

# RECOMMENDATIONS AND PROPOSED ACTIONABLE MEASURES:

STRENGTHENING INCLUSIVE AND EQUITABLE CARE SYSTEMS IN THE CONTEXT OF AN AGEING SOCIETY



## Recommendations

### and Proposed Actionable Measures:

#### Strengthening Inclusive and Equitable Care Systems in the Context of an Ageing Society

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Prepared as an outcome of the International Conference and Workshop on "Strengthening Inclusive and Equitable Care Systems in the Context of an Ageing Society" held from 31 July to 1 August 2025 at The Berkeley Hotel Pratunam, Bangkok, Thailand

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## RECOMMENDATIONS AND PROPOSED ACTIONABLE MEASURES:

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# STRENGTHENING INCLUSIVE AND EQUITABLE CARE SYSTEMS IN THE CONTEXT OF AN AGEING SOCIETY

By

- Mahidol University – Institute for Population and Social Research (IPSR) •
- National Institute of Development Administration (NIDA) • ASEAN Centre for Active Ageing and Innovation (ACAI) •
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# Foreword

The accelerating pace of population ageing represents one of the most defining demographic and social transformations of the twenty-first century. As longevity increases across all regions, the imperative to ensure that people not only live longer but live healthier, more secure, and dignified lives has never been more urgent. Meeting this challenge requires evidence-based policymaking, inclusive governance, and collective action across sectors and generations.

The Recommendations and Proposed Actionable Measures: Strengthening Inclusive and Equitable Care Systems in the Context of an Ageing Society builds upon the outcomes of the International Conference and Workshop on Strengthening Inclusive and Equitable Care Systems in the Context of an Ageing Society, held from 31 July to 1 August 2025 at The Berkeley Hotel Pratunam in Bangkok, Thailand. This event was convened under the leadership of the Department of Older Persons (DOP), Ministry of Social Development and Human Security, and the College of Population Studies (CPS), Chulalongkorn University, in collaboration with a broad coalition of national and international co-host institutions.

The co-host partners include Mahidol University – Institute for Population and Social Research (IPSR); the National Institute of Development Administration (NIDA); the ASEAN Centre for Active Ageing and Innovation (ACAI); the Asian Development Bank (ADB); the United Nations Population Fund (UNFPA); Kenan Foundation Asia; HelpAge International; the Alliance on Longevity in Asia-Pacific (ALAP); the Tsao Foundation; the Foundation for Older Persons' Development (FOPDEV); the ASEM Global Ageing Center (AGAC); the Foundation of Thai Gerontology Research and Development Institute (TGR); the Health Systems Research Institute (HSRI); and the Thailand Social Work Professions Council (SWPC).

Guided by the principles of the Madrid International Plan of Action on Ageing (MIPAA), the WHO Decade of Healthy Ageing (2021–2030), and the Sustainable Development Goals (SDGs), this report articulates a shared vision for care systems that are rights-based, gender-responsive, and equitable. It underscores the importance of intersectoral collaboration, lifelong preparedness for ageing, and the active engagement of older persons as contributors and rights-holders. Through these collective efforts, ageing can be reframed as an opportunity for inclusion, solidarity, and sustainable development—anchored in dignity and shared responsibility.



# 1

# Background

**T**he International Conference and Workshop on "Strengthening Inclusive and Equitable Care Systems in the Context of an Ageing Society," held from 31 July to 1 August 2025 at The Berkeley Hotel Pratunam in Bangkok, was convened in response to the pressing global and regional challenges posed by demographic ageing. With population ageing accelerating worldwide—and projections indicating that by 2050, one in six individuals will be aged 65 or older—the need to rethink care systems and societal structures has become a defining issue of our time. Many countries, particularly across Asia, are navigating the complex interplay of declining fertility, increasing longevity, and shrinking family units, all of which place pressure on traditional caregiving arrangements and demand the development of stronger, more inclusive formal systems.

Thailand represents one of the most rapidly ageing societies in Southeast Asia, with nearly one-third of its population expected to be aged 60 and over by 2030. This demographic transition places considerable pressure on social protection systems, labour markets, and healthcare infrastructure. However, these challenges are not unique to Thailand. Countries across East Asia, Latin America, and beyond are experiencing similar transitions, highlighting the global relevance of inclusive, equitable, and sustainable care models.

The conference brought together policymakers, academics, international agencies, civil society, and community practitioners to explore strategies in line with the Madrid International Plan of Action on Ageing (MIPAA). The dialogue produced actionable recommendations, strengthened cross-border solidarity, and highlighted practical innovations. It reaffirmed the importance of a life-course and rights-based approach to care, and the recommendations reflect the shared commitment of the international community to advance care systems that are responsive, inclusive, and grounded in dignity and equity.

This conference was made possible through the leadership of the Department of Older Persons (DOP), Ministry of Social Development and Human Security, and the College of Population Studies, Chulalongkorn University, who jointly served as the main hosts. We gratefully acknowledge

the collaboration and support of our co-host institutions, whose diverse expertise and perspectives greatly enriched the event. These include and the collaborative units at Chulalongkorn University, including CU-COLLAR and Chula Ari, Mahidol University's Institute for Population and Social Research (IPSR); the National Institute of Development Administration (NIDA); the ASEAN Centre for Active Ageing and Innovation (ACAI); the Asian Development Bank (ADB); the United Nations Population Fund (UNFPA); the Kenan Foundation Asia; HelpAge International; the Alliance on Longevity in Asia-Pacific (ALAP); the Tsao Foundation; the Foundation for Older Persons' Development (FOPDEV); the ASEM Global Ageing Center (AGAC); the Foundation of Thai Gerontology Research and Development Institute (TGRI); the Health Systems Research Institute (HSRI) as well as the Thailand Social Work Professions Council (SWPC).



# 2

# Definition

## Care

The concept of care is multifaceted and encompasses a wide range of practices and relationships that support the well-being of individuals throughout the life course. At its most fundamental level, care can be understood as a set of activities and relationships intended to meet the physical, emotional, and developmental needs of others. United Nations (2024)<sup>1</sup> provide the care definitions as "an expansive conceptualization and definition of care that includes the act of caring for oneself, for others and for the planet, and which includes providing support and assistance to those who require it to enable their participation in society with dignity and autonomy. ... recognizes that everyone needs care and support at some stage some stage of their lives, if not throughout their life, to participate equally in society and to live with dignity." The Madrid International Plan of Action on Ageing (United Nations, 2002)<sup>2</sup> defines care in terms of enabling older persons to live in dignity and participate fully in society, emphasizing the need for supportive environments and intergenerational solidarity.

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<sup>1</sup> United Nations. (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda. UN System Policy Paper

<sup>2</sup> United Nations. (2002). *Political declaration and Madrid International Plan of Action on Ageing: Second World Assembly on Ageing, Madrid, Spain, 8–12 April 2002*. United Nations, Department of Economic and Social Affairs. <https://social.un.org/ageing-working-group/documents/mipaa-en.pdf>

Care involves both formal and informal dimensions, ranging from professional services provided in institutional settings to unpaid caregiving within families and communities. Care is not merely a set of tasks but also a socially constructed practice that carries cultural meanings and values (Daly & Lewis, 2000)<sup>3</sup>. It includes direct personal care, such as assistance with daily activities, as well as broader forms of social support and emotional engagement. Care as an essential component of health and social systems that extends beyond medical treatment to include preventive, rehabilitative, and palliative services that uphold the dignity and autonomy of individuals (World Health Organization, 2015)<sup>4</sup>.

## Care Systems

Care systems can be broadly defined as the organized set of policies, services, resources, and relationships that work together to meet the health, social, and emotional needs of individuals across the life course. United Nations (2024)<sup>5</sup> defines comprehensive care system to "involve these components [Legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A comprehensive care system involves these components working in an integrated and deliberate way, with the aim of implementing a new social organization of care to assist, support and care for people and the environment, as well as recognizing, reducing and redistributing, rewarding and representing care work from a gender, intersectional and human rights perspective in a way that fosters co-responsibility between genders and between households, the State, the market, families and the community.] working in an integrated and deliberate way, with the aim of implementing a new

social organization of care to assist, support and care for people and the environment, as well as recognizing, reducing and redistributing, rewarding and representing care work from a gender, intersectional and human rights perspective in a way that fosters co-responsibility between genders and between households, the State, the market, families and the community".

Care systems are shaped by cultural norms, social structures, and policy frameworks that determine how care responsibilities are distributed between the state, the market, families, and communities. The care system encompasses both formal and informal elements, ranging from government-run social welfare programs and health services to family caregiving and community-based support networks (Daly & Lewis, 2000; Ungerson, 2004<sup>6</sup>). Care systems are an integral part of the broader health and social protection infrastructure (World Health Organization, 2015).

<sup>3</sup> Daly, M. and Lewis, J. (2000), The concept of social care and the analysis of contemporary welfare states. *The British Journal of Sociology*, 51: 281-298. <https://doi.org/10.1111/j.1468-4446.2000.00281.x>

<sup>4</sup> World Health Organization. (2015). *World report on ageing and health*. World Health Organization. <https://www.who.int/publications/i/item/9789241565042>

<sup>5</sup> United Nations. (2024). *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda*. UN System Policy Paper [https://unsdg.un.org/sites/default/files/2024-07/FINAL\\_UN%20System%20Care%20Policy%20Paper\\_24June2024.pdf](https://unsdg.un.org/sites/default/files/2024-07/FINAL_UN%20System%20Care%20Policy%20Paper_24June2024.pdf)

<sup>6</sup> Ungerson, C. (2004). Whose empowerment and independence? A cross-national perspective on 'cash for care' schemes. *Ageing and Society*, 24(2), 189–212. doi:10.1017/S0144686X03001508

Long-term care (LTC) is a key part of this system and is defined as a framework that provides integrated long-term care which is appropriate, affordable, accessible, and upholds the rights of both older persons and carers (World Health Organization, 2021)<sup>7</sup>. Furthermore, the OECD (2023)<sup>8</sup> highlights the importance of strengthening LTC by addressing service fragmentation, enhancing financing mechanisms, and expanding preventive and rehabilitative care. Similarly, the Asian Development Bank (2020)<sup>9</sup> underscores the need for robust actuarial modelling that incorporates all sources of financing and covers both community-based and residential care. Financial sustainability is therefore essential: it depends on diversified, equitable financing arrangements—combining public funding, pre-funded social-insurance schemes, targeted subsidies, regulated private provision, and mechanisms to pool risk and protect low-income households. Transparent fiscal modelling and cost-sharing frameworks are essential to assess long-term

affordability, create fiscal space, and prevent regressive out-of-pocket burdens that would exacerbate inequalities (OECD, 2023; Asian Development Bank, 2020).

