

SITUATION OF  
**THE THAI ELDERLY**  
**2012**

# Annual Report

## SITUATION OF THE THAI ELDERLY 2012

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## PREFACE

**The National Committee on the Elderly (NCE) is tasked by the Act on the Elderly, B.E.2546, Section 9 (10) to present the Situation of the Thai Elderly to the Cabinet annually.**

The Foundation of Thai Gerontology Research and Development Institute (TGRI) has been assigned by the NCE to undertake the report.

The TGRI makes every effort to include all aspects of the Thai older persons in the Situation of the Thai Elderly 2012. It is appreciative of all public and private agencies which have provided most updated information and would like to express its thanks to the Elderly Fund for the continuous budgetary support.



(Dr. Banloo Siriphanich)

President

Foundation of Thai Gerontology Research and Development Institute

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**Executive summary**  
and policy recommendations

## Executive summary and policy recommendations

According to the demographic database of all sources, Thailand has entered an aging society over the last decade. The trend will continue into the future at a remarkable pace. Among the many influencing aspects of demographic changes is an issue of critical importance - the quality of life of the elderly population. In respect to human capital, the level of educational attainment of the majority of the Thai elderly is relatively low. Only 1 out of 10 is educated above the high school level. This factor could be contributing to their limited access to information, access to health and social services, and opportunity in the workforce. In terms of family structure, there is a trend in reduced number of children. Moreover, co-residence with children has declined, with a tendency for the older persons to live alone or alone with their spouse, due to the rapid fertility decline and increased dispersion of adult children away from their parents' locality for employment. The trend will become increasingly distinct in the future. The shrinking potential support ratio reflects a smaller support base of adults on whom the future cohorts of elderly can depend than is the case for the present elderly. At the same time, the elderly tend to suffer from greater chances of chronic health conditions and physical disability due to their improved life expectancy.

Despite their modest contribution to the economy, the older persons have exceptional roles at home. Many older persons, especially those aged between 60-79 years, are relatively active at home and in their community, watching home or shop, doing housework, doing grocery shopping, cooking, and participating in community activities. Their contribution enables the adult generations to fully focus on their economic duties. However, they are not regarded as valuable resources as the society attaches greater importance to the economic value.

Thailand has consistently collected data to monitor the situation of the elderly. One of Thailand's strong points is that such data have explicitly been reflected in the government policies and plans to prepare for the aging society, as shown in the National Economic and Social Development Plans. The Population Plan (2012-2016) is concretely developed under the Eleventh National Economic and Social Development Plan, with a vision that "Every birth in Thailand is of high quality and is developed at full potential at every stage of life to become the driving force of the country. The population is provided with sufficient security in preparation for the aging society, through a sustainable social welfare system that is developed through a family and community participatory approach."

Apart from the Population Plan, the government has also developed a National Plan for Older Persons as a framework for long-term policy intervention in support of older persons. It mainly focuses on preparedness of the country and the people as well as on promoting the quality of life of older persons. Currently the implementation is under the Second National Plan for Older Persons (2002-2021). During 2011-2012, a second monitoring and assessment of the Plan was undertaken. The results reveal Thailand's efforts to promote preparedness for quality aging and quality of life of the elderly in all dimensions. The overall implementation has achieved a certain level of success, but the pacing of progress falls behind the changes in the population structure toward an aging society and the rapid increase in the percentage of the late-elderly (aged 80 and over) population, who are likely to be fully-dependent. Works that have achieved tangible results during the past 5 years include: the expansion of the Old Age Allowance cover age to provide basic financial security for a wider range of the elderly, the introduction of the National Savings Fund Act, a proposal for the Elderly Fund reform, and the development and improvement of the healthcare service system to provide long-term care for the elderly.

The implementation is underachieved and worrying with respect to preparedness for quality aging among the current teenage and working-age population who will turn into a large share the elderly cohort in the future. Additionally, there is increasing negative attitude against the elderly. Implementation related to elderly promotion, development, and protection is also unsatisfactory, especially with regard to delivery of old age security, employment opportunity for older persons, and the long-term care system in economic, social, and health dimensions.

The improvement of the standards of life of the elderly is significant for the country's stability and development. Many issues must be addressed, but prioritized areas for immediate short-term implementation are:

1. Implementation of the National Savings Fund Act –The Old Age Allowance scheme has been put in place to provide basic welfares to the elderly. However, the government cannot exclusively provide sufficient old age security to the rapidly increasing elderly population as that may result in fiscal vulnerability in the future. Also it is a great challenge for the government to establish universal and fair financial security. Therefore, old age financial security must be achieved through multiple approaches. The government must offer various options and emphasize on self-responsibility. Savings is one of the key approaches and the National Savings Fund has been introduced to encourage workers to save an amount of their incomes, which will be matched by the government. However,

the implementation of the National Savings Fund Act has been delayed. The government should speed up the implementation of the National Savings Fund as well as develop other forms of income security systems to facilitate a timely preparation for the aging of the Thai society.

2. Roles of the local government in policy implementation for the elderly - Issues on population aging have important implications on the sustainable development of the country. Past implementation for the elderly has been slow, fragmented, and dependent on the interest and policy of the country leaders. Involvement of the Local Administrative Organizations to systematically promote, empower, and protect the older persons in each local area will effectively thrust forward implementation for the elderly. As seen from the results of many pilot projects, a strong local government is able to understand and deliver the work to improve the standards of living for the elderly well. Thanks to their legal duties and budget, the local administration is in a fitting position to be a center for cooperation among community members and relevant agencies.

Other issues posing long-term impacts that need to be prioritized and require multi-year implementation are: 1) Cultivation of understanding and awareness among the youth and working-age population with respect to aging process and willingness to co-exist with people of all ages, instillation of positive attitude toward the elderly, and preparation for old age in the health, economic, and social aspects to mitigate negative impacts in retirement; 2) Improvement of the long-term care system for the elderly in the health, economic, and social dimensions to lengthen the period of co-existence with the family and community; and 3) Empowerment and capacity building for the elderly clubs and Older Persons Assembly to be a voice for the elderly.



# Chapter

# 1

## Demography and Key Statistics on the Elderly

# Chapter 1

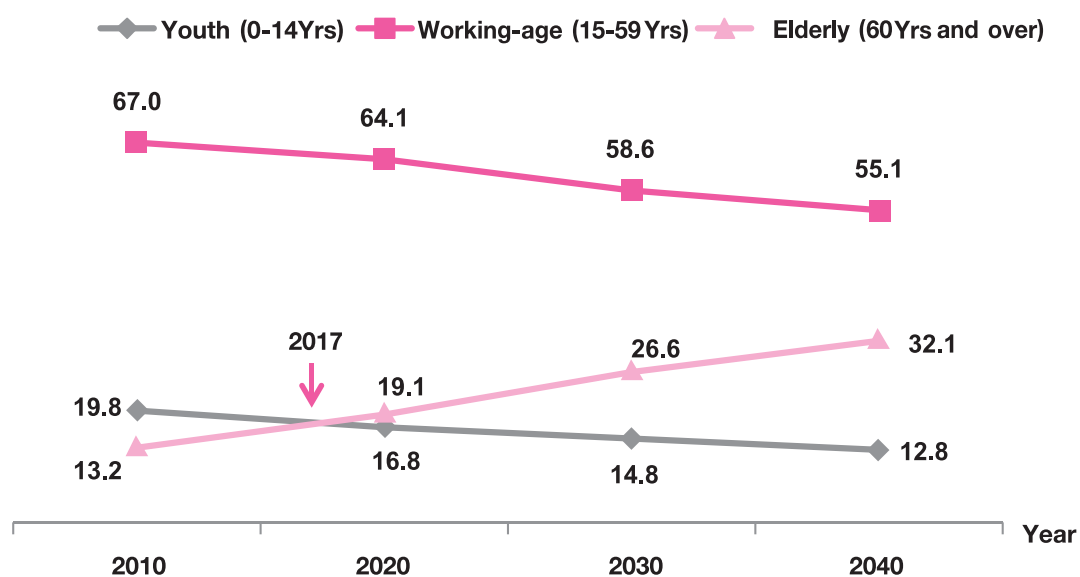
## Demography and Key Statistics on the Elderly\*

### 1.1 Population situations

#### 1.1.1 Changes in the population age structure

The population age structure is demonstrated by the ratio of population in 3 major age groups: Youth (aged under 15), Working-age (aged 15-59), and Elderly (aged 60 and over). The percentage of Thai youth and working-age population will continue to decline from the year 2010 to 2040, while that of the elderly will increase continuously, from 13.2 percent in 2010 to 32.1 percent in 2040. Interestingly, the percentage of youth population is projected to equal that of the elderly population in 2017 (Figure 1.1).

**Figure 1.1** Percentage of Youth, Working-age, and Elderly population during 2010-2040



Source: 1. *Population and Housing Census 2010*, National Statistical Office  
 2. *Population Projections for Thailand, 2010-2040*, Office of the National Economic and Social Development Board

\*Dr. Wiraporn Pothisiri, Ph.D. and Chonticha Asavanirandom, College of Population Studies, Chulalongkorn University  
 Preeya Mithranon and Chirawan Mathum, National Statistical Office

### 1.1.2 Number and percentage of elderly population

The statistics in Table 1.1, derived from the Population Projections for Thailand during 2010-2040, indicates that the percentage of the late-elderly (aged 80 and over) population will increase sharply from approximately 12.7 percent to almost one-fifth of the total elderly population. The rise is attributable to improved life expectancy in the elderly, which also results in an increasing number of population who are economically, socially, and physically dependent.

When considering the distribution of the elderly population by gender, it is found that the female elderly accounts for 55.1 percent in 2010, and will have increased to 56.8 percent in 2040. The late-elderly female group, in especial, will have increased from 13.9 percent in 2010 to 21.3 percent in 2040, as they tend to live longer than their male counterpart.

The elderly population is forecast to increase in the municipal and urban areas. In 2010, a total of 3.3 million elderly resided in the municipal areas, accounting for 39.7 percent. The number is expected to have increased to 11.6 million or 59.8 percent in 2040 due to the urbanization trend in Thailand.

**Table 1.1** Number and percentage of the elderly, by age group (aged 60-69, 70-79, and over 80), gender, and area of residence during 2010 – 2040

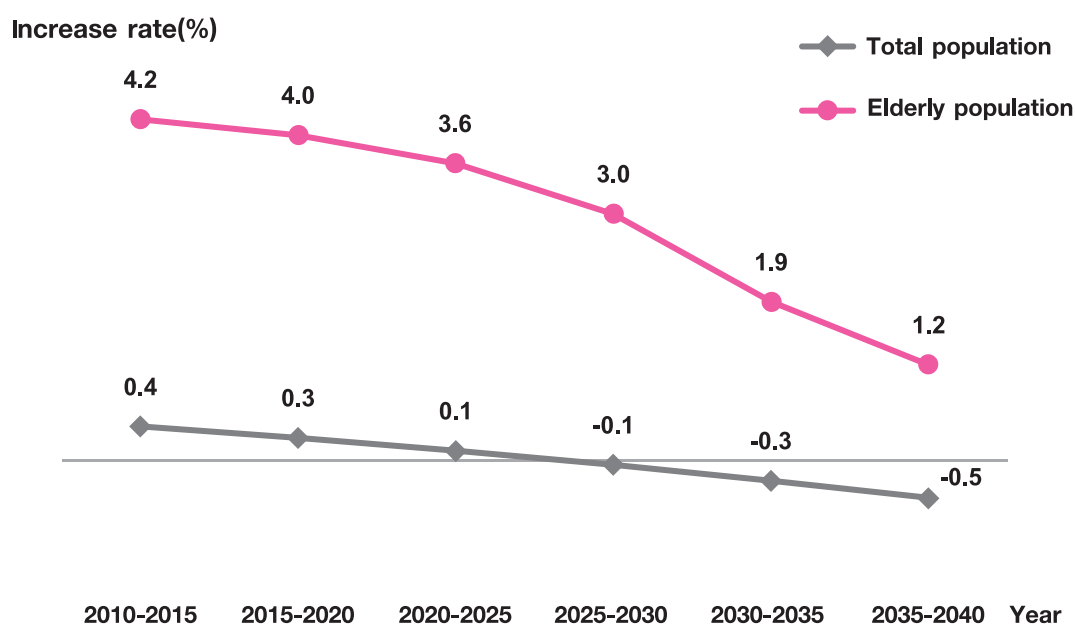
Year	2010		2020		2030		2040	
	Number (thousand)	%	Number (thousand)	%	Number (thousand)	%	Number (thousand)	%
Total	8,408.0	100.0	12,621.7	100.0	17,578.9	100.0	20,519.4	100.0
Early-elderly (aged 60-69)	4,629.7	55.1	7,255.6	57.5	9,260.4	52.7	8,958.5	43.7
Mid-elderly (aged 70-79)	2,708.1	32.2	3,676.6	29.1	5,897.9	33.6	7,639.4	37.2
Late-elderly (aged 80 and over)	1,070.2	12.7	1,689.5	13.4	2,420.6	13.8	3,921.4	19.1
Male	3,776.2	44.9	5,624.3	44.6	7,739.6	44.0	8,874.3	43.2
Female	4,631.7	55.1	6,997.4	55.4	9,839.4	56.0	11,645.1	56.8
Urban	3,333.9	39.7	6,283.9	49.8	10,422.2	59.3	11,586.0	59.8
Rural	5,074.1	60.3	6,337.8	50.2	7,156.8	40.7	7,774.6	40.2

Source: Population Projections for Thailand, 2010-2040, Office of the National Economic and Social Development Board

### 1.1.3 Total population increase rate in comparison to elderly population increase rate

According to the Population Projections for Thailand, 2010-2040, the total population increase rate is continuing downward into a negative rate. The phenomenon will be experienced from the years 2025-2030 onward. Meanwhile, the growth of the elderly population, although on the declining trend, remains at a much higher level comparatively. The situation results from a sharp decrease in fertility (Figure 1.2).

**Figure 1.2** Total population increase rate in comparison to elderly population increase rate between 2010 and 2040



Source: Population Projections for Thailand, 2010-2040, Office of the National Economic and Social Development Board



## 1.2 Health situations

### 1.2.1 Life expectancy at birth ( $e_0$ ) at 60 years ( $e_{60}$ ) and at 80 years ( $e_{80}$ )

Advances in medicines have resulted in falling trend in mortality across all segments of the population. The life expectancy at birth ( $e_0$ ) or the average number of years an infant is expected to live, according to the United Nations' World Population Prospects: The 2012 Revision, will have increased from approximately 78 years in 2010 to 82 in 2040 for female infants, and 71 to 77 for male infants (Figure 1.3).

Mortality also declines among the elderly population, resulting in a longer life. Their average number of living years at age 60 (life expectancy at 60 years) and at age 80 (life expectancy at 80 years) continues to increase. The life expectancy at 60 years for female will grow from 23 in 2010 to 26 years in 2040; and the life expectancy at 80 years from 9 to 10. For the male elderly, the life expectancy at 60 years and the life expectancy at 80 years will grow from 20 to 23 years and 8 to 9 years respectively during the same period.

A comparison by gender reveals that female has a longer life expectancy at 60 years and 80 years than male. However, the gender-based disparity seems to diminish with age (Figure 1.3).

**Figure 1.3** Life expectancy at birth ( $e_0$ ) at 60 years ( $e_{60}$ ), and at 80 years ( $e_{80}$ ) during 2010-2040



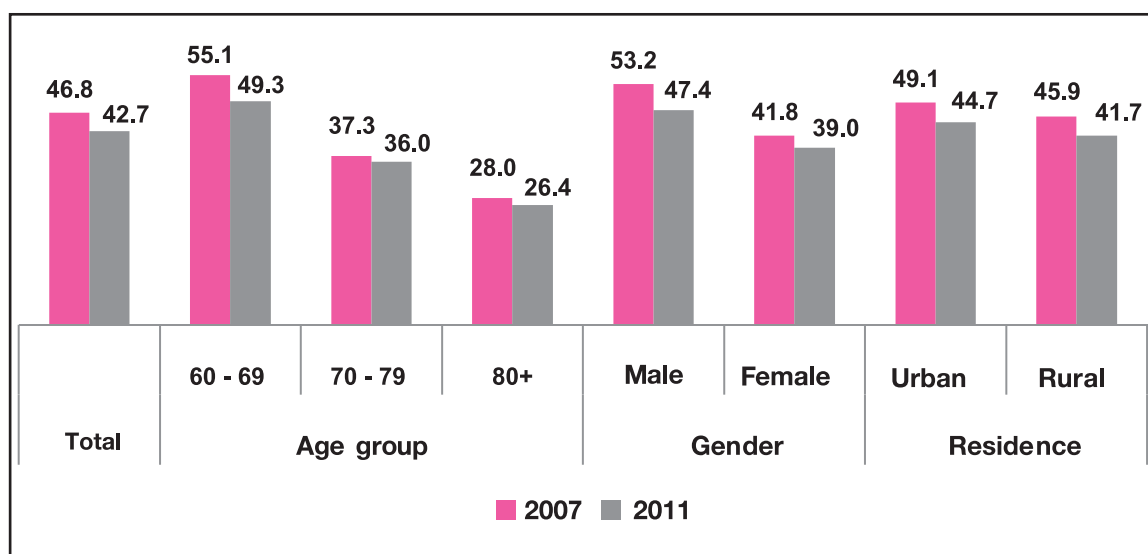
Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2012 Revision (<http://esa.un.org/unpd/wpp/index.htm>)

### 1.2.2 Self-perceived health status in the elderly population

Self-perceived health status is one of the indices widely used to provide overall health status of the elderly. Figure 1.4 reveals the number of population aged over 60 who rate themselves as having good or excellent health in 2007 and 2011, classified by age group, gender, and residential area. It is found that the percentage of self-perceived good or excellent health status decreases both in the urban and rural settings. Moreover, the percentage of positive self-assessed health varies across age and gender, with a higher proportion of early-elderly compared with late-elderly as well as male compared with female elderly.

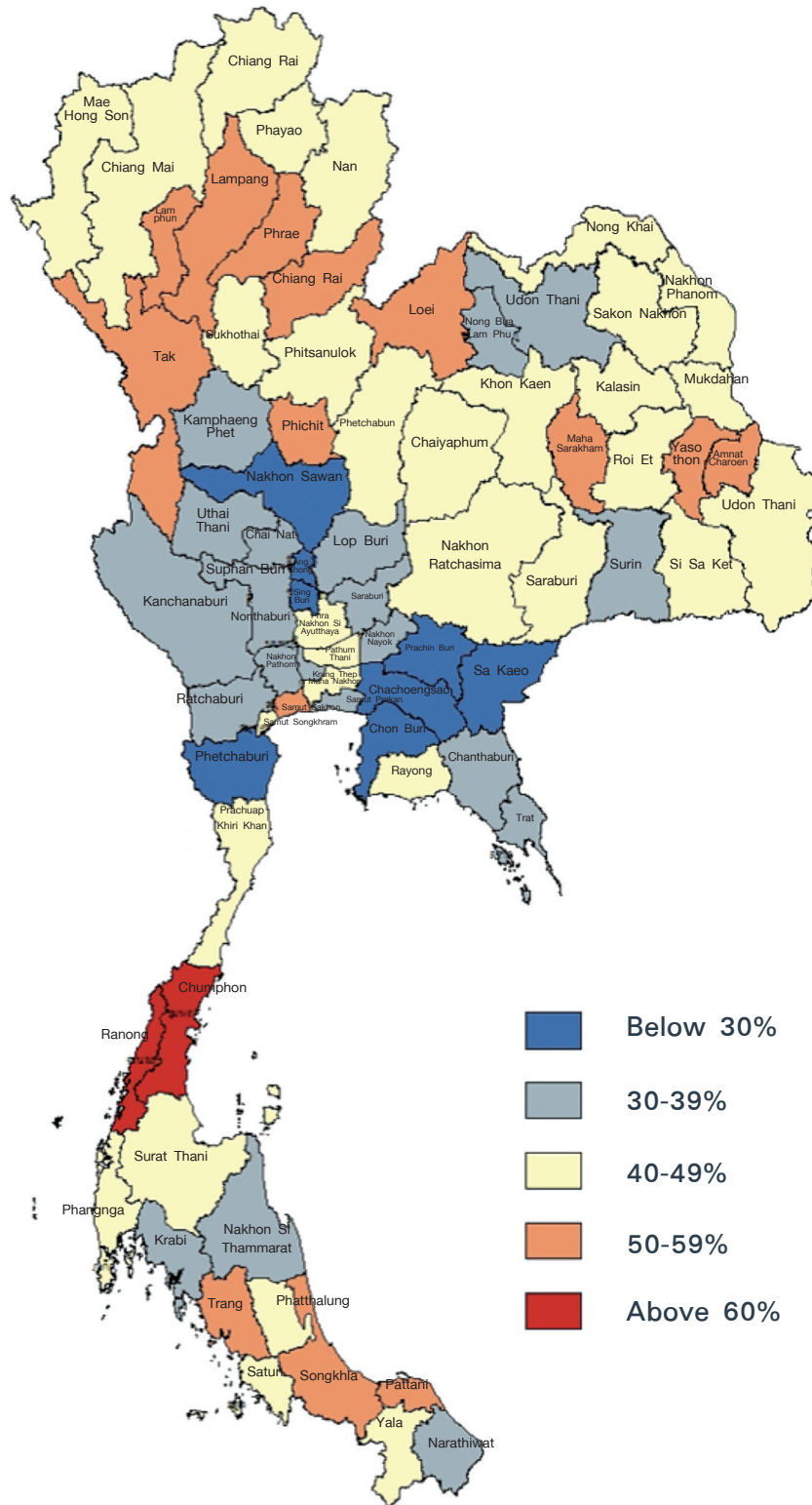
Figure 1.1 reveals the percentage of self-rated good health, classified by province in 2011. Interestingly, over 60 percent of the elderly in Chumphon and Ranong provinces self-rated their health as good or excellent, exceeding the country average.

**Figure 1.4** Percentage of population aged over 60 who assessed themselves as having good or excellent health in 2007 and 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

Chart 1.1 Percentage of self-rated good health, by province in 2011



Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

### 1.2.3 Health issues in the elderly population

One of the most common age-related health issues affecting everyday life of the elderly is vision impairment, which can cause accidents and falls. In 2011, 47.4 percent of the elderly are reported to suffer from eye issues. The number increases slightly from 2007. Severity of conditions seems to intensify with age. Vision impairment is found more commonly in women than men and in those living in the urban than rural areas.

Hearing impairment in the elderly is also common. In 2011, 15 percent of the elderly suffers from hearing issues, similar to the previous year survey. Hearing conditions also deteriorate with age, with more women than men and those living in the rural than urban areas suffering from hearing deficiency problem.

Falls can have a serious effect on the elderly and are a significant cause of immobility. Falls may be caused by the elder's poor general physical conditions and deteriorating compensatory mechanisms, or by the indoor and outdoor environment. The Surveys of Older Persons in Thailand in 2007 and 2011 (Table1.2) reveal that cases of fall in the elderly drop slightly from 10.3 to 8.6 percent. The risk of falling increases with age, and is greater for women than for men, as well as for those in the urban than rural areas. However, falls seem to decrease across all age groups, especially female elderly, according to a comparison between the 2007 and 2011 surveys.

Despite the positive trend, fall prevention should be planned, for example, by improving safety inside and outside the home of older persons.

Bowel incontinence is another health issue which has been increasing among the elderly population, especially the late-elderly, female elderly, and rural living elderly (Table1.2).

