

# **Country Report**

## **Thailand**

**The 5<sup>th</sup> ASEAN & Japan High Level Officials Meeting on Caring Society:**

**Collaboration of Social Welfare and Health Services,  
and Development of Human Resources and community  
- Community Services for the Elderly -**

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**Ministry of Public Health and Ministry of  
Social Development and Human Security, Thailand**

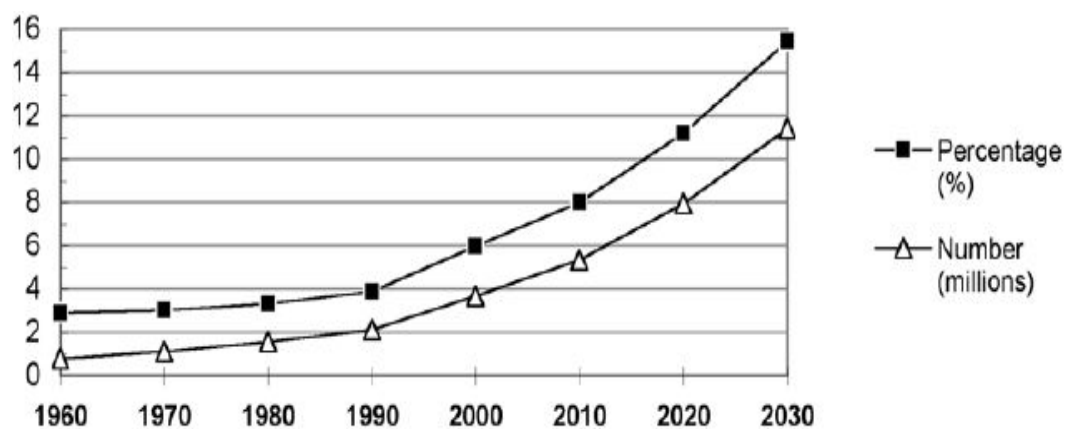
## Thailand: Country Report on Social Welfare and Health Care Services for Elderly

### Introduction

World population has increased rapidly during this century, especially in the last 30 years. Population density has increased more than twofold over 65 years. However, these increase are not uniform: The European population increased by only 26 % while in Africa the increase was 155% during the past 40 years. By 2000, two-thirds of the world population aged more than 60 years will be in developing countries, especially in Asia.

According to the data of United nations, Thailand entered into the period of “ the ageing society” in 2005. The number of elderly persons in Thailand is expected to rise significantly over the next 25 years. An important issues for Thailand is very high pace of growth of its ageing population. Figure 1 shows that in 1960 the proportion of the aged population (that is those aged 65 and over) was 2.9% (0.77 million), and this has increased to 6% (5.3 million) in 2000. By the year 2030 the proportion of the aged population will rise to 15 %, at which time they will number more than eleven million.

