.au/sites/default/files/documents/2020/12/covid-19-vaccination-australian-covid-19-vaccination-policy.pdf>

A few months later, on 7 January 2021, Australia’s COVID-19 vaccine national roll-out strategy was published.³ This strategy outlines priority populations for vaccination and the phases in which vaccines would be provided. There were 16 populations and five phases. In the first phase, the priority populations were aged care residents and residential aged care workers, disability care residents and residential disability care workers, priority frontline healthcare workers, and priority quarantine and border workers. Vaccination would be provided at 30-50 hospitals nationwide.

Prime Minister Scott Morrison said Australia’s first coronavirus vaccinations for most at-risk groups could commence around mid-February. They would be given Pfizer shots after the vaccine was approved by the Therapeutic Goods Administration (TGA). The review was expected to be complete by the end of January 2021. The Pfizer vaccine would be imported from overseas. Large-scale vaccination of the general population would use the AstraZeneca vaccine, which would be produced onshore.⁴

Around end of January 2021, the federal government launched a A\$23.9 million COVID-19 vaccine public information campaign after the Therapeutic Goods Administration (TGA) approved the Pfizer vaccine, Australia’s first COVID-19 vaccine, with the objectives of widely ensuring people of the safety and effectiveness of COVID-19 vaccines and the vaccination rollout plan as well as access to vaccines. The campaign would run across a variety of mediums, including television, radio, press, social and digital.⁵ The campaign would be in three phases:

1) To reaffirm that COVID-19 vaccines were put through Australian government agencies’ approval process, ensuring both the safety and efficacy of vaccines

2) To provide information on how the vaccine would be rolled out, particularly to priority groups, and dosage requirements.

3) To inform the public about how and where to get vaccinated, dosage requirements, and to support vaccine uptake.

From Policies on “Fact” to Policies on “Concern”

3. Lara Pearce. Four million Australians to be vaccinated for coronavirus by end of March; 7 January 2021. <https://www.9news.com.au/national/coronavirus-vaccine-update-four-million-australians-by-end-march-scott-morrison/45f2fdbba-66ca-4ea5-bea9-b0356c0b9e4c>

4. Lara Pearce. Four million Australians to be vaccinated for coronavirus by end of March; 7 January 2021. <https://www.9news.com.au/national/coronavirus-vaccine-update-four-million-australians-by-end-march-scott-morrison/45f2fdbba-66ca-4ea5-bea9-b0356c0b9e4c>

5. Australia’s COVID-19 vaccine information campaign begins, Department of Health; 27 January 2021. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australias-covid-19-vaccine-information-campaign-begins>

Vaccine rollouts not only to at-risk populations and main relevant personnel such as health-care and frontline workers but also to the general public inevitably faced a challenge of promoting confidence and acceptance. During this process, scientific and technological inventions had to work with political institutions on policy, taking into account social networking and other dimensions including economic, political and cultural dimensions in order to change scientific “facts” to become socially shared “awareness”. This will increasingly affect collaboration between vaccines and other actors. During this process, it has become clear that technical information has been used and connected with various social dimensions and relationships.

Scientific and technological inventions had to work with political institutions on policy, taking into account social networking and other dimensions including economic, political and cultural dimensions in order to change scientific “facts” to become socially shared “awareness”.

In the case of Australia, we can explore said process in different dimensions. Though unlikely to cover all aspects, this deliberation should provide sufficient information to show how this change process works.

Promoting Awareness of Safety

The first phase of the COVID-19 vaccine information campaign focused on communication to ascertain that the vaccines had gone through the approval process to ensure their safety and efficacy via such different mediums as videos, posters, and social media. Main essences include:

1) How COVID-19 vaccines work. For example, the video demonstrates how COVID-19 vaccines work inside our body after vaccination.⁶ It is a simple animated explainer video with an easy-to-understand explanation, which includes several repetitions of the important message “Safe. Effective. Free”.

6. COVID-19 vaccines-How vaccine work. Australian Government, Department of Health; 25 January 2021. <https://www.youtube.com/watch?v=0AssZJON2Ls&t=1s>



it responds by creating memory cells and antibodies that will protect you against future infection or disease.

2) How vaccines are tested and approved. For example, an animated explainer video describes all the 6 steps of the Therapeutic Goods Administration’s approval process for Covid-19 vaccines. The main message to convey is ‘Safety. Quality. Effectiveness’.⁷



There is no risk that you will get the disease from a vaccine.

7. COVID-19 Vaccines- TGA approval process (animation). Australian Government, Department of Health; 3 February 2021. <https://www.youtube.com/watch?v=XxJ7dnlvtI>

Apart from animated explainer videos, videos with presenters to explain the effects of Covid-19, vaccine approval processes, and vaccine rollout approaches were disseminated.⁸ For example, the following video features Professor John Skerritt, a representative of the Therapeutic Goods Administration, TGA assuring: “A vaccine will be approved only after we have enough data that the vaccine is effective and safe”. There are also other videos featuring Dr Nick Coatsworth, an infectious disease physician, and Chief Nursing and Midwifery Officer Alison McMillan. Those people are medical specialists having credibility as spokespeople to convey information about vaccines. However, it might be questioned if those people are enough to reach out to all walks of life, as Australia is very diverse. Representatives of different groups may be needed, including religious and cultural leaders.⁹ Also, as the safety of vaccines was the public’s main issue of concern, the communication of messages confirming the safety was crucial. Nonetheless, providing information on the side effects, as well as transparent and regular communication on the safety information, contributed to creating trust among people.

