



# SOCIAL IMPACT ASSESSMENT OF COVID-19 IN THAILAND

---

JULY 2020

Oxford Policy Management Limited  
Registered in England: 3122495

Level 3, Clarendon House  
52 Cornmarket Street  
Oxford, OX1 3HJ  
United Kingdom

Tel: +44 (0) 1865 207 300  
Fax: +44 (0) 1865 207 301  
Email: [admin@opml.co.uk](mailto:admin@opml.co.uk)  
Website: [www.opml.co.uk](http://www.opml.co.uk)  
Twitter: @OPMglobal  
Facebook: @OPMglobal  
YouTube: @OPMglobal  
LinkedIn: @OPMglobal

#### ABOUT OXFORD POLICY MANAGEMENT

Oxford Policy Management (OPM) is committed to helping low- and middle-income countries achieve growth and reduce poverty and disadvantage through public policy reform.

We seek to bring about lasting positive change using analytical and practical policy expertise. Through our global network of offices, we work in partnership with national decision makers to research, design, implement, and evaluate impactful public policy.

We work in all areas of social and economic policy and governance, including health, finance, education, climate change, and public sector management. We draw on our local and international sector experts to provide the very best evidence-based support.

# ACKNOWLEDGMENTS

The authors would like to extend their gratitude to NESDC, UNICEF and UNDP for their close involvement in the study, in collaboration with the UN Country Team in Thailand, and ADB. This study has been made possible thanks to funding from UNICEF, UNDP, FAO, ILO, IOM, UNAIDS, UNESCO, UNFPA, UNWOMEN and WHO.

They would like to particularly extend their gratitude to Thomas Davin, Roshni Basu, Juan Santander, Tomoo Okubo, Michele Schmit, Shohrat Orazov and Thanatporn Rawanghet (UNICEF), Renaud Meyer, Lovita Ramguttee, Anuk Serechetapongse, Nick Maddock and Silaporn Buasai (UNDP) for their guidance and support throughout the process.

The support from NESDC, other UN agencies, and the Asian Development Bank was critical in the design of the study, supplying key documents and data, coordinating interviews with stakeholders, acting as key informants, as well as reviewing the draft report.

A detailed list of key informant stakeholders involved in this research is available in Annex A.



# Table of Contents

Acknowledgments	iii
List of tables, figures, and boxes	vi
List of abbreviations	viii
1 Introduction	1
2 Poverty and social protection	19
3 Health	45
4 Education	75
5 Food and nutrition	107
6 Protection against violence, exploitation, and abuse	123
7 Key issues across social sectors	151
Annex A List of key informants	162
Annex B Poverty analysis and impact modelling technical notes	168

# List of tables, figures, and boxes

Table 1:	Direct impact of COVID-19 in Thailand, as at 3 June 2020	3
Table 2:	Public health measures in response to COVID-19 in Thailand	4
Table 3:	Stimulus packages implemented in Thailand	5
Table 4:	Summary of direct impact of public health measures on social sectors	7
Table 5:	Core social protection programmes in Thailand	20
Table 6:	SDG 1.3 indicators for Thailand	28
Table 7:	Social protection programmes in Thailand	29
Table 8:	2019 SDG 3.8 effective health coverage profile for Thailand	50
Table 9:	Health expenditures (2017)	53
Table 10:	SDG 3 (health) targets – potential influencing factors related to COVID-19, and early evidence on the impacts	65
Table 11:	Summary statistics of student enrolment in Thailand (2015)	78
Table 12:	Summary of key education indicators from the National Education Plan (2017–2036)	80
Table 13:	SDG 4 targets and Thailand localised indicators	81
Table 14:	Ministry of Education school closure response timeline	88
Table 15:	Potential COVID-19 impact on localised SDG 4 indicators	97
Table 16:	Nutrition and food security indicators in Thailand	112
Table 17:	Progress towards achievement of SDG targets	129
Table 18:	The SAC Hotline 1300: disaggregation of data related to specific forms of violence	139
Table 19:	The SAC Hotline 1300: disaggregation of data by age/ disability	139
Table 20:	Number of OSCC clients seen, by month and by health region	141
Table 21:	Provincial Shelters Select Case Data	142
Table 22:	Thailand social protection benefits and adequacy	168
Table 23:	Households' monthly income and donation per head	171
Table 24:	Sum of job losses by industry from NESDC and distribution of job losses by NSO	172
Table 25:	Number of unemployed people*	173
Table 26:	Income reduction at 75%	174
Table 27:	Income reduction at 25%	174

Figure 1:	The network of COVID-19 effects	1
Figure 2:	Social protection components and instruments	25
Figure 3:	Pathways of COVID-19 impacts on SDG 3	52
Figure 4:	Number of daily confirmed COVID-19 cases and their geographical spread	56
Figure 5:	World Bank framework of COVID-19 shocks to education	86
Figure 6:	Three scenarios for how the learning curve may be impacted by universal learning loss, increased inequality, and an increase in dropout	91
Figure 7:	Stylised representation of potential learning loss in Thailand, based on 2018 PISA reading scores	92
Figure 8:	Framework visualising impacts of the COVID-19 shock on malnutrition	114
Figure 9:	Network of effects	151
Figure 10:	Direct impacts of the COVID-19 disease on health and poverty	153
Figure 11:	Public health measures and service delivery	154
Figure 12:	Combined economic and poverty impacts	155
Figure 13:	GDP, unemployment, and poverty	156
Figure 14:	Interaction of lockdown stress and sudden poverty	157
Figure 15:	High-level and service-level decisions and medium-term impacts	158
Figure 16:	Medium-term impact on public expenditure (excluding interest payments)	159
Box 1:	The key role of teachers in delivering education	89
Box 2:	Digital divide exacerbating learning inequalities	90
Box 3:	Lockdown impacts on pre-primary children	93
Box 4:	Increasing vulnerability of students in the southern-most states due to COVID-19 measures	94
Box 5:	Evidence on the impact of shocks on nutrition outcomes	110
Box 6:	Evidence: impact of epidemics and COVID-19 pandemic on protection against violence, exploitation, and abuse	126
Box 7:	Support services	131
Box 8:	Some examples of new initiatives planned just before COVID-19 hit Thailand	133
Box 9:	Impact of economic stress and forced coexistence on domestic violence	135

# List of abbreviations

ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
BMI	Body mass index
BOT	Bank of Thailand
BSF	Bond Stabilisation Fund
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COVID-19	Coronavirus Disease 2019
CSG	Child Support Grant
CSO	Civil society organisation
DOPA	Department of Provincial Administration
ECD	Early childhood development
EEF	Equitable Education Fund
EID	Emerging infectious disease
EIU	Economist Intelligence Unit
GDP	Gross domestic product
ICU	Intensive care unit
IHR	International health regulations
ILO	International Labour Organization
IMF	International Monetary Fund
IPV	Intimate partner violence
KII	Key informant interview
LGBTI	Lesbian, gay, bi-sexual, transgender, and intersex
MDA	Ministries, departments, and agencies
MICS	Multiple Indicator Cluster Survey
MIS	Management information system
MoF	Ministry of Finance
MOPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
MSM	Men who have sex with men
NCDs	Non-communicable diseases
NESDB	National Economic and Social Development Board
NESDC	National Economic and Social Development Council
NGOs	Non-government organisations
NHSO	National Health Security Office
OBEC	Office of the Basic Education Commission
OECD	Organisation for Economic Co-operation and Development



OOSC	Out-of-school children
OPM	Oxford Policy Management
OSCC	One-Stop Crisis Centre
PHC	Primary healthcare
PISA	Programme for International Student Assessments
PLHIV	People living with HIV/Aids
PWD	People with disabilities
Q1, Q2, Q3	Quarter 1, Quarter 2, Quarter 3
RTG	Royal Thai Government
SAC	Social Assistance Centre
SDGs	Sustainable Development Goals
SEARO	WHO Southeast Asia Regional Office
SES	Social Economic Survey
SSF	Social Security Fund
SSO	Social Security Office
STI	Sexually transmitted infection
SWC	Social Welfare Card
TDRI	Thailand Development Research Institute
TG	Transgender people
THB	Thai baht
UCS	Universal Coverage Scheme
UHC	Universal health coverage
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VHW	Village health worker
WHO	World Health Organization

# 1

# Introduction

Noemie de La Brosse and Dr Stevan Lee

## 1.1 Summary of central expectations for the main channels of COVID-19 impacts in Thailand

This section provides a summary of expected COVID-19 impacts in Thailand, using data and information as of the 3rd June 2020. Thailand is an upper middle-income country with a gross domestic product (GDP) per capita of US\$ 7,300 per annum (2018) (World Bank, 2020a). It has a population of 69.4 million people, of whom 17% are under the age of 15. Like other more developed countries in the region, Thailand has a rapidly ageing population, with 11% of the population aged 65 or over.

Figure 1: The network of COVID-19 effects

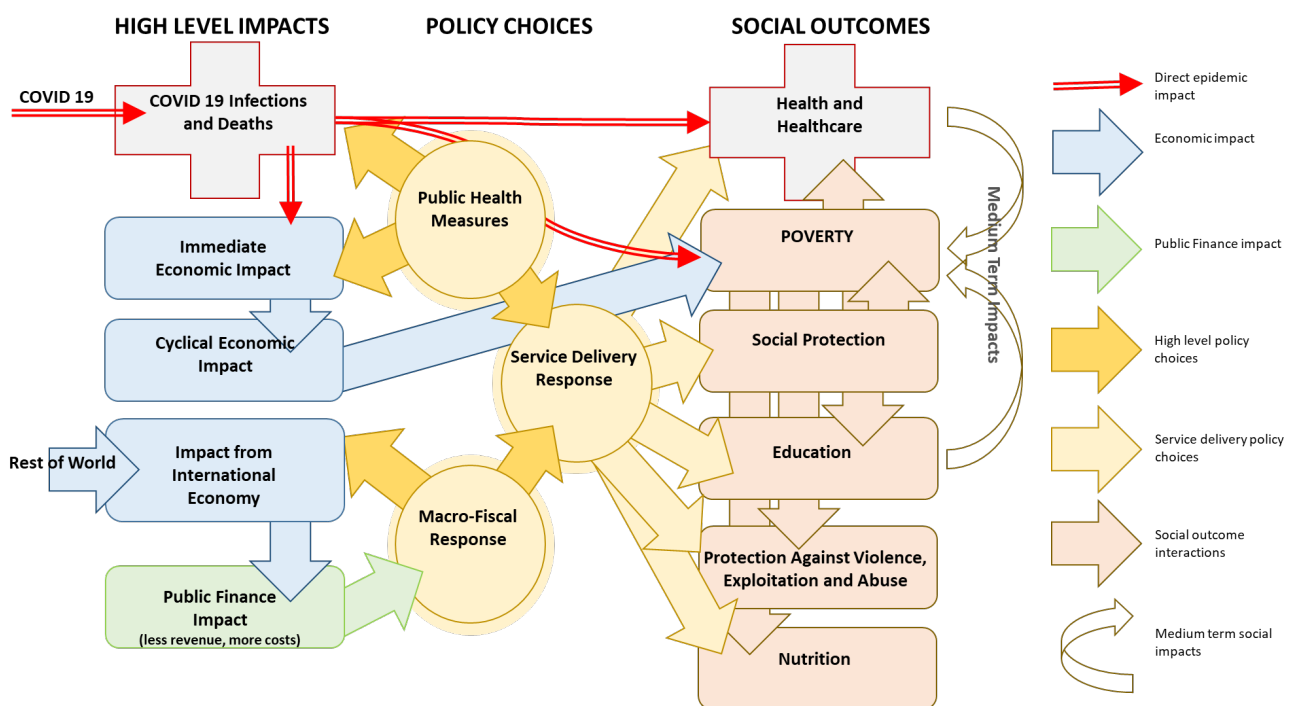


Figure 1 shows a unifying framework for the impact of COVID-19 on social sectors. The crisis hits via two external shocks: the COVID-19 disease, and the international recession in the rest of the world. Two sets of high-level policy choices also frame the crisis: the public health measures designed to control the disease and the macro-fiscal strategy designed to limit and cope with the economic impacts of those measures and the international recession. Public health measures also have direct impacts on the delivery of services. The stresses of lockdown, combined with economic pressures on households, produce extra needs in social sectors – for example, resulting from increased mental health problems.

Section 1.1.1 sets out the trajectory of the disease, given the most likely outcome of the public health measures put in place. Section 1.1.2 details those measures and the main elements of the economic stimulus package. Section 1.1.3 describes the main channels of impact in more detail but stops short of providing a full account of impacts – this emerges in the sector chapters and is also summarised in Chapter 7. Section 1.2 moves on to describe the approaches taken to each sector study and the background conditions in each sector.

## 1.1.1 Trajectory of infection and mortality in the epidemic

COVID-19 has had a limited mortality impact and the disease trajectory is progressively slowing down in Thailand. The transmission risk has been well managed by the Royal Government of Thailand. Daily surveillance (WHO<sup>1</sup>) shows that Thailand's number of confirmed cases is higher than those of neighbouring countries, but with the second highest testing capacity in the region after Malaysia<sup>2</sup>, a relatively well-equipped and well-prepared healthcare system, and some strong public health measures in place, the Government has kept the death ratio relatively low. The country is considered to be among the top 10 of the most prepared countries and ranks first among all upper middle-income countries based on the 2019 Global Health Security Index (Global Health Security Index, 2019).

Thailand was the first country to report a confirmed COVID-19 case, on 12 January, reflecting a good testing capacity. After a peak of transmission (188 cases a day) in March, the disease was later contained after strong community-based contact tracing and quarantine. The state of emergency announced on 26 March and the partial lockdown in and outside Bangkok have succeeded in containing the virus. However, more cases outside Bangkok have been reported following a large exodus of workers to the countryside. The number of confirmed cases has never exceeded 200 cases per day. Even though the epidemic situation seems to be quite well controlled at the moment, there is still a lot of uncertainty and a risk of more outbreaks in the near future. Additionally, COVID-19 clearly has a disproportionate impact on vulnerable populations. Table 1 provides key data on the direct impact of COVID-19 in Thailand<sup>3</sup>. Chapter 2: Health provides detailed information on the virus trajectory and implications for the health sector.

1 Taken from WHO (2020a).

2 As at 3 June, Malaysia had tested 560,738 people, equivalent to 17,342 tests per 1 million population.

3 For up-to-date data, refer to the latest [WHO Situation Reports](#) (WHO, 2020a).

**Table 1: Direct impact of COVID-19 in Thailand, as at 3 June 2020**

<b>COVID-19 identified cases and recorded deaths</b>	<ul style="list-style-type: none"> <li>As at 3 June there was a total of 3,084 cases and 58 deaths.</li> </ul>
<b>Transmission rate</b>	<ul style="list-style-type: none"> <li>The number of detected new cases has decreased over time.</li> <li>50 provinces have no new cases reported in the past 28 days. Only 18 provinces have ongoing cases reported in the past 28 days.</li> </ul>
<b>COVID-19 testing</b>	<ul style="list-style-type: none"> <li>As at 3 June over 420,000 samples have been tested for COVID-19 by reverse transcriptase polymerase chain reaction (RT-PCR). This is equivalent to 6,026 tests per 1 million Thai people (e.g. twice as much as Vietnam or the Philippines).</li> <li>The policy of the Ministry of Public Health is to increase testing among at-risk/vulnerable groups in the community.</li> </ul>

## 1.1.2 The public policy response

### Public health strategy

The state of emergency announced on 26 March (and extended until 30 June) led to a partial lockdown in and outside Bangkok to contain the virus. However, more cases outside Bangkok have been reported, following a large exodus of workers to the countryside. Overall, the disease and its disruption effects on the economy and social sectors have been well mitigated.

The lockdown, curfew, school closures, and social distancing are the restrictions that cause most of the adverse economic impact (on poverty levels). The first out of four stages for relaxing containment measures started on 3 May, with the opening of low-risk businesses. One of the social services most disrupted is education. The new academic term and reopening of Thai public schools is now planned for 1 July, an approximate six-week delay.

Public health measures and movement restrictions have had economic impacts as well as social ones – for example, on the population’s mental health and increased occurrences of violence. The table below summarises the public health measures implemented by the Royal Government of Thailand.

**Table 2: Public health measures in response to COVID-19 in Thailand**

Public health measures	Details	Progress
<b>State of emergency</b>	From 26 March to 31 May 2020. Nationwide: <ul style="list-style-type: none"> <li>• foreigners are banned from entering the country</li> <li>• a 14-day state quarantine is implemented for all travellers entering Thailand</li> <li>• a nationwide curfew from 22:00 and 04:00 is implemented until further notice</li> <li>• movement between provinces is to be avoided</li> <li>• restriction on all international commercial flights</li> <li>• ban of alcohol sales</li> <li>• restrictions on mass gathering</li> <li>• 50% of people should work at home</li> </ul>	<ul style="list-style-type: none"> <li>• Extended until 30 June 2020</li> <li>• Provisions within the decree are rapidly changing. A four-stage plan for relaxing COVID-19 containment measures started on 3 May (e.g. lifting curfew and a ban on alcohol sales)</li> </ul>
<b>Social distancing</b>	Closure of public venues by Bangkok Metropolitan Administration from 29 April 2020	<ul style="list-style-type: none"> <li>• First out of four stages for relaxing containment measures started on 3 May with opening of low-risk businesses</li> <li>• Hand hygiene, wearing face masks and physical distancing</li> </ul>
<b>Schools closure</b>	All schools, except for international private schools	<ul style="list-style-type: none"> <li>• Preparation phase (7 April – 17 May 2020)</li> <li>• Experimental phase (18 May – 30 June 2020) to pilot remote learning targeting Thai public schools</li> <li>• Start of the new 2020 academic year shifted from 16 May to 1 July</li> </ul>

## Economic stimulus and social protection measures

The pandemic will cause a deep reduction in economic growth and employment in quarter 2 (Q2) (April–June) of 2020, but consumption behaviour and businesses are being supported by a series of stimulus measures put in place by the Royal Government of Thailand since March 2020 and summarised in the table below. These are in large part a social protection package and will have substantial impacts on poverty and employment.

The impact of COVID-19 on recipients of social protection programmes will depend on the level of investments in health and education, as well as the macro-fiscal response in the medium to long run. Social protection programmes enable access to social services, such as health and education, as well as acting as a safety net to mitigate the negative impact on incomes and health shocks for households.

Healthcare spending is also expected to rise by 1.7%, supported by the direct allocation for the sector in the fiscal stimulus package in 2020. Currently, Thai formal workers are protected under the social security scheme and all workers (including informal workers) receive cash assistance to alleviate the poverty impact. Cash handouts may be insufficient to mitigate the impact of income lost overall, and they still exclude some vulnerable groups due to eligibility criteria.

**Table 3: Stimulus packages implemented in Thailand**

Stimulus package	Details
<b>Phased stimulus package</b>	<b>Phase 1</b> (4 March 2020): Thai baht (THB) 100 billion (US\$ 3.2 billion), providing financial assistance to small and medium-sized businesses (SMEs), as well as tax relief and cash handouts.
	<b>Phase 2</b> (24 March 2020): THB 117 billion (US\$ 3.56 billion), focused on enhancing the incentives provided in Phase 1.
	<b>Phase 3</b> (7 April 2020): THB 1.9 trillion (US\$ 58 billion). There are three components of the package: <ul style="list-style-type: none"> <li>• <b>THB 1 trillion</b> (US\$ 30 billion) <b>loan projects</b>, which will be spent as follows: (i) THB 45 billion for healthcare services; (ii) THB 555 billion for financial aid and cash handouts; and (iii) THB 400 billion for economic rehabilitation.</li> <li>• <b>THB 500 billion</b> (US\$ 15 billion) <b>for SMEs' liquidity</b>, which will be spent on funding commercial banks to lend to SMEs with liquidity problems.</li> <li>• <b>THB 400 billion</b> (US\$ 12 billion) <b>for financial stability</b>, which will be spent on setting up the Corporate Bond Liquidity Stabilisation (Bond Stabilisation Fund (BSF)).</li> </ul>
<b>Equitable Education Fund</b>	Equitable Education Fund approved (1 May 2020): THB 2,000 million to support children's cost of living, for more than 750,000 children from the most vulnerable families.
<b>Social security contributions</b>	Reduction in the rate of contributions to the Social Security Fund (SSF) for employers and employees from a rate of 5% to 0.1% of wages for three months.
<b>Health insurance</b>	<ul style="list-style-type: none"> <li>• Thai social security agency will cover all medical costs of those infected with COVID-19.</li> <li>• Health insurance premium deductions increased to THB 25,000 (US\$ 760) from THB 15,000 (US\$ 460).</li> </ul>
<b>Unemployment benefit</b>	<p><b>Workers covered by the SSF</b> receive increased unemployment compensation up to 50% of salary.</p> <ul style="list-style-type: none"> <li>• As at May 2020, 1,177,841 people had applied for unemployment benefits due to furloughs and dismissal (958,304 were eligible).</li> <li>• Between 20 April and 2 May, 455,717 people were paid by the Social Security Office (SSO), for a total disbursement of THB 2.3 billion. 207,895 remain to be paid, with almost 30,000 awaiting the verification process. There is an increase of around 30,000 new claimants per week.</li> <li>• Many people remain unverified, because SSO infrastructure was not designed to handle the overload.</li> </ul>
<b>Wage subsidies</b>	SMEs can deduct three times the cost incurred by salary payments from April to July 2020 for employees who are members of SSO and receive salary of up to THB 15,000/person/month
<b>Universal Coverage for Emergency Response (UCEP)</b>	<ul style="list-style-type: none"> <li>• Thailand's universal health system eligible for all Thais and working foreigners (with a valid work permit).</li> <li>• Enables patients to seek treatment at their nearest hospital free of charge in the first 72 hours.</li> </ul>
<b>Tourism sector-targeted aid</b>	Up to THB 100 billion in soft loans for tourism operators, while debt suspensions and interest rate reductions can be requested by those who do not need fresh funds

Stimulus package	Details
<b>Monetary and fiscal response</b>	<b>Fiscal package</b> approved (30 April), with phases 1, 2, and 3 equivalent to 8.9% of GDP in fiscal measures for: (i) health-related spending; (ii) assistance for workers, farmers, and entrepreneurs affected by COVID-19; (iii) support for individuals and businesses through soft loans; and (iv) lowering water and electricity bills, and lowering employees' and employers' social security contributions.
	<b>Additional borrowing capacity</b> authorised by Royal Decree: THB 1 trillion, including THB 600 billion for COVID-19-related health spending and compensation for people affected, and THB 400 billion to help revitalise those parts of the economy affected by the outbreak.
	<b>Monetary stimulus:</b> The Bank of Thailand reduced the policy rate to 0.75% and maintains an accommodative stance.
	<b>Monetary measures</b> to help business include (i) soft loans by the Bank of Thailand (BOT) to financial institutions; (ii) relaxation of repayment conditions for businesses.
	<b>Measures to support financial sector stability:</b> (i) Corporate BSF was established by the BOT; (ii) BOT purchased government bonds in excess of THB 100 billion in March; (iii) BOT bond issuance was reduced or cancelled; and (iv) a special facility was set up to provide liquidity for mutual funds through banks.

### 1.1.3 Impacts of COVID-19-related policy measures

The full impacts of the COVID-19-related policy measures are revealed in the sector chapters and key issues are covered in Chapter 7. This section lays out the main channels of impact. The COVID-19 disease could have caused millions of infections, hundreds of thousands of deaths, deep economic disruption, and impoverishment in households directly affected by deaths. However, it has been well controlled, with less than one death per million people so far, so these impacts are significant only in a small set of personal situations. The public health measures which controlled the disease (so far) are in turn responsible for a direct impact on service delivery, perhaps most notably in education (Chapter 4: Education provides a more detailed analysis of the impact of these measures on the sector). The public health measures have a huge economic impact, although this is altered by the macro-fiscal stimulus and very substantial payments to households. The combination of lockdown stresses and economic pressures creates extra need across the social sectors, which will last into the medium term. The cost of the economic stimulus and the permanent loss of GDP (about 7%) have a permanent impact on the public finances, reducing resources for the expansion of programmes going forward.

#### Direct impact of public health measures on service delivery in social sectors

Public health and movement restrictions have had different levels of impact depending on the social sectors. The social protection sector is one of the sectors driving the implementation of the stimulus package designed to mitigate the negative impacts of the public health measures on poverty and exclusion. The table below presents how social sectors are dealing with a reduced capacity to deliver services (supply side), compounded by risks of reduced uptake of services by the population (demand side).

**Table 4: Summary of direct impact of public health measures on social sectors**

Social sectors	Critical service delivery impacts
<b>Social protection</b>	<p><b>Impact on social protection capacity:</b></p> <ul style="list-style-type: none"> <li>Evidence of delays in processing claims by SSO and the Ministry of Social Development and Health Security (MSDHS) (similarly to high-income countries), but difficult to assess whether institutional capacity will be affected for SSO, MSDHS, and other relevant line ministries (Ministry of Finance, Ministry of Labour, Ministry of Education, Ministry of Health, Ministry of Public Health) in the medium to long term.</li> <li>The crisis exposed the fact that social protection programmes are fragmented and lack coordination: not all components of the system can react and automatically adjust to new needs.</li> <li>Benefits automatically go to workers who are registered, but not those who are not.</li> </ul> <p><b>Impact on demand for social protection services:</b></p> <ul style="list-style-type: none"> <li>A large share of the workforce is not covered by social security, i.e. non-Thai migrants and some workers from the informal sector.</li> <li>For those not under Section 33 and outside of the agricultural sector, 22.1 million workers applied and 32% (7 million) were not eligible to receive benefits.</li> </ul>
<b>Health</b>	<p><b>Impact on provision of health services:</b></p> <ul style="list-style-type: none"> <li>Past pandemics (Hanvoravongchai et al., 2010) show that health systems have struggled to maintain routine services; expected shift in funding and human resources to combat COVID-19.</li> <li>Human resources pivoting towards COVID-19 response, leaving other segments of the healthcare sector (e.g. nutrition services, protection against violence) understaffed, or temporarily unavailable to support people.</li> <li>Child preventive and curative services vulnerable to disruption, which can potentially result in a decline in coverage, and increased morbidity and mortality.</li> <li>Vulnerable populations more prone to service disruption, with a reduced access to testing and treatment, including of non-COVID-related issues.</li> <li>Likely increase in non-communicable diseases, alcohol consumption, and smoking without appropriate supporting services.</li> <li>Suicide mortality is already an area of relative concern; COVID-19 presents a critical risk as mental health services are less resourced.</li> </ul> <p><b>Impact on demand for health services:</b></p> <ul style="list-style-type: none"> <li>Reduced use of primary and secondary healthcare services (e.g. maternal and child healthcare, family planning, vaccination) by the population deterred from using services during lockdown.</li> <li>Loss of income leads population to reduce their access to healthcare facilities, while they substitute institutional care with self-medication. Out-of-pocket health expenditures are likely to increase.</li> <li>Emergence of new diseases, most notably mental health problems linked to the stress of lockdown combined with economic pressures.</li> </ul>



Social sectors	Critical service delivery impacts
<b>Education</b>	<p><b>Impact on provision of education services:</b></p> <ul style="list-style-type: none"> <li>• Delayed reopening of Thai public schools and early childhood development centres and risk of extended closure of private schools (using a different school calendar), likely to lead to fragmented education service delivery and equity among students post-COVID-19.</li> <li>• Social distancing, and reduced number of students likely to attend school (when schools will be reopening)</li> <li>• Unequal capacity of schools to offer distance learning but learning loss and gaps explicitly due to COVID-19 and mitigation measures anticipated to be moderate.</li> <li>• Existing learning inequalities amplified by an important digital divide (especially for vulnerable groups) stemming from unequal access to learning materials, low quality of some materials, and lack of teachers' preparedness.</li> <li>• Predicted adverse effects on student drop-out.</li> <li>• Potential negative impact on education funding. It is likely that the existing patterns of unequal spending on public schools/per capita across regions will be exacerbated.</li> <li>• Potential negative impacts on Sustainable Development Goal (SDG) 4 targets mainly related to lower learning outcomes and enrolment.</li> <li>• Reduced access to school meals, resulting in poor nutrition.</li> <li>• Increased pressure for schools/education systems to provide psycho-social support and safeguarding, which the current system is ill-equipped for.</li> </ul> <p><b>Impact on demand for education services:</b></p> <ul style="list-style-type: none"> <li>• Children and their families and teachers will return to school within a context of heightened risk perception and insecurity, which may have an impact on school attendance.</li> <li>• Disengagement with schooling and learning loss to increase if extended school closures or extended reliance on remote teaching.</li> <li>• Drop-out rates may increase due to school closure and increased poverty – especially for students at risk of dropping out.</li> <li>• Education investment by parents is likely to decline.</li> </ul>
<b>Food and nutrition</b>	<p><b>Impact on provision of nutrition services:</b></p> <ul style="list-style-type: none"> <li>• 1.5 million vulnerable people left out of the cash handout scheme while COVID-19 presents an immediate risk to infants and very young children of not accessing nutritious food.</li> <li>• Preventive nutrition services and nutrition counselling services provided as part of the universal health coverage (UHC) have been disrupted or suspended due to health workers being engaged in responding to COVID-19.</li> <li>• School closure has reduced access to free school meals for children, affecting poorer families most.</li> </ul> <p><b>Impact on demand for nutrition services:</b></p> <ul style="list-style-type: none"> <li>• There is a risk that hygiene concerns linked to COVID-19 cause an abandonment of breastfeeding.</li> <li>• Lockdown measures' effects on shopping malls, street food markets, and restaurants, along with a fear of catching the virus, have led people to stock up primarily on ultra-processed foods, replacing cooked meals or fresh foods with higher nutritious value.</li> <li>• Loss of income (especially for lower-income households) means people resort to cheaper and more accessible food, while reducing their use of nutrition-related services and supplies.</li> </ul>

Social sectors	Critical service delivery impacts
<p><b>Protection against violence, exploitation, and abuse</b></p>	<p><b>Impact on provision of protection services:</b></p> <ul style="list-style-type: none"> <li>Operational capacities of specialist violence protection and response services<sup>4</sup> directly impacted by the health crisis and indirectly by mitigating measures to halt spread of the virus.</li> <li>Reduced face-to-face health/ medical services (incl. counselling) offered to victims.</li> <li>Lack of local-level capacity to manage Hotline 1300 cases once callers have been referred to the appropriate body.</li> <li>Hospital personnel diverted from the One-Stop Crisis Centres (OSCCs) to COVID-19 response.</li> <li>Protection shelters not having capacity to welcome new victims (social distancing, quarantining before being allowed in).</li> <li>Likely reduction in Royal Thai Police (engaged in checkpoints) capacity for security and justice services for survivors and lack of real-time data-tracking system of gender-based violence cases, likely to be due to limited reporting capacity of reporting (at OSCCs and Ministry of Public Health).</li> </ul> <p><b>Impact on needs and for protection services:</b></p> <ul style="list-style-type: none"> <li>Increased risk and occurrence of domestic violence caused by lockdown in households and communities which struggle to sustain livelihoods and cope with uncertainty.</li> <li>Increased occurrence of teenage pregnancy and early marriage as a coping mechanism (medium to long term).</li> <li>Sex workers (est. 100,000) unemployed because of indefinite closure of entertainment establishments, exposed to increased risk of poverty and violence/abuse.</li> <li>Migrant workers; those in informal sector or insecure and precarious formal employment; people with disabilities; the victims of human trafficking are even more vulnerable, especially women and children.</li> <li>Fear of infection may result in some victims not visiting support services available.</li> <li>Number of clients seeking services from OSCCs significantly increased in some regions of Thailand, and reported violence cases decreases in other regions. Quality of reporting and treatment/care capacity of OSCC varies by provinces.</li> <li>Exponential increase in volume of calls to Government Hotline 1300 since April 2020.</li> <li>Ongoing concern that Hotline 1300 calls from women and children affected by violence, exploitation, and abuse are overshadowed by callers wanting information about social assistance.</li> <li>Lack of real-time information on reporting of violence against the elderly, who may have been subject to neglect or abuse during lockdown.</li> </ul>

## Macroeconomic impact of public health measures, economic stimulus, and international recession

The United Nations has commissioned a macroeconomic forecast from The Economist Intelligence Unit (EIU) (EIU, 2020) which predicts that the international recession and public health measures in Thailand combine to reduce GDP by 8.4% compared to a scenario without COVID-19, and by 6.9% accounting for the impact of the economic stimulus package. Chapter 2 of this assessment provides further details about poverty modelling and impacts on social protection.

A key economic impact of COVID-19 is also job loss or suspension, and related income reduction. Using high-frequency data, we expand this projection to include a sharp increase of unemployment in Q2, which we estimate at 8.4 million, falling to 4.2 million in Q3 and back to around 1 million by the end of 2020. The stimulus measures are focused on Q2 and mitigate poverty creation over the period April–June. Economic impact has been heaviest in Q2, but the stimulus means that household incomes fall by only 11% on average. Urban poverty rates increase from 4% to 6%, whereas rural poverty rates actually fall. In Q3, when the stimulus payments are removed and

<sup>4</sup> i.e. social and health services, legal and protection services which include shelters, help lines, and psycho-social services.

the economy begins to pick up, the temporary reduction in rural poverty reverses and urban poverty stays at the higher level of 6%, gradually returning to normal through 2021. Average household consumption falls by only 6% but there are 20% reductions in net incomes for private sector workers in industry and services, rising to an average 25% reduction for casual workers in these sectors. So, the gentle increase in poverty in Q2 and Q3 to some extent hides more severe impact in certain groups. As we can only estimate the impact of COVID-19 on unemployment, it is important to refer to other figures by the International Labour Organization (International Labour Organization, 2020) for triangulation, estimating that 6.6 to 7.5 million workers would be directly affected by the COVID-19 economic crisis, while in our estimates we use the upper bound of 8.4 million unemployed in Q2 2020.

For a smaller group, impact will be more severe or more enduring. Some groups find it difficult to access social protection, including migrants and domestic workers. Some sectors, notably tourism, are severely impacted by the international recession, which will last longer than the lockdown-related domestic recession and people normally working in tourism are more likely to feel economic disruption lasting through to 2021.

Specific and sufficient evidence has yet to emerge to assess the full impact of the pandemic in Thailand to draw conclusions and recommendations. However, evidence from past economic crises has showed us that **social protection** is one of the most effective fiscal tools to provide economic stimulus and recovery. Such stimulus can increase households' ability to consume goods and services, and thus support local businesses that may be struggling to re-establish themselves. The role of social protection in stimulating the domestic economy is more important than ever, given the likely shrinking of foreign investment and global demand, and, at least temporarily, the higher dependence on public investment and domestic demand.

The next phase of the crisis should be seen as an **opportunity for a fundamental review and reform of the social protection systems**, to build, in particular, the resilience of the most vulnerable populations against future shocks, as well as to support economic recovery. Some good regional examples are the way the Republic of Korea expanded its pension and social insurance protection massively following the 1997 Asian financial crisis. China did the same with its pension and health systems during the global financial crisis in 2008, injecting required financial liquidity into the economy and preparing the country to better weather future crises. Thailand followed a similar recipe in 2009 by making the Old-Age Allowance universal.

**The containment of COVID-19 and the avoidance of a second lockdown will be paramount for the Government.** The country put in place good plans to eradicate infections and micro-outbreaks as they arise, and has the capacity to reintroduce wider-ranging measures, including partial lockdowns of some economic sectors and some social activities, should micro-outbreaks become larger. If the need arises for a second (or third) full lockdown, the experience is going to be more difficult. Economically, it will be extremely difficult to repeat the economic stimulus programme that seems to be mitigating the impact of the first lockdown, so the economic impact will probably be worse (although the international recession will not be repeated).

## Public finance impacts

The cost of the stimulus package and the permanent reduction in GDP mean that resources available for public programmes, after the payment of interest, will be less than in the scenario without COVID-19. The stimulus prevents an absolute cut in resources, but growth is much slower going forward, and by 2024 the gap between resources available for public programmes in a scenario without COVID-19 and the most likely scenario with COVID-19 reaches 9%. This means that significant re-planning and re-allocation to meet immediate priorities will be needed, otherwise medium-term plans will feel under-funded and ad hoc and inefficient cuts will need to be made.

## 1.2 Approach to social sector impacts

### 1.2.1 Approach to sector analysis

**This chapter** serves as a high-level introduction to this social impact assessment by presenting the central projection for COVID-19 impacts and the approach followed by each social sector team in their analysis. Each of the sectoral chapters is structured in a consistent way:

1. Introduction to the sector and scope of the sector analysis
2. Sector assessment pre-COVID-19
3. Central projection of COVID-19 and related public health and stimulus measures
4. Assessment of impact of COVID-19 on the sector
5. Policy choices to minimise COVID-19 impacts on the sector

**Chapter 2: Poverty and social protection** focuses on assessing the impact of COVID-19 on poverty and vulnerability; the impact of COVID-19 on social protection sector capacity, defined in terms of coverage; and the impact of COVID-19 on fiscal space for space for social protection. The poverty situation prior to the outbreak will be analysed, focusing on recent overall poverty trends as well as key vulnerable groups. Similarly, the status of the social protection sector pre-COVID-19 in terms of the broad policy framework and key programmes of interest will be analysed. The analysis focuses on the SSF and the three main social assistance programmes in the country, comprising the Allowance for Older People, the Child Support Grant, and the Allowance for People with Disabilities. This chapter models the impact of the disease and policy response to estimate the poverty impact on the population and relevant sub-groups, as well as the impact (or potential impact) on social protection sector capacity in terms of coverage and fiscal space.

**Chapter 3: Health** focuses on the change in the trajectory as regards achieving the SDG 3 targets among the population and selected vulnerable populations, particularly the elderly and adolescents, migrants, people with HIV/Aids, and those with existing mental health disorders. The chapter does not provide an in-depth assessment of all aspects of the healthcare system and health outcomes, such as the private and traditional healthcare sector, as well as patients' and health staff's satisfaction. The chapter presents negative and potentially positive impacts, and recommendations to mediate recovery and inform post-COVID recovery policies.

**Chapter 4: Education** presents a rapid assessment of the likely impacts of COVID-19 on the formal Thai education sector and its SDG 4 2021 targets. Using the World Bank's COVID-19 Shocks to education framework, this chapter analyses impacts through direct education costs, health and safety impacts, and indirect costs brought about by the economic recession generated by COVID-19.

**Chapter 5: Food and nutrition** looks at how nutrition services delivered through the health system and education system have been affected, and examines if and how the impacts on the food system have changed food consumption<sup>5</sup>. It presents an assessment of short-, medium- and long-term disruptions from COVID-19 to Thailand's progress to meet SDG 2, and highlights key policy choices to address issues interlinked between health services, food system and supply, and food and nutrition surveillance.

**Chapter 6: Protection against violence, exploitation, and abuse** assesses the direct and indirect impacts of COVID-19 on protection from violence, exploitation, and abuse in Thailand in order to articulate the mechanisms of action in terms of policy choices. The subject area is cross-sectoral and relates to SDGs 8 and 16.

<sup>5</sup> For more details the reader should read this chapter in conjunction with Chapter 2: Poverty and social protection (to understand the social protection measures that have been taken to mitigate the impact of income losses on food and nutrition); Chapter 3: Health (to understand the strengths and weaknesses of the health system during the crisis); and Chapter 4: Education (to obtain more detail on school closures).

**Chapter 7: Key issues across social sectors** reviews the impacts of the COVID-19 crisis on social sectors in a cross-cutting way. It is organised according to the types of primary and secondary shock experienced in Thailand, and how these have been assessed in terms of social sector impacts. As such, it summarises the most significant impacts, which are revealed by the sum of the analysis across Chapters 1 to 6.

## 1.2.2 Gender and equity

This series of chapters was developed considering key gender inequalities and equity issues across vulnerable groups, where data were available and where previous epidemics and crises have demonstrated evidence of aggravations of gender and inequity issues.

Vulnerable groups appearing to be hit particularly hard by COVID-19, and who are a focus for analysis across chapters, include:

- women, children, and the elderly;
- people with disabilities;
- non-Thai migrants;
- internal migrants; and
- the LGBTQI community.

## 1.2.3 Overview of the sectors in Thailand (pre-COVID-19)

### Poverty and social protection sector functionality pre-COVID-19

- **Thailand's economy has experienced significant but erratic growth since 2000.** In October 2019, Thailand had one of the lowest GDP growth rates in the region, at 2.7%. Recent forecasts were already showing signs of a deceleration in economic growth, but the economic impact of COVID-19 will very likely worsen the economic scenario.
- **Poverty has fallen substantially in recent decades, from 67% in 1986 to 7.8% in 2017** (World Bank, 2020b). Between 2015 and 2018, the poverty rate in Thailand grew from 7.21% to 9.85% and the absolute number of people living in poverty increased from 4.85 million to more than 6.7 million (World Bank, 2020c). Income equality remains a significant issue, with inequality being among the highest in the region. Rural areas face a higher poverty rate of 10.8%, compared to 0.3% in Bangkok and 5.3% in urban areas outside Bangkok. The poverty rate is highest in the North-eastern (13.0%) and Northern (12.4%) regions. While the poor tend to be more reliant on agriculture for their income, they still rely on non-agriculture sectors for a significant portion of their income.
- **Social protection interventions operate within a regulatory framework that lacks coherence.** The sector is in line with the 12th National Economic and Social Development Plan (NESDP 2017–2021) and the 20-Year National Strategy, which articulate a clear vision for greater security, prosperity, and sustainability. Thailand's social protection response to COVID-19, while impressive in its scale and ambition, reflects the fragmented nature of the sector. Thailand's social protection sector has evolved from a system designed for formal sector workers to one with an increased emphasis on coverage of the informal sector through universal schemes. Universal schemes, such as social pensions and social health protection, have the highest level of coverage.
- **Both Thais and migrants in the social security system are protected through the provision of various benefits,** including child allowance, retirement pension (both lump sum and monthly allowance), sickness compensation, and disability compensation. Those covered under Section 33 are also entitled to unemployment benefit<sup>6</sup>. Other vulnerable groups within the Thai population receive welfare support that

<sup>6</sup> As long as they have been contributing for more than one year.

can provide at least 26% of consumption with respect to the poverty line or 8% with respect to Thailand's average consumption. The 3 million (non-Thai) migrant workers present in Thailand are largely excluded from the formal social protection system. Language, poor enforcement of registration rules for employers, and the high degree of mobility are barriers to accessing the system.

- **While the social protection system remains very fragmented, efficiency is present in the payments delivery system**, which is almost always electronic, with social assistance and social security cash payments being delivered direct to recipient bank accounts.
- **An informal safety net exists for many citizens, provided through Thailand's significant culture of donating to temples, non-governmental organisations, and charities.** Loss of income due to unemployment and poverty is likely to result in an aggregate fall in donations, and thus pose a challenge to Thailand's informal social protection system.

## Health sector functionality pre-COVID-19

- **Thailand's UHC system serves as a model.** Set up in 2002, it has focused on the primary healthcare system for service delivery, supported by a million health volunteers. UHC (SDG 3.8) services coverage and financial protection have increased from 59% in 2010 to 85% in 2019 (WHO, Regional Office for South-East Asia, 2019).
- **Concerns have been expressed about the sustainability of the public health sector health financing.** Thailand's ageing population is reducing the share of the population at working age and increasing dependency on the healthcare system. Total government expenditures on health were 15% of total expenditures in 2017 (WHO, 2020b), or 2.9% of the GDP. The rise of non-communicable diseases, associated with increased demand for health services in an ageing society, has led to increased health costs.
- **Thailand has been making good progress on most health SDG targets, though it is lagging in the following four areas:** suicide mortality rates; alcohol consumption per capita; road traffic mortality rate; and teen pregnancy rates<sup>7</sup>. Thailand has developed strategies to be self-sufficient in the production of healthcare professionals, contributing to the strengthening of primary healthcare. Mental healthcare is still falling a shortage of human resources, despite efforts to improve coverage. Thailand's main health risks (pre-COVID-19) are increasing HIV/Aids rates among teenagers, unplanned pregnancy, mental health and depressive disorders among teenagers, and inadequate tuberculosis treatment. Persistent challenges also remain in addressing communicable and non-communicable diseases.
- **The health sector is governed by a complex framework of policies.** The national strategy on human capital development and strengthening is one of the six national-level strategies under the National Strategy (2018–2037). The national strategy is accompanied by a national health reform plan that introduces 10 key reform measures in health literacy, primary healthcare, health financing, digital health and information technology, health workforce, health system governance, consumer protection, Thai traditional healthcare, emergency medical care, and disease prevention and health promotion. The national strategy and the 13th National Health Plan (2017–2021) contribute to meeting SDG 3.

## Education sector functionality pre-COVID-19

- **The investment by the Government in the education sector has remained in line with the United Nations Educational, Scientific and Cultural Organisation (UNESCO) benchmark** of 15–20% of public expenditure and 4–6% of GDP contribution to the sector for the past 15 years. Progressive legislation over the last few decades has ensured that children in Thailand, including documented and undocumented migrants, are entitled to 15 years of free education.

<sup>7</sup> Thailand lacks data on the pregnancy rate as abortion is illegal. Data are available on the adolescent birth rate. During COVID-19, civil society organisations raised concerns that safe abortion services were not available while unplanned pregnancies had increased. The existing UHC offers limited quality family planning services (pre-COVID-19) and access to long-acting contraception for women was limited even before the outbreak.

- **The National Education Plan of Thailand (2017–2036) is in line with SDG 4** and places a specific focus on improving education as a driver for developing human capital and enhancing competitiveness. A strong commitment and resolve from the Government has resulted in high rates of access to education and student participation in the Thai education sector.
- **Thailand lags behind its neighbouring and other Organisation for Economic Co-operation and Development (OECD) countries with regard to quality of education.** Learning inequalities and an evident divide between rural and urban schools are important limitations in the sector's progress towards its SDG targets. Net enrolment rates for levels beyond compulsory education (upper secondary and vocational education) are also below target. Reducing the number of out-of-school children (670,000), low levels of learning at secondary level (and even more at upper secondary level), and learning inequalities (due to location, residence, wealth, disability, gender) are some major challenges in the education sector.
- **A large number of young people (38,000)<sup>8</sup> are out of school by the secondary level and are not in education, employment or training.** During the recession, the limited efficiency of the education system is likely to exacerbate this challenge.

## Food and nutrition sector functionality pre-COVID-19

- **Food and nutrition policies and programmes mainly come under four government ministries.** Thailand's National Strategy (2018–2037) calls for developing agricultural and food security in terms of quantity, quality, and pricing. Nutrition in early life is listed as one of the important enablers to drive the development of human capital to the fullest potential. There is no central coordinating body on nutrition, and nutrition is covered and financed under multiple strategies which the Ministry of Public Health coordinates.
- **Thailand is a success story in reducing undernutrition** due to concerted effort by the government over the 1980s and 1990s and the presence of a community-based nutrition programme. However, undernutrition is still a concern among sub-groups (such as migrant households and in the southern provinces). New challenges include: processed foods, obesity, and non-communicable diseases. Thailand produces a surplus of food and food security indicators have shown improvements in the last 15 years, with undernourishment<sup>9</sup> considerably reducing. However, a conversion of food production areas to non-food cash crops<sup>10</sup> has decreased the resilience of farming households to food system disruptions.
- **As a signatory to the United Nations SDGs for food and nutrition, Thailand has committed to SDG 2** to 'end hunger, achieve food security, improve nutrition and promote sustainable agriculture'. According to the Global Nutrition Report 2020, Thailand is on course to meet the targets for under-five overweight and under-five stunting but off-course to meet the targets for other nutrition indicators (notably anaemia and exclusive breastfeeding) (Development Initiatives, 2020).

## Protection against violence, exploitation, and abuse sector functionality pre-COVID-19

- **As a signatory to the SDGs the Government of Thailand has a national policy framework to protect the population from violence, exploitation, and abuse, particularly the most vulnerable.** There is as yet no single framework that comprehensively embraces women and children; all forms of violence, exploitation, and abuse highlighted in the 2030 agenda; and all particularly vulnerable and at-risk populations. Individual strategies are intended to align with the 20-Year National Strategy (2018–2037) and the 12th National Economic and Social Development Plan (2017–2021).

<sup>8</sup> 23% of male students and 14% of female students do not complete upper secondary education, resulting in almost one-third of 17-year-olds not completing secondary school. The drop-out rate is highest after completing Grade 9, which is at the end of compulsory education. (See Chapter 4).

<sup>9</sup> Defined as food consumption that is not sufficient to provide required dietary energy levels.

<sup>10</sup> Agricultural Census 2013: about half of the total agricultural land was used for rice, followed by field crops (22.4%), rubber (14.5%), and permanent crops/forest (8.5%), respectively.

- **Impressive progress towards the SDGs is evident in the steady reduction of homicide rates (SDG 16.1.1)**, an important barometer of lethal violence resulting in deaths. Solid progress is also being made in the detection of victims who have been trafficked for forced labour, servitude, and slavery, and/ or for the purpose of sexual exploitation. However, it is not possible to judge progress towards all targets fully, in the absence of nationwide data.
- **Existing support services (pre-COVID) for victims are in place.** They include a hotline run by the MSDHS social assistance centres. The MSDHS also provides provincial emergency shelters for children and families in crisis. And the Ministry of Public Health has established OSCCs linked to the social assistance centres. Close to 275,000 women and children victims of violence received support from OSCC services between 2004 and 2019.

## 1.2.4 Summary of COVID-19 impact on social sectors

### COVID-19 impact on the poverty and social protection sector

The impact of COVID-19 on poverty results from job loss, job suspension, and income reduction. Compensation measures were announced to help three groups of workers: (1) workers under Section 33 of the social security system (SSF) (1,425,895 applied for benefits, of whom 96% were approved)<sup>11</sup>; (2) workers not under Section 33 and outside the agricultural sector (22.1 million workers applied and 68% were approved<sup>12</sup>); and (3) workers not under Section 33 from the agriculture sector (7.7 million farmers applied and 93% were approved<sup>13</sup>). In addition to the direct social security benefits provided, the Government also reduced the SSF contributions of both employers and employees between March and May.

In the short term, the use of new and existing social protection programmes for COVID-19 response (such as top-ups to the disability grant and pay-outs to social security recipients) indicates a strong commitment to social protection but it appears unlikely that funding of universal social assistance schemes will be rolled back in the future. The Government's COVID-19 social protection relief package has been large—a significant share of the THB 1.5 trillion for health-related spending; assistance for workers, farmers, and entrepreneurs; soft loans and tax relief for individuals and businesses; and lower water bills, electricity bills, and social security contributions.

Yet the COVID-19 response has also highlighted some existing structural problems in the sector: fragmentation and issues of coordination, and a lack of clarity on mandates. The pandemic has highlighted how essential social protection tools are in times of crisis, but also how a large share of the workforce is not covered by social security. It remains unclear at this stage whether the crisis will lead to any significant changes in how the sector is structured.

The impact of COVID-19 on recipients of social protection programmes in the medium to long run will be determined by the policy choices regarding continued investments in health and education, as well as the macro-fiscal response. For now, our analysis shows that most benefits are insufficient on their own to fully mitigate the expected negative impact of COVID-19, as people are still vulnerable to job losses and income loss, especially in the informal sector. These groups will then be much more likely to make irregular contributions to the social security system. Findings indicate that social protection will continue to be required for a significant portion of vulnerable groups impacted by poverty over the medium term (i.e. tourism workers, industry workers, children, and people with disability and/or chronic illness). Over the longer term, a strategy is needed to significantly increase coverage of the informal sector by social security.

11 By 1 June 2020, according to the official SSO Facebook page (SSO, 2020).

12 Reported by the Director General of FPO (The Bangkok Insight, 2020).

13 Announced by the Vice President Management Department of BAAC (Siamrath, 2020).



## COVID-19 impact on the health sector

At the centre of this crisis, the health sector directly benefits from public health measures aimed at reducing COVID-19 transmission risks. Thailand was the only middle-income country listed in the global top 10 of pandemic preparedness based on the Global Health Security index. The Ministry of Public Health had made significant investment in the surveillance and response system for emerging infectious diseases. It also had significant experience fighting other new infectious diseases such as SARS and bird flu. However, direct consequences from movement restrictions translate into a reduced use of primary and secondary healthcare services by the population. Human resources have been pivoting towards COVID-19 response, leaving other segments of the healthcare sector (e.g. nutrition services, protection against violence) understaffed, or temporarily unavailable to support people. While public measures have been set up to ensure the healthcare system can deal with the outbreak, secondary effects of the lockdown are certainly arising in terms of mental health issues across the population.

## COVID-19 impact on the education sector

The direct impacts of COVID-19 on the education sector have been through health mitigation measures, including school closures and population lockdowns. The Royal Government of Thailand and its partners exploited the coincidence of COVID-19 and the school holidays, using this window of time to put arrangements in place to facilitate remote learning and nutrition supply, and to assess these plans. This has revealed the importance of the digital divide and how remote learning could accentuate existing learning inequalities.

As at 1 June 2020, as all schools are anticipated to physically re-open on 1 July 2020, learning loss and gaps explicitly due to COVID-19 are anticipated to be moderate. However, this is likely to create additional struggles for social groups who already suffer from learning gaps, and may trigger a downward spiral combined with the economic uncertainty. The learning loss and gaps will grow whenever there are further school closures or whenever there is an extended reliance on remote facilities. The anticipated economic recession is predicted to have effects on student drop-outs, the private education market, and government spending on education. The Royal Government of Thailand has been proactive in putting COVID-19 mitigation policies in place, and the actual effects of these will have to be monitored closely.

## COVID-19 impact on the food and nutrition sector

The lockdown measures and loss of income have led people to stock up primarily on cheaper, ultra-processed, foods. In parallel, the healthcare system has been pivoting efforts towards COVID-19 response and preparedness. Preventive nutrition services and nutrition counselling services provided as part of the UHC have been disrupted or suspended due to health workers being engaged in responding to COVID-19. Apart from the immediate health impacts, COVID-19 will burden health systems, affect food supplies and consumption patterns, and increase poverty. All of these impacts will be linked to worsening nutrition outcomes. This also has longer-term consequences for health and economic outcomes. Maternal and child malnutrition leads to poor growth in children and increased risk of infection and poor cognition, which affects learning outcomes and potential earnings later in life<sup>14</sup>. There is a risk therefore of the very youngest (in-utero children, new-borns, and infants) being the 'COVID-19 generation', for whom the shock has life-long implications and inter-generational effects (Haddad, 2020). While Thailand is better off than many of its neighbouring countries, wide inequities among provinces and social groups are a concern. Without adequate response, the COVID-19 shock will exacerbate current conditions, halt any progress that was being made in improving nutrition outcomes (i.e. the triple burden of malnutrition – undernutrition, micronutrient deficiency, and overweight and obesity), and potentially put new groups at risk of malnutrition and food insecurity.

<sup>14</sup> Global studies estimate that a reduction in undernutrition can lead to potential increases in GDP per capita of 4% to 11% (Shekar et al., 2017), and that the cost of inadequate breastfeeding in East Asia is over US\$ 86 billion in economic losses annually (Walters et al., 2019).

## COVID-19 impact on the protection against violence, exploitation, and abuse sector

The economic shocks of COVID-19 have significantly increased the risks of violence, exploitation, and abuse as individuals, households, and communities struggle to sustain a livelihood and cope with future economic uncertainty within the short-term constraints imposed by measures to mitigate the spread of the virus. At particular risk are those who are most vulnerable in society due to their socioeconomic status, age, gender, and other factors, such as disability, minority status, and sexuality. Such groups include migrant workers; those in the informal sector or in insecure and precarious formal employment; people with disabilities; and the victims of human trafficking. Within most, if not all, of these vulnerable populations, women and children are generally at highest risk. Specialist multidisciplinary services under the Ministry of Public Health to support victims in crisis due to serious violence, exploitation, and abuse have been placed under enormous pressure by COVID-19.

## References

- Development Initiatives (2020) '2020 Global Nutrition Report: Action on equity to end malnutrition', Development Initiatives, Bristol, UK.
- EIU (2020) 'Interim deliverable: Covid-19 macroeconomic forecasts for Thailand', EIU, 8 May 2020.
- Global Health Security Index (2019) '2019 GHS Index Country Profile for Thailand', Global Health Security Index, [www.ghsindex.org/country/thailand/](http://www.ghsindex.org/country/thailand/) [accessed 3 June 2020]
- Hanvoravongchai, P. et al. (2010) 'Pandemic influenza preparedness and health systems challenges in Asia: results from rapid analyses in 6 Asian countries', *BMC Public Health*, 10, 322
- International Labour Organization (2020) 'COVID-19 employment and labour market impact in Thailand', [www.un.or.th/wp-content/uploads/2020/06/Impact-Assessment-of-COVID-19-on-employment-and-labour-market-in-Thailand-.pdf](http://www.un.or.th/wp-content/uploads/2020/06/Impact-Assessment-of-COVID-19-on-employment-and-labour-market-in-Thailand-.pdf) [accessed 02 July 2020]
- Shekar, M., Kakietek, J., Dayton Eberwein, J. and Walters, D. (2017) 'An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting', The World Bank, Washington D.C
- Siamrath (2020) 'เยียวยาเกษตรกรกลุ่มสองรับรวดเดียวหมื่นบาท โอนแล้ว 7.1 ล้านคน วงเงิน 3.55 หมื่นล้าน', Siamrath, 2 June 2020, <https://siamrath.co.th/n/159818>
- SSO (2020) 'รายงานสรุปของศูนย์บริหารสถานการณ์ โควิด-19การยื่นขอรับสิทธิ์ประโยชน์กรณีว่างงาน', Social Security Office, 1 June 2020, [www.facebook.com/ssofanpage/](http://www.facebook.com/ssofanpage/)
- The Bangkok Insight (2020) 'เราไม่ทิ้งกันยังจ่ายเงินนะ! ได้ข้อความแบบนี้ 1 มิ.ย. รับเลย 15,000 บาท', The Bangkok insight editorial team, 31 May 2020, [www.thebangkokinsight.com/368465](http://www.thebangkokinsight.com/368465)
- Walters, D. D., Phan, L. T. H. and Mathisen, R. (2019) 'The cost of not breastfeeding: Global results from a new tool', *Health Policy and Planning* 34(6), pp. 407–417.
- WHO, Regional Office for South-East Asia (2019), '2019 Health SDG profile: Thailand', WHO, [www.apps.who.int/iris/handle/10665/327767](http://www.apps.who.int/iris/handle/10665/327767) [accessed 3 June 2020]
- World Bank (2020a) 'GDP per capita (current US\$) – Thailand', World Bank, [www.data.worldbank.org/indicator/NY.GDPPCAP.CD?locations=TH](http://www.data.worldbank.org/indicator/NY.GDPPCAP.CD?locations=TH) [accessed 3 June 2020]
- World Bank (2020b) 'Country overview – Thailand', World Bank, [www.worldbank.org/en/country/thailand/overview](http://www.worldbank.org/en/country/thailand/overview) [accessed 3 June 2020]
- World Bank (2020c) 'Taking the pulse of poverty and inequality in Thailand', World Bank, [www.worldbank.org/en/country/thailand/publication/taking-the-pulse-of-poverty-and-inequality-in-thailand](http://www.worldbank.org/en/country/thailand/publication/taking-the-pulse-of-poverty-and-inequality-in-thailand) [accessed 3 June 2020]

## Data sources:

- WHO (2020a) 'COVID-19 - WHO Thailand Situation Reports', WHO, [www.who.int/thailand/emergencies/novel-coronavirus-2019/situation-reports](http://www.who.int/thailand/emergencies/novel-coronavirus-2019/situation-reports)
- WHO (2020b) 'Global Health Expenditure Database', WHO, <https://apps.who.int/nha/database>



# 2

## Poverty and social protection

**Maham Farhat, Supanika Leurcharusmee, and Fred Merttens**

### Executive summary

#### Introduction

This chapter focuses on two sectors – poverty and social protection – and aims to assess the impact of COVID-19 on poverty and vulnerability, on social protection sector capacity, and on the fiscal space for social protection.

#### Context

##### Poverty

While in recent decades poverty has fallen substantially, from 67% in 1986 to 7.8% in 2017, over the past few years a stall in household incomes (including declines in real farm, business, and wage incomes) and limited consumption growth have seen the national poverty rate increase: it was 7.21% in 2015 but climbed to 9.85% in 2018, with the absolute number of people living in poverty increasing from 4.8 million to more than 6.7 million. Rural areas face a higher poverty rate (10.8%<sup>15</sup>) than urban areas (5.3%, and 0.3% in Bangkok), with poverty worse in the North-eastern (13.0%) and Northern (12.4%) regions. The poverty rate does not differ by gender but it does vary with age: the poverty rates for children aged 0–14 years old and elders aged 60 or above are 12.9% and 8.5%, respectively. The group with the highest poverty rate in Thailand is those living with disability and/or chronic illness. Informal sector workers are more likely to be in poverty than formal sector workers.

##### Social protection

For the purposes of this assessment, we concentrate on the core elements of social insurance and social assistance, which implies the programmes set out in Table 5 below:

<sup>15</sup> According to the World Bank's measure with respect to upper middle-income countries.

