

# National Policies on Ageing in Thailand

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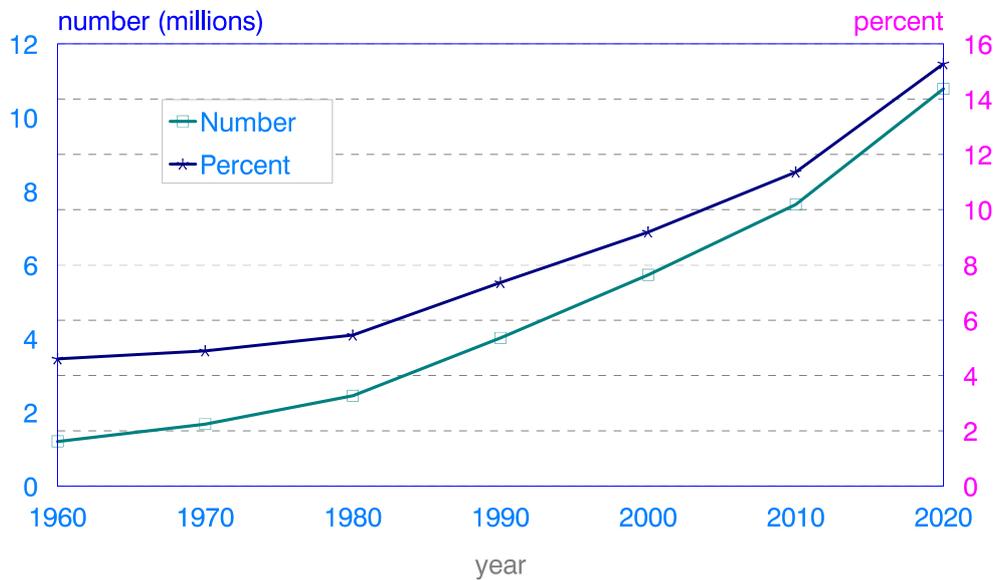
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Thailand is currently experiencing among the most rapid rates of population ageing in the developing world. Given that the ageing of Thailand is also a recent occurrence, there has been a short period of time available to cope with the consequences, and hence it is imperative that Thailand have a well-prepared National Policy and Program on Ageing. This article begins with an overview of the ageing situation in Thailand, followed by a description of the first National Long-Term Plan for the elderly, major programmes developed, and the National Policies on Ageing in the Second National Long-Term Plan for Older Persons.

## The Present Situation of Population Ageing in Thailand

The number of the older persons in Asia and the Pacific region including Thailand is expected to rise dramatically over the next decade or so. However, a more important issue for Thailand is the speed of its population ageing. Figure 1 shows that in 1990 the share of the elderly population (that is those 60 years old and older), was 7% (5.6 million older adults) and this had increased to 9% (6.2 million older adults) in 2000. By the year 2020 the proportion of the elderly population will rise to 15%, at which time they will number more than seven million (Jitapunkul, S., Chayovan, N., and Yodpetch, S., 2001). The speed of population ageing in Thailand is much faster than in many developed countries. For example, while it took England and Wales 107 years for the proportion of older people (age 60 years and over) to double from 7% to 14%, it will take Thailand only 30 years to achieve the same increase (Jitapunkul, S., and Bunnag, S., 1998). This rapid speed of population ageing in Thailand may have subsequent consequences for socioeconomic development which require timely and well planned policies and programmes to cope with. Given the rate of population ageing Thailand is experiencing, the country has a shorter period of time to deal with the consequences of these demographic changes.

Figure 1 Number and Percentage of aged population (60 years and over) in Thailand, 1960 to 2020.