**Figure 1** Numbers and Percentage of Aged Population (65 years and over) in Thailand



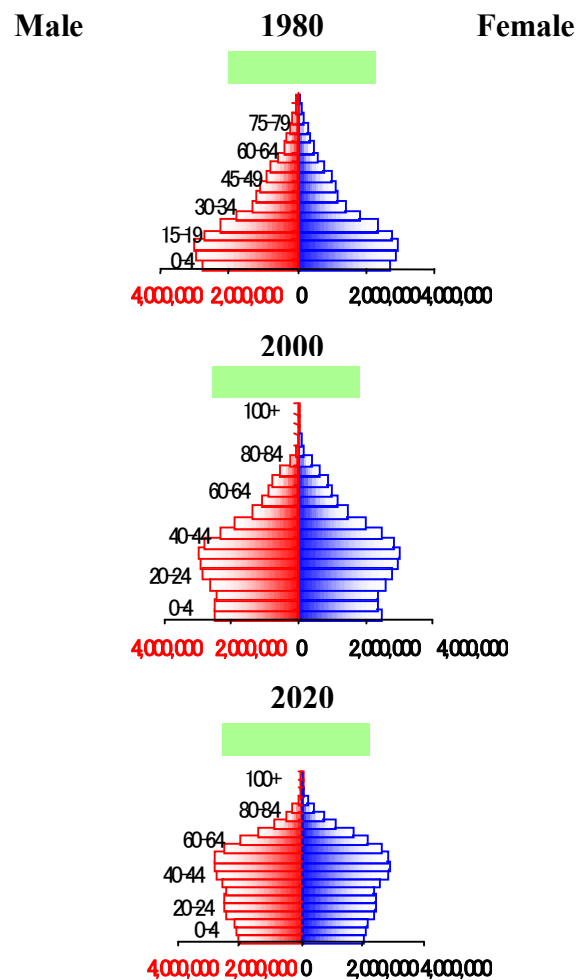
Source: United Nations, 2004

## 2 Population Dynamics and elderly persons in Thailand

### 2.1 Demographic Transition

Population ageing is an inevitable result of demographic transition associated with declining birth and death rates. A demographic transition can be indicated by age profiles or population pyramid. Figure 2 shows actual age profiles of the population of Thailand 1980, 2000 and projected profiles in 2020. These three age profiles depict changes in population structure from a pyramid in 1980 towards a bell shape in twenty-first century.

**Figure 2. Age profile of the population of Thailand in 1980, 2000 and 2020**

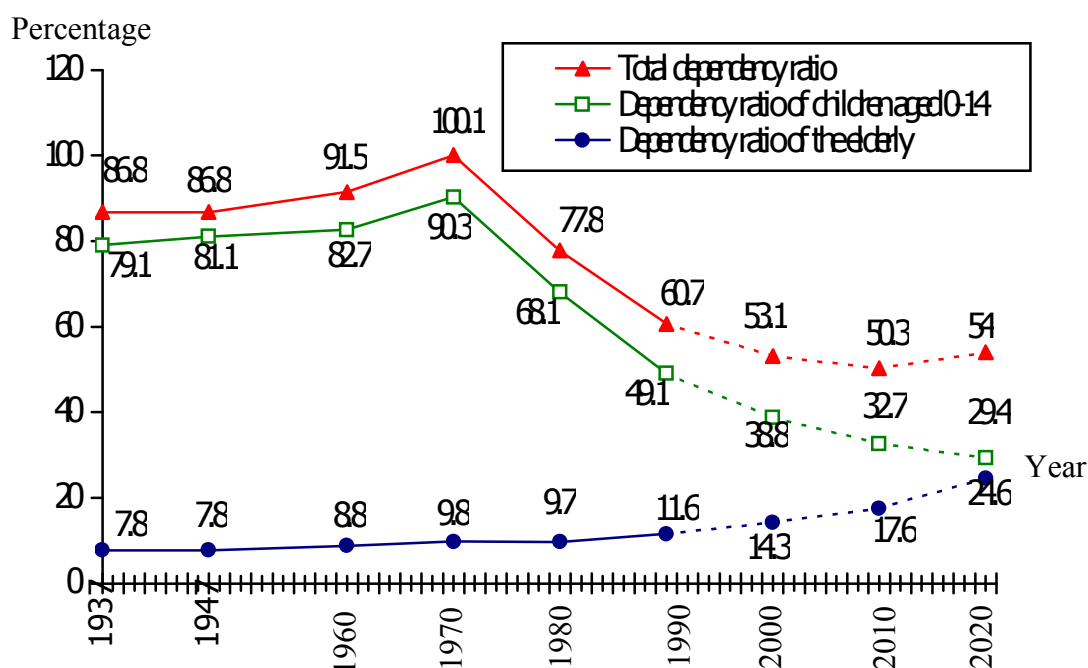


**Source:** Thailand Health Profile 1999-2000

## 2.2 Ageing and Dependency

The total dependency ratio combines the child and aged dependency ratios. It is an important measure of relationship between the size of working-age population (aged 15-59 years) and the dependent populations of children (under age 15 years) and the elderly (aged 60 and over). The ratio highlights the burden on the working-age population to simultaneously support both children and elderly. In 1960, the total dependency ratio was 91.55 %, of which almost all of the dependent population were children (Figure 3). As birth rates fall, child dependency ratio declines and, thereby contributes to an reduction of the total dependency ratio. During the process of populations ageing aged dependency ratio increase. This combination of the trends contributes to an initial reduction and thereafter, a dramatic increase in the total dependency ratio which is projected to occur in 2010. In the twenty –first century the aged dependency ratio will be inevitably higher than the child dependency ratio.

