Country Report
Thailand

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Thailand: Country Report

1. Health Status of the Thai People

Generally, the health of the Thai people has been improving significantly. Life expectancy at birth for males and females has increased from 60 and 66 years in 1980 to 70 and 75 years respectively in 2000. The infant mortality rate decreased from 84.3 per 1000 live births in 1960 to 22 per 1000 live births in 2000 as in Table 1 and Fig 1. The decrease in the infant mortality rate is a result of a successful immunization program and the provision of maternal and child health services. The incidence rates of major vaccine preventable diseases have declined dramatically. However, important caused of infant deaths continue to be infectious diseases (respiratory system), congenital malformations, deformation and chromosomal abnormalities, certain conditions originating in the perinatal period, and pneumonia. The five majors causes of death among Thai people of all ages in 2000 were external causes and other accidents, neoplasms or cancers, diseases of the circulatory system, infectious and parasitic diseases, diseases of the respiratory system.

In 2000, leading causes of morbidity in Thailand were infectious/parasitic diseases, respiratory diseases, injuries and accidents, circulatory system diseases, and mental disorders.

Table 1 Population and its characteristics, Thailand 1947-2000

Characteristics	1947	1960	1970	1980	1990	2000
Total population (1,000)	17,433	26,260	34,397	44,825	54,548	62,056
-male	8,722	13,154	17,124	22,329	27,062	30,885
-female	8,721	13,104	17,274	22,496	27,487	31,171
Dependency ratio	Na	92	85	75	57.7	53.3
Percentage of under 5	Na	10.2	16.4	12.1	8.2	8.3
Percentage of 60 +	na	4.5	5.1	5.3	7.4	9.2
Percentage of 15-60	Na	52.2	49.8	56.4	63.4	60.0
Percentage urban population	Na	12.5	13.2	17.0	18.7	35
Population per squared km	34	51	70	87	106	121
Life expectancy at birth (years)						
Male	48.5	53.64	57.73	60.25	63.50	70
Female	51.38	58.74	61.57	66.25	68.75	75
Total Fertility Rate		6.39	4.99	2.96	1.94	1.74
Infant mortality rate (per 1,000 live births)		84.3	56.3	48.0	35	22

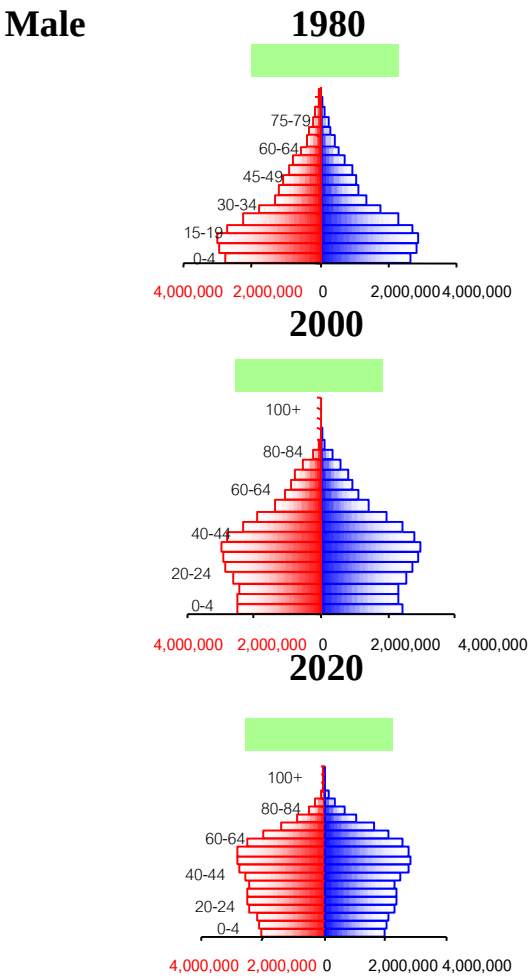


Figure 1 Population Pyramids (1980-2020)

2. Thai Health Care System

The Thai health care system has been developed throughout the past few centuries from the pre-western medicine, expansion of health care infrastructures and human resources for health to the present health care system.

2.1 Provisions of Health Care in the 1997 Constitution

In the recent 1997 Constitution, the provisions of health care are prescribed in Chapter 3, Rights and Liberties of the Thai People, Section 52, and Chapter 5, Directive Principles of Fundamental State Policies, Section 82.

Section 52 provides that "A person shall enjoy an equal right to receive standard public health services, and the indigent shall have the right to receive free medical treatment from public health facilities of the state, as provided by laws. The public health services by the state shall be provided thoroughly and efficiently and, for this purpose, participation by local government organizations and the private sector shall be promoted insofar as it is possible.

The state shall prevent and eradicate harmful contagious disease for the public without charge, as provided by law."

Section 82 provides that "The state shall thoroughly provide and promote standard and efficient public health services."