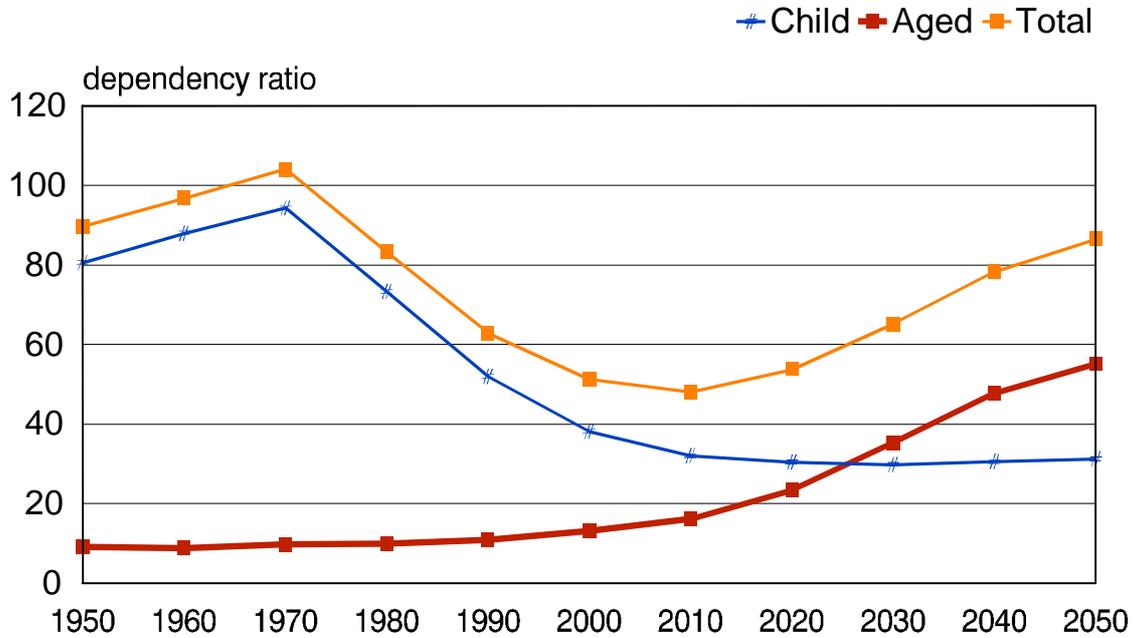


Source: Jitapunkul, S. and Bunnag, S. (1997)

Dependency ratios indicate the ratio of younger (aged 0 to 15) to working aged individuals (aged 15 to 59) or older (aged 60 and above) to working aged individuals. These are termed child and old age dependency ratios respectively. They are important measures of that highlight the burden of support for the working-age population. A total dependency ratio is calculated as a combination of child and old age dependency ratios and this statistic indicates the total support load carried by a working-age population. In 1960, the total dependency ratio was 92 per 100 working population of which almost all of the dependent population was children. As birth rates decline, the child dependency ratio declines and, thereby, contributes to an initial reduction of the total dependency ratio. Similarly, during the process of population ageing, old age dependency ratios increase. The combination of the trends contributes to an initial reduction of the total dependency ratio, which will reach a nadir in 2010. Thereafter, ratio will dramatically increase. According to the population projection reported by the

United Nation, after 2026 the old age dependency ratio in Thailand will be higher than the child dependency ratio. (Figure 2)

Figure 2 Total, child and aged dependency ratios per 100 of Thailand, 1950 – 2050



Source: Calculated from data presented in the United Nations, 1999.

Thailand has undergone changes in the roles and structures of the family as well as in labour patterns and migration. Urbanization, the migration of young people to cities in search of jobs, smaller family size, changing life style, economic constraints, and more women entering the formal workforce, mean that fewer people are available to care for older persons when they need assistance. Although family ties and support to elderly parents are still strong and widely prevalent, the sustainability of this in the future is unclear.

Inequities and feminization of ageing exist in Thai society (Jitapunkul, S., 1998; Jitapunkul S, et al., 1999). Poor elders, and particularly those living in rural areas, have suffered from the inequities and feminization of ageing by being further excluded from accessibility to health services, credit schemes, income-generating activities and decision making. (Table 1)

The shift from communicable to non-communicable diseases among the elderly is already occurring in Thailand. Chronic illnesses such as stroke, heart diseases, osteoarthritis, accidents, blindness, deafness, and hypertension are fast becoming the leading causes of death and disability (Jitapunkul, S. and Bunnag, S., 1998; Jitapunkul, S., 1999). However, AIDs, tuberculosis, malaria and various tropical infectious diseases are still burdening the nation. Therefore, the “double burden of disease” strains already scarce resources.

Prevalence of disability among Thai older persons is high. Data in Table 2 show that Thai elderly women have a higher prevalence rate of disability and dependence than men in all age groups. The rate of disability increases with age. Results in Table 3 indicate that most of very severe and severe disabilities contribute to long-term disability.