Care systems are not static; they evolve in response to social and economic changes, as well as to the changing needs and preferences of care recipients. These systems require integrated governance structures, sustainable financing, and trained workforces to deliver services that are both responsive and inclusive. They must also be adaptable to demographic shifts, technological innovations, and evolving societal expectations. A well-functioning care system, therefore, is one that balances efficiency and equity, ensuring that no group is excluded and that resources are allocated fairly and transparently. Recognizing care systems as central to social development and economic resilience is essential for building societies that value and uphold the dignity of all individuals, regardless of age or ability.



<sup>7</sup> World Health Organization (2021) Framework for countries to achieve an integrated continuum of long-term care. Geneva. <https://iris.who.int/bitstream/handle/10665/349911/9789240038844-eng.pdf>

<sup>8</sup> OECD (2023), Ready for the Next Crisis? Investing in Health System Resilience, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/1e53cf80-en>.

<sup>9</sup> Asian Development Bank. (2020). Country diagnostic study on long term care in Thailand. Country Diagnostic Studies. [https://dx.doi.org/10.22617/TCS200373\\_2](https://dx.doi.org/10.22617/TCS200373_2)

# 3

# Recommendation

## 3.1 Older Persons and Development

### 3.1.1 Vision and Justification

As societies age rapidly, the need to shift from reactive to proactive strategies in support of older persons becomes increasingly urgent. The Madrid International Plan of Action on Ageing (MIPAA) emphasizes the need to integrate ageing into development frameworks, enabling older persons to participate fully in social, economic, and civic life.<sup>10</sup>

Older persons represent a wealth of experience, resilience, and potential for intergenerational exchange. Yet, ageism, outdated labour policies, digital exclusion, and economic insecurity continue to limit their contributions. Older women face a double burden of ageism and gender inequality, manifesting in lower lifetime earnings, care-related interruptions, higher poverty rates, and limited access to services.

In line with MIPAA, this policy framework envisions older persons as active agents of development, not passive recipients of care. Promoting lifelong learning, flexible work arrangements, community participation, and enabling environments will not only improve well-being for older persons but also contribute to national productivity, social cohesion, and multigenerational solidarity.

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<sup>10</sup> The Issues under this priority includes, Issue 1: Active participation in society and development; Issue 2: Work and the ageing labour force; Issue 3: Rural development, migration and urbanization; Issue 4: Access to knowledge, education and training; Issue 5: Intergenerational solidarity; Issue 6: Eradication of poverty; Issue 7: Income security, social protection/social security and poverty prevention; and Issue 8: Emergency situations.

Integrating a gender-responsive lens, this policy direction seeks to enhance the quality of life and independence of older persons by creating enabling systems, investing in inclusive care infrastructure, and promoting policies that support employment, volunteering, education, and digital access. It also calls for greater integration of older persons in local governance, urban development, and resilience planning. A future-fit care system is one where older persons are not sidelined, but centred—as contributors, mentors, voters, consumers, caregivers, and community leaders.

### 3.1.2 Policy Recommendations

## A. Economic Participation and Employment

### A.1 Promote flexible and age-inclusive employment policies

- A.1.1** Develop tailored programmes to facilitate the re-entry of older persons, particularly older women, into the workforce, recognising their continued capacity and gender differences – needs, challenges and preferences, to contribute meaningfully to economic and social development.
- A.1.2** Increase intergenerational workplace training to enhance communication, mutual respect, and collaboration between younger and older employees, thereby reducing age-related bias and fostering productive, inclusive team dynamics.
- A.1.3** Encourage companies and public institutions to adopt age-friendly and gender responsive practices, including the provision of accessible workstations, ergonomic adjustments, and wellness programmes designed to maintain the physical and mental well-being of older workers.
- A.1.4** Promote the concept of “prospective age” as a basis for gradually extending the retirement age and revisiting flexible retirement schemes, aligning with demographic trends and individual capacity.
- A.1.5** Support initiatives that enable older persons to supplement their pensions through additional income-generating activities, fostering financial security and sustained engagement in productive roles. Complement these with measures to expand access to credit, including the creation and improvement of targeted credit facilities, to advance financial inclusion and support older persons’ entrepreneurial and economic participation.
- A.1.6** Expand and improve social pensions to ensure a minimum floor of income security in old age for informal workers, including introducing pension top-up grants for older women with interrupted work histories due to caregiving responsibilities. \*

## A.2 Expand access to reskilling and lifelong learning

**A.2.1** Develop inclusive national training programmes for adults aged 50 and above, with a focus on digital literacy (including digital security), entrepreneurship, financial planning, and service-related skills, to enable sustained and meaningful participation in evolving labour markets.

**A.2.2** Collaborate with vocational institutions, open universities, and local learning centres to deliver age-sensitive curricula in flexible formats, including online platforms and community-based learning. Prioritise the inclusion of marginalised older populations—such as informal workers, women, and persons with disabilities—to ensure equitable access to economic opportunities.

**A.2.3** Establish a comprehensive monitoring and evaluation system to track participation and outcomes, disaggregated by age cohorts (in intervals of at least 10 years), gender, disability, income level, and region, to facilitate evidence-based policy adjustments and ensure equitable impact across diverse groups.

**A.2.4** Develop community-based learning spaces at the community, sub-district, and provincial levels, and foster partnerships with private sector companies to create pathways linking lifelong learning to old-age employment opportunities.

## B. Social Inclusion and Intergenerational Solidarity

### B.1. Establish and strengthen community centres as intergenerational hubs

**B.1.1** Transform existing older persons' clubs and older person-led organisations into multi-functional, inclusive entities that serve as intergenerational spaces fostering reciprocity, while promoting shared learning, cultural exchange, physical activity, digital inclusion, and income-generating opportunities, thereby contributing to local economic development.

**B.1.2** Integrate health promotion, primary healthcare linkages, social participation, and dignified end-of-life preparation into these centres, creating comprehensive community-based care and support hubs.

**B.1.3** Engage schools, youth groups, and local organisations in co-designing programmes with older adults, including older women and those with specific needs and challenges to foster mutual understanding, reduce ageism, and build sustainable intergenerational networks.

**B.1.4** Prioritise rural and underserved areas for infrastructure upgrades, ensuring accessible facilities, reliable digital connectivity, and adequate transportation support to enhance inclusivity.

**B.1.5** Enhance partnerships between networks of older people and youth to promote the development of “intergenerational clubs” by incentivising diverse, gender-balanced membership and encouraging youth-led initiatives, such as community projects and intergenerational competitions, to strengthen local leadership and collective action.

**B.1.6** Establish continuous assessment mechanisms to monitor the impact of these centres on older persons’ quality of life, social cohesion, and overall community well-being, using gender-disaggregated indicators to ensure women’s and men’s experiences are equally captured.

**B.1.7** Create a multi-sectoral governance mechanism for long-term community care, ensuring coordinated, gender responsive planning and service delivery across health, social, and local development sectors.

**B.1.8** Develop community-based care systems that provide alternatives beyond family care, offering flexible support mechanisms tailored to the diverse, gender specific needs of older persons.

**B.1.9** Establish community lab networks in vulnerable rural areas to pilot innovative intergenerational and care models with a gender responsive design, systematically document lessons learned by gender, and integrate evidence into policy development.

## B.2. Promote volunteerism and community engagement among older persons

**B.2.1** Expand and institutionalise national frameworks for senior volunteerism to ensure that older people, particularly older women, are empowered to contribute meaningfully across sectors, such as education, caregiving, cultural preservation, environmental stewardship, climate resilience, and disaster preparedness.

**B.2.2** Provide structured support for older volunteers, including professional training, transportation allowances, insurance coverage, and public recognition, to ensure volunteering is both accessible and valued, with tailored measures to address gender-specific barriers faced by older women.

**B.2.3** Leverage existing community resources—such as village health volunteers, homemaker groups, and local civic associations—to extend outreach to isolated older adults who cannot access clubs or formal programmes.

**B.2.4** Encourage and formalise community-based caregiver roles for older persons by creating paid or compensated volunteer positions that ensure professional training, fair remuneration, and protection from political influence.

**B.2.5** Strengthen intergenerational caregiving models by equipping families and communities with gender-responsive resources, skills training, and emotional support - recognizing that women comprise most care recipients in old age and that an increasing number of older women themselves serve as caregivers—to meet the growing needs associated with dementia and other age-related conditions.

**B.2.6** Integrate volunteer and caregiving initiatives with community care hubs to create a seamless support ecosystem that combines formal services, informal networks, and intergenerational engagement.

**B.2.7** Establish dedicated Older Adult Empowerment Centres that also provide pathways to employment opportunities for older adults, especially older women, drawing on successful models such as the Fukuoka Prefecture Lifetime Active Challenge Centre.

