



## Education and Learning New Normal in COVID-19 Pandemic Context

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**Abstract-** This research aimed to review and describe how COVID-19 pandemic affected everyday life and education society and to propose how to cope with education and learning in the context of COVID-19 pandemic. Documentary research was implemented and synthesis and analysis techniques were applied to summary the findings. The main findings were as follow. 1) COVID-19 caused by Coronavirus of the same type of SARS or MERS. Although the death rate from COVID-19 was much lower than those from SARS or MERS, but it spread more easily than SARS or MERS. More seriously was that a person, effected with COVID-19 but not sick yet, could spread the pandemic to others. 2) With little knowledge about COVID-19, most state leaders exercised stick policy and strong security measures, which impacted to many sectors in society including educational provision. Some countries adopted and adapted Herd Immunity to fight against COVID-19. 3) Immense effects to societal and economical operations. Schools, colleges and universities were closed which affected millions of learners. Two approaches were implemented to fight against COVID-19, but results were not clearly confirmed. New normal was a magic phrase in most societies and new measures according to New normal guidelines had been issued and enforced to follow. The implication of the research findings was to solve other problems, such as social and economic problems, along with COVID-19 problems.

**Keywords:** COVID-19, new normal, education, learning, pandemic

### I. BACKGROUND AND PROBLEMS

Toward the end of 2019, there was a new outbreak of COVID-19 or SAR-Cov-2 in Wuhan, China (World Health Organization 2020a) which was believed to be caused by Coronavirus of Coronaviridae. Although the death rate from COVID-19 might be much lower than former outbreak of the same family of virus such as SARS or MERS as Petrosilo, Viceconte, Ergonul, and Ippolito (2020) reported that death rate from COVID-19 was about 2.3 percent, while SARS was 9.5 percent and MERS was 34.4 percent. However, the spreading of COVID-19 was not clearly known. Initially, it was likely that COVID-19 was easily spreading than the other two breakouts, and more seriously was that a person who carried COVID-19 disease but not yet showed the symptom could spread the virus to other persons.

It was too early to say why many state leaders of most countries around the world implemented rigid policy and enforced strong security measures such as China (China Watch Institute 2020 ), United Kingdom (Nicholls, 2020), Brazil (Brazil-measures in response to COVID-19, 2020 ), or Thailand (Legal Execution Department 2020) while another approach, rather the opposite strategy or more relax measures to deal with COVID-19., was practiced in a few countries such as in Sweden (Aderson2020), Netherlands, Portugal, or Singapore (Coronavirus (COVID-19) Countries Adopting Herd Immunity 2020).Some experts thought it was too risky to implement herd immunity to fight against COVID-19. At the time this study was conducted, there was no promised strategies that would work in fighting against COVID-19. But if the fight is the marathon event, not a sprint running as Swedish Prime Minister, Isabella Lovin told BBC (as reported by Anderson 2020), we could not just shut ourselves in the shelters and wait for COVID-19 to pass by. Could there be other alternatives so that we could be safe from COVID-19 and at the same time we could still live our lives. There is a famous Thai saying that, "To wait until the beans are cooked, the sesames are burnt". The moral of this saying might warn us that if we only focus on how to fight against COVID-19 and ignore other more important issues, it might be too late after COVID-19 problems are solved.

The writer did not suggest which approach was more superior than another because there was yet a long road to travel. However, when we came to a two-way crossroads, we had to make a hard decision to choose the best alternative, although we could never know for sure of the outcome. But if we had enough relevant information and effective thinking ability, then we should arrive at better decisions. It was high time to rethink, investigate, and propose appropriate guidelines for new normal better living, not overreact to the situation and design new normal mandates that no one could live normally. We might begin with a few questions. What really was COVID-19 and how was it different from the other pandemics of the same family? What approaches would be better to fight against COVID-19? What were impacts and what did we have to do to survive COVID-19 pandemic?

