

Conference Synthesis

Summary, Conclusion & Recommendations

31 JAN 2026

09:00 - 10:45 hrs.



PMAC2026 overview

55 Side meetings

4 Plenary sessions

15 Pararell sessions

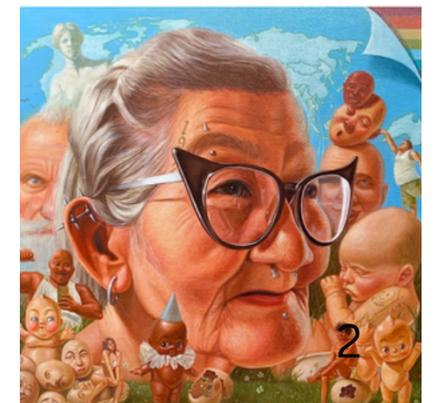
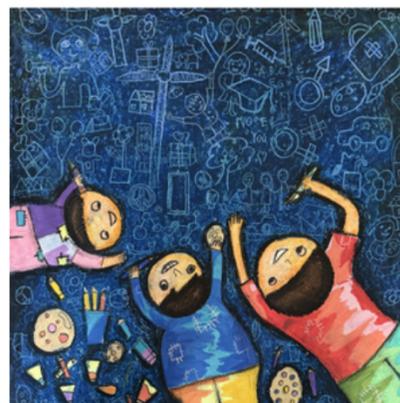
3 Field visit sites

6 Special events

47 Poster presentation

Art contest:

Equal dreams, Shared futures





PMAC | PRINCE MAHIDOL
AWARD CONFERENCE **2026**



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

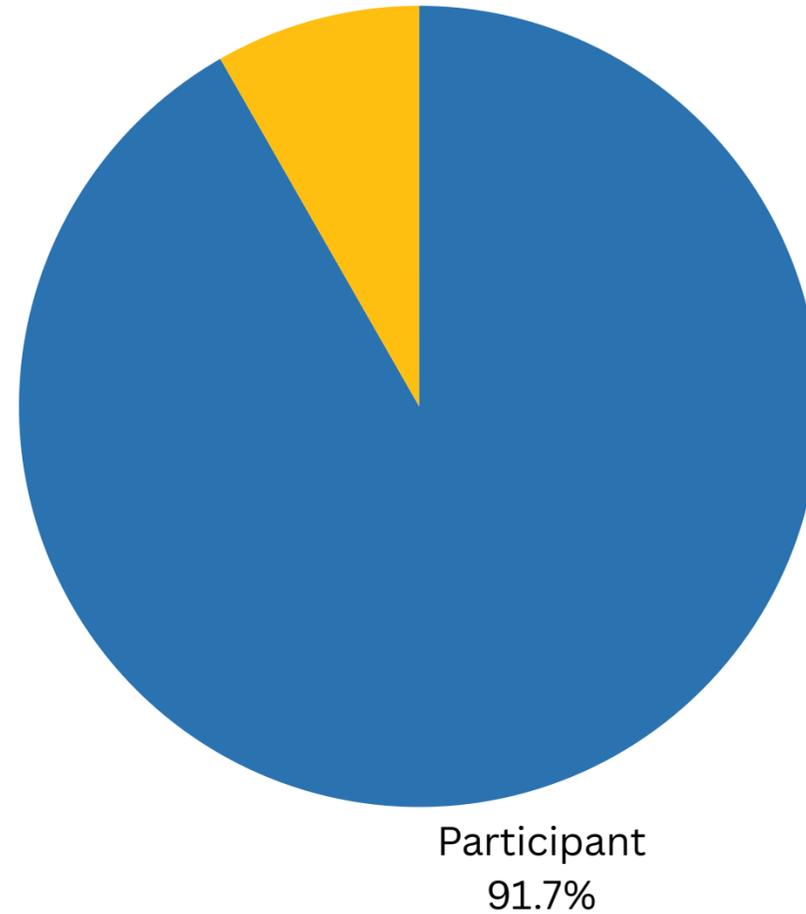
Participant Characteristics



Participants by Type

N = 1,365

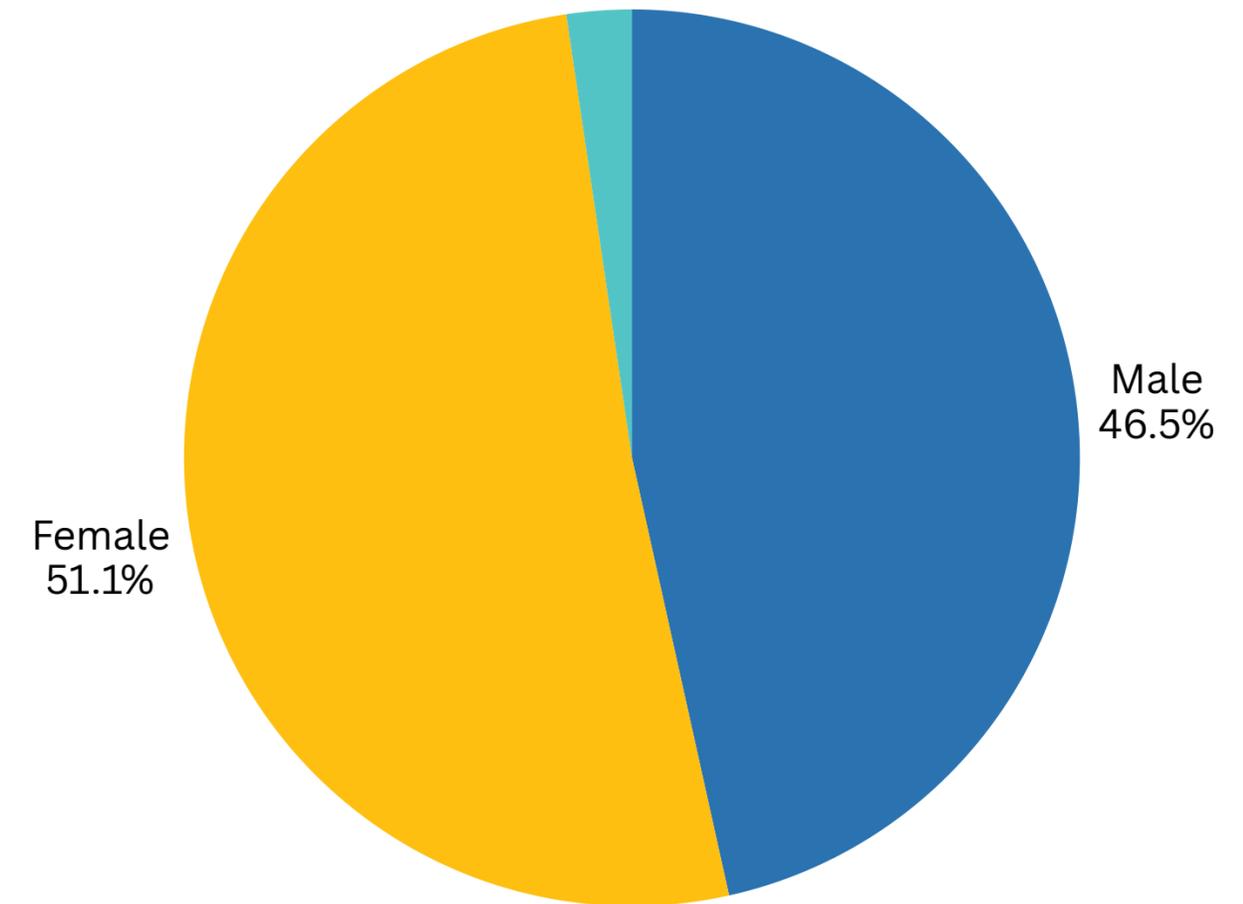
Speaker
8.3%



Participants by Gender

N = 1,365

Others
2.3%



Participants Including
Side Meetings

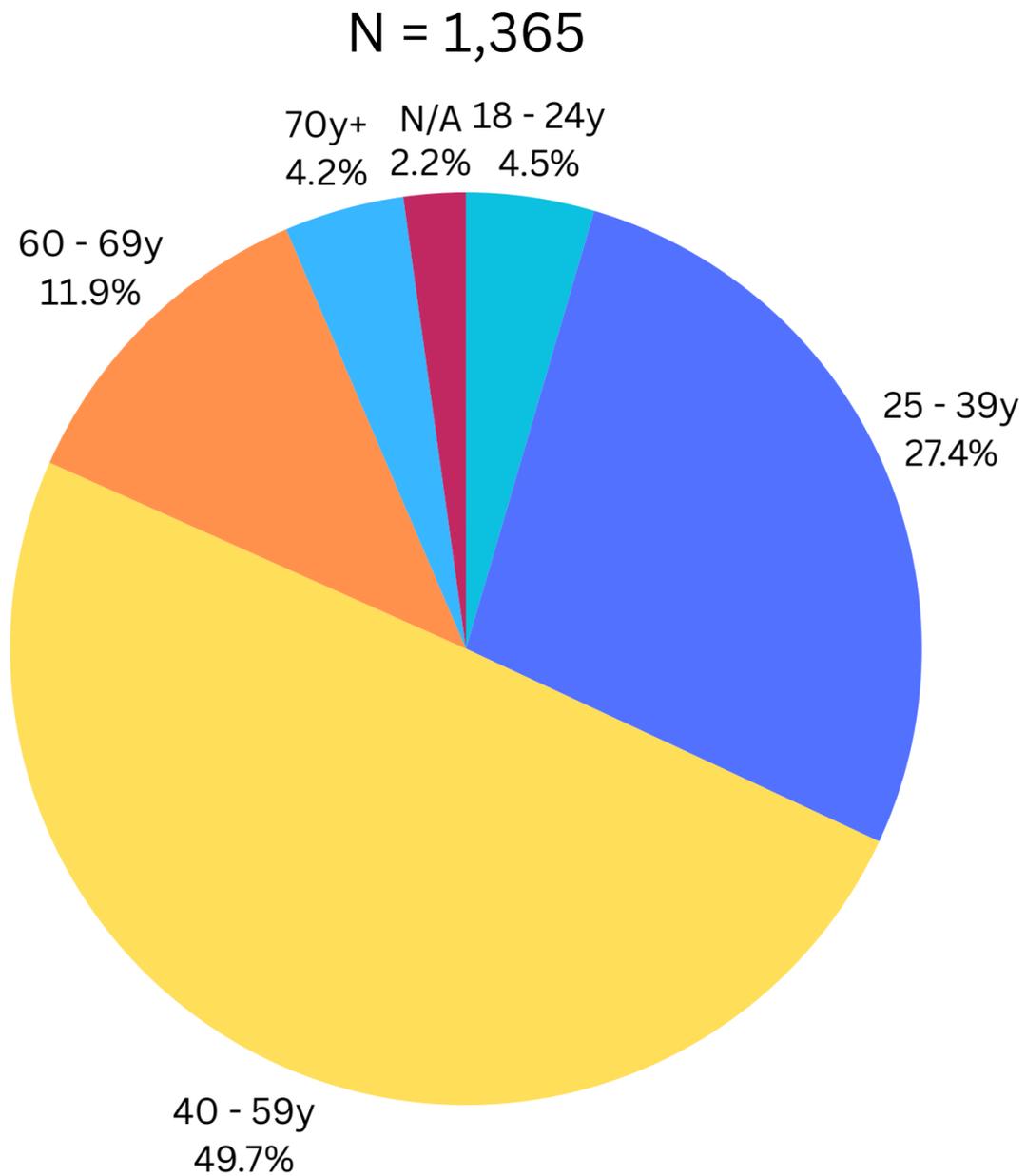
