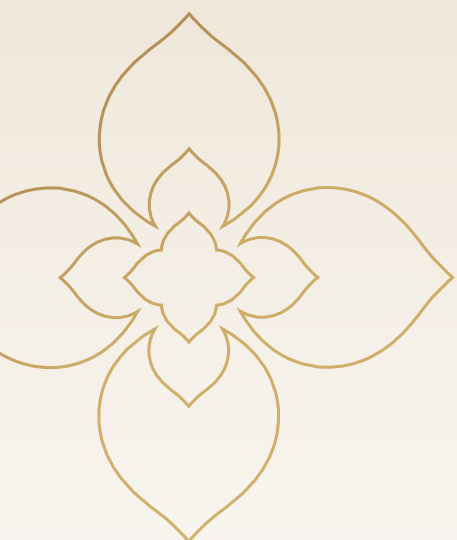
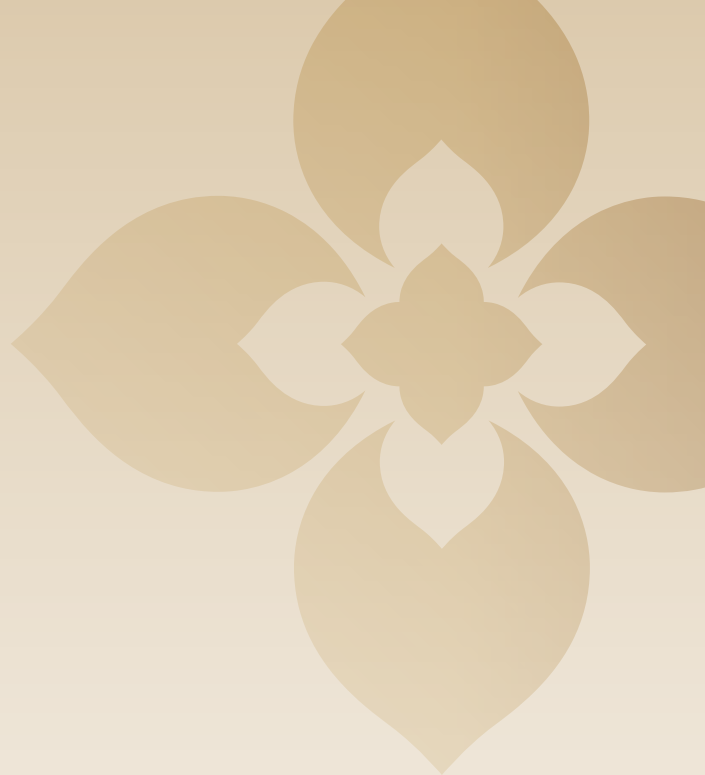




SITUATION OF THE THAI OLDER PERSONS 2025

Cover: Somdet Phra Thiranyanamuni
(Somchai Worachayo, Pali Grade 8)

National Older Person Award for 2025



**SITUATION OF
THE THAI OLDER PERSONS
2025**

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In Boundless Gratitude and Deepest Reverence



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With the utmost loyalty and devotion,
Editor and Editorial Board of the Report on the Situation of the Thai Older Persons 2025

Foreword Director-General of the Department of Older Persons



In 2024, Thailand's population aged 60 and above was approximately 13.7 million, accounting for 20.83 percent of the country's total population of 65.9 million. In 2025, the population aged 60 and above increased to approximately 14.29 million, representing 21.71 percent of Thailand's total population of 65.8 million. According to the definition of an aged society, which refers to a society in which the population aged 60 and above exceeds 20 percent of the total population, Thailand has already entered the stage of an aged society. This demographic situation underscores the need to systematically compile, thoroughly examine, and carefully address issues affecting older persons.

The Department of Older Persons is entrusted with the mission to care for, promote the potential of, protect, provide security for, and safeguard the rights of older persons. Under Section 9(10) of the Older Persons Act B.E. 2546 (2003), the National Committee on Older Persons is mandated to submit a report on the situation of older persons in Thailand to the Cabinet no less than once a year. To fulfill this mandate, the Department of Older Persons, serving as the Secretariat for the National Committee on Older Persons, has consistently published the Report on the Situation of Older Persons in Thailand each year from 2006 through 2024, producing 18 editions. These reports have proven to be of significant academic value, serving as essential references and providing a comprehensive overview of the situation of older persons in support of the development of older persons-related work throughout Thailand.

For this year, the Research and Consultancy Institute of Thammasat University, through the Institute for Continuing Education and Human Resources, Thammasat University, has been commissioned by the Department of Older Persons to prepare the Report on the Situation of the Thai Older Persons 2025. The primary objectives are to compile national statistics on older persons and to formulate policy recommendations that can be applied to decision-making, planning, and policy development, as well as to enable academic institutions, government agencies, the private sector, civil society, and the general public to utilize the information for their respective purposes and endeavors.

Mr. Chokchai Wichienchaiya

Director-General of
the Department of Older Persons

Preface

The Research and Consultancy Institute of Thammasat University, through the Institute for Continuing Education and Human Resources, has been commissioned by the Department of Older Persons to prepare the Report on the Situation of the Thai Older Persons for the third consecutive year.

The Report on the Situation of the Thai Older Persons 2025 places special emphasis on the theme of "Disasters and Older Persons" while continuing to fulfil its three core objectives.

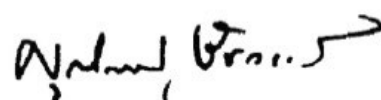
The first objective is to systematically present data and statistics relating to older persons at the global, ASEAN, and national levels. The information serves as a reliable reference to support decision-making, planning, and policy formulation on older persons' affairs, and reflects the ongoing progress of older persons-related work in Thailand.

The second objective is to formulate evidence-based policy recommendations as practical guidelines for government agencies and relevant organizations entrusted with responsibilities concerning older persons under the Older Persons Act 2003.

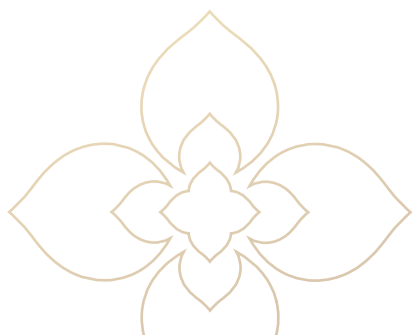
The third objective is to disseminate knowledge and information to academic institutions, government agencies at the central, regional, and local levels, the private sector, civil society organizations, and the general public, enabling all sectors to access relevant knowledge and respond effectively to the evolving challenges of Thailand's aged society.

The successful completion of this report reflects the dedicated collaboration of the editorial board and working team, comprising executives, representatives, practitioners, and stakeholders from government agencies, the private sector, and civil society organizations, all of whom have generously contributed data of both quantitative and qualitative value.

On behalf of Thammasat University, I wish to extend my sincere gratitude and appreciation to all individuals and organizations whose contributions have made the publication of this year's report possible. It is my earnest hope that the Report on the Situation of the Thai Older Persons 2025 will serve as a comprehensive and timely resource, contributing meaningfully to the advancement of older persons-related work in Thailand.



Professor Dr. Supasawad Chardchawarn
Rector Thammasat University



Executive Summary

Situation of the Thai Older Persons 2025 presents an overview of demographic transition at the global, ASEAN, and national levels, alongside the health, economic, social, and disaster-related situation, the work of relevant agencies, and notable individuals, situations, innovations, and key research on older persons. The report aims to reflect structural changes in Thai society and serve as a basis for policy formulation, service planning, and national preparedness for the transition to a super-aged society in the future.

Population Ageing Worldwide and in ASEAN



In 2025, the world population stood at 8,231,613,070, with the population structure increasingly reflecting a declining birth rate alongside a significant rise in the older population. The world's older population numbered 1,222,683,717, or 14.85% of the total population, with Asia home to the largest share of older persons globally, at 59.2%.

Among ASEAN member states, the pace of demographic transition varies. Thailand and Singapore are classified as aged societies, while Vietnam, Malaysia, Indonesia, Brunei, Myanmar, and Cambodia are transitioning toward aged societies. The Philippines, Laos, and Timor-Leste still have relatively young population structures and may benefit from a future demographic dividend as their working-age populations grow, potentially boosting economic growth if human resources are appropriately invested in.

Thailand's an Aged Society



Thailand has entered the later stage of demographic transition. In 2025, the country's total population was 65,808,979, of whom 14,286,095, or 21.71%, were aged 60 and over. Thailand's population structure is characterized by a “narrow base–bulging middle–expanding top,” reflecting a declining number of children, a working-age population bearing an increasing burden, and a continuously growing number of older persons.

Within the older population, the 60–69 age group is the largest, numbering 7,944,180, or 55.61% of all older persons, while those aged 100 and over numbered 51,509. In addition, the number of births in Thailand has continued to decline, and the number of deaths has exceeded the number of births since 2021, with implications for the labor force, the economy, and the welfare system in the long term.

Health Status of Older Persons in Thailand



Health data show that older persons in Thailand continue to face a range of risks. Health screening in 2025 found that vision-related risks or abnormalities were the most common, at 16.82%, followed by oral health issues at 11.84% and mobility issues at 8.96%. Most older persons remain in the “socially active” (independent) group, but the “homebound” and “bedridden” groups continue to require close monitoring,

particularly the bedridden group, which has been gradually increasing. At the same time, the number of dependent older persons receiving long-term care services rose from 292,970 in 2023 to 456,695 in 2025, and 442,431 older persons or persons with dependency needs—or 86%—gained access to services and received home visits under the benefit package, exceeding the target set.

Economic Status of Older Persons



Older persons in Thailand continue to play a significant economic role. Employment data for 2024 show that 5.26 million older persons, or 37.2%, were still working, most of them self-employed without employees and concentrated in agriculture and fisheries—reflecting informal work that may carry unstable income and long-term economic vulnerability. The main reasons older persons continue to work are that they remain

healthy or physically able (51.43%) and that they need to support their families or themselves (43.51%). In terms of income, older persons still rely mainly on income from their children and from work, with 35.65% receiving income from children and 33.91% from work. Meanwhile, 44.26% of older persons have no savings, and 10.80% report having debt—underscoring the need for more comprehensive income security and long-term savings systems.

Social Conditions, Learning, and Participation



In social terms, 60.82% of older persons have less than a primary school education, reflecting limitations in educational opportunity and in the skills needed to adapt to modern society. Nevertheless, Thailand's local infrastructure for older persons' learning and participation continues to expand, including 3,497 schools for older persons with a total of 240,911 older students, 2,258 quality-of-life development and occupational promotion centers for older persons, and 29,970 older persons' clubs with more than 4.27 million members combined.

Overall, this picture reflects that Thailand's demographic transition is not simply an increase in the number of older persons, but a systemic transition affecting the health, economy, society, and living environment of older persons in every dimension.

Disasters and Older Persons



This edition of the report includes a special feature on disasters and older persons, noting that disasters today are increasingly severe and complex, encompassing natural disasters, technological hazards, environmental hazards, security threats, and cyber threats—all of which affect older persons across multiple dimensions, including physical health, mental health, economic security, access to services, and quality of life.

In 2025, Thailand faced a range of disasters, including earthquakes, floods, storms, PM2.5 air pollution, toxic contamination in the Kok River, infrastructure accidents, the Thai–Cambodian border conflict, and cyber threats. Cyber threats in particular affected older persons significantly, with 15,447 fraud cases reported, amounting to damages exceeding 4,247 million baht.

Although many agencies play a role in assisting older persons and other vulnerable groups, the report identifies a key limitation: data on older persons is often subsumed under the broad category of “vulnerable groups,” making it difficult to accurately assess the scale of the problem, specific needs, and gaps in assistance for older persons. There is therefore a need to develop an older-persons database that is systematically linked with disaster management systems.

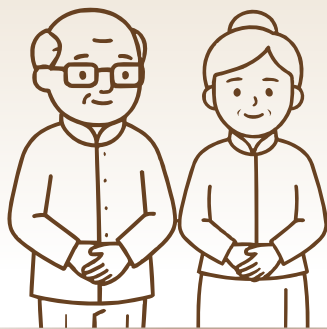
Thailand's Work on Older Persons



The presentation of 2025 outcomes on work related to older persons follows the framework of the Third National Plan of Action for Older Persons, comprising four sub-plans: preparing the pre-older population, improving older persons' quality of life in every dimension, reforming and integrating administrative systems to support an ageing society, and strengthening research, technology, and innovation capacity. Overall, progress has been made in many areas, particularly savings and

financial literacy, the development of local-level care systems for older persons, environmental and housing adaptation, and strengthening older persons' capacities through community-based services. However, limitations remain in data collection—particularly the lack of clear figures on the number of older persons directly benefiting from or participating in specific activities—as well as in data integration, in monitoring and evaluation that directly reflects outcomes for older persons' quality of life, and in insufficient funding support for local-level research and innovation on ageing.

Notable Developments, Innovations, and Research on Older Persons



In 2025, a number of older persons were honored in various fields, reflecting the role of older persons as a foundation of wisdom and social strength. At the same time, the government introduced significant measures to improve older persons' quality of life, including an economic stimulus program for older persons, an eyeglasses program for older persons, and the development of the “Nirun for Community” system to support area-based care for older persons.

In terms of research, studies on older persons are becoming increasingly comprehensive, covering health, the economy, welfare, labor, technology, quality of life, and population structure. A growing body of research is linking digital health, telemedicine, and AI and online platforms with care for older persons, while also emphasizing family, community, and the ability to age in place with quality of life.

Key Policy Recommendations



Given Thailand's demographic transition into an aged society and its impending shift toward a super-aged society, policy on older persons must move away from a welfare-based approach toward the comprehensive design of systems to support an ageing society—systematically integrating population, economic, health, social, environmental, technological, disaster management, and local dimensions.

First

The government should prepare for the transition to a super-aged society by shifting population policy from a focus on increasing population numbers to improving population quality across all life stages—in education, health, and life skills—while developing model cities and communities to support an ageing society in provinces with high proportions of older persons.

Second

Economic security should be strengthened and older persons' working potential promoted by developing income security systems, broadening the savings base, adjusting pension systems to keep pace with the cost of living, and promoting appropriate forms of employment for older persons through skills development, flexible job design, and the promotion of the silver economy, so that older persons continue to play a valuable economic and social role.

Third

Priority should be given to the young-old who make up the largest share, 55.61%, of the older population and retain significant potential, by developing a range of activity centers and empowerment spaces—such as quality-of-life development and occupational promotion centers, schools for older persons, rehabilitation centers, older persons care centers, and day-care services—to promote active ageing and support independent living, self-reliance, and continued social participation.

Fourth

Older persons should be encouraged to serve as a replacement workforce in the context of a shrinking working-age population, by expanding employment opportunities and enhancing work skills so that older persons' knowledge, abilities, and experience can become an important force driving the economy of communities and the country.

Fifth | **Comprehensive and proactive preparation of the preparation of the pre-older population should be undertaken** particularly in the areas of economic readiness, health behavior, digital skills, and life planning, through the mechanisms of government agencies, educational institutions, businesses, and the private sector, to enable a secure transition into older age and promote active ageing.

Sixth | **A dedicated older-persons database system should be developed** by separating data on older persons from the broad “vulnerable groups” category and developing a real-time database linking area-based data across both normal and at-risk areas, to support service planning that responds to older persons' specific needs.

Seventh | **Policy on an ageing society should be integrated with disaster management and climate change policy** by advancing a disaster-resilient policy framework for an ageing society that links urban planning, the public health system, social protection, social services, community development, and climate change adaptation, so that the risk management system is comprehensive and equitable.

Eighth | **Accessible and user-friendly online warning systems, help-seeking channels, and financial protection mechanisms should be developed** that are older-friendly, in order to prevent, respond to, and reduce the damage caused by cyber threats in a timely manner, thereby strengthening digital security and safe quality of life for older persons over the long term.

Ninth | **The capacity of local administrations to manage work related to older persons should be strengthened** particularly in data management, ongoing monitoring of older persons, and linking older persons to necessary services and welfare.

Tenth | **Local administrative organizations should be elevated as the primary mechanism supporting an ageing society** as they are the agencies closest to the people and best understand community contexts, and should therefore receive greater budgetary support, data, and decentralized authority to design care measures for older persons appropriate to local contexts.

Finally | **The capacity of local personnel should be developed so that they can serve as community-level older affairs administrators** by strengthening knowledge, skills, and systematic approaches to services for older persons, so that local administrations can serve as a key mechanism for care, quality-of-life promotion, and sustainable support for an ageing society.

Definition of Terms

Related to the Report on the Situation of Thai Older Persons 2025

1.

Older person

refers to a person who is more than sixty years of age and holds Thai nationality [Older Persons Act B.E. 2546 (2003) and its amendments, Section 3].

On the terms “phu-sung-ayu” and “phu-sung-wai”

(both translatable as “older person,” but built from different root words): “**ayu**” is a Pali-derived term meaning “**the force that sustains life,**” while “**wai**” means “**decline**” or “**deterioration.**” The term built on “**ayu**” is therefore recommended, referring to “**a person elevated by the force that sustains life,**” rather than the term built on “**wai,**” which carries a negative connotation of a person defined by decline (Somdet Phra Buddhaghosachan (P.A. Payutto), cited in Banlu Siripanich, 2017).

Older persons, or those aged 60 and over, are divided into four broad groups:

“**The young old**” refers to persons aged 60–69.

“**The middle old**” refers to persons aged 70–79.

“**The oldest old**” refers to persons aged 80 and over.

“**Centenarians**” refers to persons aged 100 and over.

2.

Aged society

refers to a society with a very high proportion of older persons in its population.

Aged societies may be classified by the proportion of older persons as follows:

Ageing Society is one in which people aged 60 and over make up more than 10% of the total population (or those aged 65 and over make up more than 7%).

Aged Society is one in which people aged 60 and over make up more than 20% of the total population (or those aged 65 and over make up more than 14%).

Super-aged Society is one in which people aged 60 and over make up more than 28% of the total population (or those aged 65 and over make up more than 20%).

3.

Population ageing

refers to a demographic phenomenon occurring in countries around the world over recent decades.

Whereby the population in each area—from communities and various administrative units to countries and regions—grows older, as observed through the rising share of older persons within a closed population (i.e., a population changing without accounting for migration). Population ageing results from declining birth rates and increasing longevity.

4.**Demographic transition**

refers to the process by which a population structure changes from a state of high birth and death rates to one of low birth and death rates, resulting in a declining share of children and a rising share of the working-age and older populations, ultimately leading to an ageing society.

5.**Older-person rate**

refers to the percentage of older persons relative to the total population.

6.**Sex ratio**

refers to the ratio of males to females, or females to males, within a population, usually expressed as the number of males per 100 females.

7.**Total fertility rate (TFR)**

refers to the average number of children a woman (or 1,000 women) would be expected to have over the course of her reproductive years.

8.**Life expectancy**

refers to the number of years a person is expected to live from birth to death, calculated from a life table.

9.**Life expectancy at age 65**

refers to the average number of years a person aged 65 is expected to continue living.

10.

Barthel Index

is an assessment tool for measuring a person's capacity to perform Activities of Daily Living (ADL),

Used to classify older persons by their level of self-reliance into four groups: Group 1 (Barthel ADL score above 12) – independent; Group 2 (score 9–11) – moderately dependent; Group 3 (score 5–8) – severely dependent; and Group 4 (score 0–4) – completely dependent.

For the purpose of classifying older persons by their ability to perform daily activities and their level of dependency, older persons may also be divided into three groups:

10.1 Socially active (independent) older persons: those with an ADL score of 12 or above, who are able to care for themselves in daily life, live independently, and take part in social or community activities as usual.

10.2 Homebound older persons: those with an ADL score of 5–11, who can care for themselves to some extent but face certain limitations in daily activities, requiring assistance from others for some tasks and tending to spend most of their time at home.

10.3 Bedridden older persons: those with an ADL score of 0–4, who are unable to care for themselves in daily activities, or can do so only minimally, have a high level of dependency, and require continuous care from others.

11.

Ageing index, old-age dependency ratio, and support ratio are defined as follows:

11.1 Ageing index: an indicator comparing the size of the older population (aged 60 and over) with the child population (under 15), calculated as the number of people aged 60 and over per 100 people under age 15.

11.2 Old-age dependency ratio: an indicator of the burden of supporting older persons borne by the working-age population, calculated as the number of older persons the working-age population must support per 100 working-age people (calculated as the number of people aged 60 and over per 100 people aged 15–59).

11.3 Support ratio: an indicator of the number of working-age people available to support each older person, calculated by comparing the population aged 15–59 with the population aged 60 and over.

12.

Mortality rate

refers to a statistical indicator showing the level of deaths in a population within a defined area and time period. In macro-level population analysis, the crude death rate (CDR) is commonly used, calculated as the total number of deaths occurring in a given year per 1,000 mid-year population, reflecting the level of mortality and tracking demographic change over time.

Abbreviations

Used in the Report on the Situation of Thai Older Persons 2025

UN	United Nations
MSDHS	Ministry of Social Development and Human Security
NSF	National Savings Fund
DOP	Department of Older Persons
FOPDEV	Foundation of Thai Gerontology Research and Development Institute
SHPH	Sub-district Health Promoting Hospital
NRCT	National Research Council of Thailand
CQOP	Center for Quality of Life Development and Occupational Promotion for the Elderly
DOLE	Department of Learning Encouragement
NESDC	Office of the National Economic and Social Development Council
NHSO	National Health Security Office
NSTDA	National Science and Technology Development Agency
NSO	National Statistical Office
ThaiHealth	Thai Health Promotion Foundation
SDHSV	Social Development and Human Security Volunteers (specializing in older persons)
LCV	Local Caregiver Volunteers
VHV	Village Health Volunteers
VHV (BMA)	Bangkok Public Health Volunteers

Supporting Agencies

1. Office of the Prime Minister

- 1.1 Office of National Health Commission
- 1.2 Office of the Consumer Protection Board

2. Ministry of Finance

- 2.1 National Savings Fund
- 2.2 Bank of Thailand

3. Ministry of Agriculture and Cooperatives

4. Ministry of Tourism and Sports

- Department of Physical Education

5. Ministry of Social Development and Human Security

- 5.1 Office of the Permanent Secretary
- 5.2 Department of Older Persons
- 5.3 Department of Empowerment of Persons with Disabilities

6. Ministry of Higher Education, Science, Research and Innovation

- 6.1 National Research Council of Thailand
- 6.2 National Science and Technology Development Agency

7. Ministry of Transport

8. Ministry of Natural Resources and Environment

- 8.1 Department of Mineral Resources
- 8.2 Department of Marine and Coastal Resources
- 8.3 Department of National Parks, Wildlife and Plant Conservation
- 8.4 Department of Climate Change and Environment
- 8.5 Zoological Park Organization of Thailand

9. Ministry of Digital Economy and Society

- National Statistical Office

10. Ministry of Interior

- 10.1 Department of Disaster Prevention and Mitigation
- 10.2 Department of Local Administration
- 10.3 Bureau of Registration Administration

11. Ministry of Justice

- Department of Rights and Liberties Protection

12. Ministry of Labour

- Social Security Office

13. Ministry of Culture

- Fine Arts Department

14. Ministry of Education

- Special Target Group Learning Promotion Center

15. Ministry of Public Health

- 15.1 Bureau of Policy and Strategy
- 15.2 Department of Disease Control
- 15.3 Department of Health Service Support
- 15.4 Department of Mental Health
- 15.5 Bureau of Elderly Health, Department of Health
- 15.6 Somdet Phra Sangkharat Yanasangworn Institute of Geriatric Medicine

16. Bangkok Metropolitan Administration

- 16.1 Department of Medical Service
- 16.2 Department of Social Development
- 16.3 Erawan Medical Center

17. Thai Health Promotion Foundation

18. National Health Security Office

19. National Institute for Emergency Medicine

20. Royal Thai Police

- Technology Crime Suppression Division

21. Thai Red Cross Society

22. Office of Insurance Commission

23. Council of Elderly Persons of Thailand under the Royal Patronage of Her Royal Highness Princess Srinagarindra, the Princess Mother

24. Foundation of Thai Gerontology Research and Development Institute

25. State Universities

- 25.1 Chulalongkorn University
- 25.2 Thammasat University

Table of Contents

Foreword Director-General of the Department of Older Persons	A
Preface	B
Executive Summary	C
Definition of Terms Related to the Report on the Situation of Thai Older Persons 2025	I
Abbreviations Used in the Report on the Situation of Thai Older Persons 2025	L
Supporting Agencies	M
Chapter 1 The Demographic Situation of the World, ASEAN, and Thailand	2
Part 1: The Global Demographic Situation	3
1.1 The Clear Transition into a Global Aging Society	3
1.2 Asia as the Quantitative Center of the Global Older Population	4
1.3 The 21 st Century World: Older Persons as the Fastest-Growing Cohort	6
1.4 Higher Mortality and Premature Mortality in Males than Females	7
1.5 Number and Proportion of Older Persons Population in the Top 10 Countries with the Largest Older Populations Globally	8 9
1.6 Most Developed Countries Exhibit Low Child Proportions and a Declining Working-Age Population	10
Part 2: The ASEAN Demographic Situation	10
2.1 Demographic Transition and Stages of Aging Societies among ASEAN Member States	
Part 3: The Thai Demographic Situation	12
3.1 Demographic Structure of Thailand	12
3.1.1 Thailand Enters the Late Stage of Demographic Transition	12
3.1.2 Thailand's Births Continue to Decline as the Number of Deaths Trends Upward	14
3.1.3 Demographic Structure Indicators	16
3.2 Data on Various Aspects of the Thai Older Population, 2025	17
3.2.1 Health Status	17
3.2.2 Access to Healthcare Rights and Health Services for Older Persons	21
3.2.3 Economic Status	27
3.2.4 Social Status	33

Chapter 2 Theme: Disasters and Older Persons

36

2.1 Why is Disaster Preparedness Essential for Older Persons?	37
2.2 Definition and Typology of Disasters	38
2.2.1 Definition	38
2.2.2 Typology of Disasters	39
2.3 Thailand's Disaster Landscape in 2025: Complex Crises and Impacts on Older Persons	40
2.4 Disaster Management by Government Agencies	46
2.5 Roles of Agencies in Assisting Older Persons and Vulnerable Groups Affected by Disasters	49
2.5.1 Agencies that Categorize Older Persons as a Specific Group	49
2.5.2 Agencies that Include Older Persons within Vulnerable Groups	53
2.6 Challenges to Disaster Management Operations	57

Chapter 3 The Situation of Operations Concerning Older Persons in Thailand, 2025

60

3.1 Sub-Action Plan 1: Preparing the Population before Old Age	61
3.2 Sub-Action Plan 2: Enhancing the Quality of Life of Older Persons across All Dimensions in a Comprehensive and Equitable Manner during the First Five Years (2023–2027)	64
3.3 Sub-Action Plan 3: Reforming and Integrating the Administrative System to Support a Quality Aging Society during the First Five Years (2023–2027)	74
3.4 Sub-Action Plan 4: Enhancing Research Capacity and the Development of Technology and Innovation to Support an Aging Society during the First Five Years (2023–2027)	78

Chapter 4 Outstanding Older Thais and Notable Situations in 2025

80

4.1 Outstanding Older Thais	81
4.1.1 National Artists of 2024	81
4.1.2 National Older Person for 2025	84
4.1.3 Distinguished Individuals in Various Fields	87
4.1.4 The Agricultural Scholars of the Land	88
4.1.5 Healthy Older Persons	89
4.2 Highlights of Year 2025	90
4.2.1 Economic Stimulus Program for Older Persons	90
4.2.2 The “Eyeglasses for Older Persons” Project under Her Royal Highness Princess Maha Chakri Sirindhorn	91
4.2.3 Driving the System for Caregiving and Protection of Older Persons' Rights through the Digital Platform “Nirun for Community”	92
4.2.4 Innovations for Thai Older Persons	93

5.1 Health (3 studies)	101
5.1.1 Design and Development of a Prototype Neck Pillow for Snoring Detection Using Embedded System Technology for Older Persons with Snoring Problems	101
5.1.2 Health Linkage through Non-Medical Caregivers to Develop Continuous Primary Care Services for Older Persons Requiring Assistance (WinCare 2.0) in an Urban Context, at Sub-district Health Promoting Hospitals Transferred to Provincial Administrative Organizations	102
5.1.3 Development of a Meat-Analogue Food for Preparing Meals for Level-6 Swallowing-Training Patients	103
5.2 Economy (3 studies)	104
5.2.1 Aging, Inadequacy, and Fiscal Constraint: The Case of Thailand	104
5.2.2 A Study on Approaches to Redefining “Older Person” and Its Impacts, under the Community System and Mechanism Project to Support an Aging Society, Fiscal Year 2024	105
5.2.3 Demographic shifts and economic growth: A global analysis across ageing and non-ageing economies	106
5.3 Society and Environment (5 studies)	107
5.3.1 Defining Well-being in the Digital World for Thai Society 5.0: A Path to Coexistence from In-depth Cross-generational Experiences	107
5.3.2 More online, less lonely? The buffering role of online communication on the relationship between health and loneliness among late middle-aged and older adults	108
5.3.3 Lifestyle and Happiness of Centenarians	109
5.3.4 Project to Study the End-of-Life Care Service System for Thai Older Persons	110
5.3.5 Spatial Analysis of the Relationship Between Climate-Environmental Risks and the Vulnerable Population in Thailand for Policy Interventions	111

6.1 Conclusions	115
6.2 Policy Recommendations	117
6.2.1 Prepare for the Transition to a Super-Aged Society	117
6.2.2 Build Economic Security for Older Persons	117
6.2.3 Strengthen the Capacity of Young-Old Persons for Comprehensive Self-Reliance	118
6.2.4 Promote the Working Potential of Older Persons	118
6.2.5 Prepare the Pre-Aging Population	118
6.2.6 Develop a Disaggregated Database for Specific Groups of Older Persons	119
6.2.7 Promote the Integration of Aging Society Policy with Disaster Management and Climate Change Policy	119
6.2.8 Accelerate Nationwide Implementation of Digital Literacy and Cybersecurity Protection for Older Persons	120
6.2.9 Strengthen the Role of Local Administrative Organizations as the Primary Mechanism for Supporting an Aging Society	120
6.2.10 Build the Capacity of Local Personnel to Serve as Older-Person Care Administrators in Communities	120

List of Figures

Figure 1	Global Population Pyramid, 2025	3
Figure 2	Proportion and Number of the Global Older Population by Region	4
Figure 3	Global Population by Age Group	6
Figure 4	Global Indicators of Mortality, Life Expectancy, and Premature Mortality	7
Figure 5	Population Pyramid of Thailand, 2025	12
Figure 6	Birth and Death Statistics of the Thai Population, 2016-2025	15
Figure 7	Aging Index, Old-age Dependency Ratio, and Support Ratio, 2025	16
Figure 8	Percentage of Older Persons Classified by Ability to Perform Activities of Daily Living	18
Figure 9	Desirable Health Behaviors of Older Persons, Fiscal Year 2025	20
Figure 10	Falls Among Older Persons, 2025	20
Figure 11	Proportion of the Older Population Aged 60 and Over Accessing the National Health Security Scheme (UC Scheme), 12-Month Average Compared to the Population of All Age Groups	21
Figure 12	Percentage of Oral Health Behaviors and Oral Health Status Among Older Persons, Fiscal Years 2023–2025	24
Figure 13	Percentage of Older Persons Receiving Preventive Oral Health Care Services	25
Figure 14	Percentage of Dependent Older and Persons with Functional Dependence Accessing Healthcare Services and Receiving Home Visits Under the Benefit Package	26
Figure 15	Employment Status of Thai Older Persons, 2024	28
Figure 16	Percentage of Older Population Classified by Education Level	33
Figure 17	Selected disaster events in 2025	40
Figure 18	Sequence of Major Disaster Events in 2025	40
Figure 19	Remedial Assistance for Flood Victims During the 2025 Rainy Season	51
Figure 20	Number of Cases and Value of Financial Losses from Technology Crimes	52
Figure 21	Data on Vulnerable Population Groups in Disaster-Affected Areas, Classified by Province	53
Figure 22	Economic Stimulus Program for Older Persons	90
Figure 23	The "Eyeglasses for Older Persons"	91
Figure 24	"Nirun for Community"	92
Figure 25	Mike–The Guardian AI: A Monitoring and Care System for Older Persons ("Un Jai Wai Suk")	93
Figure 26	Rachel Everyday: A Bodysuit for Enhanced Mobility in Older Persons	94
Figure 27	The FLOWMIND-RA innovation receiving the first-place award at "HealthTech X 2 The Future"	95
Figure 28	Innovation in Holistic Health Service Systems for Older Persons	95
Figure 29	Check PD Application: Parkinson's Disease Risk Screening	96
Figure 30	Remote Quality Monitoring and Assistance System for Older Persons and Persons with Disabilities	97
Figure 31	"Skill Snap" Board Game Innovation	98
Figure 32	One-Visit Complete Denture Procedure for All Edentulous Older Persons	99

List of Tables

Table 1	Demographic Structure of the Top 10 Countries with the Largest Older Populations Globally	8
Table 2	Demographic Structure of ASEAN Member States	11
Table 3	Number and Proportion of the Older Population in Thailand, 2025	13
Table 4	Top 5 Provinces with the Highest and Lowest Proportions of the Older Population	13
Table 5	Health Screening for Older Persons in 2025	17
Table 6	Older Persons with Disabilities by Type of Disability and Sex	19
Table 7	Older Persons Receiving Healthcare Services Under the National Health Security Scheme, 2023–2025	22
Table 8	Older Persons Receiving Medical Rehabilitation Services Classified by Illness	22
Table 9	Top 10 Illnesses/Presenting Symptoms Among Older Persons Receiving Emergency Medical Services	23
Table 10	Older Emergency Patients Handled by Erawan Center Classified by Severity Level and Service Type	24
Table 11	Dependent Older Persons Receiving Long-Term Care Services, 2023–2025	25
Table 12	Older Persons Receiving Palliative Care Services, 2023–2025	26
Table 13	Distribution of Employed Older Persons by Reason for Working	29
Table 14	Recipients and Expenditure of Military/Civil Service Pensions, Gratuities, and Retainers, Fiscal Year 2025	30
Table 15	Older Insured Persons in the Social Security System Classified by Age Group	30
Table 16	Old-Age Benefit Disbursement Statistics, Social Security Fund	31
Table 17	Older Persons’ Savings Distribution Classified by Amount of Savings	31
Table 18	Older Population Classified by Indebtedness Status	32
Table 19	Percentage of Older Persons with Living Children, Classified by Financial Support Provided to Children	32
Table 20	Major disaster events in Thailand in 2025, categorized by impacts on the general population and in-depth impacts on older persons	41
Table 21	Main Roles of Ministerial, Operational, and Local Agencies in Assisting Older Persons During Disasters	47
Table 22	Number of Affected Individuals by Disaster Type, Categorized by the General Public and Older Persons	49
Table 23	Number of Older Persons Requesting Financial Assistance for Flood Victims During the 2025 Rainy Season	50
Table 24	Number of Older Persons Receiving Mental Health Care and Psychological Support in Crises	51
Table 25	Number of Temporary Shelters Arising from the Conflict Situation Along the Thai-Cambodian Border	54
Table 26	Statistics of Disaster-Damaged Areas and Disaster Types in 2025 Regarding Agriculture	55
Table 27	Number of Individuals in Vulnerable Groups Assisted Due to Floods and Armed Conflict in 4 Provinces by the Thai Red Cross Society	55



The Demographic Situation of the World, ASEAN, and Thailand



Part 1:

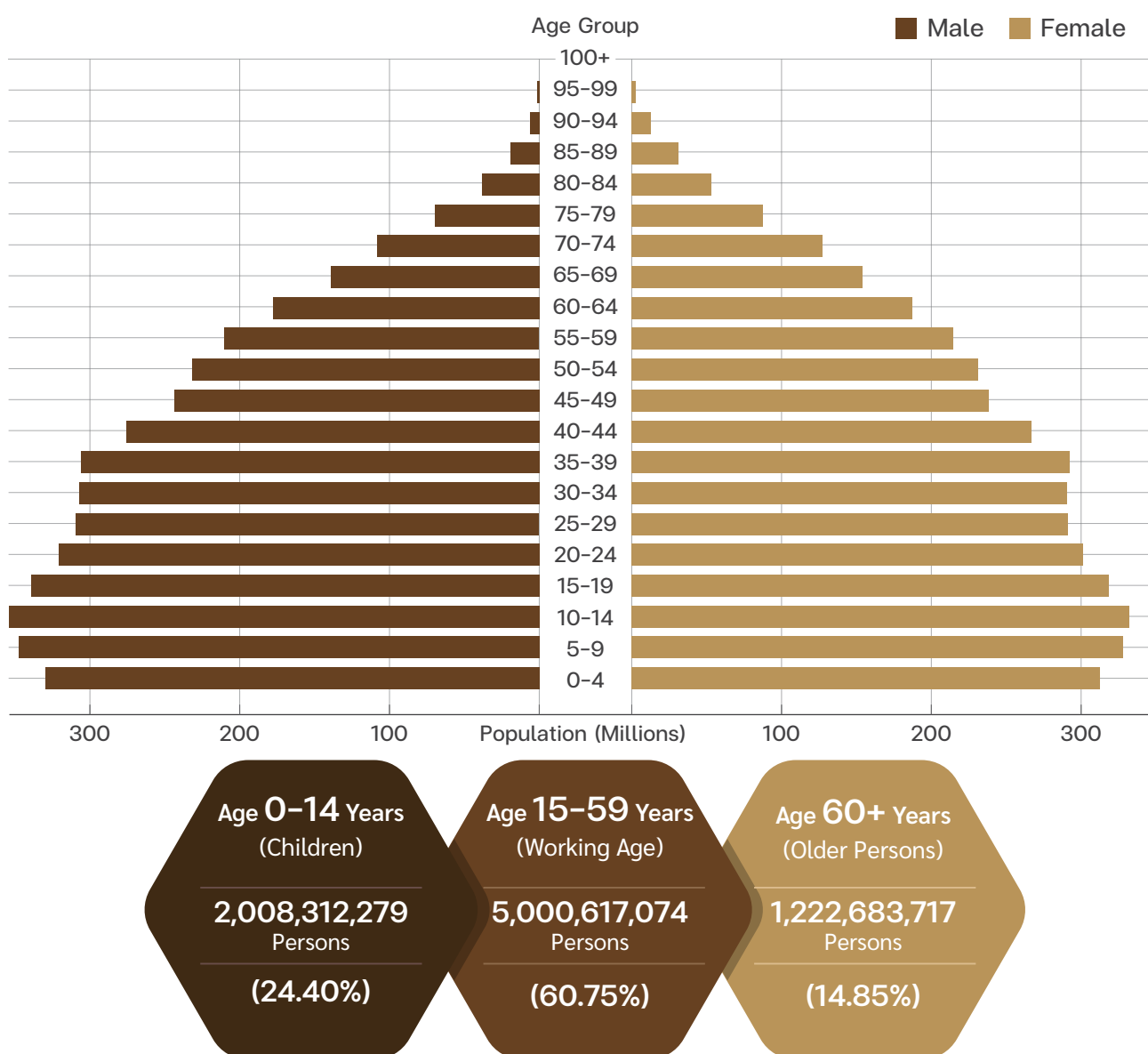
The Global Demographic Situation

1.1

The Demographic Situation of the World, ASEAN, and Thailand

In 2025, the global population stands at 8,231,613,070, with a closely balanced gender distribution of 4,137,709,238 males and 4,093,903,832 females. The age distribution exhibits a broad-based population pyramid that has begun to narrow at the youngest cohort (0–4 years), reflecting a global decline in fertility rates. The largest population cohorts consist of individuals in late childhood to adolescence (10–19 years) and the early working-age group (25–34 years). Concurrently, the proportion of the older population (aged 60 and over) has increased significantly. This structural shift clearly indicates that the world has entered an aging society.

