

Successful Integration of Policy Implementation by the Ministry of Interior and the Ministry of Public Health Through the Phuket Provincial Communicable Disease Committee During the Spread of the COVID-19 Pandemic: An Evidence from Phuket District in Thailand

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Abstract

The objectives of this research were to examine the process of integrated policy implementation by the Phuket Provincial Communicable Disease Committee, an integrated government body between the Ministry of Interior and the Ministry of Public Health at the provincial level during the spread of the COVID-19 pandemic in Phuket district and propose a model for effectively integrated policy implementation by two or more government agencies during a crisis. Qualitative method research was adopted. Documentary research and in-depth interviews were two qualitative methods employed to accomplish the research objectives. The results revealed that key success factors of public policy implementation process, integrated government, and cross-sector collaboration enabled the success of integrated policy implementation by the Phuket Provincial Communicable Disease Committee, as evidenced in Phuket district of Phuket province.

Keywords: COVID-19, Integrated Government, Integrated Policy Implementation, Phuket District, Provincial Communicable Disease Committee

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Introduction

The tourism industry is one of the main contributors to Thailand's gross domestic product (GDP) (Hsiao, Chiang, & Amornchaiyakij, 2024), creating employment and distributing incomes to the local economy (Karinyapol & Agarwal, 2020). Before COVID-19, it accounts for approximately 11 percent of the country's GDP (Surawattananon, Reachcharoen, Warittha Prajongkarn, & Gultawatvichai, 2021). When the Thai government declared a state of emergency in all areas of Thailand on March 25th, 2020, almost all socio-economic activities must strictly follow the government measures to combat the coronavirus disease 2019 (COVID-19). Tourism-related activities also adopted those measures imposed by the government. Consequently, international visitors were not allowed to enter the Kingdom of Thailand by air which resulted in the drop of international tourists by 18 million in 2020 from 39 international tourists in 2019 (Zhu & Yasami, 2022). Such measures have hit Thailand's tourism industry seriously.

Phuket, the world-renowned tourist destination in Thailand, is a province that has depended heavily on the tourism sector. Prior to the declaration of the state of emergency, it enjoyed substantial tourism revenues (Kaewklub & Phetvaroon, 2023; Tuntipositkul, Tsusaka, Kim, Shrestha, & Sasaki, 2021). Over 95 percent of the province's income is generated by tourism-related businesses (Phuket Provincial Statistical Office, 2020), meaning that Phuket's economy is dependent mainly on the tourism sector. Even though the province can control the spread of the COVID-19 pandemic (Thaicharoen et al., 2023) it became the poorest province in Thailand. Tourism-related businesses in Phuket, including workers and employees, did not receive any income for many months, which left many of them to be out of business. Such sudden poverty was caused by the government's measures to contain the disease, carried out by the Phuket Provincial Communicable Disease Committee.

To revive the tourism sector and develop the public health system that can support the province's tourism in the long term, "Phuket Tourism Sandbox" was a pilot project that had been proposed to the government by the Phuket Provincial Communicable Disease Committee during the third wave of COVID-19 in April 2021. This pilot tourism program was launched on 1st July 2021. The success of Phuket Tourism Sandbox were shown through the following indicators: more than 400,000 visitors, over 70,000 reserved rooms, average stay of 9 nights per a tourist, and tourism revenues of 21,000 million baht within 8 months (The Tourism Authority of Thailand, 2023). While numerous studies have examined the impacts of the COVID-19 pandemic in different aspects (Sudsawasd, Charoensedtasin, Laksanapanyakul, & Pholpirul, 2023), little research focuses on the process of policy implementation

by the government agencies at provincial that are directly responsible for control and mitigation of COVID-19. Suebvises (2018) also suggests social networks can enhance motivation and capability of individuals to participate in public affairs. In this respect, social network and citizen participation develop the effectiveness of public goods and services provision. Therefore, this research is interested in examining the process of integrated policy implementation by the Phuket Provincial Communicable Disease Committee during the spread of the COVID-19 pandemic in Phuket district of Phuket province. It is expected to propose a model for effectively integrated policy implementation by two or more government agencies during a crisis in the future as in the case of COVID-19.

Literature review

Policy implementation process

Pressman and Wildavsky (1973) stated that policy implementation refers to interaction process of goals or objectives that has been pre-defined with actions or operations that aim at desired results. In other words, it explains the ability and cooperation to achieve the results of causal relationships. Bardach (1977) explained policy implementation as a strategic process of interactions between the interest groups that fight for their goals, which is or is not consistent with the country's overall goals. Chandarasorn (2002) cited in Ngamlamom (2021) explained interaction, dependency, and independence of organizations and individuals involved in the process of policy implementation (Sager, Mavrot, & Keiser, 2024). The process could be mainly divided into two levels.

