

The Social Sciences in Thailand’s COVID-19 Response: A Crucial Counterpoise from the Margins of Governance

Rosalia Sciortino and Vinissa Kattiya-aree

This article, based on literature review and interviews with key informants in 2021–22, reflects on the degree to which social science and social science specialists were involved in the Thai government’s handling of the multidimensional effects of the COVID-19 pandemic. The article juxtaposes the marginal role of social scientists in official structures with their multiple engagements outside of such structures. The findings show that pandemic-specific social research agenda of social scientists were generally technocratic in nature, being geared to the perceived needs of policymakers, even if formal mechanisms to feed inputs into the policymaking process were restricted. Using public debates and the media, a smaller group of social scientists were able to make an impact by highlighting neglected aspects of the pandemic, advocating for the rights of the underserved and challenging policy decisions.

Keywords: COVID-19, pandemic, social sciences, Thailand.

Across the world, COVID-19 has proven to be a “threat multiplier”, exacerbating such pre-existing stress factors as environmental degradation, demographic burdens, economic inequity and social vulnerability, thus causing a “synchronous failure”, a complex type of crisis of biophysical origin, but interlocked and inter-systemic in nature (Homer-Dixon et al. 2015; Sciortino 2023a, p. 1). This feature makes it urgent to better understand how the implications of the pandemic intersect with human behaviour and societal and environmental systems in different settings in order to advocate context-specific action for structural change during the crisis and

thereafter. Here, the contribution of the social sciences can help dissect the crisis from every angle and articulate a comprehensive narrative and response to the pandemic and its aftermath. As stated by Sciortino and Saini (2021, p. 1), “Clearly this pandemic is caused by a virus, but understanding it, controlling it and reducing its human costs depends also on social knowledge and interventions”. Moreover, as argued by Casciano (2020, E22), the social sciences can advance a more critical examination of the system and “the measures implemented in the name of the good”, and their long-term implications for societies, as well as for imagining and proposing a new, more balanced future.

This article explores the extent to which and the ways that social science and scientists played a role in Thailand’s COVID-19 response, building on two complementary research efforts (and related publications). The findings from a two-month rapid appraisal conducted in mid-2021 as part of a regional project on the same theme (Sciortino and Vinissa 2022)¹ are here updated to cover the pandemic up to the end of 2021, with information derived from another research project on the social protection response during the pandemic, which was supported by the National Research Council of Thailand (NRCT) and in which one of the authors was involved (Teeranong, Rapeepun and Sciortino 2023).

The integrated analysis presented below rests mainly on a comprehensive literature review of media and academic articles on COVID-19 in Thailand, both in Thai and English. In particular, we studied Thai Journals Online (ThaiJO),² Thailand’s central electronic journal database system, and searched Google Scholar for internationally published articles on Thailand by Thai and non-Thai authors. Online interviews with thirty key informants, mainly academics in universities and think tanks, a few government officials, and representatives of civil society organizations (CSOs), enlightened the interaction between social science research and public policy and engagement. Participatory observations, informal interviews and two public fora to share preliminary research results provided important additional insights.³

The presentation of the findings begins with the unravelling of the pandemic in Thailand, the “synchronous failure” it triggered in the country, and the COVID-19 emergency structure and policies that were put in place by the autocratic government as the central actor in the national response. Within this specific context, the contribution of the social sciences to containing the effects of the pandemic is then examined. First, the participation of social scientists in government institutions and policy processes is discussed, before probing their engagement in other capacities and with other sectors. From this review—which, due to time and space constraints, is far from exhaustive—it emerges that the humanities and social sciences found very limited space in the bureaucratic domain in Thailand, and alternative avenues had to be claimed for these disciplines to have a voice. Pressed to operate from the margins of the top-down government response and its narrow technocratic research agenda, social scientists still managed to produce and disseminate relevant applied knowledge, while also providing through the civic space an essential counterpoise to the official discourse and approaches.

Thailand's Synchronous Failure throughout Four COVID-19 Waves

Although the first case of COVID-19 outside China was recorded in Thailand on 12 January 2020, it took a series of super-spreading events at a boxing stadium and in pubs in Bangkok to trigger the first major wave of the pandemic across the country in March (see Figure 1). Hastily introduced lockdown measures caused mass movements out of the cities, risking the spread of the disease further afield, but eventually this first wave was controlled.

