Bangkok Response to COVID-19

with communities & innovative solutions

Documentation on COVID-19
Effective Response and Promoting Equity in Bangkok, Thailand

NATIONAL HEALTH COMMISSION OFFICE THAILAND

World Health Organization
REGIONAL OFFICE FOR South-East Asia

Bangkok Response to COVID-19 with communities & innovative solutions

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Foreword

Thailand has demonstrated our health systems performance in responding to COVID-19 since the early phase of the pandemic through a good collaboration with citizens. We, the National Health Commission Office (NHCO) and allies also encouraged the community to make the social contract or local health charter to fight against COVID-19 and overcome the challenges of food security, info-demic and fake news, job loss and many aspects of quality of life.

That is why today, we look forward to learning what the main role of the health sector is in relation to other sectors, especially at the subnational setting. The contents of the report capture roles of stakeholders in Bangkok in controlling COVID-19 and promoting health equity and reflecting how national operational plan are operated or adopted/adapted at the sub-national level. Social innovations from communities during the pandemic are documented and analyzed.

What lessons can we draw from these case studies? Though there might not be a simple answer for implementation in other settings, it is still worth considering that we do require a collaboration with a range of stakeholders, across sectors both national and subnational levels to manage crises. Additionally, the report also provides important feedback to operationalize a community participation pillar along with analysis of key elements for equity outcomes for future response. Each study site contributes our understanding how to increase access to resources, food, share responsibilities, and strengthen ownership of activities by stakeholders.

I am glad to see the report demonstrates the opportunity of the COVID-19 situation making the evidence of multisectoral collaboration visible. We also learned that it is important to develop platforms and dialogues to bring people together for collective actions, mobilizing to meet demands, voice concerns, and sharing wisdom which is synergized by working with formal and informal sectors.

I conclude my part with big thanks to all contributors to this important report. Hopefully, we can utilize this Bangkok community experience to inspire more strengthened and sustainable collaboration and synergy in the future towards the genuine multisectoral collaboration and actions.

Dr. Prateep Dhanakijcharoen

Secretary-General

The National Health Commission

Foreword

Health systems globally are under intense pressure not only to manage the COVID-19 threat, but maintain critical routine preventive and curative services in providing for the "health security" of the population. COVID-19 imposed conditions are exacerbated even more so in Low and Middle-Income Countries where health resources are already stretched, aside from COVID-19. And yet Thailand has been able to take advantage existing systems like the million plus network of "village health volunteers" and service health coverage that extends throughout the Kingdom, with emphasis on health promotion and addressing the needs of the most vulnerable. Thailand's "triangle" that moves mountains strategy is designed to promote health equity, bringing together Social Movement, Policy Links, and Knowledge, rooted in multisectoralism.

The impact of COVID-19 as evidenced by health, legal, political, economic, and societal disruptions have challenged the old norms, and there will be no going back to "business as usual", even in a post-pandemic Thailand. All-the-while, this unprecedented threat has created unique opportunities in realizing the transformative role of multi-sector cooperation and coordination, in promoting sub-national resilience by seeking sustainable community-inspired solutions adapted to local circumstances.

This report highlights the actions taken by the Bangkok Metropolitan Administration (BMA) in localizing the response to COVID-19: 1) bringing together local stakeholders, including government, legal, civic and religious groups, NGOs, and the private sector; and 2) aligning with established organizations like the Community Organization Development Institute (CODI), to encourage the creation of organizing platforms, Community-Organization Councils, to advance community participation in localizing planning efforts. The four Bangkok communities studied in demonstrating the potential of this initiative in mitigating the impact of COVID-19 provide powerful example as to the success of this approach in localizing solutions through multi-sector community engagement and participation. The Lessons Learned from this examination have applicability well beyond Bangkok, and Thailand.

Assoc.Prof. Sasitorn Taptagaporn, PhD

Dean, Faculty of Public Health, Thammasat University

Foreword

The COVID-19 pandemic has exposed, exploited and exacerbated inequalities that negatively impact health and socioeconomic outcomes between and among vulnerable groups. In all countries, the impact of the pandemic is likely to be more severe in low-income settings, due to limited healthcare capacity, weak social supports and limited access to preventive measures. Vulnerable populations are more commonly exposed to conditions that put them at risk of infection, and which risk their livelihood, the survival of their families, and distance them from social support.

The social determinants of health are themselves mediated by a country's socio-political context, the quality and reach of health services, and its commitment to applying a human rights-based approach to health care. These and other factors impact health literacy, nutritional status, food security, social support and employment opportunities. By better understanding the pathways that worsen existing inequities, decision-makers can more effectively develop and implement high-impact, multisectoral solutions that mitigate risk, target prevention and promote solidarity.

Among other priority interventions highlighted in this report, decision-makers at the national and sub-national levels can collect high-quality, disaggregated data, and conduct spatial mapping of existing communities and their engagement with stakeholders. Most countries have disaggregated data on age and sex, however additional disaggregation would prove valuable. Communities in several of the Region's countries have found innovative solutions to the challenges they have faced, which must continue to be documented and disseminated to empower others.

Throughout the pandemic response, recovery and beyond, WHO will continue to support countries in the Region to identify and implement policies that promote health equity, and which ensure all people have access to the services they require to stay healthy and well. A fairer and healthier Region and world is possible. We must dare to be bold and achieve our vision.

Dr. Poonam Khetrapal Sigh

Regional Director

WHO South-East Asia Regional Office

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The authors of this case study would like to sincerely thank the community members and the community leaders of the four community case studies as well as the Bangkok Metropolitan Administration officers for their contribution to the book and for sharing their experiences in responding COVID-19.

The authors extend their thanks to Dr. Prateep Dhanakijcharoen, Secretary-General of the National Health Commission and Dr. Suvajee Good, Regional Advisor on Health Promotion and Social Determinants of Health, the World Health Organization South-East Asia Regional Office, who closely supervised this work.

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01 Background

- Introduction
- Objectives
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Introduction

COVID-19 has highlighted deeper health, social, environmental, and economic inequities and challenges that cities face, including the social isolation of older people; mental health issues; interpersonal violence; strained transport and mobility systems; hygiene/sanitation and other environmental risks.

Multi-sectoral collaboration to stop the pandemic is pivotal. The Global COVID-19 Strategic Preparedness and Response Plan highlights the critical goal for governments to mobilise all sectors, including communities, to ensure ownership of, and participation in, reducing the spread of the pandemic through hand hygiene respiratory etiquette, and physical distancing.

Thailand has been one of the most successful countries in dealing with COVID-19 and was praised by the World Health Organization (WHO). Between the 20th and 24th of July 2021, the Thai Ministry of Public Health and WHO conducted a Joint Intra Action Review of Thailand's COVID-19 Response. One of the contributing factors was the whole-of-society approach that Thailand has applied to curb the pandemic. [1] To achieve this, risk communication and community engagement (RCCE) were obligatory factors, according to International Health Regulations (IHR).

Community engagement is challenging, especially in an urban setting where people feel a strong sense of individuality. As Thailand's capital and a metropolitan city, Bangkok is an interesting place to learn whether or not authorities could engage multiple sectors of society and encourage collaboration to comply with government guidance and create innovations in response to COVID-19.

This report aims to capture the roles of stakeholders in Bangkok in controlling COVID-19 and promoting health equity and reflect on how the national operational plan has operated, or been adopted/adapted, at the sub-national level. Social innovations from communities, which have arisen during the pandemic, will be documented and analysed to identify the enabling and challenging factors. In conclusion, this report will provide important feedback to facilitate the operationalisation of the community engagement pillar, along with an analysis of the key elements to ensure equitable outcomes for future responses.