(1) Macro implementation: at this level, the implementation is subdivided into two stages. The first stage is a policy translation into actions, work plans, or schemes. In general, responsible agencies include ministries, bureaus, departments or central government agencies at this stage. Meanwhile, the second stage is a policy adoption by government agencies at local level. They are expected to accept guidelines, work plan, scheme, and the outcomes of the policy implementation.

(2) Micro implementation: this level of policy implementation is regarded as an actual starting point of policy implementation. At this level, the policy from central government is implemented at the local level in different contexts. Each local government has different processes of policy implementation at this level. Micro implementation is related to the policy adoption by the government agencies at the local level. It comes with 3 steps. The first step is brainstorming. The government agencies adopt the policy and seek support from different sectors. The second step is implementation which covers the process of adjusting the scheme into applicable actions. The last step is the creation

of continuity. It includes an acquisition of methods that would turn the policy into being adopted as the duty of government.

Key success factors of public policy implementation process

Tongkow (2008) concluded that there are 6 key success factors of policy implementation. Policy messages: objectives or goals are written. Standards of policy or work plan are also included. Responsible agencies and scope of the policy are also specified, along with procedures for direction, inspection, monitoring, and evaluation (Hudson, Hunter, & Peckham, 2019). If policy messages are clear, the chance of successful implementation is high. Support from interest groups and diverse groups: the interest groups play an important role in the success or failure of the policy. Some policies are good in the view of related parties and those policies should be implemented. In this case, if the interest groups do not agree with the policies, it is difficult to drive and implement them. Potentials and capabilities of organizations' policy implementation: if any policies are to be implemented by the government agencies with high capabilities and readiness, the chance of successful implementation is also high (Mukherjee, Coban, & Bali, 2021). The government agencies are the mechanisms to deliver the policies to the targeted people, which is the true intention of the policies. Public mind of policy implementors: this factor also contributes to success or failure of the policy implementation. If the implementors understand the policy objectives, they are devoted to carry out policy implementation. Some implementors take part to express their opinion on how to make the policy more effective. Key leadership: a leader of an organization plays an important role in shaping the success and failure of policy implementation. The leaders may initiate the policy by pushing its declaration, coordinating with individuals and agencies responsible for policy implementation, compromising the conflicts, and seeking coordination with political sectors, lawyers, academics, and key figures. Inspection, evaluation, and reinforcement: monitoring and inspection systems are needed to control the operation of designated individuals and government agencies. Monitoring and evaluation are aimed at the effectiveness of policy management which includes misuses of resources. Such misuses may damage the organizations. Meanwhile, systematic evaluation can identify the problems of policy implementation at all steps. The results of evaluation can improve operational procedures for achieving the policy. Positive reinforcement motivates implementors to work and be responsible for their work. Negative reinforcement suppresses undesired behavior or action (Al-Muimin, Issa, & Al-Nidawi, 2025). If any policies are not equipped with monitoring, inspection, evaluation, and reinforcement systems, it is difficult to achieve policy implementation.

Integrated Government

Resource Dependence Theory

Based on the assumption of the resource dependence theory, organizational behavior stemmed from the drive of needs to reduce certainty and acquire resources. It needs the organization to be more independent as much as possible (Kohtamäki, 2024). Moreover, the organization has the ability to adapt to the limitations. Therefore, the organization is proactive in the view of the resource dependence theory. An example of applying the resource dependence theory to the work of government agencies like the Ministry of Public Health is the policy on the third dose of vaccination provided to 60 percent of total populations. In this respect, the Ministry of Public Health cannot directly order the local administration to adopt the policy since it is empowered to make an absolute decision at a local level. Thus, it is necessary to depend on the Ministry of Interior for integrated policy implementation. The Ministry of Interior is a direct commander of government agencies at provincial levels. Provincial governors are the mechanisms that the Ministry of Interior would use to give its orders through. The provincial governors are like the prime minister of the provinces that can issue orders and ask for cooperation from all government agencies in the province to carry out any work.

The resource dependence theory also emphasizes interorganizational relations (Pal, Odhiambo, & Ungaya, 2023). The level of dependence varies, based on the ability of an organization to be self-dependent (Coşkun & Öztürk, 2024). Interdependence can be divided into two groups: outcome interdependence and behavioral interdependence. Outcome interdependence refers to the outcomes from an organization related to the outcomes of the other organization. In contrast, behavioral interdependence is explained as actions of an organization influenced by the other organizations. If the organization does not give any assistance, the rest cannot operate their activities effectively. Dependence is not necessarily equal or balanced.

