

GCPPD 2023

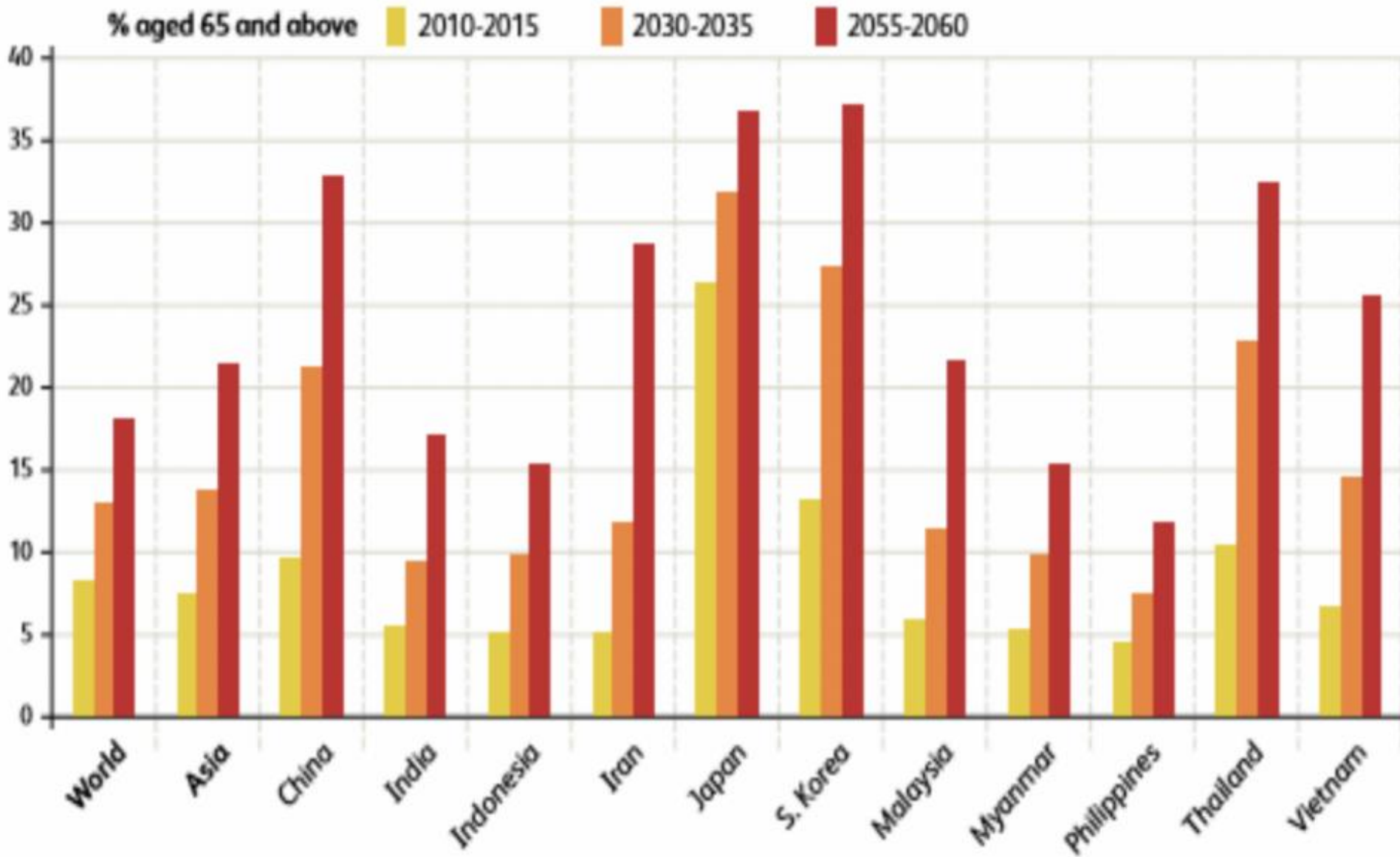
Ageing Population and Healthy Longevity in Thailand



