

**Comment and discussion:
Live Long and Prosper: Aging in
East Asia and Pacific**

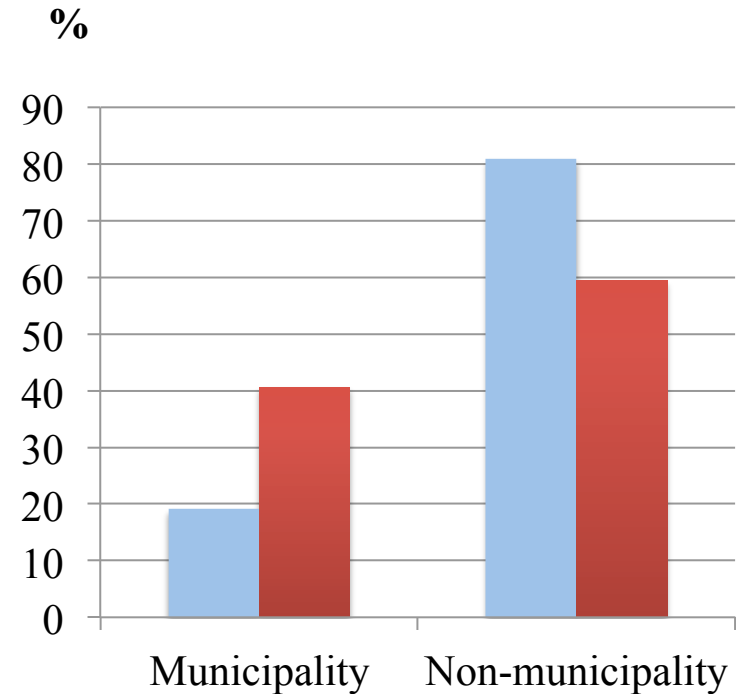
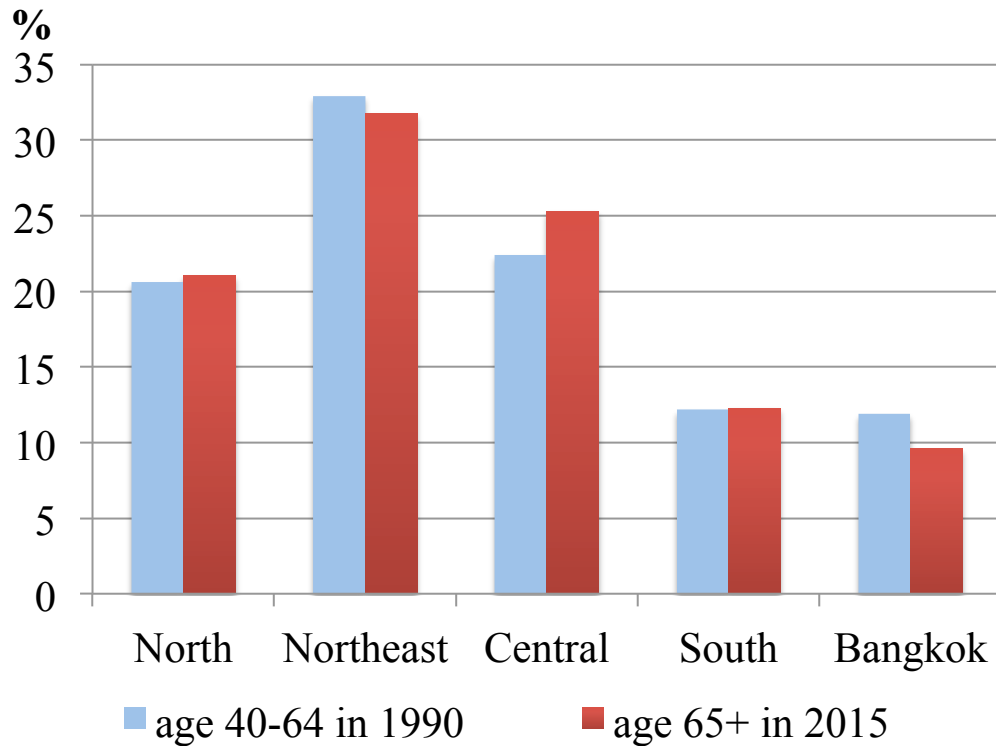
Worawan Chandoevvit

