The Roles of Thailand's City Municipalities in the COVID-19 Crisis

HATCHAKORN VONGSAYAN AND VIENGRAT NETHIPO

During the pandemic, Thailand was praised for its adept management of the coronavirus outbreak. Much of the credit was given to the Centre for COVID-19 Situation Administration (CCSA) established by Prime Minister Prayut Chan-o-cha, and to Thailand's provincial administrations, an extended apparatus of national government outside Bangkok. However, the role of local authorities has largely gone unnoticed.

This article examines the role of local administrations—specifically the city municipalities (*thesaban nakhon*) which govern the urban areas outside Bangkok—in fighting the pandemic from February to August 2020. The main purpose is to unpack the municipalities' capacity for handling COVID-19. We examine how they were able to adjust pre-existing mechanisms and create new

HATCHAKORN VONGSAYAN is a PhD student in the Faculty of Political Science, Chulalongkorn University, and Lecturer in the College of Politics and Government, Suan Sunandha Rajabhat University. Postal address: 1 U-Thong nok Road, Dusit, Bangkok 10300 Thailand; email: hatchakorn.vo@ssru.ac.th.

VIENGRAT NETHIPO is Associate Professor in the Department of Government, Faculty of Political Science, Chulalongkorn University, Bangkok. Postal address: Pathumwan, Bangkok 10330 Thailand; email: viengrat.n@chula.ac.th.

procedures to cope with the crisis. Two municipalities were selected as case studies: Rangsit Municipality, a suburb of Bangkok; and Chiang Mai Municipality, a popular tourist destination in northern Thailand.

Thai politics have been undemocratic since the 2014 coup. Since then, all local elections have been suspended with incumbents allowed to sit in acting positions. Although a national election was held in 2019, it was under a voting system which allowed the military to retain power and which caused massive street protests throughout 2020. Despite the lack of immediate electoral accountability, we find that local incumbents worked hard during the pandemic to sustain their linkages with voters. The public healthcare programmes, for instance, have enabled the incumbents to connect with their voters. Speculation that local elections would be held in 2020 further motivated incumbents to work harder to improve their electoral prospects.

Case Studies: Rangsit City and Chiang Mai City Municipalities

We chose to study urban administrations because the areas they govern are generally more vulnerable to outbreaks of COVID-19. Both municipalities are the business centres of their provinces, while the number of cases in each province was near the national average. Therefore, they are both fairly representative of a typical city municipality in Thailand. Both city administrations have generally good reputations for competence and a proactive approach to health and education policies. Notably, as both cities are located in strong Red-shirt provinces, the incumbents did not ally politically with the central government controlled by the junta.

Chiang Mai City Municipality, located in Chiang Mai Province, is home to a population of 122,000, but as a tourist destination it accommodates a much larger number of visitors. The city is home to 94 communities,[1] many of which are poor and overcrowded. The municipality owns a hospital, two Public Health Centres (PHCs) and a Thai Traditional Health Centre with almost 1,500 Village Health Volunteers (VHVs) and 180 municipal healthcare staff. The first COVID-19 cases in the area were found among Chinese tourists, but the risk inevitably affected the entire city.

Rangsit City Municipality, located in Pathum Thani Province, is part of the northern Bangkok Metropolitan Region. The city's population is just 83,000, but it hosts many more people as it is a public transportation hub which connects Bangkok to the rest of

the country, and is home to a mega shopping mall. Thus, the area was highly prone to a viral outbreak. The municipal executives have made significant investments in public health over the years and its public health infrastructure is generally considered to be outstanding by local residents. The city possesses five PHCs and approximately 300 VHVs.

While they have different economic bases, in terms of disease prevention they share many characteristics. First, they both are vulnerable to the spread of disease as they have some high traffic sites. Second, there are several underprivileged and overcrowded communities in both cities which could have been the source of community spread. Third, and most importantly, both municipalities have prioritized public healthcare in their policy agenda long before the pandemic. This is partly because healthcare networks and services are seen as effective tools for local politicians to win electoral support from voters, especially among the poor.

The Two Municipalities' Capacity and Role in Epidemic Management

We found similarities in the way the two municipalities successfully responded to the pandemic, indicated by not having a single cluster in their communities. They both have demonstrated significant capacity in managing the pandemic, especially by utilizing power through formal as well as informal channels and multi-levelled networks. Their capacity can be analysed in three categories: first, institutional capacity; second, networking and participation; and third, the effective mobilization and redeployment of human resources to respond to emerging situations.