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MP Thailand



Percentage of Elderly (65+) Population in Asia



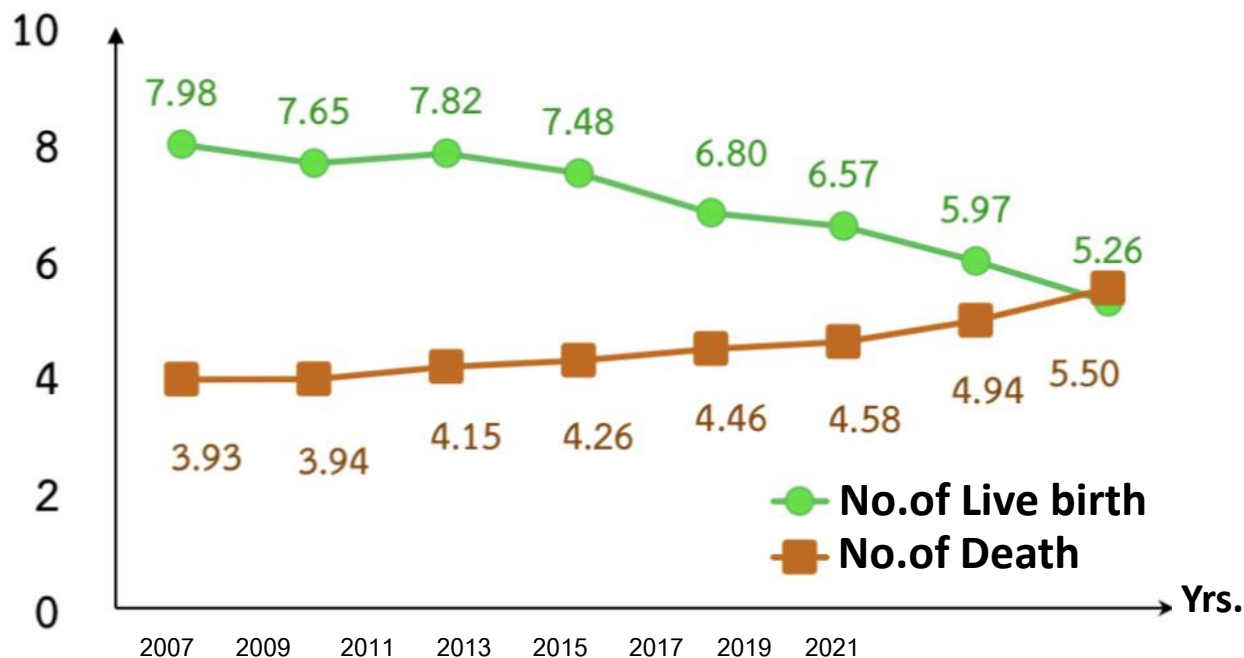
31st December 2022

Population 66,080,812

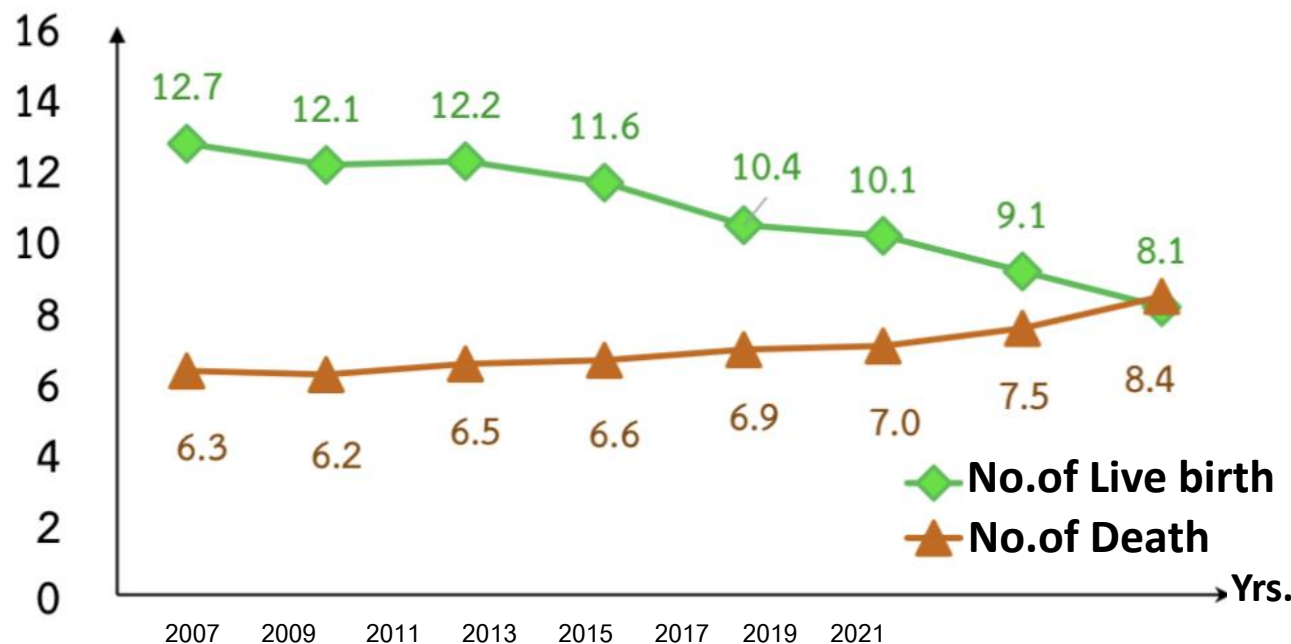
(Birth 502,107 ; Death 595,965)

Number and Ratio of Live birth and Dead per Population 2007-2021

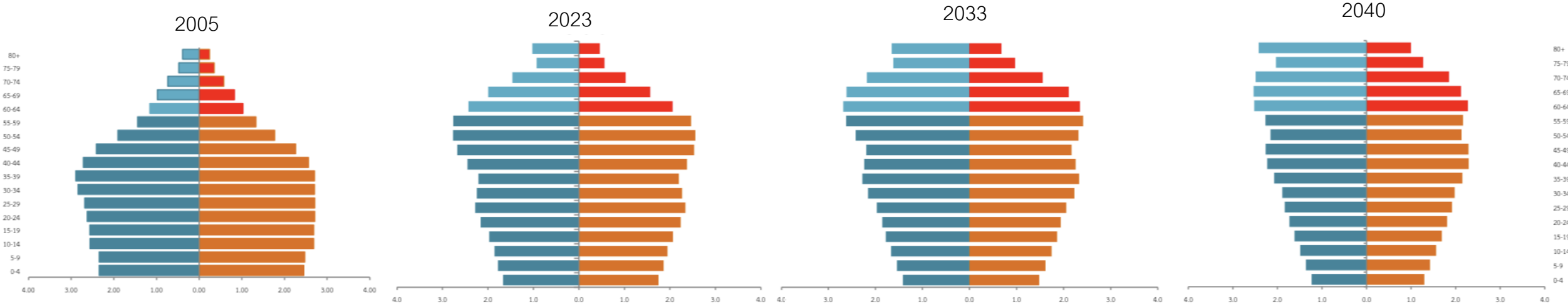
No.(100,000)



Ratio(1,000)



Female
Male



Aged Society

**Completely
Aged Society**

**Super
Aged Society**

**Ageing Nearly
1 in 3 of Total
Population**



22.81%



16.22%



14.14%



12.79%



66.81%



63.61%



57.86%



55.83%



10.38%



20.17%



28.00%



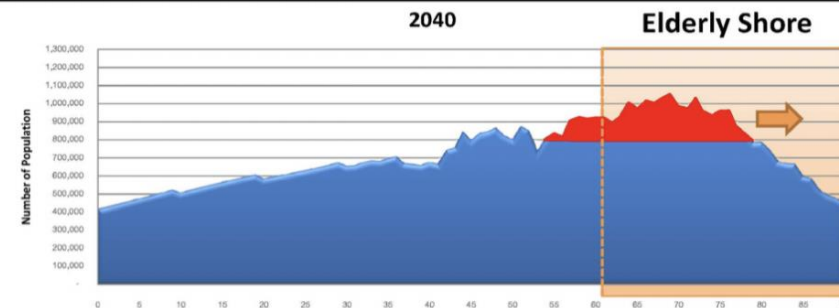
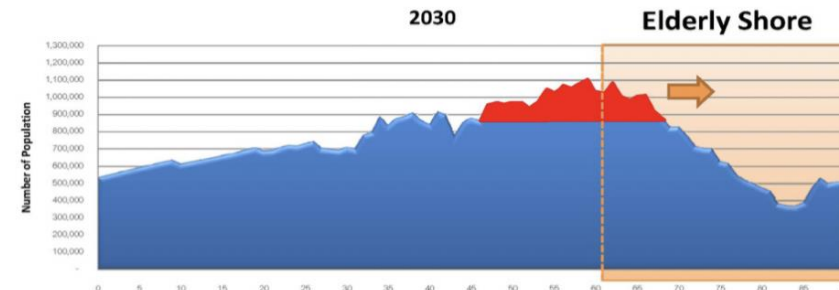
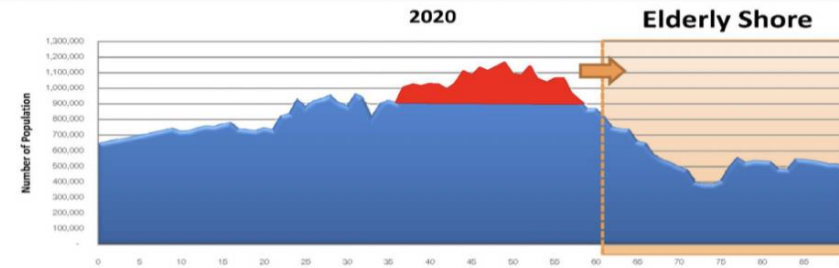
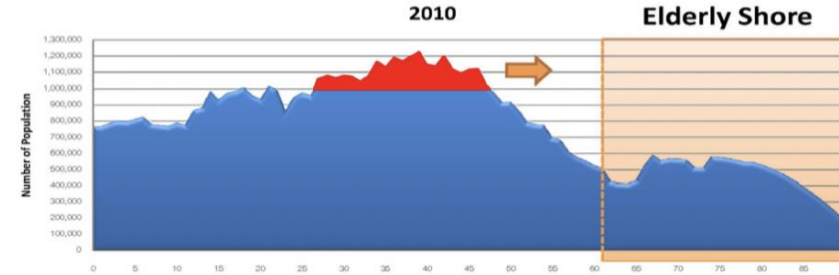
31.37%