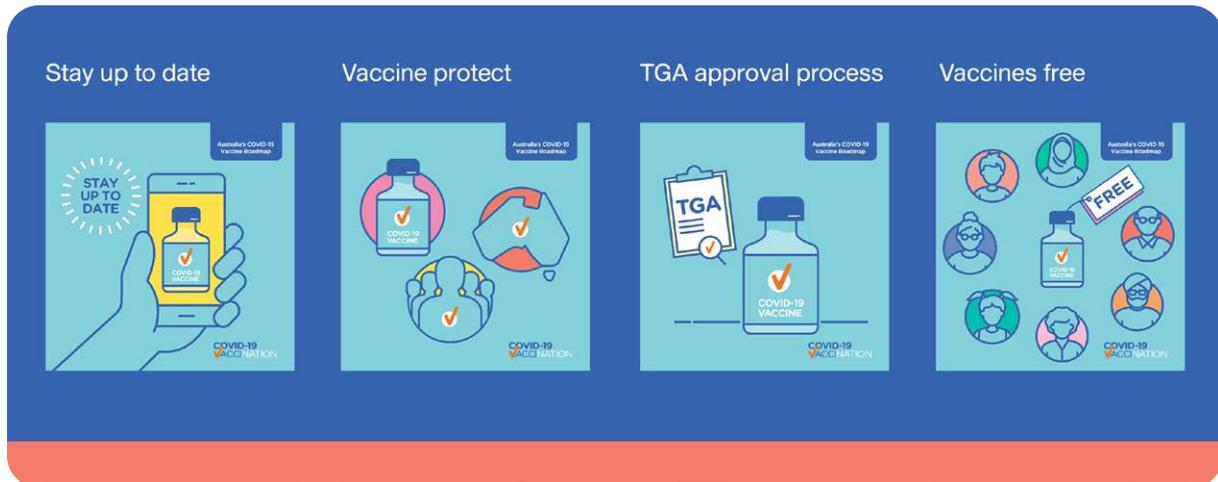


In addition to videos, still images on social media platforms were used during the first phase of the campaign on 28 January 2021 to promote the vaccination program, with the following key messages: 1) Stay up to date 2) Vaccine protect, 3) TGA approval process, and 4) Vaccines free.¹⁰

8. COVID-19 Vaccines – Live action montage (30 seconds). Australian Government, Department of Health; 27 January 2021. <https://www.youtube.com/watch?v=BL62mNLOdzQ>

9. Jessica Kaufman. The government is spending almost A\$24m to convince us to accept a COVID vaccine. But will its new campaign actually work?; 28 January 2021. <https://theconversation.com/the-government-is-spending-almost-a-24m-to-convince-us-to-accept-a-covid-vaccine-but-will-its-new-campaign-actually-work-154062>

10. COVID-19 vaccines campaign social media. Australian Government, Department of Health, <https://www.health.gov.au/>



Along with the messages from the federal government, state governments also communicated to the public about the safety of the vaccines to boost their confidence in the vaccines. For example, ACT Health's Facebook page posted a fact check message on 3 October 2021, reading: “COVID-19 vaccine development and approvals were not rushed.” The statement was given the following supporting facts: the urgency of the COVID-19 pandemic meant that researchers and developers from around the world prioritised the progress of COVID-19 vaccines; there was huge investment in research and new technologies to help researchers understand the virus; and coronaviruses were a well-known family of viruses back from the severe acute respiratory syndrome (SARS) epidemic in 2003 and Middle East respiratory syndrome (MERS) outbreak in 2012, so it meant that researchers and scientists already understood the virus's biology.



In Australia, TGA is the only agency to approve vaccine safety and effectiveness. TGA always has access to clinical trial data so that the investigation and approval process can be done in a short time. Said post got high Facebook engagement, with over 14,000 reactions, more than 449 shares and comments that read that the information posted was interesting, especially for those hesitant to get vaccinated. Such a comment includes: *“This is a very good to read. Excellent information. Helping those who hesitate to make an informed decision- yes or no. Giving those who made the decision to have the vaccine to know there was a lot of research done before the Jan....”*¹¹

Building “Community Spirit” Awareness

Building awareness of the safety closely involves technical facts, but the next part of awareness involves more elements or dimensions to enhance information on the vaccines and the outbreak, such as

1) Campaign on “Arm yourself against COVID-19”

The federal government launched the “Arm yourself against COVID-19” campaign to encourage eligible Australians to be vaccinated against COVID-19 to protect themselves, their loved ones, the people they care about, and the wider community.¹² The campaign features people from various backgrounds: races, genders, and ages. Their shirt sleeve was rolled up showing a band aid to indicate that those people had been vaccinated. The images were placed on pastel colours and next to the text that read: A COVID-19 vaccine is your best defence, and our only way forward. Now’s the time to protect yourself, and encourage your family, your friends, your workmates, your community, someone you love to do the same. Find out when you can book your vaccination.”¹³

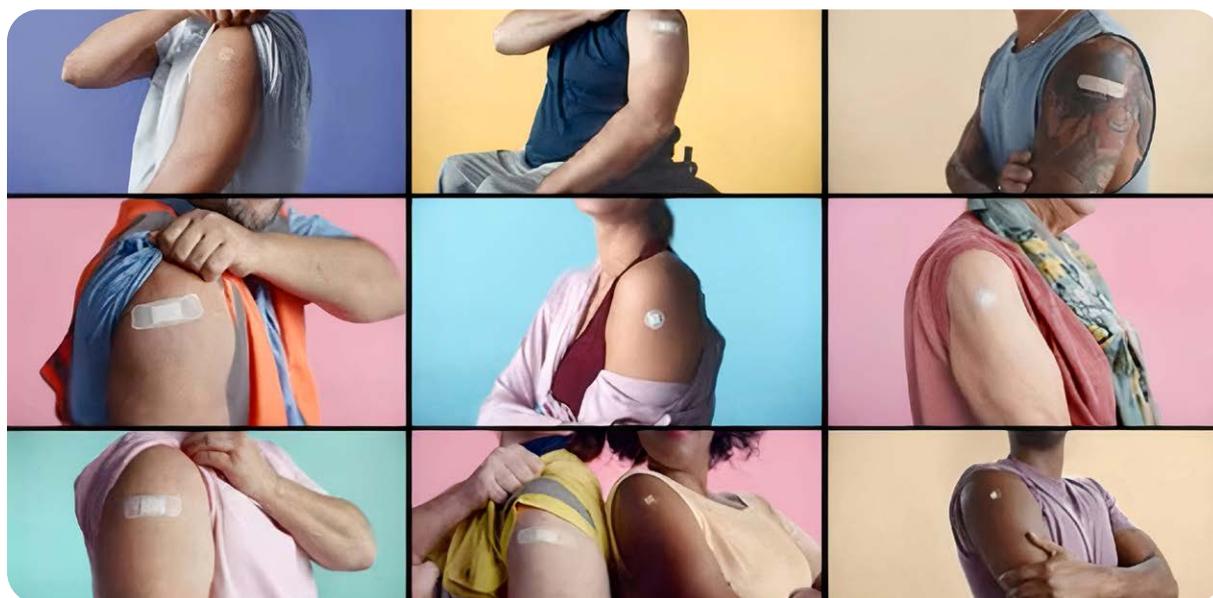
The federal government launched the “Arm yourself against COVID-19” campaign to encourage eligible Australians to be vaccinated against COVID-19 to protect themselves, their loved ones, the people they care about, and the wider community. The campaign features people from various backgrounds: races, genders, and ages. Their shirt sleeve was rolled up showing a band aid to indicate that those people had been vaccinated.

