

The Drama of Vaccine Politics: Covid-19 Inoculation Distribution in Thailand

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Introduction

In early 2020, Thailand had been remarkably successful in containing the spread of Covid-19 pandemic, controlling the number of total cases and deaths to lesser than other ASEAN members (Poum, 2021). During the mid-2020, Thailand has had only one domestically transmitted case, effectively keeping the country away from a second wave of Covid-19 pandemic. In 2021, however, the Prayut Chan-ocha administration failed to manage the country’s third wave of the outbreak, which severely hit the kingdom in April, 2021. The third wave of Covid-19 originated at entertainment venues in Bangkok and later spread rapidly across the country when people travelled during Songkran or Thai New Year festival. In May 2021, the new infections lingered at around 2,000-3,000 cases a day, with no improvement in sight until September that year. Thousands of people died from the spread of the Delta Variant, raising public concerns of adequate access to the Covid-19 vaccines. During the beginning period of the vaccine distribution campaign in early 2021, the government has mismanaged the vaccine rollout programme (Punchada, 2021). These was primarily a result of the infighting among the government organisations responsible for fighting the pandemic and the power struggle among the coalition parties that want to control vaccines procurement and distribution campaign as a means to secure their political fortune for the next general elections, expecting to be held by early 2023. The conflicts within government organs and coalition parties did not only lead to the failure of vaccine arrangement, but also made information confusion among people both at the central and local tiers.

Thailand began its vaccine rollout—approximately 1.7 million doses— in June 2021. AstraZeneca and Chinese-made vaccine Sinovac were the two major inoculations in use during the initial period of vaccine campaign. The government has secured approximately 117,000 imported AstraZeneca shots from UK, with another 61 million doses locally produced by royal-owned company Siam BioScience.¹ The country also imported 6 million doses of the Sinovac—

¹ AstraZeneca is working with the royal-owned company Siam BioScience to produce and distribute vaccines across Southeast Asia region.

also known as CoronaVac – from China, including 500,000 jabs donated by the Chinese government. This made Sinovac become the key to Thailand’s nationwide vaccination operation. The Thai government distributed more than 30 million Sinovac jabs since February, 2021, beginning with two doses to frontline health care workers, severe disease clusters and residents in Phuket Island, the famous holiday spot that was planned to be reopened for tourists in July, 2021 for the sandbox scheme. Aside from these two major vaccines, the Johnson & Johnson, Moderna, and Pfizer vaccines have later also been registered with the government, allowing more choices for Thais in late 2021.

During the spread of the Delta variance, however, the Bangkok-based Siriraj Institute of Clinical Research has revealed that the China’s Sinovac vaccine produces a lesser immune response compared to vaccination combinations that include an mRNA-based injection (The Matter, 2021 and Jitsiree, 2021). In respond to this study and demands from the frontline medical worker for the mRNA-based vaccine, the Health Ministry later adopted the new vaccination campaign by combining China's Sinovac with the Western-developed mRNA-based vaccines. And, the country will cease the Sinovac Covid-19 vaccine regimes when its supply is exhausted (Reuter, 2021). Thailand was the first country to pursue the mix-and-match vaccine between the Chinese and Western mRNA-based jabs to increase immune protection. Anyone who received a first and/or second dose of Sinovac's shot was persuaded to receive an additional dose of AstraZeneca or any other mRNA-based vaccine. These combination vaccine campaigns caused confusion, partly due to the ambiguous information and unclear public communication from the central government.

Vague and rapidly changing government policy announcements not only caused confusion on the vaccine campaigns, it also caused public confusion on where to register for the vaccine, how the vaccine would be distributed across the country, which provinces or social groups should get the vaccine first, and how local governments could facilitate vaccine delivery to all remote areas. The unclear government policy on vaccine regimes was partly a result of infighting between coalition political parties. Ministers responsible for vaccine distribution included individuals from different political parties, and they attempted to secure vaccines for their own political interests, leading to mismanagement and delays. This chapter thus explores the effectiveness of the central government on how to manage coronavirus vaccination across the country. What are the causes of policy failure that delayed Thailand's inoculations relative to other ASEAN countries? How did local governments respond to the central government policy on the vaccine distribution?

Centralization and Controlling Covid-19 Outbreak

The history of local autonomy in Thailand can track back to the period after the coup in 1932, when the Constitutional Revolution abolished absolute monarchy and introduced democracy. The leader of the 1932 Revolution and former Minister of Interior, Pridi Bhanomyong, introduced the Thesaban Act (Municipal Administration Act) of 1933 which later led to the formation of municipality administration or Thesaban in 35 areas across the country. Although the local authority has been initiated in Thai local politics since 1933,

Thailand has been gradually progressed in its decentralization process until the promulgation of the 1997 Constitution.

Before the decentralization process began after the promulgation of the 1997 Charter, Thailand, according to the State Administration Act of 1991, had five categories of local authorities. The basic organ of local authority in urban areas called Thesaban or the municipalities. The second type was the sanitary districts so called Sukhaphiban, referring to the semi-urban areas. The Provincial Administrative Organizations (PAOs) controlled authorities at the provincial level. These three types of local authorities played a role at the rural areas. The other two categories for local authorities were including the Bangkok Metropolitan Administration (BMA) for Bangkok, the capital of Thailand and the City of Pattaya, an internationally notorious tourist destination, established during the mid-1970s. The establishments of local authorities in the 1950s, BMA and the City of Pattaya illustrated the progress of decentralization process as well as democratic development in Thailand.