Table 1: Characteristics of Thai elderly women and men indicating a vulnerable situation for women elderly.

		Male (%)			Female (%)		
		Total	Urban	Rural	Total	Urban	Rural
Marital status	Single	1.1	1.3	1.1	3	5.2	2.4
	Married	83.3	85.6	82.7	48.9	42.8	50.4
	Widowed-divorce-separated	15.5	12.8	16.2	48	52	47.1
	Unknown	0.1	0.3	-	0.1	-	0.1
Education	No	19.4	14.4	20.6	40.9	33	42.7
	Less than grade 4	9.6	6.5	10.2	10.6	6.6	11.6
	Grade 4	59.5	47.3	62.3	44.3	45.2	44.1
	Higher than grade 4	10.7	30.9	6.1	3.8	14.5	1.3
	Others	0.8	0.9	0.8	0.4	0.7	0.3
Working status	Yes	41.8	29.4	44.5	23.8	16.6	25.6
Adequacy of income	Inadequate	37	21.3	40.5	34.1	18.6	37.8
Index of working opportunity (IWO)*	Ratio between “% working status as – yes” and “ % inadequacy of income”	112.9	138	109.9	69.8	89.2	67.7

\* A population with a high IWO means that the population has a high opportunity to work. This index is useful for comparing the opportunity to work or inequality of finding work among various populations

**Table 2:** Long-term disability, total disability and dependence in self-care activities (%).

	Male				Female			
	All	60-69	70-79	80+	All	60-69	70-79	80+
Long-term disability*	17.4	14.6	19.4	27.6	20.2	14.9	23.4	36
Total disability**	22	19.5	22.9	33.3	27.2	22.7	30.6	39.7
Self-care Dependence***	5.7	4	5.4	16.1	7.9	4.4	8.9	20.9

\* Long-term disability is defined as having limitations in any activities for 6 months or longer.

\*\* Total disability is defined as having long-term disability or having no long-term disability but short-term disability (recent limitation of activities due to current illnesses).

\*\*\* Self-care dependence is defined as in need of help or supervision in any self-care activity of daily living including feeding, grooming, transferring, toileting, dressing and bathing.

Source: Jitapunkul, S., Kunanusont, C., Phoolcharoen, W. and Suriyawongpaisal, P. (1999) *Health Problems of Thai elderly (A National Survey)*, Bangkok: National Health Foundation and Ministry of Public Health.

**Table 3:** Severity of long-term disability (%) by age and sex.

	Male				Female			
	All	60-69	70-79	80+	All	60-69	70-79	80+
Overall	17.4	14.6	19.4	27.6	20.2	14.9	23.4	36
Not home bound	13.7	12.3	15.4	16.1	14.6	12.5	17.4	17.8
Home bound	2.5	1.7	2.7	6.9	3.5	1.3	4	12.5
Chair/bed bound	0.6	0.4	0.5	2.3	0.8	0.6	0.9	1.3
Totally dependent	0.6	0.2	0.7	2.3	1.2	0.5	1.1	4.4

Source: Jitapunkul, S., Kunanusont, C., Phoolcharoen, W. and Suriyawongpaisal, P. (1999) *Health Problems of Thai elderly (A National Survey)*, Bangkok: National Health Foundation and Ministry of Public Health.

Although elderly women live longer than do elderly men, they also spend more years with disabilities (Table 4). The ratios between Health Expectancy and Life Expectancy shown in Table 5 demonstrate that Thai men spend proportionally more time leading a healthy life than do Thai women. While the importance of the gap between sexes in Disability-Free Life Expectancy (DFLE) seems to diminish with age, the proportional time of disability for both men and women increases with age.

Table 4: Life expectancy (LE) and disability-free life expectancy (DFLE) including long-term disability-free life expectancy (LDFLE), total disability-free life expectancy (TDFLE), and active life expectancy (ALE) by age and sex.