**Table 1.2** Percentage of elderly population having health issues, by age group, gender, and area of residence in 2011

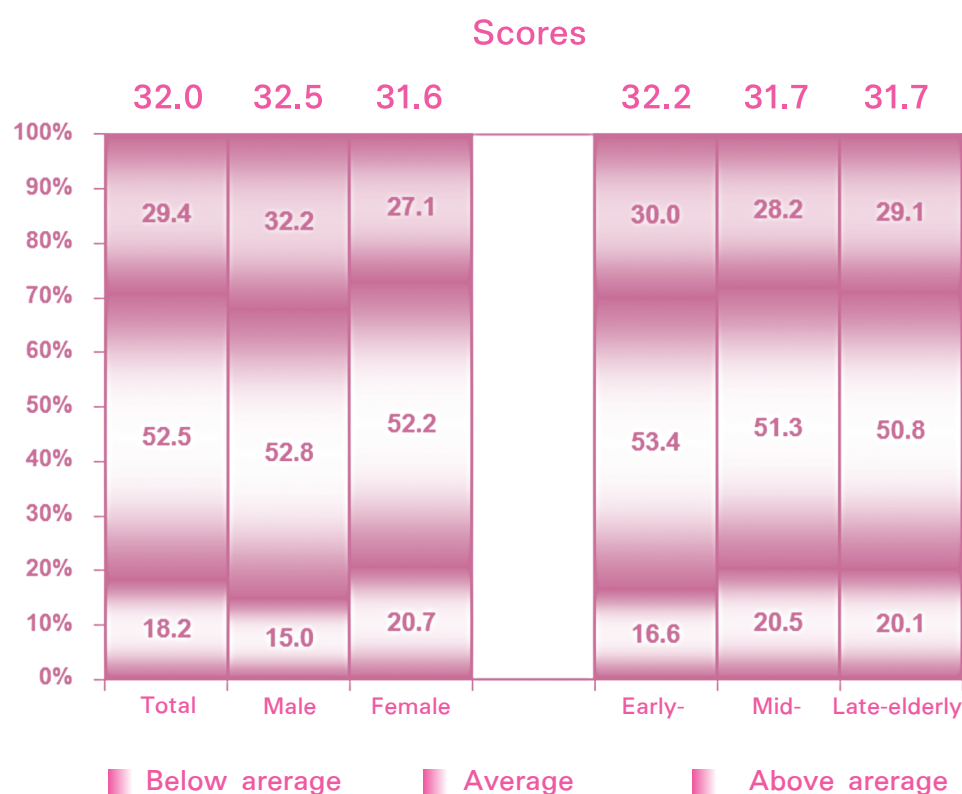
Health issues	Total	Age groups			Gender		Residence	
		60 - 69	70 - 79	80+	Male	Female	Urban	Rural
Falls								
2007	10.3	9.2	11.7	12.7	7.4	12.6	9.3	10.7
2011	8.6	7.4	9.7	11.8	7.0	9.8	8.2	8.7
Bowel incontinence								
2007	17.0	12.3	21.2	32.3	13.6	19.8	14.6	18.0
2011	24.3	18.9	28.4	42.3	21.5	26.5	22.4	25.3
Vision impairment								
2007	46.3	39.3	53.2	66.4	43.9	48.3	53.2	43.6
2011	47.4	41.0	53.6	64.1	46.1	49.2	52.2	45.0
Hearing impairment								
2007	15.6	8.3	20.9	42.9	14.4	16.6	13.2	16.6
2011	14.6	7.4	19.2	41.5	13.6	15.4	13.6	15.2

**Source:** Knodel, J., Chayovan, N. and Prachuabmoh, V. 2013. The Changing Well-being of Thai Elderly: An update from the 2011 Survey of Older Persons in Thailand. HelpAge International.

### 1.2.4 Mental health of the elderly population

Mental health is another important aspect of elderly health status. As part of the Survey of Elderly in Thailand in 2011, a 15-item mental health test has been conducted. Each item scored between 0-3 points. The average scores for the Thai elderly stood at 32.0 points, which was within the average range for Thais (Standardized mean scores ranged between 27.0 and 34.0). The results showed that male elderly scored higher than female (scoring 32.5 and 31.6 respectively). When considering the scores by age group, the early-elderly scored higher than those in the mid- and late-elderly groups (scoring 32.2, 31.7, and 31.7 respectively) (Figure 1.5).

**Figure 1.5** Mental health of the elderly population, by age group, gender and area of residence in 2011

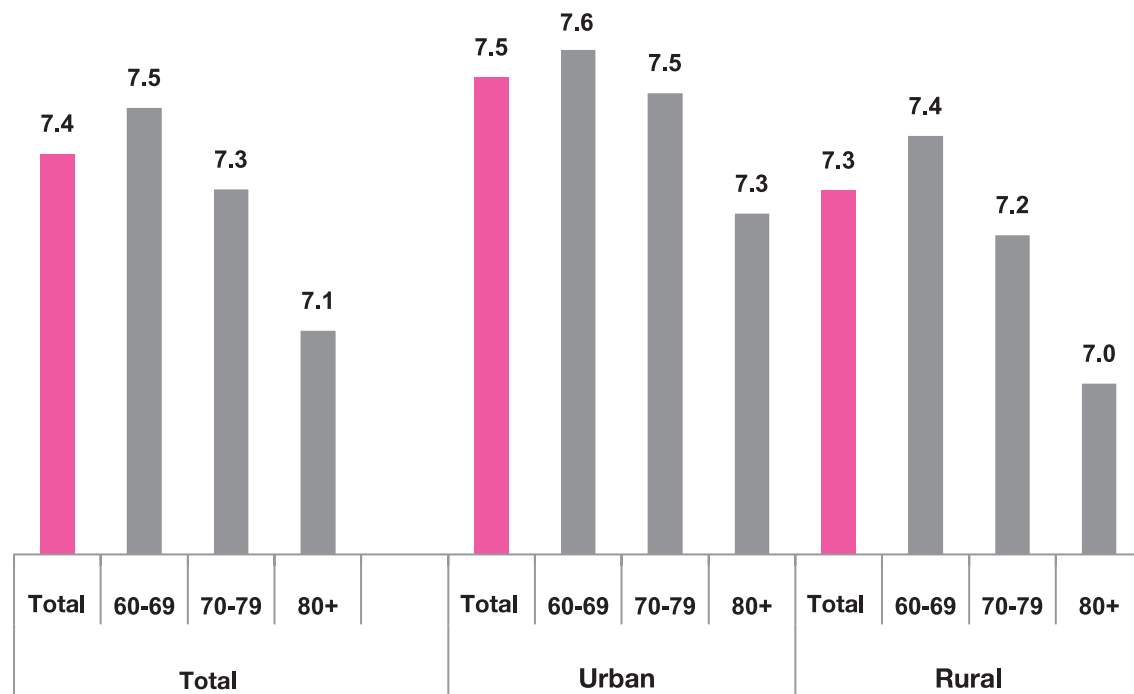


Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

### 1.2.5 Happiness Index

A poll conducted on the elderly respondents during the past 3 months reveals that in 2011 the elderly Happiness Index averages at 7.4 points from the 10-point scale (Figure 1.6). The Happiness Index tends to decrease slightly with age. The survey clearly shows that the late-elderly (aged 80 and over) in the rural areas tend to be least happy, compared with other elderly groups.

**Figure 1.6** Elderly Happiness Index by age and area of residence in 2011



Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

## 1.3 Socio-economic situation

### 1.3.1 Marital status

Marital status is a likely determinant of elderly well-being. Married elderly tend to be in a better social and economic position, and have better physical and mental health compared with their unmarried counterparts (including older persons who are never married, widowed, divorced or separated). Table 1.3 indicates that in 2011, two-thirds of the elderly are married, while 29 percent becomes widowers at the loss of their spouse. Percentages of elderly that are never married and divorced or separated are low, accounting for only 4 and 1.7 percent respectively. The proportion of widowhood corresponds with the increase of age. The proportion of female elderly who are never married, widowed, divorced, or separated is noticeably higher than male elderly, 80 percent of whom are reportedly married. When considering marital status of the elderly by region of residence, the proportion of elderly who are never married, divorced, and separated is slightly higher in the urban areas.

**Table 1.3** The elderly marital status, by age group, gender, and area of residence in 2011

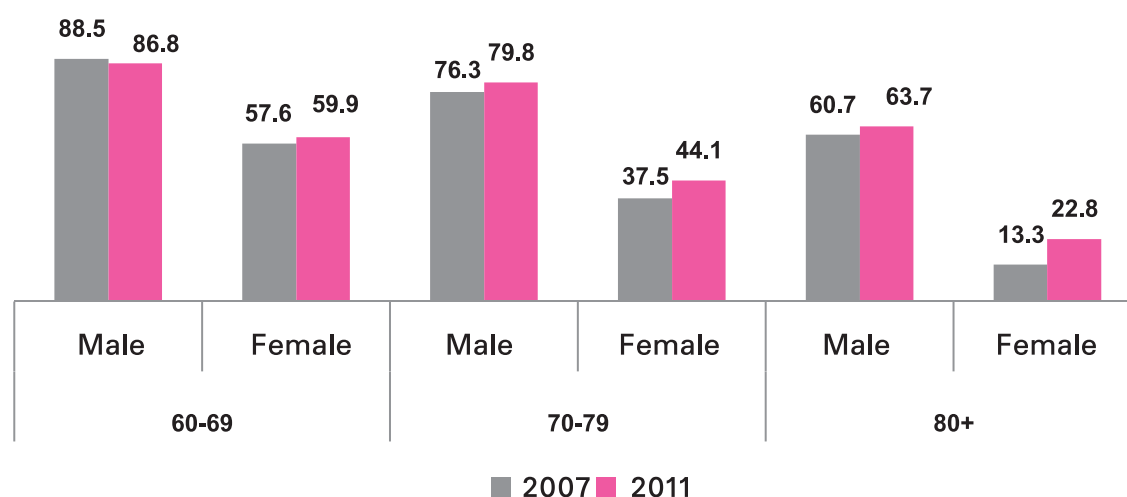
	Never married	Married	Widowed	Divorced/ Separated	Total
Total number of elderly	3.9	64.6	28.8	1.7	100.0
<b>Age</b>					
60-69	4.5	72.4	19.6	3.4	100.0
70-79	3.2	59.2	35.8	1.8	100.0
80+	2.4	37.8	58.8	1.0	100.0
<b>Gender</b>					
Male	2.1	82.7	13.1	2.1	100.0
Female	5.3	50.4	41.2	3.0	100.0
<b>Residence</b>					
Urban	6.4	60.7	29.1	3.8	100.0
Rural	2.6	66.7	28.6	2.0	100.0

Source: The Survey of Elderly in Thailand in 2011, National Statistical Office



In comparison to the Survey of Elderly in Thailand in 2007, the 2011's Survey reveals a higher number of married elderly in all age and gender groups, with exception to the group of male elderly aged between 60 and 69. With regards to gender, in 2011, the proportion of unmarried female elderly remains apparently higher. Such gender difference is most noticeable among those who are aged 80 and over (Figure 1.7). A possible explanation could be that Thai men are usually married to a younger spouse and they are more likely to remarry after the death of the first spouse.

**Figure 1.7** Percentage of married elderly, by age group and gender in 2007 and 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

The Surveys of Elderly in Thailand in 2007 and 2011 indicate that the proportion of single male and female elderly increases correspondingly with their age, especially during the age of 60-69. Female elderly are much more likely to be single than male (Figure 1.8). Being single suggests lack of support from the spouse or children during the end of their life.

**Figure 1.8** Percentage of single elderly population, by age group and gender in 2007 and 2011

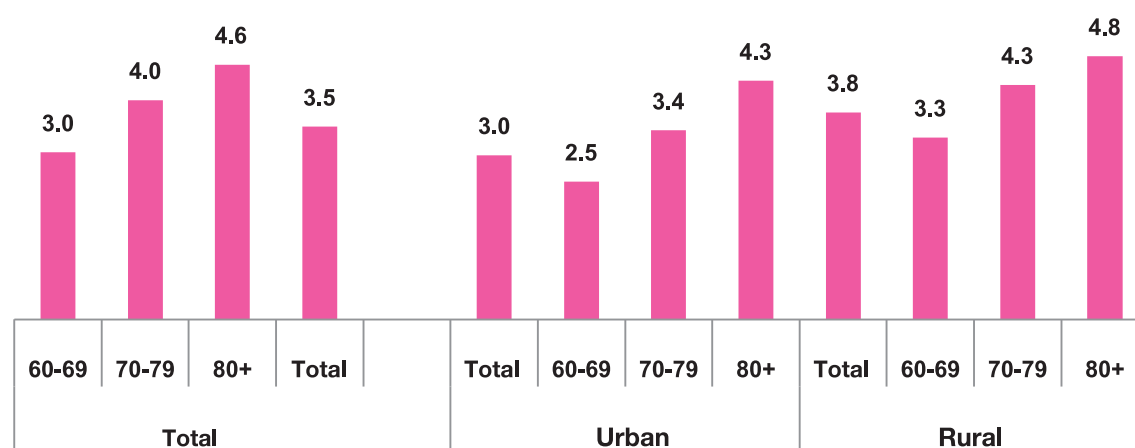


Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

### 1.3.2 Average number of living children

The early-elderly (aged 60-69) tend to have less average number of living children compared with the mid-elderly (aged 70-79) and late-elderly (aged 80 and over). This reflects the decline in fertility during the past years. Moreover, the elderly living in the urban areas regardless of age cohort averagely have less children compared with those in the rural areas (Figure 1.9). The reduced number of children is associated with a falling potential support ratio, which will dominate the trend into the future. The changes in household composition, featuring reducing elderly care capacity, signify that it is less likely for the future elderly to solely rely on their children

Figure 1.9 Average number of living children, by age group and area of residence in 2011



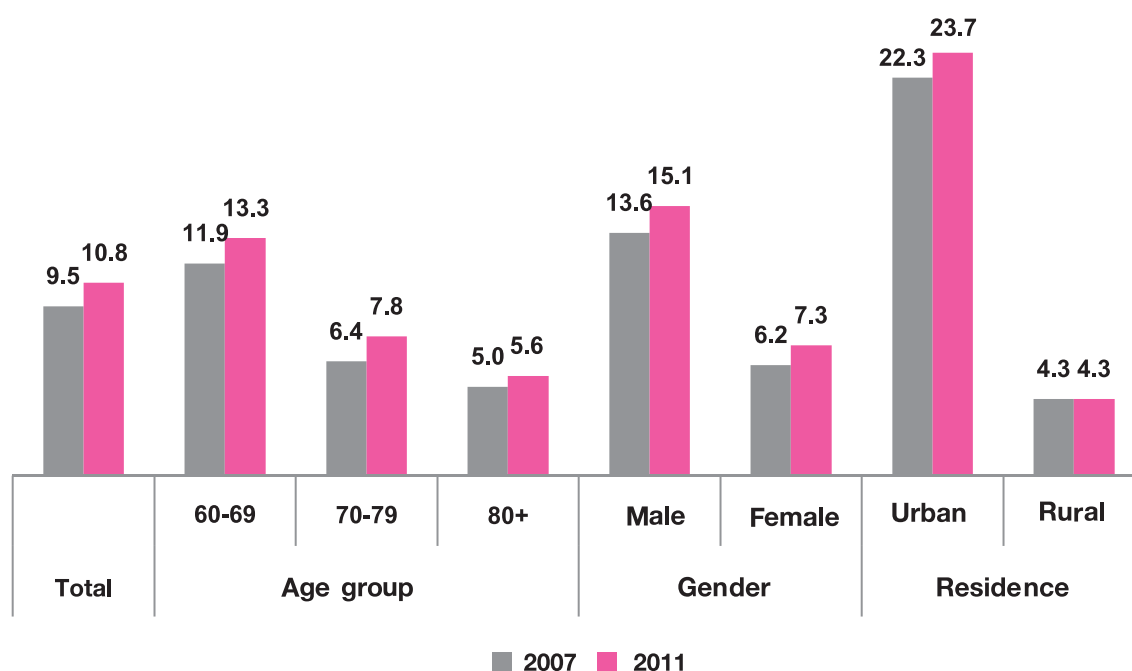
Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

### 1.3.3 Human capital: Education

Education is a key factor facilitating access to information, access to healthcare and social services, as well as opportunity for income generation among older persons. According to the Survey of Elderly in Thailand by the National Statistical Office and the College of Population Studies of Chulalongkorn University, only 1 out of 10 older persons has high school education or above. The trend improves slightly in 2007 from 2011. Both surveys reveal that levels of education correlate with age. In addition, more men seem to be equipped with education above the high school level than women. Compared with their urban counterparts, rural older persons markedly have lower percentage of high school education or higher (Figure 1.10).

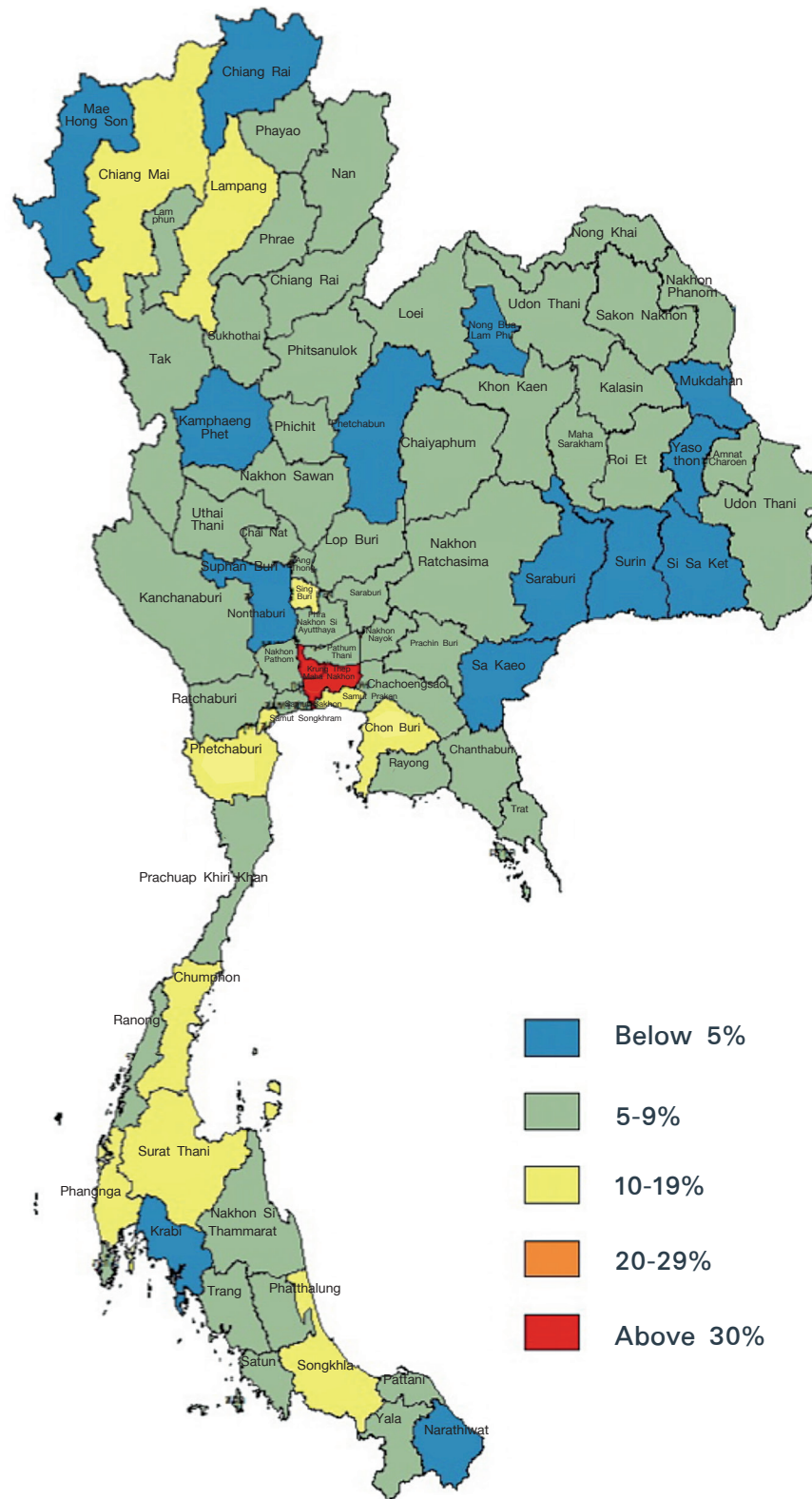
A survey by province in 2011 indicates that 30 percent of the elderly in Bangkok and Nonthaburi have high school education or above, which is almost 3 times higher than the country average (Figure 1.2). The lack of human capital with respect to education in many Thai elderly has likely deprived them of opportunities in the economy, services, and welfare.

**Figure 1.10** Percentage of elderly with high school education or higher, by age group, gender and area of residence in 2007 and 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

**Chart 1.2** Percentage of elderly with high school education or higher, by province in 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

### 1.3.4 Household of the elderly population

Household and living arrangements have direct and indirect effects on type of support the elderly receive from their family, especially children. The Surveys of Elderly in Thailand in 2007 and 2011 show an average decline of family size from 3.75 to 3.63 members, which is a common phenomenon for both the urban and rural areas (Table 1.4).

As concerns family members residing within the elderly household, the proportion of elderly living only with their spouse, and not with children is increasing. The trend is predominant in both the urban and rural areas; nonetheless, it seems more prevalent in the rural setting, with a larger number of elderly living on their own, or living with only a spouse. This can be traced back to declining fertility rates as well as the demographic trend of working-age dispersion specific to the rural context.

**Table 1.4** Household of the elderly population, by living arrangement in 2007 and 2011

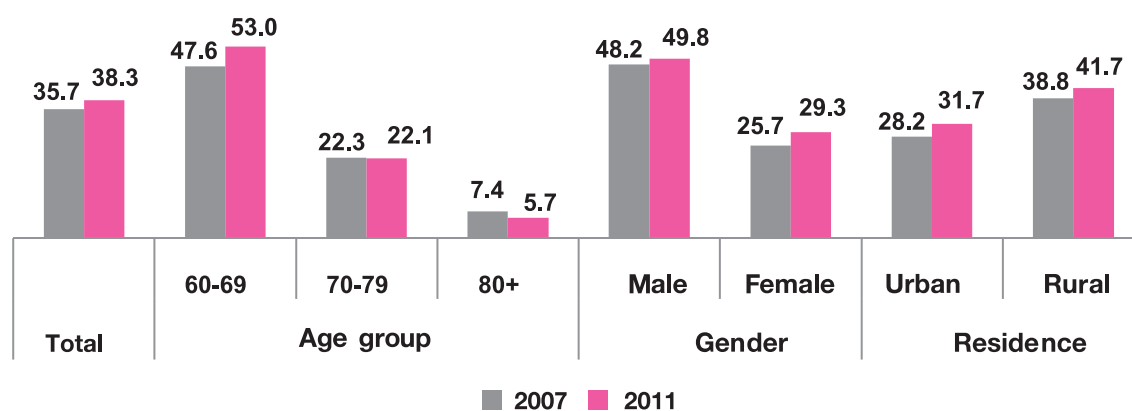
	%				
	Household size	Living with children	Living alone	Living with spouse	Living alone or alone with spouse
Total number of elderly					
2007	3.75	59.4	7.6	16.3	23.9
2011	3.63	56.5	8.6	17.1	25.7
Elderly in the urban setting					
2007	3.81	64.6	7.4	12.9	20.3
2011	3.66	59.2	8.5	15.4	23.9
Elderly in the rural setting					
2007	3.72	57.3	7.7	17.7	25.4
2011	3.62	55.2	8.6	18.0	26.6

**Source:** Knodel, J., Chayovan, N. and Prachuabmoh, V. 2013. The Changing Well-being of Thai Elderly: An update from the 2011 Survey of Older Persons in Thailand. HelpAge International.

