

Long term care and human resource development: Thailand experience

Dr. Supakit Sirilak MD., MPH.M.

The 12th ASEAN & Japan High Level Officials Meeting on Caring Societies

October 21-23, 2014

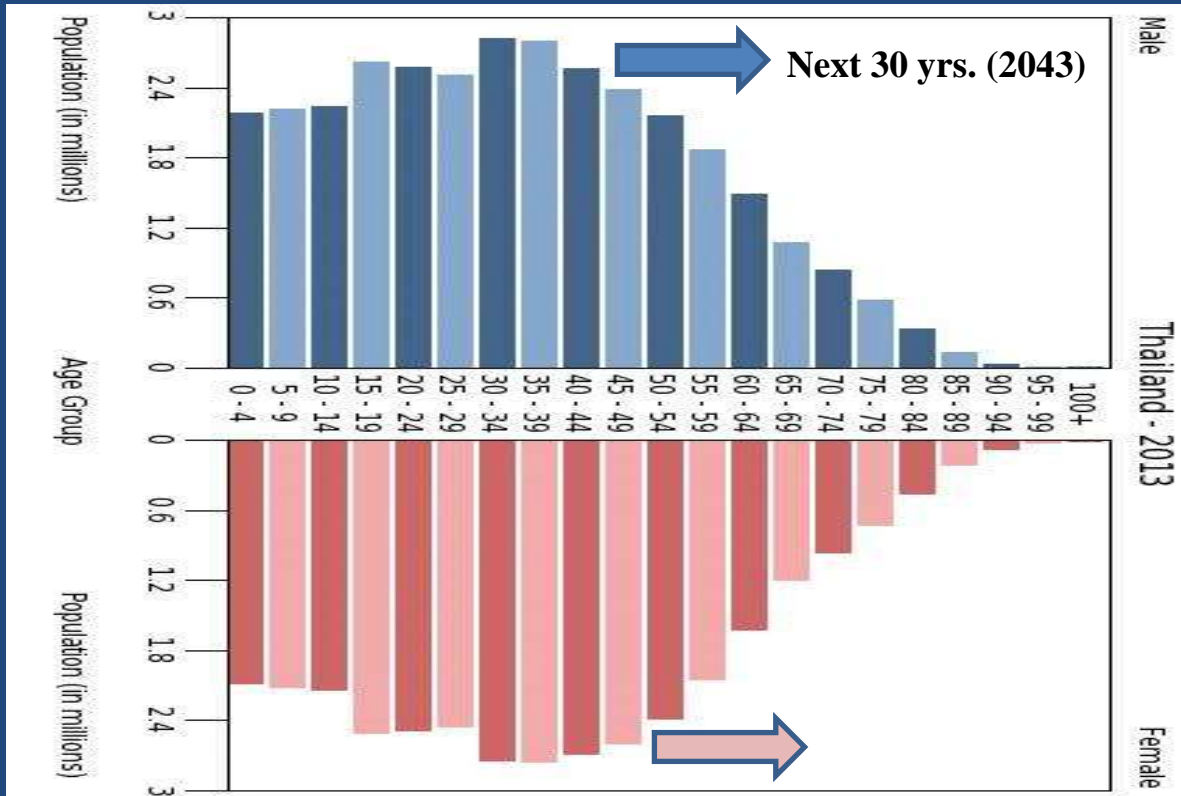
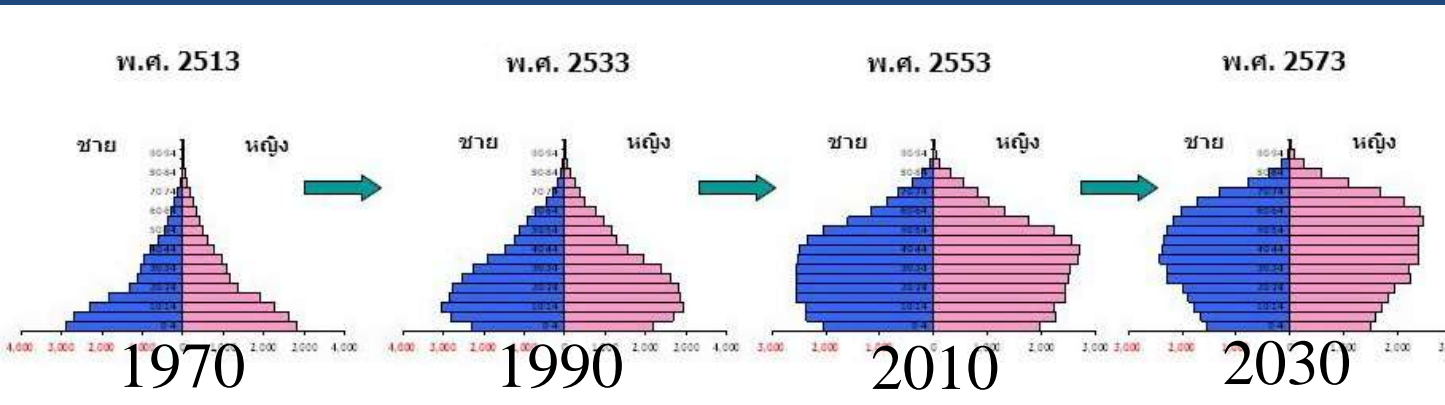
Tokyo, Japan