15 January 2016

- **Elderly: distribution and poverty**
- **Pension**
- **Health**

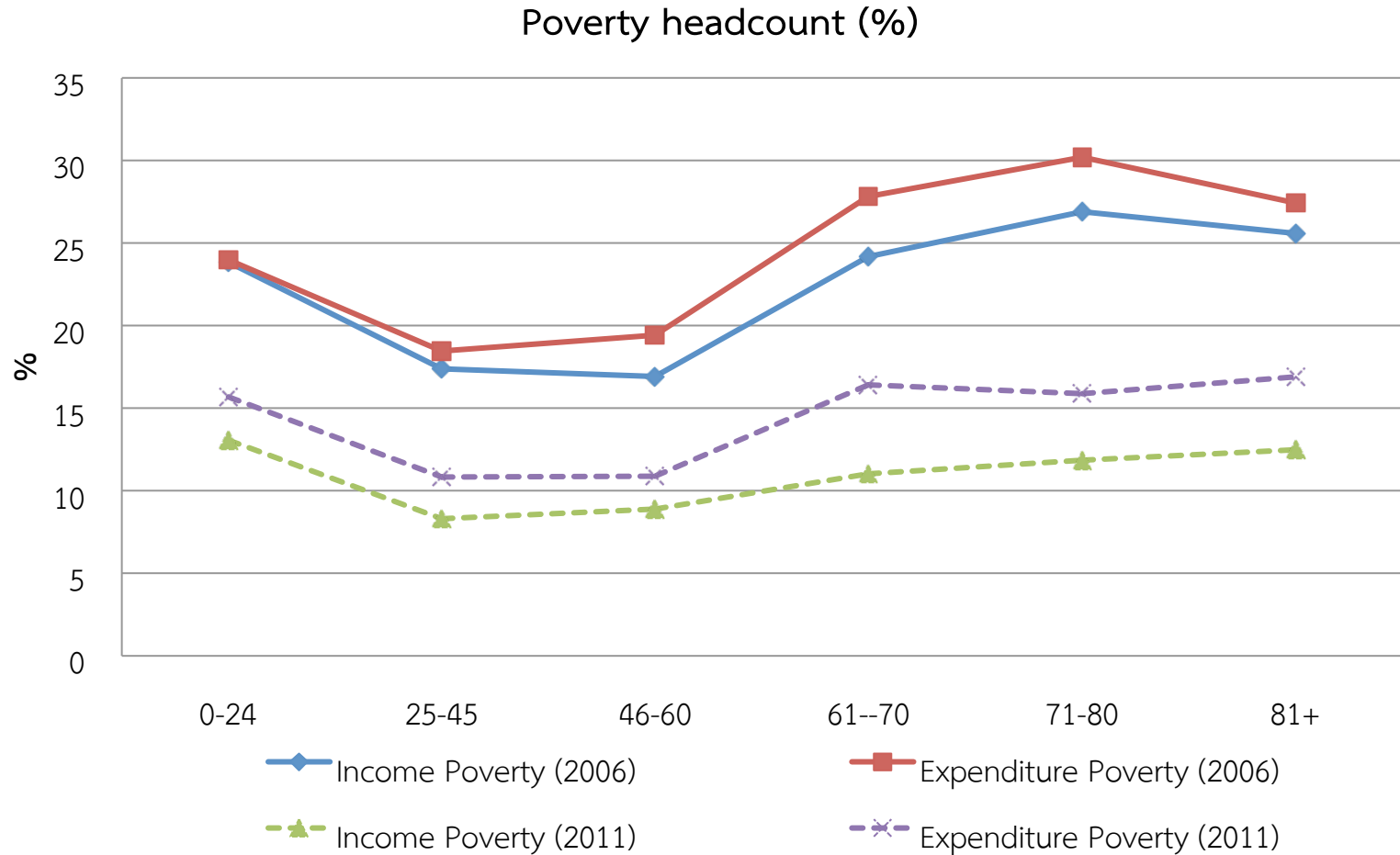
TDRI Distribution of population by region

Distribution of population in 1990 and 2015



Source: NSO, LFS quarter 3

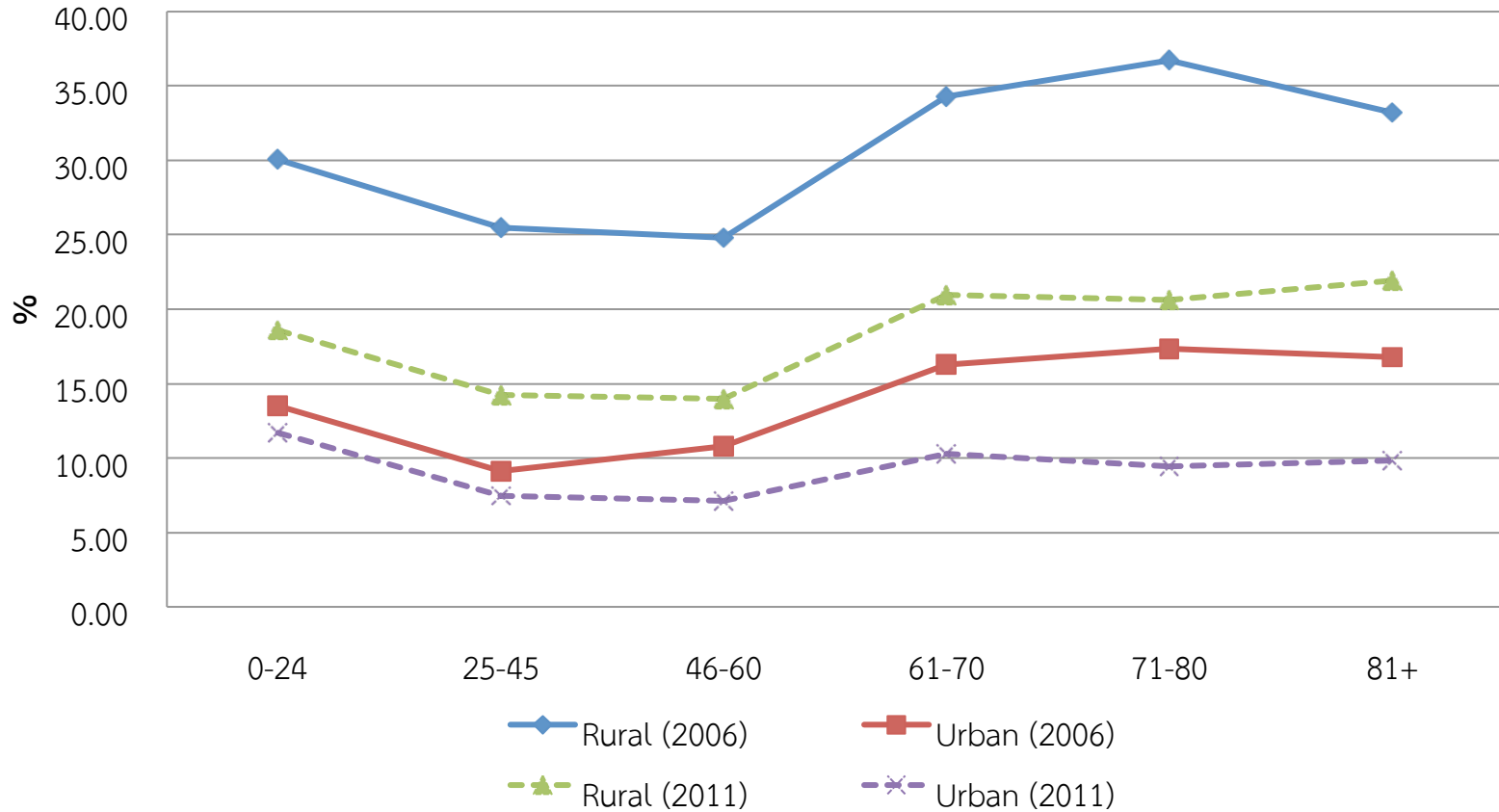
TDR | Thailand's poverty by age group is not flat.