**Figure 3.** Total, children and elderly dependency ratios of Thailand (1937 – 2020)



**Source:** Thailand Health Profile 1999-2000

## 3 Health Status of Elderly in Thai Society

The age-specific mortality rates of the Thai Population except among the highest age group have been declining for more than four decades. However, age-specific mortality rates have increased with age, with the highest in the age group of 70+ years in both sexes.

According to the 1996 national mortality data obtained from the Ministry of Public Health, 41% of Thai elderly men and 54% of elderly women were recorded as “senility”. Another 6-7% of both sexes were recorded as “unknown causes”. Thus,

more than 50% of causes of death records among the Thai elderly were obscure. However, the data showed heart failure and cerebrovascular diseases were common causes of death in both sexes. Whereas accidents and cancers were common causes of death among elderly men; diabetes mellitus, hypertension and septicemia are common causes of death among elderly women.

Morbidity and behavior risks factors are quite similar to that in developed countries. The prevalence rates of chronic diseases such as hypertension and diabetes mellitus and other diseases are shown in Table 1

**Table 1.** Prevalence of diseases (percent) among Thai elderly according to the National Survey of the Welfare of the Elderly in Thailand grouped by rural and urban area and sexes.

Diseases	Male		Female	
	Urban	Rural	Urban	Rural
Hypertension	19.2	12.9	29.9	17.1
Osteoarthritis	12.9	12.7	24.2	18.0
Heart Diseases (including coronary heart disease)	8.1	3.8	12.1	8.5
Diabetes mellitus	11.0	2.3	12.7	4.6
Paralysis/paresis (major stroke)	6.1	2.1	2.8	1.2

Source: Thailand Health Research Institute, National Health Foundation (1996).

Over one-third of the Thai elderly have a body mass index (BMI) below 20 and 25-50% of them have low concentrations of hemoglobin in their blood. These suggest that malnutrition is a big problem of the Thai elderly, particularly among the very old ones. Moreover, rates of smoking and/or drinking are high among the male elderly, 35.5% and 58.6% of elderly male in urban and rural respectively.

The prevalence of long-term disability (6 months or longer) among the elderly, total disability (long-term plus short-term) and dependence status in self-care activities are high. Thai elderly women have a higher prevalence rate of disabilities and dependence than men in all age groups. The rate of disabilities increases with age (long-term disabilities: 17% for male, 20.2% for female).

#### **4. Health Care System in Thailand**

The Ministry of Public Health (MoPH) is the main health care provider. According to the statistic of hospitals, the MoPH shares around 62% of total beds hospital number and beds. Other state organization such as university, military and state enterprises also provide health care particularly the secondary and tertiary health care levels. Except the Bangkok Metropolitan Administration(BMA), other local governments/authorities rarely provide health care to their responsible people. At present, private sector shares around 25 percent of total hospital number and beds. However, at primary care level share of private sector(clinic) is more than 50 percent. The MoPH and the BMA are main providers of most all of the public health services, particularly health promotion and disease prevention activities. In 2001 the Thai

Health Promotion Foundation has been set up for the promotion of health activities. It is an autonomous state institute, which obtains revenue from 2 percent of tobacco and alcoholic beverage taxation.

At primary health services in Thailand are provided through networks of “Health Centres” and Primary Care Units(PCU) run by the MoPH and “Community Health Centres”, which are available only in Bangkok, are generally staffed by 1-3 physicians and allied personnel. These centers provide curative, preventive and promotive but rarely on rehabilitative services. The health centres and PCU of the MoPH are usually located in rural areas of other provinces and are mainly staffed by nurses, community health workers whereas PCU are staffed by rotating 1-2 physicians, dentist, nurses and allied personnel. Promotive and preventive provisions are the main functions of these centres. They also provide some basic curative care to people living in their responsible areas but rarely rehabilitative care. Community hospitals, which are the first referral centres in rural areas, also provide primary health services for people living in their responsible areas.. However, most health care personnel at primary health care level are not trained for old age care. Only some have attended the short course programs provided by the MoPH and academic organization.

