

Health Policy in Thailand (Chiang Rai and Tak SEZs) in the Institutional Mechanism during COVID-19 Pandemic

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Abstract

This article's objective is the recommendation of guidelines and health measures related to border trade and investment to prevent the spread of COVID - 19. CATWOE model became the main research framework used. Before COVID – 19 pandemics, Thailand had not the health policy and measures related to border trade and investment or SEZ's health regulation. They have only the health guidelines for the whole country and only the health regulations for medical staff. In addition to, those health guidelines are not related to trade, investment, or commercial affairs. The Thai government tried to use the normal law for the COVID – 19 pandemic's control in SEZs. It was not efficient because all laws could control the pandemic, and they obstructed trade, investment, and business. When COVID – 19 pandemic finishes. Thai government should have health guidelines for SEZs at local, national, international, and integrated levels because all levels can systematize the pandemic's control and business support efficiently. Thai government should use the international cooperation for SEZ health policy formulation such as APEC, ASEAN, GMS etc. Because, the health policy cannot be formulated by Thailand's side and the health policy in Chiang Rai and Tak SEZs should collaborate with some stakeholder countries such as Laos, Myanmar, and C.R. China. The health policy will be the optimum guideline for the SEZ.

Keywords: Health Policy, Chiang Rai SEZ, Tak SEZ, Special Economic Zones, Institutional Mechanism.

Introduction

Special Economic Zones, or SEZs are the developing machines for economic and industrial development in some developing countries. SEZ is often used for global commercial and industrial connections. So, many SEZs often are located near the border, or the area can connect with the other country. The SEZ has some special conditions or some indulgent measures in the trade and other governmental limitations, such as the lowest rate tax, few customs clearances, visa-free for foreigners, etc. [6] Thus, SEZ policy succeeds in many countries such as P.R. China, India, Mexico, the Republic of Korea, etc. The SEZ will be the best practice model for many countries that need to develop international trade and investment [5].

Thailand has been one of developing countries that have selected the SEZ policy for economic development since 1992. Thailand has 10 SEZs in 2021: Sa Kaeo Province, Trat Province, Chiang Rai Province, Mukdahan Province, Nakhon Phanom Province, Nong Khai Province, Narathiwat Province, Songkhla Province, Kanchanaburi Province, and Tak Province. Every SEZ is located at the border, and they can connect between Cambodia, Lao People's Democratic Republic, Malaysia, and Myanmar. Some Thai SEZs link with SEZs in the neighboring countries, such as Savan – Seno SEZ in Laos, Poipet - Oniang SEZ in Cambodia, Iskandar

development region in Malaysia, etc. The SEZ in Southeast Asia can link with the global economic view, such as the Greater Mekong Subregion, the maritime silk road, the ASEAN economic community, etc. [3] However, the economic and investing outcomes of Thai SEZs have not created the economic ecosystem in Thai SEZs and attracted the investor come to Thai SEZs. [14] Although, the Thai government implements many privileged policies for investors, entrepreneurs, and foreigners at the SEZ. The government hopes the policy can be an attraction to investors. Some examples of privileged policies are tax exemption, tax deduction, immigrant authorization for foreign workers, land ownership rights for foreigners, etc. All policies are related to the economic and industrial conditions, and the policy tries to support the SEZ progress [1].

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The concept of international trade and investment has changed since the COVID-19 pandemic affected global commerce. The health policy took to the commercial negotiation in international business. The health standard also impacts the SEZ because it needs employees, businessmen, and goods from a foreign country, and COVID – 19 viruses can cross the border easily. So, disease surveillance and protection are the new barriers to the SEZ's development and investment. The acritical tries to recommend the creative process of health guidelines after COVID – 19 pandemic is nearing its end.