	Male				Female			
	LE	LDFLE	TDFLE	ALE	LE	LDFLE	TDFLE	ALE
60-64	20.3	16.4	15.4	18.6	23.9	18.2	16.7	21.3
65-69	17.1	13.5	12.8	15.5	20.2	14.8	13.5	17.6
70-74	14.2	10.9	10.3	12.6	16.7	11.8	10.9	14.3
75-79	11.9	9	8.4	10.4	14.6	9.8	9.1	12
80+	10.9	7.9	7.3	9	13.6	8.7	8.2	10.8

Source: Jitapunkul, S., Kunanusont, C., Phoolcharoen, W. and Suriyawongpaisal, P. (1999) *Health Problems of Thai elderly (A National Survey)*, Bangkok: National Health Foundation and Ministry of Public Health.

Table 5: Ratios per 100 of health expectancy to life expectancy by age and sex.

	Male			Female		
	LDFLE/LE	TDFLE/LE	ALE/LE	LDFLE/LE	TDFLE/LE	ALE/LE
60-64	80.8	76.1	91.9	76.1	69.7	89.2
65-69	78.9	74.5	90.5	73.1	67.1	87.1
70-74	77.1	72.6	89.1	70.1	64.6	84.9
75-79	75.5	70.6	87.4	67.4	62.2	82.4
80+	72.4	66.7	82.2	64	60.3	79.1

Source: Jitapunkul, S., Kunanusont, C., Phoolcharoen, W. and Suriyawongpaisal, P. (1999) *Health Problems of Thai elderly (A National Survey)*, Bangkok: National Health Foundation and Ministry of Public Health.

Unfortunately, there is evidence from recent research that suggests that Thailand is in a stage of “morbidity expansion”, i.e. age-specific rates of chronic diseases and disabilities are increasing (Jitapunkul, S. et al., 1999; Jitapunkul, S., 2000) AIDs and drug addiction also are serious issues of Thailand and definitely have impacts on families, communities, and national health and social services and resource allocation, and hence older populations.

With respect to the psychology of ageing, it may be said that Thai society is still stuck in an out-dated paradigm that considers old age as being associated with sickness, dependence, and lack of productivity. Conversely, Indeed, most people in Thailand adapt to change with age and remain independent well into very old age. A substantial proportion of elders continue to work in paid and unpaid labour. They are an important resource of family support. Some elderly also contribute to society by participating in the voluntary activities.

Since the Asian economic crisis of 1997 the economy of Thailand has been in a recovery period and to this day is still vulnerable to a recurrent crisis. This situation has removed the attention of Thai government and public away from the issues of population ageing. This economic difficulty is constraining the allocation of funds. The rapid demographic change combined with an already alarming rate of poverty and shrinking

resources in Thailand underscores the pressing need for innovative policies that take into account the need to increase participation and social integration of older persons. Poverty continues to be the greatest threat to social and economic security, affecting the ability of older persons and their families to go beyond addressing basic needs. Thus, prominent attention is needed to address the macroeconomic implications of population ageing in such areas as labour and capital markets, government pensions, services, and traditional support systems.

### **Development of the First National Long-term Plan for Older Persons**

The first provision for the older persons in Thailand was the government welfare institution for the elderly, which was established in 1953. However, there were no National Policies on Ageing until 1986.

The First World Assembly on Ageing held in Vienna in 1982 proposed several plans of action. The Thai government responded to this by setting up the National Committee for the Elderly with its chairperson being the Minister of the Interior. In 1986, the National Committee for the Elderly developed the National Long-term Plan of Action for the Elderly (1986-2001). The plan gave support for the implementation of government policies on care of older persons and was used as a framework and guideline for elderly activities initiated by authorized and organisations (National Committee on Ageing of Thailand, 1986). However, available data on older persons in Thailand at the time the Plan was being developed were very limited. Therefore, the main features of this plan were based on recommendations of the International Plan of Action on Ageing, an output of the First World Assembly on Ageing (United Nations, 1983). Participation in the Plan-developing process from the public and non-government organisations was limited.

The First National Long-term Plan of Action for the Elderly (1986-2001) mainly targets older persons. The objectives of the plan are:

- to provide older persons with general knowledge on the changes of age and necessary environmental adjustments including health care.

- to provide older persons with the protection and support of families and communities including other welfare services as deemed necessary.
- to support the roles of older persons in participation in family and other activities.
- to emphasize the responsibility of the society for older persons.

