



# PMAC 2026

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## Navigating Global Demographic Transition through Innovative Policy: An Equity-Centered Approach



**CENTARA GRAND & BANGKOK  
CONVENTION CENTER AT CENTRALWORLD**



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# 2026



PMAC 2026 | Navigating Global Demographic Transition through Innovative Policy: An Equity-Centered Approach



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*THE COMPANION BOOK  
FOR FIELD TRIPS*

# PMAC 2026 | Navigating Global Demographic Transition through Innovative Policy: An Equity-Centered Approach

The companion book for field trips in PMAC 2026

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# Table of Contents

## Preface

Navigating Global Demographic Transitions through Innovative Policy: An Equity-Centered Approach	1
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## Three Study Sites

1. Adapting Urban Elderly Care: Lessons from the Ratchaphiphat Model	3
2. Community-Based Long-Term Care in Thailand: Multi-Sectoral Cooperation for Healthy and Dignified Ageing in Ladsawai Municipality, Pathum Thani Province	23
3. Geopolitical Shifts in International Development Assistance and Impacts on Migrant Health	39

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## Preface

### **“Navigating Global Demographic Transitions through Innovative Policy: An Equity-Centered Approach.”** **The National Health Security Office**

The world is facing major demographic changes that are reshaping societies, economies, and health systems. We now live in a shifting demographic landscape, with rapid ageing in some countries and large, young populations in others. Alongside changing family structures, migration, and urbanization, these shifts are no longer future trends. They are present realities that require practical and equity-focused policy responses. Health systems, in particular, are under growing pressure to adapt, while continuing to protect dignity, inclusion, and access—especially for the most vulnerable.

PMAC 2026 is organized under the theme **“Navigating Global Demographic Transitions through Innovative Policy: An Equity-Centered Approach.”** The three PMAC 2026 field trips are designed as a real-world pre-briefing to this theme. They offer participants an opportunity to engage directly with Thailand’s experiences before joining the main Conference discussions. Through observation, dialogue with frontline actors, and practical examples, the field trips show how

demographic change is already shaping health systems, communities, and policy choices on the ground.

- **Field Trip Site 1**, *Adapting Urban Elderly Care: Lessons from the Ratchaphiphat Model*, takes place in Bangkok and highlights an integrated urban elderly-care approach that links hospital services, community outreach, logistics, and digital health to support older people living independently.
- **Field Trip Site 2**, *Community-Based Long-Term Care in Thailand*, brings participants to Ladsawai Municipality, Pathum Thani province, where local governments, health providers, caregivers, and volunteers work together to support healthy and dignified ageing.
- **Field Trip Site 3**, *Geopolitical Shifts in International Development Assistance and Impacts on Migrant Health*, combines video-based field insights and on-site discussion with frontline actors and policymakers to explore how declining international assistance is affecting migrant health along the Thai–Myanmar border, and how new policy responses and partnerships are emerging.

This companion book provides essential background, stories, and context for each field trip site, helping participants engage fully with the field experience and gain practical insights from PMAC 2026.

# 1

## Adapting Urban Elderly Care: Lessons from the Ratchaphiphat Model

# Adapting Urban Elderly Care: Lessons from the Ratchaphiphat Model

Wilaiporn Khamwong  
Siriwan Tumchuea

*“I feel reassured and deeply appreciative. The hospital is a reliable resource of care. Ratchaphiphat Model has enabled my mother to receive emergency services more promptly, conveniently, and with easier access to services,”* said Mrs. Acharaphon Chansaaeng.



*Delivery of healthcare services via motorlance and ambulance at the patient’s home.*

Mrs. Acharaphon Chansaaeng is the only daughter of Mrs. Boonma Chamnianphon, a 70-year-old patient at Ratchaphiphat Hospital who receives regular follow-up care for multiple chronic conditions, including hypertension, hyperlipidemia, gout, and end-stage renal disease. Last October, Mrs. Chamnianphon fell at home and sustained a hip fracture.

While Mrs. Acharaphon was at work, a neighbor informed her of the incident, after which she requested emergency assistance through the hospital’s LINE-based service.



*Mrs. Acharaphon Chansaaeng, a daughter of Mrs. Boonma Chamnianphon.*

An ambulance conducted an on-site assessment and transported Mrs. Chamnianphon to the hospital within an hour. She required hospitalization for over two months. After discharge, she also underwent dialysis two to three times per week, with her family using the hospital’s elderly transportation service. *“I’m impressed and trust this hospital for offering excellent services. They’ve also used technology to improve care. Once, my mother’s medication ran out before her appointment, around 7 or 8 PM. We contacted the hospital via LINE and easily picked up the medication without waiting,”* said Mrs. Acharaphon Chansaaeng.

## Ratchaphiphat Hospital at a Glance

Ratchaphiphat Hospital is one of 12 hospitals under the Medical Service Department of the Bangkok Metropolitan Administration (BMA), located approximately 23 kilometers west of central Bangkok. Its name means “*The king who brings great prosperity.*” The hospital was established through collaboration among government, public, and monastic sectors, on land donated by the Phromchin family in celebration of the 1996 Golden Jubilee. With strong design and financial support from multiple organizations, the hospital was completed and officially began providing healthcare services on 9 April 1999.



*Official hospital opening ceremony.*

Over 26 years, Ratchaphiphat Hospital has developed into a tertiary care center with 525 beds and 3,500 to 4,000 daily outpatient visits, serving 803,631 residents and around 500,000 transient populations. In 2025, it recorded the highest patient volume among Medical Service Department hospitals, with 190,592 outpatients (943,473 visits) and 7,705 inpatients (34,040 visits). As the system manager for Bangkok Health Zone 1, the hospital covers six western districts and provides comprehensive specialized services aligned with Bangkok’s “9 good 9 aspects” policy. Key advancements include digital health services, extended-hours clinics, a multidisciplinary specialty center, and a Medical Education and Research Center supporting workforce development.



