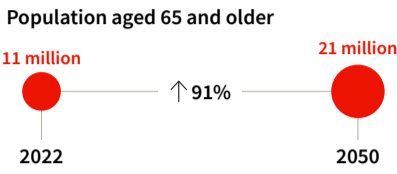


Thailand is more prepared than many other nations for the coming demographic shift, in part thanks to regular national surveys and annual reports on the status of older persons and a robust framework of coordinated community volunteers. However, it is still hampered by many of the same problems plaguing other low- and middle-income countries (LMICs), such as difficulties implementing policies. Yet, a strong sense of community and support in rural areas represent forces enabling equity in Thailand.

## Demographic

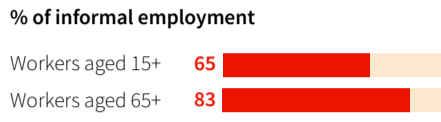
The share of the population aged 65 and older will more than double from 15% to 32% in 2022-50.



Sources: UN, International Labour Organization, World Inequality Database, Economist Impact.

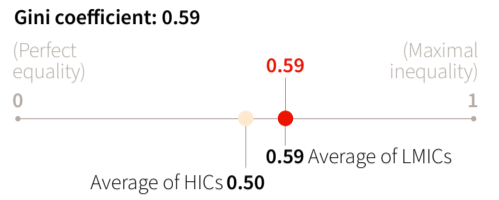
## Informal employment

The majority of workers are employed informally, who do not have secure employment contracts or workers' benefits.



## Income inequality

The income inequality is equal to the average level of LMICs and higher than that of high-income countries (HICs).



## Ecosystem for equitable healthy aging:

		Very unfavorable				Moderately unfavorable				Moderately favorable				Very favorable			
	Forces enabling equity	Strength				Strength				Forces resisting equity							
		1	2	3	4	4	3	2	1	1	2	3	4				
Public institutions	<p><b>Social protection:</b> Thailand is seeking to achieve universal pension coverage through the non-contributory old-age allowance that was implemented in 2009. In addition, over the years the country has attempted to increase participation in the formal workforce to expand pension coverage.<sup>1,2</sup> Just over 89% of older adults are reached by pension schemes, with 42% of the Thai population contributing to pensions.<sup>3</sup> This is a massive improvement from an effective pension coverage rate of 5% in 2000.</p> <p>However, most older adults don't have savings, in part due to the high rate of employment in the informal sector, which translates into a lack of accumulated wealth in old age due to lower wages and higher precarity.<sup>4,5</sup> Thailand's universal social pension alone is not enough to alleviate this poverty.<sup>6</sup></p>				4					<p><b>Healthcare quality:</b> Despite the universal healthcare system, it is still difficult to access subsidized care for chronic conditions, and gaps in the health insurance program especially affect poor, rurally residing older adults.<sup>12,13</sup> There is also a shortage in the country of the geriatric specialists needed to care for the large older population.<sup>14</sup></p>							
	<p><b>Healthcare access:</b> The country has a fairly comprehensive universal health insurance program in place since 2002, which generally allows older adults to access a minimum standard of care.<sup>7,8</sup> Local Administrative Organizations, which are part of the government, help provide health services to older persons—including transport.<sup>9</sup> The country has over one million Village Health Volunteers, which provide health-related support to older persons in their communities.<sup>10</sup> They are managed and provided with stipends by the government but chosen by the communities.</p>				4					<p><b>Educational access and quality:</b> Although there is gender parity in educational rates, significant educational gaps remain among groups by location (urban vs. rural) and wealth.<sup>15</sup> Moreover, while most older adults in Thailand have obtained a primary education, older adults without formal education are much more likely to be women.<sup>16</sup></p>							
	<p><b>Lifelong learning opportunities:</b> The government is working on improving the quality of education and is focused on lifelong learning along with reskilling and upskilling; there's an awareness that if people have a good education, they have a better chance at healthy aging.<sup>11</sup></p>				4					<p><b>Equitable healthy aging</b></p>							
Legislative and policy landscape for aging	<p><b>Aging policy:</b> The government has several official programs in place targeting and acknowledging older persons, showing a consistent commitment to this demographic. There is a National Elderly Council, established in 1982, to specifically focus on policy issues pertaining to older adults, a committee of senior citizens, and multiple pieces of legislation underscoring the welfare and rights of older persons as a government priority—including, but not limited to, a series of National Elderly Plans, the Declaration of Thai Senior Citizens, explicit constitutional protections for older adults, and the 2003 Elderly Act.<sup>17</sup></p>				4					<p><b>Policy implementation:</b> The various government ministries—such as the Ministry of Public Health and the Ministry of Labour—are not integrated, which makes enacting and implementing proactive and comprehensive legislation more cumbersome.<sup>19</sup></p>							
	<p><b>Age-friendly data:</b> Thailand makes a strong commitment to data collection through various surveys. Despite the availability of data on older adults, there remains no centralized system to aggregate these data sets and databases. Typically, different agencies collect data separately and manually, which means that comprehensive and unified information on the experiences and needs of the older population are not effectively compiled.<sup>18</sup></p>				4					<p><b>Age discrimination laws:</b> Thailand has not enacted specific legislation to prohibit age discrimination.<sup>20</sup></p>							
Age-friendly society	<p><b>Civil society:</b> Thailand has a robust civil society that assists older persons with their needs. Some of these efforts are facilitated by the government, such as the Village Health Volunteers program. Senior citizens' groups run day centers for older adults to use.<sup>21</sup></p>				4					<p><b>Networks of care:</b> Traditional informal networks of care are degrading as older people typically have fewer children, leading to an increase in the ratio of older adults to working-age people.<sup>22,23</sup></p>							

**Methodology:** As part of the ARC 4.0 initiative, Economist Impact employed a technique to evaluate the ecosystem for achieving equitable healthy aging in 10 countries based on Kurt Lewin's force field analysis. This approach compares forces that either promote or resist change, allowing for analysis of factors that may not be readily comparable within and across all countries. Building on our desk research and supplemented by expert interviews, we outline the forces that enable and hamper aging equity. We then conduct a qualitative assessment to score their relative strength on a scale from 1 ("weak") to 4 ("strong"). All scores were independently assessed by two raters (with an inter-rater reliability—Cohen's kappa—of .72), who then reconciled differences.

Lack of inclusion of a force does not necessarily indicate its absence from a country. It typically means that we decided to focus elsewhere or that there was not adequate research available on the particular subject. Moreover, because of the nature of evaluation—complex matters are collapsed into simple scores—we note that not all readers will agree with all scores. Further, these scores are not intended to facilitate explicit rating or ranking, but rather to foster qualitative examination of complex dynamics through simplified heuristics. It is our hope that these overviews will encourage reflection and action.

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