

## **Part 1-CHAPTER 6**

# **Long-term Care Policy and Implementation in Thailand**

Puangpen Chanprasert

June 2021

This chapter should be cited as:  
Chanprasert, P. (2021), 'Long-term Care Policy and Implementation in Thailand', in Komazawa, O. and Y. Saito (eds.), *Coping with Rapid Population Ageing in Asia*. Jakarta: ERIA, pp.36-44.

# CHAPTER 6

## Long-term Care Policy and Implementation in Thailand

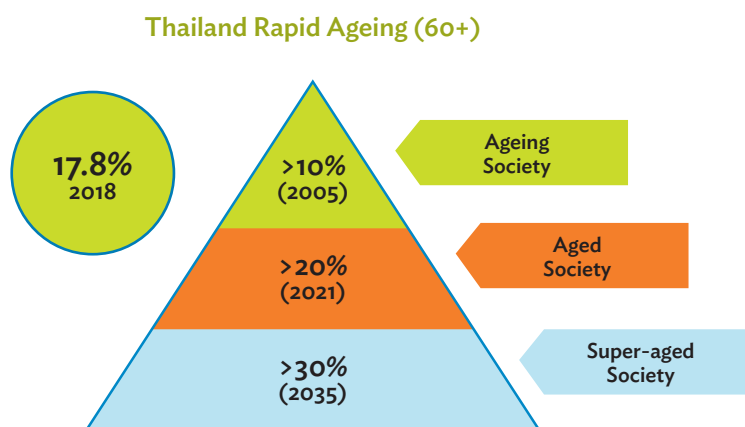
Puangpen Chanprasert

### Demographic Data

Thailand's population was 66.2 million in 2018 (Mahidol University, 2018), with children (under 15 years) numbering 11.4 million, the labour force (15–59 years) 43.0 million, and elderly (60 years and over) 11.8 million. Life expectancy at birth is 72.2 years for males and 78.9 years for females, and at 60, 20.2 years for males and 23.6 years for females. The crude birth rate is 10.7 and the crude death rate 8.3 per 1,000 population.

Demographic transition was accompanied by reduced crude birth and death rates. The successful family planning programme resulted in a decline in population growth from 3.4% in 1960 (Barbara Leitch LePoer, ed., 1987) to 0.2% in 2018 and low total fertility rate (1.58 in 2018) (Mahidol University, 2018). It also resulted in an increase in the elderly population (aged 60 and older). Thailand became an ageing society in 2005 with 10.37% (6.7 million) of population age 60 and older (Office of National Economic and Social Development Board, 2007). The ageing population will reach 20% (13.1 million), making Thailand an aged society in 2021, and reach 30% (19.4 million), making the country a super-aged society in 2035 (Office of National Economic and Social Development Board, 2013). In the second period, the ageing population will double within 16 years, and in the third period, it will triple within 14 years (Figure 6.1).

**Figure 6.1. Stages of Population Ageing, 2005–2035**



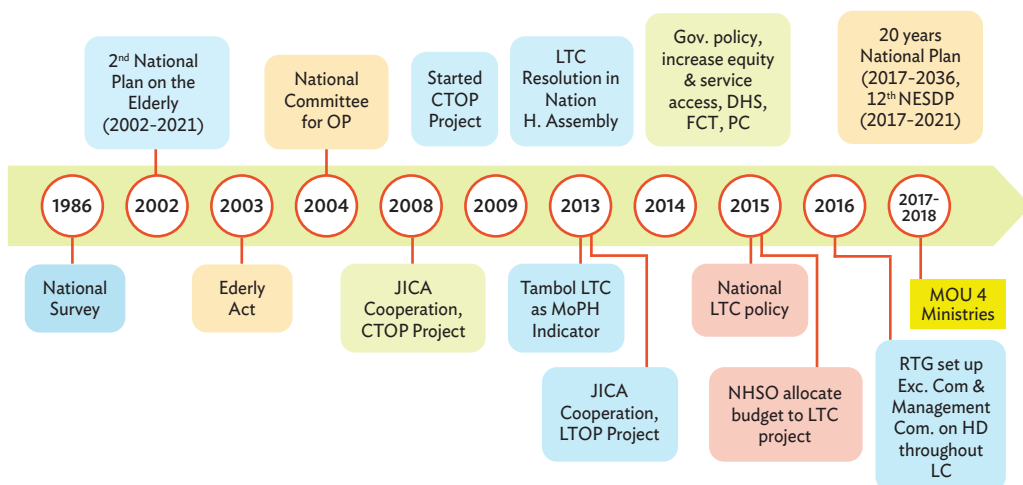
Source: Situation of Thai Elderly 2014, Mahidol Population Gazette 2018.

