The Politics of Health Policy Coalitions in Implementing Community Isolation Policy: A Comparative Study in the Thai Upper Northeast Region

Chuthaporn Suntayakorn

Center of ASEAN Community Studies, Faculty of Social Sciences, Naresuan University
Tha Pho Sub-district, Mueang District, Phitsanulok 65000, Thailand
Corresponding author. E-mail address: chuthaporns@nu.ac.th
Received: 31 October 2022; Revised: 19 January 2023; Accepted: 26 January 2023

Abstract

This study aimed to explore the policy practices of different policy coalitions that participated in implementing the Community Isolation policy (CI) in two border provinces in Thailand, by adopting a comparative case study design which included interviews with 30 key policy actors. This research is significant because it explores the social acceptance of CI policy implementation, which is useful for improving preparations for future pandemic policies. The Advocacy Coalition Framework (ACF) was used to analyze the belief systems, resources, strategies, and coordination of different coalitions which implemented CI policy during a public health crisis. The study identified three policy coalitions in relation to the CI policy implementation and discovered that there was a shared belief system among the advocacy coalitions. The different local political contexts in the two provinces, however, offered different policy implementation challenges with the result that the members of each coalition applied or adjusted different strategies and resources to maintain their cross-coalition coordination. This study contributes to the understanding of CI policy implementation which has been one of the main policies of Thailand's COVID-19 pandemic prevention strategy. It draws on a social science framework to investigate public health emergency issues which enhances academic dialogue across the public health science and social science disciplines. The benefits of this study include enriching knowledge and insight on policy theory and making a new contribution for future pandemic preparation.

Keywords: Health Politics, Policy Implementation, COVID-19, Border Provinces, Disease Prevention and Control

Introduction

The COVID-19 pandemic has become an unprecedented global health security crisis which has constrained healthcare systems. Thailand has been successful in countering the COVID-19 pandemic, ranking fifth out of 195 countries in the 2021 Global Health Security Index for its capacity for emergency response operations (GHS Index, n.d.). The Community Isolation policy (CI) was employed as the main strategy, using locations within local communities to quarantine COVID-19 patients with fewer symptoms (Department of Health, Ministry of Public Health, 2021). The policy also aimed to reduce health facility workloads, while reserving hospital beds for more severe COVID-19 cases, by delegating disease control management to local state institutions, members within local communities, and other stakeholders (Thai Health Official, 2021).

CI was first launched in late June 2021 to combat the COVID-19 variant (a mix between the Alpha and Delta variants) which was causing an increase in the number of new cases and clusters in Bangkok (Hfocus, 2021). The Delta variant then spread throughout the nation between July-August 2021 due to the lift of disease control measures and the easing of lockdown during Thai New Year celebrations in April 2021 (Ministry of Public Health, 2022a). To control COVID-19, the Thai government announced a lockdown and strictly implemented the CI policy in all provinces to the decrease of epidemic in Thailand (Ministry of Interior, 2021; Department of Health, 2021).

Notwithstanding the importance of CI policy in controlling COVID-19, there is still limited research into CI implementation. Most of the research on CI or community participatory approaches for COVID-19 prevention has been conducted within the public health paradigm, including single case studies (Parasate, Suwannakoot, Meenakate, & Nakrukamphonphatn, 2022; Temudom, Jaichuang, Saisuwan, Abthaisong, & Piralam, 2021) or quantitative studies of CI management on topics such as satisfaction rates regarding CI management (Thatsaeng, Nunta, Wongpalee, Pongpaew, Phanvatr, & Phansiri, 2022) or understanding ratings of CI policy among policy stakeholders (Sawaengsuk, 2022). Therefore, a comparative research design including interviews with multiple stakeholders in two different locations could offer an in-depth analysis for developing CI for future pandemics.

Regarding these research gaps, the overarching objective of this research was to explore the policy practices of the different policy coalitions which participated in implementing the CI policy. The study was guided by three questions: (1) How do the beliefs of different policy actors within different coalitions shape the CI policy implementation? (2) What strategies and resources do these policy actors utilize to maintain their coalitions and implement a CI policy that fits the local context? (3) How are the different coalitions coordinated to make the CI policy practices implementable during the dynamic situation of a pandemic? The hypothesis of this research is that different belief systems, strategies, and resource utilization and coordination can contribute to different policy implementation outcomes.

These research questions are answered from a comparative policy perspective by focusing on two Thailand-Lao PDR border provinces: Loei and Nong Khai. These provinces were selected for examination due to their similar characteristics and the fact that both provinces have experienced high local epidemic rates (see more in the Study Setting section). The scope of the study focusses mainly on the strategy of social acceptance in establishing CI in local communities. Social acceptance of CI policy implementation is the most vital policy agenda which indicates successful CI policy implementation (Department of Health, Ministry of Public Health, 2021). This study also focuses on the period of CI implementation in Thailand between June-December 2021, adopting the Advocacy Coalition Framework (ACF) by Jenkins-Smith, Nohrstedt, Weible, & Ingold (2018) as the main framework for analysis. The term *advocacy coalition* in the ACF refers to a collection of policy actors from various institutions that share beliefs, resources, and strategies to support their coordinated actions and bring about change in the policy implementation process. Using comparative policy studies to explore public health emergency issues is useful for generating academic dialogue between the health sciences and social sciences (Gore & Parker, 2019) and for making a novel policy contribution in preparing for a future pandemic.