2,521 PARTICIPANTS

Main Conference
Participants

1,365 PARTICIPANTS

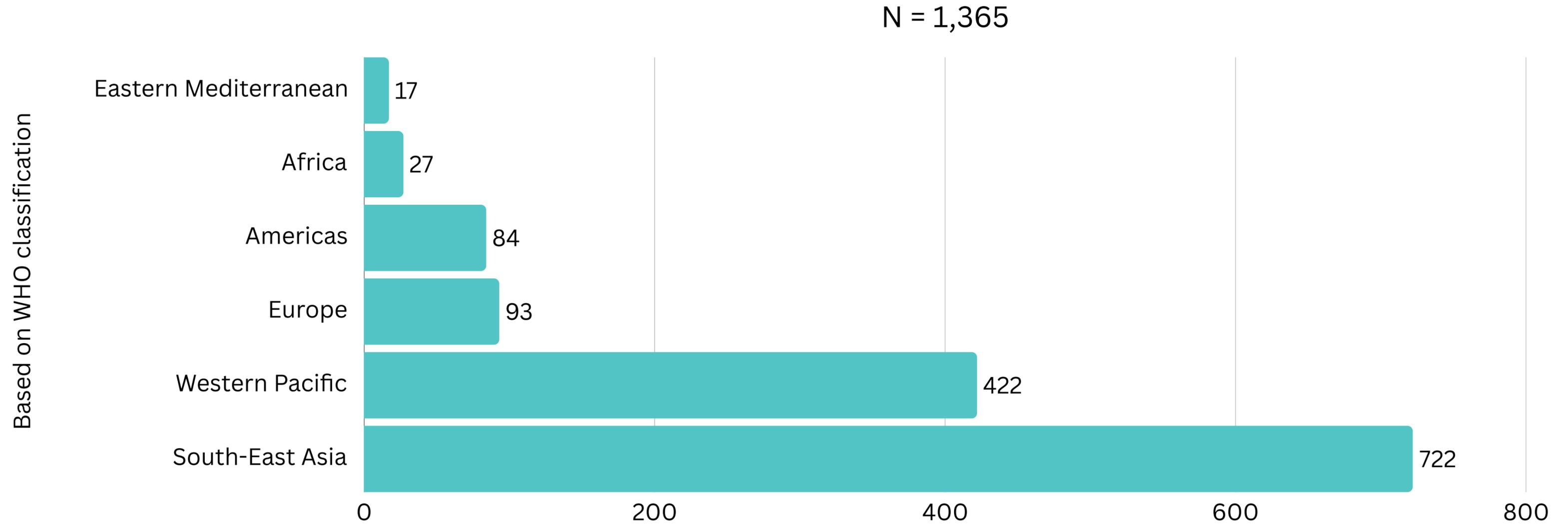


Participants by Age





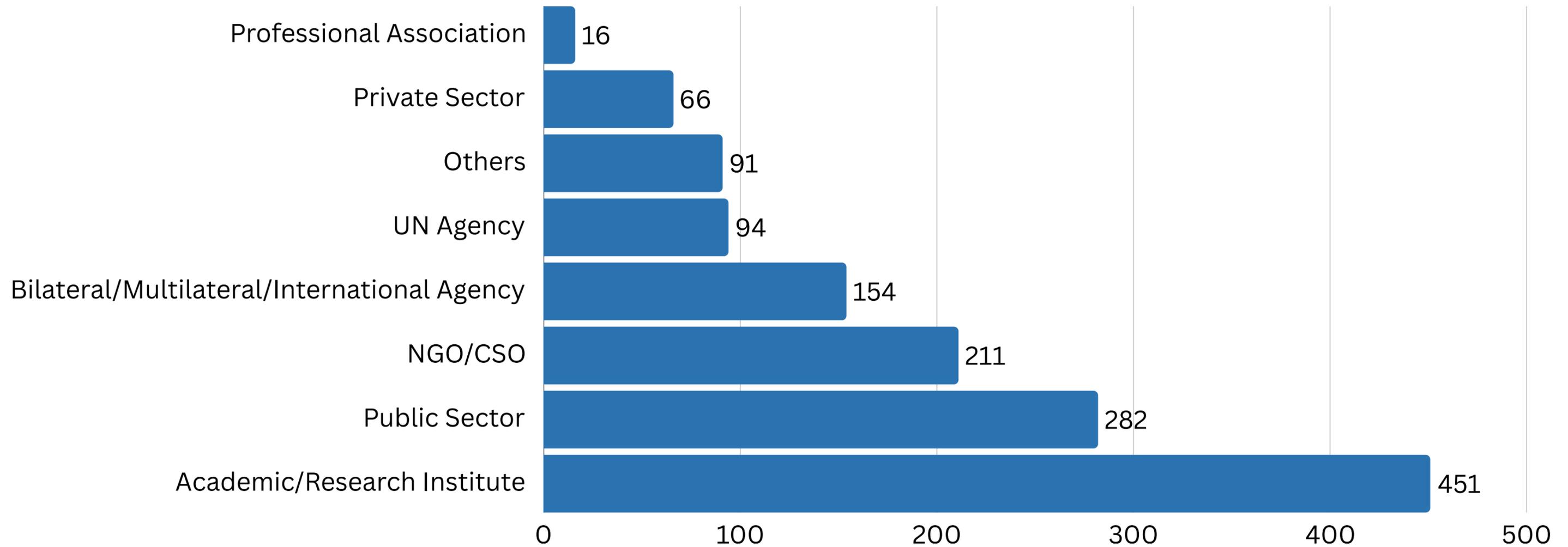
Participants by Region of Residence





Participants by Organization Type

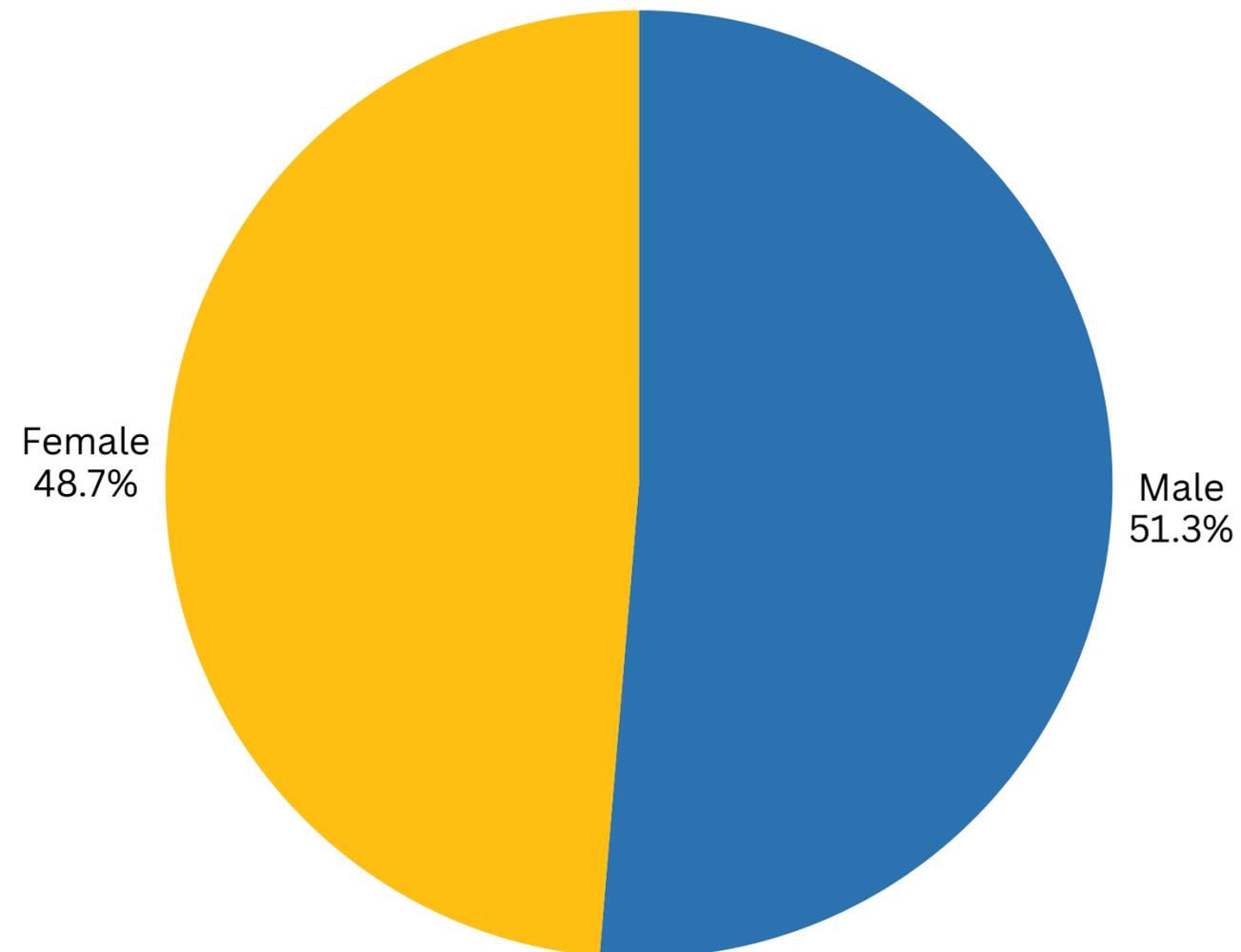
N = 1,365





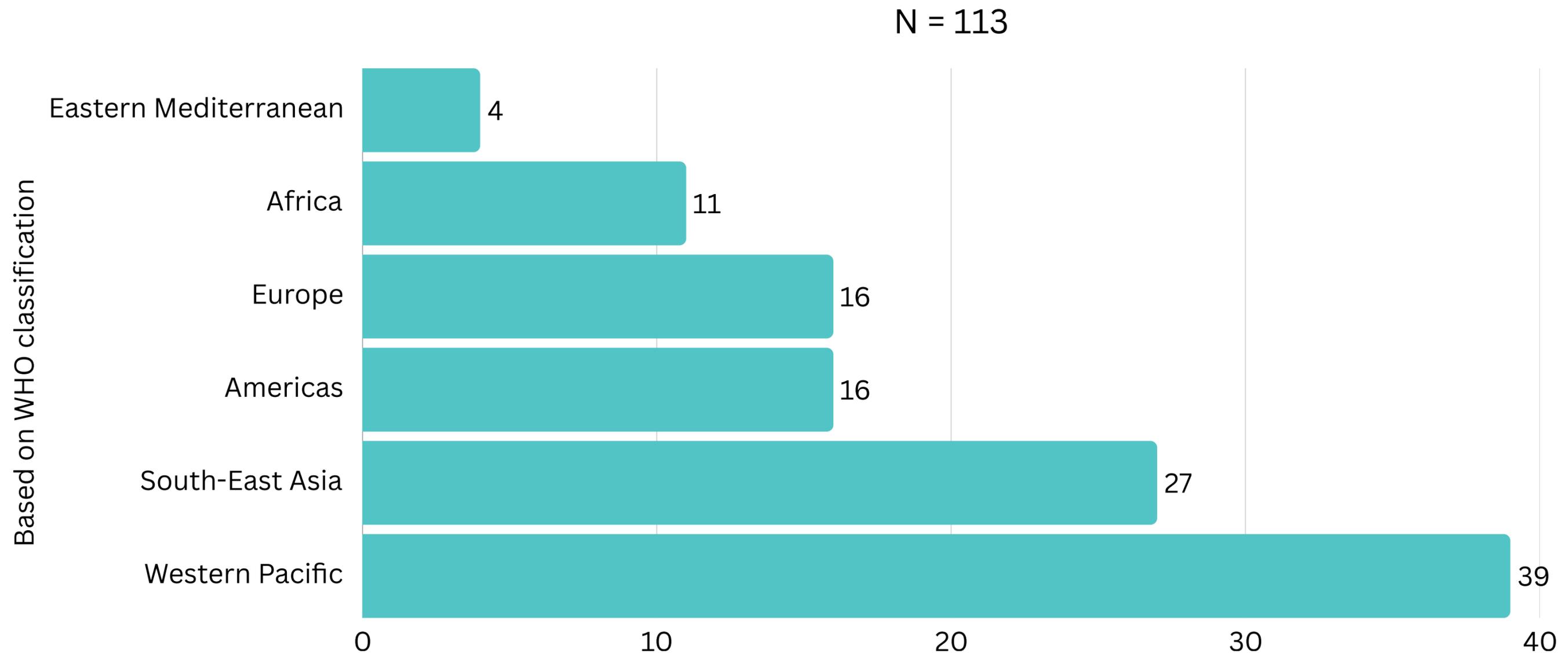
Speaker Characteristics

Gender (N = 113)