## Long-term Care Policy

Long-term care (LTC) is defined as “a comprehensive care that covers social, health, economic and environmental dimensions for the elderly who undergo hardships due to chronic illnesses, disabilities or infirmities and who are partially able or totally unable to help themselves in their routine daily life. Care can be given formally by health and social workers or informally by family members, friends, and neighbours. Care can also be given in the family setting, community or a service establishment” (National Health Commission Office Thailand, 2009).

The LTC policy did not happen in 1 day. It started in 1986 with the National Survey on Ageing (Figure 6.2). In 2002, the 2nd National Plan on the Elderly (2002–2021) was accepted by the cabinet. It was followed by the Elderly Act 2003 and the establishment of the National Committee on the Elderly (NCE) under the Elderly Act in 2004. The Prime Minister is the chair of the NCE; the minister of Social Development and Human Security and the president of the Older Person Council Association are vice-chairs, representing the government and non-government organisations; and five experts are members of the committee. In 2008, the Ministry of Public Health (MoPH) and the Ministry of Social Development and Human Security (MoSDHS) cooperated with the Japan International Cooperation Agency (JICA) on a project: Community-Based Integrated Services of Health Care and Social Welfare for Thai Older Persons (CTOP). Aiming to develop an LTC model, the project lasted from 2008 to 2012.

**Figure 6.2. Long-term Care Policy Development in Thailand, 1986–2018**  
LTC Policy Development



Note: 4Ministries = ministries of public health, social development and human security, education, and interior; CTOP = community-based-integrated services of health care and social welfare for Thai older persons; DHS = District Health System; Exc. Com = executive committee; FCT = family care team; HD = human development; JICA = Japan International Cooperation Agency; LC = life course; LTC = long-term care; LTOP = long-term care service development for the frail elderly and other vulnerable people; MoPH = Ministry of Public Health; National H. Assembly = National Health Assembly; NESDP = National Economic and Social Development Plan; NHSO = National Health Security Office; OP = older person; PC = primary care; RTG = Royal Thai Government.

Source: P.Chanprasert, Department of Health, MoPH. Timeline on Long-term Care Development in Thailand, 2018.

In 2009, “Development of a Long-term Care System for Dependent Older People” was proposed as a resolution in the 2nd National Health Assembly and all stakeholders accepted it (National Health Commission Office Thailand, 2009). The 2nd National Plan on the Elderly 2002–2021 was also evaluated and revised in 2009 (Department of Older Persons, Ministry of Social Development and Human Security, 2016). The cabinet approved the revised plan in 2010. The Department of Health (DoH) did the pilot project on community LTC in 2010 and expanded it to 12 regions. Community LTC is an integrated service for the elderly who are dependent (bed-bound) on home care. All health services in community LTC are covered by the Universal Health Coverage Scheme, but social care is provided by family members and volunteers with the support of the local administration, elderly club, and community resources. In 2012, the CTOP project ended and was followed by the Project of Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP), with JICA, which lasted from 2013 to 2017. It was also a model development project. In 2013, LTC was voluntarily implemented at the sub-district level under criteria set by DoH; sub-district LTC was set as an indicator for MoPH implementation and annual inspection.

In 2014, MoH used the LTOP project model to develop a care manager and caregiver training curriculum and started to train care managers (Figure 6.3). The National Health Security Office (NHSO) allocated budget for care manager training in 2014–2015. In 2014, the government declared a policy to reduce social inequity and increase access to government services. In 2015, the community LTC policy was announced as a New Year present for the dependent elderly.