2.2 Health Sector Reform

Every government has given high priority to the development of public health and quality of life, emphasizing health service provision for all population groups, although each government has different focuses, depending on national health conditions during different periods. Having the new Constitution is only the beginning, the machinery of the political reforms within civil service is needed to propel an efficient and effective system. Although public sector has been providing many benefits for the country over the past decades, globalization and the recent crisis has highlighted areas where it has been too rigid, cumbersome and ineffective response to those demands and to position the country for its long term development. Health sector is also under this circumstance. Therefore, there is a need to be reformed. The reform plan is designed in the context of management mechanisms that are divided into 5 main areas:

The first area covers the roles, functions and structures of the public sectors, a complete functional review designed to answer questions of what the public sector should do. The aim is to reshape the public sector to become resulted oriented and more responsive to public.

The second area covers budgetary management system, moving from input controls to results oriented system. This new system will be equipped with performance indicators, performance reporting systems supported by the use of advance information technology.

The third area addresses human resources of the public sector. Competent public officials are to provide sound policies and management to support Thailand's sustainable development and competitiveness. Public official should be able to work as a team, with forward looking and innovative, as well as a customer result-oriented mind.

The fourth area covers legal reform. The government realizes that outdate rules and regulations need to be reformed in order to be more effective and efficient in the current situation.

The fifth area addresses the culture and values of the public sector. Effective mechanisms to diagnose, detect, prevent and combat corruption need to be emphasized.

Furthermore, the government has established a newly office called "***Office of Public Sector Development Commission***" under the Office of the Prime Minister. The roles and functions of this office are to provide

consultations, to advise the cabinet and government agencies in related to public sector development and public services including budgeting system, personnel administration system, and to monitor and evaluate according to the government policies and strategies. At the ministerial level, the Ministry of Public Health has to follow the guidelines from the Office of Public Sector Development Commission by creating a group to take the responsibility in promoting public sector development under the public sector reform plan.

2.3 Present Health Care System

The Ministry of Public Health (MOPH) is the principal agency responsible for promoting, supporting, controlling and coordinating all health services activities for the well-being of the Thai people. In addition, there are several other agencies playing significant roles in medical and health development programs such as the Ministry of Education, the Ministry of Interior, the Ministry of Defense, the Bangkok Metropolitan Administration, state enterprises and private sector. These agencies have health facilities including hospitals that provide primary, secondary and tertiary medical services. During the last decade, private hospitals and clinics have been expanding rapidly in Bangkok and other provincial cities. Public and private health care facilities in 2000 can be classified as follows:

For public health facilities in Bangkok, there are 5 medical school hospitals, 29 general hospitals, 19 specialized hospitals and institutions, 60/83 health centers/ branches.

At the regional level, there are 4 medical-school hospitals, 25 regional hospitals and 38 specialized hospitals.

At the provincial level, there are 67 general hospitals under the MOPH and 56 hospitals under the Ministry of Defense.

At the district level, there are 715 community hospitals, 2 extended OPD, and 212 municipal health centers.

At the sub-district (Tambon) level, there are 9,704 health centers, 67,472 rural and 2,470 urban primary health care centers. The last two types of health facilities are managed by village health volunteers (rural 684,788 and urban 29,284 village health volunteers) with the assistance of health workers from sub-district health centers.

The private sector also plays a key role in providing curative care for the people. In 2000, there are about 461 private hospitals (Bangkok 129, other provinces 332), 10,819 clinics, 11,094 drugstores and 2,011 traditional medicine drugstores.

The ratio of hospital beds to population in Bangkok is 1:202, while in other provinces the ratio is 1:519. The ratio of physician to population is

1:3,427 for the whole country, 1:793 for Bangkok and 1:5,161 for other provinces.

2.4 Health Care Financing

Thailand health care system reflects the entrepreneurial market-driven nature of its economy. It has a pluralistic public and private mixed system of both health care financing and in the provision of health services. Overall resources devoted to health care have markedly increased recently. The total health expenditure has increased gradually, at a faster rate than that of the gross domestic product. In 2001, the total health expenditure was 3.7% of the GDP. The total health expenditure is covered most by the public (57%) compared to the private (43%).

3. The National Health Development Plan (1961-2006)

3.1 The 1st-3rd National Health Development Plan (1961-1976)

During the 1st-3rd Plan, development activities were influenced by Western health systems, focusing on efforts to make people health, so that they would be able to participate in economic development undertakings. Thus, in this phase investment was made on health infrastructure, particularly on hospitals, medical schools at various universities, and provincial hospitals, as well as on the production and development of nurses and midwives, and health workers, including other health personnel. Major health programs in this phase include those on family planning, maternal and child health, communicable disease control, and medical services for the poor, with the support from international health organizations such as WHO and UNICEF.

With the WHO collaboration, the Ministry of Public Health had realized that there was a need to get the assistance from WHO in building systems and methods in health planning in order to improve effective allocation of resources. In 1974 with the collaboration of WHO, Thailand had participated in “Country Health Programming ” method for the preparation of national health development plan which was highly recognized by the National Economic and Social Development Board (NESDB). In addition, Health Statistics Division was transferred to be under the Office of Permanent Secretary in 1974.

