

# REVIEW OF UNIVERSAL HEALTH COVERAGE (UHC) PACKAGE FOR GENDER-BASED VIOLENCE (GBV) CASES IN THAILAND REPORT



## "Review of Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand" report.

### Author:

Phunchawaree Puapunsri

### Editor:

Siriluck Chiengwong

### Editorial Team:

Siriluck Chiengwong, Phunchawaree Puapunsri, Thanaporn Kornmatitsuk, Sucharat Sathaporn-anon and Tortong Tipparat

**Publication Design:** Ruenkaew Printing

### Published by

United Nations Population Fund (UNFPA),  
Thailand  
December 2024 Bangkok, Thailand

©UNFPA, 2024

ISBN: 978-616-94657-0-6

## ACKNOWLEDGMENTS

UNFPA Thailand Country Office extends its deepest appreciation to all the individuals and institutions who contributed to the development of the "Review of Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand" report.

We gratefully acknowledge the invaluable support and technical inputs provided by the participants of the Technical Consultative Meeting on Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand held in May 2024. Special gratitude to the Ministry of Public Health (MOPH), the Ministry of Social Development and Human Security (MSDHS), the National Health Security Office (NHSO), Provincial One-Stop Service Crisis Center (OSCCs), Planned Parenthood Association of Thailand (PPAT), and Youth groups for their leadership, expertise, and commitment to advancing gender equality and improving access to essential services and strengthening coherent services for survivors of GBV.

We also express our profound gratitude to the UNFPA Thailand team for their unwavering dedication and contributions to this report both directly and indirectly. In particular, we extend our heartfelt thanks to: Dr. Julitta Onabanjo, Country Director of UNFPA Thailand and UNFPA Representative for Malaysia, Siriluck Chiengwong, Head of Office, Kullwadee Sumalnop, Communication Specialist, Adhipat Warangkanand, Programme Analyst on Population and Development, Sucharat Sathaporn-Anon, Outreach and Public Engagement Coordinator, Doungdao Songphanich, Finance/Administrative Associate, Parichat Srinopnikom, Program Associate, Panyawan Suphasri, General Programme Assistant, Thanaporn Kornmatitsuk, Programme Assistant – Gender-Based Violence, Tortong Tipparat, Programme Assistant – Digital Advocacy & South-South and Triangular Cooperation, Sittiporn Rodprisom, Administrative and Procurement Assistant and Daria Turavinina, Associate Programme Coordinator on Population Development and Innovation.

Their combined expertise and tireless efforts have been instrumental in shaping this comprehensive report. This document reflects a shared commitment to advancing survivor-center approach in GBV prevention and responses from both service providers and financial coverage to those services including the Universal Health Coverage and ensuring an inclusive multisectoral response to gender-based violence that meets the needs of all individuals in Thailand.

**Suggested Citation:** Ministry of Public Health (MOPH), Ministry of Social Development and Human Security (MSDHS), National Health Security Office (NHSO), and United Nations Population Fund (UNFPA). 2024



### Available at:

[https://thailand.unfpa.org/en/GBV-UHC\\_Report\\_2024](https://thailand.unfpa.org/en/GBV-UHC_Report_2024)

### Disclaimer

The report is a publication commissioned with the supports from Ministry of Public Health (MOPH), Ministry of Social Development and Human Security (MSDHS), National Health Security Office (NHSO), and United Nations Population Fund (UNFPA). The analysis and policy recommendations of this report do not necessarily reflect the views of the Royal Thai Government nor United Nations Population Fund, including its Executive Board and its affiliated organizations.

REVIEW OF UNIVERSAL HEALTH  
COVERAGE (UHC) PACKAGE  
FOR GENDER-BASED VIOLENCE (GBV)  
CASES IN THAILAND REPORT

# FOREWORD

---

## Strengthening Inclusive Services to Address Gender-Based Violence: A Path Forward for survivors-center approach with the Universal Health Coverage in Thailand

The world's population and development agenda with demographic shift trend continues to have several key challenges to promote quality of the population, sexual and reproductive health while ensuring rights and choices for all. Gender-based violence (GBV) exacerbates the challenges and remains one of the most pervasive violations of human rights and lives of the GBV survivors. Ensuring access to essential services for GBV survivors has become an urgent priority in all dimensions namely, physical and mental health, legal support and social reintegration. This report on the Universal Health Coverage (UHC) Package for GBV Cases in Thailand presents a critical mapping and steps in recognizing GBV as a public health and societal issue, addressing it through Thailand's comprehensive UHC framework and beyond. It reflects the country's commitment to advancing health equity, supporting survivors' recovery in all dimensions including physical and mental health, legal support and social reintegration, and promoting the safety and well-being of all individuals.

Thailand's journey towards integrating GBV support into the UHC framework underscores the power of collaboration and resilience in transforming the healthcare landscape. Established in 2002, Thailand's UHC system has achieved remarkable milestones in expanding healthcare access and enhancing the quality of life for its population. However, the complex and evolving nature of GBV requires a nuanced approach that addresses not only the immediate health needs of survivors but also their legal, psychological, and social challenges responding to different complexities of each GBV cases.

As highlighted in this report, the One Stop Service Crisis Centers (OSCCs), which were established across Thailand in all public hospitals under the Ministry of Public Health, have been pivotal in providing coordinated, multi-disciplinary support to GBV survivors alongside other relevant partners including but not limited to law enforcement and social welfare authorities. The OSCCs exemplify a holistic approach to survivor care, uniting medical, psychosocial, and legal services under one roof to ease access and reduce the burden on those seeking help.

Despite significant progress, challenges remain. As this report outlines, challenges such as resource constraints, societal stigma, and the need for more robust inter-agency coordination highlight areas for further enhancement. Moving forward, Thailand's UHC framework must continue to evolve, embracing innovations and deepening its commitment to collaboration and expansion of the coverage to all vulnerable population in Thailand. By expanding service coverage, strengthening referral systems, and fostering a supportive societal environment, we can ensure that every survivor has access to comprehensive, respectful, and timely care.

The findings and recommendations in this report with valuable inputs from the technical multi-disciplinary workshop participants serve as both a roadmap and a call to action. Addressing GBV within the healthcare system is not merely about responding to violence but about reinforcing the principles of justice, dignity, and human rights for all. Thailand's UHC Package for GBV cases, strengthened by these insights, holds the potential to set a new standard for health systems worldwide, inspiring future generations to uphold the right to health and safety as fundamental pillars of a just society.

As we reflect on the strides made and the path forward, we extend our deepest gratitude to all partners, stakeholders, and advocates whose dedication and expertise have made this report possible. Together, we will continue to advance towards a Thailand where everyone, regardless of background or circumstance, has the opportunity to heal, thrive, and live free from violence.

With hope and commitment,

*Dr. Julitta Onabanjo*

Dr. Julitta Onabanjo  
Country Director of UNFPA Thailand and  
UNFPA Representative for Malaysia

# MAPPING SUMMARY FOR INCLUSIVE SERVICES AND FINANCIAL COVERAGE FOR GBV CASES IN THAILAND



## หน่วยงานที่ให้บริการและสนับสนุนทางการเงิน สำหรับกรณีความรุนแรงด้วยเหตุแห่งเพศ ในประเทศไทย

Gender-based Violence (GBV) Service Providers and Financial Support in Thailand



### ใครมีสิทธิ์ได้รับบริการและความช่วยเหลือทางการเงินนี้? Who is eligible for these services and financial support?

ผู้ที่มีสิทธิ์เข้าถึงบริการตามกฎหมายในประเทศไทย ได้แก่ บุคคลสัญชาติไทยทุกเพศ ทุกวัย ที่มีเลขประจำตัวประชาชน 13 หลัก สามารถเข้าถึงบริการทุกประเภทที่จัดโดยภาครัฐ เช่น บริการทางการแพทย์ การฟื้นฟูสภาพจิตใจ การช่วยเหลือทางกฎหมายและการดูแลในที่พักชั่วคราวโดยหน่วยงานของรัฐและองค์กรพันธมิตร ได้โดยไม่เสียค่าใช้จ่าย หรือได้รับการสนับสนุนตามสิทธิ์ที่กฎหมายกำหนด บุคคลกลุ่มอื่นกรุณาตรวจสอบสิทธิ์ของท่านอีกครั้ง\*

All Thai Citizen at every age, every gender with Thai 13 ID numbers are entitled to the public services listed below.

\*Other groups of population, please check your entitlements again.\*

### การรักษาพยาบาลที่ครอบคลุม (Comprehensive Medical Treatment)

#### หน่วยงานผู้ให้บริการ (Service Provider Agencies):

- เช่น กระทรวงสาธารณสุข (Ministry of Public Health - MoPH) โรงพยาบาลรัฐและโรงพยาบาลในเครือข่ายทั่วประเทศ
- ช่องทางการติดต่อ: โรงพยาบาลรัฐและโรงพยาบาลในเครือข่าย ศูนย์พึ่งได้ OSCC ทั่วประเทศ หรือ โทรสอบถามได้ที่ **สายด่วน 1669**

#### หน่วยงานสนับสนุนค่ารักษาพยาบาล (Financial Support Agencies):

- เช่น สำนักงานหลักประกันสุขภาพแห่งชาติ (National Health Security Office - NHSO)
- ช่องทางการติดต่อ: **สายด่วน NHSO 1330** หรือ WEBSITE: <https://www.nhso.go.th>
- กองทุนหลักประกันสุขภาพข้าราชการ
- กองทุนประกันสังคม
- ประกันสุขภาพเอกชน (สำหรับผู้ที่มีการสมัคร)



### การสนับสนุนทางจิตสังคม (Psychosocial Support)

#### หน่วยงานผู้ให้บริการ (Service Provider Agencies):

- เช่น กระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์ (Ministry of Social Development and Human Security - MSDHS)
- ช่องทางการติดต่อ: **สายด่วน 1300** หรือ สำนักงานพัฒนาสังคมและความมั่นคงของมนุษย์จังหวัด (พมจ.) ทั่วประเทศ
- กรมสุขภาพจิต (Department of Mental Health - DMH)
- ช่องทางการติดต่อ: **สายด่วนสุขภาพจิต 1323** หรือ ศูนย์สุขภาพจิตภูมิภาค
- โรงพยาบาลรัฐและโรงพยาบาลในเครือข่าย ศูนย์พึ่งได้ OSCC ทั่วประเทศ หรือ โทรสอบถามได้ที่ **สายด่วน 1669**
- กรมกิจการสตรีและสถาบันครอบครัว (Department of Women's Affairs and Family Development - DWF) ระบบเพื่อครอบครัว (Family Line) ช่องทางการติดต่อ IDLine: @linefamily

#### หน่วยงานสนับสนุนด้านการเงิน (Financial Support Agencies):

- เช่น กระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์(MSDHS)
- กรมสุขภาพจิต(DMH)
- องค์กรพัฒนาเอกชน (NGOs)

### การฟื้นฟูและการสนับสนุนทางสังคม (Rehabilitation and Social Support)

#### หน่วยงานผู้ให้บริการ (Service Provider Agencies):

- เช่น กระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์ (MSDHS)
- ช่องทางการติดต่อ: **สายด่วน 1300** หรือ บ้านพักเด็กและครอบครัวประจำจังหวัดทั่วประเทศ
- กระทรวงสาธารณสุข (Ministry of Public Health - MoPH)
- ช่องทางการติดต่อ: **สายด่วน 1669** หรือ โรงพยาบาลรัฐที่มีศูนย์พึ่งได้ (OSCC) ทั่วประเทศ

#### หน่วยงานสนับสนุนด้านการเงิน (Financial Support Agencies):

- เช่น กระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์ (MSDHS)
- กระทรวงสาธารณสุข (MoPH)
- องค์กรพัฒนาเอกชน (NGOs)

### ความช่วยเหลือทางกฎหมาย (Legal Assistance)

#### หน่วยงานผู้ให้บริการ (Service Provider Agencies):

- เช่น กระทรวงยุติธรรม (Ministry of Justice - MoJ)
- ช่องทางการติดต่อ: **สายด่วน 1111 กด 77**
- สำนักงานพัฒนาสังคมและความมั่นคงของมนุษย์จังหวัด (พมจ.) (Provincial Office of Social Development and Human Security (PSDHS))
- ช่องทางการติดต่อ: ติดต่อได้ที่สำนักงาน พมจ. ทุกจังหวัด หรือ **สายด่วน 1300**
- สภานายความในพระบรมราชูปถัมภ์ (Lawyers Council of Thailand under the Royal Patronage)
- ช่องทางการติดต่อ: โทร **02-522-7124 ถึง 27, 02-522-7143 ถึง 47, สายด่วน 1167**
- สมาคมบัณฑิตสตรีทนายทนายแห่งประเทศไทย ในพระบรมราชูปถัมภ์ (Association of Women Lawyers of Thailand under the Royal Patronage of Her Majesty the Queen)
- ช่องทางการติดต่อ: โทร **02-241-0737**

#### หน่วยงานสนับสนุนด้านการเงิน (Financial Support Agencies):

- เช่น กระทรวงยุติธรรม(MOJ)
- องค์กรพัฒนาเอกชน(NGOs)



สแกน QR CODE : ช่องทางการติดต่อของแต่ละหน่วยงาน และรับข้อมูลเพิ่มเติม



สามารถหาข้อมูลเพิ่มเติมได้ที่ UNFPA Line @SoSafe



จัดทำโดย: กองทุนประชากรแห่งสหประชาชาติ (UNFPA) ประเทศไทย ร่วมกับ สำนักงานหลักประกันสุขภาพแห่งชาติ กระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์ กระทรวงสาธารณสุข โดยความร่วมมือกับหน่วยงานที่เกี่ยวข้องเพื่อสนับสนุนการดำเนินงานเพื่อคุ้มครองสิทธิของสตรีและเด็กผู้หญิงที่ได้รับผลกระทบจากความรุนแรงด้วยเหตุแห่งเพศ (GBV) ในประเทศไทย

Produced by The United Nations Population Fund (UNFPA) Thailand in partnership with National Health Security Office (NHSO), Ministry of Social Development and Human Security (MSDHS), and Ministry of Public Health (MoPH) Technical Consultative Meeting on Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases in Thailand, through collaboration in providing multidisciplinary and expert opinions via a workshop on the topic of "Health Coverage Rights for Gender-Based Violence Cases in Thailand in 2024."