⁸ Number of registered births, 1937-2012

Year	Births	Year	Births	Year	Births	Year	Births
1937	509,906	1956	773,756	1975	1,132,416	1994	960,248
1938	511,855	1957	777,436	1976	1,166,292	1995	963,678
1939	559,798	1958	790,155	1977	1,079,331	1996	944,118
1940	405,564	1959	861,380	1978	1,040,218	1997	897,604
1941	565,895	1960	915,538	1979	1,073,436	1998	897,201
1942	554,018	1961	913,805	1980	1,077,300	1999	754,685
1943	588,870	1962	973,634	1981	1,062,238	2000	773,009
1944	525,446	1963	1,020,051	1982	1,075,632	2001	790,425
1945	433,261	1964	1,119,715	1983	1,055,802	2002	782,911
1946	411,835	1965	1,117,698	1984	956,680	2003	742,183
1947	413,430	1966	1,085,594	1985	973,624	2004	813,069
1948	426,054	1967	1,116,424	1986	945,827	2005	809,485
1949	504,682	1968	1,200,131	1987	884,043	2006	793,623
1950	525,080	1969	1,133,526	1988	873,842	2007	797,588
1951	552,742	1970	1,145,293	1989	905,837	2008	784,256
1952	573,460	1971	1,221,228	1990	956,237	2009	765,047
1953	607,118	1972	1,189,950	1991	960,556	2010	761,689
1954	681,192	1973	1,167,272	1992	964,557	2011	795,031
1955	694,985	1974	1,185,869	1993	957,832	2012	818,901

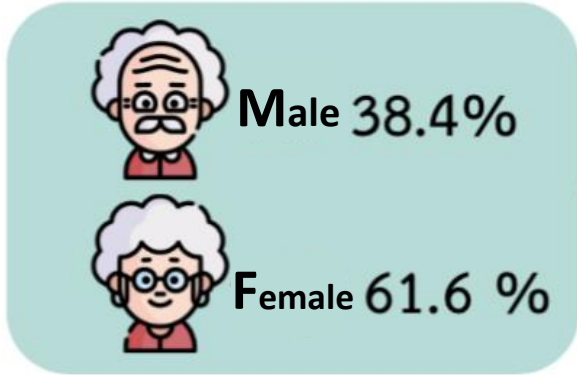
Source: Department of Provincial Government, Ministry of Interior

Population Tsunami

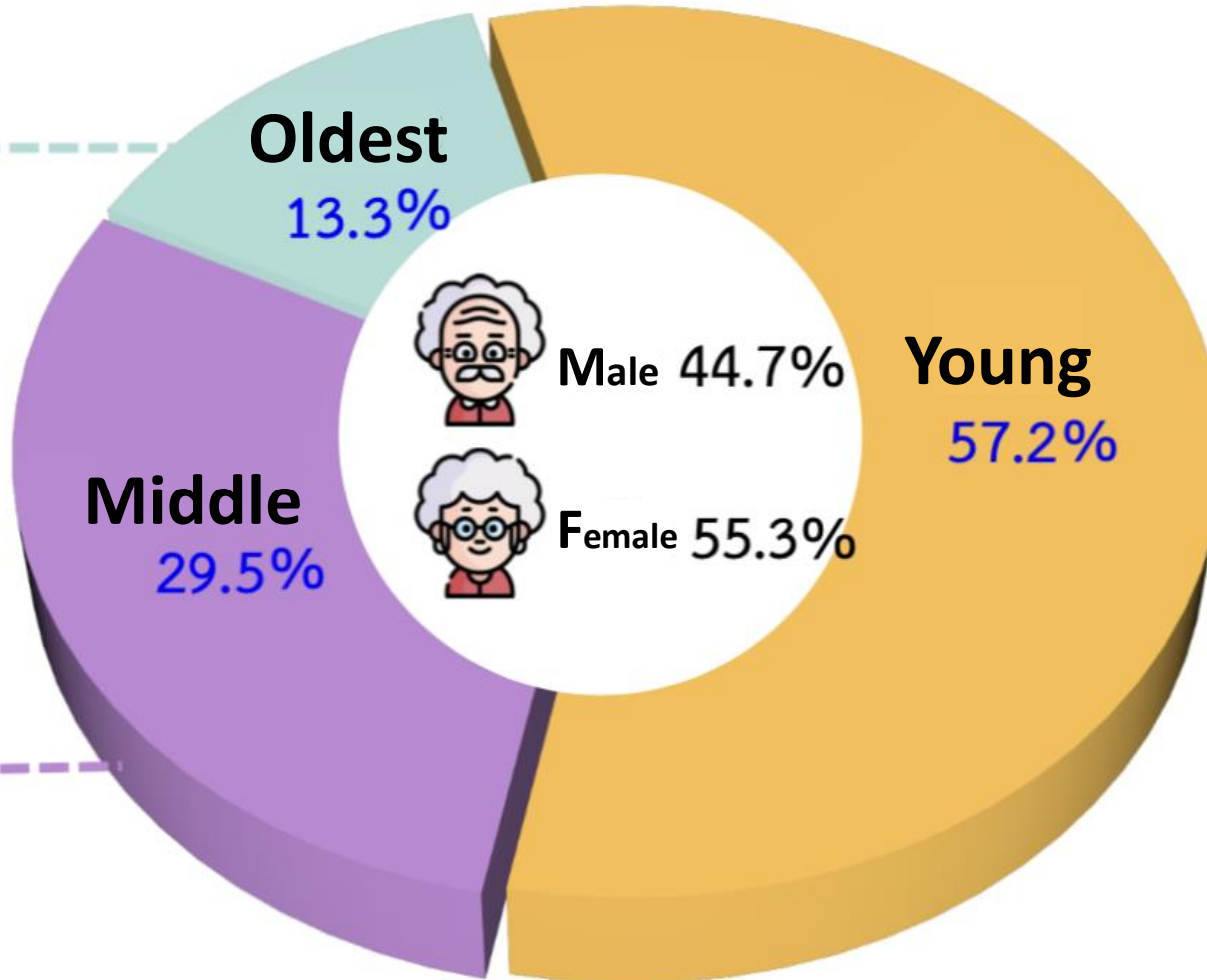
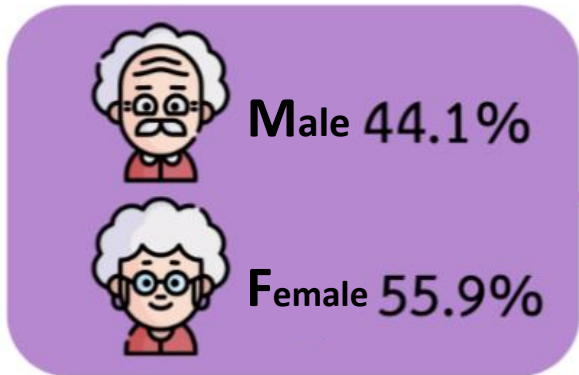


