



Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation



Ministry of Public Health
The Royal Thai Government



Development of Safe Abortion Service in Thailand

SHARING BEST PRACTICES

Addressing RH, Population and Development Challenges

Case from THAILAND

December 2020

Biography of the Consultant



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Foreword

Partners in Population and Development (PPD) is an inter-governmental organization of 27 Developing Countries from Asia, Africa, Latin America, and Middle East and North Africa (MENA) regions, launched in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt with the mandate to institutionalize and promote South-South Cooperation (SSC) in Reproductive Health, Family Planning and Population related issues for the implementation of the ICPD Program of Action. Through exchange of knowledge, experiences and best practices among its member countries and other developing countries, PPD contributed in creating opportunities for launching efficient and transformational SSTC programs, considered as best alternative approaches to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries.

In 2019, PPD and UNFPA jointly documented 2 best practices from Kenya and Tunisia which were published in UNOSSC South-South Galaxy (Volume 3: South-South and Triangular Cooperation for Sustainable Development). In 2020 and as the whole world experienced the social and economic disruption, particularly in health system caused by COVID-19 pandemic, PPD with the support of UNFPA has documented nine (9) best practices from Bangladesh, China, Egypt, The Gambia, Ghana, India, Morocco, Vietnam and Thailand, highlighting the issues related to reproductive health, family planning, maternal health, adolescent health, gender equality, population and development.

I strongly believe that sharing best practices is a key tool to promote South-South Cooperation and this document will help other countries to adapt and replicate the ideas to solve similar issues in the beneficiary countries.

I wish to express my sincerest thanks and appreciation to the Government of the Thai Kingdom through the Ministry of Public Health for their strong engagement to South-South Cooperation and continued support to PPD as witnessed by the documentation of the “***Safe Abortion Policy and Arranging Unsafe Abortion Prevention Service under Universal Health Coverage (UHC) Scheme in Thailand***” and the commitment to share it with other developing countries.

Adnene Ben Haj Aissa
Executive Director

Outline of Documentation of Best Practices

	General Information Sheet on the Country and Project setting:	
1.	Name of the Country	Thailand
2.	Name of the State or Province in the Country	Nonthaburi Province
3.	Type of Community	Administrators, health personnel and officials in charge of pregnancy termination services from service units that provide pregnancy termination services all over the country
4.	Number of Beneficiaries	Teenagers, women of reproductive age, women having an unintended pregnancy and people using reproductive health services
5.	Kind of Intervention	<ol style="list-style-type: none"> 1. To effectively develop the management of abortion pill in health service system of healthcare service units 2. To develop and expand network of the Referral System for Safe Abortion (RSA) across the country 3. To increase the number of service units that register for the use of the abortion pill with the Department of Health 4. To develop a training course related to the provision of safe medical abortion service 5. To build capacity and skills in comprehensive safe abortion care among the health personnel 6. To develop channels and models to build health literacy on safe medical abortion among health personnel and the public
6.	Implementing Institution	Bureau of Reproductive Health, Department of Health, Ministry of Public Health

7.	Details of Institution with e-mail address	Institution: Bureau of Reproductive Health, Department of Health, Ministry of Public Health Address: Talad Kwan Subdistrict, Mueang District, Nonthaburi Province, Thailand 11000 E-mail address: population.rh4243@gmail.com or south@health.moph.go.th
8.	Head of the Institution	Dr. Peerayoot Sanugul, M.D. Director of Bureau of Reproductive Health Department of Health, Ministry of Public Health Thailand
9.	Implementation Period	2012 - 2020
10.	Budget:	The project has been supported by the government and private agency relevant to safe abortion in Thailand including: <ol style="list-style-type: none"> 1. Thai Health Promotion Foundation 2. National Health Security Office (NHSO) 3. Concept Foundation

Overview

The development of safe abortion service in Thailand occurs with the aim of providing safe abortion services for teenagers, women of reproductive age and women having an unintended pregnancy as well as promoting safe abortion literacy among people using reproductive health services.

Implementation

1) Medical Abortion

- 1.1 Working on a pilot study on the abortion pill at the healthcare service units in Thailand
- 1.2 Promoting the registration of the abortion pill in Thailand.
- 1.3 Encouraging the inclusion of the abortion pill to the National List of Essential Medicine (NLEM)

2) Health Personnel

- 2.1 Establishing the network of the Referral System for Safe Abortion (RSA) in 2014
- 2.2 Providing doctors and health personnel with a training course on the provision of safe abortion services
- 2.3 Following up, monitoring, and empowering the safe abortion service units and encouraging the staff

3) Service system Development

- 3.1 Developing a new approach on medicine management system
- 3.2 Creating and improving an innovative training course on safe medical abortion services
- 3.3 Developing guidelines for legal abortion services
- 3.4 Developing the healthcare service system of telemedicine for medical abortion

Results

1) Medical Abortion

- 1.1 According to the pilot study on the use of abortion pill at healthcare service units in Thailand, the medical abortion procedure was acceptable to both service providers and recipients. Most of them agreed on its efficacy, user-friendliness. They also noticed that medical abortion caused few post-abortion complications, and was very nature-like. The abortion procedure really helped reducing the burden on doctors, as well as reducing the use of medical equipment and service expense. The method was also considered as a confidential way and help preserving privacy of recipients.

