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# Thailand: COVID-19 Active Response and Expenditure Support Program Quarterly Monitoring Report (January–March 2021)

Prepared by Ministry of Finance of Thailand for the Asian Development Bank.

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The First Quarterly Monitoring Report  
(January – March 2021)  
of COVID-19 Active Response and  
Expenditure Support Program

Ministry of Finance  
Thailand

## CURRENCY EQUIVALENTS

(as of 12 May 2021)

Currency unit = Baht/US Dollar

B1 = \$ 0.032034

\$1 = B31.217

## ABBREVIATIONS

ADB	–	Asian Development Bank
B	–	Baht
BOT	–	Bank of Thailand
BSF	–	(Corporate) Bond Liquidity Stabilization Fund
CARES	–	COVID-19 Active Response and Expenditure Support
CCSA	–	Center for COVID-19 Situation Administration
CESA	–	Center for Economic Situation Administration
DMF	–	Design and Monitoring Framework
FPO	–	Fiscal Policy Office
FY	–	fiscal years
GMM	–	Gender Monitoring Matrix
MOF	–	Ministry of Finance
MOPH	–	Ministry of Public Health
MSDHS	–	Ministry of Social Development and Human Security
NESDC	–	National Economic and Social Development Council
NVI	–	National Vaccine Institute
OAE	–	Office of Agricultural Economics
SME	–	Small and medium-sized enterprises
SSA	–	Social Security Act
SSO	–	Social Security Office
VHW	–	Volunteer health workers
WHO	–	World Health Organization
y/y	–	Year on year

## THAI – ENGLISH GLOSSARY

khonlakrueng	–	the 50:50 co-payment scheme
mor 33 rao rak kan	–	workers who are registered with social security
rao chana	–	we win
rao mai thing kun	–	nobody will be left behind
rao tiew duay kan	–	we travel together

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## EXECUTIVE SUMMARY

The COVID-19 Active Response and Expenditure Support (CARES) program aims to support the Government of Thailand's response to the COVID-19 pandemic by providing relief and stimulus support to: (i) healthcare services; (ii) cash handouts and financial aid; and (iii) economic rehabilitation. This is the first quarterly report of the CARES program. It covers the period from January to March 2021, which generally coincides with the first three months of loan utilization.<sup>1</sup>

The first COVID-19 case in Thailand was reported on 13 January 2020. During January and February transmission rates in the country remained relatively low, however by 22 March 2020 188 new cases were confirmed. The Government responded immediately with a lockdown and a series of measures to flatten the curve. This strategy was very successful with no local transmissions reported by June 2020. In December 2020 a second outbreak, the Samut Sakhon cluster, was then identified. This was followed by a third outbreak in Bangkok at the end of March 2021, which was the most significant, in part because the new COVID variants found in the third wave had higher infection rates. By 4 June 2021, there were 171,979 confirmed cases of COVID-19 in Thailand and a total of 1,177 deaths, according to the Department of Disease Control, Ministry of Public Health.

Thailand successfully contained the COVID-19 pandemic throughout 2020 because it invested in its public health system over several decades and strengthened its Universal Health Care Coverage. The Thai Government also rapidly responded to the pandemic, declaring it a national emergency in March 2020, following up with stringent border controls, as well as initiating COVID-19 testing, tracing and quarantine procedures and strengthening its health facilities. It also established the Center for COVID-19 Situation Administration (CCSA), with representatives from multiple Ministries, as a command center to ensure coherent communication with the public and as a clearinghouse for the Government's health policy and operations. The Government also rapidly established a B2.4 trillion (\$76.8 billion) pandemic relief and stimulus budget for fiscal years (FYs) 2020 and 2021, comprising B1.2 trillion (\$38.4 billion) for fiscal programs and B1.2 trillion (\$38.4 billion) for monetary measures (using Thai government's practice of rounding).

### **Progress on the Government Social and Economic Fiscal Package**

Budgeting, allocations, and disbursement to the three Groups of work plans in the Thai Government's Phase 3 relief and stimulus package have generally been implemented very effectively. By 31 March 2021, of the Phase 3 fiscal measures budget of B1.0 trillion (\$32.03 billion), B759,792.50 million (\$24.33 billion), almost 76 percent had actually been allocated and B602,733.87 million (\$19.30 billion) or 60.3 percent had been disbursed. Work plans for cash handouts and financial aid (Group 2 work plans) received the budget of B600 billion (\$19.22 billion), and by the end of March 31, 2021, 99 percent of this had been allocated and 89 percent disbursed. Economic rehabilitation projects (Group 3 work plans) had B 355 billion (\$11.37 billion) budgeted, and by 31 March 2021 approximately 38 percent of this had been allocated and 18 percent disbursed. Healthcare services (Group 1 workplans) received B45 billion (\$1.44 billion). By the end of March 2021, 57 percent of this had been allocated and 12 percent disbursed.

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<sup>1</sup> The Asian Development Bank (ADB) loan to the Government of Thailand was signed in November 2020 and made effective in January 2021. The loan provides countercyclical financial support to the Government's Phase 3 B1.9 trillion (\$60.86 billion) relief and stimulus package. <https://www.adb.org/projects/documents/tha-54177-001-rrp>

## Progress on the CARES Program

The CARES Thailand design and monitoring framework has ten performance indicators. At the end of March 2021, five DMF indicators have achieved or surpassed their targets, however, data associated with the remaining five indicators is currently unavailable. The ADB also has a gender monitoring matrix as part of its loan agreement with the Government of Thailand. This has nine indicators that focus on the monitoring of gender disaggregated data, as well as age, disability, household composition and employment status where relevant. As of 31 March 2021, two Gender Monitoring Matrix indicators have been achieved and one is partially on-track. The Government is expected to release updated data on the other six indicators later in 2021 that can be used to assess their progress.

## Key Observations

- **The Thai Government responded rapidly to the COVID-19 pandemic**, announcing a nationwide emergency in March 2020, and following this with a Zero COVID-19 strategy.
- **The Government kept COVID infection rates very low for over a year, however, the current (third) wave of COVID has been the most significant.**
- **A substantial proportion of the relief and stimulus budget was allocated by the end of March 2021.** Of the Phase 3 fiscal program of B1 trillion, almost 76 percent had been allocated by 31 March 2021 and 60 percent had been disbursed.
- **Traditional urban and rural village health volunteers have been a key cornerstone of its COVID response strategy.** Prior to the emergency there were approximately 1.04 million village health volunteers in Thailand and were given a small allowance to assist with COVID support services in their communities.
- **By 31 March 2021, approximately 41.02 million targeted groups received cash handouts under Government work plan 2.** This is a significant achievement as it was very appropriate that these groups quickly received financial support.
- **In June 2020, 15.3 million unregistered social security system workers received government cash handouts.** They included 8,548,637 female workers or 55 percent of all unregistered workers have received Government support.
- **Government COVID-19 testing capacity has increased more than tenfold.** In April 2020 10,000 tests were conducted each week. Government COVID-19 testing capacity increased more than tenfold by December 2020. According to the Department of Medical Sciences in the Ministry of Public Health, 132,226 tests were conducted in the last seven days of 2020. This was significantly more than the government's target of 50,000 tests per week by the end of 2020. Testing continued to increase in 2021 and by end April 2021 almost 60,000 tests per day were being conducted.

## Key Recommendations

**Knowledge Sharing.** All countries are on a learning curve as to how to manage the impacts of COVID-19 and accelerate their paths for post-COVID-19 recovery. ADB and Thailand have mutual interest in sharing Thailand's experiences within the region in order help reinvigorate the regional economy and strengthen regional public goods that are critical for social stability and inclusive growth. ADB can work with Thailand through current channels of regional engagement, including the Association of South East Asian Nations (ASEAN), the Greater Mekong Subregion Program (GMS), and the Indonesia-Malaysia-Thailand Growth Triangle (IMT-GT). ADB can also work with Thailand to share successful lessons to regional partners through bespoke multi-country dialogues coordinated by ADB such as the Southeast Asia Development Solutions

Knowledge and Innovation Platform and the Policy Actions for COVID-19 Economic Recovery (PACER) Dialogues. Topics may include:

- How Thailand uses its social protection schemes to help stabilize the workforce and assist reduce worker vulnerability,
- How Thailand uses digital technology to respond to the pandemic, and
- How Thailand's approach to engaging with general public and the private sector on measures and projects to counteract the impact of COVID-19.

**Knowledge Building.** There is opportunity for ADB to work with government to build domestic knowledge on emerging social and economic issues in Thailand that have been affected by COVID-19. These may be in the form of special topics which are prepared through the PACER program and presented in future CARES quarterly monitoring reports. Topics may include

- Changes in Thai Society (poverty, mental health, etc.) that are a result of the pandemic,
- The impacts of COVID-19 on gender and how government has helped mitigate those impacts,
- New opportunities to reshape Thailand's tourism industry to make it more competitive, efficient, and sustainable; and
- Strengthening the National Monitoring and Evaluation System (eMENSCR) for monitoring, auditing and evaluating governments measures and projects that aim to respond to the impacts of COVID-19.

## I. INTRODUCTION

1. **This is the first quarterly report of the Asian Development Bank (ADB) funded COVID-19 Active Response and Expenditure Support (CARES) program in Thailand.** It monitors the progress and achievements of the program against its Design and Monitoring Framework, the ADB Gender Monitoring Matrix (GMM) and the fiscal measures taken by the Government of Thailand in its social and economic relief and stimulus package from January to March 2021, the first three months of the loan implementation period. It also examines monetary and general health measures taken by the Government of Thailand in response to the pandemic, highlighting areas of significant progress and where additional attention and support may be required where challenges remain.

2. **There have been a series of outbreaks of the pandemic in Thailand.** The first wave of COVID started on 13 January in Thailand with the first reported outside of China. By 22 March 2020 there were 188 new cases confirmed. The Government put a lockdown in place and a series of other measures were implemented that helped to successfully flatten the curve with almost no local transmissions reported until the 2nd wave which started in December 2020. The newly formed cluster of cases primarily involved Samut Sakhon Province and its large migrant communities. Case numbers then spread into other provinces, but by February 2021 were mainly under control. At the end of March 2021, a new cluster centered in Bangkok spread rapidly nationwide. By 4 June 2021, there were 171,979 confirmed cases of COVID-19 in Thailand and a total of 1,177 deaths, according to the Department of Disease Control, Ministry of Public Health (Figure 1).

3. **The Thai Government responded rapidly to the COVID-19 pandemic.** The Government of Thailand was largely successful in handling the pandemic in 2020, with a Zero COVID-19 strategy. The rapid Government response in declaring a national emergency, implementing the required stringent control of borders (i.e., point of entry), testing and tracing, as well as quarantine measures eased the containment of the pandemic while Governance structures to manage the pandemic were being established. Thailand declared COVID-19 a dangerous communicable disease on 1 March 2020. On 12 March, the Thai Government established the Center for COVID-19 Situation Administration (CCSA) to respond to health issues related to the crisis. The Center for Economic Situation Administration (CESA) was also given the responsibility for overseeing the Government's economic and fiscal responses to the problems the nation was facing. That same month (March 26, 2020) the Government declared a nationwide emergency. There have been several outbreaks of infections, including a third wave in March 2021. (See Appendix 4 for more details on the health impact of COVID-19 in Thailand and the government's health response to it.)

**Figure 1: COVID-19 Statistics in Thailand, 4 June 2021**

Coronavirus disease 2019 (COVID-19)			
Thailand Situation Report - 4 June 2021			
Confirmed	Deaths	Hospitalized	Recovered
171,979	1,177	50,105	120,697
(+ 2,631)	(+ 31)		(+ 2,493)

*Source:* Department of Disease Control, Ministry of Public Health



4. **The Government implemented measures to stimulate the local economy to mitigate the impacts of COVID-19.** The bold measures taken by the Government to halt the spread of COVID-19 exerted a significant cost on the local economy. In overall terms, the Thai economy contracted by 6.1 percent in 2020, compared with a growth of 2.3 percent in 2019, with exports (6.6 percent decline) and total investments (4.8 percent decline) experiencing a substantial decline. External shocks to the global supply and demand chains caused by COVID-19 and the disruption of tourism in Thailand which had previously accounted for 20 percent of local GDP, all had a major impact on the economy. The 2nd (December 2020) and 3rd wave (end of March/April 2021) of outbreaks are likely to affect economic projections and potential gains from prior stimulus measures by the Government. Thailand's vaccination program is seen to be one of the most significant factors that will determine economic growth for 2021. The Bank of Thailand projects the economy will expand by approximately 1.5 to 2.8 percent of GDP between 2021 and 2022 based on planned procurement and distribution of vaccines (case 2). The main assumptions in this projection are related to vaccinations and tourism (Table 1).<sup>2</sup> The actual progress of the vaccination program at the time of writing this report is found in Appendix 4.