An extended period of supposedly zero “local transmission” followed, in which the government used emergency public health reasons to stifle a reinvigorated pro-democracy movement. Over the summer, a few cases began to emerge across the country, which authorities struggled to link to foreign sources. Half-hearted control measures, with stringent rules on people arriving by air but less so on those moving within the country and across porous borders,

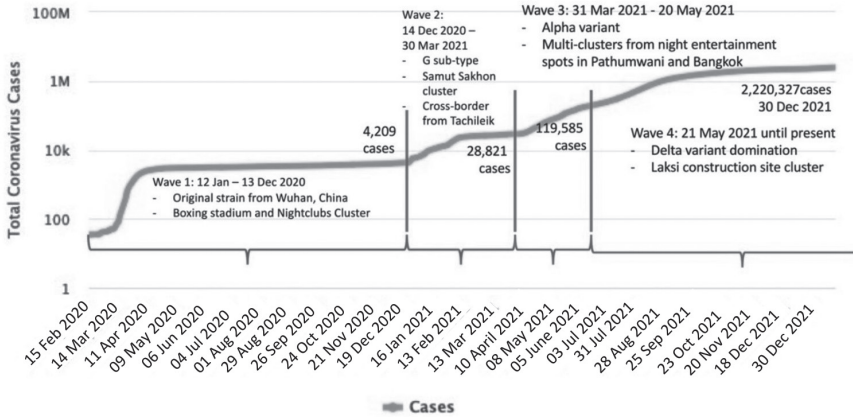


FIGURE 1 Waves of COVID-19 in Thailand, February 2020–December 2021 (logarithmic scale). Source: Worldometer data, cited in Teeranong, Rapeepun and Sciortino (2023, p. 157).

eventually resulted in a major local outbreak in November: Thai entertainment workers travelling back from Tachileik in Myanmar to Chiang Rai in Thailand were found infected, revealing a growing pandemic in the northern provinces and beyond (Apornrath 2020).

What caught media attention, however, was a larger subsequent outbreak in the major seafood-processing industrial area of Samut Sakhon, where many migrants live and work. The first identified case was a Thai seller in the seafood market, but as more and more migrants were tested and found infected they became the scapegoats of public concern (*Bangkok Post* 2020b). The government response was to lock the migrants in their compounds, irrespective of their COVID-19 status, in the so-called bubble-and-seal approach, while Thai citizens were allowed to travel freely (Sirinya 2021). The discriminatory approach did not stop the pandemic, and since then daily case numbers rose and reached unprecedented heights among the population, with this second wave compounded by other outbreaks that occurred in gambling dens and cockfighting arenas (*Straits Times* 2021).

A third wave gained scope in April 2021, this time spreading among the high-society bars and pubs around the Thonglor and Ekkamai areas of the capital, with scores among the elite testing positive. From there it then spread to the nearby slum area of Klong Toei, highlighting (once more) the country's wealth gaps and double standards in terms of differential containment measures as well as degrees of access to testing, treatment and vaccines among socio-economic groups (Beech and Suhartono 2021; Paritta 2021).

A decision to allow the Songkran water festival to go ahead for economic reasons and a failure to procure vaccines in a timely manner, combined with the incessant spread of the Delta variant of the coronavirus, which was first detected in India, resulted in Thailand becoming a high-risk, "red" zone. The population (and observers) were aghast that the picture of a well-contained pandemic for much of 2020 was shattered by the fast-growing COVID-19 cases in mid-2021 (see Figure 1), with "Thailand no longer an example of success but of disappointment" (Peerasit 2021). The authorities tried to suppress the mounting criticism through media bans, but reports of people dying while waiting for treatment and of delayed vaccine procurement continued amid heightened contestation (Vijitra 2021; Paritta 2021; Figure 2).

The health and political crisis was aggravated by the economic impacts of the pandemic and related containment measures, which affected consumption and business sentiment in a faltering economy. After an already sluggish growth of 2.4 per cent in 2019, the economy was estimated to have contracted by almost 10 per cent in 2020—the country's worst GDP plunge ever, even in comparison with the Asian financial crisis of two decades ago (*Bangkok Post* 2020a; Kirida 2020)—as a result of Thailand's high levels of dependency on tourism and other external vulnerabilities (Tandon et al. 2020). As macroeconomic indicators continued to deteriorate, Thailand remained among the worst performing economies in the region in 2021. The economic shock had an adverse impact on employment and incomes, worsening poverty and affecting people's mental health. In the words of a senior journalist, "Unemployment,



FIGURE 2 Cartoon on Political Sensitivity of COVID-19 Deaths in Thailand. Source: ©Stephfart.

underemployment, debt, destitution, stress, depression, and suicide are the invisible realities beneath the COVID-19 iceberg of figures reported daily” (Pravit 2021).