Interorganizational Relations

Galaskiewicz (1985) suggested that there are three factors that can shape interorganizational relations. Those factors include resources supply and allocation, political support, and organizational legitimacy. Oliver (1990) stated that there are 6 conditions for building interorganizational relations. Those conditions are necessity, asymmetry, reciprocity, efficiency, stability, and legitimacy. Dekker (2004) said that it is the question about which mechanism should be used in governing interorganizational

relations. The structure and governance of relations are essential. The assumption is that if network administration is horizontal, vertical hierarchical control of chain of command becomes a difficult concept. Nonetheless, governance and control still exist for cooperation to survive. Simo and Bies (2007) studied cross cooperation among non-profit organizations in the relief of hurricane Katrina and Rita in the USA. It adopts the conceptual framework reviewed by Bryson, Crosby, and Stone (2006). There are five elements: environment, process (e.g. trust, conflict management, legitimacy, and leadership), structure and governance, limitations affecting cooperation process, and outcomes and responsibility for the operation (Shuja & Shuja, 2023).

Research Methodology

This research relied heavily on qualitative methods to achieve the research objectives. There were two qualitative research methods employed in this research: in-depth interviews and documentary research. These two methods allowed the researchers to learn about important issues, key informants' views, and complete coverage of the research content (Rubin & Rubin, 2012; Bowen, 2009). Concepts, theories, and previous studies related to policy implementation and integrated government were also utilized to derive a pattern or an approach to integrated policy implementation between the government agencies. The researchers were able to develop a model based on the phenomena under investigation through qualitative method research (Briggs, 2007).

Population and Sample

For in-depth interviews, civil servants and officers at management and operational levels under the Ministry of Interior, the Ministry of Public Health, and the provincial government agencies established in the Phuket district were the population in this research.

With purposive sampling techniques, 16 executives under the Ministry of Interior and the Ministry of Public Health at a provincial level in Phuket, the executives of the provincial government agencies in Phuket district, and 32 operational officers in Phuket district under the Ministry of Interior and the Ministry of Public Health were selected as key informants for in-depth interviews. These key informants had direct experiences with the COVID-19 situation administration in Phuket district.

In terms of documentary research, this research depended heavily on government documents, books, academic documents, and publications related to the concepts, theories, and previous studies

on policy implementation, integrated government, the situation administration of the COVID-19 pandemic in Thailand and in Phuket, and Phuket Tourism Sandbox.

Research Instrument Development

The interview form was the main research instrument in this research. Semi-structured questions were designed in the interview form to derive the data that revealed the key informant's opinion, attitude, and views from the real situation. First of all, key issues of the interview were defined. A list of data and information required by each issue was written. Next, a draft interview form containing the questions about each issue was constructed. Content validity of the interview form was performed by the advisor. The results of content validity were strictly followed. Minor revision was made, and the revised interview form was used for data collection afterwards.

The questions written in the interview forms were expected to investigate the process of policy implementation integrated by the Phuket Provincial Communicable Disease Committee, an integration of the two government agencies at a provincial level during COVID-19. They were developed from the literature review on policy implementation process, integrated government, and public management during crisis. Those questions were as follows:

1. What was your agency's process of containing the spread of the COVID-19 pandemic in each wave? What were the results of the process?
2. Did you think that people were satisfied with your agency's operation during the spread of the COVID-19 pandemic?
3. What were the problems and obstacles that hindered your agency's operation during the spread of the COVID-19 pandemic? What were the solutions?
4. Were there any clear problems or obstacles that hindered integrated policy implementation by the Phuket Provincial Communicable Disease Committee? If yes, how? Could those problems be fixed? If yes, what were their methods?
5. Did you have any suggestions about solutions to those problems or similar problems in the future?

Data collection

For in-depth interviews, the process of data collection began with appointments with the key informants. The details of the appointments included date, time, and interview venue. Voice recorders, notes, and other tools needed for the in-depth interview were also prepared. The in-depth interview started with general questions; subsequently, the purpose of in-depth interviews was explained along with permission to use the voice recorders during the interviews. The key informants were also informed that the voice recordings would be kept confidential. During the interview, whenever the key informants had asked for a pause in the recording, the researcher did it.

Data analysis

Content analysis was employed to analyze the data collected from documentary research and in-depth interviews. It is very useful since content analysis allows the researcher to analyze, interpret, and quantify the presence, meanings, and relationships of words, themes, and concepts in terms of qualitative research (Hsieh & Shannon, 2005; Elo et al., 2014). After the collection, the data were arranged and sorted out systematically in order to interpret and examine the relationship and draw conclusions. When any issues were not clear, those issues were clarified by collecting additional data. The results of the analysis were presented in descriptive techniques.

