

## Technical Consultative Meeting on Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand

Thursday 30 May 2024 from 8.30 – 15.30 hrs.  
At Centara Grand & Bangkok Convention Centre at Central World

### Workshop Summary



### Executive Summary

Over 40 participants from 14 organizations relate to GBV services in Thailand participated in this technical workshop. After a presentation from NHSO office on UHC and their scope of work, UNFPA presented the UHC technical review report for Gender-based Violence (GBV) cases, regardless of gender and age, in Thailand followed by groups discussion, the Workshop participants agreed that the coverage for Gender-based Violence (GBV) cases should include all components of services namely, Physical health, Mental health, legal support and social reintegration support. Though UHC covers costs for Physical health and part of Mental health but not so much on legal support and social reintegration which are covered by other Government offices with other source of public funds. The participants provided constructive recommendations to strengthen UHC coverage for Gender-based Violence (GBV) cases with the details outlined in this workshop summary.

## Detailed summary:

The consultation was opened by three high-level representatives which are Khun Panumard Yarnwaidskul, Deputy Permanent Secretary, Ministry of Public Health; Khun Waraporn Suwanwela, Deputy Secretary General, National Health Security Office (NHSO) Thailand and Khun Siriluck Chiengwong, Head of Office, UNFPA Thailand.

- Khun Panumard Yarnwaidskul, Deputy Permanent Secretary, Ministry of Public Health
  - Ministry of Public Health is the leading health organization in Thailand however, the Ministry is not the only organization who work in this area. The Ministry aims to develop the healthcare system and ensure that it sustainable and the system and human resources are keys to the healthcare systems efficiency. The Ministry of Public Health aims to continue working with partners to ensure that people can access to healthcare services anywhere and they have been taken well in term of expenses. In the end, it is important to develop the standard of procedures, and allocate appropriate budgets for GBV survivors in Thailand.
- Khun Waraporn Suwanwela, Deputy Secretary General, National Health Security Office (NHSO) Thailand
  - The National Health Security Office is part of the healthcare mechanism who provides financial support to Thai people to be able to access to healthcare services equally and protected each household from financial difficulties due to the insufficient information on their health-related rights and services available. Services are delivered by different Health service providers with different roles and responsibilities covered by different financial sources,. Therefore, multi-disciplinary and whole-of-society approach are key to deliver inclusive services to GBV cases. The National Health Security Office is willing to cooperate with every partner to ensure the smooth coordination of the multi-disciplinary team to support GBV survivors.
- Khun Siriluck Chiengwong, Head of Office, UNFPA Thailand
  - It is cleared that Gender-Based Violence (GBV) cases services in Thailand are covered by different financial resources, roles, and responsibilities. Therefore, multi-disciplinary and whole-of-society approach are key to deliver inclusive services to GBV cases. In this regard, UNFPA Thailand would like to extend and further enhance the government's best practices and provide comprehensive supports to strengthen coordination across government agencies and CSOs. GBV cases have been risen nowadays. The causes GBVs are not only because the gender inequality alone but drugs and other illicit substances are one of the accelerators that led to violences. UNFPA Thailand will continue to serve as a linkage for relevant stakeholders to exchange knowledges and practices together, and by using participatory and the evidence-based approach, it is important to

have reliable data and evidence to inform decision making on policies and budget allocation that drive with 'GBV Survivors centric approach'.

## Workshop Objectives

1. Review the existing UHC package for GBV cases in Thailand, assessing its comprehensiveness, accessibility, and effectiveness in addressing the needs of survivors.
2. Identify gaps and challenges in the current UHC package for GBV cases and propose recommendations for improvement, aligned with global standards and best practices.
3. Enhance coordination and collaboration among key stakeholders, including the National Health Security Office, Ministry of Public Health, One Stop Service Crisis Centers, and Ministry of Social Development and Human Security, to strengthen the response to GBV within the UHC framework.
4. Discuss strategies and recommendations to integrate international standards and best practices into the UHC inclusive package for GBV cases in Thailand, ensuring alignment with global norms and guidelines and ensure that UHC leaves no one behind.

## Session 1: Introduction of UHC in Thailand, Khun Waraporn Suwanwela, Deputy Secretary General, National Health Security Office (NHSO), Thailand

**Short summary:** Thailand's UHC program, established by the National Health Security Act in 2002, aims to give all citizens financial access to a wide range of healthcare services. This program covers millions of people and ensures healthcare doesn't cause financial hardship. However, challenges remain in maintaining program budgets, expanding the range of covered services, and improving access to preventive care.