Measures in the Plan are confined to 4 aspects of life in old age including health, education, income and employment, and social and cultural aspects. The major measures include:

- to disseminate knowledge to older persons on self-adjustment, self health care, prevention of diseases, nutrition and proper exercise.
- to extend social welfare services for older persons, particularly for those without income or with insufficient income and with no support.
- to provide education, training, or occupational counseling for the capable elderly to equip them with knowledge and skills for employment.
- to organize recreational activities for older persons to facilitate the transfer of their knowledge and experience to younger generations.
- to campaign for the importance of the extended family system and the social values of respecting and paying gratitude to ancestors and older persons.
- to co-operate with religious institutions in disseminating morals for the spiritual help of the older persons - including development of moral teaching using diverse and appropriate methods.
- to promote and support the role of communities and the private sector in providing welfare services for older persons and providing the opportunity for them to participate in various activities.
- to train personnel in taking care and providing services for older persons.

- to collect basic data and to encourage study, research, monitoring and evaluation of issues concerning older persons.

This First National Long-Term Plan was announced and disseminated to governmental and non-governmental organisations and private corporations concerned with older persons. However, there was little progress in the state activities related to elderly organisations between 1986-1991. Research and personnel training were the outstanding achievements of the elderly plan during this period. In 1991, the United Nations General Assembly (resolution 46/91) adopted the United Nations Principles for Older Persons. Governments, including the Thai government, were encouraged to incorporate these Principles into their national programmes whenever possible. Therefore, in 1992, the “Essence of the Long-term Policies and Measures for the Elderly (1992-2011)” was developed by Thai government (Working Committee on Policy and Action for the Elderly, 1992). The “Essence of the Long-term Policies and Measures for the Elderly (1992-2011)” helped accelerate a progression of actions, particularly welfare actions of state organisations. **It also influenced the current Eighth National Economic and Social Development Plan (1997-2001) to include a section providing social welfare benefits to the older persons (Knodel, J., et al 2000).** These welfare and benefits include a living allowance to indigent elderly, universal free health services, and discounted fares for transportation.

A prominent criticism of the First National Long-Term Plan of Action for the Elderly (1986-2001) is that it does not have a policy on preparing people for old age (Jitapunkul, S. and Bunnag, S., 1997). Preparation for old age is essential for society in order to ensure that individuals enter old age with an acceptable quality of life. This should be a lifetime process, starting from youth and covering all critical aspects of life; i.e. health, education, income security, house and environment, and social integration.

Apart from the old age preparation, suggestions for future activities related to older adults include improving self-care, strengthening social participation, strengthening family values and integrating relationships and sustaining family support for older persons. However, the role of government in providing basic care services cannot be denied. Moreover, an important consideration in Thailand is how social

security schemes, which cover only a fraction of population, can take hold without duplicating the problems experienced by developed countries, **particularly the problems of draining on financial resources and expenditure of government.**

The above criticisms and suggestions have been seriously considered for the drafting of the Second National Plan for Older Persons (2002-2021).

## **Major Programme Developments In Response to the First Long-Term Plan for Older Persons**

In the last 10 years, after the announcement of the “Essence of the Long-Term Policies and Measures for the Elderly (1992-2011) in 1992, many major programmes related to older adults have been implemented. The Department of Social Welfare, Ministry of Labour and Social Welfare is the principle organisation responsible for social service provision, including both institutional and community care. Nevertheless, formal social services mainly serve as remedial measures to supplement what the family system fails to perform. At present, the Department of Social Welfare, Ministry of Labour and Social Welfare operates 20 homes for the elderly and 13 elderly centres which provide day care services, emergency shelter services and mobile services for older persons living in communities. Several community centres for older persons have been set up in temples in rural areas. These community centres provide recreation activities and health promoting programmes. In 1993, the Department of Social Welfare set up a welfare fund, which provides 200 Baht per month to poor older persons. Since 1999, the monthly allowance has been increased to 300 Baht per month. About 400,000 older persons receive this payment.