### 1.3.5 Workforce participation

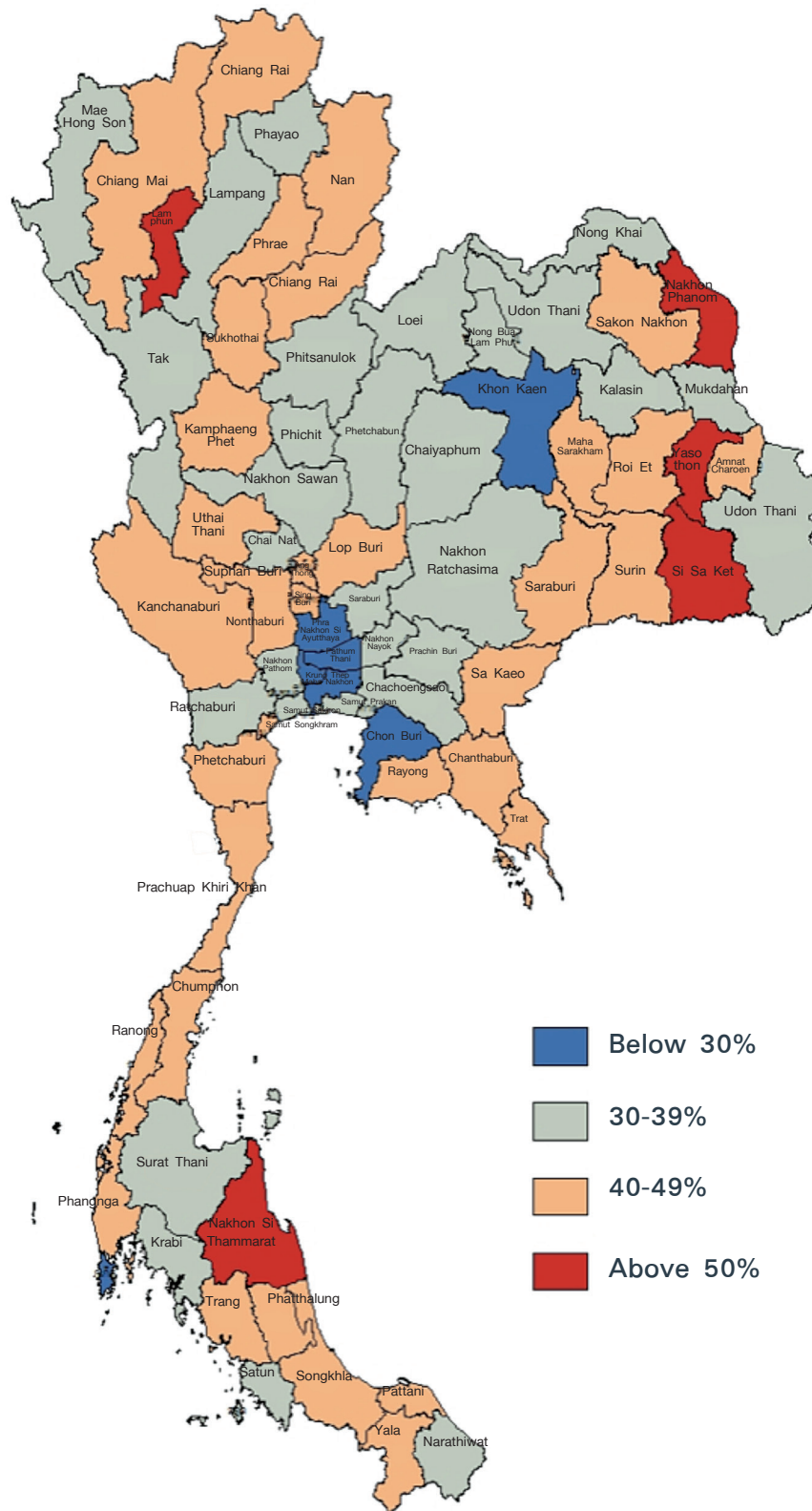
Despite physical changes in health conditions and strength, and the default retirement age of 60 for general Thai population, the results of the Surveys of Elderly in Thailand in 2007 and 2011 indicate that during a one-week period prior to the conduct of surveys, approximately one-third of the Thai elderly have made their participation in the economy. The percentage increased slightly in 2011 from 2007. Figure 1.11 illustrates that the percentage of working elderly decline with age. In general, men are more likely to work than are women, and rural dwellers are more likely to participate in the workforce than their urban counterparts. Figure 1.3 shows the percentage of working elderly in 2011, classified by province. Over 50 percent of elderly in Sisaket, Lamphun, Nakhon Phanom, Yasothon, and Nakhon Si Thammarat provinces are actively working. The percentage is especially high in Sisaket, at 60 percent.

**Figure 1.11** Percentage of elderly working in the past week, by age group, gender, and area of residence in 2007 and 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

**Chart 1.3** Percentage of working elderly, by province in 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office



### 1.3.6 Main sources of income

Some elderly work past their retirement; however, income from employment-based sources is only a part of a larger share. According to the Survey of Elderly in Thailand in 2011, the 3 largest sources of income for the elderly are children (40.1 percent), employment (35.1 percent), and government allowance (11.4 percent) (Table 1.5). In comparison, the same Survey conducted in 2007 reveals that the elderly derive their income from 3 main sources: children (52.3 percent), employment (28.9 percent), and spouse (6.1 percent). At that year, government allowance stood at only 2.8 percent of income. With regards to government allowance, the difference between the 2 surveys could result from the extension of the government scheme to include more beneficiaries from 3 percent of the elderly population in 2002 to 81.4 percent in 2011 (The Situation of the Thai Elderly 2011: 19).

**Table 1.5** Sources of income for the elderly in 2007 and 2011

Sources of income	2007	2011
Employment	28.9	35.1
Pensions	4.4	6.0
Government allowance	2.8	11.4
Interests / Savings / Assets	2.9	2.6
Spouse	6.1	3.1
Children (including adopted and fostered children)	52.3	40.1
Father / Mother / Siblings / Cousins	2.3	1.5
Others	0.5	0.2
<b>Total</b>	<b>100</b>	<b>100</b>

**Source:** Knodel, J., Chayovan, N. and Prachuabmoh, V. 2013. The Changing Well-being of Thai Elderly: An update from the 2011 Survey of Older Persons in Thailand. HelpAge International.

The percentage of elderly who report on sources of income varies by age, gender, and residential area. Statistics in Table 1.6 shows that in 2011, the percentage of elderly reporting that employment and spouse are their main income sources reduces by age. Meanwhile, the percentage of elderly mainly receiving their income from the children and government allowance increases by age. Gender difference in sources of income among the elderly is remarkable. Work is a major source of income for 47 percent of elderly men, compared with only 26 percent in women. Urban dwellers are much more likely to have income from pensions and interests than their rural counterparts regardless of age cohort, while a larger proportion of elderly in the rural areas reports that employment is their major source of income.

**Table 1.6 Sources of income for the elderly in 2007**

Main sources of income	Total	Age			Gender		Residence	
		60-69	70-79	80+	Male	Female	Urban	Rural
Employment	35.1	49.6	18.6	4.2	46.5	26.0	28.9	38.2
Pensions	6.0	6.2	5.9	5.3	8.1	4.4	12.1	2.9
Government allowance	11.4	6.8	16.0	23.0	8.8	13.4	6.7	13.8
Interests / Savings / Assets	2.6	2.2	3.3	2.4	2.4	2.8	4.7	1.5
Spouse	3.1	3.9	2.3	0.9	1.8	4.1	4.3	2.5
Children (including adopted and fostered children)	40.1	29.6	52.2	61.9	31.4	47.0	40.4	40.0
Father / Mother / Siblings / Cousins	1.5	1.5	1.5	2.1	0.8	2.1	2.6	1.0
Others	0.2	0.1	0.2	0.2	0.2	0.2	0.3	0.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

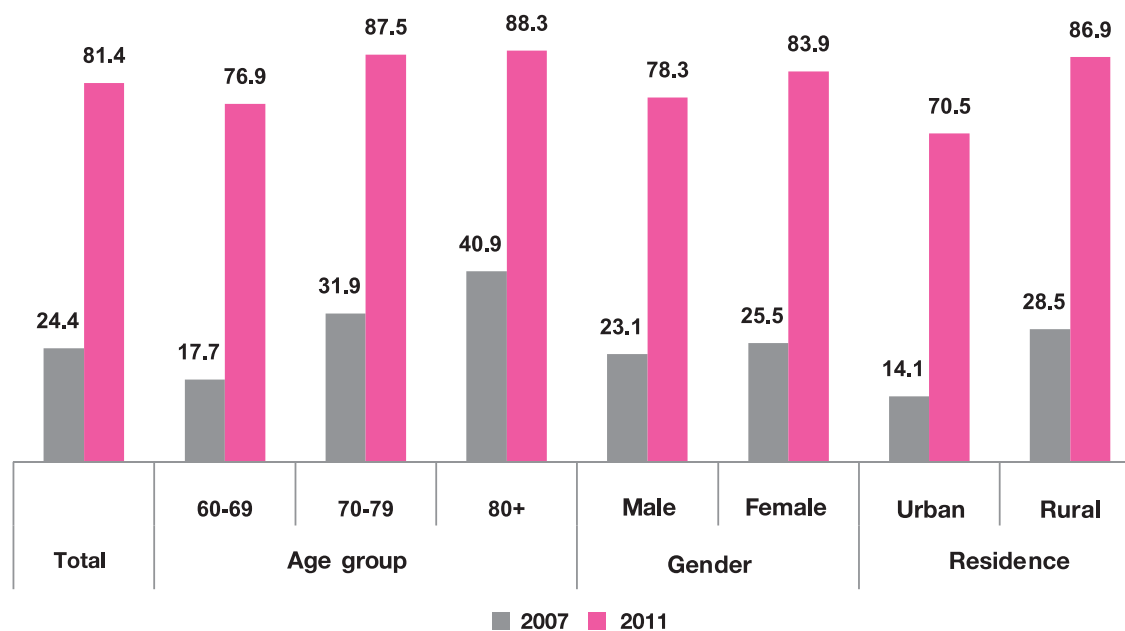
### 1.3.7 Old Age Allowance Scheme

The extension of the Old Age Allowance scheme has allowed the government to improve income security not only for the underprivileged older persons, but also for those ineligible for any forms of public welfares, as they can now register themselves as beneficiaries. As a result, the coverage in terms of number of beneficiaries expanded almost 4 times from 24.4 percent in 2007 to 81.4 percent in 2011 (Figure 1.12).

The allowance increases progressively with age. There is a larger proportion of women and rural living beneficiaries. Elderly in all age groups, genders, and residential areas tend to benefit more from the government provision in 2011 than in 2007. The proportion of urban elderly provided with the fund increases by 5 times from 2007 to 2011.

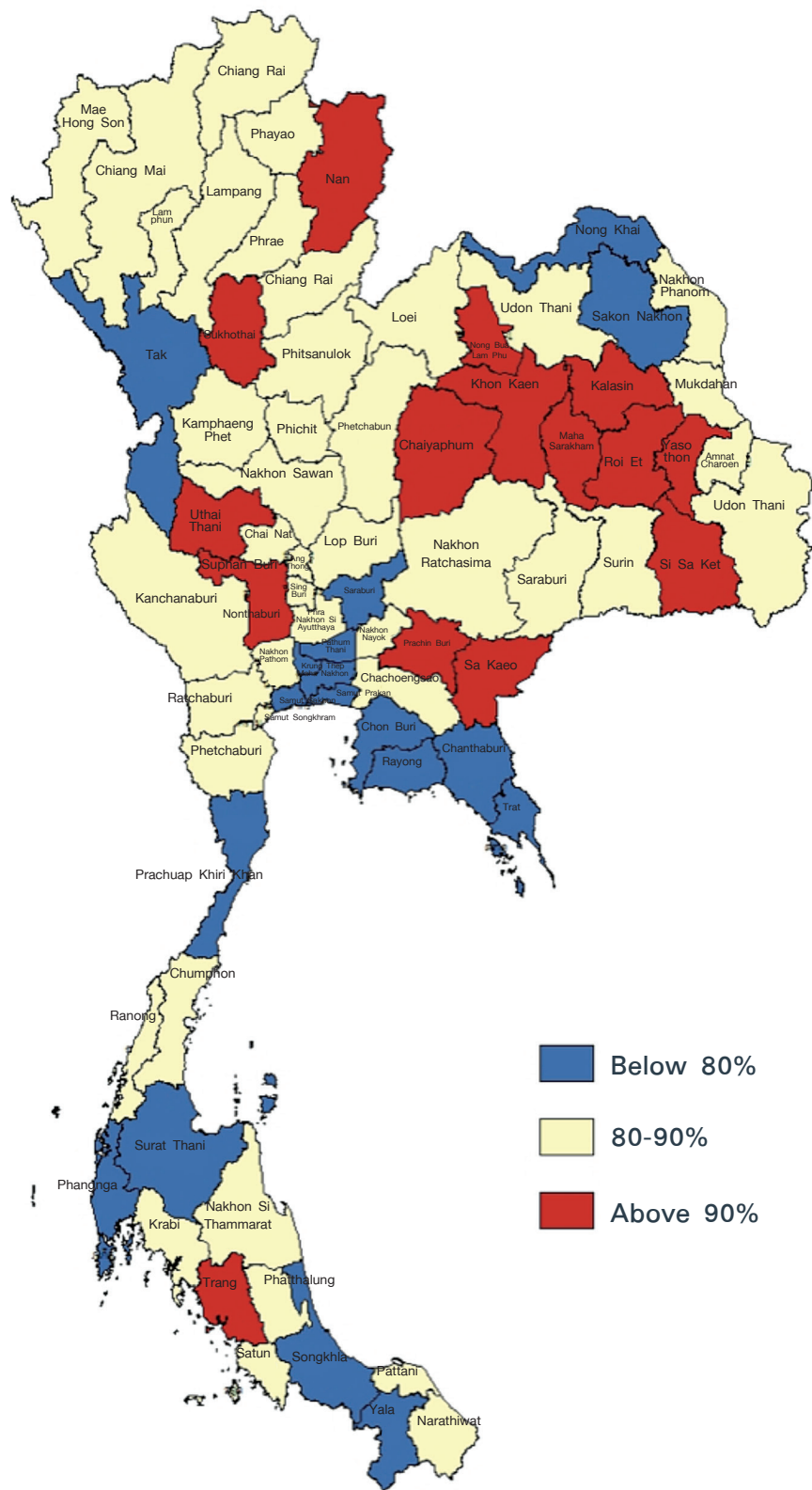
A breakdown by province shows that there are 15 provinces in which over 90 percent of the elderly population benefit from the scheme. The top 3 provinces with highest proportion of beneficiaries are Yasothon, Chaiyaphum, and Uthaithani respectively (Figure 1.4).

**Figure 1.12** Percentage of elderly population participating in the Old Age Allowance scheme, by age group, gender, and area of residence in 2007 and 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

**Chart 1.4** Percentage of elderly population participating in the Old Age Allowance scheme, by province in 2011



Source: The Survey of Elderly in Thailand in 2007 and 2011, National Statistical Office

### 1.3.8 Participation in public service roles in the family

Although the contribution that the older generations make to the economy is modest, their roles in the family are exceptional. This allows the adults to fully focus on their economic duties. The elderly's roles in the family include home watching, doing housework, doing grocery shopping, and cooking. The majority of elderly aged under 80 regularly helps out with housework, and 70 percent of elderly aged over 80, with much less capacity, is still able to watch the home.

More elderly women are involved with housework, compared with men, probably in compliance to the social norm. On the contrary, elderly men tend to be more involved in the labor force. There is no urban-rural difference in terms of elderly contribution to housework as the proportion is similar in all areas of residence (Table 1.7).

**Table 1.7** Percentage of elderly population regularly contributing to family activities, by age, gender, and area of residence in 2011

Activities	Total	Age group			Gender		Area	
		60-69	70-79	80+	Male	Female	Urban	Rural
Grocery shopping	35.0	41.9	29.9	11.7	21.3	45.7	36.6	34.2
Cooking	35.9	42.3	31.3	14.1	18.5	49.7	36.3	35.7
Laundry	31.8	37.0	28.1	13.8	16.5	43.8	37.5	36.8
Housework	37.0	42.5	34.0	15.7	20.2	50.3	37.5	36.8
Home / Shop watching	58.9	56.7	63.5	56.9	49.0	66.7	59.0	58.8

Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

## Roles in the community

Involvement in community activities suggests the capability and power of the older people. Most elderly men and women are found to have participated in community activities during the past year; however, they seem to be less active in other contexts. Activities most involved by the elderly are the funeral welfare service (32.4 percent), and elderly club (26.1 percent). Following are activities organized by vocational networks, cooperatives, and savings clubs, which share the same proportion of 11.2 percent.

Considering participation by age group, those in the early-elderly group (aged 60-69) tend to be most active. There is no difference by gender.

There is a remarkable urban-rural difference regarding roles in the community as there is a greater tendency for the older people living in the rural areas to participate in community activities. This could result from culture-based difference in which the lifestyle and social relation within the rural community is more closely-knitted (Table 1.8).

**Table 1.8** Percentage of elderly population contributing to community activities, by age, gender, and area of residence in 2011

Activities	Total	Age group			Gender		Area	
		60-69	70-79	80+	Male	Female	Urban	Rural
Elderly club	26.1	25.6	28.8	20.4	26.1	26.1	19.7	29.3
Cremation for social welfare groups	32.4	33.9	32.6	23.4	34.5	30.8	20.1	38.6
Vocational network	11.2	12.8	10.1	5.3	12.9	9.8	7.3	13.1
Housewife club	3.0	3.1	2.8	2.5	3.0	2.9	1.7	3.6
Cooperative / Savings club	11.2	12.8	10.1	5.3	12.9	9.8	7.3	13.1
Village scouts	3.1	3.1	3.3	2.0	3.5	2.7	2.6	3.3
Annual village / community activities	68.9	71.9	69.6	49.8	69.4	68.6	51.8	77.6

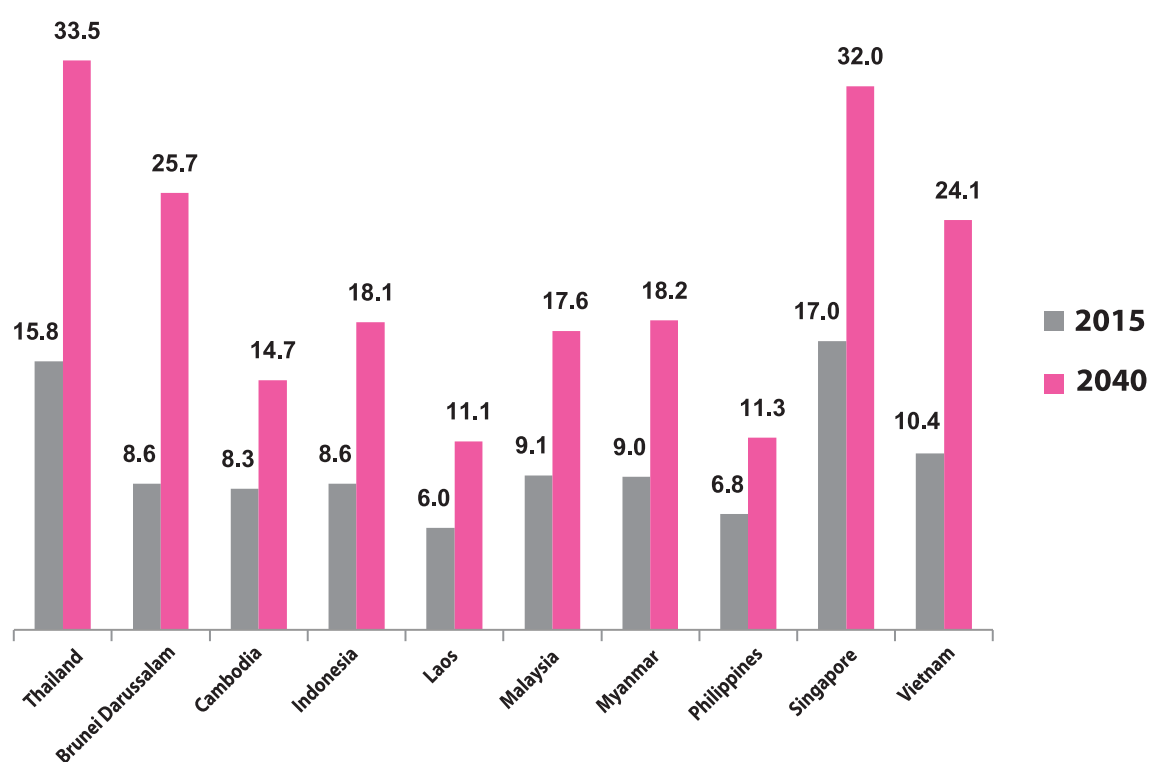
Source: The Survey of Elderly in Thailand in 2011, National Statistical Office

## 1.4 Interesting facts

### 1.4.1 The elderly in ASEAN

Thailand will step into the ASEAN Economic Community (AEC) in the next couple of years. Different population structures produce different population policies across the member countries. By 2015, only 3 countries; namely, Singapore, Thailand, and Viet Nam will experience the situation of population aging. However, in the next 25 years or by 2040, all ASEAN Member States will have experienced a growing share of elderly people in the population and will have become an aging society (Figure 1.13).

**Figure 1.13** Percentage of elderly population in ASEAN Member States in 2015 and 2040



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2012 Revision (<http://esa.un.org/unpd/wpp/index.htm>)

### 1.4.2 Potential Support Ratio

The fact that all ASEAN Member States is projected to become an aging society in the near future has inevitable direct and indirect effects on the working-age population. The Potential Support Ratio, or the number of younger adults (aged 15–64) per one older person (aged 65 and over), describes a support base of adults on whom the elderly population can depend. Statistics from Figure 1.14 show that the Potential Support Ratio will have fallen sharply from 2015 to 2040 in all countries in ASEAN, pointing to an increasing burden among the working adults in support of the aged. Thailand and Singapore, specifically, will have reached the ratio of only 2 potential workers per capita to support older persons in 2040.

**Figure 1.14** Potential Support Ratio in ASEAN Member States in 2015 and 2040



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2012 Revision (<http://esa.un.org/unpd/wpp/index.htm>)



### 1.4.3 Speed of population aging

Thailand is not only among the first countries in ASEAN to enter into an aging society, but its population is also aging at an accelerated rate. A transition of the population aged 60 years and older from 10 to 20 percent will have taken only 14 years for Thailand. Other countries, aside from Thailand and Singapore, are expecting such demographic changes within the next 10 – 20 years, and they will also experience quite rapid changes in the age structure. The pace of population aging in ASEAN is occurring faster than it did in the more developed countries, taking less than 30 years for the elderly population to double in size. Brunei Darussalam, once becomes an aging society in 2017, will require 13 years for the transition from 10 to 20 percent of the elderly population, similar to Thailand. The Philippines is projected to make the slowest transition in ASEAN, in a time-span of approximately 40 years. (Table 1.9).

**Table 1.9** Number of years in transition from 10 to 20 percent of elderly population in ASEAN Member States

Country	Number of years in transition from 10 to 20 percent of elderly population
Cambodia (2022-2047)	25
Brunei Darussalam (2017-2030)	13
Lao PDR (2036-2057)	21
Indonesia (2019-2045)	26
Myanmar (2018-2044)	26
Malaysia (2018-2044)	26
Philippines (2033-2073)	40
Singapore (1997-2019)	22
Thailand (2007-2021)	14
Viet Nam (2013-2033)	20

**Source:** Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2012 Revision (<http://esa.un.org/unpd/wpp/index.htm>)





**Chapter**

**2**

**Success and Challenges in  
Policy Implementation for the Elderly**

# Chapter 2

## Success and Challenges in Policy Implementation for the Elderly

### 2.1 Monitoring and assessment of the Second National Plan for Older Persons (2002-2021) Phase 2 (2007-2011)<sup>1</sup>

The demographic transition toward rapid fertility decline during the past 50 years has resulted in population aging in Thailand. Policies and strategies to address the challenges arising from influencing aspects of aging society require a long-term planning. Therefore, in 1982 Thailand established a 20-year plan, the First National Plan for Older Persons, as a framework for developing national policies and programs in support of older persons. The Second National Plan for Older Persons is then implemented between the years 2002-2021, and it was revised in 2009.

The Second National Plan for Older Persons was developed based on empirical data on the country's demographic trend, issues and challenges that affect the quality of life of the elderly, and views gathered from stakeholders and elderly-related practitioners. The national aging plan aims at achieving 5 main objectives:

- “1. to improve the quality of life of the elderly by promoting value, dignity, self-reliance, and life security
2. to increase recognition in members of the society that the elderly are valuable group
3. to make people realize the significance of aging preparedness and readiness to promote quality aging
4. to encourage people, family, community, local administration, and public and private entities to participate in activities concerning the elderly
5. to establish framework and guidelines for collaboration among all entities for integral and comprehensive implementation concerning the elderly” (National Committee for the Elderly 2009, the Second National Plan for Older Persons (2002-2021), revised edition of 2009, page 30)

The Second National Plan has a clear set of indices for each measure and strategy, as well as mechanisms to ensure effective implementation, monitoring, and appraisal of programs. Assessment is key to implementation and identification of progress, success, and obstacles in activities concerning the aging affairs. Evidence generated from assessment in forms whether a particular policy, plan, or program should be revised to better suit the changing context of the country.