Objectives

1) To document the roles of local government, community leaders and citizens in response to COVID-19 and in addressing priority issues of equity in their contexts.

2) To record social innovations or collective efforts that emerged during the COVID-19 response, preparedness, and recovery.

3) To explore the perspectives of communities and local government in planning or preparing for their future health and well-being beyond the COVID-19 response.

Methods

Focus group meetings, in-depth interviews and a document review were applied to gather information. Focus group meetings with communities and local governments were organised in four selected districts of Bangkok. The selection of case studies was based on the following criteria.

Communities that had achieved tangible innovations in health, social or economy in response to COVID-19.

Communities that demonstrated multi-sectoral collaboration and reflected the roles of stakeholders

Communities that reached out to vulnerable and marginalised groups, i.e., migrants, the non-registered population living in Bangkok, the elderly, or chronically ill and immobile patients.

Communities were selected from different settings, i.e., a commercial setting, an industrial setting, an agricultural setting, an old town conservation setting.

Communities in Bang Bon, Don Mueang, Thon Buri and Wang Thong Lang districts were selected in consultation with the National Health Commission Office, which has worked with the Bangkok Metropolitan Administration (BMA) and communities during the COVID-19 pandemic and convened the first Bangkok Health Assembly in December 2020.

The study reviewed documents on subjects related to COVID-19, community engagement and public participation, for example, central and local government announcements, orders and regulations; community story documentaries; and reports.

The information gained from the focus group meetings, in-depth interviews and document review were analysed and synthesised to provide lessons learnt and recommendations on an effective response to COVID-19 while promoting equity at the sub-national level. Social innovations from communities will be mapped to facilitate replication in other settings, as appropriate.

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02

National Response to COVID-19

- Epidemiology
- Thailand's health systems
- The National Response to COVID-19

Epidemiology

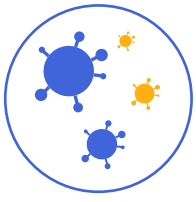
On the 13th of January 2020, Thailand detected its first case of COVID-19 in a Chinese tourist at the Suvarnabhumi airport. This case made Thailand the first country outside of China to have a case. The epidemiological situation of the first outbreak in Thailand was divided into three stages, as follows.

Stage 1

Imported cases (January 2020). Most cases were Chinese tourists who came to Thailand during the new year holiday. The first Thai citizen found to be infected with the coronavirus was identified on the 13th of January 2020. [2] He was a taxi driver who had picked up a tourist from abroad at the airport.

Stage 2

Limited local transmission (February to early March 2020). Thousands of registered and unregistered Thai workers returned home from South Korea, which had a COVID-19 outbreak ahead of Thailand. This event was followed by a super spreader event at a boxing stadium in Bangkok on the 6th of March 2020. More than 4,500 people gathered to watch a fight at Lumpinee boxing stadium.



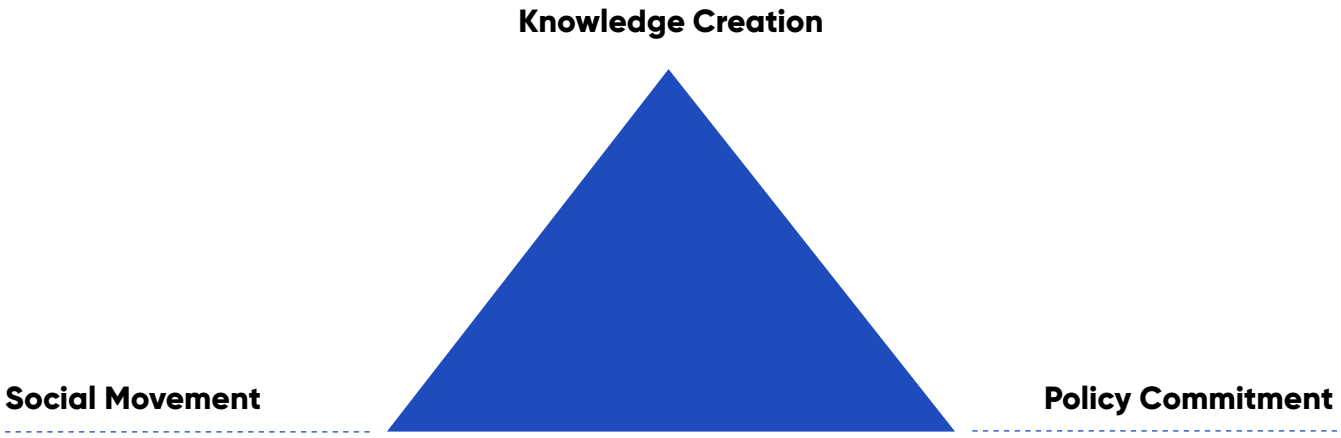
Stage 3

Widespread clusters of cases (late March – April 2020). Following the super spreader event at the boxing stadium, the Governor of Bangkok issued the Bangkok Metropolitan Administration's Announcement, dated the 12th of March 2020, on the temporary closure of premises from the 22nd of March to the 12th of April 2020. This announcement caused a flux of people who worked in Bangkok to return home because their workplaces were closed. The cumulation of these situations resulted in the rapid and broad transmission of COVID-19 across the country.

Due to strong government measures, public compliance and resilient health systems, the epidemiological situation gradually improved from around May 2020 onwards. The 2nd of September 2020 marked the first 100 days that Thailand had no new confirmed cases from local transmission. [3] This streak was broken in mid December 2020 when a new outbreak of COVID-19 started at the 'Central Shrimp Market' in the Mahachai sub district of Samut Sakorn province.

Thailand's health systems

The evolution of health systems in Thailand has been grounded with the principle of multi-sectoral collaboration; this has been utilised since the primary health care era in the 1970s. Thailand's 'triangle that moves the mountain strategy, which Prof. Pravej Wasi created in the late 1990s, represents this practice of multi-sectoral collaboration. The triangle represents a synergy of three powers, namely social power, which includes people, communities, civil society organisations, NGOs, the private sector; knowledge power, which encompasses implicit knowledge from local wisdom and scientific knowledge from educational and research institutes; and political power, which stems from policymakers, government officers and politicians. The synergy of these powers can overcome any crisis or 'move the mountain'. [4]



Thailand's triangle that moves the mountain strategy

Health care facilities have been built nationwide since the 1960s. As of 2016, health care facilities covered 100% of all provinces and sub-districts. At the district level, 88.8% of all districts were covered. [5] Health promotion hospitals, previously called health centres, serve at the sub-district level and are the facilities closest to communities. Hence, some health promotion hospitals engage communities in planning. For example, a health promotion hospital in Nong Yao sub-district, Chachoengsao province, developed a community health charter as a framework for community health development in collaboration with community members and the sub-district administrative organisation. [6]

Village health volunteers are an invaluable asset of Thailand's health systems. The health workforce is supplemented by 1.05 million volunteers. They are recruited and trained to act as agents of change in building community awareness of health matters, providing basic healthcare services, and advancing health promotion activities in communities. Village health volunteers significantly contribute to community engagement in both plan development and activity implementation.

Universal Health Coverage has gradually developed in Thailand since the 1970s. At present, 99.8% of the total population access essential health care services through three health insurance schemes. These are made up of the Civil Servant Medical Benefit Scheme for civil servants, Social Security Scheme for regular employees and the Universal Coverage Scheme for any Thai citizens not supported by the previous two schemes. Given the importance of community engagement, civil society and NGOs play a major role in managing the National Health Security Fund and local health funds, together with government and service providers, in accordance with the National Health Security Act B.E. 2545 (2002). [7]

Thailand's participatory healthy public policy process is unique. The continuous development of community engagement in health systems has led to the establishment of platforms and participatory processes of public policy development under the National Health Act B.E.2550 (2007). [8] Communities, civil society organisations and NGOs play a role in decision making and have become a critical driving force of these participatory healthy public policy processes. These platforms and participatory processes are organised at all administrative levels. Health assemblies are organised at the national and provincial levels, while health charters are primarily organised at the sub-district and community levels.