**B.2.8** Strengthen community engagement by enabling social workers to promote intergenerational initiatives, coordinate community hubs, and advocate for institutionalised volunteer frameworks, thereby fostering social cohesion and advancing active ageing.

## C. Rights, Representation and Governance

### C.1. Institutionalize older persons' councils at local and provincial levels

**C.1.1** Encourage provincial, municipal, and local governments to establish Older Persons' Councils or Networks as formal advisory and monitoring bodies for planning, budgeting, and service delivery. Ensure inclusive representation by mandating seats for women, ethnic minorities, persons with disabilities, and other marginalised groups to reflect the diversity of older populations. Provide these councils with operational budgets, a clear legal mandate, and structured training in policy analysis, advocacy, and monitoring to enable meaningful participation and ensure continuity beyond political cycles.

**C.1.2** Create a multi-stakeholder coordinating body at the national level to support and strengthen these councils, ensuring effective vertical communication between local voices and national policy agendas, while fostering ownership by local administrative organisations.

**C.1.3** Develop systematic tools for capturing older persons' perspectives, including satisfaction surveys, community-based consultations, and continuous feedback mechanisms, to inform planning processes and monitor service quality and ensure that the distinct experiences and priorities of older women are explicitly represented.

**C.1.4** Integrate a bottom-up approach by cultivating community leaders - ensuring older women's leadership alongside men - within these councils, empowering older persons to raise issues from the grassroots to policy platforms. Establish joint advocacy groups with gender-focused sub-groups, including thematic sub-groups (e.g. women's health, dementia and NCDs), and strengthen collaboration with families, women's organisations and civil society organisations to amplify the voices of older women and men and promote inclusive policy development.

## C.2 Enact and enforce comprehensive anti-age discrimination laws

**C.2.1** Enact national legislation that explicitly prohibits age-based discrimination across all domains affecting older persons, including employment, healthcare, insurance, housing, transportation, communication technologies, and financial services.

**C.2.2** Establish explicit legislation supported by accountability frameworks, outline corrective procedures for violators, and ensure the availability of accessible mechanisms for reporting and redress, thereby protecting individual rights. Finalize and advance pending anti-discrimination legislation to guarantee explicit protections for older persons, with particular attention to intersecting identities, including gender, disability, and ethnicity.

**C.2.3** Develop and implement nationwide public awareness campaigns—targeting schools, workplaces, communities, the entertainment sector, and media—to challenge negative stereotypes and affirm the rights, dignity, and contributions of older women and men.

**C.2.4** Include strategies to address social bias and stigma, such as reducing negative perceptions of long-term care facilities, promoting sexual and reproductive health rights for older women and men, and combating cultural attitudes that marginalise or devalue their needs.

**C.2.5** Promote equal opportunity in later life by upholding decent work principles, ensuring fairness in employment, strengthening social protection measures, and safeguarding the rights of older women and men to engage in self-employment and other income-generating activities.

## C.3. Strengthen governance and accountability for ageing policy

**C.3.1** Develop an integrated governance framework for ageing and long-term care that ensures vertical consistency between national policy and subnational practice, underpinned by formalized multi-sectoral coordination across health, social protection, labour, justice, and related ministries and agencies.

**C.3.2** Institutionalize participatory governance modalities within all ageing-related policy frameworks to guarantee the substantive engagement of older persons and their representative bodies in the formulation, oversight, and evaluation of policies impacting their rights and well-being.

**C.3.3** Develop and operationalize transparent monitoring and evaluation frameworks with harmonized indicators to systematically assess the effectiveness, equity, and rights-based orientation of ageing policies and advisory councils, utilizing age, gender, and socio-economically disaggregated data at national and subnational levels.

**C.3.4** Promulgate national gender-responsive guidelines for ageing mainstreaming to ensure the systematic integration of ageing considerations and life-course perspectives into all sectoral policies, strategies, and programmes across levels of governance.

## D. Infrastructure and Digital Inclusion

**D.1.1** Formulate a comprehensive National Digital Inclusion Strategy for older adults that encompasses affordable access, capacity-building, and the development of age-friendly and gender-responsive technologies, with a particular emphasis on applications for healthcare, social services, and daily living support.

**D.1.2** Expand community-based digital literacy programmes through partnerships with local learning centres, libraries, and community hubs. Training modules should be tailored for adults aged 50 and above, incorporating gender-responsive and intergenerational approaches and covering telehealth, e-government services, digital financial management, and online social connectivity with targeted outreach to older women to close digital access gaps.

**D.1.3** Introduce targeted subsidies and fiscal incentives to reduce economic barriers to digital access. This includes vouchers for low-cost devices and internet services for low-income and rural older populations – prioritized older women- alongside government-supported tax incentives and corporate social responsibility (CSR) schemes to stimulate market expansion and promote digital payment adoption.

**D.1.4** Collaborate with private technology firms and public service providers to design and deploy age- and ability-friendly digital interfaces and applications that are intuitive, culturally appropriate, and accessible to persons with diverse functional abilities, including persons with disabilities.

**D.1.5** Develop a policy-driven, integrated national data hub to facilitate cross-sectoral coordination, minimize service fragmentation, and generate evidence-based intelligence to guide gender responsive policy formulation and optimize service delivery for older persons' digital and social care needs. The platform should incorporate stringent data governance protocols, including advanced privacy safeguards and cybersecurity measures, to ensure the protection of personal information and to mitigate risks of fraud and misuse.

**D.1.6** Develop a dedicated digital platform for older persons with integrated access to social workers, community support services, and regionally based assistance to facilitate personalised guidance and social protection linkages, with features tailored to address the specific needs of older women.

**D.1.6** Promote localized and culturally relevant digital content in regional languages and contexts to enhance accessibility, uptake, and sustained engagement among diverse older populations with targeted modules on health and finance designed for older women.

**D.1.8** Integrate digital inclusion with age-friendly physical infrastructure by establishing smart community spaces and technology mentors, including female mentors, where older persons can access devices, receive hands-on support, and participate in digital learning within their neighbourhoods.

**D.1.9** Strengthen public-private partnerships to accelerate the development and scaling of inclusive digital ecosystems that embed the needs of older persons, particularly older women, into broader national digital transformation agendas.

## E. Strengthen Climate Resilience and Disaster Risk Management for Older Persons

**E.1.1** Mainstream older persons- including older women - into national and local disaster risk management (DRM) and climate resilience frameworks by ensuring their active participation in preparedness, response, recovery and climate adaptation plans. All disaster risk management (DRM) strategies should incorporate age-gender - and disability-inclusive approaches that recognize older adults as both rights-holders and contributors to community resilience.

**E.1.2** Empower older persons and their representative organizations – ensuring older women's leadership and participation - to co-design and implement DRM and climate resilience. Facilitate their participation in compiling and sharing lists of individuals requiring assistance, with data protection safeguards. Their involvement should extend to risk assessments, contingency planning, and simulation exercises so that policies and response mechanisms reflect the specific needs and capacities of older persons.

**E.1.3** Design emergency shelters, communication systems, and essential services to be age- gender- and ability-friendly and accessible to persons with disabilities. Train emergency responders, including first responders and volunteers, in geriatric care, functional ability support, and mental health first aid to strengthen inclusive disaster response capacity.

**E.1.4** Institutionalize community-based disaster preparedness models that integrate the specific needs of older persons -especially older women - including business continuity planning for essential services such as health, social care, and long-term care provision. Promote mutual learning from past disasters to enhance adaptive capacity and recovery strategies.

**E.1.5** Establish specialized Disaster Welfare Assistance Teams comprising social workers, care workers, and trained volunteers to provide immediate support to older persons, recognizing that many care recipients and caregivers in old age are women. Pilot and scale-up "buddy system" models to foster peer-to-peer and intergenerational support mechanisms at community level.

**E.1.6** Strengthen inter-municipal collaboration through formalized mechanisms, such as memoranda of understanding (MoUs), to share resources, coordinate responses, and foster mutual support among cities and provinces in disaster contexts - ensuring that gender-disaggregated data inform planning and resource allocation.

**E.1.7** Guarantee the continuity of health and social care services for older persons before, during, and after disasters by integrating contingency planning into national and local health and social protection systems with a gender responsive lens.

**E.1.8** Leverage the role of Older Persons' Associations (OPAs) and community networks – including women's groups - as key actors in DRM, from early warning dissemination, household-level preparedness, and post-disaster recovery, and climate adaptation action.

**Table 1** Actionable Measures and Priority Rankings for Older Persons and Development Aspects

Theme	Actionable measures	Top Three Priority
Economic Participation and Employment	Expand national reskilling and lifelong learning programmes for adults aged 50 and above, prioritizing women and informal workers. Include digital literacy, entrepreneurship, and financial planning to enhance employability and income security.	Rank 1
	Introduce wage subsidies, tax credits, and phased retirement schemes to extend labour market participation among older persons – particularly prioritizing older women. Establish national job-matching platforms for individuals aged 60 and above in key sectors such as education, caregiving, and community development (e.g., adapting models such as Fukuoka Centres).	-
Social Inclusion and Intergenerational Solidarity	Upgrade older persons' clubs into intergenerational community hubs with co-designed youth–senior programmes that incorporate older women's leadership and address their specific needs, particularly in rural and underserved areas. Build on existing support systems, incorporate models such as Timebank initiatives to foster mutual support and intergenerational solidarity.	Rank 2
	Institutionalise and expand the national senior volunteer framework by providing structured training programmes, transport allowances, and insurance coverage, while prioritising the engagement of older women in key sectors such as education, caregiving, environmental stewardship, and disaster risk management.	-
Rights, Representation, and Governance	Institutionalize Older Persons' Councils at provincial, municipal, and local levels with inclusive representation—allocating at least 50 percent of seats to women—along with dedicated operational budgets and formal mechanisms to ensure their input is integrated into policy design, implementation, monitoring, evaluation, and learning.	-
	Enact and enforce comprehensive national anti-age discrimination legislation that explicitly addresses both age and gender, and launch nationwide awareness campaigns to combat ageism in employment, health care, and public services.	-