Percentage of ageing classified by age group and sex 2021

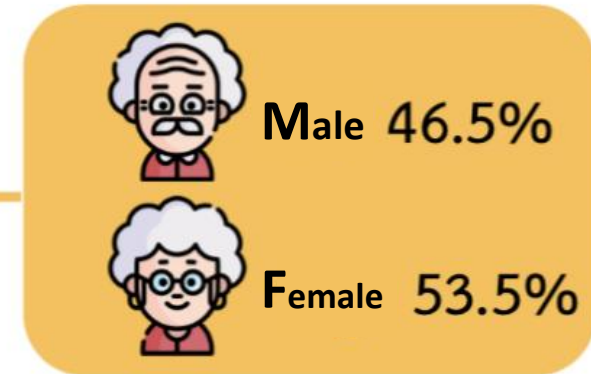
Oldest>80yrs.



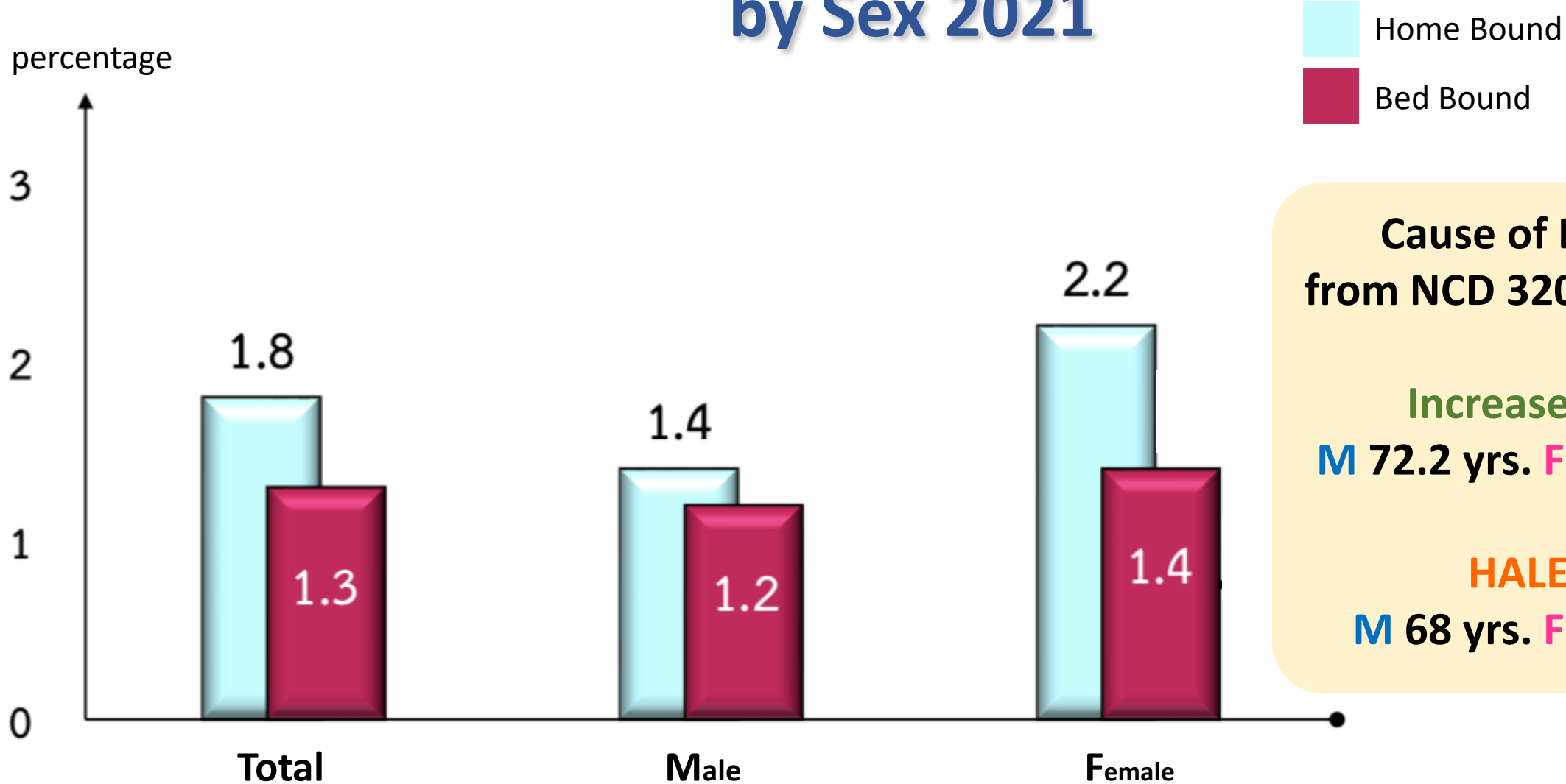
Middle(70-79yrs.)



Young(60-69yrs.)



Percentage of Home Bound and Bed Bound Classified by Sex 2021



**Cause of Death
from NCD 320,000/yr.**

Increased LE
M 72.2 yrs. F 78.9 yrs.

HALEs
M 68 yrs. F 74 yrs.

