

Ageing Society in Thailand

Current challenges

In the past decades, Thailand's economy, social and culture have been drastically changed. Moreover, high technology in medical care and public health lead to the higher aged population in average (Life Expectancy at Birth; Male 71.1, Female 78.1ⁱ). As a result of decreases in birth, death and pregnancy rates (Table 1), the percentage of child population is decreasing while the percentage of elderly population is increasing. Although the labor population is not yet in declining rate (Figure 1), the jobs tend to grow continuously. In addition, the labor tends to increase their job demand as they need more income to take care of their family members especially the elderly and children (Figures 2 and 3). Most of the elderly suffer from illness/disease with high-cost treatment such as chronic lower respiratory diseases, disorders of lens, intestinal infection diseases, diabetes mellitus and Renal tubule-interstitial diseases and Renal failure.ⁱⁱ, and hence require to be admitted to the hospital. The costs of health services, from social security fund, medical welfare officials and fund universal coverage, for aged care has been estimated to be as high as up to 1.1 per cent of GDP.ⁱⁱⁱ in the year 2022.

Table 1 : Total Fertility Rate

Total Fertility Rate	2010-2015	2015-2020
Medium Projection	1.85	1.85
Low Projection	1.6	1.6
Actual 2010	1.5	**

Figure 1 : Demographic situation

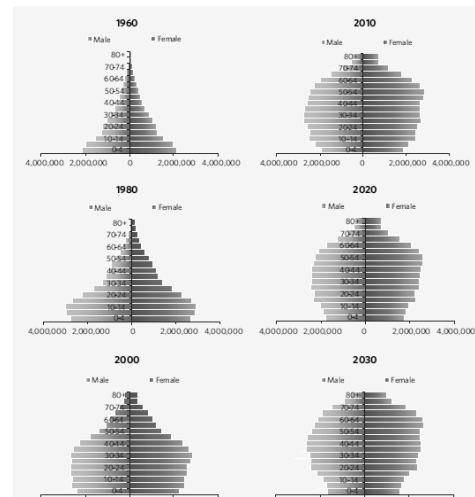
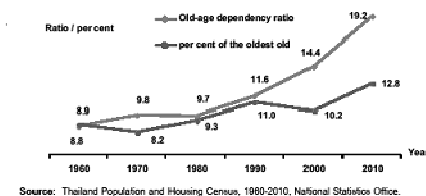


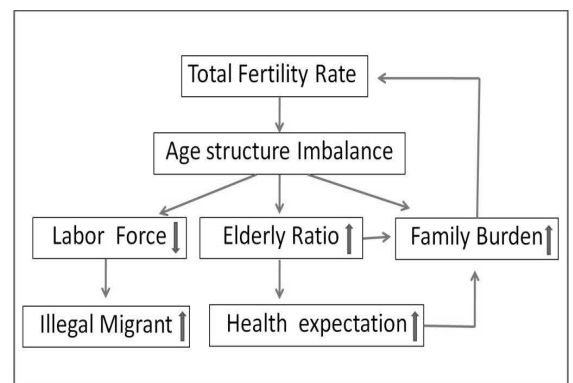
Figure 2 Old-age dependency ratio (per 100 working-age population) and per cent of the oldest old (80 years and above) in the older population, 1960-2010



Foundation of Thai Gerontology Research and Development Institute and College of Population Studies, Chulalongkorn University. Annual report Situation of the Thai Elderly 2011,2013.

The gradual change of population structure, economy, social and culture is certainly a challenge for Thailand: “how to diminish the burden of taking care of their family members on the labor and increasing their productivity effectively?”; “how to raise the pregnancy rate in order to balance the population structure?”; “what is aged care model most suitable to Thailand based on the social context and its economy, which will not increase the burden on the national treasure?”. Hence, Thailand needs to set a target and develop strategies in managing the issue in short and long term.

Picture 3 : Burden of Population Imbalance



Limited resources, measures and philosophy

Thailand is rapidly approaching ageing society. However resources are scarce, and there is a lack of integration in using these limited resources between governmental and private sectors. The significant resources for the implementation of works in the area of ageing society comprise of human resource, facility, tools, knowledge and budget.

1. Human Resource: There are two groups of carers for the elderly. One is the “unofficial” group, this includes family members, relatives and volunteers, most lack the skills necessary to care for frail elderly. Another group is the “official” group, this group refers to nurses and public health workers. Currently, the shortage of human resource in elderly care is worsening. (Table 1).