In summary, Thailand's health system development, in line with the WHO's concept of six building blocks, has opened opportunities to work closely with non-health actors, including people, communities, civil society and NGOs.

The National Response to COVID-19

The national response to COVID-19 began at the departmental level, scaled up to the national level and then moved from the whole-of-government to the whole-of-society. Mechanisms, measures and the multi-sectoral approach were implemented nationwide.

Mechanisms

Thailand has a National Communicable Disease Committee, chaired by the Minister of Public Health, in accordance with the Communicable Disease Act, B.E. 2558 (2015). [9] This committee is a permanent mechanism mandated to surveil, prevent and control communicable diseases. For an effective management of the unprecedented situation, the Ministry of Public Health established an ad-hoc mechanism to respond to the COVID-19 pandemic. Consequently, ad hoc mechanisms to respond to COVID-19 were set up. The ad hoc mechanisms escalated from the Department of Disease Control to the Ministry of Public Health and on to the government. The composition of the mechanisms mainly came from within the government. The state mechanisms are presented below. [2, 3]

1 The Situation Awareness Team (SAT) under the Department of Disease Control (DDC) closely monitored the outbreak starting from China's first announcement of a cluster of pneumonia cases in Wuhan City, dated the 31st of December 2019.

2 The departmental level Public Health Emergency Operation Centre (EOC), commanded by the DDC Director-General, was activated on the 4th of January 2020. This centre was established before the first confirmed case of COVID-19 in Thailand, in a Chinese tourist, was identified.

3 The Public Health Emergency Operations Centre at the ministerial-level, led by the Permanent Secretary of the Ministry of Public Health, was activated on the 22nd of January 2020 in preparedness for the coming Chinese New Year in late January.

4 At the national level, the Prime Minister's Operation Centre (PMOC), directed by the Prime Minister, was set up on the 27th of January 2020 in technical support of the EOC.

5 The National Centre for COVID-19 Situation Administration (CCSA), commanded by the Prime Minister, was set up on the 12th of March 2020 as an ad hoc special task force to impose policy and special measures to remedy the emergency situation. [10]

The permanent and ad hoc mechanisms also have parallel sub-national mechanisms. The National Communicable Disease Committee has provincial committees in all provinces, chaired by the Provincial Governors. The EOC has a centre at the provincial, district and sub-district levels. The Provincial Communicable Disease Committees and Provincial EOCs are connected by the Provincial Public Health Office. The Provincial Public Health Office Chief is a chairperson of the EOC and a member of the secretariat of the Provincial Communicable Disease Committee.

Measures and their impacts

With technical support from the Ministry of Public Health, the government announced various measures that covered issues such as the law, prevention, surveillance and response, risk communication, and recovery. At the sub-national level, the local government and communities adopted and adapted the government measures based on their contexts. For example, a community in the Bao-Kiew sub-district in Nan province issued social distancing measures for funerals, which reduced the number of days of a typical funeral rite from 7 to 2 days and ensured that chairs for guests were placed at a 1-meter distance from each other [11]. In the Aranyaprathet district of Sa Kaeo province, the Nong Sung sub-district shares a land border with Cambodia and the community there used a temple as a local quarantine centre for those who came back from Cambodia. [12] Many communities issued community measures responding to COVID-19 following the government measures and their existing community health charters. [11, 12]

The government finally declared the Emergency Decree on Public Administration in Emergency Situations, B.E.2548 (2005) on the 26th of March 2020 and added a curfew from 10 pm to 4 am on the 2nd of April 2020. [13] Thailand was declared under a state of emergency for almost three months. The lockdown measures contributed to the successful control of the spread of COVID-19.

While the state of emergency helped control the spread of COVID-19, the three-month lockdown policy severely affected people in several dimensions; for example, it put livelihoods at risk, food security under threat, caused job losses, increased household debt, and negatively affected mental health. [14] A survey on the impacts of COVID-19 was conducted by the National Statistical Office, Thailand Development Research Institute, International Health Policy Program Office, Economics Faculty of Chulalongkorn University, UNICEF and UN Thailand. This survey identified that the two lockdown measures that had the most significant impact on people's ability to earn a living were the domestic travel ban and the closure of markets, shops and shopping. [15]

The negative impacts of COVID-19 and the lockdown measures disproportionately affected some groups of people. Vulnerable groups such as the poor, the elderly, people with disabilities, and chronically ill and immobile patients were the most severely affected. [15, 16] Moreover, COVID-19 and the lockdown measures made some groups increasingly vulnerable, such as workers in the informal sector. [14] Nevertheless, during COVID-19, particularly through the 3-month lockdown, people initiated social innovations for survival and solidarity.

Multi-sectoral action in response to COVID-19

The government issued many recovery measures to help affected people, including vulnerable groups. The Social Security Office provided increased unemployment compensation to insured private employees under the social security fund. [16] The Ministry of Social Security and Human Development provided additional subsistence allowances to the elderly and people with disabilities, [17] to name a few examples. However, due to the COVID-19 situation and problems with government information systems, the government's formal support was delayed. [14]

People's suffering from the impacts of COVID-19 was apparent, and that called for solidarity and social responsibility. Consequently, many sectors of society actively collaborated and helped those most affected. Food and health seem to be the needs most affected by the COVID-19 pandemic and the lockdown measures. As a result, many initiatives aimed to improve food provision.

Food provision initiatives : Community kitchens were set up to provide free food in many communities, with support from the government sector and the private sector, etc. The Community Organization Development Institute and the National Office of Buddhism are two examples of government organisations that stimulated this initiative nationwide. They achieved this through their urban poor and rural community network and the temple network, respectively. [18, 19] A 'pantry of sharing' programme was proposed by a businessman from Bangkok and spread to many provinces. [20] This initiative was similar to the kitchen centres, but on a smaller scale which meant that an individual or a group of friends could easily arrange one.

Economic stimulation initiatives : Many initiatives aimed to provide food and stimulate the community's economy. A food exchange project between farmers and fishermen was first initiated by the Princess Maha Chakri Sirindhorn Anthropology Centre in collaboration with NGOs. People from Southern Thailand experienced difficulties in earning a living due to the closure of hotels and restaurants, the travel ban and the seafood export ban. An exchange of dried fish from the Rawai ethnic group in Phuket province and rice from the Karen Pga K'nyau ethnic group in Chiang Mai province was arranged. [21] Subsequently, the food exchange project was replicated between several provinces with the support of multiple-actors, for example, the Community Development Department, the Agriculture Extension Department, the Royal Thai Air Force, the National Village and Urban Community Fund Office, Chomchon Thai Foundation, Civic Associations of related provinces and the private sector. [22] Klong Toey Dee Jung was the project started by a group of music teachers initially working with kids in this slum area located in the centre of Bangkok. Monetary donations to this project were converted into coupons that were given to community members. The community members could use the coupons to buy food from small shops in the community. [23] Apart from ending hunger, this project kept small shops open for employees to earn an income.