Study Setting

This research focuses on two border province districts, Chiang Khan district in Loei province and Si Chiang Mai district in Nong Khai province, which share similar characteristics as follows. First, both districts are in the upper northeast region of Thailand and share a geographical border with Lao PDR. Second, they are both work destinations for many Thai and migrant workers because Nong Khai is a Special Economic Zone (SEZ) while Loei is a landmark tourism destination. Even though Si Chiang Mai district is not a specific SEZ in Nong Khai, there are several labor-intensive agricultural industries there (Office of the National Economic and Social Development Council, n.d.; Nong Khai Governor's Office, 2020). Hence, both districts have a high concentration and mobilization of Thai and migrant workers. Third, both Nong Khai and Loei provinces have a high concentration of COVID-19 patients compared with other provinces in the upper northeast region (Ministry of Public Health,

2022b). Finally, both provinces have the same governmental structure and use the same health prevention guidelines for setting up local quarantines for mitigating pandemics (Department of Health, Ministry of Public Health, 2021). It is important to study whether these similar characteristics of both provinces can contribute to different practices among coalitions in implementing the CI policy, and indeed, what the potential challenges are for the forming of coalitions and for their impact on policy implementation.

Conceptual Framework

The Advocacy Coalition Framework (ACF) has been recognized as an important framework for analyzing policy processes, political engagement, and conflicts (Jenkins-Smith et al., 2018). One of its benefits is that it helps to uncover how and why policy actors collaborate through advocacy coalitions to influence policy, and how policy adjustment occurs. It also supports the logic of comparative policy analysis which addresses similar questions to advance the comparison and focus on significant aspects of case studies (Weible, Ingold, Nohrstedt, Henry, & Jenkins-Smith, 2020). The most useful analytical units for exploring policy implementation are the coalitions that form within policy sub-systems that are characterized by social issues (such as health), geographical location, and interaction among policy actors. To analyze the formation of coalitions and their practices related to CI policy implementation, this research used the ACF to identify the different coalitions that were formed by different actors and to uncover the interactions between these coalitions pertaining to CI policy implementation (Jenkins-Smith et al., 2018).

The actors are agents who come from governmental and non-governmental institutions and include citizens and members of the private sector. They form their coalitions and contest with others in framing policy problems and practices based on their beliefs, strategies, and resources (Heikkila, Berardo, Weible, & Yi, 2019). The ACF assumes that policy is constituted from the negotiations among advocacy coalitions which reflect the political dynamics and conflict (Pierce, Peterson, Jones, Garrard, & Vu, 2017). Conflict among coalitions may emerge from the different belief systems and values towards the policy. When policy stakeholders perceive a threat to their beliefs, they may coordinate and form coalitions to protect their stances and interests (Sabatier, 1988).

The ACF has different units of analysis following these comparative policy elements (Weible & Nohrstedt, 2012). This study compared the coalitions and their practices on CI policy implementation, by focusing on four elements: 1) beliefs, 2) resources, 3) strategies, and 4) the coordination among actors across coalitions in implementing the CI policy. The details and scope of the comparative elements and the framework can be seen in Table 1.

Table 1 The Summary of the Framework, Themes, and Sub-theme

Theme(s)	Sub-theme(s) and Description
Belief Systems	Belief is defined as different types of cognition, such as values or preferences. There is a three-tiered hierarchy of belief; the interaction of these tiers constitutes the belief system: 1. **Deep Core Belief:** Fundamental worldview (political ideology and cultural orientation). 2. **Policy Core Belief:** A belief about policy (position on policy solutions, policy goals, roles of different institutions and policy tools). 3. **Secondary Belief:** An instrumental belief of the policy ('instrumental' means to achieve policy goals).

Table 1 (Cont.)

Theme(s)	Sub-theme(s) and Description
Coalition Resources and Strategies	Strategies refer to activities of actors which influence the policy process, for instance negotiation, lobbying, public presence in the media, and coordination.
	Resources are defined as the accessible capacity of actors to influence or to develop strategies to influence the policy process, such as: 1. Information, 2. Formal Legal Authority to Make Policy Decisions, 3. Skillful Leadership, 4. Human Resources, and 5. Financial Resources.
Coordination	Actors participate in a coalition with different degrees of coordination depending on their shared beliefs. 1. Strong coordination refers to policy practices that are agreed upon and acknowledged by coalition actors. These actors participate in formulating and implementing policy, as well as in sharing resources. 2. Weak coordination defines activities in which actors within coalitions share a common goal, yet do not jointly agree upon. The actors understand the status of their allies and work in a supporting manner, for example by monitoring the use of evidence.

Sources: Jenkins-Smith et al. (2018)

Methods and Materials

Research Design

A Comparative Case Study (CCS) design was employed, as this is suitable for studies seeking to uncover how and why a phenomenon or experience occurs, using multiple data sources in different locations (Bartlett & Vavrus, 2017). This is a flexible qualitative design that aids the investigation around the formation and implementation of policy across sites and scales. Therefore, this research adopted an analysis of a horizontal axis which was used to compare policy practices between the two sites.