11. COVID-19 Vaccine fact. ACT Health’s Post. 3 Oct 2011

12. Arm yourself against COVID-19. Australian Government, Department of Health. <https://www.health.gov.au/news/arm-yourself-against-covid-19>

13. Now is the time to protect yourself (30 second ad for Aboriginal and Torres Strait Islander peoples. Australian Government, Department of Health; 14 July 2021. https://www.youtube.com/watch?v=TrW932Ga_Mg

However, Dr Tom van Laer, Associate Professor of Narratology at the University of Sydney, said that trust and motivation were needed for adopting a behaviour. This advertisement created trust in the vaccines but failed to motivate people to get vaccinated.¹⁴ Even though the campaign was rolled out across a range of channels, including television, radio, print, social and digital media, and the material was adapted for culturally and linguistically diverse and Aboriginal and Torres Strait Islander audiences, comments were made that the campaign may not have reached the culturally and linguistically diverse audiences as intended, and whether the phrase “Arm yourself” could be translated well into other languages, and if so, how.



In conjunction with the federal government’s “Arm yourself against COVID-19” campaign, the state governments encouraged people to get vaccinated with community-spirit-promoting messages; for instance, ACT Health’s Facebook page changed its profile picture to an image with the text that read “I’ve had the COVID-19 vaccine. Keep CBR safe & strong.” The page also sent similar messages in other posts, such as a post giving an update on the number of people who have been vaccinated, together with a text that read “Thank you for keeping Canberra safe and strong,” which demonstrated people’s participation in taking care of the community by getting Covid-19 vaccine.¹⁵

14. Chris Pash. Vaccine arm yourself commercial as exciting as a ‘bowl of cereal’. <https://www.adnews.com.au/news/vaccine-arm-yourself-commercial-as-exciting-as-a-bowl-of-cereal>

15. ACT COVID-19 vaccination tracker. ACT Health’s Post. 24 September 2021.



Building Awareness with Lure of Social Freedom”

“Spread freedom” campaign?

On 24 October 2021, the federal government launched the Spread Freedom campaign to encourage eligible Australians to get vaccinated.¹⁶ This campaign was launched when over 73% of eligible Australians had got two shots. The government wanted to encourage more Australians to be vaccinated by using the tag line “Spread freedom”. This campaign featured living life in freedom by showing people going to the pub, having family get-togethers, and travelling so as to communicate to those who hadn’t got vaccinated that they might miss all those pleasures. The campaign ended with a closing message of encouragement “We’re almost there Australia. Book your COVID-19 vaccination at Australia.gov.au” to encourage those who hadn’t got vaccinated to book their vaccination.¹⁷

The federal government launched the Spread Freedom campaign to encourage eligible Australians to get vaccinated.

This campaign was launched when over 73% of eligible Australians had got two shots. The government wanted to encourage more

16. Spread Freedom. Australian Government, Department of Health; 24 October 2021. <https://www.health.gov.au/news/spread-freedom>

17. Spread Freedom (30 second TVC). Australian Government, Department of Health; 24 October 2021. <https://www.youtube.com/watch?v=RBZFhZMGupQ>

Australians to be vaccinated by using the tag line “Spread freedom”.
This campaign featured living life in freedom by showing people
going to the pub, having family get-togethers, and travelling
so as to communicate to those who hadn’t got vaccinated
that they might miss all those pleasures.



Roll up for WA Campaign

Queensland and Western Australia had lowest rates of vaccination probably because the outbreaks there were not as severe as those in New South Wales, Victoria, and ACT. The situation prompted the governments to encourage vaccine uptake there. For instance, Western Australian government invested over A\$3.6 million on the Roll up for WA campaign to encourage their people to get vaccinated. This campaign particularly targeted a younger demographic by saying that those who had been vaccinated were able to enjoy sport, concerts, and family events — not only in WA but interstate and overseas.¹⁸ The advertisement was screened during the Australian Football League (AFL) grand final and appeared on social media, in print and on radio, and on billboards around WA.¹⁹

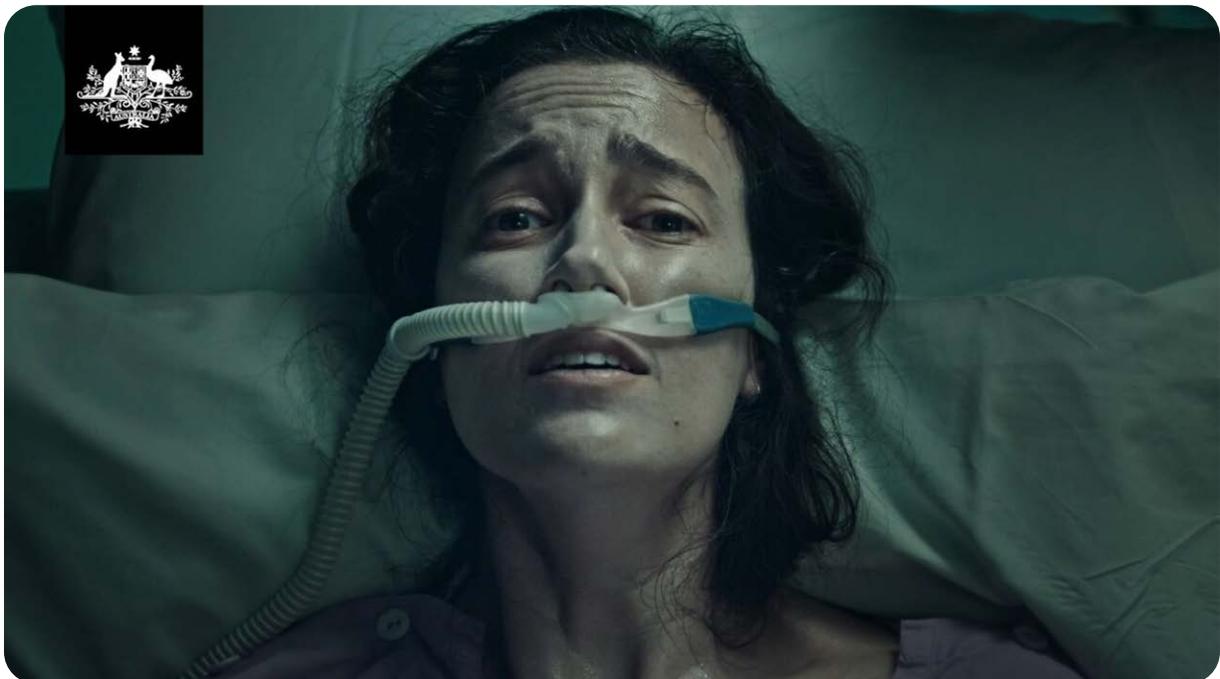
18. Roll up for WA. Government of Western Australia. <https://rollup.wa.gov.au/>

