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SITUATION OF THE THAI ELDERLY 2019



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สถานการณ์ผู้สูงอายุไทย พ.ศ. ๒๕๖๒

SITUATION OF
**THE THAI
ELDERLY**
2019

Introduction

This report, Situation of the Thai Elderly 2019, is a production of the National Commission on Older Persons which has the responsibility to issue this report in accordance with Article 9(10) of the Elderly Act of 2003, and present the findings to the Cabinet each year. Ever since 2006, the National Commission on Older Persons has assigned the Foundation of Thai Gerontology Research and Development Institute (TGRI) to implement this assignment. This edition compiles data and information on older Thai persons for the year 2019, and explores trends in changes of the age structure of the population in the past in order to project the situation of older persons in the future.

Each edition of the annual report on the Situation of the Thai Elderly has a particular focus or theme. For example, the 2013 edition focused on income security of older persons, the 2014 issue emphasized the vulnerability of older persons in the event of natural disasters, the 2015 focused on living arrangements of older persons, the 2016 edition focused on the health of the Thai elderly, the 2017 edition explored the concept of active aging in the Thai context of older persons, while the 2018 edition examined Thai elderly and employment. For the current edition (2019), the focus is on the social welfare of the elderly.

In one sense, 'Social Welfare' sounds like a distant dream or ideal for Thai society, especially given the threat of the country's being caught in the "middle-income trap." However, if one considers examples of past policy, whether it is education or public health, Thailand should be able to create a system that covers the priority target groups, reduces the burden, and creates opportunities for people to have a good quality of life. Society as a whole can benefit from investing in those systems while building upon a dynamic knowledge base, with understanding and cooperation from all sectors. This challenge should not be viewed as merely another form of

state hand-outs or as a right to claim as desired. Instead, a successful outcome must be the product of a joint design under the shared belief that a good welfare system can increase the potential of the people as a whole, not just the elderly.

Preparing this edition of the report on the Situation of the Thai Elderly has involved the extensive contribution and collaboration of both public and private sector agencies in order to tap into the most up-to-date information. On behalf of the TGRI, I would like to thank all participating agencies for their excellent cooperation, and take this opportunity to express profound gratitude to the Elderly Fund for always supporting the budget in preparing each edition of the annual report on the Situation of the Thai Elderly.

The information and recommendations on relevant issues herein should be helpful in making policy decisions by the related agencies, especially for the National Commission on Older Persons and the key government agencies in defining the vision and policies on important matters that will contribute to the rapidly aging Thai society as a quality society that can make full use of the available wisdom and intelligence, and apply these assets to keep pace with a rapidly changing society.



(Somsak Chunharas, M.D.)

President of the Foundation of Thai Gerontology
Research and Development Institute (TGRI)

Executive Summary and Recommendations

- Aging of the world population
- Aging of the population of Asia
- Aging of the population of ASEAN
- Aging of the Thai population
- Social welfare for the elderly in Thai society
- Policy recommendations for the provision of welfare for the elderly

00

In 2019

the global population was



7,713

billion persons

Of the total, there were millions of persons age 60 years or older in that year

That is, there were 1.016 billion elderly persons, or

13%
of the total

The UN estimates that, in the next

20
years

1 in 5

persons will be elderly (age 60+ years)

Aging

of the world's population

The aging of the population is a demographic phenomenon which is having impacts on lifestyles and livelihoods of all societies around the world.



The number of oldest old (i.e., those aged 80+ years) are increasing very rapidly...



...from **143** million persons in 2019 to a projected

305
million persons by 2040

In 2019, Japan had the oldest population among countries around the world:

1 in 3

Japanese persons was elderly

China is the country with the largest number of elderly persons (i.e., age 60+ years) with

241



million. That is four times the number of Thai elderly.

In 2019, the population of countries in Asia =



4,601 billion persons...

...or more than half the global total population



Aging in Asia

Asia had

586 million persons

aged 60+ years, or 58% of the total global number of elderly

Asia has the country with the oldest population: Japan with 34% elderly



Asia has the country with the largest number of older persons: China with 241 million elderly

Given the number of older persons in ASEAN member countries, it can be said that

ASEAN is already an AGED POPULATION

In **2019**, ASEAN members countries had a combined population of

661 million persons

Which is a population of persons aged 60+ years of 71 million or

11 %

of the total

In 2019,

4 of the ten

member countries of ASEAN had become aged societies

Ranking of countries by percent of the population which is elderly:

1. Singapore (20%)
2. Thailand (18%)
3. Vietnam (12%)
4. Malaysia (11%)



Among ASEAN member countries, **Indonesia** has the largest population, with 277 million persons. Of the total, 26 million persons are elderly

It is projected that Indonesia will become an aged society in 2020

In **2040**, it is projected that the 10 ASEAN member countries will have a combined population of

767 million persons



There will be an elderly population of 145 million persons, or

19 % of the global total



Since 2023, Thailand will have an elderly population of...

...one million persons a year

The number of Thai live births declined to _____

610,000

persons in 2019

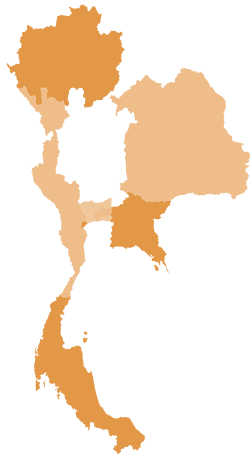
That is only about **one-half** the total births of 1.2 million persons in 1971

In **2019**,

Thailand had a population of older persons of...

In 2019, the Thai population growth rate declined to only

0.2



Aging

of the Thai population

By 2019, the members of the million-birth cohort were aged 36-56 years. In just four years from now, or in 2023, there will be one million Thais aged 60 years or older each year.

11.6

million persons,

which is more than the population aged under 15 years

11.4

million



Over the next

20

years, the number of Thai elderly will continue to increase each year

There will be about

20

million elderly persons...

...or

1 in **5**

This will be elderly

In **2019**, the number of Thais in the "oldest old" age group (aged 80+ years) was...

1.3

million persons

20 years from now, the number of oldest-old Thais will equal

3

million persons

Social Welfare for the Thai Elderly

“Social Welfare” is one of the most important aspects of promoting the well-being of all people in Thai society, including the elderly, to maintain dignity, be valued, and enjoy quality living throughout their life. Social welfare is also a mechanism to promote fairness for the elderly as members of society. Traditionally, Thai society and its cultural norms have placed significant value on the role of the elderly as active members of the community. Accordingly, the state set up programs to improve access to social welfare for the elderly by covering all “four pillars:” social services, social security, social assistance, and social support partnership promotion. That said, the provisions of social welfare for the elderly in each area may have different levels of action and intensity in fulfilling the societal ideals.



1

Education

A regular flow of relevant information is provided and community-based learning centers are established as a source of technical and vocational information to promote lifelong learning and to create benefits in the life of the elderly without discrimination by age that would limit educational opportunity.

One of the most important attributes of a strong society is that everyone is supported so that they can maintain dignity, value, and quality of living throughout their life.

2

Health

Access to health services for the Thai elderly through the Universal Health Coverage (UHC) policy is one of the most outstanding social welfare achievements in Thailand. Benefits and facilities are added to take into account the suitability and convenience for the livelihood and context of elderly patients. These include special channels for the care of older patients, long-term care for dependent elderly, and a standard of long-term care (LTC) to ensure a uniform approach throughout the country.

5

Recreation

Quality leisure time is another dimension of social welfare that contributes to the quality of life of the elderly. Thailand promotes and creates incentives for older persons to participate in recreational activities, for example, in sports, tourism, and various enterprises through the form of networks and clubs of older persons.

3

Housing

Housing adequacy for the elderly, especially for those with low income and/or are not fully self-reliant, is still a challenging issue for Thai society. There is a need to improve housing and the environment so that the elderly can live in their own home, with family, and in a familiar community for as long as possible. That should be the goal for social welfare in housing for the elderly in Thailand.

6

Judicial Process

This area of social welfare plays an essential role in the timely care and assistance of the elderly who are adversely impacted -- physically and/or mentally -- by giving legal advice, resolving legal problems, providing accommodation, and exploring remedies for persons who have been wronged.

4

Employment and Income Security

Thailand has a career promotion system for the elderly, and efforts are being made to extend the voluntary working life of the elderly. Various measures are in place to encourage employers to retain and hire the elderly. In addition, there is a subsistence allowance for older persons as a safety net to contribute to income security for the elderly who can no longer work in gainful employment and do not have a pension.

7

General Social Services

There are other aspects of social welfare that cover a wide range of benefits based on the effort, creative thinking, and funding to promote "normal" living, resulting in the optimal level of "happiness" of the elderly.

Policy Recommendations for Social Welfare of the Elderly

Social welfare for the elderly in Thailand continues to evolve in some interesting directions, both in terms of benefits and coverage, in order to develop a better social welfare response mechanism for the elderly. The following three recommendations are offered to accelerate that process:

01

First, there is a need to seriously review sustainability and the budgetary burden on the provision of social welfare through various government programs to assist or promote social welfare for the elderly that are currently being implemented. These include the monthly cash subsidy (monthly subsistence allowance) for older persons. While that is a partial safety net to help the elderly make ends meet in a given month, in the aggregate, this welfare subsidy is a significant budgetary burden for the public sector. Also, it is not clear whether this cash outlay actually helps the recipients to become more self-reliant.

02

Second, there is a need for a paradigm shift about the philosophy of providing social welfare to keep pace with the changes in the context of an evolving Thai society, which is becoming more in tune with global trends and norms. This paradigm applies to all age groups, not just the elderly. It calls for a shift in focus from a "charity-based" framework for specific target groups, to a concept of social welfare that is grounded in "civil rights." In other words, as a Thai citizen, regardless of gender, age, or socio-economic status, each person should have the right to access and receive basic social welfare, both from the government and all sectors in the society, "thoroughly" and "universally."

03

Third, there should be a distribution of responsibility for social welfare through a "partnership" by empowering different sectors. This refers to the institution of the family, volunteers, host communities, religious institutions, and civil society. In addition, the private sector needs to play a larger part in support of social welfare for the elderly. Reducing the role of "ownership" and increasing the "host" role in the provision of social welfare not only alleviates the public sector's budget burden, but also promotes Thai welfare capacity to be more in line with the "State Welfare" (Pracharath) policy which aims to "Leave No One Behind" and enable all Thais to enjoy true equality.

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“

Definition of the

elderly

”

Currently, the United Nations has not yet produced an exact definition of **older/elderly person**. However, the United Nations generally presents data and indicators on older persons aged 60 years or older. Most developed countries currently use 65 years of age as the threshold which divides the population into the elderly and non-elderly.

For Thailand, Article 3 of the 2003 Older Persons Act defines **“senior citizen”** as a person having age of 60 completed years or more and having Thai nationality.”

For the purpose of this report of the Situation of the Thai Elderly in 2019:

“Elderly” means a person age 60 years or over.

“Elderly population” means the group of the population age 60 years or over.

“Elderly rate” means the percentage of the total population which is elderly.

“Population aging” refers to a demographic phenomenon that occurs in countries around the world. In recent decades, the accelerated aging of populations is apparent by tracking the proportion of the population which is elderly at different time points, or tracking the median age of the population. In a closed population (i.e., excluding in-/out-migration), the aging of the population is caused by declining births and longer life expectancy.

“Aging is powerful” (Active aging)

Active aging is a concept that expresses the process by which we create opportunities for ourselves or the population, regardless of gender or age, for healthy growth, so that we can continue to contribute in productive ways to the economy and society, with stability in life to promote quality of living at all stages of life.

A person
having
age of 60
completed
years or
more and
having Thai
nationality

The words "aging society" and "aged society" have the same meaning and can be used interchangeably.

Dr. Banloo Siripanich, former President of the TGRI has referenced the writings of elderly in the writings of Somdet Phra Buddhakosajarn (P.A. Payutto) in his book entitled "**Sung Ayu Pen, Kor Na Pen Phu Sung Ayu**" (If you know how to be elderly, then it is worth being an older person). He points out that the word "**age**" in the Pali language means "**power forward, nourish life**", while "**aged**" means "**degeneration, shabby**". Thus, Dr. Siripanich suggested using the words '**aging society**' to mean "**High society with the power to sustain life**", and refrain from using the word "**aged society**" given their pejorative connotation.

High society
with the power
to sustain life

“ Definition of

Aged society and Aging society ”

In this report on the situation of the elderly in Thailand in 2019, the authors use the term "**aging society**" as a society in which the population is getting older as measured by the proportion of the total population which is elderly. In the field of demography, there are more precise terms to describe what stage a population is in the aging process. For example:

"Aged society:" In which the population age 60 years or over is more than 10 percent of the total population (or in which 7% of the population is age 65 years or over);

"Complete-aged society:" In which the population age 60 years or over is more than 20 percent of the total population (or in which 14% of the population is age 65 years or over);

"Super-aged society:" In which the population age 60 years or over is more than 28 percent of the total population (or in which 20% of the population is age 65 years or over).

Statistical data sources used in the report Situation of the Thai Elderly in 2019

United Nations, 2019. World Population Prospects: The 2019 Revision conducted by the United Nations. This presents population estimates by age group and gender of countries around the world, based on the population census of those countries.

Population and Housing Census, conducted by the Thai National Statistical Office (NSO). The Thai census enumerates the resident population all over the country every ten years (ending in 0). Thailand performed the last national census in 2010.

The Civil Registration system is operated by the Office of the Registration Administration, Department of Provincial Administration, Ministry of Interior. This system contains data on the number of citizens, births and deaths, registered each year, and summarized as of December 31 of that year.

Population Projections of Thailand (Revised version) 2010-2040 prepared by the Office of the National Economic and Social Development Council (NESDC). This uses population counts from the 2010 Population and Housing Census as the basis for making population estimates by age and sex, with assumptions on trends in fertility, survival, and migration rates.

The Elderly Survey in Thailand 2018, conducted by the NSO, was started in 1994. The 2018 round is the sixth time this survey has been conducted, and includes a sample of the population age 50 or over in 83,880 sample households. The data are representative of the elderly population at the national level. The Situation of the Thai Elderly in 2019 presents only data of subjects age 60 years or over.

Quarter 3 of the 2018 Population Labor Force Survey, conducted by the NSO. This survey has been conducted on an annual basis since 1963. During the early years, the NSO conducted surveys for only two quarters a year; however, from 1998 onwards, four quarters per year were surveyed. The quarters correspond to the planting/harvesting season and school terms, which have differential effects on the employability of the population.

2018 Non-formal Labor Survey, conducted by the NSO. This survey began in 2005, and is conducted on an annual basis in conjunction with the third quarter of the Labor Force Survey. The survey focuses on various characteristics of the population, especially whether they are covered by employer-related insurance and other social welfare protections.

Household socio-economic survey (2019), has been conducted by the NSO since 2006 to collect data on household structure, income, expenses, debt, and household assets. Data are collected every month (January - December 2019) from sample households in every province nationwide. Income data are surveyed every two years, and only for years ending in even numbers.

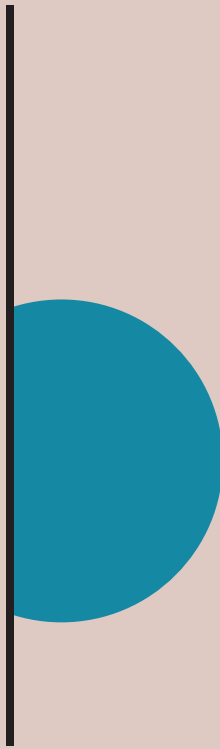
Survey of the Use of Information and Communication Technology (ICT) in the Household, 2018 Q4 (October - December 2018) conducted by the NSO. This survey began in 2001 and, since 2003, has been conducted annually. There is a quarterly survey on a sub-sample to measure the proportion of the population using computers and the Internet, user characteristics, and usage behavior by various technological equipment. The survey includes a measure of the number of households with ICT equipment such as landline phone, Fax machine, modem, router and household Internet connection, among other ICT.

General
Situation

01

The aging of the population is a major social phenomenon occurring throughout the world today.

In the early 21st century, our world has been transitioning from a more youthful society to an older society, and this will have a great impact on people's livelihoods and well-being, across the dimensions of society, economy, culture, and the environment.



1.1

Situation of the Aging of
the World Population

1.1.1

World population size

World Population Day

11
JULY

In 1987, the UN estimated that the global population was

5 billion persons

In that year, the UN also designated July 11 as "World Population Day."

In

2019

the UN estimated the total population for the following age groups:

Young Elderly
(60-69)

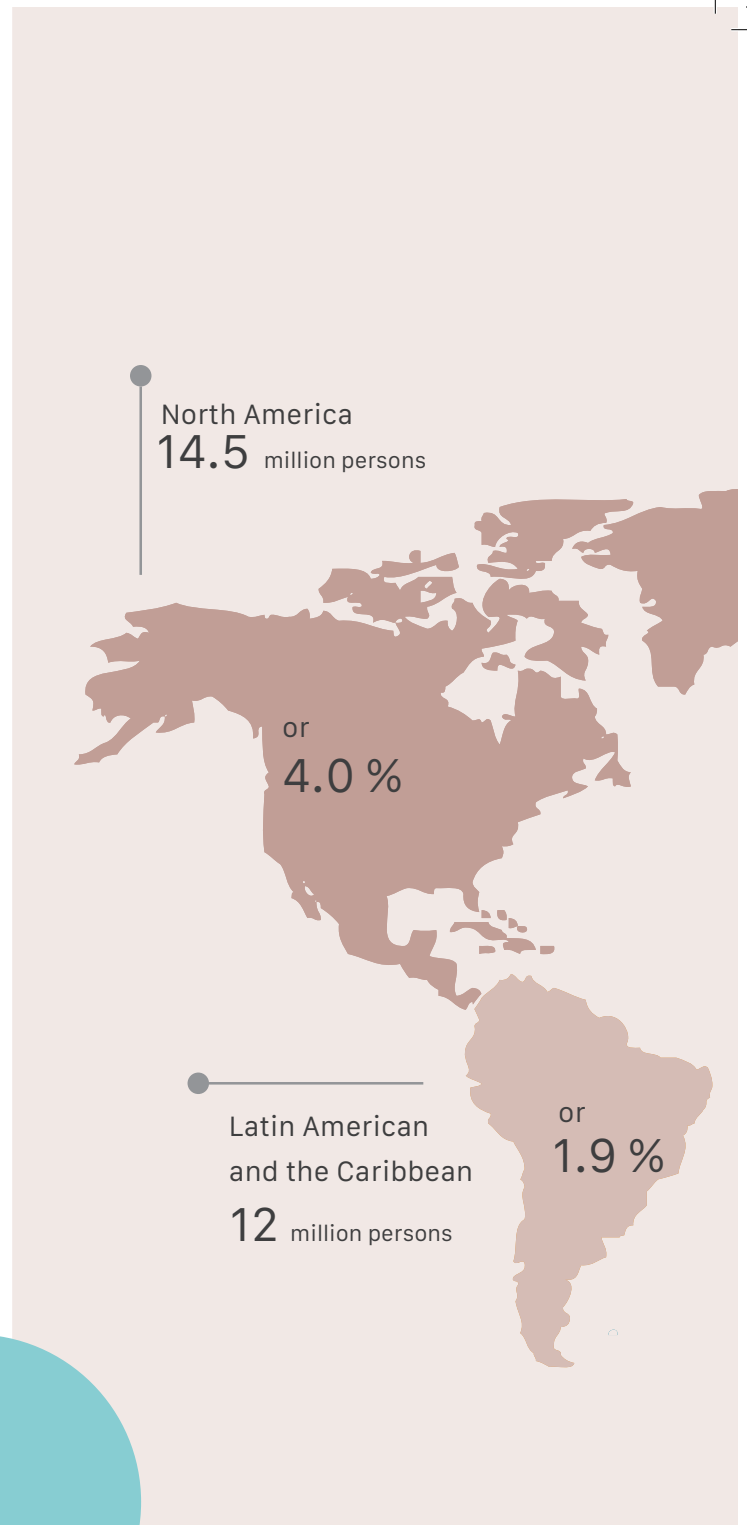
576 million

Mid-Elderly
(70-79)

299 million

Old Elderly
(80+)

143 million



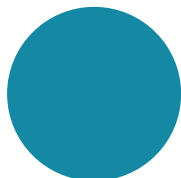
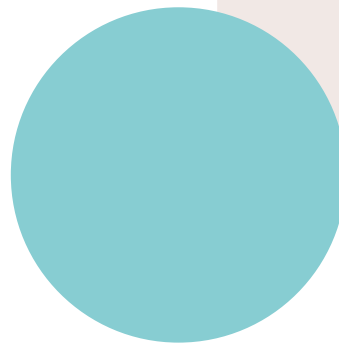
By 2019, the global population had increased

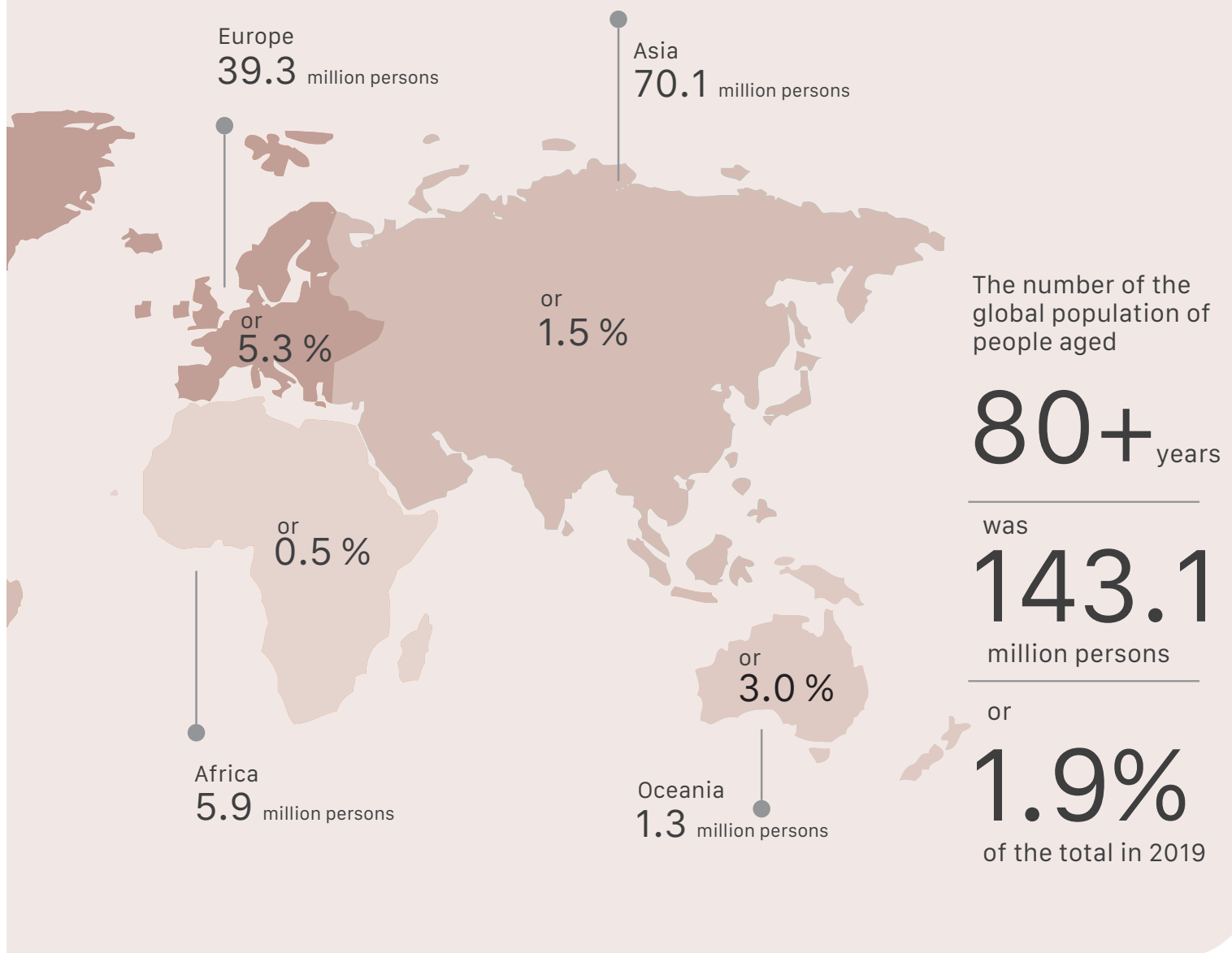
7.7 billion persons

most of whom lived in Asia (4.6 billion) or

60%

of the world's total.