Table 1: Existing and Demand for Elderly Care Workforce

Workforce	Existing workforce in the system	Demand for elderly care workforce	
		2010	2020
Relatives/families		499,873	741,766
Elderly care volunteers	2,863	71,410	105,967
Nurses - acute/chronic care		6,111	8,620
- care dependency		2,499	3,708
- IPD		15,278	21,552
Total	97,942	23,888	33,880
Public health officers	30,441	2,499	3,708
Physical therapists	4,300	2,499	3,708
Psychologists	2,308	1,528	2,155

2. Facility and Tools: At the present, Thailand lacks facility and tools for elderly care, both for both active elderly (the elderly who do not need assistance for their daily activities) and frail elderly (the elderly who need assistance for their daily activities).

Ref : Pagiya,N.(2008) Demand for Elderly Care Workforce.

3. Knowledge in elderly care: Many educational institutions and technical institution including academics are conducting studies on elderly care. However, they require strategy in developing the knowledge and managing the knowledge at the national level in order to make the knowledge practical. Most of the current knowledge in elderly care only represent the good practice of the local areas where the studies have been conducted.

Table 2: Number of Facility and Responsible

Type of the Elderly Care	Quantity	Responsible Organisation
Day Care	4	Health Promoting Hospital
The Elderly Welfare Center	12	MSDHS.
Elderly Home Foundation	12	Local authority

4. Budget: Even though Thailand has the National Plan on the Elderly, but there is no distinct budget allocation for the implementation as indicated by the National Plan on the Elderly. Most budgets for elderly care are managed by governmental organisations responsible for elderly care in which visions of the organisation determine the significance of the issue. These governmental organisations include Ministry of Social Development and Human Security, Ministry of Public Health, Ministry of Interior, Ministry of Labour, Ministry of Education, Ministry of Finance, and the National Health Security Office.

Good Practices applied to the challenges and lessons learned

Thailand has developed a “Good Practice” for elderly care designed for both metropolitan and rural areas including piloted areas in cooperation with international organisations.

1. Metropolitan area: There is little development of elderly care practice for metropolitan area. Most developments are in the form of “Elderly Welfare Centres” under the administration of either Ministry of Social Development and Human Security or Department of Local Administration, Ministry of Interior. Most centres do not allow overnight stay. For active elderly, the centres could provide many activities, such as health promotion, disease prevention, rehabilitation, recreational activities, religion-related activities or clubs depending on their capacities, for example Nonthaburi Municipality’s Quality of Life of the Elderly Development Centre. One of these centres is “Elderly Home Foundation”. For homeless elderly, most of them are under the care of Department of Local Administration, Ministry of Interior.

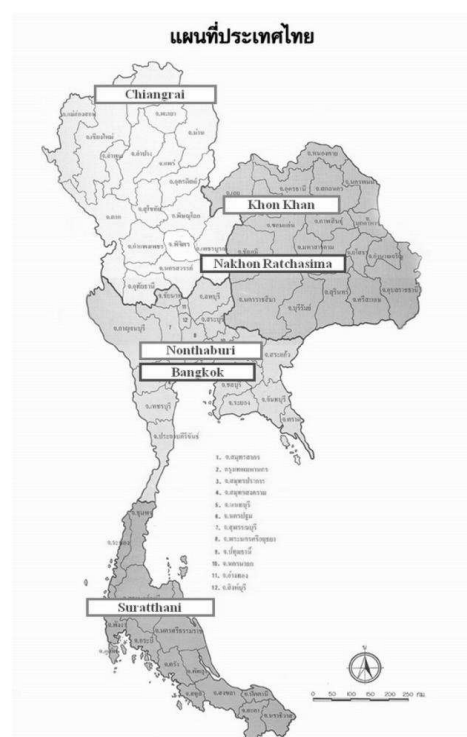
2. Rural area: There are many forms of elderly care in rural area depending on their local aspects. Stakeholders may include governmental network partners, volunteers, Buddhist temples, who work in integration in providing both healthcare and welfare. The main stakeholders in the rural area are usually the hospitals under the Ministry of Public Health and Tambon Administrative Organisations. The provision of healthcare and welfare is only for the elderly, but is also for all groups of population. The services include Home Ward, Home Visit, and establishing elderly care centre in the community. The examples of the best practice are Mae Lao Hospital in Chiangrai province, Lamsonthi Hospital in Lopburi province, The Handicapped and The Elderly Rehabilitation Network in Ubonratchathani province, Mae Prik Hospital in Lampang province, and Akat Umnuai Hospital in Sakon Nakhon province. (Figure 2)