Many non-government organisations, such as the Thai Red Cross Society, HelpAge International, the Duangprateep Foundation, some religious organisations and several non-profit organisations, provide community care for older persons, especially those in poor and remote areas. HelpAge International has several projects, which aim to support income-generating programmes in rural areas. It also funds many projects on community services, including social and health services in several areas. Some non-government organisations also run institutional care programmes including homes

for the elderly and nursing homes. Many private nursing homes have been set up during the last 10 years. Most of them are in Bangkok. However, the exact number of these nursing homes is not known because some nursing homes do not register with the authorities and many acute-care private hospitals have turned their wards into long-stay care facilities.

In 1994, there were 3,487 registered senior citizen clubs in Thailand (Siripanich, B. et al., 1996), although the actual number may be higher since many clubs do not officially register. Most senior citizen clubs are located in state hospitals. The Senior Citizen Council of Thailand, established in 1988, supervises all registered senior citizen clubs. The Thai government supports activities of senior citizen clubs via the Ministry of Public Health and the Ministry of Labour and Social Welfare.

In 1992, the Ministry of Public Health started a free health care programme for Thai older persons. Since then, older persons are entitled to receive medical services free of charge in all state hospitals and health centres under the supervision of the Ministry of Public Health and the Bangkok Metropolitan Administration. Although there is no special inpatient service, all state hospitals, which have 60 beds or more, have set up geriatric clinics. These clinics are concerned with health promotion, disease prevention, and acute general medical problems. They give little support for rehabilitation and do not offer home visits or social services. At present, there is no long-stay care service for older persons provided by state health care providers.

The Thai government has promoted seniority and family values by creating an “elderly’s day” and a “family’s day” during the Songkran festival, a traditional Thai new-year day. Several programmes have also been established for promoting this event including television programmes, radio programmes and ceremonies in several areas throughout the country.

Public transportation support for older persons is only available for trains operated by the Royal Thai Railway Authority which is a state enterprise. Older persons can receive a 50% fare reduction from June to September.

Education and training for health personnel, caregivers, and older persons is available across the country. The Thai government is fully supportive of these activities, which are essential for providing future services for older persons.

Education and training for both health and social professionals has been set up by several organisations including various faculties of universities, medical schools, nursing schools, the Institute of Geriatric Medicine, and the Thai Society of Gerontology and Geriatric Medicine. Nurses, physicians and social workers are the main targets. Nonetheless, there still is a severe shortage of rehabilitation personnel working with older adults.

Training programmes for family members and caregivers are provided by many organisations including medical schools, nursing schools, universities, the Department of Social Welfare, some state hospitals, the Thai Red Cross Society, and some non-government organisations.

The non-formal educational programmes for older persons provided by the Department of Non-formal Education and the Ministry of Education give Thai older persons a chance to be educated and continue to be physically, intellectually and mentally active. Many educational courses or sessions for older persons are arranged regularly throughout the year by various organisations including government organisations, non-government organisations, private organisations and senior citizen clubs. Many government and private organisations also provide pre-retirement programmes for their employees.

A “Declaration on Thailand’s Older Persons” was announced during the United Nation’s International Year of Older Persons, in 1999. Non-governmental and governmental organisations participated in preparation of this declaration. The declaration covers issues of dignity, worthiness and the right protection of older persons. It was also stressed that the older persons should be viewed as consistently active members to society.

## **Constitution of the Thai Kingdom**

Since 1997 Thailand has had a new “Constitution of the Thai Kingdom”. For the first time, this constitution mentions older adults. The article 54 and 80 of the constitution clearly state that the government must provide assistance and welfare to older persons aged 60 years and over, particularly those who lack a subsistence income or are

underprivileged. Although the emphasis here is on state actions for the poor or underprivileged older persons, this is a crucial step in stimulating public awareness.

## **Development of the Second National Long-Term Plan for Older Persons (2002-2021)**

Prior to the mid 1990's, the development of national policies on ageing for Thailand had been mainly influenced and driven by United Nations recommendations. Since 1996, however, academic researchers and institutes with support from funding agencies have reviewed and conducted invaluable research toward this end. These works not only provide the factual situation of older persons and its impact in the near future, but also provide essential data for developing a new national long-term plan for older persons (Working Group on the Draft under the National Committee on Elderly, 2001). During this period, some key persons, such as Dr. Bunloo Siripanich, and some governmental and non-governmental organisations, for example, the Institute of Geriatric Medicine - Ministry of Public Health, the Department of Social Welfare, the Ministry of Labour and Social Welfare, the Society of Council of Older Persons of Thailand, and the Thai Society of Gerontology and Geriatric Medicine, have motivated the Thai government to set up a national committee called the *National Commission of the Elderly*. The Deputy Prime Minister chairs this national commission. The Committee comprises heads or representatives from various governmental and non-governmental organisations, the private sector, and selected academic personnel. The secretariat of this commission consists of three state organisations, namely the Office of the Prime Minister, the Institute of Geriatric Medicine - Ministry of Public Health, and the Department of Social Welfare - Ministry of Labour and Social Welfare. These three agencies have a main role in national policies on ageing.