*Buildings of Ratchaphiphat Hospital.*

Ratchaphiphat Hospital has strengthened proactive care through the Ratchaphiphat Model, which improves access and efficiency by decentralizing services from tertiary hospitals to community-based primary care. Through integrated network governance, the model reinforces primary care as the first point of contact, reducing unnecessary hospital visits while delivering hospital-level services with appropriate technology and logistics.

### **Ratchaphiphat Model: Reimagining and Transforming Urban Healthcare for Older Adults in Bangkok**

Bangkok is a densely populated metropolitan area with diverse health needs across its communities. Fragmented service delivery and unequal access to care remain persistent challenges. In 2025, the city is undergoing a rapid demographic transition, with 1,311,707 older adults accounting for 24.64% of its population—higher than the national average of 21.71%. As one of Asia’s fastest-ageing cities, its hospital-focused healthcare system struggles to address the complex needs of elderly residents with chronic conditions. *“Problems vary across Bangkok. The Ratchaphiphat Model was developed to address local issues and provide comprehensive services tailored to each area,”* said Mr. Phuritit Sangthongpanichkul, M.D., Director of Ratchaphiphat Hospital.



*Mr. Phuritat Sangthongpanichkul,  
M.D., Director of Ratchaphiphat Hospital.*

Despite the city’s concentration of leading medical institutions, access to health services at the grassroots level remains limited, reflecting insufficient coordination among key stakeholders, including medical schools, public and private hospitals, public health service centers, clinics, and pharmacies. While Bangkok boasts world-class hospitals, the “*capillaries*” connecting patients to everyday care remain fragmented. Elderly people living alone face significant barriers to accessing timely services, often navigating a disconnected system ill-equipped for chronic disease management and long-term care needs.

*“In response to these challenges, the Ratchaphiphat Model was developed as an area-based healthcare approach focusing on equity, accessibility, and system integration,”* said Mr. Phuritat Sangthongpanichkul, M.D., Director of Ratchaphiphat Hospital. Launched on 18 July 2022, it serves as a pioneering *“living laboratory”* for transforming urban healthcare in the context of population ageing. Implemented as a pilot initiative under Bangkok Governor Chadchart Sittipunt’s *Healthy City for All* policy, the model seeks to improve access to public health services by reinforcing primary care and community-based health systems.



*Assoc. Prof. Dr. Chadchart Sittipunt, Governor of Bangkok.*

The Ratchaphiphat Model pilots an integrated health system that strengthens primary care by decentralizing services from tertiary hospitals to communities. It aims to provide

comprehensive, equitable care through a coordinated continuum across all care levels. Using a network governance framework, the model unites primary care units, public stakeholders, and partners. Transformation is driven by four strategic pillars, including digital health, mobile telemedicine, Motorlance, and cross-sector collaboration, all focused on reducing hospital reliance and enhancing access. At its core, the model is person-centered, prioritizing the dignity and well-being of older adults.



*Ratchaphiphat Model.*

## Hi-Tech and Hi-Touch Integrated Healthcare for Older Adults: Bringing Hospital-Level Services to the Doorstep

The Ratchaphiphat Model combines human-centered care with technology to scale healthcare system-wide. Its expansion across all eight Bangkok health zones demonstrates the feasibility of community-integrated, tech-enabled care in urban environments. The model shows that elderly care can be both compassionate and scalable by restructuring health systems to reach vulnerable populations. By leveraging digital technologies, it expands healthcare access, allowing residents to receive services anytime and anywhere. The model offers a comprehensive suite of innovative

and effective healthcare services tailored to the needs of urban society, especially in elderly care, as follows:

1. *Urban Medicine Support Center (UMSC)* provides technology-enabled consultation and support for urban residents via integrated digital platforms, including 24/7 telemedicine and teleconsultation through the LINE Official Account (@1rpp) and the BMA Doctor app. The center coordinates emergency services, home care, patient monitoring through CCTV, and senior transport bookings, while offering remote health screenings, consultations, treatment, and appointment scheduling. These services help reduce hospital congestion, improve access to care, and support initiatives such as the 1 Million People Health Checkup project.



*A building of Urban Medicine Support Center (UMSC).*

The UMSC demonstrates high operational efficiency, with 256,374 patients accessing care through the center, underscoring its role as a critical and widely utilized channel for healthcare delivery. The response rate exceeded service volume, with a 30-minute response performance of 106.19% (272,217 responses for 256,374 service recipients), indicating rapid processing and, in some cases, multiple interactions per patient. To further enhance service quality, the hospital has established a performance target of responding to online patients within 15 minutes, significantly improving satisfaction among elderly patients and their families in terms of both service speed and quality.



*Services of UMSC.*

2. *Health Tech* refers to accessible online clinics that provide healthcare services in community spaces, shopping malls, and district offices, integrating healthcare into everyday locations. Currently, eight Health Tech facilities operate under Ratchaphipat Hospital’s coverage, offering essential services such as screening, telemedicine, pharmaceutical services, medication delivery, and medical documentation (e.g., medical certificates and digital health records). Known for its “*fast, easy, and convenient*” approach, Health Tech ensures that patients receive test results and consultations within 15 to 30 minutes. In 2025, the center served 11,841 patients, averaging approximately 987 service recipients per month.