Furthermore, there are projects in cooperation with international organisation such as the project under the cooperation between Thailand and Japan called “Project of Community Based Integrated Health Care and Social Welfare Services Model for Thai Older Persons (CTOP)”. This piloted project has been conducted in 4 provinces, namely Khon Kaen, Chiangrai, Suratthani and Nonthaburi. Each province has its own form of elderly care depending on their local aspects. Family members and volunteers have the main role in taking care of the elderly. To improve the quality of care, the second project called “The Project of Long-Term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)” has been established. This project aims to improve the quality of care for frail elderly who require assistance for their daily activities. Two additional provinces, Nakhon Ratchasima and Bangkok, have participated in this second project.

Figure 1: health promotion



Figure 2: Pilot Project Area



Policies and regulations/ Stakeholders and responsibilities

In the past decades, Thai people pay attention to improve a standard of living for elderly people by policy determination, strategy planning and regulation development as follow:

1. The 60th cabinet: Prime Minister Yingluck Shinawatra. **Economic security policy** aims to improve the standard of living for elderly people with incremental monthly income. **Social and living quality policy** aims to improve the quality of life for all groups of people i.e. pregnant women, elderly people and the handicapped by launching centers for promoting quality of life for elderly people and the handicapped to be able to access any service with honor and fairness. In addition, there should be a health rehabilitation center, and public infrastructures for elderly people and the handicapped. As such the activities mentioned, elderly people and the handicapped's living standard will be better in terms of wellness, education, welfare as well as encourage elderly people as a part of social driving.

2. Older Persons Act 2003 (revised 2010), which has come into force since 2004 contains significant provisions specifically for the elderly such as the tax privilege for older persons and children who take good care of their older parents, national management mechanism on older persons and the Elderly Fund. The Act stipulates the rights of older persons to health, social, and economic protection including public services and facilities

Under the Older Persons Act 2003, the **National Committee on the Elderly**, chaired by the Prime Minister, has been established to serve as the national mechanism on the elderly and to formulate policies and master plan to protect, promote, and support the well-being of older persons.

3. The Second National Plan on Older Persons 2002 - 2021 (revised in 2009) has been implementing as a comprehensive strategic plan of 20 year-term for orientation of development and promotion of the well-being of the elderly. Its contents are consistent with the framework stipulated under the United Nations' Madrid International Plan of Action on Ageing: 2002 in 3 areas of concern: 1) older persons and development; 2) advancing health and well-being into old age; and 3) ensuring enabling and supportive environment.

The second National Plan for older persons (2002-2021) has set up 5 implementation strategies for older persons as follows ;

- (1) Preparation for quality ageing
- (2) Promotion well-being in older persons
- (3) Social security for older persons
- (4) Management system and personnel development at national level
- (5) Conduct research for policy and program development support, monitoring and evaluation to the 2nd National Plan for Older Persons

Each strategy of the plan sets its target and indicators for the achievement as per the target of related responsible agencies in their relevant plan and activities. Meanwhile, these indicators are the main standard for monitoring and evaluating the implementation at the mid point 5 years cycle.

As such, the related private and public sectors will adapt the strategies to an action plan for each sector. The main authorities, for example, include Ministry of Social Development and Human Security, Ministry of Public Health, Ministry of Interior, Ministry of Education, Ministry of Labour, Ministry of Finance, Office of National Economic and Social Development Board, National Health Security Office, universities, Health System Research Institute and Thai Health Promotion Foundation.

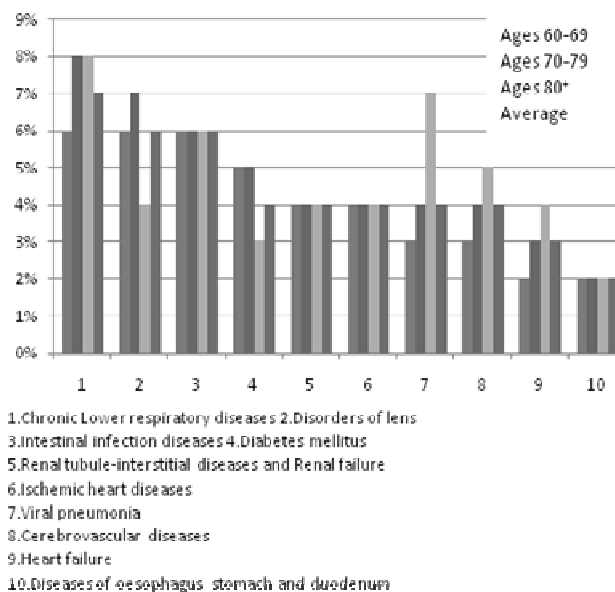
Government budget related to the approaches and number of professionals (if any) care givers in the country

Thailand has not explicitly allocated the budget for the National Elderly Plan. The budget for aged care depends on the concerned government organizations which have roles and missions in aged care; key organizations are Ministry of Social Development and Human Security, Ministry of Public Health, Ministry of Interior, National Health Security Office, etc. Most of the budget on the aged care are on medical care and welfare expenditures.

