

COUNTRY BRIEF

THAILAND

Rapid Review of Global Social Protection Responses to the COVID-19 Pandemic

EVALUATION OFFICE

August 2021

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Rapid Review of Global Social Protection Responses to the COVID-19 Pandemic Thailand Country Brief

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For further information, please contact:

Evaluation Office
United Nations Children’s Fund
Three United Nations Plaza
New York, New York 10017
evalhelp@unicef.org

Preface

The COVID-19 pandemic has had adverse effects on every area of our lives and the vulnerable have been most affected. Evidence gathered by UNICEF and its partners around the world shows that children have been disproportionately affected by the pandemic, and its adverse effects are not just those that have been observed immediately but it is likely to have far-reaching consequences on their lives. In response, countries have been able to use various social protection response and other measures to ease the immediate and long-term effects of COVID-19 on children. To draw important lessons from these interventions and enrich the evidence base for on-going decision making, the Evaluation Office launched a global and country level reviews of social protection responses that been instituted.

This report is a result of a review of the country's COVID-19 response that brings together evidence from document reviews, data analysis, key informant interviews and stakeholder validation webinars that has been outlined under direct and indirect impacts of the pandemic, social protection responses, analysis of gaps and key findings and conclusions. It is anticipated that the review will support decision-making at country level in future programming for social protection interventions by providing key insights on actionable conclusions for improving social protection responses based on the analysis of the depth COVID-19 impact and outlining the effects of various response actions that were undertaken.

We would like to extend our gratitude to our partner the Economic Policy Research Institute (EPRI), particularly Michael Samson the Director who provided the guidance to his team and Mauricio Boehl Gutierrez who worked together with the evaluation office, regional and country office teams in collecting data and putting together the review report. UNICEF colleagues in the Social Policy Section at Head Office, particularly David Stewart, and Natalia Winder-Rossi provided valuable support and feedback to during the review. The roles played by the respective colleagues from the UNICEF Regional and Country Office, especially Social Policy teams, in facilitating the smooth execution of this review, despite the constraints placed on them by COVID-19, cannot go without mention.

In concluding, we would like to acknowledge the good work done by my colleagues in the Evaluation Office for their work on seeing the evaluation review report through. Denis Jobin managed the review exercise and quality reviewed the review report with technical support from Adrian Shikwe and George Laryea-Adjei (Director of the Evaluation Office (2017-20)). As always, Celeste Lebowitz and Geeta Dey provided strong administrative support and setting up throughout the evaluation.

We commend the efforts of all colleagues and believe that our colleagues in the country and the region at large will find the insights of this review exercise useful and timely.

Denis Jobin, M.A., M.A.P., Senior Evaluation Specialist
Evaluation Office
UNICEF

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1. Introduction

With effects that will likely reverberate for decades, the COVID-19 pandemic unleashed a system of cascading and interacting epidemiological, social, economic, and political shocks affecting Thailand along with the rest of the world. Policy-makers' thinking of a dual crisis—health and economic—has transitioned into a more profound understanding of the complex multidimensional consequences that threaten to intensify inequality and to exacerbate existing fragilities. The crisis has tested the overarching models defining social protection and inspired governments and their development partners around the world to interrogate this policy sector's central aims—expanding from addressing poverty and vulnerability to building shock-responsive frameworks that strengthen resilience¹ and contribute to inclusive social development and equitable economic growth.

UNICEF's Evaluation Office and Programme Division jointly commissioned the Economic Policy Research Institute (EPRI), a global research institute based in Cape Town, to conduct a rapid review of social protection responses to the COVID-19 pandemic. This country brief presents the initial findings of the rapid review's research about Thailand's social protection response to the crisis. The review is based on desk research, interviews with key informants, and interaction with 19 other country case studies. In total, the research team interviewed 233 key informants and organised 22 webinars. The rapid review's methodology overview provides a full description of the methodological approach.²

The first section of the country brief covers the health, economic and social impact of COVID-19 on Thailand. The next section (section 2) describes the socio-economic impacts that the pandemic caused. Section 3 focuses on the social protection responses undertaken by the state and other development partners to mitigate the adverse impacts of the pandemic. The fourth section features the analysis of gaps and findings in the social protection response, followed by a final section (section 5) on the research conclusions.