**Table 5: Core social protection programmes in Thailand**

Programme	Benefits	Eligibility	Coverage
<b>Child Support Grant (CSG)</b>	Thai baht (THB) 600 per month (US\$ 20)	Children 0–6 years; yearly income <THB 100,000 household per member; community validation	700,000 children in 2019 (women are recipients)
<b>Old-Age Allowance</b>	THB 600 (US\$ 20) to THB 1,000 (US\$ 33) per month	Universal	8,408,498 people
<b>Disability Grant</b>	THB 800 per month (US\$ 27)	Universal	1,607,505 people
<b>Social Welfare Card (SWC)</b>	THB 200 (US\$ 7) to THB 300 (US\$ 10) per month; transport and gas subsidies	Individual annual income <THB 100,000 (US\$ 3,333); other requirements on land use and housing	13.9 million people in 2020
<b>Social Security Fund (SSF)</b>	Sickness, maternity, invalidity, death, child allowance, old-age benefits, unemployment	Contributory; three different groups: Compulsory Insurance Scheme Voluntary Insurance Scheme #1 (Article 39) Voluntary Insurance Scheme #2 (Article 40) – informal sector	471,406 enterprises 15,994,591 insured persons Unemployment benefit – 140,000 persons Old-age pension – 440,000 persons Child allowance – 1.3 million

These programmes have key gaps in coverage: the CSG, Old-Age Allowance, and Disability Grant exclude non-Thai residents, including migrant workers, while the SWC also excludes non-Thai residents, including migrant workers. Finally, the SSF mainly covers workers in the formal sector.

In regard to adequacy, the social security system in Thailand provides a relatively high level of social protection for Thai and migrant employees who work 15 years or longer (under Section 33 of the social security system). Other vulnerable groups of the Thai population receive welfare support that can provide at least 26% of consumption with respect to the poverty line, or 8% with respect to Thailand's average consumption.

The key service delivery challenges for social protection include the issue of targeting accuracy (particularly a problem for the CSG and SWC) and the fragmentation and lack of coordination of the sector, which has reinforced information silos and is embodied in fragmented and inconsistent management information system (MIS) data.

On the other hand, a key advantage of the social protection system is the mostly electronic payments delivery system, with social assistance and social security cash payments being delivered direct to recipient bank accounts, and SWC cash benefits delivered through an e-voucher, to be used in registered stores.

Beyond the formal social protection system, people in Thailand have a significant culture of donating (estimated at over THB 70 billion a year) to temples, non-government organisations (NGOs), and charities, which provide an informal safety net for many citizens. However, loss of income due to unemployment and poverty (as is occurring due to COVID-19) is likely to result in an aggregate fall in donations, and thus will pose a challenge to Thailand's informal social protection system.

The situation of non-Thai migrants is of particular note. In 2018 there were around 3.9 million (non-Thai) migrant workers in Thailand, representing around 10% of the workforce. Migrants are largely excluded from the formal social protection system. Although they may participate in social insurance through voluntary contributions, both the coverage and adequacy of social security benefits is low. Moreover, even for those covered by social insurance (including the Migrant Health Insurance Scheme) the administrative complexity of claiming benefits means many do not do so.

## The impact of COVID-19 on poverty and social protection

### The public policy response

The Government has implemented various relief measures in response to the pandemic. Job loss and job suspension compensation measures were provided to help three groups of workers. As at the end of May/start of June 2020:

- 1,374,288 workers (96% of applicants) under Section 33 of the social security system were provided with 62% of their daily rate for a period of three months (i.e. all of Q2);
- 15.1 million workers (68% of applicants) not under Section 33 of the social security system and outside the agricultural sector were provided with THB 5,000 per month for the same period; and
- 7.1 million workers (93% of applicants) not under Section 33 of the social security system and in the agricultural sector (i.e. farmers) were provided with THB 5,000 per month for the same period.

In addition to the direct social security benefits provided, the Government also reduced the SSF employee/employer contributions between March and May, and workers' contributions under Section 39 were reduced to THB 86.

### Impact on poverty

While the economic impact is greatest in Q2 (8.4 million people unemployed), the stimulus means that household incomes fall by only 11% on average and poverty barely increases at the national level due to the social protection payments provided as part of the government stimulus package. Different population groups are affected in different ways: rural areas see reduced poverty, as a result of the government relief package, while in urban areas poverty increases from 4% to 6% as a result of a -18% decline in income, with the situation worst in Bangkok. Workers in industry, tourism, and other services see net drops in income, and increases in poverty, while workers in agriculture see incomes rise by 53%. Employment status also strongly determines impact, with poverty among non-regular private employees increasing and losses of income for private employees with non-regular jobs, regular private employees, employees in state enterprises, and government employees; the only net gainers are own account workers and contributing family members, whose incomes rise in this quarter due to the government handout.

In terms of the demographic distribution, the poverty rate among men and women remains constant at 8%, while the poverty situation improves marginally for children aged 0–14 years, for the elderly (aged 60 years and above), and for those living with disabilities and/or chronic illnesses. However, poverty increases for Thailand's youth (aged 15–24).

In summary, a large increase in poverty has been avoided as a result of the government social protection package. Those in agriculture have been least hit by the negative economic impacts of COVID-19 and so have benefitted the most from the government bailout, resulting in a net decrease in poverty for this group, whereas those working in tourism, industry, and other services, who are concentrated in urban areas, and especially Bangkok, see a large fall in income even after receipt of the government social protection package.

Looking at Q3, the Government relief package stops and while jobs and incomes are expected to start picking up, unemployment is forecast to remain high and many individuals in work will earn a reduced income. Without government handouts, the poverty rate is expected to increase during this quarter, to 9% nationally (cf. 8% Q2). For people in agriculture who tend to be near the poverty line, poverty either remains unchanged or increases, and in rural areas it returns to its pre-COVID level of 11%. In terms of employment group: non-regular private employees are at highest risk of poverty (20%), with poverty also rising above pre-COVID levels for state employees. Own account workers and contributing family members remain less at risk of poverty than they were in Q2 as a result of the handout, but poverty nevertheless rises for these groups, on track to return to pre-COVID levels by Q4. Workers in industry, tourism, and other services continue to feel a significant net drop in income and welfare status, despite the reduction in unemployment. Due to their assumed savings from the handout, agriculture workers see poverty of 7% (from 12% pre-COVID but up from 4% in Q2).

Those living with disability and/or chronic illness will see poverty rise to 15% (cf. 13% in Q2 and 14% pre-COVID), while children aged 0–14 will go back up to their pre-COVID levels of poverty (13%). These groups are expected to face a 3% and 4% reduction in consumption, respectively, which is large considering the already low level of average consumption of these two groups before COVID-19. The poverty rate for youth (15–24) will remain at 9% in Q3, up from its pre-COVID-19 level of 7%.

In terms of use of savings to smooth consumption, while we assume that households with windfall gains from stimulus payments in Q2 (including many rural households) will use these to smooth consumption across Q3, we cannot expect the median household to smooth consumption for very long based on their existing financial assets, and even less so for poor households with lower savings.

## Impact on social protection

In the short term, the use of new and existing social protection programmes for the COVID-19 response indicates a strong commitment to social protection as a key policy tool in response to the crisis. It thus appears unlikely that the funding of universal social assistance schemes (CSG, Old-Age Allowance, and Disability Grant) will be rolled back in the future; a budgetary commitment to these schemes is likely to continue. Similarly, the SWC is seen by government key informants as a primary channel to help the poor in the economic recovery plan for 2021. However, given anticipated fiscal constraints over the medium to long term due to COVID-19, any efforts to increase coverage are unlikely to be successful.

The COVID-19 crisis has highlighted the fragmentation of the social protection sector, as well as the problem of having a large share of the workforce not covered by social security, but it remains unclear whether this will lead to any significant changes in how the social protection sector is structured. COVID-19's impact on operational capacity and service delivery for social protection is equally unclear, but there does not appear to be any threat to the advanced payments system infrastructure in the country.

In terms of the medium- to long-term impact of COVID-19 on recipients of social protection programmes, this will be determined by a number of factors. Most social protection benefits are insufficient on their own to fully mitigate the expected negative impact of COVID-19. For contributory social insurance programmes, a loss of jobs entails reduced contributions and therefore reduced entitlements over the long term, with informal sector workers covered under Article 40 particularly vulnerable due to their lower level of benefits. Finally, if job losses prove permanent there may be a need to re-train part of the workforce to supply other sectors, calling for an active labour market policy during the recovery phase and beyond.

Finally, as regards the impact on the informal social protection system, donations to religious institutions and NGOs will fall by around 4% at the national level in Q3, with the main share of reductions concentrated in urban areas, especially Bangkok. This represents a compounding impact because non-regular private employees are the group worst affected by the COVID-19 crisis, and these are concentrated in urban areas and Bangkok.

## Conclusions and implications for policy

It is important to recognise the strength and efficacy of the timely social protection response to the COVID-19 crisis made by the Government of Thailand, which has protected both workers and businesses, prevented a major increase in poverty, and reinforced the social contract between the state and citizens. At the same time, the crisis has exposed how the social protection sector in Thailand remains fragmented and has significant gaps in coverage, and that it does not automatically flex and contract in times of shock to provide protection for all populations in need. Explicit policy decisions are thus required to enable adequate coverage of, and benefit levels for, those who remain in need in Q3 and Q4 this year, as well as moving forward in the future.

### Implications for the remainder of 2020

The Government's macroeconomic response and investment to stimulate job recovery and growth in these sectors will be vital in Q3 and Q4. However, some population groups will also need continued support through social protection, which will help sustain aggregate demand, mitigate against poverty, and prevent the economy from slipping into a downward spiral. Nevertheless, the amounts required should be less than the social protection stimulus provided in Q2. Any remaining funds from the THB 555 million relief loan set aside as financial aid for those whose jobs and businesses have been disrupted (and/or even unused amounts from the THB 400 million for economic and social rehabilitation) should be directed to social protection in order to support these groups and sustain domestic demand. As far as we are able to establish, of the THB 555 billion relief loan, THB 166.16 billion is unspent, which could be utilised for social protection in Q3.

### Implications for the longer term

A strategy should be implemented to significantly increase coverage of the informal sector by social security, and to increase benefit levels for especially vulnerable groups (children and those with disabilities/chronic illness). An active labour market policy may also be required if demand for labour does not recover in some sectors. Finally, there is a need to address the fragmentation and the lack of a coherent policy framework. The reformed social protection system should have the following elements:

- **A clear coordination mechanism to convene social protection schemes and actors:** This could be institutionalised via a national social protection steering committee, chaired by the prime minister's office, with representatives from all key actors involved in social protection, and would coordinate social protection policy and direct resources to appropriate programming across the entities involved at different levels of government. It should have the power to convene external actors (e.g. civil society and development partners) and oversee systems development initiatives (e.g. an integrated social protection MIS).
- **A coordination mechanism for development partners supporting the sector:** An inter-agency coordination group for social protection in Thailand (including all relevant United Nations agencies, as well as the World Bank and Asian Development Bank) could help synergise development partner investments into the sector and provide strategic support to government policy priorities, as well as advocate for more challenging issues (e.g. supporting migrant workers).
- **A coherent system for managing information across programmes:** The Government of Thailand should draw on the robust national ID system and strong information technology capacity and infrastructure to streamline and institutionalise how social protection data are integrated and managed (and collected) across ministries. A more comprehensive and integrated MIS for social protection would enable the Government to coordinate social protection support more efficiently, as well as to better identify gaps in coverage. This agenda could be led by the steering committee proposed above, in tandem with the Ministry of Digital Economy Big Data initiative.



- **Expanded coverage of the informal sector (including migrants) by social security:** A large segment of the working population is not covered by the contributory social insurance system and relies on ad hoc social assistance support. Despite the challenges involved, social insurance should be expanded to the informal sector, being the only sustainable mechanism to provide social protection support to this crucial segment of the labour force. Also, transitory migrants, who are a significant portion of the workforce and contribute to both local and national economies, should be incorporated into the contributory social insurance system. Given the benefits employers of migrants gain from their employment, two potential areas to explore are how to strengthen the regulation of non-Thai migrant employment, and improving the social insurance contributions made by these employers. Further research is required in these areas.

## 2.1 Introduction and scope of the assessment

### 2.1.1 Introduction

Oxford Policy Management has been contracted by the United Nations Children’s Fund (UNICEF) to conduct an assessment of the social impact of COVID-19 on six sectors within the Kingdom of Thailand:

1. poverty;
2. social protection;
3. health;
4. education;
5. food and nutrition; and
6. protection against violence, exploitation, and abuse.

The impact of COVID-19 on social outcomes across these sectors arises partly from the direct impact of illness and death caused by the disease, but overwhelmingly from the public policy response to the disease: public health measures and economic stimulus measures. The overall impact is thus conditioned by the policy choices made to address the pandemic, notably the extensive public health measures put in place to control the transmission of the disease and the macro-fiscal response enacted to offset the negative hit to production and consumption. In addition, lower-level service delivery decisions affect the implementation of the policy response and so also alter overall impact. Different social outcomes then impact on one another over different timeframes: for example, in the short term increased poverty may reduce demand for education; or in the medium term reduced capacity of healthcare might worsen chronic poverty, thus further influencing the level and type of impacts occurring. Finally, impact also arises from the global economic downturn as a result of COVID-19, which affects value chains as well as the level of investment in Thailand by multinational companies.

This chapter of the study focuses on the first two sectors covered by the assessment: poverty and social protection.

The objectives are to:

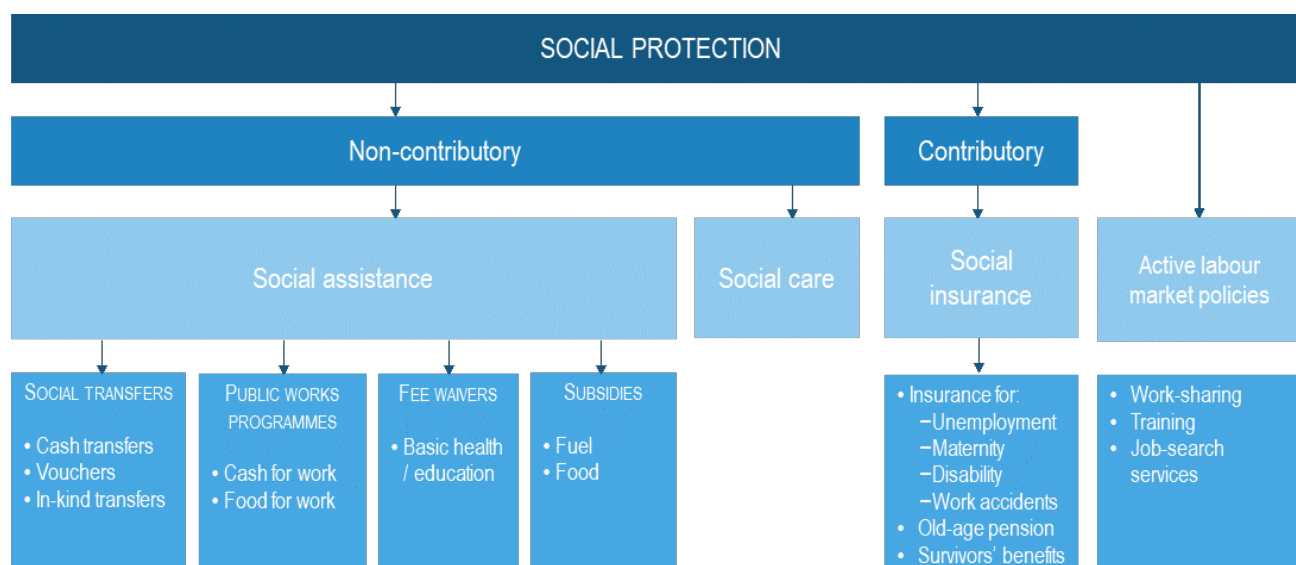
- assess the impact of COVID-19 on poverty and vulnerability;
- assess the impact of COVID-19 on social protection sector capacity, defined in terms of coverage; and
- assess the impact of COVID-19 on the fiscal space for social protection.

We do this by first briefly summarising and analysing the poverty situation in the country prior to the outbreak of the COVID-19 pandemic, focusing on recent overall poverty trends as well as key vulnerable groups. We then consider the status of the social protection sector pre-COVID-19 in terms of the broad policy framework and key programmes of interest. Following this summary of the ‘baseline’ context we present the central, high-level projection of the COVID-19 impact on the national economy, as defined by the Economist Intelligence Unit (EIU), alongside a description of the Kingdom of Thailand’s public policy response to the pandemic. We then model the impact of the disease and policy response using 2017 National Social Economic Survey (SES) data to estimate the poverty impact on the population as a whole, as well as on relevant subgroups. In addition, we also explore the impact (or potential impact) on the social protection sector capacity, in terms of coverage and fiscal space, drawing on the responses of key informants. Finally, we provide concluding reflections and draw out the implications for the Government’s social protection policy.

## 2.1.2 Scope of the assessment

Social protection encompasses a range of contributory and non-contributory support for citizens, aimed both at supporting basic needs and ensuring a minimum standard of living for poor and vulnerable citizens, and supporting aggregate demand in the economy. Non-contributory programmes include social assistance, such as social transfers and public works. Contributory programmes include social insurance (also referred to as social security), such as sick leave and pensions. Typically, social protection programmes also encompass labour market interventions, such as wage subsidies and training. In some conceptions, social protection also includes social care services. Social protection is best conceptualised as a system, comprised of various programmes and linking policy with design and operational choices (see Figure 2). A social protection system may be rights-based, structured around a set of guarantees for all citizens to ensure a minimum standard of living; or discretionary and charity-based. Equally, a social protection system may follow the life-cycle approach, which conceives of different vulnerabilities and risks as adhering to different stages of the life-cycle – e.g. childhood, working age, old-age – which all need to be addressed by relevant policy instruments; or poverty-focused, wherein the system is directed towards the poor and vulnerable only.

**Figure 2: Social protection components and instruments**



Notes: Another form of contributory social protection is individual savings mechanisms, such as provident funds. In Thailand two examples are the National Saving Fund and the planned National Pension Fund. These are both individual accounts that do not pool contributions, and so are not social insurance.

For the purposes of this assessment, we concentrate on the core elements of social insurance and social assistance, which in concrete terms means that we focus on the SSF and the four main social assistance programmes in the country, comprising the Allowance for Older People, the CSG, the Allowance for People with Disabilities (Disability Grant), and the SWC. To supplement this focus, we pay some attention to the network of informal social protection services provided by temples and NGOs, as these receive significant donations from the population and provide a crucial safety net for many households and individuals, including both those covered by the formal social protection system and those excluded from it. We do not include in our analysis any consideration of active labour market policies or social care services, the latter of which are considered indirectly in relation to the issue of violence, exploitation, and abuse (see Chapter 6)<sup>16</sup>.

The rationale for this focus is that the aim of this study is not to provide a comprehensive assessment of all aspects of social protection in Thailand, but rather a high-level insight into the broad impacts of the COVID-19 crisis on that sector. These programmes (SSF, Old-Age Allowance, CSG, Disability Grant, and SWC), alongside the network of informal social protection, constitute the main share of coverage providing regular social protection benefits to the people of Thailand, and thus bear the main weight of the policy response both in the immediate term and over the medium to long term of the recovery period. Taken together, they should give a firm indication of the impact of the crisis on the sector.

## 2.2 Context

### 2.2.1 Poverty context

Thailand is an upper middle-income country with a gross domestic product (GDP) per capita of US\$ 7,300 per annum (2018) (World Bank, n.d. a). It has a population of 69.4 million people, of whom 17% are under the age of 15. Like other more developed countries in the region, Thailand has a rapidly ageing population, with 11% of the population aged 65 or over.

Thailand's economy has experienced significant but erratic growth since 2000. Over the past few years, the country's growth rate has been lower than other large economies in the developing East Asia and Pacific region. In October 2019, Thailand had one of the lowest GDP growth rates in the region, at 2.7%. Recent forecasts show signs of a deceleration in economic growth, but the impact of COVID-19 will very likely worsen the economic scenario.

In recent decades, poverty has fallen substantially, from 67% in 1986 to 7.8% in 2017 (World Bank, 2020a). However, over the past few years household incomes and consumption growth have stalled nationwide, with declines among households at the bottom of the income distribution. Between 2015 and 2018, the poverty rate in Thailand grew from 7.21% to 9.85% and the absolute number of people living in poverty increased from 4.8 million to more than 6.7 million (World Bank, 2020b). Income equality remains a significant issue, with inequality being among the highest in the region.

Recent changes in household income indicate the reasons for the change in poverty levels. In particular, real farm and business incomes declined in rural and urban households, respectively. Wage income also declined in urban households. Nationally, this signals a reversal in trends from the past. In the period 2007–2013, wages, farm incomes, and remittances contributed to poverty reduction, but in the period 2015–2017 they became sources of rising poverty (World Bank, 2020b).

<sup>16</sup> While we do not focus on active labour market policy, it could be that this area of social protection may come more into focus in the COVID-19 recovery phase. This is because, if large numbers of job losses as a result of COVID-19 prove to be permanent in any given sector (i.e. if demand for labour in any given sector never recovers to its pre-crisis level), there may be a need to actively re-train a part of the workforce to supply other sectors.

Surveys of people's perceptions from 2016 and onwards also indicate that households feel their living conditions have worsened (International Labour Organization (ILO), 2020).

## Poverty and poverty measurement

Annually, Thailand reports the national poverty rate as the ratio of individuals with consumption expenditure under Thailand's national poverty line. According to this measure, the national poverty rate declined from 16.37% in 2000 to 7.21% in 2015. However, as discussed above, this rate has increased since 2016, to 9.85% in 2018 (NESDC, 2019).

The World Bank also measures Thailand's poverty rate with respect to two international poverty thresholds. In 2017, Thailand's poverty rate with respect to the international poverty line for extreme poverty (US\$ 1.90/person/day or Thai baht (THB) 26/person/day) was 0.03% and the poverty rate with respect to the international poverty line for upper middle-income countries (US\$ 5.50/person/day or THB 75.7/person/day) was 7.8% (World Bank, 2020b).

Using the World Bank's international poverty line for upper middle-income countries, rural areas face a higher poverty rate of 10.8%, compared to 0.3% in Bangkok and 5.3% in urban areas outside Bangkok. The poverty rate is highest in the North-eastern (13.0%) and Northern (12.4%) regions. The poverty rate does not differ by gender but does vary with age. The poverty rates for children aged 0–14 years old and elders aged 60 or above are 12.9% and 8.5%, respectively. The group with the highest poverty rate in Thailand is those living with disability and/or chronic illness, 14.1% of whom are poor. Five percent of employed individuals are poor, compared to contributing family workers and own account workers who have poverty rates of 10.0% and 8.1%, respectively. That is to say that informal sector workers are more likely to be in poverty than formal sector workers<sup>17</sup>.

## Sources of income for the poor

Nationally, 71.8% of household income comes from labour income. However, for poor households only 55.8% of household income comes from labour. A high proportion of poor households' income comes from in-kind income, such as unpaid goods and services (23.5%) and support from the Government or other people (20.3%). While the main source of labour income of Thai households comes from the service sector (14.3% from agricultural, 26.5% from industry, and 59.2% from the service sector), the main source of labour income for poor households comes from agriculture (45.7% from agriculture, 27.4% from industry, and 27.0% from the service sector)<sup>18</sup>. This means that while the poor tend to be more reliant on agriculture for their income, they still rely on non-agriculture sectors for a significant portion of their income.

<sup>17</sup> Calculated using the SES 2017. We use the term 'informal workers' advisedly here because Thailand's National Statistical Office (NSO) defines 'informal workers' as workers who are not protected by existing labour registration and not covered by social protection schemes from work. Specifically, informal workers are those who are not government employees, employees of state-owned enterprises, private school teachers, employees of foreign governments or international organisations, private employees covered by the labour law, and any employed persons with social security benefits. The definition of formal workers is contingent on their being covered by the social security system. However, Thailand has several social security schemes and some schemes (Section 39 and 40) have lower levels of protection (i.e. do not include unemployment benefits and provide lower levels of benefits as a result of the low contribution requirement). Therefore, when it comes to social protection analysis for COVID-19, workers in the social security system under Section 39 and 40 receive the same benefits as other 'informal workers'.

<sup>18</sup> Calculated using SES 2017.

## Financial savings and debt

On average, Thai households have more debt than financial assets (not including real estate or vehicles). The average household debt per person is THB 63,038 (THB 61,537 from formal financial institutions and THB 1,501 from informal sources). But the average value of household financial assets per person is THB 60,548. Comparing the financial assets to consumption expenditure per person, an average household can nominally last for up to nine months with no income. However, this is not the same situation for poor households. For these, average household debt per person is THB 13,387 (THB 12,728 from formal financial institutions and THB 659 from informal sources), and the average value of household financial assets per person is THB 6,145. This means that, even with their lower consumption, poor households can only last up to three months on average with no income (not accounting for debts).

## 2.2.2 Formal social protection policy context

### Policy framework

Thailand does not have a common and integrated social protection policy framework and there is no common definition of social protection that is formally accepted by the various actors operating in the sector. Numerous legal instruments regulate social protection interventions, but this regulatory framework lacks coherence and there is no comprehensive policy vision for the sector. The 12th National Economic and Social Development Plan 2017–2021 and the 20-Year National Strategy articulate a clear vision for greater security, prosperity, and sustainability, and seek to foster greater equality, which aligns with greater regional integration through the Association of Southeast Asian Nations (ASEAN) Economic Community, and a bolder global development agenda elaborated through the Sustainable Development Goals (SDGs). However, the 20-Year National Strategy requires institutions responsible for social protection to set their own strategies.

**Table 6: SDG 1.3 indicators for Thailand**

	%
<b>Percentage of persons above statutory retirement age receiving old-age pension</b>	83.0
<b>Percentage of working-age population contributing to the pension system</b>	31.9
<b>Percentage of persons with severe disabilities receiving disability cash benefits</b>	35.7
<b>Percentage of unemployed persons receiving unemployment cash benefits</b>	43.2
<b>Percentage of women giving birth receiving cash maternity benefits</b>	40.2
<b>Percentage of persons covered in the event of work injury</b>	41.0
<b>Percentage of children/households with children receiving child or family cash benefits</b>	18.9

Source: World Social Protection Report 2017 (ILO, 2017)

A key challenge for the implementation of a more integrated social protection system is the lack of communication between the different actors involved and the absence of a clear leader in the sector. No single ministry has a defined mandate for social protection, nor is there a lead ministry in charge of the whole system. This setup has reinforced information silos and created uncertainty and fragmentation in the policy space. Thailand's social protection response to COVID-19, while impressive in its scale and ambition, has reflected the fragmented nature of the sector.

Despite the increased investment in social protection, Thailand is still not among those countries in the ASEAN region that have the highest social expenditure.

## Coverage

Thailand has a relatively well-developed social protection sector that includes a number of social assistance and social insurance programmes, implemented by a large number of line ministries. By one estimate, there are 44 government welfare programmes that support people in different age groups. These programmes are managed by 11 ministries. They include 27 cash welfare programmes run by the Ministry of Social Development and Human Security (MSDHS), the Ministry of Interior, the Ministry of Agriculture and Cooperatives, and the Ministry of Education, and 17 non-cash welfare programmes, such as subsidies for utilities cost, support for land use rights, a moratorium on loan repayments, the provision of loans, and trainings (ILO, 2020). The non-contributory welfare programmes are complemented by a comprehensive social insurance scheme managed by the Social Security Office (SSO), which provides several benefits, such as pension, child allowance, unemployment benefit, sickness compensation, and disability compensation.

Thailand's social protection sector has evolved from a system designed for formal sector workers to having an increased emphasis on coverage of the informal sector through universal schemes such as the Old-Age Allowance and Disability Grant. More recently, however, support to those in the informal economy has been driven by a focus on poverty-targeted schemes, in particular the CSG and Welfare Card.

Table 7 summarises the key features of the main social protection programmes in Thailand. It is worth noting that there are no large-scale public works programmes in the country.

**Table 7: Social protection programmes in Thailand**

Type of scheme	Programme	Lead agency	Benefits	Eligibility	Coverage
<b>Social assistance</b>	CSG	MSDHS	THB 600 per month (US\$ 20)	Children 0–6 years <sup>1</sup> Yearly income < THB 100,000 household per member Community validation	700,000 children in 20192 (women are selected as recipients)
<b>Social assistance</b>	Old-Age Allowance	MSDHS	Between THB 600 (US\$ 20) and THB 1,000 (US\$ 33) per month	Universal	8,408,498 people

Type of scheme	Programme	Lead agency	Benefits	Eligibility	Coverage
<b>Social assistance</b>	Disability Grant	MSDHS	THB 800 per month (US\$ 27)	Universal	1,607,505 people
<b>Social assistance</b>	SWC	Ministry of Finance (MoF)	Between THB 200 (US\$ 7) and THB 300 (US\$ 10) per month Transport and gas subsidies	Individual annual income < THB 100,000 (US\$ 3,333) Other requirements in terms of land use and housing	13.9 million people in 2020
<b>Social assistance</b>	School meals	Ministry of Education and Local Administration	School lunches	Universal	About 1.8 million primary school children and nearly 700,000 kindergarten children
<b>Social insurance</b>	SSF	MoL	Sickness Maternity Invalidity Death Child allowance Old-age benefits Unemployment	Contributory Three different groups: Compulsory Insurance Scheme Voluntary Insurance Scheme #1 (Article 39) Voluntary Insurance Scheme #2 (Article 40) – informal sector	471,406 enterprises 15,994,591 insured persons Unemployment benefit – 140,000 persons Old-age pension – 440,000 persons Child allowance – 1.3 million
<b>Social insurance</b>	Workers Compensation Fund	MoL	Medical service Monthly cash compensation Funeral grants Rehabilitation services	Contributory	396,394 enterprises
<b>Other</b>	Universal health coverage	Ministry of Public Health	Covers a pre-defined set of medical treatments and expenses	10,537,238 employees	48.3 million

Notes: (1) CSG previously covered up to three years of age but was extended to six years of age by a Cabinet Resolution of 26 March 2019; (2) the CSG estimate comes from unpublished letter to the Prime Minister from UNICEF (UNICEF, 2020).

Universal schemes, such as social pensions and social health protection, have the highest level of coverage. Within social assistance programmes, the poverty-targeted SWC provides the largest coverage, followed by the Old-Age Allowance targeted at the elderly, school meals, the Disability Grant and the CSG. It is worth noting that the SWC is younger and therefore less institutionalised than the other programmes run by MSDHS.

The current set of social protection programmes, though extensive, has some gaps in coverage, either by design or due to implementation challenges. These include the following:

- Categorical social assistance schemes, such as the CSG, Old-Age Allowance, and Disability Grant, exclude non-Thai residents, including migrant workers. In addition, these programmes may not be reaching populations which are eligible but unable to register with MSDHS due to targeting errors (for the CSG), accessibility issues, lack of awareness about the support etc.
- The SWC also excludes non-Thai residents, including migrant workers. Although the targeting mechanism has not been evaluated, there are reasons to believe targeting accuracy is an issue for the SWC, as it is for the CSG<sup>19</sup>.
- The SSF mainly covers workers in the formal sector<sup>20</sup>, plus a small number of informal sector workers (for whom the adequacy of the benefits is very low; see below). A majority of informal sector workers are likely to be excluded from the SSF due to a variety of factors<sup>21</sup>. Data from 2017 show that less than 20% of families with children are covered by the SSF child allowance and only 40% of women giving birth received maternity benefits. Only 43% of unemployed persons benefit from the unemployment insurance, while only 35% of persons with severe disabilities received a disability benefit (ILO, 2017).

## Adequacy

Here we briefly consider the adequacy of our focus social protection schemes by comparing the value of the monthly benefits with the World Bank's international poverty line for upper middle-income countries (THB 2,303.45) and the average consumption expenditure of the Thai population (THB 6,569).

In relation to social assistance, this measure of adequacy shows that the CSG (THB 600), Disability Grant (THB 800), and Old-Age Allowance (THB 600–1,000) are worth between 26% and 43% of the international poverty line, and 9–15% of average consumption in Thailand. The SWC has five main continuous schemes: (1) THB 200–300 per month e-money transfer to be used at blue flag stores; (2) THB 45 every three months for cooking gas; (3) THB 500 per month for public transportation in Bangkok and metropolitan areas by bus/MRT/BTS; (4) THB 500 per month for bus tickets with The Transport Co. Ltd; and (5) THB 500 per month for train tickets with the State Railway of Thailand<sup>22</sup>.

In relation to social security, both Thais and migrants in the social security system are protected through various benefits, including child allowance, retirement pension (both lump sum and monthly allowance), sickness compensation, and disability compensation<sup>23</sup>. Those covered under Section 33 are also entitled to unemployment benefit<sup>24</sup>. The level of benefits received depends on the status of employment, salary level, and the years of contribution. Own account workers or freelancers with no employer (i.e. informal workers) can only register

19 The SWC targeting mechanism consists of an on-demand process in which people have to register at certain banks. This type of process can lead to exclusion if the poor face substantial barriers that prevent them from applying (long distances, lack of information, etc.). Moreover, the eligibility assessment is based on self-reported income, with few checks and verifications. The programme also assesses eligibility at an individual level, which means that an individual could be deemed eligible even when they are a member of a household that is not poor.

20 Not all workers are covered: 20.4% of those in the formal sector are not covered by the SSF.

21 These include the requirement to make contributions, lack of interest and/or understanding, lack of trust in the system, perception that the benefits do not justify the costs, and perceived administrative difficulties.

22 The SWC also provides skills training, working with the Department of Skills Development and other partners.

23 Employees with formal employers can register under Section 33 of the social security system. The workers and their employers must each pay monthly contributions of 5% of the worker's salary (up to THB 15,000). If workers under Section 33 who have paid contributions for longer than 12 months leave their jobs but want to continue being in the social security system without new employers, they can register under Section 39 and pay THB 432 per month with no employer's contribution. As Section 39 requires no proof of employment, it does not include unemployment benefit. Informal sector workers can register under Section 40.

24 As long as they have been contributing for more than one year.



under Section 40 of the SSF. These pay a small monthly contribution of THB 70–300 and are covered by benefits including sickness, disability, and death payments, a one-time retirement payment, and child allowance. Workers covered by Section 40 are not excluded from social assistance provided by MSDHS (i.e. the CSG, Old-Age Allowance, Disability Grant and/or the SWC).

The benefits under Section 33 provide a relatively high level of adequacy as their monthly compensations are at a minimum above 57% of the international poverty line and above 20% of average consumption. The exception is the child allowance, which represents 26% of the international poverty line and above 9% of average consumption. The benefits under Section 39 are marginally lower than those under Section 33, ranging from 42% and above of the international poverty line and 15% of average consumption. The exception is again the child allowance, which is the same as under Section 33. The benefits under Section 40, which covers informal workers, are significantly lower, primarily due to the very low contribution ceiling. The minimal disability benefit represents 22% of the international poverty line and 8% of average consumption, while the one-time pension payment represents a minimum of just 2% of the international poverty line and 1% of average consumption. The child allowance provides 9% of the international poverty line and 3% of average consumption. The exception under Section 40 is the sickness benefit, which is comparatively much more generous, at a minimum of 260% of the international poverty line and 91% of average consumption. The benefits under all three sections of the SSF also include health insurance.

In summary, the social security system in Thailand provides a relatively high level of social protection for Thai and migrant employees who work 15 years or longer (Section 33). Other vulnerable groups of the Thai population receive welfare support that can provide at least 26% of consumption with respect to the poverty line or 8% with respect to Thailand's average consumption.

It should be noted that the COVID-19 scheme of THB 5,000 for workers not covered by Section 33 of the social security system is relatively generous, providing 217% of the international poverty line and 76% of average consumption. The job suspension and job loss benefits for workers covered under Section 33 depends on their salary, ranging from THB 4,092 (178% of the international poverty line) to THB 10,500 (456% of poverty line). The exception is the disability benefit of THB 1,000, which represents 43% of the international poverty line and 15% of average consumption. (Details of benefits and adequacy measures for all social protection benefits are provided Table 22 in Annex B.)

## Key service delivery challenges and advantages

Beyond the issue of targeting accuracy mentioned above, pertaining especially to the CSG and SWC, the key service delivery challenge for social protection results from the fragmentation and lack of coordination of the sector, which is embodied in fragmented and inconsistent MIS data. Social protection databases are not integrated and the separate databases that do exist do not always talk to each other. For example, although the SWC verifies the eligibility of applicants via databases from other departments such as Department of Provincial Administration (DOPA), MoL, and the Revenue Department, there is no single integrated beneficiary registry in Thailand as yet. An integrated beneficiary registry would enable monitoring and coordination of who receives what benefits, and the ability to identify intended or unintended duplications across programmes (Leite *et al.*, 2017). The absence of an integrated beneficiary registry means that it is not currently possible for the MoF, for example, to know if SWC beneficiaries also receive benefits from MSDHS schemes<sup>25</sup>.

One key advantage of the social protection system relates to the payments delivery system, which is almost always electronic, with social assistance and social security cash payments being delivered direct to recipient bank accounts (albeit some beneficiaries prefer to collect the cash over the counter). SWC cash benefits, meanwhile, are delivered through an e-voucher, which SWC beneficiaries can then use in registered stores. The prevalence of electronic transfer mechanisms direct to recipient bank accounts means that benefit top-ups

<sup>25</sup> The Ministry of Digital Economy is leading a government Big Data project, which aims to coordinate and integrate government data, including social protection data. The Big Data project emerged in response to high levels of fragmentation in terms of data collection, management and use, and sharing across all of government. However, it is still a nascent project at this stage.

(known as ‘vertical expansion’) can be provided quickly and accurately in an emergency. However, if new beneficiaries need to be added to existing programmes, or created under new programmes (known as ‘horizontal expansion’), bank accounts and cards etc. will need to be supplied for these new recipients. But here again the context in Thailand is advantageous as a high proportion (82%) of individuals aged 15+ have access to an account (World Bank, n.d. b).

### 2.2.3 Informal social protection

People in Thailand have a significant culture of donating to temples, NGOs, and charities, which provide an informal safety net for many citizens. Estimates from Thailand Development Research Institute (TDRI) suggest that Thai people donate over THB 70 billion a year. Thailand also ranks as number four on the World Giving Index calculated by CAF (CAF’s survey data from 2008–2018 showed that 71% of Thai people donated money in the past 30 days). The 2017 SES data indicate that, on average, Thai individuals donate THB 9 per month to NGOs and THB 94 per month for religious and other contributions. The ratio of donation to NGOs to income is constant at 0.1% across all income quintiles. However, the ratio of religious donations and other contributions is higher for poorer individuals. For example, individuals with income in the first quintile donate 2.1% on average for religious and other contributions, while households with income in the fifth quintile donate 0.7% on average (see Table 23 in Annex B). As the average propensity to donate increases as income decreases, the total amount of donations may decline at a lower rate than the rate of decline in GDP. However, loss of income due to unemployment and poverty is likely to result in an aggregate fall in donations, and thus will pose a challenge to Thailand’s informal social protection system.

### 2.2.4 Social protection for (non-Thai) migrants

In November 2018 it was estimated that there were around 3.9 million (non-Thai) migrant workers in Thailand<sup>26</sup>, constituting around 10% of the workforce. Of these, some 21% were classed as ‘irregular’ (i.e. without work permits). Even for ‘regular’ migrant workers, and especially within the agricultural sector, there are few regulatory standards in place and conditions for migrants continue to be characterised by high levels of informality, unsafe living and working conditions, deceptive recruitment practices, low wages, withheld wages, forced labour, and lingering problems with child labour (UN, 2019).

As shown in Section 2.2.2 above, migrants are largely excluded from the formal social protection system. Though they may participate in social insurance through voluntary contributions, both the coverage and adequacy of social security benefits is low. Moreover, the administrative complexity of claiming benefits even for those covered by social insurance (including the Migrant Health Insurance Scheme) means that many do not claim them. This is especially problematic given that many migrants are involved in 3D jobs (dirty, dangerous, and difficult), where the risk of injury and illness is high. Barriers to access to coverage for migrants include language, poor enforcement of registration rules for employers (especially for micro, small, and medium enterprises), and the high degree of mobility for migrant workers. In addition, policy fragmentation is exacerbated for migrant workers due to the development of complex separate provisions targeting numerous different categories of migrant worker.

<sup>26</sup> Thailand is the main destination country for migrants from Cambodia, Lao PDR, and Myanmar.

## 2.3 The impact of COVID-19 on poverty and the social protection sector

### 2.3.1 Public policy response to the COVID-19 pandemic by the social protection sector

Beyond the direct effect on health, the impact of the COVID-19 pandemic on poverty results from job loss, job suspension, and income reduction. In response to the disease, the Thai Government issued a lockdown, a curfew, school closures, and social distancing, as well as announcing a ban on travel into Thailand from other countries, which took effect on 2 April 2020 (Bangkok Biz News, 2020). With the travel ban, the tourism sector has been hit especially hard, but the lockdown and curfew have also reduced demand in other services and industrial sectors.

Anticipating the economic impact of these public health measures, the Government announced various COVID-19 relief measures in three stages starting on 10 March 2020. For social protection, job loss, and job suspension compensation measures were announced to help three groups of workers: (1) workers under Section 33 of the social security system; (2) workers not under Section 33 of the social security system outside the agricultural sector; and (3) workers not under Section 33 of the social security system in the agricultural sector. To the first group (workers under Section 33 of the social security system) the Government provided 62% of their daily rate for a period of three months (i.e. all of Q2). For groups 2 and 3 (those not covered by Section 33 whether in agriculture or not in agriculture), the Government provided THB 5,000 per month for the same period<sup>27</sup>.

Under Section 33 of the social security system, a total of 1,425,895 workers applied for the job loss/suspension benefit, of which 1,374,288 workers (96%) were approved by 1 June 2020<sup>28</sup>. For those not under Section 33, and outside of the agricultural sector, 22.1 million workers applied and 15.1 million workers (68%) had received the benefit by 28 May 2020<sup>29</sup>. For agricultural workers, 7.7 million farmers applied for the benefits and 7.1 million workers (93%) had received the benefits by 1 June 2020<sup>30</sup>.

In addition to the direct social security benefits provided, the Government also reduced the SSF contributions of both employers and employees between March and May. Employers' contributions were reduced from 5% to 4% for that period, and employees' contributions were reduced from 5% to 1%, with workers' contributions under Section 39 falling to THB 86.

### 2.3.2 Impacts of COVID-19 on household income and poverty

In our central projection of macroeconomic impact, the maximum damage occurs in Q2 2020, with a steady recovery through Q3 and Q4 2020 (see Chapter 1). This has consequences for household income and poverty. With the lockdown, curfew, and travel ban, the EIU predicted that the impact of COVID-19 would be strongest in Q2 (April–June 2020), with the situation improving from July onwards. Drawing on National Economic and Social Development Council (NESDC) data and predictions, our projection is for unemployment to reach 8.4 million people in Q2, amounting to 21% of the labour force, 1.5 million in the industrial sector, 2.5 million in tourism, and 4.4 million in other services. In line with NESDC and EIU, unemployment declines to 3% by the end of 2020 (1.5 million people) due to a combination of factors: (a) transmission of the disease is increasingly under control and thus the Government allows more economic activities from the second half of May onwards;

27 On 16 June 2020 the Government announced it would provide a top-up of THB 1,000 for three months for beneficiaries of the Old-Age Allowance, Disability Grant, CSG, and SWC. This has not been included in our simulation.

28 SSO's official Facebook page (SSO, 2020).

29 Reported by the Director General of FPO (The Bangkok Insight, 2020).

30 Announced by the Vice President Management Department of BAAC (SIAMRATH, 2020).

(b) the Government enacts further stimulus packages<sup>31</sup>; and (c) agriculture absorbs some of the unemployed (ThaiPublica, 2020). These estimates and projections are corroborated by various other government and non-government agencies and organisations, which also provide details on precisely who will be affected by job loss, job suspension, and income reduction<sup>32</sup>.

In this analysis we make a distinction between the impact in Q2 and Q3. In Q2 the economic stimulus is in place, including payments to households<sup>33</sup>. In Q3 there is still significant impact, but the stimulus support has ended. To examine the impact of COVID-19 on income, consumption, and poverty for different population groups within the country we use the parameters defined by the various projections discussed above to model the job loss, income reduction, and social protection response in the Thailand Social and Economic Survey 2017 data (see Annex B for a full description of the model).

## Immediate impact in Q2

The economic impact is greatest in Q2, but the stimulus means that household incomes fall by only 11% on average and poverty barely increases at the national level. To examine the situation in Q2, we use the NESDC's analysis, which indicates the risk of unemployment at 8.4 million individuals, as well as income reduction for individuals who remain employed following the results of the NSO survey (see footnote 32). These parameters indicate that, excluding benefits, individuals' income will decline by 27% on average at the national level. However, the social protection response provided by the Government, both under the social security system and the THB 5,000 social assistance package, increases individuals' income by 16%, resulting in a net income reduction of 11% on average. As a result of this drop in income, household consumption declines by 7% on average and the poverty rate remains constant at 8% nationally.

This impact can be compared to a scenario in which there was no social protection response, which indicates that poverty would have increased to 17% at the national level.

Social protection payments provided as part of the government stimulus package thus mitigate poverty, such that there are smaller increases in the worst affected groups and temporary poverty reduction in rural areas. Different population groups are affected in different ways. Across rural areas poverty actually decreases from 11% to 9% as a result of the government relief package (compared to a potential increase to 20% without social protection), which negates the predicted loss in income and actually results in an increase in consumption and hence a fall in poverty. Meanwhile, in urban areas poverty increases from 4% to 6% as a result of a net change in income of -18% (compared to a potential increase in poverty to 14% in the absence of social protection). This situation is worst in Bangkok, where poverty increases from 0% to 3% via an average net change to income of -23%.

31 Measures include a reduction in the base interest rate from 1.25% to 0.50% during 2020, soft loans to small and medium-sized enterprises, relaxation of debt repayment conditions, as well as provision of bridge financing of up to THB 400 billion to high-quality firms, among other measures (IMF, 2020).

32 The Thai Chamber of Commerce estimates for unemployment are in line with those of the NESDC, with 7.13 million estimated to be unemployed in June 2020. However, it also predicts that if the COVID-19 situation does not improve, the number will go up to 10 million (Thairath Online, 2020). The Economic Intelligence Centre of Siam Commercial Bank estimates the unemployment rate to be 8–13% (3–5 million unemployed individuals), with the highest unemployment risk to temporary workers, own account workers, and small and medium-sized enterprise employees in the tourism sector (Economic Intelligence Centre of Siam Commercial Bank, 2020). While the ILO estimates that somewhere between 6.6 and 7.5 million jobs are likely to be disrupted (lost or reduced hours) as a result of the pandemic (ILO, 2016). An online survey by the NSO also indicates that the impact of COVID-19 on job loss varies across occupations and education levels of workers. Specifically, freelancers are most likely to lose their jobs, regardless of education level. Employers, own account workers, and private employees with no bachelor degree also face a higher job loss rate. In addition to job loss, workers who remain employed face income reduction. The NSO survey reports that some 18% of employed workers have had their income reduced by 50% or more, and 23% have seen their income decline by less than 50% (authors' calculations using NSO survey data).

33 Not counting the additional top-up payments to Old-Age Allowance, Disability Grant, CSG, and SWC recipients announced on 16 June (see footnote 27).

Workers in industry, tourism and other services see net drops in income of -23%, -21%, and -19%, respectively. Workers in agriculture see incomes rise by 53% as a result of the government handout, and thus poverty decreases from a rate of 12% to 4% in Q2<sup>34</sup>. Meanwhile, poverty among workers in industry rises from 4% to 10%, and among those in tourism and other services from 2% in each to 7% and 9%, respectively.

Employment status also strongly determines the winners and losers of the COVID-19 economic impact and the government relief package, with the poverty rate for non-regular private employees increasing from an already high 10% to 21%. The group that risks seeing the highest income reduction is private employees. Private employees with non-regular jobs (i.e. those paid per piece, by hour, or by day with no social security) see income before the government handout decline by 52%, and after the handout by 25%. Due to the lower level of benefits received, regular private employees also see a large net reduction in income, of 31%. However, because this group has higher incomes on average than non-regular private employees, large as their reduction in incomes is it does not result in a rise in poverty, which remains constant at 4%<sup>35</sup>. Employees in state enterprises also suffer a significant net drop in income of 19%. The income of government employees and employers both drop by 14%, with the only net gainers being own account workers (whose income rises 9% due to the government handout) and contributing family members, whose receipt of a share of the government relief package represents a 64% net rise in income.

In terms of the demographic distribution of impacts, the model does not show a large difference in impacts between men and women, with the poverty rate among both remaining constant at 8%. The net change in income is -12% for men and -9% for women.

It should be noted here that we do not explicitly condition any of the model parameters by gender because we have no firm basis for doing that. The model parameters are conditioned by employment status of individuals, economic sector, and education level. Female workers are prevalent in the tourism sector, but less so in other services, and we are not able to model differences at the subsector level. Our model assumes uniform probability of job loss in the other services sector. However, if this is not the case in reality and women are more at risk of job loss in the other services sector, then there may be an impact on gender that we do not observe.

The poverty situation improves marginally for children aged 0–14 years, falling from 13% to 12%, as it does for the elderly (aged 60 years and above), falling from 8% to 7% in Q2<sup>36</sup>. A similar one percentage point decrease in poverty as a result of the government handout occurs for those living with disabilities and/or chronic illnesses, for whom the poverty rate changes from 14% to 13%<sup>37</sup>. However, for youth (aged 15–24), poverty increases from 7% to 9%, primarily due to the presence of around half the youth population in the labour market, some quarter of whom are non-regular workers in the informal sector.

Risks are shared within households with more than one income source. This can cause people's consumption to decline less than their income where households have multiple members (the average household size in Thailand is 3.8). Household members can work in different sectors, which diversifies the level of risk they are exposed to in the labour market. The low impact of COVID-19 on the agricultural sector, coupled with the government handouts, means that the 21% of households that derive all of their income from the agricultural sector see a 19% increase in consumption in Q2. Meanwhile the 62% that earn their income entirely from the non-agricultural sector see a 16% decrease in consumption. Finally, the 17% that have income from both the

34 This assumes that agricultural households raise consumption in line with their marginal propensity to consume the additional income. However, in reality those households may choose to save 100% of their additional income. The income of households in the agricultural sector is also affected by drought in this period (Q2 May 2020 – Jun 2020), but we do not incorporate an estimate of the impact of drought in this study.

35 It should be noted that the poverty line used here is the international poverty line for middle-income countries, which is markedly lower than the national urban poverty line, where these workers are largely concentrated (see footnote 38). This means that while regular private employees do not fall below the international poverty line, they nevertheless experience a sizeable drop in consumption, which they are likely to feel as substantial hardship.

36 It should be noted that these figures already take into account the Old-Age Allowance and CSG provided by the MSDHS, which may indicate the low value of these grants relative to consumption.

37 Again, this poverty rate takes into account the income from the Disability Grant, indicating the low value of the grant relative to consumption.

agricultural and non-agricultural sectors see a 1% increase in consumption (driven obviously by the handout to agricultural workers).

In summary, we see that a large increase in poverty has been avoided as a result of the government social protection package. Those in agriculture have been least hit by the negative economic impacts of COVID-19 and so have benefitted the most from the government bailout, resulting in a net decrease in poverty for this group, whereas those working in tourism, industry, and other services, who are concentrated in urban areas, and especially Bangkok, see a large fall in income even after receipt of the government social protection package.

### Impact of COVID-19 in Q3

In Q3 the Government relief package stops and while jobs and incomes are expected to start picking up, unemployment is forecast to remain high and many individuals still in work will continue to earn a reduced income. For modelling purposes, we put unemployment at 4.2 million during Q3: half the rate in Q2 and double the rate in Q4. We assume that those who benefitted from a net increase in income as a result of the government handout will have saved any excess over their usual consumption up to a maximum value of half the handout (i.e. THB 2,500 per month) for expenditure in Q3. We model this scenario to indicate which groups emerge as vulnerable in the immediate aftermath of the crisis.

With continued unemployment and income reduction for many people, but no government handout, the poverty rate is expected to increase to 9% nationally, compared to 8% in Q2. Because many people in agriculture and the poorer Northern and North-eastern regions are near the poverty line, the stimulus payments were enough to actually reduce poverty levels in these parts of the population. But in Q3, when the stimulus payments are removed, poverty either remains unchanged or increases in these populations. Poverty increases to 11% in rural areas, compared to 9% in Q2, putting it back to its pre-COVID level of 11%. While the poverty rates in Bangkok and the Central region increase to 2% and 5% respectively, poverty in the Northern region rises back to its pre-COVID level of 12% (from 11% in Q2), increases to 12% in the North-eastern region, up from 10% in Q2 (just a percentage point lower than its pre-COVID level), and rises to 11% in the Southern region, from 10% in Q2 and 9% pre-COVID. Non-regular private employees remain the group with the highest risk to poverty (20%), with poverty also rising to above pre-COVID levels for state employees. Own account workers and contributing family members, who in Q2 had been buttressed against this deterioration in welfare by the government handout, remain less at risk of poverty than they were in Q2 as a result of the handout, but poverty nevertheless rises for these groups (from 4% in Q2 to 6% in Q3 for own account workers, and from 3% in Q2 to 5% in Q3 for contributing family members). The poverty rate among these groups thus looks on track to return to pre-COVID levels by Q4<sup>38</sup>. Workers in industry, tourism, and other services continue to feel a significant net drop in income and welfare status, despite the reduction in unemployment, with poverty rates for these groups of 8%, 7%, and 9%, respectively. Due to their assumed savings from the handout, agriculture workers see poverty fall to 7% (from 12% pre-COVID but up from 4% in Q2). Agricultural incomes alone are no longer able to prevent households entering poverty due to the reduction in income from other sectors. Specifically, households in the non-agricultural sector will face a 4% increase in the poverty rate (from 3% to 7%), while households with income from both the agricultural and non-agricultural sector will face a 3% increase in the poverty rate (from 11% to 14%).

The poverty rate for particular vulnerable groups will rise marginally in Q3. This is the case for those living with disability and/or chronic illness, among whom poverty will rise to 15% (up from 13% in Q2 and 14% pre-COVID). Children aged 0–14 will return to their pre-COVID levels of poverty (13%), up from 12% in Q2. These groups are expected to face a 3% and 4% reduction in consumption, respectively, which is large considering the already low level of average consumption of these two groups before COVID-19. The poverty rate for youth (15–24) will remain at 9% in Q3, up from its pre-COVID-19 level of 7%.

<sup>38</sup> Own account workers, contributing family workers, and non-regular private employees are concentrated in rural areas (roughly at ratios of 2:1 vs urban areas), whereas regular private employees are concentrated in urban areas (again at roughly 2:1).

## Ability to survive on savings

Thai households, on average, have quite high debts, but also some savings. Some may even have saved during the crisis in Q2 (as assumed in our Q3 model). We make conservative assumptions about consumption smoothing through the crisis. The mean Thai household has enough savings (financial assets) to cover up to nine months of consumption without additional income, even though financial debts are on average even higher than this. However, some 56% of the population have total savings that would cover less than three months of consumption. This means that we cannot expect the median household to smooth consumption for nine or even three months of the crisis from savings, and even less so for poor households with lower savings. In our estimations, households with windfall gains from stimulus payments in Q2 can use these to smooth consumption across Q3 – this applies to many rural households, which is why rural poverty does not rise in Q3. We make no further assumptions about consumption smoothing because many affected groups are not very liquid. The population with the highest formal consumption debt are government and state enterprise employees, 52% of whom are in debt, with THB 94,676 of debt on average. The population with the highest informal consumption debt are those living in Bangkok (6% in debt, with average debt of THB 1,229) and the Southern region (8% in debt, with average debt of THB 1,023). The high rate of informal consumption debt in Bangkok suggests insufficient income for this group even before COVID-19, but as COVID-19 affects Bangkok more than other regions, this group of people are likely to face a challenging situation following their significant downturn in Q2.

## 2.3.3 Impact of COVID-19 on the social protection sector

### Formal social protection

Assessing the impact of COVID-19 on social protection requires making some assumptions about the policy priorities of the Thai Government in the short, medium, and long term. In the short term, the use of new and existing social protection programmes for COVID-19 response (such as top-ups to the Disability Grant and pay-outs to social security recipients) indicates a strong commitment to social protection as a key policy tool in response to the crisis. Key informants interviewed for this research felt that it was unlikely that the funding of universal social assistance schemes will be rolled back in the future. Therefore, a budgetary commitment to these schemes (CSG, Old-Age Allowance, and Disability Grant) was felt to be likely to continue. However, given anticipated fiscal constraints over the medium to long term arising as a result of the global COVID-19 pandemic, it was expected that any efforts to increase coverage would be unlikely to be successful.

Regarding the trajectory of the SWC, the 'Civil Welfare Arrangement for Local Economy and Society Act B.E. 2562' was passed last year, which set up the Civil Welfare Arrangement for Local Economy and Society Committee to overlook the SWC policies and fund. Currently, the FPO is proposing Phase 3 to the committee, which, if implemented, will re-register everyone with different screening criteria. This will change the number of people qualifying for the SWC, and thus the budget, though none of our key informants could quantify these changes. Nevertheless, the SWC was still seen as a primary channel to help the poor in the economic recovery plan for 2021. Prior to that, 1.16 million SWC holders (those that did not receive any of the government COVID-19 social protection support) will receive THB 1,000 for three months from July<sup>39</sup> 2020.

Actuarial valuation of the Social Security Scheme in 2013 (ILO, 2016), together with information provided by key informants, indicates that the overall level of contributory funding is sufficient, although adjustments needed to be made across different types of benefit: for example, increasing the contribution rate for pensions and reducing the contribution rate for unemployment benefit. It is unclear if and how this assessment has changed over time, or as a result of COVID-19.

<sup>39</sup> Date not confirmed.

The Government's COVID-19 social protection relief package has been large. It has included: a significant share of the THB 1.5 trillion deployed by the Government for health-related spending; assistance for workers, farmers, and entrepreneurs; soft loans and tax relief for individuals and businesses; and lower water bills, electricity bills, and social security contributions. However, it has highlighted the existing structural problems of fragmentation of the social protection sector and lack of clarity on mandate, as well as poor coordination across ministries (see Section 2.2.2 above). Clearly, the COVID-19 pandemic has emphasised the importance of social protection as a key policy instrument to help address shocks, including highlighting the problem of having a large share of the workforce not covered by social security, but it remains unclear to key stakeholders at this stage whether the crisis will lead to any significant changes in how the social protection sector is structured, or whether it will prompt the development of a holistic and coherent policy framework for the sector.

The impact of COVID-19 on operational capacity and service delivery for social protection is equally unclear. In the short run, there is some evidence of delays in processing claims by the SSO and MSDHS. However, such delays have been experienced by even the most efficient social protection systems in high-income countries, so it is difficult to make an assessment of how institutional capacity will be affected for the SSO, MSDHS, and other line relevant ministries (MoF, MoL, Ministry of Education, Ministry of Health, Ministry of Public Health) in the medium to long term. COVID-19 does not appear to pose any threat to the advanced payments system infrastructure in the country.

The impact of COVID-19 on recipients of social protection programmes in the medium to long run will be determined by a number of factors, including policy choices on continued investments in health and education, as well as the macro-fiscal response. Social protection programmes support the building of human capital by enabling access to social services such as health and education, as well as acting as a safety net to mitigate the negative income and health shocks on households. However, as the results of our modelling show (Section 2.3.2 above), most social protection benefits are insufficient on their own to fully mitigate the expected negative impact of COVID-19. For contributory social insurance programmes, a loss of jobs would entail reduced contributions and therefore reduced entitlements over the long term. If firms in specific sectors are unable to survive the downturn resulting from COVID-19, this will directly impact layoffs and consequently employer contributions for social security. Those covered under Article 40 (informal sector workers) are particularly vulnerable as the level of benefits they receive are lower than those covered under Sections 33 and 39, and this group is much more likely to make irregular contributions.

Finally, if job losses in some sectors or subsectors of the economy prove permanent (i.e. if demand for labour in any given sector never recovers to its pre-crisis level), there may be a need to re-train part of the workforce to supply other sectors of the economy. This suggests that an active labour market policy (which has not been a focus of this study) may be required to play a more important role in social protection during the recovery phase and beyond.

## Informal social protection

Informal social protection provided by temples and NGOs plays an important role in supporting vulnerable households in Thailand, including those not covered under the formal social protection system. Private donations to religious institutions and NGOs provide a core source of financing for this informal social protection system. Our analysis indicates that donations will fall by around 4% on aggregate at the national level in Q3, with the main share of reductions concentrated in urban areas, and especially Bangkok (where donations fall by 8% and 13%, respectively). This represents a compounding impact because non-regular private employees are the group worst affected by the COVID-19 crisis, and these are concentrated in urban areas and Bangkok.



## 2.4 Conclusions and implications for policy

The COVID-19 pandemic has had a significant impact on the Thai economy and people, resulting in reduced jobs and income, and increased poverty for many people, and especially for particular groups. It is likely that by the end of Q3 this year, poverty (using the World Bank international poverty line for medium-income countries) will rise from its pre-COVID level of 8% to 9% nationally, and from 4% to 6% in urban areas, while remaining constant at 11% in rural areas. The Northern and North-eastern regions of the country could see poverty hold at around 12%, while in the South it will rise to 11%. Non-regular private workers are the most affected workers, among whom poverty is expected to rise to 20%. Poverty among regular private employees does not rise on aggregate, nevertheless this group sees a large drop in income, of 24%, which they are likely to experience as a significant hardship given their high cost of living. State employees also see a modest rise in poverty, while own account workers and contributing family workers look on track to return to pre-COVID levels of poverty by Q4. The reduction of income will be highest for workers in the tourism sector (-22%), but those in industry and other services will see significant reductions in income as well (-15% and -13% respectively), resulting in a rise in poverty for workers in all three sectors. In agriculture, poverty is expected to fall from 12% to 7% as a result of savings made based on the government relief package in Q2, though indications are that poverty among agricultural workers will likely continue to rise towards its pre-COVID levels as the positive effect of the government handout wears off but income from non-agricultural work remains depressed<sup>40</sup>. Two further vulnerable groups are children aged 0–14 and those living with disability and/or chronic illness, among whom poverty will rise to 13% and 15%, respectively.