Data validation

In this research, triangulation was applied to validate the data collected from the in-depth interviews. There were five steps of conducting the data triangulation (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). It began with evaluating whether the data were valid at different times and places of the individuals. Secondly, when the quality of data collectors was uncertain, they were replaced. This was an investigator triangulation. Thirdly, the application of different theories to interpret the same data set was assessed by how they yielded the results of interpretation. This step was theory triangulation. Fourthly, methodology triangulation was performed to measure the use of different techniques to collect data on the same issues. In this research, observation, questions, and document sources were the techniques of methodology triangulation. The last step was to draw conclusions and verify the data. By doing so, concepts and theories were applied to make conclusions from the valid data.

Ethics in Research

Prior to the data collection, a certificate of ethics in human research was requested from the Ethics Committee in Human Research of National Institute of Development Administration B.E. 2566. The suggestions given by the Ethics Committee in Human Research of the National Institute of Development Administration B.E.2566 were strictly followed during the in-depth interviews.

Results

Objective 1: The results of documentary research are written as the following.

It was found that the process of integrated policy implementation by two government agencies during the spread of the COVID-19 pandemic in Phuket district of Phuket province started with the orders issued by the Center for COVID-19 Situation Administration. Subsequently, the orders were forwarded to the Ministry of Interior and the Ministry of Public Health, which is the central level. Next, the orders were pushed down to the provincial level, or to Phuket province. In Phuket, the integrated policy implementation was carried out by the Phuket Provincial Communicable Disease Committee. Phuket provincial public health medical doctor was appointed a committee member and secretary while deputy governor, the chief of Provincial Office of the Disaster Prevention and Mitigation, the chief executive of the Phuket Provincial Administrative Organization, the mayor of Phuket City Municipality served as the committee members. The role of the Phuket Provincial Communicable Disease was to follow the provisions stipulated in the Communicable Disease Act B.E. 2558. For instance, it was mandatory to report the situation of communicable disease and an idiopathic disease that could potentially become endemic in a province to the Director-General of the Department of Disease Control.

The results also revealed that, during the third wave of the COVID-19 pandemic (the period of the Delta subvariant during 1-14 April 2021 or 14 days), the Phuket Provincial Communicable Disease Committee, in collaboration with the private sector in Phuket, decided to propose the Phuket Tourism Sandbox program to fix the problem of the province's economy. This tourism program was a starting point for boosting the Thai economy, helping recovery of the tourism and services industries rapidly. It must be carried out with safety measures. The Phuket Tourism Sandbox program was expected to return the tourism industry as the main mechanism for the country's socio-economic development. Prior to the program, Phuket was categorized in the green zone, meaning that the province had a minimum infection of 10 people per day. Nonetheless, there were still some people who were not confident

about the Phuket Tourism Sandbox. They were afraid that opening the province may produce a large number of infections.

Apart from the integrated policy implementation, the Phuket Provincial Communicable Disease Committee also worked and collaborated with the private sector in Phuket. This private sector contributed to the control of the COVID-19 pandemic through the support of medical supplies, field hospitals, and hospitals in the form of donations. The government agencies were provided with limited budgets. Although the Phuket Provincial Communicable Disease Committee can implement government policies and impose the COVID-19 control and preventive measures perfectly, the province's economy became vulnerable. Only 30.4 percent of tourism-related operators in Phuket can continue their businesses which function as the downstream that distributes the income from international tourists to the country's economy. For the socio-economic rehabilitation plan, the provincial governor of Phuket started with brainstorming and cooperation from all sectors including public sector and private sector and academics from educational institutions. These people from those sectors produced an operational plan to relieve the province socioeconomically after the spread of the COVID-19 pandemic. The plan was based on the visions: "Phuket's economy is relieved with no spreading the COVID-19 pandemic". The plan was expected to create the province's economy to flow dynamically. Moreover, the proposal for the rehabilitation of the province's economy was made to the prime minister and the ministers when the mobile cabinet meeting was held in Phuket on 2 - 3 November 2020.

The province proposed the Phuket Sandbox pilot program. This program was an attempt to find ways to open the country for tourists without quarantine. It was expected to recover the tourism industry, which was the main contributor to the country's income. The Phuket Sandbox program began on 1 July 2021, which served as a starting point of the policy on opening the country step by step. With the achievement of the pilot tourism program, other provinces can adopt its model. Subsequently, the country can be fully opened as the current situation. Moreover, public health measures, cooperation from all Thai people, and the officers from all sectors helped reopen the country, which resulted in the country's economic recovery. To be more specific, Thailand's tourism industry can rapidly recover in the V-shape manner. It can be seen from the exceeding number of tourists. As of 10 December 2022, there were 10 million foreign visitors. In terms of economic recovery during the past 10 months from January to October 2022, Thailand attracted a great deal of tourism receipts (ManagerOnline, 2022). Phuket was the tourism province with the largest share of tourism income of 127,927 million baht during the past 10 months of 2022 which was 9.63 times higher than that of Chonburi, the second largest share

of tourism receipts. It was the province with the largest number of foreign visitors by 2,329,894, which is 2.39 times higher than those of Chonburi, the second largest of tourism province in Thailand.