Source: NSO, SES

Note: Using TDR's food and non-food poverty line

Expenditure Poverty (%)

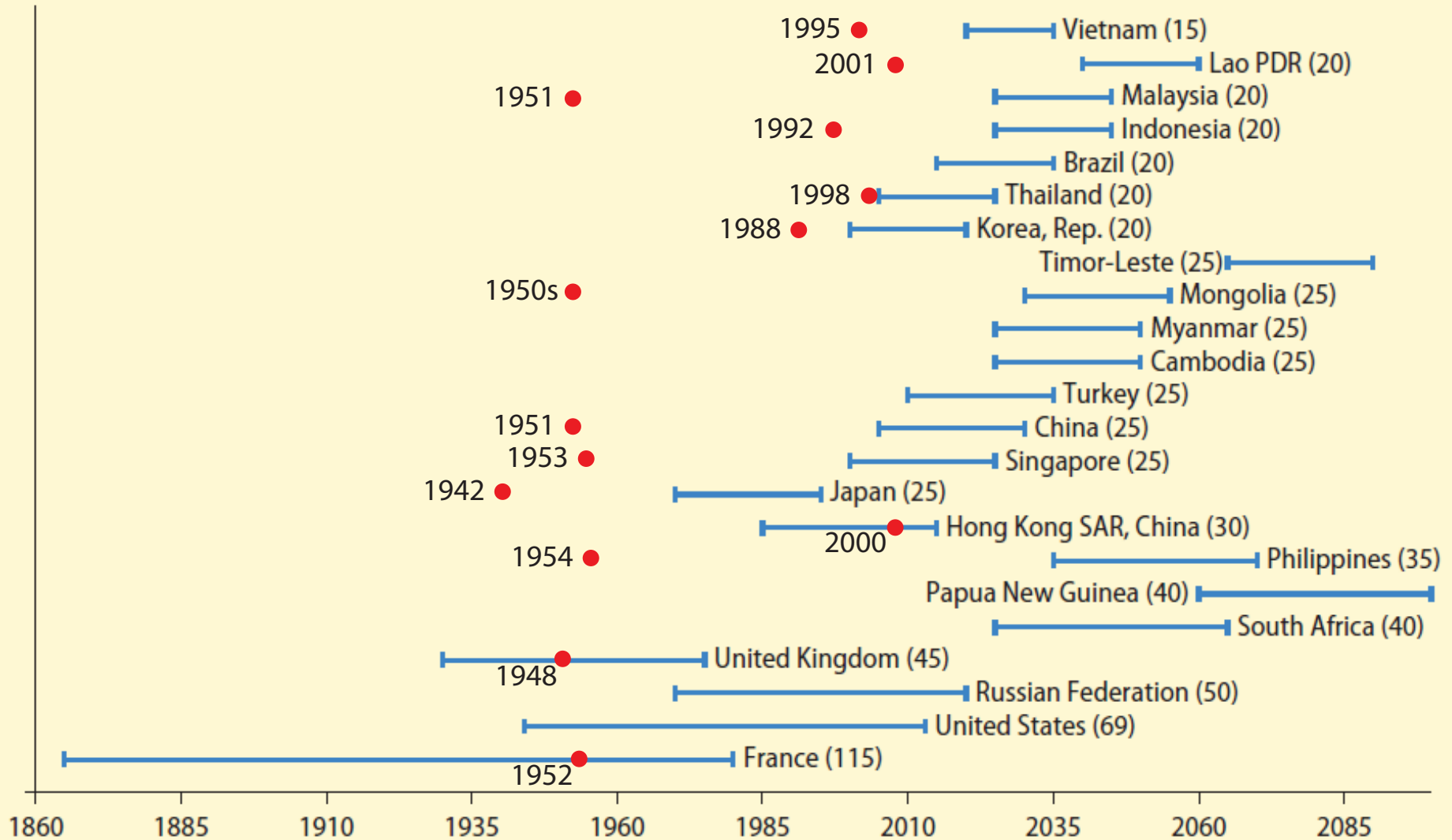


Source: NSO, SES

Note: Using TDRI's food and non-food poverty line

- Thailand started contributory DB pension in 1998. Eligible contribution period is 15 years which is about the time to reach aged society.

TDRI Mandatory pension started 1998



TDRI Recent pension system development

- **Thailand promoted coordination between social pension and contributory pension design (same direction as recommended in the report).**
- **Expected fiscal burden of social pension (elderly cash transfer) will be high.**
- **NSF (2011) promotes saving for retirement on voluntary basis. However, registration into the system is still low.**

Now that we have

Workers in the informal sector and people not in LF.