- The main target of the UHC policies is that all citizens are ensured and that there is no financial hardship in accessing healthcare. This relates to SDG 3, particularly targets 3.8.1 and 3.8.2.
- SSS (private formal sector), CSMBS (civil servants and dependents), and UCS (universal) schemes have been introduced and overviewed.
- In 2023, the population covered by the UHC is 66.897 million people.
- The National Health Security Act 2002 mandated the establishment of the National Health Security Office (NHSO).
- The current health insurance scheme covers a wide range of services (eg. access to antiretroviral therapy for people with HIV), however, some are excluded, such as fertility treatments.
- The main goal of healthcare provision can be summarized by the question "What do people get?", with a focus on equality and leaving no one behind

- Some challenges faced by the country's healthcare system include:
  - Sustainability of public health budgets
  - Expanding benefits and increasing access to public health services
  - Increasing access to health promotion and disease prevention services

## Session 2: Presentation from the multi-disciplinary team of OSCC from different provinces (Khon Kaen, Pathumthani, Songkhla)

Session summary:

The OSCCs were established in accordance with the Child Protection Act, B.E. 2543 (2003). One-Stop Crisis Centers (OSCCs) are a nationwide network that combats violence against women and children as well as Gender-based violence. They offer a crisis hotline with trained staff and collaborate with local crisis centers both government sectors and CSOs, and mobile units to reach people in their communities. OSCCs support survivors from violence cases in physical, mental, and legal services with appropriate resources, and coordinate between government agencies, CSOs, and other available networks in the community to ensure a comprehensive response.

In this workshop, there are four representatives from OSCC in four provinces namely, Khon Kaen, Pathum Thani, Hat Yai municipality of Songkhla, and Mae Sot, Tak province. Despite the strong coordination and comprehensive approach with the multi-disciplinary team, there are certain challenges face by the OSCC staffs. These challenges include linkage between unintended pregnancy/violence and drug addiction, requiring holistic care and comprehensive benefit packages which are yet included. The problem of drug and alcohol addiction risen in many provinces, and they often lead to violence domestically. Additionally, complex social contexts like lack of civil registration, religious/cultural nuances, migrant populations, and social inequality make service provision difficult in some areas.

## Session 3: Presentation of Preliminary Introduction of 'A Review of Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand Report' by Khun Phunchawaree Puapunsri

Session summary:

- An estimated 736 women around the world experienced GBV (Source: ThaiHealthPromotion). However, it can affect anyone, or any gender and any age group. GBV is a violation of human rights, affecting body, mind, and spirit.

- In 2023, there were total of over 15,000 cases of violence with the following details: 1) 6,753 cases of physical violence 2) 5,492 cases of psychological violence and 3) 3,979 cases of sexual violence reported in OSCCs in Thailand
- OSCCs have 17,611 locations across 77 provinces in Thailand.
- The objectives of the report are to identify the current situation, evaluate the obstacles and challenges to accessing the services, analyze different circumstances in service access, synthesize the important findings, and produce recommendations for moving forward.
- The Universal Health Coverage Package for GBV Based on Global Standards includes: 1) medical treatment 2) psychological support, rehabilitation, and social support 4) legal assistance. It is important to synthesize these elements to achieve a comprehensive coverage.
- Comparison with international standards: UHC in Thailand has rooms for improvement in several aspects, for instance: abortion due to Thailand's law, mandatory follow-up services, survivor-centered counseling, etc. Table of Comparison

Feature	Thailand UHC Package for GBV	Global Standards for UHC Package for GBV
<b>Medical Services</b>		
Immediate Medical Care	Yes	Yes
Emergency Contraception	Yes	Yes
STI Screening and Treatment	Yes	Yes
HIV Post-Exposure Prophylaxis (PEP)	Yes	Yes
Safe Abortion Services	with condition	Yes (where legal)
Ongoing Medical Follow-up	Limited	Yes
<b>Psychosocial Support</b>		
Counseling Services	Yes	Yes
Mental Health Support	Yes	Yes
Hotline Services	Yes	Yes
Psychological First Aid	Limited	Yes
Survivor-Centered Counseling	Yes	Yes
Crisis Intervention Hotlines	Yes	Yes
<b>Legal and Forensic Services</b>		
Forensic Evidence Collection	Yes	Yes
Legal Counseling	Yes	Yes
Coordination with Law Enforcement	Yes	Yes
Forensic Medical Examinations	Limited	Yes
Legal Aid	Yes	Yes
Collaboration with Judicial Systems	Yes	Yes
<b>Shelter and Protection</b>		
Safe Houses and Shelters	Yes	Yes
Protection Services	Yes	Yes
Accessible Shelters	Yes	Yes
Protection Orders	Limited	Yes
Safety Planning	Yes	Yes
Relocation Assistance	Limited	Yes
<b>Training and Awareness</b>		
Training Healthcare Providers	Yes	Yes
Public Awareness Campaigns	Yes	Yes
Capacity Building	Limited	Yes
Community Education Programs	Limited	Yes
<b>Referral Systems</b>		
Integrated Referral Systems	Yes	Yes
Multisectoral Approach	Yes	Yes
Strong Referral Networks	Yes	Yes
Case Management Systems	Yes	Yes