Old Persons Survey by National Statistics Organization 2021

DEMOGRAPHIC SITUATION

Fertility

- Rapid fertility decline.
- Year - TFR:
 - 1964 - 6.3 1994 - 2
 - 2017 - 1.6 2040 - 1.3
- Yet, high provincial differentials ranging from 0.28 to 2.26
- High adolescent pregnancy
- High contraceptive use but also high unintended pregnancies especially among adolescents and young people.
- Low usage of long active contraceptive use despite of universal health coverage

Migration

- Rapid urbanization with high number of cross-border and international in- migration including both economic migrants and retirees from overseas

Rapid Ageing

- 15% of population over age 60 years increasing to 30% by 2040.
- Variation by region/province (2010)
 - 12.9% nationwide
 - 9.6% Bangkok
 - 11.8% South
 - 11.9% Central
 - 14.3% Northeast
 - 15.3% North



Constitution 2017



20 Years
National
Strategy



High-level Political Declaration
on Universal Health Coverage



The National Health
Security Act.2002



Government Policy



BCG Model



Master Plan of
National Strategy



Country Reform
Plan(Revised)



The National Economic
and Social Development
Plan (Vol.13)



Public Health
Strategy



National Health
Chartered



Strategy for Budget
Allocation

Threat or Opportunity

for Ageing
Depend on Individual or Structural Design

Macro
Structural System

**Silver
Economy**

Income Security

Public Finance System

Enabling System for Vulnerable Groups

Increased
Opportunity for
Income from
Entering Working
Age

Employment
System/Job
Description
Suitable for
Vulnerable Group
and Ageing.

Ageism

Skills and Capability

**Consumer
Culture(Food,Things)
Commercial
Determinants of
Health**

**Social
Protection
Systems/
Health
Insurance
System**

**Ageing
Care
System
(Health
Insurance
System)**

**Care
System**

Saving

**Healthy
(Physical and Mental)**

Education System / Life Long Learning.

Family System



Healthy and Active Ageing

Population Quality Promotion Healthy Ageing and Energetic Throughout Life

Plan Pregnancy



Death

Born with Quality

- ★ Born with a Plan
- ★ Birth with Parents' Plan

Infancy/Childhood

- ★ Proper Care
- ★ Food/Nutrition

Child/Youth

- ★ Education/Training

Working Age

- ★ Quality Workers

Ageing

- ★ Healthy and Energetics

Beutiful Death

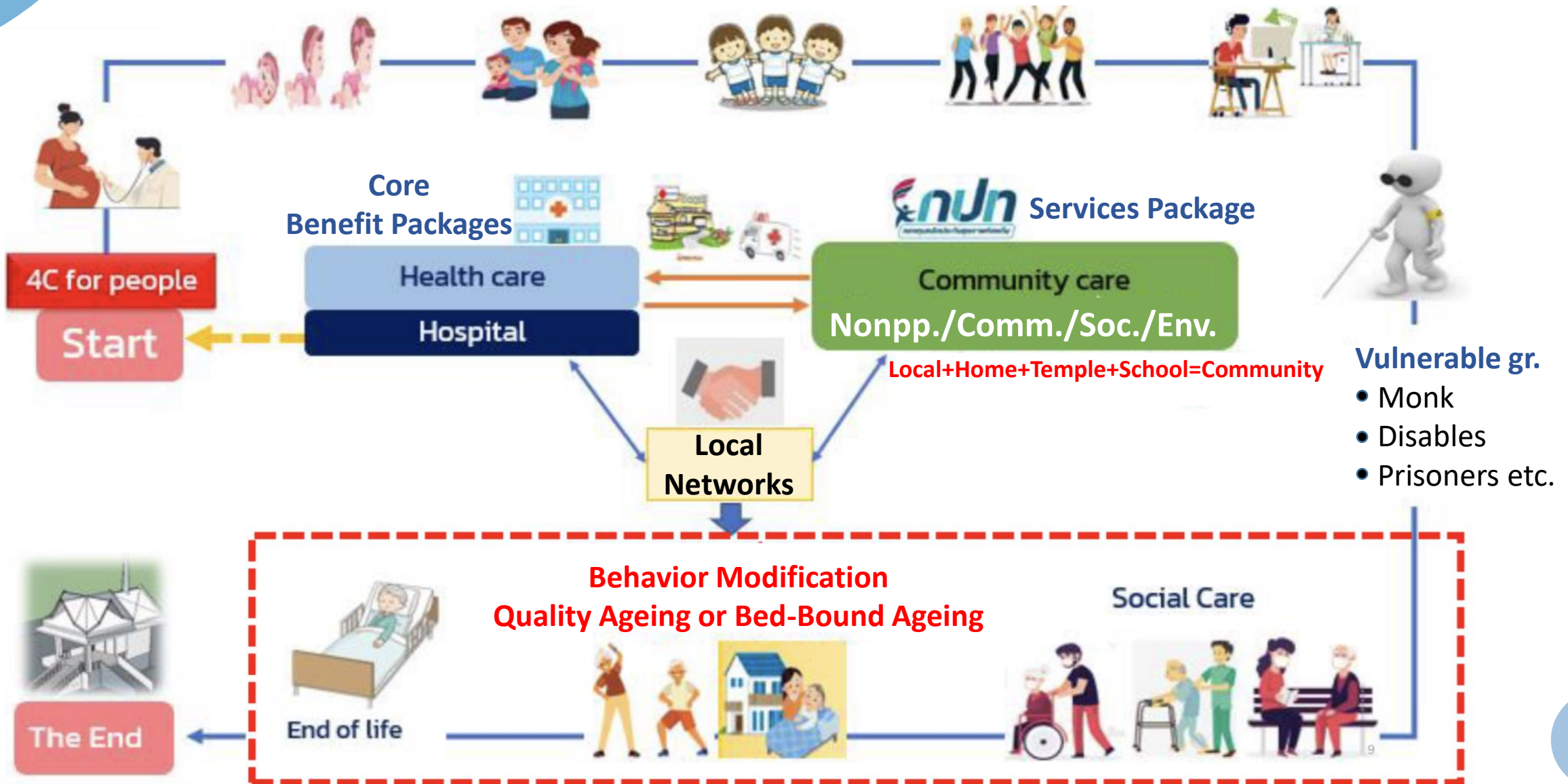
- ★ Appropriate Age
- ★ Death from Reasonable Cause, Peaceful and Dignity

Volume not
Important than
Quality

Decreased Workforce can Replace with

- 1.Import Workforces from Aboard
- 2.Technology
- 3.Quality Development
- 4.Promote Marriage and Having Children