**Table 1 (Continued)**

Actionable Measures and Priority Rankings for Older Persons and Development Aspects

Theme	Actionable measures	Top Three Priority
Infrastructure and Digital Inclusion	Certify at least 50% of municipalities as age-friendly using the WHO Age-Friendly Cities and Communities (AFCC) framework, integrating "healthy community" and community-based care concepts into urban and rural planning - ensuring designs meet the specific needs of older women.	-
	Launch national digital inclusion initiatives in partnership with local learning centres, providing subsidized devices, shared data hubs, and age-friendly technology training to bridge urban-rural gaps in digital access.	-
Resilience and Preparedness	Ensure the meaningful integration of older persons, especially older women, in disaster risk management (DRM) and climate resilience plans and policies by leveraging older people's organisations, associations, and community-based organisations as mechanisms for inclusive engagement. Institutionalise intergenerational community drills and guarantee the systematic inclusion of vulnerable groups within DRM strategies.	Rank 3
	Train emergency responders in geriatric care and certify 100% of public shelters as age-friendly, incorporating gender-responsive, accessible infrastructure and services to safeguard older persons, especially older women - during emergencies.	-



#### Recommendations and Proposed Actionable Measures:

## 3.2 Health and Well-being into Old Age

### 3.2.1 Vision and Justification

As societies around the world experience demographic change, ensuring the health and well-being of older persons has become increasingly central to public health and development agendas. While populations are living longer, many older individuals are not necessarily living healthier lives. Multiple chronic conditions, functional limitations, and systemic barriers to accessing care are common. These challenges are often compounded by inadequate age-friendly health services, fragmented long-term care systems, and persistent stigma around mental health—particularly in rural and underserved communities.

The Madrid International Plan of Action on Ageing (MIPAA) underscores the importance of enabling older persons to live healthy, active, and dignified lives. A life-course approach to health recognizes that promoting well-being in later life requires interventions that begin in earlier decades, while also necessitating responsive systems to support the needs of current older populations. Health in old age is shaped not only by clinical care but also by social inclusion, psychological well-being, mobility, nutrition, and personal autonomy.

Preparation for ageing should be strengthened across intergenerational, individual, community, and system/governance levels through a life-course approach. Current gaps include limited early awareness—especially mid-life financial, health, and social planning—weak financial literacy among younger cohorts, lack of ageing education in schools, insufficient attention to emotional and financial readiness for later-life transitions, and low public awareness of end-of-life planning. Embedding ageing preparedness from early adulthood can build resilience, dignity, and shared responsibility for longevity.

Investments in preventive and promotive care, integrated long-term and palliative care, and age-sensitive mental health services are essential to building resilient, inclusive health systems. Empowering older persons to take an active role in

health decision-making not only improves outcomes but also affirms their dignity and agency. Health systems must shift from reactive, hospital-based care toward proactive, person-centred models rooted in community-level engagement.

Achieving equitable health access requires targeted strategies to address persistent disparities related to gender, income, geography, and disability. Innovations in technology, workforce development, and financing must be tailored to local contexts and grounded in rights-based, inclusive principles to ensure sustainable and just progress.

Such transformation cannot be achieved by the health sector alone. It requires a collective effort across individuals, families, communities, service providers, and the state to create environments in which older persons can age with security, autonomy, and respect.

The following recommendations are intended to support governments, health providers, and stakeholders in building systems that safeguard health and well-being across the life course, with particular emphasis on the pre-retirement phase (beginning at age 40+) and later life. They draw on global good practices while being responsive to national context and the specific needs of older persons. Structured across three domains—primary and preventive healthcare, long-term and palliative care, and mental health and active ageing—these recommendations offer practical pathways for measurable, sustainable, and inclusive action, ensuring that older persons everywhere can age with health, dignity, and purpose.

### 3.2.2 Policy Recommendations

## A. Strengthening Primary and Preventive Healthcare

### A.1 Expand access to age-friendly primary healthcare

**A.1.1** Implement a national “train-the-trainer” programme to strengthen the geriatric competencies of community health workers and deploy them at the subdistrict level to deliver localized, age-responsive services. Designate community focal points with verified health knowledge who can serve as trusted sources of information, and pair them with local nurses for continuous mentorship and capacity-building. Establish clear protocols to guide community members in accessing accurate health information, thereby reinforcing community-based support systems and fostering informed, empowered ageing at the grassroots level.

**A.1.2** Promote the systematic utilization of comprehensive health benefit packages to ensure regular screenings and preventive care for older persons. Integrate essential services—including routine Non-Communicable Disease (NCD) screenings, fall risk assessments, nutritional and oral function assessments, and recommended vaccinations—into community health programmes to enable early detection and proactive, holistic care.

**A.1.3** Tailor health promotion initiatives to meet the needs of diverse older populations, with particular attention to rural residents, indigenous communities, migrant populations, and other vulnerable groups to ensure equitable access and culturally appropriate interventions.

**A.1.4** Launch targeted public health campaigns to strengthen health literacy among older adults and their families, empowering them to seek timely treatment and fostering knowledge for long-term care preparedness. Prioritize initiatives that encourage self-care practices and preventive health behaviours well before the onset of advanced age.

**A.1.5** Leverage digital health technologies with user-friendly interfaces, including telehealth platforms and integrated electronic health records, to reduce mobility-related barriers, expand service outreach, and ensure continuity of person-centred care across all levels of the health system.

**A.1.6** Shift the policy paradigm towards adaptive, evidence-based approaches that are grounded in the lived realities of ageing societies. Move beyond top-down, government-centric models to policy frameworks that incorporate both demand- and supply-side dynamics, ensuring responsiveness to the actual needs of older persons and fostering sustainable, forward-looking healthcare solutions.

## A.2 Introduce Universal Annual Preventive Screenings for Older Adults

**A.2.1** Establish a nationwide programme for annual preventive screenings targeting adults aged 60 years and above (or 65+, depending on the nationally defined threshold for older persons). Ensure that screenings are accessible through both fixed community clinics and mobile health units to effectively reach urban, rural, and remote populations.

**A.2.2** Implement a standardized screening package covering key health indicators including vision, hearing, oral function, blood pressure, diabetes, cancer risk, and functional ability assessments. Establish clear and efficient referral pathways to specialist and tertiary care to guarantee timely diagnosis and treatment.

**A.2.3** Develop and operationalize interoperable electronic health record (EHR) systems that enable secure, seamless access to patient data across hospitals, clinics, and primary care facilities. This integrated approach supports early detection, strengthens preventive health programmes, and enhances continuity and coordination of care for older persons.

**A.2.4** Prioritize the use of cost-effective diagnostic tools particularly in low-resource settings and ensure that all screening initiatives employ culturally sensitive and linguistically appropriate communication strategies to increase awareness and maximize uptake among diverse older populations.

**A.2.5** Optimize the allocation of public budgets to guarantee sustainable financing for preventive screenings. Employ evidence-based resource planning to ensure equitable distribution of limited resources across health and social service systems, thereby maximizing population-level health impact.



## B. Expanding Long-Term and Palliative Care Services

### B.1. Develop Sustainable Community-Based Long-Term Care (LTC) Models

**B.1.1** Establish dedicated financing mechanisms and infrastructure to support the development of community-based LTC services, including day care centres, respite care programmes, and structured home visit systems to meet the diverse needs of older persons.

**B.1.2** Strengthen and support family caregivers through structured training programmes, financial allowance mechanisms, and respite schemes, while concurrently advancing the professionalization of caregiving as a formally recognized and adequately remunerated occupation within the national labour market.

**B.1.3** Integrate LTC hubs into existing community health centres and foster systematic coordination with district hospitals, social welfare offices, and local administrative bodies to ensure continuity of care and efficient resource utilization.

**B.1.4** Institutionalize rights-based standards of care and align LTC service delivery with national ageing strategies and international frameworks, ensuring that the dignity, autonomy, and participation of older persons are central to all interventions.

**B.1.5** Promote the well-being of caregivers and families of older persons by addressing both physical and mental health needs. Prioritize support systems for Village Health Volunteers and other community-based caregivers through counselling, stress management, and wellness programmes to sustain the caregiving workforce.

### B.2 Integrate Palliative Care into the National Health System

**B.2.1** Establish dedicated palliative care units at the district hospital level, and revise medical and nursing curricula as well as referral mechanisms from nursing homes and family caregivers to systematically integrate end-of-life care competencies, including pain management and psychosocial support.

**B.2.2** Guarantee universal access to palliative care under national health coverage schemes, ensuring the availability of affordable essential medicines for pain relief, as well as comprehensive psychosocial and spiritual support services for patients and their families.

**B.2.3** Partner with faith-based and community organizations to deliver culturally appropriate, home- and community-based palliative services that respect diverse beliefs and traditions while ensuring quality standards.

**B.2.4** Promote dignified end-of-life planning by integrating advance care planning and counselling into community-based care systems, thereby ensuring that older persons and their families can make informed decisions and maintain autonomy over end-of-life preferences.

# C. Promoting Mental Health, Dementia and Active Ageing

## C.1 Expand Access to Community-Based Mental Health Services

**C.1.1** Integrate trained mental health professionals into primary care teams to provide early identification and management of depression, anxiety, cognitive decline, and grief among older persons.

**C.1.2** Ensure that mental health services are included within essential health benefit packages and promote the use of peer-led interventions to reduce stigma, strengthen community trust, and increase utilization of mental health support.

## C.2 Launch National Wellness and Active Ageing Campaigns

**C.2.1** Implement nationwide campaigns promoting holistic well-being through physical activity, balanced nutrition, cognitive stimulation, and meaningful social participation. Leverage senior clubs, faith-based groups, community networks, and social enterprises as platforms for outreach and engagement.