Percent population by region and age group (millions of persons)

Just four countries in Asia account for half the world's population:

China	1,434	billion
India	1,366	billion
Indonesia	271	billion
Japan	127	billion

Population by region and age group (millions of persons)	0-14 years (%)	15-60 years (%)	60+ (%)
World	25.6	61.2	13.2
Africa	40.6	54.0	5.4
Asia	23.7	63.6	12.7
Europe	16.1	58.7	25.2
Latin America	24.2	63.2	12.6
North American	18.3	59.1	22.6
Oceania	23.7	59.1	17.2

Source: UN, 2019

1.1.2

Global population of elderly

Most of the world's population of older persons is in Asia

Asia has 586 million older persons, or 13% of the entire continent's population. There are 70 million "oldest old" (80 years or older). The country with the most older people in the world is China, which has 241 million seniors and 26 million oldest old.

Japan has the highest proportion of the elderly: Over one in three Japanese is age 60 years or older. Japan also has 11 million persons age 80+ years or older, or 9% of the total population.

Following Asia, Europe has the second largest population of older persons,

with 189 million, or about one-fifth of the world's total elderly.

Among continents, only Africa has not yet become an aged society

(i.e., whose elderly population had not yet reached 10% of the total). In 2019, Africa had 71 million older persons, or just 5 percent of the total; the population under age 15 years was 41% of the total, reflecting the youth of Africa's population relative to other continents around the world.



In **2019**
number of world
population aged
60+ years old
reached
1,000 million
accounting for
13% of the total
population

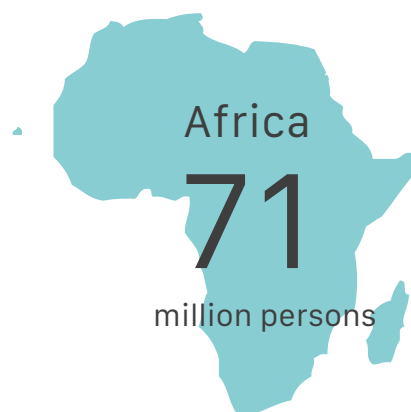


58%
of the world's elderly
live in Asia.

Japan
has the oldest population
among countries in
the world.



19%
of the world's elderly
live in Europe.



Africa's population
is still considered a
"young"
society
in which two out of
four people are under
age 15 years.

1.1.2.1

Elderly population in large countries

Of the world's top ten countries by population, only five have become an aged society: China, USA, Brazil, Russia, and Mexico. Many countries still have less than 10% of their population who is elderly.

Top 10 countries by population and percent elderly in 2019

Rank	Country	Total population (millions)	Number of population age 60 years or older (millions)	% of population age 60 years or older
1	China	1,434	241	16.8
2	India	1,366	135	9.9
3	USA	329	74	22.4
4	Indonesia	271	26	9.7
5	Pakistan	217	14	6.6
6	Brazil	211	29	13.6
7	Nigeria	201	9	4.5
8	Bangladesh	163	13	7.7
9	Russia	146	32	22.0
10	Mexico	128	14	11.0

5 countries are aged societies:

China, USA, Brazil, Russia, and Mexico

Source: UN, 2019

1.1.2.2

Global population continues to age

Even though nearly all developed countries have reached very low fertility levels, many developing countries have higher fertility and still have considerable room to age as fertility declines and longevity increases.

The fertility rate in developing countries is decreasing, and the populations in these countries are living longer.

Thus, it is a demographic certainty that the world's population will continue to age in the decades ahead.

In 1990, the proportion of the global population that was elderly was just 9 percent. That proportion increased to 11 percent in 2010, and then 13 percent as of 2019.

The United Nations estimates that, by 2040, the world's population will be 9.2 billion people and will have an elderly population of 1.7 billion, or 19 percent of the total. It can be said that, in the next 20 years, 1 in 5 persons in the world will be elderly

In 1990, only 1% of the world's population was the oldest elderly (age 80+ years). However, by 2020, the UN estimates that nearly 2% of the population will be in this age group, or 146 million persons. Furthermore, by 2040, the UN estimates that the proportion in the oldest age group will increase to over 3%, or 305 million persons.

The fertility rate in developing countries is decreasing, and the populations in these countries are living longer.



In

2040

the UN projects that the global population will reach

9,200

million persons



1.1.2.3

Countries with the lowest and highest rates of elderly

The top ten countries with the highest aging rates in the world for 2019 include Japan (the only country in Asia among the top ten) with 34% of its population being elderly. The other nine countries are in Europe.

Top 10 countries by percent of the population age 60 years or older

1	Japan	34.0
2	Italy	29.4
3	Portugal	28.9
4	Finland	28.6
5	Martinique	28.4
6	Germany	28.4
7	Greece	28.3
8	Bulgaria	28.0
9	Croatia	27.9
10	Malta	27.6

Source: UN, 2019

Bottom 10 countries by percent of the population age 60 years or older

1	United Arab Emirates	2.8
2	Uganda	3.2
3	Qatar	3.2
4	Zambia	3.4
5	Angola	3.6
6	Equatorial Guinea	3.9
7	Mali	3.9
8	Burkina Faso	3.9
9	Chad	3.9
10	Gambia	3.9

The country with the lowest aging rate globally is the United Arab Emirates, which is in the Middle East. That country had less than three percent of its population that was elderly. The other nine countries, except Qatar, are in Sub-Saharan Africa.





In

1990

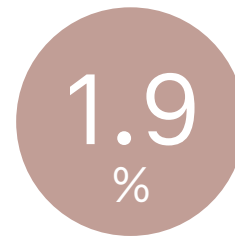
9.2% of the world's population was aged 60 years or older;
1% were aged 80 years or older.



In

2019

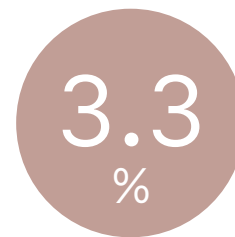
13.2% of the world's population was aged 60 years or older;
2% were aged 80 years or older.



In

2040

18.9% of the world's population is projected to be aged 60 years or older;
3% are projected to be aged 80 years or older.



1.1.3

Interesting issues
about the world population

1.1.3.1

India to overtake China as the most populous
country in the world

Two countries
with populations
over 1
billion
persons
are China and
India

Currently, there are two countries with a population of more than 1 billion people: China and India. In 2019, China had the largest population, with 1.434 billion, followed by India, with 1.366 billion. These two countries have a combined population of 2.8 billion, which means that these two Asian countries combined account for about a third of the world's population.



China had
a population of
1.434 million persons
or 19% of
the world's total

Together, these
two countries
account for
1 in 3
persons
globally



India had a
population of
1.366 million persons
or 18% of
the world's total

China and India have different political systems. China is governed by a communist regime, while India has a parliamentary democracy. China has had a strict contraception policy that requires each family to have one child. India has the same contraception policy, but it is not as strict as China. Therefore, the Chinese birth rate is significantly lower than the Indian birth rate. In 2019, the Chinese birth rate was 12 per 1,000 population, while the Indian birth rate was 18 per 1,000 population.

The birth rate in China is **12** per 1,000 population

The birth rate in India is **18** per 1,000 population

Given that China's birth rate is much lower than that of India, as a result, China's population growth is also significantly slower than India's. In 2000, China had a population of 1.291 billion, and India had a population of 1.057 billion. Twenty years ago, China had 234 million more people than India. However, by 2019, the gap in the total population had narrowed to just 68 million.

India's population is increasing at a rate of 1% per year, while the Chinese population is growing more slowly at the rate of 0.5% per year.

Comparison of the populations of China and India in 2019

	China	India
Number of population (millions)	1,434	1,366
Elderly population	241	135
Population aged 80+ years	26	13
Birth rate (per 1,000 population)	11.9	18.0
Death rate (per 1,000 population)	7.1	7.2
Growth rate (%)	0.5	1.0
Total fertility rate	1.4	2.2
Life expectancy at birth	76.6	69.3

Source: UN, 2019

It is projected that India's population will exceed that of China for the first time in **2027**

Country	2000	2019	2027	2050
China	1,291	1,434	1,462	1,402
India	1,057	1,366	1,469	1,639
Difference between China's and India's total population (millions)	234	68	-7	-234

Source: UN, 2019

1.1.3.2

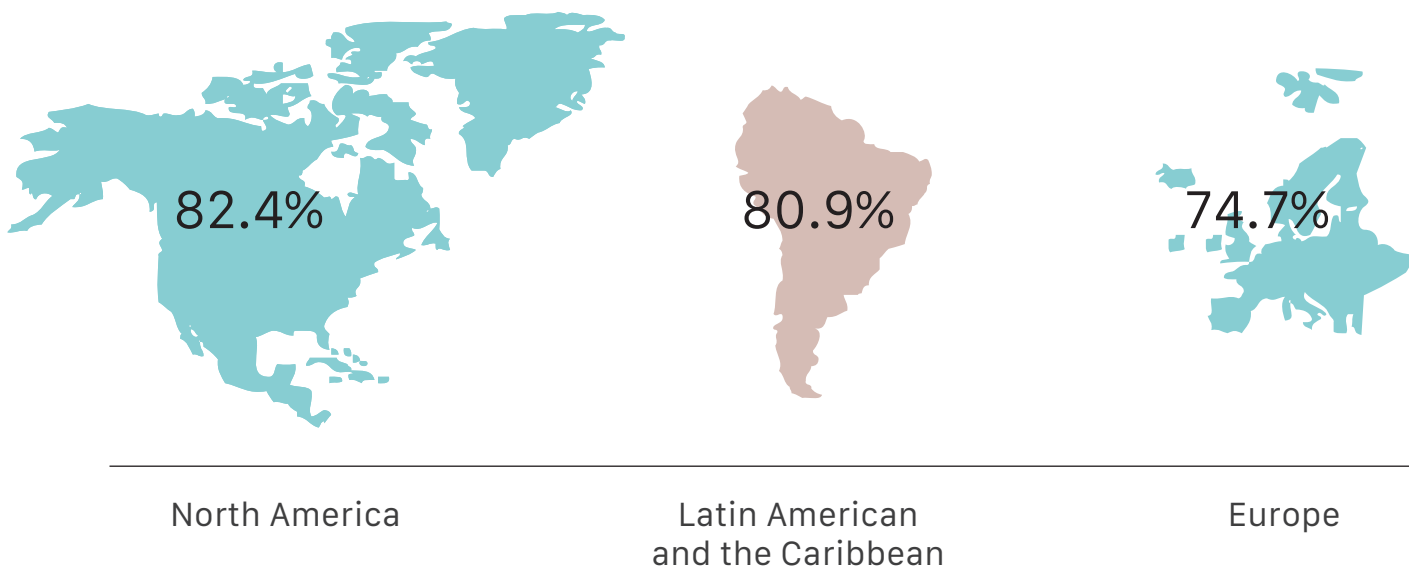
More than half the world's population lives in an urban area

In **2019**
approximately
56%
of the world's
inhabitants lived
in cities

Source: UN, 2019

Urbanization is another population phenomenon that makes today's global society very different from that in the past. Centuries ago, the world population was relatively small and not growing much. Even though some countries had cities or towns, these were not very large settlements. By contrast, overpopulation and a desire for modernization and higher-paying jobs have driven huge segments of the rural population to move to the city. This has created megacities (i.e., with more than ten million people).

In 2019, over 80% of the population of North America and Latin America lived in an urban area. By contrast, in Asia, only half of the population lived in cities, while Africa has the lowest rate of urbanization, with 43% living in a city in 2019.

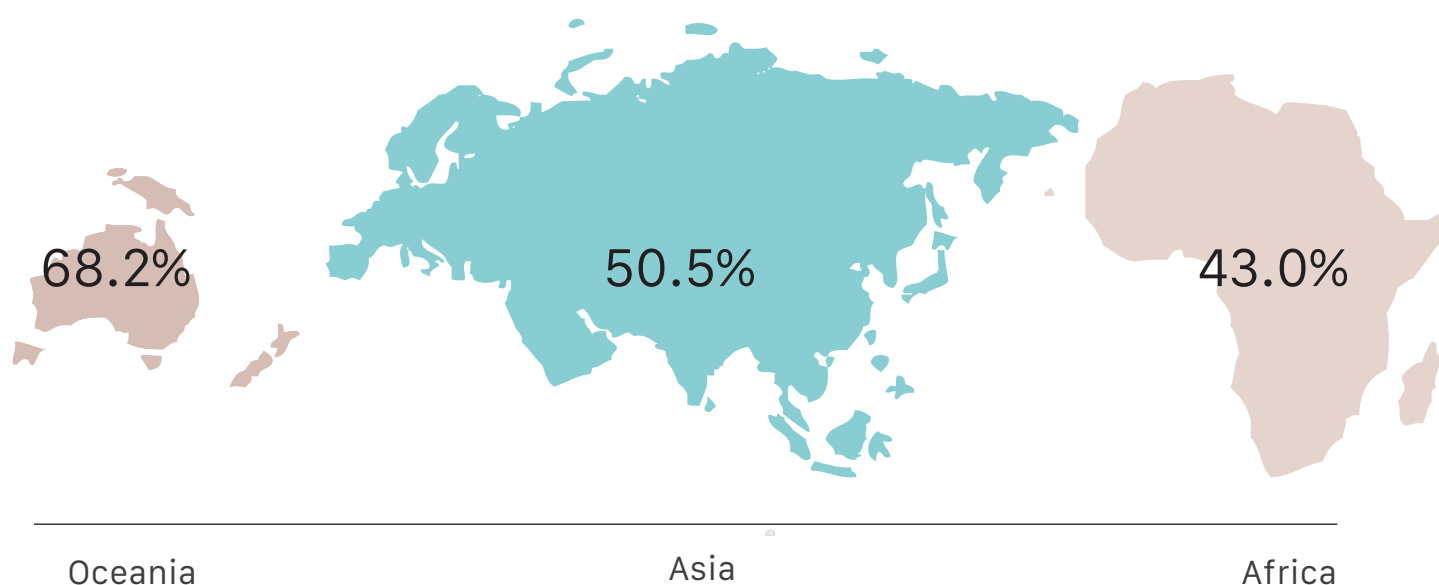


Super citie

in 2019:
Those urban
settlements with
more than 10
million residents:

Rank	City	Country	Population (millions)
1	Tokyo	Japan	37.3
2	Mumbai	India	26.0
3	New Delhi	India	25.8
4	Dhaka	Bangladesh	22.0
5	Mexico City	Mexico	21.8
6	Sao Paulo	Brazil	21.6
7	Lagos	Nigeria	21.5
8	Jakarta	Indonesia	20.8
9	New York	USA	20.4
10	Karachi	Pakistan	18.9

Source: http://www.citymayors.com/statistics/urban_2020_1.html

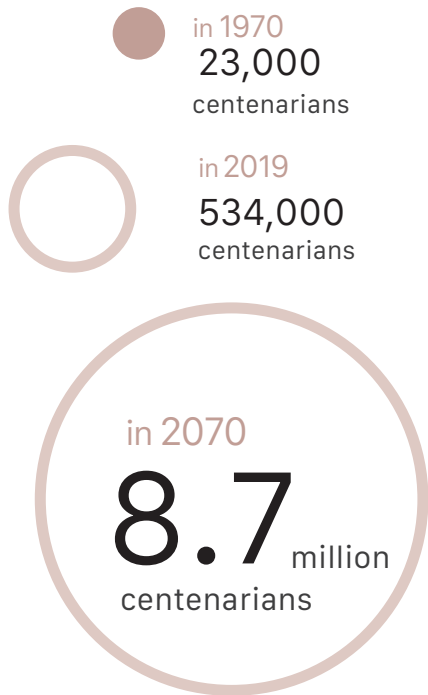


1.1.3.3

Centenarians in the world

While the world population is growing at a slower rate, the elderly population is rapidly increasing. In particular, the number of "centenarians," or people age 100 years or older, is rapidly increasing as life expectancy increases throughout the world.

In 2019, there were approximately 534,000 centenarians around the world, representing 0.007 percent of the global population, with 115,000 men and 419,000 women. The number of centenarians in 2019 has increased more than 25 times compared to 50 years ago, when there were only 23,000. Fifty years from now, the United Nations estimates that centenarians will account for 8.7 million people globally.



100

Centenarians are people who have reached 100 years of age. The number of centenarians is increasing very rapidly around the world due to the increased life expectancy of the population

Number of centenarians (1,000 population) by region

World	534
Africa	4
Asia	245
Europe	118
Latin America	64
North America	98
Oceania	5

Source: UN, 2019

By region,
Asia has the
largest number
of centenarians
with 245,000,
or about
half the
world's
total.

As of 2019, the USA had the largest number of centenarians, with approximately 90,000 people. The next four countries with the most centenarians are all in Asia: Japan has the second-highest number of centenarians at 73,200, followed by China with 67,800, India with 44,800, and Vietnam with 22,800.

In 2019, the USA
was the country with
the largest number of
centenarians, with

90,000 persons

Top 5 countries by number of centenarians

Country	Number (1,000)
USA	89.9
Japan	73.2
China	67.8
India	44.8
Vietnam	22.8



100

Centenarians in Thailand

In 2019

Thailand has

26,711
centenarians

The United Nations estimates that in 2019 Thailand had only 8,000 centenarians.

However, the Thai Ministry of the Interior reported that, in 2019, Thailand had 26,711 living citizens age 100 years or more, comprising 12,705 men and 14,006 women.

However, a sample survey of the data from the Civil Registration of the Ministry of the Interior (Prasartkul et al., 2016) found that only half the persons reported to be living and aged 100+ years could be verified. It is possible that deaths of many centenarians are not reported, or there are delays in reporting deaths, or that there are errors in the date of birth.

According to the Guinness Book of World Records, the oldest person in the world ever documented was



Jeanne Calment, a French national, born February 21, 1875, and died on August 4, 1997, at the age of 122 years, 5 months, 14 days.



In 2019, the oldest person still living in the world was identified as **Kane Tanaka**, a Japanese woman born on January 2, 1903, and age 116 years old.

Source : <https://www.guinnessworldrecords.com/>

1.1.4

International Day of Older Persons - IDOP

The 1982 Vienna International Plan of Action on Aging eventually led to the UN General Assembly, on December 14, 1990, to declare that October 1 of each year be designated as the “International Day of Older Persons” or IDOP, a tradition which continues to the present day.

IDOP has been used as a symbol in raising the awareness of the world and turning people’s attention to the needs, opportunities, and challenges of an aging population. Especially important is the need for awareness and praise for the contributions of the elderly to society. Older persons need to have their fundamental human rights protected, just as any other person in society, and be free from discrimination, exploitation, or harm due to their older age.