**Table 1: BOT Economic Projection Data (2021-2022)**

Description	Case 1		Case 2		Case 3	
Herd immunity attainment	Additional vaccines procured and distributed (100 million doses in 2021)		Planned procurement and distribution of vaccines (64.6 million doses)		Delayed procurement and distribution of vaccines (below 64.6 million doses in 2021)	
	Q1/22		Q3/22		Q4/22	
	2021	2022	2021	2022	2021	2022
GDP (%YoY)	2.0	4.7	1.5	2.8	1.0	1.1
Foreign tourist figures (millions)	1.2	15.0	1.0	12.0	0.8	8.0
Economic impact from delayed vaccination and herd immunity*	-		- 3.0% of GDP (B460 bn)		-5.7% of GDP (B890 bn)	
Unemployment and underemployment at the end of 2022 (millions)	2.7		2.8		2.9	

Source: Bank of Thailand

\*Differences in total economic value for the period 2021-2022 compared to Case 1

The projection does not include potential additional government measures to offset the shock.

5. **Following the call for a nation-wide emergency in March 2020, the Government announced a relief and stimulus package for fiscal years (FY) 2020 and 2021.** This totaled B2.4 trillion (\$76.8 billion) and comprised B1.2 trillion (\$38.4 billion) for fiscal programs and B1.2 trillion (\$38.4 billion) in monetary measures, which include soft loans provided by specialized financial institutions, government pawn shops, and the central bank. These measures were introduced in three phases: (i) Phase 1 to reduce the financial burden and increasing the liquidity of households and entrepreneurs; (ii) Phase 2 to mitigate the economic impact of the outbreak through cash handouts for households, soft loans for businesses, and tax exemptions. and (iii) Phase 3 for fiscal relief and monetary support.<sup>3</sup>

<sup>2</sup> Bank of Thailand (BOT). 2021. *Monetary Policy Committee's Decision 3/2021*. BOT Press Release No. 33/2021. Bangkok. <https://www.bot.or.th/English/PressandSpeeches/Press/2021/Pages/n3364.aspx>

<sup>3</sup> Government of Thailand, Public Debt Management Office. Staff estimates. June 2021

6. **Following the declaration of the emergency the BOT took measures to stabilize financial markets and support businesses with approximately B0.9 trillion (\$28.83 billion).** It included (i) the MSMEs (Micro, Small and Medium-sized Enterprises) Support Liquidity Funding scheme, worth B500 billion (\$16.02 billion) that by April 2021 had dispersed B138.2 billion (\$4.43 billion) of soft loans to 77,787 persons (averaging B1.8 million each or \$57,661).<sup>4</sup> (ii) The corporate Bond Liquidity Stabilization Fund (BSF) was also established in April 2020 with a B400 billion (\$12.81 billion) budget aimed at enhancing the liquidity of the corporate sector and stabilizing the corporate bond market. This enabled the BOT to buy corporate bonds thereby keeping liquidity flowing more freely.<sup>5</sup>

7. **The Asian Development Bank signed a loan under the COVID-19 Active Response and Expenditure Support (CARES) program in November 2020.**<sup>6</sup> On 16 November 2020, the Government and ADB signed a loan of \$1.5 billion (B46.8 billion equivalent). This became effective on 5 January 2021. This is considered part of the B1 trillion fiscal budget support program as outlined in the social and economic relief and stimulus package (Phase 3) of the Government. As part of the loan agreement the Government has agreed to submit quarterly monitoring reports of its progress and achievements to ADB that are associated with budgeting and disbursements related to its Phase 3 fiscal support to Group 1: Healthcare Services; Group 2: Financial Aid and Cash Handouts; and Group 3 for Economic Rehabilitation.<sup>7</sup>

## II. PROGRESS – GOVERNMENT PHASE 3 FISCAL LOAN

### 2.1 Overall Progress Social and Economic Stimulus Package Fiscal Disbursements

8. **76 percent of the total social and economic fiscal budget for Phase 3 under the ADB loan agreement was allocated and 60 percent of it dispersed by 31 March 2021.** Of the B1 trillion (\$32.03 billion) budgeted to support Phase 3 of the Government's fiscal response to the pandemic, almost 76 percent (B759.793 billion or \$24.34 billion) of the total budget was allocated by March 31, 2021, and 60.3 percent (B602.734 billion or \$19.31 billion) was disbursed by then too (Table 2).

9. **By March 31, 2021 nearly 57 percent of the healthcare services budget had been allocated and almost 12 percent was disbursed.** These work plans in Group 1 are the responsibility of the Ministry of Public Health (MOPH). The total budget for all COVID-19 healthcare services amounted to B45.0 billion (\$1.44 billion, or 4.5 percent of the total B1 trillion Phase 3 fiscal budget). By 31 March 2021, of the budgeted amount, B25.83 billion (\$827 million) or 57.4 percent had been allocated, and B5.32 billion (\$170 million) or 11.8 percent had been disbursed (Table 2).

10. **By the end of March 2021, 99 percent of the financial aid budget had been allocated and almost 89 percent disbursed.** These work plans under Group 2 are the responsibility of the

<sup>4</sup> Bank of Thailand (BOT). 2021. *Remedial measures and financial institution information in the COVID-19 situation*. Bangkok. <https://www.bot.or.th/covid19>

<sup>5</sup> Bank of Thailand (BOT). 2021. *Corporate Bond Stabilization Fund (BSF): Policies and Operating Guidelines*. Bangkok. [https://www.bot.or.th/English/FinancialMarkets/Documents/BSF\\_English.pdf](https://www.bot.or.th/English/FinancialMarkets/Documents/BSF_English.pdf)

<sup>6</sup> The fiscal year (FY) of the Government of Thailand ends 30 September.

<sup>7</sup> Office of the National Economic and Social Development Council (NESDC). 2021. *Thai Monitoring and Evaluation*. Bangkok. <http://thaime.nesdc.go.th/>

Ministry of Finance (MOF). Some 60 percent (B600 billion or \$19.22 billion) of the overall Phase 3 fiscal budget was tagged for these interventions. By 31 March 2021, of this amount, B595.85 billion (\$19.09 billion) or 99.3 percent had been allocated, and B531.89 billion (\$17.04 billion) or 88.6 percent had been disbursed (Table 2).

**Table 2: Overall Fiscal Budget and Disbursements Phase 3, 31 March 2021**  
(B million)

Work Plans/Projects	Total Budget	Actual Budget Allocation	Allocated as % Total Budget	Amount Budget Disbursed	Disbursed as % of Total Budget
Group 1 Work Plans/Projects – <b>Healthcare Services</b>	45,000	25,826	57.4%	5,316	11.8%
Group 2 Work Plans/Projects – <b>Financial Aid and Cash Handouts</b>	600,000	595,853	99.3%	531,887	88.6%
Group 3 Work Plans/Projects – <b>Economic Rehabilitation</b>	355,000	138,113	38.9%	65,530	18.5%
<b>Total</b>	<b>1,000,000</b>	<b>759,793</b>	<b>76.0%</b>	<b>602,734</b>	<b>60.3%</b>

Source: Public Debt Management Office, Ministry of Finance

Note: On 31 March 2021 Cabinet approved the transferal of B45,000 million from work plan 3 to work plan 2 to address the needs of targeted groups, bringing the total Group 2 to B600,000 million.

11. **By the end of March 2021, 39 percent of the economic rehabilitation budget had been allocated and 18 percent disbursed.** Group 3 work plans are the responsibility of the MOF, the Ministry of Interior, the Ministry of Social Development and Human Security, the Tourism Authority of Thailand and others. B355 billion (\$11.37 billion) or 35.5 percent of the overall Phase 3 fiscal budget was for these work plans, By the end of March 2021, of the budgeted amount, B138.11 billion (\$4.42 billion) or 38.9 percent had been allocated, and B65.53 billion (\$2.10 billion) or 18.5 percent had been disbursed.

## 2.2 Progress Social and Economic Stimulus Package - Phase 3 Work Plans

12. **Traditional urban and rural village health volunteers have been a key cornerstone of its COVID response strategy.** Under work plan 1.1, a substantial proportion of the budget was allocated to provide additional compensation to village health volunteers (VHV). Prior to the emergency there were approximately 1.04 million village health volunteers in Thailand, and they were paid B1,000 (\$32) a month for their services by the Department of Health Service Support in the MOPH. As of October 2020, VHV were given an additional B500 (\$16) a month to provide COVID-19 related health support in their communities. This program was then extended until June 2021. As of March 31, 2021, the B500 per month additional payments were made over a period of five months, with the cumulative disbursement of B2,592 million (\$83 million).

13. **Under work plan 1.2 funds were provided for laboratory equipment, protective clothing for health personnel and for medical equipment.** By 31 March 2021, of the total budget approved for this item (B2,706 million or \$87 million), B129 million (\$4.1 million) or 4.8 percent had been dispersed (Table 3).

14. **Work plans under 1.3 have focused on providing funding for the treatment, prevention, and control of diseases, including research and development in medicine, for the nation's public health system.** This item had B6,764.90 million (\$217 million) allocated budget (15 percent of the total Group 1 allocated budget). Disbursements did not begin until early 2021 as healthcare services were funded in 2020 from the previous fiscal year's budget. A total

of B2,536.48 million (\$81 million) or 37.5 percent of the total dedicated line budget was disbursed between the start of 2021 and the end of March 2021 (Table 3).

15. **Work plans under the 1.5 budget line provide coverage for covid emergency situations, including quality control of vaccines.** This group of projects focused on the costs associated with the handling of emergencies related to the pandemic. It covers projects for developing and improving the country's production capabilities, quality control of vaccines and biomedical products, as well as other related emergency expenses. A total of B1,496.6 million (\$48 million), 6 percent of Group 1's total allocated budget, was allocated to this item. By 31 March 2021, of the budgeted amount for this item, B58.1 million (\$1.9 million) or 3.9 percent was disbursed and disbursements are expected to continue until at least June 2021 (Table 3).

**Table 3: Healthcare Budget, Allocations and Disbursements (Phase 3) 31 March 2021**  
(B million)

Work Plans / Projects Groups	Actual Budget Allocation 31-Mar-21	Amount Budget Disbursed 31-Mar-21	Actual Disbursement					Forecast Disbursement		
			May-Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21 <sup>f</sup>	May 21 <sup>f</sup>	Jun 21 <sup>f</sup>
Work Plans / Projects Group 1 - healthcare services	25,826	5,316	519	521	531	2,333	1,412	7,245	433	503
1.1 Expenses for healthcare workers	4,726	2,592	518	518	519	519	518	-	-	-
1.2 For procurement and supply of medical equipment	2,706	129	-	1.0	1.0	23	105	166	-	2
1.3 To accommodate expenses necessary for treatment	6,765	2,536	-	-	-	1,756	781	232	232	232
1.4 To prepare nursing establishments and expenses for treatment	10,132	-	-	-	-	-	-	6,780	200	200
1.5 For emergency situations due to spread of the Coronavirus disease.	1,497	58	1	2	11	36	8	68	2	70

Source: Public Debt Management Office, Ministry of Finance

16. **The cash handout and financial aid program assisted about 23 million vulnerable individuals and others by 31 March 2021.** The Thai Government provided financial assistance under work plan 2.1 to informal workers, vulnerable individuals (defined by the Thai Government as the disabled, elderly and children), state welfare card holders, and employees registered under the Social Security Act (Table 4). These groups totaled 24,005,879 persons and 22,973,033

persons or 95.7% received cash handouts amounting to approximately B182 billion (\$5.8 billion).<sup>8</sup> Following a second outbreak of COVID-19 in January 2021 the Thai Cabinet approved additional funding for workers to help to stimulate domestic consumption on 19 January 2021. The following month, on 15 February 2021, the Cabinet approved further support for formal sector workers. By 31 March 2021, B482,550.67 million (\$15.46 billion) had been allocated, and B418,584.97 million (\$13.41 billion) had been disbursed (Table 3). Appendix 3 provides additional details on financial handouts to specific groups.

**Table 4: Financial Aid and Cash Handout Disbursements (Phase 3) to 31 March 2021**  
(B million)

Work Plans / Projects Groups	Actual Budget Allocation 31-Mar-21	Amount Budget Disbursed 31-Mar-21	Actual Disbursement					Forecast Disbursement		
			May-Nov 20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21 <sup>f</sup>	May-21 <sup>f</sup>	Jun-21 <sup>f</sup>
Group 2 - Financial aid and cash handouts	595,853	531,887	316,161	6,291	6,801	78,238	124,396	42,560	19,627	633
2.1 To help the public affected by the spread of Coronavirus	482,551	418,585	202,858	6,291	6,801	78,238	124,396	42,560	19,627	633
2.2 For agricultural workers that are affected by the Coronavirus.	113,303	113,302	113,302	-	-	-	-	-	-	-

Source: Public Debt Management Office, Ministry of Finance

**17. Cash handouts have been provided to assist agricultural workers enhance local production.** Workplan 2.2 was approved by the Cabinet in April 2020 and a budget of B150 billion (\$4.8 billion) was established to assist approximately 10 million agricultural workers and their families. After registering with one of the seven agencies (Department of Agricultural Extension, Department of Livestock Development, Department of Fisheries, Rubber Authority of Thailand, Office of the Cane and Sugar Board, Queen Sirikit Department of Sericulture, and Tobacco Authority of Thailand), farmers received B5,000 (\$160) per month consecutively for 3 months for a total of B15,000 (\$481) per person. This scheme was initially implemented for 5 months but was extended an additional 2 months to allow outstanding payments to be completed. By 31 March 2021, the overall disbursements to this work plan line were B113,302 million (\$3.63 billion) or 76 percent of the B150 billion budget.