In summary, we can say that:

- the economic stimulus broadly worked well at limiting what otherwise would have been significant poverty creation, and at stabilising the economy; however
- as a result of COVID-19 there are significant income reductions for several large groups, concentrated (but not exclusively) in urban areas, among whom informal private sector workers face the biggest increases in poverty, especially in Q3.

### 2.4.1 Need for continued social protection in 2020

These findings indicate that social protection will continue to be required for a portion of the population over the medium term.

The Government's macroeconomic response and investment to stimulate job recovery and growth in these sectors will be vital in Q3 and Q4. Much important learning will be derived from the applications to the THB 400 million relief loan set aside for economic and social rehabilitation, as well as from the implementation of those projects. However, some population groups will likely need continued support through social protection to buttress these investments by sustaining aggregate demand, mitigating against poverty, and preventing the economy from slipping into a downward spiral. This is especially the case given the likely shrinking of foreign investment and global demand, and, at least temporarily, higher dependence on public investment and domestic demand. However, the amounts required should be less than the social protection stimulus provided in Q2.

Therefore, any remaining funds from the THB 555 million relief loan set aside as financial aid for those whose jobs and businesses have been disrupted by the virus outbreak (and/or even unused amounts from the THB 400 million set aside for economic and social rehabilitation), should be directed to social protection in order to support these groups and sustain domestic demand. As far as we are able to establish, of the THB 555 billion relief loan, a total of THB 343.84 billion has so far been approved, covering:

<sup>40</sup> These findings do not take into account the potential effect of any government stimulus package to create jobs and stimulate the local economy across the country, as planned from July 2020. If these efforts are successful, they would be expected to offset or perhaps even reverse this return to pre-COVID-19 levels of rural poverty.

- the MoF's THB 5,000 policy for non-agricultural workers (THB 170 billion from the THB 555 billion loan and THB 70 billion from other sources);
- the Ministry of Agriculture and Cooperatives' THB 5,000 policy for agricultural workers (THB 150 billion);
- the MoF's THB 1,000 policy for SWC holders (THB 3.49 billion); and
- the MSDHS's CSG / Old-Age Allowance / Disability Grant increase to THB 1,000 (THB 20.35 billion).

This leaves THB 166.16 billion unspent, which could be utilised for social protection in Q3.

## 2.4.2 The social protection system in the longer term

Over the longer term, a strategy is needed to significantly increase coverage of the informal sector by social security. The levels of benefits for especially vulnerable groups (children and those with disabilities/chronic illness) may need to be increased. An active labour market policy may also be required if demand for labour does not recover in some sectors.

At the policy level, the lack of a comprehensive and coherent policy framework is a hinderance, limiting efficiency and exacerbating exclusion. There is a need to address this situation in a manner that secures buy-in from all key national stakeholders. Necessary or beneficial elements of a reformed system include the following:

### **A clear coordination mechanism with authority to convene across all social protection schemes and actors, including local authorities**

Social protection will deliver greater benefits with more efficiency if there is improved inter-ministerial coordination. A coordination mechanism could be institutionalised via a national social protection steering committee, chaired by the prime minister's office, with representatives from all key actors involved in social protection, including the MSDHS, MoF, MoL, Ministry of Agriculture and Cooperatives, Ministry of Education and representatives of local government. Given the hierarchical nature of Thailand's administrative system, a high-level committee is required to coordinate social protection policy and direct resources to appropriate programming across the large number of entities involved at different levels of government. This committee should have power to convene external actors, such as civil society and development partners, on an ad hoc basis, as well as oversight of systems development initiatives, such as efforts to integrate social protection MIS.

### **A coordination mechanism for development partners supporting the sector**

COVID-19 has highlighted the presence of numerous development partners supporting the social protection sector, both outside and inside the United Nations system. An inter-agency coordination group for social protection in Thailand could help synergise development partner investments into the sector and provide strategic support to government policy priorities, as well as advocate for more challenging issues such as support for migrant workers. The social protection coordination group would need to include all relevant United Nations agencies, as well as the World Bank, Asian Development Bank, and any other development partners contributing to the sector. Representatives of the coordination group could present specific project proposals and advocacy messages to the national social protection steering committee proposed above.

### **A coherent system for managing information across programmes**

The Government of Thailand has invested heavily in digitising Thai society and civil service functions and the COVID-19 crisis has only emphasised and increased the value of these investments. The social protection sector comprises numerous disparate databases and registries, which are often static and with inadequate coverage of target populations. Given the robust national ID system and strong information technology capacity and infrastructure present in the country, it should be possible to streamline and institutionalise how data are integrated and managed (and collected) across ministries. A more comprehensive and integrated MIS for social protection would enable the Government to coordinate social protection support more efficiently, as well as to better identify

gaps in coverage. This agenda could be led by the social protection national steering committee proposed above, in tandem with the Ministry of Digital Economy Big Data initiative.

### Expanded coverage of the informal sector (including migrants) by social security

The COVID-19 crisis has demonstrated the inherent value of a strong contributory social insurance system, which automatically responds to buttress against a fall in welfare for the covered population. However, it has also shown that a large segment of the working population is not covered, who therefore rely on ad hoc social assistance support.

Two points may be raised here. The first is to recognise the inherent challenge of expanding social insurance to the informal sector, a challenge which is exacerbated by reduced fiscal space in the post-COVID-19 recovery period. Despite this challenge, the need to expand coverage of the informal sector by social insurance remains, as it is the only sustainable mechanism to provide social protection support to this crucial segment of the labour force.

Second, we also acknowledge the innate political, financial, and operational challenge of incorporating non-Thai transitory migrants into the contributory social insurance system. But again, because transitory migrants constitute a significant portion of the workforce, making a substantial contribution to both local and national economies, and remain a highly vulnerable group, it nevertheless remains an issue that requires attention. Given the benefits employers of migrants gain from their employment, two potential areas to explore in this regard are how to strengthen the regulation of non-Thai migrant employment, and improving the social insurance contributions made by employers of non-Thai migrants.

Further research is required to address these two challenges.

To conclude, it is important to recognise the strength and efficacy of the timely social protection response to the COVID-19 crisis made by the Government. This has protected both workers and businesses, prevented what otherwise might have been a major increase in poverty, and reinforced the social contract between the state and citizens. This said, it should also be acknowledged that while the social protection sector in Thailand is relatively mature and extensive, it remains fragmented, with significant gaps in coverage. Moreover, it will not automatically flex and contract in times of shock to provide protection for all populations in need. Explicit policy decisions are required to enable adequate coverage of, and benefit levels for, those who remain in need in Q3 and Q4 this year, as well as moving forward in the future.

## References

- Bangkok Biz News (2020) ‘ย้อนโหมไลน์ 100 วัน กับสถานการณ์โควิด-19 ในไทย’, Bangkok Biz News, 2 July 2020, [www.bangkokbiznews.com/news/detail/875664?fbclid=IwAR0FB5Y4RFXBCRDmWOnK5Lwyfo0Kcrd\\_CoN5n6VqDgjZx5IPbgHMxv\\_Cces](http://www.bangkokbiznews.com/news/detail/875664?fbclid=IwAR0FB5Y4RFXBCRDmWOnK5Lwyfo0Kcrd_CoN5n6VqDgjZx5IPbgHMxv_Cces)
- BoT (2016) ‘Financial Access Survey of Thai Households 2016’, Bank of Thailand, Bangkok [www.bot.or.th/English/FinancialInstitutions/Highlights/FSMP2/2016%20Financial%20Access%20Survey%20Final.pdf](http://www.bot.or.th/English/FinancialInstitutions/Highlights/FSMP2/2016%20Financial%20Access%20Survey%20Final.pdf).
- Economic Intelligence Centre of Siam Commercial Bank (2020) ‘EIC ประเมินวิกฤติ 2020 กระทบแรงงานวงกว้าง เสี่ยงตกงานเป็นประวัติการณ์ ข้ำเติมความเปราะบางภาคครัวเรือน’, Economic Intelligence Centre of Siam Commercial Bank, Bangkok, [www.scebic.com/th/detail/file/product/6775/fmoejyoe8/EIC\\_Note\\_labor-COVID-19\\_TH\\_20200420.pdf](http://www.scebic.com/th/detail/file/product/6775/fmoejyoe8/EIC_Note_labor-COVID-19_TH_20200420.pdf)
- EIU (2020) [Interim deliverable: Covid-19 macroeconomic forecasts for Thailand, 8 May 2020], EIU.
- ILO (2016) ‘Thailand. Report to the Government: Actuarial Valuation of Thailand Social Security Scheme administered by the Social Security Office as of 31 December 2013’, International Labour Organization, Geneva, [www.un.or.th/wp-content/uploads/2020/06/Impact-Assessment-of-COVID-19-on-employment-and-labour-market-in-Thailand-.pdf](http://www.un.or.th/wp-content/uploads/2020/06/Impact-Assessment-of-COVID-19-on-employment-and-labour-market-in-Thailand-.pdf)
- ILO (2017) ‘World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals’, International Labour Office, Geneva.

- ILO (2020) 'Concept note for diagnostic review', International Labour Organization, unpublished.
- IMF (2020) 'Policy responses to COVID-19 - Policy Tracker', International Monetary Fund, Washington DC, [www.imf.org/en/Topics/imf-and-COVID-19/Policy-Responses-to-COVID-19#T](http://www.imf.org/en/Topics/imf-and-COVID-19/Policy-Responses-to-COVID-19#T)
- Leite, P.G., George, P., George, T., Sun, C., Jones, T., and Lindert, K.A. (2017) 'Social Registries for Social Assistance and Beyond : A Guidance Note and Assessment Tool'. 117971, The World Bank, Washington DC, <http://documents.worldbank.org/curated/en/698441502095248081/Social-registries-for-social-assistance-and-beyond-a-guidance-note-and-assessment-tool>.
- NESDC (2019) 'ความยากจนและการกระจายรายได้ (ชุดปัจจุบัน) - ความยากจนระดับประเทศและภาค', National Economics and Social Development Council, 14 November 2019, [http://social.nesdc.go.th/SocialStat/StatReport\\_Final.aspx?reportid=669&template=2R1C&yeartype=M&subcatid=59](http://social.nesdc.go.th/SocialStat/StatReport_Final.aspx?reportid=669&template=2R1C&yeartype=M&subcatid=59)
- NSO (2017) 'The 2017 Socio-Economic Survey', National Statistical Office, Bangkok.
- NSO (2020) 'โครงการสำรวจผลกระทบจากสถานการณ์การแพร่ระบาดของโรคโควิด-19', National Statistical Office, Bangkok. <http://ittdashboard.nso.go.th/covid19survey.php>
- Siamrath (2020) 'เหยี่ยวเกษตรกรกลุ่มสองรับรวดเดียวหมื่นบาท โอนแล้ว 7.1 ล้านคน วงเงิน 3.55 หมื่นล้าน', Siamrath, 2 June 2020, <https://siamrath.co.th/n/159818>
- SSO (2020) 'รายงานสรุปของศูนย์บริหารสถานการณ์ โควิด-19การยื่นขอรับสิทธิ์ประโยชน์กรณีว่างงาน', Social Security Office, 1 June 2020, [www.facebook.com/ssofanpage/](http://www.facebook.com/ssofanpage/)
- ThaiPublica (2020) "“สภาพัฒน์” คาดโควิด-19 ทำตกงาน 8.4 ล้านคน - เกิน 80% อยู่ในภาค “ท่องเที่ยว-บริการ”", ThaiPublica, 28 May 2020, [https://thaipublica.org/2020/05/nesdb-expects-8-4-million-people-unemployed/?fbclid=IwAR0biopMch3\\_2shTQ66ppciMS02Pe4S1tNuksr4\\_sYdlH-DgZvkh7sLMIYo](https://thaipublica.org/2020/05/nesdb-expects-8-4-million-people-unemployed/?fbclid=IwAR0biopMch3_2shTQ66ppciMS02Pe4S1tNuksr4_sYdlH-DgZvkh7sLMIYo)
- Thairath Online (2020) 'พิษโควิดยึดเยื้อ ธุรกิจทยอยเจ๊ง เสี่ยงตกงาน 10 ล้านคน ทูบสถิติ', Thairath Online, 15 May 2020, [www.thairath.co.th/news/business/market-business/1844841](http://www.thairath.co.th/news/business/market-business/1844841)
- The Bangkok Insight (2020) 'เราไม่ทิ้งกันยังจ่ายเงินนะ! ได้ข้อความแบบนี้ 1 มิ.ย. รับเลย 15,000 บาท', The Bangkok insight editorial team, 31 May 2020, [www.thebangkokinsight.com/368465](http://www.thebangkokinsight.com/368465)
- UN (2019) 'Thailand Migration Report 2019 - United Nations Thematic Working Group on Migration in Thailand', United Nations, Bangkok. [https://thailand.iom.int/sites/default/files/document/publications/Thailand%20Report%202019\\_22012019\\_HiRes.pdf](https://thailand.iom.int/sites/default/files/document/publications/Thailand%20Report%202019_22012019_HiRes.pdf)
- UNICEF (2020) 'Opening letter to Prime Minister Gen Prayut Chan-o-cha: A proposal for the protection of young children in the COVID -19 crisis through an enforcement of the Universal Child Support Grant Policy', unpublished.
- WHO (2020) 'Coronavirus disease 2019 (COVID-19) Situation Report – 83', 12 April 2020, World Health Organization, [www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-covid-19.pdf?sfvrsn=697ce98d\\_4](http://www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-covid-19.pdf?sfvrsn=697ce98d_4)
- World Bank (2020a) 'The World Bank In Thailand', World Bank, Washington DC, <https://www.worldbank.org/en/country/thailand/overview>
- World Bank (2020b), 'Taking the pulse of poverty and inequality in Thailand', World Bank, Bangkok, <http://pubdocs.worldbank.org/en/149501583303319716/pdf/WB-Poverty-Report-Thailand-2020-Low-res.pdf>
- World Bank (n.d. a) 'Databank – GDP per capita (current US\$) Thailand', World Bank, Washington DC, <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=TH>
- World Bank (n.d.) 'Databank – Global Financial Inclusion', World Bank, Washington DC, <https://databank.worldbank.org/reports.aspx?source=global-financial-inclusion>



## 3

## Health

**Piya Hanvoravongchai and Orvil Adams**

## Executive summary

With the ongoing global challenges posed by COVID-19, Thailand's health systems seem to be in good control of the situation considering disease containment and medical care responses. As at 31 May 2020, the Ministry of Public Health (MOPH) reported 3,081 confirmed cases, or less than 50 cases per million population, and 57 deaths. Initial responses in the medical care system faced operational challenges, such as inadequate surgical masks and personal protective equipment for frontline healthcare workers. This was met with public outcry, which incited a strong citizenry-based responses, in the form of various donations to support the health workers. Over time, better coordination and communications eased the tensions and the Government's partial lockdown policy helped improve the epidemic situation.

In this chapter, we assess the emerging and potential impacts of COVID-19 and related interventions on population health outcomes, health behaviour, and health service systems. The scope of the assessment includes pandemic preparation and responses, changing population health behaviours, demand for healthcare and public health services, and potential disruption to essential healthcare services in relation to Sustainable Development Goal (SDG) 3 targets. This analysis uses data and information from published studies, recent surveys, and key informant interviews. Information was also provided by representatives of United Nations agencies who have conducted and supported surveys on the impact of COVID-19. The focus is on the change in trajectory for SDG 3 targets among the population and selected vulnerable populations, particularly the elderly and adolescents, children, migrants, people living with HIV/Aids, and those with existing mental health disorders. Other vulnerable groups considered include women, elderly, people with disabilities, prisoners, slum dwellers, informal settlements, homeless, people with pre-existing conditions, indigenous peoples, minorities, small farmers, those in the informal sector, self-employed, and people in extreme poverty.

Thailand had a relatively strong health system before the COVID-19 pandemic. Thai citizens enjoy near universal coverage of financial health protection and an extensive network of healthcare providers, including primary healthcare (PHC). There are more than 1 million community health workers, who support the formal healthcare system in health promotion and disease prevention and care. Thailand has employed a number of strategies to ensure it is self-sufficient in terms of healthcare professionals, but it still faces a number of challenges, especially geographic distribution of the health workforce, and shortages of some medical specialities, including psychiatrists.

The World Health Organization (WHO) (WHO, 2017) acknowledges that Thailand shows significant progress on overall population health indicators. There are persistent challenges in addressing priorities in communicable and non-communicable disease, including: tuberculosis; HIV/Aids; reproductive, maternal, new-born, child, and adolescent health (including teenage pregnancy); road traffic accidents; and migrant health. Of particular importance is the burden of mental health conditions and disorders. Suicide in adolescents and youth has become a major concern among mental health professionals in the last two to three year as the number of suicides has been increasing each year. Non-communicable diseases are growing, and this is associated with increased demand for health services, and therefore increased health costs.

## The COVID-19 pandemic and the public health responses

COVID-19 has had a limited mortality impact and the disease trajectory is progressively slowing down in Thailand. As at 3 June there had been a total of 3,084 cases and 58 deaths. Thailand's relatively strong healthcare delivery system and the near universal coverage of health insurance in the country have contributed to this achievement. It is considered among the top 10 of the most prepared countries and ranks the first among all upper middle-income countries based on the 2019 Global Health Security Index. The extensive network of healthcare facilities and PHC, the majority in the public sector, have contributed to the success of case finding, contact tracing, and containment efforts. Existing near universal health financing coverage allows the Government to quickly offer free COVID-19 tests and medical care, through the three major public health insurance schemes in the country, resulting in the absence of direct financial barriers to necessary tests and healthcare access.

Even though the epidemic situation seems to be quite well controlled now, there is still a big uncertainty and a risk of more outbreaks soon. Most key informants believe that low-level transmission is most likely to happen, with occasional small outbreaks happening until there is vaccine. Early detection and containment will be crucial to keep the new case level at no more than 100–200 new cases per day. Pandemic preparedness is still important, with strong health system capacity in the medium and long term to handle potential threats, not only from COVID-19 but also from other new infectious diseases and disasters that may emerge in the future. So far, our key informants believe that the Thai health system has been strengthened and should be quite ready for the upcoming low-level outbreaks. The number of COVID-19 testing laboratory sites has increased from two at the start of the year to more than 173 currently, with an estimation of 207 laboratories soon.

### COVID-19 impact on mental health

Even though the COVID-19 mortality in Thailand has been low, the direct impact of COVID-19 on mental health can be huge, and suicide mortality is already an area of relative concern. The stress is not only among people who are infected or suspected of infection and the healthcare workers and carers, it also affects the general public and vulnerable populations at risk of the disease. Lack of contacts and personal interactions during the movement control period can exacerbate mental health risks. Additional mental health threats from the economic downturn, lower household income and impending job loss, and educational disruption can all cause anxiety, leading to mental health conditions and possible increased suicide attempts.

The overall suicide death rate in 2020 could reach a level like the 1997 economic crisis of up to 8–8.8 per 100,000 population, or around 30,000 extra cases of suicide attempts and 2,000 extra suicide deaths. If we assume the same rate of increase for healthcare visits with no supply-side limitation, there will be roughly 1 million extra outpatient mental health visits in 2020. Prevention and mitigation of mental health issues is very important and broader engagement of the public, including the private sector and the media, is necessary in the fight against the upcoming mental health tsunami.

### Impacts on health service and health systems

In past pandemics, evidence suggests that health systems have struggled to maintain routine services. Data on healthcare utilisation across the health system are currently not available but initial evidence indicates a reduction in inpatient admission and potential delay or postponement of care in many places. From the supply side, elective and uncomplicated clinical cases in most hospitals were postponed or transferred to primary care level during the partial lockdown period and the capacity has not been restored to normal. Most public hospitals have extended the drug dispensing period for uncomplicated chronic diseases to up to four to six months, instead of every two to three months. A significant number of patients with chronic diseases were referred to PHC, especially those whose conditions were well controlled. There is an increase in the use of telehealth, which is becoming more accepted by clinicians and professional bodies.

Vulnerable populations seem to be more prone to service disruption. There have been reports of patient or vulnerable populations having difficulty in accessing medication or tests. The number of new HIV diagnoses and the new antiretroviral (ARV) treatments dropped, and some HIV patients cannot travel to obtain HIV medicines from their usual providers. Those migrating across countries or provinces may not find it easy to obtain adequate care in their new location. There is also a report of difficulties accessing sexually transmitted infection (STI) screening and treatment among sex workers, with a decline in number of STI clients in a major STI centre.

The community, through village health volunteers, and civil service organisations (CSOs), have played significant roles in the promotion, prevention, and treatment of populations in need of healthcare. These organisations are now at the forefront of the COVID-19 response, reaching out to the most marginalised and hard-to-reach populations, including people living with HIV and sex workers, for both HIV and COVID-19.

Even though most key informants suggest that the Thai healthcare system will be able to catch up with lagged service, it is too early to ignore the effect of COVID-19 responses and economic crisis on potential service disruption. It is imperative to carefully monitor the risk and situation related to healthcare utilisation, health service accessibility, and adverse events or rising disease complications from service disruptions, especially among vulnerable populations, including: patients with chronic diseases (e.g. diabetes, hypertension, chronic heart diseases, chronic renal insufficiencies, HIV/Aids, tuberculosis, and chronic mental health diseases); those requiring continuous public health interventions (e.g. antenatal care, well baby clinics) and acute and time-sensitive intervention (e.g. ST-Elevation Myocardial Infarction (STEMI), stroke, and cancer diagnosis).

On health financing, there will be extra costs to the public health financing schemes due to COVID-19 care and prevention. An increase in unemployment means more people will require public financing from the Universal Coverage Scheme. The National Health Security Office (NHSO) expects to require Thai baht (THB) 3.7 billion extra in 2021 to cover an additional 990,750 beneficiaries of the Social Security Scheme. Household expenditure on healthcare is expected to decline, with a shift towards publicly funded healthcare services. In the medium term, the crisis will strain Thailand's capacity to support public healthcare financing.

The chapter also provides a description of impacts on vulnerable populations. This includes the elderly, adolescents, mothers and children, the poor and those in the informal sector, people with mental health conditions, and sex workers. They are at high risk of exposure to health risks, with higher vulnerability, and are potentially more likely to be left out from government and social support systems. Table 10 also summarises our analyses for the COVID-19 impacts on the 12 targets under SDG 3 (health), grouped into health risks, health outcomes, and health system functions.

## Policy choices

For **public health responses**, it is critical that the public health system continues to strengthen pandemic preparedness, given uncertainty around future outbreaks. The WHO eight pillars of COVID-19 response are a good guide for strengthening surveillance, case investigation, and the laboratory system; institutionalising the mechanisms of coordination; and strengthening communication between stakeholders (WHO, 2020c). It is advisable that the healthcare system prepare for equitable and timely access to vaccines to protect new children and not to lose previous investments. Public health responses must be smart, informed by ongoing assessment of the potential benefits and actual risks of the interventions. There should be assessment of the impact and tolerance of public health measures by different population groups. This will enable, where possible, understanding of the risks and benefits, and the protection of vulnerable populations from potential negative implications.

On **mental health**, an effective response must take advantage of expertise and resources at all levels of the health system. It must streamline the relationship between the hospital and primary care, and maximise community-based interventions such as peer-to-peer strategies. This will require the development and implementation of a well-coordinated mental health strategy. WHO and other partners have been working with the Department of Mental Health to increase Thailand's capacity to address the complexities of mental health prevention and



treatment. The pandemic requires increased efforts, which requires adequate fiscal and human resources. Increased mental health workers' skills and competencies, including training more psychiatrists, and providing more training to primary care physicians and other mental health providers, is necessary (WHO, 2006). The mental health response system must monitor the size of the impact of the pandemic and be flexible and rapid in the promotion of a society-wide response and mitigation for all vulnerable groups, including frontline health and public service workers.

To prevent and mitigate **health service disruption**, the healthcare system needs to ensure equity of access to services, and must protect at-risk and vulnerable populations. These include those with social vulnerabilities, such as the poor, unemployed, youth, elderly, homeless, migrant workers, refugees, and other displaced populations. It must also protect populations that evidence shows are at increased risk from pandemics: the elderly and those with pre-existing conditions and compromised immune systems. Another at-risk group is people who are living in conditions where they cannot keep physical distance or those working in occupations with a higher risk of exposure. Even though the situation in Thailand will likely be much less severe given a relatively strong health system and universal health financing, it is important to monitor disruptions in health service systems, and to assess the potential short- and medium-term impacts so they can be mitigated early on.

This pandemic is an important opportunity to improve the health system and address the gaps. Strengthening of PHC is an ongoing strategy of the MOPH and is in line with SDG 3 goals. The response to the pandemic has necessarily increased the application of digital technology, telehealth / telemedicine, and health information exchange. Health workforce strengthening is a priority area for medium- and long-term mitigation of the impact of the pandemic and is a solid investment in addressing a recognised health challenge for the country. The UHC system in Thailand is recognised globally as improving access to health services and reaching rural populations and vulnerable groups, so its financing should be prioritised during the Government's resource allocation decisions. The system must maintain and improve effective coverage of health interventions, particularly for vulnerable populations.

## Conclusion

Thailand has enjoyed relatively good results on its pandemic response so far, as seen in the relatively low COVID-19 case number (less than one death per million population) and improving capacity for pandemic response. It is important that Thailand maintains its existing strengths, which have contributed to this success, including its relatively strong health system, with a primary care focus and universal healthcare financing, and that it sustains its emerging strengths, such as improved and effective collaboration across and within sectors.

The mental health impacts of COVID-19 will be considerable and require adequate investment in prevention and mitigation. PHC systems will need to adjust and improve to effectively handle increasing demand from patients with chronic diseases, including those shifted down from secondary and tertiary care. Several vulnerable populations, such as the elderly, poor, mothers and children, and migrants, will be at higher risk and thus it is imperative to always look through an equity lens at the crisis response. The COVID-19 pandemic highlights these gaps and it is an important opportunity to improve fundamental aspects of the structure and operations of the health and social protection systems.

Thailand is probably in a better position than many other countries in its existing capacity to respond to the pandemic and its economic risks. Several opportunities exist to develop and improve health systems for better health outcomes, including sustaining internal and external coordination for integrated healthcare. In the longer term, social protection should be expanded, and social determinants of health addressed to prevent negative implications of future pandemics and risks. New ideas, more innovation, and bold decisions are needed to reform and improve the health system to ensure health resilience. Examples to consider may include: new innovations for health service transformation and better use of information technology; stronger leadership and management competency in the health sector (especially for community and PHC workers); and cross-national collaboration to strengthen pandemic and disaster responses.

## 3.1 Introduction

The COVID-19 pandemic is presenting challenges worldwide, but Thailand's health systems seem to be in good control of the situation as regards disease containment and medical care responses. As at 3 June 2020, the Ministry of Public Health (MOPH) reported 3,084 confirmed cases, or less than 50 cases per million population (MOPH, 2020). Initial responses within the healthcare system were somewhat chaotic, with inadequate surgical masks and personal protective equipment for frontline healthcare workers. This was met with public outcry, which incited a strong citizen-based response, including donations to support health workers. Over time, better coordination and communications eased the tensions and the Government's partial lockdown policy also helped improve the situation.

Thailand's relatively strong healthcare delivery system and the near universal coverage of health insurance have contributed to this positive achievement (Jongudomsuk et al., 2015). Thailand is considered among the top most prepared countries to deal with a pandemic according to the 2019 Global Health Security Index (Cameron et al., 2019). The extensive network of healthcare facilities, including primary healthcare (PHC), the majority in the public sector, contributed to the success in case finding, contact tracing, and containment efforts for COVID-19. The near universal health financing system has allowed the Government to offer free coronavirus tests and medical care with no or minimal financial barriers.

The initial success in containing the disease does not mean that the impact of COVID-19 on the population's health and on the healthcare system can be neglected. There are several potential health implications from the public health measures taken to control the pandemic, and from other government responses and from the economic crisis that will follow, especially among vulnerable populations. Lessons from previous economic shocks show that several negative health impacts may arise (Tangcharoensathien et al., 2000; Hopkins, 2006; Phua and Phua, 2013). The 1997 economic crisis in Thailand led to increased childhood malnutrition and child mortality, with a higher incidence of low birth weight. Male suicide rates increased and peaked in 1999 (Chang et al., 2009), with higher mental health impacts on the unemployed. There was a shift in public demand from private to public healthcare facilities. Households also spent less out of their own pockets at healthcare facilities, while they substituted institutional care with self-medication. The Government health budget was also squeezed, even though funding for essential health programmes were protected.

The situation in Thailand in 2020 could be similar to the past experience, or it could differ, given that the country is now richer, with a better social safety net, including universal health insurance coverage. In this chapter, we assess the emerging and potential impacts of COVID-19 and related interventions on population health outcomes, health behaviour, and health service systems. The scope of the assessment includes pandemic preparation and responses, changing population health behaviours, demand for healthcare and public health services, and potential disruption to essential healthcare services in relation to the Sustainable Development Goal (SDG) 3 targets.

This analysis uses data and information from published studies, recent surveys, and key informant interviews. Information was provided by representatives of United Nations agencies who have conducted and supported surveys on the impact of COVID-19. The focus is on the change in the trajectory as regards achieving the SDG 3 targets among the population and selected vulnerable populations, particularly the elderly and adolescents, migrants, people with HIV/Aids, and those with existing mental health disorders. However, the chapter does not provide an in-depth assessment of all aspects of the healthcare system and health outcomes. The private and traditional healthcare sector, as well as patients' and health staff's satisfaction, were not included in the assessment. The chapter is intended to inform post-COVID recovery policies. Negative and potentially positive impacts are discussed and recommendations to mediate recovery are presented.

## 3.2 Context

Thailand has been making good progress on most of the health SDG targets. However, it is lagging in the following four areas: suicide mortality rates; alcohol consumption per capita; the road traffic mortality rate; and teen pregnancy rates. According to the World Health Organization (WHO) Southeast Asia Regional Office (SEARO) report entitled '2019 Health SDG Profile: Thailand', the extent of universal health coverage (UHC) (SDG 3.8) and financial protection has increased from 59% of the population in 2010 to 85% in 2019 (WHO SEARO, 2019). Out-of-pocket expenditure is decreasing. Indicators of effective health service coverage in the four main areas shown in Table 8 are also quite high, except for tuberculosis treatment. The coverage of eight out of the nine key maternal neonatal and child health intervention dimensions is high, except for the early initiation of breastfeeding (Tangcharoensathien *et al.*, 2020). However, performance on non-communicable diseases and injuries from road and traffic accidents is still lagging behind and there are still challenges in reaching targets related to unwanted pregnancies, abortion, and sexually transmitted diseases. An overall assessment of the health-related SDGs in 2017 ranked Thailand at number 112 of 188 countries, and number 6 among all ASEAN countries (Lim *et al.*, 2016). The ranking was partly influenced by the suffering cause by the major flood disaster in 2013, the use of unclean water, and interpersonal violence (IPSR, 2017).

**Table 8: 2019 SDG 3.8 effective health coverage profile for Thailand**

Reproductive, maternal, new-born, and child health		Infectious diseases	
Family planning coverage	89%	Tuberculosis (effective coverage)	61%
Pregnancy and delivery care	95%	HIV antiretroviral therapy coverage	72%
Child immunisation coverage (DTP#)	99%	Insecticide – treated bed nets coverage for malaria prevention	100%
Care-seeking behaviour for suspected pneumonia	80%	Access to basic sanitation	95%
Reproductive, maternal, new-born, and child health		Infectious diseases	
Prevalence of normal fasting glucose level	98%	Density of hospital beds (% of global threshold)	100%
Prevalence of normal blood pressure	78%	Health worker density (% of global threshold)	86%
Tobacco non-use	73%	International health regulations (IHR) compliance	79%

Source: WHO SEARO, 2019

### 3.2.1 Key policy frameworks and strategic plans

The National Strategy on Human Capital Development and Strengthening is one of the six national-level strategies under the National Strategy (2018–2037) promulgated in 2018. It includes five sub-strategies, including strengthening the population's health literacy, preventing and controlling health risks, creating an environment to promote health promotion, modernising health service systems, and engaging the community to promote health in all areas. The national strategy is accompanied by a National Health Reform Plan that introduces 10 key reform measures in health literacy, PHC, health financing, digital health and information technology, the health workforce, health system governance, consumer protection, Thai traditional healthcare, emergency medical care, and disease prevention and health promotion. In addition, the 13th National Health Plan (2017–2021) identifies six sets of key activities (Pramudwinai, 2018):

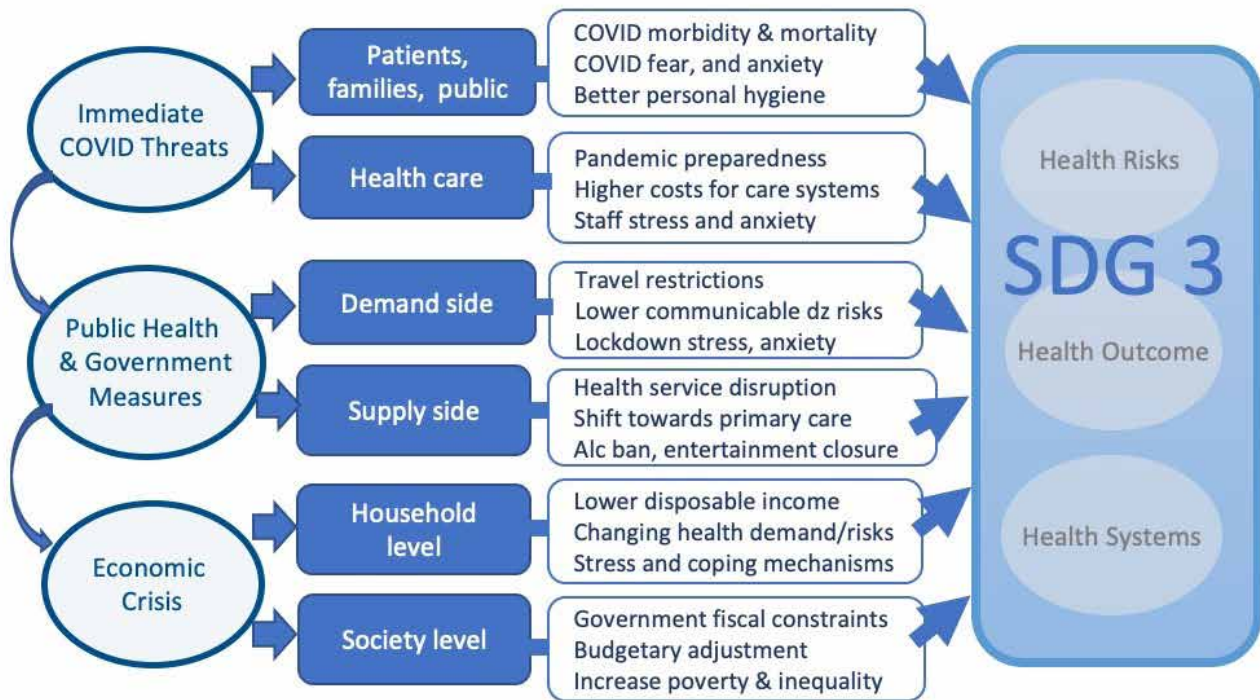
7. Building health literacy and prevention and control of health risks. Carrying out a proactive campaign to promote health among the Thai people.
8. Using the community as a base for building a supportive environment for better health.
9. Ensuring fairness and reducing disparities in the country's health system.
10. Developing a modern/smart healthcare system that supports health improvement.
11. The distribution of healthcare services with universal access and quality for Thai nationals.
12. Developing and building a system for emerging infectious diseases (EIDs) and climate responses and mitigation.

These strategies and plans contribute to meeting SDG 3. MOPH works to engage local communities in public health through the establishment of District Health Boards, which focus on the enhancement of disease surveillance and data collection systems. MOPH also implements programmes designed to build the healthcare system's capacity in terms of the number and quality of healthcare providers.

### 3.2.2 Conceptual framework for the analysis

According to our definition, shocks from COVID-19 are transmitted to the population's health via three main channels: (1) the immediate COVID-19 threat; (2) public health measures and government responses to COVID-19; and (3) the implications of the economic crisis. Immediate COVID-19 threats to health include morbidity and mortality from the infection, and the mental and psychological impacts on the general population. Public health measures and government responses can influence both the supply and the demand side of health systems, depending on the type of measures or policies implemented. They can be personal measures, physical and social distancing measures, movement measures, and special protection measures. The implications of the economic crisis include the impacts on individuals (micro level), such as loss of income and/or loss of a job, and on the society (macro level), such as decreasing government revenues and increased government health spending. The shocks transmitted through these three main channels can influence changes in the population's health behaviour, the healthcare system, and, ultimately, population health outcomes.

**Figure 3: Pathways of COVID-19 impacts on SDG 3**



Our analysis of COVID-19 impacts uses a set of typologies. We define vulnerable populations initially based on a list of United Nations’ at-risk populations that include: women; the elderly; adolescents, children, and youth; people with disabilities; indigenous peoples; migrants; minorities; prisoners; slum dwellers; those from informal settlements; the homeless; people living with HIV/Aids (PLHIV); people with pre-existing conditions; small farmers; those in the informal sector; the self-employed; and people in extreme poverty. In the context of COVID-19, healthcare workers is another at-risk group, considering their exposure to the disease and potential stress and burnout from disease management and responses. On pandemic responses, the WHO’s COVID-19 operational planning guidelines provide a useful list of eight major areas (also known as ‘pillars’) of the public health preparedness and response, including: country-level coordination, planning, and monitoring; risk communication and community engagement; surveillance, rapid-response teams, and case investigation; points of entry; national laboratories; infection prevention and control; case management; and operations support and logistics. On health outcomes, SDG 3 and its 13 targets were our main focus. The WHO’s health systems framework provides a useful tool to identify key health system functions for policy recommendations and improvement.

### 3.2.3 Situation analysis pre-COVID 19

Thailand is experiencing a demographic and epidemiological transition. Out of a population of 66.5 million in 2020, based on the Office of National Economic and Social Development Council's estimation (NESDC, 2020), approximately 8.2 million, or 12%, are adolescents aged 10–19 years and approximately 8.8 million, or 13.3% are 15–24 years old. Around 8 million, or 12%, are 65 years and older. The total fertility rate is at 1.53 births per woman. The population is ageing, and this, together with low fertility and mortality, is reducing the working-age population. This will have an ongoing impact on dependency ratios and the demand for health services.

#### Financing of the health sector

Thailand's healthcare is predominantly funded by the Government. Health expenditures as a percentage of total government expenditures were at 15% in 2017 according to the WHO Global Health Expenditure Database (WHO, 2020b), while total health expenditures were at 2.9% of GDP. Public health expenditure accounted for 76% and out-of-pocket payments accounted for 11% of total expenditure on health in 2017. Health expenditures per capita in 2017 amounted to US\$ 247 (Tangcharoensathien V. et al., 2018). The Thai health system is based primarily on domestic funds, with less than 0.5% of expenditure funded by donors or development partners.

**Table 9: Health expenditures (2017)**

<b>Total health expenditures per capita, current US\$</b>	\$ 247
<b>Public health expenditures as a percentage of GDP</b>	2.9%
<b>Public health expenditures as a percentage of total health expenditure</b>	76%
<b>Public health expenditure as a percentage of government expenditure</b>	15%
<b>Out-of-pocket health expenditure as a percentage of total health expenditure</b>	11%

Source: WHO (2020b)

The largest share of total health expenditures is spent on curative services (70%), of which 30% is for inpatient services and 40% for outpatient services. Over 99% of the Thai population have health insurance coverage. There are three main public health insurance schemes: the Social Security Scheme – covering 12 million people (18%); the Civil Servant Medical Benefit Scheme – covering 4.5 million people (6%); and the Universal Coverage Scheme (UCS) covering the remaining 50 million (76%). The National Health Security Office, the manager of the UCS, is the main purchaser of health services. Among its responsibilities is the management of prevention and health promotion actions in the country. Disease prevention and health promotion accounts for approximately 11% of the capitation budget formula under the UCS.

The Thai population is ageing, with approximately one-fifth aged 60 years old and over (Thanadkah and Chaladsook, 2018). Non-communicable diseases are growing, and this is associated with increased demand for health services, and therefore increased health costs. Concern has been expressed about rising healthcare costs and the sustainability of the public sector health financing. This is putting pressure on the Government to find efficiencies within the healthcare system and to manage costs and seek a greater share of the government budget. Health budgets are sensitive to economic shocks. After the 1997 economic crisis the Government's health budget in 1998 was revised down by 14.6% compared to its original plan. It remains to be seen how COVID-19 and accompanying economic shocks will affect the Government's budget for health.

## Human resources for health

An effectively functioning healthcare system requires a workforce that is sufficient, well trained and skilled, and appropriately distributed to meet the health service delivery needs of the population. Thailand has employed a number of strategies to ensure it is self-sufficient in terms of healthcare professionals (doctor, nurses, midwives, pharmacists, dentists) and pre-medical personnel (e.g. dental public health, community public health, and pharmacist assistants etc.). Among the challenges facing the health workforce is its geographic distribution, with reviews suggesting that this is poorly aligned with population needs: medical doctors and nurses are disproportionately concentrated in urban areas, while most of the population live in rural areas. Through a series of strategies, such as rural recruitment, hometown placement, and financial and non-financial incentives, Thailand has sought to increase the availability of general practitioners and other health workers in rural areas, to strengthen PHC. These strategies have been moderately successful. Traditionally, young doctors have preferred a specialist career over general medicine.

In regard to mental health, there is a shortage of psychiatrists in the country. In 2018, there were 886 psychiatrists, or only 1.4 for 100,000 people (Charoenboon, 2018). The production capacity is at around 50–80 psychiatrists per year. This leads to mental healthcare being inaccessible, as shown in the estimation that, in 2013, more than half of mental health patients in the community did not have access to psychiatric care (Department of Mental Health, 2020). A task shifting strategy to improve access has been implemented, with volunteer health workers being trained to conduct simple mental health screening in the community, with the diagnosis and treatment provided by general practitioners (Kongsuk et al., 2016).

The formal health workforce is enhanced by over a million health volunteers who work at the primary healthcare level in disease prevention, health promotion, and health education. They receive training on basic medical care skills and health communication. Health volunteers have played a role in controlling HIV/Aids, SARS, and avian flu. They are also playing a role in the management of COVID-19.

## PHC system

The policy of UHC established in 2002 has led to a focus on the PHC system for service delivery. Coupled with UHC, PHC is intended to achieve the maternal and child health targets under SDGs 3.1 and 3.2, and to facilitate access to reproductive health services, including family planning – SDG 3.7. PHC also facilitates and manages the delivery of antiretroviral (ARV) therapy. At the district level the health centre is the first point of contact and acts as the checkpoint and centre of community surveillance. The PHC system has almost 10,000 health centres and health workers, supported by more than 1 million health volunteers.

It is argued that PHC can play an important role in ensuring that UHC is sustainable. An effective use of PHC services can lead to lower utilisation of hospital care and a greater use of cost-effective preventive healthcare. Sumriddetchkajoin et al. (2019) further argue that PHC ‘provides greater coordination, continuity and comprehensive care leading to greater efficiency and better health outcomes’. There is a clear orientation towards PHC by MOPH, but resources are still predominantly directed towards the hospital sector. Effective PHC must be supported by policies and strategies to support a greater emphasis on disease prevention and health promotion.

## Public and private service provision

Most of the service delivery is in the public sector. Private sector is primarily in the urban areas in the larger cities. A significant proportion of the population uses private drug stores and private clinics as their first source of healthcare. The National Health Security Office (NHSO) purchases services from both the public and private sector at the same capitation rate. This has led to greater collaboration between the public and the private sector.

In 2014, 67% of the country's 166,000 hospital beds were in MOPH facilities, 14% of beds were in other public non-MOPH facilities, and 19% of beds were in private hospitals. In 2015 the private sector accounted for 14% of total outpatient visits (9% at private clinics and 5% at private hospitals) and 11.3% of total admissions (Tangcharoensathien et al., 2018). Provision of sexual and reproductive health services also expanded after universal health insurance and PHC, resulting in an improvement in equity in access to those services (Tangcharoensathien et al., 2015). However, non-Thai migrant workers, especially those without legal work permits, still face difficulty in accessing healthcare and health insurance.

## Health risks and health outcomes

In the past decade, Thailand has been quite successful in the prevention and control of HIV/AIDS. However, the rate of sexually transmitted infection in adolescents increased from 2010 to 2015 (IPSR, 2017). The increased adolescent sexual health risks and the adolescent birth rate remains a challenge according to the UNFPA report (Im-em 2019). Half of new HIV infections in the country are among those 15–24 years old (UNAIDS, 2019). Tuberculosis control is still inadequate, with only around half of those diagnosed receiving treatment. The average level of alcohol consumption and the prevalence of smoking adults has remained relatively constant. Mental health issues affect all segments of the population, but particularly adolescents. According to a UNICEF expert on adolescent health, suicide in adolescents and youth has become a major concern in the last few years. The number of suicide attempts had been increasing each year. In 2018, there were 131 suicide cases among 10–19-year-olds and 645 cases among 20–29-year-olds. Stress is a key contributor to suicide risk, with educational attainment as an important cause of stress in adolescents. Unplanned pregnancies among youth can have severe mental health repercussions, which can lead to suicide attempts. The prevalence of depressive disorders among Thai adolescents aged 15–24 is estimated to be around 0.3–2.1%. A global school-based student health survey shows that in Thailand 13% of the students aged 13–17 years had attempted suicide at least once during the past 12 months (WHO, 2015). In 2018, the hotline service of the Department of Mental Health provided phone counselling to 70,534 callers. 10,298 calls were from adolescents 11–19 years old (14.6%), while 14,173 calls were from those 20–25 years old (20.1%). In the first six months of 2019 there were 40,635 calls to the mental health hotline: 13,658 of them were from children and young people aged 11–25 years old.

The WHO SEARO (2017) acknowledges that Thailand has shown significant progress on overall population health indicators. There are persistent challenges in addressing priorities in communicable and non-communicable diseases. Of the causes of death in Thailand, deaths from non-communicable diseases (NCDs) account for 71% of the total. With increasingly aged populations, the NCD situation will worsen. The largest group is cardiovascular diseases (29%), followed by cancers (17%) and chronic respiratory diseases (9%). Communicable diseases, and maternal, perinatal, and nutritional conditions account for 18% of deaths. Injuries account for 11%. Persistent challenges include: tuberculosis; HIV/Aids; reproductive, maternal, new-born, child, and adolescent health (including teenage pregnancy); road traffic accidents; and migrants' health.



## 3.3 Impact of COVID-19 on the health sector

The new coronavirus epidemic has put health systems in most (if not all) countries on high alert. The immediate impact of COVID-19 is on the persons and family that were infected, the need for pandemic responses by health care system, and the mental burden that come with it.

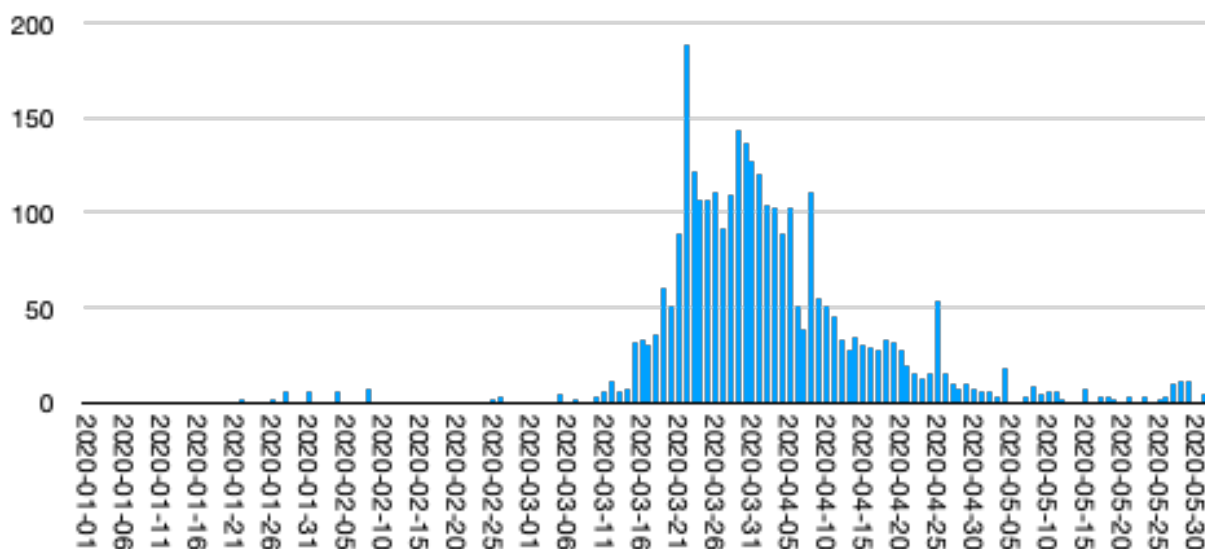
### 3.3.1 Pandemic preparedness and COVID-19 initial responses

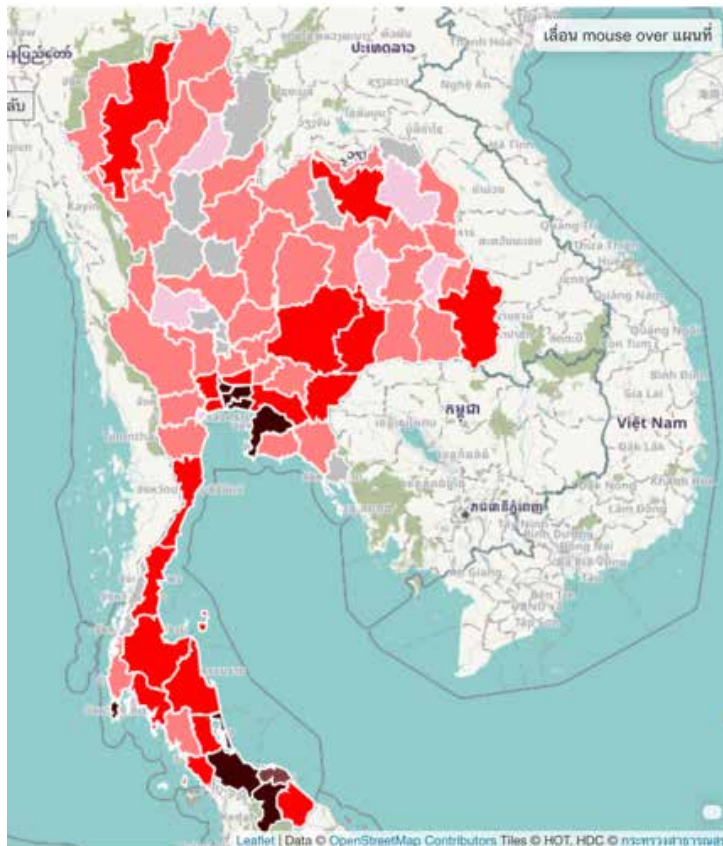
Thailand was the only middle-income country listed in the global top 10 of countries for pandemic preparedness in the Global Health Security index. MOPH, and especially the Department of Disease Control, has made significant investments in the surveillance and response system for emerging infectious diseases. It also has significant experience of fighting other EIDs, such as SARS and bird flu.

In most countries, including Thailand, the news about the outbreak of a respiratory illness in China was met initially with an underestimation of its severity and the risk of a new pandemic. Nevertheless, the Thai Department of Disease Control established its Emergency Operations Centre on 3 January 2020. Thailand may not have been the first country to have a COVID-19 patient, but it was the first country to report a confirmed COVID-19 case, on 12 January, reflecting its good laboratory and testing capacity. Most of the early cases were imported cases from China and elsewhere. The lack of adequate personal protective equipment, and the surge in the price of such equipment, created a public outcry. Nevertheless, the surveillance and containment system operated quite smoothly in the first few weeks, with good collaboration across sectors and an active community contact tracing effort to prevent extensive transmission. There were no more than a few cases per day.

The situation changed when the outbreak expanded, in both number and geographical spread, in early March – mostly linked to entertainment venues in Bangkok, including a major boxing event and a religious pilgrimage in the south of Thailand. A peak of 188 confirmed cases was reported in one day. More cases outside Bangkok were reported following a large exodus of workers to the countryside. The situation was later contained, after strong community-based contact tracing and quarantine, plus additional public health measures such as movement control and partial lockdowns following the announcement of a state of emergency on 26 March. The number of confirmed cases never exceeded 200 per day. As at 17 June 2020, there has been no new locally transmitted case over the past 23 days.

**Figure 4: Number of daily confirmed COVID-19 cases and their geographical spread**





Source: MOPH, <https://hdcservice.moph.go.th/hdc/main/index.php>

Note: Map data on cumulative confirmed cases as at 14 June 2020

The key informants we interviewed cited five key factors that enabled Thailand to successfully contain the virus. First, the early decision to implement public health measures and control was important. Second, despite some initial sluggishness in cooperation, good coordination from all sectors helped strengthen the effort: public and private, health and non-health, national and community level, and between different departments within MOPH. Third, communication was effective and created awareness and public engagement: the proportion of the population wearing masks in public has remained quite high, at more than 90% for most of April; more than 80% report washing their hands regularly; and over 60% maintain physical distancing of more than 2 metres. These personal hygiene behaviours helped reduce transmission risks for COVID-19, as well as other infection diseases. Fourth, the strength of the PHC system and the availability of over 1 million village health volunteers to help with the COVID-19 response allowed the health sector to implement effective contact tracing and quarantine of suspected cases. Fifth, the universal health insurance system reduced financial barriers and assured financial access to coronavirus screening and medical treatment for all people in Thailand.

Even though the epidemic seems to have been quite well controlled, for the moment, there is still a lot of uncertainty, and a risk of more outbreaks in the near future. Most key informants believe that low-level transmission is most likely to continue, along with occasional small outbreaks, until there is a vaccine. Early detection and containment will be crucial to keep the new case level at no more than 100–200 new cases per day. Pandemic preparedness is still important, with strong health system capacity in the medium and long term to handle potential threats, not only from COVID-19 but also from other new infectious diseases and disasters that may emerge in the future.

Prior success in the containment of the virus will likely be an important benchmark in the design and implementation of future pandemic measures by the Government. Learning from the experience at the beginning of this pandemic, and from the evolving evidence, the choice and intensity of public health and social measures should be carefully designed and calibrated in order to balance the benefits of outbreak containment and the risks to the society and the economy, as well as potential adverse effects on essential health services. Thailand's experience with its strong contact tracing and quarantine effort shows that this can be highly effective relatively low economic cost to the society. Localised and sector-specific responses could be considered for broader public health measures, and special protection and support measures may be necessary for specific vulnerable groups.

Our key informants believe that the Thai health system has been strengthened and should be quite ready for the upcoming low-level outbreaks. The number of COVID-19 testing laboratory sites has increased from two at the start of the year to more than 173 currently, with 207 laboratories estimated to be available soon. As at 1 June, over 420,000 samples had been tested for COVID-19 by reverse transcriptase polymerase chain reaction (RT-PCR) and MOPH's policy is to increase testing among at-risk and vulnerable populations. More surgical masks are being produced locally and distributed to health facilities. Stockpiling of antiviral drugs, such as favipiravir, means there will be enough to treat 6,000 new cases. For medical care facilities, there may be a need to strengthen intensive care unit (ICU) surge capacity, and a need for staff and equipment mobilisation across provinces. Establishing more infectious disease hospitals similar to the Bamrasnaradura Infectious Diseases Institute in a few tourist-heavy provinces, such as Chonburi and Phuket, could be considered in order to strengthen regional responses and to build confidence in national health security. Public health capacity for case finding and containment seems quite high, especially in the public sector, but it could benefit from further support and capacity improvement, especially in Bangkok and other major urban areas, where the public health capacity is currently relatively weaker. The current strength in cross-department coordination and multisectoral collaboration for pandemic responses, which is at a level not seen before by several key informants, should be nurtured and sustained..

### 3.3.2 COVID-19 impact on mental health

Even though the COVID-19 mortality in Thailand has been low, the direct impact of COVID-19 on mental health can be huge, and suicide mortality is already an area of relative concern. Worldwide, there was a 30% increase in suicide in the elderly during the SARS epidemic in 2003, and subsequent mid- to long-term anxiety and emotional distress (Holmes *et al.*, 2020). The stress was not only among people who were infected or suspected of infection, including their carers (such as family and relatives) but was also among the public. COVID-19 is a new disease: we have limited knowledge and understanding of its transmission and disease outcomes. The news and media about the disease, mostly focusing on its casualties and adverse impacts on the society, have induced additional stress, fear, and worry. The mental health impact can be more intense among people at high risk of catching the disease or more vulnerable to complications, such as the elderly, patients with chronic diseases, as well as healthcare staff. Those with existing mental health disorders are another critical vulnerable group. Lack of contacts and personal interactions during the movement control period can exacerbate mental health risks. A recent study in the southernmost province found that three-quarter of the respondents reported having anxiety, and the impacts were from pandemic containment measures including ban on praying at mosque (Prateepko *et al.*, 2020). There have been reported cases of suicide following COVID-19 diagnosis or quarantine among depressive patients (Bohwongprasert, 2020). Stigma and discrimination are additional challenges that come with the disease, as reported by some of our key informants. Additional mental health threats from the economic downturn, lower household income and impending job loss, and educational disruption can all cause anxiety, leading to mental health conditions and possible increased suicide attempts.

The literature, available data, and key informants are all in agreement that the mental health burden from COVID-19, including suicides, will increase, and that there is potential for it to overwhelm service provision. The Department of Mental Health is actively monitoring mental health impacts and provides mental health information to increase public awareness and effective response. Early this year, the department's mental health hotline service (1333), after expanding service capacity, saw an increase of over two-thirds compared to last year. In the first four months of 2020, there were 1,416 suicide deaths, a 14.3% increase on the same period last year. The Department of Mental Health estimated that by the end of 2020, the suicide death rate will be higher as the economic impact will be more prominent in the later months. The overall suicide death rate in 2020 could reach a level similar to that during the 1997 economic crisis of up to 8–8.8 per 100,000 population, or an increase of over 30% on the range in the last 12 years of around 6–7 per 100,000 population. This means around 30,000 extra suicide attempts and 2,000 extra suicide deaths can be expected this year. If we assume the same rate of increase for healthcare visits, with no supply-side limitation, there will be roughly 1 million extra outpatient mental health visits in 2020<sup>41</sup>.

Prevention and mitigation of mental health issues is very important. Thailand must identify mental health as a priority area for intervention and adequately prevent and mitigate the impact of the pandemic through a society-wide strategy that includes many different sectors, such as education, social protection, police, the judiciary etc. The Government's pandemic response must seriously consider mental health challenges and provide adequate response. The Department of Mental Health should be resourced in order to monitor the size of the mental health impacts, and to develop a real-time strategy and social innovations to prevent and mitigate them. Information provision and a collaborative effort between the Ministry of Interior and the Department of Mental Health to strengthen community mental health, including strengthening community and peer based service delivery (Farkas et al., 2018) and exploring innovative approaches such as online or remote teleconsultation (Greenhalgh et al., 2016). The capacity of mental healthcare facilities, including mental health staff and psychiatrists, should be increased in the medium to long term so that they can support the community-level screening system already in place. Innovative solutions, taking advantage of digital technology such as telemonitoring and teleconsultation, should be considered and tested.

Broader engagement of the public, including the private sector and the media, is necessary in the fight against the upcoming mental health tsunami. The Government's pandemic communications should shift from fear-based persuasion towards more empowering messages that promote the health literacy of the public and help people manage psychological stress. Although the strategy must address the impact on all vulnerable groups and include frontline health and public service workers, effective response requires a society-wide effort and strong collaboration across sectors.

### 3.3.3 Changing health behaviours and health risks

One major change in population health behaviours following COVID-19 has been in relation to personal hygiene and physical distancing. Several surveys carried out in March and April found that more than 80% of respondents wore masks when going out and washed their hands more often than previously. Around two-thirds kept physical distance of 1 to 2 metres, reduced the frequency of/avoided hanging out with their friends and relatives, and changed the ways they consumed meals. Movement restrictions also led to a decrease in physical activities in the population. A survey by ThaiHealth in March found that the proportion with adequate physical activity declined by 11.6% compared to earlier months (Ketwongsa, 2020). Less than two-thirds of the population engaged in adequate physical movement, compared to a 75% level during the period prior to COVID-19. In another survey by the Department of Disease Control, over 40% of diabetes patients reported lower physical activity or that they walked less (Department of Disease Control, 2020).

41 The estimation is based on our projection of data on outpatient mental health visit statistics provided by the MOPH Department of Mental Health ([www.dmh.go.th/report/datacenter/hdc/reds.asp](http://www.dmh.go.th/report/datacenter/hdc/reds.asp)) and the MOPH Information Communication Technology Center's (ICT's) HDC database for six main mental health disorders from 2015 to 2020. Without COVID-19, around 3.3 million visits are expected in 2020.