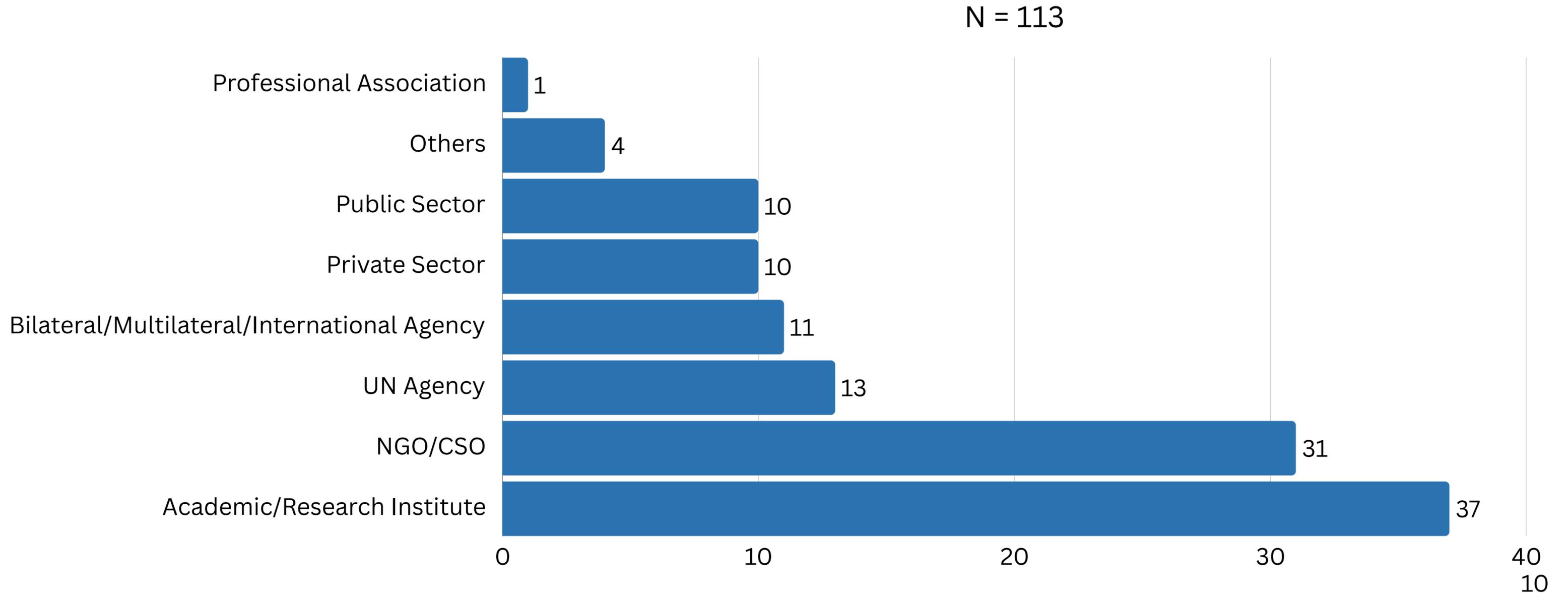


Speakers by Region of Residence





Speakers by Organization Type





PMAC | PRINCE MAHIDOL
AWARD CONFERENCE **2026**



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

Session Synthesis

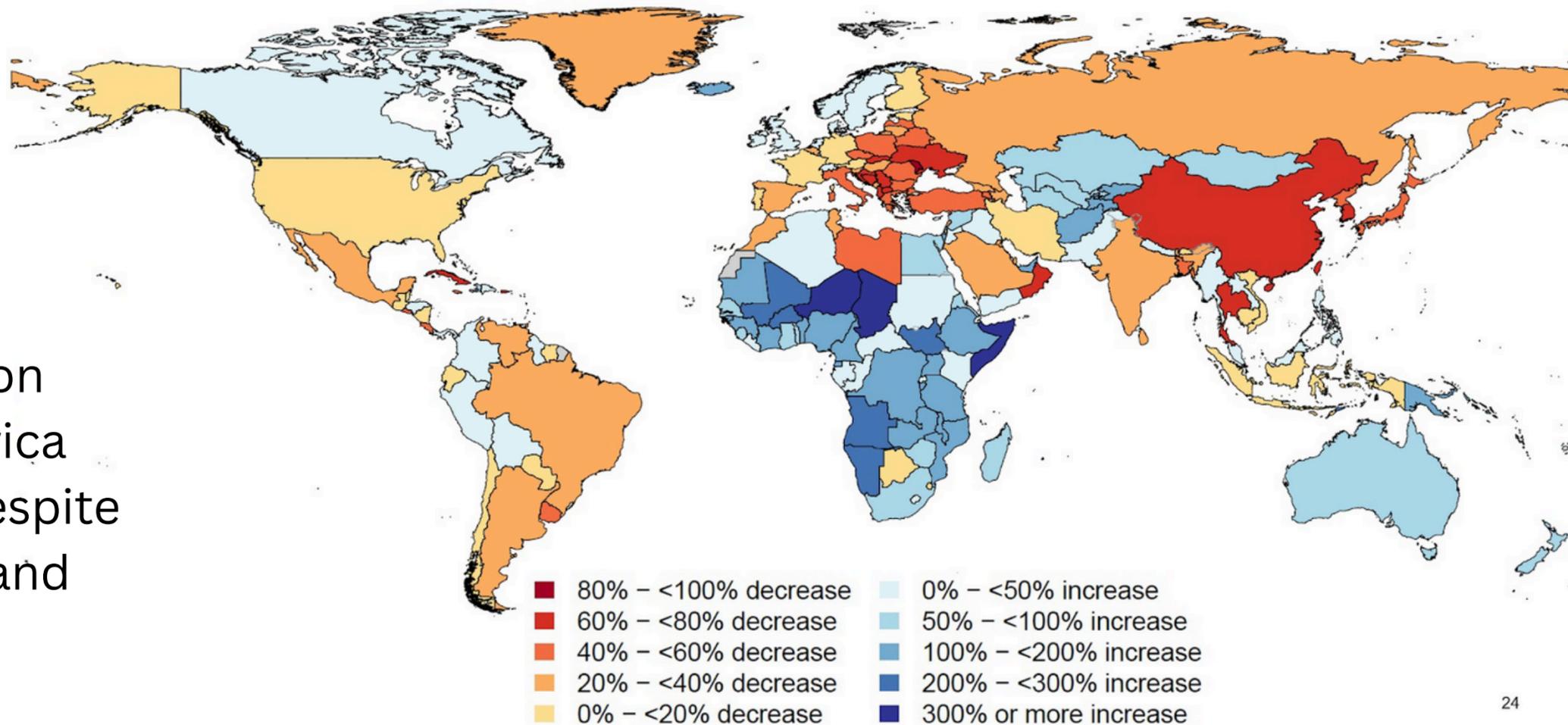
I. The Facts



World Population Transition

Percent change in population from 2025 to 2100

- Population growth is slowing! Global population peaks by 2064 (9.5B) down to 8.6B in 2100.
- All regions will experience population decline except for Sub-Saharan Africa (37% share of global population), despite having fragile health-care systems and infrastructure.
- Almost 200 countries and territories will have TFR <2.1 in 2100