19. Pip Christmass. New \$3.6 million Roll Up for WA advertising campaign encourages vaccine uptake; 21 September 2021. <https://7news.com.au/lifestyle/health-wellbeing/new-36-million-roll-up-for-wa-advertising-campaign-encourages-vaccine-uptake-c-4028034>

Building “Fear-Based” Awareness

Don't be complacent

The ‘Don't be complacent’ advertisement was first screened on 11 July 2021 in Sydney during the Delta outbreak and the third week of a lockdown. It showed the possible impact of the virus on health by using an image of a hospitalised patient with respiratory problems who needed a ventilator.²⁰ Chief Medical Officer Paul Kelly said that the important message was that they wanted Australians to get vaccinated as quickly as possible, and “This is not a time for complacency, it is not a time for frustration, it is a time for actually recognising that and taking that responsibility for yourself, your family and the community.”²¹



It can be seen that the process and practice of transforming technical facts about vaccines into social awareness could not have been implemented if the focus had been solely on presenting technical facts. The placement, distribution, and acceptance of vaccine in society was the result of the ability to connect such facts to other dimensions and social concerns, such as safety, community spirit, freedom, and fear. We do not wish to support or propose that scientific facts are insignificant. Rather, the aim of the article is to point out that the successful perfor-

20. COVID-19 Health Campaign - Don't be complacent. Australian Government, Department of Health; 12 July 2021. <https://www.youtube.com/watch?v=5v0Xc4dWYH4>

21. Karen Barlow. Graphic COVID-19 scare campaign under way while Australians are urged to ‘arm’ themselves; 11 July 2021. <https://www.canberratimes.com.au/story/7335447/graphic-scare-and-care-in-public-covid-19-campaign/>

mance of scientific and technological products in society is entirely the result of connecting such technicality to political, cultural, and ideological contexts as well as social expectations. This is because in actuality scientific and technological products have never existed in a vacuum, but they are outcomes of social inventions.

{the best}

VACCINE



Stories of the “Good Vaccines” – Lessons Learned in Public Health Communications

Dr. Chavalin Svetanant

and

Dr. Dragana Stosic

Department of Media, Communications, Creative Arts, Language and Literature (MCCALL),
Macquarie University (Sydney, Australia)

Original article published on THE STANDARD

<https://thestandard.co/expensive-lessons-in-health-communication/>

After a year of round-the-clock research and countless clinical trials of potential COVID-19 vaccines, a number of vaccines obtained approval in different parts of the world within a rather short time frame. In December 2020, for instance, China approved the Sinopharm COVID-19 vaccine for general use¹ while the UK issued emergency-use approvals for the Pfizer–BioNTech and Oxford/AstraZeneca Covid-19 vaccines.² Additionally, between December 2020 and June 2021, the World Health Organisation (WHO) granted emergency-use approvals for six different vaccines.³ While the appearance of Covid-19 vaccines allowed many across the medical community to breathe a sigh of relief, the existence of multiple vaccines had also brought about a sense of confusion among the general public as to whether there are “good/better” or “bad/worse” vaccines. Therefore, a clear communication of a vaccine’s risks and benefits seems to be key for any government when it comes to devising an effective pandemic response. Otherwise, the initial confusion can grow into larger issues threatening public health such as the over-/under-supply of particular vaccines or even vaccine hesitancy in general.

Expressing and adjusting attitudes in verbal communication

To explore the language of evaluation used in the official communication surrounding Covid-19 vaccines, this article draws on the ‘appraisal’ framework developed by functional lin-

1. <https://www.reuters.com/article/us-health-coronavirus-vaccine-china-idUSKBN29505P>

2. <https://www.nature.com/articles/d41586-020-03441-8>, <https://www.gov.uk/government/news/one-year-anniversary-of-uk-approving-oxfordastrazeneca-covid-19-vaccine>

3. <https://www.nature.com/articles/d41586-021-01497-8>

guists James R. Martin and Peter R. R. White.⁴ Within this framework, language can be used to express three kinds of positive or negative attitude – ‘affect’ (i.e., emotions such as scared or confident), ‘appreciation’ of things or activities (e.g., good/bad vaccine), or ‘judgement’ of people’s characteristics or behaviours (e.g., responsible/reckless individuals). Furthermore, the expressed attitudes are seen as inherently gradable, which means they can be (re-)adjusted using a range of graduating expressions. For example, when talking about a “good vaccine”, we may decide to amplify/downplay the intensity of our positive ‘appreciation’ by stating that the vaccine is “highly/somewhat beneficial” or “often/sometimes effective”. Alternatively, we may opt to graduate our positive assessment through expressions that indicate amount (e.g., “multiple/few benefits”) or extent (e.g., “long-/short-term benefits” or “beneficial to the entire/60+ population”).