Objective 1: The results of in-depth interviews are provided as follows.

It was found that integration among those officers in Phuket district were in line with the Phuket Provincial Orders through the Phuket Provincial Communicable Disease Committee. As the statements given by the chief of Phuket Disaster Prevention and Mitigation:

“The Phuket Provincial Communicable Disease Committee received the orders from the Center for COVID-19 Situation Administration through the Ministry of Interior. In the beginning, the government officers under the Ministry of Interior did not yet have any expertise in disease control and administration. They were capable of governance and orders. Meanwhile, the government officers under the Ministry of Public Health in Phuket district were responsible for controlling the diseases under the Communicable Disease Act, B.E.2558. In response to the orders and the acts, the government officers under both ministries had to be integrated for the use of each other’s expertise in driving the government’s measures to prevent and control the disease.”

As the statements given by the deputy director of Vachira Phuket Hospital:

“The budget for the operation was requested from the central budget agency or the local government agency. The measures that had been issued were advised by the Provincial Public Health Office. Served as chairperson of the Provincial Communicable Disease Committee, the Phuket governor had a duty to implement the policies, systems, and measures to prevent and control the disease that were defined by the Provincial Communicable Disease Committee. Making plans for surveillance, prevention, and control of dangerous diseases, surveillance disease, and endemics was also under the duties of the governor. Meanwhile, the provincial governors under the Ministry of Interior by virtue of the Disaster Prevention and Mitigation Act, B.E. 2550 would serve as the directors of the Provincial Disaster Prevention and Mitigation empowered to produce the provincial disaster prevention and mitigation plans. These plans must be consistent with the national disaster prevention and mitigation plan.”

The chief of Phuket Disaster Prevention and Mitigation went on to further explain that:

“The use of the Communicable Disease Act, B.E. 2558, did not overlap the Disaster Prevention and Mitigation Act, B.E. 2550. These two laws must be used together.”

In terms of data integration concerning the infection, it was found that provincial and district administrative officers coordinated with the public health sector continuously. As the statements given by the deputy director of Vachira Phuket Hospital and the deputy governor of Phuket:

“They also coordinated with the hospitals directly, including direct requests for patient data. Nevertheless, the data of the case investigation could not be verified since some patients had not provided a true statement of their history. In addition, it was difficult to coordinate with the related officers. It took a long time to detect the disease since the tests must be performed by a laboratory. Consequently, the reports of the data were delayed. To fix this problem, the data were sent in advance through the LINE and the documents came later. Integration over the internetwork was conducted. For instance, vaccination was linked between the hospitals and the Provincial Public Health Office. Some data may be inaccurate due to immediate coordination.”

For the policy defined by the executives and pressure that was put by the political sector, the operational officers and executives under the Ministry of Interior and the Ministry of Public Health agreed that:

“It was appropriate since all people must follow government measures to stay safe from the infections. Concerning the pressure from the political sector, the policy makers and the operational officers in Phuket expressed their opinion in the same direction. It was not pressure. It was what they had to do as responsibilities. The operation was carried out smoothly. Overall, the policy makers went on to say that the political sector had demonstrated their good support that responded to the needs of people in the local areas. Specifically, necessary resources were provided to combat the spread of the COVID-19 pandemic. All local political sectors had shown their best support.”

In terms of the management, it was found that the executives of the government agencies would drive their missions through the meeting with the Phuket Provincial Communicable Disease Committee. As the statements given by the vice governor of Phuket:

“Both the executives of the government agencies and the Phuket Provincial Communicable Disease Committee would evaluate the situation together in different contexts on a daily basis. If the Phuket Provincial Communicable Disease Committee is like an organization in view of resource dependence, the executives of different sectors will serve as internal and external allies. In this context, all organizations had their own resources coupled with advantages that could supplement other agencies. For example, the Phuket Provincial Public Health Office had knowledge about pandemic management. Phuket District Administrative Office had the ability to control and coordinate with the local administrative organizations. Phuket Provincial Police was empowered to arrest illegal border crossings. Phuket Migration Office was empowered to inspect and operate immigration of both Thai and foreign visitors. Moreover, it was assumed that each organization was combined to work for the control of resources at the center, reducing dependence on others as much as possible.”