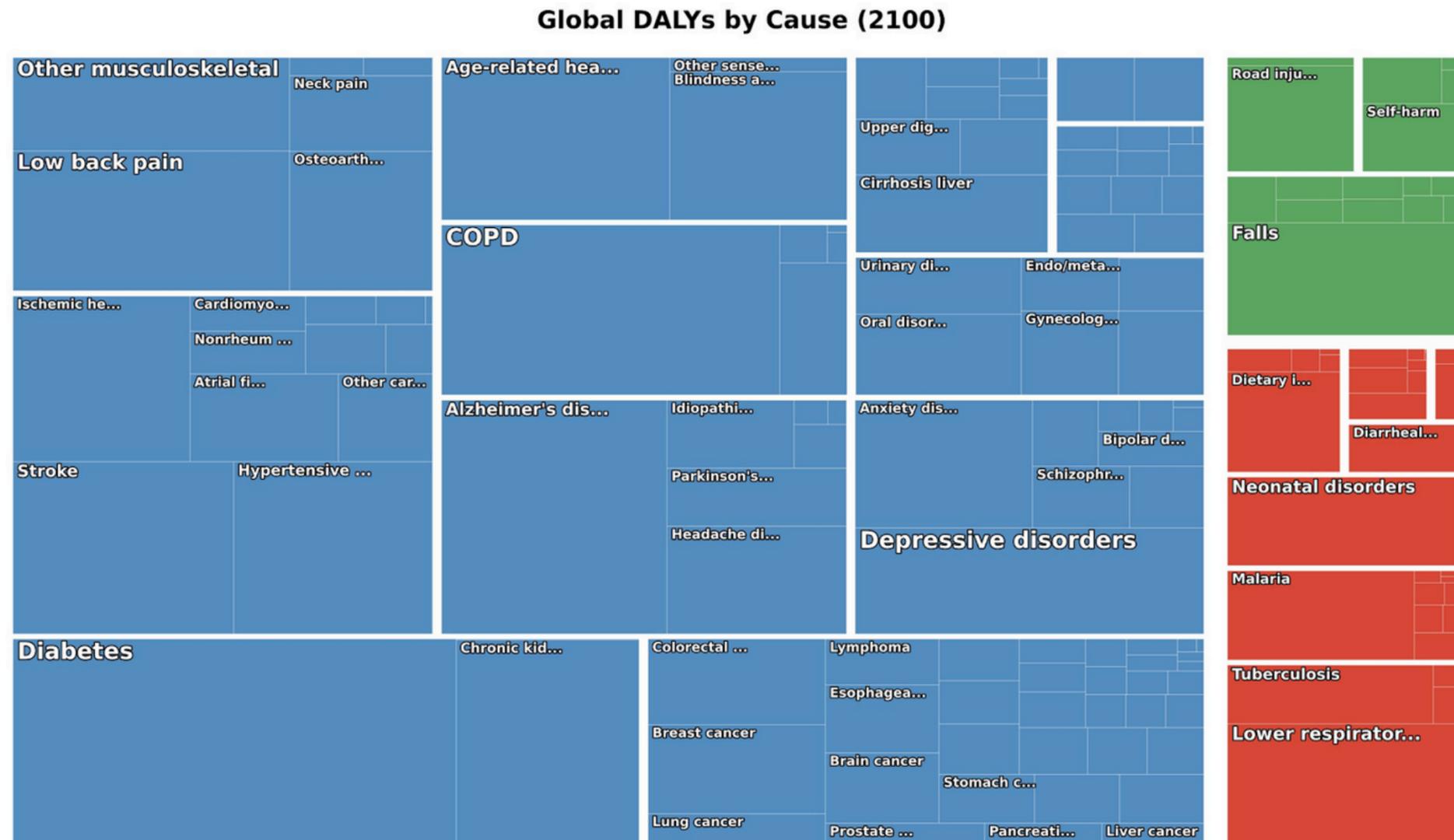
Source: PLO Christopher Murray

I. The Facts



Epidemiological transitions: The world in 2100

With increased life expectancy, 80% of global DALY will be dominated by NCD, cancer and non-infectious disease conditions.



I. The Facts

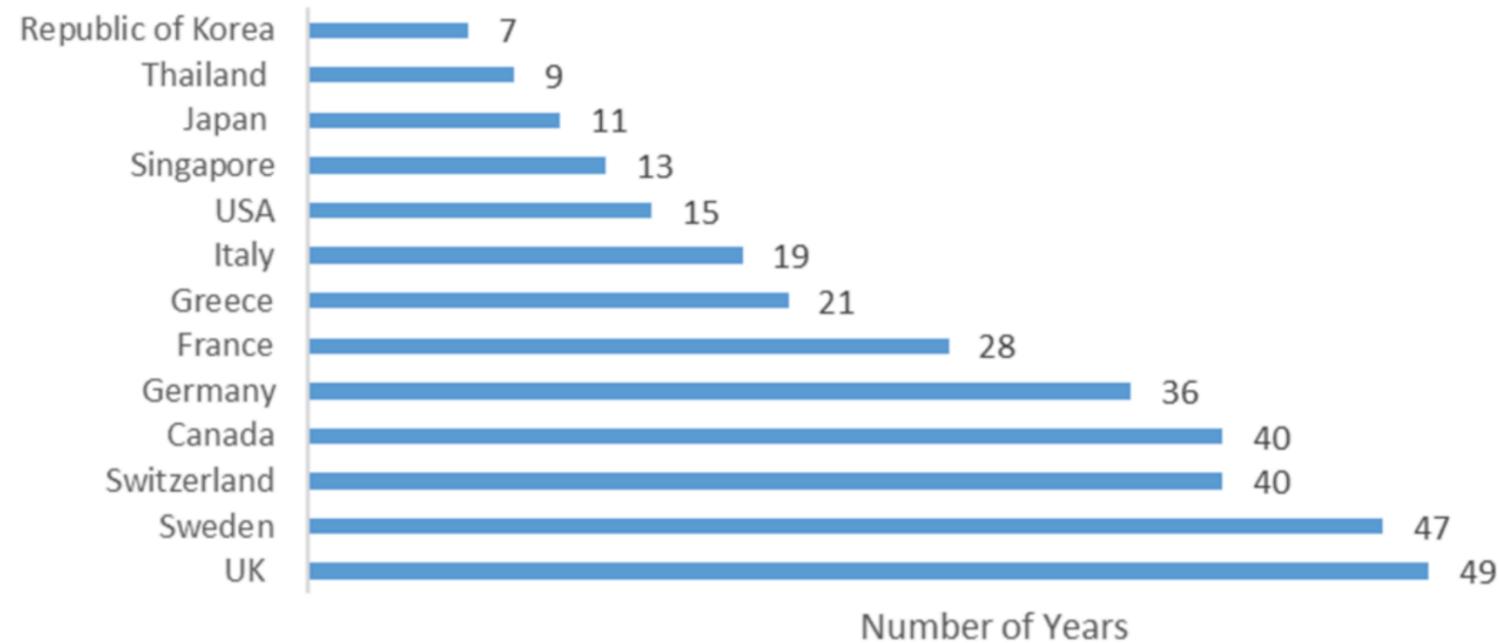


Countries are growing old before growing rich

The pace of ageing is rapid in many countries in the Asian and Pacific region and at a much earlier stage of development, giving them limited time and opportunity to adjust to the needs of an aged society e.g., universal health coverage and social systems

Rapid Ageing

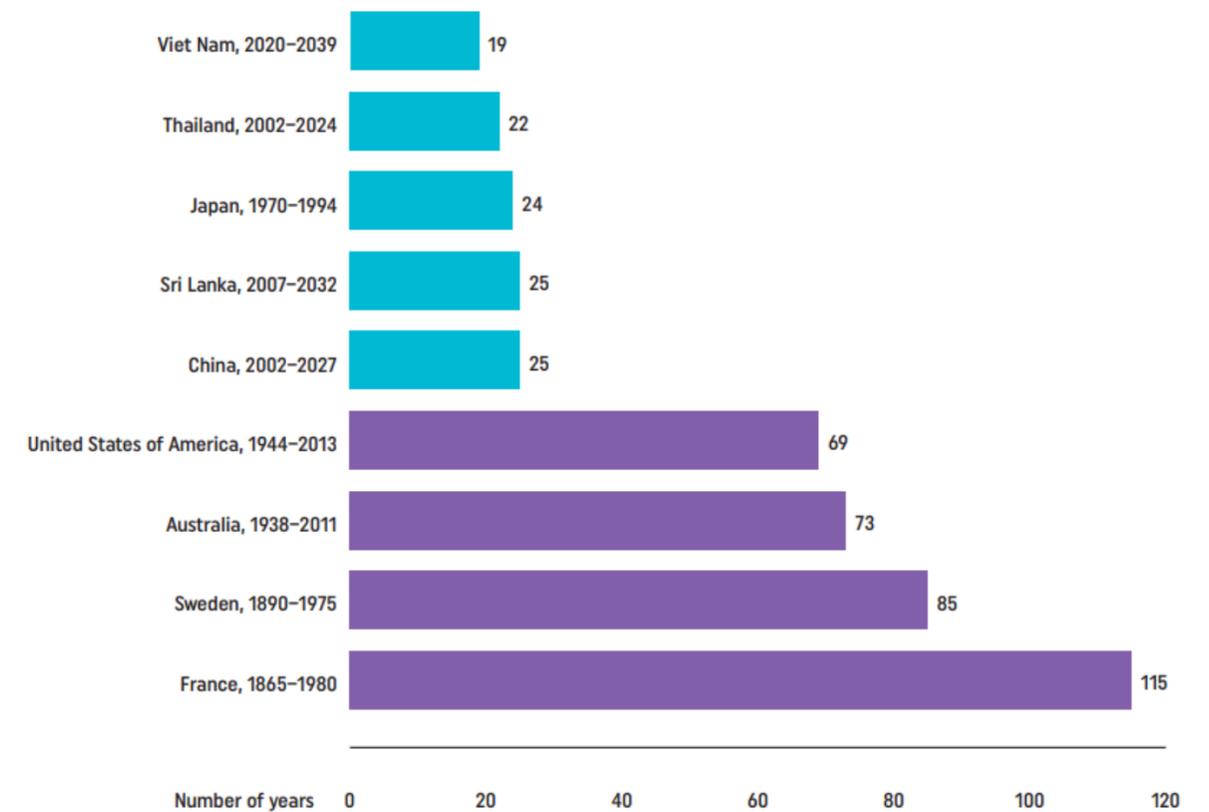
Speed of Transition from **Complete Aged** (65 years and over $\geq 14\%$) to **Super-Aged Society** (65 years and over $\geq 21\%$)



Data Source: United Nations, Department of Economic and Social Affairs, Population Division (2024) (1), Author-generated graph.