Institutional Capacity

Institutional capacity of local governments refers to knowledge, expertise and efficiency in managing public affairs. In this case, the two municipalities gained experience from their previous management of public healthcare. As a result, when the pandemic struck, they had no difficulty managing the situation. In January 2020, the municipalities could instantly institute actions before the national government launched its response, utilizing funds from the local public health budget as well as the main budget. Both municipalities' initial focus was to raise public awareness via public relations channels, i.e., messages about preventive measures

on billboards, LED screens and brochures. Social media, especially Facebook, became a convenient platform for official announcements. Existing chat groups in the LINE messenger application were also a useful platform for delivering information and providing two-way communication between officials and citizens.[2]

Budgetary resources were used to purchase medical equipment and other necessary items, such as personal protective equipment, N-95 masks and protective goggles. The procurement was handled using the normal procedures of the local medical service agencies in both Chiang Mai municipality hospital and Rangsit city's five PHCs. These procedures were in line with pre-existing local guidelines and later adjusted to comply with the recommendations of the Ministry of Public Health (MoPH).

Institutional capacity in healthcare was not built overnight. The Local Health Security Fund (LHSF), established in 2006 by the National Health Security Office (NHSO), was one of the keys to institutionalizing the municipal capacity for public healthcare. The LHSF provides funding to local municipalities and Tambon Administrative Organizations (TAO)[3] at the rate of 45 baht (US$1.50) per person, while the local government makes an additional contribution based on the size of the organization. The city municipality must contribute at least 60 per cent of the LHSF budget, and the LHSF is administered by a committee of the local government chaired by its chief executive. The fund allows local healthcare providers and civil society groups to submit proposals for projects that are relevant to health promotion, disease prevention, rehabilitation or proactive primary healthcare. The projects are normally in the form of group-exercise, training, medical check-ups and promoting traditional medicine. These activities not only help strengthen the municipality's healthcare capacity but also allow the local government to connect with residents through various projects. The fund is also relatively flexible when compared to the strict rules for the disbursement of government budget.

During the pandemic, the municipalities modified the objectives of the fund to facilitate projects directly related to COVID-19 prevention. The NHSO endorsed this procedure by issuing practical guidelines. In order to utilize the fund, the municipalities invited citizens to create relevant projects, such as workshops to teach people how to make cloth masks, mask straps, face-shields and alcohol-based sanitiser. Some workshops trained school students in personal hygiene, while others trained people in COVID-19 monitoring. Both municipalities made good use of the funds. Other

examples include projects designed to support social distancing compliance, provide preventive equipment, set up protective measures at public transportation services, and a door-to-door programme for the elderly and chronic disease patients. In total, Chiang Mai municipality spent approximately 8 million baht (US$268,000) on various projects while Rangsit municipality used approximately 7 million baht (US$234,000) on nine projects.[4]

In addition to the pre-existing public health capacity, the municipalities could draw on additional resources earmarked for disaster relief. By drawing on these funds, both municipalities were able to provide immediate assistance to affected people. For example, Chiang Mai city immediately distributed 15,000 sets of emergency survival bags (containing 5 kg of rice, one bottle of cooking oil, 10 tins of fish and one large pack of instant noodles) and Rangsit city provided cash relief of 1,000 baht (US$33.50) for over 100 households.[5]

Networking and Participation

The network of VHVs who worked closely with the local authorities was also a key factor for pandemic prevention at the community level across the country. In Chiang Mai and Rangsit, where there are many overcrowded communities, these networks successfully managed to prevent clusters from spreading. Thailand's VHVs, established by law four decades ago, are originally selected from the people in the community before being trained to meet standards set by the MoPH. As an important element in the primary healthcare system, the strength of the country's 1.04 million VHVs includes each volunteer's ability to reach out to approximately 10–15 assigned households in their community. Their responsibilities include disseminating information and educating people about health-related issues, creating and managing a local healthcare database, and campaigning on disease prevention. Currently, each VHV receives a stipend of 1,000 baht (US$33.50) per month (and an extra 500 baht during the outbreak) from the MoPH. They are an extremely valuable part of the municipal health care infrastructure and often develop a close personal relationship with the local authorities compared to their more formal relationship with the healthcare personnel under the provincial administration.[6] This is because the volunteers are part of the community and have been funded and supported through projects by these local authorities since the administrative and political decentralization process started in the early 2000s.

As early as January 2020, the MoPH's Department of Health Service Support (DHSS) announced strict guidelines for the VHVs to prepare for the viral outbreak, but when it came to the actual implementation of these guidelines, VHV worked alongside the municipalities. Based on the recommendations by the DHSS, volunteers updated the community database to facilitate the handling of high-risk groups. The programme required coordination with provincial hospitals and Public Health offices. In both cities, when a case of an exposed (close-contact) person was reported, the VHVs quickly identified the person's residential address, then together with the municipal healthcare staff took the person to the provincial hospital and coordinated the required treatment.[7] At the peak of the pandemic, the VHVs of these cities were working round the clock.

