

Income Security to Ensure the Desired Quality of Life at Old Age

The 15th National Health Assembly (NHA), having considered the report on Income Security to Ensure the Desired Quality of Life at Old Age,^o

Concerning the COVID-19 pandemic that has severely affected the national economy, with the national GDP falling by 6.1 percent in 2020. Meanwhile, the poor population rose from 4.3 million to 4.8 million. The unemployed population increased nearly twofold from 373,000 to 651,000. The poverty rate among elderly population is 11 percent, the highest rate across age groups.

Realizing that Thailand has become a complete aged society since 2022 and the number of the elderly will continue to increase by 1 million annually for the next 20 years. Meanwhile, the majority of the working age population are in the informal employment sector, with no access to the existing social protection schemes, and have arrived at old age without income security. In many cases, working-age family members needed to quit their jobs in order to take care of their elderly parents, resulting in lack of income. Improvement of income security system in the context of ageing society constitutes a challenge for Thai government amid its economic and social inequity, high volatility and receding global and national economy in 2023.

Acknowledging that Thailand's Total Factor Productivity is growing slowly. Considering Thailand has valuable social capitals with diverse local wisdoms of different cultural and geographical contexts, this is an opportunity to promote active aging among Thai senior citizens, helping them to stay in working life longer and socially engage with other generations and support one another. This can be achieved by extending the working age to include those in their 60s and 70s so that they are able to earn their own living while supporting their children and grandchildren with their full efforts, which is "Empowering Senior Citizens for Hopeful Society";

Acknowledging that Thailand's 13th National Economic and Social Development Plan (2023-2027) aims at developing quality and high-capacity people/human resources for the new world to contribute to national economic growth, ensuring social coverage & safety nets, and creating a society of opportunities and equity. This can be achieved by providing support to the underprivileged and the vulnerable so that they are able to upgrade their social and economic

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status, distributing economic opportunities, and arranging equal access to quality public services in all areas. Additionally, Phase III of the Thailand's National Action Plan on the Elderly (2023-2027) focuses on readiness preparation among the pre-elderly population, inclusive and fair enhancement of the quality of life of the elderly across all dimensions, as well as public administration reform and integration in transition to a quality aging society;

Admiring that Thailand has demonstrated exemplary outcomes of Universal Health Coverage (UHC), which has been continuously developed and implemented for the past 20 years, resulting in poverty reduction through reduced health care expenses, protection from catastrophic health expenditures, support for inclusive, effective and sustained quality health insurance scheme, and practical local health fund with participations of the local administration organizations;

Agreeing that Thailand must and is ready to provide Income Security to Ensure the Desired Quality of Life at Old Age in which the Thai populations at all ages, with all different occupations, and from all sectors need to take part and have ownership. Furthermore, it should have a public policy which all sectors could collectively contribute to and move forward to ensure its practical implementation and tangible results;

Thereby, adopted the policy statement as follows:

The Income Security to Ensure the Desired Quality of Life at Old Age is a system, in which the Thai population at all ages, with all different occupations, and from all sectors need to take part and have ownership. It consist of the five key components, which are interconnected and need to be concomitantly implemented, including (1) improved people's productivity, employment, and income from decent jobs for different age groups; (2) adequate universal pension for all elderly people and necessary social services based on country economic circumstances, tax base expansion, and national budget reforms; (3) long-term savings and financial management for retirement, which involves at individual , family and greater levels. as a collective savings system that provide good coverage, adequate and sustainable benefits ; (4) access to health insurance scheme, especially a long-term carepalliative care, and a screening and prevention system, including prevention of elderly dependency ; and (5) integrated care management system by caregivers, family members, communities and local authorities.

The Income Security to Ensure the Desired Quality of Life at Old Age should be set as a national agenda, which includes identified responsible organizations and enable collective participations from all sectors, that should result in concrete actions to deliver outcomes. A national mechanism is required for consolidating multiple systems, implementing an integrated system, and linking local mechanisms to ensure participatory resource allocation and management. These are to achieve the goals of fairness, leaving no one behind, and ensuring a desired quality of life at old age for all.

The key contents of the policy statement are as follows:

1. To set the policy and system development of Income Security to Ensure the Desired Quality of Life at Old Age as an national agenda, including an integrated national mechanisms for multisectoral actions and linking local mechanisms for continuity of the implementations and concrete outcomes by aiming at promoting equity and reducing inequities.