3.2 The 4th – 5th National Health Development Plan (1977-1986)

In this phase, the government realized the negligence of social and rural development that resulted in disparities of income distribution and growth. This had led to the adoption of the "Primary Health Care" approach which support the community and the people to realize local problems and their

causes, including new knowledge that help them resolve their own problems. These primary health care strategies aim to achieve the long term goal "Health for All by the Year 2000". With this approach, community -based activities, emphasizing community participation have been promoted as well as the expansion of the health infrastructure including health facilities to cover all rural communities.

The fourth five-year National Health Development Plan (1977-81) was the product of the two- year systematic planning process. This paved way to decentralized management in the health sector down to provincial, district, sub-district, and village levels. At the end of the fourth five-year plan, although the standard of health care delivery in general had improved remarkably and considerable expansion of coverage has been achieved, the majority of rural population continued to suffer from pressing health problems related to poor living conditions, inadequate sanitary facilities, deteriorated natural environment, malnutrition, and other behavioral factors.

Not only the health planning expertise was supported but also important health policy issues were suggested by the WHO. The health policy transition toward WHO "Primary Health Care" in 1978 had led Thailand to a more comprehensive health project approach which has had an impact on health policy and plan development. Thailand is fully committed to achieving WHO's global goal of "Health for All by the Year 2000". During this period, a close partnership has been developed between RTG officials and WHO secretariat at all levels i.e. WHO Representative and staff at country level, Regional Director and staff at WHO SEARO, and Director-General and staff at WHO headquarters.

During the fifth five-year National Health Development Plan (1982-86), the Ministry had the leading role of government in the reorientation of national health care system to be more primary health care based and heading toward the long-term goal of HFA/2000.

3.3 The 6th – 8th National Health Development Plan (1987-2001)

During the Sixth plan, the country has experienced an epidemiological and population transition, with an increasing incidence of non-communicable diseases linked to changes in lifestyle. However, the situation and trends in health problems are more complex due to the rapid change in population, society, politics, economics, and environment. Managerial Process for National Health Development (MPNHD) had been utilized as a tool in the sixth plan (1987-91) and also had been transferred to the provincial health planners as "Managerial Process for Provincial Health Development.

During the sixth and eight plans from 1986 to 1999, Thailand has realized that the importance of health information, health economics and health care financing would be important in health planning. Therefore, with

USAID and WHO assistance, trainings in health economics have been undertaken during the sixth plan (1987-91) and workshops in health care financing during the seventh plan (1992-97). Moreover, human resources for health planning, management of health information system, epidemiological situation, monitoring and evaluation of health plans have also been emphasized during the seventh plan. Financial resource from WHO supported planning activities such as Provincial Health Survey, improvement of health information management and a computer system for communicable disease control purposes.

At the end of the seventh plan throughout the eighth plan, WHO has introduced Health Futures Studies to the Ministry of Public Health which could be used as a tool in supporting health policy and planning formulation. During this eighth plan, the economic crisis occurred. The public sector reform was on the government agenda. Health sector reform was unavoidable.

3.4 The 9th National Health Development Plan (2002-2006)

The 9th National Health Development Plan is a strategic plan under the 9th National Economic and Social Development Plan. This plan emphasizes a clear vision on people-centered approach and the Philosophy of Sufficiency Economy. Due to the numerous changing trends, formulation is based on three groups of strategies that aim to provide guiding directive for health development in response to complex and dynamic current situations and trends. The objectives are: first to strengthen and stabilize domestic economy, develop an early warning system and carry out economic restructuring in order to upgrade production efficiency and international competitiveness of the country; second is to lay out a firm foundation for national development in the long run, with greater flexibility to external changes; third is to promote governance at all levels in the Thai society; and the last objective is to alleviate poverty problem as well as increase potential and opportunities of the Thai people to become self-reliant.

The 9th National Health Development Plan aims at well being and entire health system development. The vision of this plan focuses on health security and universal health care coverage for every person in Thai society through people participation process. The objectives are as follows:

1. To foster proactive health promotion, consumer protection, food safety and food security, occupational health and environment protection, and disease prevention and control.
2. To establish health security and equal access to quality health services.
3. To build up people capability in health promotion and in health system management.

4. To establish mechanism and measures in generating knowledge through research and development utilizing both local and international health wisdom.

Under the 9th National Health Development Plan, there are 6 strategies as follows:

Strategy 1 Expedition of Proactive Health Promotion
Strategy 2 Establishment of Universal Health Insurance
Strategy 3 Reform of Administrative Structure and Mechanisms on health
Strategy 4 Civil Society Strengthening on health
Strategy 5 Health Knowledge and Wisdom Management
Strategy 6 Health Manpower Development Serving New Changing Health Reform

4. The Present Government Health Policies (2001-present)

The present government is the first administration elected under the provisions of the new Constitution, known to many Thais as the "People's Constitution". It is also the first time since the establishment of a Constitutional Government in 1932 that a single party has won a majority in the House of Representatives, capturing firm popular support across the nation. After one year of administration, political stability has been reinforced. The government has given a full potential to implementation of its campaign promises that serve as its mandate handed over from the Thai people. The government has laid a firm foundation for sustained and balanced economic growth, by first, focusing on the supply side of economic stimulation equation in order to enhance the competitiveness of the real sectors, and second, stimulating the demand side through poverty reduction, job creation and income creation at the grassroots level know as "One Tambon, One Product Project". The government has embarked upon a course to improve quality of life for all segments of society in which the Ministry of Public Health plays a vital role to implement the "30 baht Universal Health Care Policy".