Most societies around the world have pockets of inequality that adversely affect access to education, health care, employment, etc., regardless of age or sex. However, it can be argued that the elderly are more vulnerable to inequities due to their advanced age. The IDOP slogan for 2019 is “The Journey to Age Equality,” and is an attempt to encourage societies to reflect on the problem of inequality as it disproportionately affects

“The Journey to Age Equality”

(the slogan for IDOP 2019)

the elderly. This includes inequality from the socio-economic and political dimensions. This recognition is a necessary first step to dismantling the aspects of systems and society which discriminate against older persons. Modern societies must promote the inclusion of all people as valued citizens, who have the potential to contribute to the common good for as long as they live. This is congruent with the international trend in moving away from discrimination based on gender, race, ethnicity, religion, economic status, and age.

Asia is already
**an aged
society**

since its
population of

586

million persons
aged 60 years or
older is 12.7%
of the total

As a whole, Asia is already
an aged society since its
population of 586 million
persons aged 60 years or
older is 12.7% of the total.

Similarly, the combined
population of the ten ASEAN
member countries has also
become an aged society since
their number of elderly (71
million persons) is 10.8% of
the total.

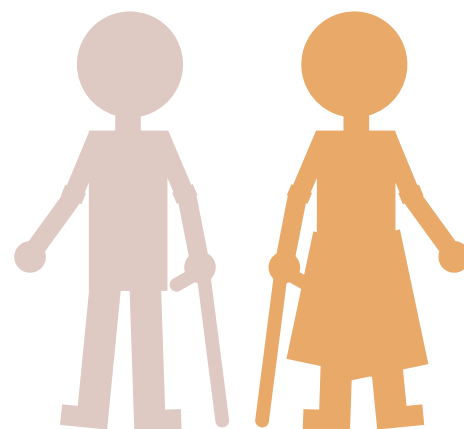
The ten ASEAN
member countries
has also become

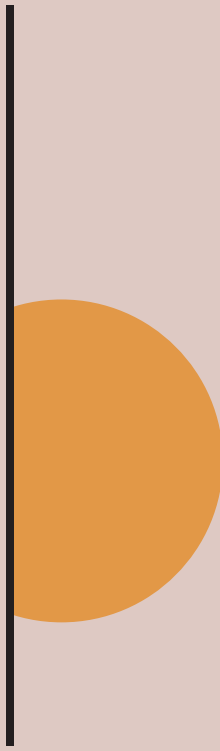
**an aged
society**

since their number
of elderly is

10.8%

of the total





1.2

Situation of the Aging of
the Asian population
and ASEAN

1.2.1

Aging of the population of Asia

In 2019, Asia had a population of 4,601 million, accounting for 59.7 percent of the world's total. The two most populous countries in the world, with a population of more than one billion people, are in Asia, namely China and India. In 2019, in Asia, the population aged 60 years or older was 586 million people, representing 12.7 of the total Asian population.

In **2019** the population aged 60 years or older was

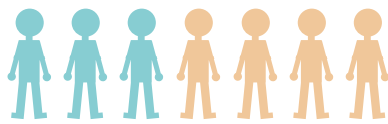
586

million people, representing 12.7 of the total Asian population

Top 10 countries in Asia by population size

Rank	Country	Total population (millions)	Number of population age 60 years or older (millions)	% of population age 60 years or older
1	China	1,434	241	16.8
2	India	1,366	135	9.9
3	Indonesia	271	26	9.7
4	Pakistan	217	14	6.6
5	Bangladesh	163	13	7.7
6	Japan	127	43	34.0
7	Philippines	108	9	8.3
8	Vietnam	96	11	11.9
9	Turkey	83	11	12.7
10	Iran	83	8	10.0

Source: UN, 2019



In **2019**
Asia had a
population of
4,601 million,
or **more**
than half
the world's total

Top 10 countries in Asia by proportion of elderly

Rank	Country	Total population (millions)	Number of population age 60 years or older (millions)	% of population age 60 years or older
1	Japan	126.9	43.2	34.0
2	Hong Kong	7.4	1.9	25.8
3	South Korea	51.2	11.3	22.1
4	Taiwan	23.8	5.3	22.1
5	Georgia	4.0	0.9	21.2
6	Singapore	5.8	1.2	19.9
7	Cyprus	1.2	0.2	19.3
8	Thailand*	69.6	12.9	18.5
9	Macau	0.6	0.1	17.9
10	Armenia	3.0	0.5	17.9

Source: UN, 2019

*Based on the UN estimate of the de facto population, i.e., includes those without Thai citizenship and those not enumerated in the Civil Registration system

1.2.2

Aging of the ASEAN population in 2019

By 2019, ASEAN member countries – as a whole – had become **an aged society**, as

11%

of their combined population was age 60 years or older

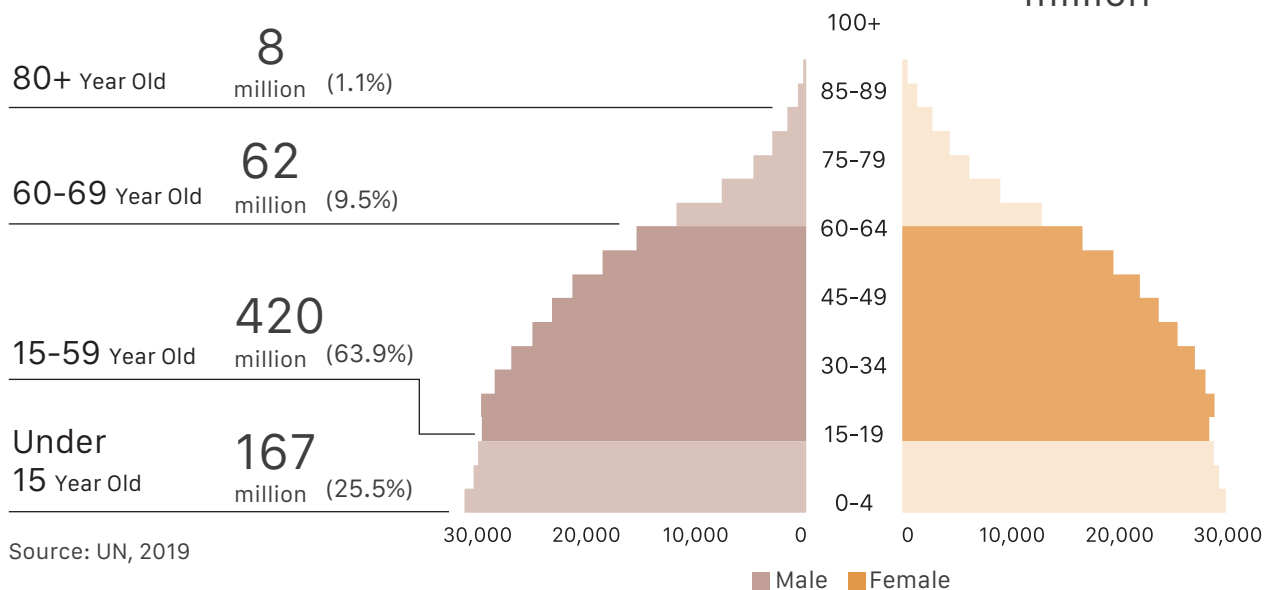
1999 was the first year that ASEAN had grown to ten members. In that year, ASEAN had a total population of 517 million.

In 2019, ASEAN had a total population of 657 million, an increase of 140 million from 20 years ago, representing an average growth rate of 1.4% per year.

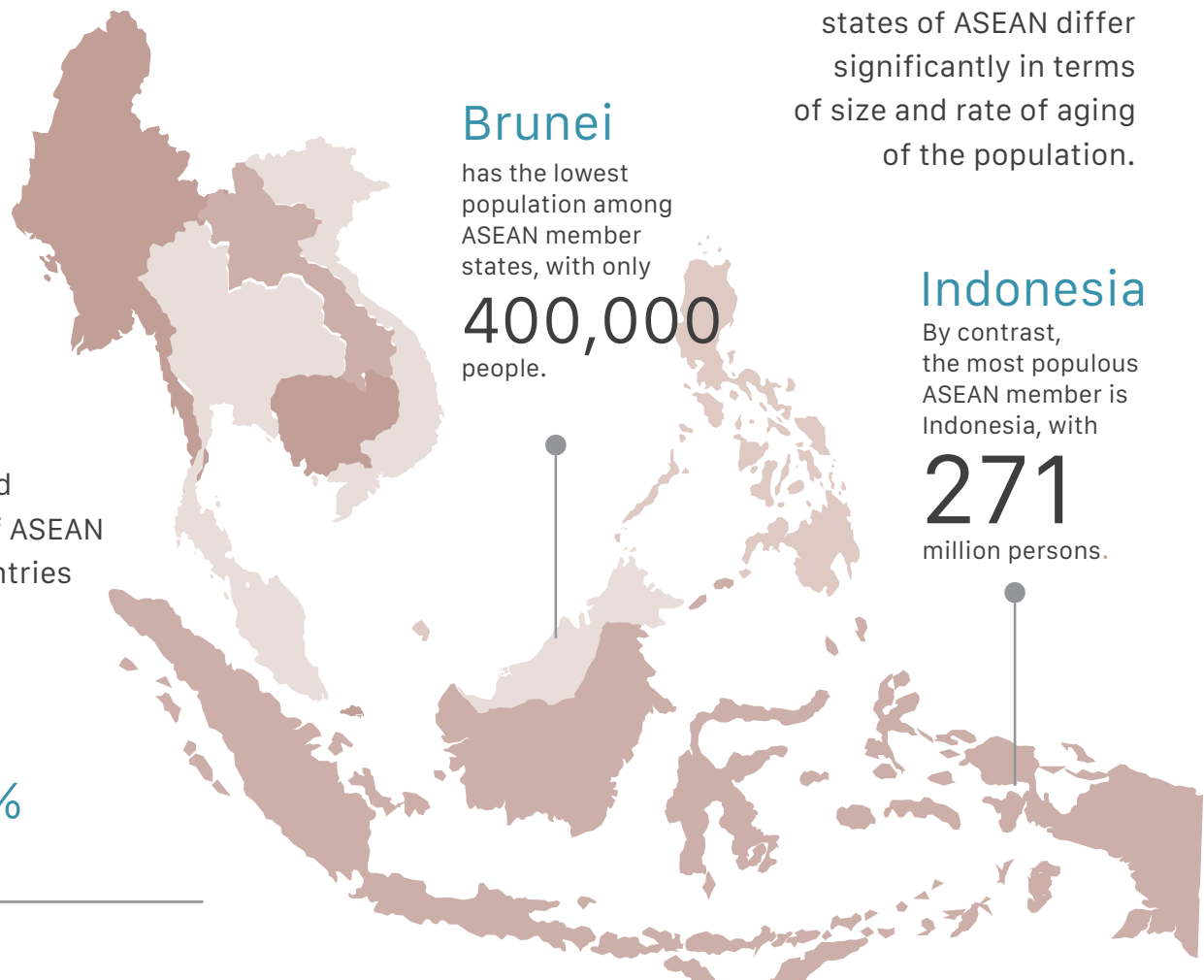
As of 2019, ASEAN met the criteria of being referred to as an “aged society.” ASEAN has an elderly population (aged 60 years or over) of 70 million people or 11% of the total population of ASEAN.

ASEAN Population 2019

with total population of **657** million



However, the individual member states of ASEAN differ significantly in terms of size and rate of aging of the population.



Brunei

has the lowest population among ASEAN member states, with only

400,000 people.

Indonesia

By contrast, the most populous ASEAN member is Indonesia, with

271 million persons.

The combined population of ASEAN member countries is increasing at the rate of

1.4%
per year

Interesting Facts

The number of oldest elderly (age 80 years or over) in ASEAN increased from only 4 million in 1999 to 8 million in 2019, or more than double, representing an increase of 6.3% per year.

The oldest-old population in ASEAN member countries is increasing at the rate

6.3%
per year

	1999 in millions (%)	2019 in millions (%)
Age group	517	657
Under 15 years	167 (32.3%)	167 (25.5%)
15-59	312 (60.4%)	420 (63.9%)
60-79	34 (6.6%)	62 (9.5%)
80+ years	4 (0.7%)	8 (1.1%)

Source: UN, 2019

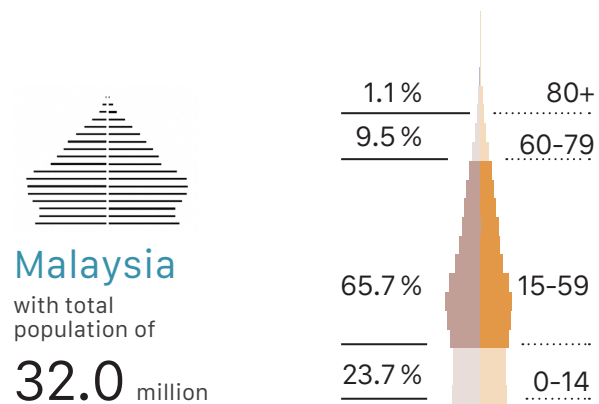
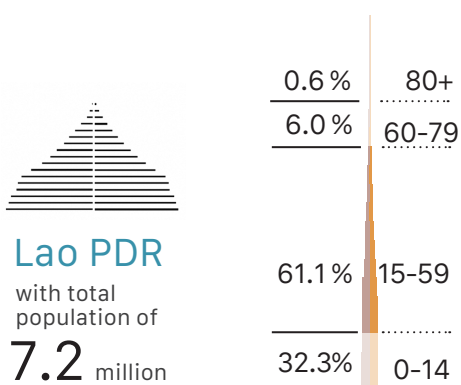
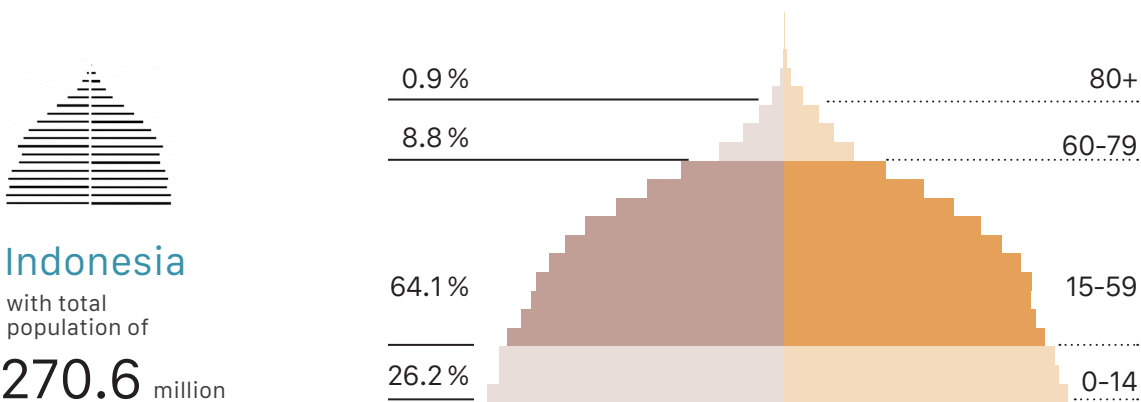
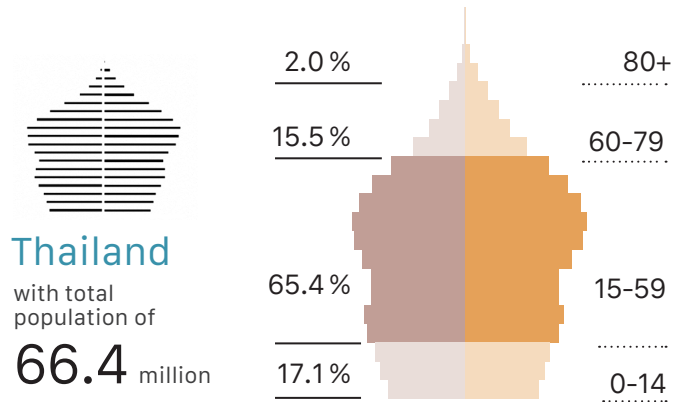
Note: Data for Thai Population from NESDC, 2019

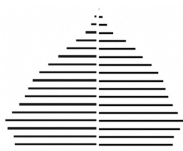
1.2.2.2

Age structure of the population of ASEAN countries

Source: UN, 2019, * NESDC, 2019

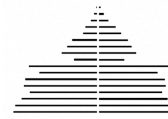
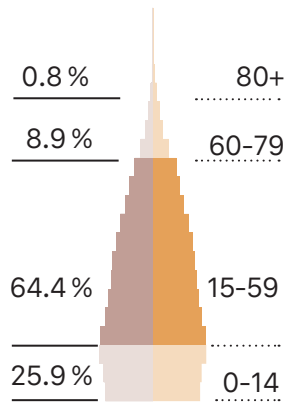
■ Male ■ Female





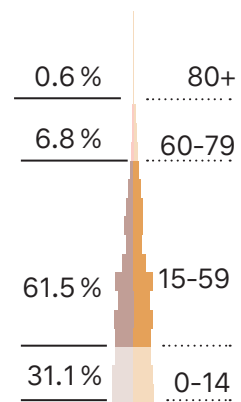
Myanmar

with total population of
54.0 million



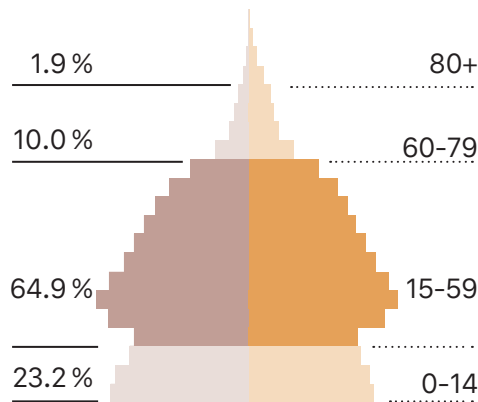
Cambodia

with total population of
16.5 million



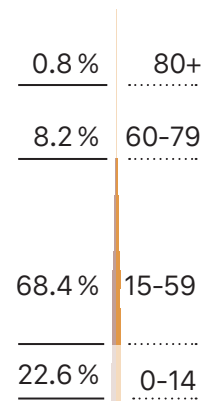
Vietnam

with total population of
96.5 million



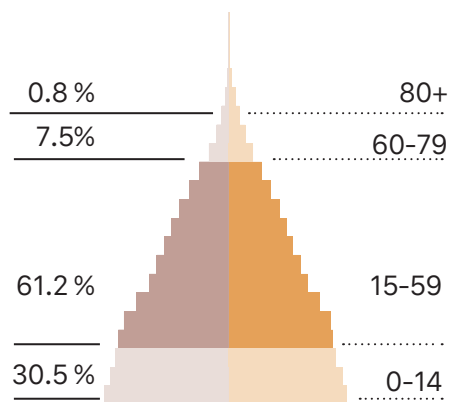
Brunei

with total population of
0.4 million



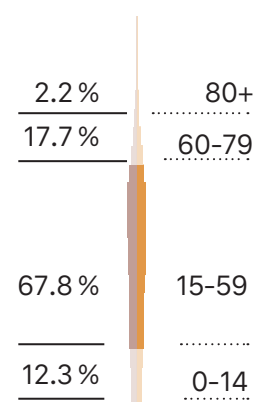
Philippines

with total population of
108.1 million



Singapore

with total population of
5.8 million



1.2.3

Aging of the ASEAN population

The population of each ASEAN member country is getting older. In 2019, four ASEAN countries had already become aged societies: Singapore, Thailand, Vietnam, and Malaysia (according to United Nations estimates). Indonesia and Myanmar are projected to become aged societies in 2020, with 10 percent of their populations aged 60 years or older.

Singapore
is projected to be
the first ASEAN country
to have become a
“complete aged society”
in 2020

	Total Fertility Rate	Life Expectancy at Birth (years)	
		Males	Females
ASEAN	2.2	70	76
Singapore	1.2	81	86
Thailand	1.5	73	81
Vietnam	2.1	71	79
Malaysia	2.2	74	78
Brunei	1.9	75	77
Philippines	2.6	67	75
Indonesia	2.3	69	74
Cambodia	2.5	67	72
Myanmar	2.2	64	70
Lao PDR	2.7	66	69

Indonesia and Myanmar

are projected to become aged societies in 2020, with

10

percent of their populations age 60 years or older

Source: UN, 2019

In 2019, about one in five Singaporean (19.9 percent) were age 60 years or over, and Singapore had the highest average life expectancy at birth among ASEAN countries, or approximately 83 years (81 for males, 86 for females). At the same time, Singaporean women had very low childbearing, with total fertility at about 1.2 live births on average during a woman's reproductive life. That is also the lowest total fertility rate (TFR) in ASEAN. ASEAN's "elderly rate" is highly dependent on Indonesia's elderly rate because Indonesia comprises such a large share of the ASEAN population (41%). In 2019, the proportion of elderly in Indonesia was 9.7%, and the United Nations estimates that Indonesia will have an elderly population equal to 10% by 2020.

Total fertility rate (TFR)

Fertility is another key factor that affects the aging of a population. While a population has fewer live births that causes a decline in the proportion of the population that is young, fewer births mean fewer members of the working-age population in the next generation.

The TFR is an estimate of the average number of live births a woman will have during her reproductive years (usually considered 15-49). The three ASEAN countries with the lowest TFR are Singapore (1.2), Thailand (1.5), and Brunei (1.9). The three ASEAN countries with the highest TFR are Lao PDR (2.7), the Philippines (2.9), and Cambodia (2.7). Five of the 10 ASEAN countries have TFRs below the

replacement level (2.1). As a country, what that means is that the population will begin to decline in absolute terms if the TFR stays below 2.1.

The aging of the population results from a decline in fertility and increased longevity of the population. In 2019, every ASEAN country had trends toward lower fertility and increased life expectancy. If these trends remain constant, then it is a demographic certainty that the ASEAN population will continue to age. According to UN estimates, sometime in the next 20 years, ASEAN will become a "complete aged society."