**Short Summary:** The “A Review of Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand” report delves into the critical issue of GBV, a global problem impacting people of all genders and ages. Thailand faces a significant challenge with

GBV, as evidenced by thousands of reported cases annually. The report focuses on a comprehensive evaluation of how Thailand's GBV care services measure up against international standards. It examines access to essential services like medical treatment, psychological support, social services, and legal assistance. This analysis reveals a gap between Thailand's Universal Health Coverage (UHC) package for GBV and international benchmarks, highlighting areas that need improvement. The report provides actionable recommendations to bridge these gaps, aiming to enhance the overall response to GBV within the UHC framework.

## Session 4: Group Discussion and recommendation to strengthen UHC coverage for GBV cases

Services dimension	Recommendation
<b>Physical Health</b>	<ol style="list-style-type: none"> <li>1. Expand physical coverage for cosmetic surgery and establish a clear classification system for cosmetic surgery procedures.</li> <li>2. Expand coverage to include a wider range of symptoms and illness durations to better meet survivors' needs.</li> <li>3. Reduce financial burden by covering travel expenses associated with accessing healthcare services.</li> <li>4. Provide equal rights of vulnerable groups to access health care especially those who lack of identification card, civil registration, migrants, stateless persons, etc.</li> </ol>
<b>Psychological Support</b>	<ol style="list-style-type: none"> <li>1. Ensure privacy of patient's information.</li> <li>2. Establish a transparent and accountable system for compensation.</li> <li>3. Improve referral system by streamlining the process of connecting gender-based violence survivors with the multidisciplinary teams.</li> <li>4. Provide financial supports to ensure that survivors can access to services provided by the multidisciplinary teams.</li> <li>5. Improve collaboration from multi-sectors, including governments.</li> <li>6. Establish regulations for treatment and accommodations.</li> <li>7. Provide capacity buildings to professionals and multidisciplinary teams to be able to provide support according to the global standard.</li> </ol>
<b>Legal Services</b>	<ol style="list-style-type: none"> <li>1. Establish more robust and clear penalties for acts of violence against women and girls.</li> <li>2. Strengthen the enforcement of existing laws protecting women and girls against violence.</li> <li>3. Enhance geographical access for rights even outside of the survivors' living areas.</li> <li>4. Establish laws and regulations on Universal Health Coverage for gender-based violence cases.</li> </ol>

	<p>5. Operating funds should be established within the system to aid with the legal services.</p>
<p><b>Social Support</b></p>	<p>1. Strengthen and mobilize resources via community-based care to ensure appropriate services available to meet the needs of survivors.</p> <p>2. Establish the standard of procedures to ensure the common practices for multi-stakeholders' collaboration.</p> <p>3. Establish a dedicated and functional fund to support UHC services for gender-based violence.</p> <p>4. Integrate support allowances provided by different agencies in order to create a seamless system for gender-based violence survivors.</p> <p>5. Provide capacity developments for relevant stakeholders for example, teachers to be able to provide a better support for social reintegration.</p>

### Summary of discussion and recommendations from participants

1. It is important to standardize and improve service delivery.
2. It is suggested that UHC expands coverage of services to non-medical services.
3. It is suggested that as alternative and sustainable way forward, the Government could consider establish an independent leading fund which has authority and practicality to manage cooperation among different Government agencies and cover expenses which now no agencies responsible for.
4. It is suggested that UHC could address prevention and rehabilitation services.
5. It is crucial to empower community as a key stakeholder.
6. It will be useful to map the whole services for GBV cases in Thailand and what public funds/ institutions are covering each stage.

### Action items

- Participants agreed to provide inputs (if any) on the UHC technical review report within 14 June 2024.



## Annexes

### Annex 1: Agenda

#### Agenda

#### Technical Consultative Meeting on Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand

Thursday 30<sup>th</sup> May 2024 from 8.30 – 15.30 hrs.