Initiatives for vulnerable groups : Although numerous initiatives and donations associated with COVID-19 were specific to vulnerable groups, sex workers were hardly mentioned nor assisted by the general public. They were severely affected by the closure of entertainment venues and the travel ban measures. Service Workers in Group (SWING) is an NGO working with sex workers in Bangkok and Pattaya, which assisted this category of people during COIVD-19. SWING provided support by collecting information about sex workers affected by COVID-19, developing and distributing a COVID-19 safety guide for sex workers, and setting up a fund to assist them with unemployment and homelessness. [24]

Volunteerism : Apart from village health volunteers who were trained by the Ministry of Public Health and Bangkok health volunteers who were trained by Department of Health of Bangkok Metropolitan Administration, one-off volunteers in the time of crisis from various backgrounds ranging individually from students to housewives, civil society organizations and philanthropic institutions emerged and sprang up across the country to donate money and help by making facial masks and face shields, pack survival packages, cook food and more. The Mirror Foundation, an NGO working for children and missing people, is an example of an organisation that recruited volunteers to make home visits to affected families and distribute survival packages produced using donations from the foundation. [25]

The robust health system and the Communicable Disease Act provided a solid foundation to prevent and control COVID-19. The ad-hoc mechanisms, namely the EOC and the CCSA, intensified the COVID-19 response with comprehensive measures. Compliance with these measures was tailored to fit sub-national and community contexts. Among the government's measures, those related to recovery called for solidarity and multi-sectoral collaboration. Through such collaboration, various social innovations were created.

03

Bangkok Response to COVID-19

- Background
- The Role of the BMA in response to COVID-19

Background

In 2019, Bangkok had a population of 5.67 million, with 3,614 people per square kilometre. [26] In addition to resident Bangkokians, Bangkok had a non-registered population of 2.27 million and a commuter population of 0.13 million in 2019. [27] As of December 2020, the number of migrant workers in Bangkok was 584,152 [28]. These numbers are only the officially registered numbers found in the government database, which excludes illegal migrant workers. High-density cities offer opportunities for widespread viral transmission of COVID-19, as has been seen in New York, Milan and Wuhan. Therefore, high population density is a threat to big cities' efforts in disease control and prevention. As an economic, transportation and tourism centre with the largest population and the highest population density of any city in Thailand, Bangkok has worked extensively across sectors, especially with communities, to limit the transmission of COVID-19.

Image reference : https://www.thairath.co.th/news/local/2003736

Bangkok had a population of 5.67 million

Bangkok had a 2.27 million non-registered population

The number of migrant workers in Bangkok was 584,152

The city of Bangkok is managed by the Bangkok Metropolitan Administration (BMA) under the Bangkok Metropolitan Administration Act, 1985. The chief executive of the BMA is an elected Governor with a four-year term. The BMA is responsible for the well-being of 50 districts in various functions ranging from city planning, traffic and transport, the environment, sport and tourism, education, public works, social development, and health. District offices in each of the 50 districts are responsible for working with and for communities.

The BMA operates 11 hospitals, one medical centre for emergency medical services and 69 health centres. Additionally, Bangkok has 10,737 health volunteers under the supervision of the BMA. It should be noted that 1.05 million village health volunteers work throughout the country under the direction of the Ministry of Public Health.

The BMA operates 11 hospitals

One medical centre for emergency medical services

69 health centres

Bangkok has 10,737 health volunteers under the supervision of the BMA

The Role of the BMA in response to COVID-19

In response to COVID-19, the BMA applied multi-sectoral action through various robust measures and orders. The BMA also coordinated with the National Centre for COVID-19 Situation Administration (CCSA), chaired by the Prime Minister. At the same time, it engaged communities by providing information on COVID-19 prevention and control.

Mechanisms

A Bangkok Committee on Communicable Disease Control and a Bangkok Centre for COVID-19 Situation Administration were activated in association with the national level mechanisms. Bangkok's Governor chaired both the Bangkok bodies that responded to COVID-19. The Health Department, under the BMA, worked to solve problems in collaboration with the Urban Institute for Disease Prevention and Control, under the Ministry of Public Health. COVID-19 related information collected by the BMA, such as the number of confirmed cases, deaths, hospitalised cases and recovered cases, was sent to the Ministry of Public Health and submitted to the CCSA. A spokesperson of the CCSA gave a daily live TV briefing on the COVID-19 situation and provided advice on how the public could mitigate risks. Health messages were passed down to village health volunteers, who are an important interface between the formal health system and communities.

Legal measures

BMA orders were aligned with government regulations, but were more specific to the Bangkok context. For example, on the 25th of March 2020, the Prime Minister issued a broad regulation related to the temporary closure of premises. This measure gave provincial governors room to specify the conditions and timeframe of premises' closure as they deemed necessary and appropriate. On the 27th of March 2020, the Governor of Bangkok, with the approval of the Bangkok Committee on Communicable Disease Control, announced the temporary closure of 34 specific categories of premises. As a result, from March to July 2020, which was the period of the first COVID-19 outbreak, the BMA announced 13 orders for the temporary closure of premises beyond the central government's announcements.

Furthermore, the BMA announced preventive measures specifically for 11 categories of premises, namely hospitals and clinics, public parks, restaurants, pubs and bars, shopping malls, convenience stores, markets and flea markets, food stalls and hawkers, beauty salons and barber shops, pet service shops, sports venues and golf courses. These measures gave details on how to behave to manage and use premises correctly to premises owners, service providers, sales assistants, vendors, and customers.

Proactive prevention and control measures

The BMA established a comprehensive plan and related measures for dealing with COVID-19 consisting of seven aspects, namely (1) prevention and control of COVID-19 transmission, (2) treatment of confirmed cases, (3) environment and sanitation, (4) relief and recovery, (5) maintenance of order in the area, (6) international aid and (7) communication. [29] Of these, the proactive prevention and control measures were the most urgent for the effective reduction of COVID-19 transmission.

1

Screening : The BMA organised screenings at checkpoints and high-risk sites. In collaboration with the Metropolitan Police Headquarters, the BMA set-up 12 screening checkpoints with 24-hour staff to screen individuals travelling in and out of Bangkok. For high-risk sites, the BMA worked with a group of lab technicians that runs a health Facebook page called 'Mo Lab Panda' (a laboratory technician) to screen on-site people suspected of contracting the virus. Mo Lab Panda was a social media influencer on health which had 2.4 million followers. Collaboration between BMA and this influencer improved communication with the public increasing trust in the health systems.

2 BKK COVID-19 self-assessment system : The BMA developed a simple online self-assessment system. The system provided knowledge and advice on how to behave for both low and high-risk individuals. The BMA officers contacted users to give suggestions, thoroughly ask about symptoms, and provide appropriate assistance. For those at high risk, ambulances were sent to pick them up at home for free medical examinations and treatment as soon as possible.

3 Provision of local quarantine : In addition to State Quarantine, which was provided free of charge for Thai citizens, and Alternative State Quarantine, which was made up of government-accredited hotels paid for at international travellers' own expense, Local Quarantine was provided to travellers who travelled between provinces or returned to Thailand by land or by sea. The BMA also set up a local quarantine in its area, free of charge for Thai citizens.

BMA collaboration with the private sector

The private sector has been a vital force in assisting the BMA to translate the national policies and regulations associated with COVID-19 into implementation. A study was conducted on COVID-19 disaster management between the government and the community on the Khao San Road. This is an entertainment area offering inexpensive hotels, pubs and bars to tourists. The study found that the Association of Khao San Road Business Entrepreneurs played an important role in sharing information received from the BMA to individuals and entrepreneurs and helped ensure that entrepreneurs complied with BMA orders and measures related to the temporary closure and re-opening of premises. [30] The strong collaboration between the Phra Nakhon district office of the BMA and the Association of Khao San Road Business Entrepreneurs resulted in no cases of COVID-19 being reported in this area during the first COVID-19 outbreak.