Only in late September did cases begin to decline, and they eventually subsided by year’s end. The newly arrived Omicron variant caused concerns about a fifth wave, but the low virulence of this strain and the expanding coverage of the now available vaccine were deemed capable of offsetting the potential threat. Still, the infection toll doubled in the first months of 2022, with deaths increasing from 21,647 persons at the end of 2021 to 28,144 by April 2022 (WHO 2021, p. 1; 2022, p. 1), and it would take a few more months for the pandemic to finally recede enough for the government to decide to open up the country.

A Top-Down Security-Centred Response

From the beginning of the pandemic, the Thai government securitized COVID-19 as “a non-traditional security threat that requires extraordinary measures” (Supalak 2020, p. 1). A state of emergency was soon declared by former military officer Prayut Chan-ocha—the disputed prime minister and minister of defence—seizing on the 2005 Royal Decree on the Administration of Emergency Situations (usually defined as military conflicts and natural disasters)⁴ to centralize decisions, bypass the “pseudo-democratic” coalition government (Supalak 2020) and exercise special powers, including curtailment of freedom of assembly and expression (Wijitbusaba and Shaw 2021, p. 5).

An ad hoc structure was established outside of the Ministry of Health (MOH). The so-called Centre for COVID Situation Administration (CCSA) was headed by the prime minister and staffed by bureaucrats and security officials, including the permanent secretaries of concerned ministries, the secretary-general of the National Security Council and the commander-in-chief of the Royal Thai Armed Forces. Two advisory boards, the Medical Advisory Board and the Recovery Advisory Board, composed of medical and macroeconomic specialists, respectively, supported the CCSA and its mandate to contain the pandemic and deal with its public health, economic, social and national security ramifications (Prime Minister’s Office 2020a; Ministry of Foreign Affairs 2020a; 2020b).

Despite its broad scope, CCSA’s internal organizational structure neglected social expertise. It was only at the subcommittee advisory level that a discretionary Advisory Subcommittee on Economics and Social Policy was established under the National Office of Economic and Social Development Bureau (NESDB), with medical doctors, economists and a few public policy specialists, but no sociologists, anthropologists or experts from the humanities (Prime Minister’s Office 2020b).

CCSA’s policy formulation showed no accountability mechanisms to governing bodies or the public. Regulations and decrees by the

prime minister and his office were the main instruments in handling the pandemic and allocating resources (Piyapong and Pobsook 2020, p. 362). Tensions with competent ministries were reported by the media as the prime minister's accumulation of power continued both directly and through his CCSA secretariat "to ensure efficiency" and "calm" public discontent over the worsening pandemic and economic recession, and public health personnel began abdicating control (Mongkol and Chartrudee 2021).

Friction was also observed between central and local governments, arising from bureaucratic red tape and inconsistencies across administrative levels. As the CCSA more strongly asserted its top-down authority, local governments saw their autonomy, especially fiscal autonomy, curtailed. Such encroachments occurred notwithstanding the fact that local autonomy had been judged key to the effective management of the pandemic during the first wave (Sirisak, Peerasit and Grichawat 2021) to the point that a local administration expert later wondered that, "[i]f the control had not been withdrawn from local governments and returned to the central government, leaving no local autonomy, would we even be discussing the disaster that is the third wave today?" (Peerasit 2021). Nonetheless, it was only in September 2022, well into the less fatal Omicron wave, that control was released back to provincial authorities. The emergency decree was also finally abolished (NRCT 2022) as it had become untenable from a public health perspective.

A Skewed Governance Response

The narrow framing and the top-down decision-making process produced three kinds of policies—besides clinical guidelines for the prevention and treatment of COVID-19—which are described below in order of political relevance. The largest category consisted of securitization policies, such as lockdowns, curfews, prohibitions on alcohol, media and assembly bans, policies to restrict access to the country, greater militarization of the borders, and mask-wearing, with "punishments" for the non-compliant public. The lockdowns were

enforced to different degrees—larger corporations with their own logistics or advantages from economies of scale were less affected than smaller, informal businesses. As COVID-19 cases spiked, tactics of “sealing out” entire disadvantaged “risk areas”, ranging from housing areas for migrant workers to construction worker settlements and urban slums, gained popularity (while upper-class neighbourhoods remained open). Rigid measures regulated entrance into Thailand, from the initial total closure of the country to complex systems granting permission to enter with mandatory fourteen days of quarantine in state-run facilities or state-designated hotels.