## II. RESEARCH OBJECTIVES AND METHODOLOGY

The objectives of this study were to review about COVID-19 pandemic, how we fought against it, and finally what were the impact and adaptation to survive, especially in educational and learning settings. However, this study was not meant to be medical document, so the report would be more applicable to social context and practical application to how new normal should be designed and implemented especially in the areas of learning and education. Library research (George 2008) was applied to achieve research objectives and more specific activities and procedures undertaken were as follows.

1. General questions were addressed and crucial related sources (video or audio clips and documents (books, articles, blog, news) were listed and chosen.
2. Located sources and documents were studied thoroughly, more specific questions were addressed. Related sources and documents were located, sourced out, and studied.
3. Second phrase finding documents were manipulated by using content synthesis and analysis techniques, findings were categorized and grouped according to the specific questions addressed in the second step. More questions might be asked and more sources and documents were located, studied, and added to the earlier findings.
4. Final findings were documented and reviewed, evaluated, discussed, and reported.

The research findings and discussions would be presented in the following sections.

## III. RESEARCH FINDINGS AND DISCUSSION

The main findings related to education and learning could be summarized as follows.

### 1. COVID-19: Some Facts We Should Know

There are no doubts that we, as human beings, have confronted with breakouts and crisis numbers of times. More or less, it seemed that we won most of times, or at least we could live our normal lives or nearly normal lives along with them. Why this time seems to be different. What makes COVID-19 difference from other breakouts? How much knowledge do we have on the matter? How long will it take us to win it or to live with this epidemic safe enough that our daily life, social activities, and work will become normal again. The longer the epidemic lasts, the more serious effect we will face. The research would not answer all of these questions, but at least the findings might guide us how to deal with COVID-19 more properly. In order to hit the point, there were two important questions should be answered. Firstly, what was COVID-19? Secondly, what impact did COVID-19 affect us, both individually and socially.

Up to this research was conducted, COVID-19 was known as an infectious disease caused a newly discovered coronavirus (World Health Organization 2020b). caused by Coronavirus of the same type of SARS or MERS. Most people infected by the disease would experience mild to moderate respiratory illness and recover without special treatment, but those who had medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer were more likely to develop serious illness. The COVID-19 virus spread primarily through droplets or discharge from the nose when an infected person coughed or sneezed. To prevent or slow down transmission was to be well-informed about the COVID-virus, how it caused and spread. Protect yourself and others from infection by washing your hand or using alcohol-based rub frequently and not touching your face.

When the COVID-19 was firstly detected, it was called SARS-Cov-2 because, it caused by the same virus family as SARS or MERS. However, the more we learned about this disease, the more we found out that this disease was much different from SARS. Then came the name of the new breakout as COVID-19. Although the death rate of COVID-19 was much lower than SARS or MERS, but most state leaders implemented more rigor measures to fight against COVID-19 than the other two. The death rate from SARS was 9.5 percent, MERS was 34.4 percent while COVID-19 was 2.3 percent as mentioned above (Petrosilo, Viceconte, Ergonul, Ippolito, and Peterson2020). But since the death rate was lower than SARS or MERS, why did most state leaders enforce more rigor measures? The writer reckoned that it might be because we knew very little about COVID-19 at present. What worried us most was that COVID-19 spread more easily than other virus-caused diseases. At the same time, certain and effective drugs to cure illness were not confirmed. Moreover, evident pointed out that COVID-19 could possibly mutate. If so, all vaccines being developed at the moment were wastes. However, some statistics showed us that we could live along with COVID-19 if the situation would be the marathon fight.

Worldometers.info (2020) reported the world infected and dead cases that there were 58,983,531 patients and 1,393,571 deaths by November 23, 2020. The top five highest infected numbers were USA, India, Brazil, France, and Russia as shown in Table 1.