- 1.2 The Department of Health officially promoted the registration of the abortion pill on 30 December 2014. It regulated the pharmaceutical import company to only dispense the medicine to the Department of Health, the Government Pharmaceutical Organization and health facilities under the supervision of the Department of Health or those that had registered for the use of the abortion pill with the Department of Health.
- 1.3 The Department of Health had pushed forward the inclusion of medical abortion to the Sub-list or E(1) of the National List of Essential Medicine (NLEM) as cited of the Royal Thai Government Gazette issued on 19 January 2018. Meanwhile, the National Health Security Office (NHSO) offered a lump-sum payment of 3,000 baht per person for either medical abortion or surgical abortion together with the expense of Long-Acting Reversible Contraception (LARCs) after using an abortion service at the service units under the NHSO, a lump-sum payment of 800 baht per person for the IUD (intrauterine device) birth control and a lump-sum payment of 2,500 baht per person for the contraceptive implant.

2) Health Personnel

- 2.1 The Department of Health established the network of the Referral System for Safe Abortion (RSA) and it was later registered as a juristic person named Association of the RSA Network on 9 July 2020.
- 2.2 The Department of Health offered a training course on innovative safe abortion for 60 health personnel.
- 2.3 The Department of Health encouraged 157 RSA doctors and 614 multidisciplinary staff from 149 service units in the four regions to exchange ideas and share their work experience.
- 2.4 The number of service units had registered for the use of the abortion pill with the Department of Health reached 135 sites.

3) Service Development

- 3.1 The Department of Health had come up with two new approaches on medicine management as follows:
 - Approach 1:** Contracted units of primary care, referral units and service units in cooperation with the NHSO that had registered for the use of the abortion pill with the Department of Health were able to receive the medicine through NHSO's drug system programme. The medicine was distributed through the SMART VMI system of the Government Pharmaceutical Organization.
 - Approach 2:** The service units that had registered for the use of the abortion pill with the Department of Health were able to purchase the medicine from the pharmaceutical import company through the Department of Health.
- 3.2 The Department of Health offered both in-person and online training course on innovative medical abortion services.
- 3.3 The Department of Health had drafted guidelines for legal abortion services.
- 3.4 The Department of Health drafted approach on provision of safe medical abortion service through telemedicine.

Implementing Institutions / Development Actors

Bureau of Reproductive Health, Department of Health, Ministry of Public Health, Thailand

Summary: brief overview of the practice and overview of objectives and results

In regard to the unsafe abortion problems in Thailand, the Department of Health has implemented the safe abortion policy with the aim to promote and support the safe abortion service system in Thailand. The implementation process is divided into three aspects including (1) medical abortion, (2) health personnel and (3) service development. As for the results of the implementation relating to the medical abortion, the pilot study on medical abortion at the healthcare service units in Thailand found that the medical abortion procedure was acceptable to both service providers and recipients. Furthermore, the Department of Health officially promoted the registration of the abortion pill on 30 December 2014 and encouraged the inclusion of the medicine to the Sub-list or E(1) of the National List of Essential Medicine (NLEM) as cited in the Royal Thai Government Gazette issued on 19 January 2018. The National Health Security Office (NHSO) additionally has offered a lump-sum payment of 3,000 baht per person for either medical abortion or surgical abortion together with the expense of the LARCs after using an abortion service at the service units under the NHSO, a lump-sum payment of 800 baht per person for the IUD (intrauterine device) birth control and a lump-sum payment of 2,500 baht per person for the contraceptive implant. As for the support for health personnel, the Department of Health established the network of the Referral System for Safe Abortion (RSA) and it was later registered as a juristic person named Association of the RSA Network on 9 July 2020. The Department of Health has also offered a training course on innovative safe abortion for 60 health personnel, and has encouraged 157 RSA doctors and 614 multidisciplinary staff from 149 service units in the four regions to exchange ideas and share their work experience. Moreover, the number of service units that have registered for the use of the abortion pill with the Department of Health reached 135 sites. As for the implementation results concerning the service development, the Department of Health has applied two approaches of medicine management including (1) Contracted units of primary care, referral units and service units in cooperation with the NHSO that have registered for the use of the abortion pill with the Department of Health are able to receive the medicine through the NHSO's drug system programme, and the medicine is distributed through the SMART VMI system of the Government Pharmaceutical Organization. (2) The service units that have registered for the use of the abortion pill with the Department of Health are able to purchase the medicine from the pharmaceutical import company through the Department of Health. Besides, the Department of Health has offered both in-person and online training course on innovative medical abortion services. The Department of Health has also drafted guidelines for legal abortion services as well as drafted approach on provision of safe medical abortion service through telemedicine.