# CONTENTS

CHAPTER		PAGE
<b>1</b>	<b>Introduction and Background</b>	7
<b>2</b>	<b>Key Challenges for GBV cases and UHC</b>	11
	• Transition of primary health care from MOPH to MOI	15
	• Interdisciplinary approach and Coordination with Other Ministries at local level	15
<b>3</b>	<b>Objective of the Report</b>	18
<b>4</b>	<b>Methodology</b>	19
<b>5</b>	<b>Global Universal Health Coverage (UHC)</b>	20
<b>6</b>	<b>Thailand's Universal Health Coverage (UHC)</b>	22
	• Thailand's UHC provides a wide range of health services, including:	23
<b>7</b>	<b>Universal Health Coverage (UHC) Package for GBV Cases Based on Global Standards</b>	25
	• Key elements of the UHC Package for GBV Cases aligned with Global Standards include:	26
<b>8</b>	<b>Overview of Universal Health Coverage (UHC) Package for GBV Cases in Thailand</b>	28
	• Provisions for Addressing GBV Cases:	29
<b>9</b>	<b>One Stop Service Crisis Centers (OSCCs)</b>	31

<b>10</b>	<b>One Stop Service Crisis Centers (OSCCs) and UHC Integration</b>	34
<b>11</b>	<b>Comparison with Global Standards</b>	37
	• Table of Comparison	40
<b>12</b>	<b>Good Practice in Thailand</b>	42
<b>13</b>	<b>Mapping of GBV service providers and financial resources to cover the case in Thailand</b>	44
	• Comprehensive Medical Treatment, especially physical treatment	45
	• Psychosocial Support	46
	• Legal Assistance	48
	• Rehabilitation and Social Support	49
	• Training and Awareness	50
	• Non-Government Organizations and Agencies Providing Support for Women Facing Violence or Hardship	51
<b>14</b>	<b>Recommendations</b>	53
<b>Annex:</b>	Summary from the technical workshop on UHC & GBV in May 2024	55

---



# **REVIEW OF UNIVERSAL HEALTH COVERAGE (UHC) PACKAGE FOR GENDER-BASED VIOLENCE (GBV) CASES IN THAILAND REPORT**



## 1

# INTRODUCTION AND BACKGROUND

Universal Health Coverage (UHC) stands as a beacon of equity and justice in healthcare systems worldwide, aiming to ensure that all individuals have access to essential health services without suffering financial hardship. While UHC has made significant strides in improving healthcare accessibility, there remains a critical aspect that demands attention: Gender-Based Violence (GBV). GBV constitutes a grave violation of human rights, encompassing a spectrum of physical, sexual, and psychological abuses disproportionately affecting women and marginalized communities.

Gender-based violence is one of the world's most pervasive human rights violations. Defined as any harmful act perpetrated against a person's will and based on socially ascribed gender differences between females and males, GBV includes acts that inflict physical, sexual or mental harm, threats of such acts, coercion and deprivation of liberty.<sup>1</sup> The number of women and girls subjected to GBV is staggering: An estimated 736 million women – almost 1 in 3 – have experienced intimate partner violence, non-

partner sexual violence or both at least once.<sup>2</sup> The World Health Organization (WHO) further elaborates that GBV can occur in both public and private spheres and includes intimate partner violence, sexual violence, female genital mutilation, and trafficking for sexual exploitation. Survivors of GBV can be anyone, regardless of gender, age, or socio-economic status, although women, girls, and marginalized groups such as LGBTQ+ individuals are most commonly affected. Moreover, GBV doesn't affect the survivor's physical and mental health but also severely affect their economics and social participation.

The prevalence of Gender-Based Violence is a clear indication of widespread gender inequality, which limits women's empowerment and decision-making abilities, particularly regarding their bodies and sexual and reproductive health. Currently, only 55 percent of women have the autonomy to make decisions about their sexual and reproductive health and rights. The United Nations Population Fund (UNFPA) acknowledges that GBV occurs within a framework of structural inequalities,

<sup>1</sup> United Nations, 1993. Declaration on the Elimination of Violence against Women. A/RES/48/104.

<sup>2</sup> WHO (World Health Organization), 2021. Global, Regional and National Estimates for Intimate Partner Violence Against Women and Global and Regional Estimates for Non-partner Sexual Violence Against Women. Website: <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>.

discrimination, and intersectionality<sup>3</sup> This perspective highlights that women's experiences of GBV are influenced by multiple, overlapping oppressions, including race, ethnicity, class, caste, gender, sexuality, disability, nationality, immigration status, geographical location, and religion.

Survivors of GBV are individuals who have experienced these forms of violence. While GBV affects people of all genders, ages, and backgrounds, it disproportionately impacts women and marginalized communities, including LGBTQ+ individuals, people with disabilities, and those from lower socio-economic backgrounds. Survivors often face significant barriers to accessing support and justice due to systemic inequalities, social stigma, and discriminatory practices. Their experiences highlight the need for comprehensive, accessible, and survivor-centered support services.<sup>4</sup>

Gender-Based Violence in Thailand remains a significant and persistent issue despite various efforts to tackle it. According to the World Health Organization, approximately 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence<sup>5</sup>. In Thailand, these figures are equally alarming, with various reports indicating high prevalence rates of GBV,

particularly domestic violence<sup>6</sup>. Thailand has seen various forms of GBV, including domestic violence, sexual harassment, and trafficking. In 2020, the Ministry of Social Development and Human Security (MSDHS) reported over 30,000 cases of domestic violence, a figure that is believed to be underreported due to the social stigma and fear of retribution that survivors often face. The COVID-19 pandemic has exacerbated the situation, with lockdown measures leading to increased reports of domestic violence as victims found themselves confined with their abusers.<sup>7</sup>

International standards for caring for GBV survivors emphasize a comprehensive and survivor-centered approach that addresses their physical, mental, legal, and livelihood needs. Physical care includes immediate medical attention to treat injuries, prevent Sexually Transmitted Infections (STIs), and manage unwanted pregnancies. This care often involves emergency contraception, post-exposure prophylaxis for HIV, and treatment for other STIs, ensuring that the immediate health consequences of violence are managed effectively.<sup>8</sup> Mental health support is equally crucial, as the trauma from GBV can lead to long-term psychological effects such as depression, anxiety, and

<sup>3</sup> UNFPA (United Nations Population Fund), 2020. Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights: Measuring SDG Target 5.6. Website: <https://www.unfpa.org/sdg-5-6>.

<sup>4</sup> Amnesty International. (2019). Barriers to Accessing Support for Survivors of GBV. Amnesty International. Website: <https://www.amnesty.org/en/documents/pol30/9626/2019/en/>.

<sup>5</sup> World Health Organization. (2013). Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. WHO. Retrieved from <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>.

<sup>6</sup> World Health Organization. (2013). Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. WHO. Retrieved from <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>.

<sup>7</sup> สถิติความรุนแรงในครอบครัวในรอบ 6 ปี - 2565. สถิติความรุนแรงในครอบครัวในรอบ 6 ปี – (informal translation of the title: Violence stats in 6 years, 2022) Website: [https://opendata.nesdc.go.th/dataset/https-drive-google-com-file-d-1kt8cnwofotck4om1\\_rzwxfcvxj7tob06-view-usp-sharing](https://opendata.nesdc.go.th/dataset/https-drive-google-com-file-d-1kt8cnwofotck4om1_rzwxfcvxj7tob06-view-usp-sharing)

<sup>8</sup> World Health Organization. (2013). Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines. WHO. Retrieved from <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>.

Post-Traumatic Stress Disorder (PTSD).<sup>9</sup> Providing psychological first aid, counseling, and ongoing mental health care helps survivors process their trauma and begin healing. Legal assistance is another vital component, aiding survivors in navigating the legal system, obtaining restraining orders, and seeking justice against perpetrators. This includes informing survivors of their rights, providing legal representation, and supporting them through the judicial process.<sup>10</sup> Livelihood support focuses on economic empowerment, which is essential for long-term recovery and independence. Programs often include vocational training, education, and financial aid to help survivors rebuild their lives, gain financial stability, and reduce dependence on abusive partners or situations.<sup>11</sup>

In Thailand, similar to many countries, GBV persists as a pervasive societal issue, exacting profound physical, emotional, and economic tolls on its victims. Despite concerted efforts to address its root causes and mitigate its impact, the prevalence of GBV underscores the urgent need for comprehensive, accessible, and survivor-centered support services. Recognizing the imperative to address this multifaceted challenge comprehensively, Thailand has integrated GBV services into its UHC framework.<sup>12</sup>

<sup>9</sup> American Psychological Association. (2017). Mental Health Support for GBV Survivors. APA. Retrieved from <https://www.apa.org/topics/violence/sexual-trauma>.

<sup>10</sup> Amnesty International. (2019). Barriers to Accessing Support for Survivors of GBV. Amnesty International. Retrieved from <https://www.amnesty.org/en/documents/pol30/9626/2019/en/>.

<sup>11</sup> International Labour Organization. (2020). Economic Empowerment Programs for GBV Survivors. ILO. Retrieved from [https://www.ilo.org/global/publications/books/WCMS\\_734498/lang-en/index.htm](https://www.ilo.org/global/publications/books/WCMS_734498/lang-en/index.htm).

<sup>12</sup> UNFPA (United Nations Population Fund), 2020. "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage." Website: <https://www.unfpa.org/resources/impact-covid-19-pandemicfamily-planning-and-ending-gender-based-violence-female-genital>.

UHC embodies the principle that all individuals should have access to quality healthcare services without suffering financial hardship. Thailand has made significant strides in advancing UHC, boasting a comprehensive healthcare system that extends coverage to its entire population. Thailand's UHC covers a wide range of health-related costs, including physicians, medication, and disease-based treatments as per a doctor's diagnosis. However, the integration of GBV services into this framework is a relatively recent development, reflective of the evolving understanding of health as a holistic concept encompassing physical, mental, and social well-being.<sup>13</sup>

Central to Thailand's response to GBV within the context of UHC are the One Stop Service Crisis Centers (OSCCs). These centers serve as vital hubs for survivors, offering a range of essential services, including medical care, counseling, legal assistance, and psychosocial support, all under one roof. By linking GBV survivors to UHC provisions, OSCCs strive to ensure that individuals receive comprehensive care tailored to their needs, thereby facilitating their recovery and empowerment.

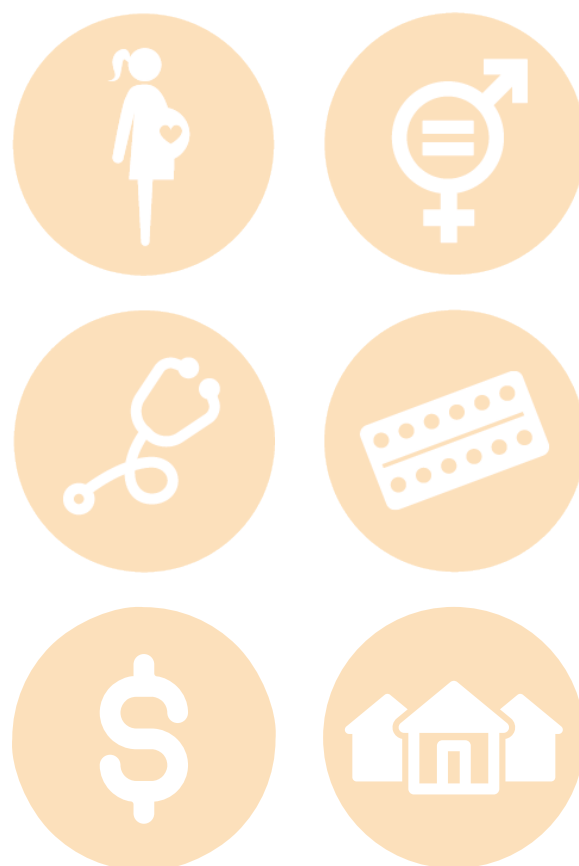
The One Stop Crisis Center in Thailand was established in 1999 as part of an initiative by the Ministry of Public Health to address the urgent needs of victims of violence, including women and children. The OSCC operates under the collaboration of multiple agencies, including healthcare providers, law enforcement, social workers, and legal advisors, to offer a comprehensive, multidisciplinary response

<sup>13</sup> World Bank. (2020). Thailand's Advancements in UHC. World Bank. Retrieved from <https://www.worldbank.org/en/country/thailand/publication/uhc>.

to crisis situations. Located primarily within government hospitals, these centers are strategically distributed across the country to ensure accessibility. Each OSCC is equipped to provide immediate medical care, psychological support, legal assistance, and social services, aiming to offer a safe and supportive environment for victims. Their capacity varies depending on the size of the hospital and the resources available, but all centers are dedicated to providing integrated services to help individuals in crisis navigate their recovery and seek justice.

UHC in Thailand is designed to cover all Thai citizens, identifiable by their 13-digit ID numbers. However, the inclusivity extends to various populations, including non-Thai citizens, migrants, and individuals without official identification, ensuring that even people with illegal status can access essential health services. This inclusive approach is crucial in addressing GBV, as it ensures that all survivors, regardless of their legal or citizenship status, can receive the support they need. This report endeavors to assess the effectiveness and inclusivity of Thailand's UHC Package for GBV Cases, both through conventional channels and via the specialized OSCCs. By examining the policies, practices,

and outcomes associated with these initiatives, we aim to provide insights into the strengths, shortcomings, and opportunities for improvement within Thailand's approach to addressing GBV within the ambit of UHC. Through this review, we aspire to contribute to the ongoing dialogue surrounding UHC and GBV, fostering informed discourse and catalyzing action towards more resilient, responsive, and equitable healthcare systems. By amplifying the voices of survivors, healthcare providers, policymakers, and advocates, we endeavor to pave the way for a future where UHC truly leaves no one behind in the face of gender-based violence.



## KEY CHALLENGES FOR GBV CASES AND UHC

Despite Thailand's efforts to integrate Gender-Based Violence (GBV) services into its Universal Health Coverage (UHC) framework, significant challenges persist in ensuring equitable access to comprehensive care for survivors. While the establishment of One Stop Service Crisis Centers (OSCCs) represents a commendable step towards addressing GBV within the healthcare system, several critical issues undermine the effectiveness and inclusivity of these initiatives.