Although the decentralization has been developed after the 1932 Revolution, the local politics in Thailand did not exercise its democratic power. The local authorities were controlled by government officers appointing by the central government instead of locally elected by local residents. Riggs (1966) calls this model of power struggler as a “bureaucratic polity” in which bureaucrats instead of elected local representatives controlled political power to allocate and distribute resources to local people and rural areas (Anek 1992, Arghiros 2001 and Supasawad 2010). This vertical relationship between the central and local governments limits the role of local government in ruling those remote provinces.

Until the political reform in 1997, a major reform of the local authority system and the decentralization process were included in the 1997 Charter. The 1997 Constitution defined decentralization as a national basic policy in Section 78. By the end of 1999, several laws related to the development of local government were revised and implemented. These legislative revisions aimed to block the direct control of the central government, particularly Ministry of Interior, in local authority management and at the same time promote autonomy in the local tier.

Although Thailand has promoted decentralization and autonomy for local residents for more than 20 years, the governmental power structure continues to be concentrated in Bangkok. Elected local governments have limited control over their areas. Central government ministries appoint their delegates to represent their offices at the provincial and district levels. In other words, there is no horizontal integration between the central and local governments in the territorial administration. Rather, a vertical spatial extension of the ministries from Bangkok reaches out into Thailand's peripheries. The central authority thus nominates their officers to assist the local government in order to deliver public services to local residents (Nelson, 2002 and Anek, 2000)

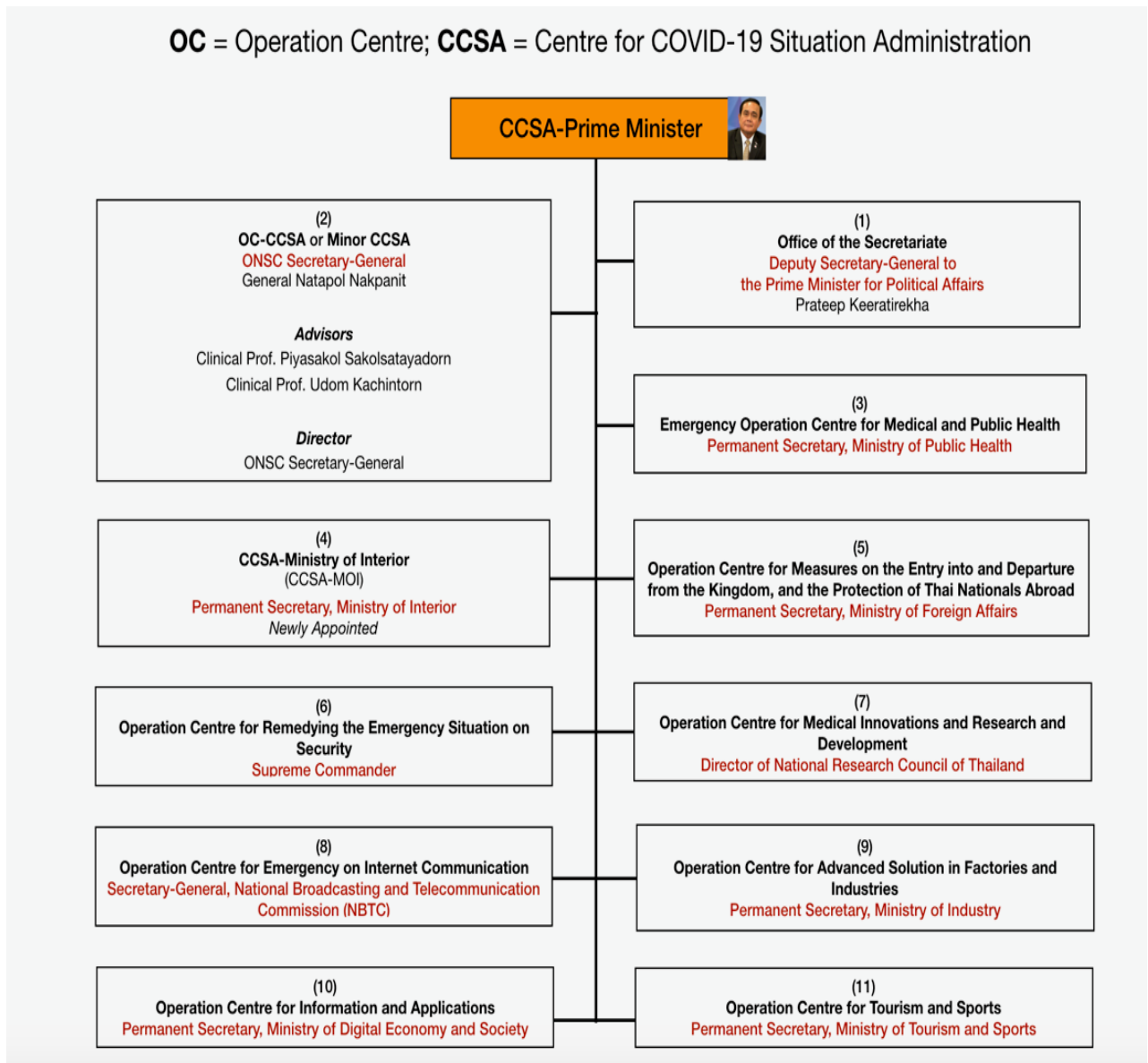
This vertical power relationship limits the power and capacities of local governments in their efforts to manage policies related to development in their areas, including education, environmental management, economic growth, and public health. Thus, during the Covid-19 crisis, the local government did not have legal authority to issue any policy to control the spread

of the virus in their areas. Policies related to Covid control were determined by the central government, including vaccine purchases and allocations. When local governments, such as in Nonthaburi and Khon Kaen, expressed interest in procuring vaccines for their residents during the beginning period of vaccine roll out in order to ease the central government's burden, the central government did not approve their plan. The Ministry of the Interior asserted that “only the central government has the power to buy vaccines and manage the initial phase of the vaccination drive” (Khasod, February 10, 2021). This vertical power structure between the central and local governments thus restricts the power of local authorities to manage vaccine procurement and allocation. The power to control vaccines was in the hands of the central government, ministries and political parties.