Monitoring and evaluation of the Second National Plan for Older Persons has been undertaken twice. The first one was conducted during 2007-2008 to evaluate the

<sup>1</sup> Assoc. Prof. Dr. Vipan Prachuabmoh, College of Population Studies, Chulalongkorn University

implementation of the Second Plan during the first 5-year period (2002-2006), resulting in the first revision in 2009. Monitoring and assessment of the 2nd National Plan for Older Persons, Phase 2 (2007-2011) was undertaken during 2011-2012. The main objectives are to: 1. Monitor and assess the implementation of the Second Plan using a set of determining indices as required by the first revision; and 2. Identify the level of achievement of each index to evaluate the implementation of Strategy 2 on Promotion and development of the elderly and Strategy 3 on Social protection for the elderly (Vipan Prachuabmoh, et al., 2013).

The Second National Plan for Older Persons, 1<sup>st</sup> Revision maintains the First National Plan's vision of "The Elderly are the pillar of the society." In other words, it looks ahead to having "quality elderly who are assets of the society, not a vulnerable group nor social burden, so they shall be entitled to support and facilitation from family, community, and the State to have a good standard of living, dignity, independence, and security" (National Committee for the Elderly 2009, page29). The Second Plan contains main 5 strategies: 1) Preparedness and readiness for quality aging, 2) Promotion and development of the elderly, 3) Social Protection for the elderly, 4) Creating a national comprehensive system for integrative implementation of elderly support programs and development of supporting personnel on the elderly, and 5) Processing, compiling, and disseminating knowledge on the elderly and monitoring. The Second Plan not only focuses on promoting, supporting, and raising the standards of life for existing elderly, but also emphasizes on preparedness among the future cohorts of elderly, which appears to be expanding significantly within the next 10-20 years. Strategies 1, 2, and 3 address existing elderly population, while strategies 4 and 5 focus on policy formulation and implementation of elderly promotion programs along with management of knowledge and information regarding the elderly.

The monitoring and evaluation of the Second National Plan for Older Persons, 1<sup>st</sup> revised edition during 2007-2011 involved 56 indices intended to assess all measures under all 5 strategies. Out of 51 assessable indices, only 26 achieved the stated targets or criteria, accounting for 51 percent. This indicates that the country's overall implementation has achieved only limited impacts and requires immediate improvement.

**Table 2.1** Assessment by index under the 5 strategies of the Second National Plan for Older Persons, 1st revised edition

Strategy	Total no. of indices	Indices			% Pass	% Achievement (excluding unassessable indices)
		Pass	Fail	Unassessable / no assessment		
1. Preparedness and readiness for quality aging (Indices 1-7)	7	2	5	0	28.6%	28.6%
2. Promotion and development of the elderly (Indices 8-22)	15	8	7	0	53.3%	53.3%
3. Social Protection for the elderly (Indices 23-44)	22	6	12	4	27.3%	33.3%
4. Creating a national comprehensive system for integrative implementation of elderly support programs and development of supporting personnel on the elderly (Indices 45-52)	8	6	1	1	75.0%	85.7%
5. Processing, compiling, and disseminating knowledge on the elderly and monitoring (Indices 53-56)	4	4	0	0	100%	100%
<b>Total</b>	<b>56</b>	<b>26</b>	<b>25</b>	<b>5</b>	<b>46.4%</b>	<b>51.0%</b>

Source: Vipap Prachuabmoh, et al., 2013. Report on the monitoring and assessment of the 2nd National Plan for Older Persons (2002-2021) Phase 2 (2007-2011). p.171.

Assessment breakdown by strategy shows both progress and weakness in implementation. Strategies that show successful development include Strategy 5 - Processing, compiling, and disseminating knowledge on the elderly and monitoring (pass at 100 percent) and Strategy 4 - Creating a national comprehensive system for integrative implementation of elderly support programs and development of

supporting on the personnel (pass at 85.7 percent). Implementation with outstanding achievements reflects that the government has raised interest in the elderly issues. Database on the elderly is more consolidated and related agencies have attempted to update their database periodically. Led by the Bureau of Empowerment for Older Persons, relevant agencies have made revision to their plans and implementation; and have created linkages between the central government and regional administrations. Underachieved indices involve the measure to tangibly produce appropriate and sufficient geriatric personnel to be carried out by the National Committee for the Elderly.

Strategies that are underachieved and require urgent improvement are Strategy 1 - Preparedness and readiness for quality aging, Strategy 3 - Social Protection for the elderly, and Strategy 2 - Promotion and development of the elderly

Strategy 1 - Preparedness and readiness for quality aging is a prioritized strategy because issues on the elderly are a long-term challenge. Poor quality of life among the elderly can be traced back to inadequate old age preparation. To prevent or mitigate the problem, current working-age population needs to be better prepared, importantly as this large share of population is fast becoming the elderly population in the approaching decades. However, according to the quantitative survey, Strategy 1 shows the weakest implementation results, with only 28.6 percent of indices passing the criteria. Correspondingly, qualitative data explicitly points to the fact that the teenage and middle-age population still lag behind in preparing for their quality aging, in all economic, social, and health dimensions. They view old age preparation as a far-reaching issue and postpone planning for certain limitations, similar to “the grasshopper who sang all summer.”

**Table 2.2** Proportion of population aged between 30-59 having engaged in old age preparation (Target at above 50 percent in each area)

Area of preparation for old age	Have considered		Have never considered
	Have prepared	Have not prepared	
1. How to spend old age and who to spend old age with	36.2	42.1	21.7
2. Caregivers	36.3	40.5	23.2
3. Taking care of physical health before and during old age	47.2	35.7	17.2
4. Taking care of mental health before and during old age	41.2	34.7	24.1
5. Dhamma study and religious activities	37.9	35.5	26.8
6. Savings	57.3	33.4	9.2
7. Spending life in old age	38.6	40.2	21.2
8. Doing community service / volunteering work in old age	27.8	34.2	38.0
9. Knowledge on rights of the elderly	20.5	29.9	49.7
10. Funeral (e.g. body donation, funeral welfare member)	26.9	27.5	45.6

Source: Vipav Prachuabmoh, et al., 2013. Report on the monitoring and assessment of the 2nd National Plan for Older Persons (2002-2021) Phase 2 (2007-2011). pp.48-49.

One of the factors hindering self-responsibility to prepare for old age among the future cohorts of elderly is the education system, especially formal education at all levels, which fails to inform the younger generations of the aging process and the importance of preparation for quality old age. Additionally, the survey reveals increasing negative attitude toward the elderly among teenagers that can lead to prejudice against the elderly and generation conflicts.



**Table 2.3** Proportion of population aged 18-59 having positive attitude toward the elderly by region

Region	%
Bangkok	59.6
Central	59.0
Northern	53.1
Northeastern	57.3
Southern	53.9
<b>Total</b>	<b>57.2</b>
<b>(Target: 70%)</b>	

Source: Vipan Prachuabmoh, et al., 2013. Report on the monitoring and assessment of the 2nd National Plan for Older Persons (2002-2021) Phase 2 (2007-2011). p.53.

Aside from lack of individual responsibility to plan for old age, at the national level the preparation shows weaknesses in management, indicated by the performance of the income security system. In 2011, the coverage rates among population aged between 30–59 stood low at 26.3 percent (targeted at 50 percent), revealing little improvement delivered by the 5-year implementation which ran from 2007 to 2011. Although the government Old Age Allowance scheme demonstrates the strongest implementation with most tangible results, the benefits are only limited and inadequate. Income security system to guarantee for old age security needs to be extended to all sections of population. Old age savings, both voluntary and compulsory, must be encouraged.

**Table 2.4** Coverage rates of the income security system of populated aged between 30–59 years by region and age

Region	2007				2011			
	Total	Age			SOU	Age		
		30-39	40-49	50-59		30-39	40-49	50-59
Bangkok	45.6	58.1	41.4	32.4	50.5	61.4	41.5	43.3
Central	30.1	47.6	24.1	16.3	28.6	44.4	25.4	16.7
Northern	20.3	22.3	21.8	16.8	21.8	31.1	20.5	14.5
Northeastern	19.0	24.5	18.8	14.3	15.6	22.6	14.9	10.2
Southern	21.6	29.2	18.8	11.6	27.3	36.7	24.8	18.7
<b>Total</b>	<b>27.8</b>	<b>38.6</b>	<b>24.9</b>	<b>18.7</b>	<b>26.3</b>	<b>37.3</b>	<b>23.7</b>	<b>18.2</b>

Source: Vipan Prachuabmoh, et al., 2013. Report on the monitoring and assessment of the 2nd National Plan for Older Persons (2002-2021) Phase 2 (2007-2011). p.35.

Implementation of *Strategy 3 - Social Protection* for the elderly also needs improvement (pass at 33.3 percent). The objective is for the elderly to properly be provided with quality support from the family and community. The government and related sectors have to supplement this effort by providing supplementary quality and standardized welfares. However, the evaluation results reveal that income security, health security, caregiver support, service system, and support system for the elderly remain insufficient. For example, although the government has been successful in expanding the coverage of the Old Age Allowance scheme to include more beneficiaries, it has not been able to fulfill the target set by the plan. Moreover, co-residence of older persons with children has declined, and the living arrangements trend toward older persons living alone or alone with a spouse. The pattern is due to fertility decline, which has resulted in reduction of child to provide parent support among later generations of the elderly population, as well as migration of the young working-age population for employment. Sole reliance on the family or children, therefore, will be increasingly difficult in the future.

Compared to other areas, implementation of the healthcare system has progressed relatively well, yet the pace is slower than the changes in the population structure toward an aging society. Visitation system for the dependent elderly is insufficient, especially for those living in the urban and Bangkok areas, which lack a proper community support system.

**Table 2.5** Proportion of disabled elderly (Unable to perform 1 in 5 daily routines) and proportion of disabled elderly provided with home visitation at least once a month, classified by region

Region	% disabled elderly	% of disabled elderly provided with home visitation at least once a month
Bangkok	5.9	14.2
Central (excluding Bangkok)	4.7	40.0
Northern	3.3	43.7
Northeastern	2.3	46.9
Southern	3.8	42.6
<b>Total</b>	<b>3.7</b>	<b>38.7</b>

**Source:** Vipan Prachuabmoh, et al., 2013. Report on the monitoring and assessment of the 2nd National Plan for Older Persons (2002-2021) Phase 2 (2007-2011). p.92.

Proper long-term care system targeting the rural elderly is under design and trial. Physical environments and facilities in public areas are not elderly-friendly to allow them to carry out daily routines conveniently and safely.

Implementation of Strategy 2 - Promotion and development of the elderly is not satisfactory although the results are more impressive than those of Strategies 1 and 3 (pass at 53.3 percent). This strategy aims to lengthen the period of self-dependence, value, and dignity, which may involve promotion of health, social networking, employment, and income, as well as motivating skillful older persons to remain active. Moreover, media programs targeting elderly audience must be encouraged to keep them up to date and well-informed. It will be important to provide proper living environment for the elderly.

Implementation related to elderly organizations is unsatisfactory, in particular the Elderly Club, which performs weakly with haphazard activities and participation from the members. Moreover, the mass communication and public relation systems pay little attention to the elderly, demonstrated by a limited number of elderly programs and rare awareness display on aging society. In addition, promotion of retirement-age employment to stimulate material well-being among older persons has not accomplished any tangible results.

Initiatives to promote employment and old age income security have not yielded concrete outputs. Employers in the private sector may not be willing to hire older workers, perceiving that they deliver less profitability and productivity than younger workers. Many people view that the elderly should rather engage themselves in recreations than being economically active, and that there is sufficient labor force in the market, making it unnecessary to retain older workers. Additionally, agencies involving in promotion of work in old age suffer from budget constraint as the tasks on elderly are not their major missions.

The Local Administrative Organizations, thanks to a closer relation and better understanding of the older persons in the locality, have greater capacity to engage in work on elderly promotion and development than comparator central agencies. Yet their roles remain limited, with meager allocation of budget to work on the elderly. Activities organized for the elderly are for cultural purposes, and not for improving their capacity or life quality. This results partly from lack of understanding and partly from regulatory constraints on budget management in local administration.

Apart from evaluation by strategy, the Second National Plan for Older Persons, 1st revised edition uses 4 indices to measure its impacts on improvement of the elderly quality of life. Overall, the implementation has not been successful. Evaluation on health indicates that longer life expectancy only lengthen the period of chronic or disable conditions and dependency. Evaluation of indices on quality of life in every dimension shows underachievement and results inferior to those of the first evaluation.

**Table 2.6** Proportion of elderly unable to perform a daily routine by age and gender in 2007 and 2011

Age	2550			2554		
	Total	Male	Female	Total	Male	Female
60-64	1.4	1.6	1.2	1.4	1.2	1.6
65-69	2.4	2.5	2.2	2.0	2.2	1.8
70-74	3.7	3.5	3.8	2.6	2.7	2.6
75-79	4.6	3.7	5.3	4.8	5.0	4.7
80 and over	14.9	10.8	17.5	15.4	11.1	17.9
Total	3.8	3.2	4.2	3.7	3.0	4.1

Source: Vipan Prachuabmoh, et al., 2013. Report on the monitoring and assessment of the 2nd National Plan for Older Persons (2002-2021) Phase 2 (2007-2011). p.165.

**Table 2.7** Evaluation results of 10 indices for elderly quality of life

No.	Subject / Area	%	
		2007	2011
1	Old Age Security official coverage rates in population aged between 30-59 (Index 1)	27.8	26.3
2	Proportion of population aged between 30 – 59 having engaged in old age preparation (income, health, residence) (Index 6)	29-60	20.5-57.3
3	Proportion of population aged 18-59 having positive attitude toward the elderly (Index 7)	62.4	57.2
4	Proportion of elderly population having desirable health behaviors (Index 8)	19.3	18.7
5	Proportion of elderly population who are member of an elderly club and have participated in elderly club activities in the past 12 month period (Index 11)	20.3	23.7
6	Proportion of elderly satisfied with their financial status (Index 14)	71.1	75.5
7	Proportion of elderly living in proper home environment (Index 22)*	0.9	2.0
8	Proportion of elderly benefited from the health insurance system in their last sickness (Index 25)	86.6	81.4
9	Proportion of elderly living with their family (Index 30)	92.2	90.9
10	Proportion of Local Administrative Organizations having allocated budget or organized activities for the elderly (Index 38)	92.0	99.4
		97.0	99.6

Note: \*Evaluation of elderly living in proper home environment (in 2011), and elderly living in good-standard home (in 2007) employ the same definition and evaluation methods, and are therefore comparable.

The monitoring and evaluation indicates that Thailand needs to make faster progress on the elderly promotion to keep pace with the changes of population structure toward aging society. Qualitative research points to various factors impeding success of the implementation, which include elderly policy fragmentation and program discontinuation, extreme reliance on country leaders, lack of concrete transformation of policies toward actions, and budget constraint. Within a local context, weakness in management of the elderly clubs, lack of personnel knowledgeable about geriatrics, and lack of enabling regulations on disbursements of budget to work on the elderly have been obstacles to the effectiveness of local programs for older persons. Urgent implementation is required in the following areas: 1) Concrete transformation of policies toward actions, 2) Cultivation of understanding and awareness among the youth and working-age population with respect to aging process and willingness to co-exist with people of all ages in the society through formal and non-formal education and the media, 3) Improvement of the national income security system that will concretely offer a wider range of options, 4) Develop an integral long-term elderly care system in health, economic, and social dimensions to sustain the elderly in the family and community, as well as develop the intermediate care system in transition between hospital and home, 5) Strengthen the roles of the Local Administrative Organizations to ensure the quality of life of the elderly, and 6) Increase the capacity of the elderly clubs and Older Persons Assembly.

## 2.2 The Elderly Plan<sup>2</sup>

### 2.2.1 Backgrounds for the Elderly Plan under the National Economic and Social Development Plan

Thailand is moving toward an aging society through changes in demographic structure in all important dimensions: accelerating share of elderly population, declining total fertility rates, and improved average life expectancy of the population. Such evolution in population has raised concerns in all participating sectors with regards to the influencing aspects and the importance of preparedness in qualitative and quantitative terms. Concrete guidelines were first developed in the Eighth National Economic and Social Development Plan, with emphasis on supports for underprivileged elderly in the forms of government allowance, universal healthcare services, and promotion of elderly support in family. The Tenth Plan aims to promote the value of the elderly, to increase the coverage and access of social services for the elderly, to develop occupational capacity in old age, to promote health and life-long learning equally among all elderly, and encourage savings for retirement in various forms.

The priorities of the Eleventh Plan are to ensure the elderly economic and social stability, quality, value, and adaptability in order to facilitate their contribution to social development. A roadmap is set to promote their income generation and employment, to exploit their knowledge and experience to contribute to the development of the country at the

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Office of the National Economic and Social Development Board

community, regional, and national levels, and to develop a comprehensive and integrated elderly care system which combines participation from every sector to provide various forms of healthcare services and social welfares.

### 2.2.2 Rationale of integration of Population Plan into the Eleventh National Economic and Social Development Plan

Thailand established the first national population policy in 1970. The population policy was then implemented under the Third National Economic and Social Development Plan (1972-1976) to synchronize it with the country's economic and social development direction, with a focus on population growth reduction. It remained a part of the National Economic and Social Development Plan until the Seventh Plan.

During the Eighth to Tenth Plan, Thailand experienced a remarkable change of demographic structure as a result of the earlier population policies. The fertility and mortality rates declined sharply during the previous 4 decades, marking the beginning of the aging society. During this period, however, the country had no distinct direction or plan for the population.

Challenges increased during the Eleventh Plan as a result of external factors of globalization and AEC, and internal factors of the politics, economy, social situations, as well as demographic changes featuring a declining proportion of youth working-age population.

In response to the fast approaching aging society and issues on improvement of population quality in preparation for the AEC, relevant agencies agree that a Population Plan should be developed as an implementation framework for the Strategy for "Human Development toward a Sustainable Lifelong Learning Society" under the Eleventh National Economic and Social Development Plan.

### 2.2.3 Direction of the Population Plan under the Eleventh National Economic and Social Development Plan (2012-2016)

The vision, missions, objectives, development goals, and strategies for sustained life-long population development of the Population Plan under the Eleventh Plan are set as follows:

## “1. Vision

“Every birth in Thailand is of high quality and is developed at full potential at every stage of life to become the driving force of the country. The population is provided with sufficient security in preparation for the aging society, through a sustainable social welfare system that is developed through a family and community participatory approach.”

## 2. Mission

2.1 Promote sound reproductive health at any stage of life to ensure quality births, and to encourage prepared married couples to have more children

2.2 Develop the capacity of the population at every age in physical, mental, intellectual, moral, and ethical aspects to increase competitiveness in the ASEAN and world markets. Utilize the free flow of labor under the AEC in 2015 in driving the country’s continuous and sustainable economic growth

2.3 Promote self-reliance after retirement, and improve the coverage and quality of social services with increased participation of family and the community

## 3. Objectives

3.1 To promote sound reproductive health in the Thai population at any stage of life to ensure births of quality Thai population, with potential to develop into full capacity during adulthood

3.2 To develop the capacity of the Thai population at every age in order to increase competitiveness in the ASEAN and world markets; and to utilize the free flow of labor under the AEC in 2015 in driving the country’s continuous and sustainable economic growth

3.3 To prepare the Thai population for quality aging, complete with social security and self-reliance

#### 4. Development goals

4.1 The Thai population at every age has sound reproductive health and improved capacity to compete in ASEAN and the world markets. The free flow of labor force in the ASEAN region in 2015 is exploited as a driving force of continuous and sustainable economic growth.

4.2 The Thai population is self-reliant after retirement and is provided with social welfare that is improved in terms of coverage and sustainability.

#### 5. Population Development Strategies

5.1 Promotion of quality births for all Thai population, with potential to develop into full capacity during adulthood– This strategy aims to bring sound reproductive health to the Thai population at every age, and to encourage prepared married couples to have more children.

5.2 Development of the quality of the Thai population at every age as the driving force of national growth– This strategy aims at the development of population through education and instillation of morality and ethics, with continuous accretion from birth to infancy, school age, working age, and old age. This will improve life management ability, quality of life, self-reliance, security, adaptability to new opportunities, as well as immunity to internal and external socio-economic changes. The population will be competitive in the ASEAN and global markets. The free flow of labor under the AEC in 2015 will be utilized.

5.3 Preparation for an aging society under a sustainable social welfare system – This strategy focuses on readiness for Thailand's aging population. At the individual level, it aims to promote self-reliance after retirement. At the national level, the preparation focuses on old age savings and social welfare systems to guarantee for old age security among the Thai population.”

**Source:** Population policies under the Eleventh National Economic and Social Development Plan (2012-2016), Office of the National Economic and Social Development Board



## 2.2.4 Future trends of the demographic structure in Thailand during the Eleventh National Economic and Social Development Plan and the impacts

According to Thailand Population Projection, 2010-2040 using data from the Population and Housing Census in 2010 as the baseline for projection, and the assumption that fertility will be on a constant decline over the next 30 years, Thailand's population will climb from 63.8 million in 2010 to its highest point at 66.4 million in 2026, before gradually declining to 63.9 million in 2040. The demographic structure by age group will be as follows:

1) Number and proportion of the youth population (aged 0-14) is constantly declining from 15.5 million or 45.1 percent in 1970 to 12.6 million or 19.8 percent in 2010. It is estimated that the youth population will continue to decrease to only 9.8 million or 14.8 percent in 2030, and 8.2 million or 12.8 percent in 2040. This will distress the size of labor force in the next 10-20 years.

2) Number and proportion of the working-age population (aged 15-59) starts to decrease in 2011. This will hinder the national productivity and increase burden on the adult population in support of the older age Thais. The proportion of the working-age population increased from 17.2 million or 50.0 percent in 1970 to 42.7 million or 67.0 percent in 2010. It was projected to reach the highest point of 42.9 million or 66.9 percent in 2011, before declining to 38.8 million or 58.6 percent in 2030, and 35.2 million or 55.1 percent in 2040.

3) Number and proportion of the elderly population (aged 60 and over) continuously increased from 1.7 million or 4.9 percent of the total population in 1970 to 8.4 million or 13.2 percent in 2010. It will have reached 17.6 million or 26.6 percent and 20.5 million or 32.1 percent in 2030 and 2040 respectively.

The dwindling number and proportion of the youth and working-age population in combination with the rapid and constant increase of the elderly population during the next 30 years will result in an apparent aging population structure in Thailand.

Therefore, development of human resources or quality population becomes the priority for sustainable development of the country. Thailand must compensate the decreasing quantity with increasing quality of its population. Planning in order to mobilize and allocate resources properly for each age group is crucial.

**Table 2.8** Population structure by age group

Year	Population (thousand)				(%)			
	Total	0-14	15-59	60+	Total	0-14	15-59	60+
1970	34,384	15,515	17,188	1,681	100.0	45.1	50.0	4.9
1990	54,549	15,947	34,585	4,017	100.0	29.2	63.4	7.4
2000	62,212	15,344	41,030	5,838	100.0	24.7	66.0	9.4
2010	63,789	12,641	42,740	8,408	100.0	19.8	67.0	13.2
2013	64,623	12,123	42,983	9,517	100.0	18.8	66.5	14.7
2020	65,996	11,081	42,293	12,622	100.0	16.8	64.1	19.1
2030	66,174	9,800	38,795	17,579	100.0	14.8	58.6	26.6
2040	63,864	8,169	35,175	20,519	100.0	12.8	55.1	32.1

**Source:** 1. Years 1970-2010: from the Population and Housing Census in 1970, 1990, 2000, and 2010, National Statistical Office  
2. Years 2013-2040: from Thailand Population Projection, 2010-2040, Office of the National Economic and Social Development Board

### The impacts of demographic changes on macro-economic and social development are as follows:

1) Economic impacts - Current demographic transition and the future trends in population have impacts on the momentum of the country's economic growth. Declining labor force and aging society implies greater competition for labor and reliance on foreign labor, in response to declining number of youth population to be entering into the workforce. At the same time, the elderly population tends to constantly increase while the number of working-age population is limited. Since the working-age population is bearing greater economic burden in the future, greater labor productivity is obligatory. Therefore, it is essential to increase labor productivity among the working-age population in order to maintain continuous economic growth and mitigate future impacts. The demographic shifts have 3 significant implications on the country's future development:

(1.1) Size of market: Thailand is entering a phase in which the number of consumers will remain static, at 66 million. This indicates that the domestic market will not expand any further.