4.1 The 30 baht Universal Health Care Policy

The "30 baht Universal Health Care Policy" is one of the major policies of the present government. This policy is focused on creating universal health insurance coverage of the whole population. Before the implementation of this policy, there were 20% of the population uninsured by any scheme. During the first phase in April 2001, the 30 baht scheme started with 6 provinces, then the second phase in June 2001 expanded to 21 provinces, then the third phase in October 2001 all the provinces joined the scheme except Bangkok which started the scheme in January 2002. The whole country was fully covered in April 2002. At present, there are 45 million people covered

by this scheme. The rest are 10 million civil servants with spouses and parents and 8 million workers under the Civil Servant Medical Benefit Scheme and Social Security Health Insurance Scheme respectively. The health service benefit package includes inpatient/outpatient treatments at the registered primary care facility and referral secondary and tertiary care facility (except emergency case), dental care, health promotion/prevention services, and drug prescription with user fee of 30 baht per visit. After the first year of implementation, the household surveys revealed that the policy was highly supported by both the rich and the poor.

4.2 Health Promotion, Disease Prevention and Control, and Consumer Protection

The government has also set the national health agenda on "Health Promotion, Disease Prevention and Control, and Consumer Protection". Health promotion is a key strategy for sustainable health development of individuals, families, communities and society. Each individual is encouraged to adopt proper health behaviors such as exercising at least 3 times/week, eating healthy and safe foods, staying away from unsafe sex and drugs.

Thailand has utilized the principles of good manufacturing practice (GMP) for drug, food and cosmetic products and recently for toxic substances. The effort has been aimed at raising the manufacturing standards to international level. At present, 85 percent of drug industries have attained the GMP certification.

4.3Promotion of Thai Traditional & Herbal Medicine and Alternative Medicine

Policy support for the development of traditional and herbal medicine has commenced since the 4th National Economic and Development Plan in 1977 and was successively reiterated in every government policy as well as in the national drug policies. Knowledge of therapeutic usage of these herbal medicinal products has become a valuable "heritage of local wisdom" which has been transferred from generation to generation within the family, village, society or even throughout the whole country. A lot of Thai people still believe in the efficacy of herbal remedies as well as traditional medicine practices. Usage of herbal medicinal products has remarkably been increased in accordance with the global trend of people returning to believe in the superb of natural therapy. As being a large natural resource of medicinal plants, Thailand is also alert to this global trend. Many research institutes are now turning back to the studies of herbal medicinal products or traditional medicine development. Local knowledge and recognized as a valuable inheritance. Study and research on the potential medicinal plants including extracting and purifying the active or principle components from plants to be used as medicinal products are conducted in many academic and

governmental research institutions. New technology of manufacturing has been applied to produce the herbal medicinal products of higher efficacy and in more appropriate dosage forms.

The government has emphasized the promotion of traditional and herbal medicine by integrating it into primary health care activities. Formally, all herbal traditional recipes were regulated as herbal or traditional medicines. Then, there have been research and development utilizing modern technology to innovate pattern of consumption. These herbal products are now classified as modern herbal medicinal products.

The period of 1994 to 2000 was designated as the "Decade of Thai Traditional Medicine Development" focusing on the promotion of studies, research and development of health related products and health technologies, and increased capacity in producing traditional medicines and training in Thai traditional massage.

It could be said that, for almost a century, Thai traditional medicine had been a non-formal medicine system without substantial support and development from government. Only in the last decade did the Ministry of Public Health show endeavors to develop the whole system of the indigenous medicine. In 1993, the National Institute of Thai Traditional Medicine was established and in 2002 reformed to be under the Department of the Thai Traditional Medicine and Alternative Medicine.

4.4 Supporting the Increase of Country's Capability and Production of Health Related Products for Income Generation and Exports

At present, "One Tambon One Product" is an effective project that encourages people at the village level to produce competitive local products or to improve their local products into an export graded products. The Ministry of Public Health and the private health sector also participate in this process by encouraging the village people to produce health related products such as preserved foods, herbal products, Thai traditional medicine and massage. These also include many health resorts and spas providing traditional medical care.

Hospitals at all levels nationwide are now in the process of developing service quality to international standards for general and special health services such as dental care, elective surgery (hip or knee replacement), and plastic surgery. In 2002, Phuket was designated as a hub for tourism and also health tourism hub of Asia.

5. Technical Cooperation in International Health

During the past 50 years, international health cooperation has been in the form of foreign aid including expert consultations, fellowships for

advanced degree study as well as study tours abroad. There are many international organizations such as WHO, UNICEF, UNFPA, UNDP, USAID that have played a significant role in health development in Thailand. It could be said that WHO is the most influential organization on the Thai health development programs. During the first few decades of cooperation, the support was focused mainly on the control of communicable diseases and the development of maternal and child health.