Data Collection and Analysis

In-depth interviews were used because this allowed policy actors to share individual experiences towards the phenomena. To enhance the accuracy of the study results, the researcher applied triangulation by interviewing policy actors from different institutions and locations. Interviews lasted 35-40 minutes. Purposive sampling was used to select participants who participated by using their authority in implementing CI policy in the two border provinces. However, in some cases, snowball sampling was applied to obtain the relevant participants for the interviews (Clark, Foster, Sloan, & Bryman, 2021). Interviewees were screened by applying criteria, such as participants' institution, position, role, duration of work in the relevant position (at least one year), and expertise. These participants were identified based on their roles regarding the CI guidelines proposed by the Department of Health, Ministry of Public Health (2021). The details of the 30 participants are shown in Table 2.

Table 2 Overview of Participants Involved in this Study

Name of Agency and Number of Participants	Overarching Role	The Number of Participants	
		Loei	Nong Khai
1. Local Administrators at the Provincial Level	Responsible for CI Strategy Monitoring	• 1 Provincial Health Officer • 1 Staff Member from the Governor's Office	• 1 Provincial Health Officer • 1 Staff Member from the Governor's Office
2. Local Administrators from the Subdistrict Administrative Organization	Responsible for CI Resource Gathering and Supporting the Quarantine Operation	• 1 Local Administrator	• 1 Local Administrator

Table 2 (Cont.)

Name of Agency and Number of Participants	Overarching Role	The Number of Participants	
		Loei	Nong Khai
3. Local Community Leaders	Responsible for CI Strategy Implementation	• 1 Subdistrict Headman • 1 Village Headman (A Community Leader)	• 1 Subdistrict Headman • 1 Village Headman (A Community Leader)
4. Members of Community Hospitals	Service Provider for CI	• 1 Head Nurse • 1 Allied Health Staff	• 1 Doctor • 1 Head Nurse
5. Members of Sub-district Hospitals	Service Provider for CI	• 2 Nurses • 1 Allied Health Staff	• 1 Nurse • 2 Allied Health Staff Members
6. Health Volunteers	Support State Actors in Implementing CI Management and Operation	• 2 Heads of Health Volunteers	• 2 Heads of Health Volunteers
7. Local NGO Staff Members		• 1 Local NGO Staff Member	• 1 Local NGO Staff Member
8. Thai Civil Actors/ Volunteers		• 1 Business Owner • 1 Operation Volunteer	• 1 Business Owner • 1 Operation Volunteer
Total 30 Participants		**15**	**15**

The interview guide explored the contextual issues in which each case study was situated, identifying the advocacy coalitions and their influence towards CI policy implementation. To maintain the credibility and confirmability of this qualitative research, the researcher applied three strategies derived from Lincoln and Guba (1985). First, prolonged engagement was used to ensure the credibility of the data by building trust with the participants and the gatekeeper. In addition, in order to be familiar with the study context, the researcher read the existing literature about organizational cultures and the working routines of the participants' organizations. As the researcher used to work at the MoPH, it was possible to utilize this strategy. Secondly, this research adopts triangulation of the data from different types of key informants and research sites which is a useful strategy for gaining in-depth information from diverse participants in different coalitions having different positions and working in different organizations. Collecting data from a variety of perspectives and comparing the different points of view regarding CI policy implementation helped maintain the confirmability of the study. Thirdly, regarding peer debriefing, the researcher regularly met with the research project advisors to discuss the research process and data analysis, and to develop the research questions from the literature review and the framework. The research questions were also submitted to external research examiners for methodological quality checking. Finally, the researcher employed pilot interviews to ensure the clarity of the interview guide and to take field notes, as well as making reflective notes towards the data after the interview, all of which was done to enhance the credibility and confirmability of the research data (Clark et al., 2021; Lincoln & Guba, 1985).

The interviews were recorded by an encrypted recorder device and then transcribed. The interview data was analyzed using NVivo software. This followed the thematic analysis process by Braun and Clarke (2022) which concentrates on interviewees' perspectives and experiences toward social phenomena. It is not only a qualitative data-encoding process that seeks common themes in the data, but it is also used to interpret the data within the framework. Therefore, the coding in this study concentrated on the themes and sub-themes identified in Table 1. The recruitment procedures and thematic analysis steps are presented in Table 3. The study received ethical approval from the Naresuan University Institutional Review Board COA No. 233/2022, IRB No. P2-0171/2565.

Table 3 The Recruitment Strategy, Interview Procedure and Transcription

Recruitment Strategy, Interview Procedure and Transcription
1. The key informants were chosen from a list of policy actors that was publicly available from the relevant organizations' websites; in addition, the researcher contacted colleagues in local areas to be gatekeepers to screen potential participants who met the research criteria. The potential participants were contacted and invited to participate in this study through their official email and office phone number found on the participants' office website. If the participant met the criteria and agreed to join, an interview was conducted based on time, location, and channel of communication.
2. The participants were invited to read an information sheet and sign a consent form before the interview began. The researcher recorded the interview on an encrypted voice recorder with the permission of the participants and took field notes from the interview observation which would be included in the transcripts. The researcher conducted a pilot interview with the first informant of each cluster to examine the clarity of the interview questions.
3. The transcriptions were made within 24 hours. The researcher ensured the accuracy and quality of the interview data by listening to the recordings several times.
Analysis of Data (Thematic Analysis)
Step 1: Data preparation: listening to the recording and checking the quality and accuracy of the transcripts.
Step 2: Read the transcripts to make sense of the interview data and write memos on potential themes and interesting findings.
Step 3: Coding via NVivo using both inductive coding for the new emerging code from the data and deductive coding by applying the framework themes and sub-themes as guidelines.
Step 4: Finding relationships among the data and combining codes into themes to answer the research questions.
Step 5: Interpreting the data by using theory and reporting the findings.