**C.2.2** Promote age-positive narratives through digital and mass media platforms to reach diverse populations across urban and rural areas. Campaigns should be culturally relevant, emphasize community values, and actively counter ageist stereotypes by highlighting the contributions and agency of older persons.

**C.2.3** Adopt a peer-led model for active ageing initiatives, encouraging "young-old (ages 60-69)" individuals to serve as community leaders in promoting wellness and supporting their peers. This approach strengthens intergenerational solidarity, enhances community engagement, and positions older persons as active contributors to society.

**C.2.4** Establish robust monitoring systems to measure programme impact through indicators such as quality of life, functional ability, social connectedness, and levels of ageism reduction.

## C.3 Increase Dementia Awareness and Early Intervention

**C.3.1** Launch sustained national dementia awareness campaigns using mass media and community channels to dispel misconceptions, emphasizing that dementia is a clinical condition rather than an inevitable aspect of ageing.

**C.3.2** Educate the public on early signs of dementia beyond memory loss, including behavioural changes, spatial orientation challenges, and problem-solving difficulties, to promote timely detection and intervention.

**C.3.3** Promote knowledge on modifiable lifestyle factors that reduce the risk of cognitive decline, such as regular physical activity, healthy diets, smoking cessation, and management of chronic conditions including hypertension and diabetes.

## D. Ensuring Equity and Inclusion in Health Services

### D.1 Expand Access to Underserved Populations

**D.1.1** Deploy mobile health units and multidisciplinary outreach teams to provide essential health services to underserved and remote communities, prioritizing older persons living alone, persons with disabilities, and other vulnerable groups. Services should encompass comprehensive screenings, medication reviews, preventive interventions, and structured follow-up care to ensure continuity and equity in service delivery.

**D.1.2** Forge strategic partnerships with local governments, civil society organizations (CSOs), and community-based networks to strengthen trust, ensure cultural and linguistic relevance, and sustain long-term service provision in line with community needs.

**D.1.3** Institutionalize gender, disability, and diversity inclusion within all health policy frameworks, service standards, and monitoring mechanisms to guarantee equitable, non-discriminatory access to care for all older persons.'

### D.2 Strengthen Data Systems and Inclusive Health Infrastructure

**D.2.1** Develop robust, disaggregated health data systems capturing information by age, gender, disability status, socio-economic background, and geographic location to identify inequities, monitor service gaps, and inform evidence-based interventions.

**D.2.2** Ensure all health facilities adhere to universal design standards and provide interpreter services and culturally appropriate communication mechanisms to accommodate linguistic and ethnic minorities, enhancing accessibility and inclusion.

**D.2.3** Implement comprehensive competency-based training for health workers to equip them with the skills to address the specific needs of women, LGBTQ+ older persons, and persons with disabilities, migrants and others. Training should reinforce rights-based, person-centred care and align with the WHO IPCHS framework to strengthen integrated, equitable service delivery.

## E. Building Systems for Integration and Resilience

### E.1 Create National Platforms for Health and Care System Coordination

**E.1.1** Establish institutionalized, multi-sectoral coordination mechanisms linking the health, social development, finance, and education sectors to ensure policy coherence, align budgetary priorities, and facilitate the integration of services across the life course.

**E.1.2** Develop participatory governance structures that embed community engagement in the planning, implementation, and monitoring of health and care services. A bottom-up approach fosters local ownership, strengthens accountability, and enhances responsiveness to the diverse needs of older populations.

**E.1.3** Empower local governments as primary actors in the delivery and management of care services for older persons. Provide adequate resources and technical support to enable decentralized, context-specific solutions that reflect local realities.

**E.1.4** Foster intergenerational solidarity by encouraging the active involvement of youth and students in programmes and activities that support older persons. Institutionalize intergenerational initiatives as a mechanism to build mutual understanding, strengthen community ties, and support healthy ageing across all age groups.

## E.2 Establish a National Healthy Ageing Indicator Framework

**E.2.1** Develop a comprehensive national indicator framework that consolidates existing data sources, including the Older Persons Survey, TMAP, and the Basic Minimum Needs Survey, to assess the multidimensional well-being of older persons across health, income security, living conditions, and social participation.

**E.2.2** Integrate additional indicators to capture structural and socio-economic determinants of ageing, such as the impact of taxation and cost of living, adequacy of pensions, caregiving burdens, and the dynamics of intergenerational support within the “sandwich generation.” This will enable a more holistic understanding of ageing in the national context.

**E.2.3** Institutionalize the indicator framework as a central tool for evidence-based policymaking, strategic budget allocation, and continuous progress monitoring. Ensure alignment with the WHO Decade of Healthy Ageing (2021–2030) and the Sustainable Development Goals (SDGs) to facilitate policy coherence, international benchmarking, and accountability.



### 3.2.3 Suggested Actionable Measures

The policy recommendations outlined above provide a comprehensive set of actionable measures aimed at strengthening health and ageing systems through an integrated, equity-focused approach. They emphasize the expansion of age-friendly primary and preventive healthcare, enhancement of mental health and active ageing initiatives, improved access to long-term and palliative care, and stronger system-wide coordination supported by inclusive data frameworks. These recommendations also address critical cross-cutting areas such as digital inclusion, community resilience, and the adoption of universal design principles to ensure equitable access for older persons across diverse contexts.

Within this framework, three priorities have been identified for immediate action. Rank 1 calls for enhancing geriatric skills of community health workers, link to subdistricts, and integrate NCD screening, fall prevention, and health literacy. Rank 2 prioritizes strengthening the physical and mental well-being of health volunteers and family caregivers, recognizing their central role in supporting older persons and sustaining care systems. Rank 3 highlights the establishment of clubs of older persons and community centres as vital platforms for health promotion, social connection, and lifelong learning, alongside the translation of active and healthy ageing into concrete, system-wide strategies.

**Table 2** Actionable Measures and Priority Rankings for Promoting Health and Well Being

Theme	Actionable measures	Top Three Priority
Primary & Preventive Healthcare	Strengthen the capacity of community health workers through geriatric competency training and promote effective linkage with the subdistrict level. Integrate non-communicable disease (NCD) screening, fall prevention initiatives, and health literacy programmes to facilitate early detection and support proactive, community-based care.	Rank 1
	Launch universal annual preventive health screenings for adults aged 60 and above through mobile units and community clinics. Ensure strong referral pathways and implement interoperable electronic health records to support continuity of care.	-
	Implement intensive and sustained tax policies, supported by good governance, to promote health and well-being. Introduce match-fund initiatives to incentivize organizations providing health and social services, whereby government funding matches external contributions to strengthen workforce capacity and service quality.	-
Mental Health & Active Ageing	Promote the well-being of health volunteers by addressing both the physical and mental health of caregivers and family members of older persons.	Rank 2
	Expand community-based mental health services by embedding trained professionals in primary care teams and promoting peer-led support models to reduce stigma and increase accessibility.	-
	Launch national wellness and active ageing campaigns that promote physical activity, balanced nutrition, cognitive stimulation, and social participation through community groups and digital platforms.	-
Empowering Active/Healthy Ageing	Establish clubs of older persons or community centres that serve as platforms for health promotion, social connection, continuing education, and volunteerism.	Rank 3
	Translate the concept of empowering active and healthy ageing into concrete, actionable strategies that serve as a core mechanism for shaping health, social, and economic systems.	Rank 3

**Table 2 (Continued)**

Actionable Measures and Priority Rankings for Promoting Health and Well Being

Theme	Actionable measures	Top Three Priority
Inclusive Health Access	Operate mobile health units and outreach teams to deliver comprehensive screenings, medication reviews, and follow-ups to rural and underserved older populations.	-
	Adopt inclusive facility design standards and ensure the collection and use of disaggregated data (by age, gender, and disability) to inform equitable and evidence-based health policies.	-
Long-Term & Palliative Care	Fund sustainable, community-based long-term care (LTC) programmes including day care, respite services, and home visits. Professionalize caregiving and provide structured support for family caregivers.	-
	Integrate palliative care into district hospitals, include it under universal health coverage, and expand access to affordable pain relief and psychosocial counselling services.	-
System Integration & Coordination	Establish a national inter-ministerial platform for health and care system coordination with strong participation from local governments to ensure policy coherence and effective service delivery.	-
	Develop a National Healthy Ageing Indicator Framework aligned with WHO and SDG metrics. Integrate data from TPMAP and the Older Persons Survey and publish regular public reports to track progress and guide policy.	-

## 3.3 Ensuring Enabling and Supportive Environments

### 3.3.1 Vision and Justification

Creating enabling and supportive environments for older persons is essential to fostering inclusive, age-friendly, and resilient societies. As populations age, the physical, social, digital, and institutional environments in which people live must be adapted to ensure that older persons can lead healthy, active, and dignified lives. The built environment, transport systems, housing, digital infrastructure, and community spaces play pivotal roles in shaping older persons' ability to participate in society, access services, and maintain independence. Equally, inclusive governance, community engagement, and safety mechanisms significantly influence quality of life, particularly in contexts of vulnerability such as disasters, social isolation, or economic hardship.

The World Health Organization's (WHO) *Age-Friendly Cities and Communities Framework*<sup>11</sup> and the *Madrid International Plan of Action on Ageing (MIPAA)* underscore the importance of integrating ageing considerations into urban planning, rural development, and environmental governance. However, a substantial implementation gap persists, particularly in low- and middle-income countries where infrastructure, resources, and coordination mechanisms are limited. Moreover, age-friendly initiatives must extend beyond physical accessibility to encompass digital inclusion, climate-resilient infrastructure, and intergenerational solidarity within communities.