¹ Transform. (2020). *Shock Responsive Social Protection – Manual for Leadership and Transformation Curriculum on Building and Managing Social Protection Floors in Africa*. Retrieved from <http://transformsp.org> and <http://socialprotection.org/institutions/transform>

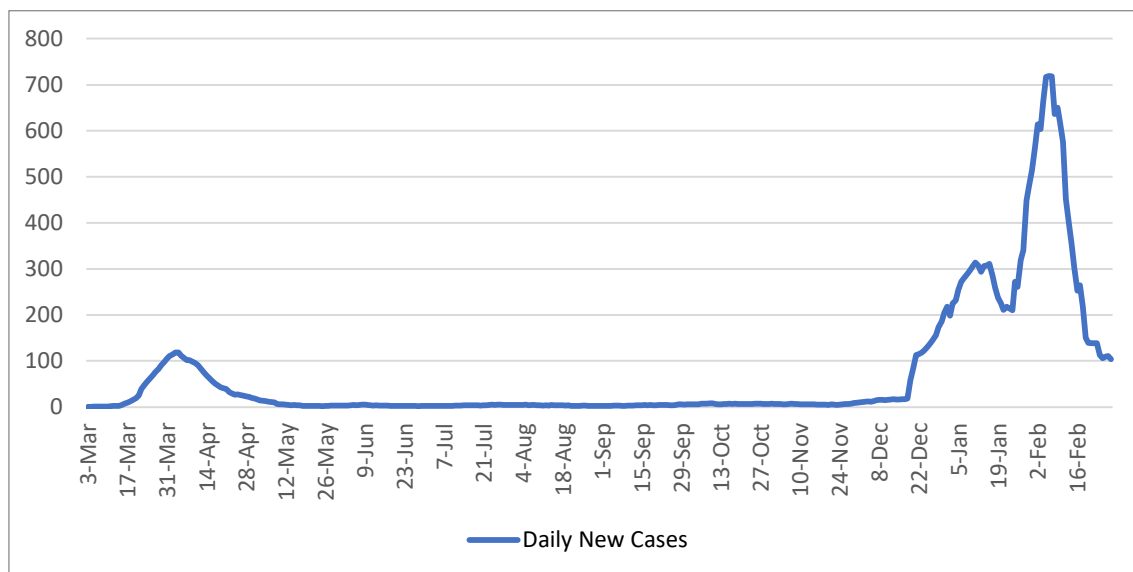
² UNICEF & EPRI. (2020). *Rapid Review Methodology Note*. Retrieved from <https://www.dropbox.com/s/k4wchisnytpziif/UNICEFHqCOVIDrrMethodologyNote20210805aMBG.pdf?dl=0>

2. Direct and indirect impacts of the pandemic

2.1. Health

The health risk from COVID-19 depends on several factors, including age, socio-economic circumstances, and other individual medical factors, along with public health practices and infrastructure. The median age in Thailand is 40.1 years,³ with 11.8% of the population above the age of 65 (and 6.9% of the population older than 70).⁴ In terms of risk factors for health, an estimated 7.0% of the population suffers from diabetes,⁵ while 46.6% of males and 2.6% of females smoke.⁶

Figure 1. Daily new COVID-19 cases as of 16 February 2021



Source: European Centre for Disease Prevention and Control

Figure 1 above illustrates the two waves that Thailand experienced since the start of the pandemic through February 2021. March to May 2020 recorded a spike in deaths, which flattened from June to December, beginning to increase again from January 2021. The daily cases sharply rose from December 2020 to February 2021, peaking with 718 cases on 7

³ Appel, C., Beltekian, D., Gavrilov, D., Giattino, C., Hasell, J., & Macdonald, B., Mathieu, E., Ortiz-Ospina, E., Ritchie, H. & Roser, M. (2020). *Data on COVID-19 (coronavirus) by Our World in Data*. Retrieved from <https://github.com/owid/covid-19-data/blob/master/public/data/README.md>

⁴ UN DESA. (2019). *Data by World Population Prospects*. Retrieved from <https://population.un.org/wpp/Graphs/Probabilistic/PopPerc/70plus/764>

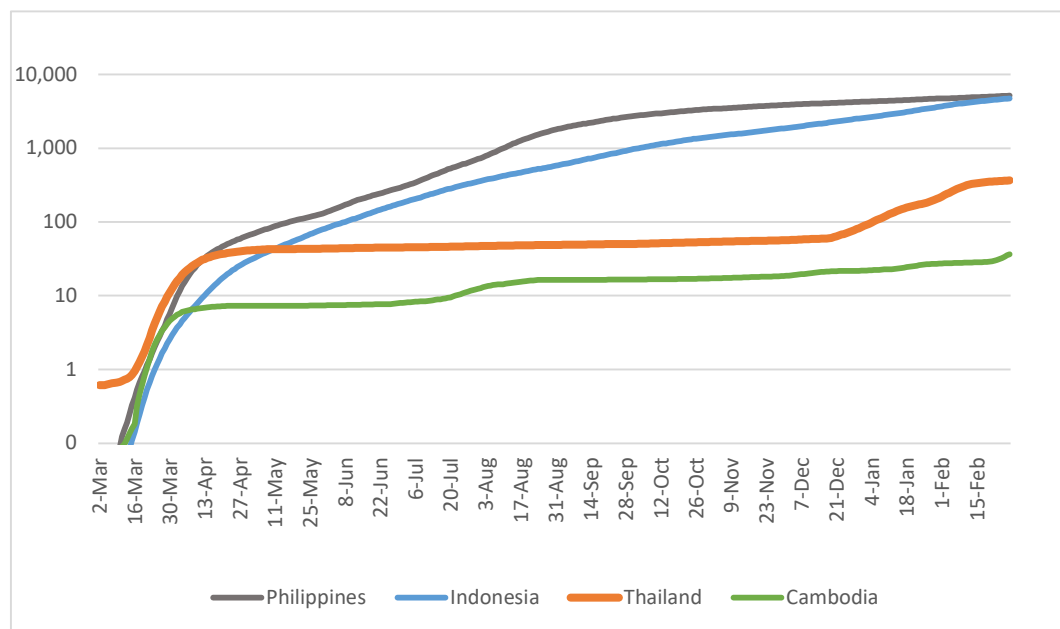
⁵ International Diabetes Federation. (2021). *Diabetes Atlas*. Retrieved from <https://www.diabetesatlas.org/data/en/country/196/th.html>