Figure 1 Global Population Pyramid, 2025



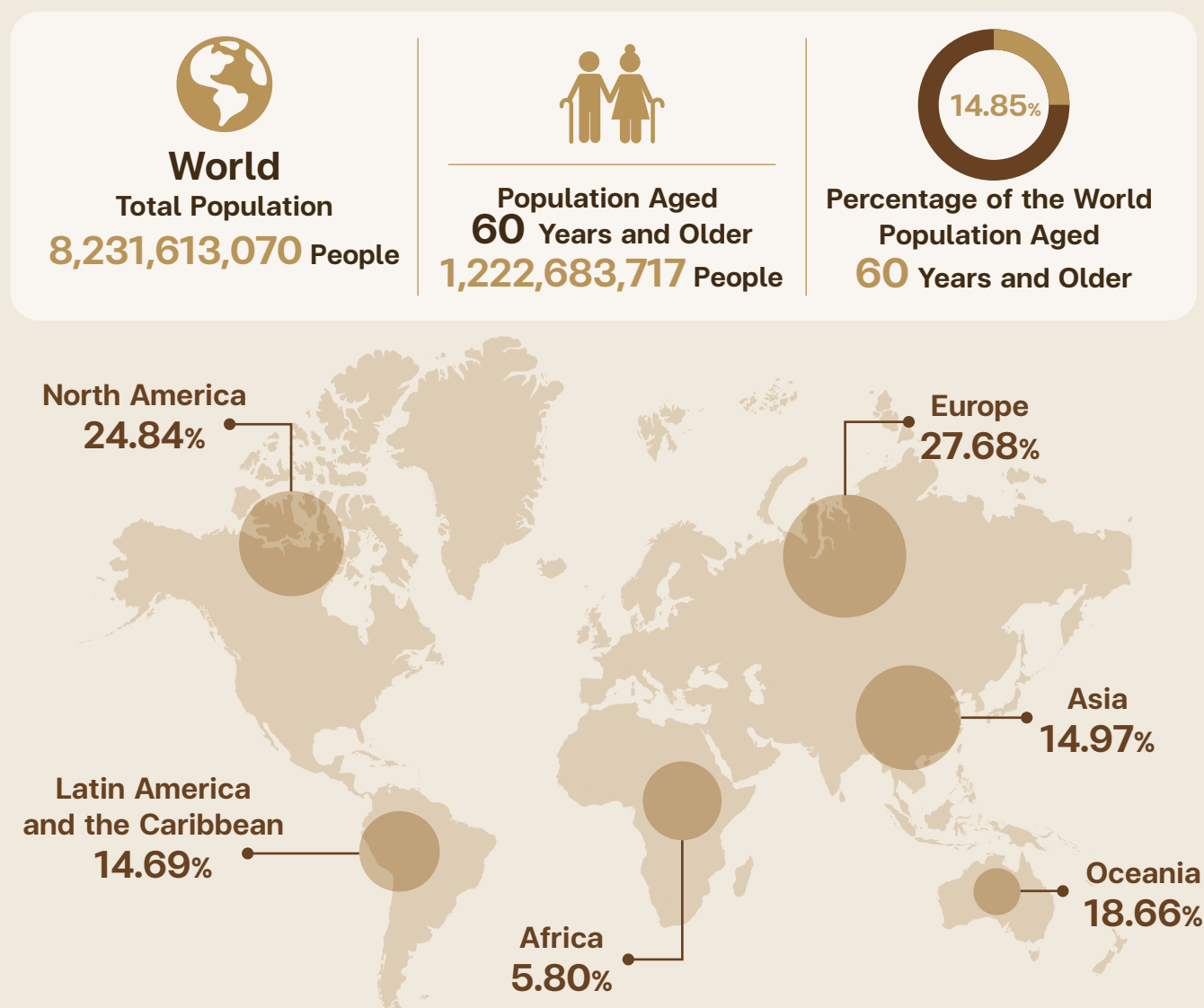
Source: United Nations Department of Economic and Social Affairs, Population Division. (2024). World Population Prospects 2024: Online Edition. United Nations. <https://population.un.org/wpp/>

1.2

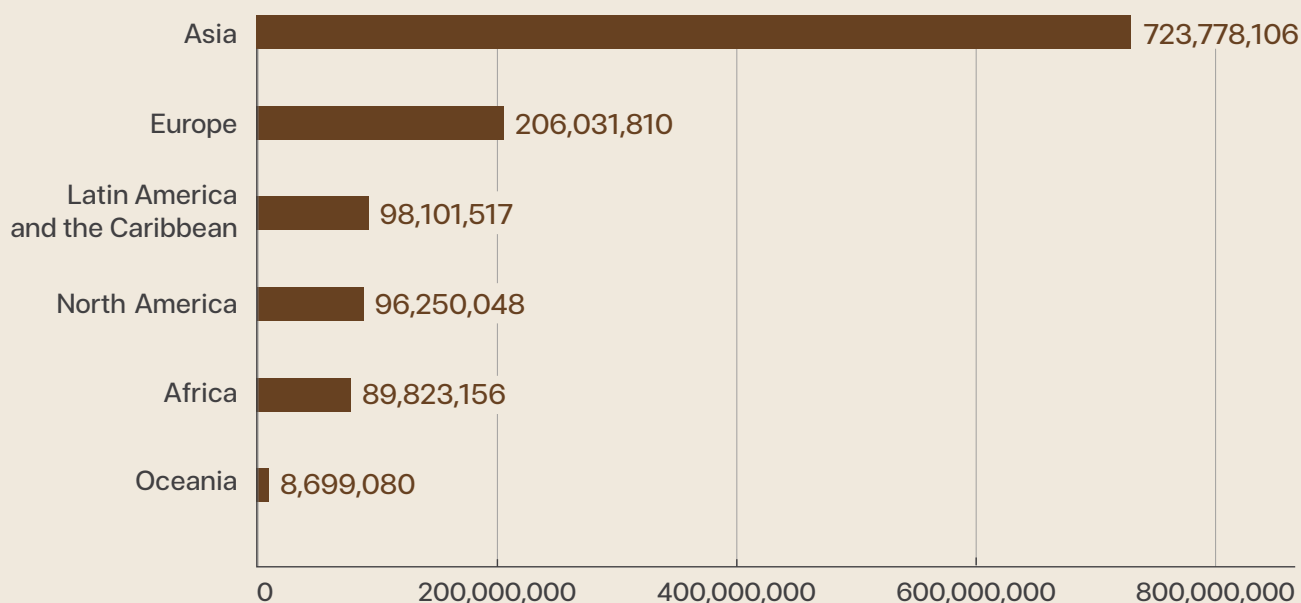
Asia as the Quantitative Center of the Global Older Population

The global older population (aged 60 and over) stands at 1,222,683,717, accounting for 14.85% of the total population. Europe has the highest proportion of individuals aged 60 and over globally at 27.68%, followed by North America (24.84%) and Oceania (18.66%), reflecting their entry into the late stages of demographic transition. For Asia, although the proportion of the older population is 14.97%, in absolute numbers, it holds the world's largest older population at 723,778,106. Conversely, Africa has the lowest proportion of individuals aged 60 and over at only 5.80%. Meanwhile, Latin America and the Caribbean report an older proportion of 14.69%, closely aligning with the global average of 14.85%. This highlights the ongoing trend of population aging across several countries within this region.

Figure 2 Proportion and Number of the Global Older Population by Region



Number of Persons Aged 60 Years and Older (People)



Comparison of the Proportion of Regional Populations Aged 60 Years and Older



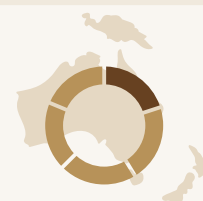
Europe
27.68%

Highest in the world
More than 1 in 4
are older persons



North America
24.84%

Almost 1 in 4
are older persons



Oceania
18.66%

Almost 1 in 5
are older persons



Asia
14.97%

Close to the world average
but has the highest
number in the world



**Latin America and
the Caribbean**
14.69%

Close to the world
average Continuous
upward trend



Africa
5.80%

Lowest in the world
Youthful population
structure

1.3

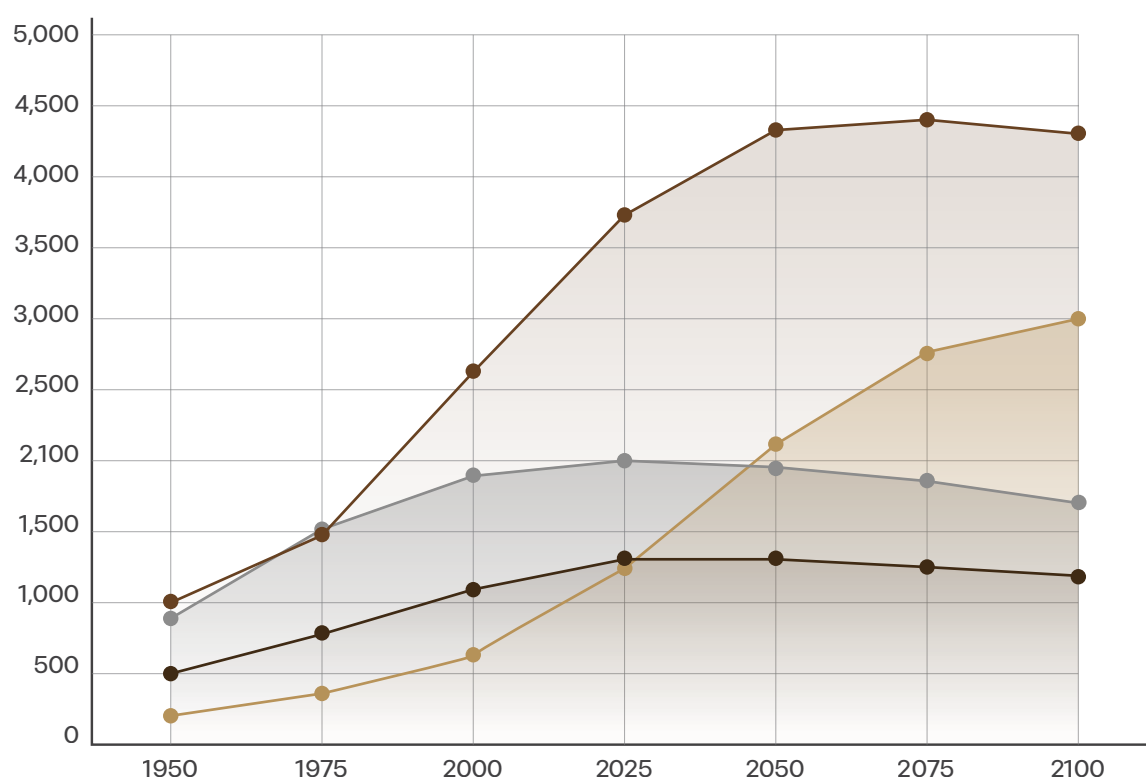
The 21st Century World: Older Persons as the Fastest-Growing Cohort

The global demographic structure in 2025 is undergoing a significant transformation. The working-age population (aged 25–59) remains the largest cohort, comprising 3,717,466,762 individuals. This group is projected to expand steadily, peaking at approximately 4,000,000,000 by 2050, before decelerating towards the end of the century. Conversely, the child and youth population (aged 0–14) has already surpassed its peak of 2,000,000,000 in 2020 and is currently on a continuous downward trajectory, with projections estimating a decline to 1,700,000,000 by 2100.

The older population (aged 60 and over)¹ exhibits the most rapid and prominent growth rate. Driven by medical advancements and increased life expectancy, the number of older persons individuals is projected to surge continuously, eventually surpassing the child population (aged 0–14) after 2050. By the end of the 21st century, the global older population is expected to reach nearly 3,000,000,000.

Figure 3 Global Population by Age Group

■ Age 0–14 years ■ Ages 15–24 years ■ Ages 25–59 years ■ Ages 60 years and over
2,008,312,279 people 1,283,150,312 people 3,717,466,762 people 1,222,683,717 people



Source: United Nations, Department of Economic and Social Affairs, Population Division. (2024). World population prospects 2024: Population by broad age groups [Graph]. <http://population.un.org/wpp/>

¹ According to the United Nations, older persons are defined as individuals aged 65 and over, whereas Thailand defines the older persons as those aged 60 and over.

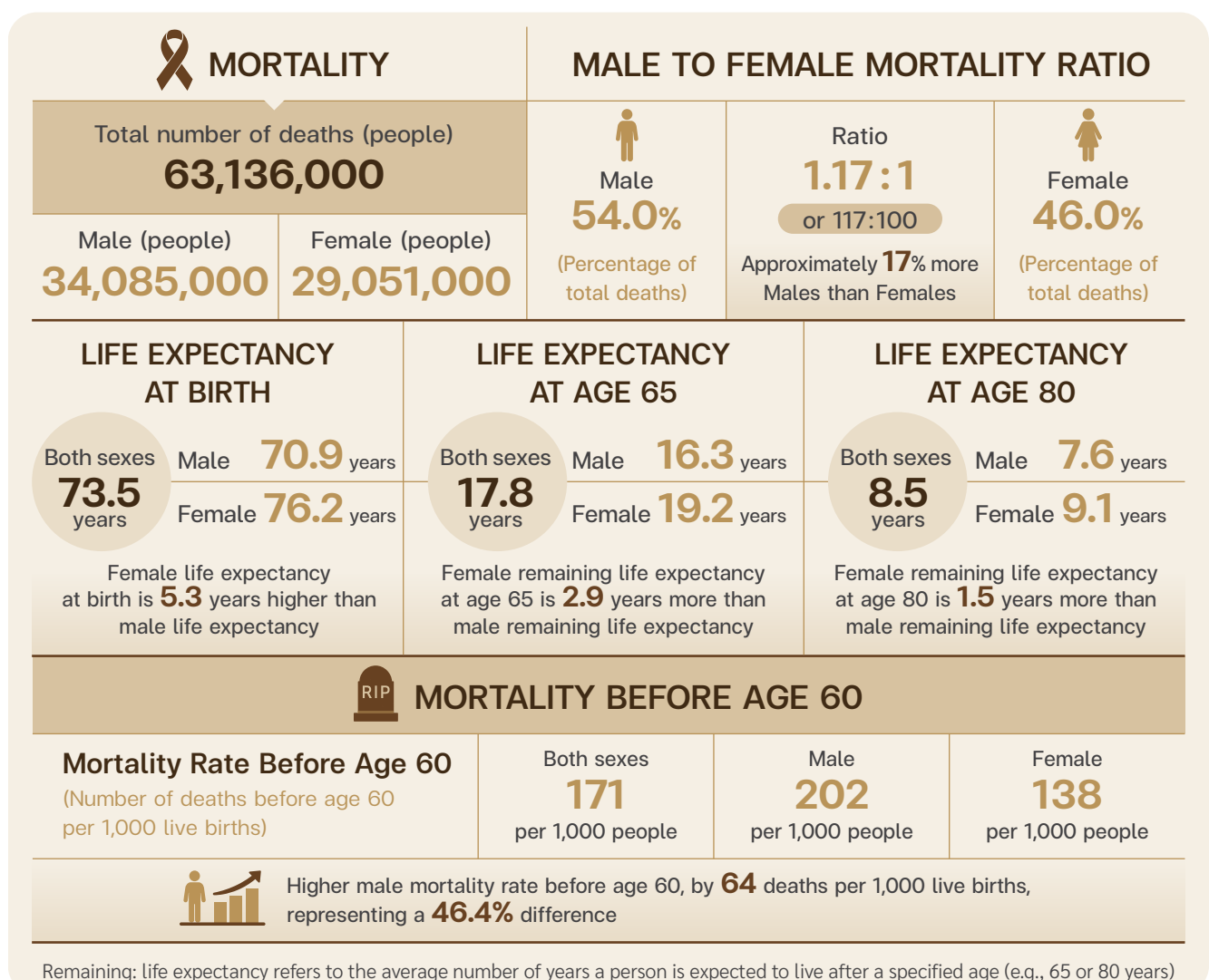


Higher Mortality and Premature Mortality in Males than Females

Mortality indices and fatality trends reveal a significant structural disparity between genders. Of the over 63,136,000 total deaths, male fatalities exceed those of females (a ratio of 1.17:1). This disparity is also distinctly evident in premature mortality, where the mortality rate before age 60 reaches 202 per 1,000 live births in males, compared to only 138 in females.

Life expectancy analysis indicates that the world is transitioning into an aged society, with a global life expectancy at birth of 73.5 years. However, a gender gap in health persists, with females exhibiting a higher life expectancy than males across all age cohorts.

Figure 4 Global Indicators of Mortality, Life Expectancy, and Premature Mortality





Number and Proportion of Older Persons in the Top 10 Countries with the Largest Older Populations Globally

Based on data for the top 10 countries with the highest number of individuals aged 60 and over, China holds the largest older population at 304.9 million, accounting for 21.53% of its total population. This is followed by India with 162.2 million (11.08%) and the United States with 85.4 million (24.59%). However, in terms of "proportion," Japan exhibits the highest degree of population aging, with individuals aged 60 and over comprising 36.26% of its total population, and those aged 65 and over reaching 29.99%. This clearly reflects the structural demographic disparities regarding both the "number" and "proportion" of older persons population.

European countries, namely Germany, Italy, and France, also exhibit high proportions of individuals aged 60 and over, ranging from 28.83% to 32.74%. Additionally, their populations aged 65 and over constitute more than one-fifth of their respective total populations.

Table 1 Demographic Structure of the Top 10 Countries with the Largest Older Populations Globally

Country	Total Population (persons)	Aged 0–14		Aged 15–59		Aged 60 and over		Aged 65 and over	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
1. China	1,416,096,094	218,182,045	15.41%	893,017,853	63.06%	304,896,196	21.53%	211,160,198	14.91%
2. India	1,463,865,525	354,186,169	24.20%	947,433,700	64.72%	162,245,656	11.08%	107,983,086	7.38%
3. United States	347,275,807	59,380,834	17.10%	202,503,048	58.31%	85,391,925	24.59%	63,854,383	18.39%
4. Japan	123,103,479	13,834,859	11.24%	64,637,410	52.51%	44,631,210	36.26%	36,923,776	29.99%
5. Brazil	212,812,405	41,257,135	19.39%	136,175,359	63.99%	35,379,911	16.62%	24,431,587	11.48%
6. Russia	143,997,393	24,519,134	17.03%	84,437,314	58.64%	35,040,945	24.33%	25,619,710	17.79%
7. Indonesia	285,721,236	69,279,544	24.25%	182,576,481	63.90%	33,865,211	11.85%	21,551,294	7.54%
8. Germany	84,075,075	11,674,582	13.89%	45,766,010	54.43%	26,634,483	31.68%	19,928,481	23.70%
9. Italy	59,146,260	6,894,778	11.66%	32,888,564	55.61%	19,362,918	32.74%	14,844,610	25.10%
10. France	66,650,805	10,814,010	16.22%	36,621,850	54.95%	19,214,945	28.83%	15,024,352	22.54%

Source: United Nations, Department of Economic and Social Affairs, Population Division. (2024). World population prospects 2024: Population by broad age groups [Graph]. <http://population.un.org/wpp/>

1.6

Most Developed Countries Exhibit Low Child Proportions and a Declining Working-Age Population

An analysis of the overall age structure reveals that most developed countries exhibit a low proportion of the child population aged 0–14 (approximately 11–17%), alongside a working-age population (aged 15–59) that has declined to below 60% in certain nations, such as Japan, Germany, and Italy. Conversely, developing countries, including India and Indonesia, continue to report child proportions exceeding 24% and working-age populations above 63%, reflecting the entry into the late stage of demographic transition.



Developed countries



Low child population
(ages 0–14)

11–17%



The working-age population
(15–59 years old)

decrease

< 60%



Developing countries



Child population
(ages 0–14)

> 24%



Working-age population
(15–59 years old)

> 63%



Part 2:

The ASEAN Demographic Situation



Demographic Transition and Stages of Aging Societies among ASEAN Member States

In 2025, the total population of ASEAN is 694,220,814. There are distinct differences in the demographic transition among member states, particularly regarding fertility rates, life expectancy, and the proportion of the older population. Consequently, these countries are at varying stages of transitioning into aging societies. Based on the degree of population aging, they can be classified into three groups:



- **Aged Society:** This group includes Thailand and Singapore, where the proportion of individuals aged 60 and over has reached or is approaching 20%. Thailand has the highest proportion of older persons in ASEAN at 21.71%, followed closely by Singapore at 19.66%. A shared characteristic of both countries is a relatively low proportion of the child population, reflecting declining fertility rates and entry into the late stage of demographic transition.



- **Aging Society:** This group comprises Malaysia, Indonesia, Vietnam, Myanmar, Cambodia, and Brunei Darussalam, where the proportion of individuals aged 60 and over ranges from 10% to 19.99%. These countries are beginning to experience an increase in the older population coupled with a decelerating trend in fertility rates. This represents a critical transitional phase before becoming aged societies in the future.



- **Youthful Population:** This group includes the Philippines, Laos, and Timor-Leste, where the proportion of individuals aged 60 and over is below 10%, while the proportion of the child population remains high. This reflects an expansive population pyramid. Notably, Timor-Leste has a child population proportion as high as 33.12%, which presents an opportunity to reap a demographic dividend from the future workforce, provided that adequate skills development and labor market integration are achieved.

Table 2 Demographic Structure of ASEAN Member States

Country	Aged 0–14		Aged 15–59		Aged 60 and over		Total Population (persons)
	Number	Percentage	Number	Percentage	Number	Percentage	
Thailand*	9,617,562	14.61%	41,905,322	63.68%	14,286,095	21.71%	65,808,979
Singapore	686,242	11.69%	4,030,589	68.66%	1,153,920	19.66%	5,870,751
Indonesia	69,279,544	24.25%	182,576,481	63.90%	33,865,211	11.85%	285,721,236
Vietnam	23,221,377	22.86%	63,677,701	62.68%	14,699,448	14.47%	101,598,526
Myanmar	13,207,288	24.08%	35,220,963	64.21%	6,422,397	11.71%	54,850,648
Malaysia	7,666,577	21.31%	24,016,346	66.75%	4,294,915	11.94%	35,977,838
Cambodia	5,264,672	29.50%	10,821,856	60.63%	1,761,452	9.87%	17,847,980
Brunei Darussalam	96,185	20.63%	317,160	68.01%	52,986	11.36%	466,331
Philippines	31,694,652	27.14%	74,498,679	63.79%	10,593,632	9.07%	116,786,963
Laos	2,349,291	29.84%	4,918,758	62.48%	604,996	7.68%	7,873,045
Timor-Leste	469,743	33.12%	842,386	59.38%	106,389	7.50%	1,418,518
Total	163,553,133	23.55%	442,826,241	64.02%	87,841,441	12.44%	694,220,815

Source: United Nations, Department of Economic and Social Affairs, Population Division. (2024). World population prospects 2024: Population by broad age groups [Graph]. <http://population.un.org/wpp/>

* Thailand's population data is sourced from the Bureau of Registration Administration, Department of Provincial Administration (Civil registration population statistics as of December 2025)

Part 3:

The Thai Demographic Situation

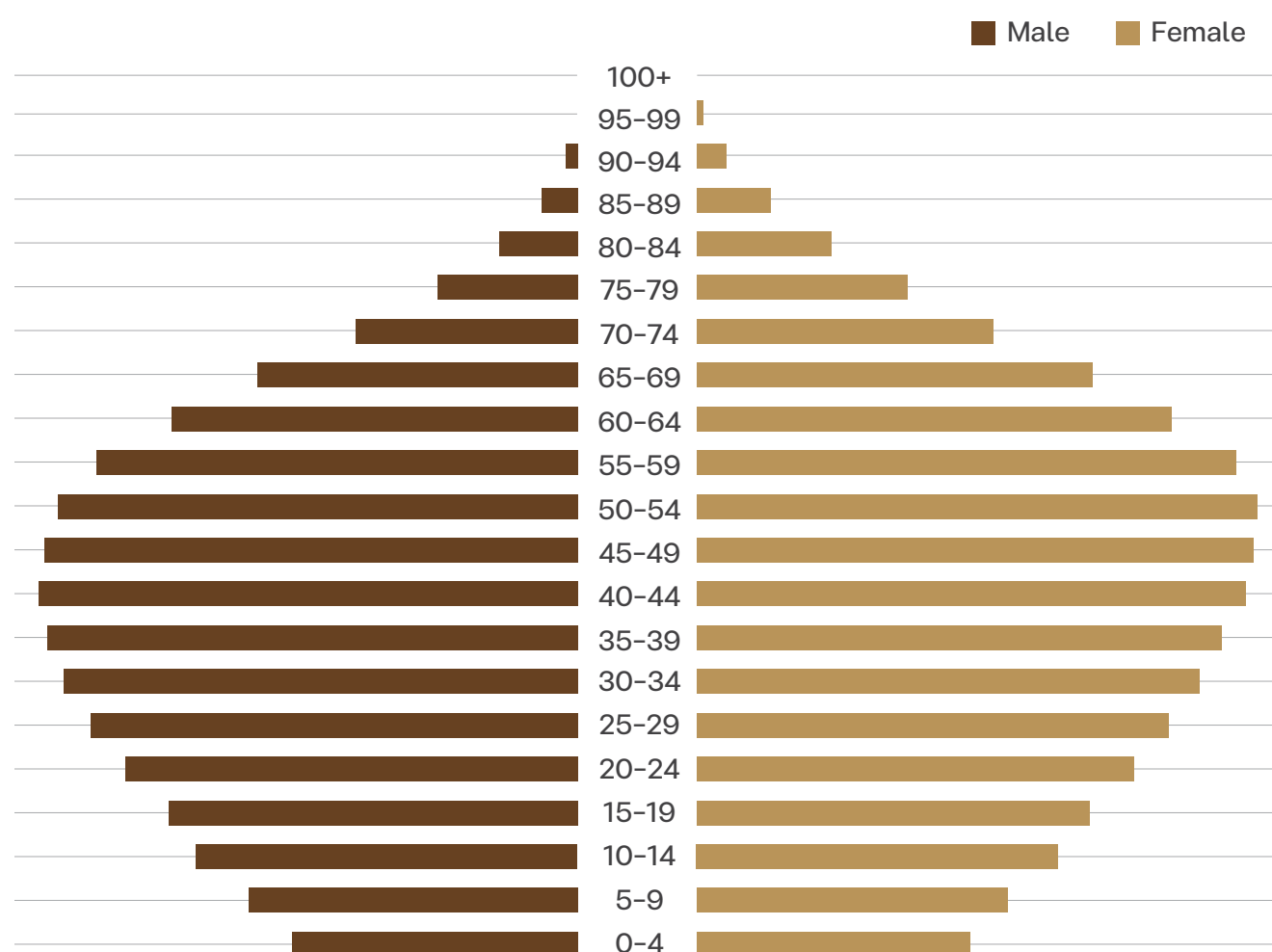


Demographic Structure of Thailand

3.1.1 Thailand Enters the Late Stage of Demographic Transition

In 2025², Thailand's total population is 65,808,979, comprising a child population (aged 0–14) of 9,617,562 (14.61%), a working-age population (aged 15–59) of 41,905,322 (63.68%), and an older population (aged 60 and over) of 14,286,095 (21.71%). The population pyramid exhibits a **"narrow base, broad middle, and expanding apex,"** indicating that the child population is the smallest and the working-age population is the largest, whereas the older population continues to increase. This specific structure is characteristic of a country entering the late stage of demographic transition.

Figure 5 Population Pyramid of Thailand, 2025



Source: Bureau of Registration Administration, Department of Provincial Administration, as of December 2025.

² Note: Thai population in 2025 from the Bureau of Registration Administration, Department of Provincial Administration, as of December 2025 (excluding 32 individuals registered with lunar calendar birth dates).

Specifically, the older population (aged 60 and over) totals 14,286,095 individuals, representing 21.71% of the total population. Within the internal structure of this older population, the 60–69 age cohort is the largest, comprising 7,944,180 individuals, or 55.61% of the older population. Meanwhile, the population aged 100 and over has increased to 51,509 individuals, accounting for 0.36% of the older population.

Table 3 Number and Proportion of the Older Population in Thailand, 2025

Age Group	Population	Proportion of the Older Population (%)	Proportion of the Total Population (%)
Young-Old (60–69 years)	7,944,180	55.61	12.07
Middle-Old (70–79 years)	4,334,181	30.34	6.59
Old-Old (80–99 years)	2,007,734	14.05	3.05
Total Older Population	14,286,095	100.00	21.71
Centenarians (100 years and over)*	51,509	0.36	0.08

Source: Bureau of Registration Administration, Department of Provincial Administration, as of December 2025.

The province with the highest proportion of older people is Lampang (30.53%), while the province with the lowest proportion is Pattani (13.86%).

Table 4 Top 5 Provinces with the Highest and Lowest Proportions of the Older Population

Top 5 Provinces with the Highest Proportion of Older				Top 5 Provinces with the Lowest Proportion of Older			
Province	Total Provincial Population	Older Population	Proportion of Older (%)	Province	Total Provincial Population	Older Population	Proportion of Older (%)
1. Lampang	697,679	212,991	30.53	1. Pattani	744,970	103,243	13.86
2. Phrae	417,480	125,086	29.96	2. Narathiwat	828,345	115,055	13.89
3. Lamphun	394,944	116,018	29.38	3. Yala	556,087	80,130	14.41
4. Sing Buri	198,024	57,886	29.23	4. Tak	704,492	105,016	14.91
5. Phayao	451,964	129,093	28.56	5. Phuket	432,464	64,591	14.94



Source: Bureau of Registration Administration, Department of Provincial Administration, as of December 2025.

*Data on the older population by province for 2025 can be accessed via the QR code.

3.1.2 Thailand's Births Continue to Decline as the Number of Deaths Trends Upward

Statistics on the births and deaths of the Thai population between 2016–2025 reveal that Thailand is clearly undergoing structural demographic changes. Most notably, the decline in the number of births coupled with the increase in the number of deaths reflects the country's entry into the late stage of demographic transition and its continuous shift toward an aging society.