Regarding the financing systems, before 1991, the main health protection was available only for government officers( the civil servants medical benefit scheme; CSMBS), employees of the state enterprises and the poors under the social assistance welfare( the low income and public health welfare schemes). At that time 68 percent of the population was not covered by any kind of health benefit schemes. In 1990, the Social Security Act was enacted and provided protection for employee who has 20 employees and more. In 1993, the government expanded the public welfare scheme to cover the older persons( age 60 and over) and children from 0-5 years old. In 1993 the Social Security Act also expanded to cover the enterprises with 10 or more employees. In 1996, the public welfare was further expanded to cover children from 6-12 years. At that time the population who bought “Health Card” ( public health insurance) increased to 15 percent. This expanded health protection reduced the number of population who had no health benefit schemes from 68 percent in 1991 to 37 percent in 1996.

In 2001, in order to cover 22 percent of the total population who was not covered by any kind of health benefit scheme, the new government announced the universal coverage policy on health care finance to cover the total population. The universal coverage scheme provides protection for people who are not covered by CSMBS, state enterprise benefit or social security scheme. Low income and public welfare scheme and health card scheme were withdrawn. On 1 April 2002, the universal coverage and health card scheme was implemented in all provinces including Bangkok Metropolis. On the same day, the social security scheme expanded its coverage to include all employees. Therefore, by estimation, 87% are now protected by the universal coverage scheme, 11% by CSMBS and sate enterprise benefit and 12% by social security scheme.

At present, therefore, there are three main financing system in Thailand as follow:

1. Universal Coverage scheme(UC): It covers the population in informal sector who do not benefit from CSMBS, state enterprise benefit or social security scheme. The revenue of the universal coverage fund comes from tax revenue and public provision. The National Health Insurance Office is responsible for management of the universal coverage fund.

2. Social Security Scheme(SSS): Its covers all employees in the private sectors and those who are not covered by any public insurance. Employees have to pay 3 percent of their wage/salary to the fund. Both the employers (3% of the employees' wage/salary) and government (2 % of the employees' wage/salary) also contribute to the social security fund. The social security fund is under the management of the Social Security Office, Ministry of Labour. The Social Security Fund provides 6 types of benefits for insured persons in the contingencies of non work-related as follows: sickness or injuries benefits, maternity benefits, invalidity benefits, death benefits, child allowance benefits and old-age pension benefits.

3. Civil Servant Medical Benefit Scheme (CSMBS) and state enterprise benefit: The civil servant medical benefit scheme (CSMBS) and state enterprise benefit are fully paid by the government (taxation) and state enterprise. The Ministry of Finance is responsible for the CSMBS and the state enterprises are responsible for medical bills of their employees.

## **5. Action Taken by Thai Government for Ageing**

### **:5.1 Policy and Plan on Older Persons**

#### **• The 1<sup>st</sup> National Plan for Older Persons**

The 1<sup>st</sup> National Plan for Older Persons : 1982 – 2001, is the first long-term Plan of Thailand for 20 years' period issued in order to determine the significant guidance and scope to develop the Thai elderly in the following arenas:

- Health;
- Education;
- Social and income stability;
- Social and cultural integration; and
- Social welfare provision.

The establishment of such long-term 1<sup>st</sup> National Plan for Older Persons can explicitly reveal Thailand's intention to initiate its precise policies and plans on the elderly, aiming this National Plan to serve as the instrument to promote, support and develop guidelines on the entire implementation of work on the elderly.

- **The Declaration on Thailand's Older Persons**

In 1999, Thailand made its Declaration on Older Persons which is the same year when the United Nations proclaimed as **the International Year of Older Persons**. That Declaration made by the Thai government can be deemed as its intent and recognition of promotion, development and provision of chance to older persons in all contexts through collaboration and interaction of all parts and sectors, either the government, the private or the public including the organizations with objectives of public interests. This to implement more explicit and efficient tasks. Under **the Declaration on Thailand's Older Persons**, it is clearly mentioned, in particular, protection of older persons in health care, living their life with value and dignity, happy family life, receiving of care, protection from abandonment, educational and learning chance, as well as social integration.

- **The 2<sup>nd</sup> National Plan for Older Persons**

In 2002, the United Nations convened **the 2<sup>nd</sup> World Assembly on Ageing** in Madrid, Spain, thereby **the Madrid International Plan of Action on Ageing : 2002** was adopted to serve as international obligations for UN member countries to observe and implement under the 3 significant issues, namely

- Older Persons and Development
- Advancing Health and Well-being into Old Age; and
- Ensuring Enabling and Supportive Environment

In the same year, Thailand issued its 2<sup>nd</sup> National Plan for Older Persons : 2002 – 2021, as the principal or strategic plan for orientation of development and implementation of work concerning older persons in Thailand. Such Plan has contents and scope covering and in compliance with the significant contents of **the Madrid International Plan of Action on Ageing : 2002**.