**18. Work plan 3.1 focused on economic investment projects and development activities to replenish economic activity, as well as capacity building projects and those to enhance manufacturing and tourism.** These have been allocated to various institutions, including the Department of National Parks, Wildlife, and Plant Conservation, and the Institute of Scientific and Technological Research). A total of B2,014 million (\$64.5 million) or 6.8 percent of the allocated Group 3.1 budget of B29,451.78 million (\$943 million) had been disbursed by 31 March 2021.

<sup>8</sup> Office of the National Economic and Social Development Council (NESDC). 2021. *Thai Monitoring and Evaluation*. Bangkok. <http://thaime.nesdc.go.th/>

Many of these projects that have been funded are in the agricultural sector and under the Ministry of Agriculture and Cooperatives.

19. **The Thai Government also supported projects to restore local economies and communities.** These work plans under 3.2 are for restoring local economies and communities through implementation of projects or activities to create employment, professions, sourcing means of production and facilitation necessary for developing local and community products. As of 29 January 2021, it is expected that these activities will generate employment for approximately 141,991 people. A total of B773.88 million (\$24.8 million) or 8 percent of the allocated budget for work plan 3.2 (B9,407.15 million or about \$300 million) had been dispersed by 31 March 2021.

20. **Projects under work plan 3.3 have aimed to promote and increase household and private sector expenditure, including private sector investment and normalizing consumer activity.** This group of work plans under 3.3 received a budget allocation of B99,254.52 million (\$3.18 billion) or nearly 72 percent of the total budget allocated for Group 3 (B138,113 million). There have been many projects under this work plan however these three received the highest budget allocation: (i) Khonlakueng (50-50 Co-Payment) Scheme for registered individuals received 50 percent payment from the Government when they spent in registered retail stores; (ii) projects promoting employment of new graduates in the public and private sectors, and (iii) the “Rao Tiew Duay Kan” campaign (“We Travel Together”) where the Government has been subsidising travel services, including accommodation. A total of B62,742.31 million (\$2.01 billion), 63 percent of the total budget allocated for work plan 3.3 had been disbursed by 31 March 2021.

**Table 5: Economic Rehabilitation Disbursements (Phase 3) to 31 March 2021**  
(B million)

Work Plans/ Projects Groups	Actual Budget Allocation 31-Mar- 21	Amount Budget Disbursed 31-Mar- 21	Actual Disbursement					Forecast Disbursement		
			May- Nov 20	Dec- 20	Jan- 21	Feb- 21	Mar- 21	Apr- 21 <sup>f</sup>	May- 21 <sup>f</sup>	Jun- 21 <sup>f</sup>
<b>Work Plans / Projects Group 3 - economic rehabilitation</b>	138,113	65,530	22,312	15,124	14,824	5,603	7,667	8,686	6,899	5,931
3.1 Work plan or investment project which can replenish economy	29,452	2,014	58	36	152	83	1,685	5,712	3,781	2,977
3.2 Work plan for restoring local economies and communities	9,407	774	20	125	160	258	211	1,229	1,375	1,226
3.3 Work plans or projects to promote and increase household/private expenditure	99,255	62,742	22,234	14,963	14,512	5,262	5,771	1,745	1,744	1,728

Source: Public Debt Management Office, Ministry of Finance

### III. PROGRESS - CARES DESIGN AND MONITORING FRAMEWORK

#### 3.1 Progress on CARES Program Effect

21. **There are two indicators associated with the expected CARES program effect or outcome.** The CARES Program outcome has two indicators. Typically, these are measured at mid-term and at the end of program in monitoring and evaluation however several observations can be made for the first quarterly report. The first measure of progress of the program against its intended outcome is that (a) *'By December 2021, Thailand's scores for pandemic preparedness and point-of-entry capacities improved by at least one point.'* No update on this point-of-entry and pandemic preparedness rating is currently available, however the WHO and MOPH (2020) mentioned that there has been an improvement in Thailand's point-of-entry capacities since the Joint External Evaluation (JEE) in 2017 due to consistent multisectoral collaboration.<sup>9</sup>

22. **Decreasing number of informal workers consider low allowance as their number one problem.** (b) *'By June 2022, the number of informal workers who report low allowance as their number one problem is not more than 20 percentage points higher than the pre-crisis level.'* At the end of 2019, 20.4 million people were surveyed, and 54 percent said that low allowance was their number one problem.<sup>10</sup> A year later in December 2020 the same survey found that the number of informal workers reporting low allowance as their number one problem had dropped to 48 percent of the total number surveyed (20.4 million) – a 6 percentage points drop compared to the previous year.<sup>11</sup>

23. **Outcome indicator states that 'By December 2021, at least two million SMEs are still in business.' This has been achieved.** A study by the Office of SME Promotion in late 2020 revealed that there were 3,134,442 SMEs operating in Thailand that year.<sup>12</sup>

#### 3.2 Progress on CARES Program Outputs

24. **Government COVID-19 testing capacity has increased more than tenfold.** Output 1 Indicator 1.1 states that *'The government's testing capacity, including testing protocols for healthcare workers increased,'* is measured by three indicators (Appendix 1). Indicator 1.1 states that *'by December 2020, the Government's testing capacity, including testing protocols for healthcare workers (78% of whom are women), increased to 50,000 tests per week'*. In April 2020 10,000 tests were conducted each week. Government COVID-19 testing capacity increased more than tenfold by December 2020. According to the Department of Medical Sciences in the Ministry of Public Health, 132,226 tests were conducted in the last seven days of 2020. This was significantly more than the government's target of 50,000 tests per week by the end of 2020. Testing continued to increase in 2021 and by end April 2021 almost 60,000 tests per day were being conducted.

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<sup>9</sup> Ministry of Public Health (MOPH) and World Health Organization (WHO). 2020. *Joint Intra-Action Review of the Public Health Response to COVID-19 in Thailand*. Bangkok. <https://www.who.int/docs/default-source/searo/thailand/iar-covid19-en.pdf>

<sup>10</sup> National Statistics Office (NSO). 2019. *The Informal Employment Survey 2019*. Bangkok: NSO

<sup>11</sup> National Statistics Office (NSO). 2020. *The Informal Employment Survey 2020*. Bangkok: NSO

<sup>12</sup> Office of Small and Medium Enterprise Promotion. 2021. *The SMEs Situation 2020*. Bangkok. <https://www.sme.go.th/th/page.php?modulekey=348>



25. **Between the start of April until the end of December 2020, 745,852 people had received free COVID-19 testing.** Output 1 Indicator 1.2 states that, *'Between March 2020 and March 2021, expenses for all Thai citizens requiring COVID-19 testing and treatment fully covered by health insurance with reports on beneficiary data disaggregated by sex, age, and disability status, compiled.'* From 1 April to 30 December 2020 the National Health Security Office (NHSO) reported that 745,852 people received 1,004,915 free COVID-19 tests, and 58,263 beneficiaries also received free treatment under the Government Universal Coverage Scheme (UCS). The total compensation for all of these treatments was B3,297 million (\$106 million).<sup>13</sup> No additional disaggregated data however is available (Appendix 1).

26. **In June 2020, 15,302,806 unregistered social security system workers received government cash handouts.** Indicator 2.1 for Output 2 states *'Support to the poor and the vulnerable impacted by COVID-19 expanded'* and it is measured by two indicators. Indicator 2.1 says that *'By December 2020, the government has provided cash handouts of B5,000 per person per month for three months to 16 million workers who are not registered in the social security system (of whom at least 45% are women).'* In February 2020 there was no support for unregistered workers (baseline) however by June 2020, the Government had provided cash handouts to 15,302,806 workers (14,012,139 self-employed and 1,290,667 employees) who were not registered in the Government social security system. Almost 16 million unregistered workers (8,548,637 female workers or 55 percent of all unregistered workers) have received Government support.<sup>14</sup>

27. **Between April 2020 and February 2021, 80,244 migrant workers registered in the social security system and that were unemployed received an unemployment benefit.** Output 2 Indicator 2.2 also assesses this output. It states that *'those that lost their jobs because of COVID-19 (of whom at least 30% are women), received unemployment benefits.* Between April 2020 and February 2021 80,244 migrant workers registered in the social security system after losing their jobs and they received an unemployment benefit.<sup>15</sup> Whether they lost their jobs because of COVID-19 or for another reason however is unclear. What percent of this group were women is also not clear as gender disaggregated data is not yet available nevertheless the end target for indicator 2.2 has been achieved.

### 3.3 Progress on CARES Gender

28. **The ADB requires all projects to report on gender disaggregated data.** Progress on the GMM is presented in Appendix 2. The GMM outcome indicator expects that the CARES program will monitor disaggregated data for all its relevant indicators. To date, however, some disaggregated data is available for CARES effect indicator (b), indicator 2.1 and indicator 3.1.3. These three indicators do not however provide disaggregation by ethnicity, age group, household composition or disability. For example, CARES outcome indicator (b) states that *The Government collects—where possible—sex disaggregated data on the beneficiaries of the relief and stimulus package, including—where possible—disaggregation by age group (classified by the government), composition of households (m/f heads and number of dependents), disability, ethnic group, employment status including type of employment (formal vs. informal).* This has been partially

<sup>13</sup> National Health Security Office (NHSO). 2021. *Number of people received COVID-19 tests and treatment.* Bangkok. <https://www.nhso.go.th/home?p=index>

<sup>14</sup> Public Debt Management Office (PDMO). 2020. *Report on Performance Pursuant to Section 10 of the Emergency Decree on Authorizing the Ministry of Finance to Obtain Loans to Solve Problems, Relieve, and Restore the Economy and Society Impacted by Coronavirus 2019, B.E. 2563 (A.D. 2020) for the 2020 Fiscal Year.* Bangkok: PDMO

<sup>15</sup> Ministry of Labor (MOL). 2021. *Labor Data* (February 2021). Bangkok. <http://warning.mol.go.th/uploadFile/pdf/pdf-2021-04-05-1617592744.pdf>



achieved because there is disaggregated data available about informal and formal workers, and gender for effect indicators 2.1 and implicitly in 3.1.3 as well. Furthermore, Indicator 3.1.3 states that *By May 2021, the government has delivered at least B100 billion (\$3.2 billion) economic support to highly affected sectors including those with high representation of women, such as: a. Manufacturing, of which 48% are women; b. Wholesale and retail trade, of which 46% are women; c. Accommodation and food services, of which 63% are women; d. Activities of household as employer (caregiver and domestic help), of which 86% are women; e. Tourism, of which 50% are women.* By March 2021, the Government had allocated a budget of B100 billion to sectors with a high representation of women (tourism and wholesale/retailing).<sup>16</sup>

#### IV. OVERALL PROGRESS

29. **The rapid integrated response of the Thai Government to the pandemic has valuable lessons that can be shared with other Governments.** Importantly, it quickly responded with expenditure to enhance the public health response to the pandemic and established a cash transfer scheme to immediately alleviate individual needs and attempt to stimulate consumption. It then undertook fiscal and economic measures to mitigate the impact of the pandemic on the local market and financial system. It introduced tax incentives to support businesses affected by the pandemic, especially MSMEs, enabling them to claim a tax deduction of three times their wage expenses during the second quarter of 2020 to support their employees. Other monetary measures the Government undertook included soft loans totalling B194 billion (\$6.2 billion) that were made available to businesses through commercial banks, the SME Bank, and the Thai Social Security Office. The first batch of these loans was deployed in mid-February 2021 then in March 2021, the BOT proposed additional funding of B350 billion (\$11.2 billion) for MSMEs, as well as debt restructuring for adversely affected borrowers in consideration of the prolonged pandemic.

##### 4.1 Social and Economic Stimulus Package - Phase 3 Fiscal Progress

30. **Table 6 provides an overview of the overall progress of the phase 3 fiscal package.** It uses a simple traffic light rating system; red denoting slow progress/no progress (>45% allocated/disbursed); yellow denoting steady progress (<46-65% allocated/disbursed) and green denoting good/very good progress (<66% or more allocated/disbursed).

**Table 6: Overall Progress and Achievements of Government Phase 3 Fiscal Package**

Phase 3 Fiscal Package Work Plans/Projects	Allocated as % of Total Budget for the Group	Disbursed as % of Total Budget for the Group
Group 1 Work Plans/Projects – Healthcare Services	57%	12%
Group 2 Work Plans/Projects – Financial Aid and Cash Handouts	99%	89%
Group 3 Work Plans/Projects – Economic Rehabilitation	39%	18%
<b>Total Allocated and Disbursed</b>	<b>76%</b>	<b>60%</b>

<sup>16</sup> Office of the National Economic and Social Development Council (NESDC). 2021. *Thai Monitoring and Evaluation*. Bangkok. <http://thai.nesdc.go.th/>

31. **The phase 3 Government stimulus and fiscal relief package has made significant achievements.** Overall, the package put in place by the Government of Thailand to mitigate the effects of the pandemic has been well planned and implemented. The following observations can be made: (i) an emergency was declared very quickly in the country after COVID-19 cases began to rise in January 2020. Soon after the Government announced a B2,255 billion (\$72.2 billion) relief and stimulus support for FYs 2020 and 2021. This is a substantial achievement; (ii) Almost 76 percent (B759,792.50 million or \$24.33 billion) of the Phase 3 fiscal program of B1 trillion had been allocated by 31 March 2021 and 60 percent of this (B602,733.87 million or \$19.31 billion) had been disbursed. The Cabinet also adjusted its budgets several times, allocating further funds to support Group 2 cash handouts and financial aid work plans when it became evident that some targeted groups needed additional aid (Table 6). This is sound adaptive management.