**Figure 6.3. Care Manager Training**



Source: On 29 May, Certification ceremony was arranged for care manager trainees at Asia Airport Hotel by the Department of Health. (Published on Hfocus on 3 June 2015, available at <https://www.hfocus.org/content/2015/06/10097>)

In 2016, the government set up an executive committee on life-long human development and a management committee responsible for drafting a 20-year plan for life-long human development.

In 2017, the 20-Year Strategic Plan and Reform (2017–2036) was issued. The LTC policy is under the fourth strategy of the plan: social equality. The 12th National Economic and Social Development Plan (2017–2021) was implemented in accordance with the 20-Year Strategic Plan and Reform. All ministries set up their 20-year and 5-year strategic plans as well as budget plans in accordance with the two strategic national plans. The ministers of public health, of social development and social security, of interior, and of education signed a memorandum of understanding on Human Development Cooperation throughout Life (focus on children and the elderly). The Prime Minister chaired the event (Figure 6.4) and all provincial governors, provincial public health administrators, local administrators, and civil society representatives attended.

**Figure 6.4. Prime Minister at the Signing of the Memorandum of Understanding on Human Development Cooperation throughout Life**



Source: On 30 March 2017, The Prime Minister at the “Signing of memorandum of understanding on Human Development Cooperation throughout Life (focus on children and the elderly)” between ministers of public health, of social development and social security, of interior, and of education. Picture from gallery of department of older persons, ministry of social development and social security, available at: <http://www.dop.go.th/gallery>.

In 2018, the government formulated a policy to train quality caregivers and hire them to care for dependent elderly at home and replace elderly care volunteers. The government allocates budget to MoPH to train two caregivers in every sub-district implementing LTC. The local administrations will select caregivers trained by DoH. MoPH will develop the training curriculum, train the trainers, and control the quality of care. The Ministry of Interior through local administrations will manage monthly payment for caregivers and supervise them.

Other policies also support LTC, such as the MoPH policy on the family-care team (multidisciplinary team from a community hospital promoting doctors’ visits to the elderly at home); community palliative care (services for those at the end of life, such as cancer patients); district health management system (each district analyses its own health problems, prioritises problems, solves problems through the district health committee); and training of family doctors to work in community hospitals. NHSO allocates funds to train care managers in community

LTC programmes and community health promotion. The Ministry of Social Development and Human Security (MoSDHS) and the Ministry of Interior (MoI) fund home improvement for the poor elderly. MoSDHS builds quality-of-life development centres for the elderly in every district. They promote health, income-generating activities, and rehabilitation for semi-dependent and dependent elderly. The Ministry of Education through the Department of Informal Education supports community caregiver training.

## Long-term Care System and Services

The LTC programme is not institution based. It focuses on community-based and home care services. The community LTC system will be discussed at several levels (Figure 6.5). The central administration (ministry) level provides policy and law, develops standards and training for trainers. Regional and provincial public health offices train care managers and caregivers, and monitor, supervise, and evaluate the programme. Provincial, district, and sub-district hospitals are under the provincial public health administration. Provincial and regional hospitals provide tertiary and specialisation care. The provincial public health office supports, promotes, monitors, and controls standards; evaluates provincial, district, and sub-district projects; and cooperates with related agencies. District community hospitals provide secondary care. Sub-district hospitals and community health centres provide primary care. Every sub-district that implements community LTC has to survey the elderly and assess their activities of daily living by using the assessment form based on the Barthel Index standard, and classify the elderly into three groups to serve as baseline data for LTC planning. A family care team (physician, nurse [care manager], physiotherapist, nutritionist, pharmacist, elderly care volunteer, village health volunteer, etc.) from a community/district hospital, sub-district health-promoting hospital and local administration visit the dependent elderly at home and provide home health care and rehabilitation. Caregivers provide social care and rehabilitation. Family volunteers or family caregivers are important in caring for dependent elderly at home. They are also listed as