⁶ WHO. (2018). *Factsheet 2018 Thailand*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/272690/wntd_2018_thailand_fs.pdf?sequence=1

February 2021 and further decreasing to less than 110 cases by the last week of February 2021 (14-day average). A third and worse wave accelerated from April 2021, reaching an estimated 4,000 cases per day in June 2021.

Thailand’s caseload and morbidity rates throughout 2020 ranked the nation amongst the lowest in Asia and the world. *Figure 2* compares deaths per million people, illustrating the nation’s success vis-à-vis similarly affected countries in Asia. According to a key informant, Thailand and New Zealand are among the countries that most effectively managed the epidemiological shock in 2020. (THU1)⁷ Even in the face of the latest wave of the pandemic, Thailand has faced one of the lowest mortality rates in the world, with a cumulative mortality rate of 18 deaths per million people as of 7 June 2021, compared to 59 in Myanmar, 255 in India, 962 in South Africa, 2,232 in Brazil, 1,887 in the United Kingdom and 1,806 in the United States.⁸

Figure 2. Total COVID-19 cases per million people – Regional Comparison



Source: European Centre for Disease Prevention and Control

⁷ This paper references quotations and other evidence from the study’s key informants using a four-character code with the first two letters indicating the country code corresponding to the respondent.

⁸ John Hopkins University CSSE COVID-19 Database. Accessed 8 June 2021.

2.2. Economic impact

With GDP at USD 7,295 per capita (current prices 2020),⁹ the World Bank ranks Thailand as an upper-middle-income country.¹⁰ Based on World Economic Outlook (WEO) estimates from the International Monetary Fund (IMF), the COVID-19 crisis has been associated with a projected economic growth rate in 2020 that is 10.1 percentage points lower than the pre-pandemic predictions, worsening the situation of marginalised groups in Thailand.¹¹ In 2020, Thailand witnessed a negative GDP growth rate of 6.1% with the economic projections for 2021 range between 2.5 to 3.5% as of 15 February 2021.¹²

Government expenditure as a share of GDP for 2021 is projected to be 25.9%, representing a decrease of 0.3 percentage points compared to 2020.¹³ Over the next three years, the IMF predicts that government expenditure as a share of GDP will decrease to 23.0% by 2024.¹⁴ *Figure 3* highlights that general government expenditure increased in 2020 and will slowly decline in the following years without falling below pre-COVID-19 figures. Government revenue is estimated to remain stable and has not shown a significant deviation since before the pandemic.¹⁵

As a health, economic, and social shock, COVID-19 has highlighted vulnerabilities in Thailand. In urban areas, casual workers in the private sector, particularly in tourism, are most likely to suffer livelihoods loss.¹⁶ The government and Bank of Thailand (BOT) introduced multiple

⁹ International Monetary Fund. (2020). *World Economic Outlook Databases*. Retrieved from <https://www.imf.org/en/Publications/SPROLLS/world-economic-outlook-databases#sort=%40imfdate%20descending>

¹⁰ World Bank. (2019). *GDP per capita (current US\$) - Thailand | Data*. Retrieved from <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=TH>

¹¹ The decline in GDP growth for the year 2020 is calculated as the World Economic Outlook's forecast for 2020 from October 2020 (-7.1%) compared to the counterfactual calculated as the World Economic Outlook's forecast for 2020 from October 2019 (3.0%).