The effect of an economic shock on tobacco and alcohol consumption (the latter an area of relative concern for Thailand) can be mixed: such consumption may increase as a coping strategy in regard to stress and anxiety, but lower incomes also mean lower capacity to pay for these products. The situation in Thailand is further influenced by the Government's regulation to ban alcohol sales on premises in April. An online survey on alcohol drinking found that 78.07% of the population drank alcohol less than before the COVID-19 public health initiatives. The statistics on alcohol sales confirm this, as such spending went down by 41% in April and by 50% in May. Early evidence on cigarette consumption is less prominent as an online survey on the frequency of smoking shows 46.31% of respondents are smoking the same, 37.66% are smoking less, while 16.03% are smoking more. However, there has been an increase in online promotion and sale of tobacco products, including e-cigarette, which may change the direction over time.

There have also been positive benefits from the COVID-19-related public health measures. Road traffic accidents are an area of concern for Thailand, but a temporary improvement has occurred in this area, due to people being required to remain at home during the partial lockdown (as well as due to the ban on alcohol sales). Related injuries and deaths also declined: while casualties are usually very high during the dangerous Songkran week (10–16 April), these declined from the average of 30,178 events in 2017–2019 to 10,259 in 2020, a two-third reduction (Sae Ngow, 2020). The estimated economic loss from traffic accidents during the week also declined, with an estimated potential saving of between THB 1 and 1.8 billion. With lower traffic, air pollution is also better, with the average parts per million 2.5 level reduced by 20%. (At the same time, however, there has been an increase of 15% in plastic and paper waste from courier and delivery businesses). All of these changes are likely to be temporary as traffic levels are starting to get back to those of the pre-COVID-19 period.

Lower physical contacts and better personal hygiene among the people also mean lower risk of communicable diseases. Recent statistics from MOPH show more than a one-fourth decrease in influenza incidence, over a 40% decrease in hand foot and mouth disease, and nearly a two-thirds decrease in Measles incidence. The incidence of Dengue, and Scrub typhus, are also lower than median levels in earlier years. STDs and sexual behaviours are expected to change but evidence on the direction and magnitude is not yet available.

### 3.3.4 Impacts on health service and health systems

The service provision designed to tackle the priority areas discussed in Section 3.2 are sensitive to disruption due to COVID-19 and related public health responses, on both the demand and supply side. On the supply side, there is a resource reallocation to combat the COVID-19 pandemic. The types of disruptions here include a shift of some financial, material, and human resources to the pandemic. This is coupled with supply-side service adjustment to reduce over-crowdedness and infection risk. On the demand side, patients may be afraid of infection risk and may therefore avoid or delay their healthcare visits. Lower disposable income means increasing financial barriers to care when out-of-pocket payment is required.

In past pandemics, evidence suggests that health systems have struggled to maintain routine services (Hanvoravongchai et al., 2010). Preventive and curative services for children are also vulnerable to disruption, which can potentially result in a decline in coverage, and increased morbidity and mortality. A recent estimation of COVID-19 impacts and service disruption over six months in 118 low- and middle-income countries suggests these could lead to coverage reductions of 9.8–18.5% and a wasting increase of 10%, and would result in 253,500 additional child deaths and 12,200 additional maternal deaths (Robertson et al., 2020). The situation in Thailand will likely be much less severe given a relatively strong health system and universal health financing. Still, it is important to monitor any potential disruptions in health service systems and to prevent or mitigate them early on.

Data on healthcare utilisation across the health system are currently not available. Initial data from the UCS system indicate a reduction in inpatient admission of about 6% in March and April. The underlying factors are not yet determined. On the supply side, elective and uncomplicated clinical cases in most hospitals were postponed or transferred to PHC during the partial lockdown period and the supply capacity has not yet been restored to normal. A number of top medical school hospitals are planning to reduce their daily outpatient service capacity by about 20% to avoid overcrowding. Most public hospitals have extended the drug dispensing period for uncomplicated chronic diseases to up to four to six months, instead of every two to three months.

Vulnerable populations seem to be more prone to service disruption. There have been reports of patients or vulnerable populations having difficulty in accessing medication or tests. According to our key informants, the number of new HIV diagnoses and new ARV treatments significantly dropped during March–April. Some HIV patients cannot travel to obtain HIV medicines from their usual providers. Almost half of the sex workers surveyed had difficulty accessing sexually transmitted infection (STI) screening and treatment, and around two-fifths reported increased difficulty accessing condoms (SWING, 2020). The number of STI clients at Bangrak STIs Center decreased 50–75% during the partial lockdown and STI screening among sex workers was reduced by around 90% (Kittiyaowamarn, 2020). Those migrating across countries or provinces may not find it easy to obtain adequate care in their new location.

Key informants reported that a significant number of patients with chronic diseases were referred to PHC, especially those whose conditions were well controlled. Those with complications or uncontrolled diabetes or hypertension were still able to visit the hospital. To support transfers, medicines were sent to health centres to be delivered to the patients. Health centre staff and village health volunteers also provided outreach services to patients who could not visit the health facilities. However, it was not a simple assignment: it required system process design and capacity building to enable health centre staff to be able to handle this change. The WHO<sup>42</sup> and the key informants agree that PHC and village health volunteers are an important key success factor in effectively containing the spread of COVID-19.

Even though most key informants suggested that the Thai healthcare system will be able to catch up with the service lags, it is too early to ignore the effect of COVID-19 responses and an economic crisis on potential service disruption. There may also be specific groups or vulnerable populations who fall through the cracks and do not have quality access to necessary care. It is imperative to carefully monitor the risk and situation related to healthcare utilisation, health service accessibility, and adverse events or rising disease complications from service disruptions, especially among vulnerable populations. An example is a concern raised by 55 CSOs over service disruption for safe abortions during the COVID-19 period (Hfocus, 2020). Key areas of potential service disruption that should be closely monitored and rapidly mitigated include: chronic diseases (e.g. diabetes, hypertension, chronic heart diseases, chronic renal insufficiencies, HIV/Aids, tuberculosis, chronic mental health disorders etc.); continuous public health interventions (e.g. antenatal care, well baby clinics, family planning, and STI clinic); and acute and time-sensitive interventions (e.g. ST-Elevation Myocardial Infarction (STEMI), strokes, or cancer diagnosis).

There are also many lessons and opportunities arising from response efforts that can be applied to increase efficiencies in service delivery. These include an increase in the use of telehealth, which is becoming more accepted by clinicians. MOPH and a number of health professional councils have explored and initiated a review of their regulations to accommodate these remote or online services<sup>43</sup>. The PHC system in Thailand, which is quite well developed, can be supported and strengthened to be able to handle the rapidly changing demand for service transformation. This is an opportunity to strengthen PHC and integrated health services based on the use of family doctors.

<sup>42</sup> WPRO Webinar, 18 May 2020.

<sup>43</sup> The MOPH Department of Health Service Support is drafting a regulation on telemedicine for healthcare services. MOPH is piloting a new healthcare model in Pattani province, with telemedicine as part of its medical care service realignment ([https://pr.moph.go.th/?url=pr\\_detail/2/04/144219/](https://pr.moph.go.th/?url=pr_detail/2/04/144219/)). The Pharmacy Council of Thailand has circulated its draft regulation on telepharmacy for public consultation ([www.pharmacycouncil.org/index.php?option=content\\_detail&view=detail&itemid=1814&catid=1](http://www.pharmacycouncil.org/index.php?option=content_detail&view=detail&itemid=1814&catid=1)). The Thai medical council has implemented an online authentication system for medical doctors to support telemedicine services ([https://tmc.or.th/pdf/tmc\\_news\\_June63.pdf](https://tmc.or.th/pdf/tmc_news_June63.pdf)).

## COVID-19 medium-term impacts on health financing

Thailand has extended financial protection in relation to health expenses to both nationals and foreign residents, through granting access to the Universal Coverage for Emergency Patients to COVID-19 patients and those suspected of having the disease. This measure enables patients to seek treatment at their nearest private or state hospital free of charge regardless of their health insurance status or citizenship (International Labour Organization, 2020). However, there was a concern for non-Thai migrants and stateless people, who are not covered by any health insurance schemes and will still have limited access to healthcare.

The budget for COVID-19-related health expenditure by the Government is estimated to be around THB 15 billion. Around THB 6 billion will be used for medical care, medicines, and laboratory tests. The UCS expects to cover 300,000 tests this year, equal to around THB 1 billion in additional costs. Medical care for a COVID-19 patient can cost THB 0.1–1 million. The remainder is for the extra hospital quarantine system, patient transfer costs, and the potential COVID-19 vaccine. There will be a significant increase under the UCS to cover additional members who have lost their job and their social security benefits. The NHSO expects to require THB 3.7 billion extra in 2021 to cover an additional 990,750 beneficiaries from the Social Security Scheme. If the unemployment situation worsens and is sustained for a longer period, the costs to the public sector will rise even further<sup>44</sup>. At the same time, there will be some potential savings from lower morbidity and mortality related to other communicable diseases and traffic accidents and injuries. Healthcare spending is expected to rise by 1.7%, supported by the direct allocation for the sector in the fiscal stimulus package in 2020.

In the medium term, the crisis will strain Thailand's capacity to support public healthcare financing. Household expenditure on healthcare is expected to decline with a shift towards publicly funded healthcare services. With increasing demand and government budgetary constraints, this is an important opportunity to seriously explore a new approach and innovations to help improve the health system financing and health sector performance, to increase system efficiency while maintaining accessibility and equity. Some policies and reform options that have been proposed include:

- harmonisation of health financing functions across the three major health insurance schemes to reduce administration costs and improve health financing equity;
- improving allocative efficiency through more investment in PHC and health promotion;
- use of big data and information technology to improve health service systems towards value-based healthcare; and
- the possibility of a universal system that will cover non-Thai migrants and foreign tourists.

## CSOs and community health workers

The community, through village health volunteers, and CSOs have played significant roles in the promotion, prevention, and treatment of populations in need of healthcare. CSOs have worked over the years by partnering with the Government on HIV/Aids and harm reduction etc. They are working with formal health workers during the COVID-19 pandemic. In the HIV response, communities fill critical gaps in public health systems, extending the reach of clinic-based healthcare services further and faster, reaching groups that would otherwise fall through the gaps. In Thailand, for example, community-led HIV organisations – for example, SWING and the Thai Network of People Living with HIV/Aids – are the backbone of the HIV response, providing needs-based and client-centred services to key populations, including HIV prevention and treatment services. These organisations are now at the forefront of the COVID-19 response. Using their established networks, they are successfully reaching out to the most marginalised and hard-to-reach populations, including people living with HIV and sex workers, for both HIV and COVID-19.

<sup>44</sup> Their estimation is based on 1.3 million people in the formal sector who will lose their job, with some of them retaining their Social Security Scheme membership through self-contribution. The cost per beneficiary per year is THB 3,719.23, [www.hfocus.org/content/2020/05/19416](http://www.hfocus.org/content/2020/05/19416).

Community-based peer support workers are preventing interruption of ARV medication during the COVID-19 pandemic. Almost 1,000 Thai people living with HIV peer educators provide door to door support to deliver ARV drugs to PLHIV's homes throughout the country. Moreover, community health workers work side by side and in partnership with formal health workers, reaching out to vulnerable populations for COVID-19 and offering them COVID-19 screening. In areas with a high concentration of non-Thai migrants, migrant health volunteers have played an important role in providing support and primary services to them. According to one village health volunteer: *'During the COVID-19 outbreak we regularly give the latest updates on COVID-19 to villagers and remind them to take necessary precautions in a bid to keep the deadly virus out of our areas. We received good cooperation from the villagers'*, (Hui L, 2020).

### 3.3.5 Impacts on vulnerable populations

**The elderly population** – COVID-19 clearly has a disproportionate impact on vulnerable populations. Some of these impacts have been discussed in previous sections and are addressed in other chapters. The elderly population is at risk medically because they are more likely to have chronic illnesses, such as diabetes and hypertension. It is reported that globally an estimated 66% of people aged 70 and over have at least one underlying condition that places them at increased risk of severe impact of COVID-19. Older populations have a high demand for health services, therapies, and medicines. The lockdown and the spectre of COVID-19 could reduce access to these necessary services. The elderly face risks due to a worsening of the economic well-being of all, issues of mental health, and abuse. They may also have more difficulty understanding public health messages related to COVID-19 responses. The UN Brief estimates that in 2017 one in six older persons were subject to abuse (United Nations, 2020). Key informants also indicated that people with COVID-19 are also subject to stigma and discrimination.

**Mothers and children** – UNFPA Guidance, released in April 2020, suggests that maternity services should continue to be prioritised as essential core services (UNFPA, 2020). These are: sexually and reproductive healthcare, such as family planning, emergency contraception, treatment STIs, and (where legal) safe abortion services. There have been limited studies about the impact of COVID-19 on reproductive health and none of them show an increased risk of severe diseases in late pregnancy or substantial risk to the newborn child. However, the impact of COVID-19 and potential disruptions in the health service delivery system could be a risk to maternity care services. If health workers who work in maternity care are deployed to other functions the co-services will not be delivered or delayed. Mothers may choose not to present to hospitals or clinics because of fear of COVID-19 and difficulties with transportation. Similarly, vaccination programmes could also be impacted, and these services should be carefully monitored and mitigated if possible. With increasing economic constraints and stress, children are more prone to violence and abuse. School closure could result in fewer meals for low-income school children. Potential impacts on nutrition and domestic violence for mothers and children are important and they are discussed in Chapters 5 and 6, respectively.

**Adolescents** – There is consensus in the literature, which is supported by the key informants, that adolescents are a significant vulnerable group. They are discussed in Section 3.3.2 as a group that is at risk in regard to their mental health. Chapter 6, which discusses protection against violence, identifies adolescents as being at risk of domestic violence. In addition, with respect to teen pregnancy, the key informants suggested that even with the public health measures in place, teenagers can find ways to get together.



**The poor and those in the informal sector** – These groups are at risk as they are the worst hit economically from the COVID-19 impacts. Chapter 2 discusses factors contributing to poverty, and the potential impact of COVID-19 on these. Their work and living conditions are making them at higher risk of COVID-19 infection. The key informants shared with us that there is a high level of stress among this vulnerable group from the fear that the disease could spread to their family. Those in slums are concerned as they cannot engage in social distancing. Some do not have a means of self-quarantining as they have no money to pay for a place where they can isolate themselves. The cost of testing was also a concern initially, as in some cases it was not covered by the government (narrow PUI criteria for free testing). With significantly declining level of income, they are experiencing more anxiety and are more likely to have mental health disorders. Tangcharoensathien et al. (2018) argue that UHC has led to increased use of health services in the poorest wealth quintile than in the richest. The poor consume their health services primarily at health centres and district hospitals. Our key informants shared that those with chronic diseases were contacted by hospitals and some even had medicines delivered to them. For other illnesses, there may be some difficulty accessing the services as not all healthcare providers were available or easily accessible given partial lockdown.

Persons who suffer from **stress and mental health conditions** are discussed in Section 3.3.2. People who are predisposed to mental health issues are expected to see their condition worsening due to economic and social implications from the disease and the responses to public health measures. Lockdowns affect people in different ways. Being removed from usual social interactions can lead to increased anxieties and more serious mental and psychological disorders.

A community-led rapid assessment supported by UNAIDS (SWING, 2020) found that COVID-19 has adversely impacted Thai and non-Thai **sex workers**, both economically and socially. Most of them are not eligible to receive government assistance and had difficulty accessing STI screening and treatment. They are at higher risk of HIV infection due to limitations in accessing condoms. Male and transgender (TG) sex workers suffer more abuse/discrimination.

### 3.3.6 Potential impacts on SDG 3 targets

Table 10 summarises our analyses for the 12 targets under SDG 3 (health), grouped into health risks, health outcomes, and health system functions. For each target, we discuss the contributing factors related to COVID-19 that will affect the progress, both on the positive and negative side. In addition, early evidence from the past few months on specific indicators is presented to indicate a potential direction of the impacts. The last column shows potential vulnerable populations specific to each target.

**Table 10: SDG 3 (health) targets – potential influencing factors related to COVID-19, and early evidence on the impacts**

	SDG 3 targets	Positive contributing factors	Negative contributing factors	Early evidence	Vulnerable populations
Health risks	3.5 Alcohol and substance abuse	<ul style="list-style-type: none"> <li>- Alcohol sales ban</li> <li>- Lower income</li> </ul>	<ul style="list-style-type: none"> <li>- Stress and anxiety from disease and economic and social impacts</li> </ul>	<ul style="list-style-type: none"> <li>- Online survey on alcohol consumption shows 78.07% drink less, 17.28% same, and 4.65% drink more</li> <li>- Alcohol sales down 41% in April and 50% in May</li> </ul>	Poor, alcohol dependent, mental disorders
	3.a Tobacco	<ul style="list-style-type: none"> <li>- Lower income</li> </ul>	<ul style="list-style-type: none"> <li>- Stress and anxiety from disease and economic and social impacts</li> </ul>	<ul style="list-style-type: none"> <li>- Increased online promotion and sales of tobacco products, including e-cigarettes</li> <li>- Online survey on the frequency of smoking shows 46.31% same, 37.66% smoking less, 16.03% smoking more</li> </ul>	Poor
	3.9 Pollution, sanitation	<ul style="list-style-type: none"> <li>- Travel control, less traffic</li> <li>- Business/factory closure</li> </ul>	<ul style="list-style-type: none"> <li>- More waste from delivery/takeaway</li> </ul>	<ul style="list-style-type: none"> <li>- Fine particulate matter (PM2.5) level reduced by 20%</li> <li>- Plastic and paper waste increased by 15%</li> </ul>	Poor
Diseases and health outcomes	3.6 Traffic accidents	<ul style="list-style-type: none"> <li>- Travel control</li> <li>- Lower alcohol consumption</li> <li>- Fewer car sales</li> </ul>		<ul style="list-style-type: none"> <li>- Traffic accidents decreased by 60.8%</li> <li>- Traffic related injuries reduced by 63.4%</li> <li>- Traffic related deaths down by 56.7%</li> </ul>	
	3.4 Non-communicable diseases and mental health	<ul style="list-style-type: none"> <li>- Lower alcohol consumption from sale ban</li> </ul>	<ul style="list-style-type: none"> <li>- Stress and anxiety from disease and economic and social impacts</li> <li>- Service disruption: special clinics</li> <li>- Less physical activity</li> </ul>	<ul style="list-style-type: none"> <li>- Q1 suicide increase 14% year on year</li> <li>- Lower utilisation of mental health facilities</li> <li>- Two-thirds increase in number of calls to mental health hotline</li> <li>- Proportion with adequate physical activity declined by 11.6% in March, over 40% of diabetes patients reported lower physical activity or walking less compared to pre-COVID-19 period</li> <li>- Around one in seven diabetes or hypertension patients monitored their blood sugar or blood pressure less</li> <li>- Longer drug dispensing period for uncomplicated cases</li> </ul>	Elderly, adolescents, urban poor, unemployed, MSM/TG, migrants, ethnic minorities

<b>Diseases and health outcomes</b>					
SDG 3 targets	Positive contributing factors	Negative contributing factors	Early evidence	Vulnerable populations	
3.7 Reproductive health, adolescents, birth	<ul style="list-style-type: none"> <li>- School closure / movement control</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption: antenatal care, family planning,</li> <li>- Difficulty accessing family control products</li> <li>- Stress and anxiety from disease and economic and social impacts, domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>- Most health facilities postponed service during lockdown and movement control</li> </ul>	Women, adolescents, poor, unemployed, drug users	
3.2 Child deaths	<ul style="list-style-type: none"> <li>- Better personal hygiene and health literacy</li> <li>- Lower incidence of communicable diseases</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption: antenatal care, well baby clinics</li> </ul>	<ul style="list-style-type: none"> <li>- Most health facilities postponed service during lockdown and movement control</li> <li>- Over one-quarter decrease in influenza incidence, &gt; 40% decrease in hand-food-mouth disease Dengue, and Scrub typhus, and nearly two-thirds decrease in Measles incidence</li> </ul>	Poor, unemployed	
3.1 Maternal mortality		<ul style="list-style-type: none"> <li>- Service disruption: antenatal care</li> </ul>	<ul style="list-style-type: none"> <li>- Most health facilities postponed service during lockdown and movement control</li> </ul>	Poor, unemployed, population in conflict areas	
3.3 HIV, Tuberculosis, Malaria, Hepatitis B	<ul style="list-style-type: none"> <li>- Fewer contacts and lower incidence of communicable diseases</li> <li>- Strong community response support PLHIV and marginalised populations</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption: special clinics</li> <li>- Difficulty accessing medicines or health products</li> </ul>	<ul style="list-style-type: none"> <li>- STI clients decreased by 50–75% after lockdown</li> <li>- Longer drug dispensing period for chronic cases, e.g. four to five months instead of two to three months</li> <li>- Accelerating implementation of multi-month dispensing of ARV for PLHIV and methadone for people who injects drug</li> <li>- Reports of cases of difficulty accessing condoms, some cannot travel to obtain HIV medicines from usual providers</li> <li>- Sex workers' STI screening decreased by around 90%</li> <li>- Almost half sex workers surveyed had difficulty accessing STI screening and treatment, and nearly two-fifths reported increased difficulty accessing condoms</li> </ul>	PLHIV, sex workers, poor, migrants	

<b>Health system functions</b>					
SDG 3 targets	Positive contributing factors	Negative contributing factors	Early evidence	Vulnerable populations	
3.8 UHC, Essential services	<ul style="list-style-type: none"> <li>- Lower incidence of communicable diseases</li> <li>- Referral down to PHC</li> <li>- Lower demand due to fear of contagion</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption, lower quality of care</li> <li>- Lower demand due to fear of contagion</li> <li>- More unemployed covered under UCS</li> <li>- Higher cost from COVID-19 screening and treatment</li> <li>- Mid-term fiscal space constraint and limited government budget for health</li> </ul>	<ul style="list-style-type: none"> <li>- Elective cases or uncomplicated cases in most hospitals postponed or transferred to PHC level, longer drug dispensing period for chronic cases, e.g. six months instead of two to three months</li> <li>- Admission in the UCS 6% lower in March and April</li> <li>- Teaching hospitals plan 20% reduction in outpatient visits in the future</li> <li>- Estimated 900,000 new UCS members from those unemployed and switching from Social Security Scheme</li> <li>- Additional budget requested from the Government</li> </ul>	Uninsured, non-Thai migrants, poor, ethnic minorities, stateless population	
3.B Vaccines and medicines	<ul style="list-style-type: none"> <li>- Increased public awareness of and support for UHC and access to health</li> </ul>	<ul style="list-style-type: none"> <li>- Mid-term fiscal space constraint and limited government budget for health</li> </ul>	<ul style="list-style-type: none"> <li>- Free COVID-19 treatment including medicines, stockpiling of antiviral favipiravir</li> <li>- Thailand starts testing local COVID-19 vaccine candidates in animals, and collaborates with Chinese university on vaccine development</li> </ul>	Rural	
3.C Human resources for health	<ul style="list-style-type: none"> <li>- Increased public recognition of health professionals' value to society</li> <li>- More civil service positions and compensation for public health ministry</li> </ul>	<ul style="list-style-type: none"> <li>- Stress and anxiety among healthcare staff</li> </ul>	<ul style="list-style-type: none"> <li>- 45,000 additional civil service posts for healthcare staff under MOPH</li> </ul>		
3.D IHRs	<ul style="list-style-type: none"> <li>- Lessons from pandemic</li> <li>- Better coordination and communications</li> <li>- Increased public awareness</li> </ul>			Urban, tourist-heavy areas	

## 3.4 Policy choices

Thailand, which has a mainly public sector-funded healthcare system, has been quite well prepared for the pandemic. It is managing communicable diseases, but it has some rising background health challenges that are common to middle-income countries, such as non-communicable diseases. There are issues relating to access and patchy coverage for some diseases and certain vulnerable population groups. However, both the healthcare system and the public health system have shown their strength in the containment of the COVID-19 pandemic. So far, the country has emerged without many direct health impacts, as can be seen in the low morbidity and mortality.

However, the public health measures have had economic and public finance repercussions that have adverse impacts on health, including mental health, as well as the demand for healthcare. The economic crisis and subsequent narrowing of government fiscal space also means that the health system will have to do 'more with less' compared to previous plans. This should not provoke panic – there is a moderately altered disease burden and a reduction in the growth rate for resources for health – but it will need careful planning.

### 3.4.1 Public health

The health system response has been characterised by the leadership of MOPH and collaboration across all related ministries, and provincial and district health authorities. Non-governmental organisations and local organisations have played, and continue to play, an active role in providing communication and delivering services to urban and rural populations. International partners are working closely with the national leadership.

It is critical that the public health system continues to strengthen pandemic preparedness, given uncertainty around future outbreaks. The WHO eight pillars of COVID-19 response are a good guide for strengthening surveillance, case investigation, and the laboratory system; institutionalising the mechanisms of coordination; and strengthening communication between stakeholders (WHO, 2020c). It is advisable that the healthcare system prepare for equitable and timely access to vaccines to protect new children and not to lose previous investments.

Public health responses must be smart, and informed by ongoing assessment of the potential benefits and actual risks of the interventions. There should be assessment of the impact and tolerance of public health measures by different population groups. This will enable, where possible, understanding of the risks and benefits, and protection of vulnerable populations from potential negative implications.

The healthcare system needs to ensure equity of access to services and protect at-risk and vulnerable populations. They include those with social vulnerabilities, e.g. poor, unemployed, youth, elderly, homeless, migrant workers, refugees, and other displaced populations. It must also protect populations that evidence shows are at increased risk from pandemics: the elderly and those with pre-existing conditions and compromised immune systems. Another at-risk group is people who are living in conditions where they cannot keep physical distance or those working in occupations with a higher risk of exposure.

## 3.4.2 Mental health

The literature, available data, and key informants are all in agreement that the mental health burden from COVID-19, including suicides, will increase, and that there is potential for it to overwhelm service provision. An effective response must take advantage of expertise and resources at all levels of the health system. It must streamline the relationship between the hospital and PHC, and maximise community-based interventions, such as peer-to-peer strategies. This will require the development and implementation of a well-coordinated mental health strategy. WHO and other partners have been working with the Department of Mental Health to increase Thailand's capacity to address the complexities of mental health prevention and treatment. The pandemic requires increased efforts, which requires adequate fiscal and human resources. Increased mental health workers' skills and competencies, including training more psychiatrists, and providing more training to primary care physicians, and other mental health providers is necessary (WHO, 2006). The mental health response system must monitor the size of the impact of the pandemic and be flexible and rapid in the promotion of a society-wide response and mitigation for all vulnerable groups, including frontline health and public service workers.

## 3.4.3 Essential health services

Section 3.3.4 discussed the potential disruptions to health services due to the pandemic. The situation in Thailand will likely be much less severe, given a relatively strong health system and universal health financing. Still, it is important to monitor disruptions in health service systems and to assess the potential short- and medium-term impacts so they can be mitigated early.

Strengthening of PHC is an ongoing strategy of MOPH and is in line with SDG 3 goals. The pandemic demonstrates that PHC should continue to be a priority for increased resources, both human and technical, with better mechanisms for working with the community organisations. Investment in the strengthening of community-led response systems will contribute to the building of resilience and social cohesion.

The response to the pandemic has necessarily increased the application of digital technology, telehealth/telemedicine, and health information exchange. This requires new and agreed guidelines for their use in the provision of health services to ensure quality, safety, and effectiveness. The appropriate governance system, in both health, education, and judicial sectors, must work together to ensure consistency in how guidelines are developed and implemented. Better information and decision support systems can enhance digital transformation in health services, improving efficiency and addressing equity issues – particularly related to distribution of health resources and health workers.

Thailand, like other countries, continues to struggle with the production of health workers and their distribution to meet the needs of their populations. This is a priority area for medium- and long-term mitigation of the impact of the pandemic and will be a solid investment in addressing a recognised health challenge for the country. As discussed above, the impact of mental health requires more mental workers and targeted capacity-building initiatives. Adequate staffing and enough support for health volunteers is also important to improve PHC, including in urban areas.

Healthcare systems and service delivery on the demand and supply side are in large measure affected by the financing of the system and the mechanisms to get services to the populations that require them. The UHC system in Thailand is recognised globally as improving access to health services and reaching rural populations and vulnerable groups. The government budget is finite and UHC must compete for its share. Given the economic projections, the level of funds that will be devoted to the health sector can be expected to be less than it would have been previously. It is suggested that, as in previous pandemics, financing of the health system be prioritised. The system must maintain and improve effective coverage of health interventions, particularly for vulnerable populations.

### 3.4.4 Others

Evidence for policy decisions should be strengthened. Health research agencies and academia must work together to develop and execute a COVID-19 research agenda. This can include an analysis of the drivers of zoonotic risks and effective measures for zoonotic disease risk reduction, development of COVID-19 responses, and health innovations especially for vulnerable populations.

### 3.4.5 Conclusion

Thailand has enjoyed relatively good results on its pandemic response so far, as seen in the relatively low COVID-19 case number (less than one death per million population), and improving capacity for pandemic response. It is important that Thailand maintains its existing strengths, which have contributed to this success, including its relatively strong health system, with a primary care focus and universal healthcare financing, and that it sustains its emerging strengths, such as improved and effective collaboration across and within sectors. The pandemic and the accompanying economic crisis are also an opportunity to identify the gaps and improve the performance of key systems and functions in order to be able to get through the crisis in the medium and long term.

The mental health impacts of COVID-19 will be considerable and require adequate investment in prevention and mitigation. PHC systems will need to adjust and improve to effectively handle increasing demand from patients with chronic diseases, including those shifted down from secondary and tertiary care. Several vulnerable populations, such as elderly, poor, mothers and children, and migrants, will be at higher risk and thus it is imperative to always look through an equity lens at the crisis response. The COVID-19 pandemic highlights these gaps and it is an important opportunity to improve fundamental aspects of the structure and operations of the health and social protection systems.

Thailand is probably in a better position than many other countries in its existing capacity to respond to the pandemic and its economic risks. Several opportunities exist to develop and improve health systems for better health outcomes, including sustaining internal and external coordination for integrated healthcare. Many policy options proposed here are consistent with the national health reform plan on health literacy, health information technology, PHC, and health financing. In the longer term, social protection should be expanded and social determinants of health addressed to prevent negative implications of future pandemics and risks. We will need new ideas, more innovation, and bold decisions to reform and improve the health system to ensure health resilience. Examples to consider may include: new innovations for health service transformation and better use of information technology; stronger leadership and management competency in the health sector (especially for community and PHC workers); and cross-national collaboration to strengthen pandemic and disaster responses.

## References

- Bohwongprasert, Y. (2020) 'Not just a physical disease', *The Bangkok Post*, 29 April 2020, [www.bangkokpost.com/life/social-and-lifestyle/1909752/not-just-a-physical-disease](http://www.bangkokpost.com/life/social-and-lifestyle/1909752/not-just-a-physical-disease)
- Cameron, E.E. *et al.* (2019) 'Global Health Security Index. Nuclear Threat Initiative', [www.ghsindex.org/country/thailand/](http://www.ghsindex.org/country/thailand/)
- Chang, S. *et al.* (2009) 'Was the economic crisis 1997–1998 responsible for rising suicide rates in East/Southeast Asia? A time–trend analysis for Japan, Hong Kong, South Korea, Taiwan, Singapore and Thailand', *Social Science & Medicine* 68, pp. 1322–1331.
- Charoenboon (2018) 'Shortage of psychiatrists in Thailand?', *HealthToday Magazine* 212, December 2018.
- Department of Disease Control (2020) 'A Survey by Division of Non-Communicable Diseases on the impacts of COVID-19 on NCD behavioural risks', MOPH, Nonthaburi.
- Department of Mental Health, Mental Health Prevention Information System, <http://mpis.sriithanya.go.th/mhc/NotHeal.aspx>
- Economist Intelligence Unit (2020) 'Interim deliverable: Covid-19 macroeconomic forecasts for Thailand', 8 May 2020, Economist Intelligence Unit.
- Farkas, M. and Boernik W. (2018) 'Peer delivered services in mental health care in 2018: infancy or adolescence?' *World Psychiatry* 17, p. 2.
- Greenhalgh, T., Vijayaraghavan, S., Wherton, J. *et al.* (2016) 'Virtual online consultations: advantages and limitations (VOCAL) study', *BMJ Open* 6, e009388. doi:10.1136/bmjopen-2015-009388
- Hanvoravongchai, P. *et al.* (2010) 'Pandemic influenza preparedness and health systems challenges in Asia: results from rapid analyses in 6 Asian countries', *BMC Public Health* 10, p. 322.
- Hfocus (2020) 'COVID-19 impact on "safe abortion" services, a petition to Department of Health for emergency responses', 14 May 2020, available at [www.hfocus.org/content/2020/05/19320](http://www.hfocus.org/content/2020/05/19320)
- Holmes, E., *et al.* (2020) 'Multidisciplinary research priorities for COVID-19 pandemic: a call for action for mental health science', *Lancet Psychiatry*, vol. 7: 547–60, June 2020. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Hopkins, S., (2006) 'Economic stability and health status: Evidence from East Asia before and after the 1990s economic crisis', *Health Policy* 75, pp. 347–357.
- Hui L. (2020) 'Thailand's village health volunteers – the Kingdom's unsung heroes in curbing COVID 19 pandemic'. Malaysia National News Agency (Bernama), Kuala Lumpur, [www.bernama.com/en/general/news\\_covid-19.php?id=1855394](http://www.bernama.com/en/general/news_covid-19.php?id=1855394)
- International Labour Organization (2020) 'Social protection responses to the Covid-19 crisis: Country responses in Asia and the Pacific', International Labour Organization.
- IPSR (2017) 'Thailand Health Situation Report 2017', ThaiHealth. Bangkok
- Jongudomsuk, P., Srithamrongsawat, S., Patcharanarumol, W., Limwattananon, S., Pannarunothai, S., Vapatanavong, P. *et al.* (2015) *The Kingdom of Thailand Health System Review* 5(5) WHO, Regional Office for the Western Pacific, Manila. Available at [www.searo.who.int/entity/asia\\_pacific\\_observatory/publications/hits/hit\\_thailand/en/](http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_thailand/en/)
- Ketwongsa, P.(2020) Estimation of the COVID-19 impact on physical activities of Thai Population. Institute for Population and Social Research, Mahidol University
- Kittiyaowamarn, R., (2020) 'The Effect from Covid19 Lock Down on STI. Bangrak STIs Center, Division of Aids and STIs', Department of Disease Control, MOPH.
- Kongsuk, T., *et al.* (2016) 'Services for depression and suicide in Thailand', *WHO SE Asia Journal of Public Health* 6(1), pp. 34–38.



- Lim S., *et al.* (2016) 'Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015', *Lancet* 388, 10053, 1813–1850.
- MOPH (2020) Department of Disease Control Department of Disease Control. Corona Virus Disease (COVID-19) page, <https://ddc.moph.go.th/viralpneumonia/index.php> [accessed on 1 June 2020].
- NESDC (2020) Social and Economic Statistics. Available at [www.nesdc.go.th/](http://www.nesdc.go.th/) [accessed on 1 July 2020].
- Phua, K.H and Phua K.L. (2013) 'The Impact of Economic Crises on Health: Past Evidence and Policy Implications for Asia', in *Economic Stress, Human Capital, and Families in Asia. Quality of Life in Asia 4*, Springer, Dordrecht.
- Pramudwinai, D. (2018) 'Message from the Foreign Minister', in *Thailand's Voluntary National Review on Implementation of the 2030 Agenda for Sustainable Development*. Presented at High – level Political Forum on Sustainable Development. United Nations Headquarters, New York, USA.
- Prateepko, T., *et al.* (2020) 'The perceptions on impact of the Covid-19 containment measures and psychological consequences among the general people in the five southernmost provinces of Thailand: a cross-sectional online survey'. Faculty of Education, Prince of Songkla University, Pattani
- Robertson, T. *et al.* (2020) 'Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study', *Lancet Global Health*, [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)
- Sae Ngow (2020) 'Alcohol related traffic accidents reduced 5.5. times with 84% decrease in monetary lost during the 7 dangerous days', *Health Focus*, 14 May 2020.
- SWING (2020) 'Community-led rapid assessment of the impact of COVID-19 on sex workers (Thailand)', Service Workers IN Group Foundation (SWING), Bangkok.
- Tangcharoensathien V. *et al.* (2018) 'Health systems development in Thailand: a solid platform for successful implementation of universal coverage', *The Lancet*, published online 31 January 2018, [http://dx.doi.org/10.1016/S0140-6736\(18\)30198-3](http://dx.doi.org/10.1016/S0140-6736(18)30198-3).
- Tangcharoensathien, V. *et al.* (2020) 'Children and Women's Health in South East Asia: Gap Analysis and Solutions', *Int. J. Environ. Res. Public Health* 17, p. 3366.
- Tangcharoensathien, V. *et al.* (2000) 'Health impacts of rapid economic changes in Thailand', *Social Science & Medicine* 51, pp. 789–807.
- Tangcharoensathien, V. *et al.* (2015) 'Thailand: Sexual and reproductive health before and after universal health coverage in 2002', *Glob Public Health* 10(2), pp. 246–248.
- Thanadkha, K. and Chaladsook, A. (2018), 'Is the future of Thailand's health care in danger? Thailand Development Research Institute. <https://tdri.or.th/en/2018/03/future-thailands-health-care-danger>
- UNFPA (April 2020) 'COVID-19 Technical Brief for Antenatal Care Services', UNFPA, [www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_MNH\\_guidance\\_04.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf)
- United Nations (2020) 'Policy Brief: The Impact of COVID -19 on Older Persons', United Nations, 1 May 2020, <https://un-policy-brief-on-covid-19-and-older-persons-1-may-2020.pdf>
- UNAIDS (2019) UNAIDS Data 2019, Geneva, UNAIDS, p. 136
- Im-em, W (2019) 'Population and Development for a Sustainable Future in Thailand: 25 Years After the ICPD', UNFPA, Bangkok.
- WHO and Ministry of Health (2006) 'WHO-AIMS Report on Mental Health System in Thailand', WHO and Ministry of Health, Nonthaburi, Bangkok.
- WHO (2015) 'Global School-based Student Health Survey: Thailand 2015 Fact Sheet', WHO, Geneva, available at [www.who.int/ncds/surveillance/gshs/2015-Thailand-GSHS-Fact-Sheet.pdf](http://www.who.int/ncds/surveillance/gshs/2015-Thailand-GSHS-Fact-Sheet.pdf)

WHO SEARO (2017) *WHO Country Cooperation Strategy Thailand 2017–2021*, WHO SEARO, Delhi.

WHO SEARO (2019) '2019 Health SDG Profile: Thailand', WHO SEARO, Delhi

WHO (2020a) Thailand Situation Report, [www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-covid-19.pdf?sfvrsn=697ce98d\\_4](http://www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-covid-19.pdf?sfvrsn=697ce98d_4)

WHO (2020b) Global Health Expenditure Database, <https://apps.who.int/nha/database/ViewData/Indicators/en> [accessed on 5 June 2020]

WHO (2020c) 'Operational Planning Guidelines to Support Country Preparedness and Response', WHO, Geneva.



# 4

## Education

**Pumsaran Tongliemnak, Maheen, and Ying Yeung**

### Executive summary

#### Introduction and context

Strong commitment and resolve on the part of the Government have resulted in high rates of access to education and student participation in the Thai education sector. However, pupil performance has not kept pace with advances in enrolment.

Children in rural areas, from poorer economic backgrounds, belonging to migrant families, with disabilities, and boys, rank worse on indicators of access and learning.

Thailand has made noticeable progress against a number of its localised Sustainable Development Goal (SDG) 4 indicators. However, the greatest challenge lies in meeting the quality of education and learning outcome indicators (SDG 4.1): at last measurement, the sector was not on track to meet goals based on national or international examination standards, or net enrolment rates at lower and upper secondary levels.

This chapter conducts a rapid assessment of the likely effects of COVID-19 shocks on the formal basic education sector (pre-primary to secondary education) in Thailand using the World Bank's framework of COVID-19 shocks to education. The analysis draws on national policy documents, international literature, newspaper articles, academic blogs, and a set of key informant interviews.

#### The impact of COVID-19 on the education sector

The direct impacts of COVID-19 on the education sector have been through mitigation measures implemented by the Government to reduce the spread of the virus, including school closures and population lockdowns.

The Royal Government of Thailand and its partners leveraged the fact that COVID-19 coincided with the school holidays, using this window of time to put arrangements in place to plan for remote learning and ensuring the continuation of school meals.

Learning losses are expected from the extended school closure, with further losses and inequalities likely to arise, and worsen, due to remote learning or blended learning approaches, which disadvantage the most vulnerable students. Due to their relative socioeconomic status, the rural urban divide, and migrant status, certain pupils will have fewer opportunities and less support for learning at home, and may not have access to the technology required for remote learning.

School closures have highlighted the importance of schools in providing essential services, such as school meals and student welfare. For students who are dependent on School Feeding Programmes, there is a direct impact on increased hunger and malnutrition. Keeping children at home during lockdown may have some gendered effects that disproportionately disadvantage girls in the forms of domestic violence, sexual exploitation, teenage pregnancy and early marriage. Thai children and young people have also expressed that COVID-19 is affecting their mental health, with a majority of children reporting stress, worry, and anxiety about family income and the ability to continue their education. Increased exposure of younger students to internet technology can also put them at a greater risk of cyber-bullying and online exploitation.

The anticipated economic recession is predicted to increase student dropout via two channels: directly by reducing household income, and affecting the ability of households to bear the auxiliary costs of education; and indirectly via the opportunity cost of education since some students may need to start working to supplement their household's income.

Students from poorer (COVID-affected) urban households, including in Bangkok and the southern provinces, are likely to see the largest increase in dropout due to these compounding effects of increased opportunity cost of education, learning losses from school closures, and reduced learning overall due to the adoption of blended learning approaches.

The economic recession may also result in a reduction in the demand for private education, and reduce government spending on education.

## Predicted impact on SDG 4

Without mitigation strategies, the direct and indirect impacts of school closures and anticipated remote and blended learning are predicted to negatively impact Thailand's performance on its localised SDG indicators, especially regarding quality education for early childhood development (ECD), primary and secondary levels (SDG 4.1 and 4.2), equity (4.5), and literacy and numeracy (4.6). COVID-19 has highlighted the importance of adequate school facilities (4A) and teacher training (4C).

## Policy choices

In order to support learning recovery once pupils return to school, the Royal Government of Thailand needs to provide teachers with support and professional development to implement targeted and large-scale remedial learning efforts for pupils. This includes identifying problem areas at an individual level and guidance from the Ministry of Education on prioritising the curriculum to make up for the already lost academic time for the students.

Remote learning efforts need to be improved. Learning materials should be conscious of accessible media and the needs of all students. This may include developing more materials for TV, mobile phones, and print options, available in minority languages and for assistive devices. School facilities should be improved to assist in remote or blended education.

To reduce pupil dropout, coordination is required across different government agencies, ministries and local authorities to closely monitor and identify areas where the problem is likely to be more severe, and to implement specific re-enrolment campaigns and financial support packages in these areas.

Re-enrolment and back-to-school campaigns should be conducted, especially in Bangkok and other urban areas, regions with large shares of economically disadvantaged households, and migrant areas. Participatory community action and awareness could also be considered.

Auxiliary school fees should be waived or delayed, and the Equity Education Fund (EEF) should continue to target extra financial provisions for those most at risk, and consider offering forms of financial support to children from migrant families. The Government should continue to safeguard school feeding programmes, and expand them if possible to encourage school re-enrolment and attendance. There is also a need to prepare contingency plans and new modalities for the distribution of food packages to ensure continuity and increase in the sustainability of school feeding programmes.

The Government should reiterate supportive communications for the return of pregnant girls to school and ensure schools implement the ministerial ordinance that schools must provide appropriate sex education to students.

The Government should ensure access to mental health support by providing psycho-social training to teachers to give guidance to students and families on well-being, and provide uninterrupted access to counselling services for students either online or by phone. It should also ensure safety and protection of students using online education platforms by empowering children with information on navigating the digital world safely. Teachers should also be guided on how to identify and report any instances of abuse or neglect that they may observe during any remote interactions with their students. Companies involved in providing technological infrastructure should include child safety features as well.

In addition to these immediate actions, the education sector needs to be proactive in planning for adaptation and resilience while addressing for pre-existing quality and disparity challenges. The Ministry of Education should review the National Education Plan (2017–2036), the capacity of public schools to absorb more students, and sector performance, in order to identify areas for efficiency savings as COVID-19 presents an opportunity for education systems to ‘build back better’

## 4.1 Introduction and scope of the assessment

### 4.1.1 Education sector in Thailand

Education is viewed as an engine of economic growth and social cohesion in Thailand. Progressive legislation over the last few decades has ensured that children in Thailand, including documented and undocumented migrants, are entitled to 15 years of free education covering the pre-primary, primary, lower, and upper secondary levels of education. Moreover, the Thai Government has made primary and lower secondary education compulsory, and provides subsidies for school meals, school uniforms, school equipment, and extra-curricular activities for all children. The investment of the Government in the sector has remained consistently at between 15% and 20% of public expenditure and 4% and 6% of GDP for the past 15 years.

Strong commitment and resolve on the part of the Government have resulted in high rates of access to education and student participation in the Thai education sector. Participation in compulsory education in Thailand is relatively high, with near universal gross enrolment and net enrolment rates in primary education (99.8 and 98%, respectively) and secondary education (118% and 77%, respectively). Enrolment rates at the pre-primary<sup>45</sup> level, however, are low at 79% for the gross enrolment rate and 58% for the net enrolment rate. Primary to secondary transition rates are encouraging, recorded at 98.5% in 2017 (UNESCO Institute of Statistics, 2020).

<sup>45</sup> Formal pre-primary education in Thailand is comprised of attendance at ECD centres, administered by the Ministry of Interior, the Ministry of Social Development and Human Security, and the Ministry of Health, followed by kindergarten, administered by the Ministry of Education.

Girls' enrolment at all levels of education up to tertiary are above parity. Girls also consistently outperform boys in learning attainment. In the 2018 Programme for International Student Assessments (PISA) results, the achievement gap was 39 points in reading, 16 points in mathematics, and 20 points in science (Organisation for Economic Co-operation and Development (OECD), 2019). Despite this, gender inequalities persist in the labour force. Recent data indicate that women are less likely to participate in the workforce, and are concentrated in certain sectors that earn less. For example, among youth aged 15-24, 56% of young men participated in the labour force, compared with 40% of young women, and young women made up less than 20% of graduates in the lucrative fields of engineering, manufacturing, and construction (UNICEF, 2018).

**Table 11: Summary statistics of student enrolment in Thailand (2015)**

Level of education	Number of students enrolled		Gross enrolment rate (%)		Net enrolment rate (%)		Private enrolment (%) <sup>46</sup>
	Female	Male	Female	Male	Female	Male	Total
Pre-primary	886,303	938,089	79	79	58	58	33
Primary	2,378,027	2,522,758	100	100	98*	98*	22
Lower secondary	1,450,407	1,694,030	115	128	76**	74**	10
Upper secondary	1,569,414	1,551,770	117	111	67**	60**	11
Vocational	257,319	398,799	-	-	-	-	-
Tertiary	1,392,152	1,018,561	58***	41***	-	-	16***

Notes: Source: UNESCO Institute of Statistics database \* Figures for 2009 \*\* Figures for 2015 \*\*\* Figures for 2016

A large share of student enrolment in Thailand is based in schools operated by the Ministry of Education and other line ministries across all levels of schooling, such as the Ministry of the Interior, the Ministry of Culture, and the Ministry of Defence. Private institutions also cater to a significant share of students across all levels of schooling – from pre-primary to upper-secondary and tertiary education (Table 11).

While Thailand has much to celebrate in terms of access to and expansion of education, there continue to be significant disparities in access to and quality of education for a number of groups.

One-third of children with disabilities attend school in Thailand at various levels (National Statistical Office and UNICEF, 2017), and students with disabilities and those from poorer families scored far worse than the national average in the Ordinary National Education Test.

The lesbian, gay, bi-sexual, transgender and intersex group (LGBTI), which is about 8% of the national population, also reports discrimination in accessing education and vocational training institutions (United Nations Development Programme, 2019), and instances of violence, bullying, and social exclusion once at school (UNESCO, 2018).

<sup>46</sup> Private enrolment refers to the total number of students enrolled in institutions that are not operated by a public authority but controlled and managed by a private body (e.g. non-governmental organisation, religious body, special interest group, foundation or business enterprise), expressed as a percentage of total number of students enrolled in the given level of education (UNESCO Institute of Statistics, 2020).

Pupils in rural schools lag behind their counterparts enrolled in urban schools, with a concentration of students who finish compulsory schooling without functional literacy found in village areas (World Bank, 2015). Schools primarily serving disadvantaged children and schools in rural areas are also much more lacking in material resources and physical infrastructure (World Bank, 2020b). Pupils enrolled in the southern and northern provinces continue to be disadvantaged on a variety of school access and school quality indicators. In a 2018 education quality index ranking, nine of the bottom 10 provinces were in these areas (Fry et al., 2018).

Poverty also affects access to higher levels of education: 5% of the pupils that fall in the bottom income quintile attend higher education, as compared to more than 85% from the top income quintile (World Bank, 2015). In terms of learning inequalities, in comparing PISA results between 2009 and 2018, the achievement gap between pupils from socioeconomically advantaged backgrounds and those from socioeconomically disadvantaged backgrounds grew from 63 to 69 points in reading (OECD, 2019).

Reducing the number of out-of-school children (OOSC) is one of the major challenges of the education sector. While estimates vary, recently the National Economic and Social Development Board (NESDB) estimated that more than 670,000 children are out of school in Thailand (NESDB, 2020). OOSC include both Thai national and migrant children. For Thai children who drop out, most are rural and poorer adolescents who drop out after the lower secondary education level. Early marriage and unwanted pregnancy are the main reasons for dropping out among adolescent girls. Of the estimated 400,000 migrant children, it is estimated that more than half do not receive any form of education (Tuangratananon et al., 2019). The reasons for this are complex, and include an inability to bear the auxiliary costs of education or face implicit discrimination, or unwillingness from schools to admit them. In addition, learning materials are unavailable in minority languages (Thame and Patrawart, 2017; UNICEF, 2019), which is likely to affect the ability of pupils from linguistic minority groups to keep pace with their schoolwork.

Learning assessment trends in Thailand are of concern. Studies indicate that pupil performance has declined over the last 10 years, with average scores for Grade 6 and Grade 12 pupils in core subjects at less than 50% in the National Achievement Test. Results from the Ordinary National Education Test also indicate that pupils scored an average of 44.8 points in Grade 6 and 31.45 points in Grade 12, with neither score reflecting an improvement from the level in 2011 (UNICEF, 2018). In the 2018 PISA results, students in Thailand scored lower than the OECD average, and lower than Singapore and Malaysia in reading, mathematics, and science (OECD, 2019). Thailand's mean performance in reading in 2018 was lower than in any previous assessment, while mathematics and science results appeared stable.

## 4.1.2 Scope of assessment

What follows is a rapid assessment of the likely effects of COVID-19 shocks on the formal basic education sector (early childhood education and Grades 1 to 12) at a time when many impacts are anticipated and unfolding. While the overview of the sector (Section 4.1.1) identifies many challenging facing the Thai education sector, the focus of this report is to identify the immediate and additional challenges that are likely to result from the COVID-19 crisis. These interact with the pre-existing challenges, sometimes reinforcing them.

The analysis that follows in this report draws on national policy documents, international literature, newspaper articles, and academic blogs. A set of key informant interviews (Annex A) carried out by the research team also informs our findings. This report also draws on new analysis of the economic stresses and poverty impacts created by the COVID crisis, drawing on high frequency data as well as available pre-COVID datasets with information about the distribution of these impacts in the population.



## 4.2 Context

### 4.2.1 Key sector indicators

The **National Education Plan (2017–2036)** is in line with **SDG 4**, aiming to ‘Ensure inclusive and equitable quality education and promote life-long learning opportunities for all’. The recently developed 20-year National Strategy of Thailand also places a specific focus on improving education as a driver for developing human capital and enhancing competitiveness. It aims to transform learning systems at all education levels, featuring ‘improved learning design, transforming teachers’ roles in teaching, improving the effectiveness of the educational management system, as well as development life-long learning system, in which people can pursue knowledge appropriate to their interests in a continual manner, even though they are no longer in the formal educational system.’ (NESDB, 2017).

The education indicators under the National Education Plan (Table 12) cover access, quality, equity, efficiency, and relevance.

**Table 12: Summary of key education indicators from the National Education Plan (2017–2036)**

	Indicator
<b>Access</b>	<ul style="list-style-type: none"> <li>Population aged 6–14 is provided with free education at the elementary and the lower secondary levels or equivalent by the Government</li> <li>Learners with special needs are provided with appropriate educational services and capability development</li> <li>The average educated working-age population increases</li> </ul>
<b>Equality</b>	<ul style="list-style-type: none"> <li>Learners at basic educational levels have their education funded for 15 years</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>Students have an O-Net score in each subject of at least 50%</li> <li>15-year-old students have higher PISA scores</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>The percentage of small-sized schools not passing the external quality assessment decreases</li> <li>Efficient and standardised administration of teachers and educational personnel</li> <li>A mechanism that encourages all sectors to fund educational resources exists</li> </ul>
<b>Relevance</b>	<ul style="list-style-type: none"> <li>The country reaches a higher rank in educational competitiveness</li> <li>The proportion of vocational students to their general education counterpart is higher</li> <li>The number of higher education institutions in the top 200 rankings increases</li> </ul>

Source: National Education Plan (2017–2036)

The national indicators relate closely to Thailand’s localised SDG 4 indicators, against which we assess the potential impact of COVID-19 shocks. Assessment of the sector through this lens is limited by data availability, and by its nature offers a snapshot of the aggregate picture. However, it still serves as a baseline for the sector, and the predicted impacts of COVID-19.

In Table 13 below, we chart Thailand’s progress to date on SDG indicators. Progress is coded by red (off track), amber (at risk), green (on track), and black (insufficient data for assessment).

Table 13: SDG 4 targets and Thailand localised indicators

SDG 4 target	Thailand indicator	Baseline	Target for 2030	Target for 2021	Current status	Progress	
<b>4.1 By 2030, ensure that all girls and boys complete free, equitable, and quality primary and secondary education leading to relevant and effective learning outcomes</b>	SDG 4.1.1 Proportion of third-grade students who pass the National Test		60	40	37.2% (Office of the Basic Education Commission (OBEC), 2018)		
	SDG 4.1.2 Proportion of a) sixth and b) ninth grade students who pass the O-NET test		60	50	a) 37% b) less than 10%		
	SDG 4.1.3 Proportion of students who pass the basic proficiency level in PISA	Reading 50%, Maths 53%, Science 47% (PISA 2015)				Reading 40%, Math 47%, Science 56% (PISA 2018)	
	SDG 4.1.4 Net enrolment rates (primary)	90.8% (2015)	Primary 100%	Primary 100%	94%		
	SDG 4.1.5 Net enrolment rates (lower secondary, general upper secondary, vocational levels)	Secondary 77.27% (2015)	Lower secondary 100%, upper secondary 90%	lower secondary 100%, upper secondary 80%	Lower secondary 77.9%, upper secondary 54.3%		
	SDG 4.1.6 Graduation rate of students (lower secondary, general upper secondary, vocational levels)	Primary 97.9%, lower secondary 92.9%, upper secondary 90.3%, vocational 78.9% (academic year 2014)	Primary 100%, lower secondary 100%, upper secondary 100%, vocational 90%	Primary 100%, lower secondary 100%, upper secondary 90%, vocational 80%	Primary 97.6%, lower secondary 90.1%, upper secondary 92.6%, vocational 59.9% (academic year 2015/16)		

SDG 4 target	Thailand indicator	Baseline	Target for 2030	Target for 2021	Current status	Progress
<b>4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</b>	SDG 4.2.1 Proportion of children under five years of age who are developmentally on track in health, learning, and psychosocial well-being, by sex from 1) UNICEF's MICS Survey 2) Ministry of Public Health annual survey 3) National Statistical Office surveys		94%	92%	91.10%	
	SDG 4.2.2 Enrolment rate in pre-primary education	92.6% (2016/17)	100%	90%	92.6% (2016/2017)	
<b>4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university</b>	SDG 4.3.1 A) ratio of vocational to upper secondary general students	32.7/67.3 (2014/15)	60/40	45/55	34.6/65.4 (year 2018)	
	B) Enrolment rate at tertiary level (university)	49.29% (2016)	70	50	58.5 (year 2018)	
	C) Enrolment rate at tertiary level (vocational diploma)		70	60	Data unavailable	
<b>4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship</b>	SDG 4.4.1 A) proportion of workforce with computers				Data unavailable	
	B) proportion of workforce with access to internet				66–68% from Media and Information Literacy Survey in 2020	

SDG 4 target	Thailand indicator	Baseline	Target for 2030	Target for 2021	Current status	Progress
<b>4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations</b>	SDG 4.5.1. Enrolment by gender/rural/urban area (pre-primary, primary, secondary, higher education levels)		1	1	For gender: Pre-primary 1.05 primary 1.06, lower secondary 1.17, upper secondary 1.18  Data unavailable for other disaggregations	
<b>4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy</b>	SDG 4.6.1. A. Literacy rate/ numeracy rate of 15-year-old and beyond population  B. Years of education of 15 years old and above population	92.9/95.6 (2015)	100%		98.14 (Literacy rate; 2018)  9.57	
<b>4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development</b>	SDG 4.7.1 Percentage of students who study environment/natural preservation in the curriculum		100%		Data unavailable	

SDG 4 target	Thailand indicator	Baseline	Target for 2030	Target for 2021	Current status	Progress
<p><b>4A) Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</b></p>	<p>SDG 4A.1. Ministry of Education to collect data on proportion of schools with access to: (a) electricity; (b) the internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the water, sanitation and hygiene (WASH) indicator definitions)</p>		100%		<p>a) 99.91%                      b) 99.18%                      c) 100%*                      d–f) data unavailable</p>	
<p><b>4B) By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing states and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries</b></p>	<p>4B.1) Volume of official development assistance flows for scholarships by sector and type of study</p>				<p>(Donor) THB 4,508.74 million; (Receiver) THB 1,582.9 million</p>	

SDG 4 target	Thailand indicator	Baseline	Target for 2030	Target for 2021	Current status	Progress
<b>4C) By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states</b>	4C.1) Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary and (d) upper secondary education who have received at least the minimum organised teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country	100%	100%	100%	100%	

Source: Ministry of Education and SDG Move (2019)

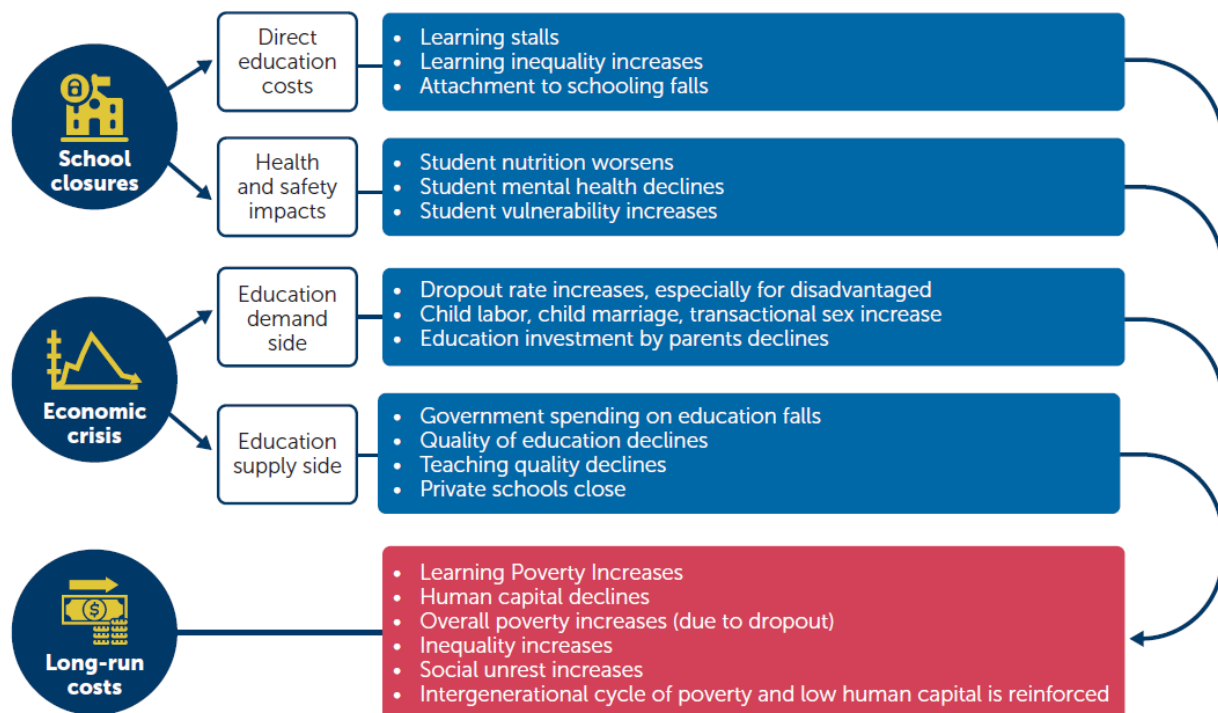
## 4.2.2 Key challenges and vulnerabilities in the pre COVID-19 period

From the assessment of progress against the localised SDG 4 indicators, several trends are apparent. It is encouraging to note that efforts to promote access to early childhood education have been effective (SDG 4.2), as have initiatives around tertiary enrolment (SDG 4.3.1). Gender disparities favour girls at all levels of K1–K12 education (SDG 4.5). Thai schools are equipped with access to electricity, internet, and computers (SDG 4.a), and teachers all receive at least minimum training (SDG 4C). However, the greatest challenge lies in meeting the quality of education and learning outcome indicators (SDG 4.1): at last measurement, the sector was not on track to meet goals based on national or international examination standards. Net enrolment rates for lower secondary, upper secondary, and vocational education are also below target. As noted in Section 4.1.1, the sector also performs very differently when analysed through learning outcomes for disadvantaged groups.