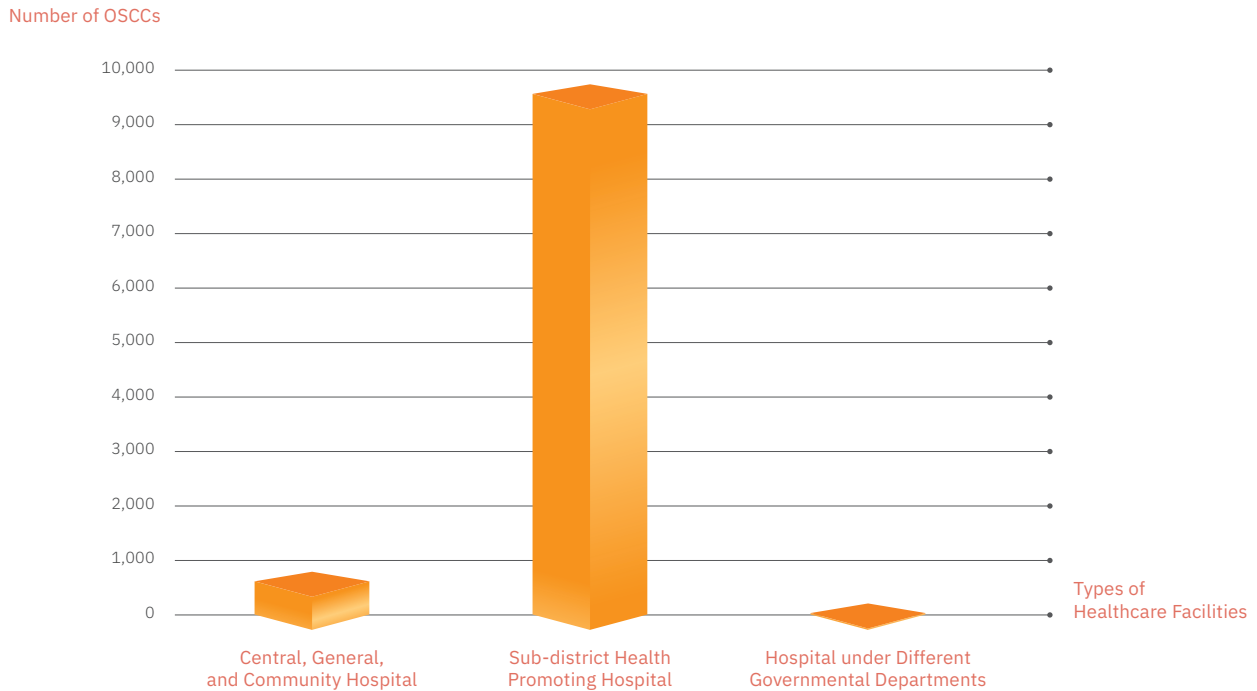
One of the primary challenges is the underutilization of OSCCs by GBV survivors, stemming from various barriers such as stigma, fear of reprisal, and lack of awareness about available services. This reluctance to seek support not only perpetuates the cycle of violence but also deprives survivors of essential healthcare interventions and psychosocial support critical to their recovery and well-being.

The capacity of OSCCs to deliver timely and holistic care reflects the unwavering dedication of those committed to supporting survivors. Despite facing challenges such as limited funding, staffing shortages, and the need for extensive training for healthcare providers, OSCCs continue to make significant strides in aiding the healing and recovery journey of survivors.

The One Stop Service Center in Thailand represents a beacon of hope and support for children and women in crisis due to violence. Established by a Cabinet resolution on June 29, 1999, these centers were created with a mandate to provide comprehensive assistance across medical, public health, legal, and social welfare domains.<sup>14</sup> The initiative underscores Thailand's commitment to safeguarding its most vulnerable populations by ensuring that every public hospital in the country hosts a dedicated service center.

<sup>14</sup> กระทรวงสาธารณสุข. คู่มือศูนย์พึ่งได้. Retrieved from <https://www.oic.go.th/FILEWEB/CABINFOCENTER18/DRAWER003/GENERAL/DATA0000/00000056.PDF>.

## ❖❖❖ Distribution of OSCCs in Thailand (2023)



Over the years, the Ministry of Public Health (MOPH) has tirelessly worked to develop and refine the services offered by OSCCs, forging strong partnerships with relevant stakeholders to enhance the support network. Today, this dedication is evident in the expansive reach of OSCCs, which number 10,611 across the nation. These centers span various healthcare facilities, including 829 central, general, and community hospitals, 9,750 subdistrict health promoting hospitals, and 32 hospitals under different governmental departments.<sup>15</sup>

The impact of these centers is profound, with 92,739 individuals having received help, averaging about 42 cases daily. In the fiscal year 2023 alone, 12,467 individuals sought assistance at OSCCs. These cases included

11,112 females, 1,312 males, and 16 individuals identifying as LGBTQ+. The majority of these individuals were young, aged between 10 and 20 years, highlighting a critical area of concern and need.<sup>16</sup>

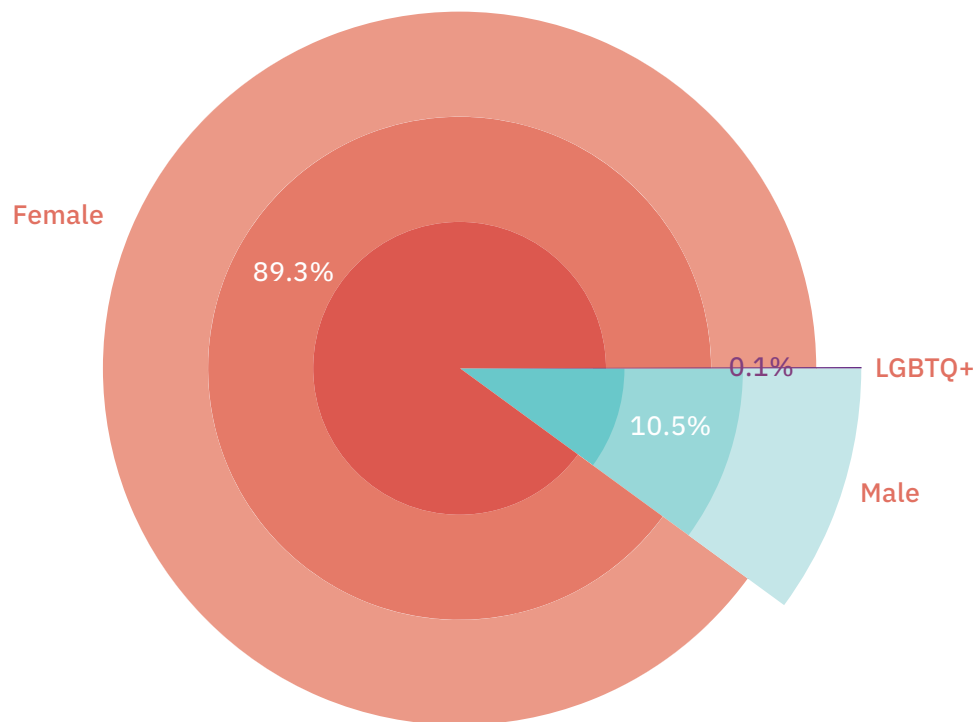
The types of violence reported at these centers varied, with physical violence being the most prevalent, accounting for 6,753 cases. Psychological violence was also significant, with 5,492 cases, followed by 3,979 cases of sexual violence. These statistics for the year 2023 paint a stark picture of the challenges faced by many individuals in Thai society, emphasizing the crucial role of OSCCs in providing a lifeline to those in dire situations.<sup>17</sup>

<sup>15</sup> OSCC Dashboard. (n.d.). Data on One Stop Service Crisis Centers (OSCC). Retrieved from <https://www.oscc.go.th/dashboard>.

<sup>16</sup> OSCC Dashboard. (n.d.). Data on One Stop Service Crisis Centers (OSCC). Retrieved from <https://www.oscc.go.th/dashboard>.

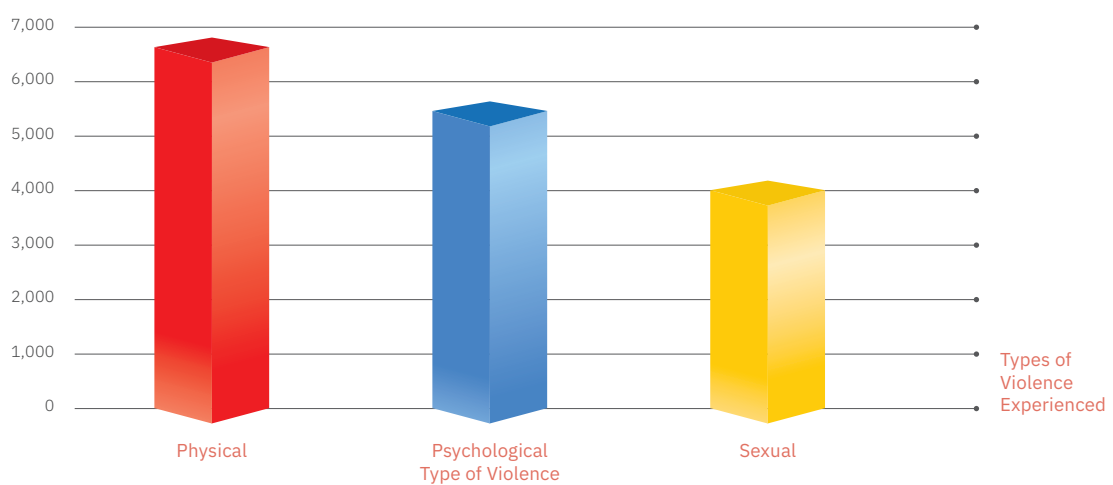
<sup>17</sup> OSCC Dashboard. (n.d.). Data on One Stop Service Crisis Centers (OSCC). Retrieved from <https://www.oscc.go.th/dashboard>.

## Gender Distribution of Individuals Receiving Services in 2023



## Types of Violence Experienced by Individuals in 2023

Number of Cases





The narratives of those who seek help at OSCCs often reveal that the perpetrators of violence are usually family members, with husbands being the most frequent aggressors. The underlying issues leading to such violence typically stem from family relationship problems, including conflicts, the habitual use of violence, and issues of infidelity and jealousy. These contributing factors highlight the complex and deeply personal nature of domestic violence, necessitating a multifaceted and empathetic approach to intervention and support.

Despite the daunting challenges, the OSCCs stand as a testament to the resilience and dedication of healthcare providers, social workers, and legal professionals working together to make a difference. By addressing both the immediate and long-term needs of survivors, these centers not only provide essential services but also contribute to the broader goal of fostering a safer, more supportive society for all.

The ongoing efforts to expand and enhance the capabilities of OSCCs reflect a proactive stance towards tackling gender-based violence. Through continued collaboration, increased funding, and targeted training programs, Thailand strives to ensure that every individual facing violence can access the comprehensive care and support they need to heal and thrive.

Efforts to increase funding for OSCCs are gaining significant momentum. Both government and non-governmental organizations are recognizing the essential role these centers play. Enhanced financial support will enable OSCCs to expand their services and reach more survivors, ensuring that more individuals can access the help they need.

The commitment of healthcare providers, counselors, and social workers at OSCCs is truly admirable. Continuous recruitment and training efforts are in place to ensure that every survivor receives timely and compassionate care. This dedication helps maintain a high standard of service and support for those in need.

Training programs for healthcare providers are being significantly improved and expanded. These initiatives equip providers with the specialized skills necessary to offer effective and sensitive care. As a result, survivors receive the best possible support, tailored to their unique needs.





## Transition of Primary Health Care from MOPH to MOI



The transition of primary health care including One Stop Service Crisis Centers (OSCCs) from the Ministry of Public Health (MOPH) to the Ministry of Interior (MOI) at the sub-national level is a significant milestone that opens exciting new opportunities for growth and enhancement. This change is ushering in a wave of administrative improvements designed to create more robust and efficient management structures. These advancements aim to streamline operations, thereby boosting the overall effectiveness of OSCCs. The meticulous reallocation of resources is being managed with care to minimize any potential disruptions and to maximize the availability of services. This ensures that OSCCs are well-prepared to meet the evolving needs of survivors, providing them with the necessary support to navigate their recovery.

In addition to these administrative and operational improvements, there is a concerted effort to align the policies and objectives of the MOI with the healthcare-focused goals of OSCCs. This alignment is fostering a more cohesive and supportive environment, which is crucial for delivering comprehensive care and support to survivors. The synergy created through this alignment is expected to enhance the overall quality of services provided by OSCCs, ensuring that survivors receive the holistic care they deserve.

## Interdisciplinary Approach and Coordination with Other Ministries at Local Level



A key focus during this transition has been the improvement of coordination between the MOI and other local ministries to ensure continuation and efficiency of strong coordination of interdisciplinary task force at all levels. Significant progress is being made in this area, with efforts to enhance collaboration yielding positive results. Strengthened collaboration between the MOI and other ministries, such as the Ministry of Social Development and Human Security and the Ministry of Education, is proving essential for providing holistic care to survivors. These partnerships are enabling a more integrated approach to service delivery, ensuring that survivors receive comprehensive support that addresses their medical, psychological, legal, and social needs.

Mechanisms to integrate services across different ministries are being developed and implemented, creating a seamless network of support for survivors. This integrated approach ensures that survivors have access to a wide range of services, including medical care, psychological counseling, legal assistance, and social services. The involvement of local government bodies and community organizations is also being actively encouraged, further strengthening the support network for OSCCs. By fostering these partnerships, the reach and impact of OSCCs are being enhanced, ensuring that survivors receive timely and effective assistance.

The ongoing efforts to support and improve OSCCs in Thailand are showing promising progress. Addressing challenges related to funding, staffing, and coordination is key to enhancing the effectiveness and timeliness of care provided by OSCCs. The collaborative efforts of government ministries, local communities, and international organizations are crucial in ensuring that every survivor receives the holistic support they need to heal and thrive. With continued dedication and cooperation, the future of OSCCs is bright, promising even greater outcomes for survivors. Through these concerted efforts, OSCCs are poised to provide an even higher standard of care, offering hope and healing to those affected by violence.

The efforts to support and improve OSCCs in Thailand are showing promising progress. By addressing funding, staffing, and coordination challenges, we can enhance the effectiveness and timeliness of care provided by OSCCs. The collaborative efforts of government ministries,



local communities, and international organizations are crucial in ensuring every survivor receives the holistic support they need to heal and thrive. With continued dedication and cooperation, the future of OSCCs is bright, promising even greater outcomes for survivors.

Moreover, disparities in access to GBV services persist, particularly among marginalized communities such as rural populations, ethnic minorities, and LGBTQ+ individuals. Structural barriers, including geographic remoteness, cultural norms, and discriminatory practices, further exacerbate these inequities, perpetuating cycles of violence and exclusion.

Given these challenges, there lies a significant opportunity to fortify Thailand's UHC Package for GBV cases, both within conventional healthcare channels and through the dynamic network of OSCCs. By thoroughly examining and addressing systemic barriers, inefficiencies, and disparities in service delivery, stakeholders can implement targeted interventions that will elevate the accessibility, quality, and re-

sponsiveness of GBV services within the UHC framework. Embarking on a comprehensive assessment of the current UHC package will identify gaps and pinpoint areas ripe for improvement, leading to a more responsive and inclusive healthcare system. The collaborative spirit among government agencies, healthcare providers, non-governmental organizations, and community groups can transform the landscape of GBV services, ensuring that all voices are heard, and solutions are both comprehensive and inclusive. Increased funding and resource allocation dedicated to GBV services will enable the expansion of critical services, ensuring that more survivors find a safe harbor in their time of need. Enhanced training programs will continuously equip healthcare providers with the skills and sensitivity needed to handle GBV cases effectively, while the seamless integration of GBV services across different ministries and sectors will create a holistic support system.

