



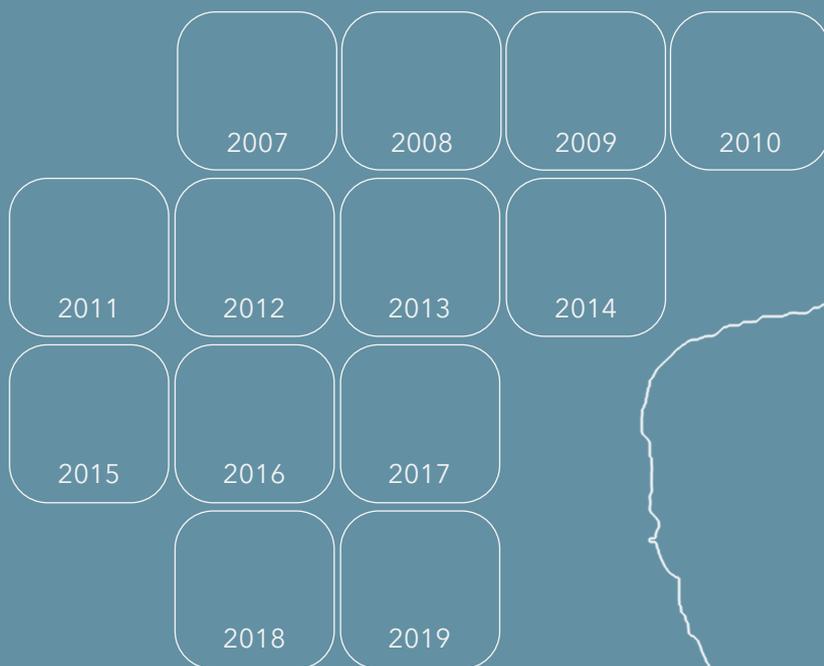
SITUATION OF THE THAI OLDER PERSONS 2020

สถานการณ์ผู้สูงอายุไทย พ.ศ. ๒๕๖๓



COVER

National Senior Citizen of the Year



National Senior Citizen of the Year 2020

National Senior Citizen of the Year

| | |
|------|---|
| 2007 | Phra Brahma Mangkalajarn (Panya Nanthaphikku) |
| 2008 | Prof. Dr. Same Pringpuangkaew |
| 2009 | Thanpuying Poonsap Noppawong |
| 2010 | Professor Rapee Sakrik |
| 2011 | Thanpuying Sumalee Chatikavanich |
| 2012 | Mrs. Saisuree Jutikul |
| 2013 | Prof. Dr. Prasert Na Nakorn |
| 2014 | Mr. Pan Israsena Na Ayudhya |
| 2015 | Prince Duangduen Na Chiang Mai |
| 2016 | Mr. Seno Unakul |
| 2017 | Somdej Phra Buddhakosachan (P.A. Payutto) |
| 2018 | Dr. Sumet Tantivejkul |
| 2019 | Dr. Sumum Siripanich |
| 2020 | Mr. Nawarat Pongpaiboon |

**SITUATION OF
THE THAI
OLDER PERSONS
2020**

Introduction

The report on the Situation of the Thai Older Persons is an annual report that the National Commission on Older Persons has a duty to prepare and submit it to the Cabinet. The Older Persons Act of 2003 (B.E. 2546) stipulates in Section 9 (10) that the National Commission on Older Persons is to annually submit a report on the situation of the country's older persons for Cabinet approval. Accordingly, since 2006, the National Commission on Older Persons has commissioned the Foundation of Thai Gerontology Research and Development Institute (TGRI) to prepare an annual report on the situation of the older persons in Thailand. This report in 2020 has compiled statistics on the situation of population aging in Thailand at present, and the changing trend of age structure of the Thai population from a historical perspective, up to the present. This information is essential for projecting the situation of an aging population in Thailand in the years and decades ahead.

Each annual report has a special theme focusing on current concerns or priority issues affecting older person's quality of life and well-being. For example, the 2013 edition focused on income security for the older persons, the 2014 edition focused on the older persons and natural disasters, the 2015 edition focused on housing and living conditions of the older persons, the 2016 edition focused on the health of Thai older persons, the 2017 edition, focused on "Active Aging," the 2018 edition focused on employment and the older persons, and the 2019 edition focused on social welfare of the older persons. This 2020 annual report focuses on the impact of COVID-19 on the Thai older persons.

The preparation of this year's and previous year's editions of the Situation of the Thai Older Persons was courtesy of the participating agencies, both public and private, for providing the most up-to-date information. On behalf of the TGRI, I would like to thank the various agencies that cooperated on this occasion, and express gratitude to the Elderly Fund, Department of Elderly Affairs, Ministry of Social Development and Human Security, which has always supported the budget for the preparation of these annual reports.

The information and suggestions herein on various issues will be beneficial to the policy decisions of the relevant agencies, especially the National Commission on Older Persons, educational institutions, and the government offices and including the relevant ministries such as the Ministry of Social Development and Human Security (MSDHS), the Ministry of Public Health (MOPH), the Ministry of Interior (MOI) Ministry of Finance (MOF) and the Ministry of Labor (MOL) in setting forth a vision and policies on important issues related to improving the quality of life of the older persons. Hopefully, this will contribute to Thailand's ability to ensure that the increasingly aged society. It is also expected that country becomes a quality society that can make full use of the available intellectual resources and skillfully adapt to the rapidly changing society and the world.



Dr. Somsak Chunharas

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

Executive Summary and Recommendations

01

Aging Population around the World

Population aging was a worldwide phenomenon in the early part of the 2nd millennium. The world population is aging due to lower birth rates and longer life expectancy.

The world population aged rapidly in 2020. The global population was estimated to reach 7.795 billion people, of which 1.050 billion were “older persons,” i.e., age 60 years or over, who made up 14% of the world population.

The “oldest-old,” aged 80 years or over, accounted for 146 million persons, or 2% of the total population.

In 2020, the top three continents with the highest proportion of older persons were Europe (26%), North America (23%), and Oceania (18%). The top five countries with the highest proportion of older persons were Japan (34%), Italy (30%), and Portugal, Finland, Greece (29%).

02

Aging Population in ASEAN

In 2020, ASEAN member nations had a combined total of 644 million persons.

Of these, 73 million were older persons, or 11% of the total.

The “oldest-old,” aged 80 years or over, accounted for 7.6 million persons, or 1% of the total.

In 2020, six ASEAN countries became aged societies which means that the proportion older persons of their population was at least 10%. These countries include Singapore (21%), Thailand (18%), Vietnam (12%), Malaysia (11%), Indonesia (10%), and Myanmar (10%).

03

Aging Population in Thailand

In 2020, Thailand had a total population of 66.5 million persons, and the number is increasing at a decelerating pace. Just 50 years ago, the Thai older persons (age 60+ years) totaled 2 million persons. By 2020, that number had increased six-fold to 12 million, reaching nearly 1 in 5 Thais (18%).

Thailand is expected to become a “complete aged society” by the year 2022.

The “Million Birth Cohort,” or those Thais born between 1963 and 1983, are equivalent to a demographic “Tsunami”, that will be gradually flooding Thai society with each passing year.

At the same time, in the next 20 years, the overall Thai population growth rate will continue to slow, even reaching zero, and then going to be negative for the first time in its history.

Even while the growth of the Thai population approaches zero, the number of people aged 60+ years will continue to increase at the rate of 4% per year. The oldest-old adults (80+ years) will increase even more rapidly at the rate of 7% per year.

04

Key Data on the Thai Aging Population in 2020



Total population¹



32.1
48.3%

66.5
million persons



34.4
51.7%

Sex ratio of the total population: 93 males per 100 females

Aging population¹
(age 60 years or over)



5.1
42.5%

12.0
million persons
18.0%



6.9
57.5%

of all older persons

of the total population

of all older persons

Sex ratio of the aging population: 73 males per 100 females

Young-old older persons¹ (age 60–69 years)



3.3

7.3

million persons



4.0

Sex ratio of the young-old older persons: 82 males per 100 females

Old-old older persons¹ (age 70–79 years)



1.4

3.4

million persons



2.0

Sex ratio of old-old older persons: 67 males per 100 females

Oldest-old older persons¹ (age 80 years or older)



0.5

1.4

million persons



0.9

Sex ratio of the oldest-old older persons: 48 males per 100 females

Average life expectancy²

at birth

76.5

years

both sexes

at age 60 years

20.1

years



73.2

years



80.3

years



17.2

years



23.0

years

Living conditions of the Thai older persons



Area of residence of the older persons¹ (age 60 years and over)

In municipality



55.2%

6.6

million persons

In a non-municipal area



44.8%

5.4

million persons

Living alone

11.0%



1.3

million persons



2.5

million persons

Living only with spouse³

21.0%

Total household in Thailand⁴

21.9

million households



Households with older persons living alone⁵

1.3 (6.0%)

million households



Households with two or more older persons residents only⁵

1.4 (6.2%)

million households



Households with one or more older persons living with other generations⁵

9.3 (42.6%)

million households

Older persons residing in an assisted living facility

Under management of

| | |
|--------------------|----------------------|
| LAO ^{*6} | MSDHS ^{**7} |
| 965 persons | 1,293 persons |

*LAO: Local Administrative Organization

**MSDHS: Ministry of Social Development and Human Security

Caregivers for the Thai older persons as part of state social welfare

| | |
|---|--------------------------|
| Village Health Volunteers (VHV) ⁸ | 1,027,036 persons |
| MSDHS Volunteers (with expertise in eldercare) ⁷ | 24,293 persons |
| Caregiver ⁹ | 86,829 persons |
| Care manager ⁹ | 13,615 persons |
| MOI Local Eldercare Volunteer ¹⁰ | 13,190 persons |

State income security for the Thai older persons

Old Age Allowance¹¹

9,663,169

persons

Budget

76,280

million baht

Older persons with Retired
Civil Servant Pension¹²

803,293

persons

Budget

267,012

million baht

Older persons with Old-age
Pension under Social Security Fund

598,550

persons

Budget

20,203

million baht

Employment of the Thai older persons

People aged 60–64 years
who are working¹⁴



55.5%

of this age group

People aged 65–69 years
who are working¹⁴



41.4%

of this age group

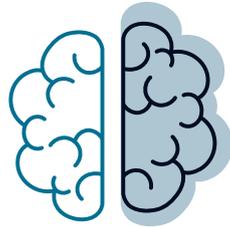
4.7

million persons

older persons with a State Welfare card¹⁵

(Data as December 31, 2020)

Health status of the Thai older persons



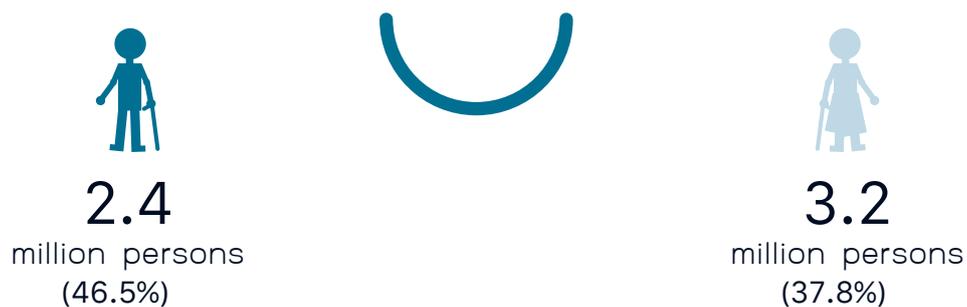
Older persons with dementia¹⁶



Bed-ridden older persons⁹

43,520
persons

Older persons who assessed their health
as 'good' or 'very good'³³



Group activities of the Thai older persons

club for Older Persons¹⁷

29,276 clubs

school for the Older Persons¹⁸ (september 20, 2020)

2,049 schools

Quality of Life and Occupational Development Centers
for the Older Persons (QODC)¹⁸

1,589 centers

Sources of Data

- 1 Report of the Population Projections for Thailand 2010-2040 (Revision), Office of the National Economic and Social Development Council (NESDC)
- 2 Thai Population in 2020, Population Gazette, Mahidol University, Institute for Population and Social Research, Mahidol University
- 3 Estimates for 2020 from the 2017 Survey of the Older Persons in Thailand, National Statistical Office (NSO)
- 4 Household Basic Data Survey 2020, National Statistical Office (NSO)
- 5 Household Socio-Economic Survey 2018, National Statistical Office (NSO)
- 6 Annual report of the Seniors Assisted Living Facility at Ban Khao Bo Kaew, 2020
- 7 Ministry of Social Development and Human Security (MSDHS)
- 8 Department of Health Service Support, Ministry of Public Health (MOPH)
- 9 Bureau of Elderly Health, Department of Health, Ministry of Public Health (MOPH)
- 10 Department of Local Administration, Ministry of Interior (MOI)
- 11 Department of Local Administration, Bangkok Metropolitan Administration, and Pattaya City
- 12 The Comptroller General's Department, Ministry of Finance (MOF)
- 13 Research and Development Division, Social Security Office, Ministry of Labor (MOL)
- 14 Situation and trend of working conditions of Thai elderly: An analysis of national survey data, Chalernpol Chamchan and Suporn Jaratsit
- 15 Ministry of Finance
- 16 Calculated by Pramote Prasartkul and Kanchana Thianlai
- 17 Association of the Council of Senior Citizens of Thailand
- 18 Department of Older Persons, Ministry of Social Development and Human Security (MSDHS)

05

The Older Persons and COVID-19 in Thailand

The first wave of the Thai COVID-19 pandemic began in early 2020. Initially, Thailand was able to contain spread quite well, with various government mandates to limit travel and large-group gatherings. Most significantly, Thailand closed its international borders to non-essential travel in March of that year, effectively shutting down its international tourism industry, a significant percentage of the Thai GDP in previous years. Domestically, there were restrictions on the opening and closing times for restaurants and shopping malls, and bars/nightclubs and other entertainment venues were either closed down or heavily restricted. In April, there was a two-week national ban on alcohol sales during Songkran (Thai New Year's festival). The government encouraged all residents of the country to wear sanitary masks and maintain social distance. Employers that could have their workers work from home were strongly encouraged to do so. These harsh measures helped make Thailand's COVID-19 infection rate one of the lowest in the world -- up until mid-December 2020.

Throughout 2020, Thailand accumulated fewer than 7,000 cases of COVID-19, which is a very low level compared to countries in the West during that time. Of those cases of COVID-19, less than 10% were among the older persons, and only 29 older persons patients died of COVID-19 as of the end of 2020, a remarkable achievement for a country with nearly 12 million older persons.

However, as the novel coronavirus started to mutate, more infectious and pathological strains of the virus started to emerge in late 2020, which was spreading uncontrolled in Thailand (and many other countries) at the time of this writing in mid-2021. This resurgence of COVID-19 could have a huge, negative impact on the economy and society as a whole, and is especially threatening for the aging population.

Policy Recommendations

Economic activity

- Create economic security through long-term measures for the older persons by (increasing) the Old Age Allowance to be sufficient for daily life.
- Integrate the database of all welfare programs including all related government projects, and allow the relevant agencies to systematically access the database.

Health

- Accelerate the provision of quality and safe vaccines against COVID-19 adequately for the population in the country. Allocate appropriate types of vaccines according to the physical and health conditions of the population of different age groups, and distribute vaccinations to the population of all genders and ages appropriately, thoroughly and fairly.
- Develop and maintain a postal delivery system for medicines for the older persons with chronic conditions as part of basic health rights, and extend the remote treatment system to be beneficial for promoting active and healthy aging. Such system should increase the convenience of access to health services, but not reduce the quality of treatment or clinical care.

Information

- Improve the ways to access government welfare and assistance to enable the older persons to receive appropriate and inclusive care (e.g., how to register online).
- Promote universal access to the internet as a utility which should be a fundamental right for all Thais to enjoy, including the older persons.

Housing

- Advocate for the improvement of home modifications and aged care services at the community level for the older persons as the main policy in housing for aging population to promote and enable the concept of “Aging in Place.”

Long-term care

- Consider increasing more workforce to support the community-based volunteer system.
- Set up an information system and implement a reward or compensation system for volunteers or caregivers, both in the formal and informal modes of care.

Thailand should prepare to deal with new waves of COVID-19 pandemic that are inevitable.

New variants of COVID-19 could be many times more harmful than the variants that spread in 2020 especially for vulnerable populations, and the older persons.

Sources of Data

- United Nations, 2019. World Population Prospects: The 2019 Revision produced by the United Nations. Population projections by age group and gender of countries around the world based on country census data.
- Population and Housing Census operated by the National Statistical Office (NSO), counting all populations across the country every ten years ending in the number 0. Thailand's last population and housing census was in 2010.
- Civil registration is operated by the Bureau of Registration Administration, Department of Provincial Administration, Ministry of Interior, and contains data on the number of residents in the country, and the number of births and deaths, reported as of December 31 of each year.
- Report of the Population Projections for Thailand 2010-2040 (Revision) is prepared by the Office of the National Economic and Social Development Council (NESDC). The NESDC uses the population from the 2010 Population and Housing Census as the starting point to make population projections by age group and gender according to the changing trend conditions. The fertility, survival, and migration rates used are hypothetical.
- The 2017 Elderly Population Survey in Thailand is conducted by NSO, the first round of which was conducted in 1994. The 2017 round was the sixth survey which followed up with a sample of the population age 50 years or older, in 83,880 households. The sample is representative of the national older population. This report on the Situation of the Older Persons in Thailand 2020 presents only the data of the sample age 60 years and over.
- The Household Socio-Economic Survey, conducted by the NSO, has been conducted annually since 2006 to compile information about the structure of households, income, expenses, debt condition, and household assets, as well as the nature of the residence. In the 2019 round, data were collected every month (January - December 2019) from the sample households in all provinces across the country. Income data is surveyed every two years, only for years ending in even numbers.
- The 2018 Household Information and Communication Technology Use Survey, Q4 (October-December 2018), was conducted by the NSO. This survey was conducted for the first time in 2001 and, since 2003, it has been conducted on an annual basis. There is a quarterly survey to measure the number of people who use computers and the Internet, the characteristics and behavior of using various technological equipment, and the number of households with information technology equipment and communications potential such as landline phones, smart phones, fax machines, computers and household Internet connections.

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“

Definitions of

older
person”

At present, the United Nations (UN) still has not settled on a universal term to refer to persons age 60 years or older. However, the UN does use that cut-off age in presenting statistics and indicators about senior citizens or the older persons. In view of the increasing life expectancy in more economically advanced countries, the age of older persons begins at 65 years in most of those nations.

In Thailand, in accordance with the 2003 Older Persons Act, an older person is “individual whose age is 60 completed years or older and is a Thai citizen.”

In this report, the authors use the term “older person” to refer to an individual who is 60 years or older, further classified into the following sub-groups:

“Young-old” older persons is a person aged 60-69 years

“Old-old” older person is a person aged 70-79 years

“Oldest-old” older person is a person aged 80 years or older

“Older population” refers to the population aged 60 years or older.

“Older person rate” refers to the percent of the total population that is older persons.

“Population aging” refers to the demographic phenomenon that has occurred in countries around the world over, largely in the past decade, in which the population in each location, ranging from communities, territories, countries, regions, gets older. Two ways to measure population aging are the proportion of older persons of the total population, and the median age of a population, excluding in-/out-migrants. Generally, the demographic aging of the population is caused by a decrease in the number of births and an increase in the life expectancy of the population.

Most developed
countries use
the age of
65 and over
as the common
definition of
‘older persons’

“Ageism” refers to negative discrimination or prejudice against an individual or a group of persons on the basis of age, but mostly refers to the older person. This bias may arise from negative beliefs, attitudes, values, or norms toward certain age groups. This attitude can lead to bias or discrimination, such as not listening to the opinions of adolescents because they are seen to be too young, or not accepting certain behaviors of the older person because of a belief that it is not appropriate for a person of that age to act that way.

When ageism refers to the older person, it usually reflects a jaded perspective of older persons as a burden on the family and society, or that older people take resources away from the younger, working-age generation. Some cultures have the image of the older person as the physical deterioration of the body, or as someone who can no longer be a productive person (Institute for Population and Social Research, 2015).

The International Day of Older Person in 2016 has the motto *“Take a Stand Against Ageism”*.

“Active Older Person” refers to the economic, social, and cultural value of the older persons as a force for society. This concept can arise from having policies, strategies, and measures to empower an active aging society.

“Active Aging” is a concept that expresses the process by which society creates opportunities for the population of all ages to grow up and older in a healthy way, by actively participating in the economy and society, and having stability in life in order to improve the quality of life of each individual or the population at large, from birth until death.

“Productive Aging” is the process of harnessing the potential of people of all ages to be able to produce useful and valuable products and services, regardless of whether the product or service will yield a monetary return.

“Healthy Aging” is the process of developing and maintaining the ability to perform daily tasks that contribute to the well-being of older adults. This is possible by creating environments and opportunities that enable people to be and do what they consider valuable throughout their lives.

The UN General Assembly announced on December 14, 2020, that the years 2021–2030 are the **“Decade of Healthy Aging.”**⁹⁹

“ Definitions of

‘aged’ and ‘aging society’ ”

“**Aged society:** refers to a society where the proportion of the population aged 60 years or older is over 10% of the total population (or the population age 65 is over 7% of the total population)

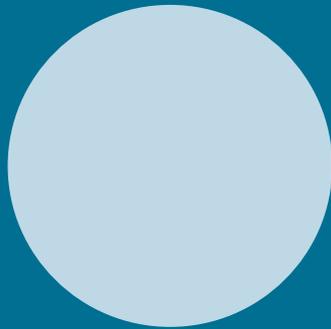
“**Complete aged society:** refers to a society where the proportion of the population aged 60 years or older is more than 20% of the total population (or the population age 65 or older is more than 14% of the population)

“**Super-aged society:** refers to a society where the proportion of the population aged 60 years or older is more than 28% of the total population (or the population age 65 or older is more than 20% of the population)

“**Aging society:** refers to a society where the population is getting older, which can be seen from the increasing proportion of the aging population or increased median age of the population

General
Situation

01



1.1

Aging of
the Global Population

1.1.1

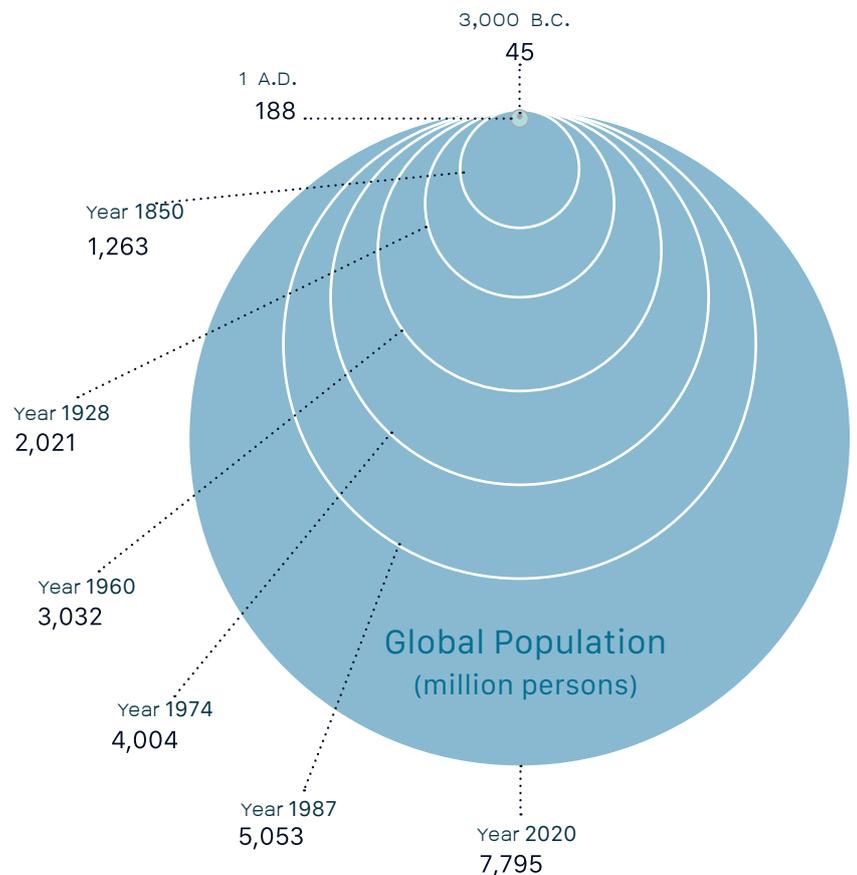
Change in the global population, past and present

Five thousand years ago, our world had an estimated total population of less than 60 million persons. At that time, humans had an average life expectancy at birth of less than 30 years.