Background and Justification, Including Origin of the Project

Unsafe abortion is a major public health problem in many countries all over the world. According to a study by the World Health Organization (WHO), an estimated 45 million abortions occur worldwide every year and 25 million of them are unsafe abortions. The majority of unsafe abortions, or 97%, occur in the developing countries including Thailand. The unsafe abortion problems are complicated, sensitive and related to social and economic problems as well as religious teaching, morality, belief, value, culture, politics, law and so on. The unsafe abortion is also the leading cause of maternal morbidity and mortality. According to a surveillance on abortion conducted in 2019, there were 1,931 patients having an abortion in Thailand. Of the total, 44.2% had a spontaneous abortion while 55.8% had an induced abortion. The majority of the women having a spontaneous abortion were at the age of 30 – 34, amounting to 20.5%, and most of them had an intended pregnancy at 62.8% whereas the remaining 37.2% had an unintended pregnancy. For those with unintended pregnancy, 41.0% of them did not practice contraception. For those practicing contraception, 58.8% took contraceptive pills and 12.3% used condoms. Most of the women in the sample group had an abortion between 9 – 17 weeks of gestation, representing 39.9%. It was found that 4.4% of the women suffered severe complications from a spontaneous abortion. Most of them had massive hemorrhage requiring transfusion, accounting for 80.6%. According to a situation analysis of adolescent pregnancy in Thailand, approximately 83.9% of teenage pregnancies were unwanted and 53.2% of the pregnant teenagers decided to have an abortion. Most of them had an illegal abortion via various methods such as using either herbal infusions or abortifacient pills at 6.7%, while 1.7% inserting or allowing others to insert solid or liquid items or vaginal suppositories.

There are two methods of safe abortions including surgical abortion and medical abortion. The surgical abortion include dilatation and curettage (D&C) in which the cervix is dilated and be scraped with traditional tools. At the present, the procedure is not recommended by the WHO and the Department of Health because it is an outdated procedure and it risks uterine perforation, torn and inflamed cervix, and incomplete curettage. Manual vacuum aspiration (MVA) is a surgical abortion procedure during which a healthcare provider uses suction with canulae 4 – 14 millimeters in diameter while electric vacuum aspiration (EVA) is another surgical abortion procedure which a provider uses suction with an electric pump plus canulae larger in diameter to empty the uterus. Both of the procedures can be used in outpatient settings, extremely safe and effective. The medical abortion using two medications, mifepristone and misoprostol, is the procedure recommended by the WHO because of its safety, efficacy and user-friendliness. The medical abortion at less than 9 weeks of gestation is 98% effective. The WHO put mifepristone and misoprostol on the WHO Model List of Essential Medicines in 2005.

As a result, the Department of Health has developed the safe abortion service system in Thailand to be more effective, easily accessible, and increase the number of service units that provide safe abortion services across the country. The practices were promoted in accordance with the Act for Prevention and Solution of the Adolescent Pregnancy Problem B.E.2559 (2016), and the 2nd National Reproductive Health Development Policy and Strategy (2017 - 2026) on the Promotion of Quality Birth and Growth.

Goals and Principles

Goal

To support broader access to safe abortion among female teenagers and to reduce the number of unintended pregnancies among women of reproductive age with the aim of reducing post-abortion complications and mortality caused by unsafe abortions.

Principles

In order to solve the unsafe abortion problems in Thailand, the Department of Health has implemented the safe abortion policy by continuously developing the safe abortion service system to be more effective and accessible for female teenagers, women of reproductive age and women having an unintended pregnancy, promoting safe abortion literacy among people using reproductive health services, and increasing the number of the service units all over the country. The practices were promoted in accordance with the Act for Prevention and Solution of the Adolescent Pregnancy Problem B.E.2559 (2016), and the 2nd National Reproductive Health Development Policy and Strategy (2017 - 2026) on the Promotion of Quality Birth and Growth.