Moreover, vibrant public awareness campaigns will play a pivotal role in shifting societal attitudes towards GBV, fostering a more supportive and empathetic environment where survivors feel empowered to seek help. A robust monitoring and evaluation framework will ensure that services remain attuned to the evolving needs of survivors, continuously improving and adapting to provide the highest standard of care. Leveraging cutting-edge technology, such as telehealth services, digital reporting platforms, and mobile health applications, will bridge gaps in access, especially in remote or underserved areas, making support more accessible and efficient. By embracing these opportunities and implementing strategic interventions, Thailand

stands poised to significantly enhance its UHC package for GBV cases. The collaborative efforts of government ministries, healthcare providers, community organizations, and international partners can create a comprehensive and effective support system for survivors. Through dedicated actions and a commitment to continuous improvement, Thailand can ensure that GBV survivors receive the holistic, high-quality care they need to heal and thrive, transforming lives and fostering a more supportive and just society.

Through concerted efforts to dismantle barriers, increase awareness, mobilize resources, and strengthen partnerships between healthcare providers, civil society organizations, and government agencies, Thailand can realize its vision of UHC which truly leaves no one behind in the face of gender-based violence.



# OBJECTIVE OF THE REPORT

The primary objective of this report is to conduct a comprehensive review of Thailand's Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases, with a specific focus on the effectiveness and inclusivity of UHC package for services provided through conventional healthcare channels and One Stop Service Crisis Centers (OSCCs) as well as coordination with multi-disciplinary support mechanisms for other relevant public services based on international standard for GBV cases. To achieve this objective, the report aims to:

1. Provide current situation and fundamentals information on Thailand UHC and GBV coverage.
2. Assess the accessibility of GBV services within the UHC framework, examining the extent to which survivors can readily access essential healthcare interventions, counseling, legal assistance, and psychosocial support.
3. Identify barriers and challenges impeding survivors' utilization of GBV services, such as stigma, fear of reprisal, lack of awareness, and structural inequalities, and propose targeted strategies to address these barriers effectively.
4. Analyze disparities in access to GBV services among different population groups, including rural communities, ethnic minorities, LGBTQ+ individuals, and persons with disabilities, and recommend interventions to promote equitable service provision.
5. Synthesize key findings and recommendations to inform policy and practice, fostering dialogue among policymakers, healthcare providers, civil society organizations, and other stakeholders to strengthen Thailand's UHC Package for GBV Cases.
6. Review the quality, responsiveness, capacity, and readiness of GBV services provided by OSCCs. This includes assessing the timeliness of care delivery, adherence to survivor-centered approaches, integration of multi-disciplinary support mechanisms, resource allocation, staffing levels, training programs for healthcare providers, and coordination mechanisms with other service providers.

By fulfilling these objectives, the report aims to contribute actionable insights and evidence-based recommendations to enhance the effectiveness, inclusivity, and responsiveness of GBV services within Thailand's UHC framework, ultimately advancing the goal of achieving health equity and social justice for all individuals affected by gender-based violence.

# METHODOLOGY

This report employs a mixed-method approach, combining desk and literature review, interviews with duty bearers, front lines service providers and GBV survivors or the beneficiaries, and focus group discussions or technical consultation to gather comprehensive data and insights from various trusted sources of information into the review of Thailand's Universal Health Coverage (UHC) Package for Gender-Based Violence (GBV) Cases.

## Desk Review:

A thorough desk review is conducted to examine existing literature, policy documents, and program evaluations related to GBV services within the UHC framework in Thailand. This review provides foundational knowledge and helps contextualize the current landscape of GBV service provision.

## Interviews:

Semi-structured interviews are conducted with key stakeholders, including policymakers, healthcare providers, representatives from One Stop Service Crisis Centers (OSCCs), GBV survivors, and civil society organizations. These interviews explore perspectives, experiences, and challenges related to accessing and delivering GBV services within the UHC framework.

## Focus Group Discussions:

Focus group discussions are organized with diverse groups of stakeholders, including GBV survivors, marginalized communities, healthcare providers, and community leaders. These discussions facilitate deeper exploration of themes such as barriers to accessing GBV services, perceptions of quality of care, and recommendations for improving service delivery.

## Data Analysis:

Data from desk review, interviews, and focus group discussions are analyzed using qualitative methods, including thematic analysis. Common themes, patterns, and divergent perspectives are identified to generate insights into the effectiveness, inclusivity, and responsiveness of GBV services within Thailand's UHC framework.

## Integration of Findings:

Findings from the desk review, interviews, and focus group discussions are integrated to provide a holistic understanding of Thailand's UHC Package for GBV Cases. This integration allows for the identification of overarching trends, disparities, and opportunities for improvement in GBV service provision.

## Ethical Considerations:

Ethical principles, including informed consent, confidentiality, and respect for autonomy, are upheld throughout the research process. Measures are taken to ensure the protection and well-being of participants, particularly GBV survivors, who may be vulnerable to further harm.

# GLOBAL UNIVERSAL HEALTH COVERAGE (UHC)

## • **Definition and Objectives**

Universal Health Coverage (UHC) is a healthcare system where all individuals and communities receive the health services, they need without suffering financial hardship. The World Health Organization (WHO) defines UHC as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship.<sup>18</sup>

## • **Key Components of UHC**

**Access to Quality Health Services:** This includes a wide range of services such as health promotion, prevention, treatment, rehabilitation, and palliative care.

**Financial Risk Protection:** Ensuring that the cost of accessing healthcare does not cause financial hardship.

**Equity in Access:** All individuals and communities should have access to healthcare services without discrimination.

**Coverage of Essential Medicines and Technologies:** Availability of essential medicines and health technologies that meet the priority health needs of the population.

## • **Importance of UHC**

**Improved Health Outcomes:** Access to necessary health services improves overall health outcomes and increases life expectancy.

**Economic Benefits:** Healthier populations contribute more effectively to the economy, enhancing productivity and reducing poverty.

**Social and Political Stability:** UHC promotes social cohesion and political stability by reducing health disparities and ensuring social equity.

**Human Rights:** Access to health care is considered a fundamental human right.

## • **Global Progress and Challenges**

### **Progress**

**Increase in Health Coverage:** Many countries have made significant progress in expanding health coverage. For instance, countries like Thailand, Rwanda, and Costa Rica have achieved significant milestones towards UHC.

**International Commitment:** The United Nations' Sustainable Development Goals (SDGs) include a specific target (SDG 3.8) to achieve UHC by 2030.

<sup>18</sup> World Health Organization. (2020). Universal Health Coverage: Moving Towards Better Health. WHO. Retrieved from [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).



## • **Challenges**

**Funding and Resources:** many low-income and middle-income countries struggle with inadequate funding and resources to provide comprehensive health services.

**Health Workforce:** Shortages of trained healthcare professionals pose a significant barrier to achieving UHC.

**Equity Issues:** Disparities in access to health-care services remain a challenge, especially in rural and marginalized communities.

**Political and Economic Instability:** Political instability and economic constraints can impede progress towards UHC.

## • **Strategies for Achieving UHC**

**Strengthening Health Systems:** Building robust health systems that can deliver quality services to all.

**Innovative Financing:** Exploring innovative financing mechanisms to ensure sustainable funding for health services.

**Policy and Governance:** Developing strong policies and governance structures to support UHC implementation.

**Public-Private Partnerships:** Leveraging partnerships between the public and private sectors to expand access to health services.

**Community Engagement:** Involving communities in the planning and delivery of health services to ensure they meet local needs and are culturally appropriate.

## • **Case Studies**

**Thailand:** Thailand's Universal Coverage Scheme (UCS) has been a model for UHC, providing comprehensive health services to all citizens.

**Rwanda:** Rwanda's Community-Based Health Insurance (CBHI) has significantly improved access to health services for its population.

**Costa Rica:** Costa Rica has a long-standing tradition of providing universal health coverage, achieving high health standards and outcomes.

Universal Health Coverage is a critical goal for improving global health, reducing poverty, and promoting social equity. While significant progress has been made, substantial challenges remain. Achieving UHC requires concerted efforts from governments, international organizations, the private sector, and communities to build resilient health systems that can provide quality care to all without financial hardship.

## 6

# THAILAND'S UNIVERSAL HEALTH COVERAGE (UHC)

Thailand's Universal Health Coverage (UHC) scheme, often referred to as the "30-Baht Scheme" or "Gold Card" scheme, aims to provide comprehensive healthcare services to all citizens and residents, ensuring equitable access to necessary medical care.<sup>19</sup> Thailand's path to Universal Health Coverage (UHC) is a remarkable story of transformation and commitment to public health. The journey began several decades ago, amidst a landscape of inequitable healthcare access and financial hardship for many households.<sup>20</sup>

As of the latest data, 66.897 million Thai citizens are eligible for UHC, with 66.602 million registered, covering 99.56% of the eligible population. This includes 46.934 million under the National Health Security Office (NHSO), 12.854 million under social security, 5.321 million under civil servant medical benefits, 0.775 million under other state-provided benefits, and 0.719 million stateless individuals. However, 0.204 million people have yet to register for a specific service unit, 0.081 million are not registered at their residence, and 0.010 million are Thai citizens abroad.<sup>21</sup>

## • *Early Beginnings*

In the 1970s and 1980s, Thailand's healthcare system was a patchwork of public and private providers, with significant disparities in service delivery between urban and rural areas. The government recognized the need for reform and began to establish health centers in rural communities. Despite these efforts, many people, particularly the poor, remained unable to access adequate healthcare.

## • *Pioneering Reforms*

The 1990s brought new hope with the introduction of targeted health insurance schemes. The "Low-Income Card Scheme" and "Voluntary Health Card Scheme" were designed to help the poorest citizens, offering some level of coverage. However, these initiatives were limited and fragmented, failing to achieve the desired universal reach.

<sup>19</sup> ILO Social Protection Department. Universal Health-care Coverage Scheme. Retrieved from <https://www.social-protection.org/gimi/gess/Media.action;jsessionid=LiK1eHHL3Eo-IEpi7U6naUQu4pXMvNlXerlwUSzZQjLoCQs8DESxI-765179005?id=15747>.

<sup>20</sup> International Health Policy Program, Thailand. Universal Health Coverage (UHC) theme. Website: <https://www.ihpptaigov.net/research/universal-health-coverage-uhc>.

<sup>21</sup> National Health Security Office (NHSO). Universal Health Coverage. (2022). Results of Significant Operations in 2022. Retrieved from [https://www.nhso.go.th/operating\\_results/60](https://www.nhso.go.th/operating_results/60).



## • **The Birth of the Universal Coverage Scheme**

The real breakthrough came in 2001, with the launch of the Universal Coverage Scheme (UCS), famously known as the "30-Baht Scheme." This bold initiative aimed to ensure that every Thai citizen could access comprehensive healthcare services for just 30 baht per visit. It was a revolutionary step, driven by the principle that health is a fundamental right, not a privilege.

## • **Expansion and Refinement**

Over the years, the UCS has evolved, reflecting a commitment to continuous improvement. In 2006, the nominal fee of 30 baht was eliminated, making healthcare services entirely free at the point of use. This change underscored the government's dedication to minimizing financial barriers to healthcare.

## • **Fundamental Principles**

The UCS is built on principles of equity and access, aiming to provide comprehensive coverage that includes preventive care, outpatient and inpatient services, emergency care, and essential medications. A strong focus on public health ensures extensive programs for vaccinations, maternal and child health, and the control of communicable diseases.

## • **System Structure**

Financed primarily through general taxation, the UCS is a significant budgetary commitment by the Thai government. Services are delivered through a network of public hospitals, health centers, and contracted private providers. The system emphasizes primary care, with patients initially consulting at designated primary care units or district health centers.

Providers are reimbursed through a capitation system for outpatient services and a Diagnosis-Related Group (DRG) system for inpatient services, promoting cost control and efficient service delivery. The National Health Security Office (NHSO) manages the UCS, overseeing implementation, monitoring service quality, and ensuring appropriate fund allocation.

## • **Thailand's UHC provides a wide range of health services, including:**<sup>22</sup>

**Outpatient Services:** General consultations and treatments, including primary care services.

**Inpatient Services:** Hospital admissions, surgeries, and specialized treatments.

**Preventive Services:** Vaccinations, screenings for various diseases, prenatal care, and health education.

<sup>22</sup> National Health Security Office (NHSO). Universal Health Coverage. Retrieved from <https://www.nhso.go.th/home>.

**Emergency Care:** Immediate medical attention for urgent health issues.

**Medications:** A wide array of drugs listed on the National List of Essential Medicines.

**Rehabilitation:** Physical therapy and other rehabilitative services.

### **Non-Health Related Costs**

**Transport Costs:** In some cases, transportation for medical emergencies may be covered.

**Food and Accommodation:** For patients requiring long-term hospital stays, basic necessities may be provided.

### **Population Coverage**

**Thai Citizens:** 13-Digit ID Holders: Thai citizens with a 13-digit national ID number are fully covered under the UHC scheme. This includes all registered Thai citizens.

#### **Non-Thai Citizens:**

:: **Migrants:** Migrant workers and their dependents are eligible for healthcare services under the Migrant Health Insurance scheme, which is a separate program but aligns with the UHC principles.

:: **Non-State Populations:** Individuals without a 13-digit ID (stateless individuals) have limited access. Efforts are being made to extend coverage to these populations through various local and international initiatives.

:: **People with Illegal Status:** Individuals with illegal status generally do not have access to the full range of services offered by the UHC. However, emergency care and certain public health services, such as vaccinations and communicable disease control, are often provided regardless of legal status to ensure public health safety.

### **Specific Considerations**

**Migrants:** Migrants with proper work permits and health insurance contribute to a special health fund, which grants them access to similar services as Thai citizens. This system aims to prevent overburdening the public health system while ensuring that migrants receive adequate care.

**Non-Registered Populations:** For individuals who lack proper documentation, the Thai government, along with non-governmental organizations, works on various initiatives to extend healthcare services, especially focusing on maternal and child health, infectious disease control, and emergency services.

# UNIVERSAL HEALTH COVERAGE (UHC)

## PACKAGE FOR GBV CASES BASED ON GLOBAL STANDARDS

In the global arena of healthcare policy, Universal Health Coverage (UHC) stands as a pivotal concept, driven by the principle of ensuring that every individual, regardless of their socio-economic status or geographical location, has access to essential health services without facing financial barriers. At its core, UHC embodies the aspiration for equitable healthcare provision, striving to bridge the gaps in access and disparities that often exist within healthcare systems worldwide.