VHVs also conducted many other activities in cooperation with the municipalities. For example, they provided the main manpower to staff all inbound checkpoints, arranged social distancing at food donation centres (30–40 centres each day inside Chiang Mai City alone)[8] and monitored self-quarantining individuals. The local networks often reached out to the target groups before being informed by the hospitals. Apart from the VHV networks, Community Committees, senior citizen clubs and other community clubs also helped carry out the work of pandemic response in the municipalities. Communication between the VHVs themselves, and with other networks, was essential. This was facilitated by the use of the group chat function in the LINE messenger application. However, when some decision-making required authorization, the municipal healthcare officers and council members would step in, also via LINE, to assist, authorize and coordinate with provincial health officers and hospital doctors to back up the decision-making.[9]

Another piece of evidence that illustrates the close relationship between the local government and the local community is the emergence of the Community Health Development Volunteer Club (CHDVC) in the case of Rangsit Municipality. Believing it was necessary to set up a direct healthcare mechanism under the municipality, prior to the pandemic the city reorganized its own group of healthcare volunteers under the CHDVC to supplement the work of the VHVs. The municipality provides training and support for many of the clubs' activities. In practice, up to two-thirds of the CHDVC members are also VHVs. The creation of the CHDVC strengthened the relationship between the volunteers and municipal officials, which, in turn, helped improve health management and secured the cooperation of the community.[10] Having volunteers as an ally can also bring local

politicians electoral benefits in future elections. In Chiang Mai, for example, the government uses the city-owned hospital as a vehicle for building and maintaining connections with the VHV network, which can later be mobilized for electoral purposes.

The networking capacity also extends to acquiring resources outside the municipal jurisdiction. For instance, Rangsit Municipality requested the Excise Department to reduce tax on alcohol used for sanitiser production and leveraged personal relationships among local representatives to secure the supply of thermometers from the Provincial Administrative Organization.[11] This was also the case in Chiang Mai although the municipal network there relied more on members of the mayor's family network, who hold a few key elected positions in the province.[12]

Effectively Mobilizing Human Resources

Under the Communicable Disease Act, the MoPH is authorized to appoint certain public officers as Disease Control Officers (DCO). The DCOs have the authority to summon and investigate individuals, enter venues for the purpose of disease control and impose fines on those who fail to comply with instructions. When the pandemic situation turned critical, an MoPH announcement on 13 March 2020 delegated extensive power to certain local officers to act as DCOs. This reflected the shortage of manpower within the national and provincial governments available to deal with the pandemic, but it also empowered local officers to act more effectively in disease control. We also observed new roles assigned to municipal employees. For example, certain municipal officials whose normal duty is to manage street vendors were deployed to arrange social distancing at food donation centres at the city's bus terminal.[13] All this enabled both municipalities to mobilize their human sources more effectively to deal with the COVID-19 pandemic.

Conclusion

National politics in Thailand has normally been associated with failure and stagnation, especially since local democracy was suspended in 2014. Yet, local governments have remained resilient and capable, which is demonstrated in the municipalities' effective handling of the COVID-19 pandemic. These capacities derived from their expertise and investment in local public healthcare, the possession of databases and management structures based on close

linkages with local communities. Although the management of the coronavirus at the national level is centred on the CCSA, it mainly acts as a centralized information control centre. At the community level, residents acknowledged the efforts made by local officials and generally had a positive image of their local administrators. This proves that public healthcare can be an effective tool to secure voters' support if it is handled competently.

In the context of Thailand, two main mechanisms empowered local governments to handle the COVID-19 outbreak effectively. One is the application of the Communicable Disease Act which allows for a dispersed decision-making mechanism. The other is the use of local health funds which are locally controlled by design. As this article shows, these two mechanisms have provided local governments with autonomy, flexibility and the necessary tools to address the pandemic in an effective and timely manner.

NOTES

1 Communities are local administrative units and are the urban equivalent of villages. Each community within a municipality is governed by its own set of community leaders.

2 Authors' interviews with a member of the Chiang Mai Municipal Council (No. 1), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.

3 Tambons are the rural organizational counterparts to municipalities.

4 Authors' interviews with a member of the Chiang Mai Municipal Council (No. 2), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 2), 30 November 2020.

5 Authors' interviews with a member of the Chiang Mai Municipal Council (No. 3), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 2), 30 November 2020.

6 Authors' interviews with a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.

7 Authors' interviews with a member of the Chiang Mai Municipal Council (No. 2), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.

8 Authors' interview with a member of the Chiang Mai Municipal Council (No. 1), 28 November 2020.

9 Authors' interviews with a member of the Chiang Mai Municipal Council (No. 2), 28 November 2020 and a Public Health Administration officer of Rangsit City Municipality (No. 1), 30 November 2020.

10 Authors' interview with a CHDVC member, 30 November 2020.

[11] Authors' interview with a Public Health Administration officer of Rangsit City Municipality (No. 2), 30 November 2020.

[12] Authors' interview with a member of the Chiang Mai Municipal Council (No. 3), 28 November 2020.

[13] Ibid.