Currently, the average life expectancy is over 70 years for the global population. The population living in Central Africa has the shortest life expectancy, at 53 years, while the Japanese have the highest average life expectancy in the world, at 85 years. The world population was just 100 million persons about 2,000 years ago. Then it increased to about a billion persons in the early 19th century, and grew to two billion persons in the early 20th century.

The UN had estimated that the world's population reached 5 billion persons on July 11, 1987.

Accordingly, the UN has declared that the 11th of July of each year is "World Population Day."



Source: UN, 2019

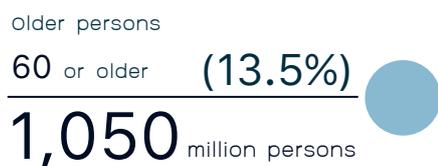
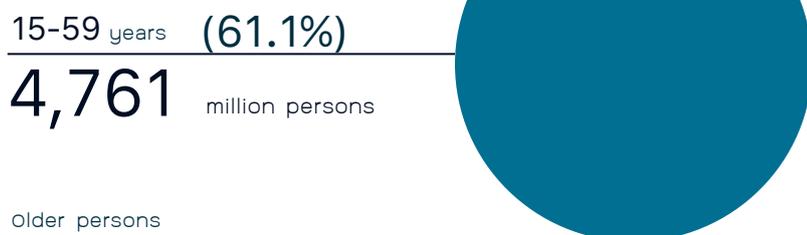
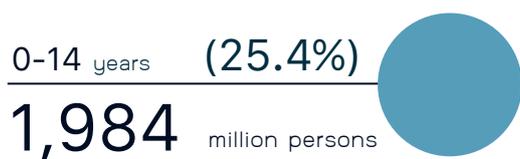
in 2020
the world population
was estimated
to have reached
7.795
billion persons

1.1.2

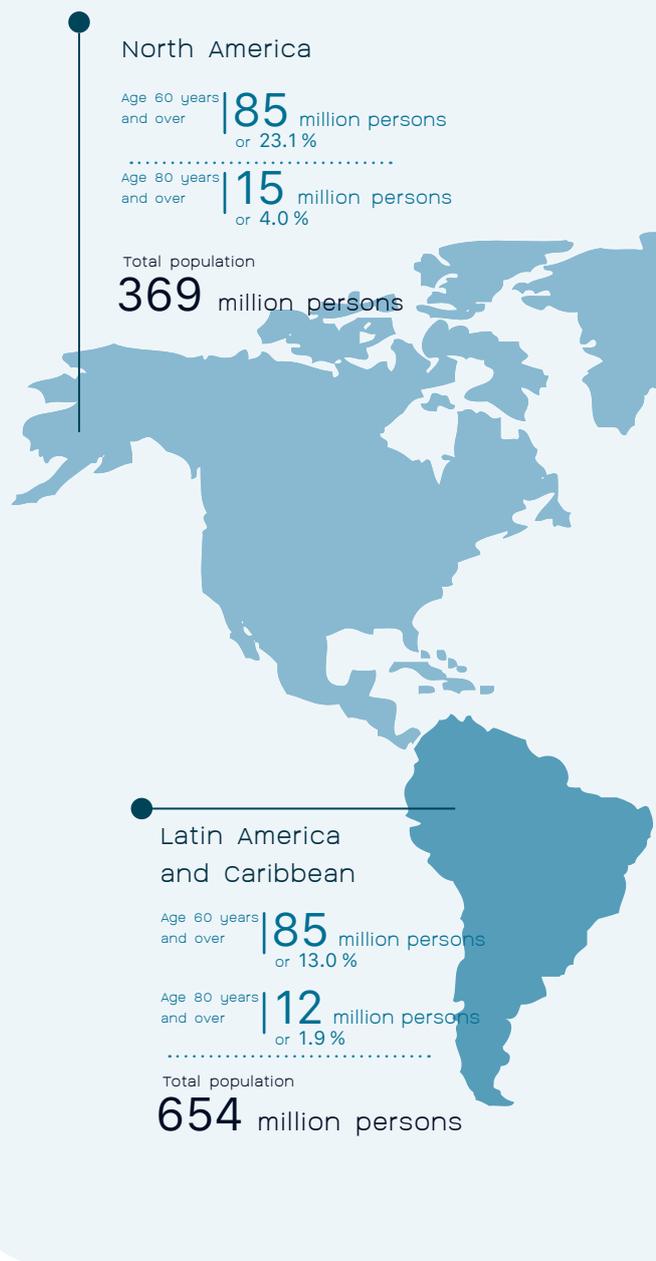
Global population in 2020

Our world became an “aged society” in 2001, when the population aged 60 years or over move to the same line accounted for 10% of the total population. The world population continues to grow older each day.

In 2020,
the global population
aged 60 years or over was
1,050 million persons or
13.5% of the total.



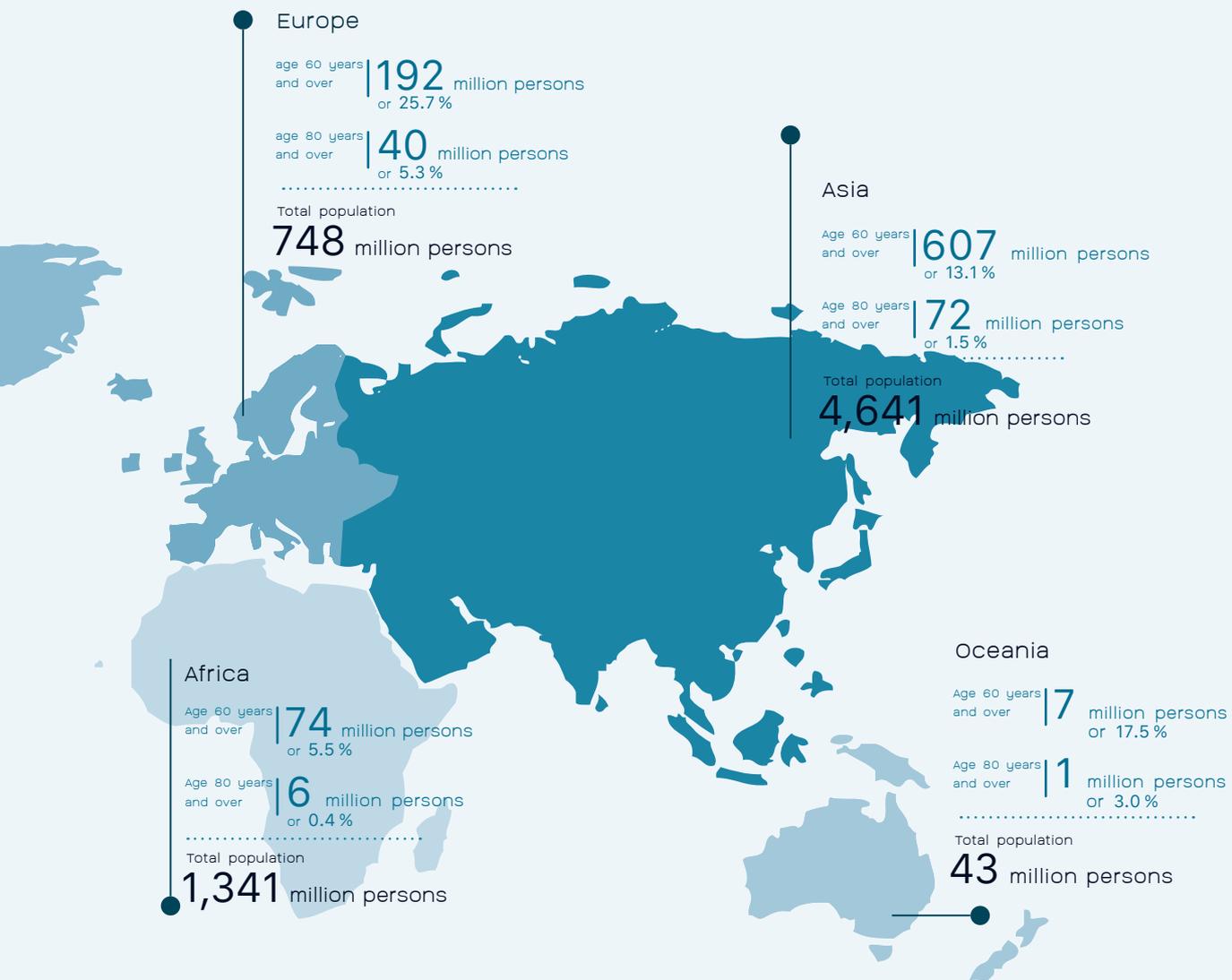
Source: UN, 2019



The “oldest-old” population (or those aged 80 years or older) has increased very rapidly.

Just ten years ago, our world had only 100 million oldest-old population, or 1.5% of the total.

But, by 2020, the oldest-old population has increased to 146 million persons or 1.9% of the total.



Source: UN, 2019

In 2020, Asia had an aging population (60 years or older) of 607 million persons, accounting for 57.8% of the world’s aging population. Asia had 72 million “oldest-old” persons, accounting for 49.1% of the world’s oldest-old of 146 million persons.

If the level of aging population is measured by the proportion of the older persons, then Europe had the highest aging rate (60 years or older) in the world at 25.7%, followed by North America with 23.1%, while Africa had the youngest

population with older persons only 5.5% of the total.

The increasing trend in the oldest-old (80 years or older) is noteworthy. In 2020, the number of oldest-old older persons in Asia was 72 million persons, representing an oldest-old ratio of 1.5% of all ages on the continent. The continent with the highest oldest-old share in the world was Europe, at 5.3%, followed by North America, at 4.0%. The continent with the lowest oldest-old rate was Africa, at less than 1% (i.e., 0.4%).

1.1.3

Aging population by countries around the world



China

is the most populous country in the world, and it also had the most older people of any country in the world in 2020.

As of

2020

China had a total population of 1,439 million persons, and the older persons (60 years or older) numbered

250 million.

The top 10 countries by number of older people

| Country | Older persons (60 years or older) (million persons) | Oldest-old (80 years or older) (million persons) |
|-------------|---|--|
| 1 China | 250 | 27 |
| 2 India | 140 | 13 |
| 3 USA | 76 | 13 |
| 4 Japan | 43 | 11 |
| 5 Russia | 33 | 6 |
| 6 Brazil | 30 | 4 |
| 7 Indonesia | 28 | 2 |
| 8 Germany | 24 | 6 |
| 9 Italy | 18 | 5 |
| 10 France | 18 | 4 |

Source: UN, 2019

The next most populous is India, with a total population of 1,380 million persons and 140 million older persons, or the second highest in the world.

China had 27 million oldest-old older persons (80 years or older), which is more than the total population of Australia (25.5 million persons).



Japan

is the country with the highest proportion of older people (60 years or older) in the world at **34.3%**.

One-fourth of the Japanese population was aged 65 years or older (28.4%) in 2020.

“
The following countries are at the top-ten of aging societies around the world.
”

Top 10 Countries with the Highest proportion of Older Persons

| Country | Total Population (million persons) | Population age 60 years or older (million persons) | % of total population age 60 years or older | Population 80 years or older (million persons) | % of total population age 80 years or older | % of total population age 65 years or older |
|-------------|------------------------------------|--|---|--|---|---|
| 1 Japan | 126.5 | 43.4 | 34.3 | 11.4 | 9.0 | 28.4 |
| 2 Italy | 60.5 | 18.0 | 29.8 | 4.5 | 7.5 | 23.3 |
| 3 Portugal | 10.2 | 3.0 | 29.4 | 0.7 | 6.7 | 22.8 |
| 4 Finland | 5.5 | 1.6 | 29.0 | 0.3 | 5.6 | 22.6 |
| 5 Greece | 10.4 | 3.0 | 28.8 | 0.8 | 7.5 | 22.3 |
| 6 Germany | 83.8 | 24.0 | 28.6 | 5.9 | 7.0 | 21.7 |
| 7 Croatia | 4.1 | 1.2 | 28.3 | 0.2 | 5.7 | 21.3 |
| 8 Bulgaria | 6.9 | 2.0 | 28.2 | 0.3 | 4.7 | 21.5 |
| 9 Malta | 0.4 | 0.1 | 28.1 | 0.0 | 4.9 | 21.3 |
| 10 Slovenia | 2.1 | 0.6 | 27.7 | 0.1 | 5.5 | 20.7 |

Source: UN, 2019

In 2020, the United Arab Emirates (UAE) had the lowest proportion of older persons of any country in the world, at **3.1%**

10 Countries

with the Lowest Older Persons Rates
(i.e., youngest populations)

Of the ten countries with the youngest populations, all but the UAE are in Sub-Saharan Africa

| Country | Total Population (million persons) | Population age 60 years or older (million persons) | % of total population age 60 years or older |
|---------------------|---------------------------------------|---|--|
| 1 UAE | 9.9 | 0.3 | 3.1 |
| 2 Uganda | 45.7 | 1.5 | 3.2 |
| 3 Zambia | 18.4 | 0.6 | 3.4 |
| 4 Qatar | 2.9 | 0.1 | 3.6 |
| 5 Angola | 32.9 | 1.2 | 3.7 |
| 6 Equatorial Guinea | 1.4 | 0.1 | 3.8 |
| 7 Mali | 20.3 | 0.8 | 3.9 |
| 8 Burkina Faso | 20.9 | 0.8 | 3.9 |
| 9 Chad | 16.4 | 0.6 | 3.9 |
| 10 Gambia | 2.4 | 0.1 | 3.9 |

Source: UN, 2019

1.1.4

International Day of Older Persons (IDOP)

The UN International Day of Older Persons is the 1st of October of every year

The UN General Assembly adopted a resolution on December 14, 1990, to recognize October 1 of each year as the International Day of Older Persons in order to raise awareness of the world's senior citizens. It is important to know about the needs, opportunities, and challenges facing the ageing population, especially having an awareness of the contributions of the older persons to society at large. Societies need recognize the human rights and values of the older persons, and implement protection to prevent violence against the older persons.¹

Objectives of the UN International Day of Older Persons in 2020

1. To disseminate strategic goals of the UN policy of a “Decade of Healthy Aging”
2. To raise awareness of the special needs of older persons health, the benefit of their health, and their contribution to the community
3. To raise awareness and recognition of the value of health personnel in caring for and promoting the health of older persons together with medical personnel

“ Pandemics: Do They Change How We Address Age and Ageing? ”

Slogan for the older persons
in 2020

4. To reduce health disparities related to older age in developed and developing countries so that no one is left behind
5. To create an understanding of the impact of the COVID-19 pandemic on the older persons, including its impact on health policy, planning, and attitudes of the public

The COVID-19 pandemic in 2020 has had a tremendous impact on lifestyles and livelihoods, and the older persons are the most at risk of serious illness death from COVID-19. Thus, there is an urgent need to introduce various measures to raise awareness of the health needs of the older persons.

1.1.5

Global pandemics in history

Our world has faced many outbreaks of disease since epidemiological records have existed. Severity ranges from endemic spread too rapidly increasing and highly infectious spread of killer pathogens. Currently, when people can fly around the world in 24 hours, the potential for pandemics has never been greater. That fact is a major reason why COVID-19 has spread so far, so fast.

There have been periodic outbreaks of bacterial cholera, with sources traced to India and spreading to North America, Middle East, Eastern Europe and Russia. The cholera outbreak in 1961 is known as “the 7th pandemic.” Cholera outbreaks have continued to occur periodically, leading to the announcement of “The Global Roadmap” to reduce deaths from cholera by 90% as of the year 2030.

Periods of serious pandemics



1347 - 1351

The bubonic plague

caused a high level of morbidity and mortality in many European countries. Untreated victims had a mortality rate of 30% - 100%, with up to 200 million deaths. Although some cases of the bubonic plague are still found today, it can be cured easily with antibiotics because it is a bacterial infection.



Mid-18th century

Smallpox

There was epidemic spread of smallpox in many European countries in the 1500s, and the pathogen became more deadly during the 18th century. The death rate from smallpox reached 30%. Since then, efforts to eradicate the disease from the human population have been successful. The World Health Organization (WHO) announced the eradication of smallpox in 1980.



1910-1911

Bacterial Cholera

1918 - 1920

Spanish flu

Spanish flu spread to many countries around the world, leading to 20-100 million deaths.



In the past 20 years, a new influenza virus, coronavirus, has spread in many countries. Cases of the Severe Acute Respiratory Syndrome (SARS) outbreaks in 29 countries around the world in 2003 had a mortality rate of 9.7%.

2002-2003



1956 - 1958

Asian influenza from H2N2 virus

Asian influenza from the H2N2 virus is a severe flu-like illness that spread in China, Hong Kong, Singapore, and the United States. That outbreak caused 2 million deaths, as estimated by WHO.

Middle East Respiratory Syndrome (MERS) had been reported in several countries in and outside the Middle East, including Qatar, Jordan, France, Italy, and Tunisia.

Middle East Respiratory Syndrome: MERS

2012

2005 - 2012

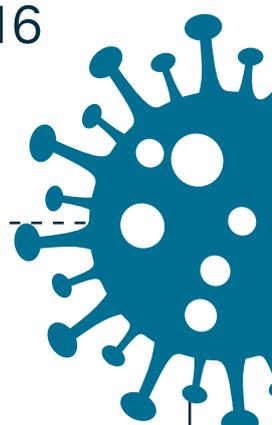
AIDS

AIDS was first diagnosed in 1981 in the United States, but it was estimated that HIV (the cause of AIDS) first jumped to humans from a primate in Central Africa 50 years earlier. AIDS has killed at least 36 million persons since the recorded epidemic began. UNAIDS has set the goal to end the public health threat of AIDS worldwide by 2030.

The first Ebola outbreak was in 1976 and became more severe in African countries in 2014-16, killing more than 10,000 people. Ebola can have a very high case-fatality rate.

Ebola

2014 - 2016



2019
COVID-19

The most recent pandemic is COVID-19, which has caused pandemics in 122 countries of the world as of this report.

1.1.6

The COVID-19 Pandemic in 2020

Since the beginning to the end of 2020²

83.5 million persons
have been infected with
COVID-19.

World

Number of
Infections

10,715

persons per
million population

Number of
Deaths

1.8

million persons
have died of
COVID-19.

The death rate
from COVID-19

234

person per
million population

In Asia

The cumulative number of COVID-19 cases in Asia as of December 31, 2020, was 20,695,037 persons, of whom and 337,412 persons have died of COVID-19.

In Asia, there were 20.7 million persons infected with COVID-19 by the end of 2020.



Number of
Infections

4,460

persons per
million population

Number of
Deaths

3.4

100 thousand
person million
persons have
died of COVID-19.

The death rate
from COVID-19

73

persons per
million persons

The country with the most COVID-19 cases is the United States

Top 10 Countries by Number of COVID-19 Infections

| | Country | Number of Infections (million persons) | Number of Deaths (1,000 persons) | Deaths due to COVID-19 (per million population) |
|----|---------|---|-------------------------------------|--|
| 1 | USA | 20.1 | 352 | 1,063 |
| 2 | India | 10.3 | 149 | 108 |
| 3 | Brazil | 7.7 | 195 | 917 |
| 4 | Russia | 3.1 | 56 | 386 |
| 5 | France | 2.7 | 65 | 992 |
| 6 | UK | 2.5 | 74 | 1,084 |
| 7 | Turkey | 2.2 | 21 | 248 |
| 8 | Italy | 2.1 | 74 | 1,227 |
| 9 | Spain | 1.9 | 51 | 1,087 |
| 10 | Germany | 1.8 | 34 | 403 |

Source: Our World in Data, 2020

In 2020, the country with the most COVID-19 cases was the USA with more than 20 million persons, followed by India where more than 10 million persons have been infected, followed by Brazil with nearly 8 million persons infected. These three countries had recorded nearly 700,000 COVID-19 deaths, or approximately two out of five deaths (39%) from COVID-19 worldwide by the end of 2020.²

1.1.7

Case Studies:

COVID-19 and the Older Persons

1.1.7.1

COVID-19

and the older persons:

USA

Older Americans are

1,000 times

more likely to die from

COVID-19 than children.

1 in **3**

COVID-19 deaths in the USA was found in nursing homes and other assisted living facilities for the older persons

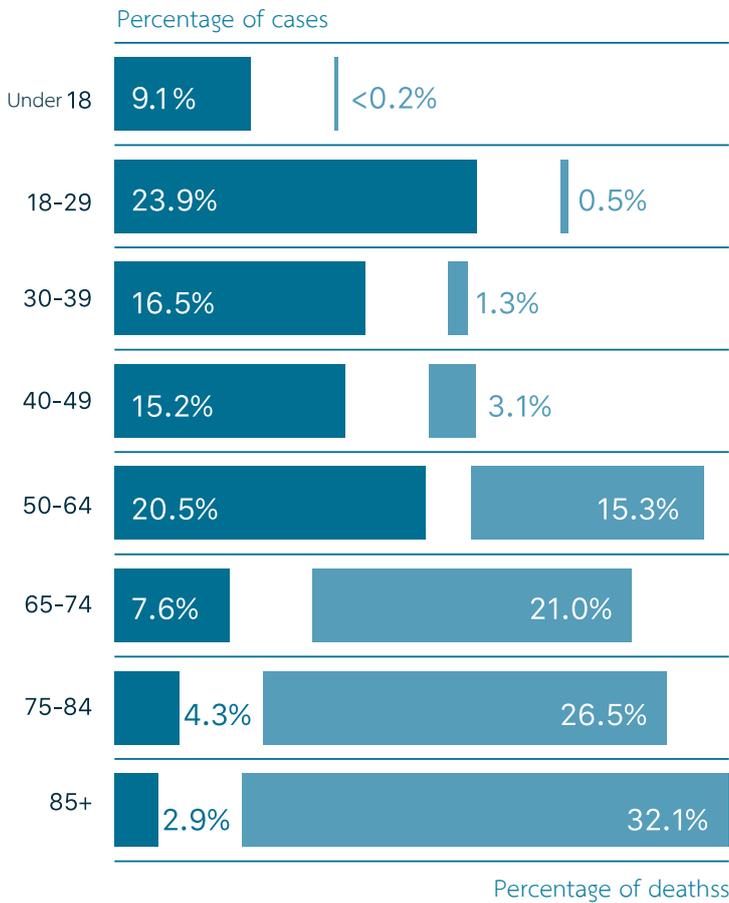


As of December 31, 2020, the US recorded more than 20 million infections, yielding an incidence rate of 60,609 per million population. The number of US deaths from COVID-19 was 351,817, for a death rate of 1,063 per million population. Fully, 95% of the COVID-19 deaths in the USA were persons aged 50 years or older.²

Older people's risk of developing severe symptoms of COVID-19 infection increases as they get older. Older persons aged 70 years or older are more at risk of severe COVID-19 related illness than those aged 60-69 years. Those aged 85 years or older have the highest risk of severe COVID-19 illness.³

Eight out of 10 COVID-19 deaths in the United States were among the population aged 65 years or older. Compared to youth aged 5-17, older adults were at twice the risk of contracting the disease than children. Older Americans were 1,000 times more likely to die of COVID-19 than children.³

COVID-19 infection and mortality rates by age in the USA in 2020³



Eight out of 10 COVID-19 deaths in the United States were among the population aged 65 years or older.

Source: Centers for Disease Control and Prevention, CDC COVID Data Tracker. Based on available data as of Oct 29, 2020

The rate of COVID-19 infections in nursing homes or long-term care facilities was only 4% of all US infections in 2020. However, deaths in those assisted living facilities accounted for one in three deaths nationwide.⁴

By the end of 2020, more than 100,000 residents and staff in US nursing homes lost their lives due to COVID-19, with the highest number of deaths in long-term care homes in the states of New Hampshire, Rhode Island, and Connecticut. Total deaths in these three states accounted for 70% of all deaths in the USA.⁵

1.1.7.2

COVID-19 and the older persons: Italy

In 2020, Italy had a population of 60.5 million persons, or only 5 million less than Thailand. The proportion of population aged 60 years or older and 80 years or older was 29.8% and 7.5%, respectively. The birth rate was 7.0 per 1,000 persons, the mortality rate (all causes) was 10.9 per 1,000 persons, and the total fertility rate was 1.3.