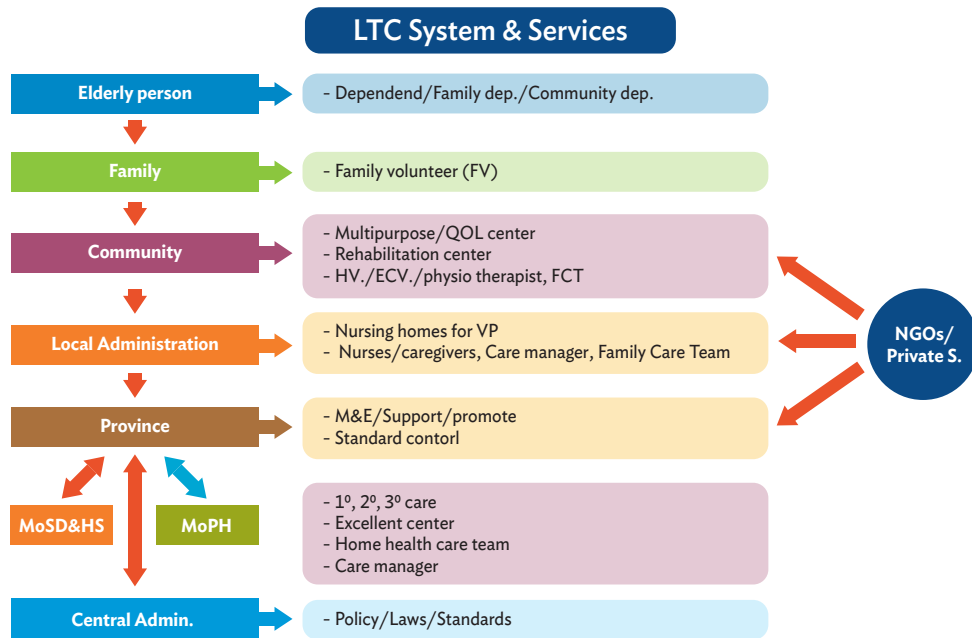
caregiver trainees and are supervised by a care manager and family care team.

## Long-term Care Implementation

To implement LTC, the government developed a model with JICA under the CTOP project. In 2011, DoH started developing criteria to implement a pilot project on sub-district and community LTC in 12 regions in 2011:

1. having elderly data and classifying the elderly into three groups according to activities of daily living: the independent or socially bound group, the semi-dependent or homebound group, and the dependent or bed-bound group);
  2. having quality home health care system;
  3. having elderly care volunteers and health volunteers to care for the dependent elderly;
  4. having quality elderly clubs;
-

Figure 6.5. Long-term Care System and Services



Note: LTC = long-term care; dep = dependence; QOL = quality of life; HV = health volunteer; ECV = elderly care volunteer; FCT = family care team; VP = vulnerable people; MoSD = Ministry of Social Development and Human Security; MoPH = Ministry of Public Health; 1<sup>o</sup> = primary; 2<sup>o</sup> = secondary; 3<sup>o</sup> = tertiary; NGO = non-government organisation; Private S = private sector  
Source: Chanprasert, P. and Piensriwatchara, E., presented at the WHO Regional Consultation on Long-term Care held in Bangkok, Thailand during 22-25 July 2013.

5. promoting oral health for the elderly; and

6. setting up an integrated community care system for the dependent elderly.

The LTC policy and criteria for implementation were communicated to the provincial, district, and sub-district levels through central administration meetings and provincial health board meetings. Sub-district and community LTC was implemented on a voluntary basis. The LTOP project with JICA was continued in 2013 after the CTOP project ended. DoH developed care manager and caregiver training curriculums and trained the trainers. NHSO and DoH visited community LTC services and assessed them. NHSO allocated budget to DoH to manage training. DoH trains the trainers for care managers of each province and Metropolitan Bangkok. The provincial trainers train care managers and caregivers at the district and sub-district levels, with support from regional health centres, nursing colleges, and informal education centres.

LTC is implemented in sub-districts as integrated care through district and sub-district health committees. Family care teams visit dependent elderly at home. After the first visit, the care manager and caregivers draw up a care plan and use it to provide care at home. Caregivers report cases to the care manager and, if consultation is needed, may consult the care manager on the telephone or through LINE communication. Rehabilitation may be done at home or at rehabilitation, multipurpose, and quality-of-life development centres, depending on the condition of the elderly, the care plan, and the community management system.