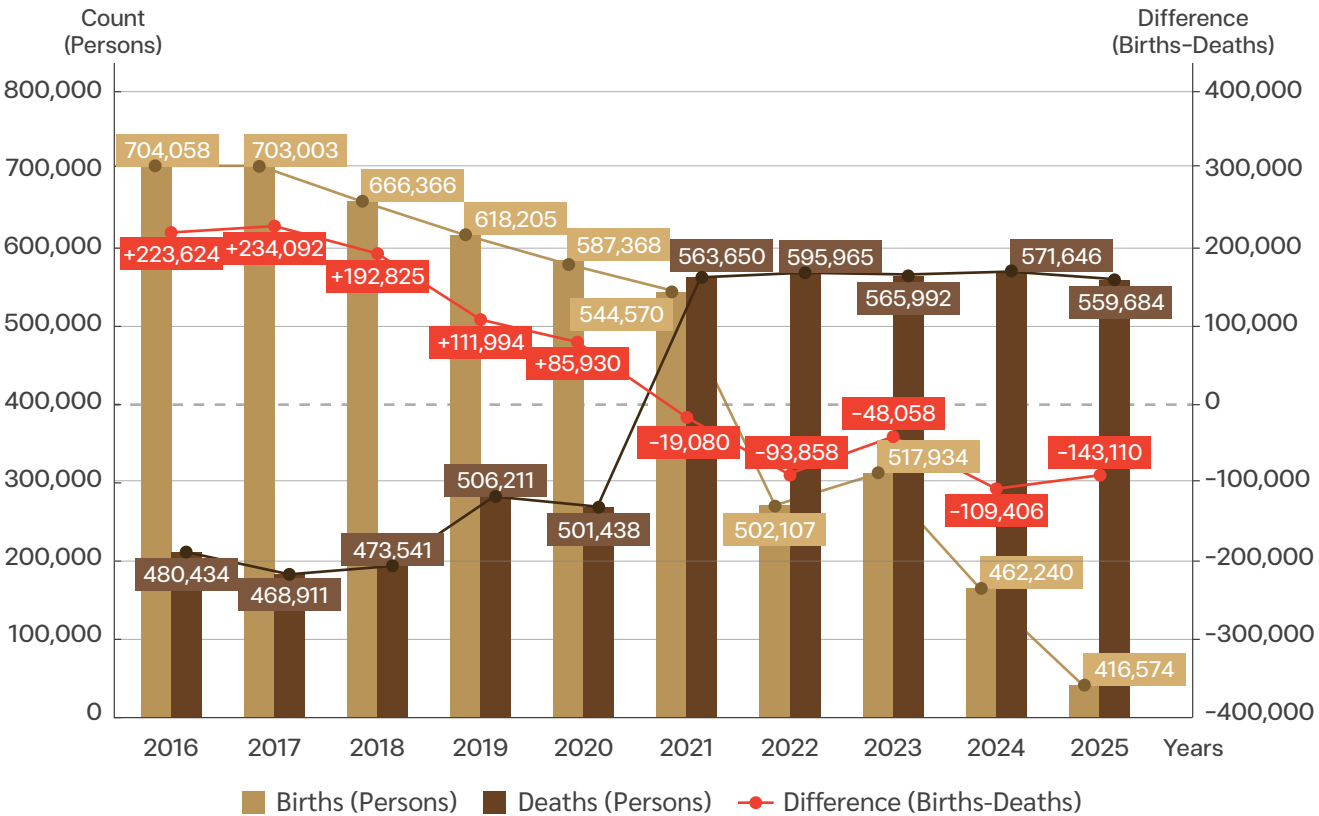
Over this 10-year period, the number of births in Thailand has continuously trended downward, dropping from 704,058 in 2016 to 416,574 in 2025—a decrease of 287,484, or 40.83%. Meanwhile, the number of deaths has trended upward, rising from 480,434 in 2016 to 559,684 in 2025, an increase of 79,250, or 16.49%. Although there have been fluctuations in some years, the overall mortality level remains higher than at the beginning of the decade. These trends reflect a decline in natural population growth and indicate that Thailand is moving past the period of benefiting from a working-age demographic dividend into a phase where the proportion of the older population will continuously increase.

When considering annual changes, the number of births has decreased in almost every year. Compared to the respective previous years, births decreased by 5.21% in 2018; 7.22% in 2019; 7.29% in 2021; 7.79% in 2022; 10.75% in 2024; and 9.88% in 2025. The only exception was 2023, which saw a slight increase in births of 3.15%. Conversely, the number of deaths trended upward during several periods, particularly in 2021, which saw a 12.41% increase from the previous year.

A critical turning point for Thailand's demographic structure occurred in 2021, which was the first year the number of deaths (563,650) exceeded the number of newborns (544,570), resulting in a negative natural population growth of 19,080 individuals. By 2025, the gap between births and deaths expanded to its widest point, with deaths exceeding newborns by 143,110.

These trends signify that Thailand is entering a state of population decline, driven by negative natural population growth, a rising proportion of the older population, and shrinking child and working-age populations. This situation will likely impact the labor force structure, increase the old-age dependency ratio, and place long-term burdens on the healthcare system, pension system, and the provision of social welfare.

Figure 6 Birth and Death Statistics of the Thai Population, 2016–2025



Year (C.E.)	Births (Persons)	Deaths (Persons)	Difference (Persons)	Annual Change Rate (%)	
				Births	Deaths
2016	704,058	480,434	+223,624	-	-
2017	703,003	468,911	+234,092	-0.15%	-2.40%
2018	666,366	473,541	+192,825	-5.21%	+0.99%
2019	618,205	506,211	+111,994	-7.22%	+6.90%
2020	587,368	501,438	+85,930	-4.99%	-0.94%
2021	544,570	563,650	-19,080	-7.29%	+12.41%
2022	502,107	595,965	-93,858	-7.79%	+5.73%
2023	517,934	565,992	-48,058	+3.15%	-5.03%
2024	462,240	571,646	-109,406	-10.75%	+1.00%
2025	416,574	559,684	-143,110	-9.88%	-2.09%

10-Year Overview Summary (2016–2025)



Decreased from **704,058** persons
Down to **416,574** persons
Overall reduction of **287,484** persons
Accounting for **-40.83%**



Increased from **480,434** persons
Up to **559,684** persons
Overall increase of **79,250** persons
Accounting for **+16.49%**

Key Observations

Year 2021

Marks the first year where "Deaths exceeded Births" (Difference count: **-19,080** persons).

From 2021–2025,

Deaths will consecutively **exceed births** every year.

Year 2025

Deaths will exceed births by **143,110** persons.

Source: Bureau of Registration Administration, Department of Provincial Administration, as of December 2025.

3.1.3 Demographic Structure Indicators

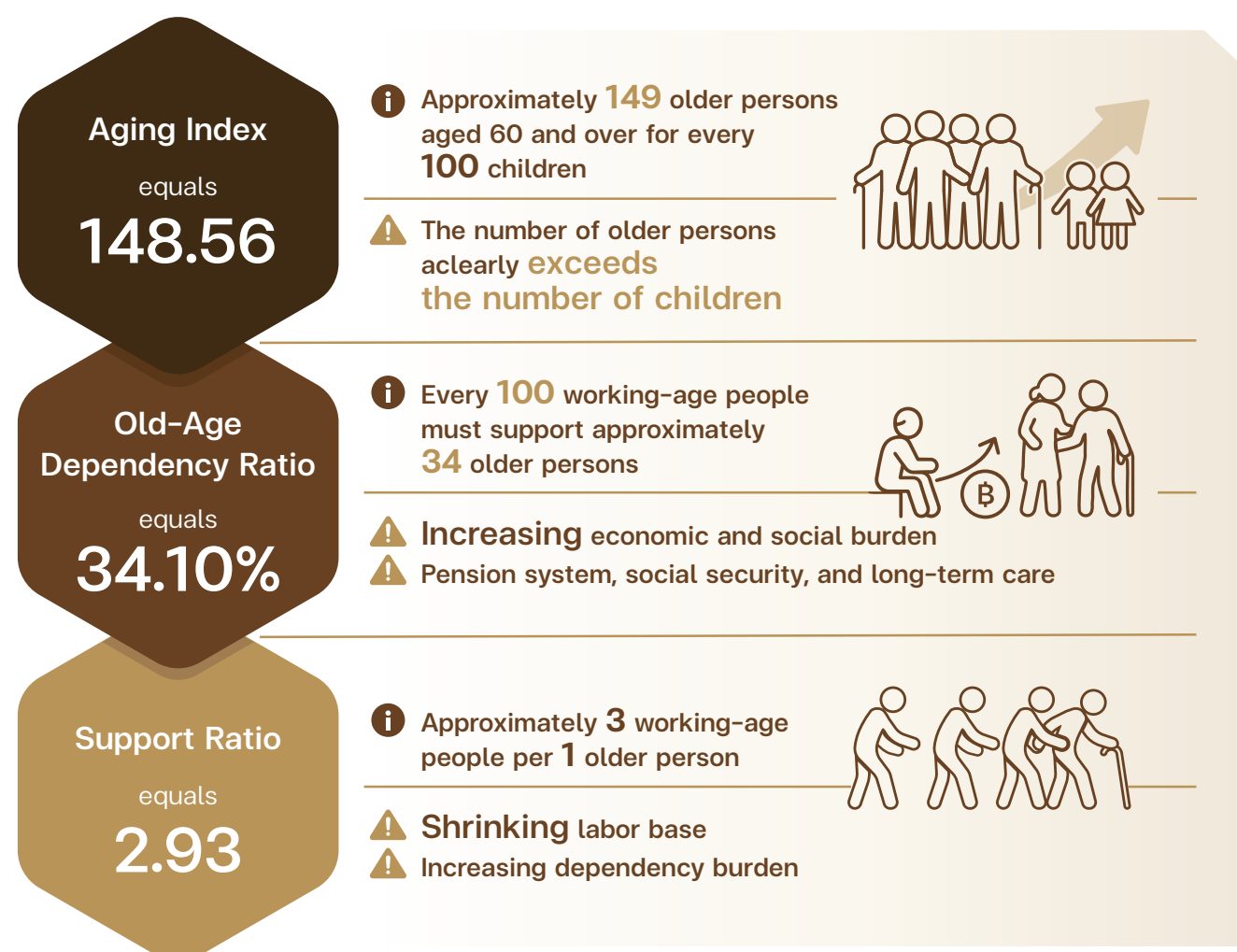
Structural demographic indicators, including the Aging Index, Old-age Dependency Ratio, and Support Ratio in 2025, reveal the following:

Aging Index: This index reflects that Thailand has become a completely aged society, with a value of 148.56. This means Thailand has approximately 149 individuals aged 60 and over for every 100 children. An index value greater than 100 demonstrates that the population aged 60 and over exceeds the population aged 0–14.

Old-age Dependency Ratio: This ratio reflects the dependency dynamics between different age groups, standing at 34.10%. This means that every 100 working-age individuals must bear the burden of supporting approximately 34 older persons, indicating an increasing economic and social burden.

Support Ratio: This indicates the number of working-age individuals considered to have the potential to care for older persons, with a value of 2.93 (calculated as the ratio of the working-age population to older persons population). This means there are approximately 3 working-age individuals available to support 1 older person. This figure is considered low compared to the past, when Thailand had more than 5–6 workers to support 1 older person.

Figure 7 Aging Index, Old-age Dependency Ratio, and Support Ratio, 2025





Data on Various Aspects of the Thai Older Population, 2025

3.2.1 Health Status

Presents statistical data reflecting the overall health status of the Thai older population, including information on health screening and health surveys, access to medical treatment and rehabilitation, oral health promotion and dental prevention, as well as access to healthcare rights and services for older persons.

(1) Health Screening for Older Persons Across All Healthcare Schemes

In 2025, health screenings across 9 domains were conducted for 10.6 million older individuals, representing 74.91% of the target population. The results showed that the most prevalent risk or abnormality was vision impairment, accounting for 8.342 million individuals or 16.82%. This was followed by oral health abnormalities at 11.84%, with other health issues declining in proportion accordingly.

Table 5 Health Screening for Older Persons in 2025

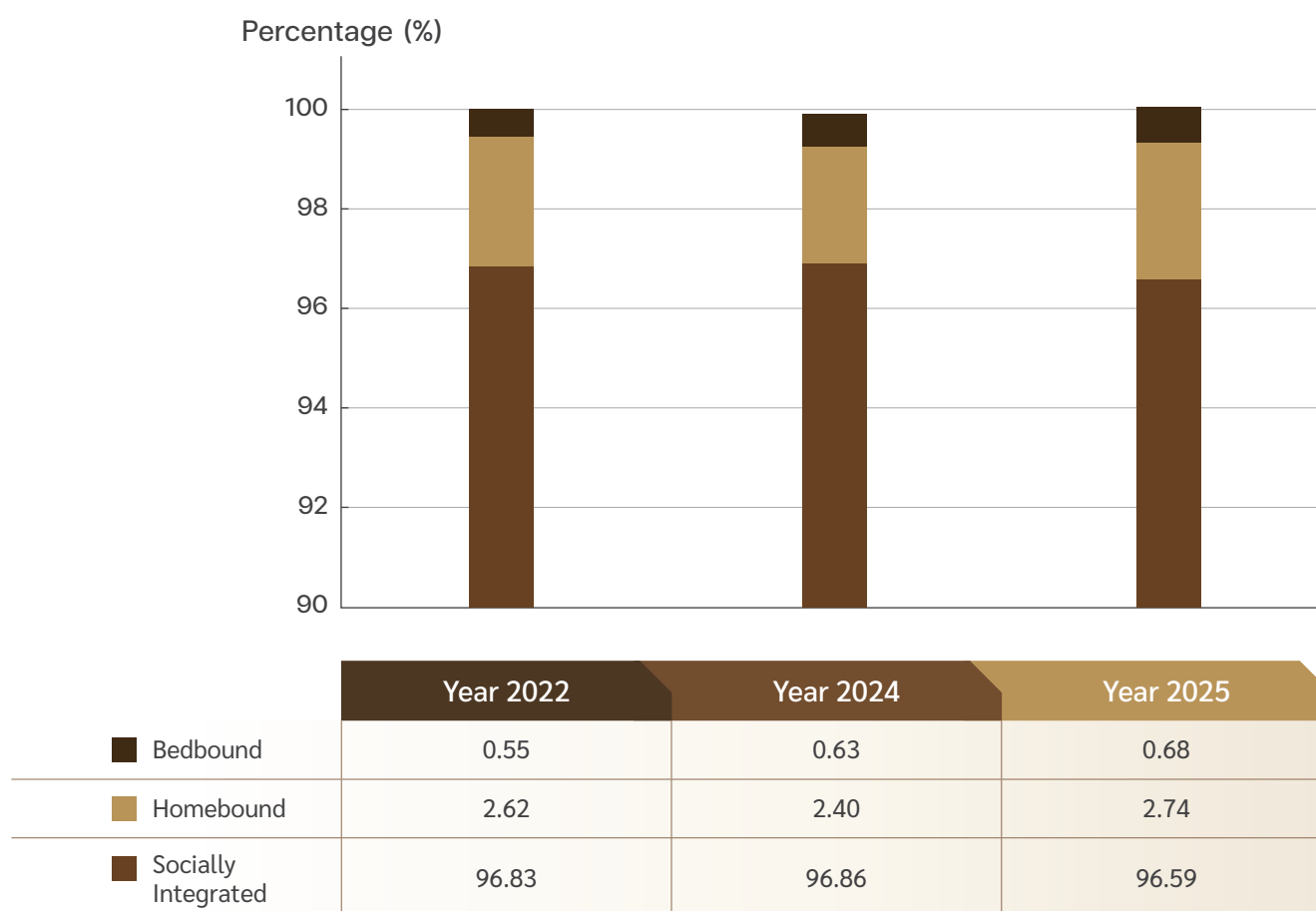
Screening	Number (millions)
1. Screening of Older Persons (% screened across all 9 domains)	10.610 (74.91%)
1) Vision (% risk/abnormality found)	8.342 (16.82%)
2) Oral Health (% risk/abnormality found)	8.378 (11.84%)
3) Mobility (% risk/abnormality found)	8.362 (8.96%)
4) Activities of Daily Living (% risk/abnormality found)	8.508 (5.81%)
5) Hearing (% risk/abnormality found)	8.049 (5.17%)
6) Cognitive Function/Memory (% risk/abnormality found)	7.939 (4.92%)
7) Malnutrition (% risk/abnormality found)	8.057 (4.61%)
8) Urinary Incontinence (% risk/abnormality found)	8.194 (4.51%)
9) Depression (% risk/abnormality found)	8.489 (1.47%)
2. Colorectal Cancer Screening using FIT test (ages 50–70)	1,387,909 (persons)

Source: National Health Security Office (NHSO)

(2) Ability to Perform Activities of Daily Living (ADL)

During the fiscal years 2022–2025, data reveals that in 2025, the vast majority of older persons (96.59%) consistently remained in the "social-bound" (active) category at a high proportion. Meanwhile, the "home-bound" group showed a declining trend from 2.62% in 2022 to 2.40% in 2024, but then increased to 2.74% in 2025. The "bed-bound" group, despite representing the lowest proportion, exhibited a gradual upward trend, rising from 0.55% in 2022 to 0.68% in 2025.

Figure 8 Percentage of Older Persons Classified by Ability to Perform Activities of Daily Living



Source: Department of Disease Control, Annual Report 2025, Health Promotion and Environmental Health Surveillance System.

(3) Number of Older Persons with Disabilities in 2025

Currently, Thailand has a total of 1,369,190 older persons with disabilities. In 2025 alone, the number was 164,908 individuals. Physical or mobility disabilities were the most prevalent, accounting for 109,770 people, followed by hearing or communication disabilities. Across almost all disability types, female older individuals with disabilities outnumbered males, with the exception of hearing disabilities.

Table 6 Older Persons with Disabilities by Type of Disability and Sex

Type of Disability	Age 60 and over		
	Male	Female	Total
Visual	3,992	4,258	8,250
Hearing or Communication	19,300	18,668	37,968
Physical or Mobility	41,907	67,863	109,770
Mental or Behavioral	1,893	2,585	4,478
Intellectual	655	907	1,562
Learning	84	163	247
Autism	0	3	3
Multiple Disabilities	1,144	1,486	2,630
Total	68,975	95,933	164,908

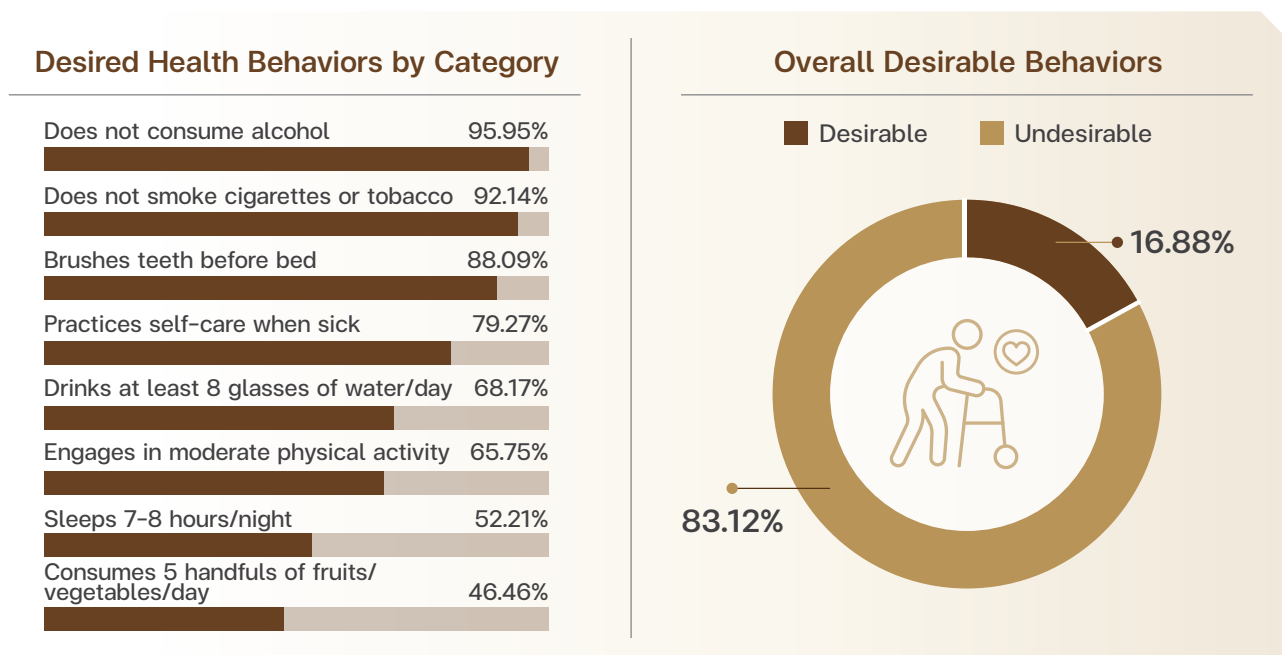
Source: Central Registry of Persons with Disabilities Database, Department of Empowerment of Persons with Disabilities
(Data from January 1, 2025, to December 31, 2025).

(4) Depression in Older Persons

Community mental health assessments from Health Regions 1–12 evaluated 5,503 older persons for depression (using the 9Q assessment tool). The findings revealed that 58.56% had no depressive symptoms, 32% had mild depressive symptoms, 7.17% had moderate depressive symptoms, and 2.27% had severe depressive symptoms. (Source: Health Data Center, January 1 – December 31, 2025)

(5) Desirable Health Behaviors

In the 2025 fiscal year, a survey on the health behaviors of older persons was conducted across 8 domains: self-care during minor illnesses, brushing teeth before bed, engaging in moderate-intensity physical activity, drinking at least 8 glasses of water per day, eating 5 servings of fruits and vegetables daily, abstaining from smoking (including roll-your-own tobacco), abstaining from alcoholic beverages, and sleeping 7–8 hours per night. The results showed that the majority of older persons (83.12%) still exhibited undesirable health behaviors, with only 16.88% demonstrating desirable behaviors. The domain with the highest rate of desirable behavior was abstaining from alcoholic beverages (95.95%), while the lowest was eating 5 servings of fruits and vegetables daily (46.46%).

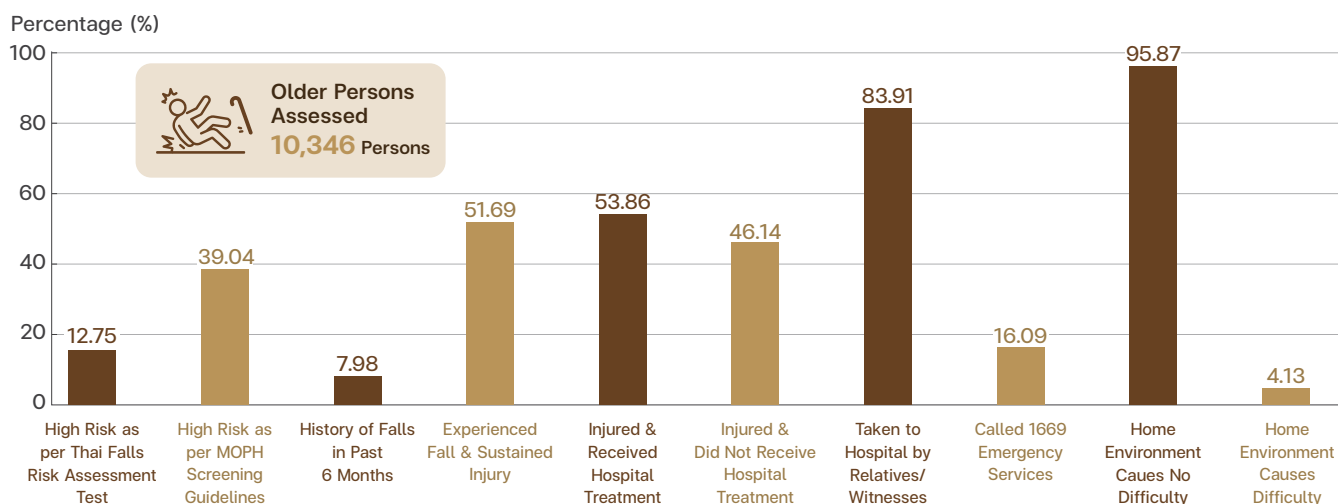
Figure 9 Desirable Health Behaviors of Older Persons, Fiscal Year 2025

Source: Department of Disease Control, Annual Report 2025, Health Promotion and Environmental Health Surveillance System.

(6) Falls

In 2025, 10,346 older persons underwent fall risk assessments. Using the Thai Falls Risk Assessment Test screening, 12.75% were found to be at high risk, while assessments based on the Ministry of Public Health's 2021 Older Health Screening and Assessment Manual indicated a high risk for 39.04%.

Among the older persons assessed, 7.98% had a history of falling within the past 6 months. Of those who fell, 51.69% sustained injuries. Among the injured, 53.86% sought treatment at a hospital, while the remaining 46.14% did not seek hospital care. For those who were injured and went to the hospital, 83.91% were transported by relatives or bystanders, and only 16.09% utilized the 1669 Emergency Medical Service.

Figure 10 Falls Among the Older Persons, 2025

Source: Report on the Survey of Literacy, Understanding of Risk Factors, and Assessment of Fall Risk, Fiscal Year 2025, Department of Disease Control.

3.2.2 Access to Healthcare Rights and Health Services for Older Persons

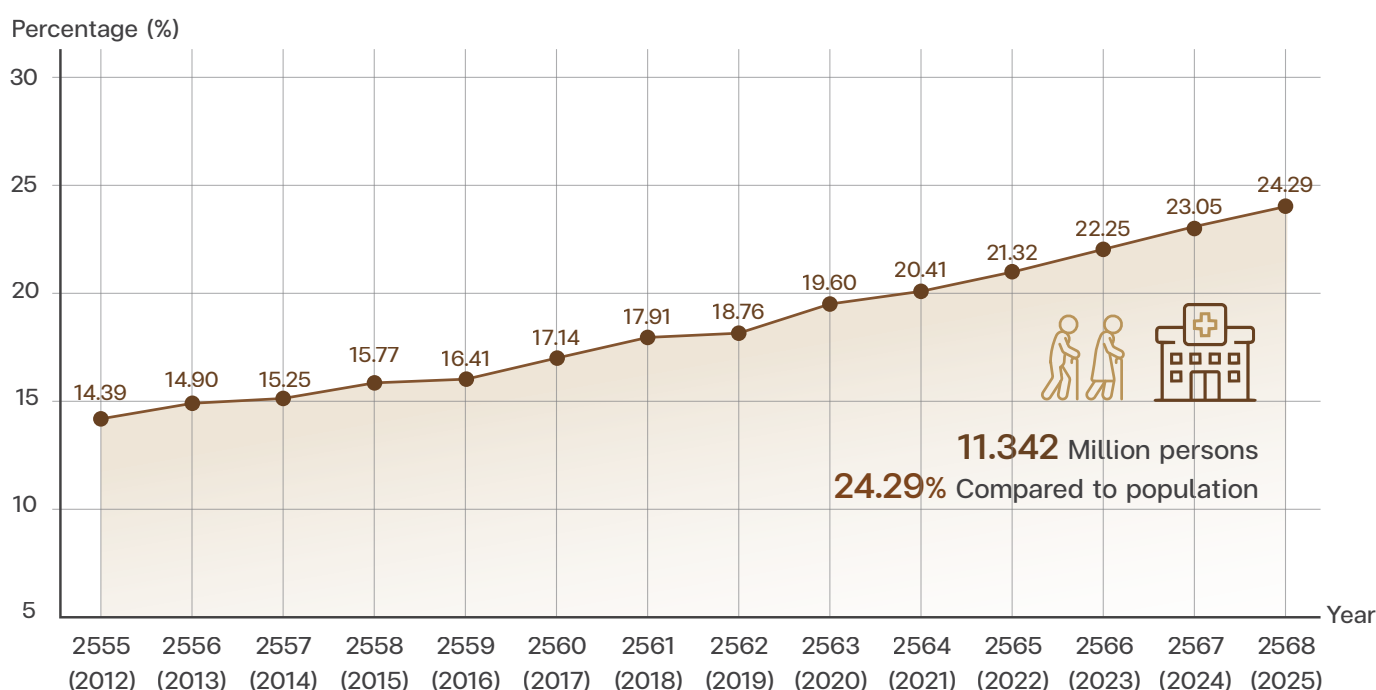
(1) Health Insurance Rights of the Thai Older

In fiscal year 2025³, out of a total population of 66,733,000 in the universal health coverage system, 14,841,000 were older persons aged 60 and over, accounting for 22.24%. Classified by the 3 primary health insurance schemes:

1. National Health Security Scheme (Universal Coverage) beneficiaries: 11,672,000 persons (24.82% of total National Health Security Scheme beneficiaries)
2. Social Security Scheme beneficiaries: 505,000 persons (3.96% of total Social Security Scheme beneficiaries)
3. Civil Servant / State Enterprise Benefit Scheme beneficiaries: 2,305,000 persons (42.21% of total Civil Servant / State Enterprise Benefit Scheme beneficiaries)

Access to the National Health Security Scheme demonstrates a continuous upward trend, with the 12-month average for the population aged 60 and over standing at 24.29% in fiscal year 2025 relative to the population across all age groups.

Figure 11 Proportion of the Older Population Aged 60 and Over Accessing the National Health Security Scheme (UC Scheme), 12-Month Average Compared to the Population of All Age Groups



Source: National Health Security Office (NHSO)

³ Data as of September 30, 2025

(2) Number of Older Persons Receiving Healthcare Services Under the National Health Security Scheme, Fiscal Year 2025

In 2025, older persons using both outpatient and inpatient services increased compared to the previous year. This included receiving care for diabetes and hypertension, as well as undergoing knee replacement surgery. However, the number of older persons who underwent dental implant procedures because they were unable to wear dentures decreased compared to 2024.

Table 7 Older Persons Receiving Healthcare Services Under the National Health Security Scheme, 2023–2025

Healthcare Services	2023	2024	2025
1. General Outpatient Services (million visits)	68.885	71.609	79.048
2. General Inpatient Services (million admissions)	2.455	2.745	3.005
3. Diabetes Patient Services (million visits)	7.475	8.944	9.432
4. Hypertension Patient Services (million visits)	15.295	16.365	17.494
5. Cataract Surgeries (cases)	148,642	169,100	179,074
- Surgery for Blinded Cataracts (cases)	73,415	78,501	79,494
(% Surgery for Blinded Cataracts out of Total Cataract Surgeries)	(49.36%)	(46.42%)	(44.39%)
6. Knee Replacement Surgeries (cases)	14,202	14,792	17,371
7. Dental Implant Surgeries for Patients Unable to Wear Dentures (persons)	1,975	2,972	2,493

Source: National Health Security Office (NHSO)

(3) Provision of Medical Rehabilitation Services Under the National Health Security Scheme

In fiscal year 2025, a total of 646,840 older persons received medical rehabilitation services under the National Health Security Scheme, accounting for 2.287 million visits. Regarding intermediate care rehabilitation—which covers stroke patients, traumatic brain injury patients, spinal cord injury patients, and hip fracture patients—stroke patients represented the highest proportion of older persons receiving care.

Table 8 Older Persons Receiving Medical Rehabilitation Services Classified by Illness

Medical Rehabilitation Services	2025	
1. Medical Rehabilitation	646,840 2.287	(persons) (million visits)
2. Intermediate Care Rehabilitation	72,755 427,692	(persons) (visits)
1) Stroke Patients	56,675 323,774	(persons) (visits)
2) Traumatic Brain Injury Patients	2,441 11,485	(persons) (visits)
3) Spinal Cord Injury Patients	762 6,702	(persons) (visits)
4) Hip Fracture Patients	12,877 85,731	(persons) (visits)

Source: National Health Security Office (NHSO)

(4) Emergency Medical Care Admissions via the National Institute for Emergency Medicine (CBD: Criteria-Based Dispatch)

Among older persons receiving emergency medical care through the National Institute for Emergency Medicine, the most common presenting symptoms were non-specific manifestations such as fatigue or general malaise (8.06%), closely followed by dyspnea/respiratory distress (7.82%). Falls remained another significant risk factor among the older population, accounting for 7.65% of emergency calls.

Table 9 Top 10 Illnesses/Presenting Symptoms Among Older Persons Receiving Emergency Medical Services

Rank	Symptom/Condition Group	Number of Patients (persons)	Percentage (%)
1	Malaise / Fatigue / Chronic Paralysis / Non-specific / Others	3,191	8.06
2	Dyspnea / Respiratory Distress	3,099	7.82
3	Falls / Accidents / Pain	3,030	7.65
4	Abdominal / Back Pain (Acute Onset)	2,900	7.32
5	Unresponsiveness / Altered Level of Consciousness / Syncope	2,874	7.26
6	Chest Pain / Cardiac Conditions	2,539	6.41
7	Stroke / Paralysis (Acute Muscle Weakness / Sensory Loss / Sudden Inability to Stand or Walk)	2,470	6.24
8	Non-traumatic Bleeding	2,361	5.96
9	Traffic / Motor Vehicle Accidents	2,346	5.92
10	Diabetes	2,305	5.82

Source: National Institute for Emergency Medicine

(5) Emergency Medical Care Admissions via the Erawan Center⁴

In 2025, a total of 50,953 older persons received emergency medical services. The proportion of females and males was nearly equal, at 50.05% and 49.22%, respectively. Regarding age distribution, the 70–79 age group accounted for the highest proportion at 33.27%, with an overall average age of 75.60 years. This indicates a clear upward trend in emergency events during middle-to-late old age.

In terms of clinical severity, the majority of cases were categorized as Red (emergency critical) at 62.49% and Yellow (urgent) at 32.35%, together accounting for nearly 95% of all cases. This reflects that older persons entering the emergency care system in the capital city are predominantly in severe condition and require immediate response. Regarding service levels, over half of the patients received Advanced Life Support (ALS) services (51.20%), followed by Basic Life Support (BLS) services (31.22%) and First Responder/First Care Services (CLS) (17.23%), highlighting the critical need for advanced emergency response capabilities in major urban areas.

⁴ The Bangkok Emergency Medical Service Center (Erawan Center), under the Medical Services Department of the Bangkok Metropolitan Administration (BMA), serves as the primary agency responsible for receiving emergency calls, coordinating, dispatching, and transferring critical emergency patients 24 hours a day, mainly through the hotline 1646 (or 1669).

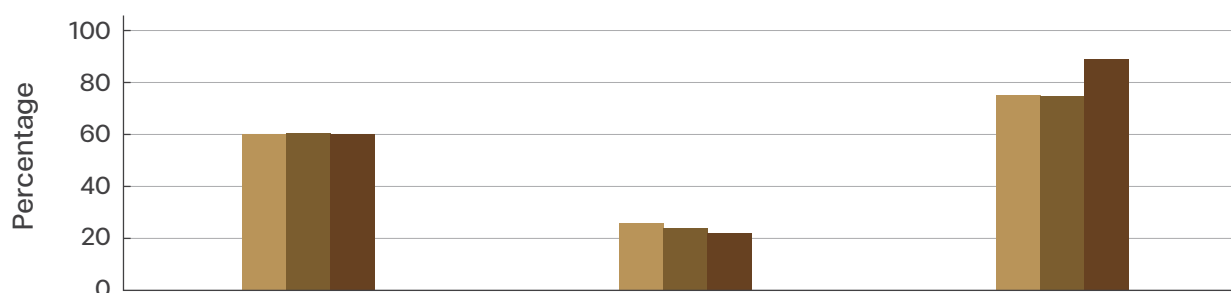
Table 10 Older Emergency Patients Handled by Erawan Center Classified by Severity Level and Service Type

Older Emergency Patients Handled by Erawan Center		Number (persons)	Percentage (%)
Severity Level (Color)	Red (Critical Emergency)	31,827	62.49
	Yellow (Urgent)	16,481	32.35
	Green (Non-urgent)	2,002	3.93
	White (General / Non-emergency)	352	0.69
Service Level	Advanced Life Support (ALS)	26,090	51.20
	Basic Life Support (BLS)	15,910	31.22
	First Responder / First Care Services (CLS / ML / FR)	8,779	17.23

Source: Bangkok Emergency Medical Service Center (Erawan Center), Medical Services Department, Bangkok Metropolitan Administration (BMA)

(6) Older Persons Receiving Oral Health Examinations, Screenings, and Health Promotion Over the Past 3 Years

Over the past three years, the number of older persons receiving oral health screening services has gradually declined, decreasing from 2,568,189 in 2023 to 2,533,047 in 2024, and reaching 2,526,460 in 2025. In 2025, the proportion of older persons with at least 20 functional natural teeth remained relatively stable, while the prevalence of nightly pre-bedtime toothbrushing behavior showed a slight increase compared to 2024.