During the initial period of the coronavirus outbreak, the government mechanism to handle Covid-19 crisis was blocked by a lack of coordination among different ministries that were controlled by different political parties in the coalition government. On 25 March 2020, following the announcement the State of the Emergency Decree on 24 March 2020, Prime Minister and Defense Minister, General Prayut Chan-o-cha consolidated his power for crisis management by setting up the Centre for Covid-19 Situation Administration (CCSA) under the Order of the Prime Minister Decree (No. 5/2020). The CCSA became a government's major machinery to manage a coronavirus disease 2019 (Covid-19 pandemic) (Krisdika, 2020). Government House became the command center and operating authorities were shifted from the hand of individual ministers directly to senior bureaucrats in numerous ministries. This technique has enabled the government and prime minister to direct command all government organs and policy related to Covid-19 management in coping with the rapid spread of Covid-19 pandemic across the country. As the CCSA Chairman, Prime Minister General Prayut Chan-o-cha has instructed all relevant government sections to integrate their work and report directly to the CCSA.

According to the Order of the Prime Minister Decree (No. 6/2020), the CCSA, as the main policy driven of the central government, has been responsible for forming policy to control Covid-19 crisis, managing vaccine imports and distributions and communicating with public regarding the government policy towards the pandemic. The internal structure of the CCSA has been restructured couple times in mid-2020 in order to ensure its effectiveness to handle the pandemic. In December 2020, the Order of Prime Minister No. 39/2020 was announced the restructuring of CCSA once again. Under this new structure, the Prime Minister also appointed Permanent Secretary General of particular ministries, instead of their ministers, to be the head of each sub-unit. This order was implemented primarily to control the power of other ministers and transferred authorities directly to the prime minister. This centralization of decision making in the hand of the prime minister allows the government to manage the situation promptly in responding to the rapid change of Covid-19 situation. More importantly, the CCSA committee members, mostly are the technocrats from the ministries, have more expertise on the infection disease and other matters related to Covid-19 recovery than elected politicians. Thus, they can provide in-depth information for the government before making and implementing any policies associated to Covid-19 prevention. Figure 1 shows the structure of CCSA as indicated in the Order of the Prime Minister Decree No. 39/2020 and No. 22/2021.

Figure 1: The Organizational Structure of the Center for Covid-19 Situation Administration (CCSA)



Source: The Order of the Prime Minister No. 39/2020, No.22/2021 and iLaw (a) 2021.

In order to enhance the government capacity to deal with the Covid-19 pandemic, the Prime Minister also form the operation center (OC) for CCSA headed by the Secretary-General of the Office of the National Security Council (ONSC) along with prominent technocrats, Dr. Piyasakol Sakolsatayadorn, the former minister of public health during military junta government in 2015.

Although the OC-CCSA is the sub-unit under the CCSA umbrella, its functions are vital. The OC-CCSA plays a significant role to form and recommend important policy concerning Covid-19 pandemic for the CCSA’s consideration and approval. These policies

include travel control, festival restriction, school reopening plan, economic recovery management, vaccine procurement, and inoculation distribution campaigns. The CCSA chaired by the Prime Minister endorsed policies related to Covid-19 management to be implemented across the country. All local and other authorities are required by law to follow the CCSA's guidelines on how to manage Covid-19 crisis and vaccine programme in their province.