**Table 1: The Top Five Highest COVID-19 Infected and Loss.**

Country	Infected Cases	Death Cases	Percentage	
			Infected	Dead
USA (America)	12,588,661	262,696	21.34	18.85
India	9,140,312	133,773	15.50	9.60
Brazil	6,071,401	169,197	10.29	12.14
France	2,140,208	48,732	3.63	3.50
Russia	2,089,329	36,179	3.54	2.60
The rests	26,953,620	742,994	45.70	53.31
Total	58,983,531	1,393,571	100.00	100.00

Adapted from Worldometers.info (2020), COVID-19 CORONAVIRUS PANDEMIC: Last updated, November 23,2020

From the table above and sources, although it might not be the conclusion, but it seemed that neither strong measures or herd-immunity approaches could not guarantee safety from the pandemic. It involved other factors as well, like New Zealand or Singapore cases. New Zealand international and community locked down fast and also it is an island country. So, the infected numbers were 2,032 and only 25 death cases. Infected numbers in Singapore was 58,165, but death cases were 28. Good strategies would be “keeping the infected cases low, and treating the infected patients effectively”. Follow authorized safety guidelines might be the best prevention.

Another statistic that educators should know was that younger ages were likely less affected by COVID-19 and lower death rates. Report presented by Center for Disease Control and Prevention (2020a) showed that the older ages you were, the more dangerous effects caused by COVID-19 as summarized in Table 2.

**Table 2: Proportion of hospitalization and death by ages comparing to age group of 18-29 years old.**

Ages	Hospitalization	Death Rate
0-4 years	4 times lower	9 times lower
5-17 years	9 times lower	16 times lower
65-74	5 times higher	90 times higher
Over 85	13 times higher	630 times higher

Adapted from Center for Disease Control and Prevention (2020a), Hospitalization and Death by age.

From Table 2., it pointed out that student population, ages between 0-17 years old, were less affected by COVID-19. Based on this assumption, schools and universities could be reopened without much effect, but with carefully spreading prevention and home social distancing if there were old-age persons at household because children with no COVID-19 symptom might be the disease carriers.

## 2. Selected Cases of Fighting against COVID-19

Although the death rate from COVID-19 was much lower than those from SARS or MERS, as mentioned in the last section, but most countries implemented and a few countries used the different approaches. Three cases of measures used in selected countries, namely, China, America, and Singapore.

### 2.1 China

The White Paper, one of the public documents released by Chinese government, (the State Council Information Office of the People's Republic of China 2020) reported that the coronavirus caught China unawares and caused China a great loss. However, China fought to victory in five stages, (1) Swift response to the public health emergency (December 27, 2019-January 19, 2020), (2) Initial progress in containing the virus (January 20-February 20, 2020), (3) Newly confirmed domestic cases on the Chinese Mainland drop to single digits (February 21-March 1, 2020), (4) Wuhan and Hubei-An initial victory in a critical battle (March 18-April 28, 2020), and (5) Ongoing prevention and control (Since April 29, 2020). China had adopted the most thorough, rigorous and comprehensive prevention and control measures, enforced quarantine and isolation on a scale never been done before, and mobilized medical resources across the country. Major strategies used in fighting COVID-19 in China were grouped under these five categories.

1. Centralized and Efficient Command, starting from that General Secretary Xi Jinping took charge COVID-19 response, government departments had made well-coordinated control efforts, and local authorities and other stakeholders had lived up to their responsibilities.

2. Tight prevention and control system involving all sectors of society, by implementing strong measures to control sources of infection, breaking the chains of transmission through early intervention, community-based line of defense was well guarded, a multi-level, category-specific, dynamic and targeted approach was adopted, legal safeguards for epidemic prevention and control were strengthened, and prevent and control efforts had been based on science.

3. An All-Out Effort to Treat Patients and Save Lives, by pooling premium resources to treat severe cases, providing early intervention for patients with wild symptoms, reviewing diagnostic and therapeutic plans and applying effective ones on a broad scale, leveraging the unique strength of traditional Chinese medicine, providing free treatment for patients, and strengthening infection control at medical institutions and ensuring personal protection for health workers.

4. China had released information in an open and transparent manner as required by law in the following mandates, (1) a strict system of information release had been established, (2) a tiered news release mechanism had been formed, (3) COVID-19 statistics had been updated in accordance with the law, and (4) COVID-19-related information was provided through various channels.