*Health Tech.*

3. *Motorlance* is a mobile emergency motorcycle rescue service designed to navigate Bangkok’s narrow streets and alleys, enabling rapid access to patients and improving their chances of survival. In addition to emergency transport, *Motorlance* provides home-based care, such as wound care, NG tube replacement, and urinary catheter changes, eliminating the need to transfer patients to the hospital. *Motorlance* delivered a total of 1,539 emergency medical services, achieving an impressive emergency response rate of 81.74%, reflecting its speed and efficiency in treating critically ill patients. The average response time is 7 minutes, with the fastest at 2 minutes and the longest at 36 minutes. The most common response time is between 5 and 8 minutes.



*Motorlance.*

4. *Sook Jai Geriatric and Palliative Care Clinic*, operating as a one-stop service since 2018, has provided care to 18,968 elderly patients. It addresses a wide range of health issues, including non-communicable diseases (NCDs), musculoskeletal disorders, neurological conditions like dementia, geriatric syndromes (e.g., urinary incontinence, insomnia, memory impairment, polypharmacy), and infections such as respiratory and urinary tract infections.



*Sook Jai Geriatric and Palliative Care Clinic.*

Of the total patient population, 15,436 (81.3%) attended scheduled appointments, while 3,532 (18.6%) were walk-ins. Additionally, 1,408 (7.42%) patients were referred for external consultations, and 751 (3.95%) sought specialized care from other departments. These figures highlight the diverse healthcare needs of the elderly and the clinic’s vital role in providing comprehensive care. The efficient one-stop service has led to increased satisfaction, with many elderly patients choosing to continue seeking care at the clinic. Top of Form “*I feel a strong connection to this hospital and don’t want to go anywhere else. Although it’s a bit far, there’s no traffic,*” said Mrs. Naree Manarote,

an 86-year-old patient. This sentiment was echoed by Mrs. Jumnong Dechboonkup, a neighbor who escorted Mrs. Naree Manarote to Ratchaphiphat Hospital, saying that “*Staff provide good service, give good advice, and don’t scold older adults.*”



*Mrs. Naree Manarote,  
an 86-year-old patient.*



*Mrs. Jumnong Dechboonkup,  
a neighbor, escorted  
Mrs. Naree Manarote  
to the hospital.*

5. Ratchaphiphat Urban Medicine Center for Intermediate and Palliative Care plays a pivotal role in enhancing healthcare quality and effectively addressing the needs of patients with chronic and end-stage illnesses in urban areas. The 30-bed Intermediate Care Ward provides care for patients recovering from acute conditions like stroke, brain or spinal cord injuries, and elderly individuals needing post-illness assistance. A 24/7 team of specialists

collaborates with families to plan treatment. The rehabilitation unit, staffed by a multidisciplinary team, offers physical therapy, traditional medicine, and psychological support. Patients typically undergo 2 to 4 weeks of rehabilitation, with 3 hours of daily physical therapy. Since opening, the ward has supported 317 patients in their recovery and preparation for home life.



*Buildings of Ratchaphiphat Urban Medicine Center  
for Intermediate and Palliative Care.*

*The Palliative ICU* provides care for terminally ill patients, focusing on alleviating symptoms such as pain and difficulty breathing while improving overall quality of life, including addressing psychological concerns. This ward maintains a ratio of one nurse per four patients and one doctor per shift. Since its inception, 905 patients have been treated in the Palliative ICU.



*The Intermediate Care Ward.*



*The Palliative ICU.*

These services demonstrate the Ratchaphiphat Model's critical role in providing comprehensive, holistic care from emergency intervention through rehabilitation and end-of-life management. Additionally, the center includes a dedicated building for caring for sick monks and provides space for religious ceremonies for patients and their families when needed.

### **Key Success Factors**

1. *Clear Policy and Sustained Support:* The Ratchaphiphat Model was launched under Bangkok Governor Chatchart Sittiphant's Healthy City for All policy with ongoing support from the BMA and external partner organizations.
2. *Clear Vision and Strong Leadership:* Led by Dr. Phuritat Sangthongpanichkul, Director of Ratchaphiphat Hospital, and his team focus on strengthening healthcare through medical technology and innovation to improve equity and accessibility.

3. *Personnel Mindset and Capabilities*: Hospital leaders and staff engage in ongoing development of a growth mindset, as well as managerial and clinical competencies.
4. *Effective Management*: The hospital balances service delivery, finances, and resources use efficiently.
5. *Continuous Service Development and Innovation*: The hospital continually advances services and innovations to align with public health policies and medical standards.

## Challenges and Ways Forward

*“The key to the development and success of the Ratchaphiphat Model lies in the mindset of its personnel. While other hospitals may replicate the service system or model, the real challenge often lies in cultivating the right mindset,”* said Mr. Phuritit Sangthongpanichkul, M.D., Director of Ratchaphiphat Hospital. The next phase of the Ratchaphiphat Model will focus on developing human resources, improving personnel efficiency, and reducing costs in the public healthcare system. It will also emphasize modern hospital management, financial discipline, and innovative service delivery despite limited resources.

In conclusion, the Ratchaphiphat Model has transformed healthcare in Bangkok, offering primary care through its *“Online Hospital”* and improving access via telemedicine and

Motorlance services. It provides comprehensive care for older adults, supported by strong partnerships with BMA centers, community clinics, and local pharmacies. In just over three years, the model has proven effective and scalable, combining high-touch care with high-tech solutions to reduce hospital congestion and improve efficiency.