## 4.2.3 Analytical framework

The World Bank has devised a framework to analyse the impact of COVID-19 shocks on education. The framework separately considers the immediate impact of school closure and the longer-term impact of the subsequent economic recession (World Bank, 2020). We use this framework to analyse the potential immediate impact of COVID-19 on the education sector in Thailand.

Figure 5: World Bank framework of COVID-19 shocks to education



Source: World Bank (2020)

## 4.3 The impact of COVID-19 on the education sector

### 4.3.1 Summary of COVID-19's impact on the education sector

The direct impacts of COVID-19 on the education sector have been through mitigation measures implemented by the Government to reduce the spread of the virus, including school closures and population lockdowns.

The Royal Government of Thailand and its partners leveraged the fact that COVID-19 coincided with the school holidays, using this window of time to put arrangements in place to iteratively plan for remote learning and ensuring the continuation of school meals.

Learning losses are expected from the extended school closure, with further losses and inequalities likely to arise, and worsen, due to remote learning or blended learning approaches. Any further school closures or longer-term reliance on remote learning facilities will likely lead to additional learning losses, accentuating existing learning inequalities due to differentiated access to remote learning facilities across pupil groups (i.e. the digital divide). Without remedial action, learning losses could be long term.

The anticipated economic recession is predicted to have effects on student dropouts, the private education market, and government spending on education. As the Royal Government of Thailand has been proactive in putting mitigation policies in place, the true impact of the recession on education will have to be monitored closely.

### 4.3.2 Government response to COVID-19

#### Pre-primary education

While early ECD centres were closed on 18 March 2020, the Ministry of Interior implemented a range of policies to minimise the impact of the closures on pupil nutrition and learning. The Ministry of Interior ordered ECD centres to continue to provide milk and food to children either by parents collecting food packages from the centres or via teachers delivering to households. ECD centres and the Ministry of Public Health provided mobile applications and online training for parents to support them on how to interact with children while at home. There is also a dedicated television programme for pre-primary learners (Ministry of Interior, 2020).

The Ministry of Education has announced plans to hire 10,000 temporary pre-primary (kindergarten) teachers for six months when schools re-open in order to ensure conformity with social distancing rules by reducing the class size from 20 to seven students per teacher (Ministry of Education, 2020b; Thairath Newspaper, 2020).

#### Primary and secondary education

Public primary and secondary schools were closed on 18 March 2020. This fortuitously coincided with the start of the primary and secondary school summer break (typically from late February/early March to mid-May), allowing the Ministry of Education time to plan for schooling alternatives.

In April 2020, the Ministry of Education announced a timeline leading up to a delayed start to the 2020/21 academic year (Table 14). Contingent on how COVID-19 unfolds, the Ministry of Education has developed plans for onsite, online, or blended learning for 2020/21.



**Table 14: Ministry of Education school closure response timeline**

Phase	Dates	Key activities
<b>Preparation for remote learning</b>	7 April – 17 May 2020	<ul style="list-style-type: none"> <li>Remote learning materials prepared</li> <li>Surveys on students'/parents'/teachers' readiness for remote schooling</li> </ul>
<b>Experiment/trial period for remote learning</b>	18 May – 30 June 2020	<ul style="list-style-type: none"> <li>Remote learning materials publicly available to all</li> <li>Feedback from students/parents/teachers on remote learning materials</li> </ul>
<b>Academic year</b>	First semester: 1 July – 13 Nov 2020 School break: 14 – 30 November Second semester: 1 Dec 2020 – 9 April 2021 School break: 10 April – 16 May	<ul style="list-style-type: none"> <li>Formal teaching (remote, onsite, or blended depending on the COVID-19 lockdown status)</li> </ul>
<b>Examination period</b>	O-NET: 13–14 March 2021 (6th, 9th grades) 27–28 March (12th grade)	<ul style="list-style-type: none"> <li>O-NET/GAT-PAT examinations</li> </ul>

Remote learning facilities are a combination of existing and new digital television programmes (DLTV) for pre-primary, primary, and lower secondary students. These programmes are supplemented by online learning materials and teacher interaction through the OBEC platforms for upper secondary students. Materials were prepared between 7 April and 17 May, and made available from 18 May for a trial and feedback period leading up to 1 July.

Feedback from students, parents, and teachers during the trial period has pointed to a number of shortcomings of the remote facilities:

- **Access to learning materials:** Emerging survey results show that a significant number of students cannot access online education due to lack of necessary technologies (such as computers, tablets, etc.) at home (Tongliemnak, 2020). In a survey coordinated by the National Statistical Office of Thailand in April 2020, 50.8% of respondents noted that they do not have computer, notebook, or tablet at home, while 26.3% do not have adequate or any internet at home. Even when families do have devices, it is problematic for families with more than one child to access materials for multiple grades (Kertbundit, 2020). Informal feedback from small school administrators in remote areas indicates the need for print materials for unconnected children, along with the necessary guidance and budgets to prepare these materials.
- **Quality of learning materials:** For young children at pre-primary and early primary levels, the TV instruction is regarded as being poor quality and reliant on rote learning techniques. In addition, extensive time in front of the television may not be appropriate for such young children (Supanitayanon et al., 2020). For secondary school students, many online resources are in English rather than Thai, and resources in Thai often use traditional pedagogy, with limited interaction and effectiveness (Lao, 2020). Students have reportedly not been able to log on to the online OBEC system at all, making it difficult to access these resources (BBC Thai, 2020).
- **Teacher preparedness:** Few Thai teachers have received training on using technology to deliver remote education, and the swift change in teaching medium is extremely challenging (Kenan Foundation, 2020).
- **Infrastructure:** Many smaller schools, both in urban and rural areas, do not have sufficient financial, educational or technological resources to be able to effectively support distance learning (Lao, 2020).

At the time of writing, all schools are anticipated to re-open on 1 July. However, some schools will have to implement a blended approach of onsite and remote learning to allow for schools to adequately implement the necessary social distancing measures.

### Box 1: The key role of teachers in delivering education

Teachers have been central to interpreting and implementing evolving policy decisions. Although few teachers have had much training on delivering remote education, interviewees have shared anecdotes highlighting teacher's flexibility and innovation in delivering education. For example, in Thailand, in areas without internet, or where students do not have computers, teachers have distributed physical learning materials and set up temporary learning centres in the community in order to keep their students engaged with learning.

Globally, although there is limited research to date on the effects of this turbulent time on teachers, it has highlighted their central importance to sustaining education. For teachers to be better equipped to support students on their return to school, international literature suggests they should receive professional development to assess learning gaps, teach at the right level and implement curricular prioritisation, as well as design and give digital instruction. Teachers need to be supported with appropriate supervision, peer coaching and psychosocial support (World Bank, 2020).

## Vocational education

Vocational colleges also closed on 18 March 2020. The Office of the Vocational Education Commission has tried to maintain two-way communication with students through platforms such as Zoom, MS Teams, and Facebook, in addition to providing online content (MCOT News, 2020). Some classes have expanded their audience as a result of being streamed online.

The Ministry of Education has announced a policy to help 350,000 vocational college students at higher diploma level by waiving the annual fee of Thai baht (THB) 5,000 per year for the 2020/21 academic year (NaewNa Newspaper, 2020).

## 4.3.3 Direct education costs

### Learning loss and inequality

Predicted impacts on learning loss are due to different mechanisms.

Firstly, the extended school closure will result in universal learning loss. International literature shows that even during ordinary school holidays, students experience learning loss, with socioeconomically disadvantaged students experiencing more loss than their wealthier peers (Cooper et al., 1996; World Bank, 2020). High levels of learning inequality are already evident in Thailand based on socioeconomic status, the rural/urban divide, disability, and migrant status (Section 4.1.1), and the extended period of school closure will exacerbate these learning inequalities and losses.

Secondly, at the time of writing, the Ministry of Public Health has indicated that ECD centres and public schools will physically re-open from 1 July 2020 while abiding by social distancing and good hygiene measures (Ashworth, 2020). Schools will vary in their ability to accommodate all students, with students in higher pupil-classroom ratio settings likely to engage in blended learning, attending school physically and remotely on alternating days. Due to the challenges identified with remote learning (discussed in Section 4.3.2) and the digital divide (see Box 2), even after the academic term resumes, students receiving blended learning may be disadvantaged compared to those who resume complete onsite learning. This will depend on the varying ability of students to access

remote education, the quality of remote instruction, and the conduciveness of the home environment. Stakeholders have commented that for children with parents with low levels of education, or who do not live with their parents and lack adult guidance, remote education is additionally challenging.

In a scenario where there are further school closures, and students have to solely rely on remote learning facilities, learning losses are anticipated to be extremely significant. These shocks are likely to have long-term, compounded impacts on learning, particularly for children whose foundational learning was not strong to begin with. Finally, COVID-19 is expected to increase the level of school dropout, and this is discussed further in Section 4.3.5 below.

## Box 2: Digital divide exacerbating learning inequalities

The potential move to remote education has highlighted the importance of the digital divide, describing the varying ability of students and families to access remote education, and the ability of schools to offer remote education. Technological poverty widely compounds disadvantages faced by vulnerable groups.

At the household level, 30% of 15-year-old students in Thailand do not have a quiet place to study in their homes, and 47% of Thai students reported a lack of access to computers, which they needed for school work (OECD, 2018). The situation is particularly worse in rural areas, with only 45% students reporting access to a computer at home, as compared to 70% students in urban areas reporting the same. Socio-economically, only 17% of the lowest income quintile Thai households have computers at home, while 91% of the highest income quintile have a computer at home. Similarly, 57% of the lowest income quintile have access to the internet at home, compared to 98% of the highest quintile.

Smartphone ownership is much greater – with 86% of Thai students having access to smartphones, with high ownership even within the lowest income quintile group. This suggests that a focus on smartphone applications may lead to greater penetration of any future learning material. Also, 70% of the poorest households own a TV.

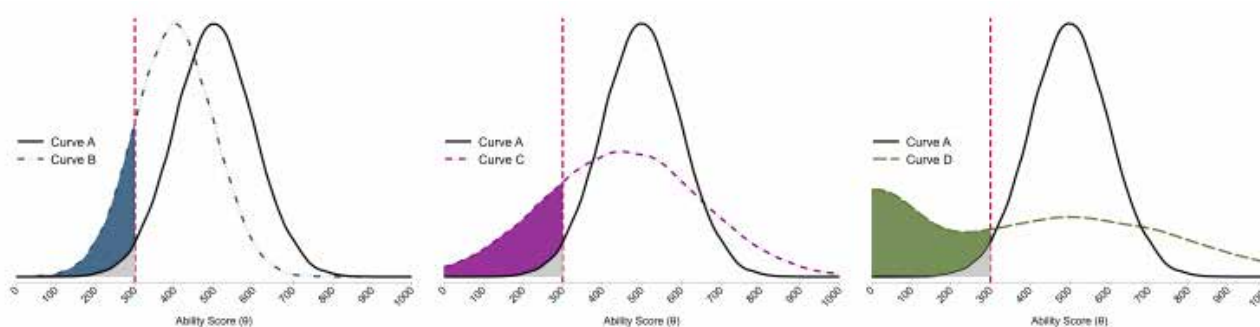
Approximately one-third of children with special educational needs attend schooling. The Ministry of Education has been proactive in providing online and DLTV resources, videoconferencing, telephone calls, and home visits for parents and caretakers of students with special educational needs and disabilities, and have instructed teachers to have weekly meetings with students to provide learning materials and support. The Ministry of Education has also offered online learning programs for teachers in order to create online programs. However, many special education students do not have access to online resources. For example, in a survey of special education schools in Sukhothai Province, out of 391 special education students, 98% have no PC, 97% have no laptop, and 93.4% have no tablet (OBEC, Special Education Office in Sukhothai, 2020).

Heavy reliance on digital platforms for remote learning also raises concerns for the children of the ethno-linguistic communities, as learning materials are not available in minority languages.

In schools, while on average 82% of learners attend schools with internet connectivity, only 62% of those attend disadvantaged schools, versus 95% among those who attend advantaged schools. Similarly, less than 50% of learners from disadvantaged schools, compared to 82% from advantaged schools, had access to digital devices with adequate computing capacity.

Estimates for the magnitude of expected learning losses are emerging from the international literature. World Bank (2020) has proposed that these scenarios can be shown through the learning curve<sup>47</sup>. In Figure 6 below, Curve A represents learning levels prior to school closures. The red dotted lined marks the minimum proficiency level, below which children cannot read and understand basic text by age 10 (grey shade). Curve B represents extended school closures, or a universal reduction in learning time, where the shape of the curve remains the same, but moves to the left. The group of students who are now below the minimum efficiency level has increased by the blue shaded area. A scenario whereby learning inequalities will increase due to existing inequalities being exacerbated and a new group of disadvantaged pupils due to the digital divide, is shown in Curve C, where the curve flattens, and the increase in those below minimum proficiency levels are shaded in purple. Finally, an increase in dropout, typically by those who were already learning less, can be demonstrated in Curve D, with an upwards movement of the left tail, with the green shaded area showing the additional group of learners below minimum efficiency.

**Figure 6: Three scenarios for how the learning curve may be impacted by universal learning loss, increased inequality, and an increase in dropout**

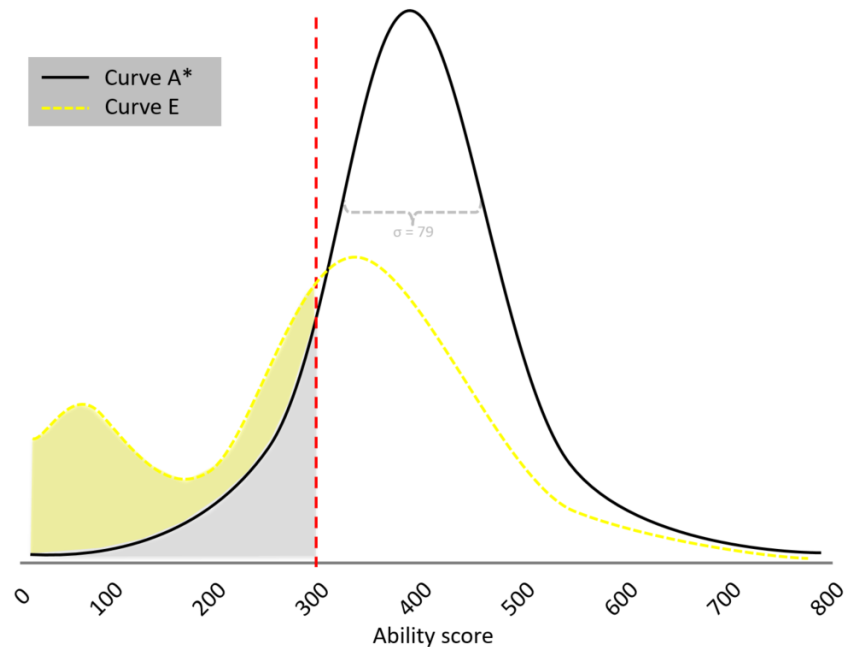


Source: World Bank (2020)

We can approximate these effects in Thailand to get a sense of the scale of anticipated learning loss, although the actual curve for Thailand should be midway between curves B and D in Figure 6, with a less symmetric distribution. In Figure 7 below, Curve A\* represents Thailand's performance in the 2018 PISA reading assessment (mean of 393 and standard deviation of 79). The area to the left of the red vertical line shows students who achieved below minimum proficiency. Curve E shows the anticipated effects as described above: a slight shift of the curve to the left, due to the extended break from school and reductions in the average score, noting that the most advantaged students will not be severely affected, but also that no students are likely to raise their PISA scores. As well as the left shift there is an increased, secondary peak at very low scores, caused by dropout. Rather than a simple flattening of the normal distribution in A\*, the new distribution will be to the left. The yellow shaded area then represents the potential additional group of students who do not reach minimum proficiency levels due to COVID-19. Without policies to mitigate these learning losses, the effects could be profound.

<sup>47</sup> Learning curves are typically drawn by the makers of national assessments, such as the Programme for International Student Assessment (PISA). Average scores are represented by the top of the curve, while the width of the curve (the standard deviation) shows inequality of learning outcomes within an education system. Learning curves can be used to rank students based on proficiency levels. Minimum proficiency is set at a certain score and represented by the dashed red line; students falling below minimum proficiency are displayed as the coloured area to the left of the dashed red line.

**Figure 7: Stylised representation of potential learning loss in Thailand, based on 2018 PISA reading scores**



Source: Authors' own elaboration based on World Bank (2020).

In addition to the immediate impact on learning from school closures, evidence suggests that it is possible that a few months of learning loss will result in large and permanent learning losses if children who fall behind during school closures never catch up. Data necessary to quantify the number of years of learning loss in Thailand (or elsewhere) as a result of COVID-19 are currently unavailable since schools are still closed and therefore updated estimates of pupil learning do not exist. In this context, existing studies can be used to get a sense of the likely range of the impact of this period of school closure on the number of years of learning loss. Studies find that as a result of children missing three to four months of school due to a shock, they are likely to be the learning equivalent of 1–1.5 years behind where they would have been with no shock (Andrabi et al., 2020; Kaffenberger 2020). It is important to note that this is an estimate of the average long-term impact. Children belonging to the most vulnerable groups, such as those already in the bottom quantile in terms of academic performance or socio-economic class, are likely to have an even greater long-term negative impact on their learning. In Thailand, as schools were closed for just over three months, it is likely that the impact on learning will be similar to what existing studies suggest, with a disproportionately larger negative impact on already marginalised groups of children in terms of school access and learning.

### Box 3: Lockdown impacts on pre-primary children

As all ECD centres have been closed since 18 March, children aged three to five will be negatively affected. This period of child development, including physical, emotional, and social development, and introduction of literacy and numeracy is essential for the foundational skills on which future learning rests; if children fail to acquire foundational skills in early grades, they may find it much more difficult to learn later (World Bank, 2020).

In the home environment, many Thai children lack appropriate care and stimulation. A large number of parents do not engage in learning activities with their young children: a recent survey showed that only 34% of fathers engage in a variety of activities that promote learning, while 59% of children younger than five do not have at least three books at home (UNICEF, 2020). Children of this age are also less able to use or benefit from remote learning facilities.

Government initiatives such as online training for parents and increased use of the 'KhunLook' app for parents during the COVID-19 restrictions, with support and close follow-up from ECD teachers, have the potential to improve parental support and engagement with young children. Further research should be done to assess the effectiveness of these measures.

Officials from the Ministry of Public Health have already warned that the lockdown period has affected many aspects of development for children aged 0–5 (Ministry of Public Health, 2020). Children in that age group who attended health checks in March 2020 compared to the previous year fell from 91.2% to 63.7%, highlighting the risks to child development, especially if unattended to.

## 4.3.4 Student well-being and safety

### Nutrition

ECD centre and school closures have highlighted their importance for other essential services, such as school meals for student well-being.

Thai schools offer a School Feeding Programme that includes milk and meals for ECD and primary-level students. The delay in the start of the 2020/21 academic year leaves a crucial gap in child nutrition for the most vulnerable. Data from the 2015/16 UNICEF Multiple Indicator Cluster Survey (MICS) found that 16% of children under five were chronically stunted (National Statistical Office and UNICEF, 2016). Data from the EEF (EEF, 2020a) survey found that 5.8% of primary school students and 3.6% of lower secondary school students were considered to be malnourished. For these students, school closure is likely to have a direct impact on increased hunger and malnutrition.

The Ministry of Education and Ministry of Interior have acted quickly to safeguard students who attend ECD centres by organising for meals to either be collected by parents or delivered by teachers, though it is unclear how successfully this has been implemented in practice. For primary schools, although there are no official alternative provisions, organisations such as the EEF and other civil society groups have arranged food packages for children belonging to 750,000 of the most vulnerable families (EEF, 2020b). Chapter 5 on nutrition covers school meals in more detail.

## Student vulnerability and mental and social well-being

While ordinarily Thai girls outperform boys, with higher enrolment rates and better academic performance, keeping children at home during school closures may have some gendered effects that disproportionately disadvantage girls. Internationally, girls are known to be more likely to do unpaid work in the home, including care for the sick and doing household chores, potentially taking time away from studies (UNESCO, 2020). During other disease outbreaks such as Ebola and cholera, social lockdowns also increased the incidence of sexual exploitation, sexual abuse, teenage pregnancy, and early marriage (Karki, 2020).

Evidence of these trends are emerging in Thailand. 7% of respondents to a recent United Nations survey noted they were concerned about domestic violence during lockdown, while there are emerging reports of increased domestic violence during the lockdown period, which has serious implications for children learning at home, especially for girls (UNICEF, 2020b, Charoensuthipan, 2020). Stakeholders have also noted that the lockdown measures have created barriers for adolescents to access youth-friendly sexual health services. Relatedly, in Thailand, pregnant adolescents and adolescent mothers commonly drop out of school; they are often forced out of school, do not receive support to continue attending school, and face social stigmatisation from peers, teachers, and the parents of other students (UNICEF, 2018). In 2019, the Ministry of Education enacted a new ministerial ordinance that schools must provide appropriate sex education to students and that pregnant students may not be punished and must be allowed to continue their schooling (Ministry of Education, 2018). As students return to school, the implementation of this ordinance and supportive communications around this should be prioritised to ensure that girls are not disadvantaged. More detail on this can be found in Chapter 6 on protection against violence, exploitation, and abuse.

Thai children and young people have also expressed that COVID-19 is affecting their mental health, with more than seven in 10 children reporting stress, worry, and anxiety about family income and ability to continue their education (UNICEF, 2020b). Chapter 3 on health discusses this in more detail.

The potential for much more exposure of young students to internet technology and virtual platforms as a means of remote learning also puts children at increased risk of cyber-bullying and online exploitation, arising from inappropriate collection, usage, and sharing of personal data. Groups who are the most vulnerable include younger students who may not have developed skills or knowledge about safe online behaviours, girls, and children with disabilities (UNICEF, 2020b). These risks can cause anxiety among such vulnerable students and may hamper the learning process. In recognition of these issues, the Ministry of Education has recently announced provision of 225 school psychologists when schools resume, with plans to train teachers on psycho-social support, with the intention of having a school psychologist in every school (ThaiPublica Newspaper, 2020).

### Box 4: Increasing vulnerability of students in the southern-most states due to COVID-19 measures

The four southern-most provinces, Pattani, Yala, Narathiwat, and Satun are Muslim-majority in terms of population and culture. They have long lived under the threat of violence and terrorism, often with schools and teachers being the target of attacks, which has resulted in poverty and low levels of education attainment. COVID-19 has amplified the situation as income earners who normally travel across the border to work in Malaysia cannot do so due to border closures. This has resulted in lower incomes and food shortages, especially for children. Closure of ECD centres and schools exacerbate this problem. Lockdown measures have also changed other ways of life, with the closure of mosques and public gathering spaces increasing stress within the family. Some interviewed feared this could result in increased domestic violence towards women or children (Pabuprapap, 2020).

### 4.3.5 Economic impact

The Thai economy is projected to shrink by 6.7% in 2020, to resume growth in 2021 but to remain permanently 7% smaller than where it would have been without the COVID-19 crisis. The economic downturn generates unemployment, income reductions, and poverty in the short run. For Thailand, this means that in 2020 urban areas will be worse affected than rural areas, and that millions of households will be affected. In the longer run, the direct impact of the economic downturn and other, lasting problems created by the crisis will continue to affect hundreds of thousands of people. There will be moderate demand-side effects on education through a relative drop in average household income, as well as a decline in government spending on the sector (relative to pre-COVID plans). This may reduce both demand and supply of schooling, both immediately and after schools have re-opened. There is more detail on this in Chapters 1, 2, and 7.

#### Dropout and at-risk students

Student dropout, particularly at the transition between lower and upper secondary level, has been an ongoing concern in the Thai education sector. The number of out-of-school adolescents increased from 3.5% in 2009 to over 12% by 2015 (CEIC, 2018). Past economic downturns have seen increases in student dropout: estimates from the 1997 Thai baht devaluation crisis showed student dropout rates tripled between 1996 and 1998, while child labour spiked (Nicaise, Tonguthai, and Fripont, 2000). Similar trends in dropout are likely to emerge as a result of COVID-19, affecting pupil groups that were already vulnerable as low-income earners before the crisis, and putting additional groups at risk due to increased poverty.

Analysis in Chapter 2 shows increases in poverty and unemployment between April and September 2020, after which it eases quite rapidly. The most affected areas in terms of increases in poverty are the least poor areas: Bangkok and other urban areas. However, being below the poverty line in Bangkok and other big cities is serious. The most affected economic sectors are industry (manufacturing and construction), tourism, and other services. At the peak of the crisis, there could be up to 8.4 million unemployed – 85% will be low skilled; 23% will be in tourism; and 45% in other service sector jobs (according to the simulation in Chapter 2). Casual workers in the private sector, in tourism, or in urban areas are most likely to be pushed into poverty, with a very high share likely to lose their jobs in those sectors.

For Thai nationals, in a rapid survey of EEF scholarship holders (those already in low-income families) completed in April 2020, 41% of parents reported a reduced income, 15% reported temporarily stopping work, and 14% had lost their jobs (EEF, 2020c). In response to COVID-19 economic shocks, the EEF has approved additional funding to be distributed to families already registered in the cash transfer programme. However, for some households, these payments alone will not be enough to keep them out of poverty. Poorer migrant families, who are ineligible for the government stimulus cash payments, will be particularly vulnerable.

Prolonged reductions in income at this scale will severely test households' ability to keep children in school. The EEF also works with provincial governments to reach OOSC. Activating this network and proactively providing targeted support will be key to reducing further dropout for those who were already at risk pre-COVID-19.

Poverty directly affects participation in education by increasing the opportunity cost of going to school and by affecting the ability of households to bear the direct cost of education. Even though education is free, auxiliary costs for schooling range from THB 1,000 to THB 10,000 per student per year (UNICEF, 2019). Families who have had changes to their household income may no longer be able to bear these costs. In addition, previously school-going children may need to switch to some sort of employment to supplement the household income, thus increasing dropout.



Students from poorer economic backgrounds suffer the greatest learning losses during periods of prolonged school closures. It is likely that blended learning approaches will need to be used in urban areas more so than in rural areas once schools reopen. As already discussed, blended learning is particularly challenging for poorer students, directly affecting their learning (Section 4.3.2). Together, these forces reduce the benefits of or 'returns' to education for children from poorer backgrounds and can result in increased dropout. In Thailand, students from poorer (COVID-affected) urban households, including in Bangkok and the southern provinces, are likely to see the largest increase in dropout due to these compounding effects of increased opportunity cost of education, learning losses from school closures, and reduced learning overall due to the adoption of blended learning approaches.

## Education investment by parents

According to the National Education Accounts of Thailand, around 21% of the total education spending in Thailand comes from households (EEF, 2018). Even for students who do not drop out, families may be less able to pay for educational inputs. This could range from shifting children from private to public schools, to reducing or foregoing private tutoring lessons, or reducing expenditure on school trips (World Bank, 2020).

## Private and community school sector

Currently, one-third of pre-primary students, 22% of primary students, and 11% of secondary students are enrolled in private education. Rising unemployment and reduced incomes may mean that parents shift their children from private to public education. This reduced demand for private education could result in the closure of some private schools. Due to the pandemic, a reduction in the number of international students entering the private schools in Thailand has resulted in decreased revenues, which is bound to affect the quality of education being imparted in these schools even if they somehow manage to sustain themselves. Even prior to the COVID-19 shocks, many private schools were struggling financially due to the dwindling school-age population and growing competition from public schools (Sanook News, 2015; Daily News, 2019). The Association of Private Schools has reported that some private schools have already shut down during the school closure period, while it has been estimated that up to 60% of private pre-primary centres may close (Bangkok Business Newspaper, 2020a; Bangkok Business Newspaper, 2020b).

Some charity or religious private schools in Thailand cater to groups of disadvantaged children or religious minorities (Ministry of Education, 2009). These schools will also be vulnerable to closure if parents cannot pay fees.

Private school closures will increase demand and pressure on the public school system, especially at the pre-primary level. Overcrowding in public school classrooms as a result of this shift could negatively affect the quality of education being provided. An analysis of the capacity of the public system to absorb these additional students needs to be urgently undertaken.

## Government spending on education falls

As outlined in Section 4.3.1, the Thai Government has been consistently committed to funding the education sector at 15–20% of government expenditure and 4–6% of GDP. During the 2007/08 economic crisis, government spending on education was protected.

Analysis in Chapter 1 shows that by 2024, resources for public spending across the sectors will be 9–10% below the previously expected level, while still maintaining positive growth. Although it is too soon to say how this will affect future education budgets, this highlights the need to assess medium-term goals and needs, and to rely on evidence-based practices to guide future investments on systems, structures, and supports that increase long-term capacity and produce benefits for all.

### 4.3.6 Predicted impact on SDG 4 (Education 2030) indicators

We review the likely effect of the impacts of COVID-19 on the SDG 4 localised targets and indicators as set out in Section 4.2.1 and analysed in Section 4.3. This assessment is limited to the national indicators and issues we have explicitly analysed in the formal basic education system. Predicted impact is coded by red (likely negative impact), amber (possible impact), green (likely positive impact), and black (insufficient data to make a judgement).

**Table 15: Potential COVID-19 impact on localised SDG 4 indicators**

SDG 4 localised Thailand indicators	Potential COVID-19 impact	Predicted impact on SDG indicator
<b>SDG 4.1.1 Proportion of third-grade students who pass the national test</b>	As discussed in Section 4.3.3, learning loss and exacerbation of learning inequalities are expected due to the extended school break. Additionally, students who will experience blended learning or remote learning will be at risk of further loss due to the varying degree of ability to access learning materials and conduciveness of the home learning environment. Without remedial education, there are likely to be long-term learning losses.	
<b>SDG 4.1.2 Proportion of a) sixth and b) ninth grade students who pass the O-NET test</b>		
<b>SDG 4.1.3 Proportion of students who pass the basic proficiency level in PISA</b>		
<b>SDG 4.1.4 Net enrolment rates (primary)</b>	As discussed in Section 4.3.5, dropout of students is expected due to economic recession, particularly affecting pupil groups that were already vulnerable as low-income families before the crisis, and putting additional groups at risk due to increased poverty. These new groups will be children in urban areas, with families employed in the private, tourism, or casual sectors. Children and adolescents in higher grades (lower and upper secondary) are more at risk due to pressure to contribute to family incomes.	
<b>SDG 4.1.5 Net enrolment rates (lower secondary, general upper secondary, vocational levels)</b>		
<b>SDG 4.1.6 Graduation rate of students (lower secondary, general upper secondary, vocational levels)</b>		
<b>SDG 4.2.1 Proportion of children under five years of age who are developmentally on track in health, learning, and psychosocial well-being, by sex from 1) UNICEF's MICS survey 2) Ministry of Public Health annual survey 3) National Statistical Office surveys</b>	As discussed in Sections 4.3.3 and 4.3.4, the closure of ECD centres will likely have affected child development, as ECD centres promote development in terms of physical, emotional, social, and foundational learning skills and school meals. This will particularly affect children who are reliant on ECD centres for adequate nutrition, engagement and stimulation. Evidence has already emerged that less children aged zero to five accessed health checks during the lockdown period in March 2020 compared to the previous year, highlighting the risks to child development.	

SDG 4 localised Thailand indicators	Potential COVID-19 impact	Predicted impact on SDG indicator
<b>SDG 4.2.2 Enrolment rate in pre-primary education</b>	<p>As discussed in Section 4.3.5, one-third of pre-primary students are enrolled in private education, and a number of private ECD centres have already closed due during the lockdown period, with more expected to close due to the economic crisis. Pre-primary students are likely to transfer to public ECD centres rather than drop out; however, capacity of public centres to absorb students while maintaining adequate quality needs to be further assessed.</p>	
<b>SDG 4.3.1</b> <b>A) ratio of vocational to upper secondary general students</b> <b>B) enrolment rate at tertiary level (university)</b> <b>C) enrolment rate at tertiary level (vocational diploma)</b>	<p><i>Not explicitly analysed in this report.</i></p>	
<b>SDG 4.4.1</b> <b>A) proportion of workforce with computers</b> <b>B) proportion of workforce with access to internet</b>	<p><i>Not explicitly analysed in this report.</i></p>	
<b>SDG 4.5.1. Enrolment by gender/rural/urban area (pre-primary, primary, secondary, higher education levels)</b>	<p>As discussed in Section 4.3.4, girls are particularly vulnerable to dropout following periods of lockdown.  As discussed in Sections 4.3.3 and 4.3.5, the extended school closure will have had most severe learning loss effects on students already in vulnerable learning groups, which increase their risk of dropout, while the economic recession will put children in urban poor households and migrant children at further risk of dropout.</p>	
<b>SDG 4.6.1.</b> <b>A. literacy rate/numeration rate of 15 years old and beyond population; B. years of education of 15 years old and above population</b>	<p>As discussed in Sections 4.3.3 and 4.3.5, universal learning losses are expected, with ECD centre closures affecting accumulation of foundational literacy and numeracy skills, while primary and secondary school closures may impact the number of students reaching minimum literacy and numeracy proficiency levels. Additionally, the combined effects of learning loss and increased likelihood of dropout may lead to a decrease in years of education attained.</p>	
<b>SDG 4.7.1 Percentage of students who study environment/natural preservation in the curriculum</b>	<p><i>Not explicitly analysed in this report.</i></p>	

SDG 4 localised Thailand indicators	Potential COVID-19 impact	Predicted impact on SDG indicator
<p><b>SDG 4A.1. Ministry of Education to collect data on proportion of schools with access to: (a) electricity; (b) the internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the water, sanitation and hygiene (WASH) indicator definitions)</b></p>	<p>As discussed in Sections 4.3.2 and 4.3.3, not all schools are equipped with adequate remote teaching devices or internet connectivity, with disparities seen between advantaged and disadvantaged schools. Although not explicitly analysed in this report, COVID-19 has also highlighted the need for additional WASH facilities in schools.</p>	
<p><b>4B.1) Volume of official development assistance flows for scholarships by sector and type of study</b></p>	<p><i>Not explicitly analysed in this report.</i></p>	
<p><b>4C.1) Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organised teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country</b></p>	<p>As discussed in Section 4.3.2, few teachers have received training on using technology to deliver remote education, and the swift changes to teaching have been extremely challenging.</p>	

## 4.4 Policy choices

This chapter focuses on the specific impacts of the COVID-19 crisis in all its dimensions. Based on the possible impacts on the education sector and the predicted impacts on the SDG 4 indicators, the following policy choices and recommendations should be prioritised in the COVID-19 recovery phase.

### 4.4.1 Learning recovery

**Remedial learning to make up for extended school closures:** When students return to school, schools need to assess students' learning levels, and based on these assessments, plan for large-scale remedial programmes. This will also give teachers the information they need to teach at the right level, to enhance learning, particularly for those who have experienced more learning loss or were already at lower levels of learning pre-COVID-19. One type of remedial programming could be to form education volunteer groups, following the effective model of health volunteer groups at the village level. The Ministry of Education should give schools guidance on essential areas of the curriculum to prioritise so that schools and teachers can focus on supporting pupils to catch up without facing additional pressures in a school year that will already be shorter than the requisite 200 days.

**Teachers should be given professional development** in order to assess learning lags, teach at the right level, and implement curriculum prioritisation, alongside supportive supervision, peer coaching, and psychosocial support for their own well-being.

**Remote learning facilities should continue to be enhanced** as they will be needed for ongoing blended learning and in the event of any localised or additional school closures. Learning materials should be conscious of accessible media and the needs of all students. This may include developing more materials for TV, mobile phones, and print options, available in minority languages and assistive devices. School facilities should be reviewed and improved to assist in delivering remote or blended education.

### 4.4.2 Reducing possible dropout

**Preventing dropout requires a coordinated effort.** The Government should coordinate different agencies, including the Ministry of Education, Ministry of Interior, Ministry of Public Health, and Ministry of Social Development and Human Security, and work with the local area authorities to closely monitor early signs of student dropout, and to identify areas where the problem is likely to be more severe. The iSEE system of the EEF or similar databases of other government agencies could be utilised to track and support those most at risk.

**To prevent permanent dropout, re-enrolment and back-to-school campaigns** should be conducted. According to our analysis, COVID-related dropout risk is distributed differently from the background education challenges in Thailand: remote rural areas face risks from learning losses but these are not compounded by the same economic challenges as in Bangkok and other urban areas, and areas with a lot of tourism. These areas could be targeted more strongly for re-enrolment campaigns. Participatory community action and awareness raising could also be considered: for example, engaging community youth volunteers to conduct door-to-door surveys to identify OOSC.

**Remove auxiliary school fees and offer financial support to students most at risk.** Auxiliary school fees should be waived or delayed, and the EEF should continue to target extra financial provisions for those most at risk, and consider offering forms of financial support to children from migrant families.

**Offer occupational skills training options** for children and adolescents who do not go back to school.

### 4.4.3 School feeding and child welfare

**Safeguard school feeding programmes and expand them if possible** to encourage school re-enrolment and attendance, and continue during school breaks for the most financially vulnerable. Prepare contingency plans and new modalities for distribution of food packages to ensure continuity of school feeding. Linking school meals to local food farms and food produces could ensure continuous supply, as well as increasing the sustainability of these programmes.

**Reiterate supportive communications for the return of pregnant girls to school** and ensure schools implement the ministerial ordinance that schools must provide appropriate sex education to students and that pregnant students should continue schooling.

**Ensure access to mental health support** by providing psycho-social training to teachers to give guidance to students and families on well-being, and provide uninterrupted access to counselling services for students either online or by phone. Teachers should also be guided on how to identify and report child abuse and neglect that they may observe during interactions with their students.

**Ensure the safety and protection of students using online education platforms** by empowering children with information on navigating the digital world safely. Schools should have safeguarding policies, which include a code of conduct for teacher and student interactions, and companies involved in providing technological infrastructure should include child safety features.

### 4.4.4 System- and planning-related issues

The education sector has seen unprecedented shocks due to COVID-19. As well as addressing the most immediate impacts listed above, the system needs to adapt and be resilient to uncertainties, while addressing pre-existing challenges, including inequalities in learning outcomes. This will likely need to be achieved with a slower growing medium-term budget than previously anticipated.

From our analysis above, we recommend a review of

- the National Education Plan (2017–2036) to reflect reprioritised sector priorities;
- the capacity of public schools to absorb the transfer of students currently enrolled in the private sector, especially at the pre-primary level; and
- sector performance to identify areas for potential efficiency savings.

Additional diagnostics will be useful as the impacts of COVID-19 unfold. This is also an opportunity for education systems to 'build back better'. While beyond the scope of this report, the UNICEF-UNESCO technical note 'Managing the impact of COVID-19 on basic education in Thailand' (2020) provides further system-level recommendations that provide a good complement to what is suggested here.

## References

- Andrabi, T., Daniels, B. and Das, J. (2020) 'Human Capital Accumulation and Disasters: Evidence from the Pakistan Earthquake of 2005', *RISE Working Paper Series*. 20/039.
- Ashworth, C. (2020) 'Students to wear mask, get temperature checked at school', Coronavirus (COVID-19) in Thailand', *The Thaiger*, 25 May 2020.
- Bangkok Business Newspaper (2020a) '5 measures to help private schools' [original in Thai], *Bangkok Business Newspaper*, 13 May 2020, retrieved from: [www.bangkokbiznews.com/news/detail/880425](http://www.bangkokbiznews.com/news/detail/880425) [accessed 5 June 2020].
- Bangkok Business Newspaper (2020b) 'Private day care in jeopardy', *Bangkok Business Newspaper*, 4 June 2020, retrieved from: [www.bangkokpost.com/thailand/general/1928968/private-daycare-in-jeopardy](http://www.bangkokpost.com/thailand/general/1928968/private-daycare-in-jeopardy) [accessed 1 July 2020].
- BanMuang Newspaper (2020) 'Vocational Colleges are producing masks and face-shields' [original in Thai], BanMuang Newspaper, 5 April 2020, retrieved from: [www.banmuang.co.th/news/education/186935](http://www.banmuang.co.th/news/education/186935) [accessed 5 June 2020].
- BBC Thai (2020) 'First day of online learning in Thailand: From kindergarten to vocational college students' [original in Thai], *BBC Thai* 18 May 2020, retrieved from: [www.bbc.com/thai/thailand-52703005](http://www.bbc.com/thai/thailand-52703005) [accessed 7 June 2020].
- CEIC (2018) 'Thailand Education Statistics', CEIC, retrieved from: [www.ceicdata.com/en/thailand/education-statistics](http://www.ceicdata.com/en/thailand/education-statistics) [accessed 1 July 2020].
- Charoensuthipan, P. (2020) 'Abuse on rise amid outbreak', *Bangkok Post*, 8 May 2020.
- Cooper, H., Nye, B., Charlton, K., Lindsay, J. and Greathouse, S. (1996). 'The Effect of Summer Vacation on Achievement Test Scores: A Narrative and Meta-Analytic Review', *Review of Educational Research*, 66(3), pp. 227–268.
- Cooper, H., Nye, B., Charlton, K., Lindsay, J., & Greathouse, S. (1996). 'The Effect of Summer Vacation on Achievement Test Scores: A Narrative and Meta-Analytic Review', *Review of Educational Research*, 66(3), pp. 227–268.
- Daily News (2019) 'Private schools closing down, asking for help from the government' [original in Thai], *Daily News* 27 June 2019, retrieved from: [www.dailynews.co.th/education/717178](http://www.dailynews.co.th/education/717178) [accessed 5 June 2020].
- Economist Intelligence Unit (2020) 'Interim deliverable: Covid-19 macroeconomic forecasts for Thailand', Economist Intelligence Unit, 8 May 2020.
- EEF (2018) 'Insights into the National Education Account of Thailand and Policy Implication' [original in Thai], seminar conducted on 10 October 2018, retrieved from: [www.eef.or.th/%E0%B8%9A%E0%B8%B1%E0%B8%8D%E0%B8%8A%E0%B8%B5%E0%B8%A3%E0%B8%B2%E0%B8%A2%E0%B8%88%E0%B9%88%E0%B8%B2%E0%B8%A2%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B8%A8%E0%B8%B6%E0%B8%81%E0%B8%A9%E0%B8%B2/](http://www.eef.or.th/%E0%B8%9A%E0%B8%B1%E0%B8%8D%E0%B8%8A%E0%B8%B5%E0%B8%A3%E0%B8%B2%E0%B8%A2%E0%B8%88%E0%B9%88%E0%B8%B2%E0%B8%A2%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B8%A8%E0%B8%B6%E0%B8%81%E0%B8%A9%E0%B8%B2/) [accessed 5 June 2020].
- EEF (2020a) 'A rapid review and recommendations for the EEF Executive Board on a post COVID-19 preparation', a presentation held on 30 May 2020, EEF.
- EEF (2020b) 'EEF announces the campaign "giving food to poor children"' [original in Thai], published on 19 May 2020, retrieved from: [www.eef.or.th/6810711150/](http://www.eef.or.th/6810711150/) [accessed 5 June 2020].
- EEF (2020c) 'A report of the survey of disadvantaged students on the impacts of COVID-19', [a survey conducted between 13 and 19 April via telephone and online platforms], EEF.
- EEF Report on StarFish Education (2020) '4 area-based alternatives to cope with COVID-19' [original in Thai], retrieved from: [www.eef.or.th/639/](http://www.eef.or.th/639/) [accessed 5 June 2020]
- Fry, G.W., Bi, H. and Apahung, R. (2018) 'Regional Educational Disparities in Thailand', *Education in Thailand, An Old Elephant in Search of a New Mahout*, Springer, Singapore.
- Iqbal, S.A., Azevedo, J. P., Geven, K., Hasan, A. and Patrinos, H.A. (2020) 'We should avoid flattening the curve in education – Possible scenarios for learning loss during the school lockdown', *World Bank Blog*, World Bank Group.
- Kaffenberger, M. (2020) 'Modeling the Long-Run Learning Impact of the COVID-19 Learning Shock: Actions to (More Than) Mitigate Loss', RISE.
- Karki, S. (2020) 'Rapid Literature Review: Education' Maintains Programme, UK Department for International Development/Oxford Policy Management.
- Kenan Foundation (2020) '3 Consequences of Covid-19 on Thai Education', *21st Century Education*, Kenan Foundation Asia, Thailand.

- Kertbundit, B. (2020) 'Covid-19 presents big challenges for schooling', *Bangkok Post*, 16 April 2020.
- Komchadluek Newspaper (2020) 'Schools in rural areas are not ready for online education' [original in Thai], *Komchadluek Newspaper* 19 May 2020, retrieved from: [www.komchadluek.net/news/lifestyle/431272](http://www.komchadluek.net/news/lifestyle/431272) [accessed 5 June 2020]
- Lao, R. (2020) 'Pandemic is exposing the gaps in Thai Education', *Bangkok Post*, 1 May 2020.
- Leadership for Future (2020) 'Mobile education during COVID-19, knowledge as the food that students can pick and choose' [original in Thai], Leadership for Future, Thailand, retrieved from: [www.leadershipforfuture.com/education-rod-pum-puang/](http://www.leadershipforfuture.com/education-rod-pum-puang/) [accessed 5 June 2020].
- MCOT News (2020) 'Vocational Colleges are preparing for 4 educational methods for the Academic Year 2020' [original in Thai], *MCOT News* 16 April 2020, retrieved from: [www.mcot.net/viewtna/5e982e93e3f8e40af94351f3](http://www.mcot.net/viewtna/5e982e93e3f8e40af94351f3) [accessed 5 June 2020].
- Milan, T. and Burnett, N. (2015) 'The Economic cost of out-of-school children in Southeast Asia', UNESCO, Paris and Bangkok.
- Ministry of Education (2009) 'Ordinance on the Subsidy of Students in Private Schools March 2009' [original in Thai], Royal Government of Thailand, Thailand, retrieved from: [www.ratchakitcha.soc.go.th/DATA/PDF/2552/E/040/1.PDF](http://www.ratchakitcha.soc.go.th/DATA/PDF/2552/E/040/1.PDF) [accessed 5 June 2020].
- Ministry of Education (2018) 'Ordinance for educational institutions in preventing and dealing with teen pregnancies' [original in Thai], Royal Government of Thailand, Thailand, retrieved from: [www.rsathai.org/contents/12519](http://www.rsathai.org/contents/12519) [accessed 5 June 2020].
- Ministry of Education (2020a) 'Special Education to change "home to classroom" and make parent's become teachers' [original in Thai], Royal Government of Thailand, Thailand, retrieved from: [moe360.blog/2020/04/15/%E0%B8%A1%E0%B8%AD%E0%B8%9A%E0%B8%99%E0%B9%82%E0%B8%A2%E0%B8%9A%E0%B8%B2%E0%B8%A2%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B8%A8%E0%B8%B6%E0%B8%81%E0%B8%A9%E0%B8%B2%E0%B8%9E%E0%B8%B4%E0%B9%80%E0%B8%A8%E0%B8%A9](http://moe360.blog/2020/04/15/%E0%B8%A1%E0%B8%AD%E0%B8%9A%E0%B8%99%E0%B9%82%E0%B8%A2%E0%B8%9A%E0%B8%B2%E0%B8%A2%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B8%A8%E0%B8%B6%E0%B8%81%E0%B8%A9%E0%B8%B2%E0%B8%9E%E0%B8%B4%E0%B9%80%E0%B8%A8%E0%B8%A9) [accessed 4 June 2020].
- Ministry of Education (2020b) 'Cabinet Resolution Related to Education, Meeting on 19 May 2020' [original in Thai], Royal Government of Thailand, Thailand, retrieved from: [moe360.blog/2020/05/19/%E0%B8%A1%E0%B8%95%E0%B8%B4-%E0%B8%84%E0%B8%A3%E0%B8%A1-%E0%B8%97%E0%B8%B5%E0%B9%88%E0%B9%80%E0%B8%81%E0%B8%B5%E0%B9%88%E0%B8%A2%E0%B8%A7%E0%B8%82%E0%B9%89%E0%B8%AD%E0%B8%87%E0%B8%81%E0%B8%B2%E0%B8%A3/](http://moe360.blog/2020/05/19/%E0%B8%A1%E0%B8%95%E0%B8%B4-%E0%B8%84%E0%B8%A3%E0%B8%A1-%E0%B8%97%E0%B8%B5%E0%B9%88%E0%B9%80%E0%B8%81%E0%B8%B5%E0%B9%88%E0%B8%A2%E0%B8%A7%E0%B8%82%E0%B9%89%E0%B8%AD%E0%B8%87%E0%B8%81%E0%B8%B2%E0%B8%A3/) [accessed 4 June 2020].
- Ministry of Education and SDG Move (2019) 'Sustainable Development Goal 4 of Thailand', a presentation by the Bureau of Policy and Strategy, Ministry of Education, Royal Government of Thailand, Kingdom of Thailand.
- Ministry of Interior (2020) 'Order on how to provide food to children in ECD centres during the lockdown' [original in Thai], Royal Government of Thailand, Thailand, retrieved from: [www.dla.go.th/upload/document/type2/2020/5/23525\\_1\\_1588301956532.pdf](http://www.dla.go.th/upload/document/type2/2020/5/23525_1_1588301956532.pdf) [accessed 4 June 2020].
- NaewNa Newspaper (2020), 'Vocational Colleges to offer free certification as a response to COVID-19' [original in Thai], *NaewNa Newspaper* 27 March 2020, retrieved from: [www.naewna.com/local/482274](http://www.naewna.com/local/482274) [accessed 5 June 2020]
- National Statistical Office and UNICEF (2016) 'Thailand MICS, Multiple Indicator Cluster Survey 2015-2016 Final Report', National Statistical Office and UNICEF, Bangkok.
- National Statistical Office and UNICEF (2017) 'The 2017 Disability Survey', National Statistical Office/UNICEF, Bangkok.
- NESDB (2017) 'National Strategy 2017-2038', [unofficial translation], NESDB, Kingdom of Thailand.
- NESDC (2020) 'Thailand's Social Situation and Outlook of Q1/2020' NESDC News, Bangkok.
- Nicaise, I., Tonguthai, P., and Fripont, I. (2000) 'School Dropout in Thailand: Causes and Remedies', Hoger instituut voor de arbeid.
- OBEC, Special Education Office in Sukhothai (2020) 'Survey of Special Education Center in Sukhothai in the COVID-19' [original in Thai], OBEC, Thailand. Retrieved from: [www.specialsk-edu.com/web/node/162](http://www.specialsk-edu.com/web/node/162) [accessed 5 June 2020].
- OECD (2019) 'Programme for International Student Assessment (PISA), Results from PISA 2018', *Thailand Country Profile*, OECD.
- OECD/UNESCO (2016) 'Education in Thailand: An OECD-UNESCO Perspective', *Reviews of National Policies for Education*, OECD Publishing, Paris.



- Office of the National Council (2020) 'Educational Statistics of Thailand 2014 to Educational Statistics of Thailand 2018', Ministry of Education, Kingdom of Thailand.
- Office of the Permanent Secretary (2014) 'Educational Statistics in Brief 2013', Office of the Permanent Secretary, Ministry of Education of Thailand, Bangkok.
- Office of the Private Education Commission (2017) 'Statistics of Private Education Academic Year 2017', Ministry of Education, Kingdom of Thailand.
- Pabuprapap, W. (2020) 'Stressful, malnourished, stretching lives of children in three southernmost provinces when the time of COVID-19 coincided with the Ramadan' [original in Thai], *WorkPoint News* 20 May 2020, retrieved from: [workpointnews.com/2020/05/20/unicef-ramadan2020-covid-19/?fbclid=IwAR1UaDKHSvMFURHZs4wdX751bxL5dQANgi-CLVghjEu64xczHS8g0-CvQ\\_A](http://workpointnews.com/2020/05/20/unicef-ramadan2020-covid-19/?fbclid=IwAR1UaDKHSvMFURHZs4wdX751bxL5dQANgi-CLVghjEu64xczHS8g0-CvQ_A) [accessed 5 June 2020].
- Post Today Newspaper (2020) 'Rural Schools are not ready for online education' [original in Thai], *Post Today Newspaper* 25 April 2020, retrieved from: [www.posttoday.com/social/general/621847](http://www.posttoday.com/social/general/621847) [accessed 5 June 2020].
- Sanook News (2015) 'Private Schools in Crisis, 400 closed down because of no teachers, high expenditures, not enough support from the government' [original in Thai], *Sanook News* 2 January 2015, retrieved from: [www.sanook.com/campus/1375745](http://www.sanook.com/campus/1375745) [accessed 5 June 2020].
- Schleicher, A. (2018) 'PISA 2018 Insights and Interpretations', OECD.
- Supanitayanon, S., Trairatvorakul, P. and Chonchaiya, W. (2020) 'Screen media exposure in the first 2 years of life and preschool cognitive development: a longitudinal study', *Pediatric Research*.
- ThaiPublica Newspaper (2020), 'Provincial Education Office assuring children will go back to school after COVID-19' [original in Thai], *ThaiPublica* 23 June 2020, retrieved from: [thaipublica.org/2020/06/education-euity-forum/](http://thaipublica.org/2020/06/education-euity-forum/) [accessed 1 July 2020].
- Thairath Newspaper (2020), 'MOE prepares to hire 10,000 new teachers as temporary assistants to teach early childhood' [original in Thai], *Thairath Newspaper* 20 May 2020, retrieved from: [www.thairath.co.th/news/politic/1849003](http://www.thairath.co.th/news/politic/1849003) [accessed 1 July 2020].
- Thame, C. (2009) 'OOSC Policy Briefing: No child should be discriminated against because of where he or she is from', Save the Children.
- Thame, C. and Patrawart K. (2017) 'Strengthening out of school children (OOSC) Mechanisms in Tak Province', Save the Children, Bangkok.
- The Citizen.Plus (2020) 'Teachers on horseback, the mobile learning for ethnic minority students in 3 provinces' [original in Thai], *The Citizen.Plus* 19 May 2020, retrieved from: [thecitizen.plus/node/31585](http://thecitizen.plus/node/31585) [accessed 5 June 2020].
- The Nation (2020), 'Education fund approves Bt 2 billion to help poor students', *The Nation*, 2 May 2020.
- 'The National Scheme of Education (2017–2036)', *English summary version*, Office of the Education Council Thailand, retrieved from: [edubrights.com/resource/2018/11/27/the-national-scheme-of-education-b-e-2560-2579-2017-2036/](http://edubrights.com/resource/2018/11/27/the-national-scheme-of-education-b-e-2560-2579-2017-2036/) [accessed 29 May 2020].
- Tongliemnak, P. (2015) 'Out-of-School Children in Thailand: Issues and Challenges', retrieved from [www.flexlearnstrategies.net/Summit/index.html](http://www.flexlearnstrategies.net/Summit/index.html) [25 May 2020].
- Tongliemnak, P. (2020) 'Education during the COVID-19: No better time to focus on the inequality of students' resources' [original in Thai], *EEF* 15 April 2020, retrieved from: [www.eef.or.th/378/](http://www.eef.or.th/378/) [accessed 5 June 2020].
- Tuangratananon, T., Suphanchaimat, R., Julchoo, S., Sinam, P. and Putthasri, W. (2019) 'Education Policy for Migrant Children in Thailand and How It Really Happens: A Case Study of Ranong Province, Thailand', *International Journal of Environmental Research and Public Health* 16(3), p. 430.
- United Nations Development Programme (2019) 'Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand', United Nations Development Programme, Bangkok.
- UNESCO (2016) 'Executive Summary: Rapid Assessment Survey: Situation and Estimated Number of Out-of-School Children (OOSC) of Primary Education in Mae Sot District, Tak Province', UNESCO Thailand.
- UNESCO (2018) 'School-related violence and bullying on the basis of Sexual Orientation and Gender Identity or Expression (SOGIE): synthesis report on China, the Philippines, Thailand and Viet Nam', UNESCO, Bangkok, Thailand.
- UNESCO (2020) 'Recommendations to prevent and respond to violence in all learning environments', UNESCO.

- UNESCO Institute of Statistics (2020) 'Thailand Education Statistics', UNESCO Institute of Statistics, retrieved from: [data.uis.unesco.org](https://data.uis.unesco.org) [accessed 29 May 2020].
- UNESCO, UNICEF, World Bank, and World Food Programme (2020) 'Framework for reopening schools', UNESCO, retrieved from: [unesdoc.unesco.org/ark:/48223/pf0000373348](https://unesdoc.unesco.org/ark:/48223/pf0000373348) [accessed 1 July 2020].
- UNICEF (2018) 'A Situation Analysis of Adolescents in Thailand 2015–2016', UNICEF, Bangkok.
- UNICEF (2019) 'Education Knows No Border: A collection of good practices and lessons learned on migrant education in Thailand', UNICEF, Bangkok.
- UNICEF (2020) 'Early Childhood Development', UNICEF, retrieved from: [www.unicef.org/thailand/what-we-do/early-childhood-development](https://www.unicef.org/thailand/what-we-do/early-childhood-development) [accessed 29 May 2020].
- UNICEF (2020b) '8 in 10 youth worried about their family income due to COVID-19', *Press Release*, UNICEF, retrieved from: [www.unicef.org/thailand/press-releases/8-10-youth-worried-about-their-family-income-due-covid-19](https://www.unicef.org/thailand/press-releases/8-10-youth-worried-about-their-family-income-due-covid-19) [accessed 1 July 2020].
- UNICEF, World Childhood Foundation, End Violence Against Children, ITU, UNESCO, UNODC, We Protect Global Alliance, and WHO (2020) 'COVID-19 and its implications for protecting children online', UNICEF, retrieved from: [www.unicef.org/sites/default/files/2020-04/COVID-19-and-Its-Implications-for-Protecting-Children-Online.pdf](https://www.unicef.org/sites/default/files/2020-04/COVID-19-and-Its-Implications-for-Protecting-Children-Online.pdf) [accessed 1 July 2020].
- UNICEF, UNESCO (2020) Managing the impact of COVID-19 on basic education in Thailand. *Available upon request to Aarti Saihjee (asaihjee@unicef.org)*
- United Nations Development Programme (2019) 'Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand', United Nations Development Programme.
- WHO (2020) 'Coronavirus disease 2019 (COVID-19) Situation Report 83', WHO, retrieved from: [www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-covid-19.pdf?sfvrsn=697ce98d\\_4](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-covid-19.pdf?sfvrsn=697ce98d_4) [accessed 30 May 2020].
- World Bank (2014) 'School autonomy and accountability in Thailand: a systems approach for assessing policy intent and implementation', World Bank Group, Washington DC.
- World Bank (2015) 'Wanted: A quality education for all (Thailand)', World Bank Group, Bangkok.
- World Bank (2020) 'The COVID-19 Pandemic: Shocks to Education and Policy Responses', World Bank Group.
- World Bank (2020b) 'Programme for International Student Assessment PISA 2018, Thailand – Country Report' (Final Draft), World Bank Group, Thailand.
- World Education and Save the Children (2015). 'Education for All in Action in Thailand: A Case Study of Good Practice (The Bang Khun Tian Model)', Save the Children, Bangkok.



## 5

# Food and nutrition

**Ladda Mo-suwan and Mysbah Balagamwala**

## Executive summary

The COVID-19 pandemic will burden health systems, affect food supplies and consumption patterns, and increase poverty. All of these impacts can be linked to worsening nutrition outcomes. This is a source of concern as malnutrition affects human development not only in the short term: it also has longer-term consequences for health and economic outcomes. In particular, experience from past economic shocks shows that those in the ‘first 1,000 days of their lives’ (in-utero children, newborns, and infants) suffer life-long implications from malnutrition at this stage. They are therefore at risk of being the ‘COVID-19 generation’.

Without adequate response, the COVID-19 shock will exacerbate current conditions, halt any progress that was being made towards Sustainable Development Goal (SDG) 2 (zero hunger and achieving global nutrition targets by 2025), and potentially put new groups at risk of malnutrition and food insecurity.

## Food and nutrition landscape in Thailand: pre-COVID-19

Thailand has been successful in reducing child undernutrition and is better off than many of its neighbouring countries with regards to food security and undernutrition. However, further progress has been stagnant in the last decade and there are wide inequities in outcomes among provinces and social groups. With regards to SDG targets related to nutrition, Thailand is on course to meet some but off course to meet others (anaemia among women of reproductive age and exclusive breastfeeding). With changes in lifestyles and diets among the population, a key challenge that Thailand is facing is the high prevalence of overweight and non-communicable diseases (NCDs).

Key nutrition programmes in Thailand include the Miracle of the First 1,000 Days projects targeting pregnant and lactating women and children up to two years, provision of lunches and milk to all children in early child centres, kindergarten and primary schools, and nutrition promotion and NCD prevention programmes across the life-cycle.