5. Science and Technology underpin China's Effort such as key progress had been made in science research, Scientific R&D had been integrated with clinical treatment and epidemic control, and big data and artificial intelligence had been used in epidemic control.

### 2.2 America

In case of America or the United States of America, although information on the matter was easier to access, but there were too many strategies had been implemented, and the results varied from cases to cases. Centers for Disease Control and Prevention (2020b) provided a household checklist ready for COVID-19 so that each family could plan and make decisions on preventing the disease. Some and related guidelines to this research were as follows.

1. Stay informed and in touch by getting up-to-date information about local COVID-19 activity from public health officials, creating a list of local organizations to contact, and preparing an emergency contact list including family, friends, neighbors, healthcare services, teachers, etc.

2. Take everyday preventive actions by washing hands frequently, avoiding touching eyes, nose, and mouth with unwashed hands, staying at least 6 feet from other people, staying home when one was sick, covering while coughing or sneezing and throwing the tissue in the trash, cleaning and disinfecting frequently touched objects and surfaces, wearing a cloth face cover when going out in public (except for children under two, or difficult breathing persons), and any other more one thinks necessary.

Recently, the policy on reopening America again was released (Opening up America Again: Guidelines 2020). In that paper, President Trump unveiled the new guidelines in three phrases on the advice of public health experts. Firstly, individual practice should continue to shelter in place, if any family member works outside should be taken to isolate from vulnerable residents. Group gathering of ten persons or more should avoid. When travelling, one must follow guidelines seriously. Schools that were currently closed, should remain closed. During the second phrase, restrict measures were declined, and in the phrase three, vulnerable individuals could resume public interactions, but should practice physical distancing, minimizing exposure to social setting where distancing might not be practical, unless precautionary measures were observed. These steps would help state and local officials when they opened their economies, got people back to work, and continued to protect American lives.

### **2.3 Singapore**

Singapore, where Herd Immunity Approach was adopted and adapted to fight against COVID-19 (Coronavirus (COVID-19) Countries Adopting Herd Immunity 2020), but the story and strategies seemed to be more situational. Campbell and McGregor (2020) reported that when first case of the new coronavirus found in late January, with experience of the SARS seventeen years ago, they understood the potential havoc a new virus could wreak. Singapore's Prime Minister took charge and urged the nation to stay calm. Singapore, then, formulated a model, which could be summarized as follow.

1. Singapore had a plan and used it quickly by dealing with the outbreak pre-emptively and acted as early as coronavirus broke out in Wuhan in December. In early January, the government set up a cross-ministerial taskforce and representatives from many departments. Testing regimes were up and running by the time the first case was confirmed on January 23, 2020 and labs were in places, temperature checks were on incoming passengers. Students' temperature checked at the school entrance, and those with a high temperature were ordered to go home.

2. Set up a network of health clinics. Primary health clinics, called public health preparedness clinics, would initially scan and report a person who came to the clinic with flu-like symptom.

3. Hospitalized people infected with the virus, a positive case would be transferred to a purpose-built hospital and remained there until the case was clear.

4. Traced contacts rigorously. Once a person had tested positive, health ministry workers began detailed tracking of that person's recent movements, where he or she had been and contacted. The official would track down the people who had had contact with the infected person.

5. Made social messaging clear. As mentioned in the first step, a cross-ministry taskforce was set up. The taskforce gave daily updates to public and had a consistent message.

So, while schools and restaurants still opened and people still went out to work or public, but behind the success were well plans and actions. Lately, there was another outbreak, but most infected persons came from outside the country. However, Singapore was looking to plan ahead for more stringent measures, try them out, and prepare for time needed.