Figure 12 Percentage of Oral Health Behaviors and Oral Health Status Among Older Persons, Fiscal Years 2023–2025

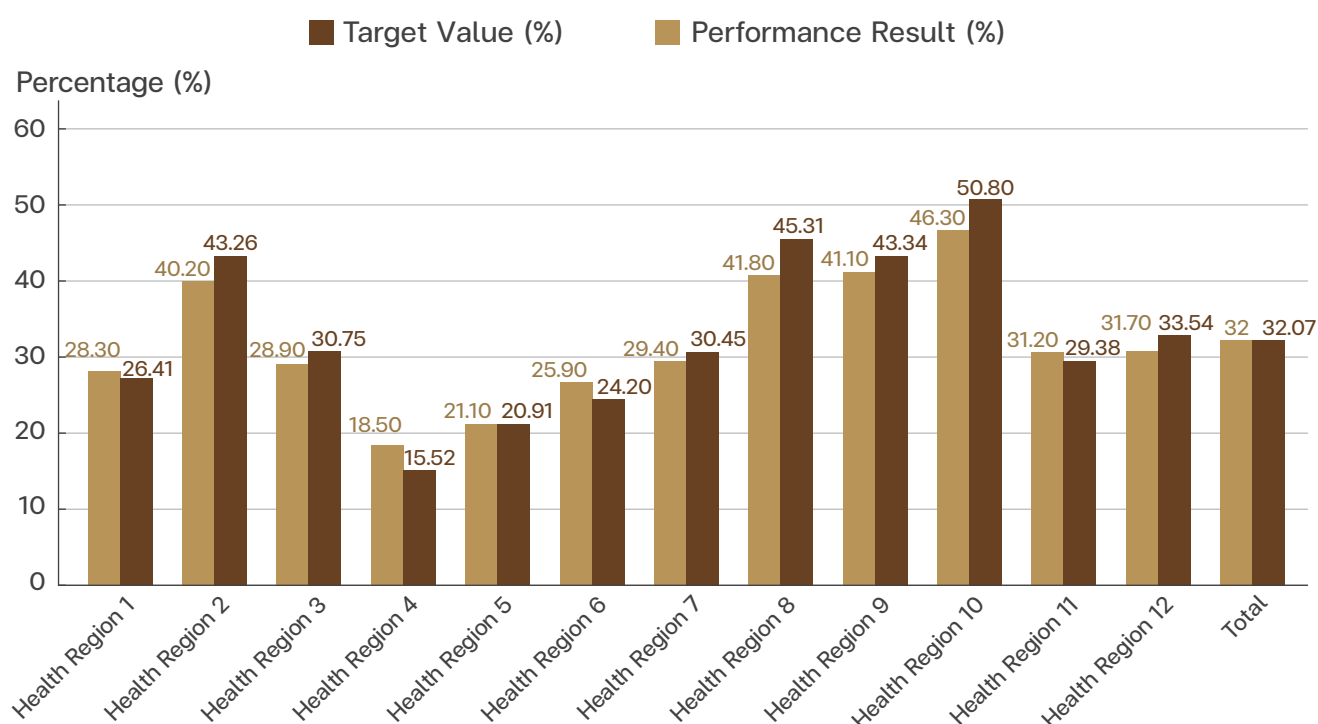
	Functional natural teeth (at least 20 teeth)	Received oral health checkup	Bedtime tooth brushing behavior
2023	61.80	28.83	74.30
2024	62.40	27.81	74.20
2025	60.52	26.46	75.20

Source: 2025 Annual Report, Department of Health, Ministry of Public Health (Health Promotion and Environmental Health Surveillance System)

(7) Older Persons Receiving Oral Health Promotion and Preventive Care

Nationwide, oral health promotion and preventive care initiatives for older persons successfully achieved their target, with an overall coverage rate averaging 32.07%, which aligns closely with the target rate of 32%.

Figure 13 Percentage of Older Persons Receiving Preventive Oral Health Care Services



Source: Department of Disease Control, Annual Report (2025)

(8) Long-Term Care Services and Medical Device/Equipment Support

The number of dependent older persons receiving long-term care services and provided with essential healthcare devices and supplies—particularly for bedridden individuals—has been steadily increasing every year.

Table 11 Dependent Older Persons Receiving Long-Term Care Services, 2023–2025

Long-Term Care Services for Dependent Older	2023	2024	2025
1. Dependent older across all healthcare schemes receiving long-term healthcare services (Unit: persons)	292,970	408,624	456,695
2. Provision of adult diapers and underpads for individuals with urinary/fecal incontinence or ADL $\leq$ 6 (Unit: persons)	56,824	99,583	101,430

Source: National Health Security Office (NHSO)

(9) Palliative Care Services for End-of-Life Patients Under the Universal Health Coverage Scheme, Fiscal Year 2025

In 2025, the number of older persons receiving end-of-life palliative care reached 81,563 persons. Among those, cases involving medication administration remained relatively stable compared to the previous year, slightly increasing from 11,053 to 11,675 persons.

Table 12 Older Persons Receiving Palliative Care Services, 2023–2025

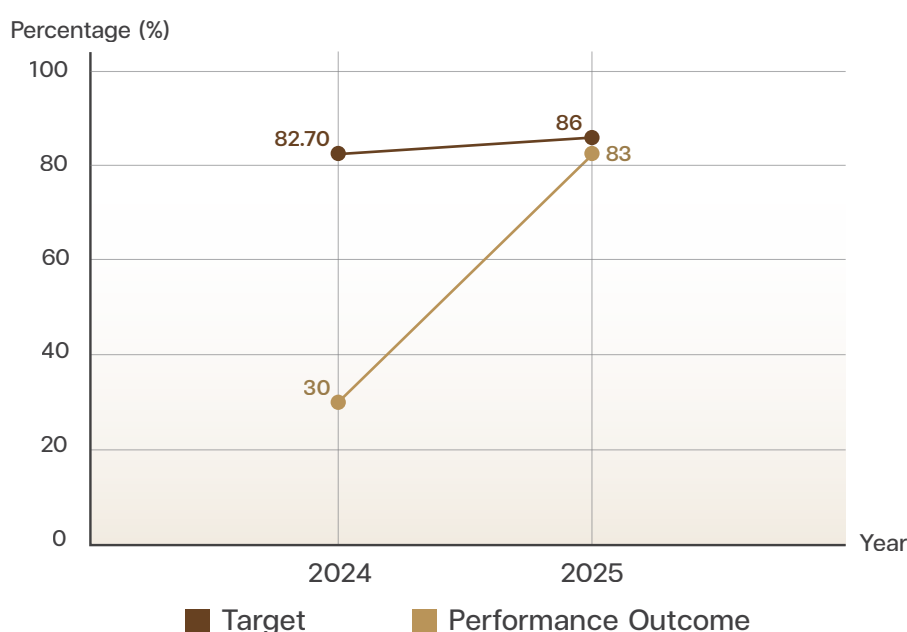
Palliative Care Services	2023	2024	2025
1. Total end-of-life palliative care admissions	68,919 persons	81,602 persons	81,563 persons
2. Palliative care involving opioid administration	8,541 persons	11,053 persons	11,675 persons

Source: National Health Security Office (NHSO), Fiscal Year 2025

(10) Service Access and Home Visits for Dependent Older Under the Benefit Package

A total of 442,431 dependent older and individuals with functional dependence accessed healthcare services and received home visits in accordance with the specified benefit package, representing 86%, which surpassed the set target of 83%.

Figure 14 Percentage of Dependent Older and Persons with Functional Dependence Accessing Healthcare Services and Receiving Home Visits Under the Benefit Package



Source: Year 2024: Data from LTC Program, NHSO, as of Oct 2, 2024

Year 2025: Data from Aging Data Profile, as of Sep 30, 2025

3.2.3 Economic Status

Data reflecting the economic situation of older persons in Thailand includes employment status, as well as income and expenditure. The majority of this data is derived from a survey conducted by the National Statistical Office (NSO) in 2024, which is the most recent nationwide survey conducted every three years. Therefore, the presentation of essential data regarding older persons in Thailand, such as employment and income, must rely on this dataset, as it represents the most current information available.

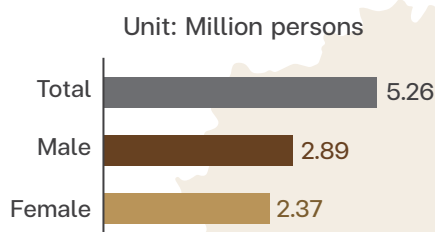
(1) Employment

According to the 2024 NSO survey, approximately 5.26 million older persons (37.2%) remained in the workforce, reflecting a slight increase from 2023. In terms of employment status, the vast majority were self-employed without employees (64.4%), followed by unpaid family workers (19.7%) and employees (12.4%), illustrating that working seniors are predominantly engaged in the informal sector. By occupation, the largest proportion worked in the agriculture and fisheries sectors (55.4%). Additionally, another dataset reveals that 50.3% of the older population remained economically active (63.4% among males and 44.3% among females) (The 7th Thai National Health Examination Survey, 2024–2025). Overall, these findings highlight that Thai older adults continue to play an active economic role; however, most are concentrated in agriculture and informal employment, which are characterized by relatively low income and potential long-term economic vulnerability.

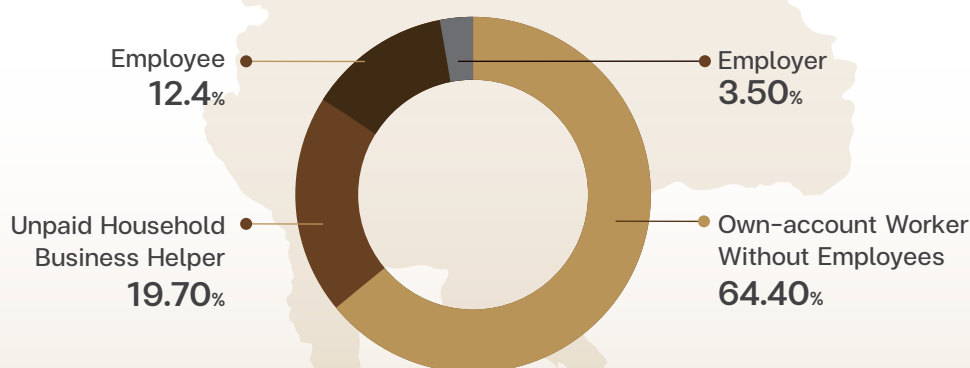
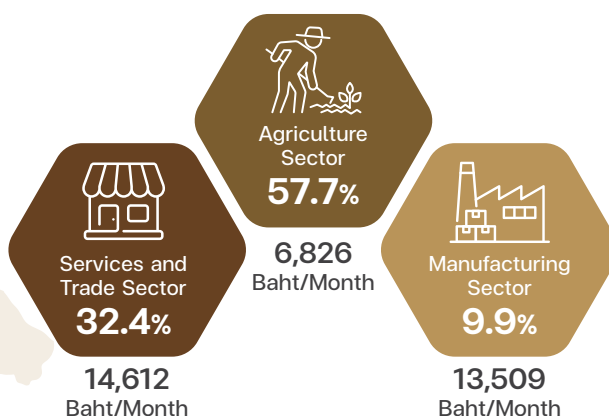


Figure 15 Employment Status of Thai Older Persons, 2024

Thailand has an older population (aged 60 years and over) numbering 14.16 million (20.2%) of the total population, resulting in Thailand becoming an Aging Society, which means having over 10% of people aged 60 and over, or over 7% of people aged 65 and over of the total population, as well as changes in the population structure and labor force structure.

Number of older person working

In B.E. 2567, the number of employed older persons was **5.26** (37.2%), an increase of **0.2** million from B.E. 2566 (5.11 million, 37.5%).

Employment Status**Occupation****Industrial Sector Type and Average Monthly Wage/Salary**

Source: National Statistical Office (NSO), The 2024 Survey of the Older Persons in Thailand.

For the majority of older persons who remained employed (51.43%), the main reason cited was being in good health or still having the physical capacity to work. Secondary reasons, however, reflected financial obligations and economic necessities, including the need to generate income to support themselves and their families (43.51%), educational expenses for children, existing debts, as well as working to assist children or other household members.

Table 13 Distribution of Employed Older Persons by Reason for Working

Reason for Working	Percentage (%)
Good health / physically capable of working	51.43
Need to earn income for self/family support	43.51
Assisting children / household members	1.74
Regular occupation with no successor	1.43
Making productive use of free time	0.93
Outstanding debts	0.61
Not yet reached retirement age	0.20
Supporting children's education	0.12
Others	0.04
Unknown	0.00
Total	100.00

Source: National Statistical Office (NSO), The 2024 Survey of the Older Persons in Thailand.

(2) Income and Income Sources of Older Persons

Since no nationwide survey on older income was conducted in 2025, the 2024 income survey data is presented below as the most recent baseline. Nearly all older individuals—99.94% of the total older population—reported having an income. Among them, 20.11% earned an average income of 100,000–299,999 THB per year, while 3.35% earned an average income below 10,000 THB per year (National Statistical Office, Older Persons' Income Survey, 2024). Sources of income are categorized as follows:

- **Income from Self and Family:** Children served as the primary source of income for 35.65% of older persons, closely followed by income from employment at 33.91%. Additional family sources included spouses (5.59%), relatives (1.66%), and other sources (National Statistical Office, Older Persons' Income Survey, 2024).

- **Government Transfers:** A significant portion of older persons received financial support through government transfers or contributory schemes, including older allowances, government pensions/gratuities, and National Savings Fund (NSF) benefits.

Table 14 Recipients and Expenditure of Military/Civil Service Pensions, Gratuities, and Retainers, Fiscal Year 2025

Payment Type	Number of Recipients (persons)	Amount (THB)
Retainer Pay (Bia-wat)	5,849	915,209,476.81
Lump-sum Gratuity (Bam-net Pok-ka-ti)	1,186	552,865,191.47
Regular Pension (Bam-nan Pok-ka-ti)	920,663	335,557,864,158.94
Permanent Employee Gratuity (Bam-net Look-chang)	543	300,464,599.05
Monthly Gratuity (Bam-net Rai-duean)	107,817	21,798,568,491.14
Total	1,036,058	359,124,971,917.41

Source: Comptroller General's Department

• **Old-Age Allowance (Calendar Year 2025: January 1 – December 31, 2025):** A total of 12,128,462 recipients, with a total allocated budget of 94,450,088,400 THB.

• **Economic Stimulus Program for Senior Citizens:** A total of 3,043,492 older persons participated in the program, with the Comptroller General's Department successfully disbursing payments to 2,983,788 recipients, totaling a budget of 29,837,880,000 THB.

• **National Savings Fund (NSF):** A total of 53,112 older persons remained active NSF members. Additionally, 606,555 members received living allowance payouts, and 5,418 members received monthly pension benefits (Source: National Savings Fund, data as of December 31, 2025).

• **Social Security System:** A total of 2,880,058 older persons aged 60 and older were insured under the Social Security System. This comprised 203,633 insured persons under Section 33, 302,160 insured persons under Section 39, and 2,374,265 insured persons under Section 40.

Table 15 Older Insured Persons in the Social Security System Classified by Age Group

Age Group	Insured Persons			
	Section 33	Section 39	Section 40	Total across all sections
60–65 years	156,986	145,134	1,538,241	1,840,361
66–69 years	27,881	68,550	630,694	727,125
70–75 years	14,157	61,924	202,147	278,228
76–79 years	3,102	17,466	3,182	23,750
80 years and above	1,507	9,086	1	10,594
Total	203,633	302,160	2,374,265	2,880,058

Source: Social Security Office, Ministry of Labour

The Social Security Fund disbursed old-age benefits (comprising both lump-sum gratuities and monthly pensions) to insured persons under Section 33 and Section 39, benefiting a total of 1,287,488 individuals with total disbursements amounting to 49,870.13 million THB. Additionally, old-age lump-sum benefits were paid to 59,114 insured persons under Section 40, totaling 329.37 million THB.

Table 16 Old-Age Benefit Disbursement Statistics, Social Security Fund

Insured Persons	Lump-Sum Gratuity		Monthly Pension		Total	
	persons	Million THB	persons	Million THB	persons	Million THB
Section 33 and Section 39	369,152	17,841.48	918,336	32,018.25	1,287,488	49,870.13
Section 40	59,114	329.37	-	-	59,114	329.37
Total	428,266	18,170.85	918,336	32,018.25	1,346,602	50,189.10

Source: Social Security Fund (Fiscal Year 2025 Data)

(3) Older Persons' Savings

Approximately 55.04% of older persons reported having personal savings, while 44.26% had no savings. Among those with savings, 12.11% possessed savings below 25,000 THB, with the remaining proportion holding varying amounts of saved funds.

Table 17 Older Persons' Savings Distribution Classified by Amount of Savings

Savings	Percentage (%)
Has savings	55.04
No savings	44.26
Savings below 25,000	12.11
Savings 25,000 – 49,999	9.02
Savings 50,000 – 69,999	8.68
Savings 70,000 – 79,999	2.20
Savings 80,000 – 89,999	1.88
Savings 90,000 – 99,999	1.23
Savings 100,000 – 199,999	8.93
Savings 200,000 – 399,999	4.59
Savings 400,000 – 699,999	2.83
Savings 700,000 – 999,999	1.10
Savings 1,000,000 – 2,999,999	1.93
Savings 3,000,000 THB and above	0.55
Unknown	0.70
Total	100.00

Source: National Statistical Office (NSO), The 2024 Survey of the Older Persons in Thailand.

(4) Indebtedness among Older Persons

Approximately 10.80% of older individuals reported having personal debt, while 23.36% lived in households where other family members had debt. However, more than half of the older population—58.38%—resided in households with no debt.

Table 18 Older Population Classified by Indebtedness Status

Indebtedness Status	Percentage (%)
Personal debt	10.80
Debt held by household members	23.36
Debt held by both self and household members	6.88
No household debt	58.38
Unknown	0.59
Total	100.00

Source: National Statistical Office (NSO), The 2024 Survey of the Older Persons in Thailand.

(5) Financial Support by Older Parents to Adult Children

Although constituting a minority compared to those who do not provide financial assistance, a segment of the older population continues to support their children financially. Specifically, 9.98% of older parents provide financial support to children living within the same household, while 7.89% provide financial support to children living outside the household.

Table 19 Percentage of Older Persons with Living Children, Classified by Financial Support Provided to Children

Financial Support Status	Children Living Inside Household	Children Living Outside Household
	Percentage	Percentage
Does not provide financial support	42.27	76.87
Provides financial support	9.98	7.89
No children in category	47.68	15.10
Unknown	0.07	0.15
Total	100	100

Source: National Statistical Office (NSO), The 2024 Survey of the Older Persons in Thailand.

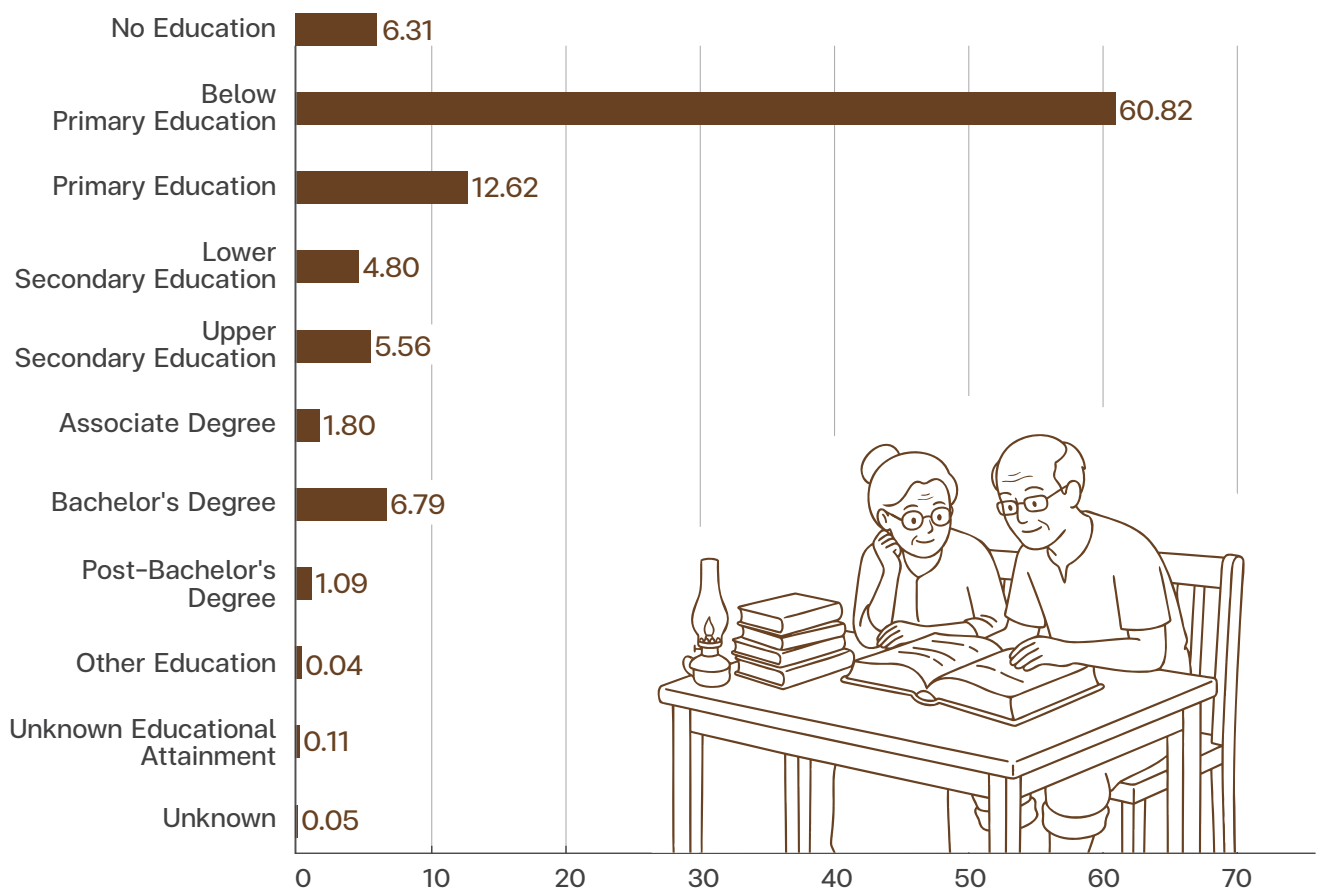
3.2.4 Social Status

The social status of older persons encompasses information on education, lifelong learning, and community and social participation.

(1) Education Level of Older Persons

Among older persons who received formal education, the vast majority—60.82%—completed lower than primary education. This was followed by those who completed primary education (12.62%), a bachelor's degree (6.79%), and postgraduate education (1.09%).

Figure 16 Percentage of Older Population Classified by Education Level



Source: National Statistical Office (NSO), The 2024 Survey of the Older Persons in Thailand.

(2) Lifelong Learning for Older Persons

As of Fiscal Year 2025 (data as of September 30, 2025), there were 3,497 Schools for Older Persons operating nationwide, broken down by region as follows:

1. Northeastern Region: 1,535 schools
2. Northern Region: 972 schools
3. Central Region: 568 schools
4. Southern Region: 406 schools
5. Bangkok Metropolitan Area: 16 schools



The total number of enrolled students across these Schools for Older Persons reached 240,911 persons (Department of Older Persons). Additionally, the Sirindhorn Red Cross Station Schools for Older Persons (Red Cross Station No. 12, Thung Song) recorded a cumulative total of 1,126 participants (Thai Red Cross Society).

(3) Community and Social Participation

1. Centers for Older Person Quality of Life and Occupational Promotion: A total of 219,571 older persons participated in activities organized by ODOP centers (Department of Older Persons, data from October 31, 2024 – September 30, 2025).

2. Senior Clubs Network: Under the Senior Citizens Association of Thailand (SCAT), there were 29,970 older clubs with a combined membership of 4,279,394 individuals (Senior Citizens Association of Thailand, 2025).



3. Civil Defense Volunteers (CDV): Out of a nationwide total of 651,070 Civil Defense Volunteers, 223,281 volunteers were older persons (Department of Disaster Prevention and Mitigation).

4. Wisdom Bank: A total of 35,575 older persons were registered in the national Wisdom Bank system, including 191 older experts registered within Self-Help Land Settlement areas (Department of Older Persons, data from October 31, 2024 – September 30, 2025).

Conclusion The world is rapidly advancing into an aging society. Declining birth rates combined with increasing average life expectancy are reshaping population structures from a "broad-base" to a "narrow-base and expanding-top" pyramid—a hallmark of countries in the late stages of demographic transition. Thailand is among these countries. Currently, Thailand's child population has shrunk to its lowest proportion, while the working-age population remains at its peak and the older population continues to rise steadily. By 2025, older adults aged 60 and above accounted for 21.71% of the total population, whereas children aged 0–14 comprised 14.61%. The Aging Index stood at 148.56, indicating that there are approximately 149 older persons for every 100 children. An Aging Index exceeding 100 confirms that Thailand has officially entered a Complete Aged Society and is moving toward becoming a Super-Aged Society in the near future. Demographic dependency indicators further underscore the critical challenges facing the country:



- **Old-Age Dependency Ratio:** Stood at 34.1%, meaning that every 100 working-age individuals must support approximately 34 older persons—pointing to rising economic, social welfare, and healthcare burdens.
- **Potential Support Ratio:** Calculated as the ratio of working-age population to older persons, this value dropped to just 2.93, indicating that only about 3 working-age adults support 1 older person. This presents a stark contrast to the past, when Thailand maintained a ratio of more than 5–6 workers per older person.

Furthermore, declining birth rates juxtaposed with rising mortality rates reached a critical inflection point in 2021, when annual deaths surpassed births for the first time—a trend that continues to the present day. This phenomenon carries profound implications for labor market structures, demographic dependency ratios, long-term economic security, and social welfare sustainability.

Thailand's demographic shift is therefore not merely a structural change in population numbers, but a systemic transition impacting health, economic, social, and environmental domains. The growing older population inevitably leads to complex health burdens, heightened economic vulnerability, and an urgent demand for more comprehensive social care systems.



Theme: Disasters and Older Persons

Over the past decade, climate change, rapid urbanization, and social inequality (UNDRR, 2015) have intensified the severity and complexity of disasters. These encompass natural, technological, environmental, and cyber disasters, which broadly impact human life, the economy, and social stability. The consequences of such disasters are disproportionately severe for "vulnerable groups."



Older persons are highly vulnerable across physical, health, and psychological dimensions. Age-related limitations and dependence on others create barriers in coping with extreme events, including evacuation, emergency adaptation, and access to essential services. Consequently, they face an elevated risk of acute stress and marginalization within disaster relief systems.

Therefore, presenting situational data on disasters and older persons is crucial for relevant stakeholders to understand this nexus. This understanding will facilitate informed policy formulation and appropriate risk management for an aging society. The scope of this chapter encompasses mitigation, preparedness, response, recovery, and rehabilitation to ensure effective, equitable, and inclusive disaster management.



Why is Disaster Preparedness Essential for Older Persons?

In the context of an aging society, older persons are more vulnerable to disasters than other age groups due to three major limitations: physical decline, constraints in medical treatment and rehabilitation, and psychosocial vulnerability. As a result, they face a higher risk of injury, mortality, and loss of quality of life compared to the general population (World Health Organization, 2019; UNDRR, 2017).

Furthermore, the Sendai Framework for Disaster Risk Reduction 2015–2030 emphasizes the critical need to protect vulnerable populations. Older persons, in particular, are disproportionately affected and face a higher risk of severe impacts (UNDRR, 2015). Concurrently, many older persons are care-dependent, have underlying health conditions, or live alone. This creates significant barriers to accessing information, evacuation, healthcare, and emergency assistance. Without adequate preparedness, this could result in long-term detriments to their physical health, psychological well-being, and livelihood security.

Therefore, disaster preparedness for older persons is not merely a disaster management measure, but a vital component in building social resilience. It helps minimize losses and sustainably safeguards their quality of life. In Thailand, disaster risks arise from both natural hazards and human activities, including floods, storms, droughts, air pollution, and urban accidents. This reflects the increasing complexity of these threats, underscoring the urgent need for a comprehensive and tailored preparedness system.

2.2

Definition and Typology of Disasters

2.2.1 Definition



The term "disaster" is a multidisciplinary concept. Internationally, the United Nations defines it as a serious disruption of the functioning of a community or a society, resulting from the interaction between a hazard, exposure, vulnerability, and capacity, which exceeds the ability of the affected community or society to cope using its own resources (UNDRR, 2017).

Similarly, the International Federation of Red Cross and Red Crescent Societies (IFRC) defines a disaster as a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, economic, or environmental losses that exceed the community's or society's ability to cope using its own resources, necessitating external assistance (IFRC, 2022). Meanwhile, the World Health Organization (WHO) emphasizes health impacts, particularly the disruption of public health services and access to medicines and medical treatment. This severely affects vulnerable groups, such as older persons, persons with disabilities, and chronically ill patients (WHO, 2019).

In Thailand, the Disaster Prevention and Mitigation Act, B.E. 2550 (2007) does not explicitly use the direct translation of disaster but rather employs the term "public disaster" (Satharanaphai). It is defined as an event causing harm to life, body, property, or the environment, originating from both natural causes and human actions, with widespread impacts that require systematic management. This essentially aligns with the aforementioned international definitions. Furthermore, in contemporary society, the concept of disaster has expanded to encompass "social crises" (e.g., conflicts, economic instability, or technological crises) that can similarly threaten the livelihood security of the population (Department of Mental Health, 2025)⁵.

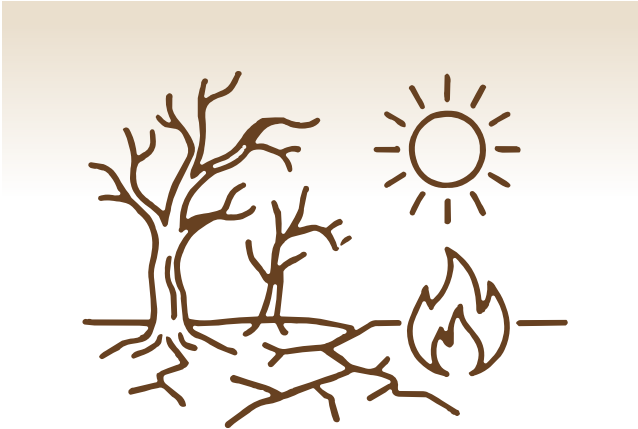
In conclusion, this Situation of the Thai Older Persons Report employs the term "disaster" in a comprehensive sense. It covers natural hazards, human-induced disasters, and social crises that affect the livelihood, health, and security of the population. A specific focus is placed on older persons, a highly vulnerable group that suffers disproportionate impacts from disasters and requires targeted protection measures.

⁵ According to the Department of Mental Health, it refers to a crisis or conflict caused by social changes—such as economic downturns, wars, political violence, or disasters—that negatively impacts the structure of daily life, as well as the feelings and mental state of a large number of people in the community and society.

2.2.2 Typology of Disasters

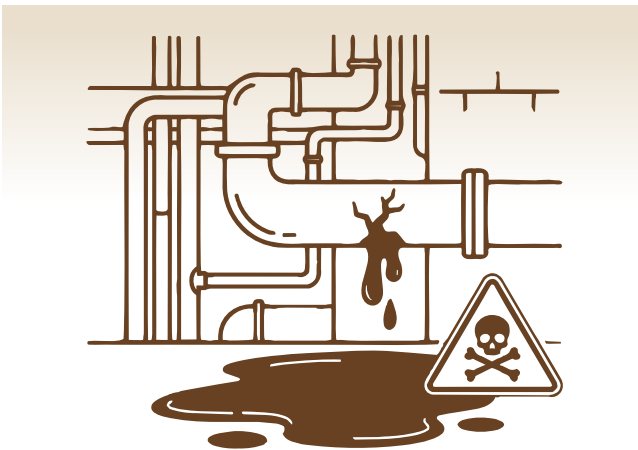
Internationally, disasters are generally classified into two primary categories (UNDRR, 2017; CRED, 2023):

(1) Natural Disasters: Originating from natural processes of the Earth. These are subdivided into:



- Geophysical: e.g., earthquakes, volcanic eruptions, tsunamis, landslides.
- Meteorological: e.g., storms, typhoons, thunderstorms.
- Hydrological: e.g., floods, flash floods.
- Climatological: e.g., droughts, heatwaves, wildfires, smog/haze.
- Biological: e.g., epidemics, emerging infectious diseases (WHO, 2019).

(2) Human-induced/Technological Disasters: Resulting from human activities or system failures (WHO, 2019). These include:



- Industrial accidents: e.g., chemical spills, factory explosions.
- Infrastructure and transport accidents: e.g., building collapses, bridge failures, transportation accidents.
- Environmental hazards: e.g., air, water, and soil pollution.
- Security hazards: e.g., conflicts, population displacement.
- Digital/Cyber hazards: e.g., online scams, data theft.

This chapter encompasses both categories of disasters affecting older persons in Thailand in 2025.

2.3

Thailand's Disaster Landscape in 2025: Complex Crises and Impacts on Older Persons

Throughout 2025, Thailand encountered a diverse array of natural and human-induced disasters. This reflects the complex risk landscape of contemporary society, encompassing environmental, health, infrastructure, and social stability dimensions. These disasters had multidimensional impacts on older persons across health, economic, and social domains. These events underscore the urgent need for Thailand to develop integrated systems for risk management, preparedness, and recovery, moving beyond incident-specific responses. This is particularly crucial for protecting older persons, who constitute a vulnerable group. The major disaster events can be outlined chronologically as follows:

Figure 17 Selected disaster events in 2025



The collapse of the State Audit Office building on March 28, 2025 (left); and the evacuation of villagers from a border district to a temporary shelter at Surin Rajabhat University in Mueang District, Surin Province, on the night of July 24, 2025 (right).