Workers in the formal sector

SS-DB

CS-DB

GPF-DC

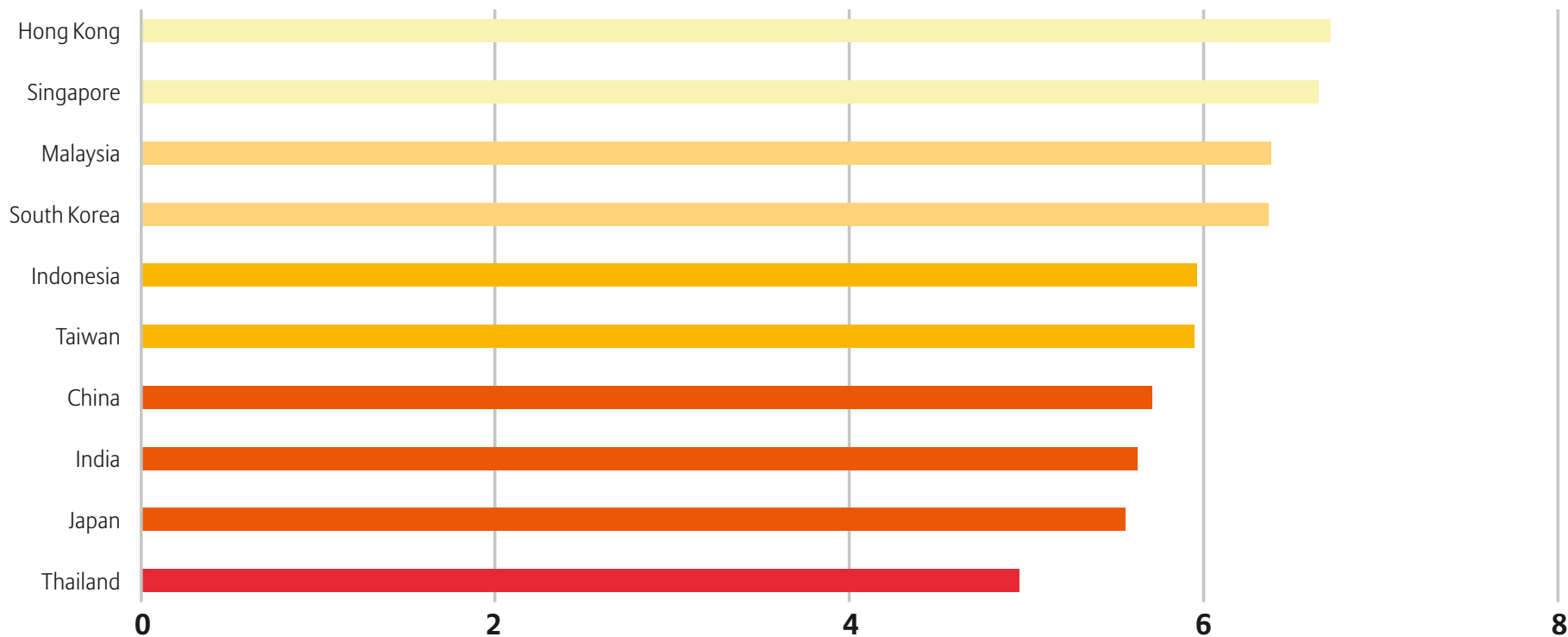
Voluntary provident funds DC

Social pension

NSF-DC

- **Portability**
- **Adequacy**
- **Sustainability**

Pension Sustainability



* Scale from 1 – 10: 10 minor need for reforms, 1 high need for reforms

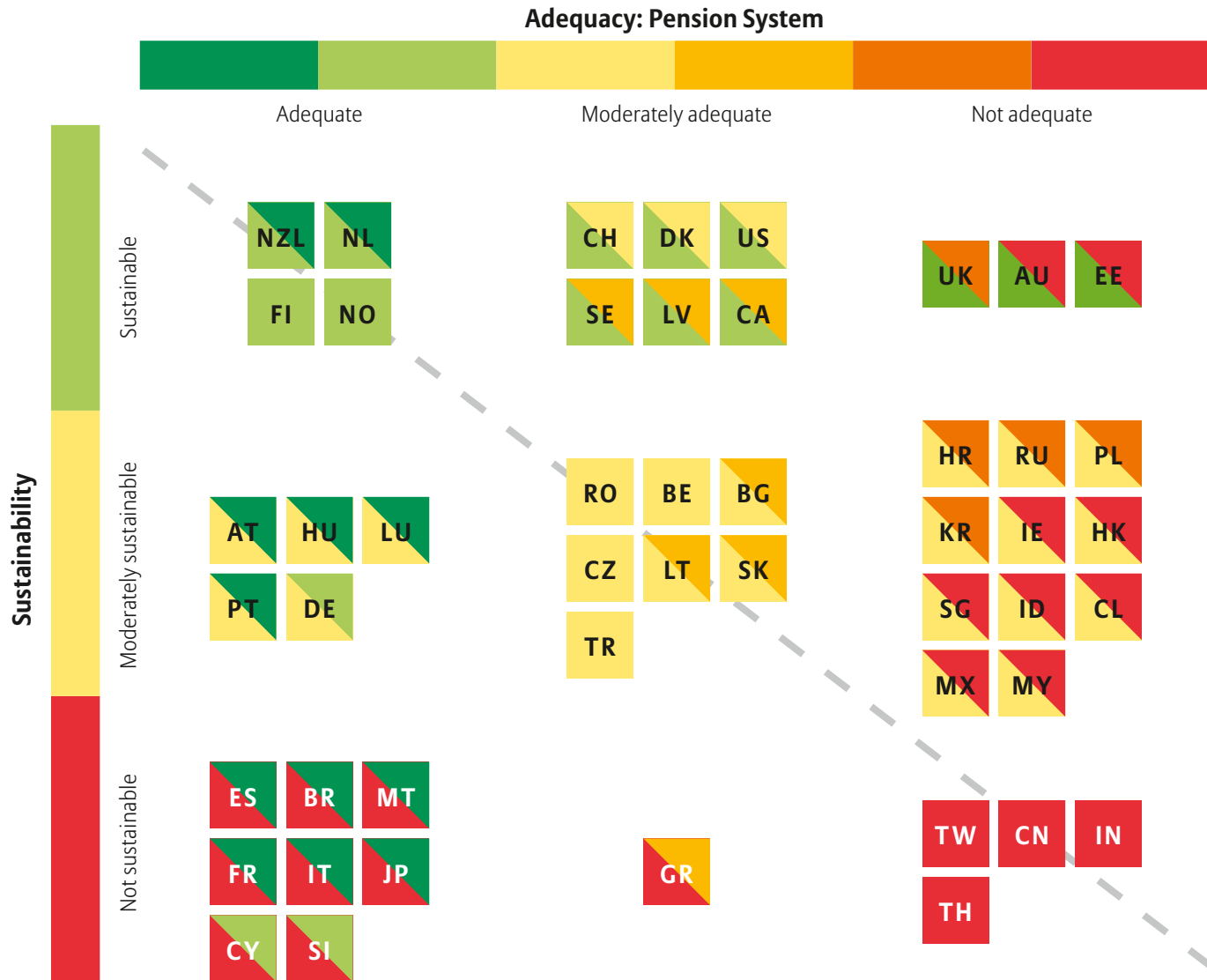
Source: Allianz Asset Management, International Pensions