32. **The Government allocation and disbursement of healthcare services funding has been steady.** While only 4.5 percent of the Phase 3 budget was allocated to healthcare, this was appropriate because the Government initially used its 2019 budget for these services and, furthermore, the Government has to date largely been able to keep its infection rate low. It therefore did not need a huge budget for healthcare services. It is thus entirely appropriate that 57.4 percent of the total budget had been approved by the end of March 2021. Allocation and disbursement of the pandemic budget may have looked quite different had COVID-19 got out of control in Thailand. The red rating used in Table 6 reflects the limited need to disburse funds to the health system given Thailand has been able to control the outbreak better than expected. The budget disbursement for this time may have looked quite different had COVID-19 got out of control in the country. As of 31 March 2021, COVID cases in Thailand were still under control however, the number of COVID-19 cases and deaths significantly increased from April to June 2021. Furthermore, the Ministry of Public Health has also expanded its support to mental health by deploying a Mental Health Crisis Assessment and Treatment Team in January 2021 in collaboration with provincial public health offices and village health volunteers since the onset of the pandemic to help address mental health issues associated with the pandemic. A brief summary of the health impact of COVID-19 and the government response can be found in Appendix 4.

33. **More than half of the Thai population received financial assistance from the Government.** The Group 2 budget was B600 billion (\$19.22 billion) and 99 percent of this was allocated by the end of March 2021 and 89 percent was disbursed by then too. By 31 March 2021, the total number of people who received cash handouts (under work plan 2) was around 41.02 million persons. These are significant achievements as it was very appropriate that vulnerable groups (defined by the Thai Government as the disabled, elderly and children), state welfare card holders, informal workers and employees registered under the Social Security Act quickly received financial support. Eight percent of this target group, however, had still not received a handout by the end of March 2021 for a number of reasons, including because of incomplete documentation, mismatches or errors in data in submitted documents, mismatches in database information and out of date data.<sup>17</sup>

34. **The Government has supported a range of work plans for economic rehabilitation at a local and national level.** The Government set aside 36 percent of the total phase 3 fiscal

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<sup>17</sup> Public Debt Management Office (PDMO). 2020. *Report on Performance Pursuant to Section 10 of the Emergency Decree on Authorizing the Ministry of Finance to Obtain Loans to Solve Problems, Relieve, and Restore the Economy and Society Impacted by Coronavirus 2019, B.E. 2563 (A.D. 2020) for the 2020 Fiscal Year.* Bangkok: PDMO

budget for economic rehabilitation measures (Group 3), including efforts to halt the erosion of the Thai economy and mitigate its impacts. This budget was expected to be disbursed gradually with a focus on post-covid recovery. By 31 March 2021, 39 percent of this budget had been allocated therefore giving the Government the flexibility to design its next economic policies in line with needs of the lingering pandemic. The red rating given to this item in Table 6 is therefore somewhat misleading as it is quite appropriate that the Government still has sixty percent of this budget available to meet the nation's economic rehabilitation and ongoing needs.

#### 4.2 Progress CARES Program and Gender

35. **The CARES program DMF has ten indicators that are regularly monitored.** Table 7 identifies that five of the ten indicators in the CARES Program DMF (indicator effect/outcome b; indicator effect/outcome c; indicator 1.1; indicator 2.1 and indicator 2,2) are currently on track or have been achieved (Appendix 1). The Government is yet to release updated data associated with the remaining five indicators to enable them to be assessed for the first quarterly report (not available/na). For example, in relation to DMF indicators 3.1 and 3.2 in Table 7 it has been advised that due to tax payment deferral by the Government until 30 June 2021, the Revenue Department expect to have information on the number of MSME beneficiaries participating in the tax deduction scheme available by the end of September 2021.

**Table 7: Overall Progress Against CARES DMF**

Performance Indicators with Targets and Baselines	On Track or Achieved	At Risk	Off Track
<b>Effect/Outcome Indicators</b>			
a. By December 2021, Thailand's scores for pandemic preparedness and point-of-entry capacities improved by at least one point. (2017 baseline: preparedness score 2/5; point-of-entry score 3/5)	n/a		
b. By June 2022, the number of informal workers who report low allowance as their number one problem is not more than 20 percentage points higher than the pre-crisis levels (Baseline: 2.4 million of 20.4 million (11.8%) surveyed at the end of 2019 said it was number one problem).			
c. By December 2021, at least two million SMEs are still in business. (Baseline: three million SMEs in business as of end 2019)			
<b>Output 1 Indicators</b>			
1.1. By December 2020, the government's testing capacity, including testing protocols for healthcare workers (78% of whom are women), increased to 50,000 tests/week. (Baseline: 10,000 tests/week in April 2020)			
1.2. Between March 2020 and March 2021, expenses for all Thai citizens requiring COVID-19 testing and treatment fully covered by health insurance with reports on beneficiary data disaggregated by sex, age, and disability status, compiled. (Baseline: NA as of February 2020)	n/a		
1.3. By June 2021, all healthcare personnel working on COVID-19 received incentive payments for 7 months of B1,500 a month for direct staff and B1,000 for indirect staff (including up to 60,000 doctors, 48% of whom are women, and 165,000 nurses, 95% of whom are women).	n/a		
<b>Output 2 Indicators</b>			
2.1. By December 2020, the government has provided cash handouts of B5,000 per person per month for three months to 16 million workers who are not registered in the social security system (of whom at least 45% are women). (Baseline: no financial support for unregistered workers as of February 2020)			

Performance Indicators with Targets and Baselines	On Track or Achieved	At Risk	Off Track
2.2. By March 2021, at least 50,000 migrant workers registered in social security system, who lost their jobs due to COVID-19 (of whom least 30% are women), received unemployment benefits. (Baseline: NA as of March 2020)			
<b>Output 3 Indicators</b>			
3.1. By March 2021, the government has provided tax deduction to at least 200,000 SMEs that retain employment, of which at least 35,000 SMEs are in manufacturing and tourism (employing 48% and 50% female workers respectively (Baseline: NA as of March 2020)	n/a		
3.2. By March 2021, the government has provided a withholding tax reduction to at least 350,000 SMEs, of which at least 60,000 SMEs are in manufacturing and tourism (employing 48% and 50% female workers, respectively. (Baseline: NA as of March 2020).	n/a		

**Notes:** On track = likely to achieve target by end of program; At Risk = may achieve target by end of program; Off track = not likely to achieve target by end of program; n/a = information not available (see Appendix 1 for details).

36. **The CARES program Gender Monitoring Matrix (GMM) has nine indicators to monitor disaggregated data.** Table 8 identifies that indicator 2.1.1 and indicator 3.1.3 are on track as gender disaggregated data and data on worker status is available (Appendix 2). The indicator for the program effect or outcome is partially on-track as only gender disaggregated data and data on the status of workers is now available. Further data is required from the Government on the other six GMM indicators to enable them to be assessed. For example, as explained in the previous paragraph in relation to Table 7 and indicators 3.1.1 and 3.1.2 the Government is yet to release updated MSME data due to tax payment deferrals until 30 June 2021. The Revenue Department is expected to have information for these indicators by the end of September 2021.

**Table 8: Overall Progress Against CARES PROGRAM GMM**

GMM Indicators	On Track Or Achieved	At Risk	Off Track
<b>Outcome Level Indicator</b>			
The Government collects—where possible—sex disaggregated data on the beneficiaries of the relief and stimulus package, including—where possible—disaggregation by age group (classified by the government), composition of households (m/f heads and number of dependents), disability, ethnic group, employment status including type of employment (formal vs. informal).			
<b>Output 1 Indicators</b>			
1.1.1 By December 2020, the government's testing capacity, including protocols for healthcare workers (78% of whom are women), increased to 50,000 tests/week. (Baseline: 10,000 as of 12 May 2020).	n/a		
1.1.2 Medical expenses related to COVID-19 will be covered by the government including a B10,000 increase per person on health insurance premium subsidies, and data collected on patients accessing COVID-19 medical care will be disaggregated by sex, employment status, and disability status. (Baseline: NA as of April 2020)	n/a		
1.1.3 By September 2021, all healthcare personnel working on COVID-19 will receive incentive payments for 7 months, disaggregated by sex and age, as follows (Baseline: NA January 2020): a. Direct staff will receive an additional B1,500 per month, where 48% of doctors and 95% of nurses are female b. Indirect staff will receive an additional B1,000 per month.	n/a		
<b>Output 2 Indicators</b>			
2.1.1 By December 2020, the government has provided cash handout of B5,000 per person per month for 3 months to 16 million workers who are not			

GMM Indicators	On Track Or Achieved	At Risk	Off Track
<b>Outcome Level Indicator</b>			
registered under the social security system, including informal sector workers (45% women)			
2.1.2 By March 2021, at least 50,000 migrant workers registered under the Social Security System, who lost their jobs because of COVID-19, received unemployment benefits, of which at least 30% are female. (Baseline: NA as of March 2020)	n/a		
<b>Output 3 Indicators</b>			
3.1.1 By March 2021, the government has provided tax deduction to at least 200,000 SMEs which retain their employment, of which at least 35,000 SMEs are in manufacturing and tourism sectors which employ 48% and 50% female workers respectively. (Baseline: NA as of March 2020)	n/a		
3.1.2 By March 2021, the government has provided withholding tax reduction to at least 350,000 SMEs, of which at least 60,000 SMEs are in manufacturing and tourism sectors which employ 48% and 50% female workers respectively. (Baseline: NA as of March 2020)	n/a		
3.1.3 (a) By May 2021, the government has delivered at least \$3.2 billion (B100 billion) economic support to highly affected sectors including those with high representation of women, such as: a. Manufacturing, of which 48% are women; b. Wholesale and retail trade, of which 46% are women; c. Accommodation and food services, of which 63% are women; d. Activities of household as employer (caregiver and domestic help), of which 86% are women; e. Tourism, of which 50% are women.			

**Notes:** On track = likely to achieve target by end of program; At Risk = may achieve target by end of program; Off track = not likely to achieve target by end of program; n/a = information not available (see Appendix 1 for details).

#### 4.3 Broader impacts of COVID-19 on Thai Society and Economy

37. **The COVID-19 pandemic has increased poverty levels and the vulnerability of many individuals in Thailand.** While the world's attention is focused on the direct impacts of COVID-19, including number of cases, number of deaths, increased unemployment and drop in GDP growth, there is also growing evidence that it has exacerbated poverty levels, mental health, gender-based violence and other societal problems. In Thailand, for example, there is evidence that already vulnerable groups are at a heightened risk of sinking further into poverty. In 2019 the World Bank estimated there were approximately 3.7 million living below the poverty line and by 2020 approximately 5.2 million due to the adverse effects of the pandemic.<sup>18</sup>

38. **The pandemic halted international tourism to Thailand and has had a major impact on the economy.** The Thai economy was in good shape before the pandemic according to the OECD, although it was showing signs of fragility due to international trade tensions and increased external competition to its manufacturing sector. In 2019 the Thai tourism sector represented an estimated 19.7 percent.<sup>19</sup> This caused an 83 percent fall in foreign tourism in Thailand in 2020 and decimated the sector, collateral damage to associated sectors.<sup>20</sup> For example, accommodation and food service sector activities declined by 36.6 percent compared to a 7.8

<sup>18</sup> World Bank. 2021. *Thailand Economic Monitor: Restoring Incomes, Recovering Jobs*. Thailand Economic Monitor Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/236271611069996851/Thailand-Economic-Monitor-Restoring-Incomes-Recovering-Jobs>

<sup>19</sup> Bank of Thailand (BOT). 2021. *BOT statistic*. Bangkok. [https://www.bot.or.th/App/BTWS\\_STAT/statistics/ReportPage.aspx?reportID=875&language=eng](https://www.bot.or.th/App/BTWS_STAT/statistics/ReportPage.aspx?reportID=875&language=eng) (accessed 21 May)

<sup>20</sup> International Labour Organization. 2020. *ILO Sectoral Brief: The impact of COVID-19 on the tourism sector*. Geneva. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_dialogue/---sector/documents/briefingnote/wcms\\_741468.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/briefingnote/wcms_741468.pdf)

percent growth in 2019. The Tourism Council of Thailand also reported that about 10 percent of businesses in the tourism industry have closed and almost 540,000 workers have been laid-off. There are a significant number of informal businesses and workers associated with tourism, from delivery drivers to street-side vendors that have been impacted by the pandemic. This has had a flow-on effect on the employment of formal and informal workers and increased the vulnerability of many. The Thai Government has initiated several measures to boost domestic travel, as well as prepare for international travel after the pandemic, for example, by strengthening quarantine procedures and increasing vaccination rates to ensure tourists trust Thailand's COVID safety and health protocols.<sup>21</sup>

**39. There are approximately 20 million workers in the Thai informal sector that are particularly vulnerable to the effects of the pandemic.** Workers in the informal sector are bearing much of the brunt of the ongoing crisis in Thailand. They account for 54% (20 million) of the country's entire workforce. The Thai Government recognized early on its pandemic response planning that it needed to provide support to this group of workers, implementing several cash handout and financial schemes to assist them. Reaching all informal workers however has not been an easy task, especially as many of these workers were not registered in the Government systems before the pandemic.<sup>22</sup>

**40. The Thai Government launched a scheme to register and provide financial and health support to illegal migrant workers.** There are approximately 3 million documented migrant workers and approximately the same number of illegal migrants.<sup>23</sup> Those migrants that are registered can access social security and health care services however illegal migrant workers have been particularly vulnerable during the pandemic. In January 2021, the Thai Government therefore launched a new initiative to enhance the welfare of illegal migrant workers, as well as to reduce its growing labor shortages due to border closures and migrants returning home. Under the scheme, illegal migrant workers from Cambodia, Lao PDR, and Myanmar who register with the Government are allowed to stay and work legally in Thailand until 13 February 2023 without facing any penalties. More than 650,000 migrant workers registered with authorities before the registration period for the scheme ended. This is a major step forward in formalizing the workforce however there are still approximately two million illegal or undocumented workers in Thailand that the Government could target and formalize their work status.

