



# Thailand

## Decision making for social and movement measures in the context of COVID-19

SNAPSHOT AS OF NOVEMBER 2020



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### 1. Which social and/or movement measures against COVID-19 are currently in place in your country?

- Closures of schools
- Closures of offices, businesses, institutions and/or operations closures
- Restrictions on domestic movement (e.g. stay-at-home, stay within a city, etc.)
- Limitations to international travel
- Restriction on size of gatherings
- Other (please specify)

All these measures were applied during the peak of the epidemic in March–June 2020. These were endorsed by a State of Emergency declaration and subsequent enforcement of a curfew. These measures were enforced homogeneously nationwide. The provincial governors were entrusted to introduce additional measures in line with the epidemic context in the province, such as full lockdown in Phuket Province. The Thai new year (Songkarn days) between 13 and 15 April was postponed, as more than ten million people would have been travelling across the country to their home towns to visit their families.

Please see more details from section 1.2 at <https://bit.ly/3q9G4fd>

Figure 1 show the travel volumes as an outcome of travel restriction between January and August 2020.

### 1. Which social and/or movement measures against COVID-19 are currently in place in your country? (continued)

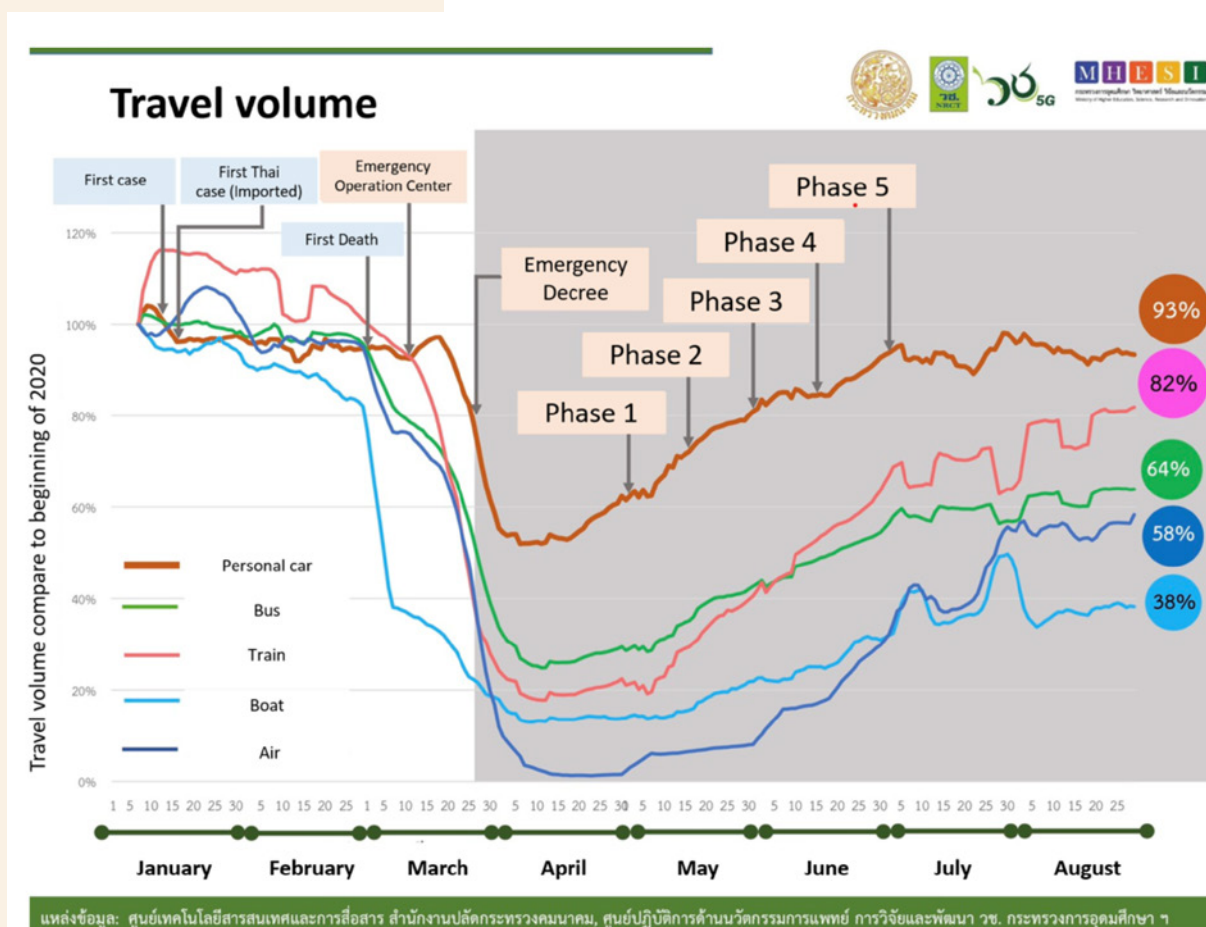


Fig.1. Population travel volume, January to August 2020

Note that there was no community transmission after 25 May 2020, and the restriction measures are being gradually phased out. Schools were re-opened in July 2020, as well as other economic activities, but with a protocol, in particular, 100% face masks, hand hygiene, thermo-scans, maximum number of customers per venue, fully enforced. Reopening of economic activities was guided by epidemiological evidence.

### 2. Which information has been used to make these decisions in your country?

These interventions are guided by epidemiological evidence. For example, an international travel restriction was introduced because most of the initial confirmed cases were non-Thai nationals from affected countries who transmitted the virus to local communities. This triggered border control and enforcement of mandatory state quarantine for all international travellers, both Thai and non-Thai nationals, who received two tests during their 14-day stay in quarantine sites.

Three local super-spreaders (night clubs in Bangkok, Lumpini boxing stadium in Bangkok and Muslim pilgrims travelling back from Malaysia and Indonesia) spread the infection to many other provinces through population mobility, which guided Government interventions to restrict local travel.