Quick Look: Thailand



- Population - 65 million
- GDP 2014 US\$13,931 per capita (PPP), Gini 40
- Fiscal space: tax to GDP 17.6 (2011)
- Total Health Expenditure (2010NHA)
 - US\$194 per capita, 3.9% GDP,
 - Sources of finance: Public 78%, OOP 22% of THE, GGHE 13.1% GGE
- UHC since 2001
- Health status
 - Total fertility rate 1.5 (2012)
 - Life expectancy at birth 74.1 years
 - U5MR 14/1000
 - MMR 36/100,000
- Physicians per capita 5/10,000
- ANC & hospital delivery 99-100%

Population Tsunami



- Proportion of the elderly
 - 11.7% in 2010
 - 30% in 2040
- Dependency Ratio
 - 0.41 in 2010
 - 0.59 in 2040

Thailand's Challenge

Aged society and long term care

- Policy on long-term care systems in Thailand is still not solid
- Thai UC scheme covers elderly and is solely funded by general tax -> concerning on the long term financing and other possible sources of fund

Comprehensive Long Term Care Model



National Plans and acts for OP

- 1st National Plan for Older Persons (1982-2001);
- 2nd National Plan for Older Persons (2002-2021); which was revised in 2010
- Enactment of regulations to promote elderly well-being**
- Declaration on Thailand's Older Persons (1999)
- Act on Older Persons (2003)
- National Commission on the Elderly (2003) chaired by PM
- NHA 2009 Resolution

Demand of HRH for LTC

Year	independent	dependent	total
2010	7,139,127	499,873	7,639,000
2020	10,034,234	741,766	10,776,000

- Unclear role and no standard training and regulatory measure for care worker
- Shortage of HRH for OP care esp nurse
- Movement of technical person in ASEAN still limit under MRA

Categories	2010	2020
Family	499,873	741,766
Care giver	71,410	105,967
Nurse - Acute/chronic care	6,111	8,620
- Dependent	2,499	3,708
- IPD	15,278	21,552
Total	23,888	33,880
Public health officer	2,499	3,708
Physiotherapist	2,499	3,708
Psychologist	1,528	2,155

Lesson learned from CTOP and LTOP

- CTOP: Project of Community Based Integrated Health Care and Social Welfare Services Model for Thai Older Persons
 - implemented since 2007 in 4 provinces, namely Khon Kaen, Chiangrai, Suratthani and Nonthaburi
 - aimed to establish models to utilize local resources for catering elderly person's health and welfare needs
 - Tailor made for each area to fit their context
- LTOP: Project of Long-Term Care Service Development for the Frail Elderly and Other Vulnerable People
 - 2 more provinces added
 - Training for key actors involving in the project, the policy maker, the care manager, nurse, physiotherapist and the care worker, are intensively conducted both inbound and outbound (Japan).



Lumsonthi Model

- The rural district located 120 km. from the province
- District hospital collaborate with the Local administration organization
- Established care-team including family member, semi-volunteer care worker, HC staff, Hospital staff (medical doctor, nurse practitioner, mental health nurse, physiotherapist)
- The local administration organization funds the salary for care worker
- The essential training programs are conducted and close supervision and easily access consultation when needed
- Use the social capital as the motto “ Lumsonthi shall not leave any (vulnerable) behind”
- KSF: 1) Leadership of the district hospital director 2) The support from LG and community 3) well established system and well performed of care team

Lumsonthi Model

Vulnerable Target (OP& Disable)

Care worker



Care team
(Professional)