Sources: Clark et al. (2021); Braun & Clarke (2022)

Results

Three advocacy coalitions were identified in implementing the CI policy focusing on the social acceptance of establishing CI in local communities in the two border provinces. These provinces shared the same coalition structures and the positions of the members following the Department of Health, Ministry of Public Health (2021) CI guidelines. Based on shared beliefs and coordination, the first coalition was the Pro-CI coalition consisting of health agents, health volunteers, some local politician and local administrators at both provincial and sub-district level, who supported the CI implementation and stated that CI was essential for COVID-19 prevention. The second coalition was the Concerned-CI coalition involving actors who raised concerns about the negative impact on setting the CI in local communities regarding the fear of disease outbreak, disagreement on location, and tourism branding. This included politicians who had influence and decision power related to CI management. Moreover, the concerned members also included civil actors, or volunteers, such as people from the business sector and from local NGOs.

The last coalition consisted of the CI policy brokers who acted to moderate or compromise in order to figure out settlements that would decrease the intensity of conflict among the different coalitions. These actors included high-level local administrators and community leaders, and staff members of local NGOs. However, this study found that the members of each coalition may not agree on beliefs, and some competed over the framing of policy or changed their position to support another coalition. This reflects the conflict and stability challenges within a coalition and across coalitions (Li & Weible, 2021). Implementing a policy during a contentious situation, such as a pandemic, may involve conflicts over policy practices, indeed, policy is always a manifestation of the ascendancy of dominant coalition beliefs, coordination, strategies, and resources (Pierce & Osei-Kojo, 2022).

Belief System

This study views three types of belief as variables which reflect the networks of policy actors in forming coalitions to implement the CI policy. The pro-CI coalitions in Nong Khai and Loei provinces shared the same core beliefs and policy beliefs in highlighting the 'leading health agenda operation' to frame the social acceptance of CI policy implementation. All actors from these coalitions explained that the main policy goal of CI acceptance is to communicate with and educate the members of other coalitions about the CI benefits for preventing disease transmission and reducing the public hospital workload. This is because CI can accommodate and provide services for low-symptom patients and secure hospital beds for more severe cases. Both pro-CI coalitions from the two provinces also shared similar secondary beliefs which reflected the need for vertical command from health experts in producing knowledge to convince other members to socially accept the CI establishment.

However, this 'Leading Health Agenda Operation' was critiqued by members of the Concerned-CI coalition in both provinces. These members had different belief systems and stated several challenges to socially accepting the establishment of CI in their communities. These actors cited the lack of consensus on selecting appropriate locations and the fear of accidental disease outbreaks from CI to the surrounding community. The members of the Concerned-CI coalition in Loei also further described the problem of accepting the CI policy implementation because Loei is a tourist destination. Many of the Loei community members have businesses, such as homestays. Hence, a main concern among members was that having CI in the community may affect tourism branding because tourists might fear the disease, and consequently, may not visit, causing a negative effect on the local economy.

All health authorities and local administrators suggested that the lack of two-way communication in Nong Khai between authorities and local communities has led to a failure to accept CI establishment and to conflict between the authorities and local people. Therefore, the members of the Concerned-CI coalition in both provinces proposed a 'Consensus Health Operation' for core beliefs and policy beliefs. Their secondary belief, based on the consensus approach, was the need to create a feedback loop, or two-way communication channel, where members of the Concerned-CI groups could raise their concerns and discuss these with the authorities to create mutual acceptance on CI policy implementation. The concerned groups also proposed the need to find agreement on appropriate locations to set the CI stations so that they would not pose any potential health or economic risk to the community.

In sum, different belief systems were found among coalitions, creating policy implementation challenges and conflict on social acceptance for CI establishment in local communities. These challenges were widely discussed among members of different coalitions, and this can be seen in how they utilized resources and employed strategies to maintain their coalitions and adjust the CI policy practices to fit the local context. Indeed, the third coalition, the policy broker coalition, intervened in this challenge to mitigate conflict and support the idea of consensus health operations. However, they offered limited expression about the belief system, but played a prime role in managing resources and employing strategies to maintain the coalition for the CI policy implementation. This will be discussed in the next section.

Resources and Strategies

Participants from all three coalitions agreed on the use of negotiation as the main strategy to maintain the coalition and ensure that the CI policy was being accepted by members. Most members of the Pro-CI coalition and the CI policy brokers explained that there was less local conflict in Nong Khai because local elites and the members of the different coalitions are friends or have good relationships. Even though health actors faced resistance in establishing CI in the local community, the elites among different coalitions used their skillful

leadership and communicate until reaching a conclusion. All health actors and local government staff used their formal legal authority to tighten control and used scientific and technical information to support their policy. Then, they asked the community leaders and other local influencers like famous local singers or social media influencers to disseminate positive information about CI benefits. The Pro-CI coalition in Loei also used the same strategies as the Pro-CI coalition in Nong Khai due to the shared similar pattern of the local elites' relationships. Here, the three coalitions in both provinces were working together based on these strategies and resources. However, this study found that local political conflict has caused major challenges in implementing CI policy. This masked the different results in CI policy implementation between the two provinces.