Chiang Rai SEZ is in 3 districts including Mae Sai district, Chiang Saen district, and Chiang Khong district. Tak SEZ belongs to Mae Ramat district, Mae Sot district, and Phop Phra district. Chiang Rai SEZ is in the northern Thailand and it is located between Myanmar and Laos. Chiang Rai SEZ can connect P.R. China by the Mekong River and Asian highway. [3] Tak SEZ is located on the west side of Thailand and is bordered by Myanmar. Both SEZs are the high economic performance of Thai SEZ because they are the regional hub in the economic geography. Chiang Rai Province had an export value of 43,006 million Thai baht and an import value of 10,774 million Thai baht by the border trade in 2021. Tak province had the value of a border trade that was an export value of 75,977 million Thai baht and an import value of 21,540 million Thai baht in 2021. Both SEZs are the charming centers for businessmen and foreigners. All border checkpoints in SEZs are not only for people and goods transportation but also for the disease's dissemination. So, the checkpoint is the international infection

control when a pandemic happens in a neighboring country. The health policy in SEZs is important for the infection control, trade, and investment [13].

Objective

The health policy related to border trade and investment in Chiang Rai and Tak SEZs is a part of the research name developing the institutional mechanisms and international cooperation mechanisms for Thailand's special economic zones. The main objective of this article focuses on guidelines and health measures related to border trade and investment to prevent the spread of COVID - 19. Those health guidelines can be the health policy and regulation for Thai SEZs after COVID – 19 pandemic finishes. Besides, the other of objective is to recommend appropriate guidelines in the various research methods used in data collection. CATWOE model became the main research framework used. This research was also the policy-recommended report to The National Committee for the Development of Special Economic Zones (NC - SEZ) and some governmental stakeholders at Chiang Rai and Tak SEZs. The article looks like the public policy recommendation for the stakeholders and practitioners at Chiang Rai and Tak SEZs.

Methodology

3.1 Research Methodology

The research name is developing the institutional mechanisms and international cooperation mechanisms for Thailand's special economic zones. The researcher collected the data in COVID-19 pandemic's period (2021 - 2022). The instruments in this research used in these methods:

3.1.1 Focus group discussions, where issues were addressed following the research objectives. The researcher invited some stakeholders related to Chiang Rai and Tak SEZs in the focus group's meeting, such as businessmen, directors of provincial government, representatives from the office of the national economic and social development council, etc. The researcher created the focus group 4 times: Bangkok (2 times), Chiang Rai SEZ, and Tak SEZ. Every meeting had some representatives from the diverse organizations, such as Board of Trade of Thailand, the Federation of Thai Industries, the Office of the National Economic and Social Development Council, Chiang Rai and Tak Provincial Chamber of Commerce, custom department, etc.

3.1.2 In-depth interviewing questions, using unstructured interview methods. Unstructured interviews, in which questions were not prepared in advance to obtain the desired level of depth and detail. The researcher interviewed some keypersons or stakeholders related with Chiang Rai and Tak SEZs, such as district chiefs, businessmen, head of disease control's checkpoint etc. Most interviewees come from some participants in the focus group-discussions.

3.1.3 Field survey, researchers surveyed at Chiang Rai and Tak SEZs for data collection, such as the infrastructure development, land uses, COVID – 19 disease control etc. The researcher did not only survey in SEZs, but they also talked and interviewed with some local people and governmental officers such as businessman, district chief, head of local government, custom officer, policeman etc. The field survey focusses on the area changes and SEZ development from the site.

Besides, the analytical framework called CATWOE as a guideline for defining 6 groups in discussion issues, those are:

C – Customer refers to people in the area or persons who gain or lose benefits from Thailand’s border special economic zones.

A - Actors refers to the roles and duties of the government, the private sector, and relevant agencies in causing changes to the border SEZ.

T – Transformation means the change in the institutional mechanisms and mechanisms for the international cooperation in the SEZs.

W - Worldview means external effects and interventions of a superpower.

O - Owner refers to the authority to make changes to the SEZ.

E - Environment refers to the conditions or regulations used in the development of special economic zones along the border of Thailand.

Literature Review

The researcher used some academic concepts and theories for the analytic framework in the health guidelines’ part. Some academic concept is:

1. Preventive medicine and public health policy

This research used the preventive medicine as the major concept for the health guideline’s analysis in SEZ. This research focuses on 2 points in the preventive medicine, such as the level of disease prevention and the primary health care. The level of disease prevention has 4 levels but this research focuses on primary prevention, secondary prevention, and tertiary prevention such as community healthcare, medical services, public health policy in SEZ, outbreak control etc. Besides, the researcher applied primary health care as the analytic tool in SEZ, such as healthcare policy, collaboration in community healthcare, disease prevention’s stakeholders, etc.