Such a combination was expected to control resources that increased self-reliance at the maximum level. In this respect, the Phuket Provincial Communicable Disease Committee was regarded as an organization that gathered key and needed resources in one place to manage those resources effectively and combat the spread of the COVID-19 pandemic as fast as possible. As the statements given by the deputy governor of Phuket:

“The Phuket Provincial Communicable Disease Committee played an important role in driving the solutions in a speedy, efficient, and progressive manner. All sectors of the government agencies were required to report their progress and situation analysis for co-analysis and co-decision making in all meetings. Resource integration included budget, equipment, personnel, and others, which officially occurred through the meetings with the committee. It began with the resolutions in the meeting before the related government agencies would informally coordinate, which was known as informal talks. The request document for cooperation and support of resources from different sectors was subsequently made.”

For the operational dimension, the chief executive of the Provincial Administrative Organization provided the following information.

“Those operational officers were like allies who conducted social exchanges with the view of resource dependence. Such exchanges were presented to the executives of the government agencies, which led to policy co-decision making and policy implementation. Operational officers were responsible for driving and operating the tasks that achieved the goals. Such tasks were carried out by operational officers with capabilities and potential.”

Objective 2: A model of effectively integrated policy implementation by two or government agencies at a provincial level during a crisis is proposed.

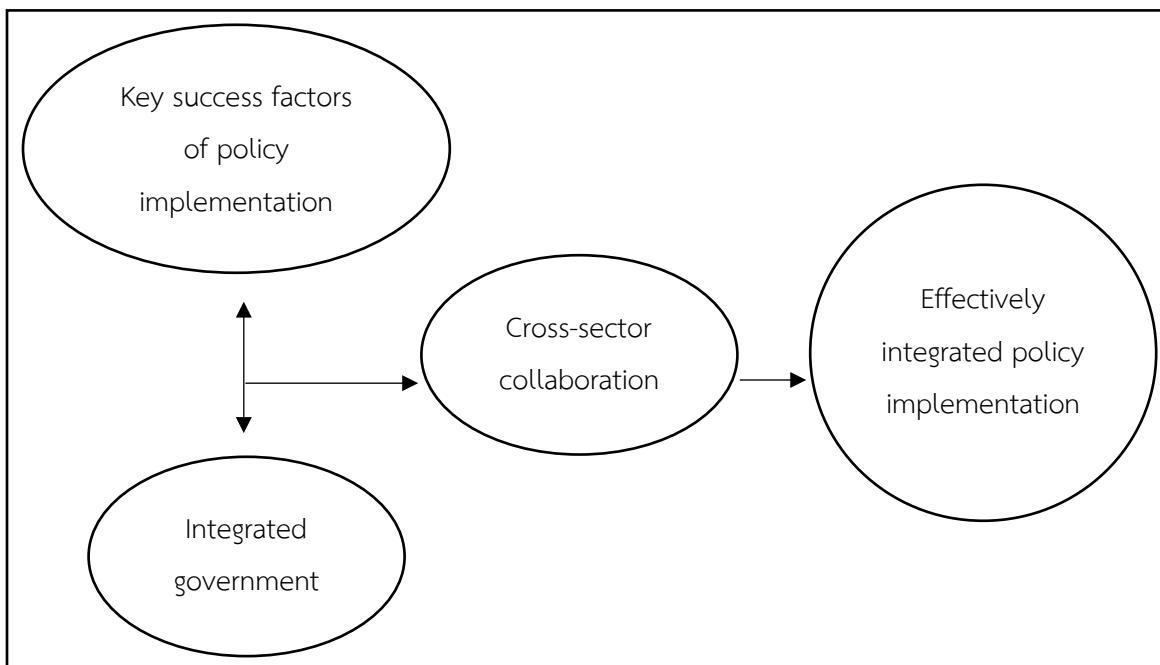


Figure 1. Portraying the proposed model for effectively integrated policy implementation during a crisis

The proposed model was developed based on research results and the theory of public policy implementation. It came with four components: key success factors of policy implementation process, integrated government, cross-sector collaboration, and effectively integrated policy implementation. An explanation of each component is written in the following paragraphs.