Its Strategies comprise :

1. Strategy on Preparation of the Population for Their Quality Ageing
2. Strategy on Promotion of the Elderly
3. Strategy on Social Security/Protection System for the Elderly
4. Strategy on Administration to Develop the National Work on the Elderly and Personnel Involved in the Elderly Work
5. Strategy on Process and Development of Knowledge on the Elderly, and Monitoring and Appraisal of Implementation of the National Plan for Older Persons.

In every 5 years' period of the Plan, there is setting up of the implementation plan for all agencies as a whole under the National Plan for Older Persons. Presently, the implementation plan is as of the duration of 2007 – 2011.

- **Enactment of the Act on Older Persons : 2003**

This is the effort of Thailand to put the safeguards of elderly right protection into a “legal” instrument. In 1998, Thailand proposed **the Bill on Older Persons** to its Parliament. Such Bill was drafted by pooling integration of all parts and sectors concerned to modify many times until finally it is successfully enacted.

The Act on Older Persons : 2003 has been in force since 1 January 2004, consisting of 24 sections, while the significant issues thereof are as follows:

- 1) The Elderly Right;
- 2) National Mechanism on the Elderly;
- 3) Tax Privilege for Children Who Take Care of Their Parents; and
- 4) The Elderly Fund.

The promulgation of this Act on Older Persons : 2003 ensures the elderly to access chance and security of their benefit and protection, namely

- 1) the immediate/rapid and convenient medical and health services;
- 2) education, religions, news, information that are helpful for their living;
- 3) appropriate occupations and suitable occupational training;
- 4) self-development and integration and participation in social activities and gathering into a group to form a network;
- 5) facilities and safety in buildings, places, vehicles and other public services;
- 6) support and assistance for fares and tickets in transportation;
- 7) exemption from fees to visit a government buildings/ premises;
- 8) rescue of any older persons who are tortured or abused or exploited or abandoned;
- 9) counseling services in legal proceedings or family problem solutions;
- 10) provision of housing, foods, clothing according to their need and necessity;
- 11) provision of monthly allowance assistance according to their need and necessity;
- 12) provision of funeral assistance.

- **The National Commission on the Elderly**

The National Commission on the Elderly is prescribed to be established by the Act on Older Persons : 2003, to serve as the national mechanism on the elderly presided over by the Prime Minister. Its members comprise representatives of the relevant agencies and entities of the public and the private sectors, including specialists, and academics and experts from educational institutes, in a total number of 28 persons; while the Bureau of Empowerment for Older Persons acts as Secretary of the National Commission on the Elderly.

**Obligations of the National Commission on the Elderly are as follows:**

- Orientation of policies and issuing the main plan on prevention, protection, promotion and support of the elderly status, role including activities.
- Coordination in dissemination, public relations, and activities concerning the elderly.
- Preparation of annual reports on situations of the elderly in each year to propose to the Cabinet.
- Set up of the protection system for older persons in communities
- Study, research, compilation, analyses, and preparation of data and information that are helpful for protection, promotion and support of the elderly.
- Monitor and appraisal of the implementation of the National Plan for Older Persons.

The National Commission on the Elderly usually holds its monthly meetings, the agendas of which are the significant subjects which may impact on the implementation of the elderly work as a whole.

## **5.2 Old Age Protection and Security**

### **• Old Age Insurance**

Since 1999, the Office of Social Security, the Ministry of Labor has included old age insurance in the social security system to provide indemnity against an accident or injury from work, a child delivery, disabilities, death, and to give benefit in support and taking care of children, and ageing.

In 2006, there are total 8.86 million persons of the social insured all over the Country and 403,282 million Baht of the Social Security Fund.

### **• Preparation for Establishment of the National Pension Fund**

**The Fiscal Policy Office, the Ministry of Finance** undertakes the study to establish the obligatory **National Pension Fund** aiming to set up the income security after retirement for working age populations either the private employees, the public servants or the state-enterprise employees. The National Pension Fund will serve as a measure to strengthen income stability other than the existing social security system. In addition, obligatory savings are also encouraged and promoted for general people of working ages. It is expected that when the National Pension Fund has been operated, it can provide financial protection to the workforce under its system of not less than 13 million persons.