Patient Journey of Health Services



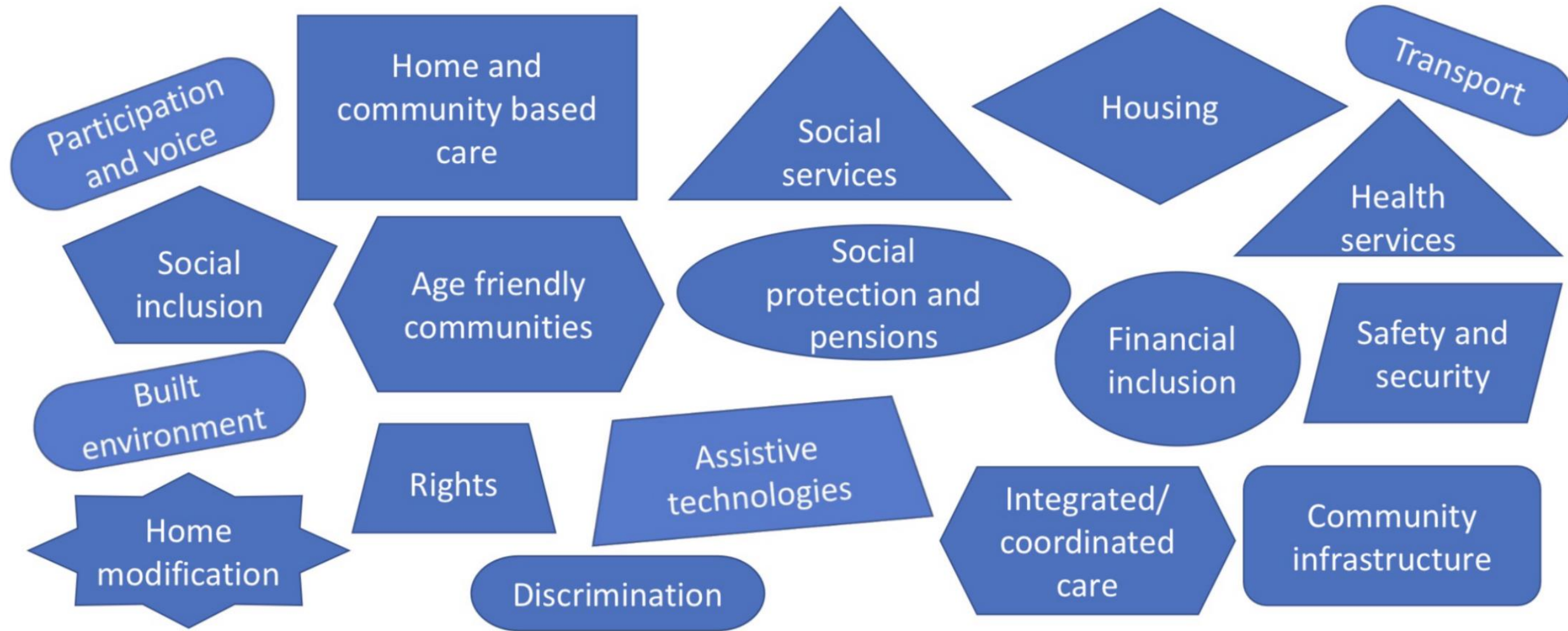
Population Development Plan for a Sustainable Future in Thailand 2022-2037

Well Birth
Well Live
Well Ageing



An umbrella for interventions

Services and environment



Madrid Plan 2002: Objectives Ageing Workforce

- ▶ “Take action to **increase participation in the labour market** of the working age population and to **reduce the risk of exclusion or dependency** in later life“
- ▶ “**Remove disincentives** to working beyond retirement age.”
- ▶ “Older persons should be enabled to **continue with income-generating work for as long as they want** and for **as long as they are able to** do so productively.”
- ▶ “Promote, as appropriate, a **new approach to retirement** that takes account of the **needs of the employees as well as the employers**, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights“

Coordination of HC and LTC

Coordination of various policies and programs

- Coordination among the MoH and Mosw

Policy priority between health care vs. long-term care financing:

- Should consider catastrophic expenditure due to health care vs. long-term care, availability of family care givers, government fiscal capacity, etc.

Coordination between health care and long-term care

- > Continuum of care: overcome discontinuity and fragmentation among service providers (HC, rehabilitation, LTC, community care, etc.)
- Role of gate-keeping: need to empower primary care

Health Promotion for the elderly

- **Early Screening**
- **Promotion of Quality Elderly Club: Elderly school**
- **Promotion of Healthy Ageing on Smart Walk, Smart Brain & Emotion, Smart Sleep, and Smart Eat**
- **Integrated Community-based Long-term Care**
- **Age-Friendly City / Community**
- **Oral Health Promotion**
- **Integrated Services for Healthy Ageing (4 Ministries)**

Change in the Leading causes and Risk factors of Disability-adjusted Life Years (DALYS) (1990-2010)

- Non-communicable diseases (NCD), e.g, ischemic heart disease, lung cancer, diabetes, chronic kidney disease, showed the highest growth (IHME, 2013).
- 3/4 of NCD deaths occur among persons +60 years (World Bank, 2016)
- Dietary risks were the leading risk factors in most Southeast Asian countries, high BMI and high fasting plasma glucose ranked high in the Pacific; Smoking ranked second or third in Cambodia, Indonesia, Laos, Malaysia, Myanmar, Papua New Guinea, Philippines, Thailand, Timor-Leste, Vietnam (IHME, 2013)

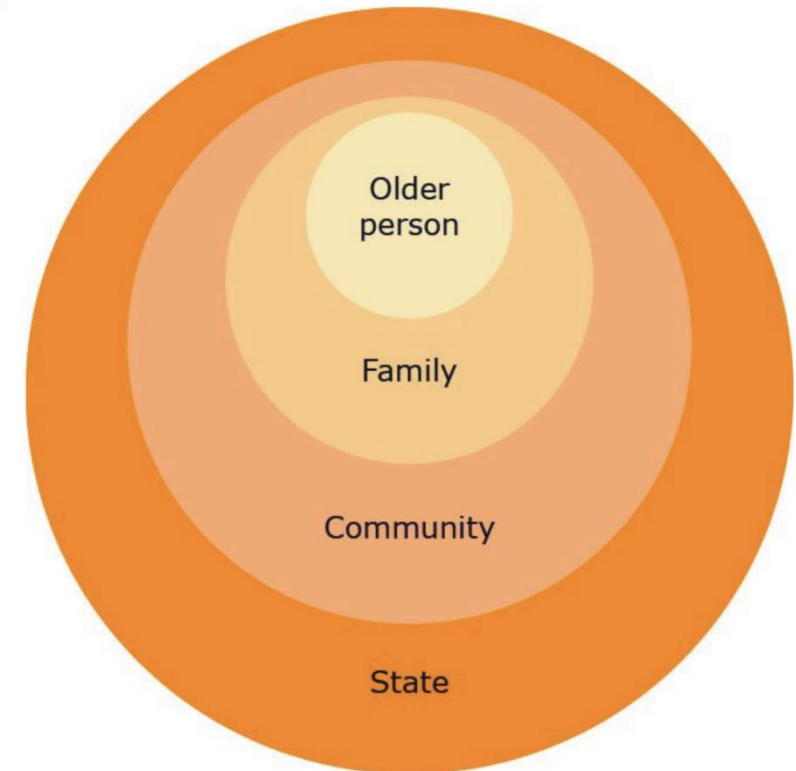
Ageing in place

WHO, World Report on Ageing and Health (2015)