The second, well-resourced set of policies addressed the macroeconomic impact of the pandemic to ensure stability and foster economic growth. During 2020 and 2021, four stimulus packages were issued, consisting of fiscal and monetary subsidies to stimulate economic activity. In the first two packages, financial assistance to micro, small and medium-sized enterprises (MSMEs), tax relief and cash handouts were prioritized, while higher-value packages, including macroeconomic projects and co-payment schemes to boost domestic consumption, were favoured later (Reuters 2021; Chatrudee 2021).

This last measure links to the third set of policies, focusing on social protection of disadvantaged and vulnerable groups. Initially, Thailand devised its largest ever cash-transfer programme for workers in the informal sector, who were most affected by the pandemic but generally not covered by the social protection system.⁵ However, in 2021, co-payment schemes were introduced emphasizing consumption to resuscitate the economy. For vulnerable groups and welfare card holders, the monthly additional cash transfers in the first year of the pandemic were substituted with schemes to subsidize purchases of necessities and other items at retail outlets registered with the scheme. These policies had the multi-pronged aim of curbing the economic impact on affected groups as well as on entrepreneurs, and again of increasing consumer spending to support macroeconomic recovery (Teeranong, Rapeepun and Sciortino 2023, p. 175).

Here, attention to social concerns was secondary to political and economic aims; the measures were directed at addressing the

immediate impact of the pandemic rather than designed as structural interventions. Moreover, they were limited to consumption-oriented social protection, with little attention to concerns of equity or well-being. Overall, as one could reasonably expect from the structure and composition of CCSA, there was a lack of social and cultural insights in the way the pandemic was governed.

Exclusion of Social Scientists and Social Science in Governance

Most of the evidence employed by CCSA and related agencies has been medical and macroeconomic data of a quantitative nature, with the objective being to justify and sustain political choices. In what Piyapong and Pobsook (2020, p. 362) call “politics of numbers embedded in policy narratives”, facts are quantified and selected to fit the official storyline in order to legitimize government action. Regular updates on numbers of infections and deaths and on risk zoning overlooked the wider social malaise beyond the disease. The data presented—rich in clinical details—were not segregated by gender, age or other socio-economic indicators, thus preventing analysis of socio-economic disparities in mortality and infection rates and of differentiated risks and vulnerabilities.

More generally, there was no integration of knowledge from social science perspectives, such as on poverty, mobility, human geography, urban city planning, gender, social networking and human behaviour, even when such information existed outside of government structures (as will be discussed later). This scarce policy interest in social structures and their role in shaping risk and vulnerabilities is consonant with the previously discussed absence of social scientists—with the exception of economists and a few public policy experts—in CCSA and the national policymaking process.

By the same pattern, the role of social scientists in government programmes was limited, being related mainly only to two key tasks; namely, the writing of official documents and publications to promote government policies and helping with the management and improvement of large data sets for medical (e.g., vaccination) and

social protection programmes. For instance, one of our respondents was tasked with algorithm design to define vaccine priorities and integrating discordant databases from MOH departments and hospitals.⁶

While these tasks were surely necessary, they reflect a confined analytical involvement of social scientists, contrary to the handling of HIV/AIDS in the 1990s, when social scientists were recognized as experts on the behavioural aspects and social dimensions of disease prevention and control. Like then, such involvement could have contributed to proactive policy design and approaches to, among others, predict new clusters; design special policies; strengthen primary healthcare services and improve access to testing, screening and treatment; and identify vulnerabilities and social protection needs. Such steps could have improved the COVID-19 prevention, containment and alleviation response. A study of the settings (such as entertainment and gambling venues, crowded markets, housing settlements, and religious and cultural ceremonies) could have helped in predicting and handling the course of the pandemic. Understanding living and economic conditions could have provided alternatives to address barriers to the people's compliance with various restrictions (rather than blaming non-compliant individuals). As one respondent put it, "Despite the critical knowledge that social science provides, policymakers have failed to include meaningful social science contribution[s] as part of the solution."⁷

Contributing to the Technocratic Research Agenda from the Margins

The sidelining of social science and scientists in COVID-19 governance, however, is not surprising considering the current context and the positioning of social science vis-à-vis other disciplines in present-day Thailand. Authorities are wary of social scientists who think independently and levy social criticism unpalatable to the government.