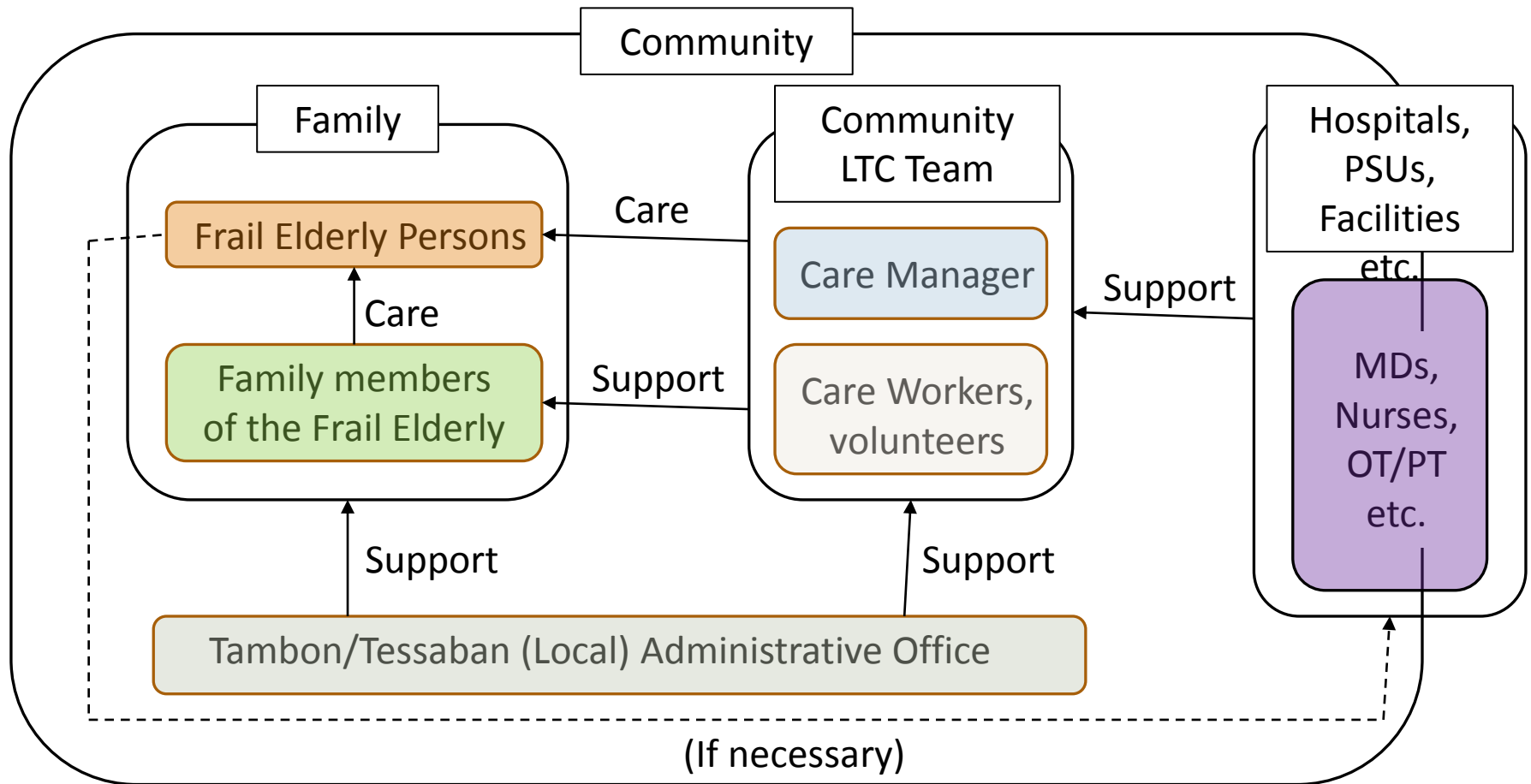
Transportation



Home base



Long-term Care System for Thai Elderly in the Near Future



Ways forward

- Develop the solid LTC policy and carry out the effective measures
 - Encourage the local government establishing the local mechanism including the OP representative to develop the 3-5 years plan which cover the need assessment, local law and regulation, HRD and HRM, welfare, social and medical care, etc.
- MSDHS, MoPH, MOL, MOE
 - Set standard of social and medical care, curriculum, education and training and regulatory system both for public and private practice
 - Establish the sustainable source of fund for LTC , study for co-payment
 - Strengthening the primary care system

Swasdee

Sukhothai Historical Park



Elephant Show



The Grand Palace



The Southern Sea