Description of Activities, Achievements, Outcomes and Impacts

1. Medical Abortion

Activities and Achievements

1.1 In cooperation with the Concept Foundation, the Department of Health conducted a pilot study on medical abortion in the healthcare service system in Thailand in 2012 – 2014. The pilot study was divided into two phases as follows:

Phase 1 in 2012 – 2013, the study was conducted at four sites including Ramathibodi Hospital, Siriraj Hospital and King Chulalongkorn Memorial Hospital – Thai Red Cross Society and a health promoting hospital. The former three were university hospitals under faculties of medicine in the central part of Thailand and the latter one was under the Regional Health Promotion Center 6 in Khon Kaen Province.

Phase 2 in 2013 – 2014, the study was conducted at five sites including Songklanagarind Hospital, Srinagarind Hospital, Chiang Rai Prachanukroh Hospital, Phrae Hospital and Nan Hospital. The first two hospitals were under the Faculty of Medicine of the public universities, Prince of Songkla University (PSU) and Khon Kaen University (KKU). The third one was a center hospital while the last two were general hospitals.

According to the results of the pilot study in the two phases, the average efficacy of the abortion pill reached 93.2%. As for the medical abortion safety, 80%, 75% and 64% of the service recipients agreed

that they suffered from side effects, pains and hemorrhages, respectively, as much as or less than what they expected.

In the same way, more than 98% of the recipients were satisfied with the medical abortion while 99% of the recipients were satisfied with the services. Furthermore, more than 80% of the women said that the medical abortion procedure lasted shorter or as much as the amount of time they expected. About 90% of the recipients felt that the service respected their privacy and more than 95% supported the provision of medical abortion service in Thailand.

1.2 The Department of Health promoted the registration of abortion pill in Thailand.

According to the results of the pilot study which confirmed the efficiency of medical abortion, the Department of Health officially promoted the drug registration of mifepristone and misoprostol filled in the same blister pack on 30 December 2014, and regulated the pharmaceutical import company to only dispense the medicine to the Department of Health, not to any health facilities, drugstores, or other places. Moreover, the use of the abortion pill would be monitored under the Safety Monitoring Program (SMP) for approximately two years and the results of the usage would be reported to the Department of Health and the Medical Council of Thailand.

1.3 The Department of Health encouraged the inclusion of the abortion pill into the National List of Essential Medicine (NLEM).

According to the registration of the abortion pill in Thailand, the Department of Health together with the National Health Security Office (NHSO) carried out the safe medical abortion project in the healthcare service system with the aim of encouraging the inclusion of abortion pill to the Sub-list or E(1) of the National List of Essential Medicine (NLEM) and supporting broader access to safe legal abortion, according to the Criminal Law and the Medical Council Regulations, among women of all ages and all patient rights. The medicine was finally put on the NLEM in the Sub-list or E(1) as cited in the Royal Thai Government Gazette issued on 19 January 2018 under a condition that the abortion pill is allowed to be used only for medical reasons and for an abortion not exceeding 24 weeks of gestation in accordance with the safe medical abortion project of the Department of Health and the NHSO. In 2015, the first year of the service provision, there were 41 service units that had registered with the Department of Health for the use of mifepristone and misoprostol filled in the same pack, and the medicines were actually dispensed to 39 service units. At present, there are 135 service units that have registered with the Department of Health for the use of mifepristone and misoprostol filled in the same pack and the medicines have actually been dispensed to 79 service units.

Since 1 October 2017, the NHSO has arranged for a lump-sum payment of 3,000 baht per person for either medical abortion with the use of Medabon® or surgical abortion under both MVA and EVA procedures among women of all ages and all patient rights, according to the Criminal Law and the Medical Council Regulations. Moreover, the NHSO has also offered the expense of the LARCs at the service unit for over-20-year-old women of all patient rights. After an abortion at the service unit under the NHSO, women are also provided with a lump-sum payment of 800 baht for the IUD (intrauterine device) birth control and a lump-sum payment of 2,500 baht per person for the contraceptive implant.

2. Health Personnel

Activities and Achievements

2.1 Establishing the network of the Referral System for Safe Abortion (RSA) in 2014 According to the pilot study on medical abortion at the healthcare service units in Thailand in 2012 – 2014, the Department of Health has established the network of the Referral System for Safe Abortion (RSA) to support a mutual exchange of academic knowledge and ideas between doctors and multidisciplinary staff and to operate the referral system through the Unwanted Pregnancy Hotline 1663 Centre for the broader access to safe abortion among service recipients.

On 9 July 2020, the RSA was registered as a juristic person named Association of the RSA Network to support broader access to safe abortion among service recipients as well as support a mutual exchange of academic knowledge and ideas between doctors, multidisciplinary staff and health personnel. There are presently 157 doctors and 614 multidisciplinary staff working on counseling, safe abortion service and referral system.