During the period in which this study was conducted, there were elections of sub-district headmen and village headmen in both provinces. It was found that the CI policy implementation became a 'high politics' issue, during and after the elections. During the election campaigns, there were many sources of funding from political candidates to produce media about COVID-19 management and strategies to create mutual understanding for CI establishment in the two provinces. Moreover, many candidates coordinated with health workers and let hospitals use their locations to set up CI, farther away from the community. This was done to support the Pro-CI groups and to address the concerns of the Concerned-CI groups to gain popularity before elections. Candidates also made donations for medical support to manage CI, as well as creating electoral campaigns about which group could better manage CI practices.

After the election, there were changes in the heads of villages and subdistricts in Loei, while in Nong Khai, most of the incumbents retained their positions. Therefore, in Nong Khai the CI policy implementation style and the relationships among coalitions remained stable, and they were able to continue negotiating and using the same resources for creating mutual acceptance of CI establishment. In contrast, in Loei, there are several emerging political rivals who frame the CI policy implementation. The new and the old political groups have employed lobbying strategies to gain allies by using the economic security of the provincial tourism discourse and critiquing the CI establishment and the management of their opponents.

This issue was widely critiqued by all health service providers. A nurse from a sub-district hospital in Loei explained that *the old group that lost the election did not collaborate and always criticized the CI protocol offered by the new groups. They used the idea that CI would destroy the tourism industry because tourists may fear having CI next to the hotel. This has led to three layers of coalition conflict: the first layer is between political rivals, the second layer is between the new head of the village and the supporters of the old groups, and the last layer is between the health authorities and the business owners who have hotels or homestays*. These conflicts cause communication problems for the health service providers in convincing the Concerned-CI groups regarding the need of establishing CI in the local community.

To solve this problem, the CI policy broker coalition in Loei proposed a negotiation strategy to mediate the conflict by offering a public space, like a school, industrial location, or temple, to establish the CI. The NGOs, as policy brokers, also provided information, through diverse online and offline channels, about the benefits of CI and the need to create mutual understanding while the brokers, who are high-level bureaucrats, also visited the community, and used their skillful leadership and their legal authority to negotiate with the Concerned-CI groups. However, this is unlikely to be successful due to the 'high-politics' issues and divisions in the local communities. This causes challenges in creating mutual understanding for social acceptance of CI policy implementation.

Indeed, Nong Khai has fewer political instability issues; however, the Concerned-CI groups still criticized the lack of communication channels for raising concerns or disagreements with the CI establishment. The concerned group used social media strategies to gather members who shared the same beliefs and formed partnerships with local news channels to disseminate information about concerning issues. It was found that the sources of concern about CI establishment among the communities came from news and rumors on social media about CI mismanagement in other areas, such as the escape of infected persons from CI or poor infected-garbage management leading to disease outbreaks in the CI area's surrounding communities. Therefore, the Pro-CI groups asked the CI policy brokers to intervene and adjust their communication strategies by creating online forums and coming up with strategies to counter fake news.

Most CI policy brokers in Nong Khai are high-level bureaucrats, who are skilled at leadership, and have formal legal authority and stable allies in both the Pro- and Concerned-CI coalitions. Therefore, it is easier to adjust policy and mobilize social negotiation and acceptance of CI policy implementation. With support from high-level bureaucrat brokers, NGOs can form partnerships with health actors to provide free health communication training for health volunteers, and local leaders tend to increase community visits to address CI concerns and problems. In sum, local political contexts, resources, and strategies play prime roles in successful CI policy implementation. The next section will explore how different coalitions coordinate to make CI policy practices implementable.

Coordination

The three CI coalitions in the two border provinces were found to have different degrees of coordination depending on their shared and agreed-upon beliefs, their perception towards the other groups, and their involvement in policy activities. The impact of the political context on coordination plays an important role in addressing the social acceptance challenges of CI policy implementation which resulted in different types of coordination.

In Nong Khai, all members of the Pro-CI and Concerned-CI coalitions described the opposition groups as allies with whom they needed to coordinate for creating mutual understanding and CI establishment in local communities. These actors also stated the importance of forming and maintaining their coordination by applying a mediation strategy through policy brokers, as well as developing and negotiating via feedback platforms or forums. This mutual working across coalitions was supported by the low level of political conflict in these provinces. All of this caused the relationships among coalitions to remain stable. The situation in Nong Khai demonstrated strong coordination because all policy actors shared the same beliefs and tended to formally agree upon resources and strategies for CI policy implementation.

In Loei, each member within the Pro-CI and Concerned-CI coalitions perceived their opponents as rivals. However, these actors decided to work together in implementing CI which involved lobbying in order to reach a win-win policy outcome. The process of negotiation was proposed by the CI policy brokers' coalitions for mediating the conflicting beliefs of the Pro-CI and the Concerned-CI groups. However, political tension and concern about the negative effects of CI implementation on tourism branding still remains, causing coordination tension and a struggle in implementing CI, as well as weakened coordination.