To explore the language of evaluation used in the official communication surrounding Covid-19 vaccines, this article draws on the ‘appraisal’ framework developed by functional linguists James R. Martin and Peter R. R. White

When communicating their advice on the use of particular COVID-19 vaccines, governments necessarily draw on evaluative language that ‘appreciates’ the vaccine either positively (e.g., “benefits”, “protection”) or negatively (e.g., “risks”, “side effects”). To convey the delicate risk-benefit balance and specify the scope of their recommendations under the ever-changing pandemic conditions, they often adjust their ‘appreciations’ through graduating expressions. In this article, the authors present a comparative study of COVID-19 vaccine ‘appreciations’ in several instances of public discourse in Thailand and Australia. Within the Thai context, we will look closely at the health advice provided by the government and the health authorities between February and September 2021. Within the Australian context, we will discuss the summaries of public statements made by the Australian Technical Advisory Group on Immunisation (ATAGI) on the use of the Oxford/AstraZeneca and Pfizer Covid-19 vaccines in the period between April and July 2021.⁵ These summaries preview the main content of public health discourses such as official authoritative announcements or guidelines, which are often referred to by politicians and

4. Martin, J. R., & White, P. R. R. (2005). *The Language of Evaluation: Appraisal in English*. Palgrave.

5. Links to the three ATAGI Statements:

<https://www.health.gov.au/news/atagi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>

<https://www.health.gov.au/news/atagi-statement-on-revised-recommendations-on-the-use-of-covid-19-vaccine-astrazeneca-17-june-2021>

<https://www.health.gov.au/news/atagi-statement-response-to-nsw-covid-19-outbreak-24th-july-2021#:~:text=Detail,be%20significant%20over%20coming%20weeks>

the media outlets.

The Story of the “good vaccines” in Thailand

Thai people became aware of COVID-19 after the first case in the country, a traveller from China’s Wuhan, was reported on 12 January 2020.⁶ Mr. Anutin Charnvirakul, the Minister of Public Health, assured the public on 25 January 2020 that COVID-19 was “just another type of flu.”⁷ However, the epic of the initial COVID-19 outbreak in Thailand started only a few days later, on 31 January 2020, with the detection of the first domestically infected patient followed by several incidents of infections among large population clusters.

Mr Anutin Charnvirakul, the Minister of Public Health, assured the public on 25 January 2020 that COVID-19 was “just another type of flu.”

During the first year of the outbreak, when Thailand had no vaccines, members of the government and authoritative public health officers tried to ease public anxiety over the novel virus. They employed the communication strategy set by the public health minister, who re-assured the public on 5 December 2020 that Thailand was well prepared to deal with the outbreak because “COVID was just a minor disease.”⁸ Meanwhile, the government’s communication played with the word “vaccine” by using it in a figurative sense to refer to “protective tools” that are better than an actual vaccine. The tools included mask-wearing, handwashing, and use of serving spoons. The term was also used in an abstract sense (e.g., “mental health community vaccines”), encouraging community members to work together to deal with the outbreak.⁹

Mask-wearing is the best COVID-19 vaccine. (COVID-19 Information Centre, 28 September 2020)

The best vaccine in Thailand now is mask-wearing, handwashing, use of serving spoons, and eating newly cooked food. (Department of Health, 20 December 2020)

The discourses illustrated above were delivered amidst a severe outbreak of COVID-19 and a global crisis during which the governments of different countries were trying to mobilise all

6. <https://he01.tci-thaijo.org/index.php/bamrasjournal/article/view/241494/164620>

7. <https://waymagazine.org/the-best-of-anutin-charnvirakul/>

8. https://www.matichon.co.th/politics/news_2473021

9. <https://dmh-elibrary.org/items/show/424#?c=&m=&s=&cv=>

resources, including budgets and diplomatic negotiations, to procure effective vaccines for their people. The Thai government’s words led people to believe that COVID-19 was not a severe disease and that there was no urgent need for a vaccine. The government’s strategy of minimising negative ‘appreciations’ of COVID-19 (e.g., “a minor disease”) and amplifying positive ‘appreciations’ of non-vaccine measures (i.e., “the best vaccine”) met some serious opposition among Thai people. Bearing this dissatisfaction, a great number of people believed that the Thai government had never been sincere in its efforts to procure suitable vaccines.

In its efforts to prevent further COVID-19 outbreaks, the Thai government moved towards supporting COVID-19 vaccination in its literal sense after the first lot of 200,000 Sinovac doses had arrived in Thailand on 24 February 2021.¹⁰ The government then made announcements emphasising the safety of inactivated vaccines such as Sinovac to motivate people to get vaccinated. Several prominent medical community leaders, including Dr Nakhorn Prem Sri, Director of the National Vaccine Institute, Dr Taweessin Visanuyothin, Spokesperson for the Centre for the COVID-19 Situation Administration (CCSA), and Prof Yong Poovorawan, MD, Head of the Centre for Clinical Virology, Faculty of Medicine, Chulalongkorn University, issued statements to support the Ministry of Public Health in their assurances regarding the safety of inactivated vaccines. In these statements, the evaluative language used to convince the public to get vaccinated was all highly positive of Sinovac, a vaccine freshly imported from China. The commonly used expressions included wordings that maximise vaccine efficacy (i.e., amplify positive ‘appreciation’) while highlighting one’s confidence (i.e., positive ‘affect’) in making such a positive assessment.

“You will find that the vaccines used in Europe, the USA or Thailand are 100% effective at preventing death, including Sinovac and AstraZeneca. These two vaccines are as efficacious as Moderna or Pfizer, which are used in the USA. So, you can be confident in the efficacy of the vaccines used in Thailand”¹¹

As the media was reporting on numerous deaths caused by both COVID-19 and COVID-19 vaccination side effects nearly every day, the abovementioned expressions of high confidence surrounding the vaccines’ efficacy cast doubts in people’s mind about the said medical information. These doubts led to a decrease in trust toward the information from the government and medical officials. The doubts greatly increased when the effectiveness of different vaccines started to be noticeable in the global community.

The government’s (or the medical officials’) use of imprecise graduation expressions when gauging vaccine efficacy (i.e., positive ‘appreciation’) resulted in interpretation issues and confusion among people. A representative example can be found in Dr Nakorn Prem Sri’s statement

10. <https://www.hfocus.org/content/2021/02/21115>

11. Prof Yong Poovorawan, MD, Head of the Centre for Clinical Virology, Faculty of Medicine, Chulalongkorn University, said in the Ministry of Public Health statement on 11 April 2021.

to the public arguing that both Sinovac and AstraZeneca “are considered good vaccines that are fine to use” and are “reasonably efficacious”. Describing the vaccines’ efficacy levels through inherently ambiguous expressions such as “fine” or “reasonable” without specifying the involved benefits and risks led people to interpret that both vaccines were just “passable” – or even “not good enough” – when compared to other vaccines.