Sources: <https://www.bbc.com/thai/articles/cwyey5eqzgqo>
and <https://plus.thairath.co.th/topic/politics&society/105322>

Figure 18 Sequence of Major Disaster Events in 2025

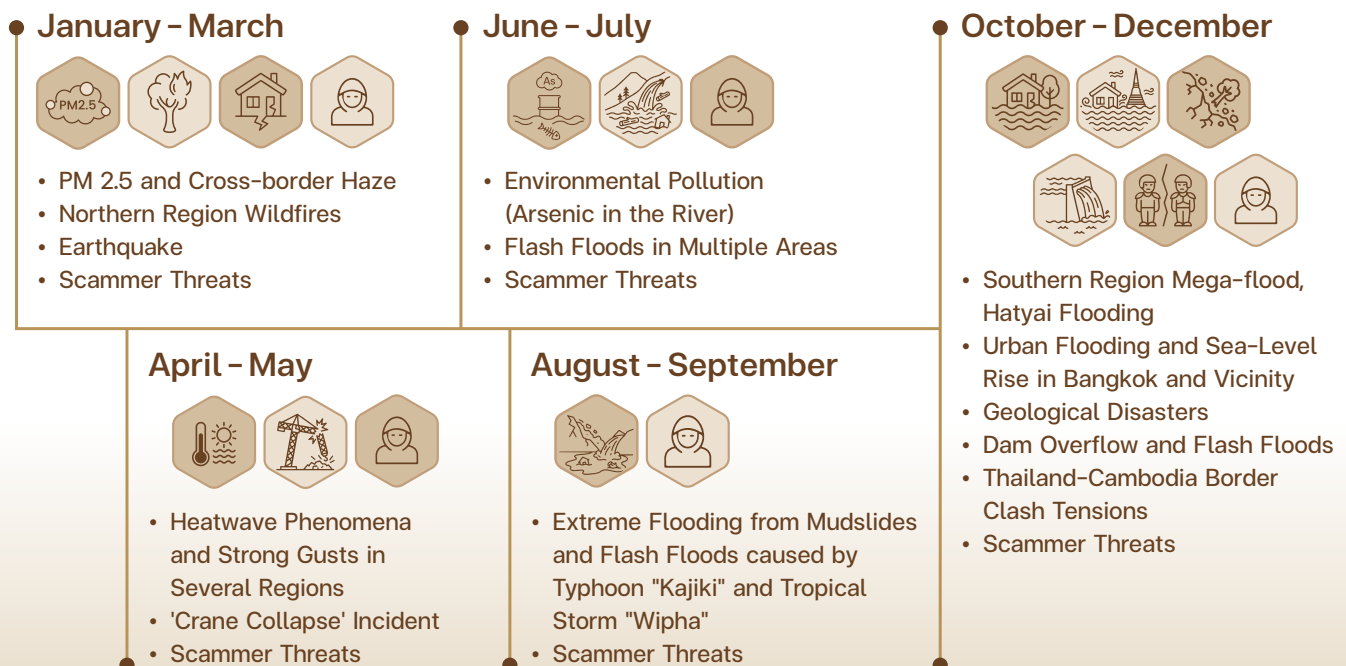


Table 20 Major disaster events in Thailand in 2025, categorized by impacts on the general population and in-depth impacts on older persons

Major disaster events in Thailand in 2025		
 <p>Geological disasters</p>		
Event	Damage and Impacts	In-depth impacts on older persons
<p>1. A 7.7-magnitude earthquake (Bangkok area)</p> <p>On March 28, 2025, a 7.7-magnitude earthquake with its epicenter in Myanmar sent tremors that affected Bangkok and 13 other provinces in Thailand.</p>	<ul style="list-style-type: none"> The State Audit Office building under construction in Chatuchak District collapsed, resulting in 96 reported fatalities and 7 missing persons. Older persons are among the groups at high risk for post-disaster stress, anxiety, and fear, especially those living alone or with chronic illnesses (WHO, 2025). Infrastructure and public services sustained widespread damage across multiple areas, affecting 1,389 houses, 168 hospitals, 129 schools, and 83 government offices. This indicates that the impacts were not confined to high-rise buildings in Bangkok but also disrupted public health services, education, and government operations in several provinces nationwide (ADRC, 2025). 	<ul style="list-style-type: none"> Mobility and evacuation constraints: Older persons often experience sarcopenia and balance issues, impeding their evacuation from buildings or hazardous areas, particularly in high-rise structures or confined spaces. Combined with delayed responses to warning signals, this heightens their risk of injuries from falls or being trapped under debris compared to other age groups. Panic and cardiovascular impacts: Sudden tremors trigger panic, causing rapid increases in blood pressure and heart rate. For older persons with pre-existing cardiovascular conditions, this can precipitate medical emergencies such as myocardial infarctions or strokes. These represent indirect causes of mortality that are frequently unrecorded in the initial aftermath. Housing insecurity and psychological impacts: The loss of residence has a profound impact on older persons, as a "home" signifies both security and psychological attachment. Forced relocation to unfamiliar shelters, which may lack suitable facilities such as safe spaces or access to healthcare services, induces cumulative stress and a sense of hopelessness. This elevates the risk of depression and long-term health deterioration.
<p>2. Landslide in Phuket Province</p>	<ul style="list-style-type: none"> Landslide events in certain areas, such as Phuket Province, resulting in loss of life and property damage, highlight compound disasters caused by the interaction between geological instability and cumulative rainfall. This exacerbates the severity of the hazard, rendering it sudden and difficult to forecast. 	

Major disaster events in Thailand in 2025



Hydrometeorological disasters

Event	Damage and Impacts	In-depth impacts on older persons
3. Heavy rainfall and flash floods caused by summer storms across multiple regions	<ul style="list-style-type: none"> Over 1,700 households were damaged, affecting more than 8,200 individuals. Severe flooding in Nan and Chanthaburi provinces affected over 10,000 households, resulting in numerous fatalities and missing persons. 	<ul style="list-style-type: none"> Disruption of medical continuity: Older persons with chronic conditions, such as renal or cardiovascular diseases, are highly vulnerable when healthcare facilities are damaged, power grids fail, and transportation networks are disrupted. The subsequent shortages of medications and medical supplies severely interrupt the continuous care of homebound and bedridden individuals.
4. Impacts of Typhoon Kajiki striking 12 provinces in the Northern and Northeastern regions	<ul style="list-style-type: none"> More than 6,300 individuals were affected, with at least 5 fatalities, 7 missing persons, and 15 injuries reported. Continuous flooding occurred in 8 provinces, with the storm's impacts subsequently expanding to 15 additional provinces, including Bangkok, resulting in 5 reported fatalities. 	<ul style="list-style-type: none"> Sanitation and accident risks: Stagnant floodwaters and the lack of clean water elevate the risk of infectious diseases, particularly dermatological and gastrointestinal conditions. Concurrently, wet environments and power outages increase the incidence of slip-and-fall accidents, which can result in severe disability or mortality.
5. Severe flooding across multiple areas in Thailand, particularly in the Central, Northern, and Northeastern regions, driven by high cumulative rainfall, storm impacts, and water discharges from major dams	<ul style="list-style-type: none"> Approximately 370,000 individuals were affected, with 22 fatalities occurring within a single day (Uttaradit and Phra Nakhon Si Ayutthaya provinces were the most severely impacted areas). 	<ul style="list-style-type: none"> Psychosocial impacts: Compound disasters induce cumulative stress. The loss of housing and assets leaves older persons susceptible to severe depression and prolongs their recovery. Without appropriate psychological interventions, these conditions can develop into long-term mental health disorders.
6. Severe flash floods and forest runoffs resulting from the impacts of Storm Koto and the Northeast Monsoon	<ul style="list-style-type: none"> Multiple provinces were affected, particularly Songkhla (Hat Yai), Phatthalung, and Narathiwat, where cumulative rainfall exceeded 200 mm. This impacted over 2.7 million individuals, or approximately 1 million households, resulting in at least 33 fatalities. Patients from Hat Yai Hospital had to be evacuated by helicopter due to the risks of power outages and disruptions to healthcare services. 	

Major disaster events in Thailand in 2025



Environmental hazards

Event	Damage and Impacts	In-depth impacts on older persons
7. Fine particulate matter (PM2.5) crisis	<ul style="list-style-type: none">• In the Northern region and Bangkok, fine particulate matter concentrations exceeded air quality standards for several consecutive days between January and March. This crisis is structurally complex, driven by a combination of factors including air stagnation that restricts pollution dispersion, agricultural open burning, forest fires, and transboundary haze from neighboring countries. Consequently, this leads to the continuous and prolonged accumulation of particulate matter in the lower atmosphere.	<ul style="list-style-type: none">• Physiological vulnerability: Age-related decline in the respiratory system increases the susceptibility of older persons to PM2.5 infiltration. This exacerbates pre-existing chronic conditions, such as COPD, asthma, and cardiovascular diseases, leading to increased hospitalization rates and placing a significant burden on the public health system.• Inequality in self-protection: Low-income older persons or those residing in congested communities often face limited access to protective equipment, such as N95 masks or air purifiers. This reflects a state of "clean air poverty" and significantly elevates their health risks.• Adaptation constraints and psychosocial impacts: Prolonged indoor confinement restricts social interactions, inducing stress and social isolation. This negatively impacts their physical well-being and diminishes their long-term capacity to cope with subsequent disasters.

Major disaster events in Thailand in 2025



Human-induced and technological disasters

Event	Damage and Impacts	In-depth impacts on older persons
8. Toxic contamination event in the Kok River	<ul style="list-style-type: none"> Health impacts were particularly severe among vulnerable groups, including older persons, children, and individuals with chronic diseases. Economically, at least 20 sub-districts dependent on the Kok River were affected by declining fishery incomes, diminished consumer confidence, concerns regarding agricultural water use, and a slowdown in riverside tourism. Estimated economic losses for a single season in 2025 ranged from approximately 511–1,300 million baht. 	<ul style="list-style-type: none"> Risk of toxic exposure in daily life: Older persons relying on natural water sources face a high risk of heavy metal exposure through daily consumption and agricultural practices. This leads to bioaccumulation within the body, elevating the long-term risks of chronic skin diseases and cancer. Exacerbation of underlying conditions: Water contaminants act as catalysts that accelerate the deterioration of pre-existing illnesses, such as renal or gastrointestinal diseases. This is particularly critical for low-income older persons who have limited access to clean water. Psychosocial and livelihood security impacts: The contamination of water sources undermines food security and the fundamental sense of safety. This induces cumulative stress and anxiety, adversely affecting psychological well-being and community cohesion.
9. Construction accidents on Rama II Road	<ul style="list-style-type: none"> Major incidents included the collapse of an elevated bridge structure under construction near the Dao Khanong Toll Plaza in Chom Thong District, Bangkok, on March 15, 2025, resulting in 5 fatalities and 27–28 injuries. Subsequently, on April 4, 2025, a crane cable snapped at the Intercity Motorway No. 82 (Bang Khun Thian - Ban Phaeo) project in Samut Sakhon Province, crushing a passing pickup truck and causing severe injuries. Furthermore, on August 31, 2025, a crane collapsed while lifting a steel structure on Rama II Road at kilometer 26+500, near Central Mahachai in Samut Sakhon Province, resulting in approximately 3 injuries. 	<ul style="list-style-type: none"> Barriers to emergency service access: Traffic congestion on Rama II Road, caused by ongoing construction and accidents, results in significant delays in patient medical transfers. This critically compromises the "Golden Hour," particularly for older persons vulnerable to cardiovascular and cerebrovascular emergencies. Impacts of construction pollution: Dust and noise emissions from construction activities exacerbate respiratory and allergic conditions in older persons. This can reduce their overall quality of life and increase environmental stress. Psychological and lifestyle impacts: Anxiety surrounding recurrent accidents deters older persons from traveling. This avoidance behavior severely restricts their access to healthcare services and social interactions, ultimately leading to social isolation and diminished livelihood security.

Event	Damage and Impacts	In-depth impacts on older persons
10. Conflict along the Thai-Cambodian border	<ul style="list-style-type: none"> The conflict along the Thai-Cambodian border in 2025 constitutes a multidimensional crisis affecting civilian safety, population displacement, the livelihoods of border communities, and regional stability. This is particularly evident in the humanitarian context, characterized by urgent evacuations, which represent a significant social and security hazard at both national and local levels. Historical reports indicate that over 140,000 individuals were forced to leave their homes or evacuate from high-risk areas across several border provinces in Thailand, while more than 134,000 individuals in Cambodia experienced urgent displacement or relocation. Some of these populations evacuated to internal safe zones or temporary shelters. Data from the Department of Mental Health revealed that a total of 4,299 older persons required psychological care and trauma healing due to the crisis involving landmines. Cross-border trade activities came to an immediate halt. Trade between border communities decreased almost entirely, severely impacting the income of local entrepreneurs and households. 	<ul style="list-style-type: none"> Evacuation and infrastructure barriers: Evacuation shelters often lack Universal Design, rendering them difficult for older persons to access, particularly those with mobility limitations or who are bedridden. Furthermore, the absence of real-time databases for vulnerable populations significantly increases the risk of these individuals being overlooked during rescue and relief operations. Sudden health impacts: Conflict situations trigger acute physiological stress, elevating the risk of cardiovascular and cerebrovascular emergencies in older persons, such as myocardial infarctions or strokes. Disruption of medical continuity: Emergency evacuations frequently result in the loss of or lack of access to essential medications for chronic diseases. This leads to rapid health deterioration that complicates subsequent rehabilitation efforts. Psychological impacts and PTSD: The conflict environment can induce re-traumatization, leading to Post-Traumatic Stress Disorder (PTSD) and severe anxiety, especially among older persons who have previous life experiences involving violence or war. Disruption of social support systems: Displacement and urgent evacuations often separate older persons from their families, primary caregivers, and familiar communities. This separation induces profound social isolation, diminishing their coping capacity and overall resilience in navigating the crisis.
11. Cyber threats	<ul style="list-style-type: none"> The patterns of cyber threats targeting older persons in 2025 became increasingly diverse and complex. According to data from the Technology Crime Investigation and Analysis Division, there were 15,447 reported cybercrime cases involving older persons as victims in 2025, resulting in total financial losses exceeding 4,247,447,046 baht. These threats can be classified into several primary categories: Call center scams: Impersonating government agencies or financial institutions to manipulate victims into transferring funds. Malicious applications: Deceiving victims into installing fake apps that grant perpetrators remote control over their devices. Impersonation/Relationship scams: Exploiting personal ties, such as pretending to be children or relatives in emergency situations. Health-related fraud: Selling health products using exaggerated or false medical claims. Investment scams: Luring victims into fake trading or investment platforms promising abnormally high returns. This specific pattern generated the highest financial losses compared to all other types. 	<ul style="list-style-type: none"> Economic impacts: Older persons lose their savings, which serve as their primary post-retirement resource. This severely compromises their financial security and elevates the risk of poverty, particularly for those without a regular income. Psychological and emotional impacts: Victims experience stress, anxiety, and depression, compounded by feelings of guilt, a loss of self-esteem, and diminished trust in individuals and society. In many cases, victims hesitate to report the incidents due to shame or embarrassment. Social impacts: Older persons are prone to technology avoidance (digital withdrawal), increased dependency on others, and a higher risk of social isolation. Furthermore, they remain vulnerable to being revictimized using their previously compromised data. Physical health impacts: Cumulative stress exacerbates pre-existing chronic conditions, such as hypertension or cardiovascular diseases, and disrupts sleep patterns, ultimately leading to chronic fatigue. Impacts on overall quality of life: These multidimensional effects significantly diminish the overall quality of life. Older persons may lose their capacity for independent living and develop a deep-seated paranoia regarding technology use, underscoring the urgent need for integrated preventive and remedial measures.

2.4

Disaster Management by Government Agencies

In the context of an aging society and climate change, which have led to an increase in the frequency and severity of disasters, older persons are considered a vulnerable group affected by these events across multiple dimensions. Therefore, the rescue, relief, and rehabilitation of older persons cannot be undertaken by a single agency alone. It requires the integrated cooperation of multiple sectors—including the public and private sectors, civil society, and community volunteer networks—to ensure that assistance is comprehensive, appropriate, and tailored to the specific needs of older persons in each situation. In Thailand, disaster management operations are divided into two levels:

1. Policy Level

Thailand possesses policy and legal mechanisms that dictate the direction of national disaster management. The key instruments are:

(1) The Disaster Prevention and Mitigation Act, B.E. 2550 (2007), which serves as the primary legislation defining the country's disaster management structure. It designates the Department of Disaster Prevention and Mitigation (DDPM) as the central agency responsible for directing and coordinating operations with other government agencies, local administrative organizations, and relevant sectors. The Act also establishes mechanisms for formulating disaster prevention and mitigation plans at all levels—national, provincial, and local. Furthermore, it delineates authority and responsibilities regarding prevention, preparedness, emergency response, assistance to affected persons, and post-disaster recovery to ensure that disaster management is systematic and unified. Additionally, the Act defines "public disaster" (Satharanaphai) to encompass both natural and human-induced hazards that cause harm to life, body, property, or the public interest (Department of Disaster Prevention and Mitigation, 2007).

(2) The National Disaster Prevention and Mitigation Plan, which acts as the policy framework and guideline for disaster management at the national level. It covers operations across the pre-disaster, disaster response, and post-disaster phases, with a strong emphasis on disaster risk reduction, government agency preparedness, and the enhancement of societal resilience (Department of Disaster Prevention and Mitigation, 2021). Operations at this policy level are also aligned with international frameworks, such as the Sendai Framework for Disaster Risk Reduction 2015–2030, which focuses on mitigating disaster risks and strengthening national preparedness to cope with disasters (United Nations Office for Disaster Risk Reduction, 2015).



2. Operational Level

Disaster management in Thailand operates through integrated cooperation among multisectoral agencies at the policy, operational, and local levels. Each agency performs distinct roles and duties according to its legally mandated missions and responsibilities. These range from surveillance, early warning, and preparedness to emergency response, assistance to affected persons, healthcare, social protection, and post-disaster recovery and rehabilitation. The key agencies that play a significant role in assisting older persons during crises are as follows:



Table 21 Main Roles of Ministerial, Operational, and Local Agencies in Assisting Older Persons During Disasters

Ministry	Main Roles
Ministry of Interior	Serves as the principal agency for overseeing and managing national disasters. Responsible for establishing the Incident Command System (ICS), as well as planning, coordinating, and directing operations alongside all sectors.
Ministry of Public Health	Responsible for public healthcare during disaster situations. This includes providing emergency medical services, disease control, and caring for vulnerable populations, such as older persons.
Ministry of Social Development and Human Security	Focuses on the care and assistance of vulnerable groups, including children, older persons, and persons with disabilities. This encompasses providing social welfare and supporting their recovery and quality of life.
Ministry of Agriculture and Cooperatives	Responsible for relief and recovery in the agricultural sector. Roles include providing compensation for losses, supporting production factors, and restoring farmers' livelihoods.
Department of Disaster Prevention and Mitigation (DDPM)	Serves as the core agency for national disaster management. Establishes the Incident Command System (ICS) and coordinates with all sectors (Department of Disaster Prevention and Mitigation, 2021).
Local Administrative Organizations (LAOs)	Serve as the primary frontline agencies at the local level. As the agencies closest to the public, they are responsible for issuing early warnings, establishing temporary shelters, assisting affected persons, and caring for vulnerable groups, including older persons within the community.

Ministry	Main Roles
Department of Disease Control	Plays a critical role in the surveillance and control of communicable diseases that may emerge post-disaster (e.g., waterborne diseases, vector-borne diseases, and respiratory infections). Responsible for deploying Surveillance and Rapid Response Teams (SRRT) to control outbreaks.
National Institute for Emergency Medicine (NIEM)	Primarily responsible for managing the emergency medical system. Coordinates urgent assistance for patients and the injured via the 1669 hotline and deploys emergency medical responder teams to affected areas.
Thai Meteorological Department (TMD)	Responsible for monitoring, analyzing, and forecasting weather conditions to provide early warnings (e.g., storms, heavy rain, strong winds, and heatwaves), serving as crucial information for disaster preparedness and response.
Office of the National Water Resources (ONWR)	Serves as a forward operational agency according to the command plan. Responsible for overseeing and planning the country's overall water management, river basin management planning, infrastructure development, and monitoring water situations to prevent and mitigate floods and droughts.
Agencies under the Ministry of Agriculture and Cooperatives (e.g., Royal Irrigation Department, Department of Fisheries, Department of Livestock Development, Department of Agricultural Extension, and related agencies)	Play a primary role in supporting the post-disaster recovery of the agricultural sector. Responsibilities include damage assessment, resource rehabilitation (soil, water, crops, and livestock), compensation and remedial assistance, provision of production factors, and knowledge transfer to restore farmers' livelihoods.
Thai Red Cross Society	Primarily responsible for providing blood, medicines, medical supplies, and consumer goods for disaster relief. Also conducts first aid and disaster preparedness training for personnel, volunteers, and the general public.
Volunteer and Community Networks	Civil Defense Volunteers (CDVs) and Village Health Volunteers (VHVs) serve as a crucial frontline workforce in delivering timely on-the-ground assistance to the public and older persons within the community.



Roles of Agencies in Assisting Older Persons and Vulnerable Groups Affected by Disasters

Regarding the roles of agencies in assisting older persons affected by disasters, the authors utilized data from agencies that collect and categorize information on older persons as a specific demographic, distinct from other groups. Additionally, older persons are also included within the broader category of vulnerable groups, as detailed below:

2.5.1 Agencies that Categorize Older Persons as a Specific Group

(1) Department of Disaster Prevention and Mitigation (DDPM)

The number of older persons (aged 60 and over) affected by disasters totaled 138 individuals, comprising 96 fatalities and 42 injuries. This data can be categorized by disaster type as follows:

Table 22 Number of Affected Individuals by Disaster Type, Categorized by the General Public and Older Persons

Disaster Type	General Public			Older Persons (Aged 60 and over)		
	Injured	Deceased	Total (persons)	Injured	Deceased	Total (persons)
Floods	33	272	305	1	63	64
Windstorms	18	16	34	3	3	6
Fires	227	66	293	35	19	54
Earthquakes	35	97	132	-	3	3
Mudslides/Landslides	16	12	28	2	-	2
Wildlife hazards	4	13	17	-	4	4
Accidents	26	39	65	1	3	4
Chemicals and hazardous materials	32	9	41	-	1	1
Total	391	524	915	42	96	138

Source: Department of Disaster Prevention and Mitigation, 2025

According to the announcement regarding the criteria for providing assistance to flood victims during the 2025 rainy season, a lump-sum financial assistance was approved for affected individuals whose primary residence is located within the disaster-declared area and who meet one of the following four impact conditions: (1) The residence was flooded for no more than 7 days, resulting in property damage. (2) The residence was flooded for more than 7 days. (3) The residence was surrounded by water, rendering normal daily life impossible for more than 7 days. (4) Residing in a high-rise building where, despite floodwaters not reaching the residential floor, the surrounding environmental conditions made normal daily life impossible for more than 7 consecutive days. The assistance was set at 9,000 baht per household, in accordance with the Cabinet resolution. A total of 754,681 older persons requested assistance, categorized by area as follows:

Table 23 Number of Older Persons Requesting Financial Assistance for Flood Victims During the 2025 Rainy Season

Province	Number (persons)	Province	Number (persons)	Province	Number (persons)
1. Nakhon Si Thammarat	175,727	25. Sing Buri	3,938	49. Chumphon	140
2. Songkhla	165,554	26. Surat Thani	3,734	50. Kanchanaburi	125
3. Phatthalung	73,442	27. Chai Nat	3,554	51. Saraburi	117
4. Pattani	52,905	28. Ang Thong	3,475	52. Si Sa Ket	84
5. Phra Nakhon Si Ayutthaya	34,799	29. Chiang Mai	2,885	53. Trat	76
6. Yala	25,216	30. Tak	2,675	54. Maha Sarakham	74
7. Narathiwat	23,874	31. Lampang	2,194	55. Nong Bua Lam Phu	46
8. Satun	23,215	32. Uthai Thani	2,092	56. Phang-nga	37
9. Sukhothai	17,931	33. Nakhon Nayok	1,792	57. Nong Khai	28
10. Nan	16,883	34. Prachinburi	1,424	58. Lopburi	25
11. Samut Prakan	14,636	35. Ubon Ratchathani	1,242	59. Yasothon	20
12. Suphan Buri	12,724	36. Kamphaeng Phet	1,116	60. Krabi	16
13. Phichit	12,678	37. Chachoengsao	895	61. Roi Et	14
14. Nakhon Sawan	10,569	38. Loei	739	62. Prachuap Khiri Khan	11
15. Trang	8,214	39. Udon Thani	567	63. Kalasin	9
16. Nonthaburi	8,192	40. Khon Kaen	495	64. Rayong	6
17. Phrae	6,955	41. Chonburi	432	65. Sakon Nakhon	5
18. Nakhon Pathom	5,991	42. Nakhon Ratchasima	422	66. Sa Kaeo	5
19. Uttaradit	5,389	43. Chanthaburi	381	67. Nakhon Phanom	4
20. Phayao	5,242	44. Mae Hong Son	348	68. Ranong	4
21. Chiang Rai	5,005	45. Lamphun	290	Total	754,681 (persons)
22. Phitsanulok	4,898	46. Surin	252		
23. Phetchabun	4,394	47. Phuket	208		
24. Pathum Thani	4,104	48. Chaiyaphum	148		

Figure 19 Remedial Assistance for Flood Victims During the 2025 Rainy Season

Source: Division of Disaster Prevention and Mitigation, 2025

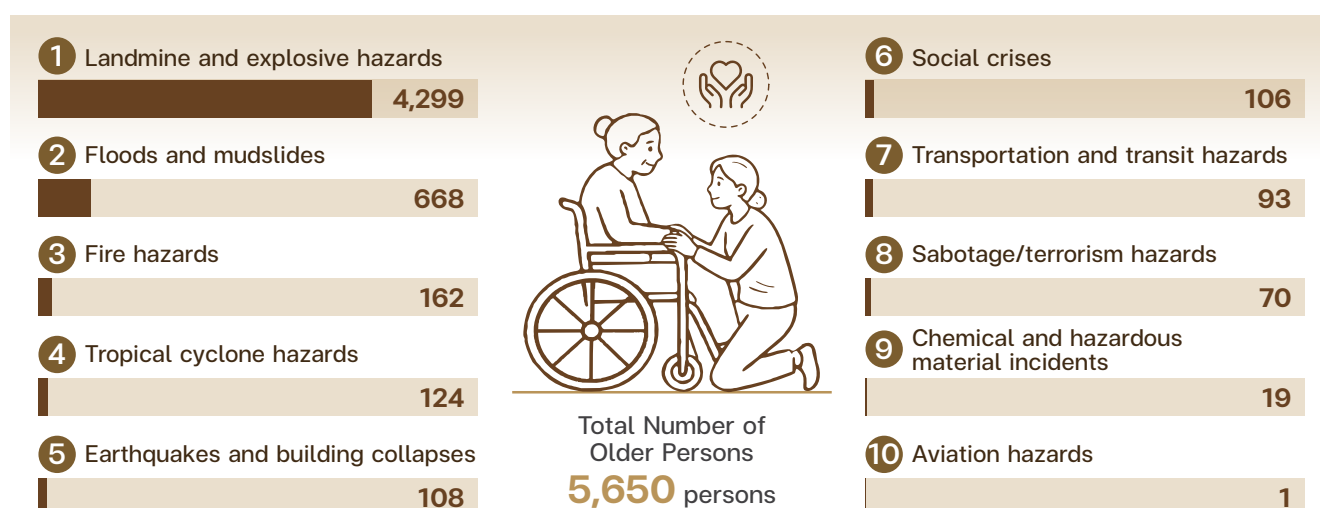
(2) Ministry of Social Development and Human Security

The number of older persons' households affected by various types of disasters totaled 5,601 families. Specifically, there were 801,812 older persons affected by floods, of which 1,432 individuals received financial assistance totaling 4,410,000 baht. This accounts for only 0.17 percent of the affected individuals.

(3) Department of Mental Health, Ministry of Public Health

The operational results and reports from the Crisis Mental Health Surveillance System (CMS) for older persons revealed that a total of 5,650 older persons received mental health care and psychological support during crises from the Mental Health Crisis Assessment and Treatment Team (MCATT) (Ministry of Public Health, 2019). This data is categorized by disaster type as follows:

Table 24 Number of Older Persons Receiving Mental Health Care and Psychological Support in Crises



Source: Department of Mental Health, January 1 – December 31, 2025

(4) Royal Thai Police

The Technology Crime Investigation and Analysis Division, Royal Thai Police, reported that in 2025, there were a total of 15,447 cases involving older persons who fell victim to online fraud and scams, resulting in total financial losses of 4,248,447,046 baht. The details are as follows:

Figure 20 Number of Cases and Value of Financial Losses from Technology Crimes



Source: Technology Crime Investigation and Analysis Division

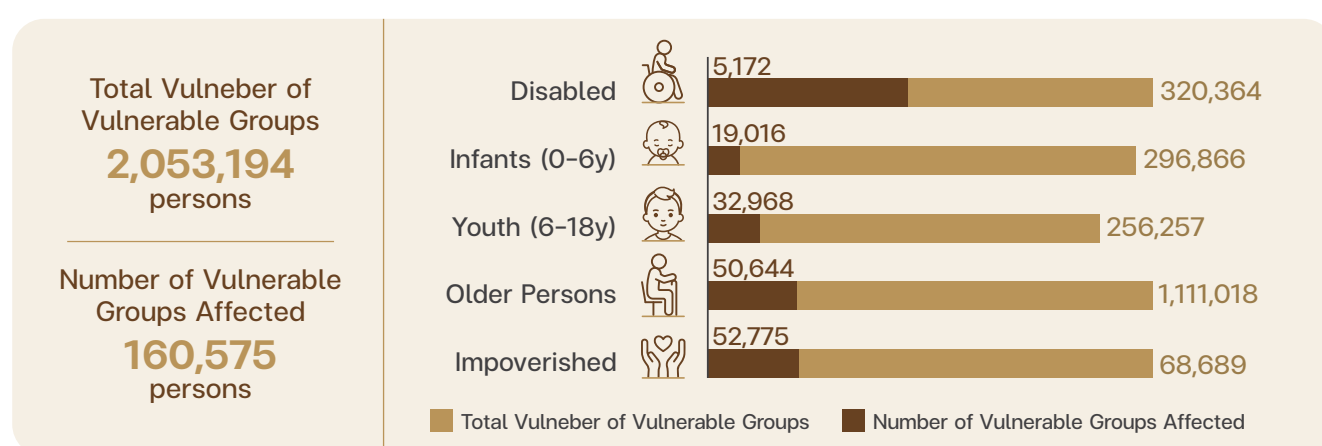
2.5.2 Agencies that Include Older Persons within Vulnerable Groups

Vulnerable groups such as older persons, persons with disabilities, children, and bedridden patients experience disaster impacts to a significantly greater degree than the general population. These impacts span multiple dimensions, including health, daily living, and access to relief services. Therefore, providing assistance and rehabilitation to vulnerable groups requires collaborative efforts from various sectors, including the public and private sectors, communities, and volunteer networks. This multisectoral cooperation is essential to ensure that operations are appropriate, comprehensive, and effectively tailored to the specific needs of each group.

(1) Ministry of Social Development and Human Security

Regarding the assistance provided in response to the conflict situation along the Thai-Cambodian border: According to the Ministry's primary database, the electronic family logbook system (MSO Logbook), across 10 provinces⁶, there were 50,644 older persons affected out of a total of 2,053,194 affected individuals.

Figure 21 Data on Vulnerable Population Groups in Disaster-Affected Areas, Classified by Province



Province	Disabled		Infants (0-6y)		Youth (6-18y)		Older Persons		Impoverished	
	Not affected	Affected	Not affected	Affected	Not affected	Affected	Not affected	Affected	Not affected	Affected
Ubon Ratchathani	69,548	529	76,126	4,239	62,846	7,359	260,423	8,322	22,017	14,658
Si Sa Ket	64,280	1,945	55,164	5,096	49,988	11,044	217,853	15,357	11,234	4,470
Surin	67,386	1,741	55,072	5,961	45,276	7,510	198,938	14,942	5,772	29,647
Buri Ram	75,210	246	61,833	2,059	52,934	2,625	22,186	7,641	16,083	-
Sa Kaeo	23,831	234	23,831	797	21,102	3,209	78,093	2,769	5,409	3,638
Chanthaburi	26,234	115	17,242	170	15,863	351	94,790	485	5,869	170
Trat	5,130	356	7,598	553	8,248	706	38,735	991	2,305	-
Nakhon Ratchasima	-	-	-	37	-	46	-	36	-	49
Chachoengsao	-	2	-	2	-	2	-	6	-	13
Prachin Buri	-	4	-	102	-	1	-	95	-	130

⁶ These areas include the provinces of Ubon Ratchathani, Si Sa Ket, Surin, Buri Ram, Sa Kaeo, Chanthaburi, and Trat, as well as 3 provinces that do not share a border with Cambodia: Nakhon Ratchasima, Chachoengsao, and Prachin Buri.

Regarding assistance provided in temporary shelters due to the conflict situation along the Thai-Cambodian border, it was found that the Ministry of Social Development and Human Security (MSDHS) operates a total of 1,082 shelters. Among these, 611 locations are fully equipped to provide essential services, such as registration, processing donations, counseling, and recreational activities. Additionally, there are 186 "MSDHS Kitchen Near You" operating sites. The Ministry provided counseling regarding service rights to 24,057 citizens and vulnerable individuals, distributed 11,557 relief kits, and provided financial assistance to 216 families, amounting to a total of 648,000 baht⁷

Table 25 Number of Temporary Shelters Arising from the Conflict Situation Along the Thai-Cambodian Border

Province	Provincial Shelters				MSDHS Shelters			
	Provincial Shelters: Open (locations)	Provincial Shelters: Capacity (persons)	Provincial Shelters: Occupied (locations)	Provincial Shelters: Evacuees Housed (persons)	MSDHS Shelters: Open (locations)	MSDHS Shelters: Capacity (persons)	MSDHS Shelters: Occupied (locations)	MSDHS Shelters: Evacuees Housed (persons)
Ubon Ratchathani	98	98	98	36,722	-	-	-	-
Si Sa Ket	526	123,284	362	106,340	1	150	1	147
Surin	170	141,115	170	81,374	1	25	1	20
Buri Ram	183	47,270	129	29,257	1	20	1	13
Sa Kaeo	46	-	46	21,903	-	-	-	-
Chanthaburi	10	2,900	7	2,231	-	-	-	-
Trat	22	19,086	22	5,369	-	-	-	-
Nakhon Ratchasima	9	-	-	258	1	-	-	42
Chachoengsao	-	-	-	-	1	50	1	25
Prachinburi	13	1,070	13	860	-	-	-	-
Total	1,077	334,823	847	284,314	5	245	4	247



⁷ Ministry of Social Development and Human Security. (2025). Summary of Operational Results in Assisting Citizens and Vulnerable Groups Affected by the Conflict Situation Along the Thai-Cambodian Border (Data as of December 30, 2025).