Vaccine Distribution and Its Complexity

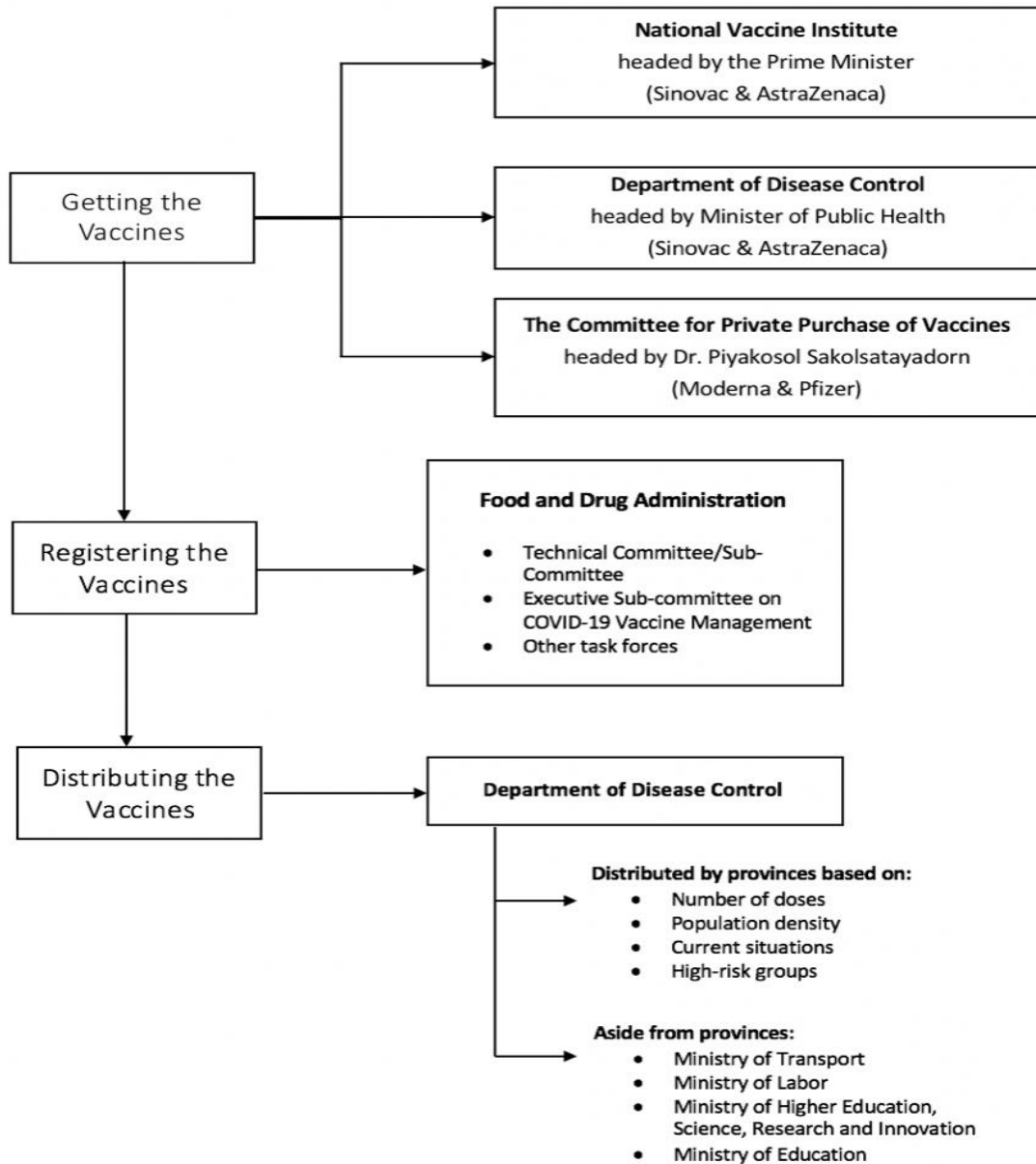
AstraZeneca and Sinovac vaccines were the two major vaccines in use during the beginning period of the Thai government's nationwide vaccination campaign in 2021. Sinovac, the Chinese-made vaccine, was widely criticized by the public concerning the efficacy of the vaccine in preventing COVID-19 infections and the lack of transparency over the production deal between the Thai government and its Chinese counterpart. Since the 2014 military coup, the junta government has intricated diplomatic relationship with the West (Pavin, 2018). China became a closer ally without criticizing Thai politics under the military rule (Tita, 2021 and Strangio, 2021). With the more contagious and deadly Delta variant in mid-2021, however, the government switched its vaccine policy to the mix-and-match vaccination approaches in order to better protect people from transmissible variants (Pravit, 2021). The First dose of Sinovac thus was mixed with the second dose from AstraZeneca and the government announced in October 2021 to cease Sinovac vaccine when its current stock finishes. Later the Western-developed vaccines have been replaced the Chinese's ones to be allocated across the country during the last quarter of 2021.

In Thailand, the process of vaccine management programme is under the bureaucratic complicated process. This process causes the public confusion on vaccine distribution and the delays of vaccination delivery, particularly to local areas. The process of vaccine buying and distributing is controlled by the central government along with the CCSA organs. According to the National Vaccine Security Act B.E. 2561, the National Vaccine Institute and the Department of Disease Control under Minister of Public Health are responsible for purchasing vaccines. After the government was criticized to monopolise vaccines imports and preventing private hospitals from buying and selling jabs, the prime minister set up another committee for private purchase of the vaccines headed by Dr. Piyasakol Sakolsatayadorn, the advisor to OC-CCSA, along with other physicians of the Ministry of Public Health, the Government Pharmaceutical Organization (GPO), the Food and Drug Administration (FDA), and the Private Hospital Association Thailand to consider importing other alternative vaccines from Western-based mRNA, including Moderna and Pfizer (iLaw(b), 2021). Although the government allowed private firms to buy alternative Western-based vaccines, the buying, selling and inspecting process are still controlled by the central government and CCSA.

Upon allocating the vaccines to ministries and provinces, all imported vaccines are required to get an approval from several bureaucratic levels, ranking from the Food and Drug Administration and the Department of Disease Control (DDC). The DDC later decided the vaccine quota to be distributed to each province or other government organs before delivering

them to people. Figure 2 shows the vaccine inspection and distribution process from the central government to remote communities.

Figure 2: Vaccine Import and Distribution Process



Source: developed by the author partly from BBC Thai 25 May, 2021.

After the inspection process, the CCSA managed to give vaccines, mostly Sinovac, to vulnerable groups, including people aged 60 and over, pregnant mothers, and people at risk of chronic disease or death to prevent severe symptoms and fatalities. Vaccines were also

distributed to provinces based on the current Covid-19 crisis in their area and the number of vulnerable groups including families with children as well as the number of elders in each province. During the period of vaccine shortage, many healthcare workers and media criticized the government's complex inspection process as an obstacle to rapid vaccine allocation to local communities. Some also complained on the vaccine allocation criteria that prioritized vaccine for provinces and ministries rather than the crisis areas. Critics stressed that the areas with severe outbreak should be prioritized to receive vaccine over individual provinces and ministries.