**41. Digital technology is playing an increasingly important role in supporting Thailand's response to social and economic impacts of COVID-19.** Government introduced new applications for some health and relief measures such as Thai-Chana for COVID-19 tracking; *Mor-Prom* for vaccine registration; *We-Win* for the cash handout scheme; and *Kon-La-Krueng* for the co-payment scheme. These programs successfully operate on the backbone of Thailand's well developed digital platforms and infrastructure developed through both public and private sector initiatives. The government has also used social media (e.g. Facebook, Twitter) to provide live daily briefings (in English and Thai) and updates for the public all aspects of the pandemic. This has proven to be very an efficient and accurate delivery mechanism to deliver government's messages, as opposed to relying on the media to communicate information in a timely and accurate manner.

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<sup>21</sup> Tourism Authority of Thailand (TAT) 2021. *TAT introduces "Amazing Thailand Safety and Health Administration: SHA" certification*. Bangkok. <https://thecoloursofthailand.com/news/tat-introduces-amazing-thailand-safety-and-health-administration-sha-certification/>

<sup>22</sup> National Statistics Office (NSO). 2020. *The Informal Employment Survey 2020*. Bangkok: NSO

<sup>23</sup> ADB. 2021. *Informal Workers in Thailand - Pathways to a New Beginning – 2020*. Unpublished manuscript.



## V. CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Conclusions

42. **The Government Phase 3 fiscal program is on track.** A total of 280 projects had been approved by Cabinet by 22 March 2021. Budgeting, allocations and disbursement to the three Groups of work plans in the Thai Government's Phase 3 relief and stimulus package have been implemented effectively. First, the Government formed the Centre for COVID-19 Situation Administration (CCSA) to manage the pandemic health relief measures and the Center for Economic Situation Administration (CESA) for oversight of the cash handout and economic rehabilitation relief and stimulus measures the same month as it declared the nationwide emergency in March 2020. It then allocated budgets to the three Phase 3 Groups the following month (April 2020) and quickly began dispersing cash handouts to the vulnerable and others in need that same month. Its Group 3 economic rehabilitation work plans also appear to have had a positive effect on the economy, in particular private expenditure, according to the March 2021 monthly economic report by the Fiscal Policy Office.

43. **Phase 3 progress is being monitored by the CARES program.** Five out of ten CARES program design and monitoring framework (DMF) indicators have been achieved (Appendix 1). There is currently insufficient data available to assess the remaining five indicators however it is expected that this will become available later in 2021. Two of the nine GMM indicators (2.1.1 and 3.1.3) have been achieved (Appendix 2). The remaining GMM indicators require further gender disaggregated data from government before they can be fully reported.

44. **Integrated strategies, combining local and national needs with international connections are the best defense against uncertainty.** There is evidence that a strategy that combines a localized approach to meet local needs plus coordinates and integrates at a provincial, national, regional and international level where possible, is the best defense a government can take to protect its citizens and address the many uncertainties facing its economy. For example, the Thai Government developed and implemented economic rehabilitation work plans at a national and community level. These projects focused on stimulating the national economy and investing in localized agricultural and rural production, as well as employment projects to stimulate cash flow in the regions. As of 29 January 2021, these work plans have generated additional work for 141,991 people.<sup>24</sup> It also reached out to the ADB for a countercyclical loan to help bolster its pandemic relief and stimulus efforts and has continued to work with development partners such as WHO on health and pandemic preparedness.

### 5.2 Recommendations

#### Knowledge Sharing

45. All countries are on a learning curve as to how to manage the impacts of COVID-19 and accelerate their paths for post-COVID-19 recovery. ADB and Thailand have mutual interest in sharing Thailand's experiences within the region in order help reinvigorate the regional economy and strengthen regional public goods that are critical for social stability and inclusive growth. ADB can work with Thailand through current channels of regional engagement, including the Association of South East Asian Nations (ASEAN), the Greater Mekong Subregion Program (GMS), and the Indonesia-Malaysia-Thailand Growth Triangle (IMT-GT). ADB can also work with

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<sup>24</sup> Public Debt Management Office. 2021. *Monthly monitoring report and loan expenditure for a work plan or project (January 2021)*. Bangkok: PDMO

Thailand to share successful lessons to regional partners through bespoke multi-country dialogues coordinated by ADB (text box). Example topics are presented below the text box.

### **Text Box: ADB Knowledge Sharing Platforms for COVID-19**

**Southeast Asia Development Solutions Knowledge and Innovation Platform (SEADS).** SEADS was created to sow seeds of growth to help member countries of the ADB become prosperous, knowledge-based, and sustainable economies. SEADS provide a steady stream of insights on new technologies, innovations, and best practices that can help countries address pressing development challenges. The program facilitates matchmaking, leverage on engagements, support knowledge sharing, and provides capacity-building opportunities in 11 countries in Southeast Asia.<sup>a</sup>

**Policy Actions for COVID-19 Economic Recovery (PACER) Dialogues** is a platform for senior government officials to share experience and explore measures to help their economies “bounce back” from the COVID-19 pandemic and accelerate economic recovery. The dialogues address a range of issues, including good practices in national planning for “bouncing back” from COVID-19; employing big data and digital technology to enhance pandemic responses; policies to strengthen the role of the private sector in COVID-19 recovery; anticipating future health trends to enhance economic responses; and developing effective social protection measures.<sup>b</sup>

<sup>a</sup>. ADB. Southeast Asia Development Solutions (SEADS). <https://seads.adb.org>

<sup>b</sup>. ADB. Policy Actions for COVID-19 Economic Recovery (PACER) Dialogues. <https://events.development.asia/learning-events/policy-actions-covid-19-economic-recovery-pacer-dialogues>

46. **Government and ADB may work together to share knowledge on how Thailand uses its social protection schemes and synchronized associated databases to help to stabilize the workforce and assist reduce worker vulnerability.** ADB noted that Government moved quickly to support workers and vulnerable groups after it announced the nationwide pandemic emergency. It leveraged existing national social assistance mechanisms to provide financial aid to those in need, as well as setting up several large-scale cash transfer programs to support individuals who were not covered by the existing national schemes. ADB would like to learn more about these experiences and how it plans to further develop the social protection schemes and associated information systems/databases to further stabilize the workforce. The government may also find it useful to collect time-series-based data on the number of stimulus package beneficiaries and use this information to develop evidence-based policy decisions.

47. **Government and ADB may work together to find opportunities to share knowledge on how Thailand uses digital technology to respond to the pandemic.** Thailand had the advantage of having one of the most advanced digital societies in South East Asia. However, throughout the pandemic, Thailand has had to overcome the digital divide that separates the government with many of its target beneficiaries: informal workers, vulnerable groups, senior citizens and others affected by the pandemic that wanted Government support had to learn how to use such digital technology if they want to receive cash transfers and other related benefits. It would be useful to explore progress made and lessons learned from this experience.

48. **Government and ADB may work together to share Thailand’s approach to engaging with general public and the private sector on measures and projects to counteract the impact of COVID-19.** The lessons learned from this experience may be useful for sharing with other countries as they aim to fine-tuning policies, strategies, workplans and budgets.

### **Knowledge Building**

49. There is opportunity for ADB to work with government to build domestic knowledge on emerging social and economic issues in Thailand that have been affected by COVID-19. These



may be in the form of special topics which are prepared through the PACER program and presented in the CARES quarterly monitoring reports. Example topics are below.

**50. Government and ADB could work together over the next quarterly reporting period to better understand changes in societal problems that are a result of the pandemic.** The pandemic has exacerbated poverty levels, mental health, gender-based violence and other societal problems in many countries, including Thailand. Thai workers in the informal sector have been bearing much of the brunt of this ongoing crisis. ADB suggests it works with the government to report on this issue as part of the next quarterly report.

**51. Government and ADB could work together over the next quarterly reporting period to better understand the impacts of COVID-19 on gender and how government has helped mitigate those impacts.** Guidance on how to prioritize information collection can be drawn from the loan's GMM, which requires that disaggregated data on gender, age group, household composition, employment status, ethnic group and disability are reported against the loan. During the next quarterly monitoring period, it is recommended that the Government discuss this issue with ADB and share data as needed in order to report against the relevant GMM indicators.

**52. Government and ADB could work together to explore new opportunities to reshape Thailand's tourism industry to make it more competitive, efficient, and sustainable.** This may include for example,

- Digital Health Travel Documents (e.g. IATA Travel Pass) acceptance and rollout in Thailand and select GMS/ASEAN countries;
- Tax and regulatory reforms for sharing economy platforms (e.g. short-term rentals) and online travel agents, to level the playing field with traditional bricks and mortar enterprises and boost public revenue needed to fund green tourism recovery;
- Visa reforms that enable remote workers and retirees to conveniently enter and stay in Thailand longer;
- Projects that provide lower-cost, longer tenor loans through Thailand-domiciled financial intermediaries to accelerate transitions to electrified tourism ground transport, water and energy saving measures, and air filtration retrofits of tourist accommodations;
- Legal and regulatory reforms needed for natural protected areas to support high-value, employment-intensive wellness tourism development in lagging areas;
- Green public infrastructure where it is needed to catalyze private sector tourism services investment, e.g. roads, bridges, ports;
- Green recovery options to counteract potential tourism revenue losses, e.g. productive and regenerative agriculture, healthy and sustainable oceans, sustainable urban development and transport models; circular economy models, and clean energy.

**53. Government and ADB could work together over the next quarterly reporting period to strengthen monitoring of Thailand's measures and projects to counteract the impact of COVID-19.** The National Electronics and Computer Technology Center (NECTEC) developed a National Monitoring and Evaluation System (eMENSCR) for monitoring, auditing and evaluating governments measures and projects that aim to respond to the impacts of COVID-19. The database is managed by the Office of National Economic and Social Development Council (NESDC). NESDC and ADB could work together to support further development of this database by reviewing example projects and sharing international best practices on how they could be monitored and reported. Government may adopt relevant lessons from ADB to improve the efficiency and effectiveness of eMENSCR's ability to monitor outputs and outcomes of government measures and projects.