BMA collaboration with communities

Despite Bangkok's metropolitan character, the BMA has enhanced community strength, including through the 2012 regulation on community committees. This regulation permits a minimum of one hundred households to assemble and request that the BMA to register them as a community. A registered community is required to form a committee by electing the committee members to work for the community and coordinate between the district office and the community. [31] Registered communities are eligible to receive assistance and training provided by the BMA. Although the BMA is mandated to ensure the well-being of everyone dwelling in Bangkok, given that financial resources and the workforce of the BMA are limited, registered communities are prioritised to receive services before non-registered communities. As of 2019, there were 2,068 communities registered with the BMA. [26]

Another population group living in Bangkok is migrant workers. Bangkok has the highest number of migrant workers in the country accounting for 584,152 legal migrant workers, followed by Samut Sakhon province, which accounts for 238,848 legal migrant workers. [28] Migrant workers are obliged to receive assistance and services after Thai citizens.

In addition to the BMA, other organisations are working in the Bangkok area to reinforce community strength. The Community Organization Development Institute (CODI) supports the establishment of community organisation councils in accordance with the Community Organization Council Act of 2008. [32] This Act promotes community participation in making development plans and addressing problems to local government or other responsible agencies. Whether they are from a registered community or not, if they form a group, i.e., an aerobics group, an elderly group, a health volunteer group, then a representative of that group can become a community organisation council member. As of 2019, there were 49 community organisation councils in Bangkok. Only one district did not have a council. It can be said that representative committee members from all communities are members of the community organisation councils. Both the community committees and the community organisation councils have built up communities' capacity for self-reliance and participatory decision making, resulting in the increased strength of those communities.

The National Health Commission Office (NHCO) is another organisation enhancing community participation by promoting the development of health charters. A health charter is a social contract on a holistic community development. The content of the health charter comprises health and social determinants of health issues. This is because health is redefined as well-being embracing physical, mental, social and spiritual aspects according to the National Health Act. [8] The NHCO also requires that health charters be developed by communities in collaboration with local government and academia in order to make the social contract doable and sustainable.

During the COVID-19 outbreak, the NHCO, in partnership with CODI and the BMA, encouraged 60 communities in 10 districts to develop community measures in response to COVID-19, a so-called health charter. It has been proven that the government could issue measures to tackle COVID-19 in a general manner for all to apply. The BMA translates the government measures into action and tailors them to their context, as appropriate. The same is true of communities: a community can adapt its measures to suit its context.

The BMA classifies Thon Buri district as an old town conservation setting. Some communities there had 'stay home, be mindful, do meditation and adapt yourself to a new normal' as one of the recommended actions in the health charter. To tackle risk communication in the health charter, those communities specified the use of loudspeakers, megaphones, information boards, and fabric promotional backdrops as communication channels for community members. By contrast, communities in Don Mueang commercial district chose the LINE application, Facebook, email and video calls. [33]

In most communities, the health charters responding to COVID-19 specify the role and recommended activities for stakeholders in the community, namely individuals, vulnerable people (the elderly, people living with disabilities, people with chronic disease), vendors, community committees, health volunteers, the district office, the health centre, and the police station. The participatory process of creating a health charter, facilitated by the NHCO, is a tool to communicate about COVID-19 and the problems found between communities and responsible agencies.

04

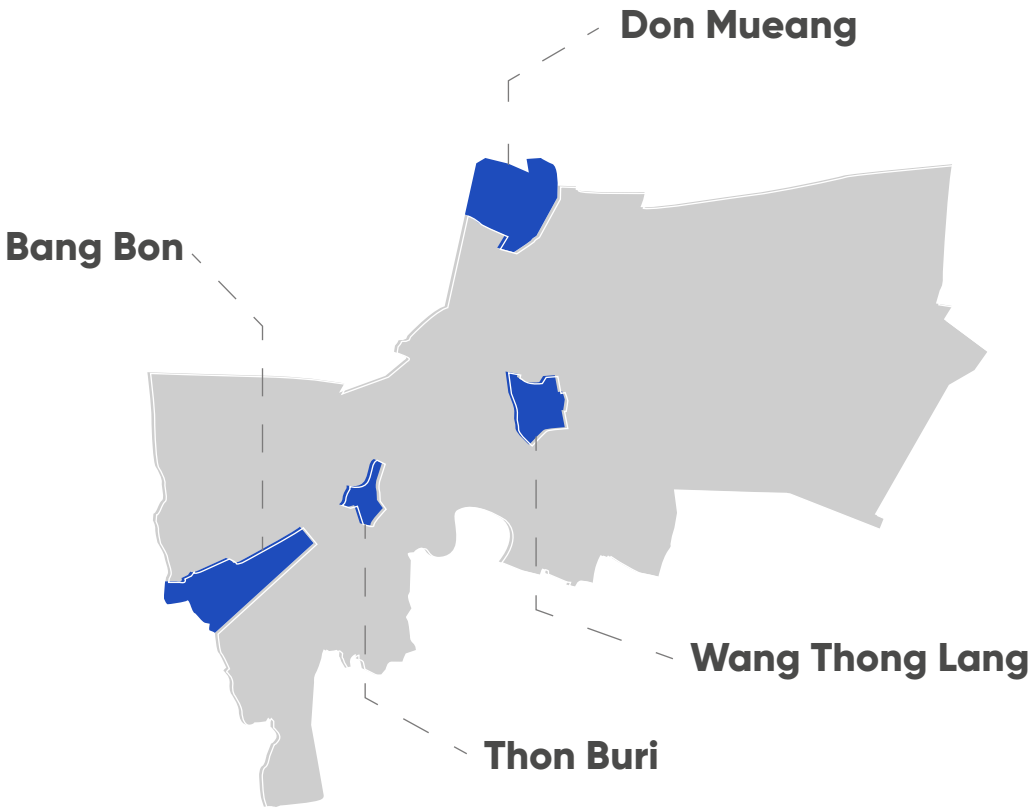
Community Participation and Innovative Solutions

- Wang Thong Lang
- Bang Bon
- Don Mueang
- Thon Buri

The government and local government, which in this report refers to the BMA, issued many measures to tackle COVID-19 to assist people in different aspects of virus prevention and health care treatment. However, the negative impacts of COVID-19 go far beyond health issues. Food insecurity has increased for the urban poor. Vulnerable people such as the elderly, chronically ill and immobile patients, people living with disabilities have been at double risk due to the unexpected and disrupted situation caused by COVID-19. On top of that, some government policies, such as lockdown measures, have caused living difficulties. Unavoidably, inequity has been widely referenced by the public and the media. However, it is hard for the government to solve structural problems rapidly during the crisis. Instead, community strength and multi-sectoral collaboration in the community can reduce the pain and improve the situation.

Thailand map

Bangkok map



Using the criteria mentioned in Part I, this report selected communities from four districts: Bang Bon, Don Mueang, Thon Buri and Wang Thong Lang. These areas were studied further to identify social innovations initiated by those communities with collaboration from other sectors. The four districts have different settings. Thon Buri district is an old town conservation area, whereas Don Mueang and Wang Thong Lang districts are commercial areas. Bang Bon district is a small-to-medium-sized industrial area that borders Samut Sakhon province, which hosts many migrant workers, especially migrant workers from Myanmar, who are employed in the fishing industry. The differences between the settings are one of the factors contributing to the variety of social innovations.

Wang Thong Lang

A community database for decision-making to identify vulnerable groups

Apart from relief measures from the government and the BMA, donations from individuals and the private sector poured in to support COVID-19 affected people, especially vulnerable groups. The fair and reasonable distribution of donations and assistance became questionable. A database to aid decision making when prioritising recipients of meals or survival packages was identified as a solution to this challenge. Not all government agencies have updated databases; some agencies did not even have a database. Communities in Wang Thong Lang District used a community database collected by themselves to identify vulnerable people in their communities so that the community committee could assist these people properly.