### **Acknowledgment**

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5. Phuritat Sangthongpanichkul, M.D., Director of Ratchaphiphat Hospital,
6. Mrs. Ketkaew Ninlayan, Director of the Nursing Mission Group, Ratchaphiphat Hospital,
7. Ms. Atiya Yeesin, Registered Nurse, Professional Level, Ratchaphiphat Hospital,

8. Mrs. Acharaphon Chansaaeng, a daughter of Mrs. Boonma Chamnianphon, a 70-year-old patient at Ratchaphiphat Hospital,
9. Mrs. Naree Manaroj, an 86-year-old patient receiving care at Ratchaphiphat Hospital, and
10. Mrs. Jumnonng Dechboonkup, a neighbor, escorted Mrs. Naree Manarote to Ratchaphiphat Hospital.

## 2

# Community-Based Long-Term Care in Thailand: Multi-Sectoral Cooperation for Healthy and Dignified Ageing in Ladsawai Municipality, Pathum Thani Province

# Community-Based Long-Term Care in Thailand: Multi-Sectoral Cooperation for Healthy and Dignified Ageing in Ladsawai Municipality, Pathum Thani Province

**Kamolrat Turner**  
**Matanee Radabutr**

## Ladsawai Municipality at a Glance

Ladsawai Municipality is located in Lam Luk Ka District, Pathum Thani Province, a fast-urbanizing area facing rapid population ageing. Of its 74,060 residents, 10,923 (about 15%) are aged 60 and above, creating increasing demand for community-based long-term care.



*Ladsawai Municipality Medical Center, Pathum Thani Province.*

To address this, the Ladsawai Municipality Medical Center opened in March 2025 as a local health hub. The center strengthens primary care and reduces hospital pressure by bringing services closer to residents. It offers prevention, rehabilitation, home visits, long-term care, and health promotion, supported by caregivers, nurses, and multidisciplinary staff. The center currently supports 64 long-term care–dependent older adults and integrates Thai traditional and Chinese medicine.

Ladsawai also serves as a model for community-based long-term care, using a shared funding mechanism between national health insurance and local government. Care is delivered through coordinated teams of care managers, caregivers, and community volunteers, helping ensure continuity of care, protect dignity, and improve access to publicly funded services for older people.

### **Ladsawai Model Development of Multi-Sectoral Cooperation for Healthy and Dignified Ageing**

A quiet yet profound transformation is taking place on the outer edge of Bangkok. In Ladsawai Municipality, Pathum Thani Province, an unassuming community is redefining how societies care for ageing populations. Through a community-based long-term care (LTC) model grounded in multi-sectoral cooperation, Ladsawai demonstrates how dignity, innovation, and compassion can be translated from policy into everyday practice.

*“This medical center was created in response to the growing long-term care gap among our ageing population. It represents Thailand’s community-based LTC model, built on strong cooperation across multiple sectors,”* said Mr. Winai Sungvalngern, Mayor of Ladsawai Municipality.



*Mr. Winai Sungvalngern, Mayor of Ladsawai Municipality.*

This is not merely another healthcare initiative. It is a thoughtful reimagining of what becomes possible when entire communities unite around a single, powerful principle: ageing deserves to be accompanied by health, safety, and respect.

### **Thailand’s Demographic Turning Point: Urgency and Equity**

Thailand reached a major demographic milestone in 2024, becoming a “complete aged society,” with more than 20 percent of its population aged 60 and over. This proportion is projected

to approach one-third by 2035<sup>1,2</sup>, placing Thailand one of the fastest-ageing countries in Asia.

This demographic shift has intensified complex challenges, including a rising prevalence of non-communicable diseases, dementia, stroke-related disabilities, mental health concerns, and social isolation. Traditional family-based caregiving structures are weakening due to smaller households and changing social norms, increasing the risk that older adults will live alone or be left without adequate support.

In response, Thailand has developed a pioneering community-based LTC framework that emphasizes prevention, rehabilitation, family empowerment, and integrated health and social services. Ladsawai Municipality Medical Center vividly illustrates how national policy innovations can be implemented at the local level.



*As the population ages, more people are developing noncommunicable diseases like dementia, stroke, and disabilities.*

## Policy Evolution: From Fragmented Care to a Financed, Community-Based System

At Ladsawai Municipality Medical Center, the evolution of Thailand’s LTC system is evident in daily practice. What was once a fragmented model – marked by episodic hospital care and heavy reliance on families – has become a coordinated, community-based system.

This framework integrates prevention, rehabilitation, and long-term support through unprecedented collaboration among health services, local governments, and social welfare agencies. The result is a model of care that is continuous, person-centered, and responsive to the realities of ageing.



*Dr. Somchart Sutjaritrungrsee,  
Director of National Health  
Security Office (NHSO),  
Region 4, Saraburi.*

*“Community-based long-term care is about maximizing access to restore normal living for patients, while NHSO empowers older persons and communities toward self-care. Building leadership capacity and service readiness within limited resources. This is the collaborative puzzle that transforms ageing societies through community participation”*, shared by Dr. Somchart Sutjaritrungrsee, Director of National Health Security Office (NHSO), Region 4, Saraburi.

In this municipality, where the teams of nurses, caregivers, village health volunteers, and care managers deliver dignified care that rivals private hospital standards. Thailand has discovered that the most profound healthcare innovations often emerge not from gleaming medical centers, but from communities that dare to reimagine what becomes possible when entire societies unite around a single, powerful principle.

### **Multi-Sectoral Cooperation: No Single Sector Can Manage Ageing Alone**

The success of Ladsawai’s LTC model is based on the principle that no single sector can manage population ageing independently. Health facilities, primary care units, and rehabilitation services are closely integrated with Local Administrative Organizations (LAOs), which provide co-financing and coordinate social welfare programs.

