

RESEARCH ARTICLE

Vaccine Policy Failure: Explaining Thailand's Unsuccessful Containment of COVID-19 in the Third Wave

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Abstract

In January 2020, Thailand became the first country outside of China to report a coronavirus infection. In July 2020, Thailand was the number one ranked country (out of 184 countries) for its effective handling of COVID-19. In December 2020, the country was hit by a second wave and the government was once again able to contain the new outbreak. In late March 2021, however, a third wave broke out and as of 1 April 2021, Thailand had seen 2,022,117 new cases and a death toll during the third wave of 20,211. The Thai government has not only been unable to contain the virus this time around, but has also failed in its procurement, allocation, and distribution of COVID-19 vaccines for its 70 million people. This article will look at the government's mismanagement of the pandemic in the third wave and how the government is dealing with the current crisis.

Keywords: Thailand; COVID-19 outbreak; third wave; pandemic crisis; COVID-19 vaccination; vaccine shortage

1. Introduction

In January 2020, Thailand became the first country outside of China to report a coronavirus infection (in a 61-year-old female tourist from Wuhan city). In July 2020, Thailand was not only the number one ranked country (out of 184 countries) for its effective handling of COVID-19 and its recovery from the crisis,¹ but was also chosen by the World Health Organization as a model country that managed to successfully curb the spread of the coronavirus.² Thailand Prime Minister Prayut Chan-o-cha even gave an online address to share lessons learned with the international community at the Third Paris Peace Forum. However, in December 2020, just weeks after his speech, Thailand was hit by a second wave of COVID-19 that had spread to more provinces and infected more people (seven times higher than the first wave).³ The Thai government was once again able to contain the outbreak and on 1 February 2021, COVID-19 control measures were eased nationwide. In late March 2021, however, a third wave containing the highly contagious UK variant of the virus broke out in the country's capital city and as of 1 April 2021, Thailand had seen 2,022,117 new COVID-19 cases and a death toll during the third wave of 20,211, bringing a cumulated total of 2,050,980 and a death toll of 20,305 since the beginning of the pandemic in January 2020.⁴

The COVID-19 second wave that began in mid-December 2020 originated in the country's largest seafood market in Samut Sakhon province, "a centre of the seafood industry

¹ Its index score of 82.06 placed Thailand on top of the global chart as an example of best practices in tackling the virus Global COVID-19 Index (2020) (<https://covid19.pemandu.org/>).

² Wipatayotin (2020).

³ Rajatanavin et al. (2021).

⁴ Online Reporters (2021a).

that is home to thousands of migrant workers.”⁵ It has been indicated that this wave was brought on “by undocumented migrants” who entered the country illegally and “were not captured by the quarantine system.”⁶ The third wave, which began in late March 2021, was triggered by six club-goers at a pub and bar in Bangkok who spread the virus to staff, resulting in a super-spreader cluster that has led to the alarming rates of transmission we continue to see across the country today. The Thai government has not only been unable to contain the virus this time around, but has also failed in its procurement, allocation, and distribution of COVID-19 vaccines for its 70 million people. Using desk research, this article will look at the government’s mismanagement of the pandemic in the third wave that has affected the poor and marginalized groups including the elderly, youth, children, and migrants, and how the government plans to address these inequities as it deals with the current pandemic crisis.

2. Socioeconomic inequalities

Thailand has the widest income inequality in ASEAN and is the country with the largest wealth gap in the world.⁷ According to Credit Suisse’s Global Wealth Report 2018, the richest 1% in Thailand controls almost 67% of the country’s wealth while the World Bank indicates that Thailand’s poverty rate has risen (from 7.2% to 9.8% between 2015 and 2018).⁸ In the 1960s, agricultural production accounted for 40% of the country’s gross domestic product (GDP) but today the farming sector contributes to only 8% of the country’s GDP even while agriculture makes up 32% of the economy (i.e. 15 million people are still engaged in agricultural production). Meanwhile, large corporations (that make up 13% of the economy) contribute to 43% of the country’s GDP. These disparities can be explained by the concentration of political and economic power in the capital city and policies that have privileged urban development over rural, resulting in an unequal distribution of resources and the widening gap between the rich and poor. This gap was evident in the 1980s and 1990s that saw an influx of foreign direct investment and the rapid expansion of export-led manufacturing. The country then shifted to tourism and the service sector in the 2000s and focused mainly on Chinese tourists in the 2010s. Thailand remains one of the world’s top tourist destinations today (39.8 million visitors in 2019). But despite the high growth rate that has made Thailand the eighth largest economy in Asia and the second largest economy in ASEAN, the country has failed to equitably distribute benefits of this growth to its people. Consequently, the problem of income distribution has had significant repercussions on the health of the population⁹ as well as on women and ethnic minorities.

3. Ethnic inequalities

In 2019, Thailand’s first major national study on differences in development by ethnicity found “gross inequalities in development by ethnicity.”¹⁰ In line with the discussion above, the majority of government expenditure (72%) “is spent in Bangkok, which is home to only 17% of the population, mainly Central Thais and assimilated Sino-Thais” while the Northeast, which has 34% of the population, receives only 6%.¹¹ The study uncovers an

⁵ Sriring & Perawongmetha (2020).

⁶ Rajatanavin et al., *supra* note 3.