## APPENDIX 1: Progress CARES DMF

Results Chain	Performance Indicators with Targets and Baselines	Data Source	Update/ Progress
Effect of the Program Healthcare system's preparedness for future pandemic surges improved and adverse social and economic impacts of COVID-19 minimized	a. By December 2021, Thailand's scores for pandemic preparedness and point-of-entry capacities improved by at least one point. (2017 baseline: preparedness score 2/5; point-of-entry score 3/5)	(1) Thailand's Experience in the COVID-19 Response (Supakit Sirilak, Ministry of Public Health, 2020); (2) Joint Intra-Action Review of the Public Health Response to COVID-19 in Thailand (Ministry of Public Health and World Health Organization, 2020)	At least two studies in the past four years that have examined the pandemic preparedness of Thailand: (i) In 2017 the WHO scored Thailand for pandemic preparedness and 'point of entry capacities' at 2/5. This study however is three years before the COVID-19 pandemic so it is not a very useful baseline. Moreover no update of this study has been made available by the WHO. <sup>25</sup> (ii) In 2020 the WHO and the MOPH (2020) together reported that there were improvements in the pandemic preparedness of Thailand since the Joint External Evaluation (JEE) exercise in 2017. These improvements were considered to be due to 'consistent multi-sectoral collaboration and other related efforts however no score or ranking has been identified that could be used as a baseline for this Outcome measure. It is recommended that either the 2019 or 2020 study be used as a baseline for this indicator. <sup>26</sup>
	b. By June 2022, the number of informal workers who report low allowance as their number one problem is not more than 20 percentage points higher than the pre-crisis level (Baseline: 2.4 million of 20.4 million (11.8%) surveyed at the end of 2019 said it was number one problem).	(1) The Informal Employment Survey 2020 (National Statistical Office, Thailand, 2020)  (2) The Informal Employment Survey 2019 (National Statistical Office, Thailand, 2019)	In December 2020, the number of informal workers who reported low allowance to be their number one problem was 47.6 percent, <sup>27</sup> compared to 53.5 percent in December 2019. <sup>28</sup>  There was thus a 5.9 percentage points improvement in the number of informal workers considering low allowance as their main problem nine months into the pandemic.
	c. By December 2021, at least two million SMEs are still in business. (Baseline: three million SMEs in business as of end 2019)	SMEs Situation 2020 Report (Office of Small and Medium Enterprise Promotion, 2020)	By December 2020, 3.1 million SMEs are still in business. <sup>29</sup>
Outputs 1. Measures to prepare	1.1. By December 2020, the government's testing capacity, including testing protocols for	Ministry of Public Health (Department of disease control)	By December 2020, government's testing capacity increased more than tenfold. In the last seven days of 2020, 132,226 tests were conducted. <sup>30</sup>

<sup>25</sup> World Health Organization (WHO). 2017. *Joint external evaluation of IHR core capacities of the Kingdom of Thailand*. Geneva. <https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.38/en/>

<sup>26</sup> Ministry of Public Health (MOPH) and World Health Organization (WHO). 2020. *Joint Intra-Action Review of the Public Health Response to COVID-19 in Thailand*. Bangkok. <https://www.who.int/docs/default-source/searo/thailand/iar-covid19-en.pdf>

<sup>27</sup> National Statistics Office (NSO). 2020. *The Informal Employment Survey 2020*. Bangkok: NSO

<sup>28</sup> National Statistics Office (NSO). 2019. *The Informal Employment Survey 2019*. Bangkok: NSO

<sup>29</sup> Office of Small and Medium Enterprise Promotion. 2021. *The SMEs Situation 2020*. Bangkok. <https://www.sme.go.th/th/page.php?modulekey=348>

<sup>30</sup> Department of Medical Science. 2021. *Government's testing capacity*. Bangkok. <https://service.dmssc.moph.go.th/labscovid19/>

Results Chain	Performance Indicators with Targets and Baselines	Data Source	Update/ Progress
the healthcare system for pandemic surges implemented	healthcare workers (78% of whom are women), increased to 50,000 tests/week. (Baseline: 10,000 tests/week in April 2020)		
	1.2. Between March 2020 and March 2021, expenses for all Thai citizens requiring COVID-19 testing and treatment fully covered by health insurance, with reports on beneficiary data disaggregated by sex, age, and disability status, compiled. (Baseline: NA as of February 2020)	National Health Security Office (www.nhso.go.th)	From 1 April to 30 December 2020 the National Health Security Office (NHSO) has reported that 745,852 people received 1,004,915 free COVID-19 tests, and 58,263 beneficiaries also received free treatment under the Government Universal Coverage Scheme (UCS). The total compensation for all of these treatments was \$0.11 billion (B3,297 million). <sup>31</sup>
	1.3. By June 2021, all healthcare personnel working on COVID-19 received incentive payments for seven months of B1,500 per month for direct staff and B1,000 per month for indirect staff f (including up to 60,000 doctors, 48% of whom are women, and 165,000 nurses, 95% of whom are women). Baseline: NA as of January 2020.	Ministry of Public Health or Budget Bureau or, The Comptroller General's Department	n/a
2. Support to the poor and the vulnerable impacted by COVID-19 expanded	2.1. By December 2020, the government has provided cash handouts of B5,000 per person per month for three months to 16 million workers who are not registered in the social security system (of whom at least 45% are women). (Baseline: no financial support for	The report on operational outcome under Section 10 of Emergency Decree Authorising the Ministry of Finance to Raise Loans to Solve Problems, to Remedy and Restore the Economy and Society as Affected by the Coronavirus Disease Pandemic, B.E. 2563 (2020), Fiscal Year B.E.2563	In June 2020, the Government provided cash handouts to 15,302,806 workers (self-employed - 14,012,139; employees - 1,290,667) who were not registered in the Thai Government social security system. <sup>32</sup>

<sup>31</sup> National Health Security Office (NHSO). 2021. *Number of people received COVID-19 tests and treatment*. Bangkok. <https://www.nhso.go.th/home?p=index>

<sup>32</sup> Public Debt Management Office (PDMO). 2020. *Report on Performance Pursuant to Section 10 of the Emergency Decree on Authorizing the Ministry of Finance to Obtain Loans to Solve Problems, Relieve, and Restore the Economy and Society Impacted by Coronavirus 2019, B.E. 2563 (A.D. 2020) for the 2020 Fiscal Year*. Bangkok: PDMO

Results Chain	Performance Indicators with Targets and Baselines	Data Source	Update/ Progress
	unregistered workers as of February 2020)	(2020) (Public Debt Management Office, 2020)	
	2.2. By March 2021, at least 50,000 migrant workers registered in the social security system, who lost their jobs because of COVID-19 (of whom at least 30% are women), received unemployment benefits. (Baseline: NA as of March 2020)	Social Security Office (Ministry of Labor)	From April-February 2021, total 80,244 migrant workers registered in the social security system, who lost their jobs, received unemployment benefits. <sup>33</sup>
3. Measures to support businesses, including SMEs impacted by COVID-19, implemented	3.1. By March 2021, the government has provided tax deduction to at least 200,000 SMEs that retain employment, of which at least 35,000 SMEs are in manufacturing and tourism (employing 48% and 50% female workers, respectively) (Baseline: NA as of March 2020)	Fiscal Policy Office (Ministry of Finance)	n/a (the information on the number of SME beneficiaries under the tax deduction scheme cannot be analyzed due to tax payment deferral to 30 June 2021 by the Revenue Department)
	3.2. By March 2021, the government has provided a withholding tax reduction to at least 350,000 SMEs, of which at least 60,000 SMEs are in manufacturing and tourism (employing 48% and 50% female workers, respectively) (Baseline: NA as of March 2020)	Fiscal Policy Office (Ministry of Finance)	n/a (the information on the number of SME beneficiaries under the tax deduction scheme cannot be analyzed due to tax payment deferral to 30 June 2021 by the Revenue Department)

<sup>33</sup> Ministry of Labor (MOL). 2021. *Labor Data (February 2021)*. Bangkok. <http://warning.mol.go.th/uploadFile/pdf/pdf-2021-04-05-1617592744.pdf>

## APPENDIX 2: Progress Against Gender Monitoring Matrix

Outcome and Outputs	GMM Indicators	Progress as of 31 March 2021
<b>Effect/Outcome 1.0:</b> Healthcare system's preparedness for future pandemic surge improved and macroeconomic conditions normalized	The Government collects—where possible—sex disaggregated data on the beneficiaries of the relief and stimulus package, <sup>1</sup> including—where possible—disaggregation by age group (classified by the government), composition of households (m/f heads and number of dependents), disability, ethnic group, employment status including type of employment (formal vs. informal).	<b>CARES Effect Indicator 1(b).</b> By December 2020, the number of informal workers reporting low allowance as their number one problem. (1) Male (45.3 percent compared to 50.4 percent in 2019), <sup>34</sup> suggesting a decrease in concern of about 5.9 percentage points some 9 months into the emergency. (2) Females (50.7 percent) surveyed in 2020 also reported low allowance as their main problem compared to 57.9 percent of females in 2019. This is a 7.2 percent reduction in number of females considering low allowance as their main problem in 2020. <sup>35</sup>
<b>Output 1:</b> Measures to prepare the healthcare system for future pandemic surges implemented	1.1.1 By December 2020, the government's testing capacity, including protocols for healthcare workers (78% of whom are women), increased to 50,000 tests/week. (Baseline: 10,000 as of 12 May 2020).	n/a
	1.1.2 Medical expenses related to COVID-19 will be covered by the government including a B10,000 increase per person on health insurance premium subsidies, and data collected on patients accessing COVID-19 medical care will be disaggregated by sex, employment status, and disability status. (Baseline: NA as of April 2020)	n/a
	1.1.3 By September 2021, all healthcare personnel working on COVID-19 will receive incentive payments for 7 months, disaggregated by sex and age, as follows (Baseline: NA January 2020): a. Direct staff will receive an additional B1,500 per month, where 48% of doctors and 95% of nurses are female b. Indirect staff will receive an additional B1,000 per month.	n/a
<b>Output 2:</b> Support to the poor and vulnerable people, impacted by COVID-19 expanded	2.1.1 By December 2020, the government has provided cash handout of B5,000 per person per month for 3 months to 16 million workers who are not registered under the social security system, including informal sector workers (45% women)	<b>CARES Indicator 2.1.1</b> By June 2020, the government provided cash handouts to people, who are not registered in social security system). (1) Male - 6,754, 169 workers; Self-employed - 6,209,751; employee - 544,418; (2) Female - 8,548,637 workers - - Self-employed - 7,802,388; Employee - 746,249. <sup>36</sup>

<sup>34</sup> National Statistics Office (NSO). 2019. *The Informal Employment Survey 2019*. Bangkok: NSO

<sup>35</sup> National Statistics Office (NSO). 2020. *The Informal Employment Survey 2020*. Bangkok: NSO

<sup>36</sup> Public Debt Management Office (PDMO). 2020. *Report on Performance Pursuant to Section 10 of the Emergency Decree on Authorizing the Ministry of Finance to Obtain Loans to Solve Problems, Relieve, and Restore the Economy and Society Impacted by Coronavirus 2019, B.E. 2563 (A.D. 2020) for the 2020 Fiscal Year*. Bangkok: PDMO

	2.1.2 By March 2021, at least 50,000 migrant workers registered under the Social Security System, who lost their jobs because of COVID-19, received unemployment benefits, of which at least 30% are female. (Baseline: NA as of March 2020)	n/a
3.1 The Government's economic stimulus program provides an effective, equitable and inclusive response to the most affected sectors of the economy.	3.1.1 By March 2021, the government has provided tax deduction to at least 200,000 SMEs which retain their employment, of which at least 35,000 SMEs are in manufacturing and tourism sectors which employ 48% and 50% female workers respectively. (Baseline: NA as of March 2020)	n/a (the information on the number of SME beneficiaries under the tax deduction scheme cannot be analyzed due to tax payment deferral to 30 June 2021 by the Revenue Department)
	3.1.2 By March 2021, the government has provided withholding tax reduction to at least 350,000 SMEs, of which at least 60,000 SMEs are in manufacturing and tourism sectors which employ 48% and 50% female workers respectively. (Baseline: NA as of March 2020)	n/a (the information on the number of SME beneficiaries under the tax deduction scheme cannot be analyzed due to tax payment deferral to 30 June 2021 by the Revenue Department)
	3.1.3 (a) By May 2021, the government has delivered at least \$3.2 billion (B100 billion) economic support to highly affected sectors including those with high representation of women, such as: a. Manufacturing, of which 48% are women; b. Wholesale and retail trade, of which 46% are women; c. Accommodation and food services, of which 63% are women; d. Activities of household as employer (caregiver and domestic help), of which 86% are women; e. Tourism, of which 50% are women.	(a) By March 2021, the budget allocation to these sectors (high representation of women) is more than \$3.2 billion (B100 billion). <sup>37</sup> b. Wholesale and Retail trade - (1) Increasing purchasing power of State welfare card holder (Phase 1 - approved budget = \$0.67 billion (B20,922 million) & (Phase 2 - approved budget = \$0.66 billion (B20,635 million)) (2) Rao Chana scheme ("We Win") (Freelance) (buy from retail store) (Approved budget = \$6.7 billion (B210,200 million)) (3) Mor 33 Rao Rak Kan ("workers who registered with social security (under Section 33)) (buy from retail store) (Approved budget = \$1.18 billion (B37,100 million)) (4) "50-50 scheme" (Approved budget = \$0.96 billion (B30 billion for Phase 1; \$0.72 billion (B22.5 billion for Phase 2) (buy from retail store). c. Accommodation and food services e. Tourism - "Rao Tiew Duay Kan" campaign ("We Travel Together") (Approved budget = \$0.48 billion or B15 billion)

<sup>37</sup> Office of the National Economic and Social Development Council (NESDC). 2021. *Thai Monitoring and Evaluation*. Bangkok. <http://thaime.nesdc.go.th/>

### APPENDIX 3: Detailed Progress Phase 3 Group 2 Work Plans<sup>38</sup>

- Project 2.1 Cash Handouts to Workers Not in Social Security System.** The Government provided cash handouts of 5,000 Baht per person per month for three months (April-June, 2020) to 16 million workers who are not registered in the social security system. To receive any handout individuals were required to register with the Government Savings Bangkok, the Bank for Agriculture and Agricultural Cooperatives, the Krungthai Bank or via the 'Nobody will be left behind' website ([www.raomaitingkun.com](http://www.raomaitingkun.com)). Payments were then made to those that had registered via direct transfers or via electronic wallets (e.g., PromptPay).
- Project 2.1 Cash Handouts to Vulnerable Families.** The Ministry of Social Development and Human Security (MSDHS) provide economic support to vulnerable families severely affected by Covid-19. This included the provision of a Child Support Grant, a Disability Grant, and an Old Age Allowance; and a monthly top-up of B1,000 for three months (May-July 2020) was added to existing social protection schemes on top of what they had already received.
- Project 2.1 Cash Handouts to State Welfare Card Holders.** The Fiscal Policy Office in the Ministry of Finance has been responsible for ensuring that State welfare card holders who had not had any Government assistance during the pandemic received a B3,000 cash handout. Those eligible received B1,000 over three months (May-July, 2020) via e-wallet.
- Project 2.1 Cash Handouts to Formal Sector Workers.** Employees registered under Section 33 in the formal sector and that were insured for less than 6 months within 15 months, and that were employed in a business affected by the COVID-19 epidemic were provided with financial aid by the Social Security Office (SSO). They were provided with a one-off cash handout payment of B5,000 per month from June to August 2020.
- Project 2.2: Payments to Agricultural Workers.** This work plan was approved in April 2020 by the Cabinet and a budget of B150 billion was established to assist approximately 10 million agricultural workers and their families.