This collaboration includes the Ministry of Social Development and Human Security, the Ministry of the Interior, and – critically – village health volunteers (VHVs). VHVs serve as the connective tissue of the system, delivering culturally appropriate, home-based care in partnership with trained caregivers (CGs) and care managers (CMs). Together, they ensure continuity of care, reduce isolation, and strengthen social connections.



*Community-based care by trained caregivers (CGs), care managers (CMs), and multidisciplinary teamwork.*

This multi-sectoral tapestry represents the complex realities of ageing, demanding a symphony of coordinated responses in which each sector contributes its unique strengths to create a comprehensive, compassionate safety net that ensures “no ageing falls through the cracks.” It becomes clear that Thailand has discovered something extraordinary: when entire systems unite around the principle of collective care, the impossible becomes not only possible but sustainable, dignified, and deeply human.

## Ladsawai Municipality: A Community-Based LTC Ecosystem

Operated by the Local Administrative Organization, the Ladsawai Municipality Medical Center demonstrates how strong municipal leadership can support effective LTC systems. Multidisciplinary teams – including nurses, CGs, VHV, and CMs – provide integrated services in line with national guidelines.

Services include assistance with activities of daily living, medication monitoring for chronic conditions, home safety assessments, caregiver training, and psychosocial support. These interventions help older adults remain independent, safe, and socially engaged in their communities.



*Mrs. Paphatchaya Pitiroek,  
a registered nurse,  
Head of Ladsawai Municipality  
Medical Center.*

*“Long-term care is our commitment to ensuring no older person is left behind,” said Mrs. Paphatchaya Pitiroek, Head of Ladsawai Municipality Medical Center. “Our multidisciplinary teams deliver care that meets high quality standards while supporting healthy and dignified ageing.”*

## Rehabilitation, Prevention, and Health Promotion

Rehabilitation is central to the success of Ladsawai’s LTC model. The rehabilitation unit acts as a vital bridge between hospital discharge and reintegration at home, providing personalized exercise programs, stroke rehabilitation, fall-prevention interventions, and guidance on assistive devices.

In addition to rehabilitation, the center prioritizes health promotion and disease prevention. Routine screenings and health education sessions address physical activity, nutrition, mental well-being, and health literacy. These interactions are intended not as clinical directives, but as respectful dialogues that combine scientific evidence with cultural understanding.



*Mrs. Pajaree Salarak, Physical therapist.*

*“Through integrated medical care, we accelerate service delivery and improve quality of life for our ageing community,”* said Mrs. Pajaree Salarak, Physical Therapist at the center.



*Traditional Thai massage delivered by certified practitioners.*

The dedicated healthcare team at Ladsawai Municipality Medical Center has implemented a comprehensive approach to health promotion and disease prevention that views ageing not as an inevitable decline but as an opportunity for continued vitality and wellness. When ageing residents arrive at Ladsawai Municipality Medical Center for their routine screenings and physical examinations. They enter a world where health literacy becomes empowerment, where conversations about physical activity, nutrition, and mental awareness are not clinical lectures but compassionate dialogues that honor both scientific evidence and cultural wisdom. The providers at Ladsawai have transformed what was once a fragmented collection of medical services into something remarkable: a seamlessly integrated system where prevention takes precedence over treatment, where education becomes transformation, and where every screening represents not just early detection but a promise that ageing can be met with confidence rather than fear.



*A client of the  
medical center's services.*

*“We are deeply impressed by the comprehensive service delivery - from the warm reception and quality healthcare to the accessibility and convenience of transportation for older patients,”* shared an ageing individual who uses the medical center’s services.

### **Governance and Financing: The Matching-Fund Innovation**



*Clinical examination and services at Ladsawai Medical Center.*

The Ladsawai Municipality Medical Center exemplifies Thailand’s innovative approach to ageing care financing through a revolutionary matching-fund mechanism between the National Health Security Office (NHSO) and Local Administrative Organizations (LAOs) that transforms healthcare funding from a government burden into collaborative community investment. This financing innovation is powerfully reinforced by community members’ generous donation of land for the medical center’s construction, creating a foundation of shared responsibility and ownership that enables local customization of rehabilitation services, strategic training investments, targeted senior housing renovations, and the development of financially sustainable community health systems. The resulting model demonstrates the complex economic challenges of population ageing while maintaining equity, accessibility, and long-term sustainability, proving that when communities invest both their resources and emotions into caring for their ageing members. The outcome transcends improved healthcare delivery to achieve a fundamental transformation in how societies honor their ageing.

### **Key Success Factors**

Behind the effective and well-coordinated long-term care services in Ladsawai are several success factors that bring people, systems, and resources together at the community level as follows:

- 1. Community-focused care:** Care is designed around what older people want – staying in their communities – which also helps keep costs lower than institutional care.
- 2. Strong collaboration across sectors:** Health, social, and community services work closely together, making care smoother and more continuous from prevention to rehabilitation.
- 3. Active local government support:** Local governments play a hands-on role in identifying vulnerable older adults, mobilizing volunteers, and tailoring services to local needs.
- 4. A diverse care workforce:** Teams combine nurses, caregivers, care managers, village health volunteers, and rehabilitation staff to ensure enough skilled support is available.
- 5. Prevention across the life course:** The focus is on acting early promoting health, encouraging social participation, and preventing problems before they become serious.

## Challenges and Ways Forward

Despite its success, scaling and sustaining community-based LTC across diverse contexts remains challenging. Key issues include maintaining quality standards, securing long-term financing, and expanding the skilled workforce.