2.2 Providing doctors and health personnel with a training course on innovative safe abortion The Department of Health in cooperation with the Medical Council and the Nursing and Midwifery Council has offered a training course on innovative safe abortion at the service units for 60 doctors, multidisciplinary staff and health personnel across the country in 2020. The training course is in accordance with the guidelines of the Department of Health on medicine distribution in the healthcare service system in 2020.

The Department of Health in cooperation with the Medical Council and the Nursing and Midwifery Council published a handbook titled Standard of Practice for Comprehensive Safe Abortion Care for the training course on innovative safe abortion in 2018. The handbook has currently been printed for three times over 2,000 copies.

2.3 Following up, monitoring, and empowering the service units that provide safe abortion services. The Department of Health has supported the RSA staff at the regional level by creating a platform for them to exchange ideas and share their work experience in the different regions, following up, monitoring, and empowering the service units that have provided, are providing and starting to provide the safe abortion services in order to support and encourage the doctors and multidisciplinary staff to provide and improve medical abortion services . There are currently 149 service units in the Referral System for Safe Abortion (RSA) and 94 of them have offered the abortion services in actuality including 67 units under government sector and 27 units under private sector. There are 22 service units that only adopt the medical abortion procedure with the use of Medabon® while 16 service units adopt either MVA or EVA surgical abortion procedures. There are presently 56 service units in 34 provinces across the country using both of the medical and surgical abortion procedures.

3. Service System Development Activities and Achievements

3.1 Developing new approaches of medicine management system

Since the Department of Health has carried out the safe medical abortion project in the healthcare service system with the aim of encouraging the inclusion of the abortion pill to the Sub-list or E(1) of the

NLEM, the Department of Health together with the National Health Security Office (NHSO), two approaches of medicine management have been applied as follows:

Approach 1: Contracted units of primary care, referral units, and the service units in cooperation with the NHSO that have registered for the use of medical abortion with the Department of Health are able to receive the medical abortion through NHSO's drug system programme. The medicine is distributed through the SMART VMI system of the Government Pharmaceutical Organization.

Approach 2: The service units that have registered for the use of the abortion pill with the Department of Health are able to purchase the medicines from the pharmaceutical import company through the Department of Health.

The service units that want to use mifepristone and misoprostol filled in the same blister pack (Medabon®) are required to register with the Department of Health in order to be able to acquire and use the medicines.

The registration process is the following.

1. For both public and private service units in cooperation with the NHSO

STEP 1 Prepare relevant documents and request for the registration number

- 1.1 The service unit shall submit the registration form (MTP - 1, MTP - 2) to the Department of Health as a request for the registration number. The request will be responded within 3 – 5 working days from the day the form is received.
- 1.2 The registration number will be sent to the NHSO and the Government Pharmaceutical Organization to activate the medicine distribution system followed by the abortion pill distribution.

STEP 2 Registration for abortion pill acquirement through NHSO's drug system and distribution through the SMART VMI system.

- 2.1 The NHSO opens for the registration and medicines acquirement in every October, January, April and July.
- 2.2 The medicine will later be dispensed to the service units through the SMART VMI system with the cooperation of the Government Pharmaceutical Organization.
- 2.3 During the process, the health personnel are able to access information about the medicine on the website of the Bureau of Reproductive Health.

2. For private service units not in cooperation with the NHSO, the abortion pill can be purchased through the Department of Health by the following steps.

STEP 1 Request for the 5-digit registration number of the service unit at the provincial public health office.

STEP 2 Submit the request form for the registration number.

The service unit shall submit the registration form (MTP - 1, MTP - 2) to the Department of Health as a request for the registration number. The request will be responded within 3 – 5 working days from the day the form is received.

STEP 3 Purchase the medicine through the Department of Health.

After receiving the registration number, the service unit is able to purchase the abortion pill through the Department of Health. The purchase order depends on the amount of the medicine. In general, the pharmaceutical import company will place an order when the amount of order exceeds 2,000 packs of the medicine and such order processing takes about 6 months. It is probably faster if the amount of the medicine is in stock.

At present, there are 135 medical service units that provide medical abortion service and 79 of them have actually provided the service, including 57 service units under government sector and 22 service units under private sector.