The framework of UHC, as defined by global standards, revolves around the fundamental principle of equitable access to essential health services. This principle underscores the notion that healthcare should not be a privilege reserved for a select few, but a universal right accessible to all members of society. It advocates for healthcare systems that prioritize the needs of marginalized and vulnerable populations, aiming to reduce disparities and inequalities in health outcomes.

Central to the concept of equitable access is the notion of providing coverage for a comprehensive range of essential health services. This encompasses not only curative treatments but also preventive measures, promotive interventions, rehabilitative care, and access to essential medicines and technologies. The goal is to ensure that individuals have access to the full spectrum of healthcare services necessary to maintain and improve their health throughout the lifespan.

Achieving equitable access to essential health services under the UHC framework requires a multifaceted approach. It involves expanding healthcare infrastructure, strengthening healthcare financing mechanisms, and implementing policies aimed at removing barriers to access, such as user fees and discriminatory practices. By addressing these structural and systemic challenges, UHC endeavors to create an inclusive healthcare system where everyone can obtain the care they need, when they need it, without suffering financial hardship or facing undue obstacles.

In essence, equitable access to essential health services lies at the heart of the UHC framework as delineated by global standards. It embodies the principle of health as a fundamental human right and serves as a guiding beacon for efforts to build more inclusive, accessible, and sustainable healthcare systems around the world.<sup>23</sup>

<sup>23</sup> Universal Health Coverage (UHC) framework and principles. Web site: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

Universal Health Coverage (UHC) serves as a foundational principle in global health policy, aiming to ensure that all individuals have access to essential healthcare services without facing financial hardship. Within this framework, addressing Gender-Based Violence (GBV) is recognized as a critical component of promoting health equity, human rights, and gender equality. While the UHC standards themselves do not explicitly delineate protocols for GBV cases, they lay the foundation for comprehensive, integrated, and person-centered care that is essential for addressing the health needs of GBV survivors.<sup>24</sup>

## Key elements of the UHC Package for GBV Cases aligned with Global Standards include:<sup>25</sup>



### 1. Comprehensive Medical Treatment:

Global standards emphasize the necessity of providing immediate and comprehensive medical care to GBV survivors. This entails treatment for physical injuries, access to emergency contraception, and screening for Sexually Transmitted Infections (STIs) including HIV/AIDS.

The UHC Package for GBV Cases ensures coverage of these essential medical services, addressing both the immediate and long-term health consequences of GBV, and ensuring that survivors receive timely and appropriate medical intervention.

<sup>24</sup> Essential Services Package for Women and Girls Subject to Violence, UN Women, UNFPA, WHO, UNDP & UNODC, Dec 2015. Retrieved from <https://www.unfpa.org/sites/default/files/resource-pdf/Essential-Services-Package-Module-1-en.pdf>.

<sup>25</sup> World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Retrieved from <https://www.who.int/publications/i/item/9789241564625>.

## 2. Psychosocial Support:

A holistic approach to GBV survivor support requires addressing the psychological impact of trauma. Global standards advocate for the provision of psychosocial support services, including counseling and mental health interventions, to promote healing and resilience among survivors.

The UHC Package integrates psychosocial support as a core component, offering counseling and mental health services to survivors to address trauma and alleviate psychological distress, thereby facilitating holistic recovery.

## 3. Legal Assistance:

Access to justice and legal support is fundamental for GBV survivors to seek protection, obtain remedies, and hold perpetrators accountable. Global standards underscore the importance of providing legal assistance, including legal advice, representation, and support in navigating legal processes.

The UHC Package recognizes the significance of legal assistance for GBV survivors and includes provisions for legal support, ensuring survivors have access to legal advice, representation, and assistance in seeking justice and protection, thus aligning with global standards.

## 4. Rehabilitation and Social Support:

GBV survivor support extends beyond immediate medical and legal interventions to encompass rehabilitation and social support services. Global standards highlight the importance of providing comprehensive care, including rehabilitation for physical injuries and social support to facilitate survivor recovery and reintegration.

While primarily focusing on medical and psychosocial support, efforts to expand services to include rehabilitation and social support programs within the UHC Package could further align with global standards, promoting holistic care for GBV survivors.

while the UHC standards themselves do not explicitly delineate protocols for GBV cases, the principles of comprehensive, integrated, and person-centered care inherent in UHC provide a solid foundation for addressing the health needs of GBV survivors. By aligning with global standards and incorporating key elements such as comprehensive medical treatment, psychosocial support, legal assistance, and efforts toward rehabilitation and social support, the UHC Package for GBV Cases can effectively contribute to promoting health equity, human rights, and gender equality on a global scale.

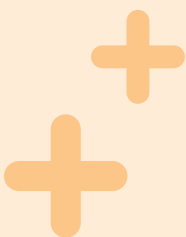
# OVERVIEW OF UNIVERSAL HEALTH COVERAGE (UHC) PACKAGE FOR GBV CASES IN THAILAND

Universal Health Coverage (UHC) in Thailand is a comprehensive healthcare system that aims to provide equitable access to essential health services for all citizens without financial barriers. Established in 2002, Thailand's UHC framework is guided by the principles of universality, equity, and quality in healthcare delivery.<sup>26</sup>

## ***The framework of UHC in Thailand:***

Thailand's UHC system is based on three main healthcare schemes: the Civil Servant Medical Benefit Scheme (CSMBS), the Social Security Scheme (SSS), and the Universal Coverage Scheme (UCS). Together, these schemes provide coverage to the entire population, ensuring access to a wide range of healthcare services.<sup>27</sup>

Under the UHC framework, primary healthcare services are delivered through a network of health facilities, including public hospitals, health centers, and community clinics. These facilities serve as the frontline for delivering healthcare services, including preventive, curative, and rehabilitative care.



<sup>26</sup> World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Retrieved from <https://www.who.int/publications/item/9789241564625>.

<sup>27</sup> Viroj Tangcharoensathien, Supon Limwattananon, Walaiporn Patcharanarumol, Jadej Thammatacharee, Pongpisut Jongudomsuk, Supakit Sirilak, Achieving universal health coverage goals in Thailand: the vital role of strategic purchasing, Health Policy and Planning, Volume 30, Issue 9, November 2015, Pages 1152–1161, <https://doi.org/10.1093/heapol/czu120>.

## Provisions for Addressing GBV Cases:

Thailand recognizes Gender-Based Violence (GBV) as a public health concern and has integrated provisions for addressing GBV within the UHC framework. The UHC package for GBV cases encompasses a range of services aimed at addressing the medical, psychosocial, and legal needs of survivors.

### 1. Medical Treatment:

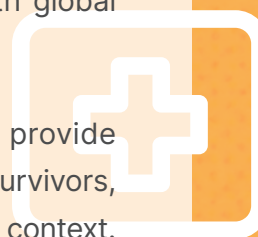
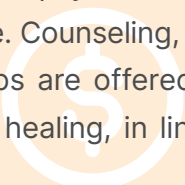
Thailand's UHC package for GBV cases prioritizes immediate and comprehensive medical care for survivors. This includes treatment for physical injuries, access to emergency contraception, and screening for Sexually Transmitted Infections (STIs) including HIV/AIDS, aligning with global standards.

Healthcare facilities across Thailand are equipped to provide essential medical services for GBV survivors, ensuring timely and appropriate medical intervention to address both the immediate and long-term health consequences of GBV.

### 2. Psychosocial Support:

Recognizing the psychological impact of GBV trauma, Thailand's UHC package integrates psychosocial support as a fundamental component of care. Counseling, mental health interventions, and support groups are offered to survivors to address trauma and promote healing, in line with global standards.

Trained healthcare professionals and counselors provide culturally sensitive and empathetic support to GBV survivors, facilitating their recovery and resilience within the Thai context.



### 3. Legal Assistance:

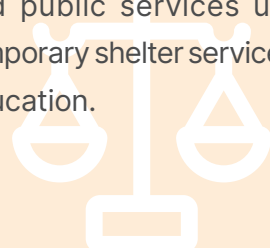
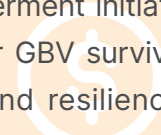
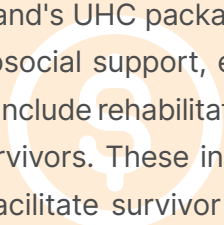
Access to justice and legal support is prioritized within Thailand's UHC package for GBV cases. Survivors are provided with free legal advice, representation, and assistance in navigating legal processes, ensuring their rights are upheld and perpetrators are held accountable.

Collaboration between healthcare providers and legal authorities facilitates seamless access to legal assistance for GBV survivors, ensuring comprehensive support consistent with Thailand's commitment to human rights and justice.

### 4. Rehabilitation and Social Support:

While Thailand's UHC package primarily focuses on medical and psychosocial support, efforts are underway to expand services to include rehabilitation and social support programs for GBV survivors. These initiatives aim to promote holistic recovery, facilitate survivor reintegration, and address the broader social determinants of health.

Community-based organizations and government agencies collaborate to provide additional support services, including vocational training, economic empowerment initiatives, and community reintegration programs for GBV survivors while promoting survivor empowerment and resilience. These integrated services aim to enhance survivors' quality of life and facilitate their recovery and empowerment journey. This, however, is though outside of the scope of UHC in Thailand but with the existing referral system, OSCC team has been working with the Ministry of Social Development and Human Security (MSDHS) to transfer the case to receive support and public services under the care of MSDHS whether temporary shelter service, provision of job trainings and relevant education.





# ONE STOP SERVICE CRISIS CENTERS (OSCCS)<sup>28</sup>

One Stop Service Crisis Centers (OSCCs) in Thailand are a pivotal component of the country's strategy to address Gender-Based Violence (GBV) within the framework of Universal Health Coverage (UHC). Established to provide comprehensive and integrated services for survivors of GBV, these centers aim to ensure that all necessary support is available under one roof, thereby reducing the barriers that survivors might face when seeking help.

## 9.1 Overview and Purpose:

OSCCs were established as a collaborative initiative involving multiple agencies, including healthcare providers, law enforcement, social workers, and legal advisors. The primary goal of these centers is to offer a holistic response to GBV by providing medical care, psychological support, legal assistance, and social services in a single location. This approach is designed to address the multifaceted needs of GBV survivors efficiently and empathetically.<sup>29</sup>

## 9.2 Medical Services:

At the core of the OSCCs' services is the provision of immediate and comprehensive medical care. Survivors receive treatment for physical injuries, access to emergency contraception, and screening for sexually transmitted infections Sexually Transmitted Infections (STIs) including HIV/AIDS. The centers are equipped to handle a range of medical emergencies and provide follow-up care to address both the immediate and long-term health consequences of GBV.

<sup>28</sup> “การประเมินผลการดำเนินงาน ศูนย์พึ่งได้ (one Stop Crisis Center) โรงพยาบาลปทุมธานี”. “การประเมินผลการดำเนินงาน ศูนย์พึ่งได้ (one Stop Crisis Center) โรงพยาบาลปทุมธานี”. วารสารการพยาบาลจิตเวชและสุขภาพจิต. <https://he02.tci-thaijo.org/index.php/JPNMH/article/view/18211>.

<sup>29</sup> กระทรวงสาธารณสุข. คู่มือศูนย์พึ่งได้. Retrieved from <https://www.oic.go.th/FILEWEB/CABINFOCENTER18/DRAWER003/GENERAL/DATA0000/00000056.PDF>.

### **9.3 Psychosocial Support:**

Recognizing the profound psychological impact of GBV, OSCCs integrate psychosocial support into their service offerings. Trained counselors and mental health professionals provide emotional support, counseling, and therapeutic interventions. Support groups and other community-based psychosocial resources are also available to help survivors process their trauma, build resilience, and start their journey towards recovery.



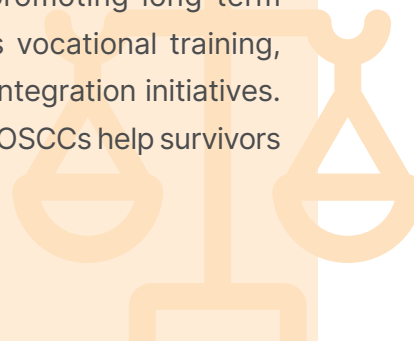
### **9.4 Legal Assistance:**

Legal support is a critical component of the services provided by OSCCs. Survivors receive legal advice, representation, and assistance in navigating the judicial process. This includes help with obtaining restraining orders, filing police reports, and pursuing legal action against perpetrators. The collaboration between healthcare providers and legal authorities ensures that survivors have seamless access to justice and that their rights are protected throughout the process.



### **9.5 Social and Rehabilitation Services:**

OSCCs also focus on the social and economic rehabilitation of GBV survivors. These centers offer a range of services aimed at promoting long-term recovery and reintegration into society. This includes vocational training, economic empowerment programs, and community reintegration initiatives. By addressing the broader social determinants of health, OSCCs help survivors regain independence and rebuild their lives.



### **9.6 Accessibility and Inclusivity:**

Strategically located primarily within government hospitals, OSCCs are designed to be easily accessible to survivors across Thailand. Their distribution across the country ensures that survivors in both urban and rural areas can access the support they need. The inclusivity of these centers extends to all populations, including non-Thai citizens, migrants, and individuals without official identification, ensuring that everyone in need can receive assistance.



## 9.7 Impact and Statistics:

Over the years, the Ministry of Public Health has tirelessly worked to develop and refine the services offered by OSCCs, forging strong partnerships with relevant stakeholders to enhance the support network. Today, this dedication is evident in the expansive reach of OSCCs, which number 10,611 across the nation. These centers span various healthcare facilities, including 829 central, general, and community hospitals, 9,750 sub-district health promoting hospitals, and 32 hospitals under different governmental departments.

The impact of these centers is profound, with 92,739 individuals having received help, averaging about 42 cases daily. In the fiscal year 2023 alone, 12,467 individuals sought assistance at OSCCs. These cases included 11,112 females, 1,312 males, and 16 individuals identifying as LGBTQ+. The majority of these individuals were young, aged between 10 and 20 years, highlighting a critical area of concern and need.

The types of violence reported at these centers varied, with physical violence being the most prevalent, accounting for 6,753 cases. Psychological violence was also significant, with 5,492 cases, followed by 3,979 cases of sexual violence. These statistics for the year 2023 paint a stark picture of the challenges faced by many individuals in Thai society, emphasizing the crucial role of OSCCs in providing a lifeline to those in dire situations<sup>30</sup>.