(2) Ministry of Agriculture and Cooperatives

Statistics on disaster-damaged areas and disaster types in 2025 regarding agriculture revealed that floods accounted for the highest level of damage across crops, fisheries, and livestock (during the disaster period between January 12 and November 27, 2025)⁸. The details are as follows:

Table 26 Statistics of Disaster-Damaged Areas and Disaster Types in 2025 Regarding Agriculture

No.	Disaster Type	Crops		Fisheries			Livestock		
		Farmers (persons)	Area (rai)	Farmers (persons)	Area (rai)	Cages (sq.m.)	Farmers (persons)	Number of Animals (heads)	Pasture Area (rai)
1	Floods	246,407	1,816,629.13	21,251	33,682.78	130,432.96	3,620	452,034	901.25
2	Windstorms	1,097	1,879.80	1		50			
3	Droughts	4,835	43,323.00						
4	Mudslides	1,206	1,522.71						
5	Plant diseases	63	210.50						
6	Wild elephants	57	141.79						
7	Fires	11	44.75						
	Total	253,676	1,863,751.68	21,252	33,682.78	130,482.96	3,620	452,034	901.25

Source: Ministry of Agriculture and Cooperatives, 2025

(3) Thai Red Cross Society

A total of 4,442 individuals from vulnerable groups received assistance due to floods and armed conflict in 4 provinces⁹. The details are as follows:

Table 27 Number of Individuals in Vulnerable Groups Assisted Due to Floods and Armed Conflict in 4 Provinces by the Thai Red Cross Society

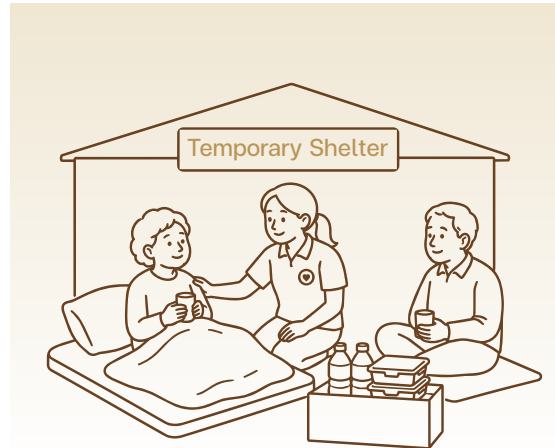
Province / Disaster Type		Number of Vulnerable Individuals (persons)	Successfully Delivered (kits)	Success Rate (%)
 Phra Nakhon Si Ayutthaya (Floods)		139	135	97.12%
 Ubon Ratchathani (Armed conflict)		334	251	75.15%
 Songkhla (Floods)		2,255	1,586	70.33%
 Sukhothai (Floods)		895	295	32.96%
 Ubon Ratchathani (Floods)		819	20	2.44%

⁸ National aggregate data, not disaggregated by age group.

⁹ Phra Nakhon Si Ayutthaya, Songkhla, Sukhothai, and Ubon Ratchathani

(4) Social Development Department, Bangkok Metropolitan Administration (BMA)

The Social Development Department, Bangkok Metropolitan Administration, played a crucial role in establishing temporary shelters for vulnerable groups, particularly older persons, during the earthquake incident between March 28 and April 4, 2025. The operations were carried out in key areas, including utilizing the Bang Khae 2 Home for Older Persons as a temporary shelter to accommodate older persons in the Bang Khae district and nearby areas, with a capacity of approximately 20 persons per day. They were provided with clothing, boxed meals, and essential items such as drinking water, medicine, and medical supplies. Meanwhile, the Din Daeng Service Center for Older Persons accommodated older persons and residents from high-rise buildings in the Din Daeng area, such as Buildings G and D1. There were 60 evacuees staying at the center, which had a maximum capacity of 70 persons per day. The assistance covered temporary accommodation, meals from mobile field kitchens, and integrated support from the public sector, private sector, and the general public. This included both physical and mental health check-ups, as well as the comprehensive distribution of essential items.



(5) Department of Employment, Ministry of Labor

In response to flooding in the southern region in late November 2025, which affected multiple provinces, the Ministry of Labor, through the Department of Employment, implemented relief measures to restore livelihoods and incomes. These measures focused particularly on vulnerable groups, including older persons, through occupational development and freelance career promotion projects. The Pre-employment Preparation Project aimed to assist 200 affected workers across 9 provinces. There were 162 participants, or 81.00 percent, all of whom were able to apply the knowledge gained. Among these, 57 participants were older persons, accounting for 35.1 percent. Meanwhile, the Freelance Career Promotion Project targeted 540 individuals, also covering the same 9 provinces. There were 527 participants, or 97.59 percent, and 95.90 percent were able to apply the knowledge gained. This included 68 older persons, accounting for 12.90 percent. These measures reflect the government's role in post-disaster recovery, focusing on strengthening livelihood opportunities and income generation. They aim to enable affected persons to restore stable livelihoods, particularly older persons who require appropriate care and support during the recovery phase.



2.6

Challenges to Disaster Management Operations

Although such assistance and recovery measures play an important role in mitigating impacts on older persons and other affected vulnerable groups, including supporting livelihoods and restoring income after disasters, a review of reports and stakeholder perspectives reveals several remaining limitations. These limitations prevent assistance from fully responding to the specific needs of older persons across the pre-disaster, disaster response, and post-disaster phases. Key gaps concern databases, access to information, evacuation, healthcare, income recovery, and continuous post-disaster follow-up care. Addressing these gaps requires integrated operations among multiple actors, including the public and private sectors, local administrative organizations, public health and social welfare agencies, civil society, and community networks. These actors should jointly develop preparedness, surveillance, assistance, and recovery systems that are appropriate to the context and specific needs of older persons, thereby strengthening community resilience and sustainably protecting their quality of life, as follows:

Phase 1

Pre-Disaster (Mitigation and Preparedness):



The main challenge is the lack of up-to-date, inter-agency linked databases on older persons. This results in incomplete identification, vulnerability assessment, and individualized assistance planning. In addition, some older persons face limitations in accessing information and digital technology, which may prevent them from receiving early warnings in a timely manner. Data integration and collaboration among relevant agencies also remain fragmented, limiting the effectiveness of proactive planning and preparedness for vulnerable groups.

**Phase
2****Disaster Response:**

The main challenge is that early warnings and emergency information do not consistently reach all older persons, especially those living alone or in remote areas. This can delay situational awareness and requests for assistance. In some areas, the number of personnel and volunteers is also insufficient relative to the scale of need when many vulnerable persons require assistance simultaneously. In addition, the government should develop standards for emergency shelters that appropriately accommodate older persons, persons with disabilities, and care-dependent persons through Universal Design principles. This includes ground-floor accommodation, ramps, wheelchair-accessible restrooms with grab bars, field beds at appropriate heights, designated zones for bedridden persons or those requiring medical equipment, and backup power systems for essential equipment. In areas at risk of PM2.5 crises or heatwaves, public buildings should also be adapted into dust-free rooms or cooling centers with safe air filtration and temperature-control systems to ensure more comprehensive and effective protection of vulnerable groups during disasters (WHO, 2020).

**Phase
3****Post-Disaster
(Recovery and Rehabilitation):**

After a disaster, many older persons experience problems related to housing, income, physical health, and mental health. However, the recovery process still faces several limitations, particularly delays in accessing financial assistance and government relief measures, which can hinder the ability of older persons to restore their livelihoods and recover.



Summary The disaster events that occurred in Thailand throughout 2025 demonstrate that contemporary disasters are complex and interconnected across multiple dimensions. These include natural disasters, technological disasters, environmental hazards, social conflicts, and cyber threats, all of which affect older persons as a vulnerable group in terms of physical health, mental health, economic security, access to public health services, and overall quality of life.



The review shows that Thailand has disaster management mechanisms and measures covering the pre-disaster, disaster response, and post-disaster phases, with multiple agencies jointly undertaking mitigation, preparedness, response, recovery, and rehabilitation activities for affected older persons. However, a key area requiring further development is the database system for older persons. Most data are still collected and reported under the broader category of "vulnerable groups," together with children, persons with disabilities, and groups requiring special care. This makes it difficult to clearly identify the situation, specific needs, and impacts on older persons, which in turn affects situation assessment, policy planning, resource allocation, and the design of assistance measures suited to their context.

Therefore, developing an accurate and up-to-date database system for older persons that can be systematically integrated with the country's disaster management system, together with strengthening community capacity and local-level care mechanisms, will be crucial to enhancing the effectiveness of disaster management, reducing the vulnerability of older persons, and sustainably strengthening Thailand's preparedness for the transition to an aging society.



The Situation of Operations Concerning Older Persons in Thailand, 2025



The presentation of an overview of the situation regarding operations for older persons by government agencies, the private sector, and civil society in Thailand in 2025 has adopted the key issues of the Third National Plan of Action on Older Persons (2023–2037): the Urgent Action Plan for the First Five Years (2023–2027) as its framework. This Plan comprises four sub-action plans, namely: Sub-Action Plan 1, Preparing the Population before Old Age; Sub-Action Plan 2, Enhancing the Quality of Life of Older Persons across All Dimensions in a Comprehensive and Equitable Manner—covering economic, health, social, and environmental dimensions; Sub-Action Plan 3, Reforming and Integrating the Administrative System to Support a Quality Aging Society; and Sub-Action Plan 4, Enhancing Research Capacity and the Development of Technology and Innovation to Support an Aging Society. The operations undertaken are as follows:

3.1

Sub-Action Plan 1: Preparing the Population before Old Age

Measure 1:

Encouraging the population aged 25–59 to accelerate preparations for old age in the economic dimension

1.1 Promoting savings for old age.

The relevant agencies have undertaken the following:



- **Ministry of Finance:** Published the National Savings Fund Act (No. 2), 2025, to accommodate the "NSF Lottery" (Salak NSF) product, an innovative new form of savings that emphasizes the principle of preserving the principal, thereby providing an additional option for workers outside the pension system.
- **National Savings Fund (NSF):** Collaborated with various sectors to promote savings among farmers and self-employed individuals, with 2,817,745 participants in supporting missions, utilizing a budget of 656.6290 million baht. It also cooperated with the Ministry of Education to instill financial discipline among school and university students
- **The Securities and Exchange Commission (SEC):** Developed media and organized online training in collaboration with the "Manoot Tang Wai" (Cross-Generational Humans) page to enhance investment planning skills and fraud awareness among those nearing retirement.
- **The Office of Insurance Commission (OIC):** Promoted flexible and long-term insurance products for older persons. In 2025, there were 373,460 active annuity life insurance policies (of which 50,161 were new policies), representing a total sum insured of 7,759 million baht, with total direct premiums of 21,494 million baht.

1.2 Promoting the continued employment of the working-age population.

The relevant agencies have undertaken the following:



- **Bangkok Metropolitan Administration (BMA):** Organized 50 vocational training courses for the population aged 55–59 to prepare their skills and enhance opportunities for economic self-reliance before entering old age.

Measure 2:

Building knowledge and understanding of the aging process, and fostering awareness of the value, dignity, and responsibility toward older persons

2.1 Promoting education on the aging process.

The relevant agencies have undertaken the following:



- **Ministry of Labour:** Organized pre-retirement preparation training for workers aged 25–59.
- **Department of Health:** Held the 4th National Academic Conference on Health Promotion and Innovation in Older Persons' Care to drive health literacy and the long-term care system.
- **Department of Older Persons:** Organized National Older Persons Day and Family Day, and mobilized 92 partnership networks for aging society preparedness, with 920 participants.
- **The Government Public Relations Department:** Conducted public relations activities on preparation for an aging society on 1,947 occasions.

2.2 Preserving societal values regarding the responsible care of older persons within families and communities. The relevant agencies have undertaken the following:

- **Ministry of Social Development and Human Security (MSDHS):** Launched the "Restart the New Generation to Care for Older Persons" project and the New Year's gift activity "Bow, Pay Respect, Embrace, Heal the Heart—Older Persons Near You," to promote the role of families, communities, and networks in caring for older persons and to build an age-friendly society.
- **National Health Commission Office (NHCO):** Implemented the project on Synergizing Efforts to Develop Participatory Public Policy for an Aging Society at 82 sites, with 37,362 participants, to drive participatory policy integration.
- **The Thai Red Cross Society:** Implemented an integrated project to develop Thai Red Cross volunteers in the field of older persons, held meetings to monitor the outcomes of older persons care curriculum, and conducted training on older persons self-care curriculum—delivered by network trainers in their respective areas of responsibility for 48 persons—as well as online and social media training on older persons self-care curriculum, with 12,473 participants.

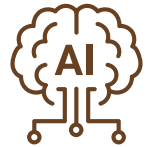
Measure 3:

Promoting continuous development of one's knowledge and potential, along with digital literacy and the ability to select and benefit from information media and digital technology

3.1 Encouraging the working-age population to have access to continuous lifelong learning resources consistent with their own interests and lifestyles. The relevant agencies have undertaken the following:

- **Digital Economy Promotion Agency (depa):** Developed the Thai workforce through the Digital and Data Manager curriculum, as well as the "D Academy" project, which developed five pilot courses with a target of 10,000 learners, aiming to apply skills to solve business problems and reduce inequality.
- **Institute of Community Colleges:** Jointly developed the competencies of 2,552 citizens under the "Smart Elderly" project.

3.2 Promoting knowledge and skills development in media literacy and the creative use of information media and digital technology. The relevant agencies have undertaken the following:



- **Digital Economy Promotion Agency (depa):** Organized the "Cyber Smart Senior" activity and enhanced AI skills among the pre-older and older persons, with 1,000 older participants.
- **National Statistical Office:** Published the results of the Household ICT Use Survey for 2025 as a database for planning efforts to reduce the digital divide among older persons and the pre-aging population.

Measure 4: Accelerating the enhancement of health literacy

4.1 Creating an environment conducive to health literacy and desirable health behaviors within communities. The relevant agencies have undertaken the following:



- **Department of Medical Services:** Implemented a project to strengthen the health system for the older working-age group, aimed at preventing occupational diseases and preparing the body before old age, with 15,073 participants and a budget of 1.547 million baht.
- **Department of Health:** Drove health promotion in communities through the dissemination of an operational guidance manual and the assessment of temples promoting health toward becoming health-literate temples.

Measure 5: Promoting knowledge about housing and environments suitable for old age, and increasing opportunities for home modification

Promoting the growth of businesses and industries producing materials, equipment, and facilities for older persons. The relevant agencies have undertaken the following:



- **Department of Industrial Promotion:** Organized activities to develop food products (Senior FOOD), lifestyle products (Senior LIFE), and market-linkage activities (Senior Market Connect) to stimulate Thai entrepreneurs to create products responsive to the older market.
- **Thai Industrial Standards Institute (TISI):** Announced the enforcement of new industrial product standards, namely TIS 4565-2568 and TIS 4566-2568, which are standards directly related to facilities for older persons and persons with disabilities, in order to enhance safety and create a friendly environment.

3.2

Sub-Action Plan 2:

Enhancing the Quality of Life of Older Persons across All Dimensions in a Comprehensive and Equitable Manner during the First Five Years (2023–2027)

Measure 1:

Enhancing the quality of life of older persons in the economic dimension

1.1 Reforming the old-age security system to be integrated and sustainable, capable of covering older persons adequately, comprehensively, and equitably. The relevant agencies have undertaken the following:



- **Older Fund:** Disbursed additional welfare payments to low-income older persons at a rate of 100 baht per month (from February to September 2025) via the PromptPay system to reduce the cost-of-living burden.
- **Social Security Office:** Drove the reform of the old-age pension system through an increase in the contribution ceiling, in order to elevate and increase the value of pension benefits for insured persons in the long term, thereby mitigating financial risks in retirement.

1.2 Promoting the employment of older persons both within and outside the formal system. The relevant agencies have undertaken the following:



- **Ministry of Labour (Department of Employment):** Carried out employment services in all provinces nationwide, successfully placing 1,030 older persons in jobs out of 1,180 service recipients. This included employing 20 persons within agencies under the Department of Employment (remuneration of 9,000 baht/person/month). In addition, it co-organized the Senior Job Connect event to create opportunities for continued employment, supported 1,838 older persons in self-employment, developed online marketing channels for 544 persons, and built upon the wisdom of older persons toward becoming trainers for 645 persons.
- **Ministry of Labour and the private sector:** Reached agreements and signed a total of two Memoranda of Understanding (MOUs) on promoting employment for older persons with the private sector, namely a cooperation with CP Aextra Public Company Limited and a cooperation with 16 other major private companies.

- **Ministry of Agriculture and Cooperatives:** Opened outsourced service positions for post-retirement older persons in administrative work, correspondence, premises, and vehicle-related tasks.
- **Department of Mineral Resources:** Implemented the "Senior Volunteers Guarding the Museum" project, training and employing 9 older persons to work at the Fossil Museum in Lampang Province (for a period of 172 days at a rate of 300 baht per day).
- **Department of Older Persons:** Collaborated with the Young Happy network to develop a Job Matching system to match jobs according to aptitude, and drove the DOP TRAIN CONNECT approach across three dimensions—reducing expenses, generating income, and restarting older persons—to increase employment opportunities for older persons wishing to work in part-time, temporary, or short-term project formats. This is done by linking older persons' work preferences with employers' hiring needs and applying a matching process aligned with the skills, potential, and needs of both parties, in order to continuously promote the employment and income generation of older persons. Older persons may apply to join the system free of charge.
- **Older Fund (Department of Older Persons):** Approved occupational loans for 2,523 older persons, totaling 72,152,520 baht.
- **Empowerment of Persons with Disabilities Fund:** Assisted older persons with disabilities in accessing occupational funds for 4,277 persons, totaling 218,948,797 baht.
- **Digital Economy Promotion Agency (depa):** Developed the lamStrong platform to match jobs for persons aged 55 and over, with at least 300 users to date.
- **Young Happy Company Limited (supported by ThaiHealth):** Drove the "HAPPY JOB: New Jobs for Retirement Age" platform, offering up to 959 job vacancies, with 1,848 registered accounts in the system and over 1,025 job applications made.

1.3 Enhancing skills or employment opportunities by increasing learning channels for younger older persons. The relevant agencies have undertaken the following:



- **Ministry of Labour:** Organized short-term skills training nationwide, with 6,005 older participants, and a further 2,971 persons completed training courses on enhancing product value, such as herbal products, healthy foods, and online marketing.
- **Department of Older Persons:** Implemented the "Folding Happiness, Wrapping Love" project to enhance the skills and income of older persons, aimed at developing skills and promoting their advancement toward occupations, leading to income generation and economic security for older persons.

- **Digital Economy Promotion Agency (depa):** Proactively developed digital skills at various levels, including the Digital Influencer course with 140 participants; courses on the use of AI and Chatbots as well as creating presentations with AI, with 1,000 participants; and a collaboration with the Thai e-Commerce Association to develop digital-world work skills, with 15 participants and 1 job placement. In addition, depa, in cooperation with SCB Academy, implemented the AFAST Smart School project, elevating over 100 senior experts into "advisory hubs" in the fields of marketing, finance, taxation, and business management, to effectively provide consultation to SME and SSME entrepreneurs.
- **National Innovation Agency (NIA):** Organized a social innovation business incubation program for older persons (Social Innovation Accelerator Thailand 2025) to create and incubate entrepreneurs in developing innovation models to support an aging society.
- **Bangkok Metropolitan Administration:** Opened 50 vocational training courses specifically for those aged 60 and over, covering 6 key skill groups, namely: services and sales; trades and digital; languages; art and creativity; textiles and fashion; and specialized knowledge—to enhance the skills and occupational opportunities of older persons.

Measure 2:

Enhancing the quality of life of older persons in the health dimension

2.1 Enhancing health literacy.

The relevant agencies have undertaken the following:



- **Department of Mental Health:** Promoted mental health prevention through Screening and Strength-Based Brief Intervention in Older Adults (SSBI) and the Five-Dimensional Well-being activities. It was able to treat 127,247 at-risk older persons, with 93.89% (119,475 persons) showing improvement, and rehabilitated 4,430 older persons with behavioral/mental health problems, with 98.87% (4,380 persons) showing improvement—in addition to caring for a further 89,880 older persons with dementia and behavioral problems.
- **Department of Health (Bureau of Older Health):** Implemented projects to enhance the health literacy of older persons across multiple dimensions, including health promotion, environmental health, the protection of the health of dependent persons, care in prisons, the development of health information systems, and the promotion of appropriate health behaviors. In addition, the Department of Health collaborated with the Thai Health Promotion Foundation (ThaiHealth) to drive a health literacy campaign under the "Eat and Live to Fight Disease" campaign, in order to control and prevent non-communicable diseases (NCDs).

- **Department of Disease Control (Division of Injury Prevention):** Accelerated the capacity-building of health-region and local networks through training meetings (60 persons onsite and 1,075 persons online) to prepare for the risk of falls in the late working-age group. It also conducted empowerment visits and organized activities to promote fall-prevention literacy among older persons in the provinces of Nonthaburi, Pathum Thani, Phra Nakhon Si Ayutthaya, Sing Buri, Buri Ram, Si Sa Ket, Trat, and Bangkok. In addition, the Division of Injury Prevention produced 15 monthly warning media items and continuously disseminated knowledge through the Parliament Radio Station and the Radio Thailand broadcasting station.
- **Digital Economy Promotion Agency (depa):** Elevated a new approach to health care (Preventive Healthcare) by organizing a course on using AI together with smart wearable devices (Smart Watches) for nutritional planning, with 1,428 older participants. In addition, it applied AI innovation to provide early-stage lung cancer screening, along with continued expansion to screen for heart failure, under the "AI for Better Life" project at the "Manoot Tang Wai FEST 2025: Good Life... A Life, Season 2, It's Okay To Be You" event (in cooperation with Banphaeo Hospital (Public Organization) and AstraZeneca (Thailand) Limited), with more than 500 older persons participating in the screening.

2.2 Developing a proactive health system to support an aging society, consistent with the needs of each group of older persons and appropriate to the local context. The relevant agencies have undertaken the following:



- **Department of Health Service Support:** Drove a project for Village Health Volunteers (VHVs) nationwide to use the "Ponphai" application to survey and geolocate positions, covering 7,423 areas. This resulted in 502,707 homebound and bedridden older persons having clear geolocation databases, enhancing the efficiency of timely medical assistance.
- **Department of Local Administration:** Developed a total of 13,087 personnel in the field of Long-Term Care (LTC), comprising 5,841 care managers and 7,246 local caregiving volunteers.
- **Department of Health:** Reported 13,095 Care Managers under the Ministry of Public Health and 21,311 newly trained Caregivers.
- **Department of Medical Services:** Organized a Community Health Rehabilitator training course in cooperation with the Department of Thai Traditional and Alternative Medicine and network partners, to systematically develop the capacity of caregivers of older persons in health promotion and rehabilitation.
- **Department of Mental Health:** Implemented a project to drive mental health care for the public of all age groups by community networks under the primary health care system, with 62,334 homebound older persons receiving mental health care.

- **Department of Older Persons:** In 2025, there were 1,647 Social Development and Human Security Volunteers specializing in older persons, bringing the cumulative number since 2017 to 61,691. In 2025, these volunteers provided care and assistance to 24,705 older persons.
- **Department of Learning Encouragement:** Signed a Memorandum of Understanding on a curriculum for the care of older persons with the National Health Security Office (NHSO) to develop the skills of community personnel in effectively caring for dependent older persons. In addition, the Department implemented a cooperative project on producing caregivers of older persons between the Ministry of Education and the Ministry of Public Health for 2025, covering the areas of provincial/district Learning Encouragement offices across 63 provinces nationwide (operational areas). The target groups comprised the volunteer caregiver group, the group entering employment in care facilities, the group hired to care for older persons, and the household care group, totaling 5,480 persons.
- **Local Health Security Fund:** Established "Health Stations" in communities and temples, relying on VHVs as leaders in basic health screening to monitor chronic diseases.
- **Medical Service Department, Bangkok Metropolitan Administration:** Developed comprehensive geriatric clinics in BMA-affiliated hospitals by applying the Comprehensive Geriatric Assessment (CGA) system, with 14,707 older persons accessing services and 12,308 persons (83.69%) screened for Geriatric Syndrome.
- **Health Department, Bangkok Metropolitan Administration:** Developed the capacity of 130 older leaders from 50 districts through the Preventive Long-Term Care course under the Active Aging Older Club project.
- **Faculty of Nursing, Chulalongkorn University:** Developed a model for a "Day Care Center for Older Persons in an Educational Institution" to support frail, homebound older persons, emphasizing activities to stimulate the brain and senses, music therapy, and exercise combined with holistic assessment.

Measure 3:

Enhancing the quality of life of older persons in the social dimension

3.1 Promoting the participation of older persons as a social force.

The relevant agencies have undertaken the following:



- **Department of Older Persons:** Organized National Day of Older Persons and Family under the concept of "The Value of Seniors, Weaving the Bonds of Family Power," and presented the National Older Awards for 2025 to elevate the image of older persons as social capital. In addition, the Department, in cooperation with the Department of Corrections, opened "Senior Schools in Prisons" to enhance the quality of life of older inmates.

- **Department of Physical Education:** Organized the 17th National Older Sports and Recreation Competition of Thailand, "Korat Games," with 5,693 older participants and 167,815 spectators both onsite and online, generating an economic value of 175 million baht. In addition, the Department implemented a project to promote the well-being of older persons through exercise based on local wisdom at the Nimibutr Sports Building, with 303 participants, 52,000 online views, and 53 participating teams.
- **Department of Learning Encouragement:** Drove lifelong education for older persons covering four main dimensions (health, economy, environment/technology, and society) to maintain brain and physical competency.
- **Department of Cultural Promotion:** Organized a Thai classical music performance by senior masters of Rattanakosin on the occasion of the 70th birthday anniversary of Her Royal Highness Princess Maha Chakri Sirindhorn, to honor and promote the role of older persons as inheritors of Thai arts and culture.
- **Office of Contemporary Art and Culture:** Implemented a capacity-development camp project for members of the Thai "Ploy Kae" (Let's Be Young) choir, which won the SILVER MEDAL X (Senior Choir) at the "14th Bali International Choral Festival 2025" in Indonesia.
- **Bunditpatanasilpa Institute of Fine Arts:** Implemented a project to disseminate Thai arts and culture and organize performances on various occasions, giving older persons the role of instructors and advisors to impart knowledge and rehearse performances, in order to sustainably inherit and disseminate arts and culture.
- **Senior Citizens Council of Thailand Under The Patronage of Her Royal Highness Princess Srinagarindra:** Presented plaques of honor to 141 outstanding older persons and 957 older persons who had reached 100 years of age.
- **Thai Health Promotion Foundation (ThaiHealth):** Collaborated with partners to organize International Day of Older Persons activities and drove the "Empowering Seniors" project to develop cross-generational volunteers, reaching 7,866 older persons and resulting in an average increase in Active Ageing levels of 20%.
- **Forward Foundation:** Implemented the "Awesome Seniors" project, organizing creative activities that increased the happiness of 164 older persons by up to 95%, and produced a manual to expand the results into communities.

3.2 Promoting the management of information media for older persons. The relevant agencies have undertaken the following:



- **Ministry of Labour:** Implemented the "Older Workers, Happy in Four Dimensions" project, providing knowledge on law, benefits, financial planning, and technological literacy to 683 informal older-worker persons.

- **Department of Older Persons:** Held the "Seniors Wise to Media" network synergy forum and organized training for facilitators on the Seniors Wise to Media curriculum for 2025 at IMPACT Muang Thong Thani, Nonthaburi Province, through cooperation between the Department of Older Persons, the Research Institute for Languages and Cultures of Asia at Mahidol University, the Thai Health Promotion Foundation (ThaiHealth), and the private sector, in order to develop a learning network on media literacy for older persons. This effort aims to develop older persons' media literacy skills, enhance their ability to filter information, prevent them from falling victim to fake news and online threats, and promote the safe use of digital media through the cooperation of network partners.
- **Office of the Consumer Protection Board (OCPB):** Issued measures to assist older persons deceived into transferring money (Older Scam Protection) covering five main scam tactics, and conducted campaigns and received complaints through the 1166 hotline, the OCPB Connect application, and Traffy Fondue.
- **Electronic Transactions Development Agency (ETDA):** In cooperation with the Department of Older Persons, organized the "1212 ETDA: Building Thai People's Immunity to Online Problems" activity, focusing on the age group of 50 and over.
- **National Statistical Office:** Organized a workshop to elevate older persons into digital citizens and to build a participatory network on statistics under a government project, for 966 persons.
- **Thai Media Fund:** Allocated grants under the open-call category (open topic), designating older persons as one of the primary target audiences of the media.
- **Bangkok Metropolitan Administration:** Organized the Cyber Smart Senior training project to enhance digital knowledge and cyber immunity for older persons in Bangkok.

3.3 Promoting the capacity of families and communities in caring for older persons. The relevant agencies have undertaken the following:



- **Department of Older Persons:** Implemented a project to develop systems and mechanisms to strengthen older clubs in an integrated manner, establishing working groups at four levels totaling 416 persons; 664 clubs underwent assessment, of which 438 clubs passed the good–excellent criteria. This also gave rise to 7 model sub-districts for self-management in caring for vulnerable groups.
- **The Thai Red Cross Society:** Implemented the "Model Community for Developing the Quality of Life of Older Persons at Home" activity through 10 Red Cross stations nationwide, emphasizing enabling older persons' self-care, with 2,819 participants (2,207 women, 612 men).
- **Power for the Land Foundation:** Drove the Young-Care project to develop youth and model mentors for care for older persons (an 18-hour curriculum) in 8 provinces, totaling 80 persons, and built an expansion network in cooperation with 243 local administrative organizations.



3.4 Others.

The relevant agencies have undertaken the following:

- **Department of National Parks, Wildlife and Plant Conservation:** Waived entrance fees for wildlife sanctuaries and non-hunting areas throughout the year 2025, benefiting 236,666 older persons.
- **Department of Mineral Resources:** Waived admission fees to the Fossil, Geological and Natural History Museum in Lampang Province for 14,296 older persons.
- **Department of Marine and Coastal Resources:** Waived admission fees to the Phuket Aquarium for 7,753 older persons (and organized a National Older Day activity with 89 older participants).

Measure 4:

Enhancing the quality of life of older persons in the environmental dimension

4.1 Promoting the modification of older persons' housing, both indoors and outdoors. The relevant agencies have undertaken the following:



- **Department of Older Persons:** In cooperation with the Community Organizations Development Institute (CODI), supported budgets for repairing and modifying environments and facilities to be appropriate and safe for older persons in as many as 13,200 dwellings, with a budget of 519,997,164 baht (with a maximum subsidy of 40,000 baht per dwelling).
- **Department of Empowerment of Persons with Disabilities:** Carried out housing improvements to support the well-being of a further 3,738 older persons with disabilities.
- **Rise Impact Company Limited:** Implemented a model project to provide housing modification services and social services in pilot areas, namely Bangkok, Songkhla, Phra Nakhon Si Ayutthaya, and Ubon Ratchathani, resulting in an innovative policy structure that pooled home-repair budgets from multiple sectors, including the Provincial Offices of Social Development and Human Security, Provincial Administrative Organizations, the Department of Disaster Prevention and Mitigation, and the private sector.

4.2 Promoting the management of environments, facilities, and public services conducive to people of all ages, appropriate to the contexts of urban and rural societies. The relevant agencies have undertaken the following:



- **Department of Disease Control:** Drove the establishment of communities or cities friendly to older persons and persons with disabilities in accordance with the guidelines of the World Health Organization (WHO), successfully achieving 173 sites.
- **Department of Health:** Produced a manual for age-friendly communities to serve as the core for area-based development.
- **Department of Health Service Support:** Approved licenses for 1,110 private establishments caring for older persons or dependent persons, classified as follows: nursing homes, the most numerous at 1,091 establishments; residential care facilities, 14 establishments; and day care centers, 5 establishments.
- **Bureau of Elderly Health, Ministry of Public Health:** Established "Community Palliative and Hospice Care Centers" (Sathan Chiwaphiban) to care for dependent persons and terminally ill patients, both on an outpatient and residential basis, with 224 establishments passing the safety standard criteria.
- **Real Estate Information Center (REIC), Government Housing Bank:** Surveyed senior housing establishments nationwide, reflecting the state of the real estate market for older persons across a total of 1,134 establishments, of which the majority were nursing homes (89.9%) and the residence group (10.1%). A concentration was found in 10 key economic provinces (namely Bangkok, Nonthaburi, Chiang Mai, Chon Buri, etc.), where these provincial groups together had as many as 13,124 beds (representing 75.6% of the entire country), with an actual occupancy rate of 76.3%.
- **Mahachumchon Company Limited:** Developed model universal-design (accessible) tourism routes and produced guidebooks in 4 tourism provinces, namely Songkhla, Chiang Mai, Udon Thani, and Nan, along with developing the "Muang Jai Dee" (Kind City) Line OA platform to collect data on tourist attractions and restaurants in cooperation with network partners.

4.3 Creating equity in access to housing, materials, equipment, and facilities for older persons. The relevant agencies have undertaken the following:



- **Office of Insurance Commission (OIC):** Issued a notification allowing insurance businesses to invest in enterprises caring for older persons and dependent persons—a policy signal supporting services and facilities for an aging society.
- **Bangkok Mass Transit Authority (BMTA):** Jointly granted special transport welfare privileges by allowing older persons to travel free of charge on all types of public buses throughout the day on National Older Day.

4.4 Creating land-based transit and transportation systems conducive to people of all ages. The relevant agencies have undertaken the following:



- **Marine Department:** Compiled travel statistics, finding that as many as 2,046,967 older persons used regular passenger boat services.
- **Department of Rail Transport:** Organized practical training to enhance the skills of 90 officers caring for persons with disabilities and older persons, in order to elevate friendly and safe rail-based public transport services for older persons.
- **Mass Rapid Transit Authority of Thailand (MRTA):** Accommodated 14,600,644 older-person trips through fare-reduction measures, with full fare exemptions during the Songkran Festival, Older Day, and Family Day, totaling 90,278 persons.
- **The Transport Company Limited (TCL):** Granted travel discounts to older persons, monks, and persons with disabilities, totaling 313,210 persons.
- **S.R.T. Electrified Train Company Limited:** Granted travel-fare reductions to 194,413 older persons using the Red Line electric train service.
- **State Railway of Thailand (SRT):** Granted travel-fare reductions to 164,413 older persons.



Sub-Action Plan 3: Reforming and Integrating the Administrative System to Support a Quality Aging Society during the First Five Years (2023–2027)

Measure 1:

Translating the Plan of Action on Older Persons into practice and driving all sectors to implement the plan in an integrated manner, from the national to the local level. The relevant agencies have undertaken the following:

- **Ministry of Agriculture and Cooperatives:** Drove a plan of action on human rights, enhancing the quality of life and skills of older farmers.
- **Department of Older Persons:** Prepared a Government Action Plan and an Older Fund Action Plan for 2025 to serve as the primary mechanism for promoting and protecting quality of life, and carried out the linkage and integration of individual databases on the welfare rights of older persons, totaling 32 datasets from 14 agencies across 6 ministries, for systematic data management.
- **National Health Commission Office (NHCO):** Held the "Synergizing Thai Power to Confront the Aging Society Together" conference in cooperation with 13 health regions, and developed 10 key participatory public policy proposals, such as Replacement Migration, the development of strong sub-districts, savings innovation through planting perennial trees as a pension, and the promotion of the role of retired nurses.
- **Medical Service Department, Bangkok Metropolitan Administration:** Drove the Third BMA Plan of Action on Older Persons through the development of quality geriatric clinics with multidisciplinary teams in all hospitals.
- **Community Organizations Development Institute (Public Organization), the Senior Citizens Council of Thailand, and the Thai Health Promotion Foundation:** Organized a forum to develop an exchange system for building strong older communities, driving older persons to become a force in society.