⁷ The ASEAN Post (2020).

⁸ According to the World Bank, Thailand’s poverty rate has added 2 million new people to the ranks of the poor. *Ibid.*; Peter (2020).

⁹ Samtisart (1994).

¹⁰ Draper & Kamnuansilpa (2019).

¹¹ Figures from a 2012 World Bank report, *ibid.*

“ethnic gap” in Thai public policies concerning poverty and inequality in which ethnic minorities such as Lao Thais (who make up the largest ethnic minority community) and Malay Thais are found to rank low on key human development index measures (health, education, employment, income, etc.).¹²

Even though Thailand’s Constitution recognizes the fundamental rights of individuals including ethnic groups, stateless people, migrant workers, or refugees, there is no effective law that helps protect these groups from discrimination.¹³ A report by the Indigenous Women Network of Thailand (IWNT), the Centre of Multicultural and Education Policy, Faculty of Education, Chiang Mai University (2010) indicates several forms of discrimination against ethnic minority women in the hill tribe communities in northern Thailand that prevent women from accessing government health services (nutrition, family planning, prenatal care), education, and other social services. More than half of the total hill community population in Thailand for example do not have an ID card and ethnic minority groups are not allowed to permanently settle, limiting their access to land and causing many hill tribe family members, especially women, to migrate to cities for work.¹⁴ And due to the high level of racial discrimination in Thailand, ethnic minority children have fewer educational opportunities, worse health, “and are more likely to be discriminated against in the media and advertising.”¹⁵ Ethnic groups each speak their own language and have their own cultures and customs but Thai is the only language taught in government schools.¹⁶ While there are 62 ethnic groups in Thailand, “the Thai state only formally recognizes approximately one dozen ethnic communities” and has no policy or legislation in place to recognize the other 50.¹⁷

4. Health inequities

Before the universal health-care scheme was introduced in 2001, the poor had to pay out of pocket for health-care costs that were disproportionate to their household income;¹⁸ 99.5% of Thailand’s population now have access to public health care provided under three schemes: a scheme for “government officials and their families, a social security system for employees in the formal private sector, and the universal health coverage.”¹⁹ An in-depth investigation by the Ministry of Public Health into the Thai public health system (between 2007 and 2011) however reported high maternal death rates and infant mortality rates revealing existing inequalities in public health services.²⁰ Maternal death rates and infant mortality rates were also highest in areas outside the Bangkok metropolitan region reflecting “the imbalanced distribution of health personnel, who are scarce in rural areas, and inequality in the medical treatment provided to patients” where cheaper medications are given to patients under the universal health and social security schemes.²¹

¹² *Ibid.*; Draper & Selway (2019).

¹³ NHRCT (2017).

¹⁴ The report also indicates that most of the female inmates at Chiang Mai prison are ethnic minority women; see the Indigenous Women Network of Thailand (IWNT), the Centre of Multicultural and Education Policy & Faculty of Education, Chiang Mai University (2010).

¹⁵ When Thailand signed and ratified the UN International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) in 2003, the country “made a broad reservation regarding Article 4” that would render the ICERD “meaningless in Thailand,” according to Draper & Kamnuansilpa, *supra* note 10.

¹⁶ Thailand’s multi-linguistic status is “not formally recognized in any constitution or in any national legislation or language policy.” *Ibid.*

¹⁷ *Ibid.*

¹⁸ Pannarunothai & Mills (1997).

¹⁹ Areerat (2015).

²⁰ *Ibid.*

²¹ *Ibid.*

Despite these inequities, Thailand was ranked sixth in the world in 2019 for the quality of its health-care services and was one among three Asian countries to rank in the top ten of the world's best health-care systems.²²

5. Gender inequities

A 2020 United Nations Development Programme (UNDP) study revealed instances of stigma and discrimination experienced by transgender women in Thailand where a transgender person's decision to seek medical treatment may depend on the health-care providers' attitudes towards them.²³

A study on health inequality in Thailand found that the government allocates a larger portion of its health budget on men even though more women seek medical care from public hospitals than men.²⁴ The number of females seeking medical assistance and reporting sick is higher than men in all age groups across regions with statistics showing that "women report sick more than men by 4,000–5,000 per 100,000 persons."²⁵ Women's morbidity rate also rose between 2007 and 2015 and the most vulnerable age groups are people over 60 who suffer from chronic illnesses and children under the age of five.²⁶ With regard to the urban-rural gap, the study found that the morbidity rate for women in rural areas is higher than the morbidity rate for women in urban areas by 2,000 per 100,000 persons.

In terms of the gender pay gap, evidence points to existing gender wage discrimination and different gender wage gaps across industries despite advancements in female employment and a narrowing gender wage gap that went from 14% in 1996 to 1% in 2013.²⁷ Female workers still receive lower wages than their male counterparts particularly in the younger age groups (15–24 and 25–54) while the wage gap is smallest for those in the 55–60 age group.²⁸

Furthermore, the pandemic has resulted in joblessness among young men and women in Thailand, especially for those working in establishments with fewer than 50 workers (falling by 18% for young men and by 24% for young women).²⁹ According to the International Labour Organisation (ILO) report, the youth unemployment rate "has increased by 3 percentage points for both men and women, reaching a high of 6% and 8%, respectively,"³⁰ "a level unseen in recent years."³¹

6. Migrant workers

There are approximately 2.8 million documented migrant workers in Thailand, the majority of whom (48%) are from Myanmar, followed by Cambodian and Lao PDR.³²

²² Post Reporters (2019).

