

Template proposing Priority Areas for World Health Organization and Royal Thai Government (WHO-RTG) Country Cooperation Strategy (CCS) 2022-2026

Proposed Priority Area: Specific population groups (Elderly Health)

Q1. This proposal is submitted by

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Q2. Please specify all partners who collectively drafted and submitted this proposal

- a) Department of Medical services, Ministry of Public Health
- b) Department of Thai Traditional and Alternative Medicine, Ministry of Public Health
- c) Department of Local Administration, Ministry of Interior
- d) Department of Older Persons, Ministry of Social Development and Social Security
- e) Faculty of Public Health, Mahidol University
- f) Faculty of Public Health, Thammasat University
- g) Senior Citizens Council of Thailand

Q3. Please provide a clear problem statement with justification for the inclusion of this topic in the CCS 2022-2026. Please also specify why there is a need for additional support under the CCS, beyond the usual budget and current work of Thai health system will not be able to solve the problem.

[Note: (1) Problem statement should highlight a demonstrable impact on the health of people in Thailand. (2) If this topic is part of the current CCS 2017-2021, please indicate why it should continue under CCS 2022-2026 and what will be differences. Please highlight any lessons learned from the previous implementation period (CCS 2017-2021). Max 500 words

Thailand is already an aging society. There are more than 11.6 million elderlies, accounting for 17.6% of Thailand's population and it is estimated that there will be an increase of 0.9-1 million elderly people per year. From past operations, it was found that 0.4 million dependent elderly people needed health and social care from many sector personnel through

the Long-Term Care (LTC) system. It also found that more than 30,000 elderly are becoming dependent on every year, which increases the cost of health care. Although, Thailand already has LTC system that has been funded by many agencies and integrated work but preventing more than 11 million elderly people from entering dependent conditions still lacks concrete forms and methods. Including the environment in the home, community and city has not been improved or develop along with the well-being of the elderly. In addition, the implementation of the Second National Elderly Plan found that only 57.9 percent of the goals were achieved. Therefore, the elderly health care model should be developed in accordance with the rapidly changing situation and environment under the cooperation of all relevant stakeholders.

At present, the Department of Health has a role in the development of personnel in public health and environmental health management for suitable life for the elderly. The department of medical services has a role in the development of effective medical treatment and referrals for the elderly. The department of Thai traditional and alternative medicine plays a role in the use of herbs and alternative medicine to promote health and medical treatment. The department of local administration is responsible for monitoring the use of budgets and the operation of the local government to make the LTC system and welfare for the elderly proceed concretely. Department of older persons is responsible for the quality of life of the elderly in social and welfare dimensions. The faculty of public health at both universities has a role in research and develop a health care model. And Senior Citizens Council of Thailand to promote the operation of elderly club. However, each agency still lacks concrete integration for the effectiveness of elderly health care. And currently, the international cooperation between the Department of Health and JICA focuses on caring for dependent elderly, that make the elderly who are still in good health not receiving equal quality of life care. Therefore, this collaboration will result in clear cooperation and enabling the elderly to receive sustainable health and social care.

Q4. How can WHO add value? What is the role of WHO (either WHO Thailand or SEARO or Headquarter) in supporting this priority area? Max 300 words

From WHO role review found that active ageing is one of the WHO's priorities. The issue is in line with the WHO agenda, on promoting development so that the elderly can take care of themselves, health security issues for elderly to have various welfares in accordance with the way of life, and enabling strong partnerships under the operation of the elderly health club. WHO can add value to elderly health area by integrating the WHO's

active ageing framework, which consists of three issues: Participation, health and security, through cooperation between government agencies, private sectors and public sector. WHO and stakeholders able to collaborate to manage determinants of active ageing in various areas with the goal of keeping the elderly healthy and good quality of life.

Q5. Please specify what focus areas need to be addressed under this priority area, proposed plans/activities and the budget needed in Thai Baht for 5 years during 2022-2026.

(maximum 5 areas, each area should be linked to the problem statement) Max 500 words

- Focus areas

- a) **Elderly Collaboration Center:** consists of the development of cooperation among network partners concerning the quality of life of the elderly, creating a coordination system between stakeholders, determining concrete cooperation policies both in the form of social networks and health network, as well as establishing a seamless care system policy for the elderly to continuously enter the health care system
- b) **Preparation for Active Ageing and preventing entry into a dependence state:** consists of studying the situation of pre-aged people, development of preparation for entering the elderly, development of a support system for the health of the elderly, applying a health promotion model in accordance with the way of life in both urban and rural communities and monitoring and evaluating of the active aging of the people entering the elderly.
- c) **Age-friendly environment:** consists of searching for age-friendly communities' model, developing standards and cooperation to drive age-friendly communities, and monitoring and evaluating the life of the elderly in that communities.

- Brief proposed plans/activities for 5 years during 2022-2026.