## 9.8 Challenges and Future Directions:

While One Stop Service Crisis Centers (OSCCs) have made significant strides in providing integrated and comprehensive care to GBV survivors, challenges remain. These include ensuring consistent quality of services across all centers, addressing resource constraints, and overcoming societal stigma associated with GBV. Future efforts will focus on enhancing the capacity and reach of OSCCs, improving inter-agency coordination, and strengthening community engagement to support GBV prevention and response.

OSCCs represent a critical element of Thailand's response to Gender-Based Violence within the UHC framework. By offering a comprehensive range of services in a single location, these centers play a vital role in supporting survivors, promoting health equity, and advancing the country's commitment to human rights and gender equality.

<sup>30</sup> Ministry of Public Health. OSCC Survivors Information Dashboard.(24 May 2024) Retrieved from <http://oscc.moph.go.th/>.

# ONE STOP SERVICE CRISIS CENTERS (OSCCs) AND UHC INTEGRATION<sup>31</sup>

One Stop Service Crisis Centers (OSCCs) play a crucial role in providing integrated services to Gender-Based Violence (GBV) survivors within the Universal Health Coverage (UHC) system in Thailand. These centers serve as focal points for survivors to access comprehensive support, including medical, legal, and psychosocial assistance, in a coordinated manner.

## 1. Role of OSCCs in UHC Integration:

- OSCCs act as centralized hubs where GBV survivors can receive multi-disciplinary services under one roof, streamlining the process of accessing support.
- Within the UHC framework, OSCCs facilitate the delivery of essential healthcare services to survivors, ensuring that medical treatment for physical injuries and related health conditions is promptly provided.
- OSCCs collaborate with healthcare providers, legal professionals, social workers, and NGOs to offer a holistic range of services tailored to meet the diverse needs of survivors.



## 2. Effectiveness of OSCCs in Coordinating Services:

- OSCCs demonstrate effectiveness in coordinating medical, legal, and psychosocial support for GBV survivors, fostering a collaborative approach among various stakeholders.
- Medical professionals at OSCCs provide immediate care for physical injuries and offer follow-up services, including screening for STIs and HIV/AIDS, aligning with UHC provisions for comprehensive healthcare coverage.



<sup>31</sup> กระทรวงสาธารณสุข. คู่มือศูนย์พึ่งได้. Retrieved from <https://www.oic.go.th/FILEWEB/CABINFOCENTER18/DRAWER003/GENERAL/DATA0000/00000056.PDF>.

- Legal experts at OSCCs assist survivors in navigating the legal system, facilitating access to justice, obtaining protection orders, and seeking compensation for damages incurred due to GBV.
- Psychosocial support services at OSCCs offer counseling, mental health interventions, and support groups, addressing the emotional and psychological impact of trauma on survivors.

### **3. Gaps and Challenges in Integration:**

- Despite their integral role, OSCCs may face challenges in fully integrating with the broader UHC framework for GBV cases.
- Geographic disparities may limit access to OSCCs, particularly in rural and remote areas, affecting the equitable distribution of services within the UHC system.
- Limited resources and capacity constraints may hinder the scalability and sustainability of OSCCs, impacting their ability to meet the growing demand for GBV survivor support.
- Cultural barriers and stigma surrounding GBV may deter survivors from seeking help at OSCCs, emphasizing the importance of community outreach and awareness-raising initiatives.

The OSCCs play a vital role in providing integrated services to GBV survivors within the UHC system in Thailand. While they effectively coordinate medical, legal, and psychosocial support, challenges such as geographic disparities and resource constraints need to be addressed to enhance their integration with the broader UHC framework and ensure equitable access to comprehensive GBV survivor support.



# Services beyond Universal Health Coverage (UHC) Packages for Gender-Based Violence (GBV) Cases Survivors

---

- 1. Legal Services Limitations:** While UHC packages often include medical treatments and interventions for GBV survivors, coverage for legal services may be limited. Legal assistance, such as obtaining protection orders or seeking justice against perpetrators, may not always be fully integrated into UHC packages due to legal complexities or resource constraints.
- 2. Non-Medical Services:** UHC packages may prioritize medical care over non-medical services, such as psychosocial support and rehabilitation, for GBV survivors. As a result, coverage for these essential services addressing psychological trauma and physical recovery may be limited or not consistently provided within the UHC framework.
- 3. Geographic Availability:** Access to specialized GBV services within UHC packages can vary based on geographic location. Rural or remote areas may face challenges in delivering comprehensive GBV support services due to resource limitations, infrastructure constraints, and the concentration of healthcare facilities in urban centers.
- 4. Cultural and Social Stigma:** Cultural norms and societal stigma surrounding GBV may impact the availability and accessibility of services within UHC packages. Survivors may hesitate to seek help or access available services due to fear of stigma or discrimination, which can result in underutilization of UHC benefits for GBV-related needs.

Addressing these exceptions in UHC packages for GBV cases survivors requires concerted efforts from policymakers, healthcare providers, and stakeholders. Strategies to enhance coverage, improve accessibility, and address systemic challenges are essential to ensure that GBV survivors receive the necessary support and care within the UHC framework, promoting their health, safety, and well-being.

# COMPARISON WITH GLOBAL STANDARDS

This section provides comparative review of Thailand's UHC coverage for GBV cases versus international standard in all six categories and present the findings in both narrative and a comparative matrix.

## 11.1 Medical Services

### Thailand:

- Immediate Medical Care: Provides prompt treatment for physical injuries resulting from GBV.
- Emergency Contraception: Offers emergency contraception to prevent unwanted pregnancies after sexual violence.
- STI Screening and Treatment: Includes screening for Sexually Transmitted Infections (STIs) and provides necessary treatments.
- HIV Post-Exposure Prophylaxis (PEP): Ensures access to HIV PEP to prevent HIV infection following exposure.
- Safe Abortion Services (where legal): In jurisdictions where abortion is legal, safe abortion services are included to address unwanted pregnancies resulting from GBV.

### Global Standards:

- Immediate and Ongoing Medical Care: Similar to Thailand, but also emphasizes ongoing medical follow-up.
- Emergency Contraception: Includes this as a standard service.
- STI and HIV Prevention, Screening, and Treatment: Comprehensive coverage of STI and HIV prevention, screening, and treatment, similar to Thailand.
- Safe Abortion Services (where legal): In jurisdictions where abortion is legal, safe abortion services are included to address unwanted pregnancies resulting from GBV.

## 11.2 Psychosocial Support

### Thailand:

- Counseling Services: Provides counseling to help survivors cope with the trauma.
- Mental Health Support: Offers mental health services and therapy to address psychological impacts.
- Hotline Services: Operates hotlines for immediate psychosocial support.

### **Global Standards:**

- Psychological First Aid: Emphasizes initial psychological first aid to stabilize survivors.
- Ongoing Mental Health Services: Provides long-term mental health support, including therapy and counseling.
- Survivor-Centered Counseling: Focuses on counseling that respects and prioritizes the needs and choices of survivors.
- Crisis Intervention Hotlines: Includes hotlines for immediate crisis intervention.

## **11.3 Legal and Forensic Services**

### **Thailand:**

- Forensic Evidence Collection: Facilitates the collection of forensic evidence to support legal cases.
- Legal Counseling: Provides survivors with legal advice and assistance.
- Coordination with Law Enforcement: Works closely with police and other law enforcement agencies to ensure survivors' cases are handled appropriately.

### **Global Standards:**

- Forensic Medical Examinations: Conducts thorough forensic examinations to document evidence.
- Legal Aid: Offers comprehensive legal aid to help survivors navigate the justice system.
- Collaboration with Law Enforcement and Judicial Systems: Ensures coordinated efforts between healthcare, law enforcement, and judicial systems to protect survivors and prosecute offenders.

## **11.4 Shelter and Protection**

### **Thailand:**

- Safe Houses and Shelters: Provides secure places for survivors to stay.
- Protection Services: Offers services to protect survivors from further harm.

### **Global Standards:**

- Accessible Shelters: Ensures that shelters are available and accessible to all survivors.
- Protection Orders: Assists survivors in obtaining protection orders to prevent further abuse.
- Safety Planning: Helps survivors develop personalized safety plans.
- Relocation Assistance: Provides assistance with relocation if necessary for safety.



## 11.5 Training and Awareness

### Thailand:

- Training Healthcare Providers: Educates healthcare professionals on how to identify and manage GBV cases.
- Public Awareness Campaigns: Runs campaigns to raise awareness about GBV and available services.

### Global Standards:

- Training for Healthcare Providers: Similar emphasis on training but may include broader capacity building for all service providers, including legal and social services.
- Capacity Building: Focuses on building the capacity of all stakeholders involved in GBV response.
- Community Education Programs: Implements programs to educate the community on GBV prevention and response.

## 11.6 Referral Systems

### Thailand:

- Integrated Referral Systems (Traditional or MOU-Based): Thailand primarily uses traditional and Memorandum of Understanding (MOU)-based referral systems for managing GBV cases. These systems facilitate cooperation and coordination among various service providers, including healthcare, legal, and social services, without the backing of formal regulations..

### Global Standards:

- Multisectoral Approach: Advocates for a multisectoral approach, ensuring coordination between healthcare, legal, and social services.
- Strong Referral Networks: Emphasizes the importance of strong referral networks and effective case management systems to provide holistic care.

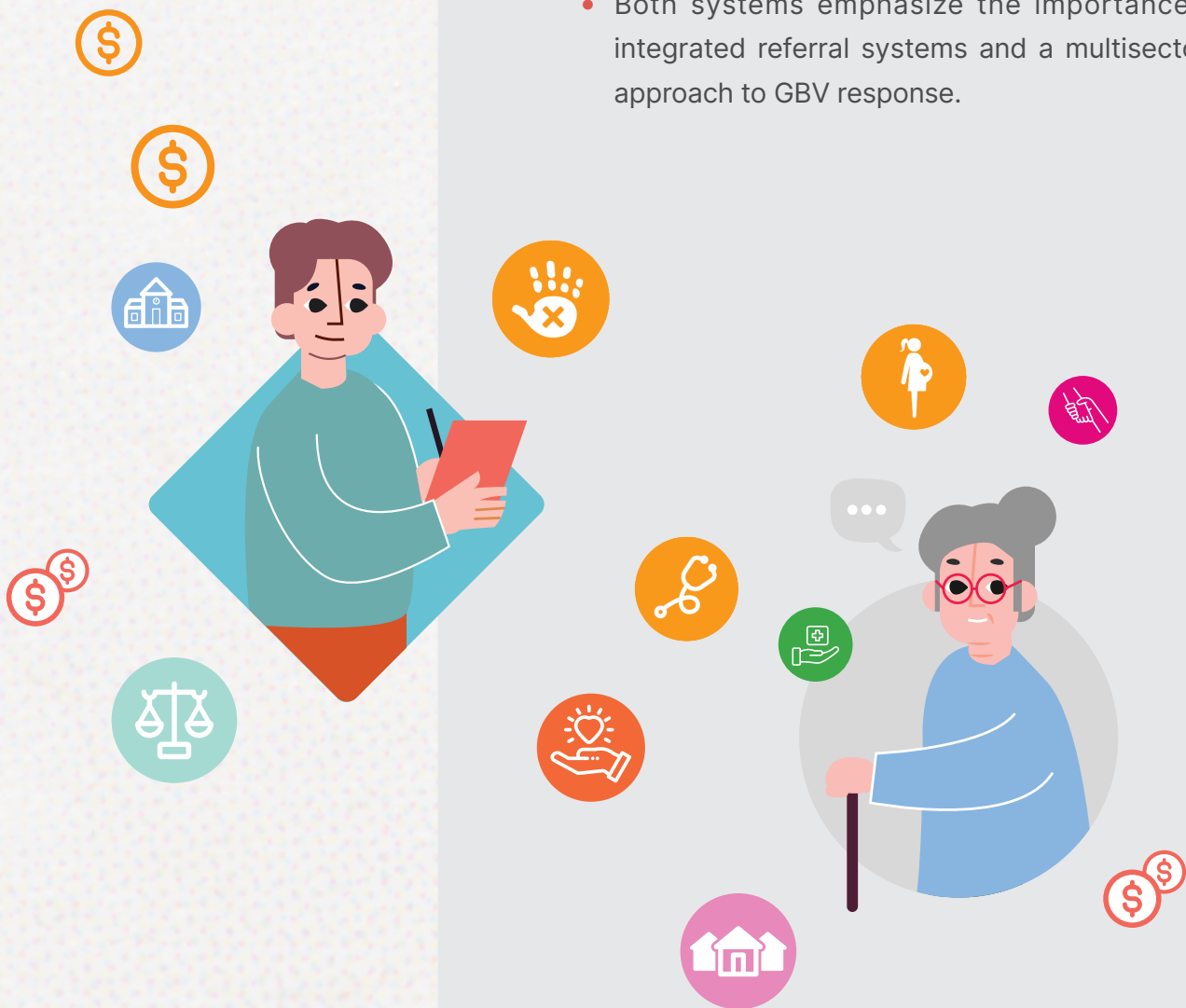
Both Thailand and global standards offer comprehensive UHC packages for GBV survivors, focusing on immediate medical care, psychosocial support, legal assistance, shelter and protection, training, and integrated services. Key differences include the global inclusion of safe abortion services where legal and a stronger emphasis on ongoing mental health support and broader community education programs. Thailand's strengths lie in its coordination with law enforcement and traditional or MOU-based integrated referral systems, which align well with global best practices despite the lack of formal regulations.

## Table of summary

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	Yes (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

## Summary

- Both Thailand's UHC package and global standards UHC provide comprehensive medical, psychosocial, legal, and protection services for GBV survivors.
- Thailand's UHC aligns closely with global standards but may have more limited provisions for ongoing medical follow-up, psychological first aid, capacity building and social reintegration.
- Global standards UHC generally include safe abortion services (where legal) and emphasize broader community education and capacity building initiatives.
- Both systems emphasize the importance of integrated referral systems and a multisectoral approach to GBV response.



### **1. One Stop Service Crisis Centers (OSCCs)**

Thailand has established One Stop Service Crisis Centers (OSCCs) in hospitals nationwide. These centers provide comprehensive services for GBV survivors, including medical care, psychological support, legal assistance, and social services in one location. This integrated approach helps streamline the care process, making it easier for survivors to access necessary support without navigating multiple systems.

### **2. Immediate Medical Services**

Thai healthcare facilities ensure immediate medical care for GBV survivors. This includes treatment for injuries, provision of emergency contraception, and access to HIV Post-Exposure Prophylaxis (PEP). These services are critical in addressing the immediate health needs of survivors and preventing further complications.