²³ Moreover, HIV-related stigma is worse in rural communities and was reported to be more devastating than the stigma attached to being transgender; see UNDP (2020).

²⁴ Men receive more than women for every baht spent on public health services; see Chandoevwiw & Phatchana (2019).

²⁵ *Ibid.*

²⁶ Authors point out that a large proportion of the country's ageing population are women suffering from chronic diseases; *ibid.*

²⁷ Bui & Permpoonwiwat (2015).

²⁸ *Ibid.*

²⁹ ILO (2021).

³⁰ *Ibid.*

³¹ *Ibid.*

³² 2019 figures from the ILO. This figure does not include unregistered or undocumented workers, in which case the total number of migrant workers in Thailand is estimated at 4 to 5 million by the International Organization for Migration (IOM). There are approximately 650,000 Cambodian migrants and 300,000 Lao migrants in Thailand; see IOM (2019).

Coronavirus outbreaks have been occurring in migrant worker communities since the beginning of the pandemic and in addition to the challenges of getting medical treatment, many migrant workers face the problem of unemployment. The impact of COVID-19 on the migrant population in the country is thus multifaceted. First, the majority of migrants in Thailand are engaged in manual labour and often live in crowded conditions in on-site construction camps or in congested dwellings adjacent to the farm, manufacturing plant, or factory where they are employed,³³ which explains why mass COVID-19 outbreaks have occurred in migrant communities. For example, *The Irrawaddy* reported that in June 2021, over 600 Myanmar migrant workers (at a garment factory that employed over 3,000 migrants) were infected with COVID-19 in the city of Mae Sot in the western province of Tak, while over 250 Myanmar fishermen in southern Thailand had tested positive for the virus.³⁴

Aside from cases of infection, instances of abuse and exploitation by employers, while not uncommon, continued to persist during the pandemic with migrant workers reporting reduced salaries, unpaid leave, forced evictions, and confiscation of their documents.³⁵ Furthermore, it is estimated that over 300,000 migrant workers have left the country having lost their jobs due to business closures and absence of other employment opportunities.³⁶ Of the 300,000 Lao migrants working in Thailand, over 100,000 had returned to Laos since the outbreak³⁷ and of the 650,000 Cambodian migrants working in Thailand, over 240,000 have returned home.³⁸

The urgent issue for migrant workers who have remained in the country is getting access to testing, treatment, and vaccines. Authors of a recent Thailand Development Research Institute (TDRI) report point to “a serious deficiency in Covid testing and screening” for the over 2 million migrant workers in Thailand who have a high risk of infection. Only 339,331 migrant workers had received COVID-19 tests by the end of May 2021 (15% of the total migrant population) and active screening for migrant workers was halted by the government on 5 July 2021. The TDRI proposes that the government resume active COVID-19 screening for migrant workers who “may unknowingly fuel the infection wave as they continue working and coming into contact with others.”³⁹

Regarding vaccination, only 3.47% (170,007) of the total number of foreigners living in Thailand had received COVID-19 vaccines in July 2021, which is an inoculation rate “so low” that it would make reaching herd immunity unlikely.⁴⁰ The TDRI proposes that a free vaccination programme be available for all migrants regardless of their status and that health volunteers be trained to vaccinate workers. On 5 October 2021, the Thai Red Cross Society stepped in and launched a vaccination campaign initially targeting to inoculate 5,000 migrant workers including undocumented refugees.⁴¹ In the meantime, authors of the TDRI report propose that emergency assistance be provided to migrants who are out of work and need access to necessities (food, water, medicine, etc.).

7. Prisoners

The third wave of the pandemic severely impacted Thailand’s prison population where 12% (38,019 inmates) of the country’s total prison population tested positive for

³³ In the fishing industry, agriculture, manufacturing, construction, domestic work, and other services.

³⁴ *The Irrawaddy* (2021).

³⁵ Frye (2020); Tun (2020).

³⁶ Between March and June 2020; see Frye, *supra* note 35.

³⁷ Many of those who have remained in Thailand are out of work and unable to return home; see RFA Lao Service (2020).

³⁸ RFA Khmer Service & Oo (2021).

³⁹ 72,763 migrant workers had tested positive by 22 July; see Sumano & Aneksomphon (2021).

⁴⁰ *Ibid.*

⁴¹ Reuters (2021).

COVID-19 between 12 May 2021 and 15 July 2021. This number includes 1,795 out of 3,274 prisoners in Bangkok Remand Prison and 1,040 of the 4,475 inmates at the Central Women's Correctional Institution.⁴² Most of the prisoners were treated at field hospitals set up at the prisons while those who were seriously ill were admitted to regular hospitals. Prison clusters were being triggered by new arrivals infected with COVID-19 and the high number of daily infections in jails can be attributed to overcrowding—61% of inmates at a prison in Chiangmai had tested positive and on a single day in May 2021, 6,853 prisoners made up the 9,635 new cases reported.⁴³

8. The third wave

The third wave containing the highly contagious UK variant of the virus was triggered in late March 2021 by six club-goers who visited a luxury nightclub in the upscale Thong Lor/Ekamai district. Between 25 and 27 March 2021, 40 people who went out to clubs and bars in this popular area tested positive for COVID-19, which resulted in a super-spreader cluster that quickly reached 20 provinces.⁴⁴ After months “without a single confirmed case of local transmission,”⁴⁵ the country recorded over 35,000 new COVID-19 infections by mid-April and that number would surge in the following months: 128,000+ in May, 214,000+ in June, 468,000+ in July, 816,000+ in August, 1.57 million+ in September, 1.82+ million in October, and over 2 million in November.