An enabling environment must also reflect the diversity within older populations, accounting for the differing experiences of rural and urban residents, persons with disabilities, low-income groups, ethnic minorities, and LGBTQIA+ older persons. Their meaningful participation in planning and decision-making processes is critical to designing environments that genuinely

respond to lived realities. Equally important is the development of safe, adaptable housing, accessible transportation, and inclusive public spaces that support mobility, social interaction, and safety. These challenges are often intensified by urban-rural inequalities, limited public spaces in growing metropolitan areas, and increasing exposure to climate-related risks such as flooding.

Many countries have established national ageing strategies and local-level initiatives to promote age-friendly environments. For example, Thailand's National Plan on Older Persons and municipal-level adaptations based on the WHO model, such as those implemented in Bueng Yitho, demonstrate efforts to localize global frameworks. Yet, gaps remain in areas such as enforcement, intergenerational programming, and disaster risk management (DRM) and climate resilience. These limitations highlight the need for context-specific and equity-focused enhancements that support active ageing and resilient communities.

This section outlines recommendations for a comprehensive approach to designing environments that empower older persons to thrive. It calls for multi-sectoral strategies, local government leadership, and active collaboration with older persons and communities themselves. The ultimate goal is to build age-friendly ecosystems that not only meet the needs of today's older population but also lay the groundwork for future generations to age with dignity. By investing in inclusive infrastructure, community resilience, and responsive services, societies can transform ageing from a perceived burden into an opportunity for solidarity, inclusion, and shared prosperity across all ages.

<sup>11</sup> World Health Organization. (2007). Global age friendly cities: A guide. Geneva, Switzerland: World Health Organization. Retrieved from [https://iris.who.int/bitstream/handle/10665/43755/9789241547307\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/43755/9789241547307_eng.pdf)

### 3.2.2 Policy Recommendations

## A. Age-Friendly Urban and Rural Planning

### A.1 Implement National Guidelines for Age-Friendly Infrastructure

- A.1.1** Develop and institutionalize mandatory national standards for age-friendly design in public infrastructure, housing, and transportation, in alignment with the World Health Organization's Age-Friendly Cities and Communities framework and universal design principles. Standards should include accessible walkways, ramps, handrails, barrier-free transit, clear signage, and integrated wayfinding systems.
- A.1.2** Reform existing accessibility legislation to move beyond voluntary compliance, embedding legally enforceable obligations and establishing mechanisms for accountability at national and subnational levels.
- A.1.3** Strengthen the capacity of local governments by providing technical guidance, budgetary incentives, and training to ensure effective implementation of age-friendly standards across urban and rural contexts.
- A.1.4** Establish a national audit and certification system for local authorities to assess compliance, track progress, and publicly recognize achievements in creating age-friendly environments.
- A.1.5** Institutionalize inclusive consultation processes with older persons and marginalized groups—including persons with disabilities, ethnic minorities, and low-income households—to ensure context-specific solutions that reflect the diverse needs of ageing populations.

### A.2 Promote Affordable and Adaptable Housing for Older Persons

- A.2.1** Address comprehensive policies to support the development and retrofitting of housing for older persons, incorporating barrier-free access, universal design features, emergency alert systems, and proximity to essential services to enable independent living and ageing in place.
- A.2.2** Provide targeted financial mechanisms such as rental subsidies and low-interest loans for home modifications, prioritizing single older adults, older women, and those living in poverty to reduce inequality in housing security.
- A.2.3** Foster strategic partnerships with private developers, housing cooperatives, and social housing agencies to scale up the supply of affordable, age-friendly housing and integrate these models into national and local housing strategies.
- A.2.4** Expand access to community-based "third places" such as libraries, community centres, and urban parks to enhance social interaction and reduce isolation among older persons. Prioritize urban areas such as Bangkok, where rapid urbanization and limited public spaces exacerbate social and infrastructure deficits, aligning interventions with Thailand's National Plan on Ageing.
- A.2.5** Integrate and replicate successful domestic models such as Bangkok's age-friendly urban parks and disability-inclusive public spaces, ensuring that lessons learned inform broader national housing and urban development strategies.

## B. Mobility and Transportation

### B.1 Subsidize and Upgrade Public Transport Accessibility

- B.1.1** Ensure universal accessibility, safety, and affordability in public transportation systems by introducing low-floor buses, clear audio-visual announcements, designated priority seating, and trained staff capable of assisting older passengers and persons with disabilities.
- B.1.2** Implement targeted fare subsidies or free transport schemes for older persons to facilitate mobility, strengthen social participation, and reduce economic barriers to accessing essential services.
- B.1.3** Integrate rural mobility solutions such as community-based shuttle services and on-demand transport options into national mobility strategies to address transportation gaps and reduce social isolation in remote and underserved areas.
- B.1.4** Address urban mobility challenges in metropolitan areas, including Bangkok, by enhancing connectivity, safety, and user satisfaction for older passengers. Incorporate evidence-based insights from national studies on senior travel behaviour to inform the design and evaluation of transport services.
- B.1.5** Develop and expand age-friendly transportation services to support older persons who have returned their driver's licenses owing to cognitive decline or diminished mobility.

### B.2 Ensure Walkable and Safe Communities

- B.2.1** Prioritize the development of walkable, age-friendly environments by improving sidewalks, pedestrian crossings, street lighting, and traffic management systems. Ensure road surfaces are even, well-maintained, and designed to support older persons' mobility, physical activity, and healthy ageing.
- B.2.2** Institutionalize participatory urban planning approaches that actively engage older persons and community members in identifying and improving key pedestrian routes to markets, health clinics, and community centres, ensuring they are safe, accessible, and context-specific.
- B.2.3** Incorporate adequate rest areas and public seating in open spaces and along pedestrian routes to enable older persons to rest comfortably and safely during walks and daily activities.
- B.2.4** Implement comprehensive urban mobility policies to address transportation barriers in rapidly urbanizing areas, including metropolitan centres such as Bangkok. Priorities should include upgrading and maintaining sidewalks, mitigating traffic congestion, and expanding age-friendly public spaces to reduce social isolation and strengthen older persons' equitable access to essential services, community activities, and social participation.

## C. Digital and Communication Inclusion

### C.1 Expand Digital Access and Literacy for Older Adults

- C.1.1** Establish public internet access points in community hubs and provide free or subsidized devices, alongside digital literacy programmes specifically tailored to older users' needs, learning pace, and preferred formats.
- C.1.2** Promote intergenerational digital mentoring by partnering with youth groups, educational institutions, and volunteer networks to build older persons' confidence and competencies in navigating digital tools and online services.
- C.1.3** Develop a national integrated data hub to consolidate service information, streamline coordination across agencies, reduce duplication of resources, and support evidence-based policy and programme design.
- C.1.4** Enhance local information dissemination systems by using accessible community bulletin boards, mobile applications, and digital platforms to share opportunities and resources. Ensure content is easily navigable to increase engagement from both older and younger community members.
- C.1.5** Align digital inclusion strategies with the countries' ageing society framework by explicitly addressing urban–rural disparities in technology access and adoption among older persons, ensuring equitable participation in the digital economy and e-services.

### C.2 Promote Age-Friendly Cities and Environments

- C.2.1** Conduct comprehensive urban and community audits to assess accessibility, transportation, safety, and social participation opportunities for older persons, integrating findings into municipal and national planning frameworks.
- C.2.2** Develop inclusive and affordable transportation systems with priority seating, audio-visual guidance, and simplified routes to guarantee mobility for older persons and persons with disabilities.
- C.2.3** Strengthen universal and inclusive design standards in public spaces, housing, and community facilities, focusing on accessibility, safety, and proximity to essential services to enable older persons' independence and active participation.
- C.2.4** Establish continuous feedback mechanisms with older residents through structured community consultations and digital platforms to ensure that planning and infrastructure development are responsive to evolving needs.
- C.2.5** Introduce a national age-friendly certification system to incentivize local governments, promote healthy competition, and raise public awareness of inclusive design and active ageing principles.
- C.2.6** Integrate the concept of "healthy communities" into urban and rural planning, incorporating holistic care, social connectivity, and dignified end-of-life preparation to support well-being across the life course.
- C.2.7** Align age-friendly city initiatives with community-based care systems, ensuring that physical and social infrastructure complement non-medical, community-driven models of care and support ageing in place.

## C.3 Ensure Inclusive Emergency Communication

**C.3.1** Develop age-and disability-inclusive emergency communication strategies utilizing multiple accessible formats such as radio, SMS, and trusted community messengers to ensure timely and reliable information dissemination.

**C.3.2** Conduct regular disaster preparedness drills and awareness programmes specifically targeting older persons, especially in rural and disaster-prone regions, to strengthen adaptive capacity and community resilience.

**C.3.3** Establish community-based disaster prevention trainers and lecturers to equip residents with practical knowledge and skills for risk mitigation and emergency response, fostering collective preparedness.

**C.3.4** Integrate local-specific flood preparedness models into emergency response strategies, focusing on dependent older adults and drawing from successful community-based approaches, for example, an initiative in Southern Thailand to improve caregiver collaboration and coordinated action.

## D. Community-Based Resilience and Inclusion

### D.1 Establish Integrated Long-Term Care Governance Structures

**D.1.1** Develop a multisectoral governance framework for long-term care (LTC) with clearly defined mandates for coordination among health, social protection, and local administrative authorities.

**D.1.2** Develop a diversified care system that moves beyond exclusive reliance on family-based models, incorporating community-based, non-medical, and flexible care options that adapt to older persons' evolving needs.

**D.1.3** Expand and institutionalize the role of community networks including village health volunteers, homemaker groups, and local associations to reach older adults who are not engaged in formal clubs or service systems.

**D.1.4** Promote the professionalization of community-based caregiving by establishing fair compensation schemes, standardized training programmes, and clear governance structures that protect caregivers from political interference and ensure service quality.