¹² Office of the National Economic and Social Development Council (NSEDC). (2021). *Thailand's Economic Outlook and Key Economic Policies*. Retrieved from https://www.boi.go.th/upload/content/Thailand%20Economic%20Outlook%202021%20EN_6034b4cfeaaf8.pdf

¹³ International Monetary Fund. (2020). *World Economic Outlook Databases*. Retrieved from <https://www.imf.org/en/Publications/SPROLLS/world-economic-outlook-databases#sort=%40imfdate%20descending>

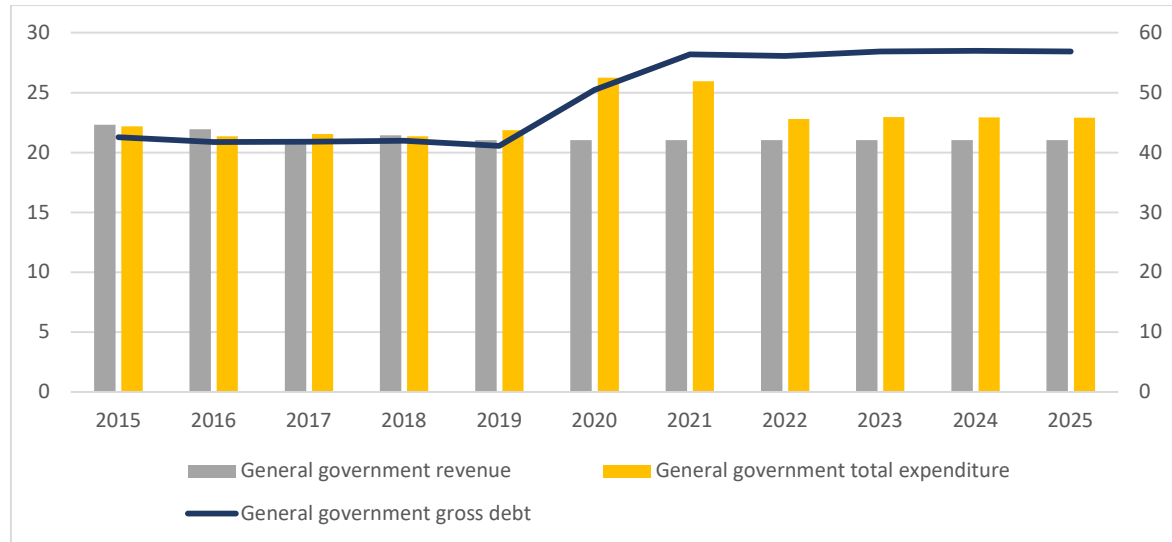
¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Oxford Policy Management & United Nations Thailand. (2020). *Social Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

relief and stimulus packages, totalling USD 71.4 billion to combat the negative effects of COVID-19.¹⁷

Figure 3. Actual, estimated, and projected fiscal indicators (2015-2025) as a % of GDP



Source: World Economic Outlook, IMF

2.3. The health-economic trade-off

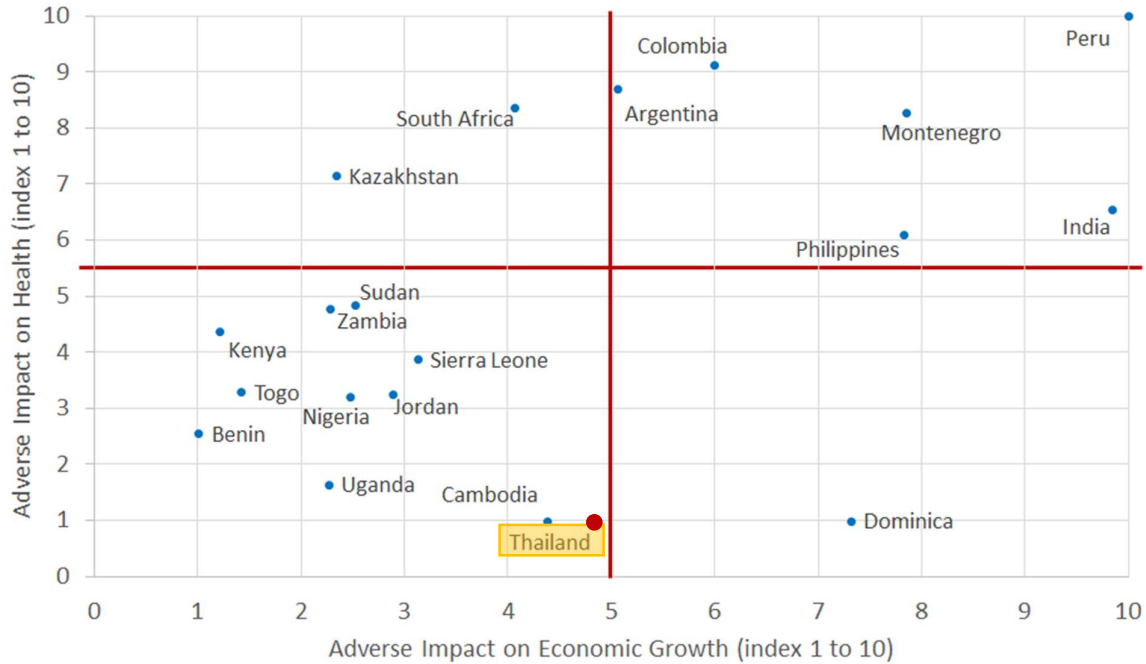
Figure 4 locates Thailand within a global comparison of the health versus economic impacts of the COVID-19 pandemic. The vertical axis measures COVID-19 morbidity (deaths per million) on an indexed log scale. The horizontal axis measures projected economic growth impacts relative to the counterfactual pre-COVID-19 projections.¹⁸ Thailand falls in the lower-left quadrant, reflecting average economic impacts but some of the best health results in the world. Strikingly, the graph does not illustrate a clear trade-off between economic and health objectives. Argentina, Colombia, Peru, Montenegro, the Philippines, and India (in the upper-right quadrant of the graph) have suffered severe health and economic impacts. Most countries (11 nations fall in the lower-left quadrant of the graph) have largely contained the worst of the shocks. Benin, Togo, and Kenya have avoided the worst economic shocks with varying but moderate health consequences. Zambia, Sudan, Sierra Leone, Jordan, Nigeria and Uganda have suffered greater economic growth declines and varying health shocks. Like