Later on, WHO supported the development of Thai health planning capability by providing technical support in planning expertise and also suggesting important health policy issues. The health policy transition toward WHO "Primary Health Care" in 1978 had led Thailand to a more comprehensive health project approach which has had an impact on health policy and plan development. Thailand is fully committed to achieving WHO's global goal of "Health for All by the Year 2000."

At present the Thai medical and health services system has been recognized by other countries with regard to efficiency and quality of medical personnel and technology, as well as coverage and distribution, according to the international standards. Several medical and health institutes in Thailand have been internationally recognized and have been designated as WHO-Collaborating Centers in their respective fields such as human reproduction, radiological technology, immunology, worker's health, drug abuse, malaria, essential drugs and vaccine, primary health care, and environmental health.

During the present 9th National and Economic and Social Development Plan (2001-2006), international health cooperation has been expanded to various countries and international associations or groups as follows:

Countries - ASEAN countries, Japan, China, Malaysia, Australia, the United States, Sweden, the United Kingdom, and Germany.

International - ASEAN, ESCAP, and BIMST-EC.

6. Ministry of Public Health Organization and Administration

MOPH Organization Reform

In October 2002, the MOPH was reorganized which covers the roles, functions and structures of the ministry. The Ministry of Public Health (MOPH) is the principal agency responsible for promoting, supporting, controlling and coordinating all health services activities for the well-being of the Thai people. There are three clusters and the Office of Permanent Secretary as shown in the attachment.

1. The Office of Permanent Secretary performs functions related to the formulation of health policies and strategies, monitoring and evaluation,

production and development of health personnel, and management of information system. Provincial administration is also under this office.

2. Medical Service Development Cluster is composed of three departments: Medical Services, Thai Traditional Medicine and Alternative Medicines, and Mental Health. These three departments are technical departments and perform functions related to development of technical aspects and systems of services for physical medical services, Thai traditional medicine and alternative medicines, and mental health services.

3. Public Health Development Cluster is composed of two departments: Department of Disease Control and Department of Health. These two departments perform the functions related to health promotion, prevention and disease control.

4. Health Service Support Cluster is composed of Department of Health Service Support, Department of Medical Science and Office Food and Drug Administration. This cluster performs supportive functions to the implementing agencies especially in health services, medical services, and consumer's protection.

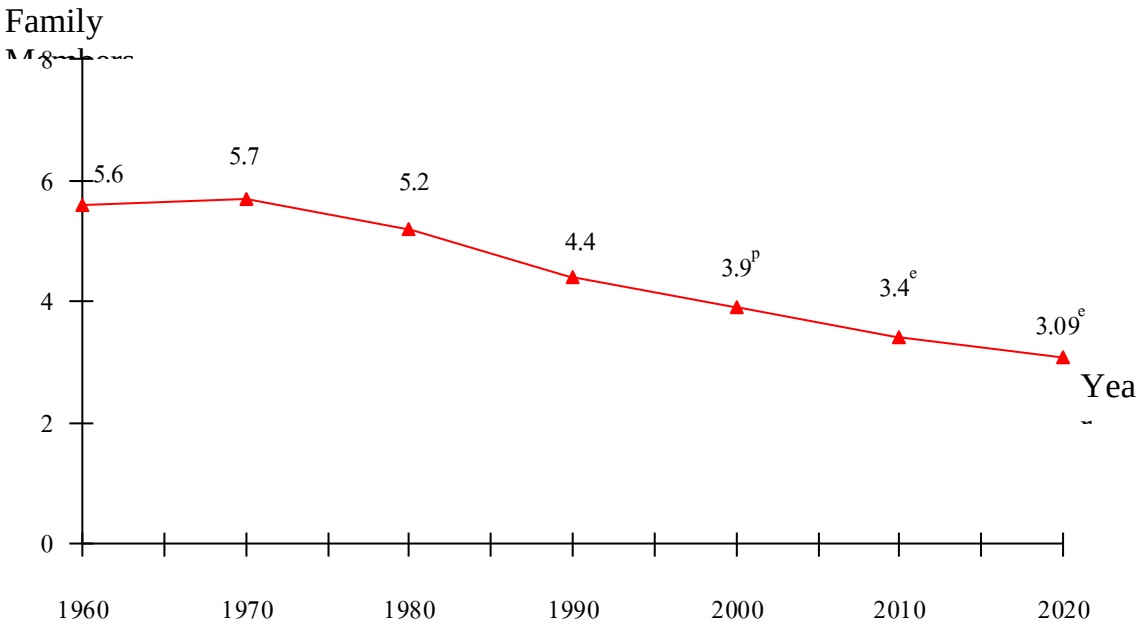
7. Basic National Health Indicators and Statistics

As a result of the population structure changes, the elderly and working-age population are rising. This, inevitably, affects Thai health system. Needless to say, the labour population have to bear a greater burden in caring for the aging. In addition, a rise in the aging population has resulted in higher chronic disease patterns and gerontological diseases such as hypertension and heart diseases. Other influential determinants such as social, economic and cultural factors also contribute to physical and mental health of senior citizens in both direct and indirect ways.