The ability of older people to live in their own home and community safely, independently, and comfortably, regardless of age, income or level of intrinsic capacity

Some key elements:

- Familiar location, an attachment to place
- Independence (plus choice and options?)
- Security, in a broad sense



Key actors for ageing in place

Budget 2022

1. UHC 47.547 M. 180,612.81 M.THb
2. Thai Civil Servant Medical Benefit Scheme 4.45 M. 74,000 M.THb
3. Old Age Allowance 10.58 M. 83,999.3 M.THb
 - 60-69 yrs. 600 THb/M.
 - 70-79 yrs. 700 THb/M.
 - 80-89 yrs. 800 THb/M.
 - 90 yrs.+ 1,000THb/M.
4. SDHSM.218.2 M.THb
5. 6 Ministy 617.5768 M.THb
6. LTC for Dependency Persons 838.03 M.THb (**1,117.7 M.THb**)

Mecchanism of Works in the Area with Committee

National Level

National Older Person Committee, NHSO, Thai Health Promotion Foundation, National Health Commission Office

Regional Level

Provincial Level

Amphur Level (District Level)

Tambon Level (Community Level)

Primary Care Network (Tambon Health Promotion Hospital)

Local Administrative Office

Ageing Organization (Formal and Informal)

Volunteer Groups, Civil Society, Care Manager/Care Giver

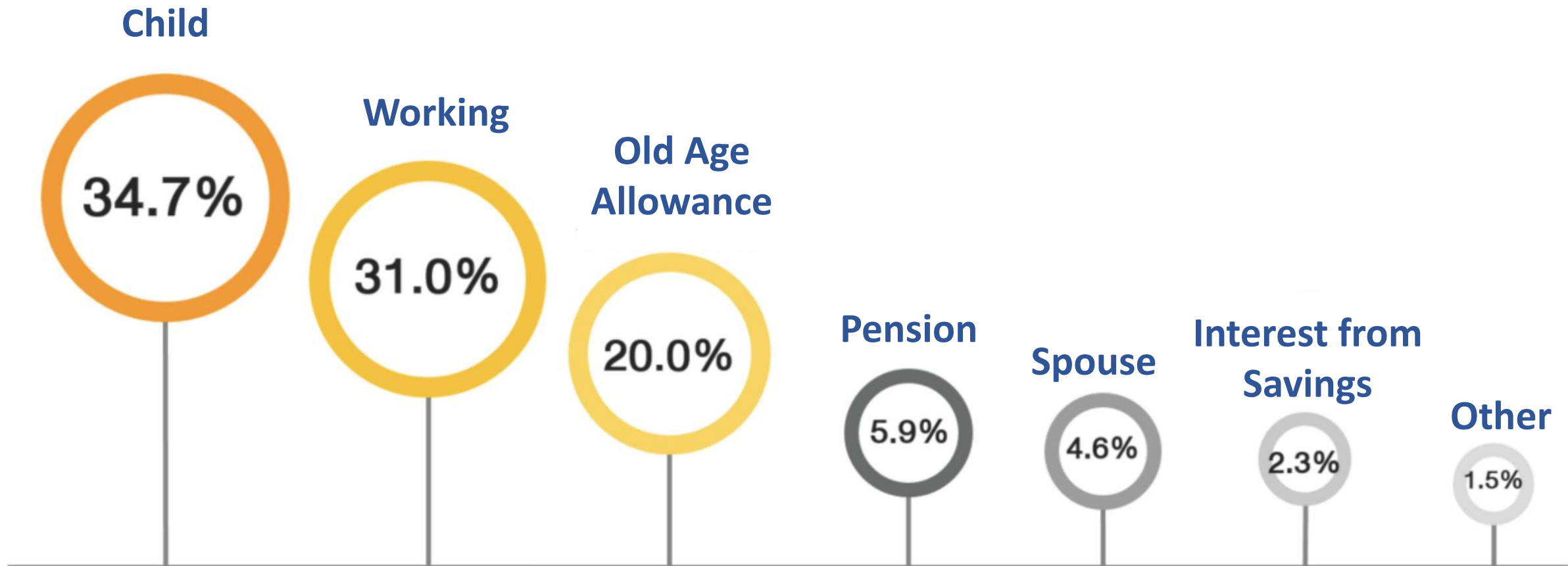
Village Health Volunteer 1.04 M.

Senior Citizen Clubs

- ☀️ 30+ Elderly with 1/4 Age 25-59 yrs.
- ☀️ Health Promotion, Religion
Cultural, Recreation, Income Generate, Volunteer, Tourist Social
Welfare and Charity
- ☀️ Budgets-NHSO
 - M.of SDHS
 - Local
- ☀️ 29,359 Clubs