Future efforts should strengthen intersectoral coordination, invest in monitoring and evaluation, and develop resilient financing mechanisms that adapt to rapid demographic change. Ultimately, the success of Thailand’s LTC model depends not only on replication but also on fostering a societal mindset that recognizes ageing as an opportunity to build more compassionate, inclusive, and connected communities.

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# 3

## Geopolitical Shifts in International Development Assistance and Impacts on Migrant Health

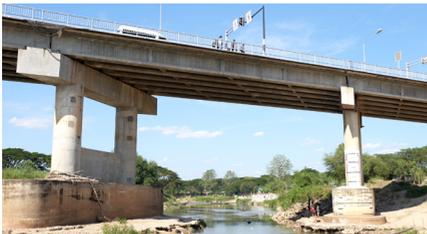
# Geopolitical Shifts in International Development Assistance and Impacts on Migrant Health

Panarut Wisawatapnimit  
Yupawan Thongtanunam

## Mae Sot District, Tak Province at a Glance

Tak Province is located in the lower northern region of Thailand and covers a total area of 16,407.65 square kilometers. The province is administratively divided into nine districts based on geographical characteristics, with Mae Sot as the largest district. Tak Province shares a western border of approximately 542 kilometers with Kayin State in the Republic of the Union of Myanmar.

Tak Province has a total population of is approximately 700,000, with more than 20 percent are non-Thai nationals. The province serves as a strategically important area for trade, investment, and regional development, particularly through Thai–Myanmar border trade at the Mae Sot border crossing.<sup>1</sup>



*Thai-Myanmar border at the Moei River the Western Point.*



*Mae Sot market.*

Mae Sot District is located approximately 87 kilometers west of Tak City and about 490 kilometers from Bangkok. Its strategic significance is further enhanced by its proximity to Myanmar, with Yangon approximately 420 kilometers away. Due to ongoing civil conflict, trade activities, and health care needs, Mae Sot hosts a substantial population of refugees, migrants, and displaced persons who frequently cross the border between Thailand and Myanmar.

### **Migration Situation, Health Care and Humanitarian Assistance in Mae Sot District**

Decades of armed conflict in Myanmar between ethnic armed groups and the Myanmar military have forced an estimated 400,000 people to seek refuge and livelihood opportunities in Thailand's western provinces.<sup>3</sup> Refugees have been accommodated in nine temporary shelters along the Thai–

Myanmar border, primarily composed of Karen and Karenni ethnic groups. Of these shelters, three refugee camps are located in Tak Province.

Under Thailand’s legal framework, refugees have generally not been permitted to access national institutions, such as public health and education systems, nor to leave the camps for employment purposes. Consequently, they have largely relied on non-governmental organizations and humanitarian agencies to meet their basic needs.

Health care services for migrants, refugees, and displaced populations in Mae Sot operate through a complex partnership model involving international humanitarian organizations, community-based organizations (CBOs), Thai government facilities, and research institutions. Key actors include the International Rescue Committee (IRC), Mae Tao Clinic (MTC), Suwannimit Foundation, Maesot General Hospital, and the Shoklo Malaria Research Unit (SMRU). This health ecosystem has been financed primarily through international grants—mainly from the United States and European governments and organizations—with limited cost recovery through insurance schemes. Coordination among stakeholders has historically relied on informal networks rather than formal system integration.

The International Rescue Committee (IRC), a non-profit organization funded by individual donations, private-sector contributions, major institutions, and the U.S. government, has operated clinics and hospitals in nine refugee camps. IRC has

provided primary care, emergency obstetric services, mental health support, and referral services to Thai health facilities. Additionally, IRC has delivered food and water, sanitation services, protection programs for women and children, legal assistance, livelihood support, and resettlement services for refugees offered sanctuary in the United States.

Mae Tao Clinic (MTC), a community-based organization founded in 1989 by Dr. Cynthia Maung, has served migrant communities and internally displaced populations by providing comprehensive primary care, training community health workers, and facilitating referrals to Thai government hospitals. MTC has 134 inpatient beds and two patient houses to accommodate individuals requiring long-term care or temporary accommodation during investigation and treatment. The clinic serves approximately 300–400 outpatients and 140 inpatients daily. To date, MTC has delivered more than 2.5 million consultations, including over 70,000 malaria treatments and nearly 50,000 childbirths. MTC also operates the Children’s Development Centre (CDC) and an Early Childhood Development (ECD) Center, which provide education and protection for approximately 1,000 migrant children from nursery to Grade 12.<sup>2</sup> Following the military coup in Myanmar in 2024, MTC has expanded its focus to include disease surveillance, vaccination programs, outbreak prevention, and early response in collaboration with partner organizations and Thai health facilities.



*Mae Tao Clinic.*



*Children's Development Centre (CDC) Kindergarten.*



*Suwannimit Foundation.*



*Ms. Pattinee Suanprasert,  
Director, Suwannimit  
Foundation.*

The Suwannimit Foundation, a Thai local foundation, works through strategic partnerships with community-based organizations to deliver essential services to marginalized populations along the Thai–Myanmar border. Its programs cover legal assistance, youth empowerment and education, health, livelihoods, and the protection of women and children. Other

international and local organizations provide complementary support services in the area.

Maesot General Hospital is a large community hospital (F1 level) that functions as both a secondary and tertiary referral center, receiving patients from district-level facilities and providing essential specialist services for the border region. The hospital serves approximately 5,000–6,000 outpatients daily, about 30 percent of whom are non-Thai nationals. Health promotion and disease prevention services are also provided to children and non-Thai populations. Historically, the hospital collaborated with IRC to receive referrals from three refugee camps, with reimbursement provided directly by IRC. Disease surveillance and public health initiatives have been coordinated by the Tak Provincial Public Health Office.