(1.2) Size of labor force: The population projection points to a dwindling working-age population which is fundamental to country development and productivity. The decrease will result in declining GDP, investment, and standards of living, which is constraining the country development. There will be greater reliance on foreign skilled labor and technology in Thailand. As the size of labor force affects the economic expansion, Thailand needs to focus on increasing productivity in compensation for the decrease in the quantity of labor force.

(1.3) Savings: The increasing Potential Support Ratio and improved life expectancy suggests greater necessity of retirement savings. Thailand should focus on promoting savings in preparation for old age. Moreover, to ease the impact of the increasing Potential Support Ratio, the government should encourage more labor market participation of the elderly in order to enhance self-reliance and regulate dependence on the working population.

## 2) Social impacts

(2.1) Public health: Thailand Population Projection indicates a change in the population structure with declining birth rates and a contraction of the youth population. Future public policies, consequently, must emphasize on the quality of births instead of the reduction of birth rates as in the past. Quality of births begins at conception and pregnancy; therefore, the public policy should aim to decrease the unintended pregnancy rates and to reduce maternity and child health risks.

Longer life expectancy has associated the Thai population with different illnesses. More cases of organ degeneration and chronic diseases have been found, which require long-term care. Future healthcare services will change considerably and the government's healthcare expenditure is projected to increase in proportion to the growth of elderly population. Greater influx of foreign migrant workers following the establishment of the AEC in 2015 is likely to have impacts on domestic provision of health services. Although Thailand's economic growth will benefit from the import of foreign labor, Thailand will also have to bear extra cost in the administration of healthcare services. Therefore, it will be important for the government to put in place policies and strategies that address the health issues associated with migrant workers.

(2.2) Education: According to Thailand Population Projection, the proportion and number of school-age population tend to decrease. This can be considered as an opportunity to develop the human resources. The government has to reform the educational system to deliver quality population that will thrive in the era of globalization and the AEC.

Education in Thailand must be an instrument for development of quality population to ensure successful delivery of the Population Plan under the Eleventh National Economic and Social Development Plan. Education for the youth population must aim at intellectual and emotional development. Size of school and fiscal budget allocation must be adjusted to allow for better education quality. Teacher development also deserves more attention.

(2.3) Labor: Human capital will be less available in Thailand. To address the situation, public policy needs to switch from reliance on labor-intensive industry to promotion of labor productivity, and needs to focus on skill development among future and existing labor force.

Thailand may consider importing foreign migrant workers from the neighboring countries to regulate the supply of unskilled labor. However, Thailand needs efficient measures and guidelines for migrant worker management as the realization of the AEC in 2015 opens new opportunities for freer international labor flows among member countries.

Furthermore, the increasing share of the elderly population calls for a policy to encourage the elderly contribution in the workforce, for example, through extension of retirement age, creation of new channels for elderly to enter the workforce, promotion of positive attitude toward employment of older persons, knowledge and skill development for the older persons, and amendment of law and regulations to facilitate their employment.

(2.4) Welfares for the elderly: According to Thailand Population Projection, the elderly population will rise rapidly so that population aged 60 and over will have increased from 8.4 million in 2010 to 20.5 million in 2040. During the same period, population aged 80 and over will have increased from 1 to 4 million. Multiplication of the elderly population raises important planning issues with regard to maintaining their standards of living as well as sustaining the country's development.

As concerns preparation for the aging society, the government needs a campaign to raise public acceptance of the value and dignity of older persons, and to remove prejudice against them. Measures to provide the elderly with rights protection to prevent exploitation and fraud against older persons are needed. Policies to encourage the community and local authorities to take part in elderly care will be necessary. The roles of the local administrative organizations in improving the elderly quality of life need to be promoted.

### 2.2.5 Details of Population Plan strategies under the Eleventh National Economic and Social Development Plan

The Population Plan aims to develop the quality of population at every age to enable self-reliance in retirement, in order to fulfill the vision of "Every birth in Thailand is of high quality and is developed at full potential at every stage of life to become the driving force of the country. The population is provided with sufficient security in preparation for the aging society, with sustainable social welfare, through family and community participation." The implementation guidelines are as follows:

1) Promotion of quality births for all Thai population, with potential to develop into full capacity during adulthood – This strategy aims to promote sound reproductive health of the Thai population at every age, and to encourage prepared married couples to have more children.

2) Development of the quality of the Thai population at every age as the driving force of national growth – This strategy focuses on the development of population through learning and instillation of morality and ethics, with continuous accretion from birth to infancy, school age, working age, and old age. This will improve life management ability, quality of

life, self-reliance, security, adaptability to new opportunities, as well as immunity to internal and external socio-economic changes. The future generations will maintain ASEAN and global competitiveness. The free flow of labor under the AEC starting in 2015 will properly be utilized.

3) Preparation for an aging society under a sustainable social welfare system – This strategy focuses on readiness for Thailand's aging population. At individual level, it aims to promote self-reliance after retirement. At national level, the preparation focuses on old age savings and social welfare systems to guarantee for old age security among the Thai population, with detailed guidelines as follows:

#### 3.1 Increasing individual readiness and capacity at the pre-elderly stage

(1) Promote self-preparation on health and savings starting from childhood through formal and non-formal education

(2) Encourage self-reliance and provide support to working-age population to ensure self-reliance in the long run, develop a strong social welfare system to provide security for the people, and reach out to informal sector workers to provide access to the public social security system

(3) Push forward the implementation of the National Saving Fund scheme as a reliable retirement saving system, with the capacity to accommodate rapidly increasing number of older persons in a timely manner. Voluntary saving in the forms of RMF, LTF, and life insurance should be encouraged through tax incentive measures.

#### 3.2 Preparation for an aging society under a sustainable social welfare system

(1) Develop and strengthen the capacity of the family, community, and elderly healthcare system to respond to the elderly healthcare needs both short-term and long-term, while minimizing the roles of the formal institutions.

(2) Improve the welfare system for the older persons by providing financial support in the form of monthly allowance on a condition that they spend a part of the amount on life insurance policy for future security after the government withdraws the support. Moreover, instead of providing equal welfare benefit to all older persons, special assistance should be provided to older persons who are vulnerable and the family, for example those that are in poverty, abandoned, disabled, or unable to take care of themselves.

(3) Promote and develop a retirement savings system through a reform of the income security system especially for the elderly, developing the income security scheme for the elderly, and promoting saving discipline among population of all ages

(4) Extend social welfare coverage to include all occupations in preparation for the aging society. Linkages should be established across national, local, and community levels to manage a full cycle of social welfares from birth to death. Quality and sustainability

of the welfares must be the priority, and involvement from all relevant stakeholders is necessary. A system of public assistance must be put in place to fairly direct support to impoverished and underprivileged elderly. The elderly should be made aware of their legal rights to fully exploit them. Moreover, the social capital, which encompasses human capital, institutional capital, and local culture capital, should be reinforced to supplement the central welfare system. This will ensure sufficient access to basic support for the impoverished and underprivileged elderly.

(5) Increase the ability of the elderly to be self-reliant by means of proper in-home physical environments and elderly-friendly facilities. A holistic elderly care system, harmonizing healthcare services with social welfares, should be developed through continuous participation from every related sector.

### 2.2.6 Implementation of the Population Plan

To implement the Population Plan under the Eleventh National Economic and Social Development Plan (2012-2016), guidelines have been developed in order to engage all relevant agencies in the action plans; as well as to determine management mechanisms, budget allocation, monitoring and evaluation, and formulation of a long-term 20-year population policy and plan. Awareness on the shifting population structure and its impacts needs to be promoted. The database system should be improved and research on population should be conducted regularly to accurately and effectively inform population policy planning. International cooperation will enhance exchanges of knowledge and experience among countries and international organizations with regard to demographic changes and its future impacts.









**Chapter**

**3**

**Highlights of the Year 2012**

# Chapter 3

## Highlights of the Year 2012

### 3.1 Honorary Senior Fellow of 2012<sup>1</sup>

According to the Elderly Promotion and Development Strategy under the Second National Plan for Older Persons (2002-2021), 1st revised edition of 2009, a measure has been identified to highlight competent older persons. It requires relevant organizations to award exemplary older persons. In response to this measure, the National Commission on the Elderly through the Nomination Sub-committee has conducted an annual selection and nomination of the Honorary Senior Fellow since 2007. It considers older persons of exceptional merit, who have a record of continuous contributions to the society. The Honorary Senior Fellow must be a role model and upholds good morals and ethics. The nomination and selection process is conducted by the Nomination Sub-committee, following a clear set of criteria to ensure transparency and absence of influence on the deliberation. The Honorary Senior Fellow must satisfy the following criteria and process:

**Criteria** - The criteria for nomination of the Honorary Senior Fellow of 2012 by the Nomination Sub-committee under the National Commission are detailed as follows:

#### 1) Qualifications

1.1) General qualifications: The candidate must

- (1) be a national of Thailand, and preferably be over 75 years old
- (2) be a person of good conducts, moral, and ethics and shows loyalty to the national, religion and royal institutions
- (3) be in good health and able to keep activities of daily living

1.2) Specific qualification: The candidate must

- (1) be a role model for the elderly in aspects of self-care and keenness to learn
- (2) adhere to the family and society good morals
- (3) have made a lifetime contributions to the society. The contribution must

be widely recognized by the society, setting good examples for the public

#### 2) Nomination and selection

- 2.1) The Nomination Sub-committee may nominate more than 1 eligible candidate
- 2.2) The votes must be unanimous.
- 2.3) The Nomination Sub-committee adopts secret voting.

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<sup>1</sup> Miss Siriwan Aroonthippaitoon, Bureau of Empowerment for Older Persons

2.4) The Nomination Sub-committee proposes the decision to the National Commission on the Elderly for approval.

2.5) The decision made by the National Commission on the Elderly is absolute.

### 3) Presentation of the Award

The Honorary Senior Fellow of 2012 will receive a 100,000 Baht award, a gold badge, and a certificate, granted at the National Senior Citizens Day Ceremony of 2012.

**Result:** Mrs. Saisuree Chutikul is announced the Honorary Senior Fellow of 2012



### **Biography of Mrs. Saisuree Chutikul, the Honorary Senior Fellow of 2012**

Date of Birth 2 March 1934 (age 78)

#### **Family**

Married to Dr. Kawee Chutikul, with 2 children:  
Mr. Kan Chutikul and Ms. Siree Chutikul

#### **Educational background**

She graduated with a B.A. in Music (cum laude) and a B.Ed. from Whitworth College, Spokane, Washington. She received her M.S. in Educational Administration and Ed.D. in Educational Psychology and Guidance from Indiana University.

She also attended the National Defence College (NDC) of Thailand in 1983.

### **Major professional activities and social contributions**

Mrs. Saisuree Chutikul is a specialist on children and women whose expertise is widely renowned.

**Women and children** – She initiates and pushes forward a mechanism for the amendment of domestic laws and regulations on children in compliance with the United Nations Declaration and Convention on the Rights of the Child and Women. She has also been involved in many areas of legal reforms such as amendment of the Criminal Procedure Code, sex trade, human trafficking, children’s safety in sport and recreation, sexual offense, and violence against children and women.

**Education** – She is a co-founder of the Faculty of Education, Khon Kaen University and a founder of the Demonstration School of Khon Kaen University. She creates an innovative learning model called a “Temple Pavilion System” and initiates a national mechanism for early childhood development.

**Music and culture** – She is one of the founding members of the Bangkok Symphony Orchestra and founder of the Thai Youth Orchestra, taken under the H.R.H. Princess Galyani Vadhana’s patronage. She wrote lyrics for the songs Saithip, Por Rak, Yak Ja Bok Wa Rak, Kaikaew, Duangdao, Mangmum, Job Chewit Dek Kor Me Hua Jai, and NDC (26), to name a few.

Although in her retirement, Mrs. Saisuree Chutikul is actively engaged in numerous positions under the government; namely, Chairperson of the Task Force on Revision of Laws related to the children in compliance with the United Nations Declaration and Convention on the Rights of the Child, Chairperson of the Task Force on Early Childhood Development, and Member of the National Education Commission. As for her roles in the private sector organizations, she chairs the Board of Directors of the World Vision Foundation of Thailand and also the Occidental Music Promotion in the Youth Foundation. As regards her international functions, she was appointed a Board of Trustee member for the United Nations Voluntary Trust Fund for the Victims of Trafficking, UNODC, Vienna; and was assigned by the Thai government to be a Representative of Thailand on the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children.

With her good morals, talents, and dedication to the society, the Nomination Sub-committee unanimously agrees on nominating Mrs. Saisuree Chutikul to the National Commission on the Elderly to be announced as the Honorary Senior Fellow of 2012.

### 3.2 Results of the National Savings Fund Act<sup>2</sup>

Old age financial security must be achieved through multiple means of savings. The rapid transformation of Thailand into the aging society while it remains a developing country poses a critical challenge on the government in providing reliable, universal, and fair financial security. For this reason, saving for old age is a crucial measure and the National Savings Fund Act, B.E. 2554 (2011) is one of the many important instruments to address the issue.

#### Progress of the National Savings Fund Act implementation and the amendment

The National Savings Fund Act, B.E. 2554 (2011) was published in the Royal Gazette and came into force on 12 May 2011. To manage the National Savings Fund, an office was set up with 9 administrators. The Director General of the Fiscal Policy Office acted as the Secretariat to the National Savings Fund Committee. The National Saving Fund Office received the total fiscal budget of 750 million Baht in 2012 and 2013. The Act required the administrators to open the Fund for application within 360 days; however, the implementation has been delayed to date.

In October 2012, it became clear to the public that the delays in the Fund implementation resulted from the Ministry of Finance's decision to reconsider the design and to improve the benefits of the National Savings Fund by amending the law that established the Fund, with details as follows:

1) The Secretariat of the National Savings Fund Committee will be assigned to the Director General of the Fiscal Policy Office by appointment, instead of by selection.

2) Thai citizen aged over 60 may apply to be a member. Those aged 55 and over may apply on condition that the membership must be maintained for at least 5 years before the person is entitled to the gratuity or pension.

<sup>2</sup> Bureau of Savings and Investment Policy, Fiscal Policy Office

3) Members are allowed to choose a gratuity or pension upon retirement. If the calculated pension is below the standard minimum, members will receive a gratuity.

4) There is no maximum contribution but the minimum contribution is 50 Baht.

5) The government contribution is 100 percent of the member's savings, but cannot exceed 1,200 Baht per year.

6) There is no policy to invest the fund in high-risk assets. Fund investment will be made in government bank savings and bonds.

7) There is no benefit guaranty.

8) Member with physical disability may withdraw their accumulated savings, government contributions, and the incurred benefits.

### Objections against incomppliance with the National Savings Fund Act, B.E. 2554 (2011)

The proposals by the Ministry of Finance were widely debated at the National Commission on the Elderly meeting on 23 November 2012. The meeting had a clear resolution to urge the Ministry of Finance to comply with the original Act. The Minister of Social Development and Human Security, chairing the meeting on behalf of the prime minister, agreed to personally follow up. There were many worrying issues. The Fund's secretariat should be attained by means of selection and must work full-time, making it unsuitable for a government official from the Ministry of Finance. Amendment of the Act, especially on member benefits, can be managed after initial compliance. There are many other issues that raised academic skepticism as detailed in the analysis.<sup>3</sup> Academics were in agreement with the National Commission on the Elderly meeting, with details as follows:

#### 1. Extension of member's age ranges from 15-60 to 15-70

The National Savings Fund Act, B.E. 2554 (2011) is enacted to create old age savings mechanism for informal economy workers (aged 15-60) who have no access to other pension fund schemes, in order to ensure old age security and to develop saving discipline among this group of workers. Saving at early ages will generate greater security. Pension from the National Savings Fund will be provided by the government to these informal workers in addition to the Old Age Allowance, which they will receive at age 60. The government led by Prime Minister Yingluck Shinawatra has already announced an adoption of the progressive monthly Old Age Allowance. The delay in the application to be a member of the National Savings Fund gives retirees who are receiving the Allowance (which has increased) a better opportunity to save (which is a plus point), but at the same time it has deprived younger workers of the opportunity to start their savings at early age.

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<sup>3</sup> Assoc. Prof. Worawet Suwanrada, Ph.D., Faculty of Economics, Chulalongkorn University, and Dean of the College of Population Studies, Chulalongkorn University on 17 January 2013 at a Platform for National Savings Fund Driving, organized by the Labor Rights Promotion Network.

## 2. Minimum contributions at 50 Baht, no contribution limit

The fact that there is no ceiling to member's contribution is a pro because it allows the workers to save more into the National Savings Fund, to increase their old age security, and to encourage their saving discipline, which serves the purpose of the Act. Yet it is likely to benefit those with higher capacity for savings (those with high incomes and/or those who are wealthy) than those with lower capacity. Therefore, the delay of fund mobilization based on this justification entails deprivation of opportunity among the low-income workers during the amendment process of the Act. (Note: The opportunity loss involves all groups of workers; however, the effect is most detrimental to low-income workers with fragile security, which will further be weakened.)

Another reason that makes this issue a trivial justification for the delay is that currently contributions that exceed 100 Baht per month is voluntary and will not be matched by the government. Considering the government policy to invest the fund only in government bank savings and bonds, the margin between investment in the National Savings Fund and a commercial bank for this surplus savings will be very little.

## 3. Payouts in gratuity or pension upon retirement

There is a philosophical question with reference to the concept behind the establishment of the National Savings Fund and its initial expectations. In principle, Thailand will need to rely on a pension system. Pensions will act as supportive children who constantly provide retirees with financial security until the end of life. The option of gratuity signals a government's goodwill toward the older persons who are in need of a lump sum payment. However, this completely contradicts with the concept of old age income security, which must be extended into the retiree's last day. The gratuity may not last as "supportive children" until the last day. Provision of gratuity may harm the elderly and in the end it is possible that the government will have to increase its expenditures on other forms of elderly support.

In addition, there are issues related to management of the Fund, which involves the investment policy, benefit guaranty, and fund managing authority. These 3 issues are interrelated. The National Savings Fund initially targets at a large group of informal economy workers who have various income levels. As a result, the monthly contribution is set as low as 50 or 100 Baht to enable lower-income workers to become members. Failure to deposit will not terminate the membership. Investment of assets must be on the basis of sound management, transparency, and good governance; with guaranteed minimum benefits. (Note: Lack of investment guaranty can undermine old age financial security, and increase burden on the government to spend more budgets on elderly support.) For this reason, by legal limits the Fund must be invested only in stable value assets, at over 60 percent. It is troublesome that the revision of the investment policy only pays attention to fund investment at financial institutions and government bonds. It is not likely that assignment of the Director General of the Fiscal Policy Office (government official) as the fund manager will satisfy the Fund's social objectives

The public also questions whether noncompliance with the National Savings Fund Act is permissible because the bill has been passed in the House of Representatives and the Senate, has been granted the Royal Assent, and has been published in the Royal Gazette. Failure to implement the Act (reasoning that the Act must first be amended) can impose a criminal offence for “negligence of official duties” under Section 157 of the Penal Code. It also questions whether it is appropriate to defy the “Code of Ethics of Persons Holding Political Positions.”

In addition to the academia, since 2013 the civic networks have also urged the government to proceed with the operations of the National Savings Fund. They have conducted many public forums in their protest against the Ministry of Finance’s suspension of the Fund and its attempt to adjust the Fund’s design and benefits. For example:

On 18 January 2013, the Reform Office, in coordination with the National Coordination Center for Self-employed Workers, organized a public forum on “End the Delay...Pensions for the People” to urge the government to immediately open the Fund to applications to provide pensions for the majority of workers in the country who are not covered by the existing social security scheme and to develop their saving discipline. Participants who were representatives of the elderly, youth, and academics, as well as representatives from the popular sector including the Community Welfare Fund, Self-employed Workers Network, and others all settled that the government should speed up implementation of the National Savings Fund because all sectors, especially the popular sector, were represented in the participatory process in pushing forward and drafting of the bill. It serves as a tool to ensure people’s security in old age. Any beneficial amendment of the Act can be performed at a later time. Negligence of official duties can result in lawsuits. The participants also expressed much concerns that this could be a political issue as the scheme is the initiative of the previous government and is neglected under the current administration.

Moreover, in the attempt to urge the authority to proceed with the operations of the National Savings Fund, the Law Reform Commission of Thailand conducted a survey, study, analysis, and public hearing among related governmental and public bodies on the implementation of the National Savings Act, B.E. 2554 (2011) and submitted a summary report dated 19 February 2013 to the prime minister, president of the senate, and opposition leader. The report emphasizes the importance of the implementation of the National Savings Act, stating that the Act has established the rights of the people to old age security with the support of the state. It is key instrument to provide social welfares and social safety net for the elderly. As the National Savings Fund operates on the criteria that workers’ contributions would be matched by the Government, and pension is calculated based on the number of years in savings, the delay in implementation means loss of opportunity, which is directly damaging to the workers.

On 17 April 2013, the Committee on Monetary, Finance, Banking and Financial Institutions, House of Representatives, in cooperation with the National Popular Sector Savings Network, the National Coordination Center for Self-employed Workers, the Senior Citizen Council of Thailand, the Youth Network of Bangkok, Friend of Women Foundation, Arom Pongpangan Foundation, and Development of the Standards of Living for Workers Program (ThaiHealth), organized a seminar on “Incompliance with the National Savings Fund Act...On whose expense?” The meeting also shares the same views of the previous public forums.

At the same time, the Minister of Finance’s delay of implementation of the National Savings Fund Act, B.E. 2554 (2011) prompted protest calls by the popular sector. A letter of protest was addressed to the prime minister by the National Coordination Center for Self-employed Workers. The Popular Sector Pension Network also filed a petition with the court against the Deputy Prime Minister and the Minister of Finance.

### Consolidation of Funds

In mid-2013, the Ministry of Finance deliberated that the National Savings Fund, which was created under the mandate of the National Savings Fund Act, B.E. 2554 (2011), and Social Security Fund under the Social Security Act, B.E. 2533 (1990), Article 40 share the same objective to provide pension for workers in the informal sector, with a government subsidized package. In addition, it believed that establishing another supervision agency would increase spendings of the government budget, and there would be enormous cost on setting up and maintenance of the IT system. The Ministry of Finance, therefore, consulted with the Ministry of Labor on ways to consolidate the supervision and to utilize existing human and IT resources at the Social Security Office, with highest regards to the people’s benefits.

The Ministry of Finance discussed with the Ministry of Labor seeking a course of action that would avoid duplication in implementation, and proposed a consolidated supervision between the National Savings Fund and the Social Security Fund. The National Savings Fund operation would be implemented under the competent administration of the Social Security Office under Article 40 of the Social Security Act B.E.2533. This would cut down budget for establishing a new office and the long-term costs of operation. An insured person who intends to save for retirement and do not wish to receive income replacement in cases of sickness, invalidity, and death may apply for Option 3 under Article 40, instead of the previously available 2 options.

On 25 June 2013, the cabinet approved the Ministry of Labor’s proposal, with details as follows:

- The cabinet approved in principle of the draft Royal Decree revising the criteria and rates of government contributions, forms of benefits, and criteria and conditions for income replacement of the insured person (No...) B.E....



- The Ministries of Finance, Interior, Agriculture and Cooperatives, and Social Development and Human Security were to support the operation as proposed by the Ministry of Labor.

- The Ministry of Labor, by the Social Security Office (SSO), would make agreements with banks under the Ministry of Finance's supervision to offer special fees for deposits of contributions and transfer of benefits.

- The cabinet approved in principle that the Ministry of Labor, by the Social Security Office (SSO) would provide the pensions in cash to the insured person.

- The cabinet approved in principle to increase 293 positions of officials at the Social Security Office to carry out the government policy, and appointed the province's head of government (Provincial Social Security Office) as a Higher Level Managerial Position

- The cabinet approved in principle the fiscal budget to provide a financial relief for the insured person under Article 40 of the Social Security Act B.E.2533 for Options 1, 2, and 3 until the Social Security Bill (No...) B.E....are enforced.

- The cabinet approved a central budget of 165,000,000 Baht in the fiscal year 2013 as advance money for emergency expenses to prepare for the operation.

In summary, the Ministry of Labor, through the Social Security Office, will administer the old age pensions for workers outside the provision of the Social Security Act and beyond the fundamental structure of the Social Security Fund, to cover the operation of the National Savings Fund. The concept of provision is similar to that of the National Savings Fund Act, by which the insured person pays the sum of 150 Baht and the government will match up 100 Baht. The insured person will receive payment in the forms of gratuity or pension depending on the terms of condition (Pension for those who have paid more than 420 months, and gratuity for contribution of less than 420 months) at the age of 60, upon claimant.