Time Taken in Years to Move from Ageing to Aged Society



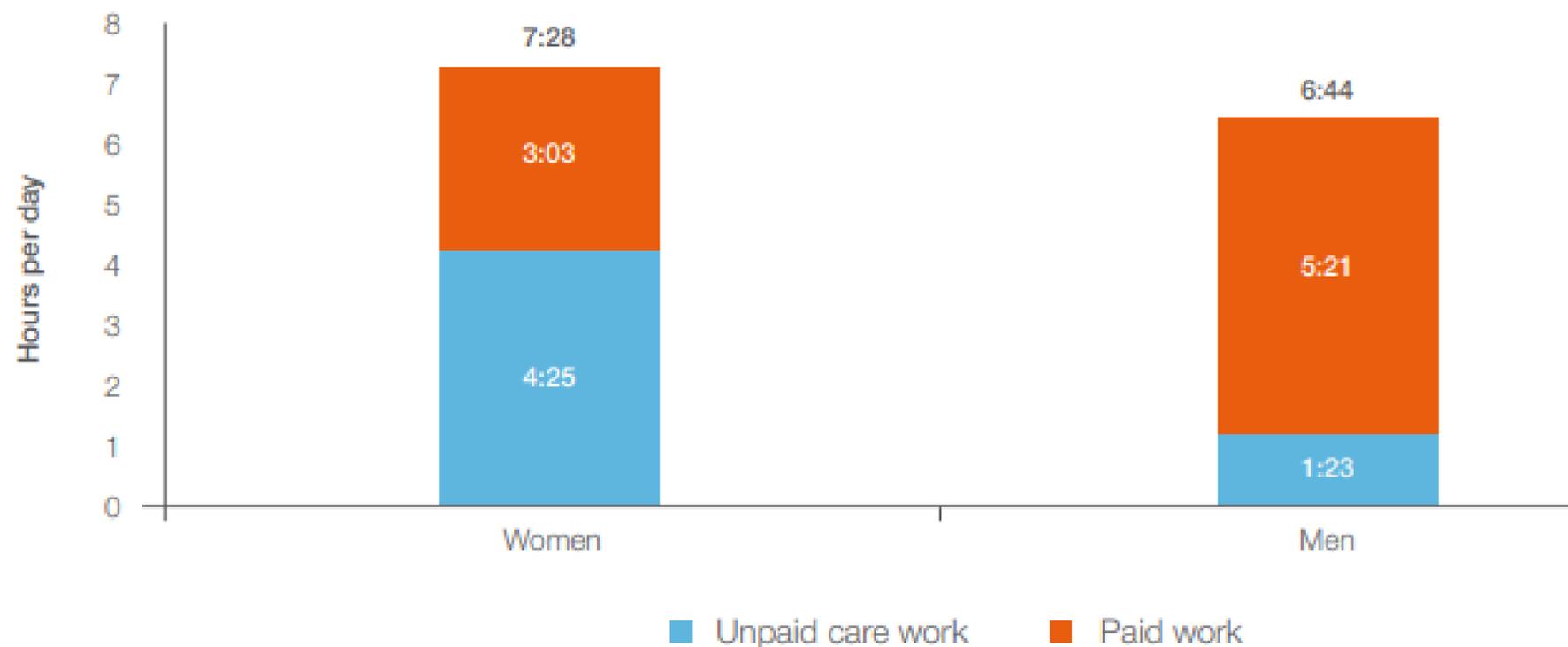
Source: ESCAP calculations based upon Kinsella and Gist (1995); UN Census Bureau (2005); and Viet Nam GSO(2010)

Source: ESCAP (2017)

I. The Facts



Gender distribution of paid work, unpaid care work and total work (hours per day) among working age respondents: World average, by sex, 2018



Source: ILO, 2018

The Reality of Informal Care Work

- The ILO estimates that women undertake over 75% of unpaid care work globally.
- Over 60% of people are employed informally without benefits or social protection.
- Unpaid informal care in Europe provides around 80% of all long-term care, with even higher reliance on informal care in countries with weaker long-term care systems.

I. The Facts



Geopolitics, armed conflicts, planetary health crisis, etc. are conflict multipliers

They exacerbate issues from the unprepared policy responses to demographic transitions

Humanitarian Impacts of extreme flooding across South Asia



210 million people affected or displaced –

equal to the entire population of Brazil.

27,331 healthcare facilities impacted –

more than exist across the EU.

1.2 million kms of roads flooded, destroyed, or rendered unusable –

equal to every metre of road in Canada.



Nazir U, Stein A, Khalid S et al and CCI Consortium . Extreme flood impact measurement using remote sensing and artificial intelligence: 2025 South Asia case study. In review, 2025

> 216 MILLION PEOPLE

could be forced to move within their countries due to climate-related impacts by 2050

(World Bank, 2021)

Source: PS3.2 Dr. Sara Khalid



II. Implications



1. Structural stress on health systems

- Demographic and epidemiological transitions are occurring simultaneously, leading to **longer lives with higher disability burdens**, driven mainly by NCDs, and chronic conditions.
- Population ageing **increases demand for health services**, long-term-, integrated, community and home-based care; age-based discrimination hinders access to services
- Climate shocks and conflict further **destabilise service delivery** by damaging health facilities, transport networks, and supply chains, especially in LMICs hosting the majority of displaced populations.



Source: Nik Norliati Fitri Md Nor

II. Implications



2. Deepening inequities in health and social protection

- Vulnerable groups among children, women, migrants, older people and displaced populations are disproportionately affected by demographic and epidemiological transitions, and crisis
- Demographic transitions, particularly migration, widen existing economic gaps, especially in fragile labour markets with limited fiscal space
- Concentration of health, medical, and services in urban areas exacerbated by growing urbanization and migration – increasing urban/rural inequities

II. Implications



3. Intensifying pressure on labour market

- Low fertility resulting in population decline puts pressure on the labour market if there is no in-migration and mortality rates are high.
- Population ageing raises long-term care demand with health and care workers retiring, migrating, or exiting the labour force, intensifying workforce shortages.
- Global recruitment by high-income countries accelerates worker migration from LMICs, weakening fragile systems and raising ethical concerns.
- When formal systems fail to adapt, care burdens shift to households—especially women and the “sandwich generation”—reinforcing gender inequities and caregiver burnout.

II. Implications



4. Challenges in fiscal sustainability

- Demand for health services and social protection outstrips fiscal capacities, especially when a whole-government approach is not taken.
- Fewer workers and more older people are increasing pressure on public finances and social protection systems.
- Payroll- and labour-based financing systems are becoming harder to sustain as the workforce shrinks.
- Untapped policy adaptation given longer lives means lost productivity and slower economic growth, further limiting future resources.
- Fragmented pools and social contributions risk regressive financing, higher out-of-pocket payments, and increased catastrophic health expenditure.²⁰



III. Existing Policies: Achievements & Gaps



1. Health and care systems

- WHO Integrated Care for Older People (ICOPE) supports care in communities and primary care with adaptation to local context, uneven uptake across countries and needs to be scaled up
- Global framework for long-term care needs to be applied and implemented
- UHC package of long-term care interventions exists yet needs implementation
- UN Decade for Healthy Ageing: uneven progress, low and middle-income countries are lagging behind on implementation and allocation of resources
 - Long-term care: key gaps are strengthening community-based systems, training and funding support to care-givers
 - Palliative care has yet to scale up, be integrated with LTC and improve access to opioids.
- Quality standards for age-friendly primary health care and long-term care need to be developed and implemented.

III. Existing Policies: Achievements & Gaps



2. Workforce and labour

- The WHO Global Code of Practice on International Recruitment of Health Personnel moderates appropriate and ethical recruitment of health personnel
 - The Code is still relevant and effective
 - Should not actively recruit health workforce from countries under “WHO workforce support and safeguard list” with low workforce density (<49 doctors/nurses/midwives per 10,000 population) and low UHC service coverage.
- Uneven progress in training, upskill, allocation and retention of health and care workforce, with the need to strengthen community health workers and support unpaid caregivers
- Opportunity to create jobs and develop a Silver Economy
- Align education, labour and migration policies to meet care workforce needs

III. Existing Policies: Achievements & Gaps



3. Social protection and income security

- Policy gap on integrating health and social protection systems,
- Inadequate tax base and payroll tax-based pension for older people; universal pension and social protection have yet to scaled up
- Gaps in social assistance and caregiver support schemes.
- Limited recognition and support to informal carers
- Lack of life-course approach e.g. early-child development, working-age policies and healthy ageing, recognizing that people of all ages live and work together