2. For all sectors involved to join hands in designing and materializing the Income Security to Ensure the Desired Quality of Life at Old Age that appropriate within diverse economic, environmental, social and health contexts, at both the macro and micro levels, with the following 5 goals/components:

2.1 Improved people's productivity, employment, and incomes from decent jobs for different age groups. This can be carried out by supporting lifelong learning, linking education with employment and on-the-job training in organizations or business, promoting preparedness and understanding, and developing capacity building system for upskilling, reskilling, and multi-skilling that is accessible to all from an early age and is suitable for different age groups and responsive to labor markets. Promoting new entrepreneurs and their access to funding sources or occupational fund, promoting positive attitudes toward elderly employment, and developing policy and system for elderly employment in both public and private sectors or retirement age extension should also be established so that the elderly can stay active, feel valued, be able to contribute to communities and the society development, and pass on their wisdoms to younger generations.

2.2 Adequate universal pension for all elderly people and necessary social services based on country economic circumstances, tax base expansion, and national budget reforms. This should be taken into consideration as benefits of public pension schemes and funds must be designed based on fiscal policies and tax system as well as appropriate financing sources. A proposed model is the "National Multi-tier Pension System", which links together the all different schemes and comprises three pillars. The 1st tier is the monthly basic pension that is adequate for basic needs for all the elderly population and based on poverty line, and national economic and financial situations. The 2nd tier is the mandatory contributory system for working population, consisting of contributions of individuals and government. And the 3rd tier is the voluntary personal savings. In addition, other social services should be continuously improved to lessen hardships of people with low-income, informal workers, and other vulnerable groups amid the rising cost of living. These would include for example food expense, accommodation cost, fuel costs, and other basic facilities. Meanwhile, compensation for those who lose their incomes to take care of their dependent elderly family members should also be provided as appropriate.

2.3 Long-term savings and financial management for retirement, which involves at individual, family and greater levels, as a collective savings system that provide good coverage, adequate and sustainable benefits. The aim is a "aging population with good

healthy, debt-free, having savings, and being self-sufficient”. This can be done through supporting a learning system in financial management and literacy, investment, and savings in all age groups, especially at early ages, and supporting voluntary savings with high incentives. This should be carried out along with the development of a mandatory saving system that encourages money literacy and freedom of choices among workers, and combining personal savings with collective savings, including savings through state funding systems (such as the Social Security Fund, the National Savings Fund), private funding systems in which tax incentives will be available to employers who provide a saving system for their employees, and community funds, or savings from daily expenses on goods and services as income insurance after retirement.

2.4 Access to health insurance scheme, especially long-term care, palliative care, and a screening and prevention system, including prevention of elderly dependency. This is to reduce personal and family health expenditures. This can be achieved by improving quality of primary healthcare system in communities which are easily accessible and by providing screening and prevention services, including prevention of elderly dependency, physical and mental illness, as well as work-related risks and illness. Furthermore, benefits of the three health care schemes should be enhanced and having the same standard and governance. The long-term care system for elderly dependent people should be developed including not only health and social services, but also awareness campaigns on the right to end-of-life palliative care. Elderly caregiver professional certification and elderly care skills training and selfcare training for family members who need to take care of elderly dependent parents, as well as empowerment for the elderly to stay active should also be introduced.

2.5 Integrated care and management system by caregivers, family members, communities, and local authorities. This includes providing supporting system for families with older patients with chronic diseases or dependent elderly persons, such as rights for family caregiver to leave from work to take care of their parents who have chronic diseases and in a dependent state and extra tax deduction. This should be coupled with decentralization to enable the setting up of community support systems in resource management and allocation for elderly care and welfare through local financial institutions and mechanisms such as community welfare funds with joint contributions from the state, local authorities, and communities. Other types of saving funds include time bank, good deeds bank, and waste banks to allocate necessary social services in accordance with local contexts. Elderly community support may include supporting entrepreneurship among older people and providing public welfare spaces in communities as for collective use.

Hereby, the National Health Assembly

1. adopted the policy statement and the core contents of the Income Security to Ensure the Desired Quality of Life at Old Age, as proposed and
2. requested relevant organizations and network partners of the NHA to collaborate, as follows:
 - 2.1 the National Health Commission Office, to coordinate with relevant organizations and to propose to all political parties that income security to ensure a desired quality of life of the elderly be included in their policies and make public announcements to that effect;.
 - 2.2 the National Health Commission, to propose to the cabinet the setting up of the policy and system development of Income security to ensure for a desired quality of life at old age as an urgent national agenda, including putting in place integrated national implementation mechanisms with participations from all sectors, that link to and are consistent with the 3rd National Action Plan on the Elderly or other relevant policies in order to collectively and continuously move the agenda forward to achieve concrete outcomes;
 - 2.3 the NHA organizing committee, to include the implementation this resolution on the Income Security to Ensure the Desired Quality of Life at Old Age as an agenda of the 16th National Health Assembly in 2023; and
 - 2.4 the NHA network partners, to join hands in driving the resolution on the Income Security to Ensure the Desired Quality of Life at Old Age to action in accordance with their roles on a consistent basis.