3.2 Creating and improving an innovative training course on safe medical abortion services

The Department of Health in collaboration with the Nursing Division under the Office of the Permanent Secretary of the Ministry of Health, the Medical Council of Thailand, the Royal Thai College of Obstetricians and Gynaecologists, the Nursing and Midwifery Council, the National Health Security Office (NHSO), the Thai Health Promotion Foundation, the Referral System for Safe Abortion (RSA) network, the Choices Network Thailand and other relevant organizations created, has improved and offered both in-person and online training course on safe medical abortion services for health personnel interested in safe medical abortion services. The innovative training course is comprised of four modules as follows:

Module 1	Safe Abortion Policy and Criminal Law
Module 2	Attitude, Concept and Understanding of Safe Medical Abortion
Module 3	Comprehensive Safe Abortion Care (CAC)
Module 4	Management of Safe Abortion Service

The Bureau of Reproductive Health, Department of Health, Ministry of Public Health has developed an online course on “Innovative Safe Abortion” for medical and health personnel working for hospitals and service units with the aim of broadening the knowledge of safe abortion and encouraging the personnel to achieve the adequate standard of safe abortion services and to provide recipients with birth control service after having an abortion to prevent unintended pregnancy properly and accurately. The course takes 3 hours and 30 minutes. After completing the four modules of the course, the medical and health personnel who pass the post-test, and have completed the overall assessment as well as the satisfaction questionnaire on the online course will be certified that they have completed the course and will be able to print the certificate of achievement on the online course, download the Standard of Practice for Comprehensive Safe Abortion Care handbook and other relevant documents. The personnel will also be eligible for the registration for the use of the abortion pill (mifepristone and misoprostol filled in the same blister pack) with the Department of Health in order to legally operate the

medical abortion service at the service unit. The registration form for the use of the abortion pill (MTP 1–4) is available on the website of the Bureau of Reproductive Health, Department of Health.

3.3 Developing guidelines for legal abortion service

According to the offence of abortion in Sections 301 – 305 of the Criminal Code and other laws relevant to abortion, the Department of Health, Ministry of Public Health, the Medical Council of Thailand and the Royal Thai Police have been working together to develop the legal abortion guidelines in order to improve the understanding about the process of legal abortion service among the personnel at the Royal Thai Police. The guidelines also serve as an approach to objectively review the law enforcement, and help the abortion service providers to better understand the operation of the police. The guidelines for legal abortion services also bolster confidence among the health personnel who operate the safe legal abortion services.

3.4 Developing the medical abortion service system through telemedicine

Regarding the COVID-19 pandemic, the World Health Organization declared the outbreak a Public Health Emergency of International Concern in late January 2020 and the Thai Government has listed COVID-19 as a dangerous communicable disease in accordance with the Communicable Disease Act, B.E.2558 (2015). Moreover, the Prime Minister declared a state of emergency following the Emergency Decree on Public Administration in Emergency Situation, B.E.2548 (2005) in response to the outbreak of COVID-19. The measures implemented to minimize the spread of COVID-19 in Thailand including social distancing, wearing a face mask, COVID-19 screening to at-risk groups and immigration detention, for example. Consequently, it is harder for people to travel between provinces, and the service units that provide abortion services are not available in some provinces.

The Department of Health in collaboration with the Referral systems for Safe Abortion (RSA) network and the Unwanted Pregnancy Hotline 1663 Centre has developed an approach to provide safe medical abortion services through telemedicine in order to provide the recipients with easier access as well as to formulate the action plan for possible crisis in the future. Telemedicine refers to a modern practice of caring patients remotely when the health provider and patient are not physically present with each other. To reduce the risk, the practice includes online counseling before and after the use of the abortion pill. The medicine is allowed to be used for an abortion under 12 weeks of pregnancy and the pregnancy ultrasound result is required. Every health facilities under the Ministry of Public Health have been informed to offer ultrasound service for women without requirement for antenatal care. It is also an alternative service for the health personnel willing to ensure the patients' safety and make the safe medical abortion accessible during the crisis. Such practice would effectively reduce post-abortion complications and mortality rate caused by unnecessary unsafe abortions.

Goal

1. To issue a set of guidelines on the provision of medical abortion that meets the standards through telemedicine system
2. To make safe abortion an optional service for doctors willing to ensure the patients' safety
3. To make safe abortion service accessible during the crisis
4. To reduce risk of post-abortion hemorrhages and mortality caused by unsafe abortions

The provision of medical abortion through Telemedicine system can be adopted under the following conditions:

1. Telemedicine for medical abortion can be adopted in the epidemic or in the crisis affecting the access to safe abortion such as the COVID-19 pandemic.
2. Telemedicine for medical abortion can be adopted when the safe abortion service unit is not accessible to recipients in the respective health area or in the province.
3. Telemedicine for medical abortion can be adopted for recipients under 12 weeks of gestation who have been taking abortion pill .
4. Women having unwanted pregnancy are provided with online or phone counseling but the referral for medical abortion requires the pregnancy ultrasound result.
5. Reports on the use of the abortion pill and the medical abortion service shall be submitted to the Department of Health and the Medical Council of Thailand.