*Maesot General Hospital.*

The Shoklo Malaria Research Unit (SMRU), a field station of the Faculty of Tropical Medicine at Mahidol University and part of the Mahidol–Oxford Tropical Medicine Research Unit (MORU), supported by Wellcome (UK), conducts operational research and provide malaria treatment as well as maternal and child health services along the border.

## Changes in Migration Governance and Health Financing

The demographic profile of refugees, migrants, and displaced populations in Tak Province has changed over time. Since 2018, the Thai government has implemented migrant registration processes; however, gaps remain. Some registered refugees are now allowed to work outside the camps.

The Ministry of Public Health (MOPH), Thailand, has introduced several migrant health policies, including the Compulsory Migrant Health Insurance (CMHI) scheme. Registered migrants may also access the Social Security Scheme. In addition, the Migrant Fund (M-FUND), a low-cost, not-for-profit health protection program launched by the social enterprise *Dreamlopmnts* in collaboration with MOPH, allows both registered and undocumented migrants to enroll in tailored insurance packages. For example, healthy migrants may enroll for a monthly fee of THB 130 (approximately USD 3.6), covering outpatient and inpatient services at partner hospitals up to defined ceilings. Specialized packages are also available for pregnant women, older adults, and individuals with chronic illnesses. <sup>4</sup>

Currently, the three refugee camps in Tak Province—Mae La, Umpiem, and Nu Po—house approximately 50,000 refugees. Beyond these camps, undocumented migrants, newly displaced populations fleeing conflict, and cross-border populations continue to move between Thailand and Myanmar for trade, family visits, and seasonal employment. Most of these groups remain heavily dependent on external and international funding.

## Impact of International Funding Reductions

International financial support for humanitarian assistance along the Thai–Myanmar border has gradually declined as donors have shifted priorities toward strengthening health systems within Myanmar and responding to crises in other regions. A major turning point occurred in 2024, when the United States and other international donors began significantly scaling down humanitarian aid to the border area. As a result of reductions in IRC funding and staffing, health care services and facilities in refugee camps and border areas have been substantially affected. The IRC has reoriented its mission to focus primarily on basic primary care and has mobilized limited funding for medicines and medical supplies. Referral funding has been restricted, and external medical specialists can no longer provide regular services. Consequently, services such as mental health care and physiotherapy have been reduced. IRC’s support is expected to continue declining and may eventually cease altogether.

The reduction in international funding has significantly affected the health and livelihoods of migrants, refugees, and displaced populations in Tak Province. For example, approximately 30 percent of MTC’s operational budget has been cut. Dr. Cynthia Maung, Director of Mae Tao Clinic stated that *“the financial burden is very challenging because the armed conflict in Myanmar is increasing the number of cases with mental health problems and women who cannot access safe maternity care,*

*safe delivery, or emergency obstetric services. They cross borders...so when we talk about the population, it's not only people who are living in Thailand. We also start seeing the cross border...Refugees in the camp also face challenges accessing some services such as mental health or emergency care."*



*Dr. Cynthia Maung, Director of Mae Tao Clinic.*

Health care facilities in Tak Province have also experienced financial strain. Assistant Professor Dr. Ramate Wongwilairat, Director of Maesot General Hospital stated that *“in the past, the hospital had income from IRC referred patients of about 20–30 million Baht. In 2025, the income was reduced to 10 million and it is estimated that we will no longer receive money from the IRC in 2026. Maternal and childcare will be affected, especially antenatal care and delivery.”*



*Assistant Professor Dr. Ramate Wongwilairat,  
Director of Maesot General Hospital.*

These transitions raise fundamental questions about health system sustainability, shared responsibility for migrants and displaced populations, and the future of Universal Health Coverage (UHC) in contexts of cross-border mobility.

## Initiative Ways to Maintain Health of Thai-Myanmar Border

New opportunities for funding and support have emerged from alternative international partners. Dr. Cythia Muang explained *“actually the main funding cut is from the USA. There are new agencies or new government agencies like JICA and the Japanese Embassy involve more in the border areas. We can see obviously that they are helping in different aspects including medicine, medical supplies, and mental health for camp population and the Thai government hospital... A global fund has also returned to work on the Thailand border to provide services for people who required malaria.”* Dr. Rojanasak Thongkhamcharoen, Deputy-Director of Maesot General Hospital also supported that *“at the beginning of this fiscal year, we received supports from the International Organization for Migration (IOM) and the Japanese Embassy for migrant health volunteers’ refreshing courses to strengthen the community and network.”*



*Dr. Rojanasak  
Thongkhamcharoen,  
Deputy-Director of  
Maesot General Hospital.*

Since October 2024, IRC has formally transferred responsibility for health services in temporary shelters to Thai authorities. Maesot General Hospital needs to be responsible for providing care in three refugee camps in Tak Province. Dr. Rojanasak Thongkhamcharoen stated that *“Maesot General Hospital provides doctors to work in the refugee camps five day per week.”* The health care system has changed. Assistant Professor Dr. Ramate Wongwilairat, stated that *“the overall health administration of the three refugee camps has changed from Maesot General Hospital to the Provincial Public Health Office. Each camp now has a local community hospital as its primary care provider. Maesot General Hospital provides staff, medications, and medical supplies to the local community. If there are cases beyond their capacity, the community hospitals can refer the patients to Maesot General Hospital. So, the care services are transferred to the local communities. For care services in the camps, Maesot General Hospital hires Myanmar doctors to work there and link with network, such as MTC to provide proactive care and services for patients and people there for humanitarian reasons at no cost. These costs are covered by the Ministry of Public Health, Thailand.”*