A priority task of the National Commission on the Elderly is to develop a new national long-term plan for older persons. This Second National Long-term Plan for Older Persons of Thailand (NPA) is being drafted and conceptualized mainly by the motivation and movement of the local institutions and individuals who have great concerns and interests in ageing issues. The Plan is expected to be completed and

endorsed by the government by 2001, one year before the Second World Assembly on Ageing to be convened in Madrid, 2002.

The draft of the Second National Long-term Plan for Older Persons is now complete. A public hearing on this draft is currently being conducted. At least 5 seminars are planned, one in each of the four regions and one in Bangkok. Opinions and suggestions from the public will be collected and used for verifying the final version of this plan.

The draft of the Second National Long-term Plan for Older Persons has been developed using some invaluable data, which had been studied and collected during the last five years (Working Group on the Draft of the Second National Long-Term Plan, National Commission on the Elderly, 2001). The plan was drafted with the following basic concepts:

- Security in old age means security of the society.
- General responsibility for addressing the issues related to ageing should be mainly carried out by individuals. This is followed by families, then by communities including local authorities, and then by the government. However, the public role of government in providing basic care services cannot be denied.
- Life-course planning is essential for preparation for old age.
- Preparation for old-age security is primarily the responsibility of the individual. Every person must prepare himself/herself for old-age security with support from his/her family and community. The government and public must endorse the preparation process and act as the last resource for those who fail to have security in their late life. Old-age security includes the following:
  - Income security
  - Security in health and health care
  - House and environment
  - Security of care during periods of dependence (family, community and public cares and services)
  - Rights and safety

- Information and knowledge

- Although older persons in Thai society are no longer as highly respected as in the past, evidence shows that they are still playing an active role in families activities. Elderly in Thailand are still considered valuable and potential assets. Therefore, they should be encouraged to participate and remain integrated in society. It is essential to enhance the contributions of older persons and diminish their image as a dependent population group.
- Older persons should live with their families and in their communities with a reasonable quality of life.
- The rights of older persons must be protected, especially from abuse, neglect and violence.
- Families and communities are footholds for older persons. The national plan should aim at strengthening the capability of families and communities to support older persons appropriately. The key to success is the strength of multi-generation relationships.
- Most older persons are not handicapped or a burden on society. Those who are unlucky only need the support of the society and government during a certain period of their life.
- State welfare and services have to meet the demands of older persons who cannot stay with their families and in their communities with an acceptable quality of life.
- The government has to encourage the private sector to participate in providing services under the government's supervision to protect older persons as consumers.
- Cooperation and ongoing dialogue among non-governmental and intergovernmental, private and public sectors, about the most effective, equitable, and harmonious approach to designing and implementing policy is required.

- The Second National Plan for Older Persons is developed with a holistic approach and perspectives aimed at preparation for old age and security in old age.
- The Plan must have indicators for each measure. Its overall success must be monitored by setting population-target indicators with appropriate time limits.

The Second National Plan for Older Persons is composed of 5 sections as follows:

- Section 1: Strategies in the preparation for old age with quality
- Section 2: Strategies for encouraging and promoting older persons
- Section 3: Strategies of social security for senior citizens
- Section 4: Strategies of management systems at the national level and in personnel development
- Section 5: Strategies of research to support policy and program development and of monitoring and evaluation of the Second National Plan for Older Persons

Section 1 Strategies in the preparation for old age with quality – consists of 3 measures which cover the following issues:

- extension of income security for old age to cover the population in general
- life-long education
- public education of the importance and the dignity of old age.