Wang Thong Lang District is located in the northeast of Bangkok with an area of 19.265 km^2 and a population of 107,458. [34] The community organisation council of this district, together with the community committees, developed a household database. This database was created 13 years ago and recorded the households and populations of 19 communities plus a slum area. It was used to collect a 'one-baht a day fund' and a 'Satja saving fund', which are social welfare funds for those communities. This database was updated every year. During the COVID-19 outbreak, the community committees collected data on five additional groups identified by the community as vulnerable due to COVID-19. The five groups were the elderly, chronically ill and immobile patients, people living with disabilities, single mothers, and children. It is notable that the government and the community definitions of vulnerable groups are slightly different. According to the Ministry of Social Development and Human Security's regulations, single mothers are not categorised as a vulnerable group, even in the time of COVID-19. However, because the committees live within the communities, they saw the difficulties that single mothers face.

This additional database was used for prioritising assistance to the people most in need. The committees set the assistance criteria, and the five vulnerable groups who could not help themselves were the first priority. The second priority went to the vulnerable groups who could help themselves. For example, the elderly whose children were unemployed or lost their jobs because of COVID-19 received assistance before the elderly whose children were employed. This community database was also shared with government agencies, such as the Ministry of Social Development and Human Security, and private sector donors to help these groups receive further assistance.

The lists of people most in need were proposed by the respective community committee working groups, which met every evening. The committees evaluated the situation, solved problems and made assistance plans. Survival packages and food, jointly agreed upon by the committees, were delivered to the recipients at home by the committee members. The clear criteria and transparent decision-making processes increased equity in access to assistance and reduced conflict in the communities.

Bang Bon

Equity for all, regardless of race and nationality

Different population groups may access assistance and services differently during a time of crisis. Bangkok has both registered communities and non-registered communities, plus migrant workers, as was explained in Part III. The BMA prioritises assistance and services to the registered communities before the non-registered communities and migrant workers, due to its limited financial resources and workforce.

In spite of that, Bang Bon district is an example of an industrial area reaching out to vulnerable and marginalised groups, such as migrants and the non-registered communities during COVID-19. Bang Bon District borders Samut Sakhon province, which is a centre for the fishing industry. This district consists of 12 registered and two non-registered communities covering an area of 34.745 km^2 with a population of 107,118. [27] The community committee set up a community kitchen to provide free food to people living in neighbouring communities. They did this with support and donations from government agencies such as the BMA and the Community Organization Development Institute and companies located in the district. Moreover, a Bang Bon temple, which had started organic farming shortly before the COVID-19 outbreak, regularly provided vegetables to a community kitchen. The community kitchen cooked 500 food boxes per day for four months.

It was standard practice at any relief centre or community kitchen that a recipient must present an identity card to get a food box or a survival package. This measure aimed to prevent duplication of recipients. On the other hand, this measure prevented migrant workers, especially illegal migrant workers from receiving this assistance. Therefore, the community committee decided to remove the requirement to show an identity card before receiving food and survival packages. Furthermore, the community kitchen laid out a distribution system. From both the registered and non-registered communities, a representative of each community committee took turns to submit requests for food boxes for their community. Mr Kronkit Prachavanitwong, a chairperson of the Bang Bon Ruamjai community's committee, a non-registered community, said that "we must stay united and take care of all. If migrant workers from Myanmar get COVID-19 positive, we, Thai people, are also affected". As a result, everybody in the community received thorough care, food and survival packages on an equal basis.

Most migrant workers in Bang Bon District are from Myanmar. Communication barriers were an issue when conveying health information and assistance to them. The local BMA health centre managed to produce COVID-19 brochures in Burmese language. Companies, which employed migrant workers, offered their workers from Myanmar who could speak Thai well the chance to be translators when needed. Bang Bon community action came from the participation of all sectors in society. This is an illustration of an inclusive society where people are sharing and helping each other regardless of race and nationality.

Don Mueang

An online platform for social distancing and income generation

Don Mueang district is located in the north of Bangkok, covering an area of 36.803 km^2 and housing a population of 170,791. [34] For administrative purposes, the district was divided into two zones by the number of communities and sub-districts. The community committees of both zones promoted hand hygiene, wearing masks in public places, social distancing, not gathering in groups of more than 20 people, as well as cleaning areas and the equipment of commercial premises before and after the opening hours for shops, restaurants and community markets.

Apart from the common practices mentioned above, District Zone Two, which covered Don Mueang Airport sub-district and Si Kan sub-district and totalled 45 communities, had the innovative idea to set up a local online market managed by one community. This initiative came from a meeting of community committees with the Chairperson of Zone Two. Aware of citizens' difficulties in complying with the government's lockdown measures, the committees brainstormed how to keep citizens at home without worrying about generating an income. This led to the initiation of a local online market that sought to benefit three groups of people, that are motorcycle taxi drivers, people who had their jobs lost or suspended and all community members.

The principle of the local online market was simple: turning what people have at home into money, for example, turning a home kitchen into a food delivery service. This was done by using the services of motorcycle taxi drivers in the communities rather than a service from the large 'Grab' or 'LINE Man' companies. This market was not limited to food. It included any services that community members could provide, for example, air-conditioning cleaning, pet grooming, etc. The market aimed to boost the local economy and comply with the government's lockdown measures. Dr Sriwan Tapanya, the Chairperson of District Zone Two, said: *"when government measures affect citizen's livelihoods, the citizens rarely comply because they will choose to make a living first. The development of community measures is a must to complement the government measures so that the country can move forward".*

The local online market uses a freeware app for communications on electronic devices. The committee of named Thanin Thorn 1 community has an admin page responsible for editing and deleting all pages. At present, the committees of all communities in Zone Two proposed this initiative to the Don Mueang District Office, and the chief of the district office inserted this initiative into the district strategic plan. Moreover, other districts are interested in learning how to manage a local online market and want to replicate it.

The virtual community was readily adopted in Don Mueang district because it is a commercial setting. In addition to the local online market, the district's community health charters identified the LINE application, Facebook, Email, and video call as their communication channels during COVID-19. The committees were mandated to screen and cross-check the accuracy of information before sending it to a Community LINE Group. LINE Groups between the district office and the community committees were activated to convey the correct information and measures from the BMA to communities. Online platforms and communication technology became vital tools to maintain social distancing, generate income and exchange information in the era of COVID-19.

Thon Buri

Urban farming for food security and income generation

During the COVID-19 outbreak, many communities in Bangkok started planting vegetables in pots or unused public areas such as areas along canals or footpaths for home cooking. Additionally, some communities, such as in Bang Bon district, used temple land. By contrast, other communities, such as in Wang Thong Lang district, used government land, belong to the Crown Property Bureau, to grow vegetables. Communities in Thon Buri district were not different; however, urban farming was more sustainable and valuable in that district.

Thon Buri district is located on the Chao Phraya River's western bank, with an area of 8.551 km^2 and a population of 160,049. [27] The BMA classifies this district as an old town conservation and heritage tourism area. Most communities in this district are traditional communities where citizens' families have lived for many generations. In regular times, each community committee has an individual plan to solve their community's problems. Due to COVID-19, six communities from a total of 44 communities made a joint plan in response to COVID-19.

The community plan had three phases. The first phase was a disease surveillance phase. This included sharing reminders to eat hot food, use a separate serving spoon, wash hand, wear mask, and clean; these measures were extensively promoted together with the BMA. The six communities' committees also supported their residents in making handwashing gel and fabric masks for themselves and other communities.