The concept of a border health center focusing on disease prevention to reduce the severity of diseases is also being presented. Mr. Purichart Yingrangsarn, Deputy Chief Medical Officer of Tak Province, Tak Provincial Public Health Office

stated that “the concept of a border health center will help health care facilities provide care for non-Thai population. The law and regulations need to be adjusted. To resolve the transition period, the short-term plan and interventions focus on humanitarian services and support in the refugee camps by shifting roles and responsibilities from the IRC administration to being the main player to provide care for refugees. Some trained staff in the camps are hired to continue all health services. All medical services are still provided, including obstetric, HIV, TB, and emergency care. Vaccination for both Thai and non-Thai population is also provided to promote herd immunity.”



*Mr. Purichart Yingrangsang, Deputy Chief Medical Officer of Tak Province, Tak Provincial Public Health Office.*

The Friendly Clinic at Maesot General Hospital has been developed and initiated by Assistant Prof. Dr. Ramate Wongwilairat, Director of Maesot General Hospital. This clinic has piloted the hiring of a migrant Myanmar doctor who graduated from a quality educational institute but cannot return to the home country, resulting effective workload reduction for Thai doctors and improved quality of services for patients, especially non-Thai population. Currently there are four migrant doctors working in this clinic and at Maesot General Hospital. It has been found that patients and customers are highly satisfied with this service. Dr. Khin Nyein Nyein, MD at the Friendly Clinic who has been hired by the Ministry of Public Health, Thailand stated that *“Myanmar doctors are very useful and helpful. I can see that patient care here in Maesot General Hospital involve both Thai*



*Dr. Khin Nyein Nyein, MD at the Friendly Clinic,  
Maesot General Hospital.*

*and non-Thai medical doctors and patients, especially border areas where the language barrier is a problem. When a Myanmar doctor was recruited here and started helping with Myanmar patients, it became easier for the patients although there are different skills, we can help each other and we can learn together. It is good for non-Thai people. Community Partner Institute helps provide salary and training for non-Thai doctors.”*

Collaboration is very important. The tripartite collaboration among the Maesot General Hospital, Mae Tao Clinic, and SMRU has also developed. Dr. Rojanasak Thongkhamcharoen stated that *“Maesot General Hospital has supported and collaborated with MTC because MTC helps reduce workload of the hospital due to the high number of outpatients and women delivering babies at MTC. Maesot General Hospital provides academic support, referral and coordination services to MTC.”* The Coordinating Center has also been developed to help coordinate migrant issues with other institutes and conduct body of knowledge related to border health.

To address refugee issues sustainably, the Thai government provides registration and job opportunities for them. Dr. Rojanasak Thongkhamcharoen stated that *“in August 2025, a cabinet resolution allows the refugees in these camps to work outside the camps. The Ministry of Interior, Thailand has started a campaign to match them with employers and build trust with the employers. The Ministry of Public Health, Thailand will also conduct physical examinations for people who work.”*

## Lesson Learned and Way Forwards

Health is a fundamental human right. Refugees, migrants, and displaced populations require equitable access to health services regardless of legal status. Health care providers must understand the complex social, cultural, and political contexts of border health and migration. Services for these populations should integrate vulnerability-sensitive, culturally responsive, and humanitarian approaches.

Given shifting geopolitical dynamics, host countries must develop both short- and long-term strategies that promote self-reliance among refugees and migrants. Effective registration systems, employment opportunities, and affordable health insurance schemes are critical to ensuring sustainability. Health security and disease prevention—including vaccination programs—should be universally accessible to both Thai and non-Thai populations.



In conclusion, geopolitical changes can profoundly affect migrant health and health system resilience. Although the situation in Mae Sot continues to evolve, it highlights an opportunity to develop innovative and sustainable border health systems that reduce dependence on external aid while promoting health equity, dignity, and shared responsibility.

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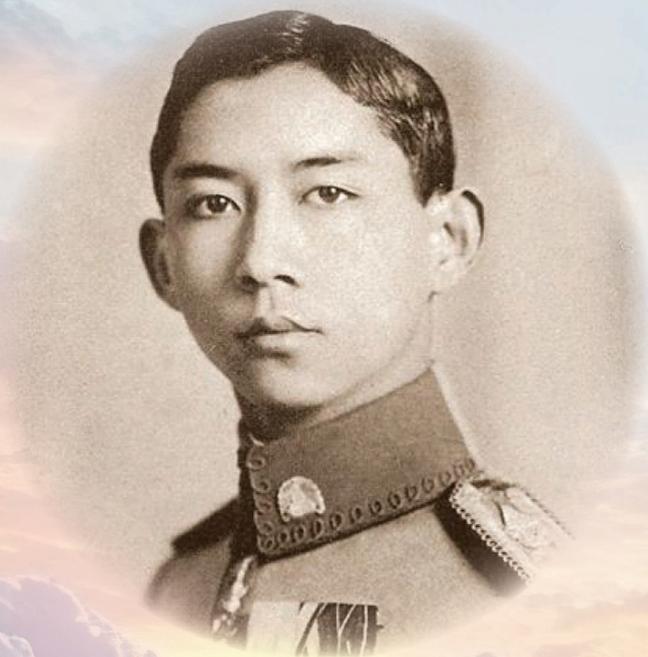
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“True Success is not in the learning, but in  
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