Even though the Social Security Office can technically run the National Savings Fund, there remains a significant question as to appropriateness and governance. The Social Security Committee, by Section 8 of the Social Security Act (No.2), B.E. 2537, must consist of the Permanent Secretary for Labor as Chairman; a representative of the Ministry of Finance, a representative of the Ministry of Public Health, a representative of the Bureau of the Budget, five representatives of employers, five representatives of employees appointed by the Minister as members; and the Secretary-General as a member and secretary. Apparently no representative from the popular sector, the owner of the Fund, exists within this committee.

The National Savings Fund Act, B.E. 2554 (2011), however, requires that people who are the Fund owners participate in the supervision. The National Savings Fund Committee consists of the Permanent Secretary for Finance as Chairman; the Permanent Secretary for Interior, Permanent Secretary for Social Development and Human Security, Permanent Secretary for Agriculture and Cooperatives, Permanent Secretary for Labor, Secretary-General of the Social Security Office, Director General of the Fiscal Policy

Office, Governor of the Bank of Thailand, Secretary-General of the Office of The Securities and Exchange Commission as members; the Secretariat of the National Savings Fund as a member and secretary; and six representatives selected from Fund members. Moreover, there is a National Savings Fund Investment Sub-committee comprising 4 senior consultants on economics, non-profit economics, finance and investment, and law, appointed by the National Savings Fund Committee. This structure emphasizes on participation of the popular sector, transparent supervision, and involvement of professionals in the fund management.

The Social Security Office may be able to technically maintain the concept of the National Savings Fund; however, the institutional structures for supervision of the 2 Funds are completely different. The government must conduct a comprehensive reform under the Social Security Act to address this issue.

### From noncompliance...to termination of the National Savings Fund Act

Following the cabinet resolutions of 25 June 2013, the Social Security Office was authorized to provide old age security for the Thais who were originally the targets of the National Savings Fund. The Ministry of Finance, then, proposed a National Savings Fund Termination Bill, B.E.... The main reasons were to avoid duplication in implementation and to cut down fiscal burden imposed by the Fund implementation. The Ministry of Finance, by the Fiscal Policy Office, was in the process of collecting views from interested parties both in the public and private sectors.

## 3.3 Development and improvement of the healthcare service system to provide long-term care for the elderly in 2012<sup>4</sup>

### 3.3.1 Concept on long-term care system and short-term measures for Thailand

A pool of population that most requires long-term care is the elderly. For general people long-term care for the elderly seems to be in the form of formal institutional care, especially services provided by a nursing home. In fact, informal long-term care provided by family and community members is most common.

In developed countries, development of a long-term care system, which has evolved in a period of over 50 years, started with institutional long-term care that could easily be shaped to government policies and could promptly meet the needs of the people. Developed countries had achieved a satisfactory level of economic development before they became an aging society. Therefore, they had adequate resources to prepare for population aging, by investing in upgrading a long-term care system and they could achieve a success within the first 20-30 years. Recently, as almost all countries are

<sup>4</sup> Ladda Damrikarnlerd, M.D., Foundation of Thai Gerontology Research and Development Institute (TGRI)

experiencing a fiscal contraction, the limited resources have been focused on promotion of family or community care. However, limitations in terms of population structure, attitude, and culture have compelled for the volunteer system, which have shown a good result in many countries.

Thailand moved into an aging society before establishing its economic stability. There is an increasing demand for long-term care system; however, with a lower level of economic advancement, the government cannot exclusively provide sufficient support. Continuous increase of long-term care institutions may result in fiscal vulnerabilities in the long run. For this reason, other different forms of service systems are required from many sectors.

At present the long-term care system in Thailand can be classified into 2 categories, which are institutional long-term care and non-institutional long-term care provided within a family or community. The long-term care system can also be classified by skill and profession into 3 levels, including social care, nursing care, and complex care that requires a combination of professions (Figure 3.1).

**Chart 3.1 Model for long-term care for the elderly**

	Social care	Nursing care	Complex care
Non-institutional long-term care	Home services Home care Home modification	Home nursing services	Home-based & Com. Health services
Missing service			
Institutional long-term care	Residential home	Nursing home	Long-stay ward

Source: Professor Sutthichai Jitapunkul, M.D. in "100 Years of Happiness."

The area that needs further improvement lies in the gap between institutional and non-institutional long-term care. The missing service refers to a supplementary intermediate short-term care. The intermediate short-term care system will complement and strengthen informal home care and non-institutional long-term care. It can benefit both the elderly and caregivers, help enhance family relations, and reduce the burden placed on institutional long-term care. These services include a day care, respite care, day hospital, and intermediate care, which can be administered by the central government or the community (Figure 3.2).

**Chart 3.2 Model for comprehensive long-term care for the elderly**

	Social care	Nursing care	Complex care
Non-institutional long-term care	Home services Home care Home modification	Home nursing services	Home-based & Com. Health services
	Day care - Respite care - Day hospital - Intermediate care		
Institutional long-term care	Residential home	Nursing home	Long-stay ward

Source: Professor Sutthichai Jitapunkul, M.D. in "100 Years of Happiness."

Furthermore, short-term measures to benefit the development of the long-term care system in Thailand can be introduced for concrete results. Details are as follows:

1. Welfares for the caregivers - Income tax deductions and direct financial support similar to the Allowance scheme will greatly benefit caregivers who need to leave their jobs to provide care for the elderly (in case of long-term care)

2. Financial support or indirect benefits - Grants or income tax deductions for business that offers long-term care will increase availability of services among the elderly who can afford to pay, and reduce the need for the government to build long-term care facilities, which help improve efficiency in overall resources allocation

3. Standards for long-term care provision - Establishing institution and service standards is useful for quality assurance and customer protection. However, this should be introduced after Measure 2 is in place, as standard enforcement will increase business operation costs, which in turn, will be directed at the customers. This reduces the opportunity for lower income customers to gain access to such services.

4. Promotion of supplementary services - Supplementary services provided by non-profit organizations should be promoted. These services could be provided by a volunteer, family or community, or institution. In this case, non-profit organization which possesses great capacity and resources is the religious organization.

5. Promotion of family role - Long-term care provided by family members should be strengthened, especially by empowering caregivers who devote themselves to the care of the elderly. This is essential in maintaining the delivery of long-term care system by the family.

### 3.3.2 Driving forward the elderly long-term care by a sub-committee under the National Commission on the Elderly<sup>5</sup>

In response to the above mentioned concepts, the sub-committee launches a 3-year action plan (2011–2013) as a thrust for long-term care for the elderly, with details as follows:

- 1 Promote and support long-term care at local level
  - 1.1 Establish assessment of a “long-term care recipient” at local level
  - 1.2 Promote long-term care by the family
    - Consultation and emotional support
    - Home respite care
    - Day care
    - Community equipment warehouse
  - 1.3 Capacity building through training of caregivers who might be family members, local administrative officials, and volunteers
- 2 Promote and support long-term care at central level
  - 2.1 Compile definition, criteria, and assessment for a “long-term care recipients”
  - 2.2 Establish a standard of the administration and personnel
    - Residential home
    - Nursing home
  - 2.3 Set up institutional respite care and day care in public institutions
  - 2.4 Develop database of recipients of long-term care at local level
  - 2.5 Promote research and development and / or development of policies on
    - Home nursing services
    - Integrated home-based and community health services
    - Day hospital and intermediate care
    - Institutional care for the elderly
  - 2.6 Promote and develop home nursing services
  - 2.7 Develop long-term care personnel
- 3 Provide financial / fiscal support
  - 3.1 Provide financial assistance to family members who care for a “long-term care recipient”
  - 3.2 Provide financial support / tax incentives to businesses / non-profit organizations that offer a nursing home service

Responsible ministries, including the Ministry of Public Health, Ministry of Social Development and Human Security, and Ministry of Finance, set up a working committee to supervise the implementation of the action plan. The working committee reported its operation results to the National Commission on the Elderly in 2011 and 2012. The latest report is dated 17 January 2013, which is detailed as follows:

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<sup>5</sup> Sources: The Institute of Geriatric Medicine, Department of Medical Services, Ministry of Public Health

## 1. Promoting assessment of a “long-term care recipient”

1.1 Assessment of a “long-term care recipient” at local level - The Institute of Geriatric Medicine, Department of Medical Services, Ministry of Public Health is the main responsible agency to design the Daily Activities Questionnaire (2011-2012) and to train local administrative officials. The training has been provided to 389 Local Administrative Offices, which represents 5 percent of the total offices across the country

1.2 Long-term care by the family - Family that provides long-term care to the elderly will receive assistance in the forms of consultation, emotional support, home respite care, day care, and community equipment warehouse. A report in 2012 indicated that the local government was able to extend its support to 18 Area Health\* that provide long-term care for the elderly (2011-2012). The extended range of operations is a response to the Ministry of Public Health’s policy and is a performance indicator used by the Office of Inspector General. The Department of Health has coordinated with its network party, and related sectors, especially the local government, to acquire the following components: 1) Database on the elderly, 2) Elderly Clubs, 3) Village Health Volunteers, 4) Home Health Care, 5) Subdistrict dental care services, and 6) Healthcare system for home-bound and bed-bound elderly. The performance results reveal that every inspection area is stepping into an aging society, with an average elderly population of 12.15 percent. Classification of elderly by Activities of Daily Living Scale shows that there are 86.0 percent of well elderly (independent), 12.1 percent of home-bound elderly (slightly dependent and in need of some assistance), and 1.9 percent of bed-bound elderly (fully dependent and in need of extensive assistance). The operation results of 2012 show that there are 861 subdistricts participating in the program, and 701 of them achieve a satisfactory performance result (The Department of Health, 2012).

1.3 Capacity building through training of caregivers who can be family members, local administrative officials, and volunteers - Caregiver support system is delivered in the forms of training and empowerment of caregivers who devote themselves to care for the elderly. The Ministry of Public Health designed a caregiver curriculum of 420 hours and 70 hours, while the Ministry of Social Development and Human Security conducted trainings for 7,590 family members and volunteers in 1,518 local administrations in 2011. Local Social Welfare Development Centers for Older Persons organized trainings for 300 health volunteers in 2012. Moreover, the Ministry of Public Health provided booklets and care manuals to 2,408 caregivers. However, the training and implementation outcomes have not been evaluated yet.

Awards were granted to 1 extraordinary and 2 excellent volunteers in each of the 76 provinces, totaling 228 awardees in 2012. However, publicity of the program was not strong enough to create impact on volunteer increase.

## 2. Provision of long-term care by the central government

2.1 Compile definition, criteria, and assessment for a “long-term care recipient” - The Ministry of Public Health and its network of agencies have compiled definition, criteria,

\* Area Health: cluster of provincial health providers in each part of Thailand, including 4 or 5 provinces per cluster

and assessment form to analyze activities of daily living. The form is an adaptation of the Barthel Index of Activities of Daily Living, with additions on mental health and intellectual abilities evaluation. The local administration was trained to conduct the assessment of activities of daily living. The activities of daily living sheet was produced in 2012.

2.2 Establish a standard for administration and personnel at a residential home and nursing home – The Ministry of Social Development and Human Security came up with the Housing Standard for the Elderly (for independent elderly) in 2012. Standards for nursing homes have not been established. In the previous year, the Ministry of Public Health issued a Notification on Business Detrimental to Health (Volume 6) regarding “operation of home care services”, but it has not been reflected in any local ordinance. The fact that long-term care in Thailand’s rural areas is largely provided by family members with additional support from volunteers, and not by paid caregivers, could be the reason why the Ministry’s notice received little attention.

2.3 Set up institutional respite care and day care in public institutions – In 2012, institutional respite care and day care facilities were set up at the Subdistrict Health Promoting Hospitals in 4 provinces in different regions including Ban Khon in Uttaradit, Thale Sap in Chumphon, Bukrasang in Buriram, and Laem Bua in Nakhon Pathom provinces. In other districts, the services were incorporated into activities held by the community, local hospitals, Subdistrict Health Promoting Hospitals, and Health Promoting Temples. At the same time, the Ministry of Social Development and Human Security provided day care and respite care services at the Elderly Service Center at the 12 Social Welfare Development Centers for Older Persons, which operated under the supervision of the Department of Social Development and Welfare.

2.4 Promote research and development and / or development of policies on home nursing services, integrated home-based and community health services, day hospital and intermediate care, and institutional care for the elderly – In 2012, the Ministry of Public Health carried out a research study to develop a Model for Community-based Institutional long-term Care for the Elderly to improve continuous transition of care between hospital and community. The Foundation of Thai Gerontology Research and Development Institute (TGRI) conducted a research study on A Study of Preparedness and Needs of the Patients Discharged from General Hospitals and the Ministry of Public Health’s Local Hospitals: A Same Day Survey. The study was presented to policy makers at the Ministry of Public Health and the National Health Security Office to identify a patient’s needs upon discharge from a public hospital and obstacles averting a patient from returning home. This will help improve the service system. Nevertheless, no agency or research has conducted research and development to produce home care service packages; guidelines for identification of benefit packages for older persons at home, nursing home, and day hospital; as well as management system and cost, which are keys to effective management of long-term care system.

### **3. Provision of financial / fiscal support**

#### **The Ministry of Social Development and Human Security**

The Ministry of Social Development and Human Security provided financial support

for maintenance and improvement of 2,000 elderly housing (in 2012), while the Ministry of Interior implemented a Local Home Renovation Project (in 2011) that funds housing improvement for “long-term care recipients” to allow them more convenience and safety in everyday activities.

Financial and tax measures to support businesses or non-profit organizations that offer a nursing home service, and to provide financial assistance to family members who care for a “long-term care recipient” is presently under discussion.

### **National Health Security Office (NHSO)<sup>6</sup>**

The NHSO has cooperated with the local governments (Subdistrict Administrative Organizations / Municipality) to set up the Local Health Security Funds to provide budgetary support to projects initiated by all sectors, including the popular sector, that aim to promote healthcare and health prevention. There are a total of 7,700 funds all over the country in 2012. The funds supported a total of 462 qualified projects, most of which were related to the development of Volunteer-Based Home Care Services Program (Home Care), and capacity building for Home Care Volunteers / Village Health Volunteers. most popular area of promotion for community-based long-term care provision was the expansion of Home Care Volunteers, followed by home visits by Home Care Volunteers / Village Health Volunteers. There were a total of 93 projects carried out in the north, 178 in the northeast, 90 in the south, 81 in the central, and 20 in the east of Thailand.

### **Summary**

The healthcare service system to provide long-term care for the elderly requires integration among 3 main agencies which are the Ministry of Public Health, the Ministry of Social Development and Human Security, and the Department of Local Administration, Ministry of Interior. The cooperation will be in terms of policy, regulations, financial mechanism, resources, knowledge, and instruments to facilitate key local units and officials including the local administrative organizations, local leaders, elderly clubs, volunteers, religious institutions, First Line Health Services, and the local people. The attempt to improve the system started out in 2011, yet implementation remains at the initial stage of survey and assessment of long-term care recipients and training of the local administration officials and caregivers (family and volunteers). Information on best practices is missing in relation to the scope, manner, and objectives of care. To achieve the goal so that rehabilitation of physically and mentally dependent older persons and improvement of activities of daily life is possible, training must be accompanied by mentorship, at least by a healthcare practitioner from a community hospital (using a multidisciplinary team) and a social worker from the local government. Finally, other supporting factors to strengthen the community long-term care system must be in place such as budget regulations for the local government to facilitate the operation of the local networks, legal measures on financial assistance, and tax deduction to support caregivers who care for their parents

<sup>6</sup> Source: National Health Security Office(NHSO)



### 3.4 Extension of the elderly rights under the Act on the Elderly, B.E. 2546<sup>7</sup>

The Act on the Elderly, B.E. 2546 came into effect on 1 January 2004 to protect, promote, and support the elderly. It assigns relevant government agencies to be responsible for provision of services according to the rights the elderly shall have under the Act.

The National Committee on the Elderly (NCE) has appointed a sub-committee to monitor the elderly's access to rights and assigned the sub-committee to monitor the performance of responsible agencies. In 2007, a survey was conducted among the elderly who were members of the Senior Citizen Council of Thailand from every province to measure access to rights, and to collect data from responsible agencies. The study showed that the majority, or 70.9 percent, of older persons was aware of their right to the Old Age Allowance. A total of 53.8 percent was aware of the right to education and information useful for their living. Only 19.1 percent exploited the services, while 34.1 percent of the elderly who claimed for the services found them to be satisfactory. There were a few recommendations for improvement of the government's future performance. First, the rights should be adapted to reflect changes in the society. Second, channels to inform the elderly of their rights should be increased. Moreover, the responsible agencies should provide trainings to educate all levels of officials and service personnel regarding the rights of the elderly in order to foster work efficiency.

The survey results have been presented to the sub-committee and the NCE respectively. The NCE approved that public relations should be increased to inform the elderly of their rights, and requested that the provincial administration, local administration, and the network of elderly clubs increase the publicity for the rights of the elderly under the Act. At the same time, the network of elderly clubs proposed that the benefits for the elderly should be increased in a few areas such as exemption from entry fees to tourist sites under charge of the local administration and reduction of railway fares all year round. In response, the sub-committee agreed to consider the matters and organized a workshop among implementing agencies entrusted by the Act on the Elderly, B.E. 2546 and representatives from elderly network organizations to gather opinions on the extension of the elderly rights and increase of units in charge of service provision.

Following the meetings in 2009 (6th meeting) and in 2010 (4th meeting), the NCE approved of the extension of the elderly rights under the Act on the Elderly, B.E. 2546 and increased the numbers of service providing units from 10 to 32 agencies including the central government offices, local government offices, and state enterprises. A Notification of the Office of the Prime Minister on Assignment of Agencies entrusted with Responsibilities for Protection, Promotion, and Support of the elderly under the Act on the Elderly, B.E. 2546 was issued.

Responsible agencies must revise their elderly promotion criteria and procedures in compliance with the new extension.

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<sup>7</sup> Miss Siriwan Aroonthippaitoon, Bureau of Empowerment for Older Persons

**Table 3.1** Responsible agencies by the Prime Minister Office Notification

<p>Prime Minister Office Notification on Agencies entrusted with Responsibilities for the Act on the Elderly, B.E. 2546</p>	<p>Prime Minister Office Notification on Assignment of Agencies entrusted with Responsibilities for Protection, Promotion, and Support of the Elderly under the Act on the Elderly, B.E. 2546</p>
<p><b><u>Responsible agencies</u></b></p> <ol style="list-style-type: none"> <li>1. Ministry of Public Health</li> <li>2. Ministry of Education</li> <li>3. Ministry of Culture</li> <li>4. Ministry of Labor</li> <li>5. Ministry of Social Development and Human Security</li> <li>6. Ministry of Transport</li> <li>7. Ministry of Interior</li> <li>8. Ministry of Justice</li> <li>9. Ministry of Tourism and Sports</li> <li>10. Ministry of Natural Resources and Environment</li> </ol>	<p><b><u>Responsible agencies</u></b></p> <p><b><u>Government offices</u></b></p> <ol style="list-style-type: none"> <li>1. Ministry of Social Development and Human Security</li> <li>2. Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security</li> <li>3. Ministry of Defence</li> <li>4. Ministry of Education</li> <li>5. Ministry of Interior</li> <li>6. Department of Public Works and Town &amp; Country Planning, Ministry of Interior</li> <li>7. Local Administration</li> <li>8. Local Administration with Social Welfare Development Centers for Older Persons under supervision</li> <li>9. Ministry of Public Health</li> <li>10. Ministry of Culture</li> <li>11. Religious Affairs Department, Ministry of Culture</li> <li>12. National Office of Buddhism</li> <li>13. Ministry of Justice</li> <li>14. Office of the Attorney General</li> <li>15. Office of Commissioner General, Royal Thai Police</li> <li>16. Bangkok Metropolitan Administration</li> <li>17. Pattaya City Council</li> <li>18. Ministry of Labor</li> <li>19. Ministry of Transport</li> <li>20. Ministry of Tourism and Sports</li> </ol>

**State Enterprises**

1. Thailand Tobacco Monopoly Hospital, Ministry of Finance
2. Metropolitan Electricity Authority Hospital, Ministry of Interior

**Table 3.1 (continued)**

Prime Minister Office Notification on Agencies entrusted with Responsibilities for the Act on the Elderly, B.E. 2546	Prime Minister Office Notification on Assignment of Agencies entrusted with Responsibilities for Protection, Promotion, and Support of the Elderly under the Act on the Elderly, B.E. 2546
	<p><b><u>State Enterprises</u></b></p> <ol style="list-style-type: none"><li>1. Thailand Tobacco Monopoly Hospital, Ministry of Finance</li><li>2. Metropolitan Electricity Authority Hospital, Ministry of Interior</li><li>3. Burachatchaiyakorn Hospital, Ministry of Transport</li><li>4. State Railway of Thailand</li><li>5. Mass Rapid Transit Authority of Thailand (MRTA)</li><li>6. Bangkok Mass Transit Authority (BMTA)</li><li>7. The Transport Co.,Ltd.</li><li>8. Thai Airways International Public Company Limited</li><li>9. Regional Sports Authority of Thailand, Ministry of Tourism and Sports</li><li>10. The Botanical Garden Organization, Ministry of Natural Resources and Environment</li><li>11. The Zoological Park Organization, Ministry of Natural Resources and Environment</li><li>12. The Forest Industry Organization, Ministry of Natural Resources and Environment</li></ol>





# Chapter

# 4

**Key Research and  
Development Results in 2012**

## Chapter 4

### Key Research and Development Results in 2012

#### 4.1 Lessons and the way forward for local government capacity building in support of the elderly<sup>1</sup>

The inevitable transition of Thailand's demography toward an aging society has raised a challenging issue on ways to create a better standard of living for the elderly while maintaining a sustainable development of the country.

Improvement of the elderly quality of life lies on the fundamental concept that the elderly must not solely be recipients of welfares and services, as that would position them as a social burden and hindrance to the country's development. The government must, on the other hand, consider programs that empower the older persons, promote their capacity, lengthen the period of self-dependence, and foster their roles in the family, community, and country.

The local administrative offices have been set up in order to decentralize the administration power into the region in a concrete way. The Second National Plan for Older Persons (2002-2021) specifically states that the local government be mainly responsible for the work on older persons. They are in charge of elderly promotion, capacity building, protection, as well as compilation of data bases on older persons in each area. The database is crucial for the planning of elderly policies, projects, and activities so that they are responsive to local problems and needs. The database is also instrumental to performance assessment of the local administration itself. By law the local administration is responsible for promotion of the quality of life of the vulnerable and marginalized groups, including the elderly. Next to their family, the local administration works most closely with the elderly. Therefore, effective delivery of better life standards for the older persons should be well within the reach and understanding of the local administrative organizations.

The Quality of Life for the Elderly Program by the Foundation of Thai Gerontology Research and Development Institute (TGRI) initiated a project to develop a model for cooperation between the community and the local government to enhance the life standards of the older persons. The project is based on an assumption that a local administrative organization, when fully competent in terms of budget and duties as stated by law, should be able to bring forward the power of the community and involving agencies. This will facilitate a smooth transition into an aging society and enable sustainable development of the community and country under the context of population aging.

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<sup>1</sup> Written by Ladda Damrikarnlerd, M.D., the Foundation of Thai Gerontology Research and Development Institute (TGRI)

The “Quality of Life for the Elderly Program: Models and Key Factors Development” is a 3-year project (1 March 2010 - 1 February 2013), covering 3 model areas in Nakhon Ratchasima, Singburi, Pathumthani provinces. The program aims for members of the elderly clubs and the local administration to achieve greater understanding, involvement, and capacity in the work on elderly promotion within each of the community area. It focuses on capacity building for the elderly and management of elderly care system. The program identifies 5 teams to carry out the operation: 1) Central Program Management, 2) Local Program Management, 3) Management Support, 4) Academic Coordination, and 5) Local Monitoring and Evaluation. The final goals of the program are to develop and test the new operation model, and establish a management system for further expansion of operation in order to achieve the end outcome of improved life quality among the elderly, with decreased dependency and pleasant cohabitation with their family. Key lessons derived from the Program can be summarized as follows:

### **1. Input**

The roles of each input must be clearly defined as a starting point for a clear-cut operation. This includes:

#### **1.1 Man** consisting of 2 main parties:

- Operation: Local leaders include the local government, elderly leaders, Subdistrict Health Promoting Hospital, and direct stakeholders including local entities (subdistrict headman / village headman), teacher, and monks. Implementation is carried out by means of a “triangle of coordination” model, whereby the “local government, elderly leaders, and Subdistrict Health Promoting Hospital” work as a team with local direct stakeholders and other partners from the government, private sector, and independent agencies.