## Analysis framework and scope

As change in nutrition outcomes is not immediate, and data on these outcomes are currently unavailable, this report examines the changes in the underlying determinants of malnutrition. We look at the effect on the delivery of nutrition services, which in Thailand are integrated within the health and education systems, and examine if and how the impacts of COVID-19 on the food system have changed food consumption. We do this by using a conceptual framework which examines the impact of COVID-19 on food and nutrition outcomes using three pathways: (1) access to adequate food and diverse diets; (2) care and feeding practices; and (3) access to nutrition services.

## Impact of COVID-19 on food and nutrition security

COVID-19 involves a temporary disruption for many, plus enduring (relative) impoverishment for a smaller number of people, and there may be distinct short- and medium-term impacts on nutrition as a result.

**Access to adequate food and diverse diets:** Supply-side shocks relating to the availability and prices of food have not been a concern in the short run but could become so in the medium term. Agricultural output in the next crop season may be affected due to: (1) the ongoing drought, which has already led to forecasts of reduced production; and (2) the agricultural inputs, such as seasonal migrant labour, being affected by the lockdown measures. On the demand side, the economic slowdown from COVID-19 is likely to affect the quality of diets, in particular for the urban poor, informal workers, and migrants. So far, the Government's social protection measures and community donations are likely to have offset these impacts for those households who have received these funds. But for selected groups who are the most financially affected by the crisis, even once economic activity returns to normal levels the ability to afford nutritious foods will remain a concern. In the medium term, social protection measures and donations will also cease to be a source of support.

The closure of schools puts a further strain on households where children depend on school meals for lunch and a carton of milk. Once schools re-open, access to these meals will resume. In the medium term, there may be some pressure on the finances available for school feeding programmes; however, cutting them would be an inefficient and regressive way to raise minor savings.

At the same time, consumption of foods that are rich in fat and sugar is likely to have risen among households in urban areas, in particular through increasing purchases of ultra-processed foods and snacks in lieu of fresh foods and vegetables, along with a rise in food delivery. Combined with a reduction in physical activity due to movement restrictions, this could increase the risk of obesity and developing NCDs, an existing public health concern.

**Access to nutrition services:** Nutrition services delivered through the health system, such as micronutrient supplementation and counselling, were minimally disrupted. Given that these services are considered cost-effective, they are likely to be safe from reductions in government spending and budget cuts. However, income losses may result in the poorest households choosing not to access these services, and this will remain a challenge for those who continue to be affected by the economic impacts of the crisis in the medium term.

**Impact of care and feeding practices:** Initial concerns about COVID-19 transmission through breastmilk and the potential switch to breastmilk substitutes have been mitigated as more information has now become available. In the medium term there are no likely impacts if there are no budget cuts to nutrition counselling programmes. There could be some impact on children in the poorest households being able to receive nutritious complementary foods.

## Policy choices

Proposed policy choices, in response to the short- and medium-term effects on food and nutrition security, centre on three themes:

**Health system:** Continuity and coverage of essential nutrition interventions through health services, in particular those targeted pregnant women and children under two years, should be ensured. For the most vulnerable groups, a targeted approach using community outreach clinics will allow the continuity of these services. Local authorities can use the Tambon Health Fund, as it has the best grassroots information on vulnerable households. In times of social distancing, the use of virtual communication channels (social media, mobile messaging) to promote healthy food behaviours and lifestyles should increase.

**Food system:** Budgets for school lunch and school milk programmes must be safeguarded. As risk of a second COVID-19 outbreak and potential school closures still remains, local authorities should be prepared to help schools to distribute food to ensure the continuity of school meals. Strict preventive measures against COVID-19 should be taken in every process of the supply chain to prevent food system disruptions. Integrated and sustainable agriculture should be expanded to ensure household and community food sufficiency and security in the long run.

**Food and nutrition surveillance:** Reliable and timely data will help prepare for and respond appropriately to the crisis. Investment should be made to set up and strengthen food and nutrition surveillance systems to monitor changes in food and nutrition security. A new set of community basic need indicators to address the current situation should be developed in order for communities to be able to assess and respond to their health and nutrition needs.

## 5.1 Introduction and scope of the assessment

### 5.1.1 Introduction to the sector

Apart from the immediate health impacts, COVID-19 will burden health systems, affect food supplies and consumption patterns, and increase poverty. All of these impacts will be linked to worsening nutrition outcomes. This is a source of concern as malnutrition<sup>48</sup> affects human development not only in the short term: it also has longer-term consequences for health and economic outcomes. Maternal and child malnutrition leads to poor growth in children and increased risk of infection and poor cognition, which affects learning outcomes and potential earnings later in life;<sup>49</sup> it also increases the risk of developing non-communicable diseases (NCDs), such as cardiovascular diseases, diabetes, and other metabolic disorders. There is a risk therefore of the very youngest (in-utero children, newborns, and infants) being the 'COVID-19 generation', for whom the shock has life-long implications and inter-generational effects (Haddad, 2020).

While Thailand is better off than many of its neighbouring countries with regard to food security and nutrition outcomes, the triple burden of malnutrition (i.e. the presence of undernutrition, micronutrient deficiency, and overweight and obesity) is still a concern. There are also wide inequities in outcomes among provinces and social groups. Without adequate response, the COVID-19 shock will exacerbate current conditions, halt any progress that was being made in improving nutrition outcomes, and potentially put new groups at risk of malnutrition and food insecurity.

48 There are three main forms of malnutrition: undernutrition (growth failure in terms of height and weight), micronutrient deficiency (deficiencies of vitamins or minerals), and overweight and obesity (excessive fat accumulation that presents a risk to health) (United Nations Children's Fund (UNICEF), 2019).

49 Global studies estimate that a reduction in undernutrition can lead to potential increases in gross domestic product (GDP) per capita of 4% to 11% (Shekar *et al.*, 2017), and that the cost of inadequate breastfeeding in East Asia is over US\$ 86 billion in economic losses annually (Walters *et al.*, 2019).

### Box 5: Evidence on the impact of shocks on nutrition outcomes

This box summarises findings from previous studies on the impacts on food security and nutrition of economic shocks in Asia.

A household survey in rural Java conducted after the financial crisis of 1997/98 showed that while wasting among children did not increase, this was at the cost of an increase in maternal wasting, as mothers buffered children's calorie consumption. The main impact on nutrition was due to a reduction in dietary quality, which resulted in an increase in anaemia among women and children. These effects were particularly severe for children in their first 1,000 days of life (Block et al., 2003).

Bhutta et al. (2008) find that the economic crisis in East Asia and the Pacific worsened maternal anaemia and micronutrient deficiencies. In Thailand, where GDP fell by 8%, maternal anaemia increased, as did low birth weight among children. Interestingly, there was no change in children's undernutrition, which is attributed to the health measures that were in place to achieve the Millennium Development Goals.

Das et al. (2020) find that following the 2005 earthquake in Pakistan, recovery took place with regard to livelihood outcomes and rebuilding of infrastructure but the impacts on children were long-lasting. They term this the 'hidden paradox of disaster'. Children living in earthquake-affected areas were found to be significantly shorter than other children if they were in-utero or under three years of age at the time of the earthquake.

Rozelle et al. (2020), in a study on the impact of COVID-19, in China find that the loss in income faced by migrants had an effect on their food quality. Food spending was reduced and households bought more grains and staples in bulk at low cost, instead of more expensive and more nutritious fresh foods like meat and vegetables.

## 5.1.2 Scope of analysis

Our analysis focuses on children, adolescents, and women, who are the most vulnerable to malnutrition, and for whom impacts on their nutrition outcomes have long-lasting effects (see Box 5). As change in nutrition outcomes is not immediate, and data on these outcomes are unavailable, we examine changes in the determinants of nutrition due to the COVID-19 crisis, rather than the nutrition outcomes themselves. Nutrition being a multi-sectoral outcome (see Section 5.2.3), the report looks at how nutrition services delivered through the health system and education system have been affected, and examines if and how the impacts on the food system have changed food consumption<sup>50</sup>.

In terms of methodology our analysis is based on desk-based research and key informant interviews. Given the need for this report to be available for decision-making in a timely manner, we were unable to collect primary data on changes in food consumption patterns and nutrition behaviours due to the COVID-19 crisis, and while rapid assessments on this are currently being conducted, data from these are not yet available.

<sup>50</sup> For more details the reader should read this chapter in conjunction with Chapter 2: Social Protection (to understand the social protection measures that have been taken to mitigate the impact of income losses on food and nutrition), Chapter 3: Health (to understand the strengths and weaknesses of the health system during the crisis), and Chapter 4: Education (to obtain more detail on school closures).

## 5.2 The food and nutrition landscape in Thailand: pre-COVID-19

Thailand has long been regarded as a success story in reducing undernutrition due to concerted effort by the Government in the 1980s and 1990s and the presence of a community-based nutrition programme (Gillespie et al., 2016). However, progress was stagnant in the last decade and undernutrition remains a concern among sub-groups such as migrant households and in the southern provinces. Thailand also faces a new set of nutritional challenges: rising incomes and lifestyle changes have contributed to a reduction in physical activity, an increase in consumption and access to processed foods, and increased accessibility of fast food restaurants. Thailand's nutrition agenda is therefore increasingly focused on combatting issues of overweight and NCDs (Gillespie et al., 2016; Tontisirin et al., 2013).

As a signatory to the UN Sustainable Development Goals (SDGs) for food and nutrition, Thailand has committed to SDG Goal 2 to 'end hunger, achieve food security, improve nutrition and promote sustainable agriculture'. SDG2 builds upon the World Health Assembly's Global Nutrition targets for 2025 of a 40% reduction in stunted children, a 50% reduction in anaemia in women of reproductive age, a 30% reduction in low birth weight, ensuring no increase in child overweight, an increase in exclusive breastfeeding to at least 50%, and maintaining childhood wasting at less than 5% (see Table 16). According to the Global Nutrition Report 2020, Thailand is on course to meet the targets for under-five overweight and under-five stunting but off-course to meet the targets for other nutrition indicators (notably anaemia and exclusive breastfeeding) (Development Initiatives, 2020).

### 5.2.1 Food security and nutrition outcomes

Thailand produces a surplus of food and food security indicators have shown improvements in the last 15 years, with undernourishment<sup>51</sup> being reduced considerably from 18% of the population in 2001 to 7.8% of the population in 2017, one of the lowest figures in the region. Less than 5% of households were found to be food insecure<sup>52</sup> in 2019.

The latest available data on nutrition outcomes in Thailand are from the 2016 Multiple Indicator Cluster Survey (MICS)<sup>53</sup> and are summarised in Table 16. While on a national level undernutrition among children is not as big a concern (under-five wasting was 5.4% and under-five stunting 10.2%), there are some provinces (in particular in the south) where wasting and stunting are public health concerns. For instance, 29% of children under five in Narathiwat Province in the south were stunted and 13.3% of children under five were wasted in Pattani Province, also in the south. Differences also exist across households, with prevalence of stunting at 16.3% and wasting at 7.6% among children in migrant households (households with non-Thai heads).

Overweight and obesity are a challenge in Thailand, which has one of the higher rates of under-five overweight children in the region (8.2%), although there has been a slight reduction since 2012 (10.9%). The prevalence of overweight among adolescents and adults is on the rise, and dietary risks and high body mass index (BMI) are estimated to be the first and the third biggest risk factors to death and disability, respectively<sup>54</sup>.

51 Defined as food consumption not sufficient to provide required dietary energy levels

52 Using the Food Insecurity Experience Scale (FIES) module.

53 A more recent round of the MICS was carried out in late 2019, and would show a truer picture pre-COVID-19. However, data from the survey are not yet available in the public domain. Nevertheless, preliminary analysis done by UNICEF shows there to be minimal change in key nutrition indicators (email correspondence with UNICEF).

54 See: [www.healthdata.org/thailand](http://www.healthdata.org/thailand)



Almost a third of women of reproductive age have anaemia (31.8%), which has gradually increased since 2000<sup>55</sup>. Though the prevalence of vitamin A deficiency among children under-five has been low, a recent survey carried out in the four southern provinces which had an outbreak of measles showed 29.4% under-five children being vitamin A-deficient<sup>56</sup>.

There have been improvements in breastfeeding but only 23% of children are exclusively breastfed, which is far behind the 2025 target of 50%. A quarter of infants between six and 23 months do not meet the standards for a minimum diverse diet. In some provinces, such as Narathiwat in the south, only 54% of infants met the minimum meal frequency criteria, showing that insufficient food is being provided to children there.

**Table 16: Nutrition and food security indicators in Thailand**

Nutrition indicator	Year	National average	Target (2025)
<b>Wasting (% of children under five)</b>	2016	5.4	5
<b>Stunting (% of children under five)</b>	2016	10.5	5
<b>Overweight (% of children under five)</b>	2016	8.2	8
<b>Overweight (% of children 5–19)</b>	2014	13.9	-
<b>Normal BMI (% of adults)</b>	2018	52.8	55
<b>Exclusive breastfeeding (%)</b>	2016	23.1	50
<b>Anaemia in women of reproductive age (%)</b>	2016	31.8	Reduction by 50%
<b>Anaemia in pregnant women (%)</b>	2016	40.2	-
<b>Undernourishment (%)</b>	2017	7.8	-

Sources: National Statistical Office and UNICEF (2017), FAOSTAT 2018, Development Initiatives (2020), National Nutrition Action Plan 2018–2022 and National Health Examination Survey 2014

## 5.2.2 Programme and policy context

Thailand's **National Strategy (2018–2037)** calls for developing agricultural and food security in terms of quantity, quality, and pricing. Nutrition in early life is listed as one of the important enablers for driving the development of human capital to the fullest potential. Food and nutrition policies and programmes mainly come under four government ministries: the Ministry of Public Health leads on nutrition, but is supported by the Ministry of Agriculture, Ministry of Education, and Ministry of Interior. There is no central coordinating body on nutrition and nutrition is covered and financed under multiple strategies which the Ministry of Public Health coordinates (Siong et al. 2018). Expenditure on the nutrition sector as a whole is not tracked as part of the budget process in Thailand and most nutrition interventions are integrated into other programmes.

<sup>55</sup> However, the National Health Examination Survey 2014 showed a drop of prevalence of anaemia among this group of women from 29.8% in 2009 to 25.2% in 2014.

<sup>56</sup> Unpublished data presented in the joint meeting between the Department of Disease Control and the Department of Health on 22 October 2019.

The key food and nutrition strategies that are currently in place include the following:

- **Second National Reproductive Health Development Policy and Strategy, on the promotion of quality birth and growth (2017–2026):** covers nutrition services that are integrated into reproductive and maternal and child health packages.
- **Strategic Framework for Food Management (2018–2037):** focuses on safe and quality nutritious food production to sustain demand. The strategy embraces the application of the ‘Philosophy of Sufficiency Economy’ to strengthen household and community food security with integrated farming and sustainable agriculture practices (also referred to as New Theory Agriculture) (The Chaipattana Foundation, 2017)<sup>57</sup>. Agriculture zoning is a priority policy, to manage agricultural areas for food and non-food production (Tontisirin et al., 2013).
- **Five-year National Plan for Prevention and Control of NCDs (2017–2021):** covers the prevention of NCDs and promoting a healthier lifestyle.

Key nutrition programmes which are active in Thailand target different stages of the life-cycle (pregnant women and infants, early childhood, primary school children, adolescents, and adults), and include the following:

- The Miracle of the First 1,000 Days projects target pregnant women and children up to two years and include counselling and promotion related to pregnancy and infant and young child feeding and care, micronutrient supplementation,<sup>58</sup> and provision of milk and eggs. These interventions are delivered as part of the Promotion and Prevention package under Thailand’s Universal Health Coverage (UHC) policy (see Chapter 4: Health).
- Provision of milk cartons and a nutritious school lunch (and at times breakfast) to all children in kindergarten and primary school as part of the Ministry of Education’s School Lunch Programme and School Milk Programme. The cost of the food is funded by the budget allocated through the Ministry of Interior to the Local Authorities, who then pass it on to schools, while milk cartons are purchased by the local authorities and distributed to schools. Milk cartons and school lunches are also provided to children in early child centres.
- Nutrition promotion and NCD prevention programmes for primary school children (the Optimum Growth in School Children projects), adolescents (the Optimum Growth in Teenage project), and adults. The Thai Health Promotion Fund, an autonomous government body, works with civil society organisations to support national-level campaigns to encourage healthy behaviours (Pongutta et al., 2019). A combination of face-to-face modalities and virtual communication platforms, such as television advertisements, are used to promote healthy diets and lifestyles.

Thailand’s village health volunteer system, which is part of its primary healthcare system, is an important mechanism for connecting the population with health services. The Village Health Volunteers (VHVs) were instrumental in delivering nutrition interventions at the community level in the 1980s and the 1990s, which is regarded as one of the reasons behind Thailand’s successful reduction of undernutrition (Gillespie et al., 2016; Tontisirin et al., 2013). Currently, this workforce has been mobilised to prevent and control obesity and NCDs, and to control the COVID-19 epidemic.

<sup>57</sup> New Theory Agriculture principles focus on efficient farmland and water management for household consumption and surplus for sale. Land is divided into four parts: for growing rice; for growing fruit and perennial trees, vegetables, field crops and herbs; a water reservoir for cultivation and raising aquatic animals; and for residential purposes, livestock and other activities.

<sup>58</sup> Includes iron and folic acid supplementation and iodine supplementation.

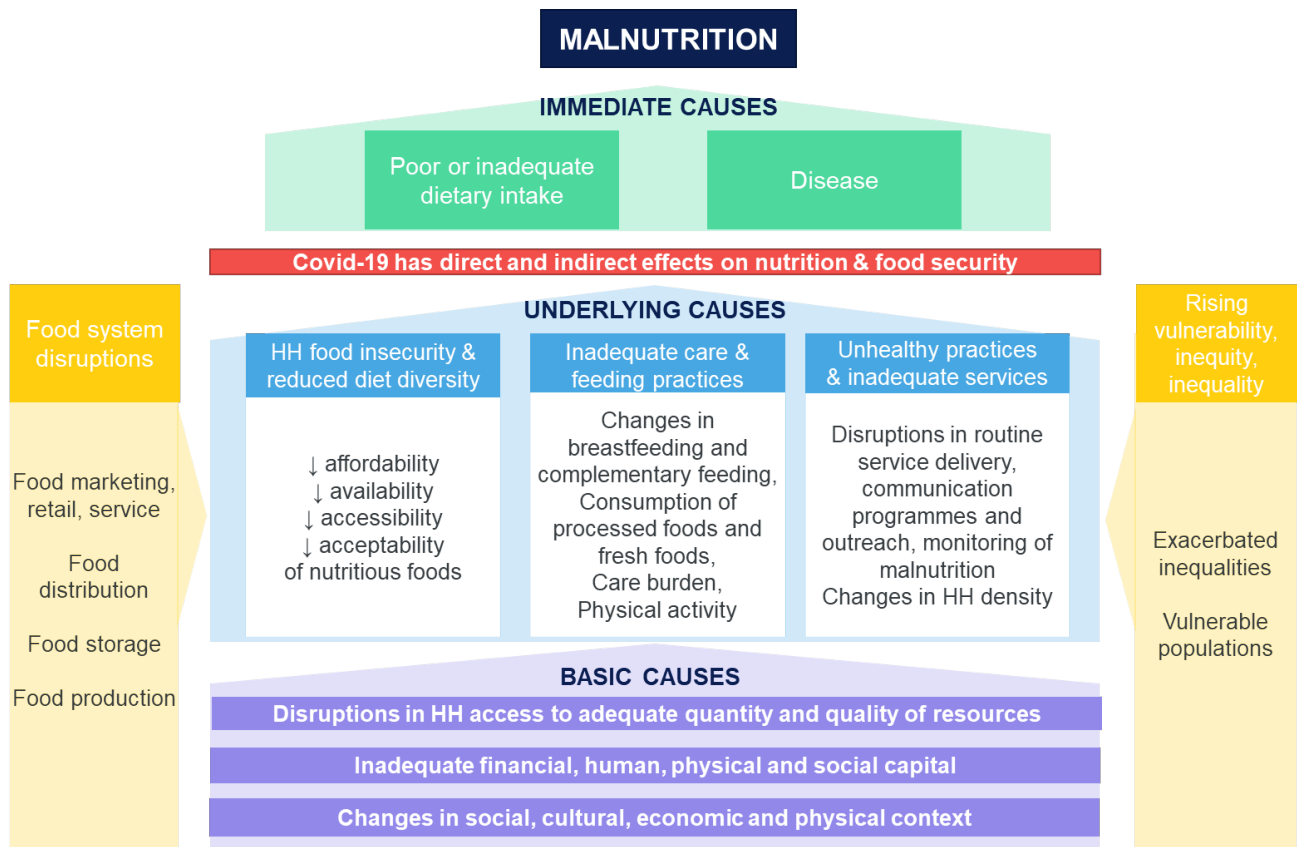
### 5.2.3 Framework for analysing the impact of COVID-19 on food and nutrition

UNICEF’s conceptual framework for maternal and child nutrition (updated in UNICEF (2019)) outlines the immediate and underlying determinants of malnutrition and the vertical and horizontal interconnectedness of these determinants. Nutrition outcomes are directly determined by **good diets** and **good care**. These are in turn affected by **adequate food, adequate feeding practices**, and a **healthy food and living environment** for women and children, which depends on the assets, practices, and services available to children, adolescents, and women in their households, communities, and environments.

To examine specifically how the COVID-19 shock could impact nutrition and food security we use the framework developed by MQSUN+, which visualises malnutrition in the time of COVID-19 (adapted and presented in Figure 8). Drawing on the UNICEF conceptual framework it shows that the underlying determinants of malnutrition (adequate food, feeding practices, and healthy environments) are likely to worsen due to the direct and indirect impacts of COVID-19 on the basic determinants of malnutrition. The framework additionally highlights the impact of food system disruptions on nutrition – if just one component of the food supply chain (producers, traders, transporters, retailers) is impacted due to the COVID-19 shock, a ripple effect takes place in the food system which affects food availability, affordability, accessibility, and acceptability. The risk factors for malnutrition are therefore multifaceted and interconnected, and require a response that is multisectoral.

COVID-19 involves a temporary, two- to six-month disruption for many, plus enduring (relative) impoverishment for a smaller number of people, and there may be distinct short- and medium-term impacts as a result.

**Figure 8: Framework visualising impacts of the COVID-19 shock on malnutrition**



Source: Adapted from Colie and Huestis (2020) ‘MQSUN+ framework’, HH = Household

## 5.3 The impact of COVID-19 on the food and nutrition sector

### 5.3.1 Summary of COVID-19's impact on food and nutrition

COVID-19's impact on food and nutrition security works through different pathways, as illustrated in the framework in Section 5.2.3. In this section, we examine how the shock affects these underlying determinants of nutrition in the short and medium terms. However, the impact of these changes will be long-term, as shown by experience from past economic crises and shocks that the hardest hit are children in the first 1,000 days of their lives. Poor diets and nutrition during this important time in the life-cycle have nutrition impacts in later years. This puts Thailand's ability to meet its targets for nutrition improvement by 2025 at risk.

In the case of Thailand, supply-side shocks, such as shocks relating to the availability and prices of food, have not been a concern in the short run but could become so in the medium term. On the demand side, a decrease in purchasing power is likely to affect the quality of diets and access to nutrition services. The closure of schools puts a further strain on households where children depend on school meals for lunch. These changes in dietary quality can reduce nutrient intake, which can lead to micronutrient deficiencies in women and children, worsening of wasting among children who are at or near the cut-off for wasting,<sup>59</sup> and stunting in children under five. These impacts will be felt most by the urban poor and informal sector workers and migrant labour households who are most vulnerable to the economic shocks associated with COVID-19.

At the same time, consumption of foods that are rich in food and sugar is likely to have risen among households in urban areas, in particular through increasing purchases of ultra-processed foods and snacks in lieu of fresh foods and vegetables, along with a rise in food delivery. Combined with a reduction in physical activity due to movement restrictions, this could increase the risk of obesity and developing NCDs, an existing public health concern in Thailand across age groups.

### 5.3.2 Impact on access to adequate food and diverse diets

The COVID-19 shock could have the following impacts on nutrition due to changes in access to food: (1) rising food insecurity and insufficient food to meet energy requirements, in particular for the poorest households; (2) an increase in the consumption of staples and a reduction in the consumption of nutritious foods like fruits, vegetables, and meat, leading to insufficient intake of micronutrients, resulting in undernutrition (particularly in young children); and (3) an increase in the consumption of ultra-processed foods instead of fresh foods, which leads to increased intake of fats, sugar, and salt, which could result in an increase in the prevalence of overweight or obesity. Below we discuss expected changes to food consumption and diets in the short and medium term, and the reasons behind these likely changes.

#### Short-term

##### Reduced affordability of food

Availability of food is not a general concern in Thailand, a food surplus country and an exporter. From the food security point of view, one of the impacts of a lockdown is possible disruptions in food distribution due to mobility restrictions, suspension of transport, and/or shutdown of markets, making it difficult for food to move from farms and warehouses to retail outlets. However, so far, neither food production nor distribution have been significantly impacted in the short run in Thailand.

<sup>59</sup> Wasting is defined as being too thin for one's height and in children under five is determined by the WHO Child Growth Standards.

Food prices, in particular for staple foods such as rice, increased in the first few months of 2020 due to the ongoing drought that has negatively affected agricultural production. While overall inflation has declined in recent months, with the year-on-year inflation in April 2020 seeing the biggest decline since July 2009, prices for most foods apart from fresh vegetables increased in April. The price of rice in April 2020 was at its highest level since 2013 (Food and Agriculture Organization of the United Nations, 2020). The Economist Intelligence Unit (2020b) expects the price of rice to continue to increase and to remain volatile in the coming months. This will interact with the reduction in household purchasing power due to reduced income.

The economic slowdown from COVID-19 will disproportionately affect poor people and migrants whose source of income is disrupted. A fall in income directly impacts purchasing power for food, leading to: (1) a reduction in overall food consumption; and/or (2) substitution of more expensive nutritious products for cheaper foods, such as staples and processed foods. So far, the social protection measures in place are likely to have offset these impacts for those households who have received these funds but continuing slowdown of economic activity in 2020 will impact food and nutrition security. Migrant households in particular are at great risk as these households have higher rates of undernutrition (see Section 5.2.1), and are also less likely to receive the COVID-19 cash transfer (see Chapter 1).

In urban areas informal workers and rural migrants that were unable to go back to their villages will suffer the most. In rural areas, farmers who are purchasers of food, and who find their non-farming activities are disrupted by the recession, will also feel the strain. This will be particularly true for the roughly two-thirds of farmers who conduct monocrop cultivation and therefore are not self-sufficient. Additionally, migrants who have had to return to their villages will add pressure to existing food supplies already under strain due to the prevailing drought conditions.

In the southern provinces, which are the most impoverished in the country (with 23–40% of households under the poverty line), households that depend on jobs in neighbouring Malaysia have faced disruptions in their livelihoods due to the closing of the border. These areas have the worst nutrition indicators in the country, with high levels of child undernutrition and poor feeding practices. A reduction in economic opportunities is likely to put these areas at serious risk of worsening nutrition outcomes.

Community kitchens and food banks, usually run by civil society and religious organisations, have provided a social safety net for the urban poor with regards to accessing food (Treerutkuarkul, 2020). However, most of the donated foods, particularly in food banks, are non-perishable foods, such as grains, instant noodles, and canned foods. Therefore, households that have been depending on them are likely to have poor dietary diversity. Donations to community kitchens and food banks could fall in the next few months, which would decrease the number of households these kitchens are able to support.

### **Disruption in access to school meals**

Primary school children in Thailand receive at least one meal (usually lunch) in school, along with a carton of milk. For children in poor households, these meals are a key source of nutritious foods. The delay in the start of the academic year (explained in further detail in Chapter 4) means that access to school meals will be disrupted. The World Food Programme estimates that 4 million children in Thailand are missing out on school meals due to school closures (World Food Programme, 2020). A survey conducted among school officials found that school meals were considered a key area where they thought families of children receiving financial assistance through the Equitable Education Fund programme would require support (Equitable Education Fund, 2020).

According to key informants, some local authorities and non-governmental organisations have used innovative ways of providing meals to school-going children to protect them from missing out on the food. For example, the Equitable Education Fund has allocated extra funds to support meals for those students that are targeted by the programme (750,000 primary and lower secondary students) for 30 days, and is raising financing to support them for an additional 16 days.

## Increased consumption of sugar and fatty foods

Lockdown measures affecting shopping malls, street food markets, and restaurants, along with a fear of catching the Coronavirus, have led to people stocking up on ultra-processed foods, replacing cooked meals or fresh foods. A survey conducted by the Department of Disease Control finds that urban residents in Thailand stocked up on foods such as instant noodles (57%), processed meat (16%), tinned food (especially canned fish) (9%), frozen food (5%), and snacks and sugar-sweetened beverages (6.5%)<sup>60</sup>. There has also been a rise in households in urban areas getting restaurant meals delivered to their house. National Statistical Office (2020) report an increase of 25% in ordering food online. These foods tend to be rich in energy, sugar, fat, and sodium but low in vegetables and fruit.

For some households ordering food online does not necessarily imply a change in their food and nutrient intake as even in regular circumstances they might have been purchasing these foods at a restaurant or street food market. However, for those households that did not previously consume as much processed food or restaurant meals, there is an added risk to developing obesity or being prone to NCDs, which is already a concern across all age-groups in Thailand.

## Medium-term

### Decreased affordability of food

Agricultural output in the next crop season may be affected due to two pressures on food production: (1) the ongoing drought, which has already led to forecasts of reduced production; and (2) the availability of agricultural inputs being affected by the lockdown measures. Farming in Thailand is highly dependent on seasonal migrant labour and there is a concern that if these workers are not able to return, the planting season might be disrupted (Saokaew, 2020). Fruit and vegetables that are labour-intensive to produce are likely to suffer the most severe shortages (PWC and Food Industry Asia, 2020). Therefore, in the medium term, food affordability could become an issue as prices will remain volatile. Food availability could additionally be affected if small and medium-sized agri-businesses responsible for food distribution are financially impacted by the economic recession (Economist Intelligence Unit, 2020b).

For selected groups who are financially affected by the crisis, even once economic activity returns back to normal levels in the medium term, the ability to afford nutritious foods will continue to be a concern. In the medium term, social protection measures and community kitchens which provided a respite to the poor in the short term will cease to be a source of support as the Government's cash transfer scheme ends and charities and donations, on which community kitchens rely, decrease.

### School feeding

Once schools re-open in July, households that are dependent on the School Lunch Programme will regain access to school meals. The School Lunch Programme has a budget of THB 20 per student for 200 days per year, and the School Milk Programme also receives significant funding (THB 10.4 billion for the 2019 fiscal year). There are no indications from the Government that the budgets of these programmes will be affected but we know that public sector resources will be more constrained, into the medium term, than previously planned. Cutting school feeding would be an inefficient and regressive way to raise minor savings.

<sup>60</sup> Survey of the Department of Disease Control, Workbook, data accessed online 17 June 2020 via dashboard.

### 5.3.3 Impact on care and feeding practices

#### Short-term

In the short term we expect that COVID-19 will have had a direct impact on exclusive breastfeeding practices. Anecdotal evidence from Asia suggests that in the early days of the pandemic, women were concerned about passing the virus to their infants through breastfeeding, though according to the WHO there is no risk that COVID-19 can be transmitted through breastmilk (WHO, 2020). Among nutrition stakeholders, there was a concern that this concern could lead to switching to breastmilk substitutes (Headey and Ruel, 2020). This holds a risk of setting back the progress (albeit slow) that Thailand has made in encouraging exclusive breastfeeding. However, as more information has become available, and due to the Government's messaging, we do not expect this impact to remain.

Due to movement restrictions, all age groups have experienced a change in their lifestyles. There has been a reduction in physical activity, which is likely to add to the risk of obesity and NCDs. For school-going children in particular, a delayed start to the school term means that they do not have access to opportunities for physical activity, which is usually encouraged in schools.

#### Medium-term

In the medium term we do not expect to see any impacts of the crisis on care and feeding practices, unless there are cuts to the Government's nutrition counselling and promotion programmes.

### 5.3.4 Impact on nutrition services delivered through the health system

#### Short-term

Given that COVID-19 is primarily a health shock, preventive services such as essential nutrition interventions like micronutrient supplementation programmes and nutrition counselling services are vulnerable to being disrupted or suspended due to health workers being engaged in responding to COVID-19. Additionally, due to the fear of spreading the virus, services that require contact with the health worker may also be paused. However, key informants interviewed for this study report that there were none or minimal disruptions in routine services. The health system in Thailand has also been successful in being able to withstand the strain on capacity due to the COVID-19 response and therefore other health services have not faced a downward pressure.

The presence of UHC means that nutrition services are provided free of cost. However, income losses may result in poor households choosing not to access these preventive services due to the cost of getting to a health facility, combined with the fear of contracting the virus at a health facility. This would affect the most vulnerable, who are likely to be in need of these services the most.

#### Medium-term

Nutrition interventions are integrated into the Promotion and Prevention package of the health system, which makes up 12% of the UHC. While there were proposals for the reduction of the UHC budget by 10% in order to finance the health sector's COVID-19 response, these were strongly opposed and therefore dropped. In any case, given that these services are not costly and are relatively effective (Shekar et al., 2017) nutrition interventions are unlikely to face a cut in budget.

Households that continue to be affected by the economic impacts of the crisis even as the economy bounces back will continue to miss out on access to essential nutritional services if they are unable to fund the out-of-pocket costs, such as for transport.

## 5.4 Policy choices

The COVID-19 pandemic is likely to exacerbate the drivers of malnutrition, particularly among pregnant and lactating women and young children, which could have a long-lasting adverse effect on human development. Nutrition services and nutrition-sensitive interventions in Thailand are delivered and integrated within the health and food systems. An insufficiency of data on nutrition outcomes and food security delays developing an appropriate response to minimise the COVID-19 impact on food security and nutrition outcomes. Therefore, our proposed policy choices are in response to the short- and medium-term effects on food and nutrition security, and centre on three themes: the health system, the food system, and food and nutrition surveillance.

### 5.4.1 Health system

**Main issue:** Although the potential short-term risks to very young children seem to have been minimised, continuity and coverage of essential nutrition interventions through health services, in particular those targeted at the first 1,000 days (pregnant women, and children under two years), should continue. The Government should ensure that there is an adequate budget for these services, even as total spending is reduced, drawing upon lessons learnt from Thailand's response to the Financial Crisis of 1997 (Bhutta et al., 2008).

An efficient way to reach the most vulnerable population groups (urban poor, migrants, and provinces in the deep south) would be a targeted approach involving community outreach modalities such as VHVs and mobile clinics. Tambon Health Fund allocated to local authorities from the UHC's Promotion and Prevention package can be directed towards nutrition interventions for pregnant and lactating women and infants as the local authorities have the best grassroots information on vulnerable households.

**Other issues:** In times of social distancing, the use of virtual communication channels (social media platforms or mobile messaging) should increase in order to continue promoting healthy food behaviours and lifestyles. This will ensure that there will be no setback on the progress that Thailand has made towards achieving its nutrition targets.

### 5.4.2 Food system

**Main issue:** There seems little risk that the school lunch programme and school milk programme will be cut but their budgets need to be safeguarded if they are to meet needs over the short and medium term. These programmes provide the main source of nutritious food for economically disadvantaged children. The budgets currently fund lunch only, and local authorities could utilise their funds to cover other meals (for example, breakfast) to protect the health and nutrition of children in vulnerable households. There is some risk of future school closures and local authorities should be prepared, with contingency plans and new modalities for the distribution of food packages, in compliance with COVID-19 physical distancing measures, to ensure there is continuity of school feeding.

**Other issues:** Risks to food supply in the short term, especially for the urban areas, which rely heavily on food from processing plants and rural areas, should be mitigated through strict preventive measures against individuals contracting COVID-19 in every process in the supply chain. As a long-term measure, the promotion of sustainable production and integrated farming should continue (see Section 5.2.2), to enable farming households and communities to be self-sufficient and to make them resilient to food system disruptions.



### 5.4.3 Food and nutrition surveillance

**Main issue:** A lack of quality data on food and nutrition outcomes and programme coverage hinders planning to prepare for and respond to the crisis in an appropriate and targeted manner. Investment should be made to set up and strengthen food and nutrition surveillance systems. Food prices and food security should be monitored on a continuous basis during the short and medium term, and a survey should be conducted at the end of 2020 to assess if the crisis has resulted in changes in nutrition outcomes.

**Other issues:** Thailand's success in reducing undernutrition is often credited to the basic minimum needs approach, which was used to identify priority areas for development, devise a set of actions, and then monitor and evaluation progress and achievements (Tontisirin et al., 2013). A new set of indicators to address the current situation should be developed, in order for communities to be able to assess and respond to their health and nutrition needs.

## References

- Bhutta, Z., Bawany, F., Feroze, A. and Rizvi, A. (2008) 'The Impact of Food and Economic Crisis on Child Health and Nutrition', UNICEF.
- Block, S. A., Kiess, L., Webb, P., Kosen, S., Moench-Pfanner, R., Bloem, M. W. and Timmer, P.C. (2004) 'Macro shocks and micro outcomes: Child nutrition during Indonesia's crisis', *Economics & Human Biology*, 2(1), pp. 21–44.
- Bureau of Nutrition (no date) 'Thailand National Nutrition Action Plan (2018 – 2022), Summary', Bureau of Nutrition, Bangkok, Thailand (unpublished).
- Colie, A. and Huestis, A. (2020) 'Visualising malnutrition in the time of COVID-19', MOSUN+, <https://mqsunplus.path.org/blog/visualising-malnutrition-in-the-time-of-covid-19/> [accessed 31 May 2020].
- Das, J., Daniels, B. and Andrabi, T. (2020) 'We have to protect the kids', Research on Improving Systems of Education (RISE) Insight Series, 2020/016, [https://doi.org/10.35489/BSG-RISE-RI\\_2020/016](https://doi.org/10.35489/BSG-RISE-RI_2020/016)
- Development Initiatives (2020) '2020 Global Nutrition Report: Action on equity to end malnutrition', Development Initiatives, Bristol, UK.
- Economist Intelligence Unit (2020a) 'Interim deliverable: Covid-19 macroeconomic forecasts for Thailand', The Economist Group, 8 May 2020.
- Economist Intelligence Unit (2020b) 'Interim deliverable: COVID-19 industry-level forecasts and analysis for Thailand', The Economist Group.
- Equitable Education Fund (2020) 'Report of Survey Results Analysis of the Need and Necessity of Equal Scholarship Students in COVID-19 Situation', Equitable Education Fund, Thailand.
- Food and Agriculture Organization of the United Nations (FAO) (2019) 'FAOSTAT Statistical Database', Updated on 11 October 2019. FAO, Rome [accessed 15 May 2020].
- FAO (2020) 'GIEWS Country Brief: Thailand', FAO, Rome.
- Gillespie, S., Tontisirin, K. and Zselezky, L. (2016) 'Local to National: Thailand's Integrated Nutrition Program', Chapter 10 in *Nourishing millions: Stories of change in nutrition*, International Food Policy Research Institute, Washington, D.C., pp. 91–98.
- Haddad, L. (2020) 'Biblical, on steroids, and across generations: The coming food and nutrition crash can be averted if we act now to counter the COVID-19 crisis', International Food Policy Research Institute, [www.ifpri.org/blog/biblical-steroids-and-across-generations-coming-food-and-nutrition-crash-can-be-averted-if-we](http://www.ifpri.org/blog/biblical-steroids-and-across-generations-coming-food-and-nutrition-crash-can-be-averted-if-we) [accessed on 15 May 2020].
- Headey, D. and Ruel, M. (2020) 'The COVID-19 crisis: what to expect and how to protect', International Food Policy Research Institute, [www.ifpri.org/blog/covid-19-nutrition-crisis-what-expect-and-how-protect](http://www.ifpri.org/blog/covid-19-nutrition-crisis-what-expect-and-how-protect) [accessed 15 May 2020].
- National Statistical Office and UNICEF (2017) 'Thailand 14 Provinces Multiple Indicator Cluster Survey 2015–2016, Final Report', National Statistical Office and UNICEF, Bangkok, Thailand.

- National Statistical Office (2020) 'Thailand's Social Situation and Outlook of Q1/2020', [social.nesdc.go.th/social/Default.aspx?tabid=63](https://social.nesdc.go.th/social/Default.aspx?tabid=63) [accessed 1 June 2020].
- Pongutta, S., Suphanchaimat, R., Patcharanarumol, W. and Tangcharoensathien, V. (2019) 'Lessons from the Thai Health Promotion Foundation', *Bulletin of the World Health Organization* 97(3), pp. 213–220, <https://doi.org/10.2471/BLT.18.220277>
- PWC and Food Industry Asia (2020) 'Maintaining Food Resilience in a Time of Uncertainty', PWC Advisory Services, [www.pwc.com/sg/en/publications/assets/impact-covid-19-on-asean-fnb-industry.pdf](http://www.pwc.com/sg/en/publications/assets/impact-covid-19-on-asean-fnb-industry.pdf).
- Rozelle, S., Rahimi, H. and Dill, E. (2020) 'Lockdowns Are Protecting China's Rural Families from COVID-19, but the Economic Burden Is Heavy', International Food Policy Research Institute, [www.ifpri.org/blog/lockdowns-are-protecting-chinas-rural-families-covid-19-economic-burden-heavy](http://www.ifpri.org/blog/lockdowns-are-protecting-chinas-rural-families-covid-19-economic-burden-heavy) [accessed 15 May 2020]
- Shekar, M., Kakietek, J., Dayton Eberwein, J. and Walters, D. (2017) 'An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting', The World Bank, Washington D.C.
- Siong, T. E., Ridwan, H., Noor, I. M., Than, M. K., Florentino, R. F., Chotivichien, S. and Hop, L.T. (2020) 'National plans of action for nutrition in Southeast Asian countries – a review', Southeast Asia Public Health Nutrition Network, Malaysia.
- Saokaew, D. (2020) 'COVID-19: Labour shortage on Thai farms could threaten food supply', *CGTN*, [news.cgtn.com/news/2020-04-24/COVID-19-Labor-shortage-on-Thai-farms-could-threaten-food-supply-PWHjzzJ7SE/index.html](https://news.cgtn.com/news/2020-04-24/COVID-19-Labor-shortage-on-Thai-farms-could-threaten-food-supply-PWHjzzJ7SE/index.html), [accessed 15 May 2020].
- The Chaipattana Foundation. (2017) 'Philosophy of Sufficiency Economy', [www.chaipat.or.th/eng/concepts-theories/sufficiency-economy-new-theory.html](http://www.chaipat.or.th/eng/concepts-theories/sufficiency-economy-new-theory.html) [accessed 4 June 2020]
- Tontisirin, K., Chavasit, V., Parinyasiri, T., Ditmetharaj, M., Photi, J., Intaraluk, P. and Kittiprapas, S. (2013) 'Country Policy Analysis Nutrition Impact of Agriculture and Food Systems Thailand', in *UN System Standing Committee on Nutrition Country Study for the Second International Conference on Nutrition*, Bangkok, Thailand.
- Treerutkuarkul, A. (2020) 'Pandemic exposes flaws in food supply', *Bangkok Post*, [www.bangkokpost.com/thailand/special-reports/1927564#cxrecs\\_s](https://www.bangkokpost.com/thailand/special-reports/1927564#cxrecs_s) [accessed 5 June 2020]
- UNICEF (2019) 'The State of the World's Children 2019: Children, food and nutrition: Growing well in a changing world', UNICEF.
- Walters, D. D., Phan, L. T. H. and Mathisen, R. (2019) 'The cost of not breastfeeding: Global results from a new tool', *Health Policy and Planning* 34(6), pp. 407–417.
- WHO (2020) 'Frequently Asked Questions: Breastfeeding and COVID-19 for health care workers', updated 28 April 2020, WHO. [https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvrsn=d839e6c0\\_5](https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvrsn=d839e6c0_5)
- World Food Programme (2020) 'Global monitoring of school meals during COVID-19 school closures', World Food Programme, <https://cdn.wfp.org/2020/school-feeding-map/index.html> [accessed 1 June 2020]



## 6

# Protection against violence, exploitation, and abuse

Dr Caroline M. Roseveare and Dr Montakarn Chuemchit

## Executive summary

### Introduction and approach

A predicted rise in the prevalence of different forms of violence, exploitation, and abuse – and neglect for children – is likely to exacerbate the economic impacts of COVID-19 and to slow down the global economic recovery if steps are not taken to address it. National efforts to secure protection against violence, exploitation, and abuse cut across the social welfare, education, health, security, and justice sectors. COVID-19 has hit established services, particularly those requiring face-to-face interaction with acutely vulnerable clients, hard. Other services, such as hotlines, have been overwhelmed by callers desperate for social assistance given threats to their livelihoods and incomes.

The main objective of this chapter is to assess the direct and indirect impacts of COVID-19 in order to articulate the mechanisms of action in terms of policy choices. Its scope is defined by the Sustainable Development Goal (SDG) targets related to eliminating all forms of violence, exploitation, and abuse. An inclusive and human rights approach is used to understand how and why the COVID-19 pandemic has deepened vulnerabilities and heightened the risks for some populations and people. This is consistent with the Government's pledge to ensure that 'no one will be left behind' and to 'endeavour to reach the furthest behind first' under the 2030 agenda.

### Rapid situation analysis pre-COVID-19

**Progress towards SDG targets:** More progress has been made towards the achievement of some SDG targets than others. Impressive progress is evident: for example, in the steady reduction of homicide rates, an important barometer of lethal violence resulting in deaths. Solid progress is also being made in the detection of victims who have been trafficked for forced labour, servitude, and slavery. However, it is not possible to judge progress towards all targets fully in the absence of nationwide data. The main data gaps concern the prevalence of child labour, and the prevalence of all forms of domestic and sexual violence.

**Existing services, Pre-COVID 19:** A range of government ministries, departments and agencies (MDA) provide stand-alone or multi-sectoral/ multidisciplinary services to those affected by or at risk of violence, exploitation, and abuse. These include: Hotline 1300, offering 24-hour advice, information, and referral to clients with diverse social needs; the Provincial Emergency Shelters for Children and Families; and the One-Stop Crisis Centres (OSCC) for mostly women and child victims in crisis due to physical and sexual violence.

## Impact of COVID-19 on violence, exploitation, and abuse

**COVID-19 impact on prevalence:** Stakeholders are concerned that currently there is significant unmet need for support services in the country due to mobility and other restrictions, including the inability of many highly vulnerable women and children to access virtual services such as hotlines. Our findings suggest that there may be a surge in domestic violence cases on the horizon as harsh economic shocks are felt by many households.

**Impact on vulnerability and risk:** A large number of highly vulnerable population groups are at heightened risk of violence, exploitation, and abuse as a result of COVID-19 economic shocks and mitigation measures. These include: informal sector workers (9 million women are predicted to be at high risk of COVID-19-related disruption to jobs and working hours); migrant workers (nearly 3 million registered migrants plus undocumented migrant workers), many of whom now have no incomes; people with disabilities (PWD), who are vulnerable to all forms of violence, often with worse physical and mental outcomes; lesbian, gay, bisexual, transgender, and intersex people (LGBTI), who anyway suffer stigmatisation and abuse, now without incomes and jobs and living in unsafe situations; sex workers, whose livelihoods face heightened exposure to violence from family, acquaintances, and law enforcement agents; the homeless, who are unable to comply with curfew regulations and may face harsh treatment as a result; and children whose parents or caregivers have been affected by the coronavirus and risk destitution and exploitation through child labour and trafficking.

**Impact on help-seeking behaviour:** The data are incomplete and service remits have been changed. The number of clients seeking OSCC services in Pathumthani province, for example, has increased significantly. However, the suspension or reduction of some face-to-face services is challenging given the acute vulnerability of clients, many of whom lack access to virtual services. Stakeholders are concerned that Hotline 1300 calls from women and children affected by violence, exploitation, and abuse are being overshadowed by callers desperate for information about social assistance, including temporary shelter.

**Impact on specialist services:** The operational capacities of specialist services have been badly stretched. Small teams have shrunk further due to redeployments to the response effort and staff sickness. Many emergency shelters for children and families have not taken new cases, placing acutely vulnerable children and women subject to violence in a precarious position. Police capacity has been stretched by the state of emergency and courts are either closed or in irregular session. In summary, and across the board, systems and processes offering protection from violence, exploitation, and abuse are badly overstretched or disrupted. Mobility restrictions, physical distancing, lockdown, and business closures have adversely affected the delivery of services to those in most need.

## Policy choices

A short-term as well as medium-term priority will be to ensure that those who are extremely vulnerable to violence, exploitation, and abuse are not left even further behind on the road to economic recovery. Comparatively low-cost interventions to change social norms and behaviour can decrease the acceptability of violence whilst increasing the acceptability of support services. In the short term, significant investment will be needed to forestall the closure of essential services and to maintain basic standards of quality care. In the long term, taking services closer to those affected could be achieved by developing a cadre of community social workers (professional/para-professional or volunteer) and health workers providing first responder support. Discussions about how to streamline coordination mechanisms across the different sectors and committees could start in the short term, with a view to implementation once consensus has been achieved. Urgent investment is needed to strengthen monitoring, evaluation, and learning and evidence-based research to inform policymaking, and this should continue to be a priority going forward.

## 6.1 Introduction and scope of the assessment

### 6.1.1 The importance of protection against violence, exploitation, and abuse

**A predicted rise in the prevalence of different forms of violence, exploitation, and abuse – and neglect for children - is likely not only to exacerbate the economic impacts of COVID-19, but also to slow down global economic recovery if steps are not taken to address it.** Ensuring the protection of the world's most vulnerable populations, particularly women and children, is an enormous global challenge. It is estimated, for example, that 243 million women and girls aged 15–49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months; and that the costs of such violence amount to US\$ 1.5 trillion (United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen), 2020a). Child maltreatment alone is costing countries in East Asia and the Pacific an estimated US \$209 billion per year, equivalent to 2% of the region's GDP (UNICEF, 2015). In addition to the human and social development costs for individuals, households, and communities, the broader costs of delivering services to those affected or at risk are substantial (World Health Organization (WHO), 2020).

**Evidence** on major epidemics elsewhere and from COVID-19 in other middle-income countries demonstrates the impacts major health crises have on those most affected by or at risk of violence, exploitation, and abuse.

### Box 6: Evidence: impact of epidemics and COVID-19 pandemic on protection against violence, exploitation, and abuse

- Economic impacts place women and children at greater risk of sexual exploitation and sexual violence (United Nations Children’s Fund (UNICEF) Helpdesk, 2018). Intimate partner violence (IPV) and violence against children increase during times of economic stress (Fraser, 2020). The use of lockdowns to reduce the transmission of COVID-19, and calls to ‘stay at home’, are highly problematic for many women and children because homes are ‘not safe’ havens (Singano, 2020).
- The Ebola health crisis in Guinea, Liberia, and Sierra Leone exacerbated existing vulnerabilities among the population, including deepening poverty, growing problems with child labour, violence and exploitation of women and children, and children in labour activities. Deep shocks to the social fabric acted as a spur to sporadic outbreaks of violence, and potential violent targeting of particular individuals, families, or communities (United Nations Development Programme (UNDP), 2015).
- Major health crises due to epidemics drive up IPV and other forms of domestic violence due to heightened tensions within households (European Parliament, 2015). May 2020 International Rescue Committee data, however, show decreased numbers of women and girls reporting violence and abuse (reduced by 50% in Bangladesh and 30% in Tanzania); this does not necessarily mean that violence is decreasing, but rather that those affected and at risk are losing crucial lifelines to essential services and security (Smith, 2020).
- Quarantine measures combined with economic pressures on households increase parental frustration and the use of corporal punishment to discipline children (Fraser, 2020). Preliminary findings from an April 2020 survey conducted by the Việt Nam Association for the Protection of Children’s Rights on the impacts of COVID-19 on children reveal that 48% of respondent children said they felt vulnerable because of verbal abuse, while 8% were beaten and 32.5% said they were not properly cared for by their parents. Increased child marriages and the sexual exploitation and abuse of children, especially adolescent girls, were associated with school closures in Sierra Leone during the Ebola pandemic (Kostelny et al., 2016).

**The Royal Thai Government's (RTG's) commitment to protection against violence, exploitation, and abuse is evidenced in its ratification of relevant international treaties**, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Convention on the Rights of the Child;<sup>61</sup> International Labour Organization (ILO) conventions to ensure protection against the exploitation of child labour;<sup>62</sup> and one of two anti-human trafficking protocols.<sup>63</sup> Many of these commitments are reflected in domestic law.<sup>64</sup> However, stakeholders emphasise enforcement challenges, and that many people do not understand their rights or how to claim them.

National efforts to secure protection against violence, exploitation, and abuse cut across the social welfare, education, health, security, and justice sectors, hence RTG uses a multi-sectoral and multi-tiered approach. In theory this should stretch from the national policy level down to communities to support families and individuals, but presently some relevant government functions extend only to the provincial level and stakeholders emphasise the need for enhanced presence at lower tiers of the system. RTG capacity to reduce the risks of violence exploitation and abuse is also contingent on strong and effective coordination and collaboration across the key sectors involved.

## 6.1.2 Scope of the analysis

This assessment is designed to inform the post-COVID-19 recovery, rather than to improve the COVID-19 response. The main objective of this chapter therefore is to assess the direct and indirect impacts of COVID-19 on protection from violence, exploitation, and abuse in Thailand in order to articulate the mechanisms of action in terms of policy choices.

The scope of the assessment is defined by the different forms of violence, exploitation, and abuse defined under the Agenda 2030 SDGs, which RTG is signed up to. It reflects RTG's commitment to the principle of 'leaving no one behind' by highlighting how COVID-19 is impacting the lives of vulnerable at-risk populations, particularly but not only women and children. The subject area is cross-sectoral, calling into play the efforts of many government MDA. We assess how the delivery of specialist support services has been impacted, both directly and indirectly, by the pandemic and by measures to mitigate its transmission. The scope of our assessment is also influenced by evidence from epidemics elsewhere, and emerging evidence from other COVID-19-affected countries, as summarised in the box above.

A rapid desk review of the literature (see the bibliography below) and existing data was undertaken and supplemented by key informant interviews (KIIs) with a range of key stakeholders. Within the data and time constraints, only preliminary investigative and analytical work has been possible.

61 CEDAW, ratified: 09 August 1985; Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, acceptance of individual complaints procedures: 14 June 2000. Convention on the Rights of the Child, ratified: 27 March 1992; Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, ratified: 27 February 2006; Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, ratified: 11 January 2006; Optional Protocol to the Convention on the Rights of the Child, Acceptance of Individual Complaints Procedures: 25 September 2012. Convention on the Rights of Persons with Disabilities, ratified: 29 July 2008.

62 ILO Abolition of Forced Labour Convention, 1957 (No. 105); and ILO Worst Forms of Child Labour Convention, 1999 (No. 182), in force as of 15 February 2019.

63 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, 2000 (ratified 15 February 2019). RTG has not signed the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. See: [www.globallslaveryindex.org/2019/data/country-data/thailand/](http://www.globallslaveryindex.org/2019/data/country-data/thailand/) [accessed May 2020].

64 Legal protections are provided, for example, through the following: The Gender Equality Act B.E. 2558 (2015); The Child Protection Act B.E. 2546 (2003); The Protection of Victims of Domestic Violence Act B.E. 2550 (2007); The Labour Protection Act (No. 2) B.E. 2551 (2008); The Anti-Human Trafficking in Persons Act B.E. 2551 (2008). In addition, the Criminal Code, as amended by the Criminal Code Amendment Act (No.19) B.E. 2550 (2007), extends protections to the victims of rape.



## 6.2 Violence, exploitation, and abuse in Thailand pre-COVID-19

### 6.2.1 Conceptual framework for the analysis

**A broad range of conceptual frameworks (WHO, 2019; UNICEF, 2017) have been developed globally to analyse protection against violence, exploitation, and abuse. However, there is not a comprehensive framework that embraces all forms of violence, exploitation, and abuse highlighted in the 2030 Agenda, or all particularly vulnerable and at-risk populations.** In order to better understand how and why the COVID-19 pandemic has placed some people or groups at higher risk of violence, exploitation, and abuse while others have been more protected from it, we use an inclusive and human rights-based approach rooted in the SDGs. This is consistent with the pledge to ensure that ‘no one will be left behind’ and to ‘endeavour to reach the furthest behind first’.

### 6.2.2 Rapid situation analysis pre-COVID-19

**As a signatory to the SDGs, the RTG is committed to the goal of eliminating all forms of violence, exploitation, and abuse in the country. Thailand has a national policy framework to protect the population from violence, exploitation, and abuse, particularly the most vulnerable.** These comprise the National Child Protection Strategy (2017–2021) and the Women Development Strategy (2017–2021), as well as a Second National Policy, Strategies, and Measures to Prevent and Suppress Trafficking in Persons (2017–2021), the National Policy and Plan to Eliminate the Worst Forms of Child Labour Phase II (2015–2020), and the Thailand Decent Work Country Programme (2019–2021). These are all aligned to the 20-Year National Strategy (2018–2037) and the 12th National Economic and Social Development Plan (2017–2021).

As Table 17 below suggests, **more progress has been made towards the achievement of some targets than others. Impressive progress is evident, for example, in the steady reduction of homicide rates, an important barometer of lethal violence resulting in deaths.** This continuing trend is confirmed by United Nations Office on Drugs and Crime (UNODC), which found that homicide rates fluctuated between 8 and 10 per 100,000 population from 1990 to 2003 and have since declined sharply to 3.6 in 2017 (UNODC, 2019a). However, the absence of national data disaggregated by victim–perpetrator relationship constrains analysis of family-related homicide. This is important since worldwide more than one-third of women who are intentionally killed are killed by a current or former partner (UNODC, 2019b).

Solid progress is also being made in the **detection of victims** who have been trafficked for forced labour, servitude, and slavery. However, complete datasets concerning human trafficking for the purpose of sexual exploitation are not available after 2014. There has also been an effort to expand the child protection detection mechanism to more than 500 local administration organisations, an investment which has led to an average threefold increase in case reporting.

Table 17: Progress towards achievement of SDG targets

SDG indicators for violence, exploitation, and abuse	Progress												
<b>16.1.1 Number of victims of intentional homicide per 100,000 population, by sex (victims per 100,000 population)</b>	<b>2010:</b> 8.77 per 100,000 males and 1.21 per 100,000 females <b>2012:</b> 7.68 per 100,000 males and 1.23 per 100,000 females in 2012 (not disaggregated by age). Thereafter rates are not disaggregated by sex or age												
<b>16.1.1 Number of victims of intentional homicide, by sex and age (number)</b>	<table border="0"> <tr> <td><b>2014</b></td> <td>2,248</td> <td>male</td> </tr> <tr> <td></td> <td>404</td> <td>female</td> </tr> <tr> <td><b>2015</b></td> <td>2,387</td> <td>total</td> </tr> <tr> <td><b>2016</b></td> <td>2,229</td> <td>total</td> </tr> </table>	<b>2014</b>	2,248	male		404	female	<b>2015</b>	2,387	total	<b>2016</b>	2,229	total
<b>2014</b>	2,248	male											
	404	female											
<b>2015</b>	2,387	total											
<b>2016</b>	2,229	total											
<b>16.1.3 Proportion of population subjected to (a) physical violence (b) psychological violence and (c) sexual violence in the previous 12 months</b>	Proportion of population subjected to physical violence in the previous 12 months was 0.3% in <b>2016</b> (UNODC) No official data concerning psychological or sexual violence available												
<b>5.2.1 Reduced prevalence of IPV (sexual and/or physical)</b>	No official data available												
<b>5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</b>	No official data available												
<b>5.3.2 Proportion of women aged 20–24 years who were married or in a union before age 18 (%)</b>	Multiple Indicator Cluster Survey (MICS) 2015–16: 22.5%												
<b>5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 (%)</b>	MICS 2015–16: 4.4%												
<b>16.2.1 Proportion of children who experienced physical punishment and/or psychological aggression by caregivers in last month (% of children aged 1–14 years)</b>	MICS 2015–16: 75.20%												

SDG indicators for violence, exploitation, and abuse	Progress
<p><b>16.2.2 Number of victims of human trafficking per 100,000 population by sex, age, and form of exploitation</b></p>	<p>Detected victims of <u>human trafficking for forced labour, servitude, and slavery</u>  <b>2014:</b> 188 all ages, 19 male, 38 female  <b>2016:</b> 460 all ages, 388 male (18 years +) 24 female (18 years +)  Detected victims of <u>human trafficking for sexual exploitation</u>  <b>2014</b>  376 All ages both sexes  21 18+ male  26 &lt;18y male  257 &lt;18y female  72 18+ female  Thereafter datasets not complete</p>
<p><b>16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18</b></p>	<p>No official data available</p>
<p><b>8.7.1 Proportion of children engaged in economic activity (by sex and age)</b></p>	<p>No official data available</p>
<p><b>8.8.1 Incidence of fatal occupational injuries per 100,000 workers (by sex and migrant status)</b></p>	<p>Decrease from 7.13 per 100,000 workers in <b>2013</b> to 6.84 per 100,000 workers in <b>2014</b>.  No disaggregation by sex or migrant/non-migrant status</p>
<p><b>8.8.2 Incidence of non-fatal occupational injuries per 100,000 workers (by sex and migrant status)</b></p>	<p>Decrease from 352.96 per 100,000 workers in <b>2013</b> to 321.13 per 100,000 workers in <b>2014</b>.  No disaggregation by sex or migrant- non-migrant status</p>

Sources: 2015–2016 MICS and United Nations SDG Indicators Metadata repository, unless otherwise stated. The UN SDG indicators metadata repository is found at <https://unstats.un.org/sdgs/metadata/>

As illustrated above, **it is not possible to assess progress towards all SDG targets in the absence of national data.** For example, the results of a national survey on the prevalence of children's work undertaken by the Ministry of Labour in 2018 are not available, but it can be assumed that they formed part of the motivation for the memorandum of understanding to advance the decent work agenda, whereby the country pledges to reduce unacceptable forms of work, especially child labour, forced labour, and human trafficking (ILO, 2019). It is too early to assess this programme but as it is prioritised by all national constituents positive outcomes look promising.