1. Key success factors of policy implementation: Policy messages were clear, which permitted the Phuket Provincial Communicable Disease Committee to cope with the spread of the COVID-19 pandemic perfectly. In this respect, Phuket Tourism Sandbox was approved by the cabinet resolution to serve as a pilot tourism province to allow foreign visitors to enter the Kingdom of Thailand during the

spread of the disease. In addition, the integrated policy implementation corresponded with the Phuket Provincial Orders along with the Communicable Disease Act, B.E. 2558 (2015). Meanwhile, those who were affected by the government's policy and measures to contain COVID-19 showed their support to the Phuket Provincial Communicable Disease Committee. For example, the hotels are used to support those in the PUI networks who are not confirmed with the positive tests with the budget from Phuket Provincial Administrative Organization. The areas of the new Provincial Hall of Phuket and of Prince of Songkhla University, Phuket campus were turned into field hospitals for those with mild symptoms. All local administrative organizations were ordered to provide the hotels for quarantine for those Thai people who traveled by cargo ships. Those included private sector, civil community, academic institutions, and residents of Phuket. The Phuket Provincial Communicable Disease Committee held meetings on a daily basis to inspect, monitor, and evaluate the situations in Phuket during the spread of the COVID-19 pandemic. These meetings allowed related parties to stay updated about the situation within the province.

2. Integrated government: The government agencies under both the Ministry of Interior and the Ministry of Public Health in Phuket had their own advantageous resources. For the government agencies under the Ministry of Interior, their valuable resources were authorities to issue orders to the government officers at all levels to combat the disease. In terms of the Ministry of Public Health, their useful resources were medical officers with expertise in containing the spread of the disease, medical equipment, and knowledge about the control of the spread of the disease in a practical and suitable manner. For example, the governor of Phuket had the authority to issue orders to the government officers at the local levels to control the disease in the villages by checking entry-exist points and by integrating with the government officers under the Ministry of Public Health at the local level to screen the infections.

3. Cross-sector collaboration: The establishment of field hospitals was a prominent example. During the high and rapid spread of the disease, the government sector in Phuket had only 48 hours. To accomplish the mission, the main supporter was the private sector. Small-large sized businesses mobilized resources to establish field hospitals. In the meantime, the Phuket Provincial Public Health Office had a duty to organize the facility. The provincial governor and deputy governor had closely monitored and supported the mission. Although the province set up the emergency budget to support the operation by the field medical teams, the donation was still needed from all residents of Phuket. Required resources were not sufficient.

4. Effectively integrated policy implementation: Key success factors of policy implementation, integrated government, and cross-sector collaboration were the main contributors to the Phuket Tourism Sandbox scheme. With achievement of the province's 70 percent coverage of vaccination, the Phuket Tourism Sandbox scheme could be launched to revive not only the province's economy but also the country's economy. During the spread of the COVID-19 pandemic across the globe, Phuket was the only destination that allowed fully vaccinated visitors to travel. It was obvious that at a point in time, traveling to Phuket would be a model of traveling to other areas of Thailand safely. For 8 months, the Phuket Tourism Sandbox could create 50,000 million baht for economic circulation, including local employment. In terms of economic recovery during the past 10 months from January to October 2022, Thailand had attracted a great deal of tourism receipts (ManagerOnline, 2022). Phuket was the tourism province with the largest share of tourism income of 127,927 million baht during the past 10 months of 2022 which was 9.63 times higher than that of Chonburi, the second largest share of tourism receipts. It was the province the largest number of foreign visitors by 2,329,894, which was 2.39 times higher than those of Chonburi, the second largest of tourism province in Thailand.

Discussion

Through the research findings, there were three issues that would be discussed in this section. It is evident that interdependence between the two ministries was in line with the resource dependence theory. It assumes that organizations attempted to seek for the resources that they had lacked. These results were consistent with the research by Oliver (1990) in building relationships through three factors. The factors include necessity, reciprocity, and legitimacy. The first factor of building relationships is necessity. These two ministries created their relationships in pursuance with the Emergency Decree on Public Administration in Emergency Situations B.E. 2548. This law stipulates that the Ministry of Interior and the Ministry of Public Health must cooperate for emergency situations. The two ministries played an important role in the provincial communicable disease committee. Their relationship was built upon the legal requirements and the high-level government agencies that forced them to create interorganizational relationships. The second factor is reciprocity. The Ministry of Interior and the Ministry of Public Health built their interorganizational relationship to reach the objective together. The objective was to contain the spread of the COVID-19 pandemic. The third factor is legitimacy. The Ministry of Interior and the Ministry of Public Health created their interorganizational relationship from the spread

of the COVID-19 pandemic. Additionally, the environment put a high level of pressure on the Ministry of Interior and the Ministry of Public Health for cooperation to fix the situations.