From the literature review, Thai government by the Ministry of Public Health has been trying to develop the potential of medical services in the Chiang Rai and Tak special economic zones for the past ten years such as the increasing of the health service center in the community, the developing of the district’s hospital, the increasing of the number of inpatient beds at the district’s hospital, the increasing of the number of medical staffs, etc. The reason of development in medical services were the ministry of public health had 5

years' plan for medical services' development in every SEZs, so Chiang Rai and Tak SEZs were the part of that plan in 2017 – 2021. Besides, the ministry of public health forecasted that every SEZs in Thailand had a tendency of population increased in 2015. So, they impacted the medical services in SEZs and the Ministry of Public Health should develop the medical service for the supporting of the increased population.

From the 5 years plan in 2015, the Ministry of Public Health developed the preventive medicine and public health policy in the Chiang Rai and Tak SEZs in many issues such as district's hospital development, community health center's development, medical laboratory's development in the district's hospital, international disease control checkpoint's development, the medical staff development, village health volunteer's increase, environmental regulation and pollution control's development, etc. [4] The plan of preventive medicine and public health policy in the Chiang Rai and Tak SEZs make the medical services and disease protection system are efficiency and effectiveness. Chiang Rai and Tak's public health offices had the strategic plan in 5 years (2018 - 2022) were [4]:

1) Promotion Prevention and Protection Excellence: Chiang Rai and Tak's health offices tried to promote people had a good health, diseases protection, healthy environment and suitable working conditions at Chiang Rai and Tak's SEZs. So, Chiang Rai and Tak's province had many projects for the health promotion such as development and empowerment project for the healthy worker, system development project for emergency and health hazard response, waste management project and health risk factor reduction project.

2) Service Excellence: Chiang Rai and Tak's health offices tried to develop the medical services and healthcare for the people in the good standard, universal services, fair price, equality, and safety. Chiang Rai and Tak's province had many projects for service development such as the primary healthcare development project, the medical service network development project, the system development project for a comprehensive emergency medical service and the migrant workers health development project.

3) People Excellence: Chiang Rai and Tak's health offices tried to recruit and to develop some good medical officers for the optimum quantity and the quality services. Chiang Rai and Tak's province had many projects for the medical staff development such as the manpower production and skill development for the professional medical staff project and the health workforce network development project.

4) Governance Excellence: Chiang Rai and Tak's health offices tried to reduce some costs in the medical service for the sustainability. So, the health office applied the governance concept for the high standard in public administration. Chiang Rai and Tak province had many projects for the public governance development, such as the e-government development project for the national health services, the digital development project for

healthcare and the knowledge management project for the medical services.

From all strategic plans in Chiang Rai and Tak's public health offices, we can see that Chiang Rai and Tak's SEZs had some public policies and preparation for the risk management in the health service before COVID – 19 pandemics in 2020 – 2021. However, every strategic plan was the local and national levels and they had not the plan for the international level because the government created SEZs for the international trade and investment. Moreover, the health hazard can contaminate some goods and foreign workers when they cross the border. So, the strategic plan was not insufficient for the health hazard protection in SEZs.

The result of the plan in preventive medicine and public health policy in the Chiang Rai and Tak SEZs make the medical services and disease protection's system are efficiency and effectiveness. The result of the plan was displayed when COVID-19 pandemic in 2020 – 2021 because Chiang Rai province had the total number of deceased from COVID – 19 diseases were 98 cases in 2020 - 2024. Tak province had a total number of deceased from COVID – 19 diseases were 371 cases in 2020 - 2024 and Thailand had the total number of deceased from COVID – 19 diseases were 21,698 cases in 2020 – 2024 [4].

Thus, the preventive medicine and the public health policy in Thailand have tried to progress and to focus on Chiang Rai and Tak SEZs since many years. However, the preventive medicine and the public health policy in Thailand belong to the governmental process, so they are not stable because they can change to follow the Thai political changes and the political policy. The overall, Chiang Rai and Tak SEZs have developed for the health care' support. The effectiveness of the preventive medicine and the public health policy displayed when COVID-19 pandemic came [7].