By the end of 2020, COVID-19 had spread to all corners of the world, and Italy was one of the worst affected countries.

In an average year, Italy recorded a relatively high mortality rate (all causes) of about 11 per 1,000 population. That meant 660,000 Italians would die, on average, per year. But in 2020, deaths from COVID-19 added about 74,000 “excess” deaths to the annual total.

As of December 31, 2020, Italy had recorded more than 2 million COVID-19 infections or 34,851 persons per million population. Of these, there were 74,159 deaths, equivalent to a COVID-19 death rate of 1,227 per million population. Almost all of the Italian COVID-19 deaths were among older persons. The COVID-19 death toll for those aged 65-79 years accounted for about one in five of all COVID-19 deaths, while the oldest-old (80 years or older) accounted for three out of five total COVID-19 deaths.⁸

A COVID-19 death
rate in Italy is

1,227

per million population

Italy is the country with the second-highest rate after Japan, with persons aged 60 years or older accounting for nearly 30% of the total population. The oldest-old (80 years or older) rate was as high as 7.5% in 2020. It is this aging population structure that has made Italy so vulnerable to the complications of COVID-19 infection. Culturally, Italian older persons live in close proximity to their children. Even if an older person does not live in the same house as their children, most of them live within walking distance to each other. More than half of the country’s northern Italian population travel between cities for work. The Italian way of life, with close relationships between family members and frequent meetings and travel between cities, helped to accelerate the spread of the COVID-19 pandemic in that country.⁷

Deaths from
COVID-19 almost all
of them are
Older Persons

1.1.7.3

COVID-19 and the older persons: Japan

In Japan's COVID-19 pandemic, the older persons were the most at risk of getting sick and dying when infected. The older population is a fragile group.

Japan is a country with the highest rate of older persons in the world. In 2020, the proportion of the population aged 60 years or older in Japan was over (one-third) (34.3%) of the total population of 126 million persons. Nearly one out of ten Japanese is the oldest-old. (9.1%). Thus, with such an aged population, it will be interesting to see the relative impact of COVID-19 in Japan compared with other countries with similar vaccination rates.

As of December 31, 2020, Japan had recorded a cumulative total of 235,811 COVID-19 cases, or 1,864 per million population. The number of COVID-19 deaths was 3,292 in 2020, or a death rate of 26 per million population.² While Japan has a large number of older people, mortality among the older persons is much lower than in Western countries.

“Being forced to practice social distancing accelerates deterioration of the physical and mental health of the older persons.”⁹

Japan is the country with the highest aging rate in the world.

Japan has a large number of long-term care facilities to accommodate the growing population of dependent older persons. The COVID-19 pandemic has forced these assisted living facilities to restructure their interiors to ensure social distancing and other measures to prevent the spread of the virus. This also meant a reduction of recreational activities which the older persons rely on to stay active and socially engaged, such as singing karaoke, group exercise, and various other social group activities. Many of these older persons leave their facilities only once a week or not at all.⁹

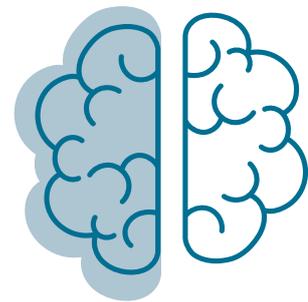
Practicing social distancing and reduced group activities has accelerated physical and mental decline in older adults, especially those with early-stage dementia, depression, and/or anxiety. This has led to a large increase in the number of older people seeking counseling. However, it is also likely that many older people are still reluctant to seek counseling because they think it is shameful or stigmatizing. Attending clinicians recommend that the older persons eat regularly scheduled meals, get plenty of sleep, exercise by walking, refrain from watching television (to reduce excessive exposure to COVID-19 news), and maintain contact with family members and friends to prevent depression, which is a risk factor that leads to dementia.⁹

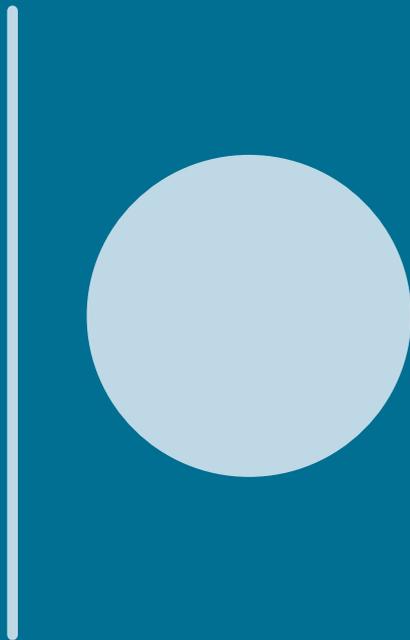
A survey of a sample of 8,000 Japanese aged 40 years or older found that 27% of the persons aged 60 years or older began to experience unusual forgetfulness and practice repetitive actions. Approximately half of the older persons had lost some degree of physical strength, and most of the oldest-old could no longer drive a car in public. They could not go out to buy meals or groceries by themselves, and could not visit the nearest market if it was too far from their residence. Therefore, an increasing number of older persons are ordering uncooked food other supplies for the preparation of meals at home. While that improves convenience in everyday shopping, home delivery means a reduction in social activity outside the home. This isolation is also associated with more online activities such as viewing online music concerts, engaging in virtual group exercise sessions, and playing online quiz games to stimulate cognitive function and memory. In Japan, some websites offer virtual tours that take the viewer to visit different places of note.⁹

Some seriously ill older persons refuse to be transferred to an assisted-living facility, preferring to spend their end-stage of life at home with family members and familiar surroundings.

A major challenge for Japan during the COVID-19 pandemic is planning treatment and equipment in advance, and respecting the final wishes of the older persons while they are still able to rationally communicate without increasing risk for COVID-19 transmission.⁹

In Japan, **27**
older persons aged 60
years or older develop
excessive forgetfulness, and
tend to display repetitious
speech and behavior.





1.2

Aging of ASEAN

1.2.1

Size and structure of the ASEAN population in 2020

In 1999, ASEAN had ten member countries, namely Brunei, Cambodia, Indonesia, Laos, the Philippines, Malaysia, Myanmar, Singapore, Thailand, and Vietnam. In 2019, the population in ASEAN was 517 million persons. The older persons rate (60+ years old) was 7.3%, and the oldest-old rate (80 years or older) was only 0.7%.

In 2020, ASEAN had a total population of 664 million persons, 105.7 males per 100 females, 73 million older persons (60 years or older), an older person rate (60 years or older) of 11.0%, and 7.6 million oldest-old (80 years or older) or an oldest-old rate of 1.1%.

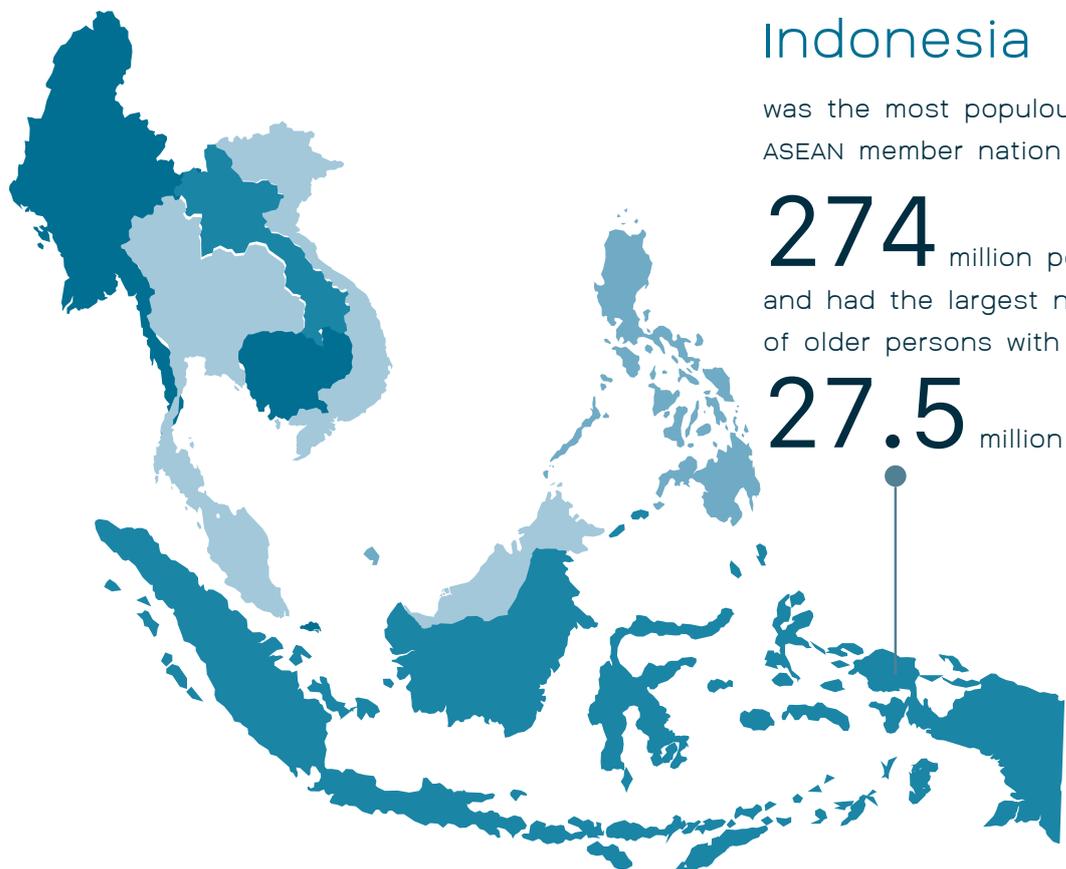
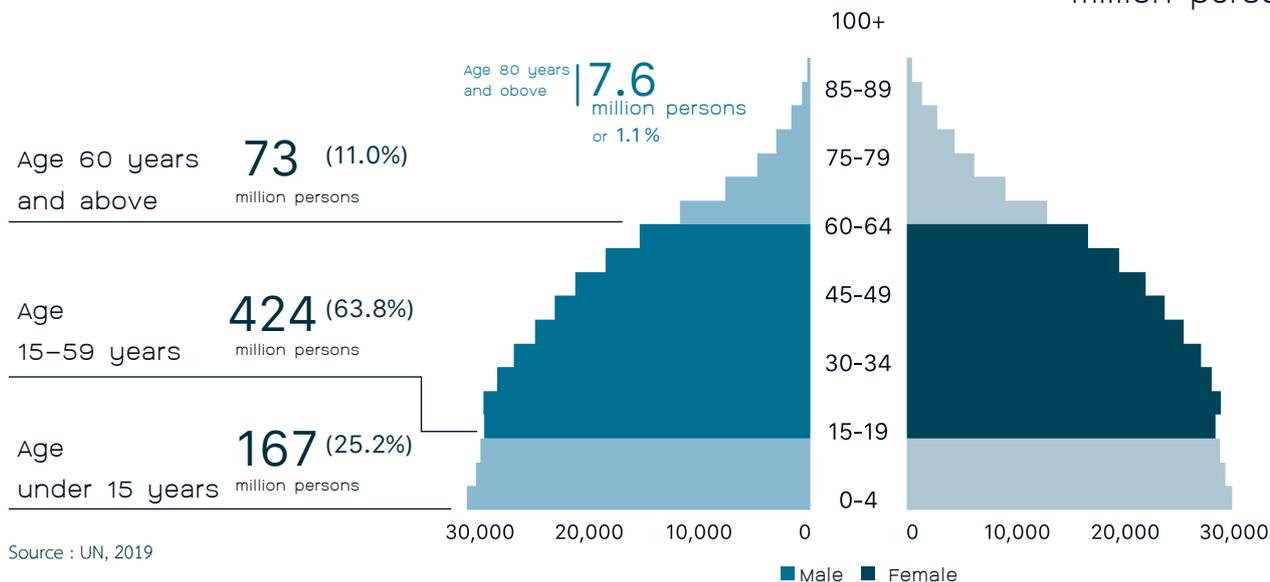
By 2020, as many as six ASEAN member countries had become aged societies. Ranked in descending order by older person rate, these countries are Singapore (20.9%), Thailand (18.1%), Vietnam (12.3%), Malaysia (11.0%), Indonesia (10.1%), and Myanmar (10.0%), which just became an aged society in 2020.

By 2020, as many as
6 ASEAN
member countries
had become an
aged society.

Laos and Cambodia
are the youngest countries in
ASEAN, with less than **7%** of the
population age 60 years or older.

ASEAN Population Pyramid 2020

ASEAN population
664
million persons



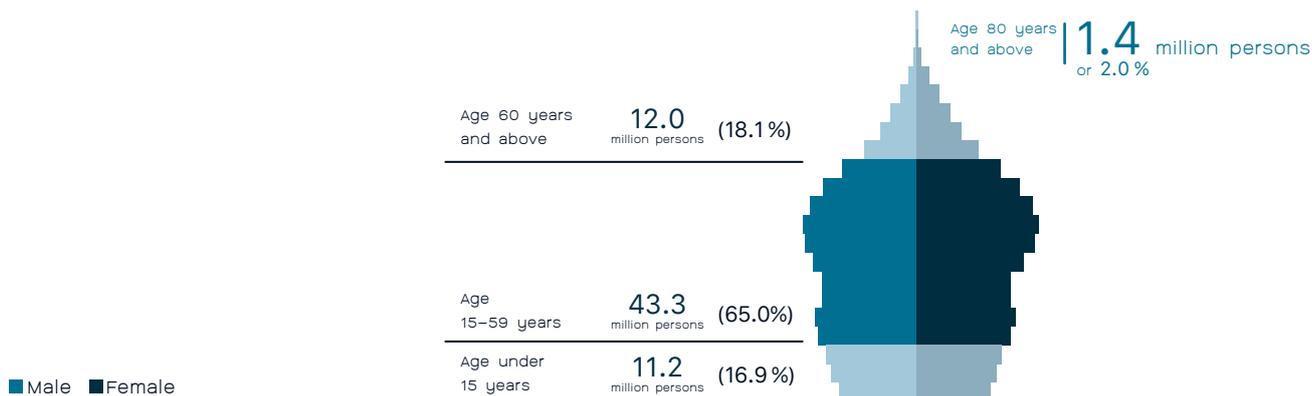
ASEAN member country populations in 2020

Source : UN, 2019, * NESDC, 2019

Thailand

Total Population

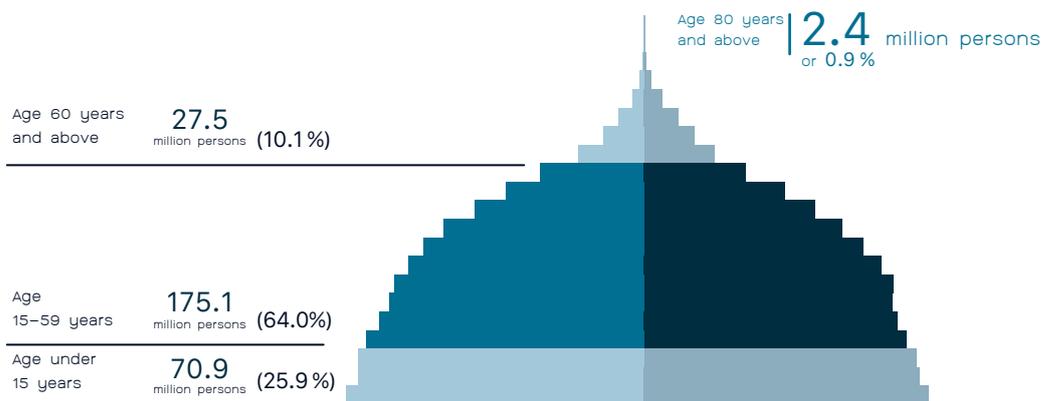
66.5 million persons*



Indonesia

Total Population

273.5
million persons



Laos

Total Population

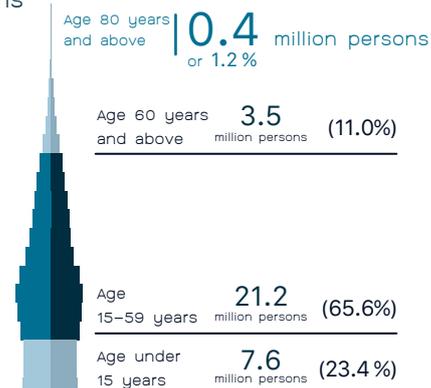
7.3
million persons



Malaysia

Total Population

32.3
million persons

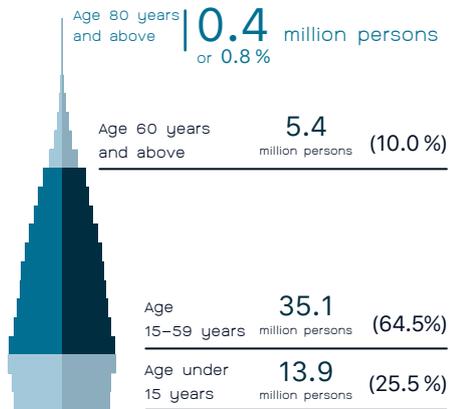


Myanmar

Total Population

54.4

million persons

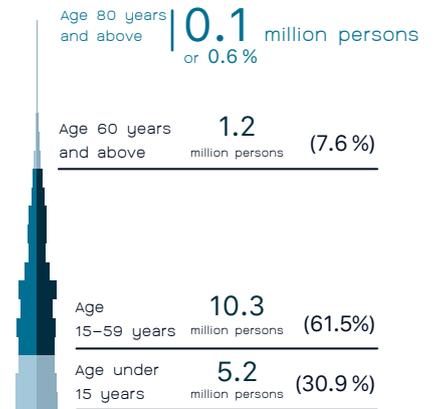


Cambodia

Total Population

16.7

million persons

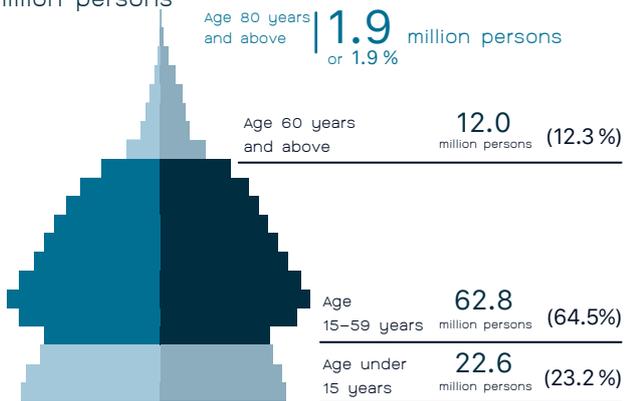


Vietnam

Total Population

97.4

million persons

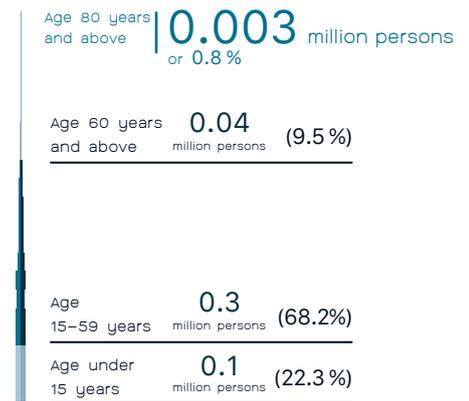


Brunei

Total Population

0.4

million persons

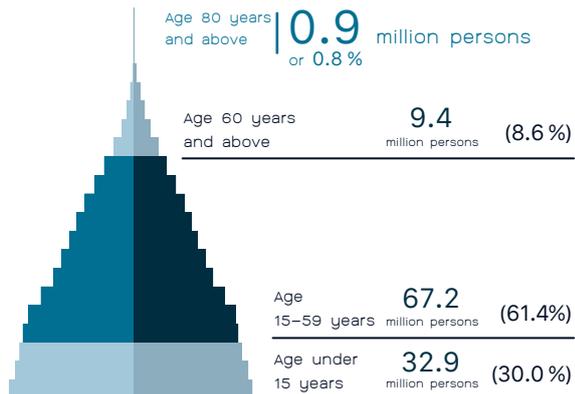


Philippines

Total Population

109.5

million persons

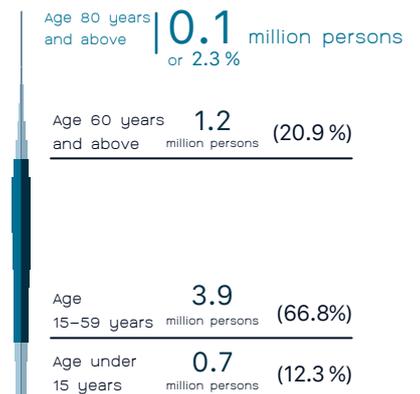


Singapore

Total Population

5.8

million persons



1.2.2

Future population trends for ASEAN

Over the next 20 years, by 2040, the UN⁶ estimates that the ASEAN population will reach 764 million persons.

ASEAN will have a population age 60 years or over, numbering 143 million persons, or 18.7% of the total, and a population age 80 years or older, numbering 19.6 million persons, or 2.6% of the total.

In the next 20 years, of the four countries in ASEAN that are or near complete aged societies in 2040 (namely Singapore, Thailand, Brunei, and Vietnam), **Singapore and Thailand will become “super-aged” societies.**

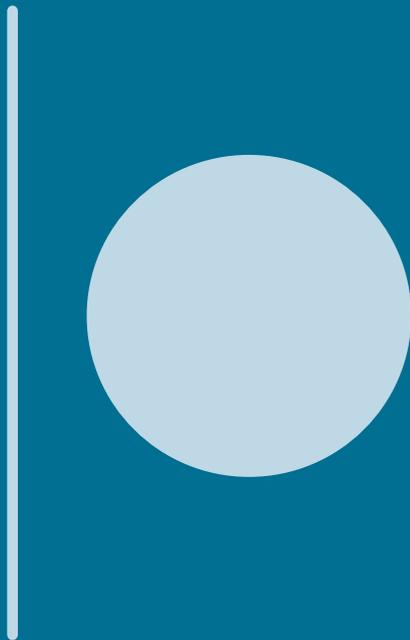
By 2040
all countries in
ASEAN will be
“aged society”⁹⁹

Population (million persons) and percent of the total population, by age group: 2040

| Country | Population (million persons) (%) | | |
|-------------|----------------------------------|-----------------|------------------------|
| | Age 0-14 years | Age 15-59 years | Age 60 years and above |
| Brunei | 0.1 (16.2%) | 0.3 (61.2%) | 0.1 (22.6%) |
| Cambodia | 5.0 (24.1%) | 13.3 (64.8%) | 2.3 (11.1%) |
| Indonesia | 66.9 (21.0%) | 194.3 (61.0%) | 57.4 (18.0%) |
| Laos | 2.1 (23.9%) | 5.8 (64.5%) | 1.0 (11.6%) |
| Malaysia | 7.3 (18.8%) | 24.6 (63.4%) | 6.9 (17.8%) |
| Myanmar | 12.9 (21.1%) | 38.5 (62.8%) | 9.9 (16.1%) |
| Philippines | 32.3 (23.8%) | 84.7 (62.5%) | 18.6 (13.7%) |
| Singapore | 0.7 (10.9%) | 3.4 (52.8%) | 2.3 (36.3%) |
| Thailand | 8.4 (12.8%) | 36.5 (55.8%) | 20.5 (31.4%) |
| Vietnam | 19.4 (18.0%) | 64.5 (59.9%) | 23.8 (22.1%) |
| ASEAN | 155.1 (20.3%) | 465.9 (61.0%) | 142.9 (18.7%) |

Source: UN, 2019

Remark: Thailand Population by NESDC, 2019¹⁰



1.3

Aging of the
Thai Population

1.3.1

Size and structure of the Thai population

In 2020, the total number of the Thai population was 66.5 million persons. The gender ratio was 93 males per 100 females, with 12 million persons age 60 years or older, accounting for 18.1% of the total population.

Thailand is projected to become a “**complete aged societies**” by 2022. This means that Thailand will have taken a mere 17 years to transition from an “aged society” (in 2005) to a complete aged society (in 2022).

The age structure of the Thai population has changed dramatically over the past half-century, transitioning from a relatively young population to an older population at record speed. In 1970, Thailand had a population aged 60 years or older of only 1.7 million persons, equivalent to 4.9% of the total population. However, by 2020, the number of older persons increased to 12.0 million persons, or 18.1% of the total population.