- Monitoring and evaluation: This team focuses on empowerment. It consists of 3 teams: 1) Local Monitoring and Evaluation team that works closely and keeps regular discussions with major local leaders, 2) Local Program Management team that coordinates and brings together the work among all teams, and 3) Central Program Management team that supports, clarify, and enhances program activities; as well as create a sense of belonging and responsibility among local stakeholders to ensure development of accurate database system and earnest evaluation of activity outcomes.

#### **Guidelines to improve the capacity of the local administration in supporting the elderly**

- The local administration should support the core teams mentioned above by organizing regular Wongduean Lamduan meetings to promote exchanges of information, assess the situation, and identify problems and targets crucial for development of the Tambon (subdistrict) annual action plans. What the Program aspires to achieve and promote in a community would be null without a local receptors, which are the following core entities: local administration operation team (Chief Executive of the Sub-district Administrative Organization and Community Development Officers), local people (elderly club, Village Health Volunteers, and Home Care Volunteers), and the government officials (officials at the Subdistrict Health Promoting Hospitals /

Community Hospitals). Evaluation results by the monitoring and evaluation team confirms that the “triangle of coordination” model is key to the Program’s substantial success.

### **1.2 Knowledge surrounding work to improve the quality of life of older persons**

“Knowledge” is another important input. There are 2 types of knowledge. Explicit knowledge, derived from a research study, can be in the form of body of knowledge or standardized tools that help increase performance quality. Tools in this case include the Activity of Daily Living sheet, IT system, and process of work such as a process of knowledge exchanges and a process of monitoring and evaluation for empowerment. Tacit knowledge is accumulated through direct experiences gained from study visits and sharing of good practices.

**Guidelines to improve the capacity of the local administration in supporting the elderly** - The local administration and co-hosting agencies should build partnership with the local academia such as the local wisdom, Community Hospitals, Local Non-formal and Informal Education Center, Health Information Center, and local educational institutions. The partnership will contribute to a greater wealth of knowledge, improve learning process, and form a network of collaborative learning in the community. A field trip should be organized to create an opportunity for exchange of knowledge and good practices among communities. Improvement of work contents, subjects, and dimensions should be “evidence-based and driven by the mechanism of Wongduean Lamduan.” It should follow the “holistic approach” that takes into consideration all 4 dimensions of health, economy, society, and the environment

### **1.3 Management**

Strong management requires a concrete community-based participatory action plan to ensure a sense of ownership and full participation from all the stakeholders. Formulation of the action plan must be evidence-based using the sub-district database, which stores attributes of every household, and taking into consideration the health, economic, social and environmental dimensions. The Wongduean Lamduan platform and knowledge exchange meetings must be continuously utilized as an instrument to develop, plan, implement, evaluate, and revise the action plan (Plan Do Check Act). Such platforms also contribute to capacity building of local human resources, especially those involved with the “triangle of coordination;” namely, elderly club member, local government officials, officials at the Subdistrict Health Promoting Hospitals, Village Health Volunteers, and Home Care Volunteers.

Aside from the action plan, the Program also needs an academic support plan as enforcement to define new knowledge and design a process of learning through a study visit at different communities or provinces, exchange of experiences, training, and learning tools.

Guidelines to improve the capacity of the local administration in supporting the elderly - The local administration must be the core agency in drafting the yearly action plan. It must utilize the district database, provide its budgetary support, seek additional budget from other sources, emphasize the partnership and ownership among the “triangle,” and regard the action plan as a work compass.



## 1.4 Budget

The input that affects the implementation of the Program is budget. As the action plan aims for a local sense of ownership, the Program operates on a larger portion from the local budget, especially from the local administration, than the central budget. This reflects the Program's success in creating ownership and laying a foundation for the community to sustainably carry out the implementation in the future. One of the important lessons learned is that the Program or outside agencies should focus their support on academic assistance and capacity building through training rather than on organizing local activities.

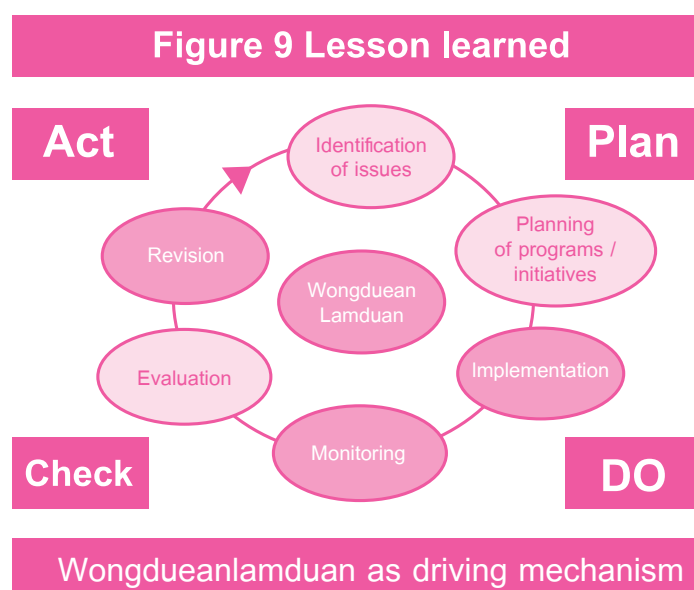
## 2. Driving mechanism

### 2.1 Wongduean Lamduan

Success is based on knowledge. This applies to the work to improve the quality of life of the elderly in local areas, which requires information, theory, knowledge, and knowledge management as key instruments for cooperation. The Committee for Quality of Life for the Elderly holds its monthly meeting, called "Wongduean Lamduan." Wongduean signifies a round of meeting that is held once a month, and Lamduan is the name of a Thai flower that represents the elderly.

During a meeting, the committee and participants will share information on the elderly in order to analyze current situation, problems, and needs of the elderly in a community, to brainstorm and design a model of improvement, and to further develop a database for this purpose. Moreover, it serves as a platform for monitoring of work for the elderly under the Plan for Older Persons, exchange of knowledge, transfer of information, sharing of success and failure stories, and sharing of work obstacles. This is a lesson on cooperation extremely beneficial for improvement of work effectiveness in the future.

**Chart 4.1 Wongduean Lamduan as a driving mechanism**



**Source:** The Foundation of Thai Gerontology Research and Development Institute. 2013. Quality of Life for the Elderly Program: Models and Key Factors Development (March 2010 - February 2013).

**Operation at the target model areas is carried out at different levels as follows:**

1. Local level: Wongduean Lamduan is the main instrument to carry out implementation and monitoring in an efficient, effective, economical, and timely manner.

2. Central level: A regular monthly meeting among the central program management, local program management, and internal audit teams brings about exchanges of work approaches among different communities of different contexts.

3. Steering level: The steering committee of the Program acts as “mentors,” who empower the operation teams, using the 1M2Es approach (Monitoring, Evaluation, and Empowerment).

An important lesson learned is that the “smooth running and progress of implementation is largely affected by Wongduean Lamduan team structure, especially the leaders.” The main variables within Wongduean Lamduan teamwork are the participating agencies, people, cooperation, quality of information, and communication process. If the Wongduean Lamduan partnering agencies are trusting of one another, coordinate tightly, and manage the knowledge well, implementation will evidently thrive in that local area.

An analysis of Wongduean Lamduan leadership capacity in all subdistricts that have achieved distinctive implementation progress in one area or more is conducted on different teamwork levels. Leadership by the local administration (Chief Executive of the Subdistrict Administrative Organization, Community Development Officers, welfare and healthcare officials) are strong in 10 subdistricts, 6 in Singburi, 2 in Nakhon Ratchasima, and 2 in Pathumthani provinces. As for leadership by the elderly clubs, there are 7 subdistricts showing good capacity including 2 subdistricts in Singburi, 4 in Nakhon Ratchasima, and 1 in Pathumthani provinces. Leadership by Subdistricts Health Promoting Hospital is strong in 2 subdistricts both in Nakhon Ratchasima province. Leadership capacity is remarkable in other partners including 1 Community Medical Unit, 1 Community Hospital, and 1 partnership of subdistrict headman / village headman. There are 3 subdistricts where the leaders of the local administration and of the elderly club work closely together.

Guidelines for the local government support of Wongduean Lamduan – The local government should support “Wongduean Lamduan” as an operation mechanism. Aside from its budgetary role, the local government should participate in the discussion regularly and act as the host of each meeting. This way Wongduean Lamduan will become a public sphere where all stakeholders share recent information and experiences on the work for the elderly in order to identify problems and issues for further improvement, develop policy innovation, and divide labor for implementation, monitoring, and evaluation in each local area.

### Reflection from a community:

.....  
*“...at Wongduean Lamduan, all activities are shared each month..as well as achievements and work obstacles... the participants work out a solution...build on achievements, encourage one another, and boost one another’s confidence always...”*  
.....

**Source:** The Foundation of Thai Gerontology Research and Development Institute. 2013. Quality of Life for the Elderly Program: Models and Key Factors Development (March 2010 - February 2013).

### 2.2 Database...a base for success

As the Program’s implementation is set to be “evidence-based and driven by the mechanism of Wongduean Lamduan,” knowledge and academic tools have been developed to support the work at the local level. This includes development of a simple and reliable Activities of Daily Livings (ADL) scale to assess the dependent status of older persons and type of care they need, which informs the community in designing elderly support activities. Surveys have been conducted in the local areas to fulfill work progress against the KPIs. However, no in-depth survey on a specific dimension has been carried out to inform the design of activity, resulting in services that are not compatible with needs of the community or individual elderly. Moreover, information sharing among local agencies involving with elderly work is not concretely practiced. Collection of data has been carried out as a mandatory mission to be reported to the central authority, but these data have not been reflected in adjustment of work by the local government. In summary, data collection is only “obligatory for report purpose” and is carried out “separately without synchronization.”

Guidelines to improve the capacity of the local administration in supporting the elderly – The Local Monitoring and Evaluation team summarizes the lessons learned from past database management and proposes 6 improvement guidelines, known as “6 As” as follows:

**1. Authority** – Importance must be placed on the “host” because the database needs to be maintained well after the project completion. In a local area where a database “host” can be identified, for example the Provincial Health Office for Nakhon Ratchasima and the Local Administration Office for Singburi and Pathumthani provinces, **it must be made clear that the “host” is to provide support in the form of finance, technique, technicians, and equipment but is not the “owner” of the database**

**2. Availability** – Data must be sufficient and available for all the project leaders (elderly clubs, local administrative organizations, and Subdistricts Health Promoting Hospitals), and cover other dimensions outside health. The coverage must include information on the allowance and welfares for older persons and other areas that are relevant to improvement of the elderly quality of life, reflecting a holistic approach.

**3. Accessibility** – The project leaders must be able to access the database without any intervention; however, there are 4 issues that must be managed:

- 1) The different access rights.
- 2) Customizable permissions to preserve information “confidentiality.” Agreement must be made as to an access level for each user of the database regarding sub-district, village, household, and individual information.
- 3) Type of access that could be stand alone or ROI (Real time, On line, Integrated) via the Internet. Other relevant issues are connecting system, speed of the Internet, maintenance of equipment, and most importantly, human resources. The staff must be knowledgeable and willing to take over the tasks.
- 4) The software for database management must be user-friendly. A user manual and service center must be presently available for the local users.

**4. Affordability** – Budgets for all the hardware, software, and peopleware must be planned out.

**5. Adjustment** – A sequence of data must be adjusted into a time series and must allow for addition and edition to reflect the project's nature, which is output-based and has no set "blueprint." The local users may engage in adjustment or self-design of database, so mutual agreement must be made as to how the local users can merge their information into the central database.

**6. Analysis** – It is necessary to increase the capacity of the local users to apply the data for different types of analysis, not just to answer a "what" question using univariate analysis. The database contains different dimensions of information that are connected and interrelated; therefore, local users should be trained to explore connection among variables, factors, and dimensions to describe certain relation and causality. This helps increase the capacity for work prioritization and self-service analysis which responds to each local context, and helps maximize database usage. This is in line with the project's philosophy that "Information is for sharing, not for showing."

Source: The Foundation of Thai Gerontology Research and Development Institute. 2013. Quality of Life for the Elderly Program: Models and Key Factors Development (March 2010 - February 2013).

### 3. Recommendations for the local government and local network of agencies in supporting the elderly<sup>2</sup>

1. Revalue – To identify work issues or subjects to sustainably improve the quality of life of the elderly, the community must reconsider the "value" of older persons. All stakeholders and the elderly themselves must recognize older persons as asset. They are not social "burden" but social "obligation." At the same time, the value of activities must be reexamined based on monitoring and evaluation results to truly reflect the needs and address the problems facing the elderly.

2. Recondition – The absolute condition for work at all level is that there is no specific model. There must be no "blueprint" for a management process, as various conditions of the "social capital" and the local context must be taken into consideration.

<sup>2</sup> The Foundation of Thai Gerontology Research and Development Institute. 2013. Quality of Life for the Elderly Program: Models and Key Factors Development (March 2010 - February 2013).

Implementation must lie on the conditions of learning and “exchange” to facilitate learning, not “duplication.” Operation must be output-based.

3. Restrategy – Implementation or operation must shift from top-down management to bottom-up management. The top-down approach prevents participation of stakeholders as it only involves a “person in command” and a “person in charge.” Communication among all relevant parties must be two-way and work must be carried out in a holistic approach.

4. Reprocess – Achievement of desired sustainable results depends on the work process. It not only involves communication among the teams about what to achieve (know what), but also involve enabling them to accomplish the tasks (know how) with the resources they possess (how to). The teams not only must “recognize” what to achieve and how to accomplish the tasks, but also must “realize” the tasks’ nature through hands-on operation along the work process.

5. Restructure – The management structure should be revised, especially in the monitoring area. The core of operation must be the direct stakeholders, especially the local government, Subdistricts Health Promoting Hospitals, and the elderly clubs that involve with the “triangle of coordination.” Leaders from the government, community, and independent entities should carry the roles of a supervisor, mentor, or facilitator, and not an executor. They have the important role of empowering the executors by providing 1) guidance (identifying strengths) 2) compliment (on favorable outcome), and 3) assistance (recommending partners / networks).

6. Research – Effectiveness of implementation must be evaluated systematically, using a transparent method and producing an accurate result. The community must regularly and continuously be involved with the teams in identifying and reviewing local problems and needs as well as key factors toward improvement of the elderly quality of life.

## 4.2 A new concept on the Thai elderly definition and extension of the retirement age<sup>3</sup>

### 4.2.1 Population aging: a future challenge

Thailand has experienced rapid changes in the population structure during the past 3-4 decades and became an aging society around 2000-2001. People aged 60 and over comprise 10 percent of the population in Thailand. Among ASEAN member countries, Thailand is forecast to be the first to fully become an aged society after Singapore (Figure 1). This poses critical impacts on Thailand in 3 areas:

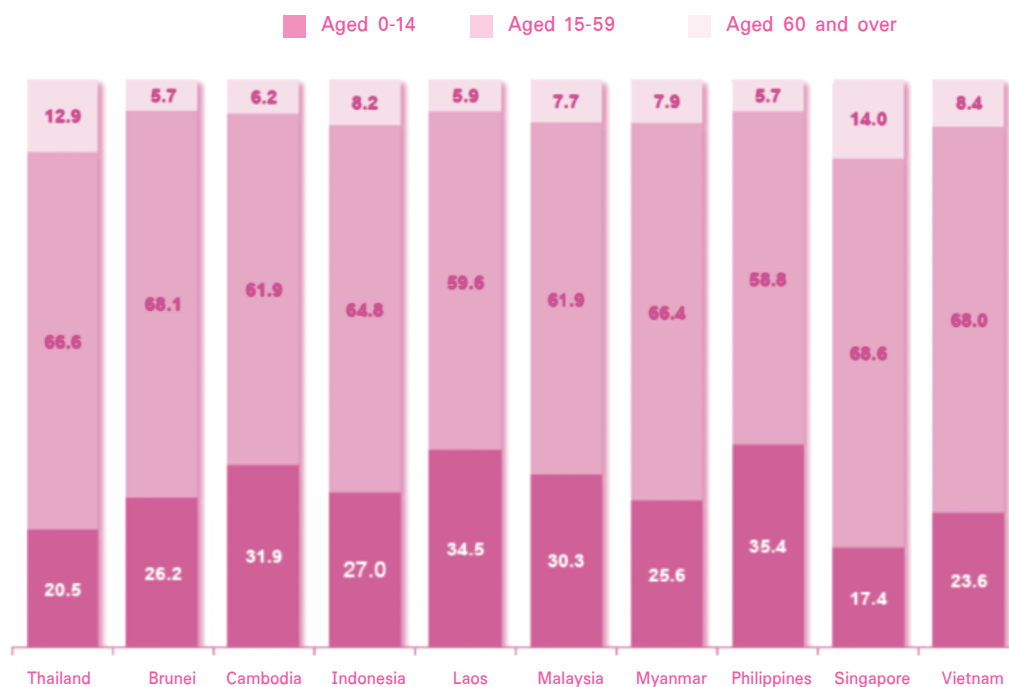
(1) Impact on the quality of life of the elderly and family - This relates to the economic aspect, which involves old age income security, especially after retirement; and the social aspect which deals with social stability of older persons, given average decline in the working age population and rising old-age dependency ratio.

(2) Impact on employment and labor productivity - The lower growth rates of the working-age population that inevitably combines with the increase of the old-age dependency ratio has implications on the country's productivity, savings capacity, investment, and development at the macro level.

(3) Impact on government fiscal budget – Government spendings on social welfares, public services, health care expenditures, allowance, and pensions of the elderly are expected to increase every year due to higher life expectancy.

It is crucial that Thailand adjust and plan over the future impacts of the changing demographic situations and the “aged society” that is fast approaching. One of the significant measures adopted by many countries is a review of “perception” or a new “concept” of the “definition of elderly” and “retirement age.”

**Figure 4.1** Proportion of population by 3 major age cohorts in ASEAN in 2010



**Source:** The Foundation of Thai Gerontology Research and Development Institute and College of Population Studies, Chulalongkorn University. 2012. Situation of the Thai Elderly 2011. Supported by the Elderly Fund, the National Commission on the. Bangkok: Pongpanich-charoenbhol Ltd.

<sup>3</sup> Assoc. Prof. Sathitpong Thanaviriyakul, Faculty of Pharmaceutical Sciences, Chulalongkorn University

## **4.2.2 Definition of elderly: different perspectives**

### **1) Definition of elderly**

According to the Act on the Elderly, B.E. 2546, in Thailand the elderly mean persons who have attained the age above complete 60 years. At this age, by the definition, a person is entitled to government benefits such as government retirement and allowance for the elderly. However, the definition varies across other countries and most of the developed countries have accepted the chronological age of 65 years.

A review of literature and past studies regarding aging awareness and aging society reveals that aging can be defined by 5 major dimensions as follows:

#### **Chronological age**

Chronological age is the age of a person measured in years from the date the person was born. Based on calendar dates, it facilitates a statistical comparison between individuals. It is most commonly used as criteria for measuring a person's age and aging.

#### **Biological age**

Biological age, sometimes called functional age, is defined by physical aging and psychological aging that occurs over time. The rate of biological aging is determined by changes in an individual's physical appearance and health status, or an individual's functioning capacity.

#### **Sociological age**

Sociological age is defined by a person's development over the life's course through a series of stages, each of which has a distinctive social status and social role. For example, a person's status in the family may change from being a parent to grandparent. At the final stage of life, the lifestyle of a person should entail relaxation and leisure activities.

#### **Subjective age**

For an individual, subjective age reflects age as experienced by an individual. For a community, it means an individual's age determined by the perception, value, and norms of the community or society.

#### **Other dimensions**

Other dimensions of aging depend on the perceptions or focus of an individual or society. It has been suggested that the chronological age be replaced with the remaining life expectancy as criteria to define elderly. From the welfare policy perspective, the degree of vulnerability, hardship, and social dependency are factors that should be incorporated into the definition of chronological age or physical aging.



## 2) Definition of retirement

In practice the definition of elderly is closely tied with retirement age, either official or unofficial.

Official retirement refers to the age at which a person is required by law to leave their employment. It typically applies to official and contractual employment. For example, civil servants are retired from the service at 60 years of age at the end of a fiscal year, with an exception to some officials such as the judges and attorneys general.

“Official retirement age” does not apply to employment by the private sector in Thailand. The law only states that a person can claim for the Provident Fund benefits after attaining the age of 55 years. Therefore, it is used as a reference for the age of retirement for formal workers in the private sector. There is no retirement on the basis of age for informal workers, independent workers, or agricultural workers, so they may continue working past retirement age as long as their physical functioning allows. “Effective retirement age” is the age at which average older workers withdraw from the labor force, mainly voluntarily or due to health and physical reasons.

“Pensionable age” or qualifying age (for old age benefits) is the age at which workers may first become entitled to welfares and benefits such as public pension and old age allowance. Using different criteria from the “official retirement age” and “effective retirement age,” pensionable age is set by a specific law or regulation. For example, a civil servant may claim for gratuity or pension at age 50.

**Table 4.1** Effective age and official age of retirement in OECD countries

Country	Male		Female	
	Effective	Official	Effective	Official
Australia	64.8	65	62.9	64
Austria	58.9	65	57.5	60
Belgium	59.1	65	59.1	65
Canada	63.4	65	62.2	65
Chile	66.9	65	66.3	60
Czech Republic	62.0	62	59.0	59
Denmark	64.4	65	61.9	65
Estonia	66.2	63	63.4	61
Finland	61.8	65	61.4	65

**Table 4.1** Effective age and official age of retirement in OECD countries  
(Continued)

Country	Male		Female	
	Effective	Official	Effective	Official
France	59.1	60	59.7	60
Germany	61.8	65	60.5	65
Greece	61.9	65	59.6	60
Hungary	60.0	62	58.9	62
Iceland	69.7	67	65.4	67
*Ireland	63.3	66	63.7	66
Israel	67.4	67	63.7	62
Italy	61.1	65	58.7	60
Japan	69.7	64	67.3	62
Korea	70.3	60	69.8	60
Luxembourg	57.3	65	58.0	65
Mexico	72.2	65	69.5	65
Netherlands	62.1	65	62.6	65
New Zealand	67.1	65	65.0	65
Norway	64.7	67	64.5	67
Poland	61.7	65	58.5	60
Portugal	67.0	65	63.6	65
Slovak Republic	59.9	62	56.2	62
Slovenia	62.0	63	59.2	61
Spain	61.8	65	63.4	65
Sweden	66.0	65	63.6	65
Switzerland	65.7	65	63.5	64
Turkey	62.8	60	68.3	58
United Kingdom	64.3	65	62.1	60
United States	65.5	65.8	64.8	65.8
OECD-34 average	63.9	64.4	62.5	63.0

Source: Homepage, Organisation for Economic Co-operation and Development – OECD

### **3) A new concept for old age definitions: a challenging future**

As noted in the introduction, definitions of old age are not consistent across the social, economic, and health dimensions. From the standpoints of economy and health dimensions, old age is usually associated with negative stereotypical connotations of physical diminishment, poor health, low work productivity, and dependency, also known as “age prejudice.” In the social dimension, older people are viewed positively as those who have accumulated experience and knowledge, or senior citizens who are respectable. It does not consider a default age of elderly.

New definition for old age needs to separate the economic dimension (effective retirement age and pensionable age) from the social dimension. Retirement age should be flexible for different types of employment and terms of employment contract, which has implications on welfares. In the social aspect, the definition should clearly outline the benefits that the elderly shall be qualified for. Positive connotations of old age such as “seniority” and “senior citizens” should be taken into account to underline their social value and respectability.

The definition of elderly as instructed by the Elderly Act must be adjusted to provide more details on persons who have attained the age above 60 years. The new definition could help stabilize the economy and the government’s budget to finance old-age gratuities, pensions, social security benefits, and allowance. Earnings generated by the older labor force will pay contributions to the economic system, sustaining the gains on tax revenues, increasing the rates of savings, and curbing the increases in public healthcare expenditures. At the individual level, this could potentially improve the older persons’ self-esteem, incomes, and living standards.