Increased longevity
is one of the key factors
behind the aging
of the population

Life expectancy at birth

In the face of declining fertility, the increased longevity of the population is a significant accelerant of population aging. In 2019, Singapore had the oldest population rate in ASEAN, and the average life expectancy at birth in Singapore was the highest in ASEAN (males: 81 years; and females: 86 years). The next three ASEAN countries by life expectancy in 2019 are Thailand (males: 73 years, females: 81 years), Vietnam (males: 71 years, females: 79 years), and Malaysia (males: 74 years, females: 78 years).

The UN estimates that

by **2024**
the population of
ASEAN will reach

767.4
million persons

ASEAN will become
**a complete
aged society**
in the next 20 years

The population
aged 60 years or older
will reach

145.2
million persons
(18.9% of the total).

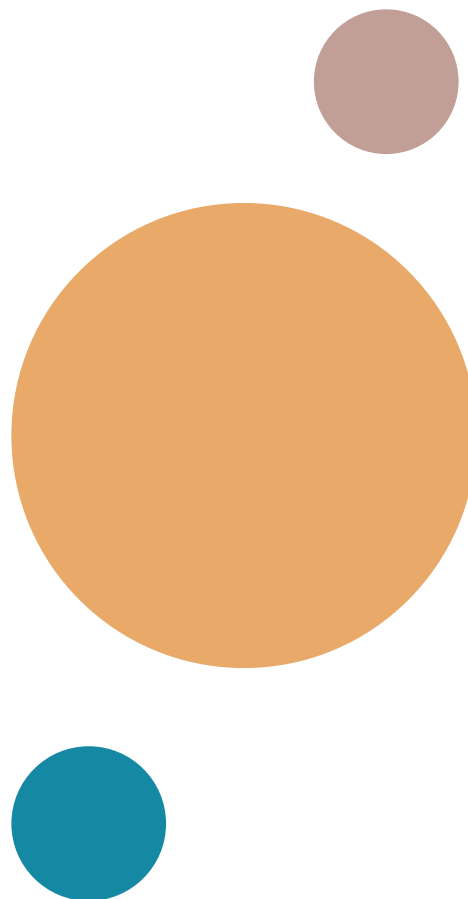
The population
aged 15-59 years
will equal

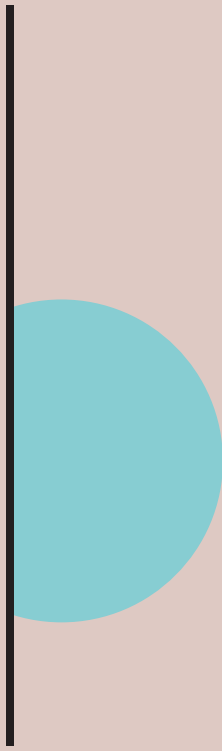
466.6
million persons
(60.8% of the total).

The population
under aged 15 years
will decline to

155.6
million persons
(20.3% of the total).

Source: UN, 2019





1.3

Situation of the Aging of
Thai population

1.3.1

The growth of the Thai population is slowing dramatically at present

The current growth rate of the Thai population is

0.5%
per year

The Office of the National Economic and Social Development Council projected that, by the middle of 2019, Thailand would have a resident population of 66.4 million citizens. The number of non-Thai nationals and unnamed persons residing in Thailand was estimated to be approximately 2.9 million, most of whom are migrant workers from neighboring countries (e.g., Myanmar, Cambodia and Lao PDR). Thus, combining the two estimates yields a total number of 69.3 million people residing in Thailand in mid-2019.

Over the past 20 years, the growth rate of the Thai population has remained very low, at about 0.5% per year. That is in stark contrast to the growth rate a half-century ago when it was 3% per year.

The Department of Provincial Administration, Ministry of Interior announces the number of citizens in the Civil Registration system on December 31 of each year. This announcement lists the population by sex, for each province, including the cumulative number of births and deaths registered in the year.

According to the announcement of the Ministry of Interior, at the end of 2019, Thailand had a total population of 66,558,935, comprising 32,605,100 males and 33,953,835 females. In 2019, the number of registered births were 618,193, and there were 506,211 registered deaths.

In 2019
there were an
estimated

69.3 million
persons residing
in Thailand

In 2019,
there were
600,000
registered births,
or **merely**
half the total
of births in 1971

In the past 2-3 years, the number of births has decreased dramatically. In 2017, the number of births seemed to plateau at the level of 700,000. However, that number was significantly less than during 1963 - 1983, when there were more than a million children born each year (or referred to as the "million birth cohort"). After 2017, there were only 600,000 registered births, which is less than half the annual total in 1971, which recorded the highest annual number of births in Thai history: 1,221,228.

At a time when the number of births is decreasing each year, the number of people dying has increased. In 2019, for the first time, the total registered deaths exceeded 500,000. During the "million birth cohort (1963-83), there were only about 200,000 registered deaths per year. In 1971, there were 1.2 million births and about 230,000 deaths. The increase in the number of deaths is to be expected since, as the population ages, more people are at an advanced age with greater mortality risks.

In 2019
for the first time,
the total registered
deaths exceeded
500,000



In **2019**

the number of births in Thailand exceeded the number of deaths by only 110,000, or about

0.2%

of the total population

Over the past several years, the gap between the number of births and deaths is narrowing. The following is a comparison of the 50 years between 1969 and 2019:

2019		1969
Births = 618,193 or 1,694 per day		Births = 1,133,526 or 3,106 per day
Deaths = 506,211 or 1,387 per day	A comparison of the 50 years between 1969 and 2019	Deaths = 243,444 or 667 per day
111,982 more		890,082 more
births than deaths, or 307 per day		births than deaths, or 2,439 per day

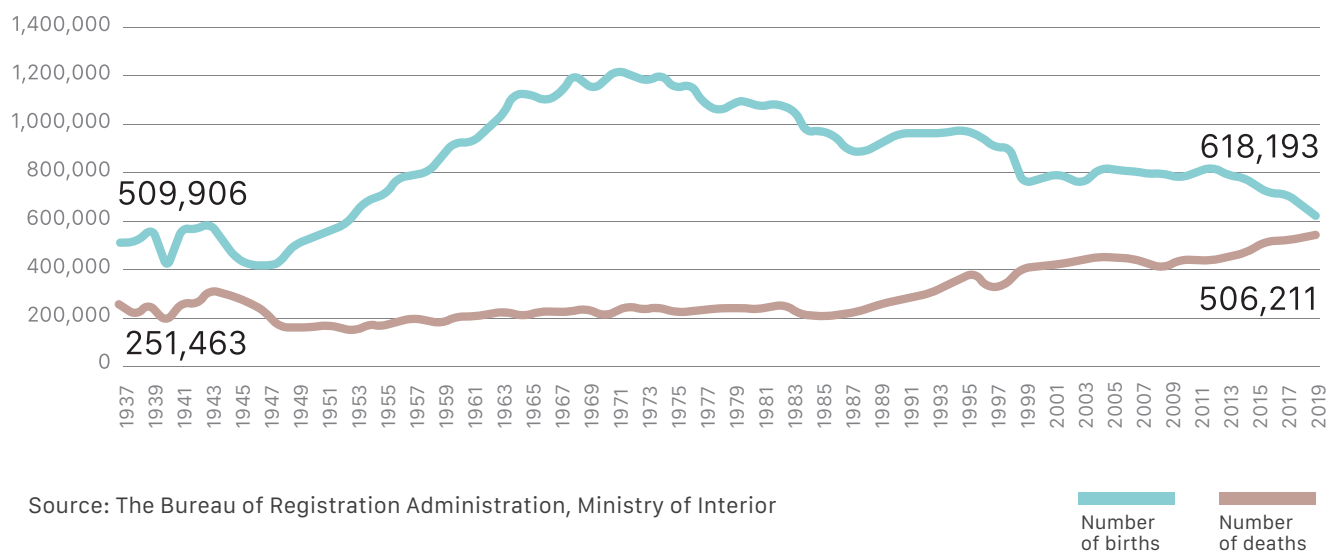
1.3.2

Births are declining;
deaths are increasing

Over the past 30 years, the number of people born in Thailand has steadily decreased. It is important to note that it is likely that the number of births is even lower than the reported number. This is occurring at a time when the number of deaths is increasing. Because of the aging of the population, the National Economic and Social Development Council estimates that in 2028, the population of Thailand will have a negative increase (i.e., an absolute decline) because the number of births will be less than the number of deaths.

In 2028,
the population
of Thailand will
have a **negative
increase** because
the number of births
will be less than
the number
of deaths

Number of births and deaths in Thailand: 1937-2019



Source: The Bureau of Registration Administration, Ministry of Interior

1.3.3

Change in the age-sex structure of the population

In the past half-century, the Thai population has changed dramatically. The size of the Thai population has approximately doubled in size, while the age structure of the population changed from a "young population" to an "old population."

The decline in birth rates of the Thai population since the late 1960s has reduced the portion of the population that is young. This phenomenon is occurring in tandem with the increased longevity of Thai people, and that has accelerated the aging of the population. The population under age 15 years in Thailand accounted for nearly half of the total population 50 years ago. However, today, that group of the population is only one in five Thais.

The year 2019 is the first year in history that Thailand has more elderly (aged 60+) than children (under 15)

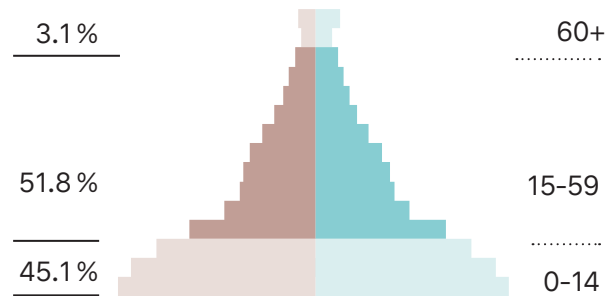


Because women have a higher life expectancy, older women outnumber older men

1970

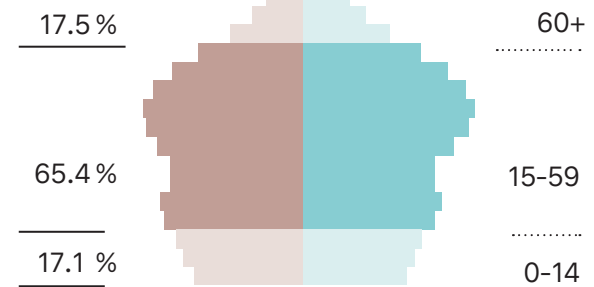
total population of 34.4 million

Male Female

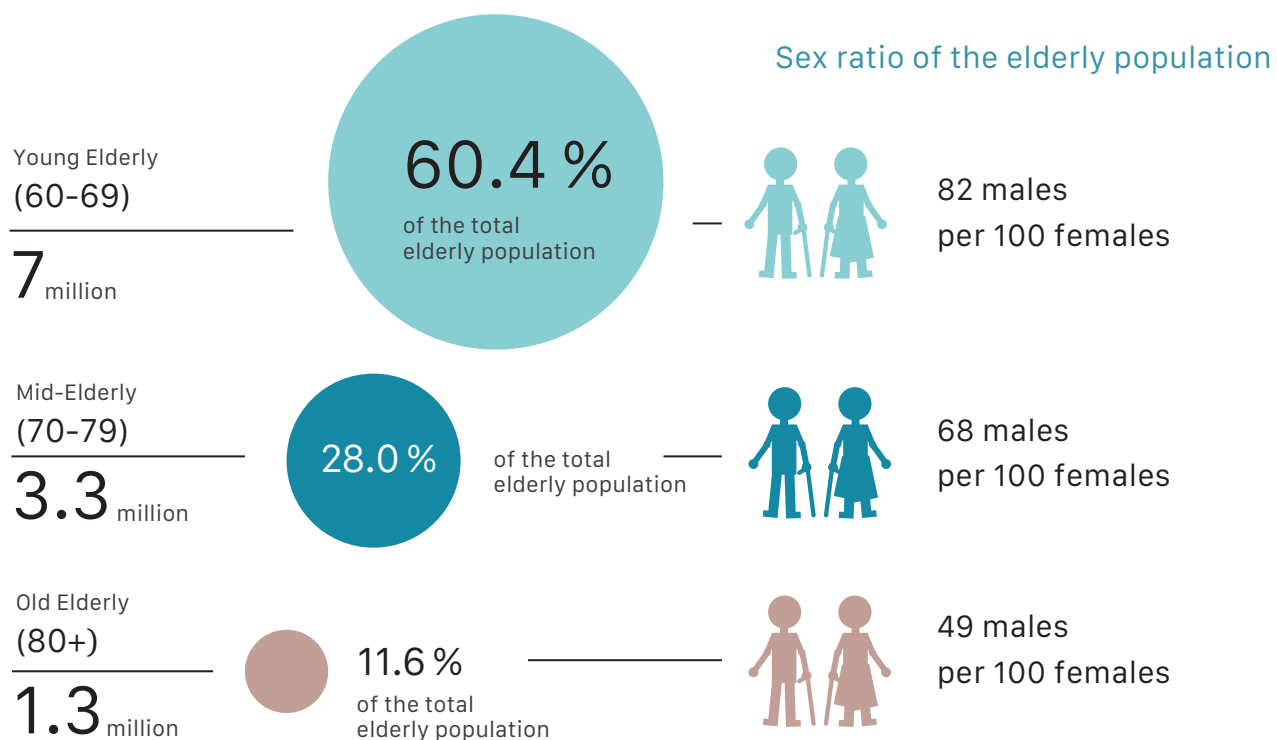


2019

total population of 66.4 million



In 2019, Thailand had an elderly population of approximately 11.6 million, accounting for 17.5% of the total population, divided by age-sex as follows:



In 2039, it is estimated that Thailand will have a population of 65.2 million, of which 31.1 million will be male and 34.1 million female, with a sex ratio equal to 91 males per 100 females.

Sex ratio of the elderly population

In 1970, there were 99 males per 100 females.

In 2019, there were 94 males per 100 females.

In 2019, among all persons age 60+ years, there are 73 males per 100 females.

The report of the estimates and projections of the Thai population for 2010-2040 (Revised version) indicates that the North region is the region with the oldest population. That is, the percentage of the population aged 60 years or over to the total population is 22 percent, followed by the Northeast (20%), while the Central and Southern regions had the lowest elderly rate (about 15%).

*This report of the Situation of the Thai Elderly in 2019 used population estimation of Thailand for 2010-2040 (revised version) in which the National Economic and Social Development Council has updated the population forecast in 2019 to be in line with the current demographic situation. Therefore, the population figures in this report may differ from the figures in the previous year's report.

The population in the north region of Thailand has the highest proportion of elderly of the total

Bangkok
total population of
8.3 million



Bangkok suburbs
total population of
7.0 million



Male Female
Source: NESDC, 2019

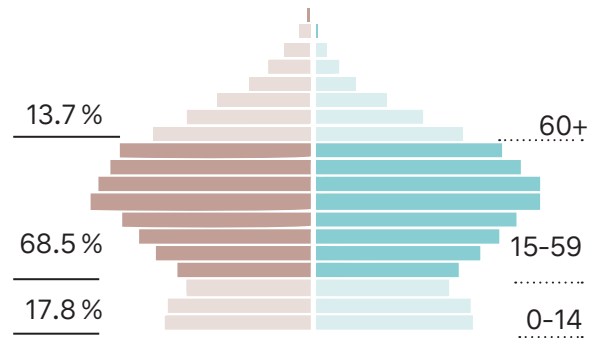
Central region

total population of
3.1 million



Eastern region

total population of
5.7 million



Western region

total population of
3.5 million



North region

total population of
11.1 million



Northeast region

total population of
18.5 million



South region

total population of
9.2 million



1.3.4

The Thai population continues to age

In 2019, with only 600,000 children born, it was likely that the number of births per year will continue to decline.

The Thai TFR dropped to 1.5 (i.e., below replacement level). This is because more young Thai women choose to stay single, marry at an older age, and desire fewer children when they do marry. Indeed, given current trends, the Thai TFR could decline to as low as 1.0.

At the same time, the average life expectancy of Thais is increasing. At present, Thais have an average life expectancy at birth of 76 years (73 years for males and 81 years for females). It is estimated that in the next 20 years, the life expectancy of Thais will increase to 79 years (75 years for males and 83 years for females).

In a situation where the birth rate is declining and life expectancy is increasing, along with the demographic shift of the aging of the "million birth cohort," the Thai population will age at an increasingly rapid pace.

	2019		2037	
	Millions	(%)	Millions	(%)
Under age 15 years	11.4	(17.1%)	8.8	(13.4%)
Age 15-59 years	43.4	(65.4%)	37.6	(56.8%)
Age 60+ years	11.6	(17.5%)	19.8	(29.8%)
Age 65+ years	7.6	(11.5%)	14.9	(22.5%)
Age 80+ years	1.3	(2.0%)	2.9	(4.4%)

The report on estimates and projections of the Thai population for 2010-2040 (Revised version) predicts the following:

In 2022, Thailand will become a "complete aged society"

when the proportion of the population aged 60 years or older reaches 20%.

In 2033, Thailand will become a "super-aged society"

when the proportion of the population aged 60 years or older reaches 28% (or the population aged 65 years or older reaches 20%).

Social
Welfare for
the Elderly

02

The Elderly are the Cornerstone of Society

The rapid increase in the population of Thai elderly over the past two decades has called attention to the challenge of providing adequate social welfare for the older population. Professor Puey Ungphakorn articulated this issue in his treatise "Quality of Life Calendar of Hope: From the Cradle to the Grave" (Ungphakorn, 2016). Professor Ungphakorn defined "social welfare" as a component of the life cycle of the people at different ages, from birth to cremation at death, and which the state has a responsibility for.

Throughout the life cycle of society, every human being needs basic services essential to life. Therefore, the state must enable people in society to be able to access those benefits thoroughly and fairly.

"The elderly are the cornerstone of society" and should be considered as a population group that deserves protection through appropriate social welfare for essential living needs. That will ensure that the elderly can live a productive life with dignity and good health for as long as possible. The living patterns and needs of the elderly for social welfare are different and unique compared to other age groups in society.

Social Welfare

Definition and Scope

Academics in Thailand and abroad define the term “social welfare” in various ways, and the meaning is constantly changing. Interpretation of social welfare depends upon the perceptions and values of different time periods. Given its abstract nature, ‘social welfare’ may be difficult to articulate because each meaning is related to the political system, economic system, social system, and history of each country, including the mechanisms and governance.

For the purposes of this report, the meaning of “social welfare” can be divided into the following characteristics (Yodphet, 2006):

(1) “Social welfare as an institution” means the national system of benefits and services that help people to meet basic social, economic, education, health, and hygiene needs in order to live happily in society;

(2) “Social welfare as a profession” means a project that creates knowledge about social welfare and social work that produces personnel to help people meet basic needs;

(3) “Social welfare as a service system” means activities that the government is the principal provider of social welfare, in order to protect the well-being of the people by arranging both formal and informal services from a wide range of professional service providers.

For Thailand, the legal meaning of "social welfare" is articulated in the Social Welfare Promotion Act 2003 and its Amendment (No. 2) BE 2550 (2007) Article 3, which states "social welfare" means the following:

"A system for organizing social services related to prevention, problem-solving, development and promotion of social security to meet the basic needs of the people so that they can enjoy a good quality of life and self-reliance, thoroughly, appropriately, and fairly and in accordance with the standards of education, health, housing, employment and income security, recreation, judicial process, and general social services, by taking into account that being treated with dignity is a human right and guiding principle of social welfare at all levels" (Government Gazette, 2003).

Simply stated, the view of social welfare in the context of modern Thai society is a comprehensive "social service management system" for all people in the society as a means to contribute to social security and a social protection system under the principle of human dignity as a right, through the participation of all sectors in the provision of related services.

Article 3 of the Social Welfare Promotion Act B.E. 2546 (2003) and its Amendment (No. 2) B.E. 2550 (2007) defines the main scope of social welfare services across the following seven dimensions: which are

- (1) Education
- (2) Health
- (3) Housing
- (4) Employment and income security
- (5) Recreation
- (6) Judicial process
- (7) General social services

Pillars of Welfare System

In 2011, the Thailand Development Research Institute (TDRI) defined the four pillars of the Thai social welfare system as follows:

Pillar 1:

Social services - Providing essential services to all citizens by implementing universal welfare, emphasizing coverage and equal rights to accessing standardized services.

Pillar 2:

Social insurance - Providing social protection with a focus on the population, laborers or people in the formal sector with regular incomes in which the insured must co-pay a contribution to receive insurance benefits. Social insurance covers welfare benefits in many areas, including retirement benefits.

Pillar 3:

Social assistance - Providing assistance to people outside the scope of social security in various ways. That is, this is a form of social welfare that aims to care for the people in most need, the disadvantaged, the poor, those without a regular income, those who cannot help themselves, and those who are dependent in terms of money, essential goods, food, advice, and referral to assisted living.