¹⁷ The Economist Group. (2020). *COVID-19 Economic Impact Assessment for Thailand*. Unpublished

¹⁸ UNICEF & EPRI. (2020). *Rapid Review, Methodology Note*. Retrieved from <https://www.dropbox.com/s/k4wchisnytpziif/UNICEFhqCOVIDrrMethodologyNote20210805aMBG.pdf?dl=0>

Thailand, Cambodia has minimised the health shock but has suffered greater economic growth declines—although its economic performance exceeds the global average.¹⁹

Figure 4. The health-economic trade-off



Source: ECDC database accessed 19 September 2020; IMF World Economic Outlook Database, Oct 2019 and Apr 2020

2.4. Social impacts

COVID-19 poses not only a health and economic threat, but the direct and indirect consequences also fuel a cascading and interacting set of social shocks that increase economic and gender inequality, exacerbate gender-based violence, threaten children’s security and psychosocial well-being, and erode opportunities for education and human capital development, with social norms directing gendered impacts. Intersecting inequalities—including gender, ethnicity, disability, geography, and age—shape the pandemic’s differential effects. This report section greatly benefitted from the findings of the Social Impact Assessment conducted by UN Thailand and Oxford Policy Management.²⁰

¹⁹ The Pearson correlation coefficient (r) is 46%

²⁰ Oxford Policy Management & United Nations Thailand. (2020). Social Impact Assessment of COVID-19 in Thailand. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

2.4.1. Education

In Thailand, the crisis led to the temporary closure of schools (March to June 2020), leaving 13 million students unable to attend school (pre-primary to upper-secondary) physically.²¹ The pandemic may create a supply- and demand-side shock, both in the immediate phase and after re-opening, potentially impeding overall educational access.²² Thailand faces challenges in the divide between urban and rural schools. Net enrolment rates for upper-secondary and vocational education are below targets, with 38,000 young people out of school.²³ 24.6% of boys and 11% of girls of upper secondary school age are reported out of school at the beginning of the school year.²⁴

Furthermore, the inability to access online education due to a lack of necessary technologies, like computers and tablets, hinders students' access to emergency remote education services. In a survey conducted by the National Statistical Office of Thailand in April 2020, 50.8% of respondents did not have an electronic device to participate in online schooling from home, while 26.3% did not have adequate internet facilities at home.²⁵

2.4.2. Gender-based violence

The pandemic's economic shocks have significantly increased the risk of abuse, exploitation, and violence.²⁶ Households face growing challenges as they struggle to cope with the future of economic uncertainty and to adapt to new public health measures.²⁷ Violence against women and gender-based violence often goes underreported.²⁸ Past experiences have shown that economic crises can lead to an increase in domestic violence.²⁹ The pandemic's adverse impacts have led to families redistributing care work within households, placing increased

²¹ UN Thailand. 2020. *With a school year like no other set to start, UNICEF ramps up support to keep children safe during school reopening*. Retrieved from <https://www.unicef.org/thailand/press-releases/school-year-no-other-set-start-unicef-ramps-support-keep-children-safe-during-school>

²² Oxford Policy Management & United Nations Thailand. (2020). *Social Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

²³ Ibid.

²⁴ National Statistical Office & UNICEF Thailand. (2020). *Survey Findings Report August 2020*.