## D.2 Support Intergenerational and Inclusive Community Spaces

**D.2.1** Transform community centres into inclusive, intergenerational hubs combining health services, social activities, and care preparation programmes to foster solidarity across age groups and support ageing in place.

**D.2.2** Establish continuous participatory feedback mechanisms—including community consultations and satisfaction surveys—to ensure older persons' voices are systematically integrated into the planning, delivery, and monitoring of services.

**D.2.3** Expand youth engagement initiatives by creating structured opportunities for teenagers and young adults to participate in programmes and dialogues with older persons. This intergenerational exchange promotes mutual understanding, prepares youth for future ageing, and strengthens community cohesion.

**D.2.4** Scale up intergenerational programmes inspired by successful initiatives such as I-HeLP and INTEGRITY trials, which facilitate skill-sharing, health promotion, and emotional support between youth and older persons, thereby reducing social isolation and enhancing well-being in an ageing society.

## D.3 Empower Marginalized and Vulnerable Groups

**D.3.1** Create safe, accessible spaces and support mechanisms for marginalized populations—including ethnic minorities, LGBTQ+ older persons, and persons with disabilities—to participate actively and confidently in community life and policy dialogues.

**D.3.2** Institutionalize inclusive mediation and decision-making strategies that value diverse perspectives and integrate both positive contributions and constructive critique to shape responsive community policies and programmes.

**D.3.3** Invest in leadership development, capacity-building programmes, and technology empowerment for marginalized older persons to enable their transition from passive service recipients to active advocates and co-creators of community initiatives and governance.

## D.4 Reduce Ageism and Social Bias

**D.4.1** Launch sustained national awareness campaigns to challenge stereotypes surrounding older persons, community-based care, and nursing homes, promoting dignity, respect, and social inclusion.

**D.4.2** Integrate anti-ageism education into public curricula, media strategies, and professional training to dismantle stigma and foster equitable attitudes in service delivery, community engagement, and policy design.

**D.4.3** Promote specialized advocacy activities by professionals and civil society groups to ensure effective implementation of social protection for older persons who face difficulties in making rational decisions due to cognitive impairment.

## E. Climate-Resilient and Inclusive Design

### E.1 Integrate Age and Disability Considerations into Climate Adaptation

- E.1.1** Embed the needs of older persons and persons with disabilities into national and local climate adaptation policies, including the design of shelters, cooling centres, evacuation protocols, and equitable access to safe water and essential services.
- E.1.2** Ensure meaningful participation of older persons in local climate committees and planning processes, and integrate inclusiveness and resilience criteria into national and sub-national infrastructure funding mechanisms.
- E.1.3** Strengthen disaster preparedness and resilience in flood-prone regions by incorporating older adult-specific evacuation protocols and age- and disability-inclusive shelter designs in alignment with national disaster risk management frameworks and international humanitarian standards.

### E.2 Establish a Multisectoral Task Force on Age-Friendly and Climate-Resilient Environments

- E.2.1** Create national and sub-national multisectoral task forces to coordinate policies and programmes across transport, housing, digital inclusion, and care services to mainstream age-and disability-friendly design in both urban and rural contexts.
- E.2.2** Institutionalize mechanisms for knowledge exchange and progress monitoring, leveraging international best practices, technical cooperation, and access to global funding platforms to advance climate-resilient, age-friendly infrastructure.
- E.2.3** Collaborate closely with the National Committee on the Older Persons to align task force activities with existing policies on ageing, health, and social protection, ensuring integrated governance and multi-sectoral coherence in planning and implementation.

### 3.3.3 Suggested Actionable measures

The policy recommendations consolidate into a comprehensive set of actionable measures aimed at building inclusive, resilient, and age-friendly systems across infrastructure, mobility, digital inclusion, community-based care, and climate adaptation. Collectively, they emphasize strengthening governance, integrating universal design principles, promoting intergenerational solidarity, and embedding older persons' voices in planning and implementation.

Among these recommendations, three have been identified as immediate priorities. **Rank 1** prioritizes enhancing mobility and transportation by improving sidewalks, pedestrian crossings,

and lighting, adding rest areas, and integrating older persons' input into urban planning to address barriers, particularly in rapidly urbanizing areas such as Bangkok. **Rank 2** focuses on establishing a national digital and communication inclusion framework through the creation of public internet hubs, subsidized devices, and a national data hub to bridge urban-rural divides and support equitable access to digital services. **Rank 3** underscores the need to develop age- and disability-inclusive emergency communication systems with multiple accessible formats, regular drills, and local-specific flood preparedness strategies to protect dependent older adults.

**Table 3** Actionable Measures and Priority Rankings for Enabling Environment

Theme	Actionable measures	Top Three Priority
A. Age-Friendly Urban and Rural Planning	Enforce mandatory national standards for accessible design in infrastructure, housing, and transportation, aligned with WHO and universal design principles. Strengthen laws to make standards legally binding, support local governments with capacity-building and incentives, conduct regular audits, and establish a national certification system. Engage older persons and marginalized groups in participatory planning.	-
	Develop and retrofit housing units with barrier-free access and emergency systems. Provide rental subsidies and low-interest loans for modifications, partner with social and private housing agencies, and expand age-friendly public spaces such as parks and community centres, drawing on successful initiatives.	-
B. Mobility and Transportation	Ensure public transport is safe, affordable, and inclusive through low-floor buses, priority seating, and trained staff. Implement fare subsidies and integrate rural shuttle services into national mobility plans.	-
	Improve sidewalks, pedestrian crossings, and lighting; add rest areas; and involve older persons in route planning. Address urban challenges, particularly in Bangkok, to enhance mobility and reduce social isolation.	Rank 1
C. Digital and Communication Inclusion	Provide public internet hubs, subsidized devices, and tailored digital literacy programmes. Promote intergenerational mentoring, create a national data hub, and bridge urban–rural gaps in technology adoption.	Rank 2
	Develop age- and disability-inclusive strategies using multiple formats, conduct regular drills, establish community disaster prevention trainers, and incorporate local-specific flood preparedness models for dependent older adults.	Rank 3

**Table 3 (Continued)**

Actionable Measures and Priority Rankings for Enabling Environment

Theme	Actionable measures	Top Three Priority
D. Community-Based Resilience and Inclusion	Create multisectoral governance mechanisms for long-term care, diversify models beyond family-based care, expand the role of community volunteers, and professionalize community caregiving with fair training and compensation.	-
	Transform community centres into intergenerational hubs, integrate older persons' voices into planning through continuous feedback, and expand youth–senior programmes inspired by local models to foster solidarity and reduce isolation.	-
	Empower marginalized and vulnerable groups to create safe spaces, employ inclusive mediation, and provide leadership training to enable active participation by ethnic minorities, LGBTQ+ older adults, persons with disabilities, and other vulnerabilities, especially multiple vulnerabilities.	-
	Launch sustained national campaigns to challenge negative perceptions of ageing and integrate anti-ageism awareness into education, media, and professional training.	-
E. Climate-Resilient and Inclusive Design	Integrate age, gender and disability considerations into climate adaptation to meet the needs of older persons and persons with disabilities. Include older persons in climate committees and adopt age specific flood preparedness and shelter designs.	-
	Establish a Multisectoral Task Force on Age-Friendly Environments to coordinate cross-sectoral policies, facilitate knowledge exchange, align with international benchmarks, and integrate efforts with the National Committee on Older Persons.	

## 3.4 Data and Research

### 3.4.1 Vision and Justification

Evidence-informed policy is foundational to advancing the rights, well-being, and inclusion of older persons in rapidly ageing societies. However, data gaps persist across multiple domains—health, income security, housing, digital access, long-term care, social participation, and climate vulnerability—particularly in low- and middle-income countries. Existing data systems often exclude marginalized older populations, such as persons with disabilities, informal workers, ethnic minorities, LGBTQIA+ individuals, and those residing in rural or remote areas.

The Madrid International Plan of Action on Ageing (MIPAA) and the WHO Decade of Healthy Ageing emphasize the need for robust age-disaggregated data and research to monitor progress, inform decision-making, and hold stakeholders accountable.

Comprehensive data ecosystems are essential to understanding inequalities, designing tailored interventions, and evaluating the effectiveness of policies over time.

This section calls for a coordinated strategy to strengthen data generation, sharing, and utilization across sectors. It promotes the institutionalization of ageing-related indicators in national statistical systems and encourages inclusive research partnerships with academia, civil society, and older persons themselves. Ultimately, data and research must be harnessed not only for measurement but also for transformation—driving inclusive, evidence-based, and rights-oriented approaches to population ageing.

### 3.4.2 Policy Recommendations

## A. Strengthening Primary and Preventive Healthcare

### A.1 Develop a National Indicator Framework on Ageing

**A.1.1** Establish a comprehensive, life-course-aligned data framework incorporating longitudinal datasets and multidimensional indicators such as health status, income security, living conditions, social participation, and climate vulnerability. Use a combination of cross-sectional, panel, and cohort studies to ensure comprehensive coverage across different life stages and population subgroups.

**A.1.2** Integrate emerging socio-economic and demographic metrics including caregiving burden, “sandwich generation” dynamics, cost of living, pension adequacy, and digital inclusion to capture the evolving realities of ageing societies.

**A.1.3** Align the indicator framework with the WHO Decade of Healthy Ageing, Asian Active Ageing Index (AAI), or the Sustainable Development Goals (SDGs) to enable international benchmarking and strengthen the country’s role in global monitoring and comparative research.

**A.1.4** Incorporate artificial intelligence (AI)-driven analytics into the framework to detect trends, forecast ageing-related needs, and support predictive modelling for health, social protection, labour market, and service demand planning.