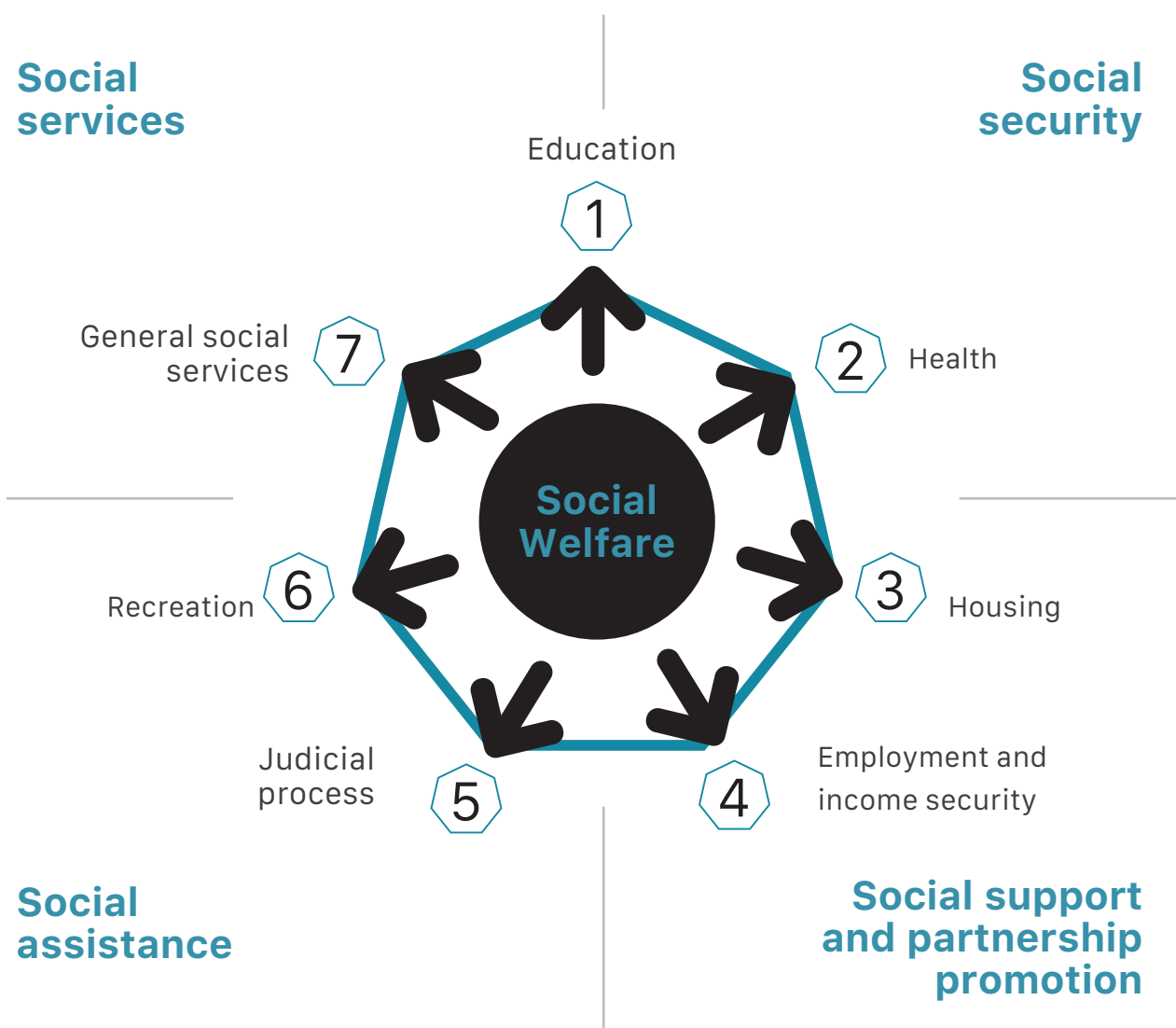
Pillar 4:

Social support and partnership promotion - Providing partnership promotion by encouraging various sectors in society to take part in organizing social welfare in the form of promoting volunteerism, strengthening of families, local communities, educational institutions, and civil society, including the private sector, to make social welfare arrangements possible, and meet the basic needs of people in society.

Social Welfare for Eldery

"Elderly welfare" refers to actions related to benefit programs and services organized by the public sector, the private sector and the people to protect and enhance the well-being of the elderly (Yodphet, 2006). The elderly are not inherently disadvantaged or a burden to society. Instead, as a group, the elderly in society are those who have a wealth of knowledge and experience, and have made extensive contributions to social development over their lifetime. Therefore all elderly -- including the elderly who are in difficult circumstances -- should be respected and enabled to contribute to the on-going development of society. This requires encouragement and facilitation from family, community, society, and the state, comprehensively and equally. The elderly need to age with dignity and with a sense of being valued, and their health and well-being should be maintained for as long as possible (National Commission on Older Persons, Ministry of Social Development and Human Security, 2010).

The Thai Older Persons Act of 2003 specifies 13 eligible rights (Government Gazette, 2017a), encompassing the following seven aspects of social welfare for the elderly.



The scope of social welfare for the elderly as classified by the rights of the elderly of the Older Persons Act of 2003:

Source: Synthesized by the editors from TDRI, Research Project on the Universal Social Welfare System by 2017, Office of the Health Promotion Foundation, March 2011; Social Welfare Promotion Act B.E. 2546 (2003) and its Amendment (No. 2) B.E. 2550 (2007).

Framework for presenting the social welfare situation for the elderly

Component of Social Welfare	Rights of older persons according to Article 11
1 Education	(2) Education, religion and useful information for constructive living
2 Health	(1) Medical and public health services which are convenient and efficient for the elderly as a special class of clients
3 Housing	(10) Arrangement of accommodations, food, and clothing as needed (5) Direct facilitation and safety for the elderly in buildings, places, vehicles, or other public amenities
4 Employment and income security	(3) Suitable occupation or vocational training (11) Comprehensive and fair provision of living allowance as needed
5 Recreation	(4) Self-development and participation in social activities in a network or community club (7) Exemption of entrance fees to government places
6 Judicial process	8) Assisting the elderly who have been abused, exploited, or abandoned (9) Providing advice and consultation on other matters related to a legal case or in solving domestic disputes
7 General social services	(6) Assistance in covering the cost of vehicle fares as appropriate (12) Assistance for organizing a traditional funeral (13) Other rights as specified by the National Commission

Source: Synthesized and classified by the Government Gazette, the Older Persons Act (No.3) 2017, 27 December 2017, at <http://www.ratchakitcha.soc.go.th/DATA/PDF/2560/A/131/36.PDF>

2.3.1

Education

Welfare in Education

The Social Welfare Promotion Act (2003) and Amendment (No. 2) BE 2550 (2007) states that all Thais should have the opportunity to improve themselves by acquiring knowledge and skills to lead a quality life. The educational model for this should be appropriately organized, and the opportunity for self-development should not be limited by age. Therefore, all older people should have the same educational benefits as people of other age groups. The Older Persons Act of 2003, Amendment (2010), sets out the rights of the elderly in relation to learning in Article 11 (2), stating that the elderly are entitled to protection and support in education, religion, and information that is useful to living a fulfilling life. The Act mandates the establishment of learning centers in the community, and a curriculum for adult continuing education, from primary education to the tertiary level in the Non-formal Education Program,

and arranged so that learners can study at their own pace.

National Strategy for Promotion of Opportunity and Social Equality

The Thai government has set up an education management system for those who lack educational opportunities. This includes a curriculum for core courses from primary through secondary education levels, including short-term career advancement courses to augment careers, courses to promote health, recreation, and other areas of general interest.

At present, many educational institutions allow the elderly to enroll in classes. These include higher education institutions such as Sukhothai Thammathirat Open University and Ramkhamhaeng University, both of which are open to senior citizens to study for Vocational Certificate Diploma, Advanced (Diploma), and Bachelor's, Master's and Doctorate degrees.

The Ministry of Education is the central agency responsible for the education of the Thai people, and that includes education and learning for the elderly through the promotion of life-long education. These curricula are managed by various departments under the Ministry of Education, such as the Office for the Promotion of Non-Formal and Alternative Education.

Another option is the Senior Citizens' School, which is specifically designed to promote and support education for the elderly. These Senior Citizens' Schools are community-led and result from the collaboration between the public and private sectors and civil society. The curricula are very flexible and can be adjusted to suit the needs and interests of the local population of the elderly. Generally, courses related to health, socio-economic dimensions, the environment, and public service.

Senior Citizens' School



Atmosphere in this type of non-formal education across four dimensions of quality living.

Source: Department of Older Persons, Ministry of Social Development and Human Security, Senior Citizens' School Handbook, March 2016, accessed at http://www.dop.go.th/download/knowledge/knowledge_th_20161706121558_1.pdf

In addition to these opportunities, older Thais can also choose to learn and study independently through various television and radio programs for the elderly, such as educational television for life-long development. There is the promotion of non-formal education through public TV or other media channels that offer content that is tailored for an elderly audience. There is practical information on food and nutrition, exercise, knowledge about the geriatric disease, debilitating conditions of the elderly, personal financial management, and state benefits for senior citizens.

Currently,
Thailand has
established

1,555

Senior Citizens'
Schools throughout
the country

2.3.2

Health

Article 5 of the 2002 National Health Security Act B.E. 2545 has mandated that every person, including the elderly, are entitled to health services that are standard quality and efficient in accordance with the Universal Health Coverage (UHC) policy. Thus, health care for the elderly in Thailand is a right of citizenship, just as for younger Thais.

Seniors have access to medical and public health services through two major public health insurance schemes:

- 1 Civil Servants Medical Benefits Scheme (CSMBS)
- 2 National Health Security Fund, or "Gold Card" (or UHC)

In 2019, 81% of Thai elderly had access to medical and public health services through the UCS, while 17% were covered by the CSMBS, and 2% were covered by another scheme. (Elderly who are still in the labor force and whose employer pays into the Social Security Scheme are eligible for health care coverage through that program.)

Providing social welfare regarding health and hygiene for the elderly is largely the responsibility of the Ministry of Public Health (MOPH). Other government agencies that provide health insurance for their employees include the Ministry of Defense, Ministry of Education, National Police, the Bangkok Metropolitan Administration (BMA), and state enterprises.

Article 11 (1) of the Older Persons Act 2003 stipulates that responsible government agencies have the duty to provide medical and public welfare services that are convenient and efficient for elderly clients. The MOPH and relevant government agencies require state hospital services to provide specialized channels for the elderly separate from the general public in outpatient departments, and there are specific guidelines for providing services to the elderly as required by law. However, in practice, most of the state hospitals do not fully comply with these provisions of the law.

The government has introduced a key policy focused on long-term care (LTC) for dependent elderly to ensure that they

receive the necessary and minimum care they need. The government also has a policy to help the elderly who are still in good health to remain self-reliant for as long as possible. For those who are dependent on others, the policy aims to ensure that the caregivers provide standard quality care without becoming an unbearable burden on the family. The government provides a subsidy for home-based care for the elderly who are home-bound or bed-ridden. These funds are channeled through the Local Health Fund of the NHSO.

In 2019, the government allocated nearly one billion baht in supplemental funding to help cover the cost of home-based care for the elderly. This support helps to cover two types of care: (1) Essential clinical care, screening, diagnostics, health promotion, disease prevention, physiotherapy, etc.; and (2) Social services such as housework assistance, practice in conducting daily activities, social assistance, equipment for outdoor activities, etc.

The service target for 2019 was to provide support for 152,800 dependent elderly nationwide. However, based on community assessment, the actual total in need of care was 219,518. Since 2016, the Bureau of Elderly Health of the Department of Health, of the MOPH and various related departments set the goal to build a cadre of caregivers and health care managers for care of the elderly, including developing individual elderly care plans on a continuous basis. The Department of Health is responsible for developing training courses which are then implemented by other agencies at the sub-national level.

In 2019, there were 77,853 trained caregivers and 12,843 trained care managers, who produced individual care plans for 167,118 dependent elderly. The NHSO proposed a level of compensation for elderly caregivers in the amount of 5,000-6,000 baht per month, and those caregivers are expected to be able to look after 5 to 10 dependent elderly each. However, the MOPH

proposed a much lower level of compensation (1,500 baht per month), and if the caregiver had a caseload of less than five elderly, then the stipend was reduced to 600 baht.

Each area has its own method of implementation, and this is based on the care manager's discretion. The national policy stipulates that bed-bound seniors should be cared for by multidisciplinary teams with personnel from primary care units and Tambon Health Promotion Hospitals (THPH). In theory, home-based care is then provided around the clock by the participation of the family, community, and local support groups. The goal is to achieve the optimal quality of life in the context of their health constraints, so that all elderly can age with dignity. There is also the concept of "family care teams" which links with community volunteers to create a more familiar care environment. However, at the time of this report, there remain many problems and obstacles to smooth implementation.

2.3.3

Housing

Housing is one of the forms of social welfare that the government has the mandate to provide for the people in need. The state often provides housing for low-income people as a means to climb out of poverty. However, the role of the state is limited. As a result, the private sector is the leading operator of housing in the country.

This form of welfare can be divided into two main approaches according to the concept of housing development for the elderly in Thailand, namely (1) An approach that focuses on 'aging in place' such as modification/repair of existing houses to be suitable and safe for older occupants; and (2) An approach that focuses on institutional-based living, such as assisted living facilities for the elderly, residential housing, nursing homes, hospice, and residential care.

In 2019, fully

3,200

buildings/locations made modifications to the layout/surroundings in order to make them more convenient and accessible for elderly users

Aging in Place

In the first approach (aging in place), the Ministry of Social Development and Human Security (MSDHS), through its Department of Older Persons, carries out modifications/repairs of housing for the elderly, including modifying the environment and adding amenities that facilitate the everyday living of the elderly. The goal of 2019 was to renovate 3,200 domiciles to be safe and convenient for elderly occupants. The budget for this was 78,354,500 baht, and, according to the Department of Older Persons, the target of 3,200 has been achieved.

The 20-Year Housing Development Master Plan (2017-2036), under the responsibility of the MSDHS, has set a long-term goal of renovating 447,618 domiciles for the elderly, and making 14,500 housing improvements using the Civil State (Pracharath) model. This effort is a public-private collaboration with such entities as the Government Housing Bank and the Siam Cement Group (SCG) Company under a

policy of corporate social responsibility. In addition, the MSDHS, by virtue of its Department of Older Persons, has also undertaken an elderly-friendly community-building program by adapting housing and the neighborhood where the elderly can engage in joint activities or just socialize in a safe context. In 2019, 20 such communities were planned to be created.

Institutional Living

The second approach focuses on institutional housing construction (institutional living), whereby the government provides residential assistance to the elderly under challenging circumstances. This program is the operation of the Elderly Social Welfare Development Center (formerly known as the Home for the Elderly) under the Department of Older Persons of the MSDHS. There are currently a total of 12 locations which provide services to the elderly in four ways: (1) Day Care Drop-in Center; (2) All Day Long Care Center for the Elderly; (3) Emergency Home, with temporary accommodation for up to 15 days; and (4) Three types of housing for the elderly: ordinary, dormitory, and do-it-yourself housing.



Social Welfare Development Center for Older Persons, Ban Bang Khae, Bangkok

In 2019,
the number of elderly
living in the

12 Elderly Social
Welfare Development
Centers under
the Department
of Older Persons,
totalled

1,532 persons

**The 12 social welfare development centers
for the elderly are:**

- (1) The Social Welfare Development
Center for Older Persons, Ban Bang Khae, Bangkok
- (2) Ban Bang Lamung Social Welfare Development
Center for Older Persons, Chonburi Province
- (3) Thammapakorn Social Welfare Development
Center for Older Persons, Chiang Mai Province
- (4) Baan Thaksin Social Welfare Development
Center for Older Persons, Yala Province
- (5) Wasanawet Social Welfare Development
Center for Older Persons, Ayutthaya Province
- (6) Phuket Elderly Social Welfare Development
Center for Older Persons, Phuket Province
- (7) Buriram Elderly Social Welfare Development
Center for Older Persons, Buriram Province
- (8) Nakhon Panom Social Welfare Development
Center for Older Persons, Nakhon Panom Province
- (9) Lampang Social Welfare Development
Center for Older Persons, Lampang Province
- (10) Songkhla Social Welfare Development
Center for Older Persons, Songkhla Province
- (11) Pathum Thani Social Welfare Development
Center for Older Persons, Pathum Thani Province
- (12) Khon Kaen Social Welfare Development
Center for Older Persons, Khon Kaen Province

However, the Social Welfare Development Centers for Older Persons can accommodate only 150-200 people per place, which is a very small number compared with the current number of low-income older people in the country, and a total that will certainly continue to increase rapidly in the future. The 1999 decentralization plan to the local government organizations starting in 2000 meant that, in 2003, the MSDHS transferred the responsibility for 15 Elderly Assisted Living facilities to local administrative organizations at different levels.

These 15 facilities and the administrating body are as follows:

- (1) Elderly House, Ban Bang Khae 2, Bangkok Metropolitan Administration
- (2) Home for the Golden Age, Chiang Mai Provincial Administrative Organization
- (3) Home for the Elderly, Baan Khao Bo Kaeo, Nakhon Sawan Provincial Administrative Organization
- (4) Home for the Elderly, Baan Lopburi, Lopburi Provincial Administrative Organization
- (5) Home for the Elderly, Baan Maha Sarakham, Maha Sarakham Provincial Administrative Organization
- (6) Home for the Elderly, Thammapakorn Home, Wat Muang, Nakhon Ratchasima Provincial Administrative Organization
- (7) Home for the Elderly, Thammapakorn Home Pho Klang, Nakhon Ratchasima Provincial Administrative Organization
- (8) Nakhon Pathom Elderly Welfare Center, Nakhon Pathom Provincial Administrative Organization
- (9) Chalermrajakumari Elderly Home (Luang Pho Pen Uppatham), Nakhon Pathom Provincial Administrative Organization
- (10) Chalermrajakumari Elderly Home (Luang Por Lamyai Uppatham), Kanchanaburi Provincial Administrative Organization
- (11) Home for the Elderly, Baan Chanthaburi, Chanthaburi Provincial Administrative Organization
- (12) Ban U Thong Elderly Home - Panang Tak, Chumphon Provincial Administrative Organization
- (13) Home for the Elderly, Baan Sri Trang, Trang Provincial Administrative Organization
- (14) Din Daeng Elderly Service Center Bangkok
- (15) Social Service Organization Project for the Elderly, Pitsanulok Provincial Administrative Organization

Rama-Tanarak Senior Complex: 'Integrated Residential Center for the Elderly' Project

In 2016, the Cabinet approved four measures to support the aging society (Office of the Secretariat of the Cabinet, 2016). One of the four measures is to build new housing for the elderly. In 2019, the Ministry of Finance, through its Treasury Department, collaborated with the Faculty of Medicine of Ramathibodi Hospital, Mahidol University to design and construct residences for the elderly as part of the "Senior Complex for the Elderly" initiative under the project name "Rama-Tanarak Senior Complex" (Treasury Department, 2020). The project is located on royal property in Bang Phli District, Samut Prakan Province. The project is currently in the process of negotiating an agreement with the Faculty of Medicine of Ramathibodi Hospital to develop a full-service elderly care research center. This project will be used as a model for the implementation of housing development for the elderly in Thailand, with a focus on elderly persons with middle income or above.

2.3.4

Employment and Income Security

Employment and income security are important factors affecting the quality of life of the elderly. The elderly should have the opportunity to pursue a career that generates sufficient income to live on. Employment opportunity must be free of age discrimination by work performed, and elderly workers must receive at least the minimum welfare as required by law and not be at undue risk of work-related illnesses, accidents, or disasters. The elderly have the right to receive information and advice about employment, labor market news, referral to places conducting recruitment, career information services, vocational training, and information about job positions exclusively for the elderly at all employment offices.

An important way to promote working for the elderly is to extend the retirement age. In Thailand, the retirement age of civil servants is 60 years, and the National

Social Reform Commission is considering extending the retirement age of government officials from 60 to 63 years in order to be more aligned with the aging society. This policy would apply to all government officials, state enterprise employees and other government officers, and be in force by 2024. Employers in the private sector generally have no fixed retirement age, especially if it is a small business. However, medium and large businesses tend to have employment contracts until the age of 55.

The Ministry of Labor is a key agency in expanding employment opportunities for the elderly by surveying and creating a job registry and job centers for the elderly in the central level and the regions. This program includes vocational training of the elderly workers to increase the employment options, and promotion of employment of the elderly in the private sector. To that end, the government has issued incentives to encourage the

private sector to employ more elderly workers, for example, by enacting a royal decree issued under the Revenue Code on Tax Exemption (No. 639) B.E. for Juristic Persons who hire elderly Thai citizens. This provision allows the employer to be reimbursed for 100% of expenditures incurred in hiring the elderly. In this regard, the deduction is only for the expenditures for the employment of the elderly up to, but not exceeding 10% of the workers of that company or juristic partnership. To receive this deduction, the eligible group is those elderly earning no more than 15,000 baht/person/month. In addition, the Ministry of Labor has prepared a memorandum of understanding (Ministry of Labor, 2019) on the employment of the elderly by integrating government agencies, the private sector and civil society organisations to support the elderly to remain in gainful employment for as long as they are productive, safe, and healthy in their job.

In caring for the elderly who still want to work, the Ministry of Labor issued an announcement asking for cooperation to promote and support the elderly who are seeking employment and can perform the job just as well as a younger person. The announcement on March 8, 2019 asked entrepreneurs or employers to hire older people at the rate of at least 45 baht per hour, for work that is not harmful to the health and safety of the elderly, and the working period of the elderly should not exceed seven hours a day and not more than six days a week.



Exercise and career promotion activities for the elderly in the Elderly Quality of Life Development Center

Source: Department of Older Persons, MSDHS, Chiang Mai University, Guidelines for Implementation of Quality of Life Development and Elderly Career Development Center, accessed at http://www.dop.go.th/download/knowledge/knowledge_th_20161904152755_1.pdf

The Center for Quality of Life the Development of Older Persons is a mechanism for developing the capacity of the elderly in the community. The center serves as a venue for organizing activities and services for the elderly in the community, providing career support, and as a repository of traditional wisdom of the elderly so the general public can learn and pass on that wisdom to the next generation. In 2019, there were 1,489 of these centers with 988,265 members, and the government has the goal of establishing 7,776 centers by 2024.

In 2019, there were

1,489

Elderly Quality of Life Development Centers with

988,265
members

The goal is to increase the number of centers to

7,776

by 2024



Community-based Elderly Quality of Life Development Center, Department of Older Persons, MSDHS

Source: Department of Older Persons, Ministry of Social Development and Human Security

Senior Citizens' Fund

In the event that an elderly person needs funds to pursue their vocation, the state has set up a "Elderly's Fund." The Fund provides no-interest loans to qualified applicants. This Fund was established under the Older Persons Act, B.E. of 2003, Article 13, to protect, promote and support the elderly to have security and good quality of life, with the MSDHS as the administrator of the Fund.