**Table: Cash Handouts and Financial Aid**

Targeted Groups	Cash Handout Per Month	Number Months and Payment Period	Conditions
Increase purchasing power of welfare card holder (Phase 1)	500 Baht monthly allowance	3 months (Oct.-Dec. 2020)	To buy food and other necessities at Thong Fah (Blue Flag) shops
Increasing purchasing power of State welfare card holder (Phase 2)	500 Baht monthly allowance	3 months (Jan.-Mar. 2021)	To buy food and other necessities at Thong Fah (Blue Flag) shops
<i>Rao Chana</i> scheme ("We Win") for informal Thai workers over 18 years of age, with income not exceeding 300,000 Baht per year, including freelancers,	3,500 Baht monthly	Transfer 1000 Baht per week into electronic wallets until reaches 3,500 Baht	Money can be spent until the end of May 2021

<sup>38</sup> Office of the National Economic and Social Development Council (NESDC). 2021. *Thai Monitoring and Evaluation*. Bangkok. <http://thai.nesdc.go.th/>

Targeted Groups	Cash Handout Per Month	Number Months and Payment Period	Conditions
farmers, and state welfare card holders, that are not government officials and civil servants, pensioners, insured people under Section 33 of SSA, and people with total deposits of +500,000 Baht			
<i>Mor 33 Rao Rak Kan</i> - Workers who are registered with social security, under Section 33 and who not do have a state welfare card or savings of more than 500,000 Baht.	4,000 Baht total over 4 months	Payments of 1,000 Baht per week made starting 22 March until 12 April 2021.	Payments made into the Government's Pao Tang application each Monday.



## APPENDIX 4: Health Impact and Government Response to Covid-19 In Thailand

### Introduction

1. The coronavirus disease (COVID-19) poses layers of crisis to governments, businesses, communities, and health systems, globally. Pandemic impacts have extended across sectors and nations, requiring a collaborative approach to address ongoing socioeconomic development issues. The pandemic has proven persistent, and numerous factors—including multiple variants, inadequate supply chains for drugs and vaccines, and recurrent outbreaks—are testing the limits of health systems around the world, pushing prospects for the end of the pandemic to late 2022 or 2023.<sup>39</sup> Accordingly, it is critical that countries share their experiences and lessons learned managing the crisis. This policy brief describes Thailand’s approach to the pandemic. It is intended to support collaboration and disseminate lessons learned.

### The COVID-19 Situation in Thailand

1. Thailand has experienced three waves of COVID-19 infections, and demonstrated relative success managing the first two waves during 2020. The first wave of COVID-19 in Thailand started on 13 January and registered the first case reported outside of China. By 22 March 2020 there were 188 new cases confirmed. The government put a full lockdown and curfew in place and implemented a series of other measures that helped successfully flatten the curve, with almost no local transmissions reported until the second wave, which started in December 2020. The newly formed cluster of cases primarily involved Samut Sakhon Province and its large migrant communities. Cases then spread to other provinces, but by February 2021, were mainly under control. At the end of March 2021, a new cluster centered in Bangkok spread rapidly nationwide, resulting in a third wave. By 4 June 2021, there were 171,979 confirmed cases of COVID-19 in Thailand and a total of 1,177 deaths, according to the Department of Disease Control, Ministry of Public Health. The third wave has been significant, in part because it comprises new variants with higher infection rates.

### Success Factors in Managing the Pandemic

2. Thailand’s relative success containing the spread of the virus during 2020 is attributed to several factors. First, the government reacted fast, and implemented stringent surveillance and containment measures early on. In late March 2020, Thailand declared a State of Emergency under the national Emergency Decree on Public Administration in Emergency Situations 2005 (Prime Minister’s Office, 2020b) and labeled COVID-19 a dangerous communicable disease under the Disease Control Act, B.E. 2558. This helped introduce and intensify active surveillance and control measures early on. These measures came two weeks ahead of the World Health Organization (WHO) declaring COVID-19 a pandemic, together with regulatory measures intended to facilitate the health response. Thailand’s control measures included sealing international borders, restricting domestic travel as needed, and implementing robust quarantine measures and social distancing guidelines and communications. Cultural and social norms that include non-contact greeting (to *Wai* by pressing hands together and bow) and mask wearing (used when sick or when outdoor air quality is poor) supported by consistent communication that improved public compliance are also attributed to having helped break chains of transmission.

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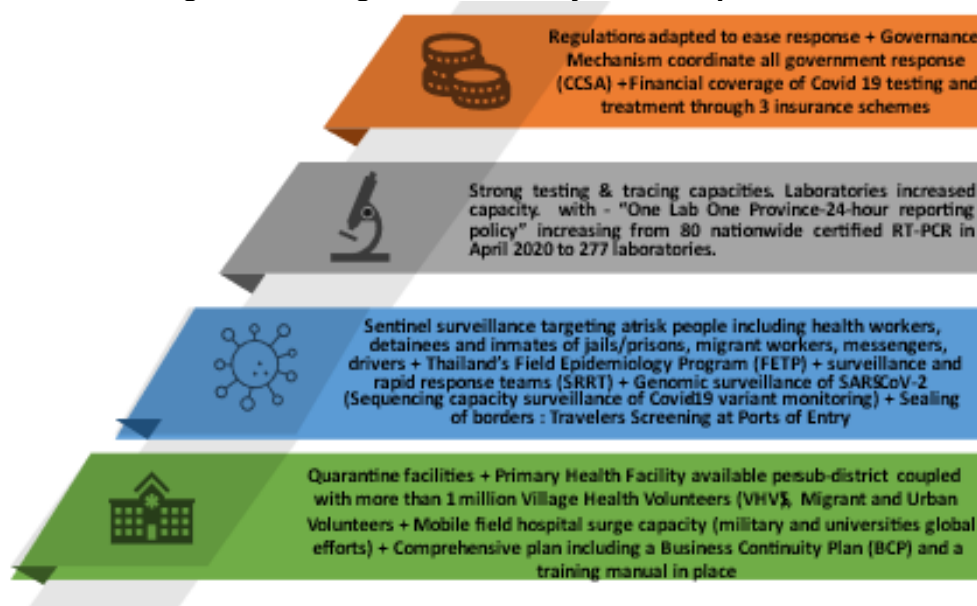
<sup>39</sup> SEADS Southeast Asia in Race against Time and Mutant Variants to Deliver COVID-19 Vaccines – March 2021 - <https://seads.adb.org/solutions/southeast-asia-race-against-time-and-mutant-variants-deliver-covid-19-vaccines>

3. Second, Thailand encouraged robust collaboration between national and subnational governments, and partnerships with the private sector. In March 2020, the government established the Centre for COVID-19 Situation Administration (CCSA), which helped facilitate access to essential supplies and resources—such as surgical masks, test kits, medical facilities, and personnel—together with a regulatory framework.<sup>40</sup>

4. Thailand's previous experience with SARs, Avian Influenza, and Influenza H1N1 encouraged it to successively improve its disease prevention and control measures over time. A good example of Thailand's successive work to strengthen disease prevention is the latest joint evaluation conducted by WHO and Thailand's Ministry of Public Health (MOPH) in 2017. The evaluation helped identify challenges and improvements to the health system to support prevention and strengthen disease control.

5. Furthermore, Thailand's healthcare system was relatively adaptive with respect to delivering tests and treatment, and government support enabled the quick mobilization of resources, including additional medical facilities and testing capacity nationwide. Thailand's integrated health system response has supported the country in efforts across sectors and diverse stakeholder groups (Figure 1). As the nation vaccinates its population, partnerships between research institutions (both domestic and international), the public and private sectors are supporting production, acquisition, and delivery of the vaccine.

**Figure 1 – Integrated Health System Response**



### Key Stakeholders

6. **Public Sector.** In March 2020, Thailand established the Centre for COVID-19 Situation Administration (CCSA), and in August 2020, it established the Center for Economic Situation Administration (CESA)—both entities are under the purview of the Prime Minister's Office.<sup>41</sup>

<sup>40</sup> To ensure sustained access to essential resources, the government controlled the prices of face masks and alcohol hand sanitizers—namely through restrictions on pricing and exports.

<sup>41</sup> World Health Organization. 2020. *COVID-19 Health System Response Monitor THAILAND*. Geneva; and Government of Thailand, The Government Public Relation Department. 2020. *Center for Economic Situation Administration*. 15 August 2020. [https://thailand.prd.go.th/mobile\\_detail.php?cid=4&nid=9956](https://thailand.prd.go.th/mobile_detail.php?cid=4&nid=9956)

CESA is responsible for economic and fiscal response. CCSA is responsible for disseminating information to the public, supporting policy implementation and facilitating access to medicine and medical supplies necessary for surveillance, prevention, control and diagnosis. It also supports collaboration, monitoring, and evaluation of the performance of communicable disease control committees at the provincial level and in Bangkok. CCSA comprises a Medical Advisory Board and a Recovery Advisory Board, which provide technical content and research. Eight Emergency Operation Centers (EOC) focus on various aspects of pandemic management, including logistics and vaccines. CCSA also includes high-level ministry officials, which facilitates a streamlined response across all the government.

7. **Private sector, academia, and civil society.** The private sector, civil society organizations (CSOs) and academia have played a major role in supporting access to medical resources and facilities. For instance, domestic firms added production capabilities to ensure adequate supply of masks in early stages of the pandemic—bringing production from 1.5 million masks per day (prior to the pandemic) to 4.5 million masks per day as of November 2020.<sup>42</sup> Thai pharmaceutical companies have increased production capacity to deliver adequate levels of PCR testing kits. Collaboration between the government, health care providers, and private hotel operators has helped ensure available accommodation for Thailand’s “alternative state quarantine” (ASQ) program, which has been a key tool for containment. Ongoing collaboration between academic institutions and private firms is supporting the domestic production and distribution of vaccines. CSO engagement and community volunteer programs have helped provide staff and human resources to implement containment, testing, and treatment measures; and corporate social responsibility (CSR) initiatives have provided support for volunteer medical workers and vulnerable groups.

## **Overview of Thailand’s Pandemic Response**

8. Thailand began implementing a surveillance program and border closures in early stages of global outbreaks. In 2020, the Government followed a “Zero Covid-19 approach”, which sought to control and suppress cases. The Zero Covid-19 approach, also called “Find, Test, Trace, Isolate and Support” (FTTIS), focused on maximum action to stop community transmission, contain clusters as they emerged, and to flatten the curve with few to no local transmissions. The Zero Covid-19 approach mirrored similar programs in New Zealand and Vietnam (among other countries) and was successful in protecting the population, preserving health system stability, and allowing social and economic life to resume under a “new normal”. However, in early 2021 Thailand altered its initial approach towards a mitigation strategy, or a “Stop and Go” approach. The Stop and Go approach seeks to limit lockdowns and control measures, while still preventing the health care system from being overwhelmed. This approach limits control measures only to those that are deemed necessary to contain cases within the with capacity of state health infrastructure. Thailand’s approach to surveillance, containment, health sector management, and vaccination are discussed in more detail below.

## **Surveillance Program**

9. Thailand’s investments in medical innovation in recent decades supported the rapid development and circulation of COVID-19 tests during early stages of the pandemic. For instance, Bangkok’s Chulalongkorn University was able to develop a 15mn strip test in the first quarter of

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<sup>42</sup> Patcharanarumol et al. 2020. COVID-19 Health System Response Monitor: Thailand. World Health Organization Regional Office for South-East Asia

2020 and the government supported its deployment through public-private collaboration. Noting shortages in laboratory capacity to perform RT-PCR tests in April 2020, the government focused on providing at least one RT-PCR laboratory in each of Thailand's 77 provinces—adding to the MOPH's twelve pre-existing regional laboratories. Public and private labs certified by the Department of Medical Sciences can now provide RT-PCR test nationwide, and CCSA updates the list of approved centers on its website on a weekly basis. Thailand was able to increase testing capacity from 10,000 tests per week in April 2020, to more than 60,000 tests per day by end April 2021.<sup>43</sup>

10. Thailand began implementing genomic surveillance measures as a result of previous experience and lessons from various influenza viruses (including H1N1). These measures allowed it to detect the first case of COVID-19 outside of China on January 13, 2020. It then extended measures to a full genomic surveillance program in March 2020 to identify and monitor different strains of the virus, together with a series of sentinel surveillance programs and teams.<sup>44</sup> Thailand's genomic surveillance program indicated that a Thai-specific lineage of the virus (A/Thai-1) was predominant during the 2020 infections, and that a Beta variant (B.1.1.7) was present in Thailand during the third wave in March 2021.<sup>45</sup>

11. Thailand established a Field Epidemiology Training Program (FETP) in 1980 with the assistance from WHO and the United States Centers for Disease Control and Prevention (CDC).<sup>46</sup> FETP has provided a core skill training program for responding to COVID-19. The extensive use of surveillance and rapid response teams (SRRT) has also played a major role in Thailand's sentinel surveillance system.<sup>47</sup> These initiatives enabled Thailand to implement a sentinel surveillance system with close to 100,000 nasopharyngeal swab and saliva sampling tests in 2020, targeting at-risk people including health workers, inmates, migrant workers, messengers, and drivers.<sup>48</sup> Contact tracing has also featured prominently in Thailand's surveillance program. The Digital Government Development Agency and Krungthai Bank developed contact tracing applications (available in Thai and English), including the "ThaiChana" and "MorChana" platforms. The applications use GPS to track the location and timeline of users, and to alert those entering COVID-19 hotspots. The testing capacity and surveillance measures helped detect cases early on, identify vectors of transmission, and slow transmission through quarantine.