Due to the shortage of vaccines during the early rollout, many government sectors including political parties, provinces and local governments were competing to secure their jabs. Conflicts over vaccines gave opponents of the government the opportunity to criticize Public Health Minister Anutin Charnvirakul. Anutin was painted as a villain behind the vaccine procurement failure. Many in the public believed that Anutin was responsible for sourcing sufficient vaccines for the country, but his power to manage the Covid-19 vaccines was actually captured by an ad hoc committee set up by the CCSA. Anutin's political party, Bhumjaithai, complained that the power to purchase and distribute vaccines was stolen when the Prime Minister Prayut, the CCSA Chairman, set up an ad hoc panel for vaccine purchases and public delivery (Bangkok Post(a), 24 July, 2021). Thus, according to Anutin and Bhumjaithai, they could not be blamed for the vaccine shortage and mismanagement. Conflict over vaccine management continued to grow, as parties appeared to be concerned with obtaining more vaccines to boost their political capital in the upcoming elections (Punchada, 2021 and Tita 2021b).

Rallying for the Vaccines

Covid-19 vaccine distribution in Thailand is centralized and managed by the CCSA along with the Ministry of Public Health. During the beginning period of vaccine rollout, high demand for vaccinations across the country caused intense competition between government partners and among political parties to secure vaccines for their people with a hope to extract political fortune for upcoming elections, expected to be held by 2023. According to the CCSA's vaccine allocation strategy, as shown in Figure 2, the vaccines should be distributed to provinces based on population density in each province, the current Covid-19 crisis in the area, the number of people in vulnerable groups and frontline medical workers. Many provinces, particularly those located in the border areas such as Kanchanaburi and Chiang Rai, which neighbor Myanmar, were not satisfied with the government's vaccine allocation plan due to the low numbers of vaccines allocated to protect their residents from imported cases from migrant workers or foreign travelers. Other provinces recognized as famous tourist spots also complained that the small quota of their inoculations was not enough to protect their citizens if Thailand wants to reopen for tourism. This vaccine matter led to severe criticism of the authorities, particularly the MOH and Minister of Public Health Anutin Charnvirakul from Bhumjaithai Party, who was responsible for the vaccine management. The Thailand Development Research Institute (TDRI), a famous Bangkok-based think tank, examined the

failure of the MOH and the government to manage and handle the vaccine procurement and allocation process, arguing that the failure was a result of the government’s underestimation of the Covid-19 situation, the complicated procurement process to purchase and import the vaccines, and the lack of cooperation among government sectors that are responsible for Covid-19 vaccine delivery (TDRI, 11 July 2021).

While other provinces received small numbers of Covid-19 jabs, politically-connected provinces such as Buriram, controlled by the Bhumjaithai Party, received more vaccines than other provinces during the beginning period of vaccine rollout. Table 1 compares the number of vaccines circulated to major provinces and Buriram during the beginning period of inoculation rollout in 2021.

Table 1: The Number of Vaccines Distribution in August 2021

Provinces	Number of Does Received in Each Province
Buriram	Approximately 600,000 does or 26.5% of its population
Chiang Mai	503,038 doses or 21% of its population
Khonkaen	300,653 doses or 12.3% of its population
Nakhon Ratchasima	651, 000 doses or 17% of its population
Phuket	781963 doses or 76.31% of its population

Source: This Table was developed by the author from *Moh Prom* or Doctor Ready Application accessed in August 2021 and Department of Disease Control accessed in August 2021.

In August 2021, with an exception of Phuket, the first province under the government’s sandbox model to allow foreign travelers who are completely vaccinated to enter Thailand, other large provinces, such as Chiang Mai, Khonkaen and Nakhon Ratchasima, received a smaller number of their first dose, mostly Sinovac, than Buriram (Manager 24 May 2021 and Parpart 2021). According to the MOPH’s vaccination campaigns, the vaccines should primarily give to hard-hit provinces with the higher surge in COVID-19 cases, such as Bangkok, and the provinces that the government planned to reopen for tourism purpose. Many politicians from opposition party, including a party-list MP from the Move Forward Party, thus have raised the questions on the larger number of vaccines allocated to Buriram. Buriram has received more jabs than other provinces even though this province is not a major tourist attraction and its Covid-19 cases remained lower comparing to others (TDRI, 2021 and Isra News 12 July 2021).

Aside from the vaccine issue in Buriram province, the rollout system was also widely complained due to vaccine delivery to VIP instead of the healthcare workers and vulnerable groups. In many provinces, the vaccines were reportedly distributed to special privilege groups (Prachathai, 16 June 2021). Some VIP had famous family name closely linked to the hospital’s board members. Others are politicians from the ruling government party or bureaucrats at the provincial tier (Nation, 24 April 2021). While the vaccination campaign was postponed in many places due to the vaccine scarcity and delayed deliveries, those VIP without underlying health problem got their jab before others (Panumet, 2021). This patronage practice has

emerged in every section in Thailand even in the process of vaccine distribution during the pandemic crisis.

The vaccine shortage along with the mismanagement of vaccine allocation resulted in vaccine infighting among all sides. The vaccine competition did not only cause conflict between ministries controlled by different political parties to secure their vaccines with a hope to garner political support for the upcoming elections, it also caused serious disputes between the central and local governments. The conflict between the Minister of Public Health Anutin and Aswin Kwanmuang, the governor of Bangkok appointed by Prime Minister Prayut Chan-ocha in 2014, for example, echoed the conflict on inoculation allocations between the MOPH and provincial authorities.