Although, public health policies at provincial and local levels functioned in COVID-19 pandemic, this pandemic was not a normal phenomenon. So, the public health policies at provincial and local levels cannot be effectiveness in a normal situation and SEZs need some special health policies that can be efficiency in the cross-border level. The provincial and local agencies cannot operate the cross-border policy in the public health. Moreover, the public health relate with the trade and investment in SEZs are harder than the normal public health policy [7].

2. Health and disease control standard in SEZ

The health and disease control standard in SEZ should be a benchmark for a general standard in Chiang Rai and Tak SEZs. However, we have not the general health and disease control standard in SEZ yet. Asian Development Bank (ADB) have suggested Greater Mekong Subregion (GMS) that GMS's counties should have the participation in the health and disease control standard in SEZ in 2018 [2]. Because ADB forecasted in 2018 that GMS's counties were going to have the public health problem in the high possible and the

problem was going to impact with the trade and investment in GMS's SEZ [2]. Many data of public health presented in 2018 that GMS's SEZ had many problems such as the volume of public health service recipients was high, the cost of health service was high, the volume of pollution and environmental problem was high, the number of disease's type was high and the ratio between public health ability and health service recipients was high. So, SEZ should have the international cooperation in the health and disease control standard because the public health problem is the international economic problem. However, the health and disease control standard in SEZ and GMS were not happened because nobody think the health and disease control standard could relate with the economy, trade, and investment.

When COVID-19 pandemic came to GMS and Chiang Rai and Tak SEZs in 2020 – 2021, it was hard period for the economy, trade, and investment in GMS and Chiang Rai and Tak SEZs because every country should protect the people from COVID – 19 diseases. Every country had the health and disease control standard in them way. Many health and disease control standards were not related with the other country in the international business and the first step of COVID-19 pandemic. After that, GMS' countries reduced the health and disease control standard for the border trade when COVID-19 pandemic was stable. So, Chiang Rai and Tak SEZs could trade, export, and import some products from GMS' countries by the border business.

The health and disease control standard of Chiang Rai and Tak SEZs followed the public policy of the central government in COVID-19 pandemic. It was the first times in Thailand for the formulation of the health and disease control standard by the non - public health agencies. Thai government integrated many public agencies for the health and disease control standard in the COVID-19 pandemic such as minister of interior, minister of defense, minister of commerce, minister of foreign affairs etc. So, the health and disease control standard for the COVID-19 pandemic did not only relate with the public health issues but they also related with many issues such as government, economy, transportation, international relation, education etc. It was the impact with the economy, trade, and investment in Chiang Rai and Tak SEZs. It also was the first times in Thailand for the health and disease control standard were not only the public health issue.

However, the health and disease control standard in the COVID-19 pandemic were the action in Thailand side but it was not related with GMS' countries or the other country. Chiang Rai and Tak SEZs are the area for the international business, international trade, and international investment, so Thai government cannot implement the health and disease control standard that are not related with GMS' countries. The health and disease control standard in Thai SEZs should connect with the other country. The though of Asian Development Bank for the GMS' health and disease control standard in SEZ must happen after COVID-19 pandemic are less severe.

The public health system standards and disease prevention of Chiang Rai and Tak SEZs lacked the international cooperation mechanisms before COVID – 19 pandemics. So, the input, process, output, outcome, and impact of were not relate with the health standard, trade, and investment in the international level. However, some outcome and impact of public health standards and disease prevention happened with some neighbor countries near Chiang Rai and Tak SEZs, but some organizations and officers in the local level use the private relationship and connection from the neighbor country for the health policy implementation. It was not the normal system and mechanism. They should have and use the institutional mechanism for the policy implementation [15].