This study found coordination problems in Nong Khai in improving the channels for local communities to communicate about CI implementation. The main struggle was to counter misinformation due to different coalitions having diverse practices in addressing problems leading to confusion during implementation. This issue was described by the members of NGOs, all health frontline staff, and a member of the governor's office. A doctor from a community hospital in Nong Khai explained that *we disagreed on how we could counter online fake news.*

For instance, group A promotes home visits while group B uses manpower to screen the fake news. We share the same goals but have different operations, and sometimes our work does not go along...it causes confusion for the public and among us, which weakens our coordination in working together. However, many policy brokers argued that an allied style of coordination in Nong Khai offered many negotiation forums for members and freedom to create their own policy practices that could be adjusted to fit the local context. Although, policy brokers explained that they tend to offer a formal meeting for negotiation and implement top-down control on CI policy practices to implement the policy in the same direction, to counter misinformation, as well as to create and to maintain strong coordination. In sum, the political factors play a prime role in shaping the quality of coordinates. However, this study also found that coordination among allied members can be weakened because different groups focus on a different policy niche during implementation. Indeed, the allies' coordination may offer negotiation platforms for different coalitions in designing policy practices although this might bring about confusion and misinformation causing challenges at the implementation level. A summary of the findings can be seen in Table 4.

Table 4 Summary of Key Findings

Cases	Settings		
	Before Election	**During Election**	**After Election**
	Share Similar Characteristics		**Different Characteristics**
Loei	● The pro-CI coalitions in both provinces shared the same belief system. ● The concerned-CI coalition and the policy broker coalition shared the same belief system. ● 3 coalitions (pro-CI, concerned CI, and policy broker) had good relationships and fewer coordination problems.	● Politicizing CI policy leading by local political candidates. **Strategy:** ● Supporting the Pro-CI groups and addressing the concerns of the Concerned-CI groups to gain popularity. ● Creating electoral campaigns about which group could better manage CI practices. **Resource:** Making donations for medical support; Supporting funding for producing media to create mutual understanding for CI settlement and offering free space for CI settlement.	Changing heads of village and subdistrict ⇩ ● Communication problem among coalitions ● Weakened coalitions
Nong Khai	● Even though there was resistance in establishing CI in the local community, the elites of each coalitions used their skillful leadership and local network collaboration to communicate until reaching a conclusion.		Incumbent still held position ⇩ ● Stable implementation ● Less communication problems among coalitions ● Strong coalitions

Discussion

There are several detailed observations of politics in shaping beliefs, resources, and strategies, as well as coordination in forming advocacy coalitions for CI policy implementation. **First**, the different degrees of coordination depend on actors' shared beliefs, their perception towards the other groups, and their involvement in policy activities. Coordination between opponents who have different beliefs toward win-win solutions can create strong coordination in Loei, while coordination among allies can be weakened due to the different focus on methods or secondary beliefs on policy implementation in Nong Khai. This result has been confirmed by several studies in

which secondary belief is an important aspect in driving coordination (Henry, 2011; Ingold, 2011). It becomes even more important than the core belief when the opposing coalitions are concerned about the technical prospect of policy practices (Henry, Ingold, Nohrstedt, & Weible, 2022).

Secondly, the impact of the political context on coordination plays an important role in beliefs, resources, and strategies that address social acceptance of CI policy implementation. Another indicator in forming coalitions was the close relationship of policy elites among coalitions in Nong Khai and Loei. This has become a valued resource in mediating conflict and resistance towards CI. However, relying on elite connections in forming coalitions and operating policy strategies may cause policy sustainability problems due to changes in the elite groups. Indeed, this study reveals that local politics play an influential role in shaping CI policy implementation and coordination during and after an election. As Nohrstedt (2011) stated, an election often leads to changes in governance and collaboration among coalitions which has significant effects on both the policy resources of coalitions and on maintaining coalitions.

Third, most studies on advocacy coalitions tend to focus on the principal member of the coalition (Weible et al., 2020). However, a novel discovery of this study was that auxiliary coalition members are like politicians who become involved for a short period of time during an election, and can be important, especially in maintaining the sustainability of CI policy implementation and, indeed, coordination by supporting with resources. The struggle for CI implementation began after the election when politicians reduced or withdrew support.

Fourth, Nong Khai was found to have a less politically unstable situation; however, the Concerned-CI group still criticized the lack of communication channels for raising concerns or disagreements regarding CI establishment through social media and local news channels to form coalitions by gathering members who share the same beliefs and disseminating information about issues of concern. The results are similar to those of Fischer (2014) which revealed that opposing coalitions with limited resources usually mobilize public support to increase pressure on other coalitions and open the space for either lobbying or negotiating when their political concerns are repressed.

Finally, the CI policy brokers play a prime role in seeking consensus or mediating conflict during policy implementation. In fact, stakeholders from different coalitions often perceived the limited information of other coalitions. This led to antagonism among different coalitions (called the 'devil shift') which resulted in actors viewing their opponents as less trustworthy (Vogeler & Bandelow, 2018). This research found that some Pro-CI groups introduced policy brokers, who were either high-level bureaucrats or executive members of NGOs, to be a third party for solving conflict. This reflects the Thai hierarchical culture in seeking a mediator who has a high position in order to use their networks or authority to mediate conflicts among members who have less power. This study found that power distribution is restricted to those powerful policy actors actively engaged across various venues, like policy brokers, for maintaining the coordination to make CI policy implementable or adjustable to the context.