“The best vaccine now is the one that you can get the soonest. The registered vaccines approved by the Food and Drug Administration are considered safe and efficacious and are fine to use.”¹²

The public’s confusion and concerns over the government’s messaging and sincerity were further exacerbated by the Ministry of Public Health’s announcements made from February to October 2021, which labelled Sinovac as the main vaccine for Thailand. The COVID-19 Situation Administration (CCSA), the Department of Disease Control, and government media outlets all presented to the public negative information on mRNA vaccines (i.e., negative ‘appreciation’) even though the government was yet to procure the said vaccines for public use due to procurement issues. As a result, the government was widely mocked with statements such as “Good vaccines are the ones that (Thailand does not) have”.

Examples of the government’s Facebook posts. The infographics show the side effects of the mRNA vaccines from minor symptoms such as headache, fever, or joint pains, to serious illnesses such as myocarditis and pericarditis.



<https://www.facebook.com/informationcovid19/posts/276105387341126>
(CCSA’s Facebook post, 24 February 2021)



https://web.facebook.com/470988516420706/photos/a.484135618439329/1761280297391515/?type=3&theater&_rdc=1&_rdr
(Department of Disease Control’s Facebook post, 10 September 2021)

12. Dr Nakorn Premsri, Director of the National Vaccine Institute, said in the Ministry of Public Health statement on 12 April 2021.

The confusion caused by the official communication on COVID-19 vaccination in Thailand as well as the rapid changes in the medical advice brought about by the results of various COVID-19 vaccine efficacy assessments worldwide continuously contributed to grave communication issues with the public. The government's poor choices of evaluative expressions when assessing the severity of COVID-19 and the efficacy of COVID-19 vaccination led to a loss of public confidence in Thailand's COVID-19 crisis management and procurement of appropriate vaccines. Furthermore, the fact that the government media outlets emphasised the negative ‘appreciation’ of mRNA vaccines during the time when Thailand was yet to procure the vaccines was another reason for mRNA vaccine hesitancy among some people even though the test results in other countries had clearly shown that mRNA vaccines were more efficacious than inactivated vaccines.

The confusion caused by the official communication on COVID-19 vaccination in Thailand as well as the rapid changes in the medical advice brought about by the results of various COVID-19 vaccine efficacy assessments worldwide continuously contributed to grave communication issues with the public.

At different stages of the pandemic, the often-ambiguous information on the benefits/risks of COVID-19 vaccination, together with the government's inability to procure particular vaccines in time to address the outbreaks appropriately, resulted in the public's tendency to rank the existing COVID-19 vaccines as either “the best”, “passable”, or “poor”. In addition, the periodical mix-and-match strategy to ensure that people got “the best vaccines” inadvertently triggered a phenomenon called “arm filled with vaccines.”¹³

The story of Oxford/AstraZeneca versus Pfizer in Australia

In the period between April and July 2021, ATAGI released three statements regarding the use of the AstraZeneca and Pfizer Covid-19 vaccines. In April, the first statement recommended the AstraZeneca and Pfizer be used for the 50+ and 18-50 age groups, respectively; in June, the second statement revised the initial advice to recommend the AstraZeneca only for those that are aged 60+; in July, yet another statement reworked the previous advice to recommend both the AstraZeneca and Pfizer vaccines for all adults New South Wales due to a COVID-19 outbreak.

13. <https://cimjournal.com/public-health-news/%E0%B8%A7%E0%B8%B1%E0%B8%84%E0%B8%8B%E0%B8%B5%E0%B8%99%E0%B8%AA%E0%B8%B9%E0%B8%95%E0%B8%A3%E0%B9%84%E0%B8%82%E0%B8%A7%E0%B9%89-astazeneca-pfizer/>



The Three ATAGI Statements

ATAGI statement on AstraZeneca vaccine in response to new vaccine safety concerns

A statement from the Australian Technical Advisory Group on Immunisation (ATAGI) on the AstraZeneca COVID-19 vaccine in response to new vaccine safety concerns.

ATAGI statement on revised recommendations on the use of COVID-19 Vaccine AstraZeneca, 17 June 2021

A statement from the Australian Technical Advisory Group on Immunisation (ATAGI) on the AstraZeneca COVID-19 vaccine in response to new vaccine safety concerns.

ATAGI Statement – Response to NSW COVID-19 outbreak – 24th July 2021

A statement from the Australian Technical Advisory Group on Immunisation (ATAGI) in response to the NSW COVID-19 outbreak.

To encourage the uptake of the AstraZeneca vaccine in the 50+ population, the initial ATAGI statement upscales the negative ‘appreciation’ of Covid-19 infection in the older population while amplifying the positive ‘appreciation’ of Covid-19 vaccination:

This recommendation is based on the increasing risk of severe outcomes from COVID-19 in older adults (and hence a higher benefit from vaccination) ...

Conversely, the risks of the AstraZeneca vaccination are upscaled for those aged 18-50, indicating a negative ‘appreciation’ of the AstraZeneca for this age group:

... and a potentially increased risk of thrombosis with thrombocytopenia following AstraZeneca vaccine in those under 50 years

Interestingly, the summary makes no mention of the potential future AstraZeneca benefits extending to the 18-50 population or its side effects extending to the 50+ population. Arguably, this may have contributed to a part of the general public believing that the positive or negative ‘appreciations’ of the AstraZeneca vaccine with reference to the specified age groups are not susceptible to change. It is therefore advised that future pandemic responses emphasise and reiterate the changing nature of circumstances at every stage of a public announcement. A good example of such communication can be found much later within the same ATAGI statement, which notes that “advice may be revised as more information may become available”.

In the second statement summary, ATAGI continues adding to a positive ‘appreciation’ of COVID-19 vaccination in the older population. To justify its revised recommendation regarding the use of the AstraZeneca vaccine, however, this text puts a strong focus on establishing a negative ‘appreciation’ of the AstraZeneca for those aged 50-59. In the text, this is evident in the upscaled the amount of the newly found AstraZeneca vaccination risks:

The recommendation is revised due to a higher risk and observed severity of thrombosis and thrombocytopenia syndrome (TTS) related to the use of AstraZeneca COVID-19 vaccine observed in Australia in the 50-59 year old age group than reported internationally and initially estimated in Australia.