Section 2 Strategies for encouraging and promoting older persons – consists of 6 measures which cover issues of:

- health promotion, disease prevention and self care among older persons
- enhancing the co-operation and strength of organisations and networks dealing with older persons

- promoting income security and employment for older persons
- supporting the potential and value of older persons
- encouraging the mass media to broadcast programs for older persons and encouraging older persons to have access to various forms of information
- providing older persons with proper accommodations and living environments

Section 3 Strategies of social security for senior citizens - consists of 4 measures which cover issues of:

- income security and employment in old age
- health security
- family - caregivers and protection rights of older persons
- service systems and support networks.

Section 4 Strategies of management systems at the national level and in personnel development - consists of 2 measures covering issues of:

- management systems at the national level
- personnel and caregiver education and training.

Section 5 Strategies of research to support policy and program development and monitoring and evaluating of the Second National Plan for Older Persons – consists of 3 measures which cover issues of:

- promoting and supporting research on older persons which focus on policy and program development
- promoting and supporting research relevant to older persons (The research should focus on policy and programme development, service improvement and other knowledge which is useful for the improvement of older persons' quality of life)

- developing mechanisms for continuous monitoring and evaluation of the Second National Plan for Older Persons.

The Second National Long-Term Plan for Older Persons has 52 well defined population target indicators within appropriate time limits (determined at 5, 10, 15 and 20 years) for every measure. For monitoring of the plan, 3 overall indexes are selected including Active Life Expectancy (ALE), Active Life Expectancy-Life Expectancy ratio (ALE/LE), and a Population Ageing Quality Index (PAQ Index) which is composed of 12 selected measured indicators.

According to the Second National Long-Term Plan for Older Persons, not only has the “situation of older persons” been addressed but also other dimensions including the “preparation for old age for every individual”, “sustention of multigenerational relationships within Thai society” and “contribution to the society of older persons”.

At present, work is in progress in Thailand to develop new policies that address the changing demographic balance, but ageing is still a low priority on the government’s agenda. National laws can only be effective if adequate resources are available to implement them. Moreover, national policies need to incorporate issue of ageing and appropriate support mechanisms for older people into the mainstream of national social and economic planning. The government should seek the active involvement of older people themselves and of their families, their communities and of non-governmental organisations, for guidance with research, planning and policy implementation. (There must be something missing in this last sentence!)

## **The Universal Health Insurance Scheme**

The government is now trying to work out strategies to implement the Universal Health Insurance Scheme. Under this scheme, Thai people will receive almost all medical and health services with a 30-Bath co-payment. The pilot project began on 1<sup>st</sup> April 2001 at hospitals run by the Ministry of Public Health in 6 selected provinces. This scheme is intended to be in full implementation by 2004. It is estimated that a budget of about 100 billion Bath will be required for the scheme to be fully operational. The cost is

estimated to rise by 2% each year plus inflation. Therefore, the cost will exceed 150 billion Bath within 10 years. Many experts are inclined to think that this scheme may end up with funding problems. They are concerned that increasing cost will be a great burden for the government and that it is inevitable that the scheme will lead to increased taxes. However, it needs to be stated that older persons have been eligible for free-health care scheme provided by the Ministry of Public Health since 1992. Hence it is possible that this scheme may add only minimal benefits.

Although a financial barrier is relieved, there are numerous other barriers to effective health cares. Most health care facilities are concentrated in urban areas, while a majority of older people live in rural areas. Transportation cost is a further barrier. **To eliminate this barrier, improvement of health and social delivery system particularly community services and mobile-service units is essential.**

## Summary

The rapid speed of population ageing in Thailand is likely to be a major constraint for the country's socioeconomic development due to its shorter time of preparation to deal with the demographic consequences. Although Thai society and government understand the essence of the NPA and actions required for population ageing, ageing issues are still a low priority on the government's agenda. However, development of the National Policy on Ageing (NPA) of Thailand has made a remarkable progress in the last 15 years. The principle driving forces behind the development of the Thai NPA have shifted from external (the United Nations) to internal (need and vision). Thus, the success of the NPA calls for active participation and close collaboration of governmental, non-governmental and voluntary organisations, private corporations and mass media. Both resources and legislation are required for effective implementation of the national policies. Monitoring and evaluation of the "Second National Plan for Older Persons" is crucial for efficient, equal and sustainable development.

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