As the elderly have various chronic diseases that needs long-term and ongoing treatment (Figure 1).The costs of medical and health care for the elderly are higher than other groups of population. The expenditures for the aged care is expected to rise consecutively as the proportion of the elderly population has been increasing and life expectancy is getting higher. (Table 1)

In additon, most of the elderly in Thailand are in need of assistance financially as well as supports from the government, so the budget for the elderly welfare is over 90% comparing to other welfares and social works. (Table 2)

Figure 1: 10 Diseases of Elderly in IPD



Ref. Database of IPD Services

Table 1: Expectation of the expenditure spending for; the government officials' medical health care and social welfare service provision, Social Security Fund and Universal Health Coverage Fund

Claim	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
health expenditure : Million Bath													
Social Security	24,285.07	26,679.51	29,109.62	31,724.51	34,605.61	37,446.34	40,480.94	43,731.70	47,211.80	50,931.22	54,915.02	59,182.17	63,781.83
government officials	66,707.00	70,063.87	77,607.26	86,148.40	95,544.82	105,721.08	116,654.19	128,334.84	140,308.52	153,303.47	167,301.06	182,249.38	198,174.48
Universal Health Coverage	117,968.95	129,717.15	140,785.44	152,322.20	164,921.68	177,608.71	191,360.10	206,103.10	221,991.50	238,897.48	257,277.09	277,381.29	299,047.00
รวม	208,961.02	226,460.52	247,502.31	270,195.11	295,072.11	320,776.12	348,495.23	378,169.64	409,511.82	443,132.17	479,493.17	518,812.85	561,003.31
% GDP	2.1%	2.1%	2.2%	2.2%	2.3%	2.3%	2.4%	2.5%	2.5%	2.6%	2.7%	2.7%	2.8%
Age 60 years or more													
Social Security	927.89	1,044.84	1,190.05	1,345.68	1,525.50	1,725.49	1,945.86	2,198.76	2,473.21	2,787.34	3,162.63	3,547.97	3,974.76
government officials	31,641.37	31,510.96	35,134.17	39,368.27	44,235.44	49,806.52	56,154.90	63,157.02	70,681.85	79,224.29	88,727.06	98,978.16	109,997.80
Universal Health Coverage	30,995.87	34,641.87	38,598.44	42,998.00	47,947.49	53,329.01	59,356.98	66,034.65	73,558.76	81,938.19	91,576.10	102,373.71	114,509.66
รวม	63,565.13	67,197.67	74,922.66	83,711.95	93,708.43	104,861.02	117,457.74	131,390.43	146,713.81	163,949.82	183,465.79	204,899.84	228,482.21
% GDP	0.64%	0.60%	0.70%	0.70%	0.70%	0.80%	0.80%	0.90%	0.90%	1.00%	1.00%	1.10%	1.10%

Ref.Thavorn sakulpanit and etc. Performance of Health Care for Elderlyand impact on Public Health Care Financing during 2011-2022, 2011.

Thailand has not Systematically collected data on the elderly's expenditures. Therefore it is difficult to distinguish the expenditures spent on the elderly from expenditures spent on the care givers.

Table 3: Annual Budget on Social Work

Social Work	2555	percentage	2556	percentage
1. Elderly welfare	161,262.60	90.07	183,443.80	90.92
2. Other social welfares	14,916.50	8.33	16,579.10	8.22
3. Other social works	2,852.70	1.59	1,742.40	0.86
Total social works	179,031.80	100.00	201,765.30	100.00
Percentage of Annual Budget	7.5		8.4	

Future vision regarding measures

Changes in population structure, becoming ageing society as well as the rapid changes in the economy, society and culture are challenges for Thailand in aged care system development in order to reduce the burdens on family members in working-age population. They are the main force in increasing the nation's productivity. The other challenge is fertility rate of women in reproductive age in order to balance the proportion of all age groups. To overcome these challenges, Thailand should have clear visions, goals and strategies to cope with the problems in both short and long term.