Measure 2:

Monitoring and evaluating policies and plans of action on older persons at each level. The relevant agencies have undertaken the following:

- **Department of Older Persons in cooperation with Thammasat University:** Jointly prepared the Situation of the Thai Older Persons, 2025.
- **Department of Health:** Prepared a report on monitoring and evaluating the achievements of budget expenditure on key projects for fiscal year 2025, and held a meeting to drive the operations of health-quality older clubs and age-friendly communities, reflecting practical outcome monitoring at the area and older-network levels.
- **Bureau of the Budget:** Prepared a report on monitoring and evaluating the achievements of budget expenditure on key projects for fiscal year 2025—the project to promote, protect, and develop the quality of life of informal workers, older workers, and workers with disabilities.
- **Office of the National Economic and Social Development Council (NESDC):** Prepared a Thai Social Situation Report to assess the impact of an aging society on Gross Domestic Product (GDP) and competitive potential.

Measure 3:

Reforming the legal system to support the operations of all sectors in proactively confronting an aging society. The relevant agencies have undertaken the following:

- **Ministry of Finance:** Announced in the Royal Gazette the National Savings Fund Act (No. 2), 2025, to accommodate the "Retirement Lottery" policy, constituting a significant reform of savings law.
- **Office of the Civil Service Commission and the Office of the Public Sector Development Commission:** Presented the results of a policy study on extending the civil service retirement age from 60 to 65–70 years for positions of necessity, in order to address the shortage of manpower in the civil service system.
- **Office of the Consumer Protection Board:** Implemented a project to enhance consumer protection in an aging society, in order to regulate and inspect businesses providing care for older persons to ensure standards and fairness, along with integrating cooperation from all sectors in target areas to protect rights and enhance the quality of life of older persons.

Measure 4:

Establishing a workforce system for older persons, both in terms of quantity and quality, at the national and area levels. The relevant agencies have undertaken the following:

- **Department of Skill Development:** Developed standardized curricula for the care of older persons of 420 hours and 120 hours in cooperation with the Ministry of Higher Education, Science, Research and Innovation.
- **Department of Learning Encouragement (DLE):** Cooperated with the Ministry of Public Health to produce caregivers in 70-hour and 420-hour curricula, and expanded the network of senior schools and older caregiving volunteers.
- **Department of Older Persons:** Implemented a project to create carers protecting the rights of older persons, in order to safeguard the rights of groups who must live alone and to create occupations within communities.
- **Bureau of Elderly Health:** Developed the capacity of core personnel (master trainers) under the Community Health Rehabilitator curriculum, in order to transfer knowledge to caregivers in the field.

Measure 5:

Increasing the capacity of community/local organizations and community leaders in developing and managing work concerning older persons. The relevant agencies have undertaken the following:

- **National Health Security Office (NHSO):** Adjusted budgetary mechanisms by briefing local administrative organizations (LAOs) on managing public health service funds to pay as wages for assistant carers of dependent persons in communities, along with reforming the sub-district health fund management system to be real-time, enabling local authorities to disburse project budgets more rapidly.

Measure 6:

Developing a system for safeguarding and protecting the rights of older persons, particularly at-risk groups, vulnerable groups, and groups in a state of dependency—whether as service recipients, welfare recipients, or consumers. The relevant agencies have undertaken the following:

- **Rights and Liberties Protection Department, Ministry of Justice:** Provided legal counsel to 5,333 older persons (focusing on life, body, debt, contracts, and land) and received complaints from 51 persons, and granted remedial financial assistance to victims and defendants in criminal cases who were older persons, totaling 1,249 persons, for a total of 74,914,188.05 baht.
- **Office of the Consumer Protection Board (OCPB):** Implemented a project to regulate businesses providing care for older persons to be fair, and issued measures to prevent "Older Scams" arising from online purchases and call-center gangs, through the AOC 1441 hotline, the 1166 hotline, and digital platforms, campaigning to block five main scam tactics.

Measure 7:

Developing a system to protect and rehabilitate older persons and families in times of various crises. The relevant agencies have undertaken the following:

- **Department of Older Persons:** Approved welfare budgets for older persons in difficult circumstances for 12,500 persons (37.5 million baht) and welfare budgets for traditional funeral arrangements for 154,182 persons (462.546 million baht).

Measure 8:

Promoting the participation of the private sector in operations concerning older persons. The relevant agencies have undertaken the following:

- **Ministry of Commerce:** Drove tax measures to incentivize private companies to continuously employ older persons, and set a goal of propelling Thailand's older persons' care industry toward becoming a hub for ASEAN and the world.
- **Ministry of Higher Education, Science, Research and Innovation:** Drove innovative assistive technology devices for older persons, developed by Thai people, to enter the Thai Innovation List within the third quarter of 2025 (such as body-support devices, standing wheelchairs, and health foot insoles), in order to respond to a super-aged society with advanced research.

3.4

Sub-Action Plan 4: Enhancing Research Capacity and the Development of Technology and Innovation to Support an Aging Society during the First Five Years (2023–2027)

Measure 1: Promoting the production of research and innovation related to older persons for the development of their potential and quality of life

1.1 Promoting the development of research/products concerning older persons, or new services/systems/processes, to enhance the potential and quality of life of older persons. The relevant agencies have undertaken the following:

- **Ministry of Higher Education, Science, Research and Innovation (MHESI):** Drove policy through the strategic allocation of budgets within the Science, Research and Innovation (SRI) Strategic Plan, in order to focus on directly supporting Silver Economy innovation and assistive technology.
- **Bureau of Elderly Health, Department of Health, Ministry of Public Health:** Integrated knowledge and shared opinions between central administrators and experts from Regional Health Promotion Centers 1–12 nationwide, in order to prepare the "Standard Guidelines for Providing Public Health Services for Dependent Persons (Long-Term Care), Fiscal Year 2025," so as to establish a unified approach nationwide consistent with the actual working context in the field.
- **Foundation of Thai Gerontology Research and Development Institute (TGRI):** Received a total of 6,956,000 baht in budgetary support from ThaiHealth to allocate research grants to draft and drive three key projects, namely: an action research project to reduce the risk of frailty in communities (a case study of Phichit Province); a project to develop the capacity of new-generation aging-society managers; and a project to sustainably develop older informal workers in community enterprise groups.

1.2 Promoting the utilization of research results/policy proposals/innovation concerning older persons in developing the potential and quality of life of older persons. The relevant agencies have undertaken the following:

- **Bureau of Elderly Health, Ministry of Public Health:** Held the 4th National Academic Conference on Health Promotion and Innovation in Care for Older Persons, to serve as a hub for presenting research results and to build morale among practitioners, caregivers, and local administrative organizations through the presentation of honorary plaques and emblems.

- **Health Systems Research Institute (HSRI):** Held the annual academic conference for 2025 under the theme "Innovation for a Strong Thai Health System," transferring and presenting outstanding research results, including Artificial Intelligence (AI) technology for monitoring the safety of older persons within the home, and Genomics innovation for precision treatment.

Measure 2:

Promoting the development of data, research, and innovation systems concerning older persons that are easily accessible and beneficial to the public sector in carrying out operations concerning older persons

2.1 Creating national systems of data, research, and innovation concerning older persons. The relevant agencies have undertaken the following:

- **Ministry of Public Health:** Developed the Blue Book application/system to record and store the health data of older persons across 9 main dimensions into a central database, which is used to assess Activities of Daily Living (ADL) and to classify states of dependency in detail, enabling local agencies to accurately plan the provision of long-term health care services.
- **National Research Council of Thailand (NRCT):** Established a "Data and Innovation Center for Older Persons" to serve as the country's primary platform for compiling and disseminating knowledge, research, and innovation, including online training courses for the public and the government sector.
- **Digital Government Development Agency (Public Organization):** Implemented a project to link and improve databases of vulnerable populations, persons with disabilities, and older persons, mobilizing cooperation from 28 agencies to develop individual databases into a unified system, ensuring accuracy across all 5 main dimensions (income, employment, health, social welfare, and education), so as to facilitate policy analysis.

Summary. The overview of the situation of operations concerning older persons in Thailand in 2025 reveals continuous efforts to drive the Third National Plan of Action on Older Persons. The key highlights include enhancing the quality of life of older persons in the health, social, and environmental dimensions through the development of the long-term care system, increasing the workforce, increasing the number and developing the capacity of caregivers of older persons, expanding geriatric clinics, health screening, fall prevention, and developing environments appropriate for older persons. In addition, there has been an expansion of area-based mechanisms, such as older schools, centers for developing quality of life and promoting occupations for older persons, and community networks, which reflects a trend toward transitioning from case-by-case welfare-based care toward more systematic, area-based management. At the same time, economic measures have been promoted, such as the National Savings Fund, the Retirement Lottery, and the promotion of employment for older persons. However, occupational measures still largely emphasize training and pilot projects rather than the creation of a continuous employment system providing sufficient income.



Outstanding Older Thais and Notable Situations in 2025



4.1

Outstanding Older Thais

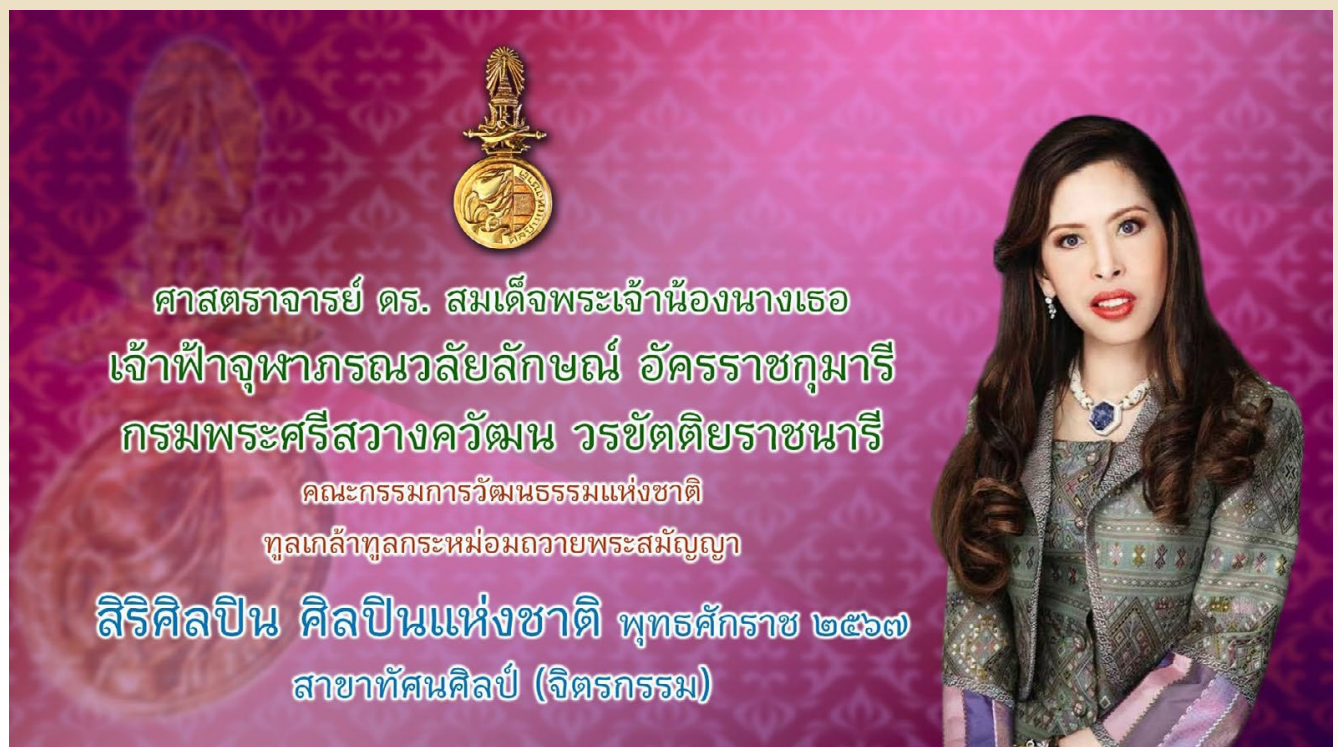
4.1.1 National Artists of 2024

Pursuant to the selection carried out by the National Culture Commission of individuals who have created works of art of great value to society and the nation, in order to honor them as National Artists in three fields—namely, the Visual Arts, the Literary Arts, and the Performing Arts—the announcement of the list of National Artists for the year 2024 took place after the publication of the Situation of the Thai Older Persons Report 2024. Therefore, the Situation of the Thai Older Persons Report 2025 presents information on the National Artists of 2024 which had not yet been compiled in the Situation of the Thai Older Persons Report 2024. The names of those honored as National Artists comprise one royal name and ten names, as follows:

Royal Name of the National Artist

**Her Royal Highness Princess Chulabhorn
Krom Phra Srisavangavadhana**

National Artist, Visual Arts (Painting)



The ten National Artists are as follows:

Phong Saengging

National Artist, Visual Arts
(Painting)



Wiwat Temiyaphan

National Artist, Visual Arts
(Vernacular Architecture)



Somluk Pantiboon

National Artist, Visual Arts
(Ceramics)



Rewat Phanpipat

National Artist, Literature



Naruephon Duriyaphan

National Artist, Performing Arts
(Thai Music and Singing)



Pakorn Pornpisut

National Artist, Performing Arts
(Thai Classical Dance-Khon and Drama)



Wirot Yusawat

National Artist, Performing Arts
(Thai Classical Dance–Monkey Khon)



Dnu Huntrakul

National Artist, Performing Arts
(Thai modern music)



Major Prapatchasak Chanpleng

National Artist, Performing Arts
(Luk Thung Singer)



Nanthawan Mekyai Suwanpiyasiri

National Artist, Performing Arts
(Film and Television Drama)



4.1.2 National Older Person for 2025

The recipient of the National Older Person Award for 2025 is Somdet Phra Thiranyanamuni (Somchai Worachayo, Pali Grade 8), Abbot of Wat Debsirindrawas Ratchaworawihan



Somdet Phra Thiranyanamuni (Somchai Worachayo, Pali Grade 8)

National Older Person Award for 2025

Original name: Somchai Phukphumphuang
Born on 22 October 1947
Aged: 78 years.

Educational Background

He was ordained as a novice (samanera) at Wat Tha Tamnak, Nakhon Chai Si District, Nakhon Pathom Province, in March 1958, with Phra Ratchawuthachan (Nak Isinako), Abbot of Wat Tha Tamnak, as his preceptor (upajjhaya). Subsequently, he was ordained as a monk (bhikkhu) within the consecrated boundary (baddhasima) of Wat Debsirindrawas on 19 July 1967, with Phra Sasanasophon (Uean Chinthatato) as his preceptor (upajjhaya), Phra Ratchawuthachan (Nak Isinako) as his ordination-proclamation teacher (kammavacacariya), and Phra Khru Wimonyanasophon as his announcement teacher (anusavanacariya). He studied the Buddhist scriptures until completion, passing the Advanced Level of Dhamma Studies (Naktham Ek) in 1973 and passing the eighth grade of Pali studies (Pali Studies Grade 8).

Ranks/ Positions

- Member of the Sangha Supreme Council
- Advisor to the Ecclesiastical Regional Governors of Regions 1-2-3 and Regions 12-13 (Dhammayut), and First Deputy Director-General of the Central Dhamma Examinations Office, Dhamma Studies Division
- Chairman of the Committee on Buddhist Scripture Education, under Section 8 (1) of the Buddhist Scripture Education Act, 2019 overseeing and supervising the educational administration of the Sangha across four divisions, namely: the Central Pali Examinations Division, the Central Dhamma Examinations Division, the General Education Division, and the Scripture Instruction (Pariyattinithet) Division

Principal Special Positions are as follows:

- Executive Committee Member of the Mahamakut Rajavidyalaya Foundation under Royal Patronage
- Chairman of the Governing Board of Wat Buddha Dallas, United States of America
- Chairman of the Executive Committee of the Training Center for Overseas Dhammaduta Missionary Monks (Dhammayut)
- Patron of the Phet Yot Mongkut (Crown Jewel) Project
- Presiding officiant at the ceremony for the royal bestowal of ecclesiastical certificates and rank fans upon monks holding ecclesiastical certificates (Phra Khru Sanyabat), as commanded by His Holiness the Supreme Patriarch, who assigned him to perform this duty on His behalf

Notable Honors and Achievements

- 1978: Secretary to the Deputy Ecclesiastical Regional Governor of Regions 1-2-3 and Regions 12-13 (Dhammayut); Committee Member and Secretary of Wat Debsirindrawas
- 1978-1988: Secretary to the Ecclesiastical Regional Governor of Regions 1-2-3 and Regions 12-13 (Dhammayut)
- 1988-1998: Deputy Ecclesiastical Regional Governor of Regions 1-2-3 and Regions 12-13 (Dhammayut)
- 1990: Member of the Sangha Supreme Council
- 1995: Committee Member of the Dhammayut Sangha; Preceptor (upajjhaya), Extraordinary Category
- 1998-2021: Ecclesiastical Regional Governor of Regions 1-2-3 and Regions 12-13 (Dhammayut)
- 2000: Secretary-General of the Dhammayut Sangha
- 2011: Member of the Committee Acting on Behalf of the Supreme Patriarch (No. 7)
- 2010-present: Abbot of Wat Debsirindrawas
- 2021-present: Advisor to the Ecclesiastical Regional Governors of Regions 1-2-3 and Regions 12-13 (Dhammayut)

In addition to his mission of governing the Sangha, Somdet Phra Thiranyanamuni has rendered a variety of benefactions, including the restoration of permanent structures and monastic dwellings at Wat Debsirindrawas, the promotion of Buddhism abroad through his co-founding of Wat Buddha Dallas in the United States, and the establishment of a fund to assist indigent heart disease patients at Phramongkutklao Hospital, dedicated as a royal offering of merit on the occasion of his 83rd birthday anniversary in 2010.

Advice for Preparing to Enter "Old Age"



"As for living life, set it out day by day; and as for the future, we prepare for what we must do. First, see a doctor. When we have any symptoms, do not neglect them. It is not like when we were children—as children, we could let things go; whatever ailed us, we did not yet have to see a doctor. Nowadays, that is no longer possible. Whenever something is wrong, one must go to see a doctor. Do not go finding your

own medicine to take, because we are not doctors; doctors have studied in order to treat us. Then there is food—what an older person should eat and what one should not. Whatever they say is beneficial, that is what we should hold to and do every day. As for me, I take my meals as circumstances allow; whatever the laypeople bring to offer, I partake of it accordingly. First, fats; second, diabetes—avoid these if you can, so as not to become a burden to anyone. For when a monk comes to reside at the temple, there are no relatives, no brothers or sisters anywhere to come and care for him. A monk must help himself. Living at the temple, if one falls ill and has no monastic disciples and no lay disciples, it is all the more difficult. Yet even so, though one may have monastic disciples and lay disciples, if one does not care for oneself, it remains difficult. Therefore, this accords with the very principle of the Lord Buddha: **Attā hi attano nātho—One is indeed one's own refuge; no one else can be one's refuge, save oneself.** And we must love ourselves, as the Lord Buddha taught: **Natthi attasamaṃ pemaṃ—There is no love equal to the love of oneself.** If we do not love ourselves, it means we do not love others. When we come to suffer pain, who is it that is troubled? It is the laypeople themselves. Therefore, do not bring hardship upon the laypeople; we must take care of ourselves."

Principles of Living Life as an Older Person: How to Live Happily

"I follow the Buddha's path entirely. Whatever the Buddha taught, I follow—practicing His teachings. We will then be called *Satthuno vacanāvā dhamma*—those who live by the Teacher's word. When we follow the Buddha's teachings, we will attain true happiness and success in everything"

Somdet Phra Thiranyanamuni is an exemplar of living life in accordance with the teachings of the Lord Buddha, and is truly an older person who serves as a fine role model for Thai society.



4.1.3 Distinguished Individuals in Various Fields

Distinguished Individual in Thai Language:

Associate Professor Churairat Laksanasiri, age 78



Outstanding Users of the Thai Language (Senior Citizens Category):

Kittisak Suwannabhokin, age 80



Phadet Bounnun, age 76



Anusorn Tipayanon, age 62



Associate Professor Onchuma Yutthawong, age 79



Outstanding Users of Regional Thai Dialects (Senior Citizens Category):

Arunsilp Duangmoon, age 76



Individuals Who Have Made Significant Contributions to the Thai Language:

Suree Panjaroen, age 81



4.1.4 The Agricultural Scholars of the Land

The Ministry of Agriculture and Cooperatives, through the Committee for the Promotion of The Agricultural Scholars of the Land, announced the appointment of the 2025 Agricultural Scholars of the Land who are senior citizens, totaling 2 individuals, as follows:

The Agricultural Scholars of the Land in the field of Sufficiency Economy Scholar

Sub Lieutenant Surachai Boonkong
(Prachinburi Province)



The Agricultural Scholars of the Land in the field of Outstanding Farmer Category

Suang Khumwichian
(Nakhon Pathom Province)



4.1.5 Healthy Older Persons

The Thai Red Cross Society organized the "Healthy Older Persons" contest at the 2025 Red Cross Fair. The winners received royal trophies from Her Royal Highness Princess Maha Chakri Sirindhorn, Vice President and Executive Director of the Thai Red Cross Society, as follows:

Category: No Underlying Health Conditions (Top Award)

Age Group 65–74

Professor Somchit Eiam-Ong, Ph.D.



Age Group 75–84

Pranee Laotrakul



Age Group 90 and above

Suda Banomyong



Category: With Underlying Health Conditions (Top Award)

Age Group 65–74

Nidapa Suthirat



Age Group 75–84

Wannee Leelavechbutr



Age Group 85–90

Wutthiphong Anujareerat



Age Group 90 and above

Sang Chutthong



4.2

Highlights of Year 2025

4.2.1 Economic Stimulus Program for Older Persons

The Economic Stimulus Policy Committee approved in principle the "Economic Stimulus Program for Older Persons," a measure providing financial assistance of 10,000 baht to citizens aged 60 years and above. Eligible individuals were required to register for the Digital Wallet program through the "Tang Rat" application and must not have been among the target groups already receiving assistance under the economic stimulus measures via the State Welfare Card or the Disability ID Card.

The program aimed to reduce the cost of living burden for older persons and strengthen economic security for the older population, increase purchasing power, and stimulate domestic spending, generating circulating funds within the economic system—particularly the grassroots economy—which would help the country's overall economy recover. The government transferred funds to a total of 2,983,788 older persons.

Figure 22 Economic Stimulus Program for Older Persons



Source: <https://www.prd.go.th/th/content/category/detail/id/39/iid/325065>

4.2.2 The "Eyeglasses for Older Persons" Project under Her Royal Highness Princess Maha Chakri Sirindhorn

This is a collaborative project between the Thai Red Cross Society's Children's Foundation, TOP Charoen Optical, and the Ministry of Social Development and Human Security through the Department of Social Development and Welfare, in response to the royal wishes of Her Royal Highness Princess Maha Chakri Sirindhorn, who recognizes the importance of eye health for older persons, particularly those living in remote and underserved areas. The project aims to provide eye examinations and appropriate eyeglasses to the older free of charge, increase access to eye health services, reduce limitations in daily living, and promote the older's ability to work, care for themselves, and enjoy an improved quality of life in physical, mental, emotional, and social dimensions.

Figure 23 The "Eyeglasses for Older Persons" Project under Her Royal Highness Princess Maha Chakri Sirindhorn

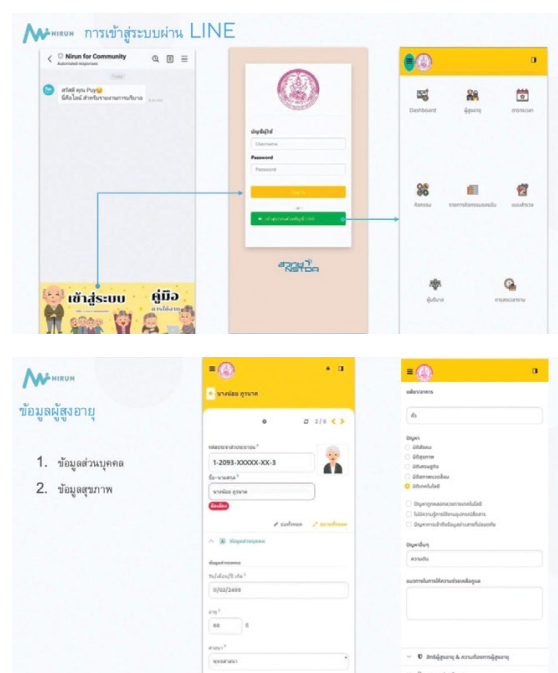


Source: https://www.m-society.go.th/ewtadmin/ewt/mso_web/mobile_detail.php?cid=32&nid=42176

4.2.3 Driving the System for Caregiving and Protection of Older Persons' Rights through the Digital Platform "Nirun for Community"

The development of the "Nirun for Community" digital platform serves as a central database for recording, monitoring, and analyzing individual data on older persons in order to formulate Care Plans and support policy-level administration. The system currently contains data on 173,686 older persons, the majority of whom fall into the "socially active" (independent) group, followed by the "homebound" and "bedridden" groups. A rising trend of dependency has been observed, particularly among those aged 80 and above. In addition, the data reflect key issues including access to welfare, chronic illnesses and underlying health conditions, technological limitations, economic problems, living environment conditions, and social concerns. In summary, the "Nirun for Community" platform is a systemic innovation that enables the state to access in-depth, area-level data, leading to more precise policy formulation, and is expected to serve as an important foundation for a sustainable, integrated care system for older persons.

Figure 24 "Nirun for Community"



Source: https://www.nstda.or.th/home/news_post/s-and-t-nirun-platform/

4.2.4 Innovations for Thai Older Persons

The National Science and Technology Development Agency (NSTDA), in collaboration with the National Metal and Materials Technology Center (MTEC), the Faculty of Medicine Ramathibodi Hospital, the Faculty of Public Health at Thammasat University, the Thai Red Cross Society, King Chulalongkorn Memorial Hospital, the Asian Institute of Technology, and Srinakharinwirot University, has developed innovations for older care aimed at sustainably improving quality of life and safety. Key examples of these innovations include the following:

(1) Mike–The Guardian AI: A Monitoring and Care System for Older Persons ("Un Jai Wai Suk")

Developed by the National Metal and Materials Technology Center (MTEC) under the National Science and Technology Development Agency (NSTDA), this system provides care for older individuals who live alone or face daily-life risks. It uses artificial intelligence (AI) technology to learn and analyze each individual older person's behavior, immediately alerting caregivers when abnormalities are detected.

The system consists of key devices, namely MediAlarm, which reminds users to take medication and allows them to request emergency assistance, and ToiletSense, which detects bathroom entry/exit and risky behaviors. Data is stored on a cloud system and alerts are sent via Line Official, allowing caregivers to monitor the situation in real time. This innovation helps increase safety, reduce risks from emergencies, and effectively enhance the quality of life of older people in Thai society.

Figure 25 Mike–The Guardian AI: A Monitoring and Care System for Older Persons ("Un Jai Wai Suk")



Source: <https://www.mtec.or.th/mike-the-guardian/>

(2) Rachel Everyday: A Bodysuit for Enhanced Mobility for Older Persons

Developed by the National Metal and Materials Technology Center (MTEC) under the National Science and Technology Development Agency (NSTDA), in collaboration with Thai Wacoal Public Company Limited, this product integrates knowledge in biomechanics, ergonomics, and electromyography to create a garment that helps correct posture and enhance movement. It generates slight resistance and feedback force when the wearer adopts an improper posture, automatically helping to correct their position, thereby reducing the risk of musculoskeletal injury.

Trials found that older users were able to sit with a straighter back and stand up/sit down more easily, and moved with greater stability and confidence. The product has undergone clinical testing and is currently in the process of technology transfer for commercial production. It is designed to be easy to wear, well-ventilated, and suitable for daily use. It is currently available for pre-order at the Wacoal Body Clinic head office, with additional distribution at Central Ladprao and Vejthani Hospital.

Figure 26 Rachel Everyday: A Bodysuit for Enhanced Mobility in Older Persons



Source: https://www.nstda.or.th/home/news_post/sci-update-rachel-everyday/

(3) FLOWMIND-RA: AI deep tech for Measuring Urine Flow through Sound

Developed by Team Eldente (from the Faculty of Medicine Ramathibodi Hospital) to screen for abnormalities in the urinary system, this innovation uses artificial intelligence (AI) technology to analyze the sound of urination, enabling basic self-screening at home.

This innovation won first place at the "HealthTech X 2 The Future" innovation competition, held under an incubation program for developing digital health-promotion innovations. Its objectives are to screen for urinary tract disease risk, increase access to preventive healthcare, reduce serious complications, and effectively support the care of older and vulnerable populations.

Figure 27 The FLOWMIND-RA innovation receiving the first-place award at "HealthTech X 2 The Future"



Source: <https://www.thaihealth.or.th/?p=393016>

(4) Innovation in Holistic Health Service Systems for Older Persons

Developed by Assistant Professor Dr. Kitrawee Jiratsatit, Faculty of Public Health, Thammasat University, this innovation aims to promote older-centered care, improve the efficiency of data connectivity within the health system, reduce the burden of chronic disease and unnecessary

Figure 28 Innovation in Holistic Health Service Systems for Older Persons



Source: <https://tu.ac.th/thammasat-220868-elderly-health-care-system/>

expenses, empower the older and communities to sustainably manage their own health, and elevate the primary healthcare service system to effectively support an aging society. It integrates health service units, village health volunteers, families, and communities, alongside the use of digital technology and artificial intelligence (AI) to analyze data and design individual care plans, based on a holistic health concept encompassing physical, mental, social, and environmental dimensions.

(5) Check PD Application: Parkinson's Disease Risk Screening

Developed by the Thai Red Cross Society in collaboration with King Chulalongkorn Memorial Hospital and the Center of Excellence for Parkinson's Disease and Related Movement Disorders, Faculty of Medicine, Chulalongkorn University, this application aims to screen and assess the risk of Parkinson's disease in the population, particularly those aged 40 and above, to enable timely diagnosis and treatment.

The application allows users to self-assess their risk, with an accuracy rate as high as 90 percent, and links data into the public health service system for continued care. In addition, it supports proactive nationwide field screening efforts for at-risk individuals, which will help reduce complications and improve long-term care for Parkinson's disease patients.

Figure 29 Check PD Application: Parkinson's Disease Risk Screening



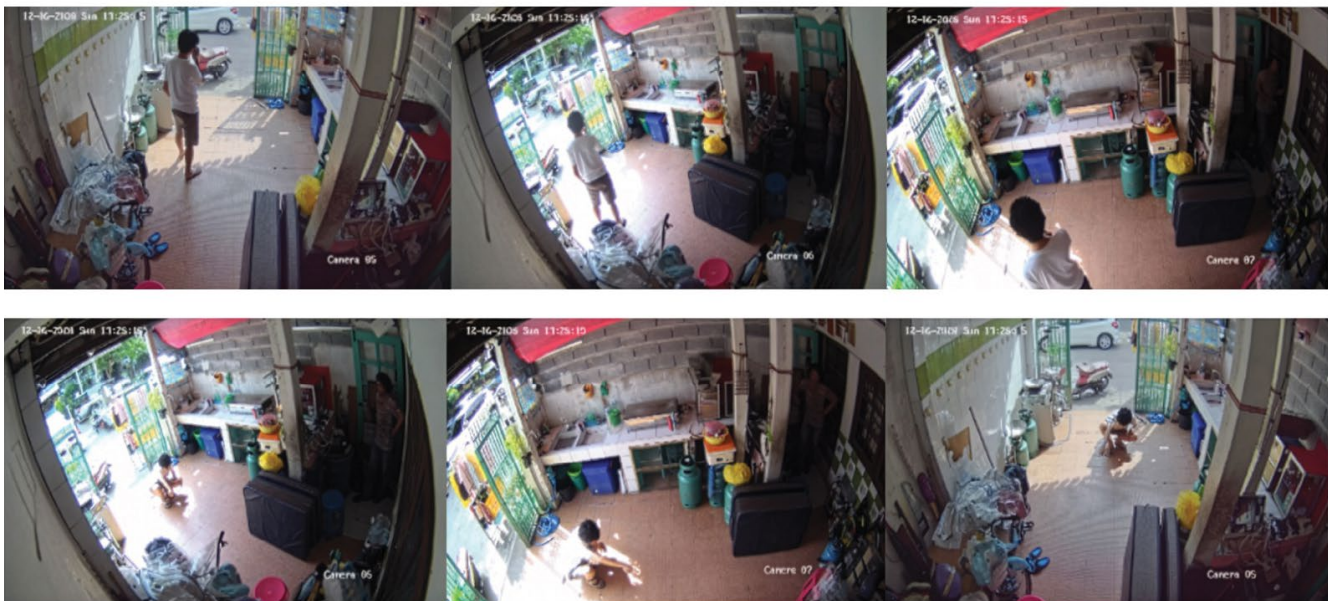
Source: <https://kcmh.chulalongkornhospital.go.th/check-pd/>

(6) Remote Quality Monitoring and Assistance System for Older Persons and Persons with Disabilities

Developed by the Asian Institute of Technology (AIT) for the care of older persons and persons with disabilities through an intelligent surveillance system, this innovation uses artificial intelligence (AI) and deep learning to analyze posture, movement, daily activities, and falls, using real-time video data. The system can detect individuals, analyze body structure (pose estimation), and classify risky behaviors in order to provide alerts and effectively support long-term healthcare.

The innovation aims to help reduce the risk of accidents, particularly falls among older persons and persons with disabilities, increase safety in daily life, and support the future development of intelligent older care systems. Trial results found that the system could accurately detect falls and various behaviors, and it can be applied to telehealth care systems and community-based monitoring.

Figure 30 Remote Quality Monitoring and Assistance System for Older Persons and Persons with Disabilities



Source: <https://telehealth.ait.ac.th/>

(7) "Skill Snap" Board Game Innovation for Developing Future Skills among Thai Older Persons

This is a board game and interactive skills learning platform developed by Associate Professor Dr. Chonlawit Jeanjit, Faculty of Social Sciences, Srinakharinwirot University (SWU), and colleagues, arising from the research project "Participatory Action Research to Develop Future Skills of Older Persons in Thai Society," funded by the National Research Council of Thailand (NRCT), aimed at promoting lifelong learning and developing future skills among older persons in Thai society.

This innovation focuses on promoting four key skill areas for older persons: health, finance, digital literacy, and life skills, using game-based activities that help stimulate memory, analytical thinking, decision-making, and intergenerational learning. It can be applied in older care centers, communities, educational institutions, and social activities, helping prepare older persons to adapt appropriately to an aging society and a digital society.

Figure 31 "Skill Snap" Board Game Innovation



Source: <https://www.facebook.com/watch/?v=4176204805943117>

(8) One-Visit Complete Denture Procedure for All Edentulous Older

Developed by Associate Professor Dr. Bhornsawan Thanathornwong, D.D.S., Faculty of Dentistry, Srinakharinwirot University (SWU), and her research team, this innovation addresses the limitations of traditional denture fabrication, which typically requires multiple visits. By using prefabricated denture bases combined with chairside adjustment, older patients can receive complete dentures within a single day, reducing the burden of travel, waiting time, and indirect costs of older care, while promoting improved eating quality, communication, and daily living.