	Overall ranking	Pillar I	Pillar II / III	Non pension wealth	Spending needs	Transition from work
Japan	5	10	14	25	6	6
South Korea	32	36	27	35	41	2
Taiwan	39	41	25	1	45	28
Singapore	41	45	10	14	48	31
Thailand	43	38	31	38	15	46
China	44	39	43	15	38	15
Hong Kong	45	42	15	47	46	29
Malaysia	47	49	11	42	39	40
India	48	43	34	40	49	27
Indonesia	49	46	47	44	47	30

Note: the numbers refer to overall ranks of (sub-)indicators

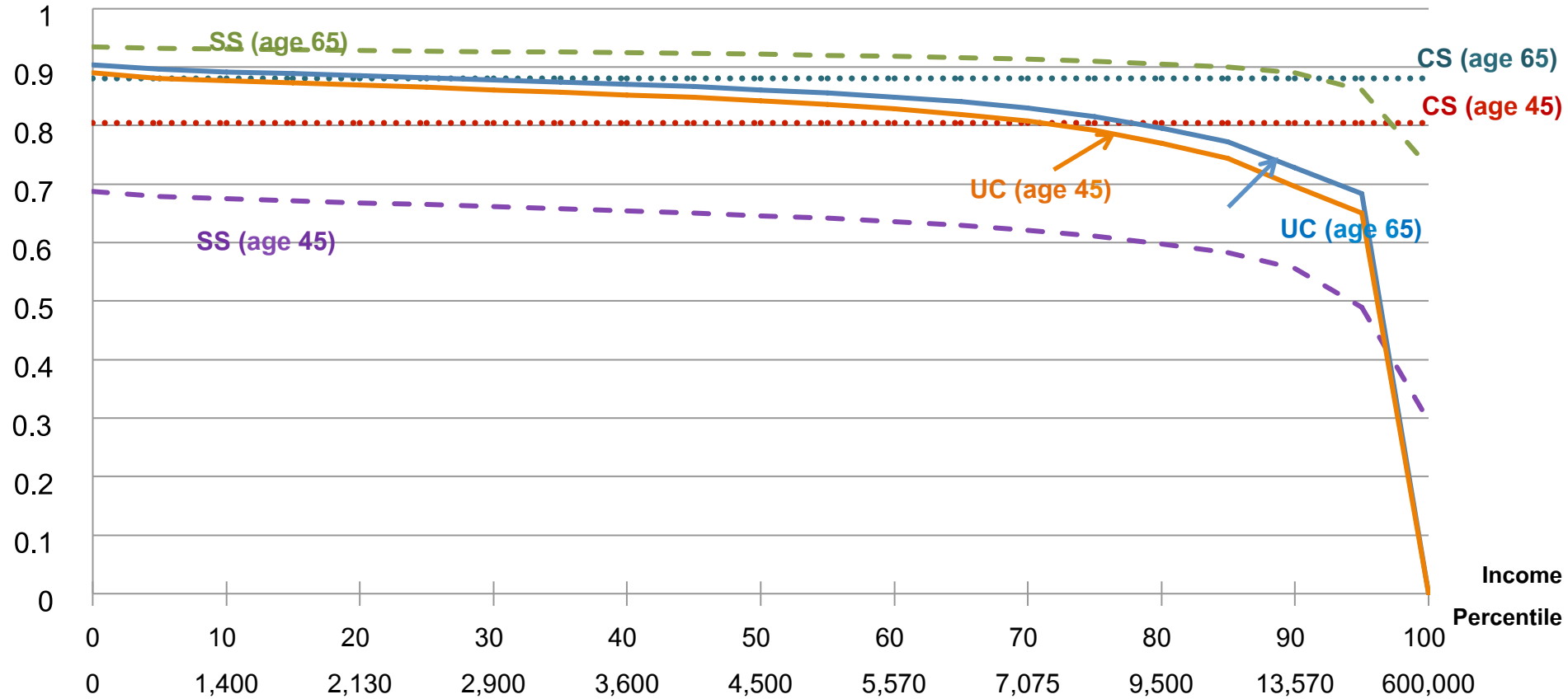
Source: Allianz International Pensions 2015