Elderly Cash Subsidy (Monthly Allowance)

This monthly stipend is seen as a partial safety net for the low-income elderly. The stipend is provided to any Thai citizen age 60 years or over who is not receiving other retirement benefits from the government. The amount of the stipend increases by age: People age 60-69 years get 600 baht per month, 70-79 years get 700 baht per month, 80-89 years get 800 baht per month, and people age 90 years or over get 1,000 baht per month.

Project to Register for Government Welfare

From 2017 onwards, senior citizens with low income could enroll in the government welfare scheme, and receive a "welfare card." Persons qualify if their income is not more than 30,000 baht per year, and receive an additional 100 baht per month. If the annual income is more than 30,000 baht but not more than 100,000 baht, that person receives an additional 50 baht per month. In FY 2019, this program paid subsidies in the amount of 4,835,339,050 baht.

In 2019,
the Senior
Citizens' Fund
provided loans

8,991
persons

In 2019,
9.09
million Thais
received about

72 billion baht
from the elderly
monthly subsidy
program



One
million

Thais receive
retirement benefits
as a former
government
civil servant

Mandatory Savings Fund

Another basic welfare benefit is the government pension. Traditional government officials are eligible to receive a pension or lump-sum gratuity who have completed a specified period of service. The Government Pension Fund (GPF) is a compulsory savings fund for government officials who have been working since March 27, 1997. A total of 3-15% of a worker's salary is deducted for deposit into the GPF, and the government provides a 3% match. When a government officer retires, they may receive a lump sum from GPF for the total amount in the account. The GPF also includes staff and teachers in private schools.

There is also a Social Security Fund established by the Social Security Act of 1990, which covers the workers in the formal labor force. Three parties contribute to the Fund: Employees, employers, and the government.

Voluntary Savings Fund

An increasing number of Thais invest in voluntary savings, such as provident funds, retirement accounts, and other mechanisms to provide some degree of income security in older age.

2.3.5

Recreation and the Elderly

During August 25-31, 2019

the 2nd Romburi Games

were held in Buriram Province; the Games are an annual form of Thai Olympics for elderly athletes



Sports

The Sports Authority of Thailand (SAT), of the Ministry of Tourism and Sports operates sports stadium services at the central level and in the provinces to enable people and the elderly to engage in physical exercise and sports on a daily basis. These facilities include health parks, football fields, fitness and sports fields, and are located in every province of the country. In places which have memberships, there is a reduced subscription fee for the elderly as an incentive to older persons to use the facilities.

Social activities and hobbies

The Thai elderly are also encouraged to form clubs in areas of common interest. The goal is to support development and participation in constructive social activities within the community and/or between communities by forming networks. These clubs are supported by the provincial branch office of the MSDHS, and through the Quality of Life Development Centers and Elderly Career Development Centers. All communities need to develop the potential of their elderly members, and should create a convenient place to host activities and services for the elderly. All sectors should use the Elderly Quality of Life Development Centers to provide social welfare services to senior citizens.

Recreation is a service that is about creating a sense of belonging to society

Tourism

The state provides social welfare to the elderly in relaxation and recreation, and to encourage the young relatives of senior citizens to take vacations together. Currently, there are exemptions or reductions in admission to various tourist and recreational attractions for older persons. These facilities are under the responsibility of the state, such as museums, archaeological sites, archives, libraries, art galleries, zoos, national parks, historical parks, temples, palaces, ecotourism sites, and many others. In addition, the elderly are also entitled to the provision of facilitation services in tourist attractions, or partake in activities and projects related to elderly tourism. These initiatives are the responsibility of the Department of Tourism of the Ministry of Tourism and Sports and the Tourism Authority of Thailand.

The state has determined the appropriate cost of vehicle fare assistance with reductions or exemptions for seniors using various forms of public transport. This initiative is managed by the Ministry of Transport, State Enterprises, and private companies involved in public transport.

In 2013, the Ministry of Transport issued a specific ministerial regulation to specify or provide equipment, amenities or services in buildings, vehicles, or transportation services to enable the elderly and bicyclists to access and utilize services, e.g., wheelchair services for the elderly, rest seats, restrooms for the elderly, ramps, and dedicated parking for the elderly and the disabled.

2.3.6

Judicial Process

Thai elderly have rights under Article 11 (8) to receive assistance if they are in danger of abuse or unlawful exploitation or neglect

The process of providing legal support first involves bringing the vulnerable elderly to a safe place as appropriate. Next, there are coordinated actions to check the person's physical and mental health if it is a case of a criminal offense. If so, the case is reported to the appropriate investigative authority to prosecute. Then there is the rehabilitation of physical and mental condition of the victim. The family of the older person is then advised to make certain preparations to receive their elderly relative if the person wishes to return to live with their family. If the older person has been abandoned, that person will be taken to an emergency home for temporary shelter and further action. A request can be submitted to the provincial branch of the MSDHS to investigate the matter and find longer-term housing. There are 12 Social Welfare Development Centers under the Department of Older Persons, which can help coordinate assistance and relocation for these individuals. There are various hotlines that people can call to file complaints to seek assistance, such as the national free hotlines #1300, #1567, and #1111. The Justice Hotline #1111 provides legal advice and informs callers about the rights and protections of older persons.

Justice Clinic

The Department of Rights and Liberties Protection of the Ministry of Justice is another important service that provides legal aid and protection of rights and freedoms. The Justice Clinic provides legal assistance services and legal advice. Staff of the Clinic receive complaints, help negotiate financial assistance to victims, provide protection of witnesses in criminal cases, mediate disputes, coordinate or refer plaintiffs to other forms of assistance, build awareness, disseminate legal knowledge, and follow up and evaluate the results of legal assistance. People who want to receive services can contact the Rights and Liberties Division or at a branch Justice Clinic located in all provinces nationwide.

In 2019,
413 senior
citizens requested
assistance from the Justice
Clinics around the country

In addition, there is financial assistance to the elderly who are victims of injury or defendants in a criminal case. Senior citizens can access assistance under the Injury Compensation and Compensation and Defendant Expenses Act of 2001, Amendment (2) 2016. In 2019, there were 27 applicants for this type of elderly assistance, with payment of compensation for three cases totaling 1,211,225 baht. In cases of elderly victims, there were 1,443 applicants for compensation, of whom 832 plaintiffs received 47,899,082 baht in restitution.

Logos

- (1) Social Assistance Hotline: 1300
- (2) Dharma (Justice) Center: 1567
- (3) Emergency Justice: 1111



มีทุกข์ พบปัญหา
โทรมาที่ **1300**
สายด่วน พ.ม.



Source: Social Help Center 1300 Hotline, LOGO Hotline 1300, Retrieved 17 July 2020, <https://1300thailand.m-society.go.th/download>; Dharma Center Ministry of Interior, accessed on 17 July 2020, <http://www.damrongdhama.moi.go.th/>; Ministry of Justice, Justice Hotline 1111 press 77 Providing legal assistance services, retrieved 17 July 2020, <https://www.moj.go.th/view/22593>

2.3.7

General Social Services

General social services are another aspect of social welfare that may not normally be categorized to describe the scope of social care that goes beyond social welfare for the elderly across dimensions of health, education, and gainful employment. There are principles upon which general social services are based, as follows:

1

Firstly, "social work" involves providing a variety of services such as counseling and help in personal problem solving, emotional support, amelioration, acting as a mediator, and many other types of support.

2

The second area of support is providing practical-living assistance to those with special needs so that they can live in their own homes or in a familiar environment for as long as possible. General social services for the elderly include a variety of services that may or may not be available in other social welfare programs, such as home care for the dependent elderly, and day care centers to provide services for semi-dependent groups of the elderly. These ancillary services help fill gaps in meeting the needs vulnerable older persons to enhance the integrity of their daily life for a better quality of living.

Social Work

In 2019, general social welfare assisted

16,670

older persons who were living in difficult circumstances

At present, there are social welfare services provided by the state to the elderly. The Department of Older Persons has advocated for the decentralization of funding and management of services to local administration organizations in collaboration with related agencies. There are two missions of social welfare in the area of general social services as follows:

①

Allowance for the elderly in difficult circumstances. This includes a cash payment of not more than 500 baht (though no limit on the number of times) in accordance with MSDHS rules and procedures as per the protections and conditions of promotion and support for elderly who are victims of abuse, exploitation, or neglect, and includes counseling or other actions to resolve domestic issues. The allowance is also provided in the amount of no more than 2,000 baht per person, and not to exceed three times per person per year. The stipulation of the MSDHS is that this assistance is emergency help for accommodations, food, and clothing for the elderly in difficult circumstances.

②

Support for the management of the funeral/cremation of senior citizens. This includes a cash subsidy of 2,000 baht to the family of the deceased and in accordance with the 2014 announcement of the MSDHS, which specifies the criteria, methods, and conditions of protection, promotion, and support for assistance in traditional funeral management.

The elderly who receive cash assistance due to being in difficult circumstances or whose family receives the funeral subsidy must be older persons who are destitute and be listed on the register of persons eligible for short-term poverty-related assistance. Eligible elderly are those who have called the assistance Hotline (#1300) or those seeking

In 2019, general social welfare helped cover the costs of funeral/cremation ceremonies for

10,402

senior citizens

direct assistance from an appropriate service outlet. Older persons (or their family) who are in dire straits can appeal for help at the local and/or regional police departments, or through the grievance management system. However, if the MSDHS is able to decentralize these forms of social welfare for the elderly to the local administrative organization, then that will help speed up the process and reduce duplication. That way, those in actual need will receive the essential assistance in an efficient way.

Volunteers for Social Development and Human Security

The MSDHS also has a network of social development volunteers who focus on the needs of the elderly, including basic care and monitoring, and warm older persons if there is a pending natural disaster.

Local Nurturing Volunteers

In 2019, the Ministry of Interior, through the Department of Local Administration, initiated a program of long-term care (LTC) for the dependent elderly, which uses a strategy of integration between social and health services and deploying a cadre of local volunteers to provide home-based or community-based care to elderly in need. These volunteers are under the supervision and management of the local administrative organization and health center/hospital. These volunteers help provide care for the elderly in their daily living activities, serve as a link to basic health services, provide basic family counseling, coordinate with various agencies to provide special assistance, and assess problems in primary care of the elderly. These “nurturing volunteers” are trained in basic geriatric care courses, and the plan is to pay a compensation of 5,000-6,000 baht per month to each volunteer (Ministry of Interior, 2019). In this regard, this model of local volunteer is still under review, since there needs to be a sustainable financial mechanism to support and retain the cadre of volunteers.

Highlighted Situation in 2019

In this series of annual reports, each edition identifies some outstanding events related to the elderly in Thailand that deserve to be recorded. The editors of this report have attempted to highlight the stories of the elderly who are energetic and important contributors to society, as well as public and private organizations that work effectively for the elderly society, raising awareness among mass media outlets about issues related to senior citizens, and use of information technology and innovation to improve convenience and quality of life for the elderly.

03

National Senior Citizens 2019

Each year, since 2007, the National Commission on Older Persons has awarded the distinction of “National Senior Citizen.” In each year, the Prime Minister assigns the Commission the task of identifying a worthy individual who serves as a role model by having spent a long life in serving the public good and who has lived their life with honor, integrity, and compassion.

For 2019

**Dr. Banloo
Siripanich**

has been selected as
the National Senior Citizen
of the Year.

“

As long as I am still alive, I must keep working. I, just ask that, whatever the job is, it does not mean overdoing myself, encroaching on others, or disturbing society and the environment. I simply ask that the work is just.

”

Banloo Siripanich,
on the occasion of his 90th
birthday anniversary
(Siripanich, 2015)



Banloo Siripanich, M.D.

National Senior Citizen of the Year 2019

Born: May 17, 1925 in Roi Et Province

Marital status: Married to Mrs. Nirun Siripanich

Dr. Banloo has 3 children: 2 sons and 1 daughter

Education

- 1930-1931: Wat Klang Ming School, Muang District, Roi Et Province, a temple school with monks as the teachers
- 1932-1935: Primary School Grades 1-4 at an elementary school in Roi Et Province
- 1936-1941: Secondary School Grades 1-6 at Roi Et Wittayalai School
- 1942-1943: Pre-Collegiate Grades 7-8 at the Triam Udom Suksa School
- 1944-1945: Faculty of Science, Chulalongkorn University
- 1946-1949: Faculty of Medicine, Siriraj Hospital
- 1950: Resident physician in the Department of Surgery, Siriraj Hospital
- 1956-1957: Recipient of a scholarship from the International Co-Operation Agency (ICA) to pursue post-doctoral study in surgery at Bellevue Hospital, New York University, USA
- 1958: Resident physician in the Department of Surgery at Easton Hospital, Pennsylvania, USA
- 1976: Class 21, National Defense College

Government Service

- 1950-1951: Resident physician, Department of Surgery, Siriraj Hospital
 - 1951-1953: Director of Mahasarakham Hospital
 - 1953-1973: Director of Saraburi Hospital
 - 1973-1978: Director of Lerdsin Hospital
 - 1978-1983: Deputy Director-General, Department of Medical Services
 - 1984-1985: Deputy Permanent Secretary, Ministry of Public Health
- Retired October 1, 1985

Other Notable Positions

- 1988: Senior Medical Advisor, Ministry of Public Health
- 1992: Honorary Director of the Medicine, Office of the Civil Service Commission
- 1998: Chairman of the Board of Directors to investigate the facts about corruption in the procurement of pharmaceuticals and medical supplies
- 1998-2007: President of the Association of the Elderly Council of Thailand under the patronage of Her Royal Highness Princess Maha Chakri Sirindhorn
- 1999: Member of the Committee on the Prevention and Suppression of Corruption and Misconduct in the Government; President of the Private Public Health Organization Coordination Association
- 2006: Member, National Committee on Rights, Liberty, and Justice
- 2009: Chairman of the Investigation Committee on fraud in the purchase of medical supplies, and construction in investment projects under the "Thai Strong" (Thai Khem Khang) action plan for 2012, under the responsibility of the Ministry of Public Health, with a budget of 86 billion baht
- 2010-2018: Honorary member of the National Commission on Older Persons
- 2007-2019: Chairman of the Board of the Foundation of Thai Gerontology Research and Development Institute (TGRI)



Honorable Mention

When he was the director of Mahasarakham Hospital, Dr. Siripanich performed the first successful operation in that province to remove bladder stones. At that time, the hospital lacked essential personnel and equipment.

Dr. Siripanich was chairman of the committee investigating procurement fraud involving 1.4 billion baht worth of drugs and medical supplies that occurred in the Ministry of Public Health. For his successful service as chairman, Dr. Siripanich was nicknamed the "Pao Bun Jin of the public health community."

Banloo Siripanich, M.D.

Work related to Senior Citizens of Thailand

In his autobiography titled "When I Turned 90 Years Old", Dr. Banloo Siripanich wrote the following: "One time, I was attending an international medical conference abroad, and there were only academic types in attendance. During one session, I found myself sitting next to a man from Sweden who said he worked in geriatric medicine. His name was Professor Alvar Svanborg. He made the observation that some surgeons do not perform well because they work too hard and get exhausted. Sometimes the surgeon is so exhausted that the patient dies, and the surgeon almost dies as well. He then told me about his work in gerontology in Sweden, and that sparked my interest in this new field of medicine. Accordingly, when I returned to Thailand I arranged for a training on gerontology for Thai physicians by the Department of Medical Services of the Ministry of Public Health. What is more, I invited Professor Svanborg to be a guest speaker and, hopefully, to inspire more Thai physicians to consider specializing in geriatric care. I also applied for a scholarship from the WHO to travel around the world to learn more about geriatric medicine."

The conference that Dr. Banloo was referring to was the World Assembly on Aging, convened by the UN for the first time in Vienna, Austria (July 26 - August 6, 1982). The Thai delegation to the conference was led by General Sitthi Chiroroj, Minister of the Interior, and included Mr. Pramun Chantarajamnon, the Director-General of the Department of Public Welfare, as the secretary of the delegation

(because, at that time, the work on the elderly in Thailand was under Public Welfare Department of the Ministry of Interior). As a result of participation in the conference, the Thai delegation produced the 1st National Plan for the Elderly (1982 - 2001), drafted by the National Economic and Social Development Board (Dr. Sanoh Unakul was then Secretary-General). This was a milestone for Thailand as a foresighted country which already had a plan for its aging population, and the plan covered a period of 20 years.

That plan inspired Dr. Siripanich to play a bigger role in the work on elderly issues. Indeed, Dr. Siripanich was a co-founder of the Association of the Elderly Council of Thailand under the Royal Patronage of Her Royal Highness Princess Maha Chakri Sirindhorn in 1989, and later served as the president of the association for over a decade, from 1998 – 2007.

Dr. Banloo was a key advocate of the Older Persons Act of 1999. In 2003, Dr. Siripanich helped found the Thai Gerontology Research and Development Institute (TGRI), which became registered on April 11, 2007. The knowledge from the research of TGRI is used to advocate for policies and measures to improve the quality of life of all Thai older persons. It is clear that Dr. Siripanich is assuredly deserving of the honor of National Senior Citizen for the Year 2019, given his outstanding contributions to work on the elderly in Thailand.



National Artists for 2019

Every year, the Department of Cultural Promotion, Ministry of Culture, announces the appointment of national artists to recognize and honor those whose works of art appear to the public in the form of creation, development of arts, and the inheritance of arts that are a valuable component of the Thai cultural heritage. It is important to recognize these individuals as a part of nurturing and passing on the art in each field to the new generation of admirers. This art and its creators reflect morality, ethics, and the value of Thai society.

The Department of Cultural Promotion has announced the names of 12 national artists of the Year 2019, all of whom are Thai senior citizens.

The Visual Arts



Anan Panint

(painting)

Born June 26, 1938 in Bangkok, Anan is famous for creating contemporary art, and is a co-author of an encyclopedia of Thai painting as requested by His Majesty King Bhumibol Adulyadej -- King Rama IX.



Thirapan Wannarat

(fashion)

Born May 10, 1950 in Bangkok, Thirpan applied royally-inspired concepts of Thai fabric design combined with modern design techniques. He designs and sews clothes using fabric from the Royal Silapachip Arts and Crafts Project, including Praewa silk, silk cloth, Mudmee silk, and intricately woven cloth from hill tribe artisans.



Singkhom Borisuth

(photography)

Born August 6, 1953 in Kanchanaburi, Singkhom is a photographer of the Fine Arts Department, and is responsible for photographing historic sites and ancient objects to preserve the national heritage. Singkhom is the principal photographer for important events related to His Majesty King Bhumibol Adulyadej and Queen Mother Sirikit.



Chatri Ladlalitsakun

(architecture)

Born July 10, 1958 in Chiang Mai, Chatri has received many awards for his work in architectural design and special recognition for such creations as the "Tang Seng Jua" pastry shop building, "Bhumibol Sangkhee Building complex (West Side)," the College of Music, and the "Aditayadorn Building," of the International College of Mahidol University.

Literature

Rerngchai Prapasanon

(Fiction)

Born November 10, 1929 in Bangkok, Rerngchai's writing is sought after by various popular magazines. He has authored more than 50 novels, and most have been made into movies and TV series, such as "Insee Daeng."



Thep Chomsai Na Ayuthaya

(Literature branch)

Born January 5, 1930 in Prachinburi Province, Thep has authored collections of short stories and novels, and has hundreds of outstanding works such as "Kaew Chon Lek," "The Heir of the Demon Nakee," among many others. Thep has the nickname "The King of Horror Mysteries of Thailand".

The Performing Arts

Srinual Kam-art

(Folk song)

Born June 20, 1947 in Bangkok, Srinual served as the lead singer of Lamtat Troupe of Wang Tae. She has helped pass on the traditional arts by creating popular forms of Lamtat and dance moves that are attractive to the new generation. In this way, Srinual is responsible for setting the standard of traditional Lamtat dance for today's modern audience.



The Performing Arts



Songsak Prathumsin

(Isan folk music)

Born December 3, 1955 in Roi Et Province, Songsak has composed folk song patterns and costumes that are representative of traditional Northeastern Thailand (Isan) culture. These include the opening music for the band "Vote," and composing the music for Nangseu Noi, Sao Long Kuang, Soi Noi Mae, among many others. He composed the music for TV series and a large number of movies such as Ratchane Dok Ya, and Mr. Hoi Tamil.



Sati Satithit

(Thai popular songs)

Born December 24, 1934 in Phra Nakhon Si Ayutthaya Province, Sati has the stage name of "Nerunchara", and specializes in contemporary Thai music composition, both lyrics and melody. He has composed over 1,000 songs.



Winai Phanduraksa

(Thai popular Music - Singing)

Born November 12, 1947 in Saraburi, Winai gained fame as a vocalist of the band "Pyeong Mukda", and co-founded the band "The Impossible". He received the Royal Golden Record Award for the song "Sin Klin Din."



Chonprakhan Janruang

(Film and television drama)

Born August 1, 1954 in Bangkok, Chonprakhan became well-known as a director of acting (in such TV dramas as "Nam Soh Sai," "Nuan Chawee Sioui," "Red Roof," "Kanan Kwankhan," and "Ranatak"). He is also the author of television drama scripts, and has acted in film, and produced film and television performances.