Retrieved from

<https://www.unicef.org/thailand/media/5146/file/Multiple%20Indicator%20Cluster%20Survey%20Q19.pdf>

²⁵ Oxford Policy Management & United Nations Thailand. (2020). *Social Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ WIEGO. (2019). *Informal Workers in Urban Thailand: A Statistical Snapshot*. Retrieved from http://www.nso.go.th/sites/2014en/Survey/social/labour/LaborForce/2017/Informal_2017.pdf

pressure on women juggling the balance between domestic work, employment, and the provision of care.³⁰ The Ministry of Social Development and Human Security (MSDHS) provides a hotline run by social assistance centres and provincial emergency shelters for children and families in crisis. Around 275,000 women and children have received support from One-Stop Crisis Centres (OSCCs), as part of social assistance centres, between 2004 and 2019.³¹

2.4.3. Food security

COVID-19 has a direct impact on food supplies and consumption patterns. As a result of the lockdown and loss of income, households have started relying more on the consumption of cheaper, ultra-processed foods.³² The closure of schools and Early Childhood Centres (ECD) particularly impacted the access to quality food among young children from poor households. (THU1) The increasing rate of poverty reflects families having less disposable income to allocate towards the consumption of nutritious food. Malnutrition has a disproportionately high impact on children, adversely affecting vital developmental stages. It can have a cascading effect on growth, cognition, learning outcomes, as well as intergenerational consequences.³³ Health care systems have shifted their focus to COVID-19 response and preparedness, leading to disruptions and suspensions of some nutrition services delivered as part of Universal Health Coverage (UHC) due to reductions in the number of available healthcare workers.³⁴ In Thailand, due to pre-existing patterns of inequity, some provinces and social groups are at higher risks than others. Without effective mitigation strategies, these groups could experience significant dangers of malnutrition and food insecurity. A focus on nutrition is crucial to prevent the emergence of a potential triple burden of malnutrition (undernutrition, micronutrient deficiency, and increased incidence of overweight and obesity).³⁵

2.4.4. Adaptive livelihoods and employment

Pandemic-related employment losses in Thailand demonstrated an urban bias. Between April and September 2020, the most affected areas were previously more advantaged, including

³⁰ United Nations Thailand. (2020). *Protecting the most vulnerable from the impact of COVID-19*. Unpublished.

³¹ Oxford Policy Management & United Nations Thailand. (2020). *Social Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

Bangkok and other urban areas.³⁶ Most job losses were concentrated in the industry sector (manufacturing and construction), tourism and other services, often pushing casual workers in these sectors into poverty.³⁷

The tourism sector accounts for 10% of Thailand's GDP. The abrupt disruption of trade and tourism has caused unprecedented economic contraction and affected a large proportion of individual livelihoods.³⁸ Tourism is likely to experience continued loss of jobs, incomes, and livelihoods, affecting 3.5 to 3.7 million individuals.³⁹ Relative to other sectors, tourism employs a higher proportion of women (12%) than men (6%), and since the pandemic has severely hit this sector, women are more likely to face livelihood loss.⁴⁰

Thailand also faces a challenge in providing support to informal workers. As of 2018, there were an estimated 21.2 million informal workers and 17.1 million formal workers.⁴¹ Women constitute 55% of informal workers in Thailand.⁴² Informal workers, comprising more than half of Thailand's working population, are not covered by formal social security schemes, making them a high-risk group particularly vulnerable to the pandemic's adverse impacts.⁴³

3. Social protection responses

Thailand introduced various programmes to mitigate the impacts of COVID-19. Table 1 below details the social protection responses. The Ministry of Social Development and Human Security (MSDHS) is responsible for supporting the provision of social welfare services to people affected by crises and disasters. The MSDHS has the role of expanding the provision of cash support, according to the regulation on the use of contingency funds.⁴⁴ However, the

³⁶ Ibid.

³⁷ Ibid.

³⁸ Trading Economics. (2020). *Travel and Tourism Index*. Retrieved from <https://reports.weforum.org/travel-and-tourism-competitiveness-report-2019/rankings/>

³⁹ United Nations Thailand. (2020). *Protecting the Most Vulnerable from the Impacts of COVID-19*. Draft Brief Note. Unpublished.

⁴⁰ Oxford Policy Management & United Nations Thailand. (2020). *Social Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

⁴¹ Ariyapruchya, K., Nair, A., Yang, J. & Moroz, E. (2020). *The Thai economy: COVID-19, poverty, and social protection*. World Bank Blogs. Retrieved from <https://blogs.worldbank.org/eastasiapacific/thai-economy-covid-19-poverty-and-social-protection>

⁴² WIEGO. (2019). *Informal Workers in Urban Thailand: A Statistical Snapshot*. Retrieved from http://www.nso.go.th/sites/2014en/Survey/social/labour/LaborForce/2017/Informal_2017.pdf

⁴³ Ibid.

⁴⁴ UNICEF. (2020). *An initial assessment of the state of shock responsive social protection in Thailand*.