Result

1. Health Policy in the COVID-19 pandemic

Health issues were not the major focus at SEZ before COVID – 19 pandemic or 2019. The focus for the SEZ’s development was the economic issue and diplomatic process. However, the Ministry of Thai Public Health had a report in 2016 and the report showed the healthcare risk and problem trends from SEZ’s development (Office of the Permanent Secretary of Ministry of Thai Public Health, 2016). The sample of SEZ’s problems were the increase of public health service recipients, the unpaid service in the Thai public health system, the environmental diseases and pollution, the disease diversity, and the public health service problem. Moreover, Asia Development Bank (ADB) reported the health impact assessment framework for special economic zones in the greater Mekong subregion (GMS) in 2018 [2]. ADB reported that SEZ at GMS had not a specific law for disease control and health standardization, so those problems could affect the health and economic security of SEZ [2]. So, some organizations were aware of the trend of public health problems from SEZ development before COVID – 19 pandemics.

The COVID – 19 pandemics have started in 2019 and they have affected many sectors. Chiang Rai and Tak SEZs also have got the effect of the pandemic. Thailand had a law for the border checkpoint whole the country in 2020 – 2021. Although foreigners could not pass into the Thai border, the goods could pass inside Thailand. Thailand has not the health guidelines for the COVID-19 pandemic for SEZs and they use the measure of COVID – 19 pandemic controls in the whole country. Those measures are the first health guidelines for related to border trade and investment. The measure is the public tool for international trade’s disentanglement. International trade can process in the SEZ and COVID-19 pandemic [17].

From table 1, the table presents the institutional organization mechanism and health measure in public health policy in SEZs before and during COVID-19 pandemics. The COVID – 19 pandemics was not the normal phenomena, so every public policy and management in those pandemics were the special mechanism. It was different from the normal situation

or before COVID-19 pandemics. The institutional organization mechanism come from the ministry of public health and sub-agencies inside ministry of public health in the normal situation [9]. Moreover, the health measures were the law, staff, and budget from ministry of public health before COVID-19 pandemics.

Table 1 Institutional Organization Mechanism and Health Measure in Public Health Policy in SEZs before and during COVID-19 Pandemics

	Before COVID-19 Pandemics	During COVID-19 Pandemics
1. Institutional Organization Mechanism	Only sub-agencies in ministry of public health	Many sub-agencies from many ministries such as ministry of public health, ministry of interior and ministry of defense. And local government.
2. Health Measure	1. Laws only were under the ministry of public health. 2. Staffs came from ministry of public health. 3. The budget came from ministry of public health.	1. Laws came from many sources such as prime minister, ministry of public health etc. 2. Thai government set the center for COVID-19 situation administration (CCSA) for COVID-19 pandemic’s control and command. 3. Staffs came from many organizations in Thai government. 4. The budget came many sources such as Thai government, private sectors, donation etc.

When the COVID-19 pandemics came to Thailand, the pandemic scourged to the people very fast and it damaged to the public health system and society. Thai government had to controlled the disease and supported the public health system. They integrated many resources from many governmental units such as ministry of public health, ministry of interior, ministry of defense and local government. Besides, the government combined every recourse such as law, staff, and budget to the new public organization name was the center for COVID-19 situation administration (CCSA). The new organization was the COVID-19 pandemic ‘situation control and command. So, the institutional organization mechanism in the pandemic look like the disaster management and CCSA is the integrated unit in the special situation. It is different the normal situation [17].

From table 2, the table presents CATWOE analysis in Chiang Rai and Tak SEZs in COVID-19 pandemics. The table shows in every factor in CATWOE are:

1.1 Customers: the customer is the people or stakeholder at in Chiang Rai and Tak SEZs. Both customers at SEZs focused on the economic policy than the health

policy. However, they worried about the COVID – 19 pandemics that affected with the trade and investment at SEZs. Besides, Tak SEZ’s customer could collaborate with the neighbor country for the health measure if COVID -19 was more the serious situation. The customer at Tak’ SEZ could use the personal relationship with the neighbor country’s collaboration for the outbreak control.

Table 2 CATWOE Analysis in Chiang Rai and Tak SEZs in COVID-19 Pandemics.