The second phase was about community measure development. These six communities developed a health charter for their community measures. The communities' committees organised consultative meetings with community members and local government representatives on preventive and social measures in response to COVID-19. The last phase was the recovery phase. This phase aimed to help community members survive the impacts of COVID-19 through, for example, an urban farm.

The idea of urban farming came from some of the committee members in three communities, who attended training on organic farming at a local university and began tending small organic vegetable plots. When COVID-19 hit Bangkok, vegetables from the small plots were distributed to community members for free. This initiative was then easily duplicated in three other neighbouring communities because of the apparent benefits. As well as planting vegetables and herbs such as mushrooms, winter melons, chilli, and basil, they also developed a frog farm and a catfish farm. This vegetable garden project developed into urban farming. They further planned to add food processing and marketing to reach more customers outside the six communities. The BMA planned to help the communities by providing occupational training to match their needs. As a result, what started as a food security programme for communities during the public health emergency levelled up to provide income for those communities.

05

Summary and Discussion

- Meaningful community participation
- Facilitation of community participation and strengthening communities for future health challenges
- Recommendations for tackling future challenges

This report has used selected case studies of communities in four districts of Bangkok to document the roles of local government, community leaders, and citizens in response to COVID-19 and in addressing priority issues of equity in their contexts. We found that social innovations or collective efforts emerged during the COVID-19 response and preparedness and recovery phases. Wide-ranging community measures were implemented with extensive community participation. This evidence leads us to see potential perspectives of communities and local government bodies in planning or preparing themselves for future good health and well-being beyond the COVID-19 response.

At the national level, the government issued many recovery measures to help affected people, including vulnerable groups. However, due to the COVID-19 situation and problems with government information systems, formal support from the government was delayed. People's suffering from the impacts of COVID-19 was apparent, and that called for solidarity and social responsibility. Consequently, many sectors in society actively collaborated and helped the people most affected. Of the four basic needs in life, food and health seemed to be the most affected by COVID-19 and the lockdown measures. As a result, many initiatives targeted the provision of food. Therefore, multi-sectoral initiatives and actions at the community level were apparent and comprehensible.

Social innovations and participation in response to COVID-19 from the four selected communities

Wang Thong Lang

Distinctive points or strength

- Added information to an existing community database to identify vulnerable groups for decision making to reduce inequity in access to survival packages and other assistance
- Adapted the priority setting criteria to focus on equity for and support of vulnerable groups. Therefore, vulnerabilities were categorised into five sub-groups for specific aid benefits.

Enabling factors and environment

- Strong community committee
- Regular meetings of the community, especially during COVID-19: meetings were held every evening.
- Applied the Plan-Do-Check-Act [PDCA] for survival package delivery to vulnerable groups
- Community relationships were close; the committee knew everyone in the community well. That meant they could communicate directly, clarify issues with community members and also solve conflicts during COVID-19
- Decision-making processes were transparent and participatory, as seen from the development of the criteria for survival package delivery to vulnerable groups
- Community members had the volunteer spirit: 35 volunteers performed public work without pay
- A community social welfare fund was available, initiated by the community through the so-called 'one baht a day fund' and 'Satja saving fund'
- Those collecting funds initiated the community database

- External support came from the community organisation council, CODI, the Ministry of Social Development and Social Security [Dept. of Older Persons], and the Crown Property Bureau

Challenge

- Community data management and updates were crucial, as well as managing issues concerning the privacy of personal data

Bang Bon

Distinctive points or strength

- Survival packages were provided to all, including non-registered Thai community members and migrant workers
- Burmese language communication kits were provided to migrant workers living in the community

Enabling factors and environment

- Strong community committee which met monthly
- Collective leadership was demonstrated [One interviewee said that if one leader was missing, other members could pursue a plan or an initiative]
- Continuation of participatory community development work
- Local funds were available [i.e., local health fund (NHSO), social welfare fund (CODI). Both funds are co-funded by the local government and the central government]
- Private involvement [some companies offered migrant employees to work as translators during COVID-19]
- A Buddhist temple was selected as a community centre [for spiritual support, a land plot for agriculture, and the community kitchen]
- Inclusive social practices - helping one another regardless of race, nationality or religion. This was demonstrated through collaboration and help between registered and non-registered Thai communities. This inclusive attitude helped ensure there was no spread of the virus.

Note

- This community is close to Samut Sakhon province, which was the source of a new COVID-19 outbreak, but no migrant worker cases were reported in this community

Don Mueang

Distinctive points or strength

- Using an online platform to access food, promote income generation, and ensure social distancing
- The community committee filtered the infodemic and cross-checked the accuracy of information before disseminating it to the community via modern [LINE application] and traditional [loud speaker] channels.

Enabling factors and environment

- Strong community committee with regular committee meetings
- The leader was a well-educated, young generation businessman with many connections
- Good long-term relationships and collaboration between the local government and the community. There was a LINE group between the local government and the community committee. The community's online platform was embedded in the BMA's plan.

Challenge

- Opportunity to expand the idea of online platforms to other communities/ provinces; however, accessibility to information and technology was limited for some people

Thon Buri

Distinctive point or strength

- Promoting urban farming for food security

Enabling factors and environment

- Strong community committee with regular committee meetings
- Regular meetings between community leaders of six communities led to a joint plan to respond to COVID-19 in three phases
- A pre-existing small plot urban garden in an unused public area. When COVID-19 came, this urban garden expanded into a farm on a larger scale with more people from the community involved. From three pilot communities to six active communities, and finally planned for eleven communities.
- There was a community group to fight for clean air against PM2.5 by making masks. This community group in a slum shift its focus from PM2.5 to COVID-19.
- It's a traditional community, an old settlement, joint history led to a sense of shared ownership between community members.
- University, an external supporter, provided occupational training for income-generating activities.

Challenges

- Value-added to agriculture products: food processing, packaging, marketing
- Limitation of unused public areas for farming causes difficulty in the expansion of farming activities.

Wide-ranging local measures were implemented with extensive community participation. Apart from complying with the government policies against COVID-19, communities produced fabric masks and alcohol handwashing gel for their members. The community focal points took the critical role of providing accurate information to the community. Some initiatives for food supply, data for identifying the vulnerable, and online platforms that supported social distancing were helpful in the pandemic and recovery phases.

Strong community leaders, active citizens, and support from the local government were key sources of solutions for the problems caused by COVID-19. Community members or citizens were a critical factor for success in implementation: their voluntary spirit and readiness to work for their communities without remuneration, lead to trust and a sense of belonging among members. Regular community members' meetings also built their skills in sharing information, giving constructive opinions, making decisions, and implementation. Local funds, e.g., local health funds or social welfare funds, also required the members' commitment. Strong and committed community leaders were found in the selected cases. Transparent and participatory decision-making and implementation processes also strengthened community empowerment and collective leadership. Some communities had initiated social welfare funds, e.g., the one baht a day fund and Satja saving fund. Some communities had pre-existing experience of making social contract community charters. This participation is important for community members and an overall healthy representative democracy; involving citizens in decisions renew public trust.

The Bangkok Metropolitan Administration (BMA) district offices were the local government representatives that worked closely to support the community facilities and committees in all the cases mentioned above. The Crown Property Bureau, the Community Development Organizations Institute, and the Ministry of Social Development and Social Security played important roles in supporting and building community capacity. Furthermore, the culture and relationships of community members helped the committees know everyone in the communities well. That meant that the community could rely on the cooperation of all members when needed. An inclusive society approach, regardless of race, nationality or religion, was another factor that helped the fight against COVID-19 in the Bang Bon community. Migrant workers in the community were treated the same as Thai citizens.

Challenges and opportunities to scale up or extend these practices were found in the studies. Online food management and community farming could be expanded to other communities. However, we need to monitor the data privacy of community members closely.