Main Income Source of Ageing in Thailand

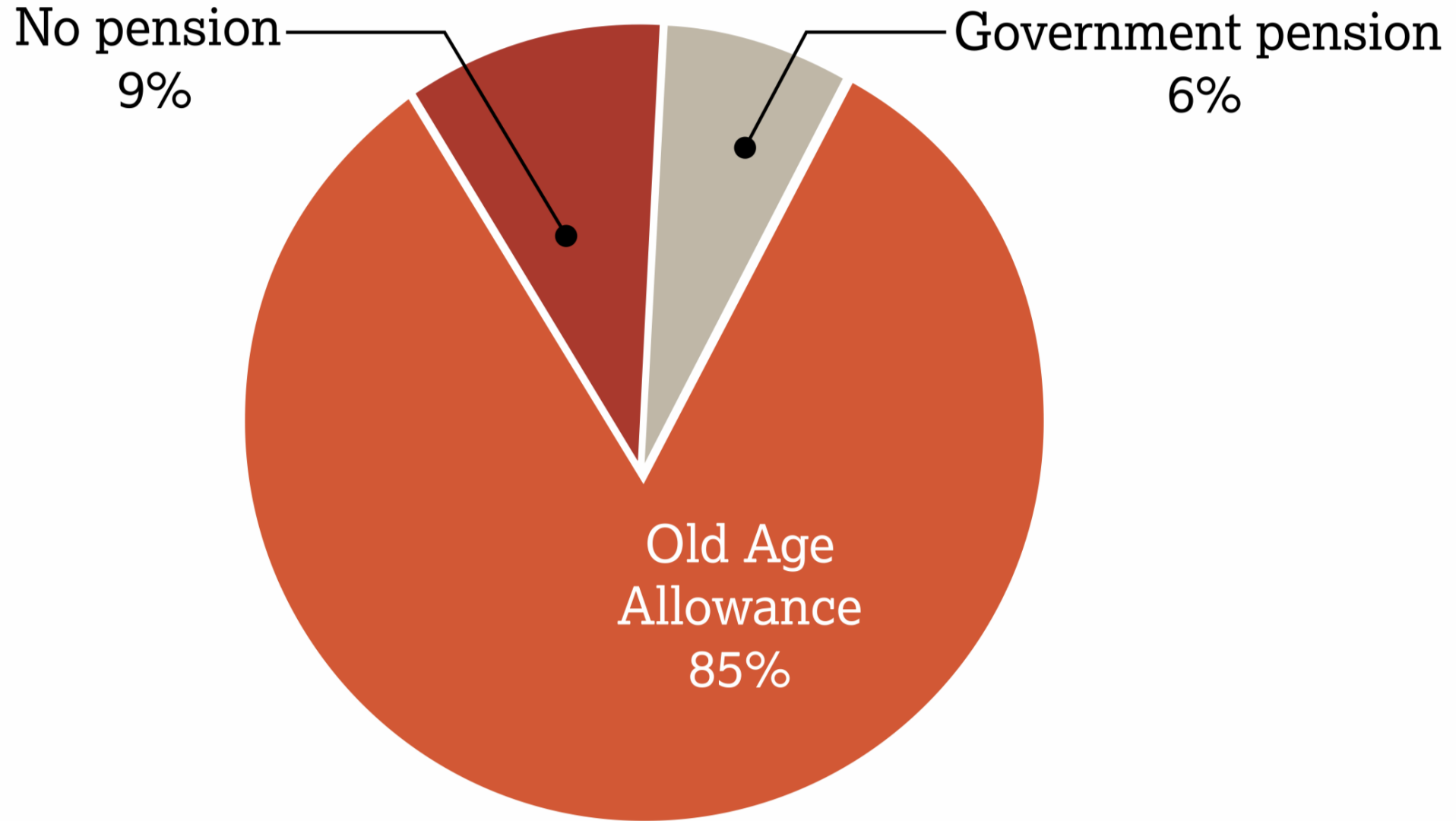


Source from National Statistic Office 2017

Mapping of Thai income protection systems onto World Bank Multi-Pillar Taxonomy (171).

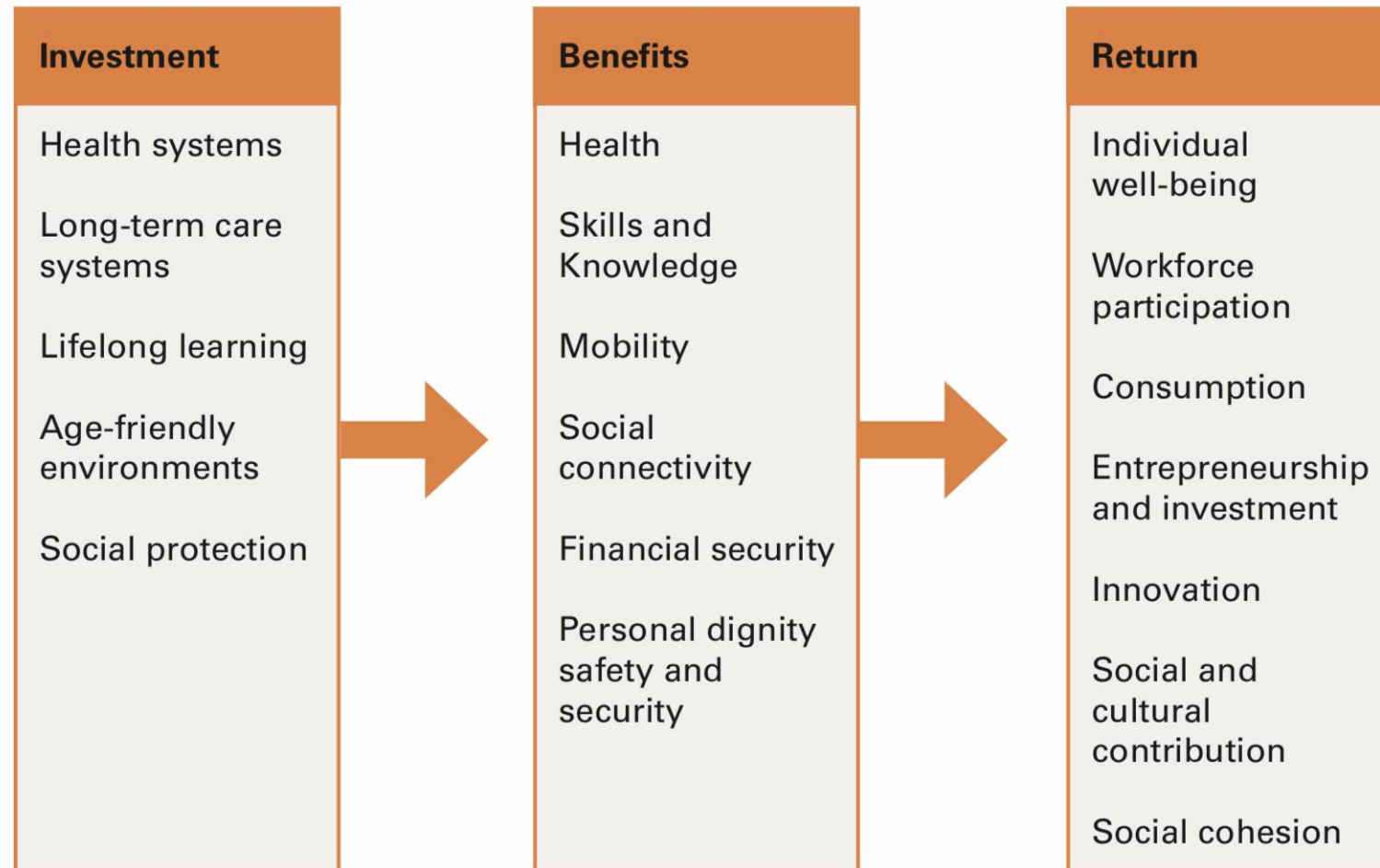
	Target Population		
	Government Officers	Workers in the formal sector	Workers in the informal sector
Pillar I		Old-age allowance	
Pillar II	Old Civil Service Pensions	Section 33 of Social Security Fund	Section 39 and 40 of Social Security Fund
	Government Pension Fund		
Pillar III	Retirement Mutual Fund and Pension Insurance		
		National Saving Fund	
		Provident Fund	

Pension coverage of the population 60+ by type of pension



Source: Survey of Older Persons of Thailand 2014

Investment in, and return on investment in ageing population (37)



Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

- ☁️ We need to rethink how we prepare for the ageing process to let people lead active and healthy lives.
- ☁️ As a way to improve the living standards of future ageing generations, investment in the current younger generation is needed to promote healthy lifestyles, education, employment opportunities, access to medical services and social security for all workers.
- ☁️ Also, if we are to incorporate older generations smoothly into the labor market, flexible employment, lifelong learning and retraining opportunities should be expanded.

Thank you