## A.2 Leverage and Integrate Existing Administrative Data Sources

**A.2.1** Systematically utilize existing administrative datasets—such as those maintained by the Ministry of Public Health, Ministry of Interior, TPMAP, and the MSO log book—to assess the vulnerability, income, health status, and service utilization patterns of older persons.

**A.2.2** Establish accessible data-sharing channels to enable local governments, private sector actors, and civil society organizations (CSOs) to effectively use these datasets for evidence-based planning, programme design, and service delivery.

**A.2.3** Facilitate private sector access to anonymized, policy-relevant datasets to support market assessments and the development of products and services that respond to the actual needs of older populations, balancing public interest and commercial innovation.

**A.2.4** Develop a centralized, interoperable national data hub that consolidates ministerial, survey, and administrative datasets into a unified system with standardized protocols for cross-sectoral use.

**A.2.5** Integrate AI-enabled interoperability and automated data cleaning systems to enhance real-time data accuracy, harmonization, and usability across multiple databases and administrative levels.

## A.3 Standardize Data Governance and Classification

**A.3.1** Implement a standardized data governance framework that classifies ministerial datasets into internal-use and external-access categories, ensuring an appropriate balance between administrative utility and research accessibility.

**A.3.2** Enforce strict access controls for sensitive datasets—such as mortality records—in line with national personal data protection laws, while enabling authorized research use through secure protocols.

**A.3.3** Develop AI-assisted anonymization and de-identification protocols to facilitate secure data sharing and secondary analysis while maintaining compliance with privacy and ethical standards.

## B. Fostering Inclusive and Participatory Research

### B.1 Promote Participatory and Equity-Focused Research

**B.1.1** Institutionalize participatory research methodologies by actively involving older persons and their representative organizations—including marginalized groups—in setting research priorities, co-designing study protocols, and validating findings. Special emphasis should be placed on groups facing multiple vulnerabilities differentiated by gender, ethnicity, disability status, or migrant background.

**B.1.2** Expand funding for qualitative and mixed-methods research to explore critical areas such as caregiving (with particular focus on female and vulnerable caregivers), intergenerational dynamics, regional disparities in health and social access, and the prevention of abuse against older persons.

**B.1.3** Leverage AI-powered qualitative data analysis tools to process large-scale interview and focus group datasets, capturing nuanced, intersectional experiences of diverse older populations and strengthening the evidence base for inclusive policy design.

### B.2 Redefine the Scope of Care System Research to Enhance Equity

**B.2.1** Broaden the research scope to encompass both public and non-public health systems, formal and informal care arrangements, and socio-economic determinants of well-being beyond clinical health outcomes.

**B.2.2** Support comparative and evaluative studies on long-term care (LTC) models, standardization of healthcare quality across rural–urban divides, and the strengthening of social protection and public LTC systems to ensure equitable access.

**B.2.3** Incorporate AI-based scenario modelling to simulate the impact of different LTC and social security policy options under varying demographic and economic conditions, thereby enabling proactive and adaptive planning.

### B.3 Strengthen Research–Policy Linkages

**B.3.1** Establish formal mechanisms for translating research outputs into policy action by fostering structured engagement between researchers, policymakers, civil society organizations (CSOs), and the private sector.

**B.3.2** Promote academic–policy partnerships and multi-sectoral research consortia, drawing on platforms such as the ASEAN Centre for Active Ageing and Innovation (ACAI) as models for regional collaboration, knowledge exchange, and policy-relevant research.

**B.3.3** Utilize AI-assisted synthesis tools to develop policy briefs and evidence summaries that convert large volumes of academic research into real-time, actionable insights for decision-makers, thereby strengthening the timeliness and relevance of policy interventions.

## C. Advancing Data Sharing and Use

### C.1 Establish a National Ageing and Care Data Platform

- C.1.1** Develop an integrated national data platform that consolidates datasets from government agencies, academic institutions, civil society organizations, and international partners into a unified, accessible system equipped with real-time analysis and visualization capabilities.
  
- C.1.2** Promote interoperability across survey data, administrative records, and programme monitoring systems to reduce duplication, ensure consistency, and enhance the efficiency of data-driven planning and evaluation.
  
- C.1.3** Embed AI-powered dashboards and predictive analytics tools within the platform to generate automated reports, forecast demographic and service demand trends, and support evidence-based decision-making at both national and sub-national levels.

### C.2 Strengthen Ethical Standards and Data Protection

- C.2.1** Develop comprehensive operational guidelines for the Personal Data Protection Act (PDPA) covering data ownership, management, and sharing mechanisms to balance respondent privacy with the imperative for collaborative research and cross-sectoral data exchange.
  
- C.2.2** Institutionalize data service delivery as a key performance indicator (KPI) for public sector agencies to ensure timely data provision and define clear tiers of data accessibility for research, policy, and programme use.
  
- C.2.3** Build the capacity of local governments and civil society organizations (CSOs) in data literacy, ethical use, and privacy protection to enable decentralized, evidence-based decision-making and equitable access to insights.
  
- C.2.4** Deploy AI-driven risk detection and compliance monitoring systems to identify potential breaches, strengthen cybersecurity, and ensure full adherence to personal data protection laws and ethical standards.

## D. Embedding Data into Policy and Accountability

### D.1 Integrate Ageing Indicators into National and Local Governance Frameworks

**D.1.1** Institutionalize the inclusion of ageing-related indicators within national and local planning, budgeting, and monitoring systems to ensure that policies and resource allocations are informed by evidence. Link these indicators to the central entity responsible for data governance, such as Thailand's Ministry of Digital Government Development Agency (DGA), to ensure consistency and accountability across administrative levels.

**B.2.2** Develop standardized mechanisms to track progress on ageing outcomes using disaggregated data by age, gender, disability status, income level, and geographic region to capture inequities and guide targeted interventions.

**B.2.3** Implement AI-enabled, real-time monitoring systems to dynamically track changes in key indicators, enabling early policy adjustments and fostering a more adaptive governance approach.

### D.2 Promote Public Transparency and Citizen Engagement

**D.2.1** Publish annual of Ageing reports presenting statistical trends, policy performance analysis, and narrative insights from older persons and key stakeholders to enhance public accountability.

**D.2.2** Create publicly accessible dashboards that visualize progress on key ageing indicators and allow real-time citizen feedback at national, regional, and community levels. Ensure data is made available to diverse stakeholders, including local governments, the private sector, CSOs, and community organizations.

**D.2.3** Ensure research findings and data insights are communicated in accessible and user-friendly formats to reach older persons, local communities, and the general public, thereby fostering inclusive knowledge dissemination.

**D.2.4** Integrate AI-assisted sentiment analysis of citizen feedback into governance mechanisms to identify emerging issues, refine service delivery, and improve policy design in alignment with the lived experiences of older persons.

### 3.4.3 Suggested Actionable Measure

The policy recommendations outlined above consolidate into a comprehensive set of actionable measures designed to strengthen data systems, research capacity, and evidence-based policy (Table 4). Collectively, these recommendations emphasize the development of a robust life-course data framework, integration of administrative and survey data,

promotion of inclusive and participatory research, and establishment of strong research-to-policy linkages. They also underscore the importance of ethical governance, public accountability, and decentralized capacity-building to ensure that ageing policies are responsive and equitable.

Within this framework, three priorities have been ranked for immediate action. Rank 1 focuses on the development of a national cross-sectoral digital platform with a designated host agency to ensure interoperability, coordination, and efficient governance of ageing data. Rank 2 calls for the creation of a comprehensive life-course data and research framework that

incorporates both cross-sectional and longitudinal designs while addressing multidimensional indicators. Rank 3 prioritizes sustained investment in longitudinal study designs, including capacity-building for government agencies and researchers, and integrating qualitative measures such as an ageism index.

**Table 4** Actionable Measures and Priority Rankings for Strengthening Ageing Data and Research

Theme	Actionable measures	Top Three Priority
Data Infrastructure	Develop a comprehensive life-course data and research framework (e.g., cross-sectional and longitudinal studies). This should also consider the inclusion of close relatives' contact information where necessary.	Rank 2
	Support the design and implementation of longitudinal studies by strengthening the capacity of government agencies and researchers. Ensure that qualitative dimensions, such as an ageism index, are incorporated.	Rank 3
Capacity & Coverage	Integrate a standardized disability index into ageing-related data collection to better capture the needs of persons with disabilities and inform inclusive policy development.	-
Inclusive Research	Fund participatory and qualitative research projects on ageing, prioritizing marginalized groups. Include studies on caregiving burdens, "sandwich generation" dynamics, and regional disparities in service access. Apply AI-based qualitative analysis to identify patterns across large datasets.	-
Research-to-Policy Linkages	Establish a national research clearinghouse on ageing and care to bridge evidence and policy, connecting academic, civil society, and government outputs. Deploy AI-assisted synthesis tools to generate rapid, evidence-based policy briefs from research findings.	-
Data Integration	Develop a cross-sectoral digital platform for ageing data with an assigned host agency to ensure coordination, interoperability, and standardized governance.	Rank 1

**Table 3 (Continued)**

Actionable Measures and Priority Rankings for Enabling Environment

Theme	Actionable measures	Top Three Priority
Accountability & Use	<p>Publish annual <i>State of Ageing</i> reports and maintain public dashboards tracking key indicators, combining statistical trends with narrative insights from older persons and stakeholders.</p> <p>1. Develop national guidelines for the ethical use of AI in data and research to prevent bias and ensure non-discrimination.</p>	-
Local Planning & Decentralization	<p>Strengthen the capacity of government officials—particularly National Statistical Office (NSO) officers—in ageing-related data collection, management, and utilization, with a focus on prioritizing accurate and comprehensive ageing statistics.</p>	-
Ethical Governance	<p>Develop national guidelines for data sharing that define access levels, address ethical issues, streamline request processes, and incorporate universal design principles to ensure accessibility, ease of use, and multi-level functionality.</p>	-



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