### **• Tax Privilege for Older Persons**

**The Revenue Department, the Ministry of Finance** takes tax measures in order to provide social support to the elderly as follows:

- Tax deduction entitled to any children who earn income and take care of their own older parents and their parents in law.
- Tax deduction entitled to health insurance policies purchased by any children for their older parents and their parents in law.

This tax measure, apart from serving as an incentive for children to look after and pay attention to promote healthiness of their older parents, it also encourages children to realize importance of their duty performance in enhancement and support of healthiness of their older parents at the same time.

### **• The Elderly Fund**

The Elderly Fund is established in 2004, under the prescription set forth in the Act on Older Persons : 2003, as the government fund with objectives to be used as expenses to protect, promote and support older persons.

### **• Monthly Allowance for Older Persons : Non-contributory Pension**

The government has undertaken to provide pecuniary assistance to poor older persons under the monthly allowance program since 1993. At the beginning the monthly allowance of 200 Baht (**6 US\$**) is granted to each of older persons who are entitled to such assistance, namely those who have no income and poor. In 2007, the State increases the monthly allowance up to 500 Baht (**14 US\$**)/person. This monthly allowance is accessible to approximately 2 million older persons in all 75 provinces of the Country or equivalent to approximately 25% of the entire older population.

- **Providing assistance to older persons who face social problems**

The government provides assistance in various forms to older persons who encounter social difficulties, either temporary assistance or long-term assistance, such as pecuniary assistance to support temporary or emergency housing, foods, clothing, medical treatments and care and rehabilitation to the ill, consultancy and help in legal proceedings, counseling services, as well as admission to staying in an elderly home for those who have no relatives or caregivers.

- **Older Persons' Brain Bank**

Her Majesty the Queen gives royal words that Thailand should promote and support the skillful older persons after their retirement from workforces in the public sector, state enterprises and the private entities to have chance to bring their knowledge, expertise and experience to contribute to development of the Country. Some part of these older persons are still healthy and wish to use their wisdom and experience to contribute to development of the society and the Country. Subject to such concept conferred by Her Majesty, it has led to establishment of **the Brain Bank** as coordination and information center of the retired skillful older persons by means of collecting and developing data, and setting up the relevant database, in order to disseminate and distribute such records to agencies and entities involved; so that they may contact or request counseling assistance from those skillful older persons according to their expert fields.

At the end of 2004, the Ministry of Social Development and Human Security simultaneously initiates **the Project of Community's Elderly Brain Bank**, thereby there is searching for and identifying skillful older persons who serve as their local intellect, in all communities to register and set up databases. It is to encourage older persons to transmit their knowledge, intellect and experience to younger generations, as well as to contribute such knowledge and intellect to development of communities and societies. The operation of **community's elderly brain banks** is cooperated by many parts and sectors and now is in the process of expansion into each community throughout the Country.

### **5.3 Social service and community support**

- **Initiation of Caring System for the elderly at community level**

**The Bureau of Empowerment for Older Persons** initiates the **Pilot Project : Community Volunteer Caregivers for the Elderly**, in collaboration with the public agencies involved and local administration organizations, including stakeholders in the target areas, in order to propose the proper alternative of giving care to older persons in communities especially those who have no caregiver but need assistance to perform their daily activities.

The Project of Community Volunteer Caregivers for the Elderly begins in 2003 in 8 provinces in the 4 regions of Thailand, 2 provinces per each region. The Project has objectives to give care and support older persons in communities, by training people in communities to act as volunteer caregivers.

Through the monitoring and appraisal of the implementation of this Project by academics from Kasetsart University by Bottom-Up Participatory Approach, it is found that the Project positively results in most of older persons in communities, especially those who are trouble and need assistance. In the meantime, the result of appraisal also shows that the elderly who access such care-giving are satisfied with such services provided by the volunteer caregivers.

In April 2007, the Project of Community Volunteer Caregivers for the Elderly is approved by the Cabinet to be expanded into all the 75 provinces of the Country.

### **5.3 Health Care Services for Elderly**

In 1992, the Ministry of public Health started a free healthcare program for Thai elderly in all public hospitals and health centres. However, there was little support for rehabilitation and home visits. At present, there is still no long-term care public hospital in Thailand for elderly but there are implementing in some private hospitals in Bangkok.