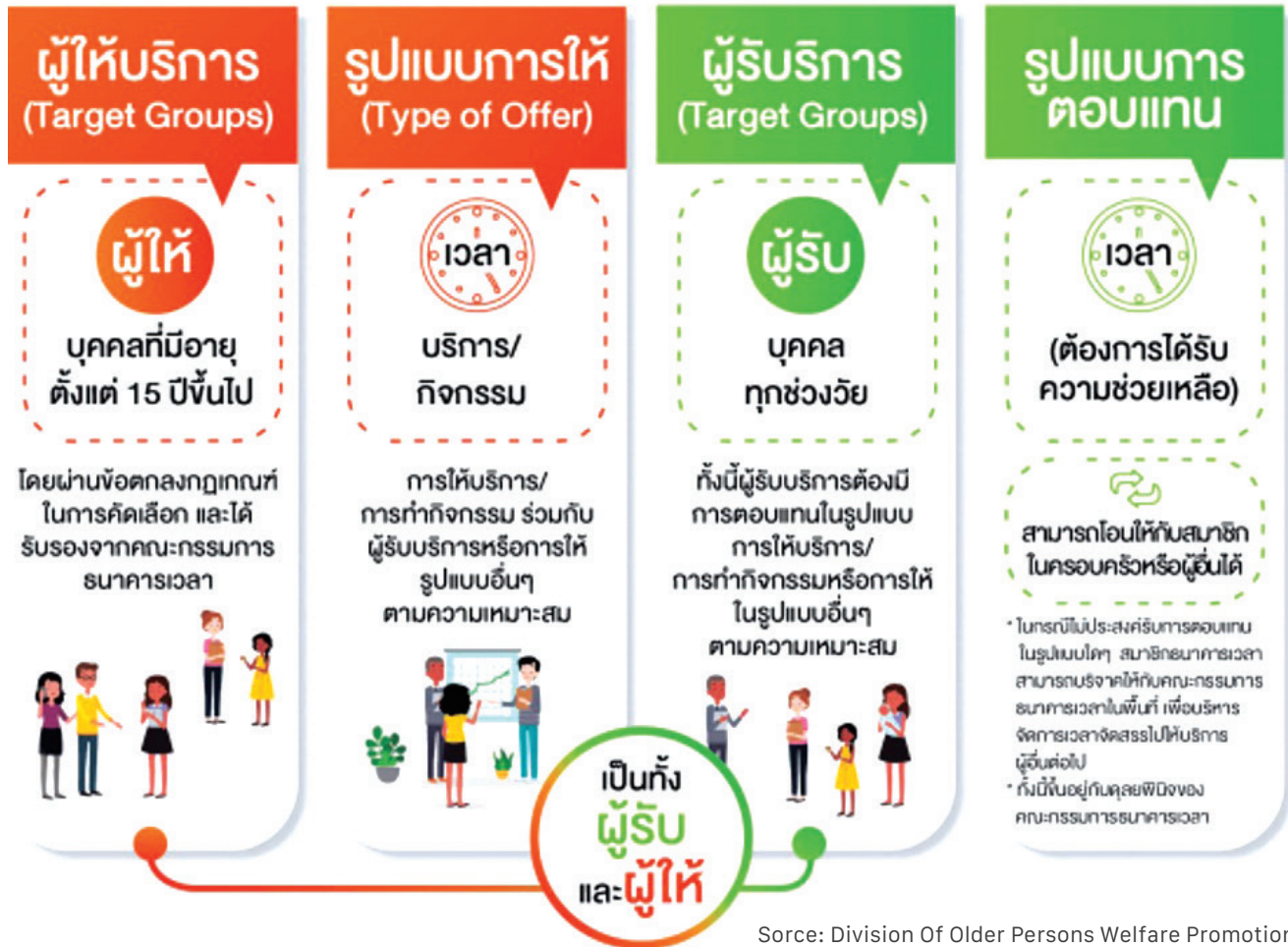
Aree Nakdontri

(Movies and dramas)

Born August 10, 1932 in Samut Songkhram Province, Aree is a regular actress on Thai TV Channel 4, and a broadcaster and host for various broadcast events. She is a program producer, and trains new generations of TV hosts. She is also an acting coach.



กรอบแนวคิด ธนาคารเวลา



Source: Division Of Older Persons Welfare Promotion And Rights Protection, DOP, 2019

Time Bank

According to the resolution of the meeting on July 5, 2018, the National Commission on Older Persons designated "Time Bank" as one of ten urgent issues on the national agenda for the elderly to help prepare society for Thailand's aging population. The goal is to motivate people in society to take better care of each other, especially caring for groups in need, such as the elderly, children, the disabled, etc. The 'time bank' refers to a model of activities that encourages communities to care for each other by sharing skills and experience, provide basic services, and accumulate time, as if saving money in their personal bank account. In other words, when help is needed, time can be given in exchange. For example, a

member of the time bank network can have a mutual agreement with another member for the exchange of skills.

The "time bank" concept is based on the idea that all people have equal time, and the time can be invested in building strong social networks of mutual care. These networks are called a "Time Bank." In 2019, the Health Promotion Foundation (ThaiHealth) began advocating for an expansion of the "Time Bank" in collaboration with the ASEAN Institute for Health Development of Mahidol University and the TDRI to review the experience of the Time Bank in other countries, and what a successful replication would look like in Thailand.

3.4

Innovations for the Thai Elderly

Today is the age where communication technology can reach all groups of people instantly. The elderly are another group that is becoming more well-adapted to the use of these technologies. There are many applications that are designed to be simple to use, and that feature makes them convenient for the elderly. These applications come in the form of education about health or nutrition for the elderly, assessment of various health conditions, skill development, or brain training (which are often in the form of various games). This section presents just a few of the many applications that are suitable for the elderly segment of the population.

3.4.1

3.4.1

Applications

3.4.1.1 "Fighting Elderly"

The application "Fighting Elderly " was developed by the National Science and Technology Development Agency as a tool to identify the level of care that older people need. The results are displayed as soon as the assessment is complete, and it is easy to use. There are two types of assessments used in this application:

- 1 An assessment form based on the physical and mental state of the elderly in four areas: movement, eating, going to the toilet, and mental health (Typology of the Aged with Illustration: TAI); and
- 2 The elderly's basic daily life ability assessment form (Barthel Activities of Daily Living: ADL)



Designed by Watcharakorn Noothong



Standing wheelchair

Source: <https://www.smethailandclub.com/entrepreneur-3764-id.html>



3.4.2

Inventions

3.4.1.2 "FFC Airsync 4.0"

The "FFC Airsync 4.0" application was developed by the National Science and Technology Development Agency. It is a home-visit system for the elderly or home-bound patients for use by public health officials or hospital staff. There is an artificial intelligence (AI) component to help analyze the risk of the condition of the individual of concern. That way, assessing the health of the elderly can be automated and in a format that can be connected to a database system, health center, primary care unit, or JHCIS (Java Health Center Information System) of the Ministry of Public Health.

3.4.1.3 "Young Happy"

The "Young Happy" application provides information services for the elderly. The application can be used to create welfare activities for the elderly that rely on technology to enhance the quality and comfort of daily life. There are online courses to help older persons to continue to grow intellectually and pass the time in an enjoyable way. There is a course on easy social playing in a happy style, hailing a ride, or ordering old-fashioned food through GRAB, and What is Tiktok, etc. This application was developed by Thanakorn Phromyos and Nada Tanswat.

In a society with an increasing number of elderly people like Thailand, there are various innovations and inventions to monitor health or to facilitate the daily life of older persons who are infirm. This section presents examples of a few inventions that help enhance the health of the elderly that were developed by the National Science and Technology Development Agency.

3.4.2.1

This "elderly falling detection device" called "Happy" is a combination of two wearable devices: A pendant and wireless transceiver. This device can detect a situation when the user falls down or is in a precarious posture. It can be easily worn by an older person, and be used both indoors and outdoors. This device can be used in conjunction with a health monitoring system for the elderly.

3.4.2.2

Another innovation is the "Standing wheelchair", which can be adjusted from a conventional wheelchair to a position that allows the user to stand. It does not require electricity. In addition to using by infirm elderly persons, this chair also meets the needs of people with lower paralysis, Hemiplegia muscle weakness, spinal cord and neurological disease, or other debilitating conditions.

3.5

The Elderly and Use of the Internet



Elderly in municipal areas use the internet at

three times the rate as those living outside municipal areas

While nearly two in five persons age 50-59 years used the Internet in the last survey, it can be easily predicted that Internet use by the elderly will continue to increase significantly in the years ahead.

Today, more and more elderly use the Internet as part of their daily lives. They access the Internet through various devices, such as a mobile phone, tablet computer, or other technology.

A national survey on the use of information and communication technology in the household was conducted in 2008, 2013, and 2018. Those survey rounds found that the use of the Internet among the population age 60 years or older internet has jumped from less than 1 percent in 2008 to 12 percent in 2018.

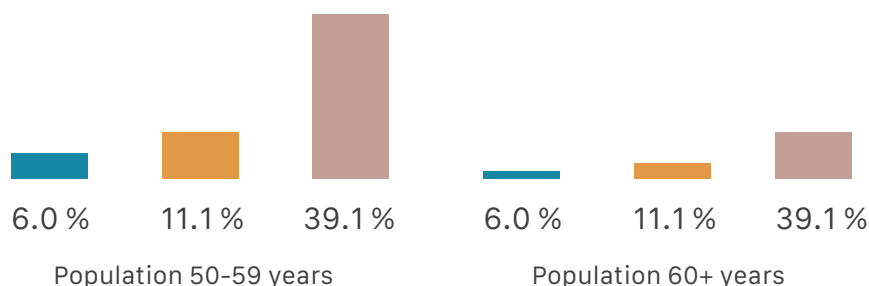
In 2018, one-fifth of the elderly living in municipal areas used the Internet, which is more than three times rate of Internet use of the elderly living outside a municipal area.

Internet usage among the population age 60 years or older

	2008	2013	2018
National	0.8	2.2	11.8
Urban	2.0	5.1	20.1
Rural	0.3	0.7	6.0

Source: NSO, 2008, 2013, 2018

Use of the Internet among persons age 50-59 years and those age 60+ years



Source: NSO, 2008, 2013, 2018

■ 2008 ■ 2013 ■ 2018



	2008	2013	2018
1	68.6% Searching for information or news	70.2 % Follow the news/reading or downloading e-books or magazines	97.7 % Social networking (Facebook, Twitter, GooglePlus, Line, Instagram, etc.)
2	26.2% E-mail	60.9% Search for information about products/ services	66.6% Download pictures, movies, video clips, songs, games, playing interactive games, streaming content
3	3.2% Gaming	59.5% E-mail	51% Search for information about health products/ services

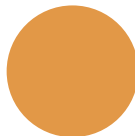
Among the elderly who use the Internet, nearly one-third used the Internet daily in 2008, and that percent increased to 88% in 2018. This indicates that the Internet is playing an increasingly important role in the daily life of users, young and old.

Top-ranked activities of the population aged 60+ years when using the Internet

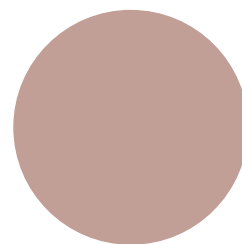
Source: NSO, 2008, 2013, 2018



2551
30.6%



2556
49.0%



2561
87.9%

Daily use of the Internet among the population aged 60 years or older

Source: NSO, 2008, 2013, 2018

Stories of the elderly as depicted through various media

Nowadays, many older people use social media such as YouTube, Facebook, Instagram, etc., as a way to spread the story of their business acumen, hobbies, and leisure.

“Grandpa Kaew and Grandma Serm-Teaching the grandchildren”

“Grandpa Kaew” (Promkaew Boonsanong), 90 years old, and “Grandma Serm” Boonsanong, 85, have a Facebook page called “Grandparents are teaching the grandchildren” in the southern Thai dialect (Samniang Pattani). The website was created by their own grandson, Worakiat Nimmak, and currently has more than 300,000 followers.



“Grandpa Kaew and Grandma Serm-Teaching the grandchildren”

“Aunt Ket – The Wanderer”

Kanokporn Supimas, aged 62, has a Facebook page called “Older people wander around” that invites retired people who love travel and photography to join the trip. Her webpage has over 16,000 followers



“Aunt Ket – The Wanderer”

“Uncle Jai and Brother Sam: Folk Song Artists”

This YouTuber duo is two older men in the northern region of Thailand. One member, Praew Kaewkae, is 61-year-old, and the other is Sayan Katip Phothong, age 71 years. The duo engages in conversation using the colloquial language and stories that the northern people are familiar with. Both men were also folk music artists before becoming popular on radio. They also produce music video clips on YouTube, and currently have more than 800,000 followers.



“Uncle Jai and Brother Sam: Folk Song Artists”

“People of different ages” (Manoot Tang Wai)

This is a page on social media that tells the story of the elderly through Facebook, YouTube, and Instagram. The goal is to improve attitudes, not just how the elderly think about themselves, but also present the perspective of other people toward the elderly. It is a page about older persons with new stories, and currently has more than 450,000 followers.

“Aunt Pom Pom – The Human Kitchen”

Aunt Pompom is a 60-year-old housewife who likes to cook for her 80-year-old grandmother. People have told her that her cooking is pretty good, so she wants to share her recipes and methods. She got help from her grandchildren on setting up webpages and vlogs on Facebook and YouTube. Currently, she has more than 120,000 followers.

“Aunt Paewea – Backpacker Supreme”

Aunt ‘Paew’ is Kanchana Phanthecha, aged 67 years old, and the owner of a Facebook page “Backpacking Aunt.” She shares her backpacking adventures that she has been pursuing since retiring in 2015. These experiences include both domestic and international sojourns. Aunt Paew shows that advanced age is not an obstacle in tourism. Currently she has more than 30,000 followers.

In addition to social media, there are several television programs that present stories about the elderly, such as the following:

“Wading without sprinkling”

This is a TV show that is not limited to the elderly audience. It presents useful programs for those who are pre-elderly, and is broadcast on Thai PBS channel Saturday - Sunday at 5:30 AM.

“SUPER 60+ Super Sixty Seasoned genius ”

This is a TV program that allows persons age 60 years or older to show their talents. The show is broadcast on the Workpoint channel on Sundays at 5:00 p.m.

“The Voice Senior”

The show is a singing contest program that features contestants who are aged 60 years or older to show their vocal talent. It is broadcast on the PPTV channel on Mondays at 20:15.

Dementia: The Silent Threat for the Elderly

Along with the gradual deterioration of the physical condition as age increases, there is always the risk of dementia.

186,040



442,760

In **2019**,
it was estimated that
Thailand had
628,800

elderly who suffered
from dementia: Of
these, 186,040 were
male and 442,760
were female*

The symptoms of senile dementia vary according to the stage of the disease, which can be classified into the following:

Early symptoms

Cues to the onset of dementia are forgetting ordinary things that are common in daily life, e.g., not being able to find one's keys, when that never was a problem before.

Moderate symptoms

Memory will deteriorate more, and the person has a reduced ability to be self-sufficient. The person may behave out of character, talk to themselves, or become delusional about certain things.

Serious symptoms

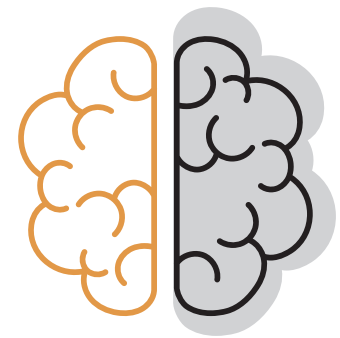
At this stage, the sufferer is unable to live unattended. The person cannot get dressed or eat by themselves. The person is often unable to respond to communication directed at them.

Importantly, some older people with dementia also have other illnesses such as diabetes, coronary heart disease, etc., and that makes taking care of those elderly that much more difficult.

* Calculated based on the prevalence of dementia from the study of Prince et al. (2013) applied to population estimates of Thailand (NESDC, 2019)

Allowing the community to take part in taking care of dementia patients will help lighten the burden of the caretaker. The Department of Medical Services of the MOPH is collaborating with the Dementia Caregivers Association of Ramathibodi Hospital of Mahidol University, the TGRI, the Thai Dementia Nursing Club, and other network partners to develop a seamless and integrated system of care and services for people with dementia, with a focus on community-level hospitals. Currently, this concept is being tested in four pilot sites:

- Ban Fang Model, Khon Kaen Province
- Jor Ho Model, Nakhon Ratchasima Province
- Lam Sonthi Model, Lopburi Province
- Khiri Rath Nikhom Model, Surat Thani Province



Dementia friendly community

Dementia is not a common illness, and there is no single approach to manage cases.

Thus, it is important to have support mechanisms in the community to help both the elderly sufferers of dementia and their caregivers, so that they can have the best quality of life that they can manage under the circumstances. The Association of Dementia Caregivers advocates for public policies to improve the care for dementia patients. Currently, they are promoting the concept of “dementia-friendly community” for people suffering from this condition.

Community-based Rehabilitation Center for the Elderly

The project “Elderly empowerment and networking for a quality aging society” was launched in 2019, with funding from ThaiHealth. The project is implemented by the Council of the Elderly of Thailand under Royal Patronage.* This project has three important objectives as follows:

1

To prepare the pre-elderly group (45-59 years) to have an understanding of how to prepare for a quality lifestyle in retirement.

2

To develop the capacity of the elderly to be strong as a mechanism to help members of Senior Citizens’ clubs be energetic members of the community by establishing a school for the elderly.

3

To improve the quality of life of the elderly who have health problems/conditions by establishing a health rehabilitation center for the elderly in the community.

This project is being implemented in three provinces each in four regions: North: Mae Hong Son, Phayao, Phitsanulok; Northeast region: Chaiyaphum, Bueng Kan, Ubon Ratchathani; Central region: Chanthaburi, Pathum Thani, Phetchaburi; and the South: Chumphon, Krabi, Nakhon Si Thammarat.

In 2019,
there were

22 Elderly
Rehabilitation Centers
in 12 provinces

The third objective of the project is to establish a health rehabilitation center for the elderly in the home community. This follows the concept of medium-term care (intermediate care) aimed at the elderly who have a limited physical function from various causes. The goal is to rehabilitate these persons so that they can have optimal functioning by support from a quality service center. The community-based health rehabilitation centers will help to reduce the need for the elderly and their families to travel to hospitals some distance away, and also reduce the burden on those facilities. The centers also build the capacity of families to care for their elderly members who have health problems or debilitating conditions.

* The Council of the Elderly of Thailand assigned Professor Emeritus Dr. Pongsiri Prathnadi, Vice President of the Council of the Elderly of Thailand, as director of this project.

Location of the center

The Elderly Community Health Rehabilitation Center can be set up in any suitable facility in the community without having to construct a new site. From experience in 22 centers as of 2019, nine are located in the Tambon Health Promotion Hospital (THPH), seven in the municipal office complex, three in the community itself, and three in a Buddhist monastery. Most make use of existing, one-story structures. The only requirement is that the facility has enough space to locate rehabilitation equipment and be accessible to the elderly.

Service provider

The number of service providers in each center is different, with a range of 3 - 7 people service staff including rehabilitation service providers (who may be physical therapists or therapeutic activity facilitators, traditional healers, Thai massage therapists, or volunteers have learned basic skills involved in rehabilitation. The number of volunteers at each center will be different, but mostly come from the host community, and rotate service days/ hours among each other.

Service recipient

Service recipients of the center are elderly or people with mobility problems. Most clients come from the host community or surrounding villages. The daily caseloads range from 2 - 20 people.



Equipment invented by hospital technicians for use in the elderly rehabilitation center in the community, in Hua Don Khueng Nai THPH, Ubon Ratchathani Province



Elderly client uses physical therapy equipment (adapted from scrap material) to help the limbs gradually return to normal function, and helping to prevent permanent disability



The Rehabilitation Center for the Elderly in Pong Nam Ron Temple, Pong Ron District, Chantaburi Province

Services and activities of the center

Physical rehabilitation services include standard physical therapy by a qualified physical therapist. There is a treatment for muscle relaxation by Thai massage. There are compresses and herbal therapy. The typical center has various rehabilitation equipment that can be used to exercise specific parts of the body. As of this report, the 22 centers are still in the early stage of implementation and are in limited spaces. Thus, they only have a minimum set of equipment, and many of the devices are made from local material. The service hours range from 1 day a month to 5 days a week, and most centers open from 8:00 a.m. - 12:00 noon.

Operating costs and budgets

In the initial stage of the project, the Elderly Council Association provided a budget of 10,000 baht for the senior citizens' clubs to organize meetings to provide orientation on the project and plan how to work with partners. Once the work plan was in place, the clubs raised funds and procured materials by requesting donations, organizing merit-making events, holding walk-run marathons, etc., to mobilize funds for the renovation of buildings and buying/ making rehabilitation equipment. Many of the personnel donated their labor to help the centers get off the ground. These staff came from the municipality, the Tambon Administrative Organization, and THPH. Currently, it is expected that the centers will be part of the Fiscal Year 2021 plan and budget of the local administrative organization, and that would contribute significantly to sustainability of this service for the elderly.



The rehabilitation center for the elderly in the community is located in the Chumphon Municipality, Muang District, Chumphon Province



Community-based elderly rehabilitation center located at the Senior Citizens' Club of Ban Lao Tambon, Muang District, Chaiyaphum Province

Future plans for the center

Most of the centers feel that this needs to be a permanent feature of the health care system. Also, it is clear that services need to be available more often than once a week. The center's volunteers need skills building in rehabilitation, and the center facilities need to be expanded in size, with a complete set of equipment. There should be a qualified physical therapist and/or activity therapist on every operating day of the center. Each of the centers under the project is determined to build capacity continuously over time.

Perspective on success of the Elderly Rehabilitation Center concept:

The key factor behind the success of the elderly rehabilitation centers in the community is the selfless cooperation of the senior citizens' clubs with other relevant agencies in the area. It is not a matter of funding and budget –the heart and mind are the most important ingredients of the success of this concept

Palliative care for older persons: Passing peacefully with dignity

The World Health Organization defines palliative care as follows:

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

In the context of Thailand and the elderly, this definition can be modified as follows:

Palliative care aims to improve the quality of life of the patient and their family when faced with a life-threatening illness or condition. This includes the prevention and mitigation of suffering from an incurable illness that is worsening over time. Palliative care includes end-of-life care in which the focus is on holistic care encompassing the physical,

mental, social, and spiritual dimensions of the patient, family and caregivers, with the main goal being to improve the quality of life for both the patient and the family, and which allows the patient to die in peace, and caring for the grieving family and loved ones after the patient's death.