As far as cross-sector collaboration is concerned, it is found that the private sector played a very significant role in supporting the integrated policy implementation in terms of budget and equipment. This also includes the push for the Phuket Tourism Sandbox program to aid people and entrepreneurs with a sharp drop in their income. These research findings were consistent with the study by Huang (2020) that explains the integrated cooperation to fix the problems in Taiwan. With the cooperation from the private sector's resources to support the government operation, the number of infections and fatalities was found at a low level. Despite that the fact Taiwan is the country with the distance of not over 200 kilometers from China and there are millions of foreign tourists visiting Taiwan on a yearly basis, the country can control the situation perfectly.

In terms of key success factors of public policy implementation, Phuket district would receive the orders directly from the Phuket Provincial Communicable Disease Committee chaired by the provincial governor. It was under the responsibility of provincial bureaucratic administration. In this respect, the Ministry of Interior was empowered to direct provincial governors and coordinated with all government agencies in the local areas continuously through the Phuket Provincial Communicable Disease Committee. From the preliminary information, there were 131 meetings of the Phuket Provincial Communicable Disease Committee during the spread of the COVID-19 pandemic (2020 – 2022). Having 400,000 registered populations and characteristics of small island, Phuket could contain the spread of the COVID-19 pandemic speedily. These research findings were not consistent with the results by Tuangratananon et al. (2024) that have investigated the situation administration during the spread of the COVID-19 pandemic in Bangkok. The results revealed the gaps of governance caused by the special local administration, including public communication, information management, and insufficient coordination with the local government agencies in Bangkok. The gaps also include the coordination between the government sector and the private sector to control disease and health services. Bangkok has limited capabilities due to the high level of vulnerable populations. These gaps are expanded by political conflicts.

Besides, the results of this research are also corresponded to the study by Suebvises (2018), indicating that social networks and citizen participation improve the effectiveness of public goods and

services provisions. Successfully integrated policy implementation in Phuket district of Phuket province during the spread of COVID-19 pandemic is a consequence of social networks and citizen participation.

Policy Recommendations

One of the main aims in this research was to address an effective model of the integrated policy implementation by two government agencies during a crisis. It was evident that the integrated policy implementation by the Phuket Communicable Disease Committee to combat the spread of the COVID-19 pandemic was well-coordinated, coupled with all sectors in the district and the support from the residents of Phuket. The operations in the local areas were able to fix all of the problems rapidly and effectively. To enhance effectiveness of the integrated policy implementation by two government agencies, policy recommendations are follows.

1. The Department of Disaster Prevention and Mitigation under the Ministry of Interior issue orders for training about the continuous review of an incident command system for all provinces. Moreover, training in relation to incident command system for suppressing communicable disease should be added. There has never been any formal incident command system for suppressing communicable disease in Thailand. The training should be provided with integration between the Department of Disease Control, the Ministry of Public Health and Provincial Public Health Offices.

2. Central government advances for disaster victims in emergencies for all provinces should be established. In this respect, the provincial governors should be empowered to approve the budget requests under the conditions of emergency only. The requests for this kind of budget should not apply the regular process of financial regulations. A new process is needed, along with methods to control this kind of budget with maximum effectiveness and efficiency.

3. Coordination between the Ministry of Interior and the Ministry of Public Health to request supporting resources should be continuously made.

4. The allocation of public health personnel must be based on the size of the population and patients in real situations. New employments can be temporary to empower them with authority to carry out operations as government officers legally. After the operation, their positions should be subsequently permanently employed. For those with the status of permanent, temporary, and government employee contracts, they should be promoted to higher ranks, and their salary should be

increased. Such promotions and salaries should be based on the performance during the crisis to enhance the morale of the personnel participating in the operation.

Implications for future research

By nature of qualitative method research, this research created a number of opportunities in terms of exploration and interpretive nature and quantitative research approach for future research.

First, although Phuket is a province that could recover its tourism sector through the Phuket Tourism Sandbox program, Provincial Communicable Disease Committee of other provinces of Thailand may have different approaches to policy implementation. Future research is highly recommended to examine other districts of Phuket or other provinces. It is expected to create more dimensions academically and more interesting policy recommendations.

Second, this research offers the opportunity to refine and validate the concepts and factors that emerged from the content analysis. It is highly recommended for those future studies to adopt the proposed model using quantitative method research. The results are expected to show the reliability of the proposed model. In addition, the results from qualitative method research and quantitative method research could be compared.

Conclusion

With successful Phuket Tourism Sandbox that served as a tourism project to open the country to revive Thailand and Phuket's economy, this research was aimed at investigating the process of integrated policy implementation by the Phuket Provincial Communicable Disease Committee during the spread of the COVID-19 pandemic. The results were expected to contribute to the literature on the public policy implementation by proposing the model for effectively integrated policy implementation during a crisis at provincial level. There were four components of the model, which include 6 key success factors of policy implementation, integrated government, cross-sector collaboration, and effective integrated policy implementation.

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