### **3. Impacts and Adaptations**

There were no doubts that COVID-19 outbreak had immense impacts throughout the world. Labour Organization (2020) pointed out that the present crisis was quite different from previous one. The impact of the lockdown had surpassed that of the initial trade shocks and of the travel restrictions. Four recommendations were as follow. (1) Since the COVID-19 crisis impacted on both the demand and supply sides, it had major implications for the goal of ensuring full employment and decent work. The crisis had pushed many families into poverty and inequalities. Stimulating the economy and employment should be done right away. (2) The effort to contain the spread of the virus had disrupted production flows, caused demand for non-essential goods and services to plummet the forced enterprises to suspend or scale down. Supporting enterprises, jobs, and incomes were needed. (3) While many persons lost their jobs and incomes, but remained workers should safe working environment. (4) The lessons told us that the government alone could handle the matter. So, social dialogue for solutions was crucial.

United Nations Development Programme (2020a) warned that the COVID-19 pandemic was far more than a health crisis. It affected societies and economies at their core. The impact might vary from country to country, but it likely increased poverty and inequalities at global scale. Without urgent socio-economic responses, global suffering would escalate, jeopardizing lives, and livelihoods for years to come. Over the next 12 to 18 months, the socio-economic response would be one of three critical components of the UN's COVID-19 response, alongside the health response, led by WHO, and the Global Humanitarian Response Plan.

UN Briefs and Reports#2 (United Nations Development Programme 2020b) pointed out that (1) a COVID-19 recovery plan needed to look beyond short-term impacts, but explored the second and third effects. (2) Things would get worse before it got better. The UN needed to prepare for a long socio-economic response that would have implications for funding, technical assistance, and capacities on the ground. (3) Global human development, as the combined measure of the world education, health and living standards, was on course to decline for the first time in 30 years. COVID-19 triggered massive disruption in economies, jobs and livelihoods. (4) The COVID-19 crisis had revealed the unsustainability of the pre-pandemic development path. Problems before the outbreak had to be addressed if countries were to build a more resilient future from the perspective of sustainable and people-centered development. (5) The pandemic revealed that the development was no longer going up the ladder, the direction had changed. The discovery path, as part of new normal, had to include a new human right-based, just fair social contact between government and people, and advocate for social safety nets, and affordable access to digital connectivity. Global collaboration and solidarity were needed for because no one country could handle it alone. (6) The discovery path from COVID-19 was likely to see societies and economies opening and contracting with the waves of the pandemic. New capabilities and capacities would be needed to rapidly adapt, anticipate change, manage risks and implement solutions to build a better normal. (7) Finally, the UN had to be agile and flexible to meet the evolving needs of countries in context of complexity and uncertainty. It had to capitalize on opportunities to build a better, resilient future and unequivocally stand for its normative founding principles to promote peace, dignity and equality on a healthy planet.

Wikipedia (2020) reported the impact of the COVID-19 pandemic on education and responses to the crisis as would be summarized as follow. The report pointed out that the COVID-19 pandemic had affected educational systems worldwide, leading to nearly total closures of schools, universities, and colleges. Estimated on June 7, 2020, around 1,725 billion learners were affected due to institutional closures. Based on UNICEF statistic, 134 countries implemented nationwide closures, 38 were implemented local closures, and only 39 countries where schools were currently open. School closures, not only impacted students, teachers, and families, but had far-reaching economic and societal consequences. School closures in response to the pandemic had shed light on various social and economic issues such as student debt, digital learning, food insecurity, homelessness, assessing to childcare, health care, housing, internet, and disability services. The impact was more severe to disadvantaged children and their families, and consequent economic cost to families who could not work. University and college closures had a domino effect on economies of business related to education and communities close to institutions.

When schools were closed, online learning had become a critical lifeline for education, the report mentioned (Wikipedia 2020), as institutions sook to minimize the potential for community transmission. Although technology could enable teachers and students to access to learning, but there were problems related to distance learning such as unequal access to technology and unequal access to educational resources. The report cited UNESCO online learning recommendations in response to the crisis that (1) Examine students' readiness and choose the most relevant tools, (2) Ensure inclusion of distance learning programme, (3) Protect data privacy and data security, (4) Prioritize solutions to address psychosocial challenges before teaching, (5) Plan the study schedule of the distance learning programmes, (6) Provide support to teachers and parents on the use of digital tools, (7) Blend appropriate approaches and limit the number of applications and platforms, (8) Develop distance learning rules and monitor students' learning process, (9) Define the duration of distance learning unit based on students' self-regulation skills, and (10) Create communities and enhance connection.