### **3. Comprehensive STI and HIV Services**

Thailand offers extensive screening and treatment services for Sexually Transmitted Infections (STIs) and HIV to GBV survivors. This includes immediate testing and treatment, along with ongoing medical follow-ups to ensure the health and well-being of survivors.

### **4. Mental Health and Psychosocial Support**

Recognizing the psychological impact of GBV, Thailand provides mental health services, including counseling and therapy, to help survivors cope with trauma. Hotline services are also available for immediate psychosocial support, ensuring that survivors have access to help at any time.





## **5. Legal and Forensic Services**

To support the legal aspects of GBV cases, Thailand facilitates forensic evidence collection and provides legal counseling to survivors. Coordination with law enforcement agencies ensures that survivors' cases are handled appropriately and that they receive the necessary legal support.

## **6. Shelter and Protection Services**

Thailand provides safe houses and shelters for GBV survivors, offering them a secure place to stay while they recover and make plans for their future. Protection services are also available to prevent further harm and ensure the safety of survivors.

## **7. Training and Awareness Programs**

Thailand emphasizes the importance of training healthcare providers to recognize and respond to GBV cases effectively. Public awareness campaigns are also conducted to raise awareness about GBV and the services available to survivors. These initiatives help create a supportive environment for survivors and encourage community involvement in GBV prevention.

## **8. Integrated Referral Systems**

While Thailand primarily uses traditional and Memorandum of Understanding (MOU)-based referral systems, these systems facilitate cooperation among various service providers, including healthcare, legal, and social services. This integrated approach ensures that survivors receive comprehensive care through well-coordinated referrals, even in the absence of formal regulations.

These practices highlight Thailand's commitment to addressing GBV through its UHC system, ensuring that survivors receive comprehensive, integrated, and accessible care. By implementing these strategies, Thailand has developed a robust framework for supporting GBV survivors, which can serve as a model for other countries looking to enhance their GBV response systems.

# 13

## MAPPING OF GBV SERVICE PROVIDERS AND FINANCIAL RESOURCES TO COVER THE CASE IN THAILAND

Using a survivor-center approach, this section provides a comprehensive mapping of the responsible and relevant organizations in Thailand to provide services and financial support for the four key elements of the UHC Package for GBV cases involves identifying relevant government agencies, Non-Governmental Organizations (NGOs), and international organizations that align with each component.



## 1. Comprehensive Medical Treatment, especially physical treatment

### Responsible and Relevant Agencies:

#### Ministry of Public Health (MOPH)

- Regulations/Laws: National Health Act B.E. 2550 (2007)
- Help Channels: Hospitals and health service centers nationwide provide comprehensive medical care, including emergency and rehabilitative care.

#### One Stop Service Crisis Centers (OSCCs)

- :: Services: Offer immediate medical and psychological support for GBV survivors.
- :: Help Channels: Available in MoPH hospitals nationwide, these centers facilitate integrated care by bringing together medical, psychological, legal, and social services.

### Sources of Public Financial Support:

#### National Health Security Office (NHSO)

- Regulations/Laws: National Health Security Act B.E. 2545 (2002)
- Coverage: Provides universal health coverage (UHC) for all Thai citizens, covering essential health services without causing financial hardship.
- Help Channels: Accessible through NHSO Hotline (1330) and NHSO provincial offices.

#### Government Officer Medical Benefit Scheme

- Coverage: Exclusively for Thai government officials, providing them and their families with comprehensive health coverage.
- Help Channels: Services available at government hospitals and clinics.

#### Social Security Office (SSO)

- Regulations/Laws: Social Security Act B.E. 2533 (1990)
- Coverage: Covers employees in the private sector and freelancers who contribute to the scheme, offering health services including treatment for injuries and illnesses.
- Help Channels: Medical services can be accessed at hospitals and clinics participating in the Social Security system.

#### Private Health Insurance

- Coverage: Available for individuals who hold private insurance policies. Coverage depends on the specifics of individual insurance plans.
- Help Channels: Services are typically accessed through a network of private hospitals and clinics designated by the insurance provider.

#### Non-Governmental Organizations (NGOs)

- Help Channels: Organizations like the Thai Health Promotion Foundation support public health initiatives and may provide resources and advocacy for GBV survivors.

## 2. Psychosocial Support

### Service Providers and Their Legal Authority:

#### Ministry of Social Development and Human Security (MSDHS)

- **Regulations/Laws:** Domestic Violence Victim Protection Act B.E. 2550 (2007)
- **Help Channels:** Social Assistance Centers (OSCC), MSDHS Hotline (1300)

#### Department of Mental Health, Ministry of Public Health (MOPH)

- **Regulations/Laws:** Mental Health Act B.E. 2551 (2008)
- **Help Channels:** Mental Health Hotline (1323) or regional mental health centers

#### NGOs and Community-Based Organizations (CBOs)

- **Help Channels:** These organizations, such as the Foundation for Women and Men Advancement and Development, typically operate through their own or donors' funding.

### Source of Public Financial Support:

#### 1) Universal Health Coverage (UHC) through NHSO

- :: **Coverage:** Provides comprehensive health coverage for all Thai citizens under the National Health Security Act B.E. 2545 (2002).
- :: **Funding:** Funded through government allocations under the annual national budget and managed by the National Health Security Office (NHSO).

#### 2) Government Officer Medical Benefit Scheme

- :: **Coverage:** Exclusively for Thai government officials and their families, offering extensive health services.
- :: **Funding:** Managed through the government's own budget dedicated to state employees' welfare.

#### 3) Social Security Office (SSO)

- :: **Coverage:** Covers private sector employees and freelancers who contribute to the scheme, as stipulated under the Social Security Act B.E. 2533 (1990).
- :: **Funding:** Funded through contributions from employers, employees, and the government, managed by the Social Security Office (SSO).

#### 4) Private Health Insurance

- :: **Coverage:** Available for individuals who hold private insurance policies, offering coverage as per the terms of the policy.
- :: **Funding:** Funded by premium payments made by policyholders to private insurance companies.

### Additional Funding Sources for NGOs and CBOs:

#### International NGOs and Foundations

- **Coverage:** Provides grants for projects focused on human rights, gender equality, and GBV prevention and response in Thailand.



- **Funding:** Supported by international non-governmental organizations and foundations that allocate grants specifically for development projects, such as the Ford Foundation and the Global Fund for Women.

### **Government Grants**

- **Coverage:** Supports projects that enhance legal frameworks, healthcare access, community education, and more, all related to GBV.
- **Funding:** Funded by foreign government agencies such as USAID, Australian Aid, and JICA, which provide financial assistance for specific projects aimed at strengthening community and institutional responses to GBV.

### **Private Donations**

- **Coverage:** Supports a wide range of activities including advocacy, legal aid, and direct service provision for GBV survivors.
- **Funding:** Funded by individual philanthropists, local businesses, and corporate sponsorships as part of Corporate Social Responsibility (CSR) initiatives, such as donations from major Thai corporations like PTT Public Company Limited and SCG.

### **Local Government Funding**

- **Coverage:** Often used to support social services and emergency response activities managed by CSOs.

- **Funding:** Provided by local government units and national government agencies through direct funding or in-kind support, such as the Bangkok Metropolitan Administration (BMA) providing facilities for shelters.

### **Crowdfunding and Social Media Campaigns**

- **Coverage:** Used for raising funds for specific causes related to GBV, emergency situations, or support for ongoing programs.
- **Funding:** Generated through public contributions via platforms like Weeboon and Taejai, which enable wide reach and engagement. Campaigns may be for specific events such as fundraisers for a new women's shelter or crisis center.

### **Partnerships and Collaborations**

- **Coverage:** Includes joint projects, shared resources, or funding opportunities that enhance GBV programs.
- **Funding:** Established through partnerships with Thai universities, hospitals, other NGOs, which may also include in-kind contributions such as training and technical assistance. For example, a collaboration between Mahidol University and a local NGO to provide training for healthcare providers on handling GBV cases.

### 3. Legal Assistance

#### **Responsible and Relevant Agencies:**

#### **Service Providers and Their Legal Authority:**

##### **Ministry of Justice (MOJ)**

- **Regulations/Laws:**
  - :: Compensation and Expenses for Crime Victims and Defendants in Criminal Cases Act B.E. 2544 (2001)
  - :: Justice Fund Act B.E. 2558 (2015)
  - :: **Help Channels:** MOJ Hotline (1111 ext. 77) provides direct access to legal advice and services.

##### **Legal Assistance Centers**

- **Lawyers Council of Thailand under the Royal Patronage**
  - :: **Contact Information:** Tel 02-522-7124 to 27, 02-522-7143 to 47, Hotline 1167
  - :: **Services:** Offers comprehensive legal support including representation and assistance in legal proceedings for GBV survivors.
- **Association of Women Lawyers of Thailand under the Royal Patronage**
  - :: **Contact Information:** Tel 02-241-0737
  - :: **Services:** Specializes in supporting women through legal processes, including those related to GBV cases.

##### **Ministry of Social Development and Human Security (MSDHS)**

- **Regulations/Laws:** Domestic Violence Victim Protection Act B.E. 2550 (2007)
- **Help Channels:** Direct assistance and referral services through various social service programs.

#### **Additional Funding Sources for NGOs and CBOs:**

##### **Foundation for Women**

- **Coverage:** Supports women's rights and provides assistance to women facing domestic violence, including legal aid.
- **Funding:** Financial support may be provided as part of aid packages.

##### **Association for the Promotion of the Status of Women under the Royal Patronage of HRH Princess Soamsawali**

- **Coverage:** Offers a range of support services to women, including financial advice and direct financial assistance, particularly in legal situations.
- **Funding:** Can include grants or emergency funds tailored to individual needs.

##### **Friends of Women Foundation**

- **Coverage:** Provides support to women in crisis, which includes financial assistance for legal and medical needs stemming from GBV.
- **Funding:** Assistance may cover costs associated with legal proceedings or immediate medical interventions.

## 4. Rehabilitation and Social Support

### Responsible and Relevant Agencies:

#### Service Providers and Their Legal Authority:

##### Ministry of Social Development and Human Security (MSDHS)

- **Regulations/Laws:** Domestic Violence Victim Protection Act B.E. 2550 (2007)
- **Services:** Provides comprehensive social support services, including emergency shelters, counseling, rehabilitation programs, and protection services for GBV survivors.

#### Emergency Shelters

- **Regulations/Laws:** Operate according to MSDHS policies, ensuring safety and privacy for GBV survivors.
- **Services:** These facilities provide safe housing and are often equipped with resources to aid survivors in crisis situations.



### NGOs and Community-Based Organizations (CBOs) Providing Comprehensive Support:

#### 1) Foundation for Women (FFW)

:: **Services:** Legal aid, psychological counseling, and emergency shelter for women and children affected by domestic violence and trafficking.

:: **Website:** Foundation for Women

#### 2) Women's Welfare and Protection Association

:: **Services:** Emergency shelters, counseling services, and support for women facing domestic violence.

#### 3) Friends of Women Foundation

:: **Services:** Offers support to women in crisis, including financial assistance for legal and medical needs.

:: **Website:** Friends of Women Foundation

#### 4) Pattanarak Foundation

:: **Services:** Supports vulnerable populations including migrant workers and GBV survivors.

:: **Website:** Pattanarak Foundation

#### 5) Emergency Home for Children and Families (Baan Pakkred)

:: **Services:** Shelter and rehabilitation for children and families affected by abuse.

#### 6) Shelter for Children and Families

:: **Services:** Immediate shelter and long-term rehabilitation services for affected families.

### 7) Baan Mitratorn Foundation

:: **Services:** Provides safe housing and support services for mothers and children escaping domestic violence.

### 8) One Sky Foundation

:: **Services:** Advocates for child protection and family support, focusing on combating GBV within families.

:: **Website:** One Sky Foundation

### Source of Public Financial Support:

#### Ministry of Social Development and Human Security (MSDHS)

- **Funding:** Programs are funded through the ministry's own annual budget, dedicated to social welfare services including those for GBV survivors.

#### NGOs and CBOs

- **Funding:** These organizations rely on a combination of private donations, grants from international NGOs, and local government grants, tailored to support services such as emergency shelters, psychological counseling, and community-based recovery programs



## 5. Training and Awareness

### Responsible and Relevant Agencies:

#### Service Providers and Their Legal Authority:

#### Ministry of Social Development and Human Security (MSDHS)

- **Services:** Conducts training programs and awareness campaigns aimed at preventing domestic violence and supporting GBV survivors. These programs often focus on educating the public, law enforcement, and social service providers about the dynamics of GBV and effective response strategies.

#### Ministry of Public Health (MOPH)

- **Services:** Provides training for healthcare professionals on how to recognize signs of GBV and appropriately assist survivors. The MoPH also runs awareness campaigns that focus on the health consequences of GBV and promote healthy relationship behaviors.

#### NGOs

- **Services:** Many NGOs specialize in GBV education and training. These organizations often conduct workshops, seminars, and community outreach programs that raise awareness about GBV issues, legal rights, and available support services.



### Source of Public Financial Support:

- **MSDHS and MOPH**
  - :: **Funding:** These ministries typically fund their training and awareness programs through their own annual budgets. This funding supports a range of activities, from the creation and distribution of educational materials to the organization of training sessions and public awareness events.
- **NGOs**
  - :: **Funding:** Non-governmental organizations often rely on a mix of funding sources for their training and awareness initiatives:
    - : **Private Donations:** Financial contributions from individuals and corporations.
    - : **Grants from International NGOs:** Support from international bodies focused on human rights and gender equality, such as UN Women or the Global Fund for Women.
    - : **Local Government Grants:** Funding provided by local government units for specific community-based projects.
    - : **CSO's Donors' Budget:** Many NGOs receive funding from a variety of donors, including private foundations, international aid, and public fundraising efforts. These funds are crucial for sustaining long-term awareness campaigns and training programs that cannot be fully funded by government budgets alone.



## 6. Non-Governmental Organizations and Agencies Providing Support for Women Facing Violence or Hardship

### *Paveena Foundation for Children and Women*

- **Services:** Assists women who have been physically abused, sexually harassed, or sexually assaulted.
- **Contact:** 1134 or 02-521-9231-2

### *Friends of Women Foundation*

- **Services:** Provides shelter for women facing various issues, including irresponsible partners, sexual violence, and domestic violence.
- **Contact:** 02-513-2780, 02-513-1001

### *Foundation for Women*

- **Services:** Supports women who have been physically abused, including domestic violence, sexual abuse, and rape.
- **Contact:** 02-433-5149, 02-435-1246

### *Social Assistance Center, Ministry of Social Development and Human Security*

- **Services:** Offers 24-hour assistance to women facing family problems, domestic violence, or spousal abuse.
- **Contact:** 1300

### **Emergency Shelter, Association for the Promotion of the Status of Women**

- **Services:** Provides counseling and shelter for women facing family problems, domestic violence, physical abuse, abandonment, rape, or pregnancy outside of marriage.
- **Contact:** 02-929-2301-10, 02-929-2222, 02-566-2707

### **Community Women's Network Development Project**

- **Services:** Aims to help women in slum communities who have been physically abused or sexually assaulted.
- **Contact:** 02-731-5218

### **Childline Thailand Foundation**

- **Services:** A hotline providing assistance to children from birth to 18 years old, available 24 hours a day.
- **Contact:** 1387

### **Pattanak Foundation**

- **Services:** Supports vulnerable populations including migrant workers and their families, often encompassing GBV survivors.
- **Contact:** Information available on their website or through local social service contacts.