**Figure 6.6. Elderly Undergoing Rehabilitation at a Community Centre**



Source: On 11 April 2015 Minister of Public Health visited Day Care Services at Bangsithong rehabilitation center for older persons, Nonthaburi, under the Long-Term Care Project. (Published on Hfocus on 16 April 2016, available at <https://www.hfocus.org/content/2016/04/12029>)

Local administration is important in supporting community LTC. For example, local administration personnel join family care teams to visit dependent elderly at home; act as care managers; provide devices for semi-dependent or dependent elderly to use at home; provide budget to build community rehabilitation, multipurpose, and quality-of-life development centres; and repair homes or renovate toilets for the poor elderly. Some local administrations have residential homes for the vulnerable elderly. Regional inspectors and health personnel from provincial public health offices and regional health centres monitor and supervise sub-district and community LTC through the MoPH inspection system. DoH developed a programme to register care managers and caregivers and an LTC report system through the Health Data Centre.

Recognition and knowledge management are key to the programme's success. Rewards are given for best practice at annual meetings to exchange experiences on sub-district LTC with all stakeholders.

In 2018, 161,931 older persons in 4,795 sub-districts (66%) received LTC services; 12,817 care managers and 74,833 caregivers were trained. Older persons improved their functional abilities thanks to the programme.



**Figure 6.7. Sub-District Long-term Care Awards for Best Practice**



Source: On 6 July 2016, The Department of Health, MoPH gave awards to sub-district administrations and health personnel for their best practices on long-term care in Health Region 1 at Chiang Mai province.

## Changes

MoPH plans to achieve 100% sub-district LTC in the next few years and develop quality caregivers in every sub-district. The ministry will link LTC data and reports with NHSO's data system and local administration to pay and retrain care managers and caregivers. Working with JICA, the ministry will also develop intermediate care model for the better care for the elderly.

## References

Barbara Leitch LePoer, ed. (1987), Thailand: A Country Study. Washington: GPO for the Library of Congress, 1987. <http://countrystudies.us/thailand/40.htm> (accessed 28 January 2019).

Department of Older Persons, Ministry of Social Development and Human Security (2016), The 2nd National Plan on The Elderly 2002–2021, 1st Revision 2009, 1-81. Bangkok, Theppenvanisyia printing company, 2010.

Department of Older Persons, Ministry of Social Development and Human Security. Situation of the Thai Elderly 2014. [http://www.dop.go.th/download/knowledge/knowledge\\_th\\_20161608145327\\_1.pdf](http://www.dop.go.th/download/knowledge/knowledge_th_20161608145327_1.pdf) (accessed 20 August 2018).

Mahidol University (2018), Mahidol Population Gazette. Institute for Population and Social Research, Mahidol University. Vol. 27, January 2018. <http://www.ipsr.mahidol.ac.th/ipsr/Contents/Documents/Gazette/Gazette2018EN.pdf> (accessed 20 August 2018).

National Health Commission Office Thailand (2009), 2nd National Health Assembly Agenda 3.3, Development of Long-term Care for Dependent Elderly People: Main Document. 16 November, 2009. <https://en.nationalhealth.or.th/wp-content/uploads/2017/09/3-2009-1.pdf> (accessed 28 January 2019).

Office of National Economic and Social Development Board (2007), Population Projections for Thailand 2000–2030, first edition. Bangkok: Office of National Economic and Social Development Board.

## **Part 2 -CHAPTER 4**

# **The Philippine Health and Care Workforce in an Ageing World**

Shelly de la Vega, Juan Antinio A. Perez III and Lyra Gay Ellies S. Borja

June 2021

This chapter should be cited as:  
de la Vega, S., J.A.A. Perez III and L.G.E.S. Borja (2021), 'The Philippine Health and Care Workforce in and Ageing World', in Komazawa, O. and Y. Saito (eds.), *Coping with Rapid Population Ageing in Asia*. Jakarta: ERIA, pp.96-101.

## Part 2-CHAPTER 5

# **Sending More or Sending Better Care Workers Abroad? A Dilemma of Viet Nam's Labour Exporting Strategy**

Khuat Thu Hong

June 2021

This chapter should be cited as:

Hong, K.T. (2021), 'Sending More or Sending Better Care Workers Abroad? A Dilemma of Viet Nam's Labour Exporting Strategy', in Komazawa, O. and Y. Saito (eds.), *Coping with Rapid Population Ageing in Asia*. Jakarta: ERIA, pp.102-125.