There is no comment on the AstraZeneca vaccination risks for adults younger under 50, likely because its purpose seems to be to discourage the 50-59 age group from choosing AstraZeneca (as previously recommended). Be that as it may, the use of the AstraZeneca vaccine as the second dose is encouraged for anyone who did not suffer any side effects the first time. This is achieved by downscaling the risk of AstraZeneca vaccination regardless of age:

This is supported by data indicating a substantially lower rate of TTS following a second COVID-19 Vaccine AstraZeneca dose in the United Kingdom (UK).

The use of imprecise measure expressions such as “higher” or “substantially lower rate” when up-/downscaling the updated AstraZeneca vaccination risks can be seen as one of the key culprits for the confusion and the increasing AstraZeneca vaccine hesitancy. Specifically, imprecise measurements are inherently subjective and open to interpretation – for instance, the concept of a “lower/higher risk” may be interpreted differently depending on an individual’s risk tolerance. Thus, future pandemic responses may benefit from putting more emphasis on providing some statistical information to better define what is meant by different degrees of risk. Although some of this information can be found in the later sections of the ATAGI statement detailing the rationale behind the revised advice, this unfortunately appeared to be rarely reiterated in the resulting media announcements.

Thus, future pandemic responses may benefit from putting more emphasis on providing some statistical information to better define what is meant by different degrees of risk.

As far as the summary of the third ATAGI statement is concerned, there are several notable evaluative patterns that separate this outbreak-related announcement from the previous statements. To begin with, there is a sole focus on the benefits of vaccination (i.e., positive ‘appreciation’) during an outbreak, without discussing any potential side effects (i.e., negative ‘appreciation’). In other words, any vaccine – including the AstraZeneca – is now considered

to be an undoubtedly “good vaccine”, with time (i.e., “bringing forward optimal protection”) becoming an important factor:

...consider getting vaccinated with any available vaccine including COVID-19 Vaccine AstraZeneca (...) can receive the second dose of the AstraZeneca vaccine 4 to 8 weeks after the first dose (...) to bring forward optimal protection.

Furthermore, when it comes to the benefits of vaccination, the extent of ‘appreciation’ has shifted from an adult’s age to their place of living:

All individuals aged 18 years and above in greater Sydney, including adults under 60 years of age, should strongly consider...

Finally, in addition to the risks of COVID-19 infection, the vaccine supply has now been introduced for the first time as a criterion influencing the risk-benefit assessment regarding the use of the AstraZeneca:

This is on the basis of the increasing risk of COVID-19 and ongoing constraints of Comirnaty (Pfizer) supplies.



The above differences between the final and the preceding two ATAGI statements might have been too great for the general population to re-shape their perception of AstraZeneca from being a potentially “bad vaccine” to an overwhelmingly “good vaccine”. Specifically, people appear to have been asked to abruptly shift their focus from the “rare but serious” side effects of the AstraZeneca vaccination, which were featured in the first two summaries, to the benefits

of “earlier protection” with AstraZeneca. In addition, they were suddenly advised to take into account the dwindling supply of Pfizer into their risk-benefit assessment, which was probably more likely to cause their frustration with the government’s approach to procuring vaccines than provoke a change in their attitude towards the AstraZeneca vaccine.

The moral of the “good vaccine” stories

Public health communication may seem like a simple matter of providing medical information. Our case study of Thai and Australian public discourses about the COVID-19 vaccination, however, has shown the incredible impact that the choices of evaluative expressions in public announcements can have on the success or failure of pandemic responses. Therefore, future communications on vaccination may benefit from a more balanced overview of the perceived risks and benefits of particular vaccines. Whenever possible, it is also important to illustrate what is meant by different degrees (i.e., lower/higher amounts) of the said risks and benefits. Finally, there should be a constant reminder of the fact that the recommendations during a pandemic are inherently temporary and susceptible to change due to a range of factors.

Public health communication may seem like a simple matter of providing medical information. Our case study of Thai and Australian public discourses about the COVID-19 vaccination, however, has shown the incredible impact that the choices of evaluative expressions in public announcements can have on the success or failure of pandemic responses

After all, in a pandemic crisis, the quest for protecting our community – both locally and globally – does not end with the invention of a cure or a vaccine; rather, finding the cure or vaccine is only the beginning. Specifically, what we have learned from our research is that “good vaccines” must be born out of “good science” and then fostered by “good communication”.



Face Masks and COVID-19 Society

Assist. Prof. Dr. Pasoot Lasuka

Assistant professor, Literary Studies Department
Faculty of Humanities, Chiang Mai University, Thailand

Original article published on THE STANDARD
<https://thestandard.co/masks-and-the-covid-society/>

Earlier in November, I was on my way to meet with a foreign professor who has recently taken his role at the university where I teach. Heading toward the meeting point outside a building, with a mask on my face (as per the social norm when indoors), I had a flash thought of taking my mask off as we would chat outdoors. Seeing me approaching, my new colleague immediately put his mask on, coinciding with me taking mine off. We both looked at each other and laughed at that awkward timing.

Interestingly, this “post COVID-19” (which in this article refers to the slowing down phase after the pandemic peak) anecdote resonates with many people who are unsure whether or when they should wear or take off their masks. In this article, I will draw your attention to the roles of face mask wearing at the onset of the pandemic until present, so-called “post COVID-19” period, and attempt to explain whether face mask wearing will become “the new normal” in Thai society.

Masks and COVID-19 Prevention

We may recall that, when a COVID-19 outbreak occurred in Thailand in early 2020, there were extensive talks about how it was an airborne virus spreading via droplets. With no scientific research at hand on this emerging infectious disease, the public health authorities and medical experts recommended wearing face masks as an initial prevention measure. People were highly receptive to this health advice; they were on high alert hunting for their face masks. As COVID-19 cases were increasing overseas, especially in China, tourists in Thailand bought masks to take back to their home countries while the locals were getting their hands on masks, resulting in a shortage of such products in no time.

The public health authorities and medical experts recommended wearing face masks as an initial prevention measure. People were highly receptive to this health advice; they were on high alert hunting for their face masks.