### **Women's Welfare and Protection Association**

- **Services:** Provides emergency shelters and counseling services for women facing domestic violence.
- **Contact:** Details can be obtained through local social service directories.

### **One Sky Foundation**

- **Services:** Advocates for child protection and family support services, focusing on combating GBV within families.
- **Contact:** Detailed contact information available on their website.

### **Friends of Women Foundation**

- **Services:** Offers support to women in crisis, which includes financial assistance for legal and medical needs.
- **Contact:** Detailed contact information available on their website.

### **Women and Men Progressive Movement Foundation (WMP)**

- **Services:** Counseling, legal assistance, awareness campaigns, training, and community programs for survivors of domestic and sexual violence.
- **Contact:** Tel: 02-513-2889, 02-512-6071 | Website: [www.wmp.or.th](http://www.wmp.or.th)



To address the multifaceted needs of Gender-Based Violence (GBV) survivors within the Universal Health Coverage (UHC) framework in Thailand, several key recommendations emerge. Firstly, it is imperative to enhance the UHC package for GBV cases by expanding coverage to encompass comprehensive services such as medical treatment, psychosocial support, legal assistance, rehabilitation, and social support. Additionally, strategies for improving coordination between One Stop Service Crisis Centers (OSCCs) and UHC facilities are essential to ensure seamless access to integrated support services. Furthermore, areas for further research and policy development should be identified to strengthen the response to GBV within the healthcare system, including longitudinal studies, cost-effectiveness analyses, and policy advocacy efforts. By implementing these recommendations, Thailand can take significant strides toward effectively addressing GBV and supporting survivors within the UHC framework.

### **1. Enhancing the UHC Package for GBV Cases in Thailand**

- **Expand Coverage:** Ensure that all aspects of GBV survivor support, including medical treatment, psychosocial support, legal assistance, rehabilitation, and social support services, are comprehensively covered under the UHC package to address the holistic needs of survivors.
- **Training and Capacity Building:** Provide comprehensive training programs for healthcare providers, legal professionals, social workers, and other relevant stakeholders to enhance their capacity in GBV awareness, trauma-informed care, survivor-centered approaches, and legal assistance to improve the quality of services delivered within the UHC framework.
- **Community Engagement:** Implement community-based outreach and awareness programs to reduce stigma, raise awareness about GBV, and encourage survivors to seek support services available through UHC facilities and OSCCs.

### **2. Strengthening Coordination between OSCCs and UHC**

- **Integrated Referral Systems:** Establish standardized protocols and referral pathways between OSCCs, UHC facilities, and external service providers (e.g., shelters, legal aid organizations) to ensure seamless coordination and continuity of care for GBV survivors throughout the referral process.
- **Interdisciplinary Collaboration:** Foster closer collaboration and communication among healthcare providers, legal experts, social workers, and NGOs operating within OSCCs and UHC facilities to facilitate interdisciplinary approaches to GBV survivor support and improve service delivery.

- **Data Sharing and Monitoring:** Implement systems for sharing information and monitoring outcomes across OSCCs, UHC facilities, and external service providers to track service utilization, identify gaps, and enhance service delivery for GBV survivors.

- **Multi-Ministry Collaboration:** Ensure effective coordination among various ministries involved in GBV response, including the Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Justice, and Ministry of Education.

- **Involvement of Police Departments:** Integrate police departments into the OSCC network to provide immediate protection and support to GBV survivors, ensuring they receive comprehensive care.

- **Local Government Organizations:** Engage local government organizations in the OSCC framework to enhance accessibility and support at the community level, facilitating timely identification and referral of GBV cases.

- **Inter-Agency Communication:** Establish regular inter-agency meetings and communication channels to enhance coordination and response efficiency among all entities involved in GBV support..

### **3. Areas for Further Research and Policy Development**

- **Longitudinal Studies:** Conduct longitudinal studies to assess the long-term impact of GBV survivor support services provided through the UHC framework and OSCCs on survivor outcomes, including health, well-being, and social integration.

- **Cost-effectiveness Analysis:** Conduct cost-effectiveness analyses to evaluate the

economic implications of integrating comprehensive GBV support services into the UHC package and identify strategies for optimizing resource allocation.

- **Policy Advocacy:** Advocate for policy reforms and legislative changes to strengthen legal frameworks addressing GBV, enhance victim protection measures, and increase penalties for perpetrators, in collaboration with government agencies, civil society organizations, and other stakeholders.

By implementing these recommendations, Thailand can further enhance the UHC package for GBV cases, improve coordination between OSCCs and UHC facilities, and advance the response to GBV within the healthcare system, ultimately promoting the health, safety, and well-being of survivors across the country. The Universal Health Coverage (UHC) framework in Thailand holds immense potential to address the complex needs of Gender-Based Violence (GBV) survivors. By enhancing the UHC package to include comprehensive services and improving coordination between One Stop Service Crisis Centers (OSCCs) and UHC facilities, Thailand can ensure that survivors receive holistic support tailored to their needs. Additionally, identifying areas for further research and policy development will enable the healthcare system to continuously evolve and strengthen its response to GBV. With concerted efforts and a commitment to survivor-centered care, Thailand can make significant strides in promoting the health, safety, and well-being of GBV survivors within the UHC framework, ultimately contributing to a more just and equitable society.



# ANNEX

## 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

After a presentation from UHC office on their scope of work, and the presentation of 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. What important is the system and human resources. If the system works well, it can accelerate the services and enabling easier working environments. 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 budgets that would use to take care 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 that work to support people to be able to access to healthcare services equally and protected each household from

turning bankrupt due to the insufficient information on their health-related rights and services available. Services are delivered by different financial resources, roles and responsibilities. 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**

: Services are delivered 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 the government and CSOs. Gender-Based Violence (GBV) cases have been risen nowadays and drug is one of the accelerators that led to violences. UNFPA Thailand will perform as a linkage for relevant stakeholders to exchange knowledges and practices together, and by having the evidence-based, it is important to have data and evidence for budget allocation that drive with 'patient 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**

- 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

**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.

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

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 Puapun Sri**

- 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

## Table of summary

Feature	Thailand UHC	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	Yes (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> <li>5. Operating funds should be established within the system to aid with the legal services.</li> </ol>
<b>Social Support</b>	<ol style="list-style-type: none"> <li>1. Strengthen and mobilize resources via community-based care to ensure appropriate services available to meet the needs of survivors.</li> <li>2. Establish the standard of procedures to ensure the common practices for multi-stakeholders' collaboration.</li> <li>3. Establish a dedicated and functional fund to support UHC services for gender-based violence.</li> <li>4. Integrate support allowances provided by different agencies in order to create a seamless system for gender-based violence survivors.</li> <li>5. Provide capacity developments for relevant stakeholders for example, teachers to be able to provide a better support for social reintegration.</li> </ol>

### 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.

## Agenda

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

Thursday 30th 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	Registration	UNFPA Thailand team - Sittiporn Rodprisom, Administrative and Procurement Assistant - Thanaporn Kornmatitsuk, Programme Assistant – Gender-Based Violence (GBV)
08:55 – 09:00	<b>Background and Objectives of the meeting</b> • Khun Phunchawaree Puapunsri Gender-Based Violence (GBV) Coordinator, UNFPA Thailand	
9:00 – 09:20	<b>Opening Remark: (20 mins)</b> • Khun Panumard Yarnwaidskul Deputy Permanent Secretary, Ministry of Public Health • Khun Waraporn Suwanwela Deputy Secretary General, National Health Security Office (NHSO) Thailand • Khun Siriluck Chiengwong Head of Office, UNFPA Thailand	
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> • Khun Waraporn Suwanwela, Deputy Secretary General, National Health Security Office (NHSO) Thailand	
09:50 – 10:20	<b>Session 2: Presentation from the multi-disciplinary team of OSCC from different provinces (30 mins)</b> • Khon Kaen Hospital, Khon Kaen Province • Mae Sot Hospital, Tak Province • Hat Yai Hospital, Songkhla Province • Pathumthani Hospital, Pathumthani Province	Phunchawaree Puapunsri

Time	Agenda Item	Focal Point(s)
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'.</b> (40 mins) • Presentation and Q&A	Phunchawaree Puapunsri
11:00 – 11:15	<b>Coffee break</b>	
11:15– 12:00	<b>Session 4: Small Group discussion based on 2 guided questions below</b> (45 mins): 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? : Physical : Mental : Legal support : Social support 2. What would you like to see more of the UHC to reduce the GBV situation in Thailand?	Led by representatives from government and facilitated by - Phunchawaree Puapunsri - Sittiporn Rodprisom - Thanaporn Kornmatitsuk
12:00-13.00	<b>Lunch</b>	
13:00-14:00	<b>Session 4 (Continue): Small Group discussion and prepare to present back</b> (1 hour)	Led by representatives from government and facilitated by - Phunchawaree Puapunsri - Sittiporn Rodprisom - Thanaporn Kornmatitsuk
14:00 – 15:00	<b>Session 5: Group Presentation and Q&amp;A</b> (1 hour)	- Presentations by representatives from government officers. - Moderated by Sittiporn Rodprisom.
15:00-15:15	<b>Session 6: Recap and Next steps</b> (15 mins)	Phunchawaree Puapunsri
15:15- 15:30	<b>Closing remarks</b> (15 mins) • Representatives from NHSO • UNFPA Thailand	
15.30	<b>Coffee break and End of the Workshop</b>	

## List of Participants

- National Health Security Office
- Ministry of Social Development and Human Security
- The Children and Youth Council of Thailand
- Ministry of Public Health
- Office of the Attorney General
- OSCC Pathum Thani Hospital
- OSCC Khon Kaen Hospital
- OSCC Maesot Hospital
- OSCC Hatyai Hospital
- OSCC Samutprakan Hospital
- Metropolitan Police Division 6
- Metropolitan Police Division 8
- Planned Parenthood Association of Thailand (PPAT)
- UN Agencies



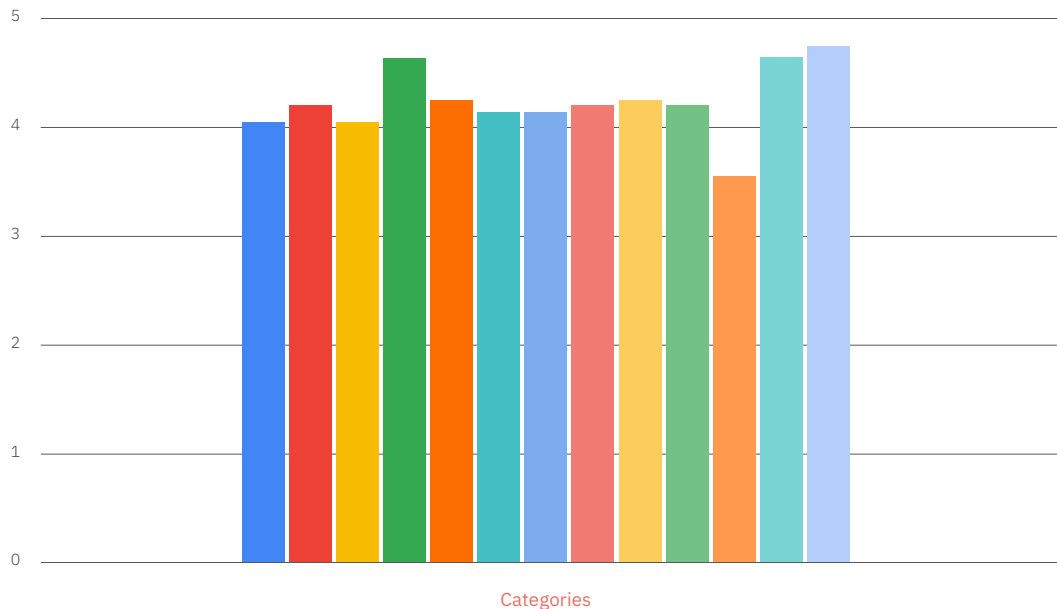
## Workshop pictures



## 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



- 1. เนื้อหาตรงกับวัตถุประสงค์ The content of the workshop is related to the workshop's objectives.
- 2. ระยะเวลามีความเหมาะสม Timing of the workshop is appropriate.
- 3. รูปแบบการจัดประชุมมีความเหมาะสม The workshop setting is appropriate.
- 4. การเปิดโอกาสให้มีส่วนร่วมและแสดงความคิดเห็น Adequate opportunity for questions and
- 5. ประโยชน์และความเหมาะสม ของกิจกรรมช่วงที่ 1 แนะนำหลักประกันสุขภาพในประเทศไทย
- 6. ประโยชน์และความเหมาะสม ของกิจกรรมช่วงที่ 2 การนำเสนอการทำงานจากทีมสหวิชาชีพของศูนย์พึ่ง
- 7. ประโยชน์และความเหมาะสม ของกิจกรรม ช่วงที่ 3 การนำเสนอรายงานเรื่องการทบทวนสิทธิหลักประ
- 8. ประโยชน์และความเหมาะสม ของกิจกรรม ช่วงที่ 4 ทหารเรือในกลุ่มย่อย
- 9. ประโยชน์และความเหมาะสม ของกิจกรรม ช่วงที่ 5 นำเสนอ และ ถาม-ตอบ
- 10. การประสานงานมีความเหมาะสม Coordination for the workshop is appropriate.
- 11. เอกสารประกอบการประชุมมีความเหมาะสม The workshop documents are cleared and
- 12. สถานที่มีความเหมาะสม The location of the workshop is appropriate.
- 13. อาหารและเครื่องดื่มมีความเหมาะสม Food and beverage is appropriate.



## Ensuring Rights and Choices for All since 1969

United Nations Population Fund  
4th Floor United Nations  
Service Building, Rajadamnern Nok Avenue,  
Bangkok 10200, Thailand

 Unfpa Thailand

 Unfpa Thailand

 Unfpa.thailand

 @Unfpa\_Thailand

 Unfpa Thailand

 <https://thailand.unfpa.org>

**UNFPA Thailand Country Office**