Although there is Thai Older Persons Act and National Elderly Plan, and the government has policies for aged care, there is no clear measures for the implementation as per the plans and strategies. Furthermore, the relevant ministries and organizations have not worked in integration manner at national level.

The integration among the authorities is in forms of the pilot projects and the integration at sites which are well-prepared with strong leaders. Most authorities are the public health sector, local administration and provincial social development and human security offices.

However, the government, concerned authorities and academics have realised the problem of the imbalance of Thai population structure. While proportion of children population is decreasing and the proportion of aged population is increasing, the proportion of working-age population remain. Hence, the vision and future direction of Thailand are approaching as the followings;

1. To reduce the burden on in taking care their family members who are the elderly and children as this will allow working-age population to produce more productivity with full potential, including to reduce the financial burden of geriatric care at the hospitals. Thus, the future direction of aged care is aiming to “the Development of Community-based Long-term Care Model Services for the Elderly” which will focus on supporting both elderly and frail elderly by emphasising on the integration among the relevant government authorities at site, private sector and religious organisations within the community.
2. To develop model for savings and taxation for health care and facility in aged care.
3. To increase the total fertility rate or to increase pregnancy rate in women of reproductive age in order to balance population structure. To achieve these goals, Thailand requires feasible measures to encourage families to have more children.



Resolutions by ASEAN or other international organizations regarding the measure

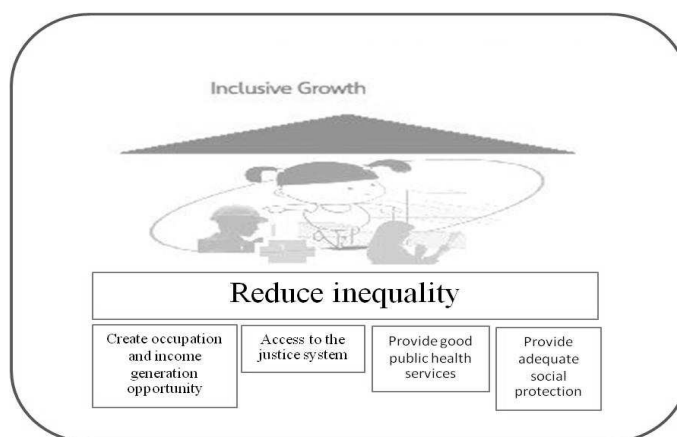
Under the three pillars of ASEAN Community which are (1) ASEAN Political-Security Community (APSC), (2) ASEAN Economic Community (AEC), and (3) ASEAN Society - Culture Community (ASCC), Thailand established the 2nd workshop on “Entering ASEAN Community in 2015” on 24th October 2012. The main purpose of the workshop was to prepare the relevant organizations for entering into ASEAN community in the near future. The outcome of the workshop was the adoption of the following vision expressing that **“Thailand is one of the strong member countries, we support the good quality of life of ASEAN community’s peoples”** and eight strategies (Figure 1). Later, Thailand has integrated all strategies as a Country Strategy which comprises of 4 strategies which are (1) Growth & Competitiveness, (2) Inclusive Growth, (3) Green Growth, and (4) Internal Process, 30 key factors and 79 operation plans. An elderly issue is included in the 2nd strategy which is Inclusive Growth (Figure 2)

Furthermore, Thailand ministries and organizations’ missions designated for elderly work has been integrated for advancing efficiency and effectiveness by focusing on the elderly as main target and the cooperation with other countries to develop the elderly care model service, for examples, the cooperative projects between Thailand and Japan which are the Project of Community Based Integrated Health Care and Social Welfare Services Model for Thai Older Persons (CTOP) which focuses on entire elderly groups, and The Project of Long-Term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP) which focuses on the elderly who are in need of daily life activity support. The project outcomes are outlined to disseminate for implementation nationwide in order to reduce the burden of care givers who mostly are working-age population and also the financial burden of elderly medical expenditure at hospital.

Figure 1: 8 Strategies for entering to ASEAN Community



Figure 2: Inclusive Growth



ⁱ Population Projections for Thailand 2010-2040 by the Population Projection Working Group, Office of the National Economic and Social Development Board.

ⁱⁱ Database using inpatients of social security fund, medical welfare officials and fund universal coverage.

ⁱⁱⁱ Thavorn Sakulpanit and etc. Performance of Health Care for Elderly and impact on Public Health Care Financing during 2011-2022, 2554. Medical welfare officials. Social Security Fund. And fund universal coverage