Thailand is projected to become a “complete aged society” by **2022.**

In 1970

Total Population

34.4

million persons

4.9%

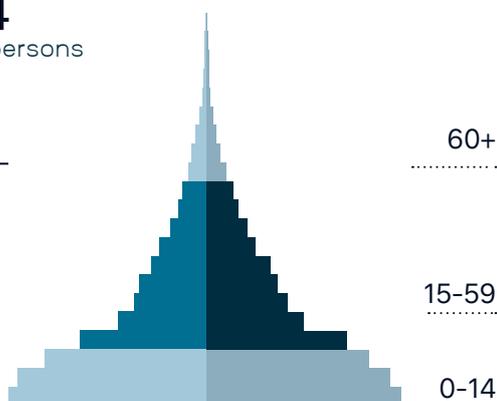
60+

50.0%

15-59

45.1%

0-14



In 2020

Total Population

66.5

million persons

■ Male ■ Female

18.1%

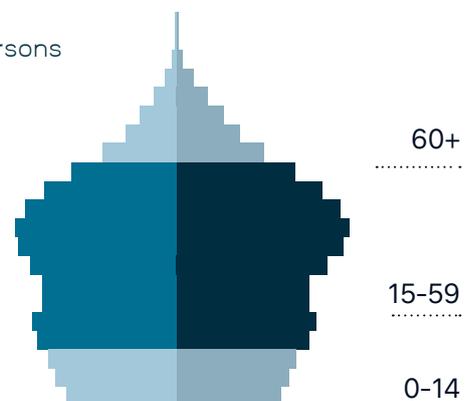
60+

65.0%

15-59

16.9%

0-14



Source : NESDC, 2019¹⁰

At present, the growth rate of Thai population is slowing down and approaching zero growth, year-to-year. In the next 20 years, the rate of population growth is projected to become negative.

Even though Thailand’s overall population will still increase (at a declining rate), the older population will increase at a very high rate, or about 3.5% per year, while the population of the oldest-old will increase over twice as fast, or 7.1% per year.

In the next 20 years, the number of Thai oldest-old (80 years or older) will reach 3.4 million persons, representing 5.2% of the total population.

The Thai Aging Population in the next 20 years



| Age (years) | 1970 | | 2020 | | 2040 | |
|-------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| | number (million persons) | % of total population | number (million persons) | % of total population | number (million persons) | % of total population |
| 60 or older | 1.7 | 4.9 | 12.0 | 18.1 | 20.5 | 31.4 |
| 70 or older | 0.6 | 0.9 | 4.8 | 7.2 | 11.1 | 16.9 |
| 80 or older | 0.1 | 0.2 | 1.4 | 2.1 | 3.4 | 5.2 |
| All older persons | 34.4 | | 66.5 | | 65.4 | |

Source : NESDC, 2019¹⁰

1.3.2

The Thai “Million Birth Cohort”⁹⁹ is becoming older persons

Since 1937, the Ministry of the Interior has reported the number of births and deaths registered each year on December 31. Since then, each year, the number of births exceeded the number of deaths. In 1965, the number of births was four times higher than the number of deaths. However, over the past 30 years, the difference between the number of births and deaths has begun to decline steadily.

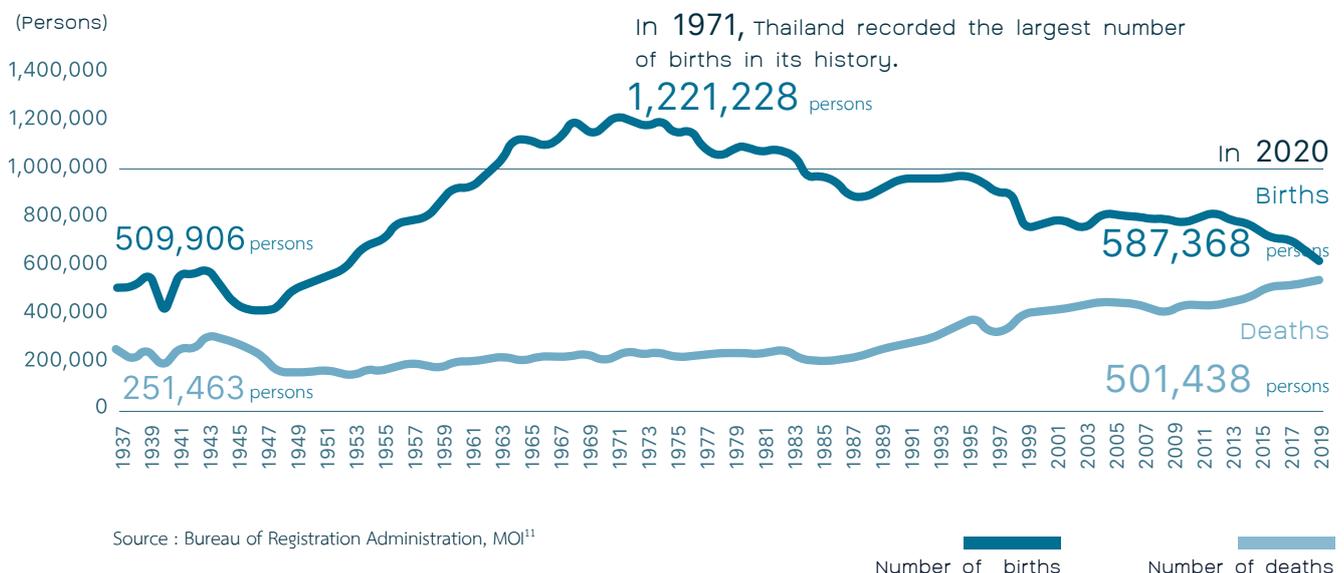
The gap between the number of persons born and persons dying each year is getting narrower. In 2020, only 85,930 more persons were born than died, representing an annual population growth rate of only 0.12%.

Between 2020 and 2040, the younger population will decline while the older population will increase. The year 2019 is the first year that Thailand had more older persons than children. The working-age population (15-59 years)

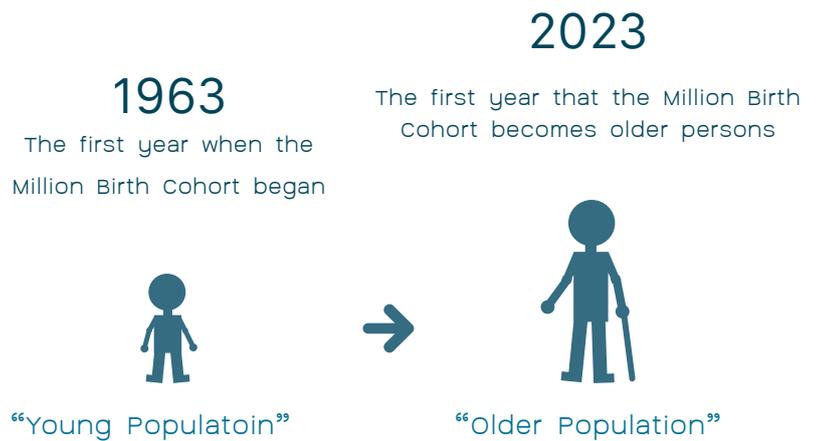
will gradually decline from 43 million persons in 2020 to only 36 million persons in 2040. The ratio of the working-age population to the older population will decrease from 3.6 persons to 1.8 persons.

The year **2020** was the first year that the number of children born in Thailand fell below **600,000** persons and the number of deaths was over **500,000** persons.

Number of births and deaths in Thailand, 1937-2020

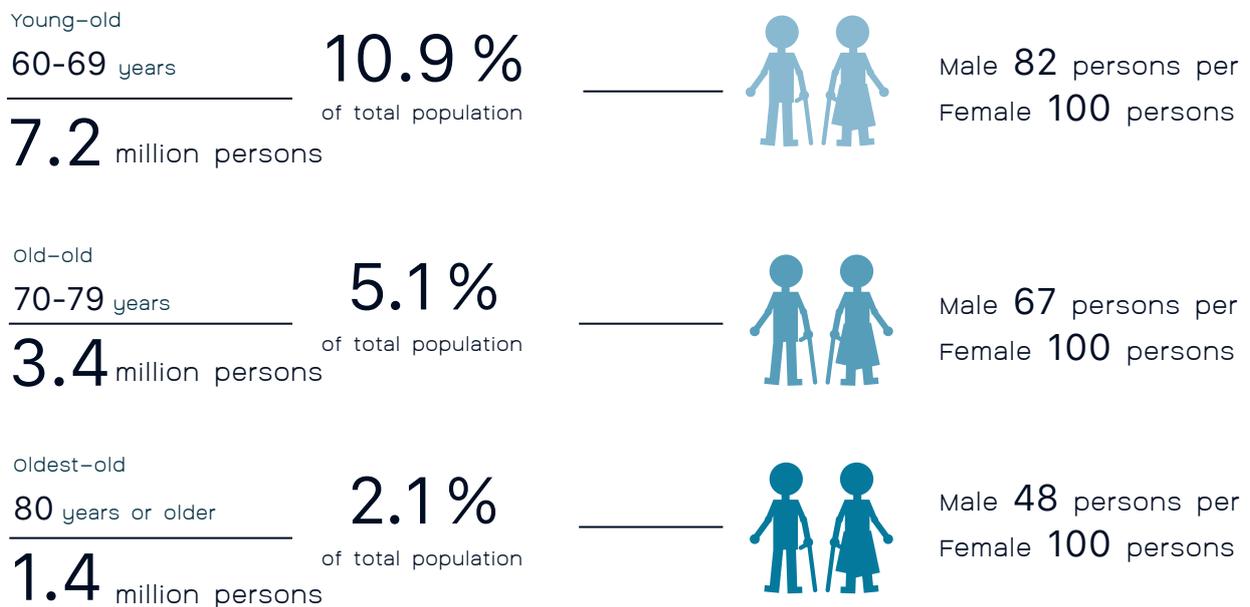


A demographic “Tsunami,” or “Million Birth Cohort,” consists of those Thais born between 1963 and 1983. That wave is now preparing to crash onto the older population group. Persons born in 1963, numbering more than one million, will start to become older persons in the coming three years (i.e., by 2023).



Women live longer than men.
In the Thai older population,
there are more women than men.

Sex ratio of Thai older persons



The population of children (age 0-14 years) has a sex ratio of 105 males per 100 females.
The working-age population (15-59 years old) has a sex ratio of 97 males per 100 females.

1.3.3

Thai older population in the next 20 years

In the next 20 years, it is projected that the Thai population will decline from 66.5 million in 2020 to 65.4 million in 2040. The proportion of young people (0-14 years) will decrease from 16.9% to 12.8% of the population, while the working-age population (15 -59 years) will decrease from 65.0% to 55.8%

The proportion of older persons will increase from 18.1% in 2020 to 31.4% in 2040. The number of older persons Thais will almost double, from 12 million persons to 20.5 million.

Number and proportion of the population by age group

| Age (years) | 2020 | | 2040 | |
|----------------|-----------------|----------|-----------------|----------|
| | million persons | (%) | million persons | (%) |
| 0-14 | 11.2 | (16.9%) | 8.4 | (12.8%) |
| 15-59 | 43.3 | (65.0%) | 36.5 | (55.8%) |
| 60+ | 12.0 | (18.1%) | 20.5 | (31.4%) |
| Total | 66.5 | (100.0%) | 65.4 | (100.0%) |

Source : NESDC, 2019¹⁰

The rate of young older persons will increase from 10% in 2020 to 14.5% in 2040, bringing the number of young-old older people to nearly 10 million persons. If this group of older persons are still healthy, energetic and able to work, they will be able to earn money, take care of themselves, and contribute to society and their family.

The number of the old-old and the oldest-old populations will increase more than 2-fold. The oldest-old, a group of increasing dependence on others, will increase from approximately 1.4 million persons in 2020 to 3.4 million in 2040.

Number and proportion of the older population: 2020 and 2040

| Age (years) | 2020 | | 2040 | |
|-------------------|-----------------|---------|-----------------|---------|
| | million persons | (%) | million persons | (%) |
| 60–69 (young–old) | 7.2 | (10.9%) | 9.5 | (14.5%) |
| 70–79 (old–old) | 3.4 | (5.1%) | 7.6 | (11.7%) |
| 80+ (oldest–old) | 1.4 | (2.1%) | 3.4 | (5.2%) |

Source : NESDC, 2019¹⁰

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Impact of COVID-19 on the Thai Older Persons

This chapter on the impact of COVID-19 refers to the pandemic in 2020 only. In other words, the major part of the discussion refers to the 1st wave of pandemic spread of COVID-19 which occurred in March-April 2020. Thus, this report does not include a discussion of subsequent waves of COVID-19, which were more widespread and damaging than the 1st wave.

02

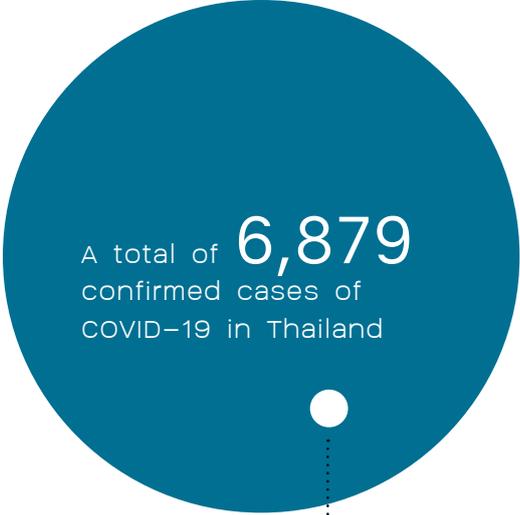
2.1

Number of Thais infected with COVID-19 and dying from COVID-19

The coronavirus disease 2019 (COVID-19) pandemic has impacted the lives of people, families, communities, and the economy, as well as the sustainability of countries around the world. In every case, evidence shows that the risk of serious illness and death from COVID-19 infection increases dramatically as a person ages. Therefore, countries with a large proportion of older persons are more likely to experience infection and death than countries with younger populations.

Thailand has one of the highest rates of aging in Southeast Asia, with a population aged 60 years or older in 2020 that is 18.1% of the total.

Thailand reported its first case of COVID-19 on January 13, 2020, and, despite large caseloads at the time, the Thai government took strict steps to curb the spread of the pandemic. A state of emergency was declared on March 26, 2020, and various public health measures were mandated to prevent and contain the spread of the virus.



A total of **6,879** confirmed cases of COVID-19 in Thailand

Older persons (age 60 years or over) or **543** persons or **7.9%**

Throughout most of the remainder of 2020, these measures proved to be successful in controlling the number of COVID-19 cases. The Department of Disease Control of the MOPH announced that, from January 1 to December 31, 2020, there were a total of 6,879 confirmed cases of COVID-19 in Thailand. Of these, 543, or 7.9%, were older persons, comprised of 353 males and 190 females.

There were 29 older patients who died, representing a COVID-19 mortality rate of 5.3%.

2.2

Impact of COVID-19 on the Thai Older Persons

The number of COVID-19 infections in the Thai older persons was not large compared to other countries. Part of this is certainly attributable to the Thai government's strict pandemic control measures, including periods of lockdown* whenever and wherever an outbreak occurred. That said, the harsh government containment measures throughout most of 2020 have had an adverse impact on the livelihoods of people of all age groups. In terms of the economy, health, and society, the older persons are one of the key demographic groups affected -- both directly and indirectly -- by the spread of COVID-19 and the government's harsh containment measures.

In this chapter on the impact of COVID-19 on the Thai older persons, the presentation of the data focuses on two groups, namely: 1) the general older population; and 2) the low-income older persons.

2.2.1

Economic Impact

The COVID-19 pandemic has resulted in a decline in economic activity across the country in all sectors. Many people lost their jobs and income, including the older persons.

2.2.1.1

Economic impact on the general older persons

UNFPA (Thailand) funded a study conducted by the College of Population Studies, Chulalongkorn University¹ to assess the impact of the COVID-19 pandemic on the Thai older population. The survey took a sample of 1,230 cases** (all income groups) and conducted field work in July 2020. Key findings of the survey are as follows:

Before the COVID-19 crisis, nearly half (47.2%) of the older persons were still working to earn a living

* The lockdown measures used in Thailand were relatively different from the lockdowns enforced in other countries. In Thailand, they refer to the closure of specific places, reduced travel or outings at certain times, and the specification of prohibited things (e.g., enter the designated areas according to the provincial governor's order, enter the Kingdom of Thailand (except for certain types of individuals), gather, and spread false information and fake news).

** Information used to present the impact of COVID-19 on the Thai older persons in this report was synthesized from the results of various related studies conducted in 2020. Although the sample size may not be considerable, these surveys provide appropriate samplings to represent specific older population groups in Thailand.

81% of working older persons faced obstacles to stay gainfully employed during the COVID-19 pandemic

4% lost their jobs,
16% could not use the space where they had previously conducted trade,
and 9% had their salary/compensation reduced

Older persons who lived in urban areas faced more problems related to work than the older persons living in rural areas during the COVID-19 pandemic.

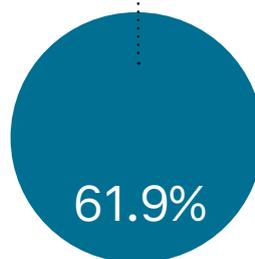
The proportion of the older persons' work dropped from **40%** in the pre-pandemic period to only **22%** during the pandemic.

As a result, the state welfare/pension has become the primary source of income for the older persons in Thailand. The proportion of an order persons' income from the state subsidy increased from 40% in the pre-COVID period to 56% during the pandemic.

Older people earning enough to survive decreased from 54% to only 37%, before and after COVID-19, respectively.

Older persons who affected by economic impact of COVID-19

Older persons
(age 60–75 years)



Older persons
(age 75 years and above)

The NSO conducted a public opinion survey on the “New Normal Life” in October 2020 with a national sample of 6,970 persons age 15 years or older. That survey included 1,729 older persons, and found that half (50.7%) of the older persons had significantly reduced income due to COVID-19: 61.9% of the older persons age 60-75; and 39.5% of the older persons over age 75 years.

It can be said that a significant portion of the Thai older persons is facing increasing income insecurity during the “sunset” years of their life.

2.2.1.2

Economic impact on the older persons with low income

The Thai government's lockdown measures to control the spread of COVID-19 has come with various inconvenience, especially infringing on the conduct of retail economic activity, and this has affected the work and income of the older population more than other groups. **In particular, the low-income older persons still in the labor force and holding a State Welfare card constitute just under half (45%) of the total older population.** This low-income group of Thais is one of the most vulnerable populations to the most severe economic impact of the pandemic.

TGRI funded a study conducted by the Institute for Population and Social Research (IPSR), Mahidol University² that explored the impact of lockdown measures on living conditions and access to services, specifically among the older persons with low income who qualified for the State Welfare card. Data collection was conducted during October-November, 2020 among 808 older persons living in Bangkok,^{***} as well as urban and rural areas of other provinces. The following are key findings:

57.7% of low-income older persons depended on remittances from children

● During the Pre-lockdown

40.0% still had to work to make ends meet

40.7% were primarily responsible for their own household expenses

99.3% received and still relied on the Old Age Allowance (OAA) to survive

65.2% did not have savings

^{***}Information used to present the impact of COVID-19 on the Thai older persons in this report was synthesized from the results of various related studies conducted in 2020. Although the sample size may not be considerable, these surveys provide appropriate samplings to represent specific older population groups in Thailand.



During the COVID-19 lockdown

77.3% of low-income older persons who were still working suffered and were adversely affected by employment issues due to the COVID-19 outbreak.

55.8% were reduced working hours, 18.4% were suspended from work, and 3.1% were laid off.

Three-fifths (62.5%) of low-income older persons experienced a decrease in income during the lockdowns, and one-third (32.9%) of low-income older persons still had lower incomes even after the easing of the lockdowns. However, low-income older persons living in urban areas faced more income problems than low-income older persons living in rural areas.

Over half (57.7%) of low-income older persons received remittances from their children in the pre-lockdown period. That declined to about a third (35.0%) during the period of lockdown, but then increased to under half (47.1%) after the lockdown ended.

About one in three **(35.0%)** of low-income older persons received remittances from their children during the lockdown.

Just under half **(47.1%)** of low-income older persons received remittances from their adult children after the lockdown ended.



After lockdown

Although the situation and the economic impact on the older persons with low income eased somewhat during the re-opening of affected areas, the vast majority of low-income older persons continued to face the adverse effects of the COVID-19 crisis and economic instability at the end of 2020.



2.2.2

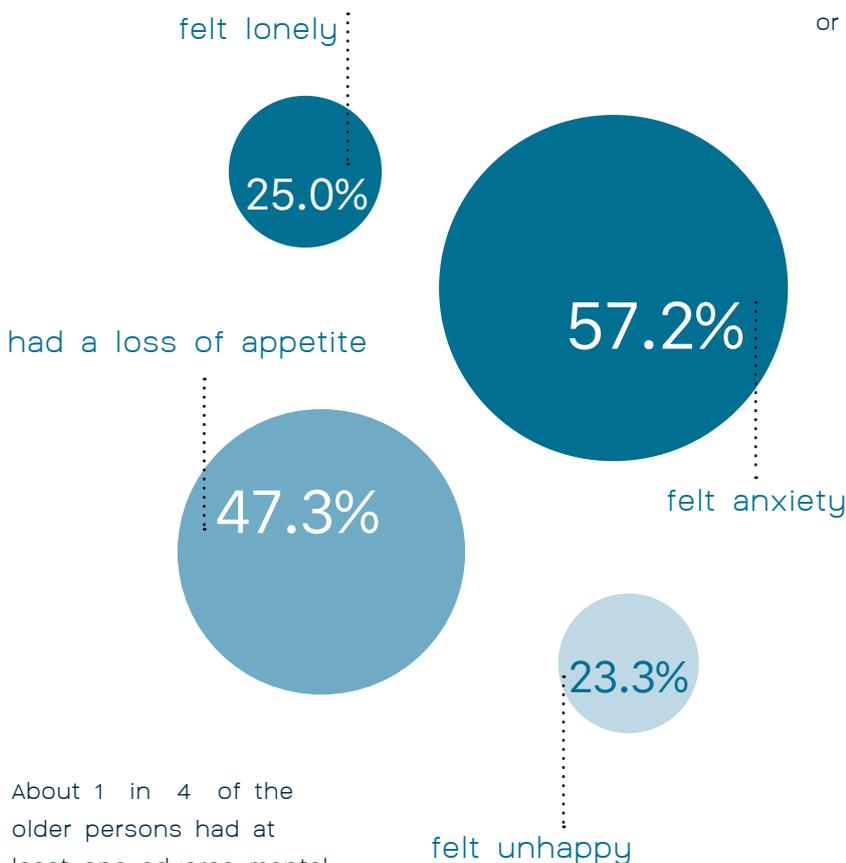
Health Impact

2.2.2.1

Health impact on the general older persons

A study funded by UNFPA Thailand¹ found that the Thai older persons (all income groups) suffered health impacts during the COVID-19 pandemic.