In stark contrast to the country's successful containment of the coronavirus in 2020 owing to a series of actions that were taken (immediate implementation of lockdown measures, a nationwide curfew, effective risk communication, public co-operation, and strong leadership), the government's response to the COVID-19 outbreak in 2021 was “non-communicative, slow, and ineffective.”⁴⁶

Thailand's failure to contain COVID-19 this time around can be attributed to a series of missteps consisting of poor judgement, bad decisions, inexplicable actions, and overall mismanagement that drew heavy criticism from the public, the media, and opposition parties. As Sanglee explains, “Thailand's affordable and accessible health care system”⁴⁷ came under strain due in part to a national policy mandating hospitalization of all COVID-19 patients (symptomatic and asymptomatic); the government “opted for a ‘no national lockdown, no national curfew’ solution”⁴⁸ to avoid further impact on the economy; provided no concrete instructions to provincial authorities, which led to “varying levels of restrictive measures;”⁴⁹ and it had no vaccination plan in place.

9. Vaccine mismanagement

The country's successful containment of COVID-19 in 2020 led to overconfidence and complacency, the consequence of which was a vaccination plan that was “short-sighted” and “fraught with misguided priorities in vaccine allocation and distribution.”⁵⁰ In their

⁴² FIDH (2021).

⁴³ There are approximately 380,000 inmates in Thailand's 143 prisons. BBC News (2021).

⁴⁴ 559 new cases were reported in a single day; see Duangdee (2021). The managers of the club were found guilty of violating the emergency decree and the Entertainment Place Act of 1978 and sentenced to two months in jail; see Online Reporters (2021b).

⁴⁵ Beech & Suhartono (2021).

⁴⁶ Sanglee (2021b).

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

⁵⁰ Pananond & Pongsudhirak (2021).

news article, Pananond and Pongsudhirak (2021) point to a series of missteps in place well before the onset of the third wave: rather than banking on all major vaccines early on, the government relied on only one, AstraZeneca, that was to be manufactured locally by one company, Siam Bioscience, and supplemented by China's Sinovac vaccine.⁵¹ However, there was “no sign of the locally manufactured AstraZeneca vaccine after the first quarter of 2021,” while the AstraZeneca jab itself was reported to cause blood clots and was suspended in several European countries.⁵² So the Thai people were left in limbo, not knowing when the vaccines would be produced, when they would become available, and the order in which they would be distributed.⁵³ “As vaccine rollouts in other countries appear structured and methodical based on objective criteria, Thailand's early approach is decidedly subjective and arbitrary in favour of economic interests over public health risks,” say Pananond and Pongsudhirak (2021).

The government also chose not to join COVID-19 Vaccines Global Access (COVAX), the global vaccine initiative launched by the World Health Organization aimed at equitable access to COVID-19 vaccines—a decision that “stemmed not just from complacency but outright hubris Between direct purchases and Covax access, Thailand's vaccine supplies would have been secured,” says Thitinan.⁵⁴

In October 2020, the government signed a deal for 26 million doses of the AstraZeneca vaccine (developed by the British-Swedish company) to be produced locally by the royally owned Siam Bioscience as the manufacturer.⁵⁵ In February 2021, following the second wave of infections, the government added 35 million doses to the original order, but AstraZeneca had already “committed its vaccine supplies . . . to other regional governments” since AstraZeneca–Siam Bioscience was contracted as a regional production centre and was obligated to supply to countries in the region.⁵⁶ In July 2021, a leaked letter from AstraZeneca confirmed that:

Thai authorities underestimated and therefore under-booked AstraZeneca vaccine doses more than 10 months ago in September 2020 For months, the government's blunder was kept from the public. Meanwhile, it kept on importing more and more Sinovac, a China-made jab whose efficacy against the Delta variant has been in doubt and considered lower than AstraZeneca and mRNA vaccines—namely Pfizer-BioNTech and Moderna.⁵⁷

Private hospitals had already begun ordering mRNA vaccines following demands from some segments of the population who were willing able to pay for their jabs.⁵⁸

Much like the country's vaccination plan, the country's mass immunization programme was fraught with inexplicable actions, and overall mismanagement. The following section attempts to provide a timeline to trace these missteps in vaccine allocation and distribution that resulted in over 2 million new COVID-19 cases and the deaths of over 20,000.

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ *Ibid.*

⁵⁴ As Thitinan explains: “Under their logic, joining Covax was moot since the international health cooperation scheme would largely rely on the non-profit AstraZeneca vaccine which Thailand was going to produce anyway.” Thitinan (2021).

⁵⁵ Thai PBS World's General Desk (2021b).

⁵⁶ Thitinan, *supra* note 54.

⁵⁷ *Ibid.*

⁵⁸ Online Reporters, *supra* note 4.