The incumbent governor of Bangkok Aswin has planned to retain his post in the Bangkok gubernatorial polls in 2022. He has thus been cashing in on the pandemic for his personal political success. Minister of Public Health Anutin also seem to have similar calculations in mind, as he anticipated to win more seats in the national elections expected to be held in 2023. Clashes between the Bangkok governor's office and the MOPH over the quota of vaccine distribution and how to deal with the Covid-19 situation have undermined the capital's recovery and caused information confusion among ordinary people (The Standard, 14 June 2021). While the Bangkok governor preferred to focus on vaccinations at outbreak sites, the MOPH wanted to distribute vaccines to all areas equally in Bangkok districts (Punchada, 2021). Bangkok also requested for more doses in order to prepare the capital for the reopening, but the MOPH refused by claiming that it had to follow the distribution policy as planned.

A festering disagreement on vaccinations between the MOPH and CCSA has also led to confusion among Thais. Mr Anutin backed a walk-in vaccination policy in certain spots to reduce infection numbers and decrease the rate of fatalities. But the Prayut-led CCSA overturned the walk-in policy and advocated on-site registration. This would allow people to register in advance at specific sites. It is meant to prevent people from flocking to inoculation spots and becoming upset if there are not enough vaccines. The Bhumjaithai was unhappy with General Prayut's decision. Later, two ministers from the Bhumjaithai, Mr Anutin and Minister of Transport Saksayam Chidchob, cooperated to set up a walk-in vaccination center at Bang Sue Grand Station in Bangkok. This constituted an act of clear defiance to the Prime Minister.

Bang Sue Grand Station in Bangkok was turned to be the epicenter for the walk-in Covid-19 vaccine in early 2021. Minister of Transportation Saksayam Chidchob from Bhumjaithai opened the main railway station in Bangkok to distribute vaccines for workers in the public transport sector, such as bus, taxi and motorcycle taxi drivers. Later, due to the vaccine scarcity, many people from Bangkok's neighboring provinces, such as Phechaburi, Suphan Buri and Ratchaburi, have flocked to the central station to obtain the free jab, resulting in overcrowding of people queuing for vaccination and the CCSA's concerns over the possible spread of COVID-19 infection in the area. In August 2021, the CCSA ceased the walk-in service at the central railway station and people who want to be inoculated had to register in advance via the online-application.

The crowds of people packing into Bang Sue Central Station in Bangkok illustrated the mismanagement of Covid-19 vaccines supplies, resulting in the shortage of vaccines across the nation. The author's interviews with couple people who lined up for the vaccine at the central

train station in Bangkok reveal that these people could not access vaccines in their province. They are not older than 60 years old, or are not categorized in chronic medical conditions considered high-risk for Covid-19 but they wanted to get their inoculation to protect themselves. They came to the center of vaccine distribution at Bang Sue Central Station with a hope to get their jab from this walk-in system. The vaccine scarcity also caused corruption and fraudulent registration for vaccines. Some people faked their age in the registration system in order to jump the queue. Once they arrived for their appointments, however, their actual age was shown in the system and they were rejected to receive their jab (Fronde, 2021). More importantly, staff who worked at the main vaccination distribution corrupted by selling the quota appointments for Covid-19 vaccination at Bang Sue Grand Station in Bangkok at 400-1,200 baht each (Bangkok Post(c), 30 July, 2021). This alleged fraudulence would damage the vaccine system and prevent vulnerable people to get inoculated.

Although the local governments and private hospitals wanted to step in, proposing to secure their own vaccines for distribution, they have been hampered by the MOPH restrictions. According to the National Vaccine Security Act B.E. 2561, the vaccine purchase and allocation are centralized in the hand of the government or CCSA (Thanyapon, 2021). Local authorities are required to follow the central government instruction towards the vaccine distribution plan for their residents. As Anutin states that “vaccines that were approved for emergency use can only be sold to the government” (Khaosod, 10 Feb 2021). As a result, local authorities could not secure their own vaccine supply directly from any companies even though the chance of the national vaccination drive remains ambiguous during the beginning period of vaccine rollout.

In 2022, however, more vaccines were provided to people. The government ordered more Western-base vaccines, Pfizer-BioNTech, and received vaccine donations from its dialogue partners, including the US and France. The Bangkok’s Bang Sue Grand station offers the walk-in service again and offers more types of vaccines. Inoculation is available to both Thais and foreigners, who can also pick which vaccine they prefer. This walk-in strategy was implemented again in response to a surge in Coronavirus Omicron variant infections.

During the early period of vaccine rollout in 2021, Thailand progressed at a snail's pace where inoculation campaigns are far behind those of many Western countries. The mishandling of vaccine policy by the central government, a failure to secure options beyond the AstraZeneca and Chinese Sinovac vaccines along with the infighting for vaccines among authorities have all combined to exacerbate the vaccine crisis. Political parties were competing to secure more vaccines in preparing for the next election. The government usurped the powers from all authorities for itself to control vaccine procurement and allocation. These circumstances maximized the vaccine inequality, especially to people at remote areas.

Communication Matters

The government has delivered confusing messages concerning the availability of vaccines, the accessibility to the inoculation sites and other significant information concerning Covid-19 situation and vaccines. This miscommunication has widely frustrated the public. Within a month in 2021, for instance, the CCSA revised its vaccine distribution policy four

times, including changing the process of vaccine registration, switching between walk-in vaccination and on-site registration, rescheduling starting dates to enroll for the jabs, and altering the application process to register for the vaccine online. The plan was for the general public to register for vaccines in early May, with inoculations to begin later in the month. In practice, however, many registration dates were postponed without acknowledging people. People were overwhelmed by unreliable information from government organs.