The following are highlights:



About 1 in 4 of the older persons had at least one adverse mental health symptom during the COVID-19 pandemic

80% reported that, during the pre-COVID-19 period, their health status was steady (i.e., no better or worse)



1 in 5

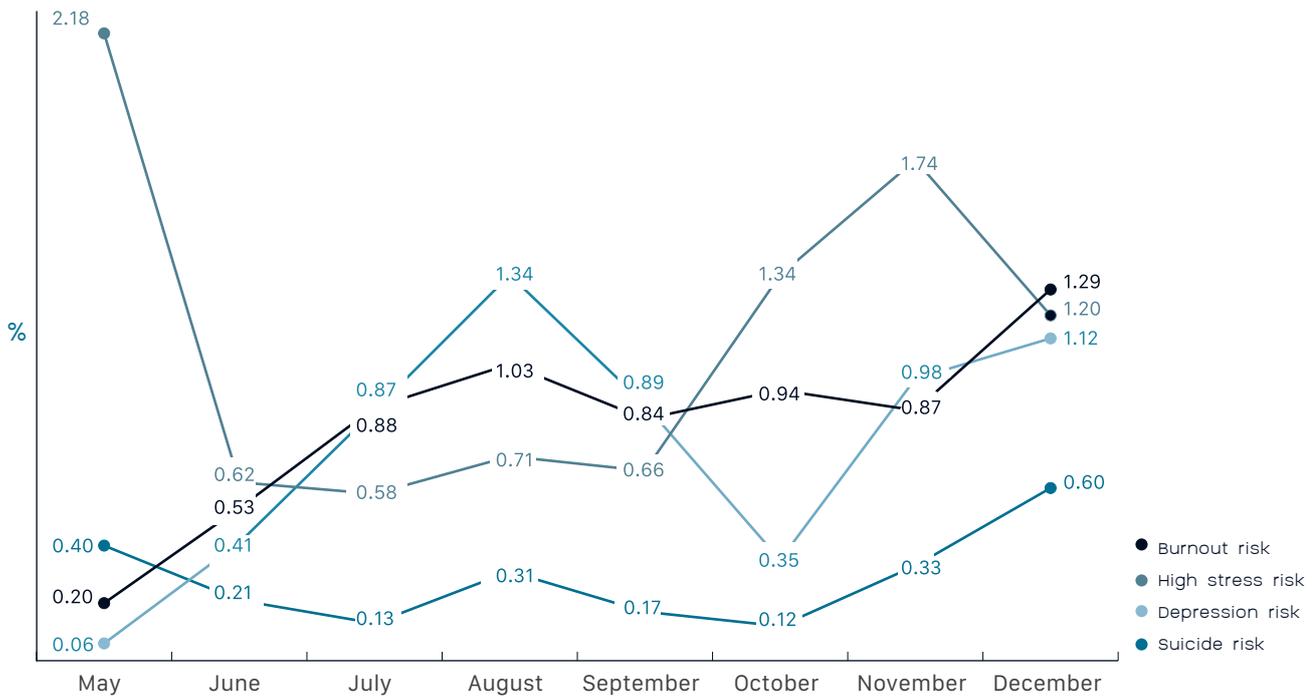
older persons reported worse health status during COVID-19

Top Three

sources of anxiety:

- 1 Worried about finances for themselves and their families (41%)
- 2 Worried that they or a family member would catch COVID-19 (28%)
- 3 Worried that their health would worsen due to missing regular doctor's appointments (18%)

Trends in mental health problems of the older persons during May to December 2020



Source: Department of Mental Health, MOPH (2021)

By area of residence, older persons living in an urban area had greater mental health impact from COVID-19 than to their rural counterparts.

Active screening of nearly 100,000 older persons (May - December 2020) by the Department of Mental Health of the MOPH found that 2.2% had high levels of anxiety during the period of lockdown, but that reduced to 0.6% after the lockdowns were eased. Older persons with symptoms of depression increased from 0.1% in May to 1.3% in August 2020. By December of that year, 1.1% of the older persons still had symptoms of depression.

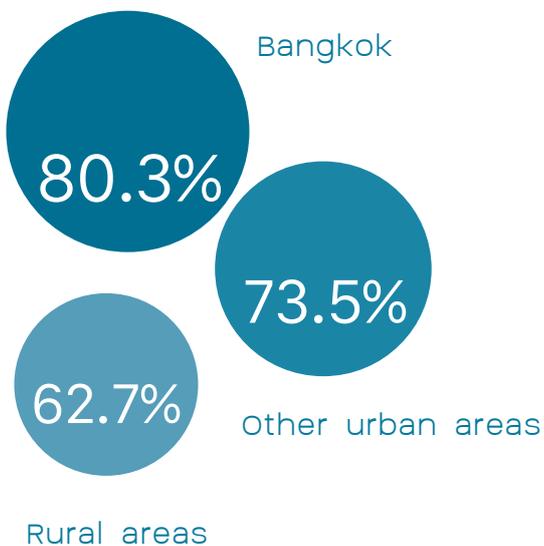
2.2.2.2

Health impact on the older persons with low income

The TGRI-IPSR study² had the following findings for health impacts of COVID-19 on low-income older persons:

3 in 4

had a chronic condition and non-communicable disease



Top Three

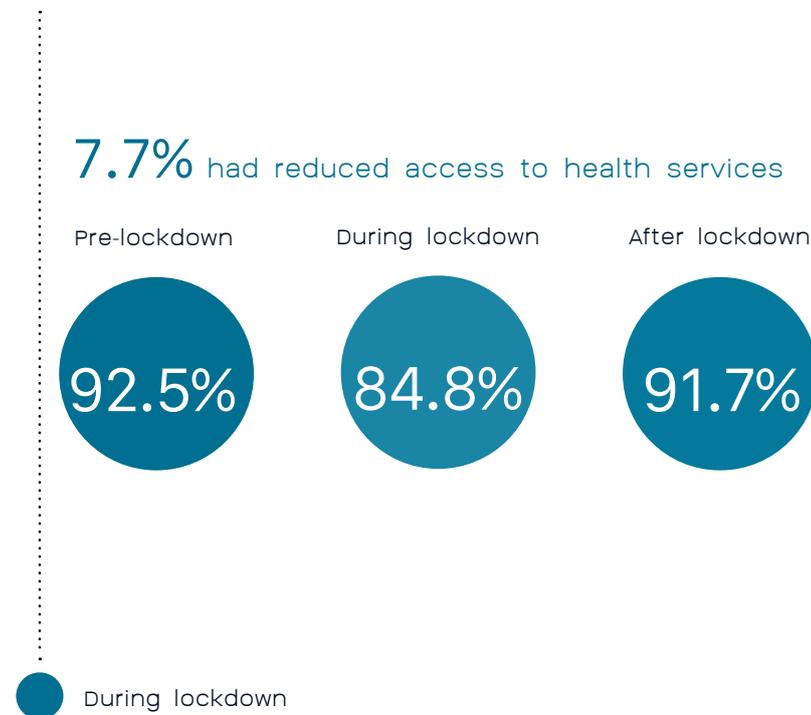
conditions/NCDs of this group of lower-income older persons include:

- 1 75.7% Hypertension
- 2 40.2% High cholesterol
- 3 30.2% Diabetes

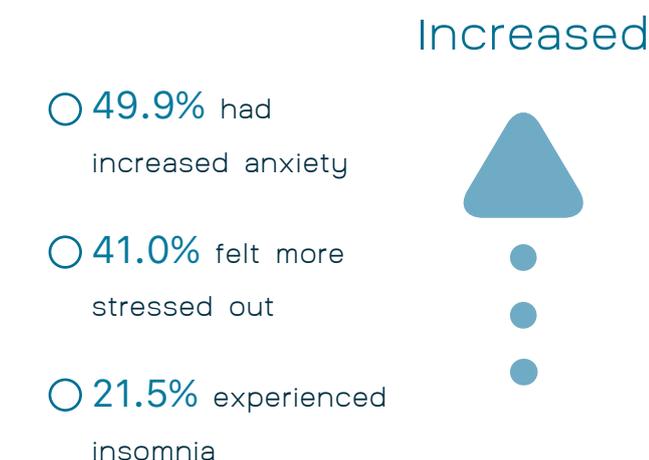
Health insurance coverage for low-income older persons:

- 86.5% Universal Coverage Scheme (UC)
- 6.6% Civil Servant Medical Benefit Scheme (CSMBS)
- 3.7% Social Security Scheme (SSS)
- 3.2% Other rights

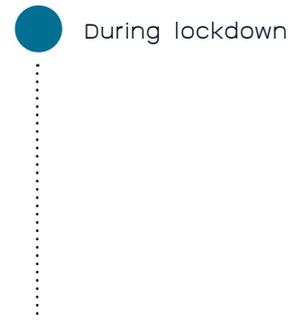
The impacts on access to health services for the low-income older persons during the COVID-19 lockdown² are as follows:



The requirement for the older persons to remain in their household/domicile during the lockdown forced many older persons to change their daily routines, and this could have adverse mental health impacts. In particular, the low-income older persons were more prone to the adverse mental health effects of these travel restrictions as follows:²



Only 3.5% of low-income older persons had been tested for COVID-19



However, after reopening, these psychological effects were reduced to 34.3, 26.4, and 11.4%, respectively. During the period of lockdown, more than three-fourths (78.5%) of low-income older persons had no means of coping with these feelings or dealing with mental health issues. Thus, most chose not to seek professional help.



2.2.3

Social Impact

2.2.3.1

Social impact on the general older persons

The NSO survey of the New Normal Life, conducted in 2020,³ had the following findings on the impact of COVID-19 on the social life of the older persons (all income levels):

Compliance with prevention measures

Most older persons know and adhere to the standard prevention measures promoted by the government. The older persons aged 60-75 years showed better compliance than their counterparts aged over 75 years:

Wear a sanitary mask when outside the home

92.3%

Wash/apply alcohol gel to hands often

86.1%

Do not share serving utensils with others during meals

77.9%

Practice social distancing when in a queue

75.4%

Activities

Activities outside the home or in the community during the COVID-19 pandemic: One in four (24.5%) older persons practiced activities as usual; one in five (21.5%) had reduced social activities; over half (54.0%) went out as necessary



New Normal

Use of technology

83.6% of the older persons did not use electronic forms of technology to pay for purchases (to avoid manual contact with cash) during the COVID-19 pandemic

2 in 3 of the older persons (69.4%) did not scan the “Thai Chana” QR code on their smartphone to register their entry to various shops, stores, malls, outside the home community

89.6% of the older persons did not order meals online during the COVID-19 pandemic

2 in 3

of the older persons (69.4%) did not scan the “Thai Chana” QR code of the government

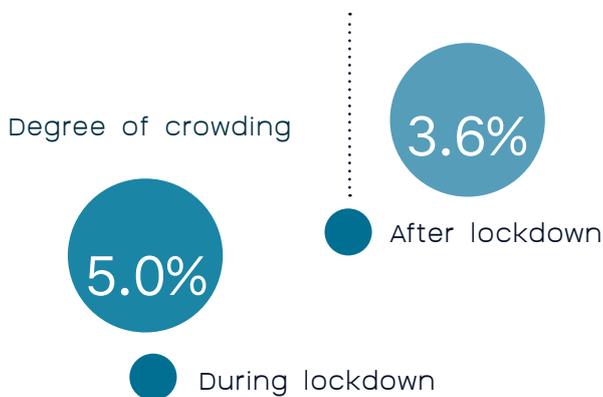
2.2.3.2

Social impact on the older persons with low income

The TGRI-IPSR² study found that **low-income older persons** experienced adverse social impacts during COVID-19, such as living conditions, accessing information, engaging in activities with others, and accessing social services. These impacts during the period of lockdown include the following:

Living conditions

Most low-income older persons were accustomed to living with multiple relatives in the same household. However, the extra degree of crowding in the lockdown situations became stressful for many. Lockdown increased crowding by 5%, which then declined to 3.6% after the end of lockdowns.



3% of low-income older persons said that the number of household members increased during COVID-19

by an average of 1.7 household members

Practicing prevention

Most low-income older persons adhered to the prevention measures promoted by the government.

Wear a sanitary mask when outside the home

93.3%

Wash hands often with soap/gel, and refrain from sharing utensils during meals

78.1%

Refrain from leaving the house if unnecessary

64.0%

Avoid places where there are large groups of people

27.2%

● Additional observation:

Older persons who live in a house with children/grandchildren tend to practice better personal prevention and hygiene than older persons who live alone or with only other older persons.

During lockdown

Receiving information/using technology

98.5% of low-income older persons follow the news.

Only 12.9% of low-income older persons were digitally literate as a means to follow the news. Digital literacy was highest for the young-old older persons, those with young generation members in the household, and those who were still employed outside the home.

Engage in activities

During the lockdown, the low-income older persons increased their screen time (watching TV, the Internet, cell phone) by 10.3%. Screen time increased by 4 hours per day. The young-old older persons spent more screen time than the other older person groups.

The four major activities outside the home conducted by low-income older persons include the following: 1) keep a doctor's appointment (42.5%); 2) conduct essential errands (30.3%); (3) visit relatives or attend a social event (8.3%); and 4) travel to work (7.7%). Even after the end of a lockdown, these activities were still in the same rank order, though at higher levels: 57.9, 41.5, 13.6, and 14.2%, respectively.

3 channels

they accessed news through the following channels:

78.6% TV

44.8% From a relative or close acquaintance

38.5% From the community leader or VHV

General social services

Low-income older persons had greater problems regarding food and meals during the period of lockdown, especially for the older workers. These problems increased by 15.0% during pre-lockdown to 27.1% during the lockdown, and then settled at 18.2% after the end of lockdown.

Problems with meals/access to food during lockdown were greatest in Bangkok (28.7%), followed by older persons in rural areas (28.3%) and provincial urban areas (22.5%).

2.3

Government measures to assist the older persons impacted by COVID-19

The pandemic of COVID-19 has caused many inconveniences to the livelihood of Thai older persons. The government sector, through joint operations of relevant agencies, introduced measures to provide immediate assistance to the older persons in crisis in at least three areas: economic, health, and social.



2.3.1

Economic Measures

The government provided financial compensation to help people who were affected by the pandemic through many projects, for example, to enable the older persons to have access to income assistance. This assistance can be divided into two groups, namely assistance for the general older persons and for the low-income older persons.

(1) Project for general older persons

“Khon La Khreung” Project (i.e., ‘share half and half’)

This project was implemented by the Ministry of Finance with the objective to restore the economy at the foundational level for small entrepreneurs, especially the hawker stalls. The aim was to help boost income from selling retail products and reduce the burden of expenses for the people. In this project, the government pays 50% of the cost for food, beverages, or general merchandise from purchases made via the “Bao Tang” application in participating stores that accept payments via the “Money Bag” application. In the first phase (October 23 - December 31, 2020), the project benefited 10 million participants. The limitation was that the government would pay not more than 150 baht per person per day and not more than 3,000 baht per person throughout the project period, in order to prevent hoarding, and help distribute the benefits as widely as possible.

(2) Project for low-income older persons

Income compensation measures for employees of affected establishments or other affected persons of the COVID-19 pandemic

This project was also implemented by the Ministry of Finance with the objective to help employees (laborers, temporary workers, and

the self-employed who are not in the formal labor sector). The focus was on persons who had reduced hours/days of work or who were laid off due to COVID-19. Eligible participants received a **grant of 5,000 baht per month for a period of 3 months (April - June 2020)** with a limit of 240 billion baht. A total of 16 million persons received the relief payment.

Measures to help vulnerable groups affected by COVID-19

This project was implemented by the MSDHS. It aimed at helping three vulnerable groups affected by COVID-19: 1) Children from birth to 6 years of age from households in poverty, totaling 1,394,756 cases; 2) Handicapped persons, totaling 1,330,529 persons; and 3) Older persons, **totaling 3,983,685**. **Each participant received a cash payment of 1,000 baht per month for a period of 3 months (May - July 2020)**, which was an increase from the welfare subsidy they were already receiving, such as the subsidy for raising a newborn, pension for the disabled, and the Old Age Allowance. This project had a funding limit of 20,345,643,000 baht.

According to a study of TGRI-IPSR,² it was found that 93.1% of low-income older persons received financial assistance through the COVID-19 impact relief program from the government, with 51% receiving a subsidy of 5,000 baht for three months, while the other 42% received a subsidy of 1,000 baht for three months.

Project to increase purchasing power for those who have a state welfare card

This project was implemented by the Ministry of Finance with the objective to reduce the burden of expenses for those who had a State Welfare card, or about 14.5 million impoverished persons during the COVID-19 situation. This group of cardholders comprised those who were unable to hold a steady job, or had reduced income due to the pandemic. The project aimed at helping these individuals to increase their ability to purchase essential consumer goods from participating outlets (i.e., “Thong Fah” stores). The subsidy was valued at 500 baht per person per month, for a period of 6 months (October 2020 - March 2021), totaling 41,558 million baht.

In this regard, to access government cash assistance (e.g., 5,000 baht per month for three months), recipients had to first register via online channels. That requirement may have been a major obstacle for those older persons who were not digitally literate. Therefore, the technology gap could be one of the barriers to access economic assistance measures from the government.

According to the data of the MSDHS, it was found that 27,659 older persons used the Hotline #1300 (M-Society One-Stop Service Center) to inquire about these financial relief measures.

According to a study by UNFPA Thailand, 75% of the older persons received subsidized medical assistance from the government during the COVID-19 pandemic.



2.3.2

Health Measures

Drug delivery service

To prevent and control the spread of COVID-19 as well as reduce the risk of patients traveling to the health centers/hospitals. This is to provide resupply of medicines or medical supplies for older persons with chronic conditions. The National Health Security Office (NHSO) has implemented a drug delivery service program via Thailand Post for those eligible in the Universal Coverage Scheme (UC).

During April - September 2020, it was found that the 212 participating service units had resupplied 134,464 patients through 154,612 service contacts. It can be said that, during this COVID-19 crisis, home delivery services were being used practically to help reduce the inconvenience in traveling to the health facilities by older persons who often have NCDs and need to receive medication regularly.

The results of the TGRI-IPSR study² found that there was a marked increase in low-income older persons who received medication delivery via postal services to their home or their local health centers. This increased ten-fold from just 0.3% of resupply trips in the pre-Covid period to 3.0% during the lockdown period, but then dropped to 0.8% in post-lockdown period. Postal services of prescription drug showed the most significant increase in urban areas (besides Bangkok), while the low-income older persons in rural areas and Bangkok received such services at a lower proportion. In any case, the post mail delivery service is an important and creative health measure to prevent interruption of medication which has to be taken on a continuous basis to older persons who are in need.

Budget support from health insurance funds in the local area

The Community Health Security Fund (Local Fund) contributed by local administrative organizations has played an important role in supporting projects to prevent the spread of COVID-19 for people of all backgrounds and age groups in the local area. In FY 2020, the funding for measures to prevent the spread of COVID-19 that were supported by the Local Fund in 5,204 localities totaled 991 million baht.

Characteristics of projects or operational activities supported by these funds:

- (1) Campaign to raise awareness in COVID-19 prevention according to the guidelines of the Department of Disease Control: 8,637 projects
- (2) Procurement of personal protective equipments such as masks, hand sanitizers, thermometers: 3,701 projects
- (3) Screening of risk groups: 1,125 projects
- (4) Visiting to monitor risk groups in communities: 759 projects
- (5) Surveillance of people traveling into the locality from other areas: 1,974 projects



2.3.3

Social Measures

Increased role of community-based volunteers

During the COVID-19 pandemic, volunteers who cared for the older persons - including both the VHV in provincial areas and Bangkok -- played an important role in helping those older persons in crisis, both in the form of checking up on the physical and mental health of older persons, and distributing food to the home or community near the homes of older persons.

According to the TGRI-HPSR study², it was found that the role of volunteers in aiding low-income older persons significantly increased during the period of lockdown, with an increase of 58.4% in both checking up on their status and frequency of visits. However, the proportion increase dropped back to only 16.5% after the lockdown ended. Older persons in provincial urban areas received the most service from VHVs (64.0%), followed by Bangkok (62.9%) and rural areas (43.8%).

According to the data of the Department of Health Service Support, MOPH, in 2020, there were a total of 1,027,036 active VHVs around the country. The government provided extra compensation for hazardous duty for the VHVs in conducting surveillance, prevention and control of COVID-19. This extra compensation extended from March - September 2020, with the budget not exceeding 3.62 billion baht. The VHV also conducted continuous communication activities to educate and build understanding about COVID-19 in their assigned communities.

According to the data of the Ministry of Social Development and Human Security (MSDHS), in 2020, there were a total of 24,293 active MSDHS volunteers specializing in eldercare of all provinces across the country.

Assistance from the private sector and Civil Society

In addition to social assistance from the government sector, it was also found that the private sector, LAOs, and civil society organizations also play an important role in helping the older persons, especially during the lockdown period. These entities helped distribute consumer goods to alleviate suffering, and there were many interesting projects that were set up such as “The Thai Red Cross Director’s Royal Kitchen Upanayika,” the Pansuk pantry-sharing project, the food bank project to mitigate the COVID-19 situation, reducing the price of meal kits produced by private companies, and delivering food to the older persons by some LAOs⁴.

According to the survey, 80.1% of low-income older persons received free food distribution during the lockdown, but that proportion dropped to only 12.9% after the end of lockdown. Low-income older persons in provincial urban areas received charity aid the most (88.5%), followed by Bangkok (87.7%), and rural areas (56.2%). After the end of lockdown, the proportions of older persons receiving charity aid declined markedly in all three areas (to 10.0, 18.2 and 5.0%, respectively)².

Such information shows that the management system to provide assistance to the older persons, especially in the matter of food distribution in crisis, is ad hoc and lacks continuity. The motivation to help the older persons seems to be only during the lockdown, while after the end of lockdown, those older persons still in need of assistance are left to their own devices.

Information dissemination about the prevention guidelines

Many government agencies, especially the MOPH and the MSDHS, have joined together to implement measures to prevent and control COVID-19 and to publicize information on guidelines for behavior in various situations. The general public and the older persons are able to access information and receive news from the government about such measures as wearing masks, washing hands, and social distancing. This information is broadcasted through television, radio, online media, and news distribution from community leaders.

Policy Recommendations

The Thai older persons are being adversely affected, both directly and indirectly, by the COVID-19 crisis, especially during the lockdown. Access to services and care for the older persons in many aspects are the same issue. These problems existed before the COVID-19 crisis. However, the lockdown measures, along with the inconvenience of the many containment measures, helped to expose these problems.

As Thailand continues to face the crisis of the impact of COVID-19, this report recommends that the government must introduce policies and measures (policy redesign) to create economic and social stability for the older persons in the long run. This includes solving the problems of inaccessibility and inadequacy of social services for the Thai older persons, especially the low-income older persons who currently total nearly 5 million persons or 45% of the whole older persons.

This report also recommends that the government should review and re-design existing welfare systems and social services for the older persons that are not limited to the older persons but also cover

those who are pre-aging or the future older persons. Efforts and policy measures at all levels are required, with particular attention given to differences in age, housing patterns, and areas of residence of older persons, as reflected in plans for the response to the impact caused by the COVID-19 crisis and solutions for the long-term prospect.

This report synthesizes findings and policy recommendations from a number of studies which have looked in-depth at the adverse impact of COVID-19 on the Thai older persons.^{1, 2, 4, 5} Improvements are needed for the provision of social services for the older persons, with the following policy recommendations in five aspects to genuinely meet the needs of both older persons today and in the future, and to prepare for future crises or other disasters of unknown origin.

New systems are needed -- not limited to the current older persons population, but to include the future older persons as well.



Economic activity

- Create financial and economic security as a long-term measure for the older persons to have stability and sustainable self-reliance by considering and studying the possibility of increasing the Old Age Allowance to be a living stipend.
- Promote and expand opportunities in employment for the older persons who are still in good health. Older persons should have the option of working in a job, as long as it is not a threat to their health and safety, so that they can still make money and be self-reliant for as long as they want.



Health

- Accelerate the procurement of effective vaccines against COVID-19 infection, so there is sufficient quantity for the population, allocate the types of vaccines according to the physical and health conditions of the population in various age groups, and distribute the vaccination to cover the population of all genders and ages appropriately, universally, and fairly.
- Develop a drug delivery service system to ensure continuity of treatment for the older persons with NCDs or chronic conditions. Extend this service to include a remote treatment system (e.g., telehealth/telemedicine). Such systems should be used to increase convenience in accessing services. However, the quality of treatment must not be reduced.



Information

- Consider creating a Big Data system to link and integrate all types of welfare databases and all government projects for the older persons together, and make the database open to all the relevant agencies, educational institutions, and civil society organizations.
- Consider improving methods of access to welfare and assistance of the government so that the older persons can receive the special care they need (e.g., online registration methods).
- Promote universal access to the internet. This should be defined as a fundamental right that all persons and the older persons should have access to the internet in order to prepare and encourage the population who will become older persons in the future to have access to information through online platforms.



Residential

- Promote knowledge and understanding on home improvement and safety for people of all ages.
- Push for the improvement and modification of housing and environment at the community level to be suitable and safe as the main policy in housing an aging population so that the older persons can live in a familiar community and domicile for as long as they want.



Long-term care

- Empower people in the VHVs and eldercare volunteer systems to provide comprehensive oversight of the older persons in their host communities. This includes the need for an information system and motivational methods to keep these volunteers active in both formal and informal care.

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Situation of Programs for the Older Persons in Thailand

Each year, Thai ministries, bureaus, departments, and agencies implement activities to support the older persons, covering a wide range of dimensions. In this report summarizes activities by agencies which have generously shared information on their operations in support of the Thai older persons. The data shows that, in recent years, various state agencies have been diligently working to support the older persons in various areas, continuously and intensively.