More generally, government bodies tend to show scant appreciation for social disciplines. As one respondent put it, "except for anything

to do with the economy, government institutions tend to view social sciences as unproductive in financial terms”, upholding a narrow view of “impactful” work.⁸ Public research funds granted to universities by the Ministry of Higher Education, Science and Innovation (MHESI) and by NRCT as the main public research donor are skewed strongly towards the hard sciences and technology. According to one of our interviewees, of the MHESI funds granted to Chulalongkorn University in the last budget cycle, only ten per cent went to social science research, and this was mostly for applied research related to economic purposes.⁹

A continuation of such a technocratic approach devoid of social concerns can be expected to shape the future public funding of science in Thailand. The 2023–2027 Higher Education, Science, Research and Innovation Policy and Strategy seeks economic growth through technological innovation and hard science, enabling Thailand to become a leader in the region and globally in “agriculture and agroindustry products, functional food, medical and wellness service, empowered senior citizens, tourism, frontier research and space technology, and high-skilled workforce” (NXPO 2022). What role the newly conceived Thailand Academy of Social Sciences, Humanities and Arts (TASSHA) will play in this national policy and strategy framework is still not clear, but the institutional vision is to also direct these disciplines towards macroeconomic development (NXPO 2020).

The government’s distinct preference for the hard sciences and technology also shaped the national COVID-19 research agenda. A review of the NRCT-supported pandemic-related research shows that the largest portion of resources was allocated for developing medical innovation, including vaccine development and medical apps and equipment. Of the six key areas identified in the 2021 call for research proposals to control COVID-19, four covered medical and public health research, one covered COVID-19 management and only one addressed economic, social and educational impacts (NRCT 2021). Of the ninety-seven COVID-19 related research projects funded by NRCT from 2020 to 2022, thirty were for “social, education,

public health and economic” purposes and of these only nine were identified as related to social sciences (NRCT 2022).

More generally, reviewed non-medical topics of publicly funded research were mainly in the educational and economic domains, varying from issues related to skills and technologies for e-teaching in schools to agriculture as a solution for unemployment and for food security, and the impacts of the pandemic on informal workers, with few reflecting on “new normal” lifestyles and addressing risks for vulnerable populations. Under the NRCT’s “Integrated Strategic Research Program on Social Sciences: Khonthai 4.0”,¹⁰ some funds granted to Chiang Mai University before COVID-19 were re-allocated to consider the economic impacts of the pandemic, such as on health costs, agricultural production and food security, the tourism industry and marketing. The exception was the funding allocated for a study on social protection in Southeast Asia (Sciortino 2023b).

Similar patterns appear from the review of literature on COVID-19 in ThaiJo. Not surprisingly, more than half of the works published concern clinical research and innovations. In the Google Scholar search of internationally published articles on COVID-19 in Thailand, the predominance of those related to clinical and technological health is even more evident, and there is a greater focus on economic and labour issues.

The scope of medical research is defined quite narrowly, with little attention to health social science perspectives.¹¹ Only a few health policy studies have engaged medical sociologists and anthropologists as part of multi-stakeholder consultations. A rare exception is a recent effort to draw up a Thai national critical care allocation guideline to help physicians make difficult decisions on scarce resources (Marshall et al. 2021). Demographic and psychological studies are somewhat more prominent in giving attention to the conditions of elderly people and their mental health status as well as their financial precariousness (Wiraporn and Vicerra 2021; UNFPA 2020; Krisda et al. 2021; Worachet and Muhamadalee 2021; Li, Prakai and Jakawan 2022). Another topic receiving attention is the reduced physical activity of the Thai population as a result of the pandemic (Piyawat et al. 2020).

Among academic institutes, the leading think tank in the country, Thailand Development Research Institute (TDRI), stands out for its wide range of COVID-19 research—again mostly on economics and labour-related topics—including the impact of lockdowns on various sectors of the economy (such as tourism and international transportation), education and the labour market as well as the pros and cons of specific policy measures such as the “fit-to-fly” certificate or those designed for migrant workers.

The production of studies such as the above, along with the applied knowledge and follow-on recommendations, was meant to provide evidence for policy and programme formulation. However, since formal mechanisms for direct interaction with policymakers were not available—except for the aforementioned advisory subcommittee—the social scientists we interviewed felt that they had to look for alternative avenues for engagement and to disseminate their findings. Even TDRI—which, thanks to its history of interaction with the government and close collaboration with NRCT and NESDB, had some space to pitch its technocratic solutions—opted for disseminating research findings through its website, webinars and seminars, publications and social media. As one respondent put it:

There is not a lot social scientists can do to have their research included in policy discussion and formulation since they cannot take the policy recommendation to the policymakers directly. To be honest, what social scientists can do right now is to rely on the media, mainstream and alternative, to publicize their findings and voice their opinions regarding the pandemic and rely on the public to adopt their findings and create social pressures to influence policies.¹²

Fostering Social Awareness

A smaller stream of social science research, often with independent or foreign funding, had the broader scope of raising awareness of equity and human rights concerns and of highlighting the social and human dimensions of the pandemic. A major theme was the disproportionate

impact of the pandemic on the poor and a broad range of vulnerable populations, and their reduced access to prevention, treatment and care. It has been highlighted that loss of incomes, jobs and work hours had been higher among the lower-skilled and precarious workforce in the “oversized” informal sector, which includes a disproportionate number of women and migrants (Asadullah and Ruttiya 2020; Sirada 2021; Wichaya et al. 2020). The challenges of online education for children of low-income families and their parents have also been exposed, as have the overall implications of COVID-19 for the education system (Areeya and Jaruwan 2021). Research further showed that the increased burden of already high debt among Thai households during the pandemic compromised their ability to serve those debts and, in some cases, led to the loss of the few valuable assets owned by low-income and agricultural households and the elderly (Asadullah and Ruttiya 2020; Kirida 2020).

Social scientists and CSO activists expressed concern for the factors that put migrants at greater risk of infection and the discrimination against and scapegoating directed at them. They advocated for structural reforms to enhance migrants’ rights and integration into Thai society, arguing that rather than undertaking repressive measures against migrants it would have been more effective to address their precarious employment arrangements and the overcrowded and unhygienic occupational and housing conditions that had fired up infections among them (Boonwara and Natthanicha 2021; Yongyuth 2020; SEI 2021; Stride and CSO Coalition 2021).

Some researchers inquired into the observed increase of suicide during the pandemic because of lockdowns, business closures, job losses and furloughs. In spite of an initial denial by the authorities of any link to shortcomings in the government’s COVID-19 response, social scientists, public health specialists and other concerned parties continued to stress the need for more inclusive and equitable policies and greater attention to the economic and mental hardships caused by anti-pandemic measures (*Prachathai English* 2021; Fronde 2021). Some attention has also been given to the feelings of uncertainty,

anxiety and fear both by healthcare workers and the general population (Surapon et al. 2020).

The gendered impacts of the pandemic in both the public and domestic domains were highlighted (Sasiwimon and Liao 2021), and increased sexual and gender-based violence, particularly domestic violence, was exposed. As TDRI researcher Boonwara Sumano discovered, reporting of possible abuses could not occur during lockdowns, which isolated victims (Langerak 2020). The specific economic vulnerability of sex workers and LGBTQI+ persons, and their lack of social support, has also been pointed out by CSOs and social scientists working with them, but more research is needed (Siwarut and Shubham 2021; Surang et al. 2020; Pankaew and Nuchanad 2021).

More recently, attention has been given to the human and experiential aspects of the pandemic, including how some people cope and manage stressors through religion, particularly (but not only) Buddhism, and the arts. The most significant effort to better understand how people experienced the pandemic in everyday life at the time of writing was under way at the Princess Sirindhorn Anthropology Centre, where stories and photographs were collected from the public about their COVID-19 experiences, fears and hopes, to be later archived and analysed.

Advocating for a Comprehensive, Accountable and Equitable Response

Besides trying to fill research gaps and raise awareness of the overlooked dimensions of COVID-19, a group of social scientists became engaged in evidence-based advocacy and activism. Some collaborated with CSOs in supplying the data needed for community programmes. For instance, Urban Study Lab provided data to community groups to better target aid in disadvantaged communities in Bangkok (Pongpisit 2022).¹³ Others advocated with their CSO allies for alternative policy views through public debates and the media. The critical voices of activist scholars have been heard,

in unison with those of activists and media personalities, in three interlinked areas of contestation: (1) securitization of the COVID-19 response, (2) the narrow and skewed policy approach, and (3) scant government accountability and engagement of CSOs.