Conclusion and Suggestions

This article reported on a study of three policy coalitions in implementing CI policy in two border provinces and discovered that the two similar case studies (Nong Khai and Loei provinces) experienced similar and different policy implementation outcomes. To some extent, there was a shared belief system among coalitions. However, the research found that the unique political factors and local contexts in the two provinces indicated different policy implementation challenges that in turn led to different policy interpretations. Hence, the local actors utilized different strategies and resources to maintain their cross-coalition coordination in order to implement a CI policy

that fit the local implementation context. Indeed, a contribution of this study is that it offers a comparative investigation of CI policy implementation as the main form of Thai COVID-19 prevention in border provinces. This is useful for improving and strengthening the CI policy implementation practices. Indeed, drawing on a social science framework to explore public health emergency issues also offers a new contribution to the preparation for a future pandemic.

The benefit of applying the ACF to this study is useful for comparatively exploring coalitions in the two locations in order to draw on the lessons learned. Regarding the theoretical contribution, this study found that the majority of ACF research is conducted in the U.S. and Europe. Indeed, the applicability of ACF in analyzing policy outside western democratic systems has been questioned. However, many studies have used ACF for conducting research in authoritarian contexts, as well as in countries with a semi-authoritarian system, such as Thailand (Kongkirati, 2018). Therefore, applying the ACF to other governmental jurisdictions offers the benefit of enriching knowledge and insight on policy implementation. For future studies, it would also be interesting to explore how coalitions in different countries use similar local health prevention initiatives to control communicable diseases in their border provinces, as well as to test how political context has an impact on shaping CI policy implementation over time. This would be useful for comparatively observing the trends and uncovering the factors that could be critical for either improving or prohibiting the development of CI policy practices.

References

Bartlett, L., & Vavrus, F. (2017). *Rethinking Case Study Research: A Comparative Approach*. New York: Routledge.

Braun, V., & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. London: Sage Publications.

Clark, T., Foster, L., Sloan, L., & Bryman, A. (2021). *Bryman's Social Research Methods* (6th ed.). Oxford: Oxford University Press.

Department of Health. (2021). *Stand Together, for Everyone's Safety*. Bangkok: Beyond Publishing. Retrieved from https://planning.anamai.moph.go.th/th/covid-19-doh/3867#wow-book/

Department of Health, Ministry of Public Health. (2021). *Community Isolation*. Nonthaburi: Department of Health, Ministry of Public Health. Retrieved from https://www.pakkretcity.go.th/images/pdf/64/moph-community-isolation.pdf

Fischer, M. (2014). Coalition Structures and Policy Change in a Consensus Democracy. *Policy Studies Journal*, *42*(3), 344-366. https://doi.org/10.1111/psj.12064

GHS Index. (n.d.). *Welcome to the 2021 Global Health Security Index*. Retrieved from https://www.ghsindex.org/

Gore, R., & Parker, R. (2019). Analysing Power and Politics in Health Policies and Systems. *Global Public Health*, *14*(4), 481-488. https://doi:10.1080/17441692.2019.1575446

Heikkila, T., Berardo, R., Weible, C. M., & Yi, H. (2019). A Comparative View of Advocacy Coalitions: Exploring Shale Development Politics in the United States, Argentina, and China. *Journal of Comparative Policy Analysis: Research and Practice*, *21*(2), 151-166. https://doi.org/10.1080/13876988.2017.1405551

Henry, A. D. (2011). Ideology, Power, and the Structure of Policy Networks. *Policy Studies Journal*, *39*(3), 361-383. https://doi.org/10.1111/j.1541-0072.2011.00413.x

Henry, A. D., Ingold, K., Nohrstedt, D., & Weible, C. M. (2022). Advocacy Coalition Framework: Advice on Applications and Methods. In C. M. Weible, & S. Workman (Eds.), *Methods of the Policy Process* (pp. 105-136). New York: Routledge. https://doi.org/10.4324/9781003269083

Hfocus. (2021). *Ready! The Care System for Patients at Home and Community "Home Isolation-Community Isolation"*. Retrieved from https://www.hfocus.org/content/2021/07/22197

Ingold, K. (2011). Network Structures within Policy Processes: Coalitions, Power, and Brokerage in Swiss Climate Policy. *Policy Studies Journal*, *39*(3), 435-459. https://doi.org/10.1111/j.1541-0072.2011.00416.x

Jenkins-Smith, H. C., Nohrstedt, D., Weible, C. M., & Ingold, K. (2018). The Advocacy Coalition Framework: An Overview of the Research Program. In C. M. Weible, & P. A. Sabatier (Eds.), *Theories of the Policy Process* (4th ed., pp. 135-172). New York: Routledge. https://doi.org/10.4324/9780429494284

Kongkirati, P. (2018). Haunted Past, Uncertain Future: The Fragile Transition to Military-guided Semi-authoritarianism in Thailand. In M. Cook, & D. Singh (Eds.), *Southeast Asian Affairs* (pp. 363-376). Singapore: ISEAS-Yusof Ishak Institute. Retrieved from https://www.jstor.org/stable/26492786

Li, W., & Weible, C. M. (2021). China's Policy Processes and the Advocacy Coalition Framework. *Policy Studies Journal*, *49*(3), 703-730. https://doi.org/10.1111/psj.12369

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Thousand Oaks: SAGE Publications.