III. Existing Policies: Achievements & Gaps



4. Housing, transport and urban development

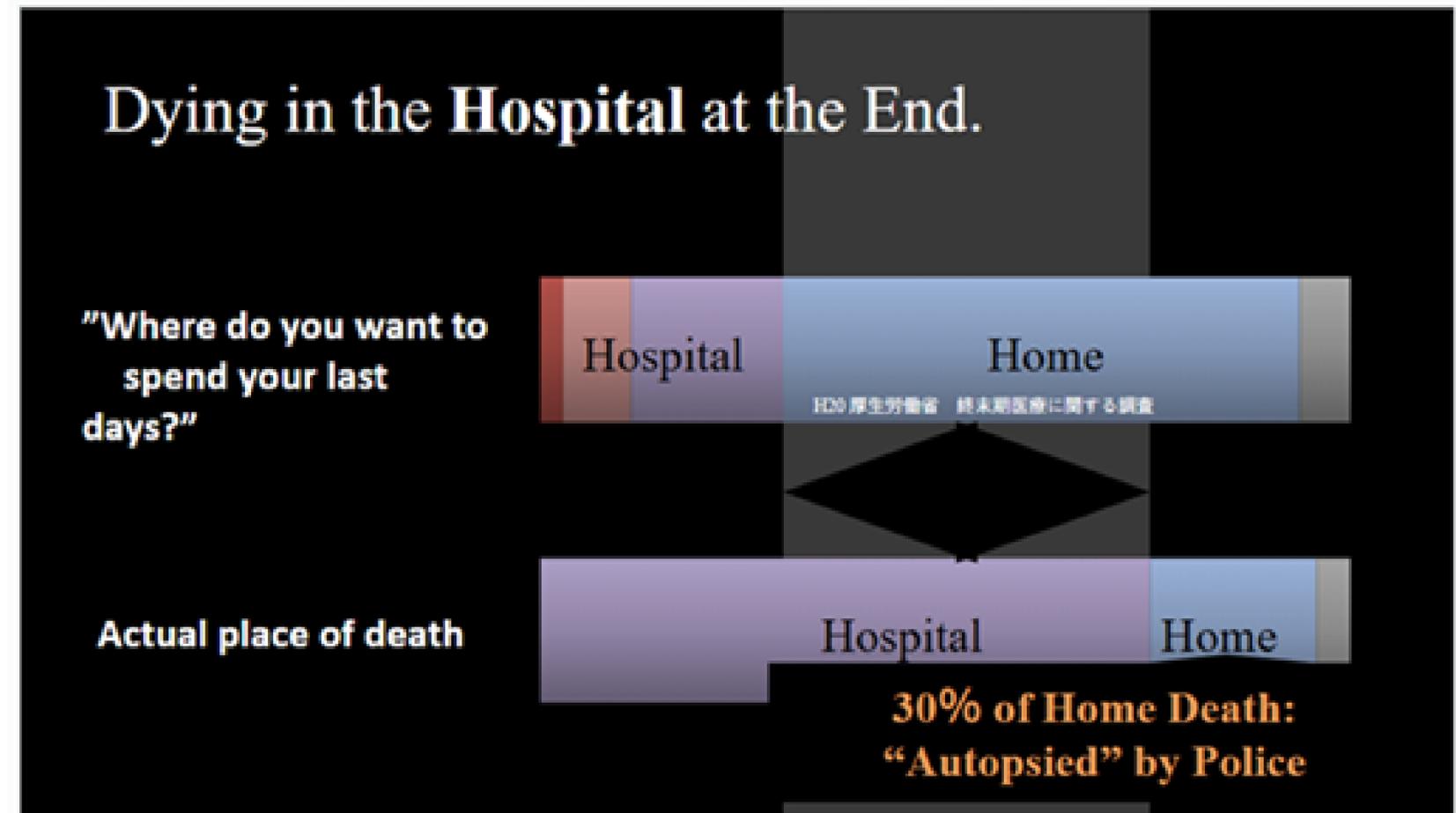
- Uneven progress in age-friendly and inclusive communities, particularly LMICs: accessible housing, transport, universal design and public spaces
- Lack of progress in prevention of social isolation and support participation through safe, connected environments

III. Existing Policies: Achievements & Gaps



5. Integrated care models - a few good examples

- Singapore Healthier SG, SGH@Home, Japan home-based care, Sri Lanka ICOPE, Africa CHWs.
- Community-based systems (CHWs, community clinics, home visits).
 - Palliative care has yet to be initiated and scaled up
- Home medical care in Japan is an entry point of home-based palliative care, replacing death in hospitals



III. Existing Policies: Achievements & Gaps



6. Cross-ministerial collaboration

- Malaysia: Ministries of Health, Finance, Human Resources, Women and Social Development synergistically respond to national ageing agenda

7. Use of digital health, telemedicine, AI, smart monitoring

- South Korea AI social robot (hyogo doll) with sensors for 24/7 emotional companionship, health monitoring of elderly living alone
- AI early warning for extreme weather, air pollution, disease outbreaks
- Digital Health: telehealth, robotic workforces for disasters
- Singapore AI detects early cognitive impairment using a 5 min self-administered digital drawing test (93% accuracy, non-dependent on language and literacy) - should be scaled up

IV. Recommendations



Overarching Recommendations

- Interventions to increase Life Expectancy are more effective response to population decline than increasing fertility thru pro-natalist policies.
- The duo of “demographic and epidemiological transitions” requires comprehensive, timely, and effective multi-sectoral policy responses and whole-of-government, whole-of-society, approach in the context of poly-crisis.
- Increase Healthy Life Expectancy (HALE), add life to years, require interventions on NCD, address commercial determinants for healthy ageing across life-course.
- Policy must be guided by equity and a people centred lens.

IV. Recommendations



1. Individuals

- **Improve financial literacy**, particularly for retirement planning in contexts of longer life expectancy and uncertain pension adequacy.
- **Build digital skills** to access health and social services and remain economically active.
- Engage actively in community and intergenerational spaces, **strengthening social cohesion and informal support networks.**

IV. Recommendations



2. Communities / Civil Society Organisations (CSOs)

- **Deliver and support** community-based, home-based, and long-term care, including palliative care.
- **Support formalisation of caregiving roles**, including community volunteers, to address care deficits created by ageing, migration, and shrinking family size.
- **Facilitate intergenerational interaction** through everyday spaces and institutions, moving beyond symbolic engagement.



PS1.2 Kanoko Oishi

Governments need to enable CSOs

IV. Recommendations

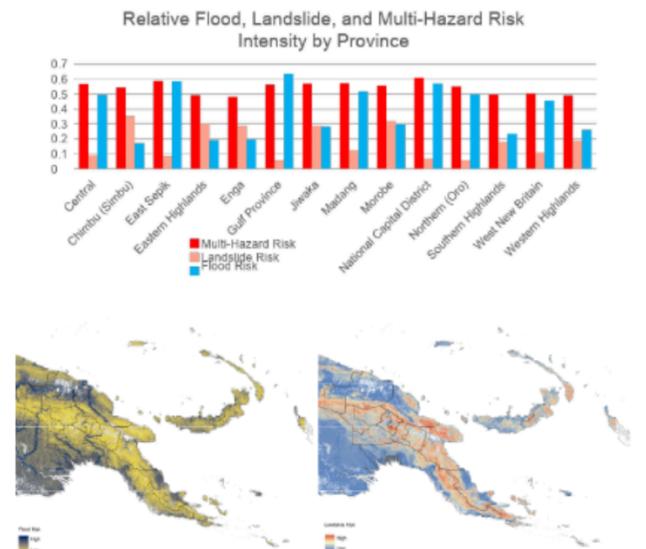


3. Academia

- Support **strategic health workforce planning**, including predictive analytics and unified registries anticipating demographic and epidemiological shifts.
- Reform **health and care workforce education** to align competencies with chronic care, multimorbidity, palliative care, community care, and long-term care needs.
- **Generate scientific evidence** from global or local datasets for equitable planning

Making Climate-Health Analytics Work for LMICs

- Addressing the digital divide and global data bias
 - Global datasets frequently miss informal or seasonal routes
 - Local validation to correct road networks, travel assumptions and community access patterns is critical
 - Ensures analysis is locally trustworthy
- Turn climate risk into equitable planning
 - Use multi-hazard + provincial risk comparisons to prioritize provinces for staged investments
 - Direct limited resources to facilities and routes serving the most vulnerable
 - Combine population service-area data with climate disruption to quantify population level impact



PS3.1 Yukiko Yamada

IV. Recommendations



4. Governments

Home-Grown Solutions

- PHC Networks**
Hubs and spokes model where specialists support rural clinics via telemedicine
- Formalizing the Foundation**
Professionalizing Community Health Promoters with formal digital tools and monthly stipend
- Digital HRH registry**
Unified HRH Registry with predictive analytics
- Brain circulation**
Brain-drain into brain-circulation with binding return agreements