03

3.1

Health and Hygiene of Older Persons

3.1.1

The Department of Health, MOPH, operates the promotion of long-term care for the older persons in the community. There are a total of 6,722 participating subdistricts that have met the criteria for long-term care out of Thailand's total of 7,255 sub-districts, representing 92.0% coverage.

In 2020, a total of 218,093 dependent older persons received support according to Care Plan, out of a total estimated 245,907 dependent older persons, representing 88.7% coverage.

Participating older persons recorded an increase in their ability to perform activities in daily living (ADL) by themselves by 22.0%. There was a 1.4% improvement in helping bed-ridden older persons to be able to move around the home.

The Department of Health supports the eldercare system by building the capacity of personnel through training courses for "care manager" and "caregiver" through curricula of 420 and 70 hours, respectively.

3.1.2

The Department of Older Persons has recruited and trained 24,293 "social development and human security volunteers" (with expertise in eldercare) in collaboration with the Center for Quality of Life Development and Career Promotion for the Older Persons (CQLD) which is located in 1,589 subdistricts in every district nationwide. The CQLD is responsible for giving advice, counseling, home visiting, encouragement, and help to take care of the older persons who are bed-ridden, including older persons who face problems or various hardships in the community. The staff of the CQLD provide up-to-date information on the rights and welfare of the government sector as well as coordinate with the relevant agencies to consider appropriate assistance according to the problems and needs of the older persons.

3.1.3

The Department of Local Administration, MOI, is implementing a one billion baht project under the economic and social rehabilitation plan to help people who are unemployed and dependent so that they can receive health care related to COVID-19.

In 2020, there were a total of **13,615** trained, active Care Managers and **86,404** Caregivers.

This project supports two local eldercare volunteers per subdistrict, with a remuneration of 5,000 baht per person per month. Local eldercare volunteers must be at least 18 years of age and domiciled in that area. They must take care of 4 dependent older persons each, according to the individual care plan (Care Plan), perform their duties at least 8 hours a day, and perform duties for not less than 20 days per month. Eldercare volunteers must have completed 70 hours of training in caring for the older persons according to the Department of Health curriculum. This project started in October 2020 and, by the end of 2020, there were 13,190 persons trained as local eldercare volunteers.

Some problems have emerged with the project, however. For example, there has been a drop-out of the trained volunteers, possibly due to the relatively low pay compared to the demands of the job. Also, some families with dependent older persons did not want volunteers to enter their homes out of fear of COVID-19.

3.1.4

The Department of Older Persons also has a COVID-19 pandemic support plan to address older persons needs according to the severity of the disease, and prepares transport in case of an emergency. In 2020, the Older Persons Social Welfare Development Center of Ban Bang Khae received the award from the Department of Health as the best model in coping the situations during the COVID-19 pandemic.

3.1.5

The Burachat Chaiyakorn Hospital of the State Railways of Thailand provides services to the older persons as a special case to ensure prompt care. For example, older patients are seen before younger patients. The hospital provides digital weighing scales for the older persons who can take care of themselves, and weighing scales with ramps for the older persons in wheelchairs. Older persons are seated near the medicine dispensary. All older patients are informed of their rights, such as being able to receive medicine within 15 minutes after seeing the physician. In addition, the building has been restructured to make it convenient for the older persons to move about, such as the provision of ramped floors and installation of railings along the walkways and inside in the bathrooms.

3.1.6

The Social Development Department of the Bangkok Metropolitan Administration (BMA) implements control and prevention of COVID-19 through its Older Persons Service Center in Din Daeng, Bangkok. This center has a mission to provide social services for the older persons in the form of an older persons' club in a day center, and the center facilitates various activities to stimulate mental development (chanting, singing), physical development activities, health promotion activities, arts, and creative activities, etc. In addition, the center also organizes services in the prevention and rehabilitation of physical health using hydrotherapy and physiotherapy.

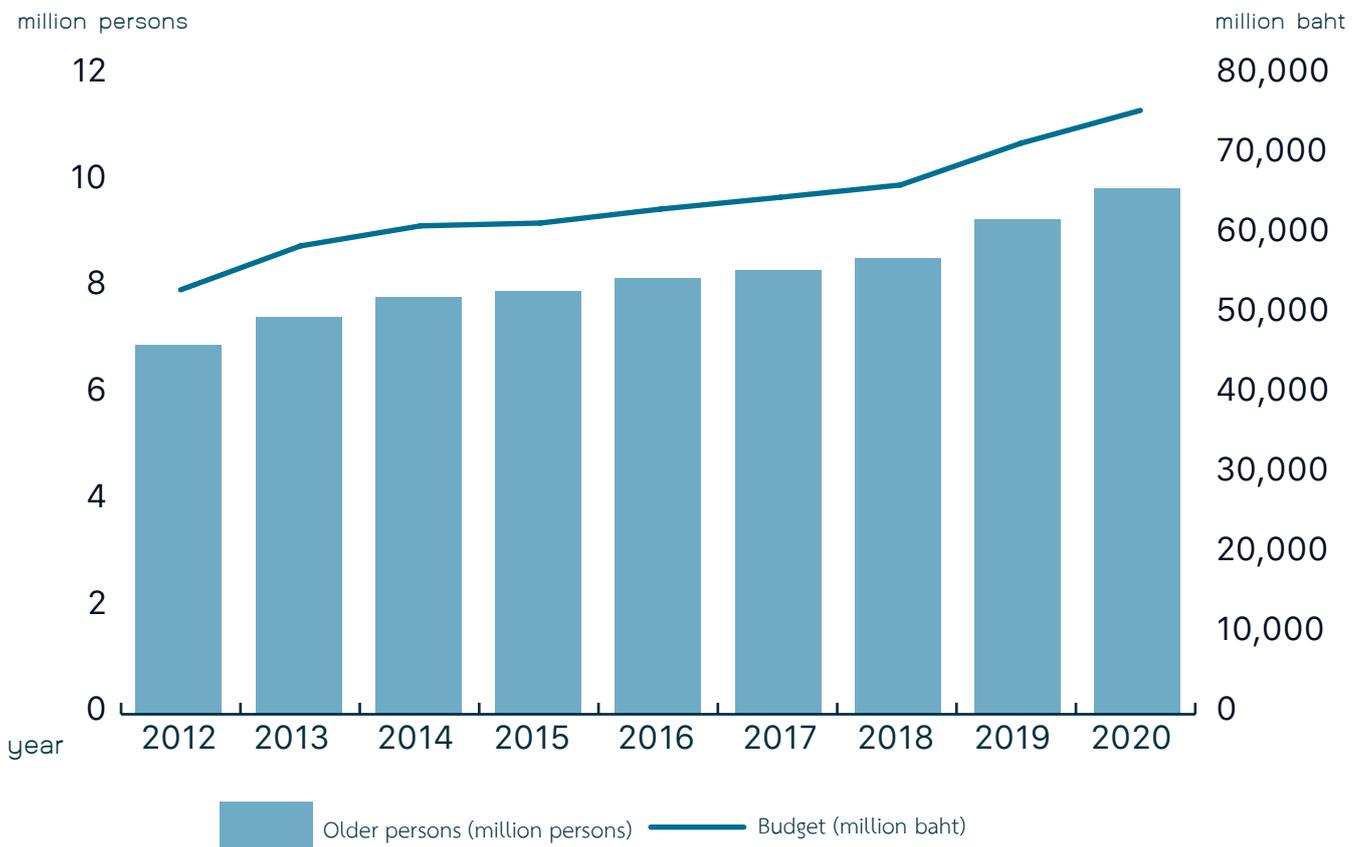
3.2

Welfare Pensions for Older Persons

3.2.1

The Ministry of Interior, the BMA, and Pattaya Municipality have paid a monthly subsistence allowance for the older persons, called the Old Age Allowance, since 2012. Up to the present, there is a step-by-step pension by age of 60-69 years = 600 baht, 70-79 years = 700 baht, 80-89 years = 800 baht, and 90 years or older = 1,000 baht.

In 2020, **9.7** million Thai older persons received the Old Age Allowance in a combined amount of **76,280** million baht (about \$2.5 billion)



3.2.2

In 2020, the Comptroller General's Department paid pensions to 803,293 persons, in the amount of 267,012 million baht.

3.2.3

The Social Security Office provides welfare subsidies from the Social Security Fund in the case of being older persons (Articles 33 and 39) for persons who had paid into the Social Security System when they were gainfully employed. Those beneficiaries are able to start receiving benefits at age 55 years.

In 2020, older persons beneficiaries from the Social Security Fund totaled 598,550 persons, classified as lump-sum payments for 277,192 persons and installment payments for 321,358 persons. The expenditures for these pensioners totaled 20,206 million baht, comprising 11,185 million baht and 9,021 million baht, respectively.

3.2.4

The Fiscal Policy Office of the National Savings Fund was established in accordance with the National Savings Fund Act 2011, which has been implemented by the National Savings Fund since 2015. The fund aims to create income security through retirement savings for working-age people who have no other guaranteed income after retirement. Members pay the money into the fund on a monthly basis which is matched by the government contribution. When

a member reaches the age of 60 years, they will receive a continuous monthly pension for life. As of December 31, 2020, the number of members (cumulative) was 2,396,543 persons, with 81,243 members age 60 years or older.

3.2.5

The MSDHS has a system to pay compensation for vulnerable groups of children from birth to age six years from poor households, the older persons, and the disabled who have been adversely affected by COVID-19. The eligible beneficiaries received 1,000 baht per person per month for a period of 3 months from May-July 2020. The system paid compensation to 3,983,685 persons using a budget from the Royal Decree loan of 1 trillion baht.

3.2.6

The Older Fund of the Department of Older Persons ordered a suspension of debt repayment to the Fund for older persons who expressed their intention to suspend their debts for a period of 1 year (April 1, 2020 - March 31, 2021). There are 41,665 older debtors. The Older Fund has notified each provincial branch office of the MSDHS about guidelines to inform the club/organizations for older persons in order to comply with the policy to reduce the risk of spreading COVID-19.

3.3

Employment of the older persons



3.3.1

The Ministry of Labor promotes the employment of older persons by advocating important projects such as hourly wage rates, part-time work for older persons, access to funding sources, preferential hiring for the older persons, and managing jobs through the Older Persons Recruitment Service Center. The Center facilitates registration of employment and prepares memoranda between the government and the private sector (with 12 participating companies) which provided total employment of 32,102 older persons in 2020.



3.3.2

The Ministry of Labor conducts skill development in order to increase employment opportunities of the older persons through important projects such as training in various occupational skills – both in-person and online. In 2020, 11,131 older persons received occupational training and assistance with the marketing of products produced by older persons.

3.4

Housing



3.4.1

Older Persons Social Welfare Development Center of the MSDHS assisted 1,293 older persons in 2020.



3.4.2

Welfare homes in the jurisdiction of local administrative organizations have 965 older persons residents.



3.4.3

In 2020, the Department of Older Persons improved the environment and facilities of 3,202 older persons to be suitable and safe, and improved 20 public places to be suitable and safe for the living of older persons and persons of all ages.

3.5

Laws, Regulations, and Plans to Support the Thai Older Persons



3.5.1

The Ministry of Labor has undertaken the protection of the rights of the older persons according to the law by advocating for important projects such as drafting and improving the law relating to the employment of the older persons (adjusting the advanced age of the insured under Article 33, expanding the opportunity in the recruitment of the insured under Article 40 from 60 years to 65 years), promoting knowledge of home-based workers to accommodate an increasingly aged society, including promoting knowledge of rights and duties and safety in work for workers in the informal labor sector, older persons in agriculture, etc., with a total capacity of 29,279 persons.



3.5.2

The Rights and Liberties Protection Department is the main agency behind the preparation of the 4th National Human Rights Plan (2019-22), which the Cabinet has approved and announced the plan for implementation on June 30, 2020. The Cabinet called on all relevant agencies to adopt the human rights dimension in their implementation plans to prevent rights violations, create guarantees on human rights for various vulnerable groups in society, as well as to report on the performance according to the plan for the Rights and Liberties Protection Department at the end of the Fiscal Year (between Oct. – Dec. of every year). The plans must contain the issue of older persons as one of the vulnerable groups that agencies need to focus on. The purpose is to allow older persons to access the public health service system and public utilities as provided by the state, including incentives to encourage agencies to take care of the older persons more cost-effectively.

3.6

Promotion of the Arts, Culture, Sports, and Recreation for the Older Persons

3.6.1

Department of Physical Education

There were organized sports for the older persons in 2020. For example, Nakhon Si Thammarat Province hosted a national “Senior Olympics,” with the older persons participating as athletes. Spectators and officials came from 54 provinces across the country. In addition, there was an audition and contest for older persons aerobics and Thai boxing on September 3, 2020, via an online format. Fully 222 older persons and team managers participated in the event.

There was a project to promote recreational activities for the older persons by organizing a Karaoke contest for the older persons (“Big Karaoke”) in an online format, with older persons submitting video clips for the contest, of whom 80 persons passed the criteria to compete. Four provinces organized a “Big Dancer” event for the older persons, with folk instrumentation by organizing team activities by province, integrated with measures to prevent the spread of COVID-19.

3.6.2

The Sports Authority of Thailand organized the 1st Thailand Open Masters Games - 2020 between September 13-20, 2020, with 3,752 older athletes participating in the competition.

3.6.3

The Tourism Authority of Thailand organized the “We Travel Together” project where older persons can exercise their right to subsidized travel from July 1, 2020 – April 30, 2021.

3.6.4

The Department of Older Persons, in collaboration with the Department of Women’s and Family Affairs, organized activities for National Older Persons Day and Family Day 2020 during April 12-16, 2020, with a video campaign to publicize these Thai national events. There were videotaped testimonials, agencies, and organizations operating in the field of older persons to highlight the exceptional achievements of the Thai older persons.

3.6.5

The Department of Cultural Promotion of the Ministry of Culture organized activities for older persons by opening the Department's grounds for the older persons to participate in various activities such as Thai traditional medicine, folk medicine, martial arts, Tai Chi dance, educational activities, exercises on nature and the universe (Thai astrology), volunteer activities (Veteran traveling), performing arts activities (dancing), a veteran choir (a concert featuring singers with dentures), and many more activities. During flare-ups of COVID-19, some events were organized in an online format which was accessed by more than 150,000 persons.

3.6.6

The Thai Health Promotion Foundation (ThaiHealth) promoted online activities of the older persons during the COVID-19 era, such as organizing an older persons dance contest for "Bennetty" songs, and encouraging the "Young Happy Group" to organize it under the theme of "Online mission to fight the dangers of COVID-19: Older persons can do the Active 60 Challenge."

3.7

Facilitating Daily Life for Thai Older Persons



3.7.1

The Ministry of Transport provided facilities and safety for the older persons who used boat port services throughout Bangkok. The Ministry also provided protections for the older persons at the nation's airports, trains, mass rail transit, expressways, public buses, and other forms of transportation. The Passenger Terminal Transport Company Ltd., and Suvarnabhumi Airport Hotel Company Ltd., like many other Thai transport services, provide a wheelchair service, install ramps and handrails on the stairs at the entrance to the bathrooms, parking lot, and signage which publicizes the rights of older persons. Those companies which operate buses in Bangkok and the provinces, and operators with continuous routes must have a car service for wheelchair users at the rate of at least 20%, and provide staff to care for the older persons at the jetty or on the trains. There are elderly care officers who use the port services and those who use the Expressway Authority of Thailand.

There is a fare reduction (50%) for the older persons who use boat services in Bangkok and the perimeter and the Khlong Saen Saep route. There is a half-fare reduction for all train rides between June 1st - September 30th of every year. The half fares also extend for older passengers on trains, Bangkok mass transit buses, and Bus Company Ltd. buses. There are fare exemptions on National Senior Older Persons Day.



3.7.2

The Sports Authority of Thailand waives the service fee for the older persons who come to exercise in Huamark Stadium in the Health Park, jogging track, the football pitch, and sports training center in the shade. There is a 50% reduction of the service fee in fitness membership application, and usage of the tennis courts and swimming pool. Older persons aged 65 years or older can sign up for free membership, and older persons who live outside Bangkok can access services for free in the Health Garden and Multipurpose Grounds located in the provincial stadiums, including multipurpose fields in the National Sports Training Center.

3.8

Surveys and Data Collection on the Thai Older Persons

3.8.1

The Department of Health, MOPH, conducted a health behavior survey of persons age 55 years or older on the topic of prevention of COVID-19. Data were collected from November 2020 – February 2021 with a sample of 36,297 persons. It was found that nearly all (95.9%) of the older persons were concerned about the COVID-19 pandemic situation, and most took action to prevent and reduce the risk of contracting COVID-19.

3.8.2

The Department of Mental Health, MOPH, conducted a mental health survey of the older persons during the COVID-19 pandemic. Data were collected during March-December 2020 by organizing an outreach survey for mental health problems

in 97,329 older persons. The survey found that 800 persons with high stress (0.8%), 767 were at risk of clinical depression (0.8%), 221 persons showed suicidal ideation (0.2%), and 784 persons showed signs of burnout (0.8%).

During the outbreak of COVID-19, the Department of Mental Health network team, including central agencies, Mental Health Centers 1-13, and all psychiatric hospitals, jointly developed a screening system for mental health problems, with a database system to store the information. There were channels set up to give advice on operational guidelines, and teams conducted home visits to take care of the older persons who were home-bound or bedridden, and older persons who lived alone. These agencies produced educational media on how to promote of older persons mental health, using in multimedia formats and practical manuals.

3.8.3

The 2020 Population and Housing Census, conducted by the National Statistical Office (NSO), has been postponed until the end of the COVID-19 outbreak.

3.9

Measures to Help Older Persons Cope with COVID-19

3.9.1

The Department of Health, MOPH, has prepared a manual and public health practice guidelines for the prevention of the spread of COVID-19 for the facilities which provide eldercare.

3.9.2

The Department of Older Persons of the MSDHS, in collaboration with the Department of Health Service Support of the MOPH, has prepared a manual on measures to prevent the spread of COVID-19 and a manual for the care of the older persons for the facilities which provide eldercare and people with dependent older persons in the home. The Department of Health Service Support, MOPH, and 12 Older Persons Social Welfare Development Centers produced cloth masks and hand sanitizers for use in the center and distribution to the older persons in the community.

These agencies developed innovations to support the “New Normal,” such as piloting innovations and technologies used for capacity development, job creation, career building, and income generation for the older persons. These innovations include an online marketplace for the age-related products called the DOP Market Place via www.dop.go.th. Career development media was developed by using a video to demonstrate the traditional wisdom of ten older persons’ professions so that interested older persons can extend their careers through online media channels such as YouTube, which can help the older persons to earn supplemental income.

3.9.3

ThaiHealth has produced media to educate about the prevention of COVID-19 infection for specific groups of people such as ethnic minorities, non-Thai migrant workers, the disabled, the older persons, and LGBT groups in multimedia formats such as posters, video clips, audio clips.

In addition, ThaiHealth has organized a group to combat myths and rumors about COVID-19, and communicate factual information via the LINE application to provide the older persons with up-to-date information and a response plan. The group provides assistance in understanding and preventing COVID-19, including quarantine, observation, surveillance, and assessment of the level of risk of different situations.

In addition, there is a merger of networks of specific population groups, including older persons, to produce masks and organize activities to relieve stress through LINE and Facebook groups.

Highlighted situation in 2020

Each year, this report of the situation of the Thai Older Persons provides honorable mention of remarkable older persons in Thailand that should be recorded for posterity. Each year, we get to know more older persons who have made – and are still making – valuable contributions to society and culture. We also learn about agencies, both public and private, that work effectively for the betterment of the Thai older persons. There are those who use social media, information technology, and various innovations to improve the quality of life for all older persons in Thailand.

04

4.1

National Senior Citizen of the Year 2020

Since 2007, the National Senior Citizen Committee has presented the “National Senior Citizen” award annually.

In each year, the National Commission on Older Persons is chaired by the Prime Minister assigns a sub-committee to nominate older persons who are superb role models given their contributions to Thai society over an extended period of time and who are equipped with good morals and ethics to honor and emulate.

“National Senior Citizen”

For the year 2020, Mr. Naowarat Pongpaiboon has been awarded Thai Senior Citizen of the Year.

Mr. Naowarat Pongpaiboon



Mr. Naowarat Pongpaiboon

National Senior Citizen of the Year 2020

Mr. Naowarat Pongpaiboon was born on March 26, 1940, at Ban Phanom Thuan, Phanom Thuan District, Kanchanaburi Province. He is married to Prakongkul Isarangkun Na Ayudhya, and they have two daughters.

Education

- Wat Ban Thuan Primary School
- Wisuttharangsi High School
- Pre-university level at Taweethapisek School
- Bachelor of Law, Thammasat University

Honorary degrees

- Honorary Bachelor of Arts (Cultural Studies) Kanchanaburi Teachers College (currently, Kanchanaburi Rajabhat University)
- Honorary Doctorate of Arts (Thai Language and Literature), Faculty of Humanities, Prince of Songkla University
- Honorary Doctorate of Arts (Thai Language), Faculty of Liberal Arts, Thammasat University
- Honorary Doctorate, Kanchanaburi Rajabhat University

Award-winning works

- 1973, the poem “Sunday to Monday” received a special consolation prize, Literature of Bangkok Bank Co., Ltd.
- 1978, the poem “Chak Ma Chom Mueang” won an outstanding award from the National Book Week

- 1980, the poem “Just a Move” was awarded the S.E.A Write Award
- 1984, the poem “Khor Khor Khap Khan” received an outstanding award from the National Book Week, written with Weerasak Khukhanthin
- 1994, the poem “FluteSong” received an outstanding award from the National Book Week

Awards

- Best Creative Literature Award of ASEAN (S.E.A. Write) 1993
- National Artist Award (Literature)
- Sri Burapha Award
- Golden Buddha Amulet Award
- Asanee Phonchant Award

Insignias that have been bestowed upon him

- 2015, Tertiary Direkhunaporn
- 2020, The Order of Merit Taweetiyaporn Mongkut of Thailand

4.2

National Artist of the Year 2020

Every year, the Department of Cultural Promotion of the Ministry of Culture announces the appointment of national artists to recognize and honor, and whose works of art appear to the public both in the creation of art development and the preservation of Thai arts heritage. The aim of this recognition is to promote and convey art in each field, as well as highlight aesthetic virtues and ethics, as role models of Thai society in the arts.

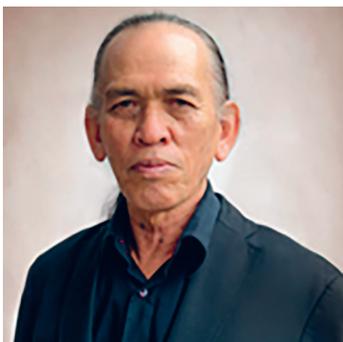
In 2020, the Department of Cultural Promotion has announced the list of 12 National Artists of the Year 2020, all of whom are older persons.

Visual Arts

Professor Emeritus Kamjorn Sunpongsri

(Painting)

Professor Emeritus Kamjorn Sunpongsri was born February 13, 1937, in Lopburi Province. He produces creative works of visual arts, painting, and sculpture, as well as academic works of visual arts such as Western art textbooks, Oriental art textbooks, and aesthetic textbooks.



Mr. Amarit Chusuwan

(Painting-Mixed Media)

Mr. Amarit Chusuwan was born on April 22, 1955, in Nakhon Si Thammarat Province. He first became famous from the “Reflection” series and the “Mixed Media Painting” series, using new media and natural materials to convey meaning. The “Pen Sand” series and the “Suffering” series are an innovation of art and spiritual media.

Literature



Mr.Anek Navikmol

Mr. Anek Navikmol was born on March 14, 1953, in Songkhla Province. He focused on studying eight groups of folk arts and culture, namely folk songs and folk games, personal history, historical anecdotes, photography/photographs, Thai painting, language and traditions, and cultural tourism. He opened the “Museum House” as a learning center for the way of life and culture of the traditional Thai community in the past.