10. April 2021 to November 2021

By mid-April, Thailand only had enough vaccines to fully inoculate 500,000 people,⁵⁹ prompting the government to make the decision to buy 35 million more doses of COVID-19 vaccines from other manufacturers in addition to its purchase of 65 million doses from AstraZeneca and Sinovac Biotech.⁶⁰ [The Sinopharm vaccine from China was officially approved for use in Thailand in May.⁶¹] By the end of April, the country's vaccine rollout had reached less than 1% of the population (mainly health workers and those with higher risk of infection).⁶² The low number of inoculations and lack of progress on the vaccine plan caused six opposition parties to issue a joint statement demanding the prime minister's immediate resignation.⁶³ It is worth noting that anti-government protests began at around the same time as the novel coronavirus was first identified in early 2020 and while the first three waves of protests demanded the dissolution of Parliament, the drafting of a new Constitution, and reform of the monarchy, the fourth wave of protests that took to the streets during the height of the pandemic in 2021 demanded the resignation of the prime minister and his administration.

On 1 May, the public health minister announced that people reporting for inoculation at free vaccination centres could choose which COVID-19 vaccine they would receive (as that would depend on each vaccine's suitability for their demographic).⁶⁴ The Pfizer vaccine, for example, was reserved for children aged 12 to 18 while Sinovac was administered to medical and front-line workers as well as immigration officers.⁶⁵ There was still no mass immunization programme in place in May with vaccines were still being administered to front-line workers;⁶⁶ the test batches of the AstraZeneca vaccine made by Siam Bioscience had only passed quality testing on 9 May.⁶⁷ Moderna was the first vaccine that private hospitals were allowed to bring in as an alternative vaccine⁶⁸ but the vaccine would not be available until late 2021.⁶⁹

On 24 May, the government decided to extend the gap between the first and second doses of AstraZeneca to 16 weeks so as to inoculate more people, more quickly (which was beyond the 12-week maximum interval approved by the European Medicines Agency).⁷⁰ Meanwhile, vaccines were still being administered to medical personnel, persons aged 60 years and older, people in high-risk groups, tourist industry workers, people working in public transport services, and those living near current clusters in crowded communities in Bangkok.⁷¹ By the end of May, hospitals had already run out of the AstraZeneca vaccine, prompting the Federation of Thai Industries to demand that the government allow private companies to import doses from different manufacturers.⁷²

Meanwhile, the government had launched a mobile application, Mor Prom, that people had to download to book their vaccinations. The booking platform crashed on the day it

⁵⁹ Thai PBS World's General Desk (2021c).

⁶⁰ Ten to 15 million doses to be bought by the private sector for their employees; see Bangprapa (2021c).

⁶¹ Post Reporters (2021b).

⁶² Thanthong-Knight (2021).

⁶³ Bangprapa & Sattaburuth (2021).

⁶⁴ Wipatayotin (2021).

⁶⁵ *Ibid.*

⁶⁶ Thepgumpanat (2021).

⁶⁷ Online Reporters (2021d).

⁶⁸ Satrusayang (2021).

⁶⁹ The Private Hospital Association, which includes more than 200 private hospitals across the country, was expected to order 5 million doses of Moderna for clients willing to pay about 100USD; see Bloomberg News (2021a); Carter (2021).

⁷⁰ Reuters, *supra* note 41.

⁷¹ Meechukhun (2021).

⁷² Taylor (2021).

launched due to the overwhelming demand.⁷³ In response to the failure of the online registration system, the Public Health Ministry announced that walk-in centres for vaccination without appointment would soon be in place. It is important to note here that much public scrutiny revolved around the government's three "mediocre"⁷⁴ mobile applications. People had been using the other two government apps for COVID-19 since 2020 so the launch of a third new app was unnecessary and confusing to many who found the platform difficult to navigate:

According to Bangkok Post, there was a lot of people registering their confusion and anger at not being able to access the Mor Prom app. Some were unable to select their hospital-of-choice The reservations were full and the steps complicated. One user said his 67-year-old father could not find his name on the register. He received a suggestion that he make direct contact with the hospital. Others complained they simply couldn't find their names despite that they were eligible.⁷⁵

The spokesman for the Centre for Covid-19 Situation Administration (CCSA) not only apologized for the inconvenience and frustration caused by the online system but arbitrarily directed people to find other channels to go through such as local hospitals.⁷⁶

Vaccination without appointment, as it was in many other countries, should have been the policy here, but it was not. Any Thai citizen should have been able to walk into a vaccine centre or site, register with their national Thai ID card, and receive their jab. Instead, every day for months, people had to log on to the platform until their online booking was successful. The app registration platform may have been put in place to cope with the slow vaccine rollout given the mass shortage of vaccines. Despite acknowledging that this was a problem, the administration announced its vaccination goals: to vaccinate 80,000 individuals per day at 151 vaccination sites, or 2,480,000 people within a month.⁷⁷

Furthermore, it was only in June that foreign nationals living in Thailand were allowed to register for free COVID-19 vaccinations and 7 June marked the first day that registered Thai citizens were to be inoculated with the locally manufactured AstraZeneca vaccine. Priority was given to Thai citizens aged 60 and over or those with pre-existing medical conditions, while inoculations for Thai adults aged 18 to 59 and foreign nationals (who had registered for vaccinations) were to start in August.⁷⁸ In September, the Thai Red Cross Society and its network partners in co-operation with governmental and private agencies and international humanitarian organizations implemented a vaccination rollout for displaced persons and vulnerable groups including Thais and migrants, irrespective of race, class, caste, or religion.⁷⁹

The other issue that came under much public scrutiny was China's Sinovac vaccine. The Sinovac vaccine was widely considered to be inferior in quality and was rejected by many; out of all the vaccines procured by the government—Pfizer, Moderna, AstraZeneca, Sinovac Sinopharm—it is said to be "the least effective against the Delta variant."⁸⁰ In response to the

⁷³ Online Reporters (2021c).