Crowd sourcing was also recommended to implement to prevent COVID-19 spread (Callaghan, 2020). It was a strategy to outsources to solve the problem. Tucker, Day, Tang and Bayus (2019) described that Crowdsourcing composed of two words, "crowd" and "outsourcing". The term was originally applied to describe companies outsourcing to a group of individuals who worked collectively or individually. Firstly, an organization had a group working to solve some problems. Besides using within group knowledge and skills to solve the problems, the group used sharing problems and seeking solution outside the group or even outside the organization. Callaghan thought that COVID-19 was too big a problem that one could fight alone. Let the crowd participate in solving the problems.

This section might not be complete if a related term to COVID-19 outbreak like "new normal" was not addressed. New normal was a magic phrase in most societies, especially in Thai context, but formal recommendations were not clear yet. According to Chen, Tan, and Chan (2020) who reviewed

and proposed how new normal in medical setting, especial in radiation division, should be. The concept and practice were mandates for patients and medical personnel should follow to deal with infected persons in order to avoid spreading of the disease. Before the outbreak, Chen, Tan and Chan said, we had a formal procedure and practice to deal with daily work, but when the pandemic broke out, new practices had to be designed for both the patients and the doctors and personnel. X-ray machines and medical tools needed cleaning after used. Posters and videos demonstrating proper hand hygiene technique and donning and doffing of personal protective and posted on the internet. If people were sick, they were advised to stay home and avoid social activities.

Europol (2020) posted the new normal after COVID-19: A safety guide in four areas and some guides were (1) When at Home, stay alert and keep applying good practice, and if you still teleworking, be careful when use the internet. (2) When Out and About, protection was a must, protect your home against burglar. (3) Children's safety was a priority, take time to discuss the rules of the new normal, talk about offline and online safety, and encourage using devices in communal areas of the home. (4) Protect your finances, say goodbye cash and use online payment, for example. The significant proposal from the findings of this research was inside out strategy rather than outside in one.

#### IV. CONCLUSION AND RECOMMENDATION

The findings of this research would be grouped into three aspects, COVID-19 and Its Understanding, Fighting Against COVID-19, The Effects of COVID-19 and Responses. Conclusion and recommendation were as follow.

##### **COVID-19 and Its Understanding**

Stating again that this report was not meant for medical purpose, but aiming to seek understanding applicable to social setting, particularly to learning and education. Basically, COVID-19 was caused by coronavirus, the same family of SARS, or MERS, but spreading how to be different. Death cause by COVID-19 was rather low comparing to those of SARS's or MERS's, but how to cure the patients were not yet clearly known. Suspicious of permutation was still no denied or confirmed. With too little knowledge on COVID-19, most countries implemented strong measures to deal with the pandemic, although they caused much damage to social lives and economies. The alternative is "Herd Immunity", which was implemented in some countries. So, it came to the point to balance between the strong measurements and economy and society. We should clearly how to prevent the spreading while businesses and services still open. It needs to be done quickly before the damages were too high to be mended. So far, it is known that COVID-19 virus spreads primarily through droplets or discharges from an infected person. To prevent or slow down transmission is to be well-informed about the COVID-virus, how it causes and spreads. Protect yourself and others from infection by washing your hand or using alcohol-based rub frequently and not touching your face.

##### **Fighting against COVID-19**

Lessons learnt from selected cases and other reviewed cases, there were two main approaches implemented to fight against COVID-19, enforced strong measures and Herd Immunity-like approaches. The results of enforcing strong measures varied from countries to countries. New Zealand (Khaliq 2020X) seemed to be successful because they enforced the strong measure strategy as soon as the first case was confirmed and New Zealand is an island country. In case of China, it took longer time, but the result seems satisfied. In case of America, strong measures implemented differently from state to state. The spreading and impact are high.