### **3. Please describe the process (formal or informal) through which information/data are discussed and decisions are made**

The national COVID-19 response is managed by the Centre for COVID-19 Situation Administration (CCSA), established and chaired by the Prime Minister on 12 March 2020 when there were 70 confirmed cases. The members of CCSA are top-level administrators from all ministries who contribute within their mandates.

The Department of Disease Control (DDC), Ministry of Public Health (MoPH), through the Emergency Operations Centre (EOC) chaired by the Permanent Secretary of the MoPH, contributes to technical content. Measures were proposed by the MOPH based on modelling of different reproductive numbers, in particular at the peak of the epidemic in March and April. The proposals were submitted to the CCSA for decision, endorsement and implementation nationwide.

### **4. How are selected measures communicated/explained to stakeholders and/or the general public?**

The CCSA, as a whole-of-government mechanism, is the main driver of coordination and implementation nationwide. Daily public communications have been televised nationwide by a speaker since the beginning, the speaker of the CCSA became an icon of the public communication response to COVID-19. Through these daily reports, the general public has developed confidence and trust in the Government's interventions. The communication includes a daily briefing on the epidemic trend, the numbers of confirmed cases, deaths and tests, and global trends. This ensures transparency and trust by the citizens.

Effective communication to the public creates public awareness of the seriousness of the situation and how Thailand is performing in relation to international peers and how citizens should contribute to pandemic containment, through adherence to social measures introduced by the Government. The information from the CCSA is also provided on a website (<https://bit.ly/2Jm2GbK>). Multilingual messaging (Thai, Burmese, Laotian, Khmer and Chinese) was launched to increase people's understanding of the coronavirus, its transmission mode, the disease and how citizens can prevent getting infected themselves and stop local transmission. This information is also available to the public through the DDC website at <https://ddc.moph.go.th/viralpneumonia/situation.php>

### **5. What have been the key challenges and/or lessons learnt from your experience/perspective?**

#### **Three key lessons**

- a) National capacity to generate epidemiological evidence is as important as capacity to introduce effective measures
- b) Measures proposed by the EOC are decided, endorsed by the CCSA and implemented by all relevant ministries through coordination of provincial governors.
- c) Effective public communication and community engagement that ensure citizens' trust and adherence to these measures contribute to the effectiveness of interventions. Thailand reported zero community transmission after 25 May 2020.
- d) Effective public health and social measures introduced at the early stage of epidemic contains the infection, prevents health systems disruption and maintains other essential health services.