From a cultural perspective, the circumstances were fascinating in that numerous “DIY” masks, regardless of whether they were effective, were quickly produced by all sectors of society and worn by people to give them peace of mind. Those DIY techniques included “drying used masks in the sun and reusing them”, “using tissue paper or sanitary pads to make masks”, “making masks from materials that cannot be permeated by viruses” and so many more that prompted the Ministry of Public Health to issue a fact sheet in mid-March 2020 to educate people about what to look for in an effective mask.¹ Among Thais, this magnitude of enthusiasm may seem to be nothing out of the ordinary. Other countries, in North America and Australia, for instance, took some time for the public to welcome mask wearing willingly. In contrast, Thai society overwhelmingly embraced mask wearing as a prevention measure.



Masks and Being on the Lookout for Society

At the start of the COVID-19 pandemic, face mask wearing served not only the purpose of

1. See examples of the Ministry of Public Health’s fact sheet at <http://doh.hpc.go.th/bs/topicDisplay.php?id=379>

preventing the spread of the virus but also fostered social surveillance, citizens monitoring each other's behaviour. When COVID-19 cases were on the rise overseas, the Thai public eagerly followed news and vigorously looked for any possible weakest link, be it a member of the public or a government agency, that might have been complacent and let COVID-19 slip into the country. The virus eventually found its way to spread in the country, allegedly coming from some Thai citizens who had illegally entered the country after working in a neighbouring country, according to a public health agency. It was then when the Land of Smiles had turned into a "self-policing state" where the public was in hot pursuit of those returning travellers, tracing where they had visited since entering the country. You may recall a restaurant patronised by this group of people apologising to the public and shutting up temporarily to sanitise.

At the start of the COVID-19 pandemic, face mask wearing served not only the purpose of preventing the spread of the virus but also fostered social surveillance, citizens monitoring each other's behaviour.

In my opinion, this state of paranoia and social surveillance may have been linked to mask wearing to a certain degree. Being maskless in public, indoors or outdoors alike, or wearing inferior quality masks often met with disapproving looks. Since the Thai Government's mask campaign in early 2020, complaints against business operators not wearing masks or using masks "incorrectly", i.e. not in line with the public health guidelines on television and the mainstream media, often made news.² Similarly, several businesses enforced their policy to refuse to serve customers who did not wear masks.³ This new mask wearing practice painted a picture of black and white society of "good citizens" and "bad citizens".⁴ Amid such unprecedented challenges, good citizens were the helping hands of their state, maintaining close surveillance and behavioural control over each other. Face mask wearing not only prevented the spread of the virus but also symbolised the ideology of being good citizens.

Under such circumstances where people showcased their good citizen qualities, it was interesting to see a creative culture that followed. The unanimous practice of face mask wearing gave birth to many mask-related businesses, and consequently, assorted fashionable designs of face masks for different occasions made of materials claiming to provide better or more effective protection without sacrificing breathability. Garment manufacturing companies and beyond took up mask production to boost their sales. Government agencies had face masks with their logos

2. See examples at <https://www.hfocus.org/content/2020/08/19974>

3. See examples at <https://thestandard.co/restaurants-in-boonrueang-market/>

4. Adapted from social philosopher Louis Althusser's theory of Ideological State Apparatus

made for gift exchanges. On one hand, this creative economic approach might have weakened the strong image of face masks in social surveillance. On the other hand, it might have made face mask opposers' excuses become less justified, as there were so many types of comfortable and good-looking masks around to not wear one.

Masks and Risk Management

The intense pressures surrounding face mask wearing seemed to ease when many countries could control their situation and re-open their countries. Around this time, face mask wearing seemed to have resumed its significant role in risk prevention.



In mid-June 2022, the Thai Government announced its voluntary face mask policy, a perfect timing for many who at that point could not wait to see others' big smiles and full faces. We witnessed more occasions on which people came to terms with not wearing face masks. For instance, there was a "no mask pose" when taking group pictures. Speakers onstage were allowed to give talks without having to wear a mask, otherwise they would have had to catch their breath. In a big picture, however, a large number of Thais are still carrying and wearing face masks. From my quick survey, the main reason my acquaintances still wear a mask is because they are still afraid of "catching COVID-19". People's recollections of how severe an infection can be are still haunting them despite the number of serious cases largely declining. More interestingly, many people consider the practice as good manners expected of by society, presumably because they have been used to wearing one for so long that it has become part of everyday clothing and not wearing one could make them feel they become a subject of criticism. Both

reasons show that Thai society is still wary of COVID-19 and uncertain of what could happen in the future. Wearing a face mask provides people with some protection, maintains their positive image, and gives them extra peace of mind post COVID-19.

More interestingly, many people consider the practice as good manners expected of by society, presumably because they have been used to wearing one for so long that it has become part of everyday clothing and not wearing one could make them feel they become a subject of criticism.

Whether face mask wearing will continue and become the “new normal” as predicted by many is difficult to answer. While many people still prefer to carry on with the practice because of uncertainty and risk awareness, some areas of Thailand (such as Phuket and Pattaya) saw many people including tourists who want to get the most out of their long-awaited holidays and are not as worried about risks as those in populated cities (such as Bangkok). Still, we cannot rule out the possibility of face masks becoming an urban culture.

Acknowledgements of support

Dr. Aim Sinpeng

Nattawee Stianrapapong

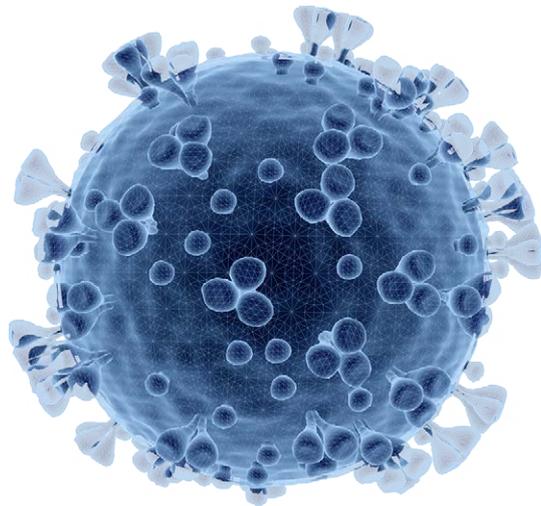
Abhirat Supthanasup

Dr. Nitipong Pichetpan

Dr. Dragana Stosic

Partners





Proudly supported by the Australia-ASEAN Council under Australia-ASEAN Council
COVID-19 Special Grants Round, the Australian Department of Foreign Affairs and Trade