Ministry of Finance also played a significant role in leading the economic response to the pandemic. (THU1)

Stimulus packages that support pre-existing social protection programmes, such as the Child Support Grant, Disability Grant, Old Age Allowance and State Welfare card, provide effective vehicles to reach vulnerable individuals and households across Thailand.⁴⁵ Focusing on existing programmes sidesteps the complexity of creating new schemes and increases the capacity to reach households who may not readily benefit from newly announced measures. New non-contributory measures provided a benefit of USD 167 (THB 5,000) for three months to three million informal workers.⁴⁶

Those formally employed and covered by the Social Security Fund (SSF) received unemployment compensation up to 50% of their salary.⁴⁷ In May 2020, 1.1 million people applied for unemployment benefits, out of which 958,304 were eligible.⁴⁸ According to an assessment by UN Thailand and Oxford Policy Management in July 2020, an estimated 207,895 individuals remain unpaid, with almost 30,000 awaiting the verification process.⁴⁹

Supported by an allocation from the fiscal stimulus package, healthcare spending in Thailand is expected to rise by 1.7%.⁵⁰ In response to the crisis, 1.4 million workers applied for jobless/suspension benefits, with 1.3 million approved.⁵¹

⁴⁵ United Nations Thailand. (2020). *Protecting the Most Vulnerable from the Impacts of COVID-19*. Draft Brief Note. Unpublished.

⁴⁶ Ibid.

⁴⁷ Oxford Policy Management & United Nations Thailand. (2020). *Social Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ariyapruchya, K., Nair, A., Yang, J. & Moroz, E. (2020). *The Thai economy: COVID-19, poverty, and social protection*. World Bank Blogs. Retrieved from <https://blogs.worldbank.org/eastasiapacific/thai-economy-covid-19-poverty-and-social-protection>

Table 1. Social protection responses as of February 2021

Type of measure	Description
Main pre-existing social protection programmes	<ul style="list-style-type: none"> • Social Security Scheme (SSS) benefits workers in the formal sector and migrant workers with work permits. This scheme encompasses 12.75% of the worker’s salary, and the contributions are shared between the workers, employers and the government. • Child Support Grant Program provides Social Assistance for households with children under six years of age, with an income lower than USD 3028 (THB 100,000) per annum. Benefits include USD 20 (THB 600) per month. Coverage in 2019 included 700,000 children, with mothers and other caregivers receiving the grant for the benefit of the children. • Old Age Allowance provides USD 20 (THB 600) for older people aged between 60-69 years, with the benefit amount increasing by THB 100 for each additional ten years of age.
Adaptations to pre-existing social protection programmes	<ul style="list-style-type: none"> • Equitable Education Fund USD 66 million (THB 2 billion) towards the cost of living for more than 750,000 children in vulnerable families. • Expansion of the Social Security Fund (SSF), providing support to workers and their families. It also provides increased compensation rates of up to 50% of the salary. The Social Security Office (SSO) has a total disbursement of USD 76.3 million (THB 2.3 billion). • Emergency top-up funding of USD 33 (THB 1,000) to the Child Support Grant Scheme, Disability Grant Scheme, Old Age Allowance, and State Welfare Fund for a period of 3 months from May to July 2020
New social protection programmes	<ul style="list-style-type: none"> • A non-contributory measure provides USD 166 (THB 5,000) for three months to three million informal workers, not covered by the SSF. • Coverage extended from 14 million to 16 million, and the government accepted the proposal to provide aid to ten million farmers.

Source: EPRI 2020, UNDP 2020, World Bank 2020

4. Analysis of gaps and findings

Various pre-existing factors have supported Thailand's ability to handle the COVID-19 pandemic, including a robust health system. As the government health system is quite advanced, Thailand is not reliant on international donor funding and does not require additional healthcare programming. Additionally, *“community-level engagement and outreach implemented by volunteers on risk communication and behaviour were very effective.”*⁵² (THU1)

The impact of COVID-19 on recipients of social protection programmes will depend on the level of investments in health and education and the macro-fiscal response in the medium- to long term. Social protection programmes enable access to social services, such as health and education, and act as a safety net to mitigate the negative impact on incomes and health shocks. The Government of Thailand was one of the first countries in the region to implement various emergency social protection responses. The pre-existing health infrastructure and robust transfer schemes enabled the successful top-ups to these programmes and made for a *“good foundation to make horizontal and vertical expansions.”* (THU1)

With support from a remarkably coordinated UN alliance co-led by UNICEF and ILO, the Government of Thailand moved quickly to deliver new cash benefits to millions of people, strengthening public health measures in the process and implementing one of the world's most successful examples of pandemic control. The Government of Thailand vertically expanded existing cash transfer programmes, including the six-year-old Child Support Grant, as part of a larger initiative that included new cash transfer programmes (*See Box 1*). The previous expansion of the Child Support Grant included an age expansion to six years of age and an increase of the income threshold. UNICEF Thailand's strategic intervention with other UN agencies enabled the government's response framework to include expansions of social grants, which was initially not a part of the immediate plan. (THU1) A UN informant commented that the *“pandemic has improved the United Nations acting as one”* and strengthened collaboration among different development partners. (THU1) Box 1 below describes the global best practice model of United Nations agency cooperation supporting the Government of Thailand's comprehensive and timely social protection response to the COVID-19 pandemic.