7.1 Family Structure

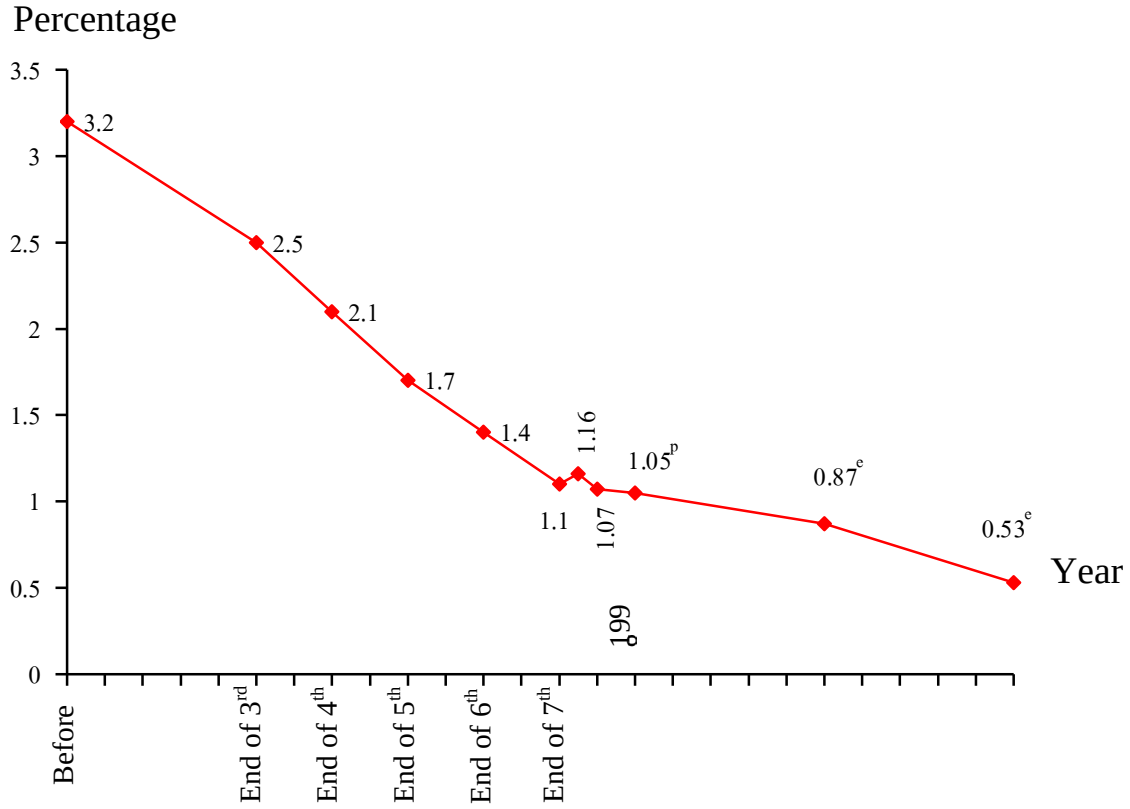
Family structure has greater inclined to shift from a compound family to a single family. The household size has shrunk from an average of 5.6 in 1960 to 4.4 persons per family in 1990. It is forecast to constrict into only 3.09 persons per household in 2020. (Figure 2.) This may lead to less assistance and care among family members, in particular the elderly, which are more likely to be abandoned, resulting in higher negative impacts on the elderly health.

Figure 2. Thailand's Average Household Size and Its Projection



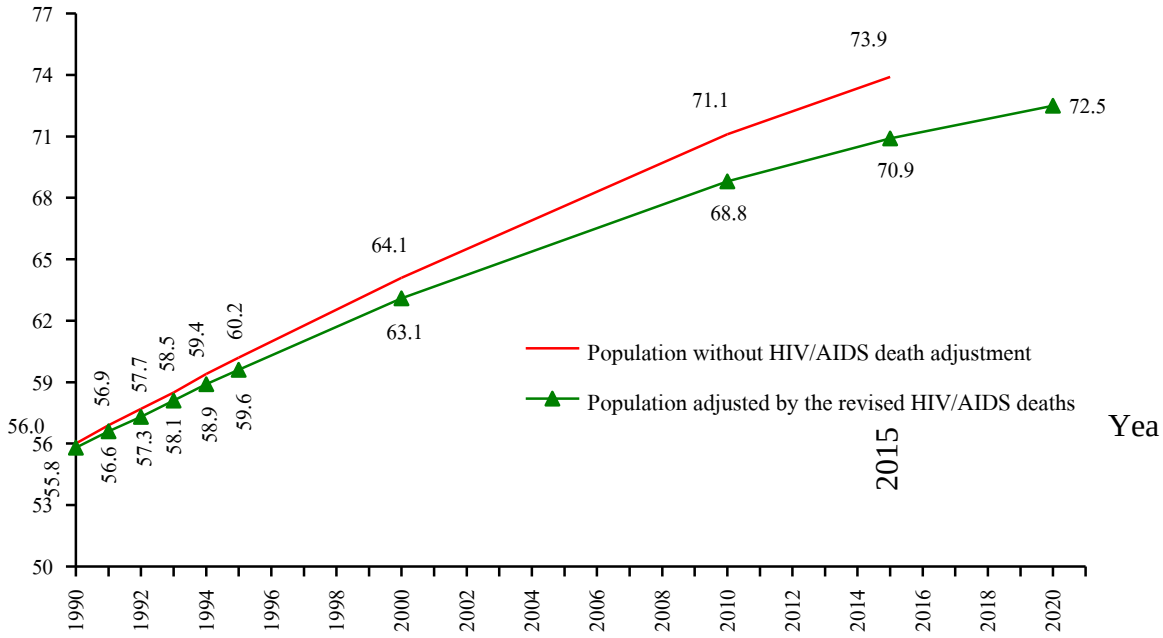
Source: Thailand Health Profile 1999-2000