**Nationwide prevalence rates for IPV (psychological, physical, and/ or sexual) and psychological and sexual violence against children before they reach the age of 18 are unknown.** While service data are available from various agencies, including hotlines, hospitals, and welfare services, there are no prevalence data, only the estimation from some of the MICS results on severe corporal punishment, which indicates that the current access of children to services is less than 5% of the estimated prevalence. An independent survey has determined the prevalence of violence affecting high school students in southern Thailand. Overall, 88.8% of the students (n=480) reported experiencing violence at school in their lifetimes. The prevalence of psychological, physical, and sexual violence was 84.0%, 66.9% and 30.6%, respectively (Boonrusmee, 2018). A regional study of violence against children in East Asia and the Pacific (UNICEF, 2014) found that the percentage of adults ever reporting abuse as a child, measured using the Conflict Tactics Scale (CTS), was approximately 30% of the sampled group (n=488). Childhood physical abuse was the most common form of abuse (15%), while sexual abuse was the second most common (12%)<sup>65</sup>. Other independent surveys have investigated both domestic violence and sexual harassment. Findings suggest that prevalence rates of IPV differ across the country, and that poorer, less well-educated women are at higher risk (Chuemchit, 2018). Sexual assault is the most common form of sexual harassment and is mostly perpetrated in public venues, including on public transport and in nightclubs, schools /universities, and other public places (K.News, 2019).

## Existing services: pre-COVID-19

A range of government MDA provide stand-alone or multi-sectoral/ multidisciplinary services to those affected by or at risk of violence, exploitation, and abuse (see Box 7 below).

### Box 7: Support services

**The Ministry of Social Development and Human Security (MSDHS) Social Assistance Centres (SAC) Hotline 1300 provides a 24-hour advice, information, and referral service to clients with diverse needs** (unplanned pregnancy, human trafficking, child labour exploitation, and violence against women, children, the elderly, and PWD), receiving reports, providing information, and referring callers to the appropriate bodies. In terms of particularly vulnerable populations, it is reported that migrant workers do not always access SAC services, including Hotline 1300, due to the lack of accessible information about the services, and language barriers (UN Women, 2019).

**Also under the MSDHS are Provincial Emergency Shelters for Children and Families,** which provide short-term, safe places for children and families in crisis, and preventive services to those in the community. The shelters provide case management, counselling, and basic social services, psycho-social recovery, accommodation, food, and reintegration of residents back into their community, and refer cases for medical care, education, recreational services, and vocational training.

<sup>65</sup> It is important to note that a majority of clients presenting at the OSCC report sexual (rather than physical) abuse which is most likely due to the (multi-disciplinary) nature of the OSCC services.

The figures in the table below are taken from MSDHS data for the whole country (77 provinces), which revealed a total of 18,768 cases for fiscal year 2019 [12 months from Oct 2018 to Sep 2019].

Case type	Fiscal year 2019 [12 months] from Oct 2018 to Sep 2019 (cases)
Abuse	723
Domestic violence	913
Exploitation	303
Neglect	117
Disabled children	Not counted
Orphans	114
Street/homeless children	570
Children in difficult conditions	1,536
	4,276

**OSCC under MOPH are linked to the SAC through the multi-sectoral referral system.** The OSCC are located on regional, provincial, district and sub-district hospital grounds,<sup>66</sup> where they provide medical care, psycho-social support/counselling, and possible referral to legal assistance, to aid the recovery and rehabilitation of women and children who have suffered violence. MOPH data (MOPH, OSCC, 2019) indicate that the number of women and children in crisis as a result of violence who received OSCC services totalled **274,754** persons between **2004 and 2019**. In order of magnitude, this number comprised:

- 137,846 children (boys, girls and LGBTI persons under 18 years old);
- 132,663 women (aged 18 years and above);
- 4,214 men (aged 18 years and above); and
- 31 LGBTI people (aged 18 years and above).

As a stakeholder explained, however, the number of OSCC service users represents the tip of the iceberg: ‘Most *survivors don’t want to disclose their violent situation (internal affair) and many more don’t know that the service exists*’ (KII-06.5). This appears to be a common challenge in that many cases only reach the protection system when they become severe.

A range of justice actors are also important in preventing violence, abuse, and exploitation, and taking action on cases in which there has been a criminal violation. These include the police, public prosecutors, correction services, and courts, many of which include specialists or special services for particular groups of suspected perpetrators or victims/survivors. For example, the Juvenile and Family Courts remain separate from the regular court system and include special procedures to protect children in contact with the law.

66 The Resolution on the 8 Measures for the Elimination of Violence against Women (29 June 1999). The intention is that OSCC services should be expanded to sub-district level.

**Immediately prior to the onset of the COVID-19 crisis in Thailand, multi-sectoral actors were considering how best to strengthen the infrastructure of services established to support those affected by violence, exploitation, and abuse.** Some examples are provided in the table below.

**Inevitably, these new initiatives, and others, have been put on hold while attention has been focused on the COVID-19 response.**

#### Box 8: Some examples of new initiatives planned just before COVID-19 hit Thailand

- Through an innovative collaboration involving RTG, workers' and employers' organisations, and the ILO and resultant MOU, a Thailand Decent Work Country Programme 2019–21 (ILO, 2019) has been developed. This is designed to: 1) promote an enabling environment for the growth of decent and productive employment; 2) strengthen labour protection, especially for vulnerable workers; and 3) strengthen labour market governance in line with international labour standards. Importantly, it aims to protect all workers, including migrant workers and workers in the informal sector, and to decrease unacceptable forms of work, specifically child labour, forced labour, and human trafficking.
- MOPH has forward-looking plans to target extra effort towards men and boys, as well as towards LGBTI people in crisis due to sexual and physical violence. It also intends to further develop the OSCC database, and to put in place integrated standards to ensure the fast, seamless, and timely referral of clients across the different (health, social welfare, police, judiciary etc.) sectors according to their specific needs (MOPH, OSCC, 2019).

The Thailand Institute of Justice is looking to develop appropriate prevention, protection, and recovery frameworks for child victims of sexual exploitation to include the specific needs of boys. In early December 2019 it organised a public event entitled 'Shedding the light on the sexual exploitation against boys', aimed at preparing the ground for this.

## 6.3 Impact of COVID-19 on protection against violence, exploitation, and abuse

### 6.3.1 Summary of COVID-19's impact on violence, exploitation, and abuse

The economic shocks of COVID-19 have significantly increased the risks of violence, exploitation, and abuse as individuals, households, and communities struggle to sustain a livelihood and cope with future economic uncertainty within the short-term constraints imposed by measures to mitigate the spread of the virus. At particular risk are those who are most vulnerable in society due to their socioeconomic status, age, gender, and other factors, such as disability, minority status, and sexuality. Such groups include migrant workers; those in the informal sector or in insecure and precarious formal employment; PWD; and the victims of human trafficking. Within most, if not all, of these vulnerable populations, women and children are generally at highest risk. Specialist multidisciplinary services to support victims in crisis due to serious violence, exploitation, and abuse have been placed under enormous pressure by COVID-19.

### 6.3.2 COVID-19's impact on prevalence

**Definitive judgements about the impact of COVID-19 on the prevalence of different forms of violence, exploitation, and abuse in Thailand are problematic. There is not yet robust data and stakeholder perceptions are sometimes contradictory.** Moreover, there is a tendency to confuse prevalence with reporting rates. This does not help us to assess any real increases or decreases in the numbers or proportions of people experiencing violence, exploitation, and abuse, as distinct from the numbers of victims or survivors who are seeking help from (i.e. reporting to) formal authorities or civil society organisations when utilising services.

**The time lag between cause (COVID-19) and effect (increased or decreased violence, exploitation, and abuse) is important.** The Children and Youth COVID online survey<sup>67</sup> suggests that 7.3% of respondents are concerned about violence in the family. Seven out of 10 children and youth stated that COVID-19 is affecting their mental state, causing both worry and boredom; and one in four respondents said that they wish to learn more about how to manage stress and depression. Another – Thai Government – survey exploring the effects of enforced working at home on domestic violence<sup>68</sup> found that at the time the survey was conducted there was little recourse to physical violence: only 3.1% said they use mild physical violence and 0.9% that they used violence resulting in injuries; and most respondents (56.4%) felt able to control their emotions. Importantly, however, it concluded that the wider negative economic impact of COVID-19 may spur domestic violence, given that nearly two-thirds (61.4%) of respondents said that they already face financial difficulties and 14.7% reported having critical financial problems and not being able to manage their household finances. In other words, **there may be a surge in domestic violence cases on the horizon as harsh economic shocks are felt by many households, contributing to stress and other mental health challenges.**

**The indirect effect of economic and mental health stress, at times coupled with lockdowns, increases risks of IPV,** as experienced elsewhere in the Asia and Pacific region (Gender in Humanitarian Action, 2020). Alcohol and other substance use can create additional risks<sup>69</sup>. The views of some stakeholders on domestic violence towards women and children are summarised in the box below.

67 The survey was conducted jointly by UNICEF, UNDP, UNFPA, and the MSDHS Department of Children and Youth during 27 March – 6 April 2020, with 6,771 respondents, with the majority aged between 15 and 19. The survey results are available at: <https://uni.cf/2XvL6qM> [accessed June 2020]

68 The survey was conducted by the MSDHS Department of Women's Affairs and Family Development over 10–13 April 2020, with 2,069 respondents aged above 15 years. The full survey results are available in Thai: [www.dwf.go.th/Content/View/10474/1](http://www.dwf.go.th/Content/View/10474/1) [accessed May 2020].

69 The RTG suspended the sale of alcohol for much of the lockdown period. Whether it did this as a means to reduce violence is unclear, although some other governments have done this with that intent during the application of COVID-19 mitigation measures.

### Box 9: Impact of economic stress and forced coexistence on domestic violence

*'Some women have gone back to their hometown because of business closures. Men can easily threaten them with harassment because women must stay at home and cannot escape to anywhere. Some families were already in bad relationships. When this is combined with the epidemic stress, economic stresses have contributed to domestic violence increasing.'* (KII-06.8).

*'Loss of income and loss of jobs affect households' food security, livelihood, and access to necessities. Economic distress reportedly heightens women's risks of experiencing violence. People who live in Bangkok/ cities/ urban areas are more stressed than those who live in rural areas. Most rural areas are agricultural, food security is greater than in the city, and community sharing can reduce stress. Some women are faced with sexual violence [forced sex by husbands/ partners]. In many cases women have to go back home to rural areas as their workplaces in the urban areas are closed. They have to quarantine but the husband wants to have sexual activity [forced sex]'* (KII-06.9).

*'Home is not safe for everyone... Perpetrators of abuse may use restrictions due to COVID-19 to exercise power and control over their partners'* (KII-06.11).

School closures combined with household stress mean that: *'Violence by caregivers is the most common form of violence experienced by children. Children also often witness domestic violence and experience intense stress and anxiety'* (KII-06.12).

### 6.3.3 Impact on vulnerability and risk

There are a number of highly vulnerable population groups at heightened risk of violence, exploitation, and abuse primarily as a result of COVID-19 shocks.

- **Informal sector workers are predicted to be at highest risk of COVID-19-related disruption to jobs and working hours.** According to the 2019 Informal Employment Survey by the National Statistical Office, just before the pandemic hit there were approximately 20 million workers working in the informal sector, of whom 9 million (or 44%) were women (National Statistical Office, 2019). However, **women are overrepresented in the hardest hit sectors** (manufacturing, textiles and garments, hospitality and tourism, care and domestic work) and occupy the most vulnerable jobs with the least protection (Anderson, 2016). It is predicted that: *'those who were already in the more precarious circumstances will be those who suffer the worst of the COVID-19 economic impact'*, and that **many of these will be women** (ILO, 2020).
- **The economic shocks have exacerbated the challenges already faced by migrant workers.** In 2019 there were nearly 3 million registered migrant workers in Thailand, plus an additional unknown number of undocumented migrant workers, mostly from neighbouring countries (Myanmar, Cambodia, and Laos). These workers were engaged in labour-intensive sectors such as agriculture, fisheries, food processing, textiles, construction, domestic work, retail, and tourism. Despite their contribution to the economy, migrant workers often encounter precarious, if not substandard, working conditions (ILO, 2019). Many migrant workers cannot claim social security rights to healthcare and paid sick leave, particularly if they work in the informal sectors and/ or are undocumented. The economic impact of COVID-19 is likely therefore to fall on those least able to shoulder it, forcing them into ever more precarious employment. Civil society organisations report that a **significant number of women migrant workers primarily employed in the domestic service sector and garments manufacture are not registered. Both**



**registered and non-registered** migrant workers were dismissed during the peak of the health crisis. Without any form of income, they are regarded as being at considerable risk of human trafficking and other forms of exploitation, including sexual exploitation. Many of these migrants have brought extended families with them, including children. The loss of family income could expose these children to the same risks of trafficking and sexual exploitation, but also to child labour. Possible continued closure of Migrant Learning Centres and the challenges **migrant children** may face in returning to public school raise concerns about the protection of these particularly vulnerable children.

- **The discrimination and stigma PWD struggle with in their daily lives are compounded by COVID-19.** It is estimated that there are approximately 2 million registered PWD in Thailand. Both children and adults with disabilities are at much higher risk of violence than their non-disabled peers, according to two systematic reviews published in the Lancet. The global review on the prevalence and risk of violence against **children with disabilities** indicated that children with disabilities are 3.7 times more likely than other children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments are among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers. Overall, **adults with disabilities** are 1.5 times more likely to be a victim of violence than other adults, with those who have mental health conditions being at nearly four times the risk of experiencing violence (Hughes et al., 2012). Across all countries, vulnerable groups such as women, those in the poorest wealth quintile, and older people had higher prevalence of disability. The prevalence of sexual abuse against people with disabilities has been shown to be higher, especially for institutionalised men and women with intellectual disabilities, intimate partners, and adolescents (WHO, 2011). Already facing social exclusion, stigma, and reduced access to livelihoods, employment, and information, **women with disabilities are at heightened risk of violence, exploitation, and abuse** in both the private and public domains (WHO, 2020). Globally it is recognised that these women experience much higher levels of physical, sexual, and psychological violence, for longer periods of time and with worse physical and mental outcomes as a consequence of violence than women without disabilities (Vallins et al., 2013). **Children with disabilities** are also at higher risk of being abused, with sample research in the United States reflecting that they are maltreated at 1.7 times the rate of other children (National Center on Child Abuse and Neglect, 1993). Often, PWD adults and children are unable to access legal protection and redress because services are not accessible, because there is a lack of awareness of the issues that they face in regard to their vulnerability. Some persons with physical and mental disabilities rely on family members or caregivers to support them to access support services.
- **LGBTI people are at increased risk of multiple forms of violence and abuse due to COVID-19 measures.** In 2019 UNDP undertook a national survey on experiences of discrimination and social attitudes towards LGBTI people in Thailand. It found that although there has been increasing acceptance of LGBTI people in society, and greater visibility in the media and public life, many individuals experience discrimination, harassment, and violence at home, school, work, and in the community. Mistreatment of LGBTI people takes many forms, including verbal insults, unequal treatment, and physical violence. For transgender women, 21% reported often being verbally attacked, 9% reported that they were often sexually harassed, and 8% reported often being subjected to physical violence (UNDP, 2019). A follow-up survey with 55 respondents within the LGBTI community was conducted by UNDP jointly with the Asia Pacific Transgender Network over 22 April to 6 May 2020 to explore the impact of COVID-19. This found that the major impact is the loss of income/job (47%), and unsafe living situations (36%). 60% of respondents said that they have not received any assistance from the Government. Most respondents stated that they are negatively affected by isolation, inability to socialise and engage in outdoor activities, and working from home for extended periods. These factors are creating loneliness, increased stress, and depression. Around 14% of respondents indicated increased intimate, family, gender-based, and economic violence (i.e. deliberate deprivation of cash and non-cash resources) (Asia Pacific Transgender Network and UNDP, 2020).

- The closure of entertainment venues nationwide has negatively impacted sex workers' livelihoods and heightened their exposure to violence.** In May 2020 the Service Workers in Group Foundation (SWING) undertook a community-led rapid assessment of the impact of the COVID-19 epidemic on sex workers in Thailand, with 255 respondents (234 sex workers<sup>70</sup> and 21 community-based organisations working with sex workers). The study, published by UNAIDS, found that the Government's order to close all places of entertainment nationwide (from 19 March 2020), leading to the indefinite closure of more than 23,000 venues across Thailand, immediately rendered an estimated 100,000 sex workers unemployed. The greatest economic impact has been felt among sex workers who had worked in Bangkok. Non-Thai sex workers were found to suffer more severe socioeconomic impacts of COVID-19 than Thai sex workers, and in all cases female sex workers face the greatest economic difficulties. Most respondents indicated that sex workers are not eligible for government assistance because sex work is not recognised as 'labour'. In addition, findings from questions concerning the socio-economic impact of COVID-19 indicate that 6% of sex workers are suffering stigma and discrimination from family, acquaintances, and others; and 4% are subject to actual abuse from them. However, more interpersonal abuse is said to be experienced by transgender sex workers (12%) and male sex workers (11%) than female sex workers (4%). The study did not explore further the specific types of violence that sex workers are subject to. Arrests or prosecutions of sex workers in various locations were reported by 26% of sex workers and 51% pointed to 'excessive suppression of sex worker activity by the authorities', suggesting the possible use of force by police. The fact that a priority recommendation made by sex workers was emergency shelter for those rendered homeless suggests that sex workers are helping to swell the ranks of the homeless (see below). It is important to be aware that increasing general unemployment and underemployment may well increase the number of women, men, and children who are forced into sex work due to a lack of alternative means of survival. Moreover, increasing economic strain on families and greater online exposure, for some, mean that the risks of children being recruited/trafficked into commercial sex work, or being sexually abused or exploited, is growing.
- Homeless women, men, and children who live on the streets are being heavily and sometimes brutally penalised for non-compliance with COVID-19 curfew regulations.** Government statistics suggest that there are approximately 2,700 homeless people in Thailand, but this is believed to be an underestimate. According to Human Right Watch: *'the lockdown and empty streets mean fewer opportunities for homeless people to earn money. In addition, they face stigmatization and accusations of negligently spreading the virus, as well as disobeying government orders'* (Pasuk, 2020). It is clear from this brief summary that COVID-19 has rendered the homeless more vulnerable to violence, especially that perpetrated by strangers, including state authorities.

**Most of the above populations have been rendered more vulnerable to and at greater risk of violence, exploitation, and abuse as a result of indirect COVID-19 impacts.** They will require immediate safety nets and assistance (see Chapter 2), as well as carefully designed interventions to increase their resilience and protect them from further violence, exploitation, and abuse in the longer term.

**Measures to mitigate and contain the transmission of COVID-19 have reduced some risks of, as well as created new vulnerabilities to, violence, exploitation, and abuse.** For example, whilst school and college closures may have reduced the risks of sexual exploitation and abuse by people in positions of authority (such as teachers/lecturers) and fellow pupils, confinement within the family has almost certainly increased the risks of sexual abuse and other forms of domestic violence perpetrated by family members and others living in the household. The above mentioned online survey with children and youth found that 7.3% of respondents are concerned about violence within the family.

<sup>70</sup> In terms of their demographic profile: 27 of the sex workers surveyed were non-Thai nationals and 207 were Thai; 16% were male, 11% transgender, and 73% female; over half (57%) were venue-based (bar, coyote bar, restaurant, massage parlour, karaoke lounge), 20% were street-/public area-based, 3% were online or agent-based, and 21% were mixed.

In addition, although no surveys have yet been conducted, **it is likely that the risks of online exploitation and abuse, including by sexual predators, and cyber bullying are heightened for children and adolescents with increased and unregulated internet access** (United Nations Economic, Scientific and Cultural Organization (UNESCO), 2020). The COVID-19 pandemic has also introduced instant messaging, online gaming, and chat services to younger children who have limited online experience and may, therefore, be less resilient to harmful behaviour. Family economic situations and abuse in the home could also expose some children to being recruited and trafficked into the sex industry, including through exploitation and abuse online.

On the positive side, however, stakeholders report that **children's use of the internet to disclose serious violence has increased**: 'Many child survivors of sexual abuse have disclosed their experiences during the COVID 19 pandemic via online platforms' (KII-06.12).

**The unemployment crisis and economic uncertainty may encourage more families to use child marriage, child labour, or even child abandonment as coping mechanisms, especially in the medium to longer term.**

There is no evidence with which to assess the impact of COVID-19 on harmful practices such as early marriage. Although not much practised pre-COVID-19 early/child marriage may revive and increase in some communities once restrictions on movement etc. are lifted, in efforts to mitigate the effects of teenage pregnancies, especially on poorer households.

### 6.3.4 Impact on help-seeking behaviour and case detection

**Precise trends in help-seeking and service uptake by those affected by or at risk of violence, exploitation, and abuse is unclear, largely because the data are incomplete and service remits have been changed to cope with new demands, mostly relating to social assistance/ protection needs generated by COVID-19.**

On 3 April 2020, for example, the MSDHS announced expansion of Hotline 1300's remit to include calls from children, the elderly, and other vulnerable groups at high risk of contracting COVID-19, and those newly unemployed. It also announced the provision of temporary shelters for homeless people. These additions plus the normal function of 1300 to provide information on a range of social protection schemes resulted in an exponential increase in the volume of calls.

**There is concern that Hotline 1300 calls from women and children affected by violence, exploitation, and abuse are being overshadowed by callers wanting information about social assistance, including temporary shelter.** Figures for 14 May 2020 show approximately 4,500 calls, of which 4,200 were answered and 300 dropped as the volume exceeded maximum capacity. It is important to note that people call 1300 for all sorts of help, especially applications for social protection schemes and grants and requesting general information. 1300 receives many more calls related to social protection, even under normal circumstances. In the past, the drop rate was significantly higher, creating concern that serious emergency cases were being missed in these dropped calls. MSDHS greatly increased its hotline capacity during the COVID-19 lockdown, adding more staff and reducing the drop rate to about 5%. Indeed, a **positive indirect effect of COVID-19 is that it has prompted some rapid improvements in service quality**: '*During COVID, we extended 1300 services to 60 lines, 24 hours. All call centre agents have been trained in basic counselling. Our services are divided into three stages: 1. counselling by call centre agents who have been trained in basic counselling; 2. crisis stage (e.g. attempted suicide) – a call centre agent will contact our network to help immediately (mobile team in each setting); and 3. referral system – contact relevant agencies (the multidisciplinary team) in each province*' (KII-06.3).

In March 2020, SAC Hotline 1300 data indicate that 154 callers reported domestic violence towards children, youth, women, and elderly, revealing a small increase compared to the previous month (February 2020), when 144 cases were reported. However, compared to March 2019, when there were 140 calls reporting domestic violence, this represents only a small increase (UN Women, 2020b). The lack of an increase in call volume from victims affected by other forms of violence is confirmed by one stakeholder: '*From our data there is no change in the volume of calls to request help, especially in the case of sexual exploitation and sex trafficking because of entertainment business closures*' (KII-06.12). The tables below provide data that show the types of call being made and their number.

**Table 18: The SAC Hotline 1300: disaggregation of data related to specific forms of violence**

	Oct 2018 - Sept 2019 (cases)	Jan 2020	Feb 2020	March 2020	April 2020
<b>Domestic violence</b>	2,108	130	154	154	137
<b>Other forms of violence (outside family)</b>	961	55	49	49	43
<b>Human trafficking</b>	159	17	7	7	4

**Table 19: The SAC Hotline 1300: disaggregation of data by age/ disability**

	Oct 2018 - Sept 2019 (cases)	Jan 2020	Feb 2020	March 2020	April 2020
<b>Children/youth</b>	54,675	10,925	11,601	11,601	6,729
<b>Women</b>	8,808	657	1,105	1,105	1,854
<b>Elderly</b>	6,640	519	425	425	519
<b>Disabled</b>	2,554	227	230	230	319

Note: the data for Feb and March show identical numbers, which cannot be correct.

Source: Social Assistance Center Hotline 1300 Ministry of Social Development and Human Security, <https://1300thailand.m-society.go.th/records> (accessed June, 2020)

**The low levels of calls to Hotline 1300 from people affected by IPV and domestic violence is worrying and warrants further scrutiny as one would expect these to have increased considerably during the lockdown.** There are a number of possible explanations for this apparent lack of help-seeking by those affected: a) they believe that the violence is most likely to stop if daily living and subsistence challenges are sorted out and so are prioritising this above all else; b) they are literally locked down with the abuser and/ or unable to access mobile phones; c) they are staying true to form and not disclosing their 'private' situation to anyone in the public sphere, which confirms findings from independent surveys pre-COVID-19 which suggest that many women are reluctant to tell anyone about their experiences because they are embarrassed or afraid of negative repercussions; d) they do not know about the services offered by 1300 or are not confident that they will receive help; e) younger children are not able to call independently and adolescents may also hesitate to do so; f) witnesses of violence, exploitation, abuse, and neglect in other families are unwilling to report those cases, believing that domestic issues are personal to the affected household or that they could face retaliation if it is discovered that they have reported a case. Because of social distancing, school closures, and reduction of trips for healthcare other than COVID-19, those who might normally witness and report suspected cases of violence, exploitation, abuse, and neglect were no longer in regular contact with community members, which means that overall monitoring was reduced.

**Migrant workers face particular barriers in accessing assistance from the Hotline** due to language (though 1300 does provide some service in several foreign languages, clients must call in advance to arrange an appointment with a translator), their legal status, and concerns about personal safety. This means that some migrants continue to rely on non-formal support networks and civil society organisations where they can.

**Hotline services offering different types of support and advice to different, vulnerable constituencies have grown with the COVID-19 response.** Hotline 1422 recently started operations and provides information related to COVID-19, and an online 'LINE' application has been established to provide migrant workers with information about COVID-19 and immigration policies. The iCanPlan application is designed to facilitate a safety self-assessment, help-seeking, and preparation of a safety plan for those affected by IPV. It is important to note that hotlines are not intended as vehicles for reporting violence, exploitation, and abuse but UNICEF believes that they should ideally have protocols in place for when such reporting occurs.

**Many people in the poorest households and settings, who are often those most vulnerable to violence, exploitation, and abuse, do not have ready access to mobile phones, computers, or the internet** (Committee for the Coordination of Statistical Activities, 2020).<sup>71</sup> Even if the household has such things, women and children may not be able to safely access information and communication technology tools because they are closely monitored by an abuser or other family members.

**The number of clients seeking services from OSCC in some parts of Thailand has increased significantly.** The OSCC at Pathum Thani Hospital, for example, saw a three-fold increase in clients in February 2020 compared to February 2019 (from 8 to 24), and a two-fold increase in March 2020 compared to March 2019 (from 16 to 34). The table below provides data showing the number of OSCC clients seen, by month and by health region.

<sup>71</sup> Figures for 2018 suggest the percentage of individuals using the internet by age was as follows: 69.6%: less than 15 years; 91.4%: 15–24 years; 50.9%: 25–74 years; 2.6%: over 74 years. In addition, 2016 data from International Telecommunication Unit (ITU) suggest that 82% of males and 8% of females in the country owned a mobile phone, but it is not known if all phones can be used to access the internet.

Table 20: Number of OSCC clients seen, by month and by health region

	Jan			Feb			March			April		
	2019	2020	% increase	2019	2020	% increase	2019	2020	% increase	2019	2020	% increase
	<b>Northern</b>											
Health region 1 (8 provinces)	61	43	-29.51	54	52	-3.7	54	59	9.26	54	42	-22.22
Health region 2 (5 provinces)	40	40	0	54	60	11.11	59	59	0	68	34	-50
<b>Central</b>												
Health region 3 (5 provinces)	37	46	24.32	33	39	18.18	34	42	23.53	42	34	-19.05
Health region 4 (8 provinces)	49	64	30.61	41	58	41.46	57	54	-5.26	69	65	-5.8
Health region 5 (8 provinces)	80	83	3.75	55	70	27.27	84	71	-15.48	80	52	-3.5
Health region 6 (8 provinces)	77	86	11.69	72	76	5.56	80	77	-3.75	98	47	-52.04
<b>North-eastern</b>												
Health region 7 (4 provinces)	40	72	80	58	39	-32.76	62	50	-19.35	47	41	-12.77
Health region 8 (7 provinces)	23	26	13.04	18	14	-22.22	45	19	-57.78	26	22	-15.38
Health region 9 (4 provinces)	54	35	-35.19	64	25	-60.94	61	36	-40.98	70	21	-70
Health region 10 (5 provinces)	32	27	-15.63	21	35	66.67	29	31	6.9	29	16	-44.83
<b>Southern</b>												
Health region 11 (7 provinces)	60	43	-28.33	69	41	-40.58	59	47	-20.34	52	33	-36.54
Health region 12 (7 provinces)	83	66	-20.48	81	63	-22.22	85	46	-45.88	75	58	-22.67

Source: Programme report system to help those who faced violence and those who have an unwanted pregnancy (18 June 2020)

In terms of the number of cases recorded for the **provincial shelters for women and children**, the figures in the table below are taken from MSDHS national data, which revealed a total of 1,775 cases for March 2020 and 1,478 cases for April 2020. The data also revealed a total of 9,109 cases for fiscal year 2020 [six months from Oct 2019 to March 2020]. This compares to data for the 12-month period of fiscal year 2019 [12 months from Oct 2018 to Sep 2019], which revealed a total of 18,768 cases. Of these, 4,276 were the case types depicted in the table below.

**Table 21: Provincial Shelters Select Case Data**

Case type	March 2020 (Cases)	April 2020 (cases)	Fiscal year 2020 [six months] from Oct 2019 to March 2020 (cases)
<b>Abuse</b>	72	42	484
<b>Domestic violence</b>	81	86	540
<b>Exploitation</b>	18	7	191
<b>Neglect</b>	32	28	46
<b>Disabled children</b>	12	13	Not counted
<b>Orphans</b>	24	10	110
<b>Street/homeless children</b>	68	20	339
<b>Children in difficult conditions</b>	439	405	359
	<b>746</b>	<b>611</b>	<b>2,069</b>

It was not possible to obtain police data to evidence whether reports of violence, exploitation, and abuse have increased or decreased. One stakeholder suggests: *'some survivors dare not report to/notify the police because they fear bad events'* (KII-06.8). Again, this is especially true of migrant workers: *'It is related to cultural and (social) norms that they do not speak up when violence occurs. Combined with (being) undocumented persons, some women do not dare to inform or notify the authorities, not daring to claim any rights, not daring to say anything as they see themselves as inferior'* (KII-06.11).

### 6.3.5 Impact on specialist services

**In overall terms, the operational capacities of specialist services for those affected by violence, exploitation, and abuse were directly impacted by the health crisis and indirectly impacted by mitigating measures to halt spread of the virus during the period of lockdown.** It is important to note that the impact of operational disruptions and changes to the way in which services are delivered to highly vulnerable clients have combined to influence service utilisation. As stakeholders describe:

*‘Survivors have limited access to social and health services, legal and protection services. Women have difficulties in accessing shelters, helplines, and psycho-social services as these services face closure due to operational disruption’ (KII-06.12).*

*‘The disruption of services, social distancing, and protective measures affect service accessibility and service utilisation. For example, some clients need services that don’t exist in their (local) setting. So, they need permission to travel to the services they need, which is difficult for them’ (KII-06.6).*

Some hospital personnel have been re-deployed from the OSCC, for example, to help with the COVID-19 response, others have taken sick leave. This creates **concerns about reduced capacity to provide much needed services and appropriate referrals within the multi-sectoral protection system to clients in crisis situations.** Under state of emergency measures, OSCC services (healthcare and counselling) have not always been provided face to face, but through online platforms such as Skype or Zoom. Where OSCC services are provided face-to-face, **health providers must abide by strict social distancing rules and wear full PPE.** Stakeholders report that they find this challenging as building a relationship of trust with extremely vulnerable clients is essential if they are to overcome their fears and speak about their experiences (KII-06.10). Other service providers, such as counsellors, also find remote working challenging: *‘Counsellors (OSCC) may not be able to perform their duties effectively because they prefer face-to-face contact rather than online platforms’ (KII-06.10).*

**During the COVID-19 peak stakeholders report that some MSDHS shelters for children and families did not take on new cases, as a health protection measure. This has further exacerbated the situation since pre-COVID access to shelters was already limited as they are located only at provincial level. This has made it even more difficult for those children who badly need to be in a safe place pending completion of a court case.** *‘For example, we contact the shelter for children to stay there while in the judicial process, but the shelter is located in the province only. There is no shelter in the district area. There is no place to support children during the (court) proceedings’ (KII-06.11).*

**Security and justice actors are unable to deliver the full range of services required to safeguard those affected by or at high risk of violence, exploitation, and abuse in households and communities.** Anecdotal evidence suggests that where mobility and other restrictions are in full force, the Royal Thai Police have been primarily engaged in manning checkpoints<sup>72</sup> and managing the curfew. It is reported, however, that police officers are engaged in informal dispute resolution/ settlement services through the 191 Police Hotline. Provided such interventions are targeting minor cases they are likely to be positive. However, any circumvention of the criminal justice process will encourage impunity and do little to safeguard victims. One stakeholder said in relation to cross-border migrants and refugees: *‘We always faced problems with police officers as it is not only violence/ abuse issues but also related to illegal immigration. It is quite complicated: for example, parents take children to report sexual abuse but are arrested for illegal immigration’ (KII-06.11).* Fears about arrest have clearly influenced the reporting of violence, exploitation, and abuse, but the impact of COVID-19 on this long-term issue is unclear.

<sup>72</sup> It was reported in the media that as at 27 March 2020, the Royal Thai Police had established 359 checkpoints nationwide to conduct health screening and to intercept smuggling of controlled goods in an attempt to contain the COVID-19 outbreak.



**As with other services of critical importance to the victims of serious violence, the courts are either closed or in irregular session (KII-06.8).** Tactics to stymie the prosecution of violence cases are cited: *'Some suspects have requested the postponement of their charges, claiming that they had to be quarantined for 14 days because they were from different areas, causing women and children to lose out on justice'* (KII-06.8). In addition, it is likely that the not fully operational courts have had their hands full dealing with cases concerning the breach of COVID-19 regulations. They are unlikely to prioritise processing applications for Domestic Violence Protection Orders, for example. Overall, the courts, including the Juvenile and Family Courts, have not been hearing cases in session. As with other key services they have been operating where possible through online platforms.

**Initiatives that were underway to build specialist capacities for prosecuting gender-based violence and child-related crimes pre-COVID-19, already challenged by staff mobility, have been negatively affected by the pandemic, though this may be temporary during the lockdown and strict social distancing measures.**

For example: *'Multidisciplinary Coordination Prosecutors'* were created in 2016 as focal points. Challenges created by the constant transfer of multidisciplinary team members were cited as having been compounded by COVID-19 restrictions. Efforts to provide training through an online platform are *'still not working because this training requires face-to-face brainstorming and sharing experiences'* (KII-06.7).

**Non-governmental organisations (NGOs) and community-based organisations, which provide some services for affected persons, including protective services for serious cases of abuse, are also reported to have faced challenges during the lockdown phase.** Their own mobility was restricted because of bans on inter-provincial travel and even in some cases travel within a province itself. Some of their staff may also have been required to stay at home to care for their own families. In the period after the lockdown, the extent to which some of these organisations will face challenges in securing funds to maintain operations is as yet unclear. This is, however, likely, given the global recession and the multiple demands on international development partner funds, including from other poorer countries where the pandemic is fast-creating major humanitarian emergencies.

**In summary and across the board:** *'Systems and processes offering protection from violence, exploitation, and abuse, including GBV [gender-based violence] response services, are inevitably stretched or disrupted. Mobility restrictions, physical distancing, lockdown, and business closure have adversely affected service providers'* (KII-06.8).

## 6.4 Policy choices: protection against violence, exploitation, and abuse

### 6.4.1 Leaving no one behind: protecting vulnerable populations and groups against violence, exploitation, and abuse

**Leaving no one behind:** Our assessment has highlighted some of the main effects COVID-19 is having on specific populations whose vulnerability to violence, exploitation and abuse has been accentuated and changed by COVID-19. A short and longer term priority will be to ensure that these individuals are not left even further behind on the road to economic recovery. In the short term, it is essential that social protection policies include them since combining social protection and welfare, if effective, can be preventative, leading to more child, youth, women, and elderly being protected (see Chapter 2). However, further investigation of the evidence is warranted before choices are made about the relative costs and benefits of targeting tailor-made support to specific groups or populations vis a vis more consciously integrated and inclusive responses. There is always a risk that targeting could deepen stigmatisation and abuse from less or non-targeted populations and encourage negative backlash.

## 6.4.2 Prevention and help-seeking

**In the short term the service capacities of existing telephone and online hotlines and helplines could be developed so that they can provide information, advice, and referral information to victims of violence, exploitation, and abuse.** During the COVID-19 response investments have been made in strengthening the capacities of Hotline 1300, and these need to be sustained over the short and medium term. Further investment in service linkages for effective referral across different hotlines and services would result in improved access for vulnerable groups. In addition, strengthening Hotline 1422 targeting migrants is needed so that this highly vulnerable population is able to access support. If captured, learning from Hotline 1300 will be invaluable in any re-modelling of the 1422 line.

The medium-term integration of more specialist counselling and legal advice services, as well as more active translation services, into the above-mentioned hotlines and helplines is an option to consider. Another option is for the Thai Government to establish a dedicated child helpline, offering the full spectrum of advice, support, and information services directly to children.

Evidence of what works in other countries suggests that **an effective way to address survivors' or victims' and bystanders' reluctance to speak out and seek help outside the family is through interventions designed to change social norms and behaviour, including public education campaigns.** These interventions are likely to work best if they simultaneously assert the unacceptability of violence, exploitation, and abuse and encourage the acceptability of support services within the wider society.

Specific interventions that can be introduced to protect children against all forms of violence include addressing harmful social norms that encourage corporal punishment and the promotion of social norms that support positive parenting behaviours.

A design and delivery option is for the Thai Government, supported by its development partners, to make additional resources (financial and human) available to NGOs and community-based organisations to enable them to develop contextually appropriate interventions tailored to the needs of particular localities and/ or population groups. 'Pilots' could be trialled in the short term and up-scaled over the medium term as relevant.

## 6.4.3 Specialist multi-sectoral services

**There is an important policy choice to be made concerning the social welfare services that are currently being delivered mainly by the provincial social development and human security offices and provincial shelters for children and families, which are also responsible for case management.** Pre-COVID-19, these services were said to be poorly resourced in human and financial terms. The ratio of social workers to population is quite limited with approximately five to eight combined social workers covering populations ranging from 0.200,000 to 2.6 million. This is one of the lowest ratios in South-east Asia (UNICEF East Asia, 2019). **Addressing the pre-COVID-19 issue of high staff turnover rates and the transfer of specialist government officers to posts elsewhere, sometimes to unrelated sectors, would be helpful. Otherwise, specialist multidisciplinary teams not only lose trained staff but constantly have to re-build them (KII-06.5), which undermines service quality.**

**Current interventions that rely mainly on social workers from provincial shelters for children and families to support children and caregivers may not be desirable in the long term, and alternatives, such as a community-based social workforce to implement risk assessment and safety planning, could be assessed in terms of their costs and feasibility.** To supplement emergency response, the Government might also consider increased use of innovative models of outsourcing to qualified NGOs or civil society organisations to provide some agreed level of protective and response services.

**Since training/capacity development is such an important driver of service quality, investment in contextually appropriate technologies for e-learning and training seems imperative.** This could include the internet, and the use of computer flash drives for a central computer in harder-to-reach settings. Those organisations responsible for protection could also ensure that prevention and response in emergencies, including public health crises, is part of the service standards, to reinforce preparedness for a range of challenges.

**Clearly an ongoing priority is to safeguard victims from the risks of repeat violence by the same or different offenders.** In some countries the provisions of domestic violence protection orders have stipulated that the abuser must vacate the household. Although enforcement is always challenging this option is preferable to that of institutionalising a victim/survivor in a shelter or moving an abused child into an institutional care setting. Indeed, for children an alternative form of family-based care represents an option since institutional care is not necessarily in the best interests of the child under many, if not most, circumstances. Further development of alternative family-based care is required, such as kinship care or foster care.

**Maintaining or restoring adequate highly specialist personnel (such as competent officers, and forensic and court personnel) will be essential where the criminal justice system is engaged.** However, the roles and mandates of para-professionals, such as paralegals, could be broadened to service more routine legal matters and take some of the strain.

In the longer term, taking specialist services closer to those individuals, households, and communities affected by violence, exploitation, and abuse requires the development of a cadre of community-based social workers and health workers to increase monitoring and provide first responder support to victims where appropriate.

## 6.4.4 Foundations

**Strong multi-sectoral coordination is essential for effective interventions to protect the vulnerable against violence, exploitation, and abuse, including specialist services.** Stakeholders point to a plethora of coordination mechanisms and emphasise the importance of assessing these as a matter of some urgency. Discussions about how best to strengthen coordination could start in the short term, with a view to implementation once consensus has been achieved in the medium term. Useful tools for building consensus include well moderated, closed-door roundtable conversations with senior officials.

**The groundwork for this rapid assessment has sharply highlighted the sparsity of robust statistical data and evidence on violence, exploitation, and abuse. Filling this gap is essential for informed policymaking and shared learning.** Stakeholders suggest that the lack of data is due to a shortage of human and budgetary resources, compounded by patchy political will<sup>73</sup>. Urgent investment is required in the short term across responsible MDA (including the lead MSDHS) so that the enduring impacts of COVID-19 on those most at risk of violence, exploitation, and abuse is monitored and assessed.

In the medium term, investment in building an integrated information system with stakeholders engaged in programming and service delivery is needed. Quality monitoring systems will help to improve the quality of response services, as well as protective and preventative interventions. Investment in building national capacities to undertake regular Demographic and Health Surveys (DHS) also has much to commend it since this global tool, used in conjunction with the already used MICS, greatly facilitates assessment of SDG progress given that the SDG indicators relate to both tools.

<sup>73</sup> For example, human trafficking has received high levels of political support, and therefore receives substantial human and budgetary resources. It is also considered to be a priority as regards the use of joint resources.

## References

- Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF, WHO (2020) 'COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home', Version 1, May 2020.
- Anderson, B. (2016) 'Worker, helper, auntie, maid? Working conditions and attitudes experienced by migrant domestic workers in Thailand and Malaysia', ILO, Geneva.
- Asia Pacific Transgender Network and UNDP (2020) 'PowerPoint presentation: COVID-19 Survey of LGBTI Community– Final' UNDP, Bangkok Thailand.
- Boonrusmee, S., Saengkaew, T., Pruphetkaew, N., and Jaruratanasirikul, S. (2018) 'Prevalence of Violence among High School Students in Hat Yai Municipality, Southern Thailand: ICAST-CI Thai Version Study', *Journal of Health Science and Medical Research*, 36(4), pp. 247–257.
- Chuemchit, M., Chernkwanma, S., Rugkua, R., Daengthern, L., Abdullakasm, P. and Wieringa, S. E. (2018) 'Prevalence of intimate partner violence in Thailand', *Journal of Family Violence* 33(5), pp. 315–323.
- Chuemchit, M., Chernkwanma, S., Somrongthong, R. and Spitzer, D. L. (2018) 'Thai women's experiences of and responses to domestic violence', *International Journal of Women's Health* 10, p. 557.
- Committee for the Coordination of Statistical Activities (2020) 'How COVID-19 is changing the world: a statistical perspective', United Nations Conference on Trade and Development.
- Department of Women's Affairs and Family Development (2017) 'The Women Development Strategy 2017–2021', MSDHS, Bangkok, Thailand.
- Department of Women's Affairs and Family Development (2020) 'Thai Family in COVID 19 Crisis', Department of Women's Affairs and Family Development, Bangkok, Thailand, [www.dwf.go.th/Content/View/10474/1](http://www.dwf.go.th/Content/View/10474/1) [accessed May 2020].
- DEVEX New Article (2020) 'Why focusing on gender-based violence is a priority in a crisis: 13 May 2020', [www.devex.com/news/why-focusing-on-gender-based-violence-is-a-priority-in-a-crisis-97148](http://www.devex.com/news/why-focusing-on-gender-based-violence-is-a-priority-in-a-crisis-97148) (accessed May 2020).
- Economist Intelligence Unit (2020) 'Interim deliverable: Covid-19 macroeconomic forecasts for Thailand', 8 May 2020, Economist Intelligence Unit.
- European Parliament (2015) 'Report on the Ebola Crisis: The long-term lessons and how to strengthen health systems in development countries to prevent future crises', A8-0281/2015
- Fraser, E. (2020) 'Impact of COVID-19 Pandemic on Violence against Women and Girls', VAWG Helpdesk Research Report No. 284, VAWG Helpdesk, London.
- Gender in Humanitarian Action- Asia and the Pacific (2020) 'The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific' [www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145](http://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145) (accessed May 2020).
- Hughes, K., Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E. et al. (2012) 'Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies', *Lancet* 2012; doi:10.1016/S0410-6736(11)61851-5.
- ILO (2019) 'Thailand Decent Work Country Programme 2019-2021', ILO, [www.ilo.org/wcmsp5/groups/public/-/asia/-/ro-bangkok/documents/publication/wcms\\_713808.pdf](http://www.ilo.org/wcmsp5/groups/public/-/asia/-/ro-bangkok/documents/publication/wcms_713808.pdf) (accessed May 2020)
- ILO (2020a) 'Covid-19 labour market impact assessment in Thailand', ILO, Bangkok, Thailand.
- ILO (2020b) 'COVID -19 Impact on migrant workers and country response in Thailand', ILO, [www.ilo.org/asia/publications/issue-briefs/WCMS\\_741920/lang-en/index.htm](http://www.ilo.org/asia/publications/issue-briefs/WCMS_741920/lang-en/index.htm) (accessed June 2020)
- Institute for Population and Social Research, Mahidol University and UNICEF Thailand (2020) 'A rapid survey the impact of COVID-19 pandemic on children left behind and their families', IPSR, Bangkok, Thailand.
- International Organization for Migration (2020) 'Rapid assessment Round 2: COVID-19 related vulnerabilities and perceptions of non-Thai populations in Thailand', International Organization for Migration, Thailand
- Joynes, C. and Mattingly, J. (2018) 'A systems approach to child protection. K4D Helpdesk Report', Institute of Development Studies, Brighton, UK, [assets.publishing.service.gov.uk/media/5c6edc11e5274a0ec72b4881/399\\_The\\_SystemsApproaches\\_to\\_Child\\_Protection.pdf](https://assets.publishing.service.gov.uk/media/5c6edc11e5274a0ec72b4881/399_The_SystemsApproaches_to_Child_Protection.pdf) [accessed May 2020].

- K News (2019) 'YouGov Survey, "1 In 5 Thais Have Experienced Sexual Harassment"', K News, 26 August 2019', [www.khaosodenglish.com/featured/2019/08/26/1-in-5-thais-have-experienced-sexual-harassment-survey-says/](http://www.khaosodenglish.com/featured/2019/08/26/1-in-5-thais-have-experienced-sexual-harassment-survey-says/) [accessed May 2020].
- Kostelny, K., Lamin, D., Manyeh, M., Ondoro, K., Stark, L., Lilley, S., and Wessells, M. (2016) 'Worse than the war: An ethnographic study of the impact of the Ebola crisis on life, sex, teenage pregnancy, and a community-driven intervention in rural Sierra Leone', Save the Children, London.
- Kittayarak, K. (2017) 'Effective practice to enhance access to justice for women as victims in Thailand', Bangkok, Thailand, [www.unafei.or.jp/publications/pdf/RS\\_No105/No105\\_14\\_VE\\_Kittayarak.pdf](http://www.unafei.or.jp/publications/pdf/RS_No105/No105_14_VE_Kittayarak.pdf) (accessed May 2020).
- Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano, R. (2002) 'World report on violence and health', WHO, Geneva, [apps.who.int/iris/bitstream/handle/10665/42495/9241545615\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf?sequence=1) [accessed May 2020].
- Ministry of Public Health (2020) One Stop Crisis Centres, Dedicated Service System Development Group, MOPH, Bangkok, Thailand.
- National Center on Child Abuse and Neglect (1993) 'A report on the maltreatment of children with disabilities', U.S. Department of Health and Human Services, Washington D.C.
- National Child Protection Committee, and Department of Children and Youth (2017) 'National Child Protection Strategy of 2017-2021', MSDHS, Bangkok, Thailand.
- National Statistical Office (2016) 'Thailand MICS Multiple Indicator Cluster Survey 2015–2016', National Statistical Office, Bangkok, Thailand.
- National Statistical Office (2019) 'The Informal Employment Survey: 2019', National Statistical Office, Bangkok, Thailand.
- Phasuk, S. (2020) 'Covid-19 Curfew Arrests of Thailand's Homeless, Human Rights Watch Dispatches April 24, 2020', Human Rights Watch, [www.hrw.org/news/2020/04/25/covid-19-curfew-arrests-thailands-homeless](http://www.hrw.org/news/2020/04/25/covid-19-curfew-arrests-thailands-homeless) [accessed May 2020].
- Rossi, A (2020) 'Impact of COVID-19 on Children: Mobility Changes Based on Big Data' UNICEF EAPRO Social Policy and Economic Analysis (PowerPoint presentation).
- Saini, F., Decobert, A., Nimtaloung, P., and Lee, C. (2015) 'Review of Alternative Care in Thailand: Policy to Implementation with Special Focus on Children Affected by HIV/AIDS (CABA) Synthesis Report', School of Global Studies, Thammasat University.
- Service Workers in Group Foundation (SWING), The Planned Parenthood Association of Thailand (PPAT), and Dannok Health and Development Community Volunteer (2020) 'Community-Led Rapid Assessment of the Impact of the COVID-19 epidemic on Sex Workers Thailand', UNAIDS, Bangkok.
- Singano, M. (2020) 'How to stop Coronavirus Lockdown Leading to an Upsurge in Violence Against Women', [www.oxfamblogs.org/fp2p/how-to-stop-coronavirus-lockdown-leading-to-an-upsurge-in-violence-against-women%ef%bb%bf/?utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+FromPovertyToPower+%28From+Poverty+to+Power+%3A+Duncan+Green%29](http://www.oxfamblogs.org/fp2p/how-to-stop-coronavirus-lockdown-leading-to-an-upsurge-in-violence-against-women%ef%bb%bf/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+FromPovertyToPower+%28From+Poverty+to+Power+%3A+Duncan+Green%29) (accessed May 2020)
- Skininder, E., Montgomery, R. and Garrett, G. (2017) 'The trial of rape: Understanding the criminal justice system response to sexual violence in Thailand and Viet Nam', UN Women, UNDP, and UNODC, Bangkok, [asiapacific.unwomen.org/en/digital-library/publications/2017/09/the-trial-of-rape](http://asiapacific.unwomen.org/en/digital-library/publications/2017/09/the-trial-of-rape) [accessed May 2020].
- Smith, E. (2020) 'Why focusing on gender-based violence is a priority in a crisis', Devex Pro, [www.devex.com/news/why-focusing-on-gender-based-violence-is-a-priority-in-a-crisis-97148](http://www.devex.com/news/why-focusing-on-gender-based-violence-is-a-priority-in-a-crisis-97148) (accessed May 2020)
- Thailand Institute of Justice (2019) 'Seminar on Sexual Exploitation Of Boys, The Rising Threat to be Aware', Thailand Institute of Justice, Bangkok, Thailand [www.tijthailand.org/highlight/detail/sexual-exploitation-of-boys](http://www.tijthailand.org/highlight/detail/sexual-exploitation-of-boys) (accessed May 2020).
- The Bangkok Post (2014) 'Study: one rape every 15 minutes. 2014', The Bangkok Post, Bangkok, Thailand, [www.bangkokpost.com/print/400874/](http://www.bangkokpost.com/print/400874/) (accessed May 2020).
- UNDP and partners (2015) 'Recovering from the Ebola Crisis', UNDP, New York, [www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/recovering-from-the-ebola-crisis—full-report.html](http://www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/recovering-from-the-ebola-crisis—full-report.html) (accessed May 2020)
- UNDP (2019) 'Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand', UNDP, Bangkok.

- UNESCO (2020) 'COVID-19 and its implications for protecting children online, Technical Note, April 2020', UNESCO, Paris [reliefweb.int/sites/reliefweb.int/files/resources/COVID-19%20and%20Its%20Implications%20for%20Protecting%20Children%20Online.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19%20and%20Its%20Implications%20for%20Protecting%20Children%20Online.pdf) (accessed May 2020).
- UNICEF East Asia and the Pacific Regional Office and the Global Social Service Workforce Alliance (2019) 'The Social Service Workforce in the East Asia and Pacific Region: Multi-Country Review', UNICEF, Bangkok, Thailand.
- UNICEF (2014) 'Violence against children in East Asia and the Pacific: a regional review and synthesis of findings', UNICEF, Bangkok.
- UNICEF GBVIE Helpdesk (2018) 'Emergency Responses to Public Health Outbreaks', UNICEF GBV in Emergencies Helpdesk, London, [www.sddirect.org.uk/media/1617/health-responses-and-gbv-short-query-v2.pdf](http://www.sddirect.org.uk/media/1617/health-responses-and-gbv-short-query-v2.pdf) (accessed May 2020)
- UNICEF (2017) 'Preventing and Responding to Violence Against Children and Adolescents Theory of Change 2017', UNICEF, New York, USA, [www.unicef.org/protection/files/UNICEF\\_VAC\\_ToC\\_WEB\\_271117.pdf](http://www.unicef.org/protection/files/UNICEF_VAC_ToC_WEB_271117.pdf) (accessed May 2020).
- UNICEF (2020) 'Policy brief: the impact of COVID-19 on children', UNICEF, New York.
- UNICEF, UNDP, UNFPA (2020) 'Preliminary Report: Exploring the impacts and needs of children and youth in the Covid-19 situation', online survey results between 28 March and 10 April 2020, at: <https://uni.cf/2XvL6qM> (accessed June 2020).
- United Nations General Assembly (2018) 'Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity', Human Rights Council, Geneva, [www.pgaction.org/inclusion/pdf/resources/2018-05-Report-Independent-Expert-protection-against-violence-discrimination-SOGI.pdf](http://www.pgaction.org/inclusion/pdf/resources/2018-05-Report-Independent-Expert-protection-against-violence-discrimination-SOGI.pdf) (accessed June 2020)
- UNODC (2017) 'Trafficking in persons from Cambodia, Lao PDR and Myanmar to Thailand', UNODC, Bangkok, [www.unodc.org/documents/southeastasiaandpacific/Publications/2017/Trafficking\\_in\\_persons\\_to\\_Thailand\\_report.pdf](http://www.unodc.org/documents/southeastasiaandpacific/Publications/2017/Trafficking_in_persons_to_Thailand_report.pdf) (accessed May 2020).
- UNODC (2019a) 'Global Study on Homicide', in Booklet 2: *Homicide: extent, patterns, trends and criminal justice response*, UNODC, Vienna, Austria, [www.unodc.org/documents/data-and-analysis/gsh/Booklet2.pdf](http://www.unodc.org/documents/data-and-analysis/gsh/Booklet2.pdf) (accessed May 2020).
- UNODC (2019b) 'Global Study on Homicide', in *Booklet 4: Gender-related killing of women and girls*, UNODC, Vienna, Austria, [www.unodc.org/documents/data-and-analysis/gsh/Booklet\\_5.pdf](http://www.unodc.org/documents/data-and-analysis/gsh/Booklet_5.pdf) (accessed May 2020).
- UN Women (2019) 'Analysis: Ending Violence Against Women Services by Social Assistance Center', UN Women, Bangkok.
- UN Women (2020a) 'Covid-19 and Ending Violence Against Women and Girl', UN Women, New York' [www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls#view](http://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls#view) (accessed May 2020)
- UN Women (2020b) 'GBV in the context of COVID-19: Informal note for the Thailand RC, 9/4/20', UN Women, Bangkok.
- UN Women (2020c) 'Preliminary findings: Gender-Differentiated Consequences of COVID-19 on women's and men's economic empowerment in Thailand', UN Women.
- Vallins, N. and Walji, F. (2012) 'Forgotten Sisters', Triple Jeopardy Policy Brief, Working Group on Violence Against Women with Disabilities, AusAID, Canberra, Australia.
- WHO and World Bank (2011) World report on disability, WHO: Geneva, at: <https://www.who.int/publications/i/item/world-report-on-disability> (accessed June 2020)
- WHO (2016) 'INSPIRE: Seven strategies to end violence against children', WHO, Geneva, Switzerland, [www.who.int/publications-detail/inspire-seven-strategies-for-ending-violence-against-children](http://www.who.int/publications-detail/inspire-seven-strategies-for-ending-violence-against-children) (accessed May 2020).
- WHO (2019) 'RESPECT women: Preventing violence against women', Geneva, Switzerland, [apps.who.int/iris/bitstream/handle/10665/312261/WHO-RHR-18.19-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/312261/WHO-RHR-18.19-eng.pdf?ua=1) (accessed May 2020).
- WHO (2020) 'COVID-19 and violence against women: what the health sector/system can do', WHO, Geneva
- Xinhua News (2020) 'Thai police set up COVID-19 checkpoints nationwide', *Xinhua News*, 27 March 2020' [www.xinhuanet.com/english/2020-03/27/c\\_138920732.htm](http://www.xinhuanet.com/english/2020-03/27/c_138920732.htm) (accessed May 2020).



UNICEF  
ศูนย์พัฒนาเด็กเล็ก  
บ้าน...

# 7

## Key issues across social sectors

Dr Stevan Lee

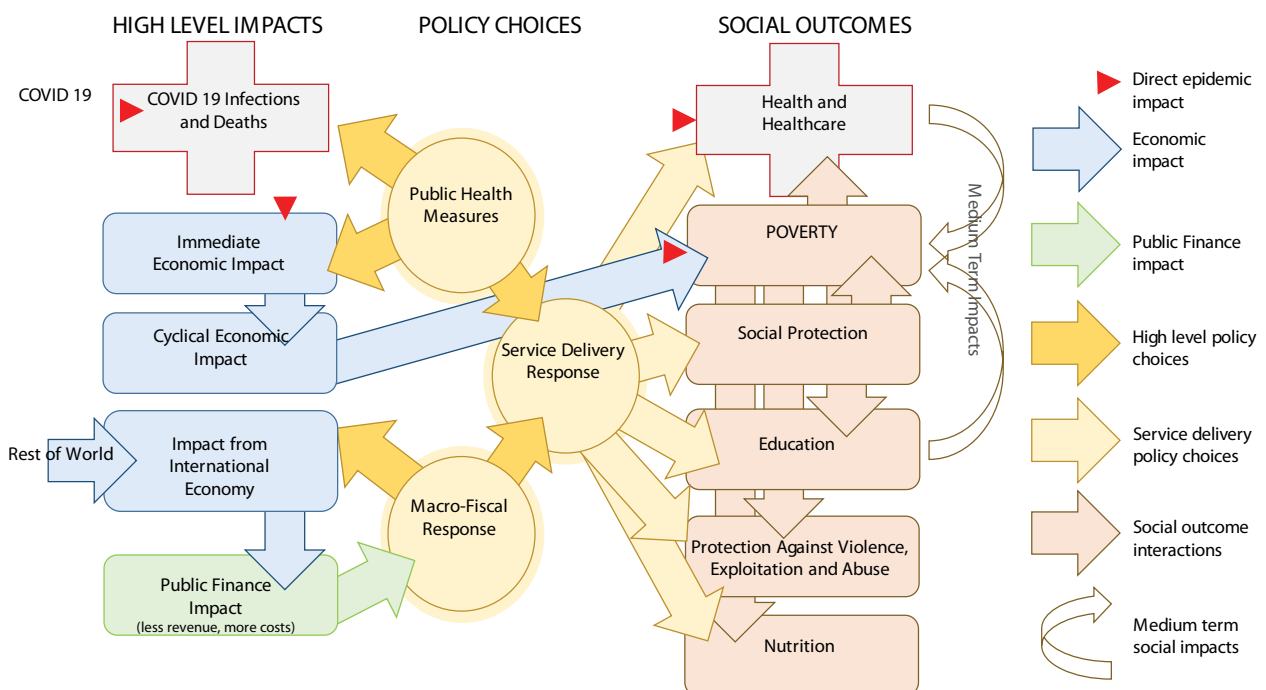
### 7.1 Introduction

This chapter reviews the impacts of the COVID-19 crisis on social sectors in a cross-cutting way. It is organised according to the types of primary and secondary shock experienced in Thailand, and how these have been assessed in terms of social sector impacts. As such, it summarises the most significant impacts which are revealed by the sum of the analysis across Chapters 1 to 6.