Ms.Orasom Sutthisakorn

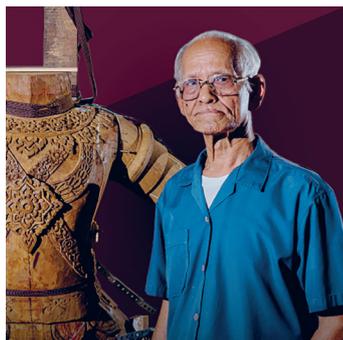
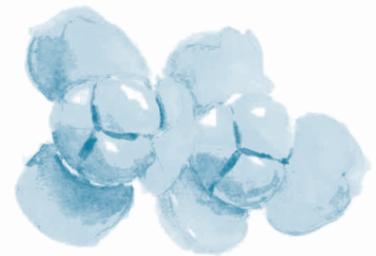
Ms. Orasom Sutthisakorn was born on November 27, 1957, in Chanthaburi Province. She has authored more than 54 non-fiction books, which are characterized by their robust and profound information on children and youth issues. She received the prestigious Prachabodee Award from the MSDHS in 2018.



Mr.Prapakorn Watanyakul

(Contemporary Architecture)

Mr. Prapakorn Watanyakul was born on September 19, 1942, in Bangkok. His more famous architectural works include the Mahachulalongkornrajavidyalaya University, the Royal Rice Seed Drying Plant Project, and the “Friends Help Friends” Chakrabhan Phensiri Plant Development Center in Chiang Rai. The building of the Ministry of Foreign Affairs on Sri Ayutthaya Road has been honored as the work of an outstanding professional architect by the Association of Siamese Architects (under Royal Patronage).



Mr.Samroeng Daeng Naeo Noi

(Exquisite Arts - Wood Carving)

Mr. Samroeng Daeng Naeo Noi was born on December 22, 1938, in Bangkok. He is a skilled artist in various fields, including writing and creating wood carving patterns. He participated in the restoration of Wat Phra Si Satsadaram. He has expertise in creating and making wooden puppets. He actively participates in conservation in the creation of wood carvings and artworks for royal ceremonies.

Performing Arts

Mr.Prateep Suksopha (Prateep Nong Plamor)

(Folk Songs)

Mr. Prateep Suksopha was born on April 6, 1946, in Sukhothai. He is an artist who is helping to maintain and develop the performing arts of Thailand. These art forms include folk songs, folk performances, art, music and Thai melodic songs and singing. He has been conveying knowledge of all types of folk performing arts to interested parties, including students, academics, and the general public, for more than 50 years.



Mrs.Suda Chuenban

(Contemporary Thai Music - Singing)

Mrs. Suda Chuenban was born on June 24, 1945, in Bangkok. She is famous as a singer for many movie soundtracks such as Koh Sawat, Had Sawan, and Mae Nak Phra Nakhon. She is currently a singing teacher for the new generation of youth who are interested in contemporary Thai songs.

Mr.Pramet Bunyachai

(Dance Arts - Khon)

Mr. Pramet Bunyachai born February 26, 1948, in Thonburi Province (now Bangkok), is a producer of Khon scripts, dramas, and rehearsals, and directs performances for the College of Dramatic Arts and various institutes. He has helped to resurrect aspects of Thai dance which had disappeared from public awareness. He also serves as a supervisor and editor of the script of the Khon performance for the Foundation for the Promotion of Arts and Crafts. He helps to convey knowledge about the correct composition of Khon performance, drama, and puppetry.





Mr. Peep Konglathong

(Thai Music)

Mr. Peep Konglathong was born on September 24, 1953, in Thonburi Province (now Bangkok). He acts as a pillar in the dissemination of Thai music culture. He has served as a special lecturer with expertise in Thai music for many educational institutions across the country. He is the one who performs the Wai Kru ceremony for agencies and educational institutions.

Mrs. Rungrudee Pengcharoen (Rungrudee Pangpongsai)

(Contemporary Thai Music - Singing)

Mrs. Rungrudee Pengcharoen was born on March 17, 1946, in Bangkok. She received the Royal Gold Gramophone Award for the songs “Bua Khao,” “Lan Ya Mo,” “Thai people alike,” and is still singing as an emissary for knowledge about Thai popular songs in order to continue the “Luk Krung” song to remain as a valued heritage of the country.



Mr. Pong Asawinikul

(Sound Director – Creative and Film Recording)

Mr. Pong Asawinikul was born on November 27, 1930, in Bangkok. He has created behind-the-scenes work for the film industry as director of the sound system, sound recording, dubbing, mixing of voices, music, and movie soundtracks. Currently, he is a consultant who advises on science and art in sound directing, controlled audio recording, and movie soundtrack mixing for the new generation and various educational institutions.



Ministerial Regulations about Older Persons Service Business Sector

On July 31, 2020, the MOPH announced three Ministerial Regulations for eldercare businesses to promote standards and to comply with the Health Establishment Act 2016, Article 3(3) which states the following follows:

1. Designate the “eldercare business” or enterprises which assist those with dependency issues to be a controlled business under the Health Establishment Act (2020)
2. Determine the standards for location, safety, and service in a health establishment in the category of care for the older persons or people with dependency (2020)
3. Determine fees and payment of fees related to health business operations (No. 2) (2020)

In accordance with these ministerial regulations, there are three types of services involved in care for the older persons or those with dependency, as follows:

Type 1: Providing care along with activities to promote and restore health during the day (i.e., without staying overnight)

Type 2: Providing care along with activities to promote and rehabilitate health by providing accommodation

Type 3: Providing care and support services with activities to promote and rehabilitate health which requires staying overnight

In 2020, there were 440 businesses registered as juristic persons related to the care of older persons, and which are still in operation at the end of 2020, as follows:

Type of business with accommodation and resident care providers: **388**

Non-residential business*: **52**

(If counting the number of eldercare businesses that are not registered either as a juristic or ordinary entity, the total is likely to be several hundred more.)

As a result of these three ministerial announcements, the business establishment must improve their buildings, places, and environment to comply with certain standards. For example, the width of the corridor must not be less than 90 centimeters, and the width between the beds must not be less than 90 centimeters. The design of the bathroom must be in accordance with the standard requirements. Business establishments must have safety standards such as safety system inspection measures in service at least once a year, availability of first aid equipment, resuscitation equipment, and defibrillators. There are service standards such as holistic health promotion. There is close monitoring of adverse changes of health conditions which respect privacy and human dignity of the older persons. There is a referral system in case of emergency illnesses/conditions. In addition, eldercare staff must be trained and registered as service providers. The establishment must have a business license within 180 days after the announcement of the Ministerial Regulation. If the establishment does not have a license to operate, it is an illegal health establishment.

The number of eldercare operators in Thailand is growing at a rapid pace to try to keep up with accelerating demand. This reflects the increasing number of Thai older persons every year, many of whom are not self-reliant. Thus, it is imperative to ensure service standards and a physical environment that allows the older persons to receive services safely and prevent problems caused by non-standard eldercare services.

“The announcement of the ministerial regulations on the care of the older persons or people with dependency will help the older persons and people with dependency to access standardized health care facilities.”

* Non-residential business type means social work business, counseling, welfare work, referrals, or similar service for the older persons in homes and elsewhere, operated by the government or non-governmental organizations, national organizations or local groups that help each other, and the provision of specialist counseling services such as visiting the older persons, day care activities for the older persons, and vocational training activities.

4.4

The Buddy Home Care Project Receives the Grand Prize Award in the Technology and Innovation Category from HAPI

The Economic Research Institute for ASEAN and East Asia (ERIA) and the Japan Center for International Exchange (JCIE) implement this award program under the patronage of the Japanese Government’s Asia Health and Wellbeing Initiative (AHWIN). The award is called the “Healthy Aging Prize for Asian Innovation” or (HAPI). This is an award to raise awareness and expand policy outcomes in innovations, projects, and services that respond to the challenges of the aged society. The year 2020 was the first year that the contest was held, and there were submissions from more than 130 applicants from 12 countries.

HAPI has announced the winners of the 1st prize (Grand Prize winners in the technology and innovation category) for the Buddy Home Care Project, which is a social enterprise project of Thailand’s Foundation for Older Persons’ Development (FOPDEV).

“Buddy Home Care” is a quality service for patients at home at a very affordable price. The project focuses on solving the problems of the older persons, the poor, and other vulnerable people who lack someone to help with ADL. The Project also supports problem youth in remote ethnic minority groups who lack educational opportunities. This project provides opportunities for tribal youth to gain vocational training as caregivers for the older persons so that they can work with Buddy Homecare in providing health care services for the older persons in the home setting. These eldercare services are paid for by families with dependent older persons but who can afford outside daycare. Those payments help fund the vocational training for the tribal youth. Chiang Mai University conducts training courses for eldercare providers using a curriculum which covers 420 hours over three months, including life skills and cultivating a positive attitude toward the older persons so that care is provided with competence, love, and compassion.



Eldercare provider of the Buddy Homecare Project visits the home to take the temperature and measure the blood pressure of a client Source: <https://www.ahwin.org>

Foundation for Older Persons' Development (FOPDEV) was founded by Mr. Sawang Keokantha with the aim of building the capacity of the older persons who are impoverished and marginalized to raise their quality of life.

In addition, the following two Thai projects won Second Prize HAPI:

1) STRONG Heart Shop Model (STRONG Program—A Collaborative Municipal—Community Model for Comprehensive Aged Care)

This project to take care of the older persons is integrated with the host community in Bueng Yitho Municipality of Pathum Thani Province. The project model delivers integrated care for the older persons in the community across the dimensions of medical treatment, welfare, and nursing. The project is implemented by the Faculty of Social Welfare of Thammasat University and Nogeza-Glocal of Japan. Members of the host community help identify problems and integrated solutions to meet the needs of residents. The highlight is the integration of services for the ongoing care of the older persons and providing care that is tailored to the needs of older persons using a grassroots approach. The host community participates in event design and implementation.

“Buddy Home Care has seen both the problems of shortage of care services for the older persons and shortage of opportunities in employment for indigenous, hill tribe youth from lower-income families, while also presenting a way to share health information between eldercare providers and family members.”



The staff of Bueng Yitho Municipality trains an older person to use her hand and arm muscles.

Source: <https://www.ahwin.org/>

2) forOldy Pleasure Center and Grandma's Shop (forOldy Grandpa-Grandma Shop—Secondhand Medical Assistive Devices for Low-Income Older Persons)

This innovation is implemented by the Help Without Frontiers Foundation at Tambon Mae Pa, Mae Sot District, Tak Province. The forOldy Project was established by Ms. Oranuch Lertkuldilok. The project provides services for rent-distributing and soliciting donations of patient beds, wheelchairs, equipment for the older persons, sick beds, canes, and equipment for the older persons. The material is usually cheap, second-hand items which are still serviceable and durable. The project staff renovate items and maintain them to give the equipment an extended use-life. The participating older persons have greater access to equipment to improve their quality of life. Participants have the opportunity to help society as well as take part in protecting the environment. All income is used to cover expenses in carrying out activities to improve the quality of life of the older persons in the urban community setting.



Staff of the forOldy Pleasure Center leads a group of older persons in strength-building exercise

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

4.5

Long-distance Health Care Blooms in the COVID-19 Era to Benefit the Older Persons

In 2020, the spread of COVID-19 was a catalyst for remote medicine to be more widely adopted. This effort is coinciding with advances in communication technology, and it is helping to bring medical and health services to people in remote areas via the Internet. During the COVID-19 situation, people must take care to protect themselves by trying to maintain social distance and practicing self-quarantine. Living in an assisted living facility with many residents increases the risk for the older persons as a vulnerable group at risk of infection. Thus, remaining in self-isolation at home is a preferable model for keeping older persons safe from COVID-19. Long-distance health care is one of the most appropriate ways to provide basic eldercare since it can reduce the need for travel to the hospital in most cases.

Thailand launched its remote public health care system in 1994. In the first phase, this system addressed problems of receiving medical care for people in remote areas. In the past, some remote areas of the country still lacked medical personnel. Remote health care or telemedicine can be used as a method of communication between medical specialists in the city and patients via satellite



Source : <https://www.gj.mahidol.ac.th/main/news/medicine-delivery/>

transmission. However, remote health care faced unique obstacles, such as the cost of using satellite technology, signal stability, and signal coverage. In the early stages, the communication equipment was not high-performance, and personnel skilled in using the communication equipment were few. However, with advances in technology and reduced cost, remote health care is increasingly a viable alternative, especially in caring for the older persons in remote areas who may have difficulty or excessive risk in traveling to the city for hospital care. In addition, health care personnel in the locality can consult remotely on the care of the older persons with specialists in reference hospitals. Furthermore, these days, resupply for NCD medicines can be managed by the postal service.

In 2020, the MOPH has accelerated the use of remote public health due to the travel restrictions and mandates against crowding to prevent the spread of COVID-19. An intensive approach to telemedicine was piloted in 27 hospitals nationwide under the Department of Medical Services, including such facilities as Nopparat Ratchathani Hospital, Rajavithi Hospital, Lerdsin Hospital, the Buddhist Priest Hospital, Boromarajonani National Institute for Drug Addiction Treatment and Rehabilitation, and the Institute of Neurology National Cancer Institute.

Tele-consultation services via video call and postal medicine delivery services were available for all patients with health insurance treatment rights, including patients with diabetes, high blood pressure, cancer, and neurological disease and bone disorders. Eligible patients were those with a history of treatment at the participating hospital.

As long as COVID-19 remains a threat, remote health care is likely to increase the rate of access to medical services of patients, especially the older persons, so that treatment is not interrupted. Remote health care has the potential in helping older people who are living alone or living only with other older persons. Remote health care will be one of the key channels in bringing mobile health services to the older persons, which also supports the concept of aging in place.

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Video-based telehealth during COVID-19

Source : <https://www.thaihealth.or.th>

⁶⁶ Now that Thailand is transitioning into a complete-aged society, remote health care will play an important role in helping to maintain the health of the older persons in their home. Technological advances in communication and the internet, as well as the availability of personnel and digital literacy of people, will surely make ‘telehealth of Thailand blossom and benefit the older persons in the future.’⁹⁹

4.6

The System for Assisting Older Persons with Dementia Made Great Strides in 2020

In 2020, the Department of Medical Services of the MOPH established a model for comprehensive care for older persons with dementia throughout the country.

“Model for comprehensive care for older persons with dementia.”^{99*}

The “Comprehensive model of care for older persons with dementia” arose from the study and development of systems and models of care for people with dementia through collaboration with various agencies, both in the public and private sectors, including the MOPH, the Association of Dementia Caregivers, the Faculty of Medicine of Ramathibodi Hospital (Mahidol University), the TGRI, the Dementia Patients Association of Thailand, and network partners.

The development of this project built upon the following four prototypes: (1) Ban Fang Hospital in Khon Kaen Province; (2) Maharaj Hospital in Nakhon Ratchasima Province; (3) Lamsonthi Hospital in Lopburi Province; and (4) Khiri Rat Nikhom Hospital in Surat Thani Province. In these model hospital programs, there was a connected care system, with VHV taking an active role in screening the older persons for symptoms of early dementia and referring possible cases to the hospital for treatment and long-term continuous care. The older persons with dementia receive seamless care throughout the process.

* Source:

1. Sirinthon Chantasirikanjana and Thananporn Phromchan (no date). Report of dementia in Thailand and policies that should be advocated to be implemented in a concrete manner.
2. Sakan Bunnag, Sirinthon Chantasirikanjana, Wannapa Srithanyarat, Pongphan Aroonsang and Orawan Kuha. (no date). A comprehensive approach to the management of dementia in older persons. Bangkok: Cyberprint Group Co., Ltd.

The MOPH plans to expand the model of care for the older persons with dementia to all 13 health zones across the country. However, the areas where the prototypes were developed only cover a limited portion of the host region. In order to expand coverage through a cascade approach, all participating service facilities need to have guidelines in advocating for the expansion of the system and implementing the model of comprehensive care for the older persons with dementia until full national coverage is achieved.

The system and model of caring for people with dementia must be a collaborative effort of various agencies, both in the public and private sectors.

Local administrative organizations (LAOs), especially at the district and subdistrict levels, should play a key role in facilitating access by bridging cases with public health facilities by using shuttle buses for the older persons with dementia to see a doctor. There are eldercare volunteers to help identify and observe the older persons in their village and be alert for cases with dementia who wander outside the neighborhood.

The MOPH must accelerate the production of people with expertise in dementia. These personnel need to be trained to understand the principles and methods of appropriate and effective patient care. The MOPH should play the lead role in developing a curriculum on dementia care, and include formal instruction in this specialty to be one of the main courses that public health personnel need to receive.

The Association for Dementia Caregivers of the Faculty of Medicine of Ramathibodi Hospital has initiated a community system that is patient-friendly for people with dementia. The system first recruits personnel in agencies to collaborate in helping people with dementia who appear for services. In addition, the Association also creates a community system that is welcoming for people with dementia by establishing a care center or a Tambon/district support group.

There are 12 Social Welfare Development Centers for the older persons across the country under the Department of Older Persons. It is important to focus on the older persons with dementia because they are the most vulnerable of older persons. A large group of older people comes to receive services from the Centers on a regular basis. Most members of the group have no family or have been abandoned by their relatives. Personnel in this center should be trained to have knowledge and understanding of dementia and skills in caring for older persons dementia.

The LAOs should work with the MSDHS to organize a long-term care system to help alleviate the burden of relatives in caring for dementia patients. This can include day care, organizing temporary care for dementia patients (respite care), providing services for dementia patients without families or willing caregivers in the household (residential care or nursing home).

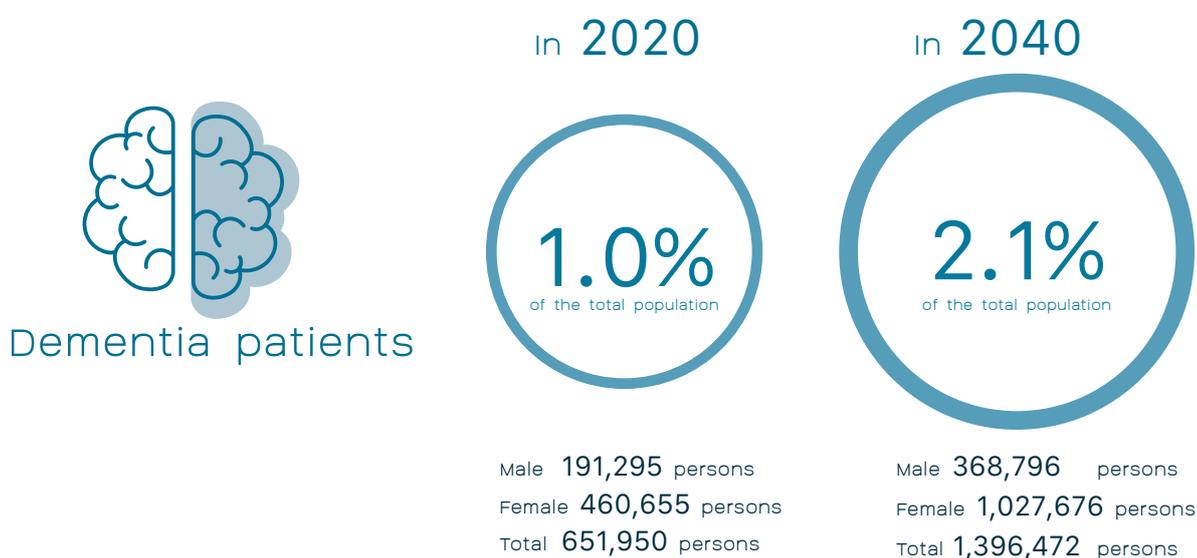
The MOI, MSDHS, and MOPH should work together to form an association or club that provides assistance for relatives and dementia care groups at the district or provincial level so that relatives and/or caregivers can exchange information and skills in patient care.

Dementia is a silent scourge of the aged society. As the population grows older, the incidence and prevalence of dementia will only increase since there is no reliable way to prevent or treat dementia. Thailand is on the verge of becoming a complete aged society. In the near future, the country will need concrete plans and measures to mitigate the problems of dementia of the older persons, and introduce measures to provide standard care of older persons with dementia to maximize the quality of life for as long as possible.

Estimates and projections of older persons with dementia in Thailand*

Assumptions

1. The prevalence rate of dementia cases by the age of the Thai population is in accordance with the prevalence rate in the larger population in Southeast Asia. This assumption is based on a study by Prince et al. (2013) for both 2020 and 2040.
2. The size of the population of Thailand in 2020 and 2040 is according to the estimates of the NESDC (2019).



The results of the dementia patient projections of Thailand in 2020 and 2040 are as follows:

In 2020, there were an estimate of 191,295 male dementia patients and 460,655 females dementia patients, for a total of 651,949, or 1.0% of the total Thai population.

In 2040, there will be a projected number of 368,796 male dementia patients and 1,027,676 female dementia patients, for a total of 1,396,472 persons or 2.1% of the total population.

| Age Group (years) | % with dementia | | Total Population of Thailand (X 1,000) | | | | Persons with Dementia (X 1,000) | | | |
|-------------------|-----------------|--------|--|---------------|---------------|---------------|---------------------------------|------------|--------------|--------------|
| | | | 2020 | | 2040 | | 2020 | | 2040 | |
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| 0-14 | - | - | 5,744 | 5,481 | 4,281 | 4,083 | - | - | - | - |
| 15-59 | - | - | 21,303 | 21,967 | 18,428 | 18,071 | - | - | - | - |
| 60-64 | 1.7 | 1.8 | 1,879 | 2,222 | 2,275 | 2,523 | 32 | 40 | 39 | 45 |
| 65-69 | 2.6 | 3.0 | 1,397 | 1,777 | 2,119 | 2,533 | 36 | 53 | 55 | 76 |
| 70-74 | 4.0 | 5.1 | 855 | 1,208 | 1,849 | 2,492 | 34 | 62 | 74 | 127 |
| 75-79 | 6.2 | 9.0 | 509 | 826 | 1,268 | 2,033 | 32 | 74 | 79 | 183 |
| 80-84 | 9.8 | 15.9 | 270 | 509 | 668 | 1,367 | 26 | 81 | 65 | 217 |
| 85-89 | 15.0 | 27.2 | 126 | 284 | 256 | 723 | 19 | 77 | 38 | 197 |
| 90+ | 26.4 | 54.9 | 45 | 133 | 70 | 332 | 12 | 73 | 19 | 182 |
| Total | | | 32,128 | 34,406 | 31,215 | 34,157 | 191 | 461 | 369 | 1,028 |
| | | | 66,535 | | 65,372 | | 652 | | 1,396 | |

* Calculations by Pramote Prasartkul and Kanchana Thianlai

4.7

Innovations for the Older Persons

4.7.1

Desktop Ninja Robot*



This is an innovative robot for the care of the older persons, the “Chula-Aree Version.” It can be controlled and commanded from a distance. It has the equipment to measure and record vital signs such as blood pressure, ECG, pulse, and temperature, for real-time diagnosis.



4.7.3

Mirror Robot*

This is used as an Android tablet device for voice-activated interaction, removing the need to touch the device when answering or calling for help. This can be used in hospitals in COVID-19 situations to help reduce the risk of infection.



* Inventor: Faculty of Engineering, Chulalongkorn University

** Inventor: Faculty of Engineering, Mahidol University



4.7.2

Pinto Robot*



This is a robot used to deliver food and medical supplies from a distance.

It is controlled by a telecommunications system (Telepresence). It is applicable in the COVID-19 situation to reduce the risk of infection between staff and patients.



4.7.4

Doctosight Intelligent Medical Robot**



This is a robot used in diagnosis and treatment via telemedicine. It can perform routine tasks without the supervision of a clinician. Doctors or nurses can consult with people through the robot. The robot can measure the pulse, blood pressure, and heart rate, and help transport medicines and materials to persons with fever to reduce the risk of infection.



4.7.5

Innovations for the older persons to have a better quality of life



Main board helps manage the small muscles group by using one's hand to grab a wooden stick and insert it into the holes on the board. The exercise also stimulates the cognitive function of the brain.

Squatting chair which converts a squat toilet into a sit-down toilet to help reduce accidents.



The wand is made of wood. In this device, there is a handle to exert pressure on the pole to move it slowly up and down to help stretch the arms at the shoulder joints, elbows, and muscles in the chest and shoulders. This should build muscle strength. It can be used with sandbags weighted from 1 to 5 kg to achieve the expansion of muscles.



Leg and Arms Executive Chair as a helper in physiotherapy in older persons who have started to have arteriosclerosis from cerebral thrombosis or cerebral rupture, causing partial paralysis. Exercise weights are used to increase the strength of the leg muscles, and the upper pulleys are used to increase the range of motion of the shoulder joints.



Coconut shell therapy walkway and double rail to stimulate the extremities using coconut shells, and reduce numbness.