Figure 3. Thai Population Growth Rates, 1970 – 2020



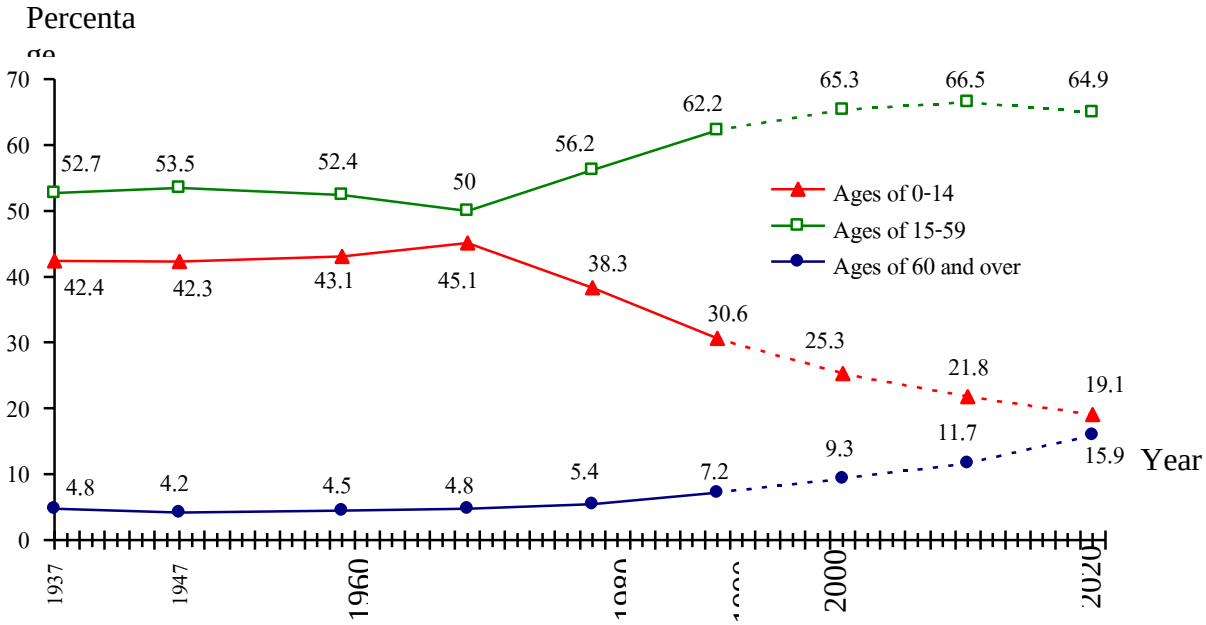
Source: Thailand Health Profile 1999-2000

Figure 4. Thai Population and Estimates, 1990 – 2020



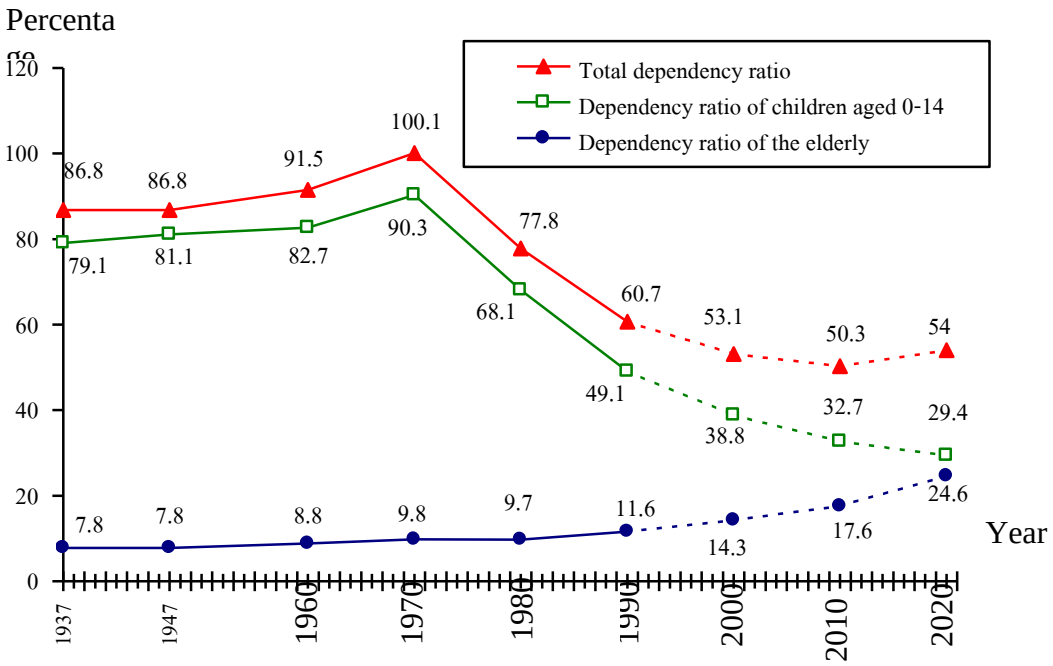
Source: Thailand Health Profile 1999-2000