⁷⁴ Bangkok Post (2021).

⁷⁵ Newton (2021).

⁷⁶ Online Reporters, *supra* note 73.

⁷⁷ Thai citizens aged 60 years old and over can receive vaccines at any of the listed hospitals and citizens ages 18 and 60 can get vaccinated at any of the 151 sites; see Supateerawanitt (2021).

⁷⁸ Boonbandit (2021).

⁷⁹ Reliefweb (2021).

⁸⁰ The 1.5 million doses of Pfizer donated by the US was already fully booked; see Prateepchaikul (2021).

limited supply of the AstraZeneca vaccine and growing complaints about Sinovac's low efficacy, the government in October began "rolling out the Sinovac-AstraZeneca cocktail in July. However, concern over the safety of this new combination has prompted many people to stay away from Covid-19 jabs altogether 'I won't take Sinovac no matter what,' said 43-year-old Duean, a live-in carer for an elderly woman."⁸¹

Furthermore, people who had already received their first jab suddenly find out that their second jab would be from a different vaccine and, in some cases, the choice was between "delaying their second shot or mix-and-matching vaccines, as some hospitals ran out of stock."⁸² After much scepticism and criticism over the Sinovac-AstraZeneca cocktail, the Public Health Ministry sought official approval for the AstraZeneca-Pfizer vaccine cocktail for people under the government's free vaccination plan.⁸³

The vaccine-cocktail fiasco epitomizes the administration's *modus operandi* throughout the third wave: sudden policy changes, impromptu action, and improvised decision-making.

The government's "slow and disorganized vaccination program" only deepened public distrust and gave rise to anti-vax sentiment around the country.⁸⁴ "Vaccine hesitancy in Thailand is worsened by the high level of public distrust following months of disorganization in the country's vaccination program," says Teeratanabodee, and the government is paying the price for "its earlier inefficiencies and lack of decisiveness."⁸⁵

In the "wake of the demonstrations and public questions surrounding the handling of the pandemic, the vaccination programme, and the associated economic fallout,"⁸⁶ a four-day censure debate against the prime minister was held in September. The prime minister and five ministers were grilled about the government's pandemic management strategy: the decision not to join COVAX, not ordering enough doses of COVID-19 vaccines, its reliance on AstraZeneca, and continued procurement of Sinovac vaccines knowing that it was not effective against the Delta variant, the mix-and-match vaccine cocktails not adopted anywhere else in the world, among a myriad of other questions, but no explanation was given. Public anger, frustration, and exasperation over "virus policy bungles, vaccine shortages and repeated denials"⁸⁷ sustained for months and came from all sides of the political divide. While 59% of the country's population has now been fully vaccinated,⁸⁸ the government's mishandling of the pandemic has had an impact not only on the economy but also on the poor and marginalized.

II. The poor, the youth, and the elderly

In a news article entitled "COVID-19: A Catalyst for Rising Inequality in Thailand," Sanglee argues that the current COVID-19 outbreak has exacerbated the country's pre-existing inequalities. She writes: "Against the backdrop of rising cases and deaths, disparities between the rich and the poor are becoming increasingly apparent Economically

⁸¹ Thai PBS World's General Desk (2021a).

⁸² Teeratanabodee (2021).

⁸³ Thai PBS World's General Desk, *supra* note 81.

⁸⁴ Teeratanabodee, *supra* note 82.

⁸⁵ Thai PBS World's General Desk, *supra* note 81.

⁸⁶ The debate likely strengthened the opposition's connection "with protest groups who have intensified pressure for the prime minister's resignation." Sattaburuth (2021).

⁸⁷ For much of that time, the prime minister and the public health minister were "nowhere to be seen." Thitinan, *supra* note 54.

⁸⁸ 1 December 2021 figure available at <https://covidvax.live/en/location/tha>.

marginalized people are now disproportionately more vulnerable to death and permanent hardship.”⁸⁹ The country’s largest low-income community of Klongtoey located in central Bangkok, for example, became the centre of a new COVID-19 infection cluster in May.⁹⁰

Given the slow vaccine rollout and shortage of vaccine supplies, many Thais who could afford to travelled overseas to get vaccinated. The US was a popular destination as jobs were free and there were different Covid vaccines to choose from. Wealthy individuals could also make advance bookings for the Moderna vaccine at private hospitals for a fee. Meanwhile, the poor who needed the most assistance had to wait to receive confirmation of their booking and appointment date for vaccination via SMS. As Sanglee explains:

The virus is much more transmissible among unvaccinated low-income families . . . since it is common for several generations to live together in one household and wage earners in poorer households also tend to work in occupations (e.g., the informal sector) that are not compatible with “remote working from home.”⁹¹

Furthermore, “the government’s home isolation program for asymptomatic patients or those showing mild symptoms may therefore be counterproductive when applied to the poor . . . leaving treatment at public or field hospitals as the only viable option.”⁹² There have also been cases of poor children of single-headed households becoming orphaned due to the death of a parent or grandparent, which has prompted the government to unveil support schemes to assist COVID-19 orphans.⁹³

On 4 October 2021, a nationwide campaign was launched to inoculate students aged 12 to 17 years with the Pfizer vaccine (4.3 million children aged 12 to 17 had registered) while children aged 3 to 11 years (6 million children) are to be inoculated against COVID-19 next year once a vaccine is approved for that age group.⁹⁴ At the same time, there have been anti-vax sentiments among youths who were “deeply suspicious” of the government in its mishandling of the pandemic.⁹⁵

The slow vaccine rollout has left the elderly among the least-vaccinated groups in the country. Thailand had fully vaccinated “6.7% of an estimated 10.9 million people 60 and older, compared with 15% of adults aged 18 to 59 and 10.2% of the total population—including children, who are not being vaccinated” and was “the only one of 30 countries for which Reuters reviewed data that had a lower percentage of seniors vaccinated than those in younger age groups.”⁹⁶ It is also indicated that “since April 2021 people aged 60 and over have accounted for at least 62% of deaths in Thailand and about 8.7% of cases” and that “the proportion of elderly deaths has risen, pointing to the possible impact of slow vaccinations.”⁹⁷ A volunteer group helping the old and the poor to access COVID tests and treatment attributes the high toll of elderly deaths as a “direct result of the failure to prioritize the elderly earlier.”⁹⁸ Although the elderly were initially designated as a priority

⁸⁹ Sanglee (2021a).

⁹⁰ Klongtoey is home to about 100,000 people; see UNICEF (2021).

⁹¹ Sanglee, *supra* note 89.

⁹² *Ibid.*

⁹³ However, “access to these support schemes is limited to orphans who are left totally alone. Children left with incompetent single parents or caregivers are, tragically, excluded from the system;” see Sanglee, *supra* note 89.

⁹⁴ More than 2 million doses had been administered by 29 October. The Thaiger (2021).

⁹⁵ And their “hesitancy towards Pfizer—widely perceived as the ‘best’ vaccine—sparked anger among those who wanted to get Pfizer shots but previously received other vaccines.” Teeratanabodee, *supra* note 82.

⁹⁶ Compared to neighbouring Malaysia, which had fully vaccinated at least 82% of its senior citizens by 22 August. see Tanakasempipat (2021).

⁹⁷ *Ibid.*

⁹⁸ *Ibid.*

group for vaccinations by the government, “planning shifted from an age-based priority system to a geographically-based one” after the outbreak in April 2021,⁹⁹ which consequently gave younger and working-age groups rather than senior citizens easier access to vaccination centres. This resulted in “lower inoculation rates for the elderly”¹⁰⁰—a problem acknowledged by the Public Health Ministry that is only now aiming to step up vaccinations for senior citizens.¹⁰¹

12. Addressing inequities and moving forward

Over the course of the pandemic, the Thai government has had to borrow money from the Central Bank for various schemes such as providing cash handouts to the poor, promoting domestic tourism, reducing personal income tax, providing employment subsidies, etc. A 1-trillion-baht emergency loan decree was approved last year, as was an executive decree to borrow an additional 500 billion baht in May 2021. The Bank of Thailand also “urged the government to borrow an additional 1 trillion baht, roughly 7% of the country’s GDP”¹⁰² to cushion the economic impact of the pandemic as the country charts its long-term recovery.

13. Future directions: tourism, sustainability, and living with COVID-19

According to the Department of Disease Control:

the focus going forward will be on containing infections to a level that doesn’t exceed capacity of the public-health system, with key measures being total vaccination coverage for vulnerable groups and faster case-tracing on the assumption that everyone can become infected and transmit the virus.¹⁰³

The government’s Covid strategy for 2022 therefore includes a plan to procure 60 million doses from AstraZeneca and 30 million doses from Pfizer. The protein-based Novavax vaccine will also be made available and mass production of locally made vaccines being developed by Chulalongkorn University will be used as booster shots.¹⁰⁴ Coexisting with COVID-19 means that businesses, factories, companies, and schools will continue to test workers, staff, and students on a regular basis. Businesses have intensified their measures in the third wave and “many factories conduct Covid-19 testing every one or two weeks by using rapid antigen test kits to separate infected workers from their coworkers.”¹⁰⁵ Rapid antigen tests fall under the government’s factory sandbox scheme that includes “vaccinating workers and setting up field hospitals or factory accommodation isolation facilities within their compounds.”¹⁰⁶

Given the country’s dependence on the tourism industry, which brings in 40 million visitors annually and accounts for 15% of the GDP, the government’s Covid strategy for 2022 will allow fully vaccinated tourists from “low-risk” nations to enter Thailand without quarantine. The government reopened the country to tourists on 1 November and, despite uncertainty over the Omicron variant¹⁰⁷ that was discovered on 24 November, the

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*

¹⁰¹ *Ibid.*

¹⁰² This would increase the country’s public debt ratio to 70% of GDP by 2024. Bangkok Post, *supra* note 74.