Concerning the application to register for the inoculation, there were more than five applications being launched for jab registration and Covid-19 updated information (Thairath(a), 7 September 2021). The *Mor Prom* or, Doctor's Ready in the local vernacular, Application designed by the Ministry of Public Health to allow Thai residents accessing vaccination services, including vaccine reservation and tracking, a record of vaccine received, and updated information concerning COVID-19 situation. This application also includes a feature that enables post-vaccination monitoring to check for side effects. The App, however, crashed on the first day of its launch due to overwhelming users, particularly targeted groups such as the elderly and those with severe illness, trying to register for their jab (Newton, 2021).

Due to the unstable system of *Mor Prom* Application, other provinces, including Bangkok and Nonthaburi, launched their own application for residents to register for vaccines. Thai Ruam Jai online registration platform launched by Bangkok Metropolitan Administration (BMA) opens for Bangkok citizens to make an appointment for a jab at vaccination points. Government authorities in Nonthaburi province also introduces its own application for vaccine reservation called *Non's Prom* (Nonthaburi's Ready) to expedite the registration of those wishing to receive a vaccination in the province. Aside from these two provinces, other provinces such as Phuket, Chiang Mai and Samut Sakhon also launched their own online system to facilitate a jab reservation for their populations.

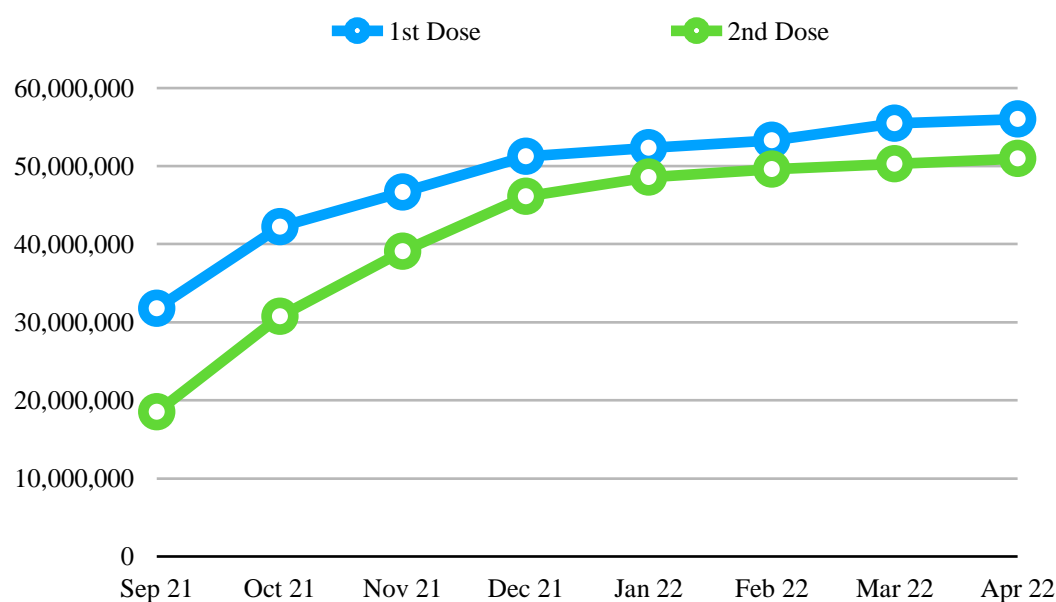
While other applications initiated by provincial agencies assisted local people to receive their inoculation without waiting for their queue from the central government, this method caused confusion in the system. Many people who registered for a jab in *Mor Prom* Application also registered to reserve their vaccine in other Apps, hoping to obtain an earlier vaccine appointment. The registration system was overwhelmed, preventing many from securing a vaccination appointment.

Aside from applications for vaccine registration, the government also introduced other applications related to the Covid-19 pandemic including *Thai Chana* to track entry and exit to venues via QR codes, *Mor Chana* to track travel information regarding Covid-19 spread, and Thai Safe Thai as a self-evaluation tool to be used prior to returning to the workplace (Wichiranon, 2021). Unlike other countries that developed a single application for COVID-19, such as Singapore's TraceTogether application, Thailand's multiple applications created confusion throughout the country. These policy flip-flops also contributed to cooperation and communication failures among government agencies, resulting in the mismanagement at the local level as well.

What happen in 2022?

In 2022, the vaccine drama seems to be ease due to an arrival of more vaccines in late 2021. Beside Sinovac, which was ceased when the current supply runs out, and AstraZeneca, the Thai government have purchased mRNA-based vaccine Pfizer for approximately 30 million doses that arrived in Bangkok in late 2021. In November 2021, the first shipment of Moderna's COVID-19 vaccine also arrived and more were arrived in the first quarter of 2022. Moderna doses were distributed to private hospitals that made prior reservations after a quality inspection process. With a large number of doses, Thailand can pursue a mass vaccine rollout across the nation. Figure 2 shows the increasing number of inoculations from late 2021 to early 2022.

Figure 3: Number of Vaccine Inoculations in Thailand



*By February 2022, 76.6% of the total population (53,282,587) had received their first doses, and 71.3% of the total population (49,582,984) had received their second doses. Two months later, the percentage of Thai citizens who had received their first doses and second doses increased to 80.54% (56,018,378) and 73.26% (50,955,417), respectively.