Figure 5. Proportion of population by Major Age Group, 1937 – 2020



Source: Thailand Health Profile 1999-2000

Figure 6. Dependency Ratio, 1937 – 2020



Source: Thailand Health Profile 1999-2000

7.2 Health status of Elderly

7.2.1 Mortality and Morbidity of the Elderly

The age-specific mortality rates of the Thai Population except among the highest age group have been declining for more than four decades. However, age-specific mortality rates have increased with age, with the highest in the age group of 70+ years in both sexes.

According to the 1996 national mortality data obtained from the Ministry of Public Health, 41% of Thai elderly men and 54% of elderly women were recorded as "senility". Another 6-7% of both sexes were recorded as "unknown causes". Thus, more than 50% of causes of death records among the Thai elderly were obscure. However, the data showed heart failure and cerebrovascular diseases were common causes of death in both sexes. Whereas accidents and cancers were common causes of death among elderly men; diabetes mellitus, hypertension and septicemia are common causes of death among elderly women.

Morbidity and behavior risks factors are quite similar to that in developed countries. The prevalence rates of chronic diseases such as hypertension and diabetes mellitus and other diseases are shown in Table 2.

Table 2. Prevalence of diseases (percent) among Thai elderly according to the National Survey of the Welfare of the Elderly in Thailand grouped by rural and urban area and sexes.

Diseases	Male		Female	
	Urban	Rural	Urban	Rural
Hypertension	19.2	12.9	29.9	17.1
Osteoarthritis	12.9	12.7	24.2	18.0
Heart Diseases (including coronary heart disease)	8.1	3.8	12.1	8.5
Diabetes mellitus	11.0	2.3	12.7	4.6
Paralysis/paresis (major stroke)	6.1	2.1	2.8	1.2

Source: Thailand Health Research Institute, National Health Foundation (1996).

Over one-third of the Thai elderly have a body mass index (BMI) below 20 and 25-50% of them have low concentrations of hemoglobin in their blood. These suggest that malnutrition is a big problem of the Thai elderly, particularly among the very old ones. Moreover, rates of smoking and/or drinking are high among the male elderly, 35.5% and 58.6% of elderly male in urban and rural respectively.

7.2.2 Disability and dependence

The prevalence of long-term disability (6 months or longer), total disability (long-term plus short-term) and dependence status in self-care activities are high. Thai elderly women have a higher prevalence rate of disabilities and dependence than men in all age groups. The rate of disabilities increases with age (long-term disabilities: 17% for male, 20.2% for female).

8. National Policy and Development for Elderly Population

The 1st National Long-term Plan of Action for Elderly (1986-2001) developed by the National Committee for Elderly was the response to the 1st World Assembly on Aging held in Vienna in 1982. The Plan confined to 4 aspects of life in old age including health, education, income and employment, and social and cultural aspects. Major problems in the 1st Plan, the Department of Social Welfare, Ministry of Labor and Social Welfare was the principal organization responsible for social service provision, including institutional and community care that could not cover all needed aging population. In 1999, 200 "Community Service Center for Elderly" were set up to provide recreation activities and health promotion programs but not the community/home care.

In 1992, the Ministry of Public Health started a free healthcare program for Thai elderly in all public hospitals and health centers. However, there was little support for rehabilitation and home visits. At present, there is still no long-term care public hospital in Thailand for elderly.

The 2nd National Long-term Plan for Older Persons (2002-2021) was endorsed in 2002. This plan is a comprehensive strategic action plan which include population-target indices for outcome monitoring. It emphasizes on a crucial issues including "preparation for old-age", "promotion and maintenance of contribution to the society", and "development of appropriate long-term care services for older persons and their caretakers". The five strategies are as follows:

a) Strategies in the preparation for old age with quality
b) Strategies for encouraging and promoting older persons
c) Strategies of social security for senior citizens
d) Strategies of management systems at the national level and in personnel development
e) Strategies of research to support policy and program development and monitoring and evaluating of the 2nd Plan

9. Summary

Security in health and healthcare means the security of the society. With the present constitution and government, it is an opportune time for National Long-term Plan for Older Persons to accelerate translating the strategic plan into action plan. As for health security aspect, comprehensive community services and primary health care are key approaches to enable older persons to have access to preventive and curative services.