Ministry of Interior. (2021). *A Minute Meeting Summary: Home Isolation and Community Isolation*. Bangkok: Ministry of Interior. Retrieved from https://www.moicovid.com/wp-content/uploads/2021/08/มท0230-11647-ลว.15ส.ค.64-น.แจ้ง-กทม.-สรุปผลการประชุมผ่าน-VCS-13ส.ค.64.pdf

Ministry of Public Health. (2022a). *Endemic Approach to COVID-19*. Nonthaburi: Ministry of Public Health. Retrieved from https://www.pyomoph.go.th/backoffice/files/42090.pdf

Ministry of Public Health. (2022b). *DDC COVID-19 Interactive Dashboard*. Nonthaburi: Ministry of Public Health. Retrieved from https://ddc.moph.go.th/covid19-daily-dashboard/?dashboard=analysis-province

Nohrstedt, D. (2011). Shifting Resources and Venues Producing Policy Change in Contested Subsystems: A Case Study of Swedish Signals Intelligence Policy. *Policy Studies Journal*, *39*(3), 461-484. https://doi.org/10.1111/j.1541-0072.2011.00417.x

Nong Khai Governor's Office. (2020). *The Nong Khai Provincial Development Plan 2018-2021 (An Annual 2020)*. Retrieved from http://202.28.118.8/nk2015/web/document/index?id=20

Office of the National Economic and Social Development Council. (n.d.). *Thailand's Special Economic Zones*. Retrieved from https://www.nesdc.go.th/more_news.php?cid=482

Parasate, K., Suwannakoot, N., Meenakate, P., & Nakrukamphonphatn, S. (2022). Community Management for Caring People with COVID-19 Infections. *Regional Health Promotion Center 9 Journal*, *16*(3), 908-923. Retrieved from https://he02.tci-thaijo.org/index.php/RHPC9Journal/article/view/258895

Pierce, J. J., & Osei-Kojo, A. (2022). The Advocacy Coalition Framework. In C. Ansell, & J. Torfing (Eds.), *Handbook on Theories of Governance* (pp. 353-364). Cheltenham: Edward Elgar Publishing. https://doi.org/10.4337/9781800371972.00041

Pierce, J. J., Peterson, H. L., Jones, M. D., Garrard, S. P., & Vu, T. (2017). There and Back Again: A Tale of the Advocacy Coalition Framework. *Policy Studies Journal*, *45*(S1), S13-S46. https://doi.org/10.1111/psj.12197

Sabatier, P. A. (1988). An Advocacy Coalition Framework of Policy Change and the Role of Policy-oriented Learning Therein. *Policy Sciences*, *21*(2/3), 129-168. Retrieved from http://www.jstor.org/stable/4532139

Sawaengsuk, S. (2022). The Model of Infectious Waste Management for Coronaviruses (COVID-19) in Field Hospital and Community Isolation: A Case Study of Surin Province. *Academic Journal of Community Public Health*, *8*(3), 155-171. Retrieved from https://he02.tci-thaijo.org/index.php/ajcph/article/view/257667

Temudom, R., Jaichuang, S., Saisuwan, K., Abthaisong, P., & Piralam, B. (2021). The Development of Prevention Model for Coronavirus Disease 2019 by the Community Participatory Action in Nakhon Phanom Province. *Journal of the Office of DPC 7 Khon Kaen*, *28*(1), 1-13. Retrieved from https://he01.tci-thaijo.org/index.php/jdpc7kk/article/view/247463

Thai Health Official. (2021). *Guideline for Community Isolation Establishment*. Bangkok: Thai Health Promotion Foundation. Retrieved from https://www.thaihealth.or.th/?p=194367

Thatsaeng, B., Nunta, P., Wongpalee, J., Pongpaew, W., Phanvatr, A., & Phansiri, P. (2022). Establishment and Caring for Elderly with COVID-19 in Maejo University Hospitech Community Isolation. *Journal of Nurses Association of Thailand Northern Office*, *28*(1), 1-12. Retrieved from https://he01.tci-thaijo.org/index.php/jnorthnurse/article/view/255563

Vogeler, C. S., & Bandelow, N. C. (2018). Mutual and Self Perceptions of Opposing Advocacy Coalitions: Devil Shift and Angel Shift in a German Policy Subsystem. *Review of Policy Research*, *35*(5), 717-732. https://doi.org/10.1111/ropr.12299

Weible, C. M., Ingold, K., Nohrstedt, D., Henry, A. D., & Jenkins-Smith, H. C. (2020). Sharpening Advocacy Coalitions. *Policy Studies Journal*, *48*(4), 1054-1081. https://doi.org/10.1111/psj.12360

Weible, C. M., & Nohrstedt, D. (2012). The Advocacy Coalition Framework: Coalitions, Learning and Policy Change. In E. Araral, S. Fritzen, M. Howlett, M. Ramesh, & X. Wu (Eds.), *Routledge Handbook of Public Policy* (pp. 125-137). London: Routledge.