In cases of implementing Herd Immunity-like approach, there were yet controversies and the results needed to be observed. For the Singapore case, which seemed to be successful, but it was not yet clear whether the approach was successful, or the fact that Singapore responded to the spreading soon enough to prevent the spreading. Or in the case of Sweden, the success might be depending of the cooperation of the citizens.

##### **The Effects of COVID-19 and Responses**

As mentioning above, whichever approaches were implemented to fight COVID-19, its effects were still far more serious than we had ever experienced. The lockdown approach affected both internal and external activities while the Herd Immunity-like approach might affect internal activities less than

the lockdown, but external activities faced the same effects. International businesses and services were affected nearly 100 percent. Learning and education were fully affected in the countries where strong measures were enforced, while the results of other approaches were not reported yet. Online instruction was recommended, but a lot of problems occurred as mentioned above. Businesses and services were also demanded to follow new normal guidelines seriously if they were to be reopened again. Everything would not be the same again now or even after victory over COVID-19.

Responses towards COVID-19 took different shapes and degrees. Two approaches were chosen to fight against the pandemic, as mentioned above. In either case, the biggest concern was that the approach understood and accepted to operate at both top authorities and individual citizens. Normal guidelines issued by the authorities were accepted and practiced by the citizens. In addition to that, new normal guidelines should be well designed and practiced. Another approach might be useful was “the biomedical crowdsourcing”, but it might be only a supplement strategy to support the two approaches mentioned earlier. Crowdsourcing strategy might be used for sharing new learning and implementing fights against COVID-19. As Sweden’s Prime Minister said that COVID-19’s fight might be a marathon rather than a sprint. We had to live our lives while COVID-19 was still around us.

The final issue is that it might be mistaken if thinking that new normal would solve all the problems, especially, unpractical new normal guidelines. In fact, new normal is not a miracle. It is just a new mindset and habits in order to live a normal life when things are not the same again. The difference of this time is the change is not only affecting individual, but the whole system as well. So, the new normal is meant to be applied to both individual and the whole system.

## V. RECOMMENDATIONS

Learning from the cases and experiences mentioned above, applications drawn from this research findings were grouped into 5 recommendations.

1. Researching and Identifying how COVID-19 spread were still crucial so that new normal guidelines could be designed properly to suit objectives.
2. Some lessons learnt from this research could be concluded that if the state leaders would like to use strong measures to deal with COVID-19, did so as soon as possible, otherwise they would do more harm and good. And once, the control over COVID-19 was at moderate level, normal living and working should begin again.
3. Although vaccine was urgent, but we should not just lock ourselves in and wait for the vaccine. We had to look for alternatives to live along with fighting against COVID-19.
4. New normal guidelines for all of us to live with COVID-19 should focus on self-responsible as well as minimum proper operations of related system such as social, business, public service systems. Guidelines for related systems should be as minimum as possible, but the safe for all while guidelines for individual should focus on one’s responsible for one’s own safety and societies.
5. Cooperation should be in all four levels, the individual, the community, the nation, and worldwide. For individual responsibility, if someone had flu-like symptom, he or she should notify other and community, and social distancing right the way, or ask the community for help. Community cooperation was to observe, scan, help those who need, and report the case to the nation. Nation cooperation was to deal the nation matters on the pandemic, and cooperate with worldwide organizations.

World Health Organization should act as host worldwide cooperation, cooperate and share knowledge and best practices, and crucial worldwide information on COVID-19.

6. Learning, schooling, and education should be redefined and designed. Online instruction and learning could not replace the old normal or schooling. Education should be redefined and designed as a system and process facilitating learning of the learners. Online and offline educations should be well designed and practiced. Online might be more appropriate for knowledge and information sharing, while offline might be for discussion, creation, skills and attitude development. Finally, schooling would be defined as a system and process of organizing and operating educational provision for learners to facilitate their learning, and evaluated learners’ achievement to certify the level of education according to standards authorized. New normal schooling systems were to adopt and evaluate learning outside schooling system to be qualified as learning in schooling system. The virtue of that opened new era of education so that online or offline learnings were meaningful if someone needed a certificate for his own benefit.



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