Moreover, extension of old age definition could have a positive psychological effect on the society, making it feel that persons aged 60-64 years are still healthy and valuable in the work force. This helps maintain a person’s good mental and physical health, reduce the risks of disabilities and chronic diseases, and in turn, prolong the ability to participate in the work force. Foreign studies reveal that working past retirement or prolonged employment, with or without earnings, has a positive effect on a person’s mental health as it allows a person to maintain the social status, incomes, and social supports. It also enhances self-dependency, self-esteem, value in the family, and life quality of older persons.

### **4) Retirement age extension: policy implications**

Retirement age extension is a new option being considered in many countries. It is a measure to address a labor shortage problem associated with lowering growth rates of the working-age population. Negative impacts could be mitigated if the extension is implemented progressively in stages. The approach can promote material well-being among older persons and alleviate the fiscal burden of the aging population by curbing the projected increases in government spendings on old-age welfares and social services. Many countries have adopted extension of retirement age. In most OECD countries, the standard official retirement age to qualify for a public pension is currently 65.

Thailand is a middle-income country with a relative advance in technology and public health. The average life expectancy of the population has improved. The elderly are in better health and should remain economically active; therefore, extension of retirement age will promote the use of their capacity, strengthen their mental well-being that will prolong their lives, and help ensure their income stability.

The trend of population aging, which induces a substantial slowdown in the working-age population over the past, results in a serious labor shortage problem. Imports of both legal and illegal workers cannot provide a sustainable solution. Retaining the labor force of the older workers by raising retirement ages in the private sector employment could facilitate continuous development in the economic and industrial sectors while at the same time increase the individual's incomes and social stability. Extension of the default retirement age of 60 for civil servants will be in alignment with the global trend and the domestic situations of improved health conditions and life expectancy of the population. Older persons can remain in the work force longer and the fiscal burden of the country can be reduced.

### 4.3 A proposal for the Elderly Fund reform <sup>4</sup>

#### Situation and issues on the Elderly Fund

In accordance with the Act on the Elderly, B.E. 2546, Section 13, the Elderly Fund is established under the supervision of the Bureau of Empowerment for Older Persons, Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security. The Elderly Fund is used in protection, promotion, and support of the elderly, to improve their security and quality of life, as well as in elderly promotion activities.

#### **Management - A Fund Executive Board is formed consisting of 11 representatives as follows:**

##### **1. Representatives of the government - 5 persons**

Permanent Secretary for Social Development and Human Security	chairman
Director of the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups	vice-chairman
Representative of the Ministry of Public Health	member
Representative of the Bureau of the Budget	member
Representative of the Comptroller General's Department	member

##### **2. Qualified members - 5 persons**

Representative of an organization of the elderly	member
Representative of a private entity involving the protection, promotion, and support of status, roles and activities of the elderly	member
Expert at capitalization	member
Expert at law	member
Expert at social science, religion, and culture	member

##### **3. Director of the Bureau of Empowerment for Older Persons** member and secretary

<sup>4</sup> Rukchanok Karcharnubarn, Ph.D., College of Population Studies, Chulalongkorn University

The Fund Executive Board has the responsibilities to administer the Fund as well as carry out matters involving seeking interests and management of the Fund in accordance with the regulations set forth by the National Committee on the Elderly. It also has the authority to approve payments to support activities that benefit the elderly in the forms of project, business loan, and assistance for any elderly person facing difficulties.

A review of literature, group discussions, and in-depth interviews of relevant parties in 4 provinces including Bangkok, Chiang Mai, Khon Kaen, and Phatthalung (Rukchanok Karcharnubarn and Pataporn Sukontamarn, 2012) reveal major fund management problems as follows

1) The Elderly Fund is managed by the government sector under the Bureau of Empowerment for Older Persons, Ministry of Social Development and Human Security. This results in lack of promptness in the fund management. Moreover, only a small number of Fund administrators are government officials or government employees. Most are temporary employees who work short-term. The discontinuity in human resources results in the delay of work.

2) Administration is centralized; therefore, approval of all activities must be processed from the administrators to the central committee. All payments must be approved by the Fund Executive Board only. This could result in a delay in payment approvals. Allocation of budget is incompatible with local needs due to lack of local understanding. Moreover, projects proposed for funding lack screening at the provincial level and require much revision in their details.

3) Participation from the older persons is little in the approval process. Currently, there are only 2 representatives of the elderly and of an organization of the elderly out of 11 representatives in the Fund Executive Board (The ratio is 7:17 for the Fund for Empowerment of Persons with Disabilities), and most elderly representatives are pensioners.

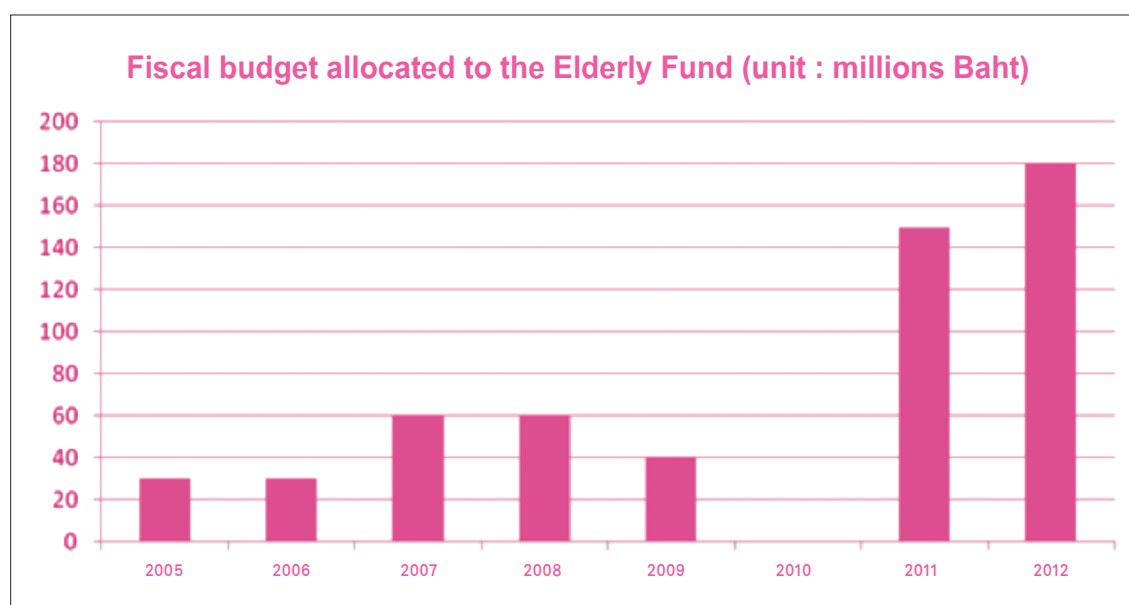
4) Monitoring and evaluation has not been clearly administered. A lack of human and financial resources partly leads to the delay in evaluation. Moreover, evaluation criteria are not well-defined.

Sources of fund –The Act on the Elderly, B.E. 2546, Section 14 stipulates that the Fund shall consist of:

- the initial fund allocated by the government
- money received from annual expenditure budgets
- money or property given by any donors
- sponsorships from foreign countries or international organizations
- money or property which falls into the possession of the Fund or is received by the Fund under the law or other legal acts
- interests accruing from the money and property of the Fund

At present the main source of fund is the government budget. The amount of budget allocation varies from year to year and in some fiscal year there was no allocation at all, as shown in Chart 4.2. Donation can be made on the Fund website under “Contact us.” However, the Elderly Fund is not well-known and the amount of donation is small, resulting in high level of fund size uncertainty. The current fund is not sufficient to meet the needs of grantees.

**Figure 4.2** Fiscal budget allocated to the Elderly Fund each year



**Source:** Rukchanok Karcharnubarn and Pataporn Sukontamarn, 2012. A Study of the Elderly Fund Management Model and Guidelines to Increase Participation.

Activities supported by the Elderly Fund– At present the Elderly Fund provides financial support to 3 types of activities:

1. Projects to promote activities concerning the elderly organized as a group activity or by a club, which can be classified into:

1.1 Small project with the budget of less than 50,000 Baht

1.2 Medium project with the budget of between 50,000 to 300,000 Baht

1.3 Large project with the budget of over 300,000 Baht

2. Business loan at the size not exceeding 30,000 Baht for an individual and 100,000 Baht for a group of 5 persons. The loan is paid back monthly. The payment term is within 3 years, with no interests.

3. Assistance for any elderly person facing a problem such as financial support not exceeding 10,000 Baht for housing or household improvement and 2,000 Baht for food and clothing.

Those who are qualified for the support must be (1) older persons aged over 60 having a Thai nationality or (2) organizations involving the elderly.

The Fund performance as regards numbers of approved project and fund amount is shown in Table 1. According to the data, the Fund's most outstanding activity is the provision of business loans for an individual, with 9,522 projects totaling 253 million Baht in 2011. However, group business loans were very small in 2011 because the older persons preferred an individual loan, which allows for a larger size of lending.

**Table 4.2** The performance of the Elderly Fund: Number of approved projects and amount of fund during 2550-2011

Fiscal year	Projects		Individual loans		Group loans	
	Number (projects)	Amount (Baht)	Number (projects)	Amount	จำนวน (โครงการ)	จำนวนเงิน
2007	43	12,565,115	717	9,500,900	-	-
2008	69	5,504,803	1,560	23,210,209	10	942,560
2009	200	29,001,294	3,138	51,082,208	22	2,071,000
2010	208	11,143,522	4,072	106,554,727	30	2,754,800
2011	117	4,504,905	9,522	253,206,395	15	1,480,000
Total	637	62,719,639	19,009	443,554,439	77	7,248,360

### Outreach to the elderly

Participation from the elderly, the recipients of the Elderly Fund, is rather small and scattered among certain groups. The Elderly Fund cannot reach out to the older persons living in remote areas. Currently public relations are carried out by means of brochures, information sharing in a meeting, and communication through related agencies.

### A proposal for the Elderly Fund reform

#### Guidelines for management

The research team proposes options for fund management as follows:

1. Administration of the Elderly Fund should be adjusted to facilitate speed. The loads of work tend to increase while the human resources remain limited both at the central and local levels, limiting management capacity. In response to the problem, adjustment can be administered in 2 phases. In the first phase, the unit supervising the Elderly Fund should be upgraded from a sub-division to a division in order to expand the human resources. If the work load continues to increase, in the second phase the management of the Elderly Fund could be transferred to an independent entity. This will involve amendment of some sections that deal with establishment of the Fund in the Act on the Elderly, B.E. 2546.

2. The structure of the Fund Executive Board should be adjusted to increase the proportion of representatives of the elderly or of an organization of the elderly. The adjustment will allow the Fund to better respond to the needs of its targets. These representatives who are major stakeholders of the Fund will take a leading role driving the Fund.

3. A screening committee should be set up at the provincial level to enable decentralized participatory decision-making. The size of fund should be determined for each individual province based on the number of older persons in the area. This will allow for prompt and more efficient decision making. Moreover, funding approval will correspond with local activities. For example, the provincial committee should have the authority to approve business loans or small projects.

4. The activity plan and focus of the desired projects must be well-defined so that the stakeholders may propose their projects in line with the Fund's objectives.

#### New options for sources of fund

The research team also proposes optional sources of fund aside from the government budget as the past irregularity of budget allocation affects the work plan. Additional funding sources will increase the Fund's stability and work efficiency. A review of other funds' management and practices in other countries suggests possible options as follows:

#### **1. The Government Lottery Office**

In the U.K., a portion of 28 percent of the lottery revenues is returned to the Big Lottery Fund, which supports public activities involving health, education, environment, and other charities. The Government Lottery Office of Thailand also allocates 28 percent of the revenues to the public. There is a possibility that this portion of budget be allocated to social development funds, specifically the Elderly Fund.

The distribution of lottery revenues to social development funds involves setting up of 2 agencies:

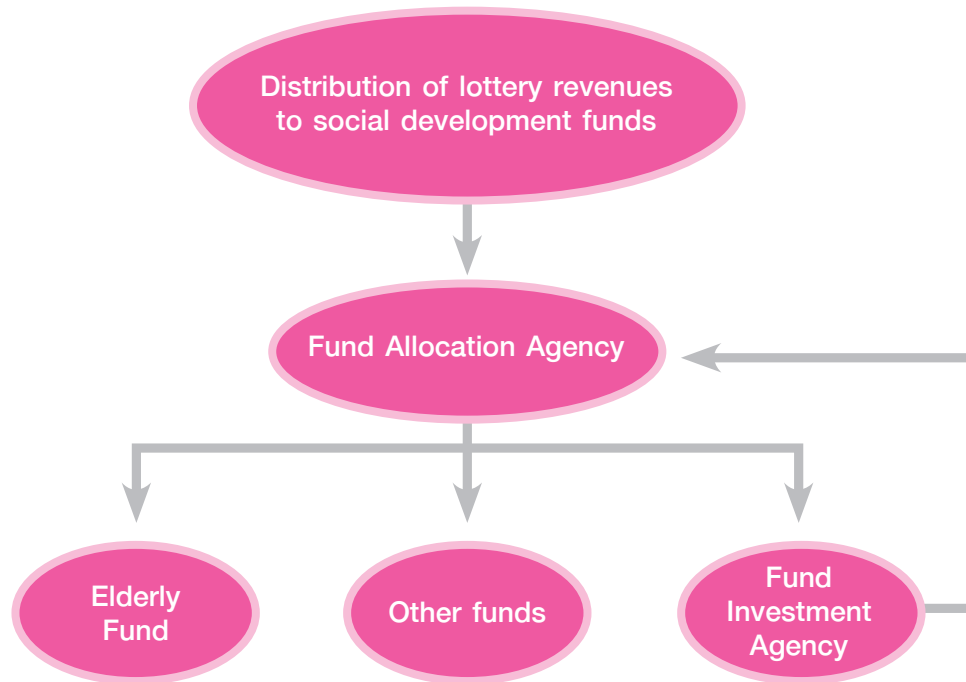
(1) An agency to administer allocation to different social development funds (such as the Elderly Fund and the Fund for Empowerment of Persons with Disabilities) under the law - This agency will have the duties to allocate a specific portion of the revenues to each fund, and make payments upon actual use only. The Government Lottery Office Act must be amended to allow for the establishment of such agency and for distribution of lottery revenues to social development funds.

(2) An agency to invest and generate profits for the portion of the master fund derived from the lottery revenues - For example, the Thai Health Promotion Foundation (ThaiHealth) manages its fund through a fund management company. In this case, the agency will run the duties of a fund manager, administering a separate account for each social development fund. The agency may hire more than one fund management companies for the consulting services as shown in Chart 4.2

<sup>5</sup> [http://www.olderfund.opp.go.th/index.php?option=com\\_contact&view=contact&id=1&Itemid=55](http://www.olderfund.opp.go.th/index.php?option=com_contact&view=contact&id=1&Itemid=55)



**Chart 4.2** Duties of the Fund Allocation and Fund Investment Agencies



Source: Rukchanok Karcharnubarn and Pataporn Sukontamarn, 2012. A Study of the Elderly Fund Management Model and Guidelines to Increase Participation.

Another possibility is direct allocation of revenues to the Elderly Fund. Fund allocation and fund investment agencies will not be required in this model; however, there must be an operating unit within the Fund to invest and generate most profits from the master fund. The model can be similar to that of ThaiHealth's, whose fund is managed by fund management companies.

In addition, to obtain funding from the government lottery, the Elderly Fund should overhaul its activities. By comparison, the ThaiHealth Fund, using budgets from surcharge levied on alcohol and tobacco excise tax, focuses its activities on health prevention, especially campaigns for health promotion and reduction of health risk behaviors. The Elderly Fund, therefore, should focus on activities that contribute toward betterment of the aging society, promote labor force participation of the elderly to reduce poverty and dependency, and strengthen organizations of the elderly such as the elderly clubs and other public and private organizations.

## 2. Donation

Many social development funds or foundations such as the Poh Teck Tung Foundation draw a large portion of incomes from donation because they successfully demonstrate their importance and credibility. Therefore, the Elderly Fund should campaign for its values

and activities. Also, a matching grant policy, in which the government matches up an equal or greater the amount of a donation, should be applied in order to create incentives for donation.

### **Recommendations on activities and outreach to the elderly**

The research team proposes the following recommendations to improve the activities and outreach to the elderly:

1. The Elderly Fund should improve its publicity and simplify its fund application procedures, for example, by cutting down details required for issuing project proposals and reducing the time for project appraisal.

2. The coverage of loans should be extended to include caregivers who bear the financial burdens for older persons who are unable to work. Increasing their job opportunity will indirectly raise incomes and stability for the elderly.

3. The Fund should extend its supports to projects that aim to strengthen the roles of the community in caring for the elderly. At presents the Elderly Fund's activities are organized for elderly participants, therefore, targeting only physically sound elderly. However, there are many other elderly who are home-bound and bed-bound in the country. The research team recommends a project which targets the activities of community people (such as the youth and women group) that aim to benefit the elderly in order to connect the elderly with the community.



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## Annex : Other Key Information

### Summary of Government Budget on Old Age Allowance allocated by the Local Administrative Organizations\*

Year	Number of Older Persons	Amount/Month (Baht)	Budget (Baht)	Remarks
2007	1,755,266	500	10,531,596,000	Block grants
2008	1,755,266	500	10,531,596,000	Block grants
2009	1,828,456	500	10,970,736,000	Block grants
	3,142,168	500	3,142,168	Categorical grants under the direction of government (6 months)
2010	1,828,456	500	10,970,736,000	Block grants
	3,345,554	500	20,073,324,000	Categorical grants under the direction of government
2011	5,178,052	500	31,068,312,000	Categorical grants
	823,335	500	4,940,010,000	Categorical grants (additional)
2012	6,304,191	Progressive rates	50,449,081,200	Categorical grants
2013	6,776,562	Progressive rates	54,214,288,800	Categorical grants

### Promotion and support of the elderly regarding the right to education and useful information\*\*

#### Issues on the elderly

Under the Act on the Elderly, B.E. 2546, Section 11(2), the Office of the Non-Formal and Informal Education is assigned to support the elderly with education and information useful for their living. According to the notification of the Ministry of Public Health on the subject of protection, promotion, and support of the elderly regarding medical services and healthcare; the Non-Formal and Informal Education Promotion Act B.E. 2551 regarding promotion of education, useful information, appropriate occupation, or occupational training; the Government Administrative Plan 2012- 2015; and the Non-Formal and Informal Education Promotion Strategy approved by the Coordinating Committee for Promotion and Support of Non-Formal and Informal Education, a special program to provide non-formal and informal education to an elderly target group is prioritized. Relevant agencies have been assigned to carry out the implementation as follows:

\*Department of Local Administration, Ministry of Interior

\*\*Office of the Non-Formal and Informal Education, Ministry of Education

1. Promotion of learning – Different channels for educational services and useful information that helps improve the living standards have been publicized among the target older persons, related people, and local networks. The Center for Educational Technology hosts a radio program for elderly audience on FM 92 MHz and AM 1161 KHz during 15:30 -24:00 on weekdays and 12:00 – 15:00 on weekends. It also hosts a television program on ETV which airs every day during 06:00 – 24:00 and on [www.etv.thai.tv](http://www.etv.thai.tv).

2. Non-formal Basic Education Curriculum – It aims to raise education levels of older persons. In 2012, a total of 27,512 older persons participated in the program, with details on their background education as follows:

- Uneducated	10,096	persons
- Elementary School	8,704	persons
- Junior High School	3,823	persons
- Senior High School	3,889	persons

3. Continuing Education – A total of 259,181 older persons attended short courses to develop occupational skills and life skills, as well as short courses on social and community development and quality of life development, with details as follows:

- Courses on occupational skills	28,617	persons
- Courses on life skills	71,929	persons
- Courses on social and community development	160,079	persons

These courses cover various subject matters such as health, elderly rights and benefits, laws regarding the elderly, physical workout, folk wisdom, and everyday English. Tutorials on gift making, soap making, fragrant handmade doll making, chicken farming, broom crafting, bio-organic fertilizer making, basket weaving, Thai dessert making, and food processing have been arranged. Activities have been organized to celebrate the Day of Older Persons, Mother's Day, New Year, Songkran (Water-Throwing festival), and religious days. Temple study visits, elderly homes visits, and other cultural activities have been organized.

4. Reading promotion – Activities to promote reading literacy and reading skills have been arranged so that the elderly can use reading as a tool to gather knowledge.

5. Informal education – A total of 61,071 older persons have received the services via exhibitions, brochures, pamphlets, community audio towers, radio programs, community discussion forums, and websites. Audiences include older persons, as well as the District Non-Formal and Informal Education Centers, Sub-district Non-Formal and Informal Education Centers, District Public Libraries, Provincial Public Libraries, Chaloem Ratchakumari Public

Library, Ratchamangkhralaphisek Library, Mobile Libraries, Central and Local Science Centers for Education, Vocational Training and Development Center for Thai People along the Border Areas, Kanchanapisek Non-Formal Education Center, and other community learning centers, all of which have the mission to provide life-long learning to the public.

6. Online learning resources – The Office of the Non-Formal and Informal Education has developed websites on “Education Management for Older Persons,” <http://ageingnfe.go.th>, and [www.dci.ac.th](http://www.dci.ac.th) to provide education to the older persons based on their capacity and interests. A total of 928 registered educational institutions in 77 provinces are able to contribute to the websites, while older persons and the general public may gain access to the knowledge provided.

The Office of the Non-Formal and Informal Education targets older persons who can access themselves to the services and participate in the activities.

Agencies under the Ministry of Education which have undertaken work to promote the elderly include:

- 1) Office of the Education Council
- 2) Office of the Basic Education Commission
- 3) Office of the Higher Education Commission
- 4) Office of the Vocational Education Commission
- 5) Office of the Permanent Secretary
  - 5.1 Office of the Welfare Promotion Commission for Teachers and Educational Personnel
  - 5.2 Office of the Private Education Commission
  - 5.3 Office of the Non-Formal and Informal Education
  - 5.4 Bureau of Educational Activity Promotion
  - 5.5 Bureau of Scout Movement, Red Cross Youth, and Student Affairs

### Implementation of the Act on the Elderly, B.E. 2546 by the Department of Rights and Liberties Protection\*

The Department of Rights and Liberties Protection has carried out implementation in protection of the elderly under the Act on the Elderly, B.E. 2546. In pursuant to Section 11, Paragraph 2, the Prime Minister endorsed a Prime Minister Office Notification on Determination of agencies that shall have the authority and responsibility for the protection, promotion, and support of the elderly in accordance with the Act on the Elderly, B.E. 2546. The Ministry of Justice, by the Department of Rights and Liberties Protection, is responsible for implementation of Section 11(8) Assistance for any elderly person facing danger of torture or unlawful exploitation or abandonment, and Section 11(9) Provision of advice and consultation on other proceedings in connection with a case.

Implementation results are detailed as follows:

\*The Department of Rights and Liberties Protection, Ministry of Justice



1) Assistance for any elderly person facing danger of torture or unlawful exploitation or abandonment

Fiscal Year	Requests by older persons (case)	Notes
2009	322	Requests under the Compensation and the Expense to the Injured Person and the Accused in Criminal Case Act B.E. 2544 (Chapter 4 Abandonment of Aged Persons)
2010	866	
2011	551	
2012	564	

2) Provision of advice and consultation on other proceedings in connection with a case

Fiscal Year	Fiscal Year	Settlement of claims	Performance		Total number of older persons
			In process	Settled	
2007	1638	61	-	1699	1699
2008	1051	117	1	1167	1168
2009	1283	129	2	1410	1412
2010	2066	443	26	2483	2509
2011	1718	64	38	1744	1782
2012	1659	42	29	1672	1701

3) Financial Assistance under the Justice Fund\*

Fiscal Year	พมทดำเนินการ				Total number of older persons
	In process	Approved	Not approved	Settled	
2007	-	10	12	-	22
2008	-	20	38	14	72
2009	-	24	18	34	76
2010	-	197	20	37	254
2011	5	53	49	28	135
2012	6	77	9	5	97

\* The Justice Fund :

The Fund's objective is to extend financial support to the applicants for litigation, legal proceedings, judgment enforcement, protection of rights and liberties of victims of violation or unfair treatments, and protection of constitutional rights and liberties. It also provides legal aids to people who act in protection and preservation of natural resources or the environment.

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