	Chiang Rai’ SEZ	Tak’ SEZ
1. Customers	People in Chiang Rai’SEZ were interested in the economic policy than the health policy. They also worried about the pandemics.	The local People and organization in Tak’ SEZ collaborated with the neighbor country for the health measure.
2. Actors	The provincial organization under the ministry of public health had 5 years plan (2017 - 2021) for the medical services development in the SEZ [9].	The provincial organization under the ministry of public health had 5 years plan (2017 - 2021) for the medical services development in the SEZ [9].
3. Transformation	The public organization in SEZ had not the institutional organization mechanism in the border trade and investment for the health policy collaboration.	The public organization in SEZ had not the institutional organization mechanism in the border trade and investment for the health policy collaboration.
4. Worldview	The stakeholder at SEZ believe the health measure is important for the border trade and investment.	The stakeholder at SEZ believe the health measure is important for the border trade and investment.
5. Owners	Thai government had some plan to develop the medical services in SEZ.	Thai government had some plan to develop the medical services in SEZ.
6. Environment	Every sector in the local, national, and international levels were interested in the health measure after COVID-19 pandemics.	Every sector in the local, national, and international levels were interested in the health measure after COVID-19 pandemics.

1.2 Actors: the actor is the government, the private sector, and relevant agencies in causing changes to the SEZs. The provincial organization under the ministry of public health is the main actor for the health policy at both SEZs. Every organization had 5 years plan (2017 - 2021) for the medical services development in the SEZs such as provincial public

health offices, district public hospitals, and sub-district public hospitals. Thus, the main actor for the health policy setting at SEZs prepared for the impact of trade, investment, and pandemics.

1.3 Transformation: the transformation is the changes in the institutional mechanisms for the international cooperation in the SEZs. The governmental organization at Chiang Rai and Tak SEZs focused on the economic policy than the health policy. Thus, the public organization in SEZs had not the institutional organization mechanism in the border trade and investment for the health policy collaboration between the neighbor country. If SEZs have some serious situations, the SEZs' staff will collaborate with the neighbor country' staff by the personal relationship. It is not the transformation in the institutional mechanisms.

1.4 Worldview: the worldview is the external effects and interventions of a superpower at SEZs. All stakeholder at Chiang Rai and Tak' SEZ believe that the health measure was important for the border trade and investment. However, they did not make the changes in the health measure before COVID – 19 pandemics.

1.5 Owners: the owner is the authority to make changes to the Chiang Rai and Tak' SEZs. SEZs in Thailand are supervised by office of the national economic and social development council (NESDC). NESDC had not a plan in the institutional mechanisms for health policy. However, the government by ministry of public health have had some plan to develop the medical services in all SEZs. The plan focused on the medical services in Thai part but it was not related in the international part.

1.6 Environment: the environment is the conditions or regulations in the development of special economic zones along the border of Thailand. Most organizations in every SEZ were not interesting in the health measure before COVID-19 pandemics. But everything changed when COVID-19 pandemics came. Every sector in the local, national, and international levels were interested in the health measure because it affected with the border trade and investment [12].

2. Health Policy Recommendation for SEZs

The recommendation for health guidelines for SEZ in the future is:

- Local Level: The health care system at the local level in Thailand and SEZs are a good system because every province has a medical network such as provincial hospitals, district hospitals, primary care centers in sub-district, and village health volunteers. Moreover, the other sectors in the local area try to cooperate with the medical network for health care support such as business companies, local government, local people, etc. All units in the network collaborate, so the health care at the local level has effective and efficient for the health disaster. The local level should continue the collaboration in health guidelines and measurement in SEZs.

- National Level: Thai government should set some mechanisms for SEZ.'s health policy design and new public health dimension because SEZs have not specific regulations that combine public health, international trade, and investment. Thus, the government should create public policy, law, and main organization for health guideline control in SEZs. Public policy and law should not come from only public health agencies but they should come from many ministries such as the ministry of foreign affairs, ministry of tourism and sports, and ministry of transport. ministry of commerce, etc.

- International Level: Thai government should create some cooperation in SEZ's health policy and measurement in the international organization as the bilateral and multilateral cooperation because the health guideline in SEZs has a relation with the business partner country. So, the government must build some agreements with the international body such as ASEAN, APEC, and Greater Mekong Subregion: GMS [12].