Participation or community engagement can be viewed from different perspectives. There are several types of community participation (see the detail in box A below). From our four case studies, some activities can be categorised as 'self-mobilisation or ownership'. The Wang Thong Lang community modified its existing database by adding some data fields to help identify which groups should be prioritised for assistance. That represented data collection by the community for community decision-making. Similarly, the community kitchen, the online platform, and urban farming in the other three districts were initiated and managed by the communities and committees.

Box A types of participation

A Passive : the community is told what is happening or what will happen through a unilateral or one-way announcement by someone else. The community has no authority over the decisions and actions taken

B Information giving or transfer : the community or some individuals participate by answering questions asked by (external) researchers, e.g., using questionnaires or similar approaches, BUT the community does not have the opportunity to design or influence the process.

C Consultation : the community participates by being consulted: having external people listen to opinions, and views and sometimes they may modify plans, BUT they do not yet involve them in decision making, and the community does not decide what to do.

D Material Incentives : the community or individuals participate by providing resources, food, cash, or other forms of incentives, BUT they have no stake in prolonging activities when the incentives end.

E Functional participation : the community participates by forming groups to meet predetermined objectives and activities after most decisions have been made. The community has limited decision making power, and other partners continue to have a part to play.

F Interactive participation : the community participates in analysis and designs action plans, strengthening local groups or institutions. The community is completely involved in decision-making with other partners.

G Self-mobilization, ownership : the community participates by taking initiatives, independently of external agents/institutions, to change systems. Sometimes, they decide to ask for support from external resources or contact others to seek technical advice. BUT the community retains control over how resources are used. The community takes greater ownership and fosters a stronger sense of belonging and responsibility.

Meaningful community participation

Community participation is important both for community members and an overall healthy representative democracy. Engaging citizens in decisions that affect them locally is one way to renew public trust and return credibility and legitimacy to all levels of government. Although participation has long been part of the planning tradition, we need to continuously find new ways to actively engage and promote citizens' role in decision-making and community life.

The participation process helps citizens understand the role they can play in deciding their own futures. In other words, citizens come to recognise that they have a contribution to make and therefore become full participants in the process, rather than waiting to see what aid and services they will receive from their government or external agencies.

It is necessary to construct participatory platforms to encourage an open exchange of information and ideas and to seek clarity about the social goals to be achieved. This requires that stakeholders consider alternative opinions, especially those of underserved minorities and vulnerable populations. This process also establishes a collective vision for the future and shared responsibility for problems by jointly identifying solutions. The active involvement of the community and citizens also ensures that solutions are tailored to meet local needs and contexts.

The COVID-19 pandemic made people in the communities more vulnerable. The use of participatory processes to respond to the crisis has created opportunities for people to solve problems to overcome or mitigate the pandemic's effects. This problem solving contributed to increasing self-esteem, reduced feelings of dependency, increased self-reliance, and developed community skills to face future challenges.

In this report, we found a wide variety of activities and forms of participation at the community level. It is recommended to give special attention to ensuring that all groups can participate, including those with specific needs and marginalised groups, to help move towards greater equity. In the Bang Bon community, they provided aid to migrant workers who were defined as having a particular vulnerability to COVID-19 and access to health services.

Community participation, sometimes called citizen involvement, is defined as the process by which members of the community with varying levels of commitment work towards their mission and goals. [35] The examples of participatory action in this report illustrated strategies that provided people with the sense that they could solve the problems caused by the COVID-19 pandemic through careful reflection and collective action.

The community participation seen in this crisis supports understanding of the development and people-centred approaches which raise awareness that development comes from and is for the people, not only for the experts. [36] These case studies have demonstrated that measures to fight COVID-19 are more effective if they are carried out with the full involvement of community members.

The implementation of community participation in activities is more straightforward at the local level than at the national level. This report found that citizens readily volunteered for activities that benefited the entire community. Actors and key stakeholders in the community were not too geographically dispersed, so all participants could easily reach the meetings or discussions. It is not difficult for small homogenous groups (in terms of culture and beliefs) to select representatives. In other words, reaching agreement in the community does not require representatives or complex technical information. Consequently, these specific and smaller groups can accelerate the decision-making process.

Facilitation of community participation and strengthening communities for future health challenges

The threat of COVID-19 is widespread, and it has placed stress on individuals and communities. Thus, the tangible benefits of collective action and participation have been emphasised, the true gains of community action can be anticipated, along with the resultant improvement in community health and well-being. Apart from conventional forums, we saw the adoption of an online participatory model in the Don Mueang case study. The 'virtual online community' facilitated the sharing of participation and implementation.

Other case studies demonstrated appropriate organisational structures that could express the interests of the communities. However, some activities require more apt experience and competencies, which may sometimes require organising a more neutral group than exists within communities.

During the pandemic and under the limitations caused by the central government measures, the locals found positive ways to cope with the threats to their way-of-life. There were individuals, groups, and networks in communities that voluntarily chose to act responsibly and stressed their commitment or sense of obligation to improve the community.

The selected case studies found that community participation contributed to the management of the COVID-19 crisis. That is why those communities found powerful motivation. The closing of major activities and schools and the loss of public services are examples of threats to their way-of-life that have served as rallying points for citizen engagement.

Participatory approaches should respect local culture and, in some cases, embeded power relationships that may support or oppose the agreed activities. To promote participation, we should assess and understand the context and existing participatory structures in the community. It helps to find ways to support and further develop or adjust them to ensure that participation is as representative and inclusive as possible. [37] This approach reinforces a sense of dignity, reducing vulnerability and also helps build local capacity.

Some factors influenced the level of participation of people in community development, including leadership, the diversity of communication channels infrastructure development to support the community's communication, precedence allocation to specific social and economic groups in the community, and regular practice of traditional and cultural activities. [38] People cooperate well when human resources in the community are developed, and they can see the advantages of joining the activities.

Recommendations for tackling future challenges

According to the crucial enabling factors found in the study, we make the following recommendations to communities and local government bodies planning or preparing themselves for future health and well-being challenges, as listed below.

1 Strong Leader and Collective Leadership : Strong community leaders and collective leadership (citizen) in the community are common in successful cases. Although some individuals may be natural leaders, practical experience can develop people's leadership skills in the community. Local forums for listening, dialogue, information exchange, feedback, and complaints can build trust among the people in the community; this includes traditional and cultural activities in the community. Therefore, the promotion and facilitation of regular community activities are recommended.

2 Accurate and Timely Communication : Communication in the community is important for timely information dissemination. Suitable channels and communication infrastructure should be supported either by the community or external partners. Communicative leadership was a success factor; double-check mechanisms to ensure that information is accurate and safe are recommended.

3 Collaboration and Mutual Respect : Local government and external partners play significant roles in providing technical support, financial support and public infrastructure. It is noted that this collaboration should consider the issues of ownership, harmonisation and alignment with a community's way. This leads to independent initiatives with a desirable level of participation in community empowerment.

4 Evidence Informed Decision Making : Evidence informed policy and decision making processes are important. Well established data sets are recommended for community friendly use. This information is used to monitor and assess implementation and shared for the cross-sectoral benefits of achieving common goals.

5 Sustainable Multi-Sectoral Collaboration Mechanism : To work towards good performance levels, citizens and organisations should develop and sustain strong, supportive relationships with other organisations across different sectors. This mechanism for inclusive multi-sectoral collaborative practice in the community is a learning process that helps communities prepare for effective crisis response.

Recommendations for tackling future challenges

Strong Leader and Collective Leadership

Accurate and Timely Communication

Collaboration and Mutual Respect

Evidence Informed Decision Making

Sustainable Multi-Sectoral Collaboration Mechanism

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