¹⁰³ Bloomberg News (2021b).

¹⁰⁴ Post Reporters (2021c).

¹⁰⁵ Post Reporters (2021a).

¹⁰⁶ *Ibid.*

¹⁰⁷ Worrachaddejchai (2021a); Worrachaddejchai (2021b).

government intends to move forward with its reopening plan. The country expects to attract 1 million tourists by the first quarter of 2022 having changed its tourism strategy to focus on *quality* rather than *quantity*.¹⁰⁸ “Instead of relying on 40 million tourists to generate 2 trillion baht in revenue, we will turn to focus on quality tourists who can spend more” which “will be good for the country’s environment and natural resources,” says the Deputy prime minister at the *Bangkok Post*’s “Resilient Thailand: Ways to Bounce Back” forum.¹⁰⁹ The country anticipates the tourism industry to bring in USD30 billion¹¹⁰ and expects GDP to return to normal by 2023.¹¹¹

Reopening the country means that the Thai people will have to “coexist with disease”¹¹² and in August the National Communicable Disease Committee went forward with this shift in the country’s strategy called “learning to live with Covid-19.”¹¹³ In alignment with this strategy, the government has stated its intention to strictly adhere to its Sufficiency Economy Philosophy approach for sustainable development, which includes the promotion of the Bio-Circular-Green Economic Model (BCG) and the 20-Year National Strategy, which will implement policies related to sustainable development.¹¹⁴ Eliminating inequality, maintaining a strong public health-care system, and supporting technology, innovation, and digital literacy were three targets identified by the prime minister.¹¹⁵ And according to the finance minister, economic recovery will lie in the Thai capital market as a source of funding for start-ups and small and medium-sized enterprises and as a financing channel for investment in physical and digital infrastructure projects in addition to being a platform for financial exchange, while economic growth for Thailand in the post-COVID-19 world is to be “driven by new industries such as the electric vehicle sector and the digital economy.”¹¹⁶ Thailand and South Korea also agreed to strengthen bilateral co-operation in future industries, health care, and green technologies, and committed to enhancing collaboration in “the field of emerging infections and other threats to public health including research, development, production and distribution of vaccines.”¹¹⁷ The administration is currently trying to procure Paxlovid pills from Pfizer¹¹⁸ since Thailand was not included among the 95 countries authorized to produce Pfizer’s antiviral COVID-19 pill.¹¹⁹

Urban-rural inequality continues to persist as 70% of the population in Bangkok is fully vaccinated and 100% of Bangkok residents are expected to be vaccinated by the end of 2021.¹²⁰ According to the 2020 World Bank report on poverty and inequality in Thailand, the government needs to rethink social protection policy for the most vulnerable, especially since COVID-19 saw a worsening situation for the more than half the working population in the informal sector (over 21 million people) who experienced job and income loss.¹²¹ Furthermore, the projected contraction of the Thai economy means that assistance must be paid to particularly vulnerable groups including migrant workers, who are vital to the Thai economy. It is estimated that migrant workers added an

¹⁰⁸ Bangprapa (2021a).

¹⁰⁹ *Ibid.*

¹¹⁰ Khernamnuoy & Silver (2021).

¹¹¹ Polkuamdee (2021).

¹¹² Post Reporters, *supra* note 105.

¹¹³ *Ibid.*

¹¹⁴ Bangprapa (2021b).

¹¹⁵ *Ibid.*

¹¹⁶ Toomgum & Banchongduang (2021).

¹¹⁷ Post Reporters, *supra* note 105.

¹¹⁸ Sangiam & Thadaphrom (2021).

¹¹⁹ Nolen & Robbins (2021).

¹²⁰ 40% of the country’s population are not vaccinated; see Wacharoen (2021).

¹²¹ Thailand spends only a small percentage of GDP on social protection (3.7% in 2015) compared to countries like Vietnam (6.3%) and Korea (10.1%). World Bank (2020).

additional 4.3–6.6% to Thailand’s GDP in 2019 and sent US\$2.8 million in remittances to their families in Myanmar, Cambodia, and Laos;¹²² “taking better care of them” is “crucial for both disease control, and economic recovery.”¹²³

According to the OECD, governments must enhance public trust in COVID-19 vaccination, which will “likely shape confidence in other vaccines,”¹²⁴ and after six months of vaccine mismanagement, regaining public trust and restoring public confidence are most certainly “an urgent agenda for the Thai government.”¹²⁵

To respond quickly to future threats like pandemics,¹²⁶ the Thai government should look back on what it did right in 2020 in containing COVID-19. Immediate action, effective communication, public engagement, clarity, and decisiveness when coupled with a robust public health sector resulted in public trust, confidence, and public co-operation in taking preventive measures seriously. These are qualities that the Thai government needs to repossess as it deals with the current pandemic crisis where vaccination is *the* issue on the agenda and especially if it is to prevent the extent and severity of future waves of epidemics.

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¹²² Frye, *supra* note 35.

¹²³ Sumano & Aneksomboonphon, *supra* note 39.

¹²⁴ OECD (2021).

¹²⁵ Teeratanabodee, *supra* note 82.

¹²⁶ World Bank, *supra* note 121.

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