This work received the "On Stage: CIA Award Invention & Innovation" from the People's Republic of China at "The 51st International Exhibition of Inventions Geneva," held in Geneva, Swiss Confederation, from March 11–15, 2026, demonstrating the internationally recognized potential of Thai older health innovation.

Figure 32 One-Visit Complete Denture Procedure for All Edentulous Older Persons



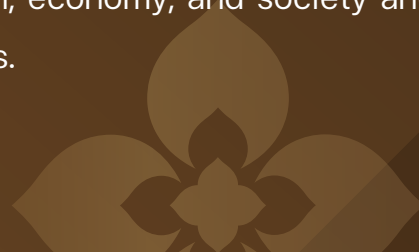
Source: <https://www.nrct.go.th/news/detail/6432>

Summary From the content presented, it is evident that numerous older persons have received various honorary awards, demonstrating the role of older persons as a foundation of wisdom that contributes to society and the nation, reflecting Active/Productive Ageing as well as Healthy Ageing. In addition, regarding notable situations concerning older persons, several important measures have been implemented to improve the quality of life of older persons, such as the Economic Stimulus Program for Older Persons, the Eyeglasses for Older Persons Project, and the development of the "Nirun for Community" system to support area-based older care. Furthermore, various technologies and innovations in health and older care have been developed, reflecting ongoing efforts to enhance the quality of life of Thai older persons and to prepare for a quality, sustainable aging society.



Research Related to Older Persons

In 2025, there was a large volume of research on older persons, from which a select number have been chosen for presentation in this chapter, based on four selection criteria: 1) the research is relevant to the content of this volume; 2) it is research on older persons published in 2025; 3) it is research that has received an award or been certified/adopted for practical use; and 4) it is research with a sufficiently large study population to allow broad generalization. Eleven studies were selected and presented, divided into three areas: health, economy, and society and environment, as follows.



5.1

Health (3 studies)

5.1.1 Design and Development of a Prototype Neck Pillow for Snoring Detection Using Embedded System Technology for Older Persons with Snoring Problems



Received
the NRCT Quality
Achievement Award in
the Invention category
(Engineering and Industrial
Research field) for 2025
from the National Research
Council of Thailand (NRCT).

By Dr. Patiyuth Pramkeaw and team

(School of Architecture and Design, King Mongkut's University of Technology Thonburi)

This research aimed to create a prototype device capable of detecting snoring and promptly reducing the risk of sleep apnea. It was developed as a “smart neck pillow” integrating embedded-system technology with a microphone sensor system to detect and analyze snoring sound waves in real time. When the system assesses that the snoring level indicates a risk of sleep apnea, it triggers a small motor to produce mild vibration, prompting the user to shift position or become semi-conscious without fully waking. The aim is to interrupt the cycle of airway obstruction before severe complications occur. The system can also connect to an application to record sleep data, snoring statistics, and the number of alerts issued, which can support long-term health assessment. Preliminary prototype testing found that the system could effectively detect snoring and issue alerts without disturbing the user's sleep quality; most participants felt safer and woke up feeling more refreshed than usual.

Source: <https://www.nrct.go.th/knowledge/detail/5576>

5.1.2 Health Linkage through Non-Medical Caregivers to Develop Continuous Primary Care Services for Older Persons Requiring Assistance (WinCare 2.0) in an Urban Context, at Sub-district Health Promoting Hospitals Transferred to Provincial Administrative Organizations



Funded by
the Health Systems
Research Institute (HSRI).

**By Assistant Professor Dr. Apinun Aramrattana, M.D., Ram Rangsin,
Dr. Sairat Noknoy, M.D., and team**

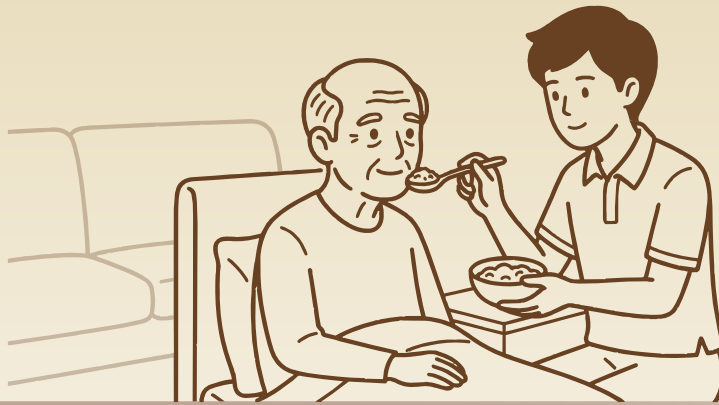
(Faculty of Medicine, Chiang Mai University)

This research aimed to develop the “WinCare” model — volunteer caregivers who are not medical personnel — with the objective of developing a health-linkage mechanism through WinCare volunteers in primary care units whose functions have been transferred to urban local government organizations. It compared health and quality-of-life outcomes before and after the intervention, and compared the WinCare group with a control group, over a 4-month implementation period. Eight WinCare volunteers were selected per unit, each with a vehicle, able to use a smartphone, and trained in non-medical tasks such as blood-pressure measurement, weighing, medication and appointment reminders, health advice, and symptom monitoring. Each volunteer conducted one home visit per week, recording results in real time via the WinCare application and communicating via Line. Each WinCare volunteer cared for an average of about 5 patients, with monthly compensation of 1,500 baht. The WinCare group comprised 74 older patients, compared with 61 in the control group.

The study found the WinCare model to be safe and practical, and that it did not overlap with the role of village health volunteers. Within 4 months, patients in the WinCare group achieved significantly better blood-pressure control and health status than the control group. Qualitative data reflected the pride and conscientiousness of the WinCare volunteers, patients' need for a caregiver, and the appropriateness of the home-visit frequency.

In conclusion, WinCare is an effective community-level mechanism that strengthens continuity of primary care, builds trust, and improves care for older persons with chronic conditions in urban communities. The research proposes scaling up this innovative service concept further, with primary care units such as sub-district health promoting hospitals serving as the main implementing body.

5.1.3 Development of a Meat-Analogue Food for Preparing Meals for Level-6 Swallowing-Training Patients



Funded by
the Thammasat University
Hospital Research Project.



By Nongyao Moondee

(Thammasat University Hospital, Thammasat University)

This research aimed to develop a meat-analogue food for preparing meals for level-6 swallowing-training patients, and to study its nutritional value using the Inmucal-Nutrients Version 4.0 (2018) program to determine nutrient proportions per 100 grams of food weight. The research supports Thailand's transition to a complete aged society, in which large numbers of older persons — including patients with brain and nervous-system conditions — experience dysphagia (difficulty swallowing). Adapting food characteristics for patients with swallowing difficulties is therefore essential to enable them to return to normal eating.

Sensory testing of the developed meat-analogue food was conducted with 10 nutritionists; nutrient proportions per 100 grams of cooked food weight were calculated; and texture characteristics related to viscosity were analyzed and the food adapted into a Massaman curry dish. The acceptance score was 80%, corresponding to a sensory-acceptance level of “like very much.” Nutritional testing of 100 grams of cooked food found 87.16 kilocalories of energy, 17.1 grams of protein, 2.48 grams of fat, 2.83 grams of carbohydrate, 20.8 milligrams of calcium, and 10.13 milligrams of phosphorus. Viscosity and texture testing found adhesiveness of 0.00 ± 0.00 (mJ), cohesiveness of 0.56 ± 0.03 , springiness of 0.84 ± 0.02 , chewiness of 595 ± 109 (g) or 29.10 ± 5.4 (mJ), and fracturability of 708 ± 131 (g). The developed meat-analogue food thus has a soft texture and complete nutritional content, and can be adapted into a Massaman curry dish suitable for level-6 swallowing-training patients.

The research recommends continued development of this work, since the present study tested acceptance among nutritionists — comparable to a healthy general population — rather than among patients with genuine chewing and swallowing difficulties. Testing acceptance among actual patients would further increase the reliability of the meat-analogue food development results.

5.2

Economy (3 studies)

5.2.1 Aging, Inadequacy, and Fiscal Constraint:
The Case of Thailand

Received
the National Research
Council of Thailand's
Good-Level Research Award
(Economics field) for 2025,
from the National Research
Council of Thailand (NRCT).



By Dr. Phitawat Poonpolkul, Professor Dr. Ponpoje Porapakkarm, and Dr. Nada Wasi
(Puey Ungphakorn Institute for Economic Research)

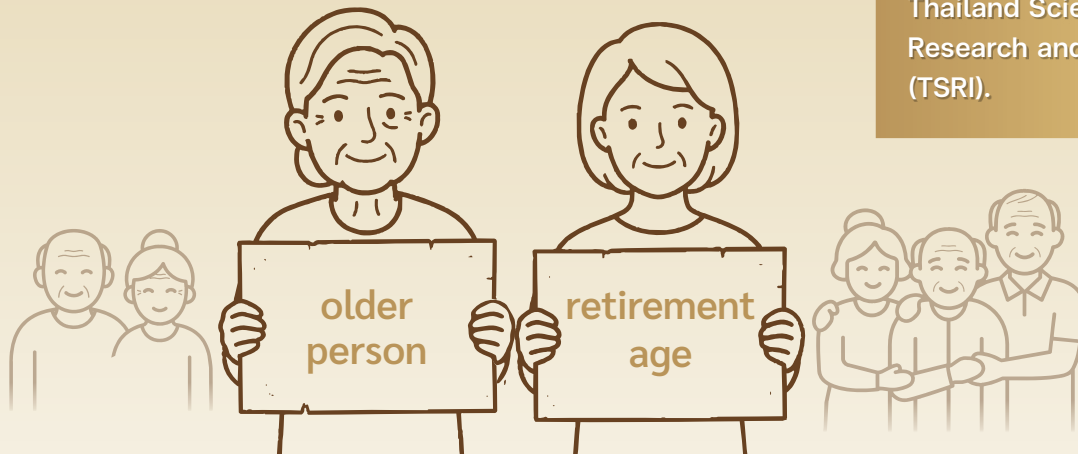
This research aimed to examine the challenges of securing adequate income in old age for Thailand's population, assessing three key issues: 1) the adequacy of the social security system in protecting older persons; 2) the fiscal sustainability of the government pension system; and 3) the appropriateness of approaches to reforming the old-age allowance so as to effectively raise older persons' minimum income.

The study found that: 1) 66% of Thai older persons are not entitled to a monthly old-age pension from social security, because they did not complete 15 years of contributions; 2) raising the old-age allowance remains a more important and appropriate tool for reducing poverty among older persons, but should be designed as targeted payments rather than an equal, across-the-board increase; and 3) adopting “pension-tested benefits” — adjusting the old-age allowance according to social-security pension income — would allow the government to allocate resources more precisely to the most vulnerable older persons, reduce the tax burden, and reduce old-age poverty more effectively than universal payments.

The research proposes an integrated, system-wide reform of Thailand's pension system — particularly social security and the old-age allowance — to achieve adequate income, fair access to assistance, and long-term fiscal sustainability.

5.2.2 A Study on Approaches to Redefining “Older Person” and Its Impacts, under the Community System and Mechanism Project to Support an Aging Society, Fiscal Year 2024

Funded by
Thailand Science
Research and Innovation
(TSRI).



By Ms. Ruanglak Thipthong and team

(Office of the Permanent Secretary, Ministry of Social Development and Human Security)

This research aimed to study approaches to defining the age threshold for “older person,” including the economic, social, health, rights, and welfare implications both in Thailand and abroad, and to develop policy proposals on redefining the age threshold for older persons in Thailand and approaches for implementation should the definition change. The study used documentary research and content analysis of reliable domestic and international sources, comparing Thailand with case-study countries — Singapore, Japan, and Vietnam — and held three stakeholder forums with participants from government, the private sector, and civil society.

The findings show that the definition of “older person” should be clearly separated from “retirement age,” with two possible approaches: 1) redefine “older person” as 65 while keeping the retirement age at 60; or 2) redefine “older person” as 65 alongside a stepped extension of the retirement age up to 65. In addition, 3) the demographic crisis caused by low birth rates is reducing the population by an average of about 1 million people every 2 years, making extending the working age among healthy groups one approach to offsetting the shrinking workforce.

The research proposes establishing a clear coordinating mechanism to link the redefinition of “older person” to adjustments in other policy areas, and recommends systematically studying current labor-market demand. It recommends that the Department of Older Persons coordinate with relevant agencies in an integrated manner to advance legal amendments and comprehensive policy preparation, so that any redefinition can be implemented in a concrete and sustainable way.

Source: <https://ebooks.m-society.go.th/researchs/detail/198>

5.2.3 Demographic shifts and economic growth: A global analysis across ageing and non-ageing economies



By Sarawan Tangpatthamachart and Associate Professor Dr. Yot Amornkitvikai

(College of Population Studies, Chulalongkorn University)

This research aimed to study the relationship between demographic and socioeconomic factors and economic growth amid an aging society and global economic policy uncertainty, comparing the dynamics of economic convergence between countries with an aging population structure and those that have not yet become aging societies, and examining how population structure affects the effectiveness of key economic factors. The study drew on data from 123 countries covering 1960–2020, using a range of databases and variables such as GDP per capita and income-inequality indices, among others.

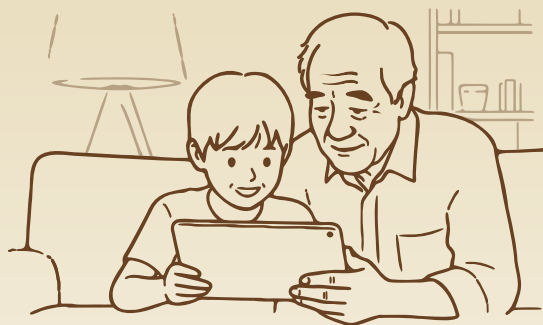
The study found that the effectiveness of global economic tools, such as trade openness and foreign direct investment (FDI), depends significantly on each country's population structure. Trade openness had a positive effect on economic growth across all country groups, whereas FDI had a negative effect on countries that had not yet become aging societies, reflecting problems of labor exploitation and incomplete economic integration. Longer life expectancy was found to support growth in aging societies but to be a burden in non-aging societies, while net migration had a negative effect in all cases owing to inefficient labor integration. Human capital in aging societies also showed a U-shaped relationship, requiring sustained investment to yield benefits. Overall, the findings indicate that economic growth does not follow unconditional convergence, and that policy must be tailored to each country's population structure.

Source: <https://linkinghub.elsevier.com/retrieve/pii/S2590051X25000541>

5.3

Society and Environment (5 studies)

5.3.1 Defining Well-being in the Digital World for Thai Society 5.0: A Path to Coexistence from In-depth Cross-generational Experiences



Received
the National Research
Council of Thailand's
Good-Level Research Award
(Economics field) for 2025,
from the National Research
Council of Thailand (NRCT).

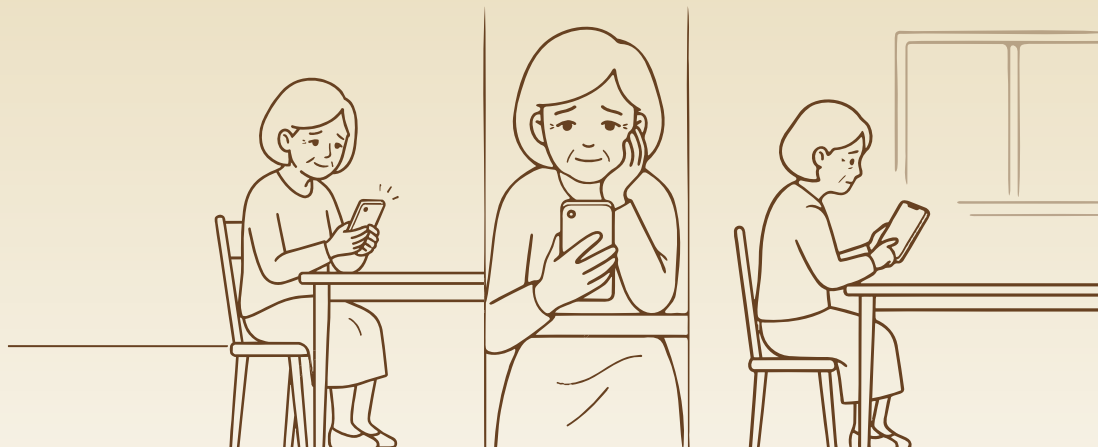
**By Associate Professor Dr. Chulanee Thianthai,
Assistant Professor Dr. Patrapan Tamdee,
Assistant Professor Dr. Passanan Assavarak, and Assistant Professor Titinan Pewnil**
(Faculty of Political Science, Chulalongkorn University)

This research aimed to identify a definition of digital well-being from the experiential perspectives of different generations, consistent with living in Thai Society 5.0; to examine the link between everyday digital-technology use and well-being across generations; to explore ways of balancing digital technology with well-being drawing on the life experiences of different generations; and to examine the relationships and mutual support among generations that give rise to digital well-being in Thai Society 5.0.

The study found that definitions of digital well-being vary by generation. For students, a good life is balanced and meaningful, offering time with loved ones and the pursuit of one's own goals and needs while remaining aware of social issues. For working-age adults, a good life is not confined to work but centers on maintaining work-life balance. For those past working age, a good life means living well, eating well, and being happy in a simple way, adapting to changing times, and seeing the success of one's children and grandchildren. Across generations, participants agreed that Thai society can jointly build digital well-being if it starts from a shared basic mindset.

Policy recommendations fall into two areas: first, policy development should emphasize stakeholder participation to build awareness of the shift to a digital society and foster mutually supportive relationships across generations; second, building digital well-being for Thailand 5.0 should focus on expanding inclusive access to digital technology.

5.3.2 More online, less lonely? The buffering role of online communication on the relationship between health and loneliness among late middle-aged and older adults



By Ms. Daria Turavinina and Associate Professor Dr. Yot Amornkitvikai

(College of Population Studies, Chulalongkorn University)

This research examined the relationship between online communication and loneliness in a context where technology plays an increasingly significant role in social interaction, aiming to understand how online communication can help reduce, or otherwise affect, loneliness. The sample comprised 14,727 late-middle-aged and older adults, with particular attention to those in poor health, who face greater risk of loneliness. Data were drawn from the International Social Survey Programme (ISSP), specifically its module on “Social Networks and Social Resources,” conducted in 2017–2019.

The study found that although online communication has increased, it does not always reduce feelings of loneliness, and excessive reliance on it may in fact heighten loneliness, lack of friendship, and social disconnection — indicating that the online world cannot fully substitute for in-person contact. However, for those with health limitations, online communication still plays an important role in maintaining relationships and reducing physical barriers. The study also found that the late-middle-aged group showed the highest level of isolation. Balancing in-person contact with online communication is therefore an important approach to promoting quality of life for both late-middle-aged adults and older persons.

Source: <https://www.sciencedirect.com/science/article/pii/S2590291125004553?via%3Dihub>

5.3.3 Lifestyle and Happiness of Centenarians



Funded by
the Thai Health Promotion
Foundation (ThaiHealth).



**By Professor Sasipat Yodpet, Assistant Professor Dr. Nattapat Sarobol,
Ms. Thanikan Sakdaporn, and team**

(Senior Citizens Council of Thailand, under the Patronage of Her Royal Highness Princess Srinagarindra)

This research aimed to study the health behaviors, social and environmental conditions, happiness levels, related factors, and life outlooks of people aged over 100 in Thailand. The sample comprised 101 older persons aged over 100.

The study found that the sample's average age was 102, with the oldest being 110. Most lived with their daughters as part of a family household, with their main income coming from the old-age allowance. They retained moderate ability and independence in daily self-care, though engaged in relatively little natural physical movement, resulting in reduced activity levels. Most rated their own physical health as good and mental health as good to very good, and reported the highest level of self-worth. Most had good family relationships and a high level of social support, and reported a high level of happiness. Factors relatively strongly associated with happiness included social support, self-worth, participation in religious activities, and family relationships; notably, the most important form of social support was good care from children and grandchildren.

Policy recommendations include advancing policies to prepare for longevity while living alone, with priority given to urgently strengthening healthcare and social-service systems in local communities, and promoting a “Compensate to Empowerment” policy to support independence for centenarians. Practical recommendations include helping families who care for centenarians gain access to rights and welfare benefits that support caregiving, in order to build motivation and enhance caregiving capacity; advancing legal amendments to increase the old-age allowance for centenarians; encouraging local authorities to design specialized training for those aged 85 and above to prepare for reaching 100; and raising awareness among community volunteers about caring for and valuing centenarians.

Source: <https://dol.thaihealth.or.th/Media/Pdfview/c4bdd263-a771-f011-858e-b76bc522b1fb>

5.3.4 Project to Study the End-of-Life Care Service System for Thai Older Persons



Funded by
the Thai Health Promotion
Foundation (ThaiHealth).



**By Dr. Chonticha Asavanirandorn, Assistant Professor Titinan Pewnli,
and Sudarat Kanthanetr**

(College of Population Studies, Chulalongkorn University)

This research aimed to: 1) analyze gaps in Thailand's end-of-life care system for older persons, focusing on access, coverage, and coordination among relevant agencies; 2) assess the limitations of palliative and home-based care, which still fail to adequately meet older persons' needs; and 3) examine the mismatch between older persons' wish to die at home and the reality that they continue to rely on hospitals.

The research proposes the “Future of Care” concept as an important framework for designing a new system, built on three pillars: 1) developing the care workforce, including both professional personnel and community caregivers; 2) strengthening home-care systems to be robust, encompassing multidisciplinary teams and continuity of care; and 3) linking service systems seamlessly across sectors. At the same time, technologies such as telemedicine and digital health can help expand access, ease the burden on hospitals, and improve the efficiency of care. Developing the “Future of Care” is not simply about adding services, but about designing a system centered on quality of life and human dignity, so that both living well and dying well can be genuinely achieved in Thai society.

Source: <https://www.facebook.com/share/p/1GuzmSaMsA/>

5.3.5 Spatial Analysis of the Relationship Between Climate-Environmental Risks and the Vulnerable Population in Thailand for Policy Interventions



Funded by
the Thammasat University
Research Fund.

By Assistant Professor Dr. Punyawaj Traijutakarn and Dr. Chananya Prasartthai
(Thammasat University)

This research aimed to study the spatial relationship between climate-change risk and vulnerable population groups — children and older persons — in Thailand, by integrating future climate-risk data (RCP8.5, 2016–2035) with structural vulnerability data from the Multidimensional Poverty Index (MPI), in order to identify at-risk areas and support climate-justice policymaking. The study covered all 76 provinces of Thailand, applying spatial analysis through Geographic Information Systems (GIS), bivariate mapping, and spatial clustering analysis using Local Moran's to identify hotspots and spatial outliers.

The study found that: 1) the Northeast and West regions have the highest combined climate risk and social vulnerability; 2) vulnerable children are highly concentrated in the Northeast, particularly Khon Kaen, Buriram, and Maha Sarakham provinces, which face high risk in both climate and multidimensional poverty; and 3) vulnerable older persons face high risk in the North, particularly Mae Hong Son, where although climate risk is not especially high, limited access to health services and infrastructure results in high vulnerability. The MPI proved better able to reflect vulnerability than population size alone, helping to identify policy-priority areas more precisely.

The research offers area-specific recommendations for government action: the North (Chiang Mai, Mae Hong Son) should develop mobile health units and health infrastructure for older persons in remote areas; the Northeast (Khon Kaen, Buriram, Maha Sarakham) should develop drought-resilient water-management and agricultural systems, alongside educational support for children in poor households; the Bangkok Metropolitan Region should develop age-friendly cities, expand green space, and reduce air pollution; and the South should invest in early-warning systems and flood-prevention infrastructure, with children and older persons as key target groups.

Source: https://www.acadlore.com/article/CIS/2026_14_1/cis140112

The studies presented above reflect several important trends in research on older persons in Thailand.

Issue 1



A holistic view of older persons, linking health, economy, welfare, labor, technology, quality of life, and population structure — for example, studies on the pension system, employment of older persons, and redefining “older person.”

Issue 2



Research places importance on preserving older persons' functional independence, such as fall prevention, maintaining muscle mass, sleep care, dietary management for those with swallowing difficulties, and end-of-life care — reflecting a focus on long-term quality of life rather than longevity alone.

Issue 3



Many studies integrate digital health, telemedicine, AI, embedded systems, and online platforms into elder care — such as the snoring-detection pillow, WinCare, and the study on digital well-being — reflecting a trend toward a smarter aging society.

Issue 4



Care for older persons is shifting from being solely the state's responsibility toward greater community and family participation. Many studies emphasize the roles of families, communities, volunteers, and social networks — for example, the studies on centenarians and WinCare 2.0 — reflecting the “aging in place” concept, which aims to enable older persons to remain in their own communities for as long as possible.

Issue 5



Research increasingly recognizes diversity among older persons. Whereas they were once viewed as a single homogeneous group, studies now increasingly examine differences by age, health, and economic status — for example, centenarians or older workers.

Issue 6



Linking issues affecting older persons to macro-level societal challenges — demographic transition, labor shortages, fiscal sustainability, pension-system reform, the impact of climate change on vulnerable populations, and digital technological change — underscores that improving older persons' quality of life must proceed hand in hand with long-term economic, social, and environmental development planning.

In summary,

the key findings of 2025 research offer policy recommendations for consideration in developing various systems, such as pension reform, extending the retirement age, developing end-of-life care systems, and establishing a protection system for older workers — reflecting a growing orientation of research on older persons toward policy-relevant outcomes that concretely support Thailand's transition to a complete aged society.



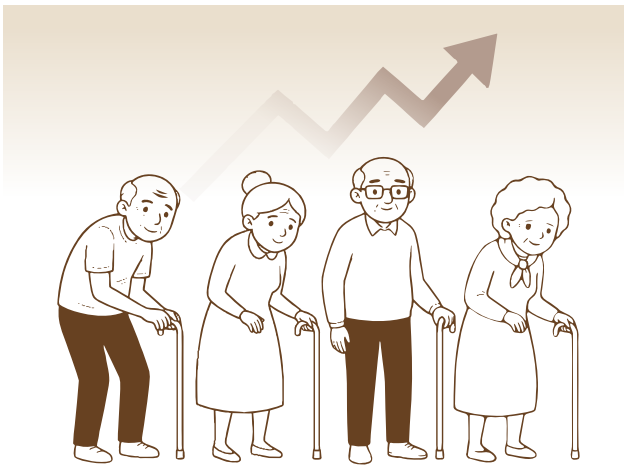
Conclusions and Policy Recommendations



6.1

Conclusions

In 2025 (B.E. 2568), the world continued to experience rapid population aging, as reflected in the global decline in birth rates and the rise in average life expectancy. These trends have reshaped the population structure from a "wide base" pyramid into one with a "narrow base and expanding top." This pattern holds across every continent and is especially pronounced in Asia.



Thailand is undergoing a significant demographic transition: the number of older persons continues to rise while the proportion of the working-age population continues to decline. As a result, the country is moving toward becoming a super-aged society in the near future. This shift affects not only the economy and the labor market but is also linked to challenges in health, social welfare, and long-term care, as well as the capacity to respond to risks and disasters that are becoming more severe and complex.

At the same time, disasters in Thailand are increasing in both frequency and severity, driven by climate change, urban expansion, and accumulating social vulnerabilities. Older persons are disproportionately affected relative to other population groups because of limitations in health, mobility, access to information, and capacity to recover after a disaster. This underscores that "population aging" and "disaster management" can no longer be treated as separate issues; they require integrated policy design and implementation mechanisms. Formulating policies that link disaster management and older persons is therefore a critical issue that must be considered across the dimensions of prevention, preparedness, response, and recovery.



Throughout 2025, government agencies and network partners implemented initiatives for older persons under the 2023–2027 (B.E. 2566–2570) Action Plan on Older Persons. The findings indicate that Sub-Action Plan 1, which focuses on preparing the pre-older population, demonstrated progress in promoting savings and financial literacy among the public. Sub-Action Plan 2, on improving older persons' quality of life across all dimensions, achieved concrete progress at the area level, including developing care systems across various dimensions, adapting environments and housing, and building older persons' capacities through community-based services, supported by increasingly systematic management. Areas where implementation remains limited include Sub-Action Plan 4, on research, technology, and innovation, where research funding for aging-related studies at the local level remains insufficient. Meanwhile, data integration and monitoring and evaluation under Sub-Action Plan 3, while showing some progress, have focused on evaluating the performance of government agencies rather than assessing outcomes for older persons themselves or their quality-of-life outcomes.



In 2025, a growing number of older persons were honored and recognized across various fields, demonstrating that older persons represent an important source of knowledge and wisdom that contributes to society and the nation. Among the notable developments, technology and innovation to enhance older persons' quality of life continued to advance across multiple areas, alongside strengthened research capacity to support the country's transition toward becoming a super-aged society with clear direction and goals.



Based on the findings of this study and information gathered from relevant agencies, the research team has developed policy recommendations to support Thailand's preparedness for population aging in the context of disaster risk, with an emphasis on strengthening the capacity of the population across all age groups to adapt to ongoing social change.

6.2

Policy Recommendations

Based on the findings of this study and information gathered from relevant agencies, the following policy recommendations have been developed to support Thailand's preparedness for population aging in the context of disaster risk. They emphasize building economic security, strengthening health systems and long-term care, developing data infrastructure and technology to support decision-making, and strengthening the capacity of communities and local administrative organizations, in order to improve older persons' quality of life and build the long-term resilience of Thai society, as follows:

6.2.1 Prepare for the Transition to a Super-Aged Society

Thailand is moving toward becoming a super-aged society amid a continuing decline in the child and working-age populations, which is increasing the economic and social dependency burden. The government should therefore adjust population policy accordingly—shifting from a focus on increasing population size toward improving population quality across all age groups, particularly through investment in education, health, and skills development for younger generations—and prepare specific areas in provinces with high proportions of older persons as model cities and communities that can effectively respond to population aging.

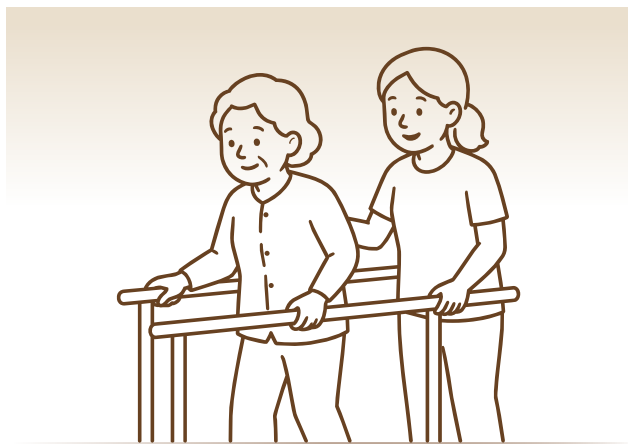


6.2.2 Build Economic Security for Older Persons



The government should develop a comprehensive income security system for older persons, particularly by expanding membership in the National Savings Fund, promoting lifelong savings discipline, and considering adjustments to the pension system to keep pace with changes in the cost of living, so that older persons can continue to contribute to local and national economies.

6.2.3 Strengthen the Capacity of Young-Old Persons for Comprehensive Self-Reliance



This involves supporting a variety of activity centers for older persons and expanding access to these centers—for example, Quality of Life Development and Occupational Promotion Centers for Older Persons (known in Thai by the abbreviation ศพอส.), schools for older persons, rehabilitation centers, care centers, and day service centers, among others—so that these centers serve as supportive and empowering spaces that promote independent living and help older persons prepare to live self-sufficiently and effectively.

6.2.4 Promote the Working Potential of Older Persons

Older persons should be encouraged to remain economically active and help address labor shortages, and appropriate forms of employment for older persons should be promoted through reskilling and upskilling, flexible job design, and the promotion of the silver economy, so that older persons can continue to play a valuable economic and social role.



6.2.5 Prepare the Pre-Aging Population



Preparing the pre-aging population should prioritize economic security and healthy behaviors through proactive measures, implemented across public and private sector agencies, educational institutions, and business establishments, so that this group is well prepared for a secure transition into older age and can move toward the goal of active aging.

6.2.6 Develop a Disaggregated Database for Specific Groups of Older Persons

The government should accelerate the development of a database on older persons that distinguishes older persons from broader vulnerable-group categories, prioritizing disaggregated data collection over generalized data collection, in order to better reflect the characteristics, needs, and development pathways of this group. In addition, a real-time database system should be developed that can integrate area-based data across both normal and at-risk areas, in order to support evacuation planning, the organization of shelters, and appropriate assistance—particularly during large-scale disasters or security-related incidents in border areas, where older persons have significantly different limitations and needs compared to other groups.



6.2.7 Promote the Integration of Aging Society Policy with Disaster Management and Climate Change Policy



Disasters are becoming more severe and complex, and older persons are among those most affected. Policies on older persons should therefore be integrated with disaster management and climate change policies. The government should advance an "Aging and Disaster Resilience Policy Framework" that links urban planning, public health systems, social protection, social service provision, community development, and climate change adaptation, in order to build a comprehensive risk management system and strengthen social equity.

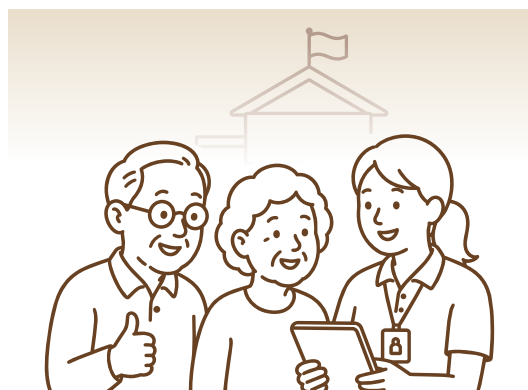
6.2.8 Accelerate Nationwide Implementation of Digital Literacy and Cybersecurity Protection for Older Persons

Although the government has established and continued to implement digital literacy policies for older persons, cyber threats have intensified and older persons have been increasingly affected. Services should therefore be expanded to the community level, integrating cooperation among digital agencies, financial institutions, educational institutions, and communities to provide cybersecurity education appropriate for older persons, as well as developing online alert systems and accessible, older-person-friendly financial protection mechanisms to strengthen long-term digital security.



6.2.9 Strengthen the Role of Local Administrative Organizations as the Primary Mechanism for Supporting an Aging Society

Local administrative organizations should be strengthened as a key mechanism for advancing initiatives for older persons at the local level, given that they are closest to the public and best



understand community contexts. They should receive greater budgetary support, improved access to data, and greater decentralized management authority, so that they can effectively design older-person care measures suited to local contexts, and should play an expanded role in ongoing data management and surveillance of older persons to ensure access to necessary services and welfare and to improve older persons' quality of life.

6.2.10 Build the Capacity of Local Personnel to Serve as Older-Person Care Administrators in Communities

The shortage of local personnel to provide services for older persons is an obstacle to improving older persons' overall quality of life. Training should therefore be strengthened and promoted for local personnel so that they can develop the concepts and approaches needed to appropriately organize community-based services for older persons.



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the Report on Situation of the Thai Older Persons 2025

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