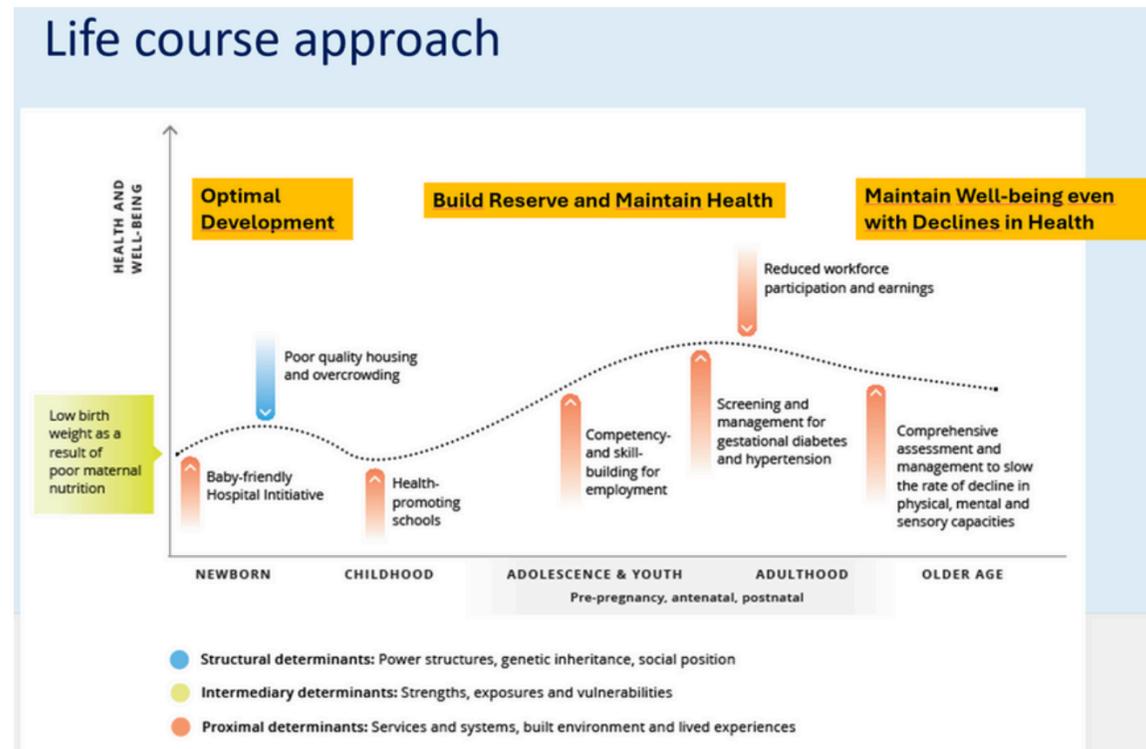
PS2.1 Muthoni Karanja

- **Re-orient health systems** away from hospital-centric, labour-dependent, and reactive models toward prevention, care continuity, and resilience.
- **Implement health workforce reforms**, including re-engagement of retired professionals, flexible re-entry pathways, and caregiver support systems, effective health workforce retention
- **Reform health financing** by diversifying revenue sources beyond labour-based contributions, strengthening pooling mechanisms, address low value care and waste and aligning health and long-term care financing

IV. Recommendations



4. Governments



PS2.1 Ritu Sadana

- **Protect households from excessive co-payments for essential services**, particularly for older persons, and households with children.
- **Reform purchasing toward blended payment models** to support integrated, people-centred care.
- **Establish and strengthen social welfare/protection**, including universal old-age pensions, minimum contributory pensions, progressive pension formulas, inclusion of an informal labour force and recognition of paid and unpaid caregivers.
- **Invest in age-friendly environments and infrastructure** that support mobility, safety, social participation, and healthy ageing, and investment in each life stage.



IV. Recommendations

5. International Organisations

- **Position healthy ageing** as a core development and equity agenda, not a health issue.
- **Accelerate implementation** of the UN Decade of Healthy Ageing, focusing on scale, financing and measurable impact.
- **Advance a legally binding UN instrument** on the rights of older persons.
- **Align** global financing, technical assistance and evidence platforms.
- **Support countries** with normative guidance, standards, data and implementation learning.

IV. Recommendations

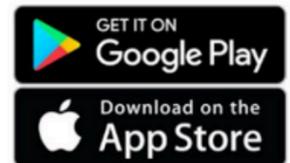


6. Private Sector / Social Enterprise

- Support development of **cost-effective and affordable digital health, assistive technologies**, and care-enabling solutions aligned with integrated, people-centred care.
- **Contribute to age-friendly labour markets** and workplaces, supporting extended working lives and productive ageing.

Buddy HomeCare

**Social Innovation merge with
Technology Innovation**



PS2.4 Janevit Wisojsongkram



PMAC 2026 Rapporteur Team



Lead Rapporteurs



Viroj
Tangcharoensathien



Ritu
Sadana



Chalernpol
Chamchan



Akosua
Agyemang



Phee
Tranghiranyathorn

Technical Content Coaches



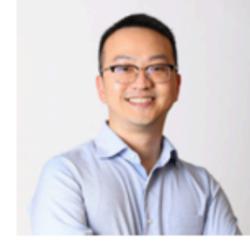
Borwornsom
Leerapan



Chalernpol
Chamchan



Thu-Ba Huynh



Thanasak
Thumbuntu



Rapeepong
Suphanchaimat

Rapporteur Coordinators



Angkana
Lekagul



Divya
Lakhota



Jinnapat
Suvannakatka



Jintana
Jankhotkaew



Kullaya
Petchkanokpraw



Natcha
Kongkam



Nisachol
Cetthakrikul



Tashi
Chozom



Woranan
Witthayapipopsakul

Total 76 rapporteurs (from 26 organizations)

Session Rapporteurs

- 42 Thai Medical Students
- 34 Professionals from 8 countries: India (2), Japan (2), Malaysia (3), Philippines (5), Singapore (6), Spain (1), Thailand (58), United Kingdom (1)



PMAC 2026 Session Rapporteurs (76 Rapporteurs)



Anakin Laowattana	Jiratthapon Jaikamsueb	Nontakorn Siriwattanasatorn	Ponlagrit Kumwichar
Angela Judhia Arkandhi	Joseph Martinez	Nuttapat Prommanun	Pornlapin Swasdibutara
Anna Karenina Dungca	Joy Marie Gillera	Nuttnicha Hongsakul	Preechaya Naraprasertkul
Anne Marie Rey	Karnsita Suna	Nyein Chan Oo	Prin Chaiyakit
Arisa Satasook	Kasemsak Jandee	Paam Bidaya	Salman Khan
Beth Stinchcombe	Keeratika Thongchaiprasit	Panisara Chamnansil	Santhanat Ariyarungruengkul
Brandon Chua	Khwanchanok Paka-Akaralerdkul	Pannathorn Phinitwongwitthaya	Sarunthorn Japakasetr
Chanwipha Sirisaengtaksin	Krittin Chanprapab	Panupong Chaowanasawat	Sher Mein Chew
Chatcha Sriwanwit	Kullaya Petchkanokpraw	Papawit Netinatsunton	Sirirath Ratlerdkarn
Chieko Matsubara	Lalaine Alfaro	Paphapin Pairojtanchai	Tanatat Pisankunakit
Chittawan Poonsiri	Leonard Thomas Lim	Patcharanan Deprasertwong	Tanatittikarn Therdkiet
Chomnapus Lertpreecha	Lydia Ng	Patikorn Jarutanitkun	Tashi Chozom
Collins Santhanasamy	Maria Iris Baltazar	Pawarisa Aungatichart	Tharani Loganathan
Dhaneshan Thirugnanasambhandan	Marian Theresia Co	Phatthanamon Sinsawat	Theerisara Kraissarin
Dusit Jiemkhosit	Nachanon Upariputtangoon	Phee Tranghiranyathorn	Tippawan Liabsuetrakul
Eleanor J. Ong	Nara Phonprasert	Phutanabordee Watjanasirisathain	Voraruthai Puengchanchaikul
Hinano Seo	Narada Jachalee	Phuthep Tiangthamkun	Wakin Wongkunanant
Ijyaa Singh	Natchanon Rongdach	Phyu Sin Win Htet	Wanapas Wachiradejkul
Jinnapat Suvannakatka	Nichnipa Thawornpusit	Pimpraewa Putharukkit	Wit Wichaidit



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE **2026**



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

Q & A Discussion