All regional/general hospitals in Thailand open special clinics for elderly, date and services depend on particular hospital, they provide special health care treatment for elderly, including problems of care givers. According to Universal Coverage Policy, all elderly will receive free services. The hospital at provincial level also create community network for continuation of care and group therapy by multi disciplinary team. These will also improve skill for care giver and home health care for elderly. Besides that, there are 17 psychiatric hospitals/institutions provide treatment for elderly with mental health problems both in-patients and out-patients.

Health promotion services, both primary and secondary, including mental health promotion for elderly also conducted in community level. In Thailand, village health volunteer system is very strong and effective. There are more than 200,000 volunteers working at the community level. Health centres and Primary Care Unit (PCU) will support elderly club activities, volunteers for elderly, home visit

There are many training courses on elderly, elderly mental health for various target groups such as public health personnel, village health volunteers, community leaders etc. Department of Mental Health, MoPH also coordinate with other concerned organization to establish “Intelligent Bank Club”. This club is for the well educated elderly who are still the precious human resources and can contribute to other elderly in the community.

In 2002, the Ministry of Public Health has initiated new strategic approach on Healthy Thailand in order to use as guideline to reduce behavioral health risk and major health problems in Thailand, including elderly health club. There are 3 step principles as following:

- Firstly, reducing unnecessary visits to hospitals that put burdens on both patients and hospital by strengthening preventive health activities and health promotion activities at community level
- Secondly, coping with what should be dealt with at level of province
- Lastly, realizing healthy Thailand as a whole country

## **6. Future Research and Development Project for the Elderly in Thailand**

In order to prepare for our society for elderly, the Ministry of Public Health and the Ministry of Social Development and Human Security had submitted a proposal on “**Development of a Community Based Integrated Health Care and Social Welfare Services Model for the Elderly**” to JICA for technical support and

JICA had approved the said project for the period of 4 years which will start to implement in November 2007.

The project goal is to create a model caring community and society for the elderly through enabling different local agencies at the community level to develop integrated community based health care and social welfare services resulting in sharing of resources and benefits and provision of holistic health and welfare services contributing to a better quality of life for the elderly. The project size will be at community level in 4 pilot provinces, namely Nonthaburi, Chaing Rai, Surat Thani and Khon Kaen. We expect to have the outcome of this project as following

- 1) Central/local management and technical capacity of the central/local agencies and the community-based organizations to operate such model services will be developed and institutionalized.
- 2) All local and related authorized agencies will clearly demonstrate how their understanding of the latest evidence based care management concepts for the elderly has guided the development and implementation of an appropriate mix of integrated health care and social services for the elderly.
- 3) All local and related authorized agencies clearly demonstrate their understanding of the concept of an operational study and the development and use of procedures and guidelines to promote and ensure ongoing and sustained cooperation and collaboration among various agencies working for the welfare of the elderly.
- 4) Preventive services such as health promotion, preventive care, community social services and community participation will be actively promoted and made more popular in the model provinces.
- 5) Community/home based care and rehabilitation for the elderly will receive regular and sustained support from the local, provincial, national public health authorities and national social services authorities.
- 6) The pilot model developed becomes a showcase of how enhanced and focused community, local and provincial management through improved systematic and sustained cooperation and collaboration can provide integrated and responsive health care and social services to assist the elderly live a healthy life style

## **7. Summary**

Although Thailand has national policies for elderly persons, it does not have a policy for preparation people for old age. Preparation for elderly should be a lifetime process starting from youth and covering all critical aspects of life:- health, education, financial security at national, community family and individual levels. We should look into various action like

- Provide welfare of all aspects, particularly a pension for every Thai elderly.
- Strengthen family values and sustain family support for the elderly.
- Strengthen community participation in both social and health sectors
- Provide welfare and support-schemes for care –givers of dependent elderly and disable persons
- Provide community care in both health and social sectors especially at primary level.

- Improve ability of self care among the elderly and this service should not cover only health promotion and prevention but also simple curative care and rehabilitation
- Strengthen informal care which is also essential domain of care of Thai elderly Religious organization, senior citizen clubs and other non-government organizations are important resources of informal care
- Provide continuous programs for both formal and informal education for elderly. And should prepare people for old age
- Provide education and training for both health and social personnel

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