TDR | First pillar: adequacy vs. sustainability



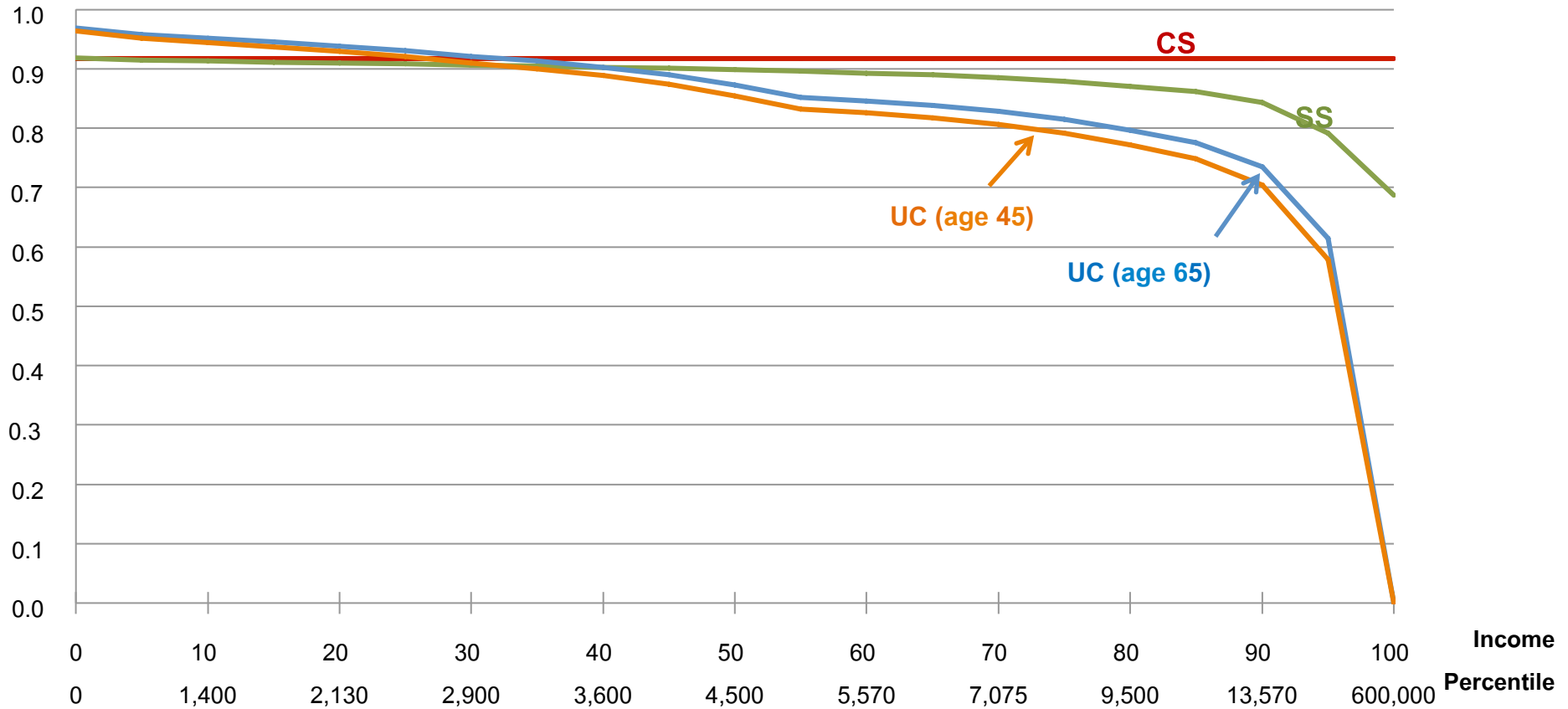
- **Public health utilization by income decile and by age shows that it mildly increases with age.**
- **UC patients have to pay out-of-pocket for some treatment. Not everything is free.**