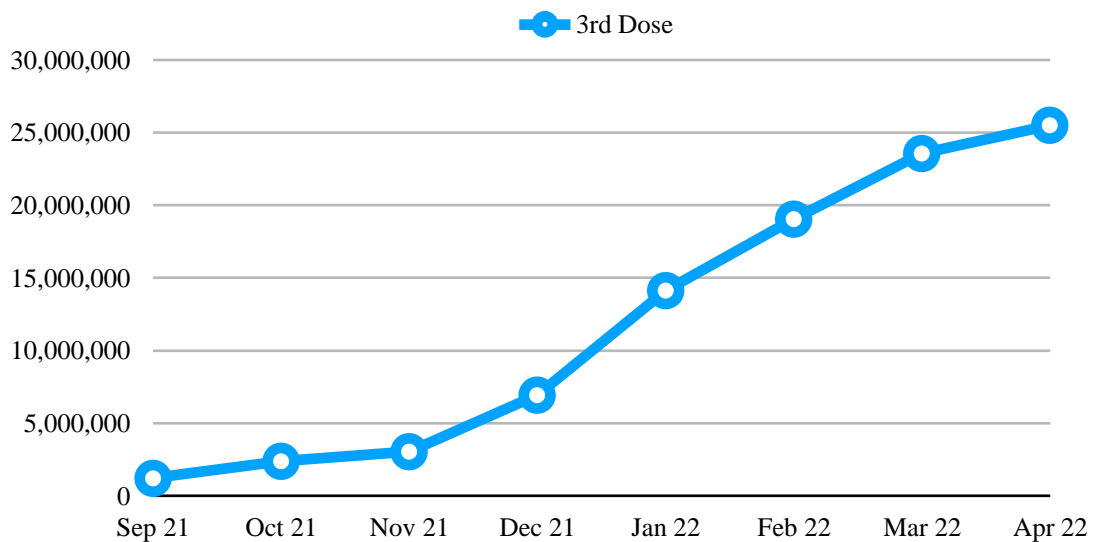
Source: Department of Disease Control, Minister of Public Health accesses on April 30, 2022.

As seen in Figure 2, the vaccine crisis in Thailand tended to be ease due to more vaccine fluxed into the country. Bangkok and other provinces have set up their own vaccine center across their areas. The Bangkok Metropolitan Administration and local authorities were urging their residents to be fully vaccinated and to receive a booster dose before the Songkran festival in mid-April, when people went around to meet their family. Bangkok then has opened six vaccination facilities offering walk-in shot. As of April, 2022, approximately 80.54 percent of 56 million people have received their first shots and 73.26 percent got their second dose, while

more than 25 million people have been jabbed with their third (Department of Disease Control, April 2021).

During the spread of Omicron variant, the government urges people to get their booster shot. Unlike last year, there are more vaccines for people to receive their booster. However, some people refused to get their third jab (Thairath(b), 24 March 2022). This was due to the lack of concise information to convince people to get their booster dose. Figure 3 shows the number of booster doses since the start of Omicron variant last year.

Figure 4: The number of Booster Doses from September 2021-April 2022



*By February 2022, only 28.2% of the total population (19,067,800) had received their third doses.
Source: Department of Disease Control, Minister of Public Health accesses on April 30, 2022.

Medical doctors and frontline workers are worried about the spread of Omicron variant if people do not want to take their booster jabs. Although, the number of new Covid-19 cases has been diminished every day after the Songkran festival at the end of April 2022, it does not mean that the Covid-19 situation would be better soon. Thus, the booster shots are important to protect people from the infection.

Conclusion: Vertical vs. Horizontal Policy towards Covid-19 Management

The CCSA of Thailand has planned to switch Covid-19 infection from pandemic to endemic by July, 2022, allowing people to return to a normal life. Covid-19 would ultimately resolve into a disease that we all need to learn and to live with. Under this new policy, there are no requirement for ATK testing and ThailandPass registration for tourists. People will no longer be compulsory to wear facemasks in public, except for those who are sick. But some

medical workers are still questioning on how the endemic Covid-19 would look like. Endemic diseases may have many forms, and we do not sure yet how this disease will be transformed among them. Some endemic may be cured; but some can also cause unexpected outbreaks and severe suffering. Thus, medical workers continue to caution the government and Thai citizen to protect themselves from Covid-19 infection.

In Thailand, CCSA plays a crucial role formulating policies to curb the Covid-19 crisis, including vaccination, economic recovery, mobility restriction, reopening of schools and business, and providing public communication concerning Covid-19 situation. Although the provincial governments, which their governor appointed by the ministry of interior, can announce and implement their own policies in some areas such as mobility restriction, mask wearing, and vaccine allocation in late 2021 and 2022, those of their policies are also depend upon the central policy announced by the central government. This situation weakens the horizontal coordination between the central and local authorities. On the other hand, centralization of pandemic policy gave the government and its coalition partners to garner policy advantages from the Covid-19 situation, including promoting economic recovery, opening schools and business and controlling vaccine procurement and distribution to Thai citizens across the nation. In the case of vaccine distribution, the vertical and centralized policy allows the government to control inoculations in order to ensure their political fortune in the upcoming election. Jabs that should have prioritized to medical workers, the elderly, and people living with underlying diseases were given to VIPs who enjoyed close connections with central authorities. As a result, we witnessed vaccine distribution to provinces under the control of powerful politicians rather than to the areas at risk. This vertical policy management resulted in delays of vaccine delivery as well as vaccine scarcity, slowing Thailand's recovery from COVID-19 relative to its ASEAN neighbors.

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