The provision of medical abortion through Telemedicine system employs two methods as follows:

Method 1: Dispensing the abortion pill to the hospital at the Primary Care Level or above near recipients' places, in case the service unit at the provincial hospital is not accessible to recipients.

1. Recipients contact the unwanted pregnancy counselor (via the Hotline 1663, at hospitals or at clinics) for information about safe abortion services before making decision. If recipients decide to have an abortion, the counselor will proceed with health indicators assessment according to the laws.
2. The counselor coordinates with the service unit that has registered for the use of the abortion pill with the Department of Health at which the RSA doctors work, and transfers information of recipients to the doctors.
3. The RSA doctors at the service unit that has registered for the use of the abortion pill with the Department of Health coordinate with the hospital near recipients' places to dispense the medicine.
4. With the hospital's approval, the service unit where RSA doctors work at that has registered for the use of the abortion pill with the Department of Health will contact the recipients to get the medicine from the hospital near their places.
5. After the medical abortion, the hospital near recipients' places is in charge of following up and monitoring the post-abortion complications as well as offering contraception services for recipients.

Method 2: Dispensing the abortion pill by post directly to recipients' door

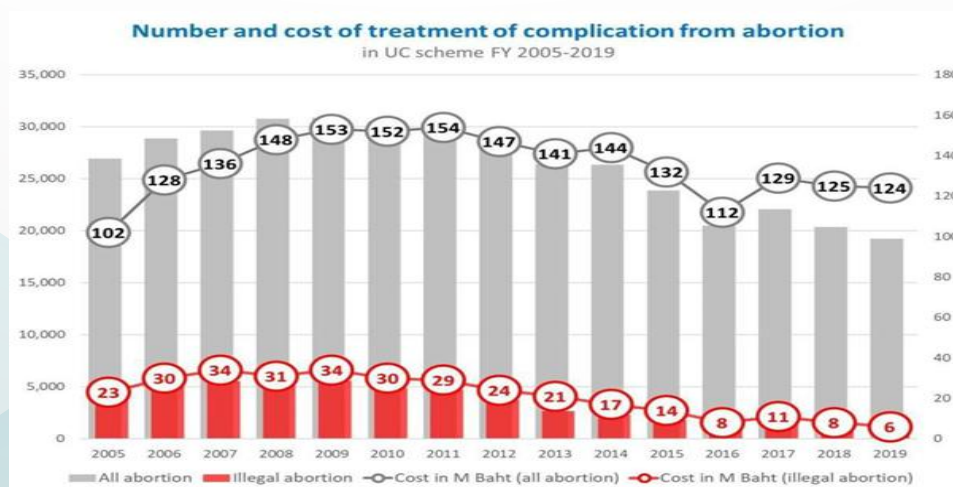
1. Follow steps 1 – 3 as in Method 1.
2. Without the hospital's approval, the RSA doctors at the service unit that has registered for the use of the abortion pill with the Department of Health shall request the pregnancy ultrasound results from recipients to ensure the gestational age.
3. The service unit where RSA doctors work at that has registered for the use of the abortion pill with the Department of Health makes a VDO call to give recipients suggestions on safe medical abortion and the use of the abortion pill followed by dispensing the abortion pill by post directly to recipients' door.

- The service unit where RSA doctors work at that has registered for the use of the abortion pill with the Department of Health follows up and monitor the post-abortion conditions online. In case of complications, recipients shall go into the hospital nearby to receive treatment.

Results

- The evaluation of the enabling factors and obstacles behind the implementation, and the satisfaction evaluation of personnel working for the service units that have registered for the use of the abortion pill with the Department of Health showed that 46.6% of the service units offered the medical abortion service, and 41.8% of the service units suspended the service because of the changes in policies and the lack of doctors or supporting personnel. The overall recognition of the service was at high level ($x = 3.84$, S.D. = 0.83). Factors affecting service provision in service units included the administrator's clear policy representing 87.4%, and the personnel's positive attitudes representing 77.7%. However, the disagreement of personnel and colleagues accounting for 64.1% and the personnel's lack of knowledge in the operation accounting for 44.7% were limitations of the implementation. Results of the analysis and development of the medicine management system brought about two methods including (1) The service units that had registered for the use of the abortion pill with the Department of Health were able to receive the abortion pill through the NHSO's drug system and the medicine was distributed through the SMART VMI system of the Government Pharmaceutical Organization.
(2) The service units that had registered for the use of the abortion pill with the Department of Health were able to purchase the abortion pill from the pharmaceutical import company through the Department of Health. Additionally, the personnel's satisfaction with the management system was at high level ($x = 3.71$, S.D. = 0.83).
- Regarding the accessibility of the service among female teenagers, women of reproductive age, women having an unintended pregnancy and people using abortion services, the safe abortion services were accessible to 8,990 people. From the total amount of service recipients, 50.28% of them were women were at the age of 20 and above, and 18.89% of the women were under 20.