⁵² *Worldometer*. (2020.). *Thailand*. Retrieved November from <https://www.worldometers.info/coronavirus/country/thailand/>

Box 1. *UN agency cooperation supporting the Government of Thailand's comprehensive and timely response*

In the face of the escalating COVID-19 pandemic, the Government of Thailand and UN agencies moved quickly to plan a response. In March 2020, UNICEF in partnership with ILO, UN WOMEN and IOM submitted to the government an initial technical note proposing social protection responses to the pandemic. While the government launched a range of measures to mitigate the immediate economic impact of COVID-19, there were concerns about the impact on the most vulnerable population, including children, older people and persons with disabilities. The technical note recommended measures to top-up the major social transfers as a rapid way of reaching them, and provided the government with costed policy options.

Following review of the technical note and in the face of further advocacy efforts, on 18 June 2020, the Cabinet approved emergency support to grant monthly payments of 1,000 Thai baht (USD 32) for three months, on top of pre-existing social protection programmes. The social grant top-ups have reached an estimated 8 million families, including Child Support Grant recipients, supported by a budget of THB 23.8 billion (USD 765 million USD) as of July 2020. This complements other measures that the government has taken, such as the cash transfers to approximately 24 million beneficiaries including informal sector workers and farmers. Furthermore, the National Child and Youth Committee approved a universal child support grant proposal to be submitted to the cabinet in 2021.

Thailand has provided a global model of success in developing an integrated social response. A UNICEF key informant explained that the nation's pre-existing electronic payment system created "a good foundation" to support the vertical expansions that the new policies represented. (THU1)

The crisis has galvanised various policy measures in the social protection sector supported by the UN agencies on an unprecedented scale. The experience reveals the importance of integrated collaboration, more comprehensive social protection initiatives, and improved systems that remedy coverage gaps. UN agencies, under the co-leadership of the ILO and UNICEF, are further working on a social protection diagnostic review to generate evidence and policy recommendation supporting a more comprehensive social protection system in Thailand.

Digital innovation demonstrates the value of learning-by-doing processes. Thailand achieved remarkable success in processing 28 million applications for a new social protection programme in just a few weeks—but the accomplishment required serious effort and iterative approaches.⁵³ In rolling out a cash transfer programme for workers in the informal sector, the Government of Thailand had to estimate the number of individuals this programme would cover. The government revised the initial estimate of three million beneficiaries after the initial flood of 28 million applications.⁵⁴ Deficiencies with syncing across databases caused numerous individuals to have their applications rejected due to a misclassification of certain informal sector workers as ‘farmers’. While there was a separate programme targeting farmers, the website did not connect these individuals with the programme in which they should be. The government proactively revised its initial target of three million to nine million and eventually 15 million individuals.⁵⁵ They were declared eligible by using various government registries to filter those who did not meet the criteria. The national ID number, linked to existing bank accounts, helped expedite this process. The Government of Thailand, facing an enormous challenge, adopted a bold learning-by-doing approach, accepting short-term failures to build a more rapid pathway to long-term success, effectively implementing the cash transfer programme and extending the benefits to registered informal workers.⁵⁶

5. Conclusion

Thailand’s strong and effective response to COVID-19 building on a collaborative approach with multilateral organisations has helped improve coverage for vulnerable groups. In light of Thailand’s success in implementing and advocating for more inclusive cash transfer schemes, the next step aims to ensure programmes provide universal benefits that reach all those affected by the crisis. There remain gaps in protections granted to vulnerable populations, such as informal workers, children, and unregistered groups that do not have technological access.

⁵³ World Bank. (2020). *Scaling Up Social Assistance Payments as Part of the COVID-19 Pandemic Response*. Retrieved from <http://pubdocs.worldbank.org/en/655201595885830480/WB-G2Px-Scaling-up-Social-Assistance-Payments-as-Part-of-the-Covid-19-Pandemic-Response.pdf>

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

The COVID-19 pandemic has presented an opportunity to expand a comprehensive and shock-responsive social protection system that includes the most vulnerable. The primary policy response that has worked most effectively in every region of the world has been to embrace a universal (or near-universal) social protection response. Universal measures are the most pandemic-sensitive responses—they do not require fieldworker-intensive targeting activities, case management interactions, or grievance appeals. The universal crisis that COVID-19 represents requires a universal response to ensure that no one is left behind.