- Integrated Level: The Thai government should combine the health guidelines at every level in SEZs: local, national, and international. Because every level should work and share the information. Integration at all levels is important for the health guideline implementation in SEZs because all level or agencies are the part of the health and disease control standard. It is the hard mission in Thailand because all agencies often separate the regulation, public policy, budget, officer and doing [11].

Discussion and Conclusion

1. Discussion

So, health policy in Chiang Rai and Tak SEZs have the challenge that are:

1.1 We have not the host for the international cooperation in health policy: we have had many international cooperation in the GMS's countries but all cooperations focus on the economy, politics, international relation etc. But no one does not focus on the international cooperation in health policy, so we need the host or some counties take the public health issue to the international cooperation meeting. However, we had ADB report about the health impact assessment framework for SEZs in GMS and some small international meetings related with the health cooperation in the past [2]. But we cannot see the outcome of the international health cooperation in GMS' countries [16].

1.2 GMS' countries have the difference of health and disease control standard: GMS's countries are Kingdom of Thailand, Republic of the Union of Myanmar, Lao People's Democratic Republic, Kingdom of Cambodia, Socialist Republic of Vietnam, and People Republic of China. All countries are the developing country and they are different in the developing level. So, it affects with the development of disease control standard and health care standard. Some standards relate with many issues and developments such as economy, politics, society, culture, geography etc. So, it is the hard mission for the international

cooperation in public health and health policy. It is the impossible mission if GMS' countries set the equal of health care standard and disease control standard. It also impacts with Chiang Rai and Tak SEZs' health policy [15].

1.3 Some Countries believe the health policy should be the national and local policies: it is the paradox of the health policy in SEZ because the health policy and care should belong to the governmental agency (national and local levels) [16]. But SEZ should relate with many countries, so some health policy and care should belong to the stakeholder's country in SEZ. Because, SEZ will have some international agreement or cooperation for the special condition in the economic issue such as free trade area agreement (FTA), free visa issuance, investment privilege, custom exemptions etc. However, every international port has the international disease control checkpoint and Chiang Rai and Tak SEZs also have the checkpoint. So, it is the conflict between the disease control and business promotion in SEZ because disease control belongs to the national or local agencies but the business promotion belongs to national and international agencies. The integrated cooperation in every sector (local, national, and international levels) is more important for this problem solving [8].

1.4 The public health policy is the complex problem: the good health and well – being of the people are complicated because they relate with many factories such as economic development, social inequality, developing level, public administration, political policy etc. Thus, the outcome of public health policy displays as the good health and well – being of the people is the tough mission. Because the government should solve many problems before, after that they can set the public health policy for the good health and well – being of the people. However, it is the paradox because we do not know that the health policy formulation and the social problem solving should come first. The public health policy in SEZ is still the mysterious issue because it is the complex problem [15].

2. Recommendations

2.1 Research Applications: the result of this research was applied to some stakeholders and the responsible organization in Chiang Rai and Tak SEZs. The researcher presented some results to the stakeholder in the 4th focus group discussions at Bangkok. Some stakeholder in both SEZs accepted and commented the result. They agreed to apply the research results to work in SEZs. Besides, this research was submitted to the Office of the National Economic and Social Development Council (NESDC). NESDC has the duty to direct all SEZs. So, this research was the policy recommendation for SEZ's development.

2.2 Future Research: this article is a part of the research name is the developing the institutional mechanisms and international cooperation mechanisms for Thailand's SEZ. Thus, a researcher had many limits in the part

of this article: the health standard related with trade and investment recommendation for Chiang Rai and Tak SEZs. Because, it was not the separated research and it should follow the other part of the research. Moreover, the researcher did the research and collected the data in COVID-19 pandemic's period (2021 - 2022). They had many limits such as researchers could not go to Chiang Rai and Tak SEZs for the data collection, some informants were suffering from COVID-19 etc. From many reasons, this research lack of many information such as the health policy in the neighbor counties, the data form officer in neighbor counties, etc. The future research should be many topics such as health policy in Laos's SEZ in the institutional mechanism, health policy in Burma's SEZ in the institutional mechanism, ASEAN in the health policy cooperation, health standard related with trade and investment for SEZs, etc.

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