The first, and the most sensitive, area of debate focused on the exploitation of the pandemic for political aims; i.e., to exert authoritarian control over civic spaces and curb protests (interestingly, protests were never known to have caused mass outbreaks of COVID-19). The state narrative of COVID-19 control as an all-out “fight the enemy for the survival of the nation” that allowed for disregard of fundamental rights was challenged (Jirawit 2020), as was the profiling of the military as “saviours” with relief initiatives like “Army Delivery” (Piyapong and Pobsook 2020, p. 362). In 2020, a recurrent social criticism was that “Thailand’s use of emergency powers was unproportioned with the degree of pandemic” (Pakpoom 2021; see also Khemthong and Rawin 2021) and, most recently, that it lasted beyond its scope. As one policy analysis stated, the nationwide curfew that was kept in place for more than two months in 2020 “hid and repressed the political struggles and tensions which had thus far been evolving, especially among the young people and at the grassroots level” (Piyapong and Pobsook 2020, p. 361; see also Human Rights Watch 2021). Decrees on “fake news” and other limitations put on information were exposed for trying to silence the people such as the poor who did not get a subsidy, or workers who were not compensated from the Social Security Fund (Pradit, cited in Piyapong and Pobsook 2020, p. 362; Hathai 2020). Corrupt practices that allowed for the spread of the pandemic were examined (Khemthong and Rawin 2021). A discourse analysis on state rhetoric found that the cartoon series “KnowCovid” (รู้ทันโควิด) in the popular magazine *Khai huaro* (ชายหัวเราะ) propagated the state ideology, portrayed the “COVID virus” as an external threat and emphasized the role of the state as the “protector” and “leader” of the people that deserved unquestioning loyalty (Supansa 2022, p. 154).

Anthropologists also questioned border policies and quarantine measures and their feeding into xenophobic feelings:

Under the name of health and bio-security, everybody is treated as potentially dangerous, simply a body subject to the state of exception where everyone, citizen or non-citizen, needs to pass through a newly erected health border (in addition to the geographical and political border) in order to screen the health of the body before entering into the Kingdom.... [T]he ultimate goal for Thai society hereby was purification of society, cleansing it of all virus elements, even getting international recognition for its successful response, yet irrespective of its own citizens left stranded abroad, a tanking economy, people losing their jobs, and increasing suicides nationally. (Jiraporn 2020)

The government's COVID-19 response was further contested for being too narrow and, as discussed before, for failing to consider the multiple dimensions of the crisis. Being bureaucratically driven, it "[did] not interact well with the social domain as it miss[ed] the social, contextual and experiential constructions of policy problems and solutions" (Piyapong and Pobsook 2020, p. 258; see also Wijitbusaba and Shaw 2021). A more comprehensive transdisciplinary approach was advocated by all our respondents, as represented by the following statement:

To properly address the current situation, a holistic, whole-of-government and society approach is needed. We ought to counter overspecialization and compartmentalization on the government's part and break down a certain degree of hierarchy to be able to address the new challenges of nexus, transboundary, non-traditional security threats we are facing today. A transdisciplinary/interdisciplinary approach is required, which includes social sciences and humanities. Technical and behavioural knowledge needs to be integrated. If we compare to water management, only 10 per cent relates to water; the rest 90 per cent is dependent on people management. Similarly, the clinical control of the COVID-19 virus is only part of the issue; management of people is essential, addressing their needs to restore order and solve their problems smoothly.¹⁴

Activist scholars argued that government programmes had failed to find a balance between disease control and economic recovery. While critical economists have questioned the macroeconomic decisions

and their ineffective and inequitable implications (Baker and Pasuk 2021; Phiphat, Latthakit and Neville 2021, pp. 10–11), other social scientists have assessed social protection efforts and deemed them short-sighted and insufficient to meet people's needs or alleviate the financial strain of containment measures (Teeranong, Rapeepun and Sciortino 2023). The disbursement of aid was slow and there was a lack of clarity on the beneficiary criteria, leading to stress and uncertainties. Many of the urban poor also lacked the documents, internet access and electronic devices necessary to avail of social protection programmes (Almendral 2020; Suladda et al. 2021). Studies further showed the need to overcome sociocultural and logistical barriers for people with disabilities, members of the LGBTQI+ community and marginalized women. They also recommended the inclusion of migrant workers in government programmes (Boonwara and Aneksomboonphon 2021; Sirada 2021)—demands that were only partially followed and which saw delay.

Finally, several analysts pointed out that CCSA was blind to CSOs and had little policy consideration for strengthening community resilience in its COVID-19 response. Research and media reporting documented that CSOs, local groups and charity organizations played an essential role in enhancing people's coping capacity by providing food, survival kits, jobs, counselling, access to COVID-19 tests and hospitals, and free burials. A study noted that they could "be engaged as a bridge between urban slums and social protection" but were yet to be integrated into the formal delivery system (Suladda et al. 2021).