Mong Tam Khao is a strength exerciser of the muscles around the knee joints to prevent/delay osteoarthritis.

Inventor : Center for Designing Environments for Everyone, Faculty of Engineering, Faculty of Science, and Faculty of Architecture, Chiang Mai University.

Older Persons in the TV Media



Television media

Pasha Pacing Season 2 on Channel 24 true 4U

This program promotes the relationship of persons across two generations: the new and the old. It is a reality show without a script for two adult stars and two child stars who play roles as foreign travel guides and tourists.

Program: Klangpanya Older Persons in 4 Regions on Thai national radio and TV Channel 5

This program provides opportunities for the older persons in each region to pass on their wisdom such as Thai traditional massage, weaving, cooking, and vegetable gardening.

Charn Chara on Thai TV Channel NBT2HD

This program focuses on the benefits to the older persons in terms of society, economy, health, environment, technology, and innovation, as well as presenting rights and welfare that the older persons are entitled to.

In 2020, there was a wide range of media, including television, radio, print and social media, which served as a channel for disseminating stories about the older persons and to raise awareness for people of all genders and ages to be able to learn and live a quality life in the aging society. The following are some noteworthy examples:

Super 100, more than a hundred geniuses on Workpoint Channel 23

This is a variety program for everyone in the family, with a platform to create dreams and pass on the inspiration that gives opportunities to geniuses of all ages.

○ Facebook Media



Older Persons

This is a Thai Facebook page that conveys research issues and gathers knowledge about the older persons to improve the quality of life for the older persons.

The page is operated by TGRI, and has more than 15,000 subscribers.

People of Different Generations

This is a page that tells stories of the older persons via Facebook, YouTube, and Instagram. There is a slogan “age” or “heart” that keeps us apart. Users are encouraged to find the answer for a peaceful coexistence of persons of different ages.

This is operated by Boon Me Rith Media Co., Ltd., with more than 550,000 subscribers.

Older Persons Excursions

This is a group of older persons who exchange opinions about eating, traveling, living, etc., for information and entertainment. There are 24 thousand members.

Life Experts Club

The Life Experts Club is a space to share experiences in various aspects with older friends. This club replaces the term “Older Persons” with “Life Professionals.” These older gurus can learn about and share lifestyle tips with each other for a better quality of life and creating value for Thai society. The club has 21,000 members.

● Applications

YoungHappy

This is an application that promotes social enterprises in the older persons so that they still feel energetic and productive. Novices can learn how to sell their products online through the best marketing channels right from the start.

Gold by DOP

This is an application that helps prepare people to transition into their sunset years. It also aims to promote understanding for caregivers and interested persons about what life is like for an older person. The App presents news, knowledge, and information about access to the rights and welfare of the older persons. It includes contact information in case of emergency.

This App is operated by the Department of Older Persons of the MSDHS.

Older Persons Marketplace

This is an application to open online space to sell products and exchange information about opportunities to generate income for the older persons to help themselves during the COVID-19 crisis.

This App is operated by the Department of Older Persons of the MSDHS.





Chompoo Sangchan

ผู้ติดตาม 6.78 แสน คน

Chompoo Sangchan

“Grandma Chompoo” is a former gas station worker but had the lucky fortune to travel abroad and make good. She likes to review food with the unique charm of an “Isaan girl.” Each clip incites laughter to make every person smile.

This site has more than 600,000 subscribers.



amadjpetjah อามาดีเจเพชรจ้า

ผู้ติดตาม 3.04 แสน คน

amadjpetjah From the channel “Ama Lam program”

This deejay’s mother does extraordinary activities. to create smiles, laughter and happiness for the audience.

This channel has more than 300,000 subscribers.



Happy Retire

ผู้ติดตาม 3.71 แสน คน

Happy Retire

This site is a “gang of mothers” who are actually four famous celebrities who come together to create content on the lifestyle of the older persons, eating, traveling, paying homage to monks, and shopping in a comfortable, friendly way.

This site has more than 300,000 subscribers.



Neophuket Food Channel

ผู้ติดตาม 3.01 แสน คน

Jee Pek: Neophuket Food Channel

This is a YouTube channel made by a mother-son duo who lives in Phuket City. The theme is very old traditional food dishes featuring local cuisine along with good recipes so that the gastronomic wisdom of the maternal ancestors is not lost.

This site has more than 282,000 subscribers.



Source: www.manooatangwai.com

Aunt Linjong, portrait photographer

Linjong Goyawatin (age 75), or “Aunt Linjong,” is a legendary photographer who has loved portrait photography since childhood. She is the owner of Nakornsilp Gallery, which is the first portrait photography studio in Satun Province. Currently, Aunt Linjong has organized this gallery as a “Museum of learning resources, photographic room of the Father.” In 2014, Aunt Linjong received the prestigious honorary award of “Thai Photographic Artist” from the Federation of Photographic Society of Thailand from Her Royal Highness Somsawali Krom Muen Sutthanareenat



Source: www.mainstand.co.th

Pi Dom, the oldest competitive runner in Thailand

‘Grandfather’ Udom Masaphong (93 years old), or the runners call “Pee Dom,” is an older marathon runner, and the oldest of his type in Thailand. Pi Dom has completed more than 100 marathons. One of his ultimate goals in life is to live up to 120 years without being a burden on his children.

Aunt Jeab, from a cancer patient to a Thai national extreme sports athlete



Source: <https://mgroonline.com>

Nongluck Chairitthichai is 63 years old. Known by her nickname “Aunt Jeab,” she beat cancer by turning to exercise. She learned to play extreme sports with her son until becoming a downhill skateboarder for the Thai national team. This turning point allowed Aunt Jeab to discover a new world, and she has since inspired many people to step up and reach for their dreams.

Aunt Jeab has a cheeky hashtag that appeals to teenagers: #Fresh, don’t have to wait.

Research on the Older Persons

Each year, there are new research studies published that are related to the older persons in Thailand. This research cuts across various disciplines, including science, social science, and behavioral science. There is also research to create innovations, inventions, and artificial intelligence to improve the quality of life for the Thai older persons. The report in each year highlights research whose focus is consistent with the theme of the annual report, which have been published in the year or close to the year of the report.

For the Situation of Thai Older Persons in 2020 report, Chapter 5 presents a selection of research on the impact of the pandemic of COVID-19 on the older persons.

05

Impact of COVID-19 on Thai Older Persons

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Year of research: 2020

Funded by:

United Nations Population Fund (UNFPA)

Objective

To study the impact of the COVID-19 pandemic on the well-being of older persons in various dimensions, namely, economy, society, health, housing, and access to health and social services; and to study the impact on the older persons from the implementation of the policies of the government in preventing the spread of COVID-19.

Research Methodology

This study used quantitative research methods. Data were collected from the population age 60 years or older in both urban and rural areas in 9 provinces and 5 regions of Thailand with online surveys via Google Form. Participants were selected by multistage random sampling. The survey inquired about economic status, housing patterns, and physical and mental health before and during the coronavirus 2019 pandemic in Thailand. The survey included an assessment of knowledge, understanding, practice, and various sources of information about COVID-19.

The time of data collection coincided with the first wave of the COVID-19 outbreak. The researchers sent questionnaires to the older persons in the sample via the LINE messaging program. In cases of older persons living alone, in a dependent state, unable to read or write, without a smartphone, or lacking an Internet connection, network partners in the area conducted in-person interviews. A total of 1,230 questionnaires were successfully completed.

Study results

During the first wave of COVID-19 and subsequent periods of lockdown, almost all older persons respondents still lived in the same place where they usually resided. Four out of five (81%) older persons who worked in the past 12 months faced obstacles in continuing that work due to the outbreak of COVID-19. Of these, more than a third (36%) lost their job, lost their place to conduct trade, or had their wages/salary reduced.

Respondents who reported that the state welfare subsidy was the main source of income increased from 40% to 56% during the pandemic, while older persons who reported that their main income was from their vocation fell by half from 40% to only 22%. Older persons living in urban areas had more work-related problems than older persons living in rural areas.

A number of older persons are now facing increasing economic instability in their sunset years. In addition, approximately one in four older persons has had at least one mental health disorder during the COVID-19 outbreak. This possibly reflects the impact of the lockdown measures on the mental health problems of the older persons. Another interesting finding is that older residents in urban areas were more adversely affected by the COVID-19 crisis than the older persons in rural areas, considering various dimensions of well-being.



Policy Recommendations

The COVID-19 crisis shows the importance of ensuring a living stipend to guarantee economic security for the older persons. Currently, the state welfare subsidy is not enough to cover daily expenses, and this was true even before the COVID-19 crisis. As Thailand is still in a battle against COVID-19, it is imperative that policymakers find ways to promote the economic security of the older persons. This will require cooperation from agencies at various levels in collaboration with the business sector. The impact of the COVID-19 crisis should take into account the older population who still wants to work and be self-sufficient for income from gainful employment.

Survey of well-being and needs for services and care for lower-income older persons during and after lockdown measures due to the spread of COVID-19 in Thailand

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Year of research: 2020

Funded by:

The National Research Council of Thailand,
through the management of TGRI

Objective

To explore the impact of lockdown measures due to the spread of COVID-19 in Thailand on living conditions and access to social services of lower-income older people living in affected or risk areas of Bangkok, provincial urban areas (municipal), and rural areas (non-municipal) during and after the 2020 lockdown.

Research Methodology

This study was a quantitative research that collected data from the population age 60 years or older who hold a state welfare card. Participants were sampled from affected areas in Bangkok, provincial urban areas (municipal), and rural areas (non-municipal). A total of 808 subjects were interviewed. The research team used systematic random sampling from the older persons with a State Welfare card from the database of the Ministry of Finance. Individual data were collected by face-to-face interviews during October-November 2020. The survey asked respondents about living conditions across the dimensions of housing, health, employment, income, education, access to information, recreation, the judicial process, and general social services during and after lockdown measures.

Study Results

Lower-income older persons were affected both directly and indirectly by the COVID-19 crisis, especially during the lockdown period. Living conditions and access to services and care for lower-income older people, in many respects, were all pre-existing problems which were exacerbated by crises like COVID-19. But the use of lockdown measures amplified these hardships and highlighted the problems the older persons face. The implementation of lockdown measures has affected the living conditions and access to various social services at different levels. While lockdown measures have had an impact on the economy at large, in matters of income and employment, the older persons may have fared the worst. That said, access to health services was less affected by lockdowns than other services. That is because of the solid foundation and creative adaptation of the Thai health system. It was also found that access to housing services, information, recreation, judicial processes, and general social services was problematic before the pandemic, and became worse during the period of lockdown.

During the lockdown, the government implemented measures to provide immediate assistance to the lower-income older persons in crisis, whether it was paying cash compensation to the affected people directly, development of a home delivery service system, providing information on preventive and health care practices, and boosting the role

of volunteers and non-state agencies. Even with the various immediate aid measures and the easing of the situation after the end of lockdown measures, the problems for lower-income older people related to access to various social services remain.



Policy Recommendations

As Thailand continues to face the crisis of the impact of COVID-19, it is recommended that the government consider improving policies and measures to create economic and social stability for the low-income older persons. This should not be limited to just the aging population. Instead, it should be extended to the adult lower-income population who are going to be future older persons. Those improvements to the income safety net will require major effort and policy advocacy at all levels, with particular attention to different needs at the various age groups, living arrangements, and addressing problems in the long-term that are more relevant to the needs of the older persons. Based on the findings of this research, there should be consideration of improvements to the provision of social services in all areas, and these can be grouped into three phases: (1) Short-term (now); (2) Medium-term (in 1-2 years; and (3) Long-term (in the next 5-7 years) to truly meet the needs of lower-income older persons and to prepare for crises or other disasters in the future.

Alternative Social Services for the Older Persons during the COVID-19 Pandemic

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Year of research: 2020

Funded by:

Thai Health Promotion Foundation (ThaiHealth)

Objective

To survey the organization of activities of clubs/centers for the older persons and agencies in providing services to older persons in times of crisis, including supporting factors and problems/obstacles in operations, including a review of operations, activities, and social services related to the older persons during the COVID-19 pandemic in foreign countries to inform policy development guidelines and guidelines for providing alternative social services for the older persons in times of crisis.

Research Methodology

This study was a documentary research on operations and activities related to the older persons during the COVID-19 pandemic in foreign countries and Thailand from all kinds of online publications. In addition, the author conducted a survey on the lifestyles of club members/older persons in Thailand during the COVID-19 situation, and the impact of COVID-19 on the older persons. This study collected information about the role of organizations in providing social services for the older persons during the COVID-19 situation by state agencies, the private sector, and local agencies. The author conducted in-depth interviews to solicit opinions on the needed direction of the older persons clubs in preparation for any future crisis situation. Key informants included members from the National Commission of Older Persons and representatives of agencies/projects that provided social services for the older persons during the COVID-19 crisis, namely, Buddy Home Care in Chiang Mai Province, the Bueng Yitho Municipality in Pathum Thani Province, and the Yannawa Older Persons School in Bangkok.

Study Results

During outbreaks of COVID-19 around the world, most social services in foreign countries still tried to provide services to the older persons according to their rights under the welfare system of that country. However, they had to adjust the service methods to be appropriate and in line with mandated or recommended preventive measures. Day care centers for the older persons in all countries that were closed on-site still provided essential and necessary off-site services such as delivering food and medicine to the older persons at home or in the community. There was an integration of management between organizations, including mobilization of food service networks for the older persons, providing important information to enable the older persons to be self-reliant in housing, organizing online activities, building skills in digital technology, and other coping skills that are beneficial to the life of older persons during the COVID-19 crisis. In Thailand, most social services were conducted to alleviate immediate problems such as the distribution of food and essential consumer goods.



Policy Recommendations

When there is a pandemic or comparable disaster, the government should establish a network of “Integrated Social Service Management Centers in a Crisis Situation” by including the relevant agencies of the government sector and those entities in the private sector who wish to join, to provide a menu of services that meet essential needs. The MOI needs to improve the nation’s database on the aging population, and include monitoring indicators to reflect the actual, real-time status of the older persons. The MOI should work with the MSDHS to improve and develop the Center for Quality of Life Development and Career Promotion for the Older Persons (CQLD) to be an operation that integrates services and amenities that are truly convenient for the older persons. The Ministry of Digital Economy and Society should organize programs or activities to develop knowledge and skills for the older persons in using digital media. The National Commission on Older Persons should improve its communication style by using digital technology to support the older persons. Finally, ThaiHealth should sponsor an experimental study on building a community-based service center model for the older persons which integrates public and private services, and support replication of the model in other parts of the country.

Project to Develop Operational Guidelines for the Management of Social and Health Datasets of People in Bangkok

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Year of research: 2020

Funded by:

Thai Health Promotion Foundation (ThaiHealth)

Objectives

1. To collect social and health data of people in each district of Bangkok (13 districts)
2. To build the capacity of network partners for advocating for social and health datasets of people in Bangkok

Research Methodology

This research was a quantitative study which focused on the development of a social and health dataset that is appropriate to the context and lifestyle of the population. The strategy is to collect data at the household level from every household in the community and data on the individual level for every older person age 60 years or older. This study was conducted in 13 pilot districts of Bangkok and 7,740 households by telephone interview and online data recording using the KoboToolbox program.

Study Results

Data collection was conducted during the early stages of the COVID-19 pandemic and, therefore, included questions about the adverse impact of COVID-19 on the older persons. This study found that 9.5% of respondents report adverse physical health impact, about one-third (32.5%) reported adverse mental health impacts,

and two-fifths (43.9%) reported lower income while expenditures stayed the same or increased. The oldest-old (age 80+ years) experienced the most adverse impact on physical health among the older persons (11.8%), while one in three persons age 60-69 years had an adverse impact on their mental health (34.8%), and over half (51.1%) suffered a decrease in income while expenditures remained the same or increased.

In addition, it was found that the older persons in Huai Khwang District (13.9%) had the highest physical health impact, followed by the older persons in Ratchathewi District (12.1%). Older persons in Don Muang District (41.4%) reported the highest mental health impacts, followed by the older persons in Bang Khae District (35.7%). Older persons in Bang Bon District (53.8%) had the highest proportion reporting decreased income while expenditures remained the same or increased, followed by the older persons in Thonburi District (48.3%).



Policy Recommendations

1. There is an urgent need to help older persons and caregivers to access rights, welfare, and care by having a patient manager or case manager who closely attends to the needs of the patient and family. This will require an expansion of training and hiring people in the community to take on the role of care manager and caregiver of the older persons.
2. The NHSO should cooperate with the agencies involved, namely the Department of Older Persons, the MSDHS, and the Department of Local Administration, the MOI, to develop a care system for dependent older persons, in addition to dependent people of all age groups. This system should serve everyone in the community regardless of whether their name is in the household registration book or not. It should also cover all patients with treatment rights, not just the Gold Card holders.

Project to Monitor and Follow Up on the Situation and Trends of the Older Persons (Ageing Watch) under the "Chula Ari" Project

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Year of research: 2020

Funded by:

Chulalongkorn Empowerment Fund: 2nd Century Fund, Phase 2

Objective

To study the well-being of the older persons in the Bangkok area during the outbreak of COVID-19

Research Methodology

This study was a quantitative research which collected data by conducting a survey of a sample of the population in the operational area of the Chula Ari Project covering 9 communities in 4 districts of Bangkok, namely, Rungmanee Pattana Community and New Property Community in Wang Thonglang District, Phrang Phutorn Community, Phrang Nara Community and Phrang Sanphasat Community in Phra Nakhon District, Khlong Lat Phachi Community, Sirin and Friends Community, and Rasritham Community in Phasi Charoen District, and Din Daeng 2 Housing Community in Din Daeng District. A total of 468 older persons participated in the survey, conducted in July 2020 by telephone interview.

Study Results

Regarding the risk behavior of the older persons, it was found that over half (57.9%) of respondents went out to a public place where there were large number of people. The public place with the highest visitation by older persons and family members was the flea market (40.0%). During the period of the COVID-19 pandemic, 42.0% reported

a drop in income, followed by 37.5% who became unemployed, and 28.7% were more in debt. Interestingly, more than one in four (26.7%) received help from the community, and that shows the strength of the community and its role in supporting and caring for its members out of a sense of solidarity.

The key findings in this study are that older persons who needed help but did not receive assistance were small (5.8%), and in receiving online assistance from the government agencies, most (61.1%) older persons needed assistance from others to access that service.

In the preparation to deal with another wave of COVID-19 spread, this study found that half the respondents were moderately prepared (50.4%), while about one in ten were not ready. About one-half were focused on preparing for health needs in the event of another wave of COVID-19 spread, while two out of five were focused on financial preparation.



Policy Recommendations

There should be promotion to reduce risk behavior in some areas that expose the older persons and their family members to infection with COVID-19. At the same time, assistance to the older persons may require specific measures to ensure equal access and targeted access. In addition, the impact of the COVID-19 pandemic is depressing income and increasing debt, both among the older persons and family members. This threatens the viability of fragile older persons households in Thailand. So far, most of the organized assistance is short-term measures. Therefore, there needs to be more consideration of reducing the impact in the long-term should to prevent a cycle of poverty in Thai older persons and prevent an increase in impoverished older persons.

Policy Recommendations for the Older Persons in Various Areas

Recent editions of the report on the situation of the older persons in Thailand included recommendations on policies and measures to fully support the aging society in the next few years. Those policy recommendations and measures still need to be implemented, in addition to new recommendations. These are summarized as follows:

06

01

Encourage the older persons to live in housing that promotes a good quality of life

1. Encourage the older persons to stay in the same place of residence with their family, home community, or equivalently familiar environment by improving the domicile both inside and outside the house to be conducive to independently performing ADL and address specific needs of the older persons occupants.
2. Support people in families who take care of older persons members, such as providing information and knowledge about eldercare.
3. Encourage LAO and the network in the community to participate in creating a mechanism to monitor and take care of the older persons, such as having a volunteer system for home visits and day care centers for the older persons.
4. Encourage LAO and the community to improve the environment for the older persons, and provide public services, especially public transport that facilitates activity outside the home of older persons.
5. Raise the standard of housing, whether operated by the government or private sector, for the older persons who need to live in new housing.

02

Support older persons to age with honor and security

1. Build immunity for the older persons in protecting themselves from all dangers by providing knowledge and information, including developing tools/mechanisms/technology suitable for living with safety and dignity.
2. Reduce the “ageism” or negative attitudes or stigma toward the older persons in the population across all genders and ages.
3. Encourage senior citizens groups/clubs to play a significant role in the life of the older persons and remain strong institutions.
4. Encourage all agencies, families, and educational institutions to participate in campaigns for people to acquire values of generosity, appreciation, and gratitude toward the older persons in their midst.

03

Promote a sustainable and secure income for the older persons

1. Encourage employment of the older persons.
2. Encourage working-age people to understand the need to save money and spend economically NOW in order to build up a personal retirement nest egg.
3. Support the National Savings Fund to be strong and well-managed.
4. Develop a pension system to cover a living subsidy for the older persons, including adjusting the compensation rate to match the higher cost of living/inflation.

04

Produce disaster preparedness and response plans which are tailored to the needs of the older persons

1. Have the LAO at all levels include the older persons as the target group in disaster prevention/response plans.
2. Prepare a “Disaster Handbook” that gives special importance to helping the older persons when disaster strikes.
3. The agencies involved in disaster response must have an up-to-date database of older persons in the area, which contains location, health status, and contact person in case of an emergency.
4. Relevant agencies must rehearse action plans to assist the older persons in a timely manner.
5. Provide knowledge to the older persons in preparation, self-care, and disaster recovery.

05

Health and hygiene of older persons Thailand

1. Develop a seamless health service system to increase the chances of accessing services by arranging shuttle buses for the older persons.
2. Increase the effectiveness of caring for the older persons outside the hospital, especially long-term care at home and in the community.
3. Encourage proper use of medicines by the older persons to reduce side effects from drugs.
4. Increase the effectiveness of health promotion/prevention of diseases and conditions, especially diabetes, blood pressure, accidental falls, and mental health disorders.
5. Promote exercise and social activities by upgrading the mass transit system, access to green areas, safety in life and property, and primary care system.
6. Develop up-to-date information systems to be able to accurately track changes in the status of older persons members of the community.
7. Organize a public health service system to facilitate service to the older persons in the community, such as promoting the establishment of a community-based health rehabilitation center and medium-term care system.
8. Encourage medical students of all disciplines, nurses, and other health personnel to have knowledge and competence in the field of geriatrics and eldercare.
9. Encourage people to start strengthening and taking care of their health from a young age to improve the chances of being a healthy older citizen.
10. Define indicators of progress and achievement of policies and plans that are practical and reliable; there needs to be a direct link and consistency between indicators and the goal.

06

Policy recommendations to encourage the older persons to remain in the gainful labor force as long as possible

1. Enhance skills or add new skills for the older persons under the concept of lifelong learning.
2. Motivate older persons workers with flexible working schedules that are suitable for the needs and conditions according to the age of the laborer.
3. Create incentives and extend benefits for employers to hire the older persons.
4. Extend the minimum age to receive senior benefits to beyond 55 years in the case of private-sector workers under the Social Security System.
5. Identify new measures to encourage workers in the non-formal sector to join the National Savings Fund as a partial source of income security in older age.
6. Increase the role of LAO and CSR activities of the private sector in promoting job creation for the older persons, especially the non-formal labor sector.
7. Amend the rules, regulations, and laws that hinder the employment of the older persons, including the extension of the retirement age of civil servants and state enterprise employees.
8. Create a new concept of the definition of “older persons” so that society can see that older citizens still have energy and the potential to be a significant producer in the labor market.

07

Policy recommendations for the welfare of the older persons

1. Promote social welfare for the older persons by seriously taking into account sustainability and budget burden.
2. Promote a paradigm shift about the philosophy in social welfare management to keep pace with changes in the context of Thai society and to be more aligned with international trends.
3. Distribute responsibility in social welfare provision across various sectors, starting from the family, volunteers, the host community, religious institutions, and Civil Society, as well as the private sector so that they are more involved.

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@ old age @
@ old age is old age
yes
age over time
but empty of all benefits
@ the older person must be mature
like germinated rice
knowledge is the result
of the immortal spirit
@ calm and cool is useful.
take lessons from experiences
leave it to your grandchildren
is beauty and goodness
@ crisis is an opportunity.
take the ability that we have
"knowing love and unity"
for a stable society
@ wake up, don't panic
but be woke and raise the flag
be honest
not careless, not afraid

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