At Centara Grand & Bangkok Convention Centre at CentralWorld

Time	Agenda Item	Focal Point(s)
08:30 – 08:55	<b>Registration</b>	UNFPA Thailand team - Sittiporn Rodprison, Administrative and Procurement Assistant - Thanaporn Kornmatitsuk, Programme Assistant – Gender-Based Violence (GBV)
08:55 – 09:00	<b>Background and Objectives of the meeting</b> <ul style="list-style-type: none"> <li>Khun Phunchawaree Puapunsri Gender-Based Violence (GBV) Coordinator, UNFPA Thailand</li> </ul>	
9:00 – 09:20	<b>Opening Remark: (20 mins)</b> <ul style="list-style-type: none"> <li>Khun Panumard Yarnwaidskul Deputy Permanent Secretary, Ministry of Public Health</li> <li>Khun Waraporn Suwanwela, Deputy Secretary General, National Health Security Office (NHSO) Thailand</li> <li>Khun Siriluck Chiengwong Head of Office, UNFPA Thailand</li> </ul>	
09:20 – 09:30	<b>Photo session (10 mins)</b>	
09:30 – 09:50	<b>Session 1: Introduction of UHC in Thailand (20 mins)</b> <ul style="list-style-type: none"> <li>Khun Waraporn Suwanwela, Deputy Secretary General, National Health Security Office (NHSO) Thailand</li> </ul>	
09:50 – 10:20	<b>Session 2: Presentation from the multi-disciplinary team of OSCC from different provinces (30 mins)</b> <ul style="list-style-type: none"> <li>Khon Kaen Hospital, Khon Kaen Province</li> <li>Mae Sot Hospital, Tak Province</li> <li>Hat Yai Hospital, Songkhla Province</li> <li>Pathumthani Hospital, Pathumthani Province</li> </ul>	Phunchawaree Puapunsri

10:20 – 11:00	<b>Session 3: Presentation of Preliminary Introduction of ‘A Review of Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand Report’. (40 mins)</b> <ul style="list-style-type: none"> <li>• Presentation and Q&amp;A</li> </ul>	Phunchawaree Puapunsri
11:00 – 11:15	Coffee break	
11:15– 12:00	<b>Session 4: Small Group discussion based on 2 guided questions below (45 mins):</b> <ol style="list-style-type: none"> <li>1. According to the Zero Draft of the ‘A Review of Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand Report’, from your experience are there any aspects that should be added or revised, what would be your recommendations especially in the 4 dimensions of services for Gender-based violence survivors? <ul style="list-style-type: none"> <li>○ Physical</li> <li>○ Mental</li> <li>○ Legal support</li> <li>○ Social support</li> </ul> </li> <li>2. What would you like to see more of the UHC to reduce the GBV situation in Thailand?</li> </ol>	Led by representatives from government and facilitated by <ul style="list-style-type: none"> <li>- Phunchawaree Puapunsri</li> <li>- Sittiporn Rodprisom</li> <li>- Thanaporn Kornmatitsuk</li> </ul>
12:00-13.00	Lunch	
13:00-14:00	<b>Session 4 (Continue): Small Group discussion and prepare to present back (1 hour)</b>	Led by representatives from government and facilitated by <ul style="list-style-type: none"> <li>- Phunchawaree Puapunsri</li> <li>- Sittiporn Rodprisom</li> <li>- Thanaporn Kornmatitsuk</li> </ul>
14:00 – 15:00	<b>Session 5: Group Presentation and Q&amp;A (1 hour)</b>	<ul style="list-style-type: none"> <li>- Presentations by representatives from government officers.</li> <li>- Moderated by Sittiporn Rodprisom.</li> </ul>
15:00-15:15	<b>Session 6: Recap and Next steps (15 mins)</b>	Phunchawaree Puapunsri
15:15- 15:30	<b>Closing remarks (15 mins)</b> <ul style="list-style-type: none"> <li>• Representatives from NHSO</li> <li>• UNFPA Thailand</li> </ul>	
15.30	<b>Coffee break and End of the Workshop</b>	



## Annex 2: List of Participants

1. National Health Security Office
2. Ministry of Social Development and Human Security
3. The Children and Youth Council of Thailand
4. Ministry of Public Health
5. Office of the Attorney General
6. OSCC Pathum Thani Hospital
7. OSCC Khon Kaen Hospital
8. OSCC Maesot Hospital
9. OSCC Hatyai Hospital
10. OSCC Samutprakan Hospital
11. Metropolitan Police Division 6
12. Metropolitan Police Division 8
13. Planned Parenthood Association of Thailand (PPAT)
14. UN Agencies

### Annex 3: Workshop pictures



## Annex 4: Evaluation of the Workshop

The evaluation of the workshop shown that there are 75% of female and 25% of male participants who participated in the survey.

### Evaluation of the Workshop