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<sup>43</sup> The Government of Thailand, *National News Bureau of Thailand (May 2021)*. <https://thainews.prd.go.th/en/news/detail/TCATG210518230009303>

<sup>44</sup> Genetic variation of the virus in several countries revealed different strain of the virus with specific transmission chain and rate between individuals and cohort outbreak as well as a variation in mortality rate.

<sup>45</sup> ADB Southeast Asia Development Solution (SEADS). *Southeast Asia in Race against Time and Mutant Variants to Deliver COVID-19 Vaccines* – March 2021 - <https://seads.adb.org/solutions/southeast-asia-race-against-time-and-mutant-variants-deliver-covid-19-vaccines>

<sup>46</sup> FETP recruited professionals with training in medical, veterinary medical, and other related health sciences to deal with outbreaks and health problems. Joint training in surveillance and outbreak investigation has led to improved surveillance and control of zoonotic diseases by young professionals from the human and animal health sectors.

<sup>47</sup> SRRTs established in the early 2000s, after outbreaks of Highly Pathogenic Avian Influenza (HPAI) H5N1, are trained epidemiologists in both human and animal health through the FETP. There are small teams of five, established in each district and province, totaling more than 1,000 teams. The teams handle surveillance, outbreak investigations, and containment of infectious diseases. Patcharanaruamol et al. 2020. COVID-19 Health System Response Monitor: Thailand. World Health Organization Regional Office for South-East Asia

<sup>48</sup> World Health Organization Thailand. 2020. *Bat research and lab readiness boost Thailand's campaign against the novel coronavirus*. Thailand. <https://www.who.int/thailand/news/feature-stories/detail/bat-research-and-lab-readiness-boost-thailand-s-campaign-against-the-novel-coronavirus>

## Quarantine and Containment Measures

12. Thailand has been largely successful in containing COVID-19 cases by sealing its borders and implementing strict quarantine measures for positive cases or patients under investigation (PIU).<sup>49</sup> All inbound international travelers (both Thai and non-Thai nationals) are required to enter quarantine facilities, as are all PIU within the country.<sup>50</sup> Thai quarantine regulations are guided by the Communicable Diseases Act, B.E. 2558 (2015). There are three types of quarantine: (i) local quarantine, which is managed by the Ministry of Interior through provincial governors in collaboration with the MOPH and is for international travelers arriving by land and sea; (ii) state quarantine, which is managed by the Ministry of Defense and is for international arrivals by air; and (iii) self-funded ASQ, which mirrors the standards and protocols of the aforementioned quarantine systems but can be implemented by private hotels. ASQ facilities are required to have medical teams on standby and must be accredited as official facilities by the government. They can be used by inbound travels and patients with mild symptoms, while more severe cases are referred to hospitals.

**Figure 2: Traveler Screening at Ports of Entry (cumulative)<sup>51</sup>**



13. In addition to international quarantine requirements, each province is color-coded according to the number of positive cases. This has supported domestic containment by allowing for tailored sub-national containment measures. For instance, by requiring travelers moving from a red zone to a green zone to show COVID-19 test results or to quarantine upon arrival. Governors in each province have the authority to establish their own containment measures, designate color-coded areas within the province, and apply sub-provincial rules as they deem appropriate. The

<sup>49</sup> Patient Under Investigation are positive to Covid-19 or had contact with a cluster or a Covid-19 patient.

<sup>50</sup> Thailand does not allow self-quarantine at home for positive cases. Quarantine at a designated facility required for all positive cases, though self-quarantine is allowed for those that have been in contact with a positive case, unless they subsequently test positive.

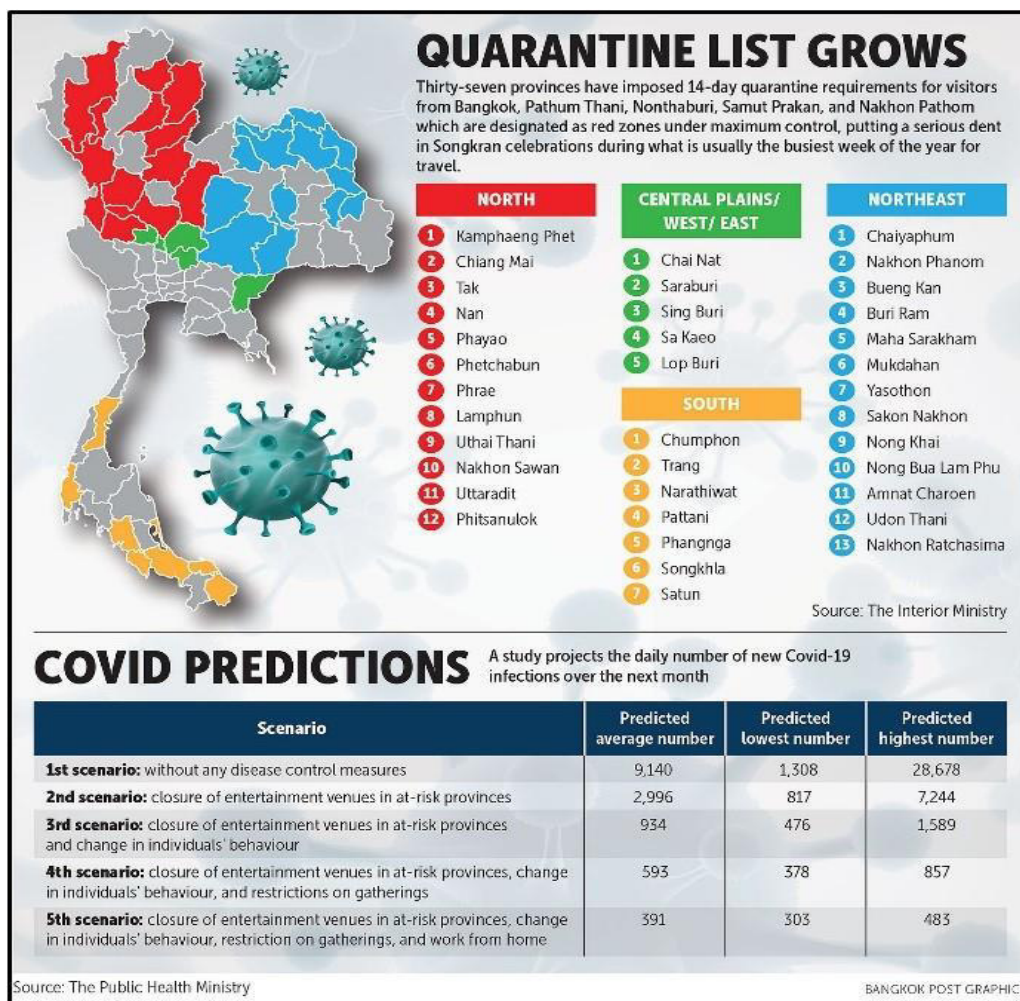
<sup>51</sup> As of 8 April 2021. Chaengwattana is the main Government complex and the central point for immigration control. Current screening process at port of entry (screening for respiratory symptoms and temperature measurement for fever) requires passenger to obtain a negative test for Covid 19 72h prior to arrival, a Certificate of Entry (COE), a fit to fly certificate prior to entering the mandatory 14 days quarantine.

The Civil Aviation Authority of Thailand (CAAT). 2020. *Measures to be complied with when travelling into Thailand*. [https://www.caat.or.th/wp-content/uploads/2020/08/Measures-to-be-complied-with-when-travelling-into-Thailand\\_31July20.pdf](https://www.caat.or.th/wp-content/uploads/2020/08/Measures-to-be-complied-with-when-travelling-into-Thailand_31July20.pdf)



delegation of authority to governors and other officials to set containment measures enabled the continuity of economic activities in areas with fewer cases at tolerable risk levels.

Figure 3: Province Color Coded and Scenario Prediction<sup>52</sup>



## Health Sector Management

14. **Facilities and coverage.** Thailand has invested significantly in its healthcare system over the past four decades. Investments have supported increased urban and rural access to healthcare infrastructure and services, while Thailand's Universal Coverage Scheme (UCS) helps financially support equitable access to public health services. More than 33,950 patients identified as suspected or confirmed cases received care during the first wave in 2020, with 2.83 billion baht in costs paid by the Thai government through UCS. The Community Health Fund, operated by the National Health Security Office, provided funding to more than 5,000 local administrative organizations to tackle COVID-19 and run health promotion and disease prevention projects at

<sup>52</sup> *Bangkok Post*. 2021. Grim warning amid surge. 12 April 2021  
<https://www.bangkokpost.com/thailand/general/2098387/grim-warning-amid-surge>

the community level. Around 20,810 projects, valued at over one billion baht, were approved between 2020 and early 2021.<sup>53</sup> The availability of primary health facilities in each sub-district (Tambon) supports initial screening, education, and eventual vaccination rollout, while the Department of Medical Services and the Department of Health Services Support are tasked with ensuring the adequate supply of negative pressure isolation rooms and intensive care units.

15. In addition to existing infrastructure, the government has set up mobile field hospitals to prepare for and quickly respond to spikes in cases. These facilities provide essential resources to cope with outbreaks, including beds, ventilators, and health professionals. Hospitals and field hospitals are responsible for PIUs and managing asymptomatic or mild cases, while severe cases can be referred to facilities with additional resources. This structure has helped balance workloads across facilities and avoid overcrowding at hospitals that have capacity to focus on severe cases.

16. **Business continuity planning.** The Department of Medical Services Foundation and the Department of Medical Service jointly developed a Business Continuity Plan (BCP) and training manual to help the health sector cope with spikes in cases and associated disruptions to the sector.<sup>54</sup> These tools are intended to support collaboration between facilities—including by delineating a cooperative referral network between institutions under the Department of Medical Services—and to help individual facilities develop their own business continuity plans, factoring in their specific resources and potential disruptions. Support to develop business continuity plans enabled participants to practice resource management (including facilities, protective equipment, medical supplies, and personnel) in a simulated crisis environment. Support for business continuity planning has helped health institutions maintain essential services during outbreaks.

17. **Human Resources.** From 2002 to 2018, The Thai Government more than doubled the number of qualified nurses and midwives, from 84,683 to 191,575 (of which 94.8% are women) and the number of qualified medical doctors from 18,947 to 55,890 (of which 44.7% are women).<sup>55</sup> Thailand now has 8 physicians per 10,000 people, which is far lower than the 22 physicians per 10,000 people in Singapore and lower than the sustainable development goal (SDG) target 3.c of 44.5 per 10 000 population.<sup>56</sup> In addition, one million village health volunteers (VHVs), together with urban and migrant health volunteers, working at the community level are a cornerstone of the health workforce. Thailand engaged in major efforts to increase human resource capacity to cope with the pandemic, providing on-the-job training and expediting tutorials to upskill and deploy specialized doctors and nurses. The government also converted 40,000 contractors into civil servant positions with MOPH since the onset of the pandemic. Frontline VHVs received incentives and a revised compensation framework.

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<sup>53</sup> National Health Security Office (NHSO). 2021. *Strengthening the health financing response to COVID-19*. 19 February. <https://eng.nhso.go.th/view/1/DescriptionNews/Strengthening-the-health-financing-response-to-COVID-19/289/EN-US>

<sup>54</sup> WHO Thailand. 2020. *Thailand Prepares Health Facilities for Possible Future Outbreaks of COVID-19*. <https://www.who.int/thailand/news/feature-stories/detail/thailand-prepares-health-facilities-for-possible-future-outbreaks-of-covid-19>

<sup>55</sup> Patcharanarumol et al. 2020. COVID-19 Health System Response Monitor: Thailand. World Health Organization Regional Office for South-East Asia

<sup>56</sup> World Bank Databank. <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS> (Accessed 1 May 2021); and WHO. 2016. *Global strategy on human resources for health: workforce 2030*. Geneva. [https://www.who.int/hrh/resources/global\\_strategy\\_workforce2030\\_14\\_print.pdf?ua=1](https://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1)