Palliative care aims to enable patients and relatives to live happily together for as long as possible in which there is the quality of life both physically and mentally, until there is a peaceful passing. However, palliative care for the elderly is not solely cared for the dying patient. Many older people who are bed-ridden for extended periods die without access to proper palliative care, or lack the opportunity for vital communication with their family and the health team to provide information about the disease, and formulate a treatment plan to determine joint care goals.

The end-of-life stage for older persons can involve difficult decisions, such as refusing life-extending care, which does not preserve the quality of life. Others need to make apologies for long-held grievances in the hope of receiving forgiveness and easing the burden of guilt on those left behind. Those nearing the end of life may wish to choose where the funeral/cremation takes place, and to arrange an orderly distribution of assets to relatives and loved ones, or

to a charitable cause. All these factors are part of the case management process for end-of-life care. If done properly, palliative care for elderly persons will enable them to spend their last days and hours in their home or familiar surroundings, without the need for hospitalization.

The Thai MOPH has established a policy to include palliative care as part of the health system development plan, including primary health development policies to support palliative care, and promoting caring for patients at home or the community so that patients are comfortable and at peace during the last period of life. Home-based care at the end stage of life helps to reduce unnecessary hospital congestion and reduce the burden of care costs for the family. Article 12 of the 2007 National Health Act B.E. 2550 is the principal tool to advocate for palliative care policies for terminally-ill patients.

Article 12 mandates that a person has the right to issue a letter of intent to refuse clinical interventions solely for the purpose of prolonging life. This mandate is in accordance with the rules and procedures prescribed in the Ministerial Regulations. Any health/medical practitioner who acts in accordance with the signatory's instructions about refusing end-of-life care will be free from all liability in such a case.

The benefits provided by the National Health Security Office (NHSO) for palliative care for end-of-life patients include morphine to relieve pain, cleaning supplies, and oxygen in conjunction with appropriate symptom monitoring in order to provide patients with good and appropriate care.

Article 12, according to the National Health Act, is one of the tools to drive the palliative care policy of terminally ill patients to be more practical

“

For the layperson, preparing one's mind for peace before death requires a conducive atmosphere and the people around one to help. Unfortunately, in today's individualistic world, people care less about each other than they did before. Now, preserving life is seen as a project only to keep the body alive and breathing. Thus, many families decide to place a dying relative in the ICU of the hospital. The ICU does not encourage people to pass peacefully. Instead, the goal seems to be to simply prolong life with suffering, surrounded by swarms of doctors and nurses, with tubes and chemicals inserted into the body of the patient who is unable to voice their consent or self-determination. Instead, that dying person needs someone to help them calm their heart.

”

Phra Paisal Visalo

From the book "Keeping the Heart at Peace"

3.10

“Pum Puang Van”: A mobile market right at one’s doorstep

One of the important mechanisms for older people to voluntarily stay in the same place as long as possible is to find ways to bring products and services to where they are. These products can be regular consumer products or pharmaceuticals, health products, products for leisure, or other services to enhance one’s lifestyle-related activities. Home delivery has the advantage of reducing the need for infirm elderly to travel outside the home.

In Thailand, the “wet market” is a market that focuses on fresh produce that is used for making meals or processed foods by the consumer. These markets also sell dry goods and foodstuffs. The fresh Thai market is either open daily and all day long, or on a circuit basis for certain days of the week. In the countryside, there are wet markets that trade only during the morning and evening, while others are open all day in more populated cities and towns. These markets have numerous small stalls selling fresh food, vegetables, fruit, and meats. The wet markets are open-air, with high ceilings for ventilation and open sides to maximize access. Increasingly, large department stores in cities have fresh food sections where people can do their marketing in a cleaner, air-conditioned environment. In either case, people have to travel some distance from their home to access the wet markets or indoor shopping malls.

Markets on wheel



Pum Puang Mobile Market Van in Thailand

Today, there is a revolution going on in the way that people shop and how goods and services are exchanged. In the past, the fresh market was at a fixed location, and consumers had to travel there to trade. However, more and more, urban and rural communities are being visited by “markets on wheels,” which come nearly to their doorstep – or at least within easy walking distance. Many people still want to buy fresh vegetables, fruit, fish, fresh and condiments, but do not have the time, energy, or funds to travel to wet markets or supermarkets. In particular, shopping is a burden and challenge for the elderly who live alone. The market on wheels usually travels to certain spots on their route every day, and stay as long as there is a flow of customers. (The mobile market vans have been given the nickname “Pum Puang” after the famous Thai folk singer Pum Puang Duangjan.)



Tokushimaru: Japanese version of the mobile market van

The business of bringing products to the home of the elderly who are not comfortable traveling far from home seems to have evolved in Thailand independently of other such community service models. There are the famous food trucks which travel around cities in the US, but those only sell cooked or prepared food. The closest relative of the Thai ‘Pum Puang mobile market van’ is the Japanese cargo van. However, the Japanese version is much neater and has less variety of fresh produce or products

Research
related to
Social Welfare
of the Thai
Elderly

04

Social welfare development for the elderly to reduce social inequality

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Year: 2017

Funding: Thailand Research Fund (Local Studies)

Objectives

To analyze the situation and social inequality policy related to the elderly social welfare system and the elderly informal labor welfare system. In addition, this study synthesized the findings in order to develop a model of a welfare system aging society, and a system of informal labor welfare to reduce social inequality.

Methodology

This was a research and development activity that used both quantitative and qualitative data collection methods. The study population was the older population as the principal stakeholder in the elderly social welfare system, the family welfare system, the elderly labor welfare system, the elderly who work in the informal labor sector, and the informal elderly labor welfare system in the special economic zone. Data were collected by questionnaire-based interviews with 181 people in 11 provinces of four geographic regions as follows: Chiang Rai, Lampang, Nakhon Ratchasima, Khon Kaen, Ubon Ratchathani, Singburi, Samut Prakan, Suphanburi, Nakhon Si Thammarat, Songkhla, and Sa Kaeo. Focus group discussions were conducted with a sub-sample of respondents.

Study results

Most of the elderly in this sample were unemployed, had no steady income, did not own land or property, and relied heavily on government aid and the monthly cash subsidy for the elderly. Some took out loans from the Elderly Fund, while others had savings accounts through credit union cooperatives. This study found that the elderly pension monies are not distributed equitably, and do not reach the poor elderly group – who are the primary target of the system. Although many areas offer voluntary alternative welfare, this study found that there was a disparity in social factors such

as the values and beliefs of the elderly. This study found several interesting forms of social welfare for the elderly and workers in the informal sector:

1. Koh Kha Welfare Model 4: 2: 5: This model calls for 4 mechanisms, 2 concepts and 5 steps that build on the social consciousness of the public. The mechanisms include group think, participatory self-determination, seeing the problems and challenges as one's own mission, and having the older generation teach the younger generation. The two concepts include the concept of society as being one family in which everyone sees the problem together. The other concept is to build a caring society in which people provide mutual support. The five steps include a system whereby community welfare covers all areas in the village, there is full local participation, there is a volunteer mindset, and there are cadres who visit the dependent elderly in their home.

2. Group welfare by the senior citizens clubs and folk welfare (mixed with culture). This model envisions a central house which provides indigenous welfare using the local culture based on kinship relationship under the motto: "The locality is like the children of the people who must care for it in order to survive and thrive."

3. Elder Fair Model: This is a concept for a welfare system for the elderly in the special economic zones. Services would be an integrated collaboration between the various state welfare institutions.

This study found that the Elderly Social Welfare Model and Welfare of Elderly in the Non-form Labor sector should be multi-

sectoral, including government, senior citizens, families, local communities, and businesses



Policy recommendations

On the issue of social welfare policy to reduce inequality, the government should review the Universal Coverage Scheme of the NHSO, review the rate of living allowance in accordance with the cost of living, consider formulating a specific policy for the protection of informal workers in the agricultural sector, and consider a policy to promote gainful employment for workers in the informal sector. In addition, the impacts of policy should be assessed every time there is a major change, to detect and guard against adverse effects on vulnerable populations. There should be more aggressive anti-pollution measures in the special economic zones, including the 'green' zoning of agricultural and industrial areas vis a vis law enforcement related to social welfare. The government should review regulations, laws and measures related to the provision of social welfare that covers the elderly of all ages. The roles and authority of relevant agencies should be reviewed at the local level to prevent duplication. The government should propose a platform for presenting work and exchanging new knowledge with representatives of the relevant agencies in order to put the successful lessons learned into practice. Officials at the Tambon, district, and provincial levels should apply the social welfare management assessment form used in this study to identify and social inequality, and they should link research results to mobilization and campaigns at the local level.

Research for the development of a long-term care (LTC) system for dependent elderly under the National Health Security System

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Year: 2018

Funding: Health System Research Institute (HSRI)

Objectives

The objective of this study was to evaluate the effect of organizing an LTC system in the community setting through the use of the Tambon Fund mechanism by analyzing the strengths, weaknesses, and gaps. The goal is to support the development of an LTC system in the community that is effective, efficient, fair, and sustainable.

Methodology

This study evaluated the results of implementing the system of LTC using both quantitative and qualitative data collection methods. In the quantitative study, a survey was performed by using a questionnaire sent by mail to a sample group representing local administrative organizations via the Subcommittee on Development of Long-term Care Systems. A total of 397 questionnaires were returned, yielding a response rate of 37%. Fully 246 questionnaires were returned by hospital staff involved in LTC, for a response rate of 28%. Focus group discussion and in-depth interviews were conducted with a sample of key informants, including central managers, zonal office managers, and members of the LTC development committee in both the provincial and district health offices. Key informants also included members of the case management groups and multidisciplinary teams in hospitals, and the care manager (CM), caregiver (CG), and volunteers. The survey was conducted in all four geographic regions of the country, with respondents from 11 provinces and six Tambon in each region.

Study results

The local fund mechanisms and local administration authorities are recognized by the area as a suitable mechanism for managing LTC budgets. There are clear strategies for developing local and community capacity. There are weaknesses in organizing an LTC system, lack of confidence in the LTC budget, and the concept of “volunteering” and “employment” is a controversial issue for caregivers. (CG).

However, the study results reflect that health services for the dependent elderly in the community can be organized more systematically and consistently than social services. This is due to the development of the continuous home care system under the policy of Home Health Care (HHC), Family Care Team (FCT), and Continuous Care at Home (COC), which were implemented by the MOPH before the LTC policy was enacted.

An important tool for addressing needy individuals is the case conference to formulate an individual care plan. It was found that some areas have not used the available tools to provide services. There is a lack of mechanisms to support and develop the capacity of the CM in the district. This study found that CG, who were paid regular compensation, delivered more systematic LTC than those without CG compensation. A unified policy direction and the integration of the policy implementation of the central agencies are a critical point that needs urgent improvement in order to make policy implementation more effective and efficient.



Policy recommendations

- (1) The NHSO, the MOPH, and the Department of Local Administration need to urgently clarify the regulations for spending LTC budget and local budget.
- (2) The NHSO and MOPH must urgently connect and integrate the implementation of common policies in a joint manner, and with members of the interconnected network to smooth implementation of the policy.
- (3) The NHSO, in conjunction with the Department of Older Persons of the MSDHS, and the Department of Local Administration of the Ministry of Interior, need to clarify the issue of budget allocation, and formulate a strategic plan for developing the capacity of localities and the community.
- (4) The NHSO, in collaboration with the MOPH, should improve communication by using videos and websites to shed light on the LTC system and organization.
- (5) The LTC plan should be reviewed for potential limitations that prevent continuous integration.
- (6) The NHSO, in collaboration with the MOPH, should consider enlarging the target population to include all dependent persons.

Evaluation of the intermediate care system

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Year: 2019

Funding: Thai Health Promotion Foundation

Objectives

This study is part of a prototype area development project on providing intermediate care services under the project to Review System Requirements to Address Problems of the Elderly in Thailand. This study aimed to help improve the intermediate care system by evaluating the prototype area development of an intermediate care system by conducting a comparative assessment between the prototype areas and other areas where MTC is performed. The findings can serve as a benchmark for newly-developed areas by evaluating clinical results and assess case management outcomes.

Methodology

This study used a mixed methodology in data collection and analysis. This study was conducted in public hospitals with a routine MTC system, including Bang Lam Hospital, Songkhla Province, and Saraphi Bowonpattana Hospital, Chiang Mai Province. The study also examined the experience in the prototype area that has developed an intermediate care system, including the following hospitals: Tha Wung Hospital, Lopburi Province, Lam Sonthi Hospital, Lopburi Province, and Samut Prakan Provincial Hospital. In addition, community hospitals in Samut Prakan Province were included in the quantitative study. Retrospective clinical outcome data were collected dated one year in the past from medical records or related documents of patients receiving intermediate care in participating hospitals. Patient data were collected prospectively for ten months. In-depth interviews were conducted with key informants about the MTC system, factors behind success, and problems and obstacles in implementation.

Study results

(1) Designing a service system in a prototype area exposed problems in the link between acute care and intermediate care. As a result, a number of clients could not access MTC services, and those patients lost the opportunity to recover from their disabilities.

(2) The number of physical therapy hours and appropriate therapeutic activities in the care of each intermediate care patient should be at least 10-15 hours per patient.

(3) The advantage of providing inpatient intermediate care services is the opportunity to provide physical therapy services and rehabilitation activities at certain standard hours. As a result, disability can be reduced more efficiently. But the disadvantage is the inconvenience of the patients and their relatives who have to stay in the hospital for a long time, generating a high cost of service.

(4) There is an advantage of providing physical therapy services at the hospital on an outpatient basis after discharge from the hospital in the acute period. This reduces hospital bed occupancy. However, there are disadvantages, such as the need to travel to the hospital often and the associated travel expenses. As a result, patients receive less physical therapy services and activities than is the standard amount.

(5) There should be additional budget support to provide intermediate care services, and better financial management for quality MTC. Funds should be allocated based on patient outcomes. Thus, there needs to be a service results data system where data are recorded electronically to be easily processed.

(6) The Barthel Index should be used as the same standard for intermediate care patients. Additional SNMRC assessments should be used to rectify the discrepancy between those who score 100% on the Barthel Index but are still unable to carry out certain daily activities.

(7) The providers of intermediate care should be professionals trained in intermediate care. The professional personnel required for quality intermediate care are physical therapists, therapeutic activity facilitators, and specialized clinicians in rehabilitation medicine.



Policy recommendations

Intermediate care needs to be provided in the context of a suitable service system with the following attributes: 1) Designing the connection between acute care and intermediate care; 2) Organizing intermediate care services; 3) Establishing a connection between intermediate care and home care; 4) Designing a proper information system; 5) Designing a financial system to support the intermediate care program; 6) Using a daily activity competence assessment form; and 7) Ensuring there is a full complement of the health workforce required for intermediate care.

In addition, the design of the intermediate care system must have participation of personnel from the budgeting agency, entities that provide various patient benefits, service providers, and the MOPH to reflect the needs of the patients and their relatives. The goal is to reduce disability rates, and that should translate into reductions in the long-term cost of caring for the patient in the future until better methods of prevention are discovered.

Proposal for operational development to promote the potential of the elderly

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Department of Lifelong Education, Faculty of Education, Chulalongkorn University

Year: 2018

Funding: TGRI and the National Research Council of Thailand

Objectives

1. To study the policies, measures and mechanisms for promoting elderly potential by government and agencies related to the elderly;
2. To study the real condition of the implementation of the Elderly School, capacity development through club activities, mixing age groups, and the performance of the Center for the Development of Quality of Life and Promotion of Older Persons
3. To propose implementation of the policy to promote the potential of the elderly through the elderly school, participatory activities, and mixing generations in group activities.

Methodology

This is a documentary research of both domestic and international sources during the years 2007-18.

There are 18 reference documents covering four issues:

- (1) Policy for implementation of the promotion of the capability of the elderly
- (2) Mechanism for promoting the capability of the elderly
- (3) Measures to promote the capability of the elderly
- (4) Operations of the Center for Quality of Life Development and Promotion of Elderly Occupations

To study the actual situation of the elderly schools, data were collected from six provinces of each region:

Chiang Mai, Lopburi, Nakhon Ratchasima, Kanchanaburi, Rayong, and Songkhla

Primary data were collected from two sample groups:

- (1) A group of 10 older people; and
- (2) A group of 10 personnel at the local level involved in management and activities of promoting the elderly.

Results

Most policy implementation guidelines reflect that "The elderly are those in the age who should receive support and care so that they do not become a burden to the society." In

other words, the focus is on the services of the agency rather than on the empowerment of older people themselves. Empowering the elderly and family members enables the elderly and their families to make decisions in determining quality lifestyle choices that are appropriate for their own context and potential, as well as being able to access and maintain their own benefits efficiently.

The elderly school focuses on health learning and self-care activities by involving the elderly and the community in the management of this process. The weakness of this approach is that the security mechanisms are not consistent with policies and measures. Also, the emphasis is on older persons doing activities with their peers, instead of mixing with other age groups and members of the community.

In terms of potential development partnerships, the common policy is creating a sense of self-worth through health activities and social interaction. Joint measures are activities with participation in management and mechanisms in three areas: the joint health mechanism, encouraging self-understanding, and self-care. A common mechanism for participation is to place emphasis on the convenience of participation, and ensuring a variety of activities to meet needs, and as a mechanism to promote income and livelihood security (i.e., occupational development).

The fundamental principle behind the policy of action for promoting the social welfare of the elderly is that the elderly have potential, but that potential is unevenly distributed in the population. Development must build on the potential that the elderly already have.

The goal of tapping into the potential of the elderly is to empower the elderly to realize their own potential, and to be able to use that potential for living a normal, healthy life in society. In other words, the elderly development programs must be person-centered, while the supporting agencies are secondary and complementary.



Policy recommendations

(1) Decentralization should be a key strategy in supporting the integration of the elderly in various forms with various network partners inside and external to the locality.

(2) There should be activities focused on the development of the potential of the elderly, physically, mentally and socially

(3) Activity grouping should be with people of different ages. This is an important guideline that should be promoted in society and the community, and should be built and strengthened using the concept of Aging-Friendly Learning Space as a learning space that is friendly to seniors and people of different ages, especially children and young people.

(4) All relevant sectors should promote openness in integration. In particular, the integration of the elderly and the community should also focus on utilizing the resulting benefit as a learning space for local people, whether it is the elderly, children, youth, or people of any age. They all should be involved in advocating for the development of sustainable potential.

Policy recommendations for a universal long-term care system in Thailand

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Objectives

1. Review information regarding LTC in developed countries in Asia, Europe and the United States.
2. Create a vision of possible LTC services and estimate the costs of various forms of LTC in Thailand.
3. Make policy proposals for the development of LTC, especially the source of the budget, including the construction of a sustainable long-term insurance system consistent with the Thai context.

Methodology

This study is a narrative review to depict the landscape of LTC appropriate to the context of Thailand by taking into account the issue of universal health coverage in Thailand. The study proposes a model of LTC that responds to the needs of services under the Thailand context

Study results

Three large public health insurance systems in Thailand cover almost the entire population. These include the Civil Servants Medical Benefits Scheme, the Social Security System, and the Universal Coverage Scheme - UCS (Gold Card). The budget for these schemes is considerable, and the UCS budget has been increasingly stable over the past decade. This study found that the budget for LTC still has operating constraints on budget disbursements, and there had to be amendments to the regulations to increase the budget for care providers to provide the essential LTC.



Policy recommendations

Based on the experience of LTC in different countries, it was found that essential LTC services could be divided into three forms: home or community care, day care, and nursing home care. There are different policy scenarios to consider in establishing an LTC insurance fund, as follows:

Scenario 1

Business as usual, in that there is no additional charge from the people. The approach would use the government's budget, from both the NHSO (918 million baht) and the budget from the local administrative organizations.

Scenario 2

If the value-added tax (VAT) can be added to the public budget by an amount of 0.25% - 0.75%, then there will be enough money to provide good/very good service because it will add 20 to 60 billion baht per year

Scenario 3

If it is found that the elderly group has an income of 600 - 1,000 baht per month as a subsistence allowance, a deduction from this allowance of 50 baht per month or 600 baht per year for everyone, could be set aside to contribute to the LTC fund. An additional 6 billion baht per year could be raised if collecting money from people aged 40-60 years as well. That would yield a total of approximately 18 billion baht, which is enough to pay for good quality community-based LTC operations.

Scenario 4

This is a similar alternative to the second or third option in terms of income source, but the service can be adjusted according to actual conditions.

(1) Support the local government in collaboration with the MOPH to develop home care services delivered by people in the community.

(2) Propose to the Thai government to establish a comprehensive LTC insurance fund in order to have a sufficient budget to provide a variety of services to meet the needs of older people.

(3) Propose to the National Health Commission to organize a process of listening to the opinions of the general public in order to discuss "Establishment of the Long-Term Care Insurance Fund that is suitable for Thai society" without discrimination to participation in a systematic decision-making process in order to seriously answer the question: "Does Thai society want to pay for the establishment of a good quality long term care system?"

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The Honorary Senior Fellow of 2019

“

We are born, get older,
become infirm, and then die.
This is the common reality for all of us.
One day, each and every one of us must
die. If you are managing your lifestyle
properly, you will want to maintain
your health and fitness for
as long as possible. If you become ill
or injured, then heal rapidly.
If you are near the end of life,
you should minimize the suffering.
That is the best way to go.

”

Banloo Siriphanich, M.D.
“When I turned 90”