Year 1: study the situation, literature review and develop information systems

Year 2: Develop an action model, manage information systems and policy announcement

Year 3: Implementation the policy and apply an action model in the master area

Year 4: Expanding the use of action model in other areas

Year 5: Apply action model to the area and follow-up evaluation

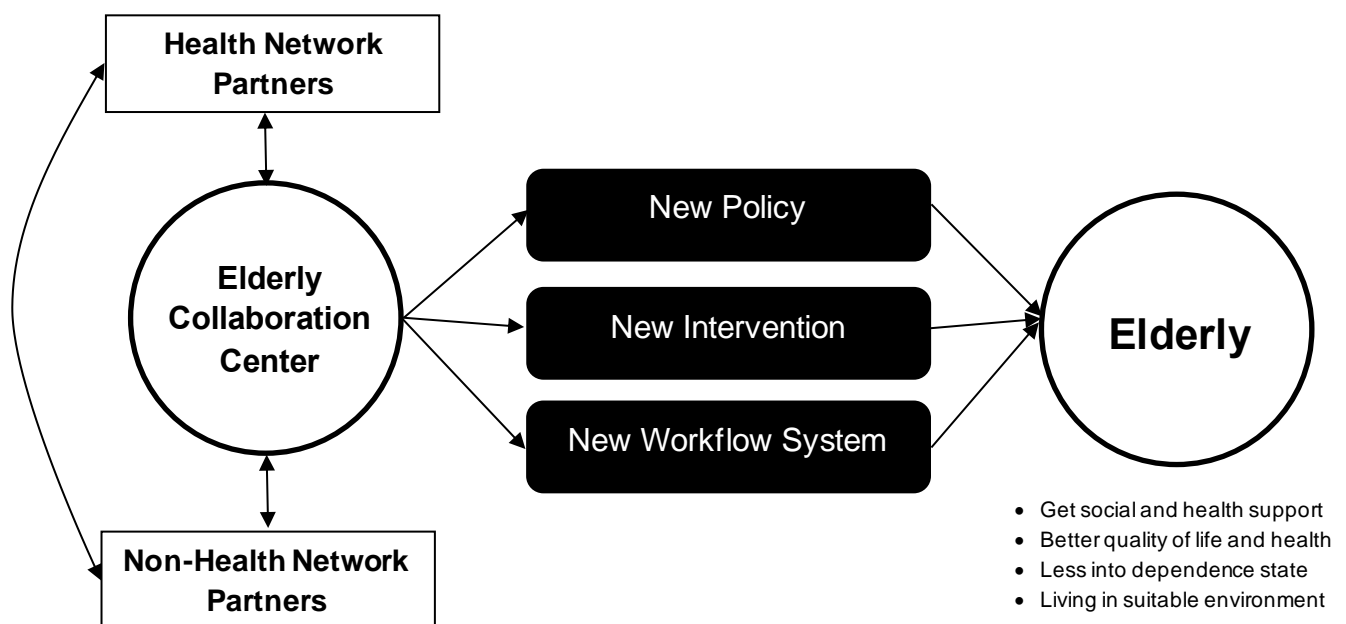
- Proposed budget for 5 years during 2022-2026.

	2022	2023	2024	2025	2026	Total
1) Elderly Collaboration Center						
development of cooperation among network partners	2.0 M฿	2.0 M฿	1.0 M฿	1.0 M฿	1.0 M฿	7.0 M฿
integration of network partners by coordination system	2.0 M฿	2.0 M฿	1.0 M฿	1.0 M฿	1.0 M฿	7.0 M฿
Determine cooperation policies	1.0 M฿	1.0 M฿				2.0 M฿
development of a seamless care system		1.0 M฿	3.0 M฿	3.0 M฿	3.0 M฿	10.0 M฿
developing innovations to care for well-being				1.0 M฿	2.0 M฿	3.0 M฿
monitoring and evaluating					0.5 M฿	0.5 M฿
2) Preparation for Active Ageing and preventing entry into a dependence state						
situation analysis	1.0 M฿					1.0 M฿
develop model of preparation for entering the elderly		2.0 M฿	1.0 M฿			3.0 M฿
develop model of preparation for preventing entry into a dependency state		3.0 M฿	1.0 M฿			4.0 M฿
develop support system		1.5 M฿	2.0 M฿			3.5 M฿
applying preparation and prevention model			4.0 M฿	8.0 M฿	8.0 M฿	20.0 M฿
monitoring and evaluating					0.5 M฿	0.5 M฿
3) Age-friendly environment						
literature review	2.0 M฿					2.0 M฿
searching for age-friendly communities' model	1.0 M฿					1.0 M฿
developing standards		1.0 M฿				1.0 M฿
developing cooperation and policy announcement		2.0 M฿	1.0 M฿			3.0 M฿
applying age-friendly communities' model			6.0 M฿	8.0 M฿	8.0 M฿	11.0 M฿
monitoring and evaluating					0.5 M฿	0.5 M฿
Grand total	9.0 M฿	15.5 M฿	20.0 M฿	22.0 M฿	24.5 M฿	91 M฿

Q6. What are the changes we want to see over the 5 years – what will be different in 5 years as a result of this program under CCS 2022-2026. Max 500 words

The goal of the operation in 5-year period is expected that the number of elderly people that increase by 1 million per year will be more active ageing from the operation of preparation before aging and living in an environment that is friendly to the elderly. It also found that the number of elderly people entering the state of dependence was at a lower rate and elderly people who are dependent and receive effective care under the country's LTC system. Thailand will have a database and the referral system for the elderly health care seamlessly for the elderly to be taken care of since they are healthy, acute illness, chronic illness and entering the final stage of life. And finally, having model of age-friendly community will expand the performance to various areas all over Thailand. This will enable the elderly to live in a suitable environment and promote sustainable quality of life.

The indicators for the success of the 5-year plan consisted of; 1) the presence of an elderly collaboration center and has continued operations; 2) having a national policy to care for the elderly in all dimensions of life and seamless care policy; 3) create a new and more efficient working process between network partners; 4) having laws that protect the quality of life of the elderly; 5) having a pre-ageing preparation program and can enable people to become an active ageing; 6) decrease number of elderly people entering to the dependence state; 7) having a suitable environment for the elderly in metropolitan, urban and rural areas; 8) Thailand has various-level personnel with potential and competence in caring for the elderly; 9) elderly receive security for society, finance, life and health; and 10) increase population aging quality index of Thai elderly every year.



5-year results