In June 2021, at a forum held to mark the seventy-second anniversary of Thammasat University's Faculty of Political Science, which was attended by heads of leading political and social science institutes, calls were made to tackle fragmentation in the government bureaucracy, empower local administrations and allow civil society groups to engage in state mechanisms and programme implementation. The importance of more democratic and accountable systems in the COVID-19 governance structure was emphasized to ensure better policies and practices and avoid poor performance, as in the case of

the vaccination roll-out (TDRI 2021). Participants also called on the government to think long term and “to empower people to prepare for a [better] post-pandemic world” (Thana 2021). Other social scientists stressed that it was urgent for the government to make a paradigmatic shift and commit not only to economic recovery but to “building back better” in an environmentally and socially sustainable way (Wijitbusaba and Shaw 2021) since, as one respondent stressed: “We cannot go back to the old normal.”¹⁵

Conclusion

This article has sought to illustrate the limited attention the Thai government has given to the social dimensions of the pandemic and argues that these shortcomings relate to the emphasis on security and macroeconomic concerns in the COVID-19-governance structures. The resulting skewed policy approach and the scarce appreciation among government officials for social disciplines basically excluded social scientists and their expertise from COVID-19 governance processes. Unlike during the AIDS pandemic, social scientists were not trusted with an analytical role in the control of COVID-19, in spite of the many contributions that could have been made to better understand and control the spread of the infection and its impacts. This lack of trust was the result of the changed political context and the weaker positioning of the social sciences.

Outside of bureaucratic structures, however, social science research fulfilled multiple functions. Even if underfunded and neglected, it did contribute to the overall technocratic research agenda, examining applied issues—especially in the education and economic sectors—that responded to the needs of the country and its population. Since formal mechanisms for feeding the findings into policy processes were in this case restricted, alternative avenues had to be found to make them public. A smaller stream of research documented the overlooked human and social sides of the pandemic, and these provided evidence to challenge policy decisions in public debates, in the media and for CSO programmes. In this way, policy gaps

were reduced and dimensions of the crisis that might have been ignored otherwise were brought into the public consciousness. In turn, this strengthened community action opened up civic space for advocating more humanitarian and equitable COVID-19 approaches, thus remedying Thailand's response.

Because of the context-specific circumstances limiting direct inputs into policymaking, we can argue that the social sciences could not contribute to their full potential to the control of the pandemic or alleviating its impact (even if valuable applied knowledge was produced and made available). The same constraints did, however, enhance the relevance of their added value in sustaining community action and—as recognized by Casciano (2020) in the quote at the beginning of the article—in critically examining the government response, in advocating alternative approaches and possible improvements, and envisioning more just times for Thailand.

Rosalia Sciortino is Associate Professor, Institute for Population and Social Research (IPSR), Mahidol University, Nakhon Pathom 73170 Thailand; email: rosaliasciortino@yahoo.com.

Vinissa Kattiya-aree is a graduate student in International Development Studies, Chulalongkorn University, Bangkok 10330 Thailand; email: vinissa10@gmail.com.

NOTES

1. The regional project on “The Role of Social Sciences in COVID-19 Responses in the ASEAN Region” was jointly organized by the Global Development Network (GDN) and the Asia Research Centre, Universitas Indonesia (see Introduction to the Special Focus section).
2. Thai Journals Online (ThaiJO), <https://www.tci-thaijo.org>, accessed 29 December 2021.
3. The fora were held by the authors at SEA Junction, Bangkok, on 19 November (in Thai) and 24 November 2021 (in English).
4. This notwithstanding the fact that for epidemic control a different legislation set was actually available.
5. Unless they are self-insured (a rarity), fall under the poverty line, or have welfare cards for vulnerable groups.
6. Interview, data scientist, Thailand, 25 June 2021.

7. Interview, political scientist I, Chulalongkorn University, Thailand, 21 July 2021.
8. Interview, political scientist II, Chulalongkorn University, Thailand, 18 July 2021.
9. Interview, political scientist III, Chulalongkorn University, Thailand, 19 July 2021.
10. Spearhead Strategic Plan on Social Aspects of Khon Thai 4.0, <https://www.khonthai4-0.net>, accessed 15 October 2021.
11. This could also reflect a general weakness of these fields of study, notwithstanding the capacity built in the 1990s with the support of the Ford Foundation and other like-minded donors and the significant contributions these disciplines made during the HIV pandemic.
12. Interview, social scientist, Chulalongkorn University, Thailand, 21 July 2021.
13. Interview, urban designer, Thailand, 22 July 2021.
14. Interview, independent development specialist I, Thailand, 16 July 2021.
15. Interview, independent development specialist II, Thailand, 16 July 2021.

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