#### 7.1.1 External shocks and high-level policy responses

For Thailand, COVID-19 is experienced as two main sets of external shocks and there are two main sets of high-level policy responses which determine the main impacts across society.

Figure 9: Network of effects





The first external effect to impact Thailand was COVID-19 itself. Thailand announced a COVID-19 case in January 2020. By early March infections were still at a low level but beginning to expand. A state of emergency was declared in late March when cases identified cases approached 200 per day and within a week the growth in new cases went into reverse. In a country of 70 million people, the total death toll from COVID-19 is currently 58, with only four of these coming since the end of April. This shows how swiftly the epidemic was brought under control. Much more detail on the measures taken and on the progress of the disease are recorded in Chapter 1 (Introduction) and in Chapter 3 (Health).

Figure 9 represents most of the important effects that might arise from COVID-19; the direct effects of the disease are highlighted using red arrows. The disease potentially impacts the economy, the health system, and poverty.

The second external effect is the impact of the recession in the international economy that is being caused by COVID-19 and the impacts of the various responses. Even the most optimistic forecast in the International Monetary Fund's (IMF's) special issue World Economic Outlook (IMF, 2020) shows that the setback to gross domestic product (GDP) from COVID-19 is much worse than that from the global financial crisis in 2008, and certainly much sharper in terms of the reduction in GDP in the second quarter (Q2) of 2020.

The two main sets of high-level policy choices relating to COVID-19 were the public health measures and the macro-fiscal response. Both need to evolve in the medium term, but some big decisions have already been made. Public health measures became rapidly more stringent during March and are only beginning to ease in June. In Figure 9 it is clear that public health measures impact on the disease but also directly disrupt service delivery, and in fact cause direct impacts on outcomes because of the stress of lockdown. They also have strong adverse impacts on the economy. The Economist Intelligence Unit (EIU) (EIU, 2020) has estimated that without the counter-cyclical economic stimulus, the combination of public health restrictions and the international recession would depress Thai GDP by 8.4% in 2020.

Going forward, it is a vital priority for public health to contain future outbreaks of the epidemic – measures are in place, but vigilance is paramount because a second lockdown would be much more difficult to adjust to than the first.

The macro-stimulus considerably blunts the impact of the crisis on GDP and on household consumption and poverty, but it is very expensive, at 15% of GDP, and this combined with the permanently reduced GDP level creates a public finance impact going forward: public resources will be more constrained in the medium term and this requires further careful stewardship.

Reduced incomes and poverty create needs and demands for the social protection system as they produce further rounds of effects, sometimes interacting with the stresses created by the crisis and the lockdown measures.

## 7.1.2 Chapter layout

In Section 7.2, this chapter deals with the cross-sectoral impacts of primary and subsequent rounds of effects:

- direct impacts of COVID-19;
- public health measures and service delivery;
- combined economic and poverty impacts of COVID-19-related shocks;
- the interaction of public health-related stresses and household income pressures; and
- medium-term issues.

Section 7.3 discusses the major high-level policy challenges that emerge for the recovery from the crisis in Thailand:

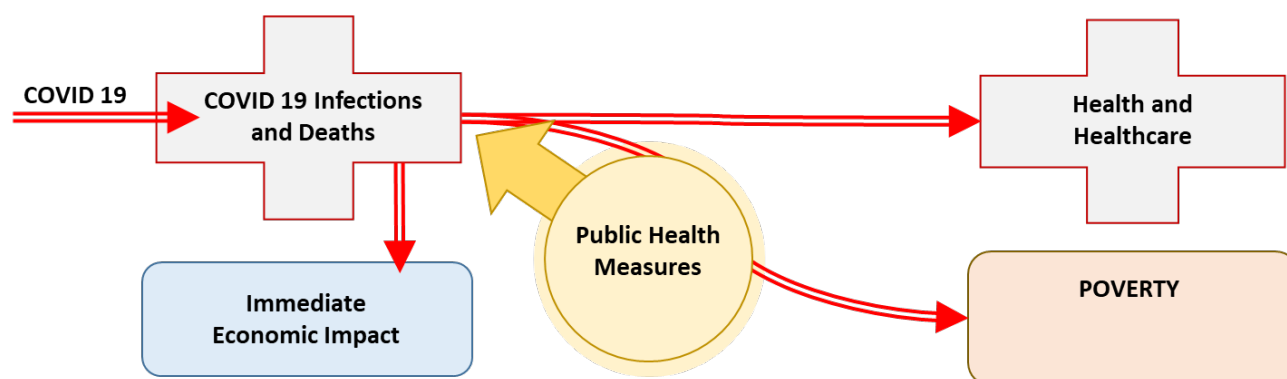
- the containment of COVID-19 and the avoidance of a second lockdown;
- attention to hardship in Q3 2020, since the economic stimulus shuts down more abruptly than the economy will start moving;
- responding to increases in problems with mental health, violence, abuse, and exploitative work linked to the stress of lockdown combined with income pressures; and
- a need to find efficiency savings and to reschedule expansionary plans for service delivery to fit within the new resource ceilings.

## 7.2 The main short- and medium-term effects of COVID-19 in Thailand

### 7.2.1 Direct impacts of COVID-19

There is consensus among public health experts that without public action COVID-19 would have spread very widely in Thailand, infecting the majority of the population and killing hundreds of thousands of people. This would have placed overwhelming stress on healthcare services and would have increased morbidity and deaths from non-COVID causes as well. It would have caused severe economic impact in households suffering deaths of productive family members, as well as wider macroeconomic impact caused by infection and morbidity in the workforce.

**Figure 10: Direct impacts of the COVID-19 disease on health and poverty**



Chapters 1 and 3 describe the public health measures which were taken, the stringency of which increased rapidly during March 2020. The result has been less than one death per million and tiny numbers of new cases since the start of May. This means the epidemic has been so well contained that the Thai health system has not really been tested by the COVID-19 disease itself. This means the economy is virtually unaffected by morbidity and mortality from the disease.

Each sector chapter is predicated on the assumption that Thailand's public health strategy will continue to contain the COVID-19 disease. This is probable, but only if the Thai authorities continue to be active, as disease control is not a *fait accompli*. If there is another major breakout, the Government will find it difficult to support the economy in the same way as in April–June 2020. Also, lockdown fatigue may compromise the effectiveness of the disease control. Migrants and the urban poor living in high-density conditions will be most vulnerable to infection if there is another outbreak.

## 7.2.2 Public health measures and service delivery

Public health measures in Thailand had a stringency level between 70 and 90 for most of April, May, and June of 2020 (Blavatnik School of Government, 2020). These have been very effective at controlling the epidemic, but they have also restricted productive activity, including the delivery of important social sector services.

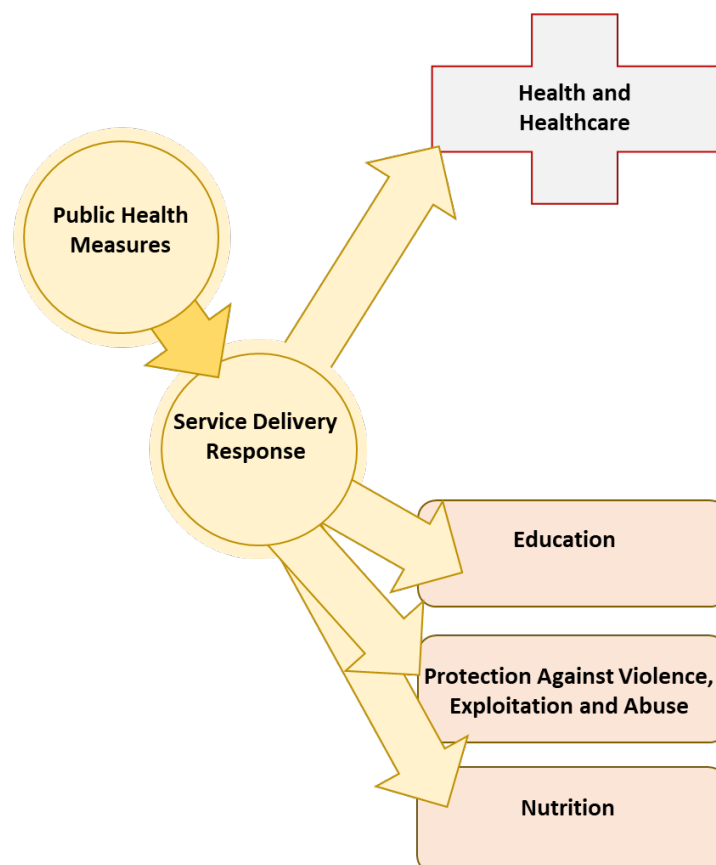
The main anticipated risk to health systems was an overwhelming number of COVID-19 infections, but this has been avoided. The next most serious risk is that lockdowns and pivoting of services in readiness for COVID-19 mean the health system is less able to deal with acute and chronic non-COVID conditions during the crisis. This is discussed in Chapter 3, but the main conclusion is that universal health coverage and primary healthcare units have played a very useful role in continuing care for people with non-COVID-related conditions.

Chapter 5 (food and nutrition) describes an anticipated risk linked to breastfeeding practices, linked to disruption to services and beliefs about hygiene, which could have been serious since very young infants are vulnerable to dietary inadequacies even for a short time. This seems to have been avoided.

Schools were closed for much longer than normal and this could have disrupted the supply of meals to school children, normally consumed at school. Chapters 4 (education) and 5 (food and nutrition) discuss this: emergency alternatives to school feeding have been put in place in many areas.

Chapter 6 (protection against violence, exploitation and abuse) covers a number of groups whose exposure to domestic and other violence is likely to have increased, or whose exposure to abuse or to exploitative and indecent work is likely to have increased. Specialist services linked to these groups have been depleted by lockdown measures and diversion of effort to COVID-19 itself, but in the short term reporting of incidents and help-seeking behaviour is also down.

**Figure 11: Public health measures and service delivery**



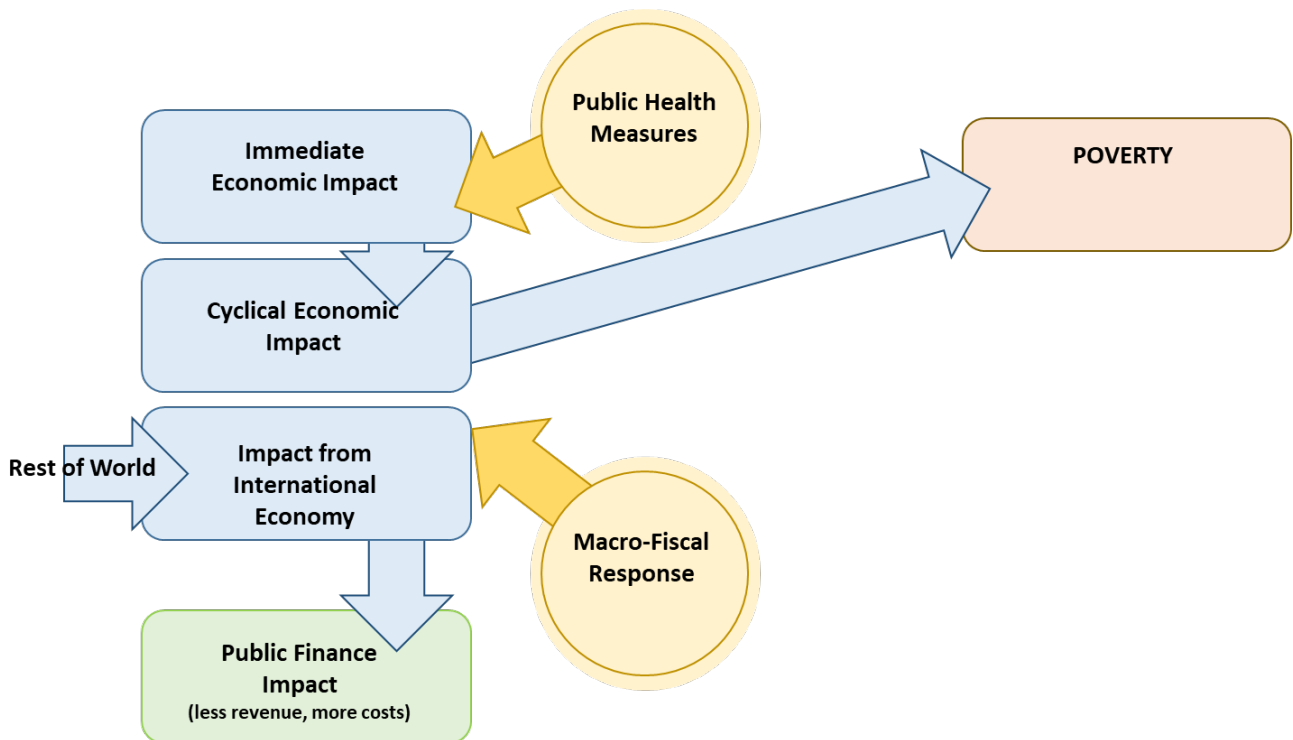
Perhaps the most serious disruption to service delivery linked to public health measures is in education. But those managing the sector have been nimble and effective in mitigating the worst risks. Schools have been closed, but this has coincided with the long summer holidays. The Ministry of Education has used this time to plan for distance learning, and even to test out these plans, concluding that they would be problematic for most students and would exacerbate pre-existing learning inequalities. Thanks to the efficient way in which the epidemic has been controlled it now seems possible for schools to open on 1 July 2020.

Even so, the prolonged holiday and the shortening of the 2020–2021 school year by 19 days still presents the risk of some learning losses and remedial action is underway to mitigate this.

### 7.2.3 Combined economic and poverty impacts of COVID-19-related shocks

The economic impacts of COVID-19 itself are minimal while the epidemic remains controlled. However, the public health measures have had a very strong impact on economic activity, peaking in the second quarter of 2020 (Q2), and there is a second major international shock from the international recession that has been started by COVID-19-related events elsewhere. The expectation in Thailand is that the recovery will be more ‘L-shaped’ than ‘V-shaped’: that is, a permanent loss of productivity of about 7% of GDP.

Figure 12: Combined economic and poverty impacts

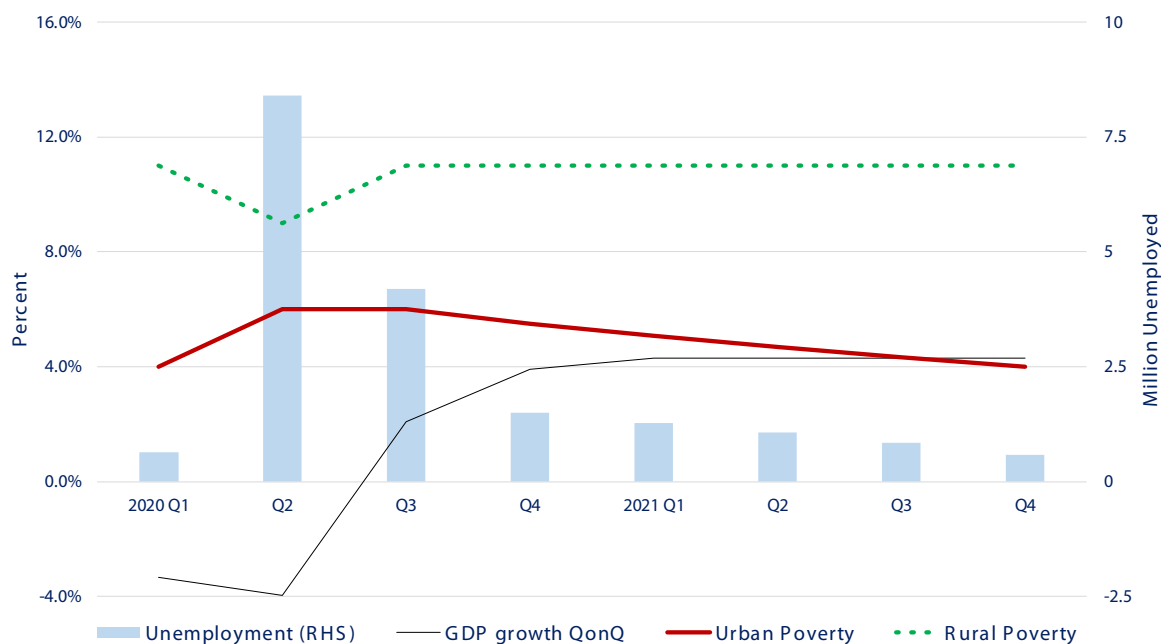


Whereas the COVID-19 disease itself has had virtually no impact on the economy, the combination of the public health measures and the international recession would have reduced GDP by 8.4% (EIU, 2020). The US\$ 78 billion stimulus package consists of support for and via the financial sector and also very substantial emergency social protection payments, at least 50–100 times greater than the normal social protection programmes. This reduced the first-round impact of the crisis to 6.9% of GDP. From 2021, normal growth resumes but the loss of 7% of GDP is permanent. This counts as an extremely severe recession with a very rapid recovery – partly because it is not a normal recession but mainly a policy-induced one, and also because the stimulus package is very well timed.

However, the combined impacts of the public health measures, the international recession, and the macro-stimulus have serious consequences for the public finances in the medium term (see below) and also for household consumption and poverty as Figure 13 illustrates.

In Chapter 2 (poverty and social protection), detailed modelling based on household surveys, rapid surveys, and national statistics shows that the impact of the economic shock is distributed differently over time, over geography, across economic sectors, and between different groups, including vulnerable groups.

**Figure 13: GDP, unemployment, and poverty**



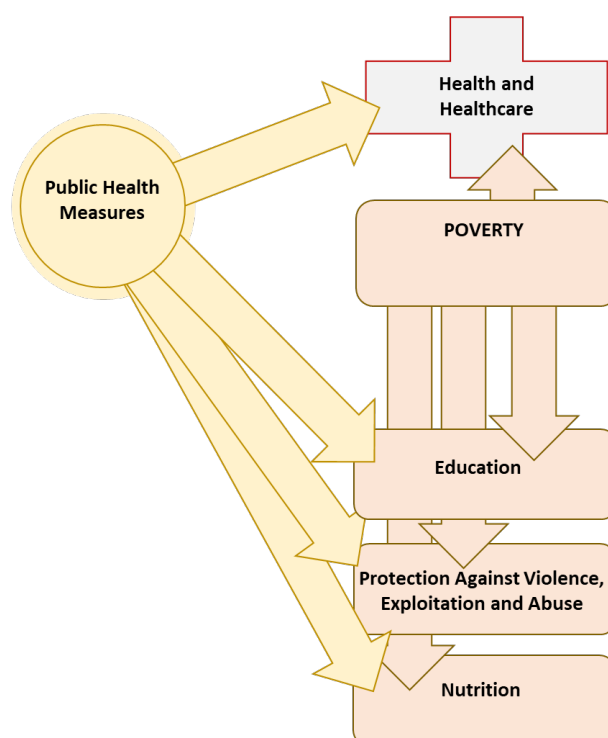
Key distributive issues emerging from the poverty analysis in Chapter 2 (poverty and social protection) and Chapter 6 (protection against violence, exploitation and abuse) include the following:

- Overall, there is a modest increase in poverty in 2020, which falls back through to 2021. Urban poverty increases from 4% to 6% in Q2 and Q3, whereas rural poverty dips from 11% to 9% in Q2 and then increases back to 11% in Q3.
- Casually engaged private sector employees are worse affected by the immediate economic shock, including unskilled and informal workers in manufacturing, construction, tourism, and other services, whose incomes fall 25% and for whom poverty increases from 10% to 20% in Q3.
- International migrants, some Thai migrants, and also domestic workers are least likely to access support being made available in Q2, and these groups are among those most vulnerable to exploitation, abuse, and indecent work.
- Households dependent on agriculture experience windfall gains from the stimulus payments in Q2 (April–June 2020) and are assumed to carry some of this income over to support consumption in Q3 (July–Sept).
- We assume that unemployment halves and that modest growth resumes in Q3 (July–September 2020), but that this combines with the removal of the stimulus payments to households, so urban poverty does not fall, and rural poverty actually increases in Q3.
- By the start of 2021, the economic impact on households is much reduced, but there will still be more unemployment and more need than if the COVID-19 pandemic had not happened.

## 7.2.4 Interaction of public health-related stresses and household income pressures

Public health measures impose restrictions on personal activity, which many people find very difficult. The economic impacts of COVID-19 for some households will be severe and these effects can combine to reinforce pressures. The main risks identified are a surge in mental health problems, including suicide attempts; a surge in violence and abusive behaviours; potentially severe impacts from a deterioration in child feeding, which are exacerbated by increased poverty and deprivation; and finally, increased risk of school drop-out among those children already at risk of leaving education.

**Figure 14: Interaction of lockdown stress and sudden poverty**



Chapter 3 (health) suggests there could be 100,000 suicide attempts in Thailand in 2020, a 30% increase on the normal figure, which might represent 2,000 additional deaths. This is thought to be predictive of a wider expansion of mental health problems, as the effects of numerous lockdown stresses and impoverishment combine. Youth are at risk. It will be a strain for health services to meet this need immediately, during the lockdown. This will convert into a medium-term burden.

The combination of being confined to small living spaces with family members and the stresses of impoverishment could also combine to worsen problems of violence, abuse, and exploitation, including indecent work. This risk is detailed in Chapter 6 (protection against violence, exploitation, and abuse). It is hard to be sure of this, because lockdown conditions are also expected to reduce reporting of crimes, but there is likely to be a surge in reporting as restrictions are lifted, from Q3 onwards.

Risks to infant and child nutrition are highlighted in Chapter 5 (food and nutrition) and there is some optimism that these risks will be minimised. Nevertheless, for families who face restrictions relating to lockdown, and who somehow miss out on the support being provided, and who may not access substitute school feeding or special payments, the risk to child nutrition could cause lasting harm. There is also a risk to adults linked to a deterioration in healthy eating for several months during the restrictions.

## 7.2.5 Medium-term issues

Some of the short-term impacts of the COVID-19 crisis create problems that stretch into the medium term. This includes: mental health issues and possibly some other new health issues; enduring poverty for some households; learning loss and the risk of school drop-out and worsening learning inequalities in education; enduring damage to small vulnerable groups affected by violence, abuse, and exploitation; and some nutrition-related risks.

On top of this, the permanent loss of GDP and the public debt linked to the economic stimulus leave the public finances more constrained going forward. Thus there is extra need and less resources than expected going forward. Fortunately, Thailand has good services in healthcare, nutrition, and education, and while there is extra impetus to find efficiency savings and a need to re-plan in the coming years, it should be possible largely to maintain the quality of these services. Social protection and services to protect small vulnerable groups are fragmented and not always very well funded. There is going to be extra need in these areas, and it will be efficient to protect – and, if possible, expand – these services in a well targeted way.

**Figure 15: High-level and service-level decisions and medium-term impacts**

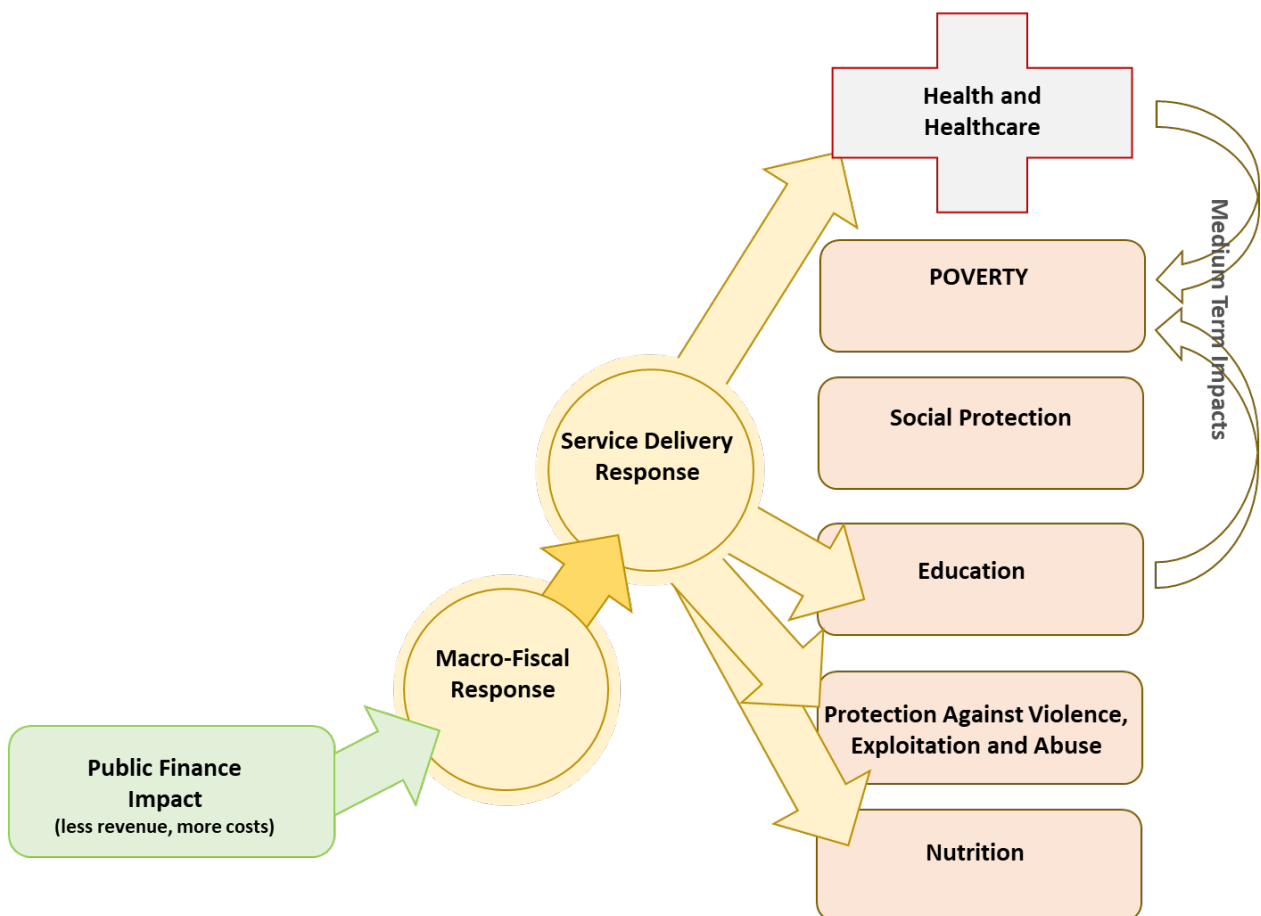
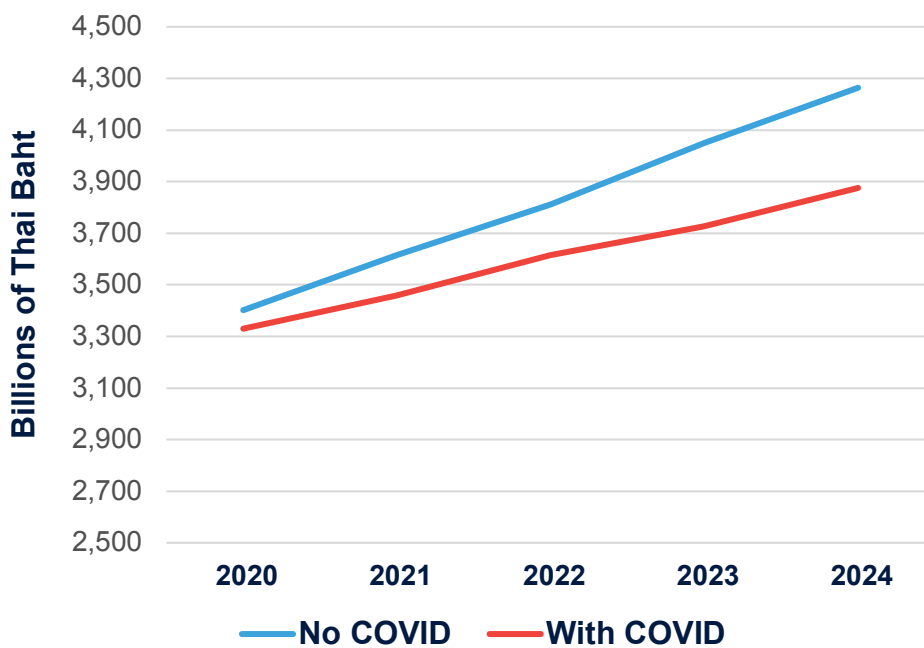


Figure 16 shows that public expenditure net of interest payments continues to increase post 2020 (EIU, 2020), but growth is at about half the rate that would have occurred without the COVID-19 crisis. By 2024, the gap between 'no-COVID-19' and 'with COVID-19' will reach 9%. To manage this issue, medium-term plans will need to be re-drawn otherwise services will become chronically underfunded. Doubtless the authorities wish to avoid cuts in productive public investment, particularly investment in public infrastructure that crowds in private investment and produces growth for the future. This might mean that the envelope for current spending is even more constrained. Fortunately, there are ideas about efficiencies that can be achieved in several sectors.

**Figure 16: Medium-term impact on public expenditure (excluding interest payments)**





## 7.3 Risks and high-priority policy decisions going forward

**For the time being, the COVID-19 epidemic seems to be well controlled in Thailand. The economic impacts have been muted and mitigated by well-timed counter-cyclical policies, even though the economic impact is still continuing.** Compared to many countries around the world, Thailand has managed the crisis very well and has limited the impact very significantly compared with what might have happened. However, going forward, there are four areas where important policy decisions will need to be made. First, the priority must be to contain the epidemic – a re-emergence of infections is completely possible, and a second lockdown will be much more painful than the first. Although the counter-cyclical stimulus has worked well in terms of limiting economic damage and poverty impact, there is a significant issue with poverty in Q3, which warrants attention. There are some acute issues born of the interaction of lockdown-related stresses and economic privations that will last into the medium term. There is a need to manage the relative reduction in public resources available for economic investment and key services going forward, taking account of the emerging needs and small vulnerable groups whose situations have been worsened by the crisis. Finally, there is mention of the tourism sector although this is straying from the main focus of this report.

**The containment of COVID-19 and the avoidance of a second lockdown must be paramount.** What is recorded in this assessment is a very well managed response to COVID-19 which allows Thailand to emerge having limited the primary and secondary impacts of the crisis, leaving relatively few gaps, having lost two or three years of growth, but otherwise economically sound, with social damage also well contained. All of this is predicated on the idea that COVID-19 does not re-emerge and run out of control in Thailand. Lockdowns are a last resort, taken if health is severely threatened, but they cause enormous economic damage and almost any effective alternative to containing the epidemic is preferable to a lockdown. Fortunately, there are good plans to eradicate infections and micro-outbreaks as they arise, and to reintroduce wider-ranging measures, including partial lockdowns of some economic sectors and some social activities, should micro-outbreaks become larger. If the need arises for a second (or third) full lockdown, the experience is going to be more difficult. Economically, it will be extremely difficult to repeat the economic stimulus programme that seems to be mitigating the impact of the first lockdown, so the economic impact will probably be worse (although the international recession will not be repeated). Social problems could also be worse, and the lockdown may even be less effective at controlling the disease if compliance deteriorates due to lockdown fatigue.

**There needs to be attention to hardship in Q3 2020, since the household payments within the economic stimulus programme shut down more abruptly than the economy will start moving.** Poverty analysis shows that while there is improvement in the economy in Q3 and unemployment reduces sharply, poverty and income reductions continue in urban areas and increase in rural areas, particularly for some groups, such as casually employed private sector workers. To some extent, households themselves are likely to spread the resources paid under the economic stimulus into the Q3 and even Q4 period, and we have allowed for this in the modelling. But many urban and non-agricultural households will not be able to do this and may be badly caught out in Q3. If there are unspent resources from the economic stimulus package at the end of Q2 it could be wise to target these on badly affected households, perhaps using another part of the existing social protection apparatus. A small part of the stimulus package would go a long way, in terms of financing normal levels of social protection in a three- to six-month period. This could serve as an impetus to redesign parts of Thailand's fragmented social protection system.

**For small groups of people, the experience of the lockdown will be much worse than for most and this includes people whose mental health worsens as a result of different pressures, and also those exposed to violence, abuse, and exploitative work of different kinds.** Tackling mental health might require a reallocation of resources within the health sector: universal health Insurance covers mental health needs but there might need to be investment so these needs can actually be met. Likewise, there needs to be surveillance and a readiness to invest in specialist services to help provide protection against violence, exploitation, and abuse.

## References

- Blavatnik School of Government (2020) 'Coronavirus Government Response Tracker,' Blavatnik School of Government, [www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker](http://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker).
- EIU (2020) 'Interim deliverable: Covid-19 macroeconomic forecasts for Thailand', EIU, 8 May 2020.
- IMF (2020) 'World Economic Outlook, April 2020, *The Great Lockdown*', IMF, Washington DC, [www.imf.org/en/Publications/WEO/Issues/2020/04/14/weo-april-2020](http://www.imf.org/en/Publications/WEO/Issues/2020/04/14/weo-april-2020)

# Annex A

## List of key informants

No.	Name	Title / role	Organisation	Date of engagement
<b>Key stakeholders involved in this assignment</b>				
1	Patarapom Laowong	Expert in social development	NESDC	
2	Nisawan Pitchdumrong	Plan and policy analyst – senior professional level		
3	Thuttai Keeratipongpaiboon	Plan and policy analyst – senior professional level		
4	Orachat Sungkhamanee	Plan and policy analyst – senior professional level		
5	Thomas Davin	Representative	UNICEF	May–June 2020
6	Roshni Basu	Deputy representative, a.i.		
7	Tomoo Okubo	Chief of social policy, a.i.		
8	Shohrat Orazov	Planning, monitoring and evaluation specialist		
9	Chayanit Wangdee	Senior programme associate		
10	Kuttiarambil Beena	Chief of adolescent development and participation	UNICEF	May–June 2020
11	Aarti Saihjee	Chief of education		
12	Gary Riser	Chief of child protection		
13	Eric Arndt	Partnerships manager		
14	Sirirath Chummasart	Adolescent development specialist		
15	Vilasa Phongsathorn	Adolescent development officer		
16	Rangsun Wilboonupattum	Education officer		
17	Rubkwan Tharmapornphilas	Education officer		
18	Nantaporn leumwananonthachai	Child protection officer		
19	Thanatporn Rawanghet	Knowledge management officer		

No.	Name	Title / role	Organisation	Date of engagement
20	Renaud Meyer	Representative		
21	Lovita Ramguttee	Deputy representative		
22	Anuk Serechetapongse	Development economist	UNDP	
23	Nick Maddock	Consultant		
24	Dr Silaporn Buasai	Consultant		
25	Manop Udomkerdmongkol	Economist	UN Resident Coordinator's Office	
26	Isabelle Louis	Deputy regional director	United Nations Environment Programme (UNEP)	
27	Wassana Im-Em	Head of office (a.i.)	United Nations Population Fund (UNFPA)	May–June 2020
28	Patchara Benjarattanaporn	Country director	UNAIDS	
29	Maki Hayashikawa	Chief section for inclusive quality education	UNESCO	
30	Saranya Chittangwong	Consultant	UN Women	
31	Makiko Matsumoto	Specialist on employment	ILO	
32	Hideaki Iwasaki	Country director		
33	Jay Roop	Deputy country director	Asian Development Bank	
34	Edimon Ginting	Deputy director general, ERCD		
35	Dr.Somchai Jitsuchon	Research director	TDRI	
<b>Key stakeholders interviewed for Chapter 2: Poverty and Social Protection</b>				
1	Simon Brinblecome	Chief technical adviser and head, regional actuarial services	ILO	28 May 2020
2	Nuno Meira Simoes Cunha	Senior social protection technical specialist	ILO	29 May 2020
3	Dr Somchai Jitsuchon	Research director, inclusive development	TDRI	22 May 2020
4	Adisorn Kerdmongkol	Manager	Migrant Working Group	29 May 2020
5	Sunee Chairao	Former commissioner	National Human Rights Commission of Thailand and Rungsit University	1 June 2020
6	Silada Rangsiakanpum	Manager	Foundation for Slum Child Care	1 June 2020

No.	Name	Title / role	Organisation	Date of engagement
7	Chettha Munkong	Manager	Duangkae Children Development Foundation	1 June 2020
8	Sujin Roongsawang	President	Federation of Informal Workers (Thailand)	1 June 2020
9	Apantree Charoensak	Vice chair	Thai Labor Solidarity Committee, Women's Division	1 June 2020
10	Pataraporn Laowong	Plan and policy analyst	NESDC	12 June 2020
11	Pongnakorn Pochakorn	Director of Division of Macroeconomic Analysis	Fiscal Policy Office, Ministry of Finance	22 June 2020
<b>Key stakeholders interviewed for Chapter 3: Health</b>				
1	Dr Supakit Sirilak	Deputy permanent secretary (for Dr Sukhum Kanchanapimai)	MOPH	1 June 2020
2	Dr Kittipong Saejeng	Senior expert on reproductive health	Department of Health, MOPH	27 May 2020
3	Dr Sapon Iamsirithaworn	Director of Department of Disease Control's Emergency Operations Center, and Director of Communicable Diseases Division	Department of Disease Control, MOPH	23 May 2020
4	Dr Varoth Chotpitayasunondh	Spokes-person	Department of Mental Health, MOPH	27 May 2020
5	Dr Suwat Wriyapongsukij	Hospital director and Director of MOPH Primary Care Support Office	Somdejpraboromrachineenart Natawee Hospital, Songkhla	30 May 2020
6	Dr Surachai Ariyapitipand	Provincial health officer	Samutsakorn Provincial Health Office	28 May 2020
7	Dr Muhamadalee Krado	Medical physician, senior professional level	Yarang Hospital, Pattani Province	30 May 2020
8	Dr Supreda Adulyanon	CEO	Thai Health Promotion Foundation	28 May 2020
9	Dr Jadej Thammatacharee	Deputy secretary general	NHSO	28 May 2020
10	Dr Viroj Tangcharoensathien	Health system expert	International Health Policy Program, Thailand	26 May 2020
11	Dr Nitipatana Chierakul	President of the Thoracic Society of Thailand under Royal Patronage, Head of Division of Respiratory Disease and Tuberculosis	Department of Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University	27 May 2020

No.	Name	Title / role	Organisation	Date of engagement
12	Ms Poonsap Suanmuang Tulaphan	Director	Foundation for Labor and Employment Promotion (Homenet Thailand)	30 May 2020
13	Mr Apiwat Kwangkaew	Chairperson	Thai Network of People Living with HIV.	30 May 2020
14	Mr Chuong Sangkong	Project manager, migrants health	World Vision, Thailand	27 May 2020
15	Ms Supaluck Chatutavaprasri	Chairperson	Diabetes Patient Network	28 May 2020
<b>Key stakeholders interviewed for Chapter 4: Education</b>				
1	Supakorn Buasai	Managing director	EEF	29 May 2020
2	Rubkwan Thammapornphilas	Education team	UNICEF	18 May 2020
3	Rangsan Wiboonupatham	Education expert	UNICEF	18 May 2020
4	Supachok Piyasant	School director	Ban Huey Rai Samakkee School, Chiang Rai	21 April 2020
5	Sayam Ruengsuksai	School director	Long Pae Wittaya School Mae Hong Song	21 April 2020
6	Mfahmee Talib	Physician, research	Patani Province	30 May 2020
7	Athapol Anunthavorasakul	Associate professor	Faculty of Education, Chulalongkorn University	4 June 2020
8	Nitaya Lanthai	Director	Bureau of Policy and Strategy, Ministry of Education	15 May 2020
9	Nicha Pittayapongsakorn	Education researcher	TDRI	29 April 2020
10	Dr Nanthaporn Seributra	Principle/founder	Starfish School/Starfish Academy	29 April 2020
11	Porntipa Yuvaboon	Head of the Budgetary Unit	Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Education	3 June 2020
12	Pongphisoot Busbarat	Lecturer	Faculty of Political Science, Chulalongkorn University	5 June 2020
13	Sapphasak Chatchawan	Lecturer	Thammasat Business School	5 June 2020
14	Supawat Promtun (teacher Manow)	Teacher	Nakorn Wittayakom, Chiangrai	30 May 2020

No.	Name	Title / role	Organisation	Date of engagement
15	Kunthida Rungruengkiat	School principal/Finnish education expert/politician/ former MP	Tonkla School, Chiangmai	30 May 2020
16	Dr Thanayavich Vicheanpan	Associate professor/creative expert	Sripatum University	30 April 2020
17	Parit Wacharasindhu	CEO and founder	StartDee (mobile phone education platform)	21 May 2020
<b>Key stakeholders interviewed for Chapter 5: Food and Nutrition</b>				
1	Dr Saipin Chotivichien	Director	Bureau of Nutrition, MOPH	21 May 2020
2	Mr Anantachoke Saksawad	Founder	Food Bank Pun Im	22 May 2020
3	Dr Wiwat Salyakamthorn	Chairman	Mab Jaeng Agri-Nature Centre	22 May 2020
4	Professor Emeritus Kraissid Tontisirin	Senator, chairman	Subcommittee on Production under the Committee on Agriculture and Cooperatives, Subcommittee on Science, Technology, Research and Innovation under the Committee on Higher Education, Science, Research and Innovation of the Senate	23 May 2020
5	Ms Ada Chirapaisarnkul	Managing director	Taejai.com (a crowd-funding site for non-profit organisations and social enterprises)	23 May 2020
6	Professor Visith Chavasit	Food expert	Institute of Nutrition, Mahidol University	24 May 2020
7	Dr Pairoj Saonuam	Assistant CEO and director of Healthy Lifestyle Promotion Section	Thai Health Promotion Foundation (ThaiHealth)	25 May 2020
8	Associate Professor Pattanee Winichagoon	Nutrition expert	Institute of Nutrition, Mahidol University	25 May 2020
9	Mr Witoon Lianchamroon	Director	Biothai Foundation	26 May 2020
10	Dr Viroj Tangcharoensathien	Adviser	The International Health Policy Program and Secretary General of the International Health Policy Program Foundation	27 May 2020

No.	Name	Title / role	Organisation	Date of engagement
<b>Key stakeholders interviewed for Chapter 6: Protection against Violence, Exploitation and Abuse</b>				
1	Ms Usanee Kangwanjit	Director general	Department of Women's Affairs and Family Development of the MSDHS	26 May 2020
2	Ms Darunee Manuswanich	Head of Provincial Social Development and Human Security Office	MSDHS	26 May 2020
3	Mr Sanongvit Puwantamat	Director	Social Assistance Center Hotline 1300 of MSDHS	26 May 2020
4	Pol. Col. ChatKaew Wannachawee	Superintendent [inquiry]	Metropolitan Police Division, Royal Police Station	29 May 2020
5	Dr Panitan Rattanasalee	Deputy director	Bureau of Health Administration [OSCC] MOPH	25 May 2020
6	Dr Boonyarit Sukrat	Director of Regional Health Promotion Center 2 [Former Deputy Director, Bureau of Reproductive Health]	Department of Health, MOPH Youth-Friendly Health Service	22 May 2020
7	Mr Saroj Nakbet		Office of the Attorney General	28 May 2020
8	Ms Supensri Pungkongsong	Director of Social Equality Promotion Foundation and Select Committee of Violence and Abuse Protection of House of Parliament	Social Equality Promotion Foundation	21 May 2020
9	Mr Jadej Chaowilai	Director	Women and Men Progressive Movement Foundation	21 May 2020
10	Dr Varaporn Chamsanit	Manager	Women's Well-being and Gender Justice Program / Sexuality Studies Association	22 May 2020
11	Khun Siraporn Kaewsombat	Director	Help Without Frontiers (based in Mae Sot)	27 May 2020
12	Dr Panadda Wongphudee	Thai actress, TV host, and member of Select Committee on Violence and Abuse Protection of House of Parliament	Founder @charity for every life	20 May 2020
13	Dr Nanthana Thananowan	Associate professor	Faculty of Nursing, Mahidol University	28 May 2020



## Annex B

## Poverty analysis and impact modelling technical notes

## B.1 Thailand social protection benefits and adequacy

Table 22: Thailand social protection benefits and adequacy

Policies	Benefits	Adequacy (ratio of benefit to...)	
		International poverty line (upper middle-income): 2,303.45 THB/person/mo.	Average consumption expenditure of Thai population: 7,470 THB/person/mo.
<b>Social assistance</b>			
CSG	600	26%	9%
Old-Age Allowance			
1. Aged 60–69	600	26%	9%
2. Aged 70–79	700	30%	11%
3. Aged 80–89	800	35%	12%
4. Aged ≥90	1,000	43%	15%
Disability Grant	800	35%	12%
<b>SSF</b>			
<b>Section 33</b>			
1. Child Allowance (1 child)	600	26%	9%
2. Retirement – monthly allowance pension (contribute more than 15 yrs)			
2.1 Case 1: Contribute 15 yrs and avg income in the last 5 yrs is THB 15,000	3,000	130%	46%
2.2 Case 2: Contribute 15 yrs and avg income in the last 5 yrs is THB 6,600	1,320	57%	20%
2.3 Case 3: Contribute 30 yrs and avg income in the last 5 yrs is THB 15,000	6,375	277%	97%
2.4 Case 4: Contribute 30 yrs and avg income in the last 5 yrs is THB 6,600	2,805	122%	43%
3. Retirement – one-time payment pension (contribute more than 1 yr)			
3.1 Case 1: Contribute based on THB 15,000 salary for 14 yrs	1,543	67%	23%
3.2 Case 2: Contribute based on THB 6,600 salary for 14 yrs	679	29%	10%

Policies	Benefits	Adequacy (ratio of benefit to...)	
		International poverty line (upper middle-income): 2,303.45 THB/person/mo.	Average consumption expenditure of Thai population: 7,470 THB/person/mo.
4. Sickness (Income compensation)			
4.1 Case 1: Salary THB 15,000/mo. (leave more than 30 days)	7,500	326%	114%
4.2 Case 2: Salary THB 6,600/mo. (leave more than 30 days)	3,300	143%	50%
5. Unemployment benefit (Only for Section 33)			
5.1 Job loss; Case 1: Salary THB 15,000/mo.)	7,500	326%	114%
5.2 Job loss; Case 2: Salary THB 6,600/mo.)	3,300	143%	50%
5.3 Resignation; Case 1: Salary THB 15,000/mo.)	4,500	195%	69%
5.4 Resignation; Case 2: Salary THB 6,600/mo.)	1,980	86%	30%
6. Disability insurance			
6.1 Case 1: Salary THB 15,000/mo. and have severe disability	7,500	326%	114%
6.2 Case 2: Salary THB 6,600/mo. and have severe disability	3,300	143%	50%
6.3 Case 1: Salary THB 15,000/mo. and have non-severe disability	4,500	195%	69%
6.4 Case 2: Salary THB 6,600/mo. and have non-severe disability	1,980	86%	30%
<b>Section 39</b>			
1. Child Allowance	600	26%	9%
2. Retirement – monthly allowance pension (Contribute more than 15 yrs)			
2.1 Case 1: Contribute 15 yrs and leave Section 33 for longer than 5 yrs	960	42%	15%
2.2 Case 2: Contribute 30 yrs and leave Section 33 for longer than 5 yrs	2,040	89%	31%
3. Retirement – One-time payment pension (Contribute more than 1 yr)			
3.1 Case 1: Contribute based on THB 4,800 salary for 14 yrs	444	19%	7%
4. Sickness (income compensation)			
4.1 Case 1: Salary THB 4,800/mo. (leave more than 30 days)	2,400	104%	37%
5. Disability			
5.1 Case 1: Salary THB 4,800/mo.	2,400	104%	37%
5.2 Case 2: Salary THB 4,800/mo.	1,440	63%	22%
<b>Section 40</b>			

Policies	Benefits	Adequacy (ratio of benefit to...)	
		International poverty line (upper middle-income): 2,303.45 THB/person/mo.	Average consumption expenditure of Thai population: 7,470 THB/person/mo.
1. Child Allowance (only contribute THB 300)	200	9%	3%
2. Retirement – one-time payment pension (Contribute more than 1 yr)			0%
2.1 Case 1: Contribute THB 100 for 14 yrs	51	2%	1%
2.2 Case 2: Contribute THB 300 for 14 yrs	196	9%	3%
2.3 Case 1: Contribute THB 100 for 30 yrs	174	8%	3%
2.4 Case 2: Contribute THB 300 for 30 yrs	565	25%	9%
3. Sickness (income compensation)			0%
3.1 Case 1: (Contribute THB 100) IPD	9,000	391%	137%
3.2 Case 2: (Contribute THB 100) OPD	6,000	260%	91%
3.3 Case 1: (Contribute THB 300) IPD	9,000	391%	137%
3.4 Case 2: (Contribute THB 300) OPD	6,000	260%	91%
4. Disability			
4.1 Case 1: Contribute THB 100 for 6 months in 10 months	500	22%	8%
4.2 Case 2: Contribute THB 100 for 12 months in 20 months	650	28%	10%
4.3 Case 3: Contribute THB 100 for 24 months in 40 months	800	35%	12%
4.4 Case 4: Contribute THB 100 for 36 months in 60 months	1,000	43%	15%
4.5 Case 1: Contribute THB 300 for 6 months in 10 months	500	22%	8%
4.6 Case 2: Contribute THB 300 for 12 months in 20 months	650	28%	10%
4.7 Case 3: Contribute THB 300 for 24 months in 40 months	800	35%	12%
4.8 Case 4: Contribute THB 300 for 36 months in 60 months	1,000	43%	15%
<b>COVID-19 social protection</b>			
THB 5,000 for 3 months (temporary workers/freelancers not in SSF)	5,000	217%	76%
THB 5,000 for 3 months (registered farmers not under other protection programmes)	5,000	217%	76%
Disability Grant	1,000	43%	15%
SSF – Section 33			
1. Job suspension; Case 1: Salary THB 15,000/mo.	9,300	404%	142%
2. Job suspension; Case 2: Salary THB 6,600/mo.	4,092	178%	62%
3. Resignation; Case 1: Salary THB 15,000/mo.	6,750	293%	103%
4. Resignation; Case 2: Salary THB 6,600/mo.	2,970	129%	45%
5. Job loss; Case 1: Salary THB 15,000/mo.	10,500	456%	160%
6. Job loss; Case 2: Salary THB 6,600/mo.	4,620	201%	70%

Table 23: Households' monthly income and donation per head

Donation to income ratio	National		Quintile 1		Quintile 2		Quintile 3		Quintile 4		Quintile 5	
	Avg	Ratio	Avg	Ratio	Avg	Ratio	Avg	Ratio	Avg	Ratio	Avg	Ratio
<b>Current income</b>	9,368	100%	2,629	100%	4,855	100%	7,373	100%	11,252	100%	26,969	100%
<b>Contribution to NGOs</b>	9	0.1%	3	0.1%	4	0.1%	5	0.1%	9	0.1%	34	0.1%
<b>Religious/ other contributions</b>	94	1.0%	54	2.1%	73	1.5%	85	1.2%	103	0.9%	187	0.7%

Source: SES 2017.

## B.2 Poverty impact simulation model

The poverty simulation is carried out in two scenarios, covering Q2 and Q3 respectively.

### Scenario 1 (Q2) assumptions and parameters:

- 8.4 million unemployed individuals' (22% of labour force) income reduced to zero.
- For those who remain employed:
  - 17.73% lose 75% of income.
  - 22.75% lose 25% of income.
  - The distribution of job loss/suspension and income reduction varies across occupations and level of education. The distribution follows the NSO online survey (see Table 24: below).
- Three COVID-19 relief schemes provide additional income:
  - social security (pay 62% of salary for 3 months job suspensions);
  - THB 5,000 for workers not under Section 33 of the social security system outside of the agricultural sector; and
  - THB 5,000 for workers not under Section 33 of the social security system in the agricultural sector.
- Assume that households who benefit from a net increase in income as a result of the COVID-19 relief scheme save anything above their usual consumption up to a maximum of half the value of the transfer (i.e. max THB 2,500).

### Scenario 2 (Q3) assumptions and parameters:

- The ratios of job loss/suspension and income reduction decline by 50%.
- No COVID-19 relief schemes but assume households save any additional income provided by the government handout in Q2 above their usual consumption up to maximum of half the value of the transfer (i.e. THB 2,500), which they thus use as additional income.

## Simulation to estimate poverty for Scenario 1 (Q2)

1. Assume distribution of job loss/suspension as per Table 24 and randomly assign job loss to individuals (uniform distribution within group).

**Table 24: Sum of job losses by industry from NESDC and distribution of job losses by NSO**

Work status	Bachelor's degree or above					No bachelor's degree				
	Agriculture	Industry	Tourism	Other services	Total	Agriculture	Industry	Tourism	Other services	Total
<b>Employers with 10 or more employees</b>	0%	9%	59%	23%	21%	0%	26%	100%	47%	46%
<b>Employers with less than 10 employees</b>	0%	31%	64%	30%	36%	0%	18%	100%	67%	48%
<b>Own account workers (businesses with no employee)</b>	0%	100%	68%	38%	50%	0%	44%	46%	37%	41%
<b>Contributing family workers (with no monetary wage)</b>	0%	60%	32%	23%	29%	0%	12%	13%	13%	13%
<b>Government/ state enterprise employees</b>	0%	7%	32%	1%	1%	0%	2%	7%	0%	1%
<b>Private company employees</b>	0%	8%	50%	14%	15%	0%	13%	100%	49%	36%
<b>Non-regular jobs</b>	0%	43%	100%	100%	80%	0%	22%	100%	100%	53%
<b>Total</b>	<b>0%</b>	<b>15%</b>	<b>54%</b>	<b>11%</b>	<b>15%</b>	<b>0%</b>	<b>19%</b>	<b>77%</b>	<b>45%</b>	<b>35%</b>

Table 25: Number of unemployed people\*

Work status	Bachelor's degree or above					No bachelor's degree				
	Agricul-ture	Indus-try	Tour-ism	Other services	Total	Agricul-ture	Industry	Tourism	Other services	Total
<b>Employers with 10 or more employees</b>	0	864	1,440	2,535	4,840	0	4,865	6,988	14,270	26,123
<b>Employers with less than 10 employees</b>	0	9,103	15,172	26,702	50,977	0	40,787	65,417	119,643	225,847
<b>Own account workers (businesses with no employees)</b>	0	42,520	74,740	131,543	248,803	0	364,453	607,422	1,069,062	2,040,937
<b>Contributing family workers (with no monetary wage)</b>	0	13,931	23,218	40,865	78,014	0	40,075	66,792	117,553	224,420
<b>Government/ state enterprise employees</b>	0	4,012	6,687	11,770	22,470	0	2,020	3,367	5,925	11,312
<b>Private company employees</b>	0	66,941	111,569	196,361	374,871	0	493,754	787,564	1,448,344	2,729,661
<b>Non-regular jobs</b>	0	9,962	13,022	30,783	53,767	0	493,674	392,206	1,042,583	1,928,463
<b>Total</b>	<b>0</b>	<b>147,334</b>	<b>245,849</b>	<b>440,558</b>	<b>833,742</b>	<b>0</b>	<b>1,439,627</b>	<b>1,929,755</b>	<b>3,817,380</b>	<b>7,186,762</b>

Note: \*Total unemployment = 8,400,000 (NESDC estimate) - 373,400 (unemployed in 2017) = 8,026,600 total job losses in the model.

2. Assume income reduction (two cases, 75% reduction and 25% reduction) as follows (see Table 26: and Table 27) and randomly allocate income reduction for individuals (uniform distribution within group).

**Table 26: Income reduction at 75%**

Work status	Bachelor's degree or above					No bachelor's degree				
	Agriculture	Industry	Tourism	Other services	Total	Agriculture	Industry	Tourism	Other services	Total
<b>Employers with 10 or more employees</b>	0.00	0.35	0.16	0.30	0.31	0.00	0.30	0.00	0.22	0.22
<b>Employers with less than 10 employees</b>	0.00	0.35	0.18	0.35	0.32	0.00	0.30	0.00	0.12	0.19
<b>Own account workers (businesses with no employees)</b>	0.00	0.00	0.17	0.34	0.27	0.00	0.18	0.17	0.20	0.19
<b>Contributing family workers (with no monetary wage)</b>	0.00	0.16	0.27	0.31	0.28	0.00	0.30	0.30	0.30	0.30
<b>Government/ state enterprise employees</b>	0.00	0.10	0.07	0.10	0.10	0.00	0.16	0.15	0.16	0.16
<b>Private company employees</b>	0.00	0.14	0.07	0.13	0.12	0.00	0.16	0.00	0.09	0.12
<b>Freelancers/non-regular jobs</b>	0.00	0.23	0.00	0.00	0.08	0.00	0.27	0.00	0.00	0.16

**Table 27: Income reduction at 25%**

Work status	Bachelor's degree or above					No bachelor's degree				
	Agriculture	Industry	Tourism	Other services	Total	Agriculture	Industry	Tourism	Other services	Total
<b>Employers with 10 or more employees</b>	0.00	0.31	0.14	0.26	0.27	0.00	0.27	0.00	0.20	0.20
<b>Employers with less than 10 employees</b>	0.00	0.27	0.14	0.27	0.25	0.00	0.40	0.00	0.16	0.25
<b>Own account workers (businesses with no employees)</b>	0.00	0.00	0.12	0.23	0.18	0.00	0.24	0.23	0.27	0.25
<b>Contributing family workers (with no monetary wage)</b>	0.00	0.18	0.31	0.35	0.32	0.00	0.35	0.34	0.34	0.34
<b>Government/ state enterprise employees</b>	0.00	0.18	0.13	0.19	0.19	0.00	0.27	0.26	0.28	0.28
<b>Private company employees</b>	0.00	0.24	0.13	0.22	0.22	0.00	0.28	0.00	0.17	0.21
<b>Freelancers/non-regular jobs</b>	0.00	0.23	0.00	0.00	0.08	0.00	0.37	0.00	0.00	0.22

3. Those who lose jobs have income of zero from their main job. Those who face income reduction have 25% or 75% of their income left. The rest of the sample are assumed to have the same level of income.
4. Randomly allocate COVID-19 handouts for all informal workers from the coverage reported.
5. Calculate household's monthly income  $\Delta Y_{total}$  by summing all members' income after the randomised job loss ( $\Delta Y_{emp}$ ) and SP benefits ( $\Delta Y_{handout}$ ).
6. Calculate household's consumption expenditures  $C = C_0 + MPC \cdot \Delta Y_{total}$ .

### MPC estimation

MPC for **non-negative income** by quintile:

Regression for consumption elasticity:  $\ln(C_{iq}) = c_q + elasticity_q \cdot \ln(Y_{iq}) + \epsilon_{iq}$

MPC calculation:  $MPC_q = APC_q \cdot Elasticity_q$

Quintile	MPC	APC	Elasticity
1	.8489205	1.256569	.7088633
2	.7988096	1.053983	.7943264
3	.7314913	.9207749	.82156
4	.6600595	.8001084	.8293698
5	.5093591	.6193894	.803934

MPC for negative income by quintile: assume MPC for quintile 1.

7. Calculate the **poverty rate** from the household consumption expenditure per head for whole country and for specific groups of interest using World Bank's upper middle-income poverty line (THB 2303.45).
8. Calculate the household **change in consumption**  $\Delta C = \min \{MPC \cdot \Delta Y, 0.5 \cdot \Delta Y_{handout}\}$  assuming that households with windfalls will not spend more than half of the handouts for whole country and for specific groups of interest.
9. Calculate the household **change in savings per month**  $\Delta S = \Delta Y_{total} - \Delta C$  for whole country and for specific groups of interest.
10. Calculate the **ratio of households with savings that are less than three months of consumption** for whole country and for specific groups of interest.
11. Repeat Steps 2–10 to generate the mean and SE for each estimate in Steps 8–10.



## Simulation to estimate poverty for Scenario 2 (Q3)

1. Assume that the ratios of job losses/suspensions and income reduction decline by 50%.
2. Randomly allocate job gain (50% of those who lost job or had suspension in Q2 are back to work).
3. Those who are back to work are assumed to have the same income as they did previously. Those who remain in unemployment have income of zero from their main job. Those who face income reduction have 12.5% or 37.5% of their income left. The rest of the sample are assumed to have the same level of income.
4. Assume no new social protection benefits. However, assume that households save any additional income provided by the government handout in Q2 above their usual consumption up to maximum of half the value of the transfer (i.e. max THB 2500) and carry this value to Q3 as additional income.
5. Calculate household's monthly income  $\Delta Y_{total}$  by summing all members' income after the randomised job loss ( $\Delta Y_{emp}$ ) and SP benefits ( $\Delta Y_{handout}$ ).
6. Calculate household's consumption expenditures  $C = C_0 + MPC \cdot \Delta Y_{total}$ .
7. Calculate the **poverty rate** from the household consumption expenditure per head for whole country and for specific groups of interest using World Bank's upper middle-income poverty line (THB 2303.45).
8. Calculate the household **change in consumption**  $\Delta C = \min \{MPC \cdot \Delta Y, 0.5 \cdot \Delta Y_{handout}\}$  assuming that households with windfalls will not spend more than half of the handouts for whole country and for specific groups of interest.
9. Calculate the household **change in savings per month**  $\Delta S = \Delta Y_{total} - \Delta C$  for whole country and for specific groups of interest.
10. Calculate the **ratio of households with savings of less than three months of consumption** for whole country and for specific groups of interest.
11. Repeat Steps 2–10 to generate the mean and SE for each estimate in Steps 8–10.



UNITED NATIONS  
THAILAND