OP utilization in 2013



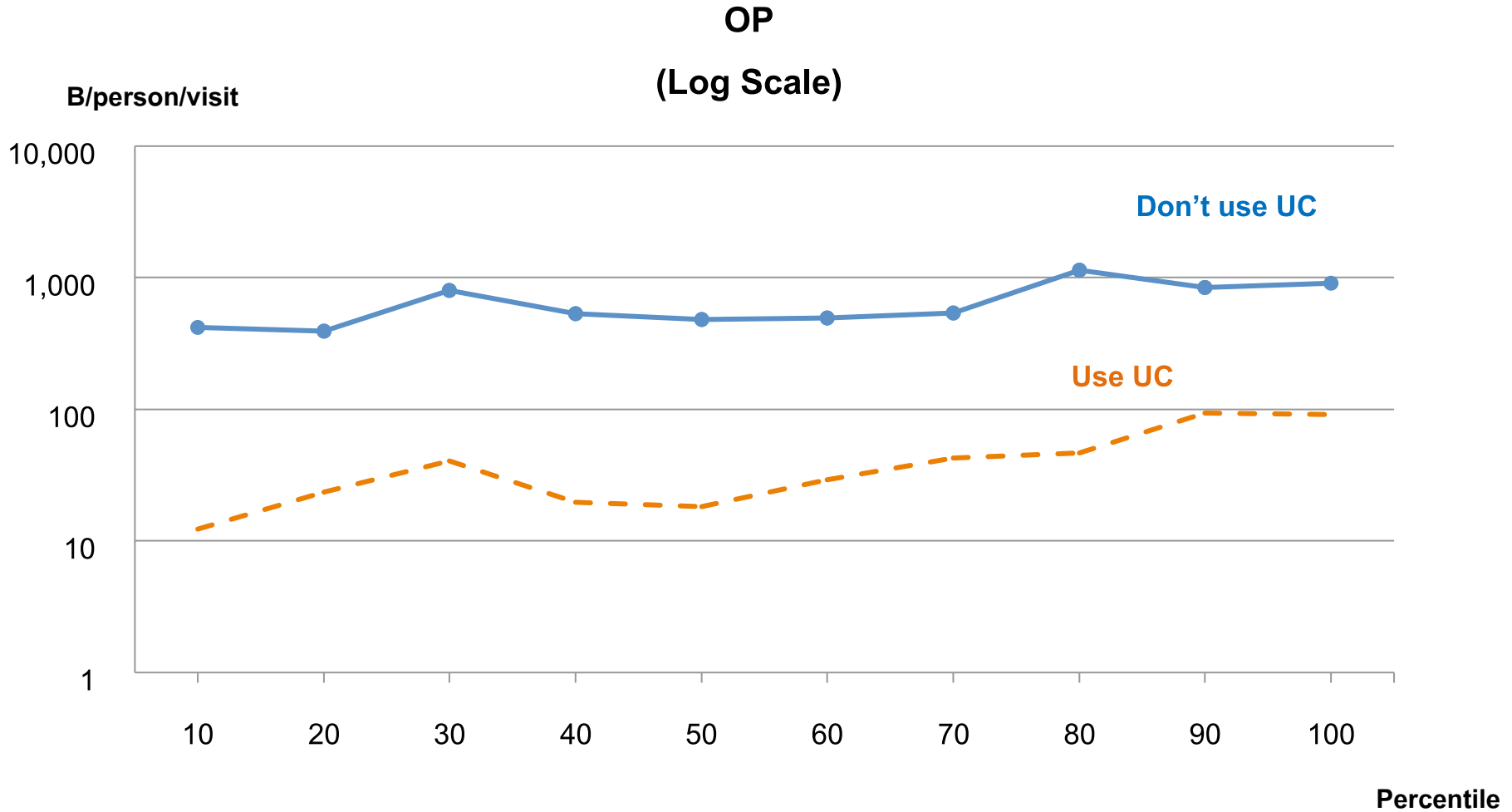
Source: Ammar Siamwalla using HWS 2013

IP utilization 2013



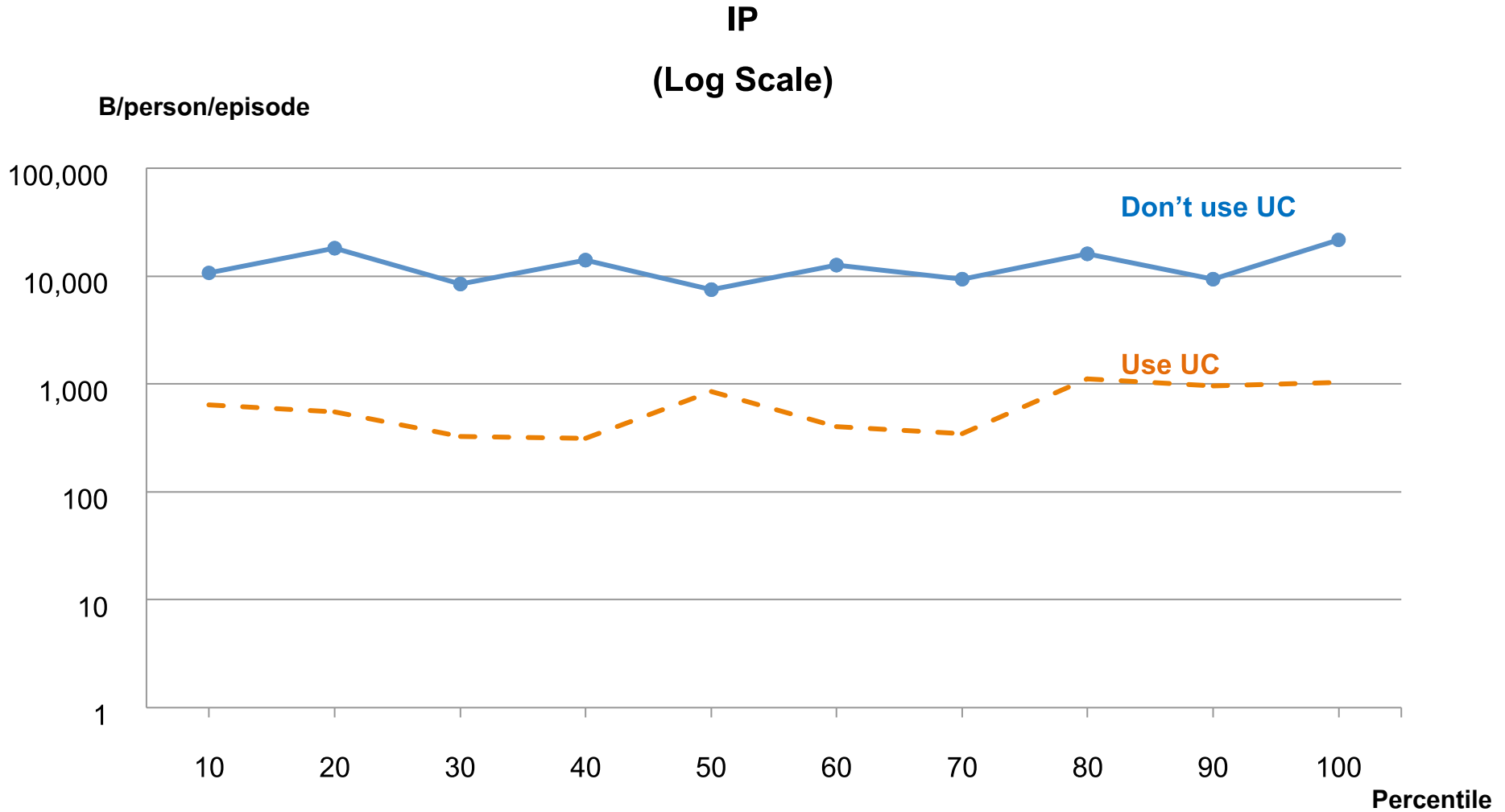
Source: Ammar Siamwalla using HWS 2013

OOP for UC eligible 2013



Source: Ammar Siamwalla using HWS 2013

OOP for UC eligible 2013

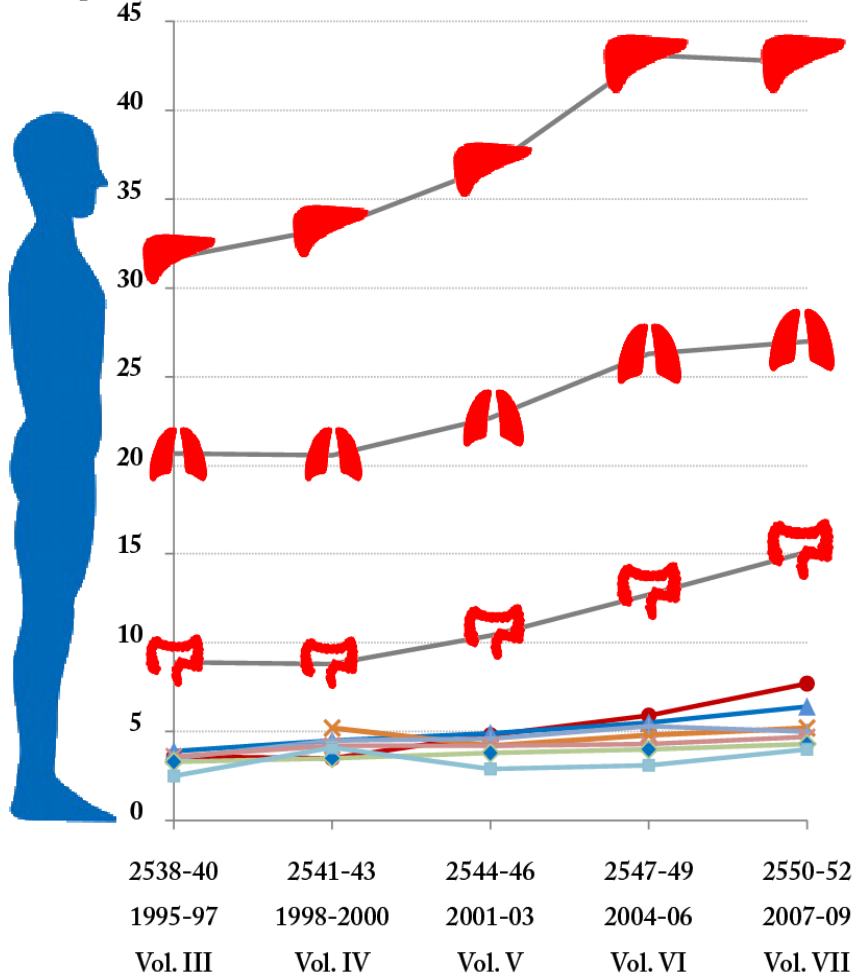


Source: Ammar Siamwalla using HWS 2013

TDRI HCE in 365 days before date of death 2007-2011

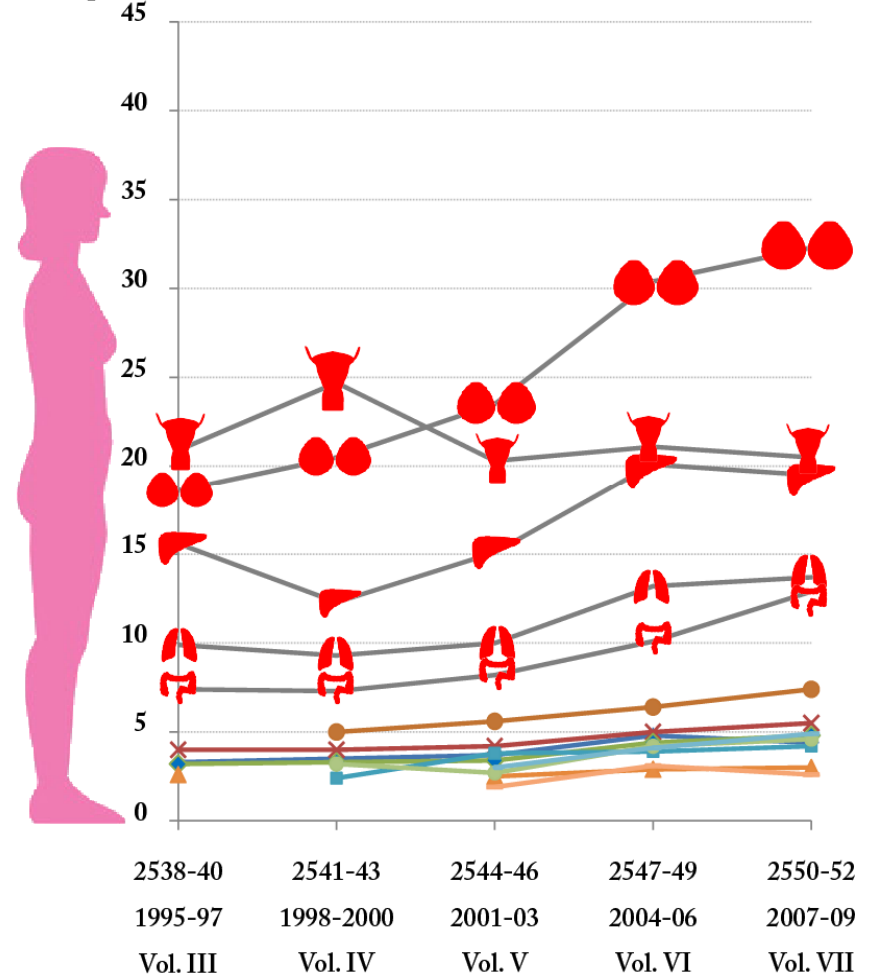
	UC	CS
Die in hospital	64,491	147,445
Die outside hospital	44,590	68,637
Type of Disease		
Diabetes Mellitus	38,774	60,384
Hypertension	25,233	28,527
Heart disease	47,133	107,896
CVD	43,239	80,752
Cancer	61,243	125,998

Crude annual incidence rate, per 100 000



Sources: CANCER IN THAILAND

Crude annual incidence rate, per 100 000



Sources: CANCER IN THAILAND

- **Need more investigation, what is the major cause of HE increase in the future? Is it ageing population or inefficient use of resources or others?**
- **Palliative care should be an option for patients at the end of life.**
- **LTC will be in high demand. Preparation for workforce and LTC system are rather slow.**
- **Need more active health literacy promotion policy to prevent people from NCD which become costly to the health system.**