Impacts



There had been impacts from the cost of treatment for complications of unsafe abortion. During 2005 – 2011, great expenses were paid for treatment for complications of unsafe abortions. Then, from 2012 – 2019, the safe abortion policy under the Medical Council of Thailand's regulations had been carried out. The policy and supports for proper and safe abortions had reduced the cost of treatment for post-abortion complications every year, as shown in the graph above.

Partnerships

1) Overview of implementing institutions

1. Educational Institutions

The Department of Health collaborated with three university hospitals which are under faculties of medicine in the central part of Thailand, including Ramathibodi Hospital, Siriraj Hospital, and King Chulalongkorn Memorial Hospital, and also with two hospitals under the government's Office of the Higher Education Commission situated in regional parts of Thailand, including faculties of medicine of Prince of Songkla University and Khon Kaen University. These institutions had played a vital role in piloting the use of abortion pill in healthcare service system in Thailand in 2012 – 2014.

2. The Medical Council of Thailand, the Royal Thai College of Obstetricians and Gynecologists, the Royal College of Family Physicians of Thailand, Thailand Nursing and Midwifery Council, and medical schools

The Medical Council of Thailand, Royal colleges, medical schools, and Thailand Nursing and Midwifery Council serve crucial roles in developing curriculums and training doctors and nurses to be knowledgeable and skillful in providing and upholding safe abortion service. The schools also support and promote the integration of medical abortion content in medical and nursing curriculums so that the students could spread out practices of medical abortion, as well as refer and operate medical abortion service. Moreover, the schools have arranged workshops for training medical personnel in different levels to be able to run safe abortion services.

3. The World Health Organization (WHO)

The WHO had joined in a pilot study of safe abortion in Thailand's healthcare service system. The WHO also had a role in supporting technical information on WHO's certified and authorized pharmacopoeia for the pilot study of safe abortion in healthcare service system in Thailand.

2) Role of government

1. The Department of Health has played the following roles.

- 1) Pushing forward the pilot study on medical abortion at the healthcare service units in Thailand

- 2) Pushing forward the inclusion of medical abortion in the healthcare service system by promoting the registration of the abortion pill and expanding the service to regional hospitals
 - 3) Encouraging the inclusion of the abortion pill to the National List of Essential Medicine (NLEM) in the Sub-list or E(1)
 - 4) Establishing the network of the Referral System for Safe Abortion (RSA) in 2014 and promoting the network as Association of the RSA Network.
 - 5) Carrying forward the enactment of the Act for Prevention and Solution of the Adolescent Pregnancy Problem, B.E. 2559 (2016), and the Ministerial Regulations on Types and Operations of Entertainment Places in Prevention and Solution of the Adolescent Pregnancy Problem, B.E. 2562 (2019)
2. The Government Pharmaceutical Organization (GPO) takes parts in purchasing the abortion pill (Medabon®) via Rajavithi Hospital and distributing the medicine through SMART VMI system.
 3. The National Health Security Office (NHSO) has undertaken the following activities:
 - 1) The NHSO supports the budget for the purchase of Medabon® and the medicine management system.
 - 2) The NHSO arranges for a lump-sum payment of 3,000 baht per person for either medical abortion with the use of Medabon® or surgical abortion under both MVA and EVA procedures among women of all ages and all patient rights. Moreover, the NHSO has also offered the expense of the LARCs at the service unit for over-20-year-old women of all patient rights. After an abortion at the service unit under the NHSO, the women are also provided with a lump-sum payment of 800 baht per person for the IUD (intrauterine device) birth control and a lump-sum payment of 2,500 baht per person for the contraceptive implant.

3) Civil society partnerships

- 1) Choices Network
The Choices Network is a network supporting unintended pregnant women by providing them with choices. The network had participated in a pilot study of the use of the abortion pill in healthcare service system in Thailand. Choices Network also has been campaigning for broader access to safe abortion services among women in Thailand.
- 2) Thai Health Promotion Foundation
The Thai Health Promotion Foundation offers financial support for the project aiming to provide safe and friendly alternatives for teenagers and women having an unintended pregnancy. The budget has been used for developing the management of safe medical abortion service, publishing the Standard of Practice for Comprehensive Safe Abortion Care handbook for service providers, and the training course on innovative safe abortion in order to enable service providers to operate medical abortion service with the standard of practice for comprehensive safe abortion correctly and properly. The course is now available online. Moreover, the Thai Health Promotion Foundation has also developed other online channels for safe medical abortion service including the website “rsathai.org”, a Facebook page “RSA THAI”, a YouTube channel “RSATHAI”, a Twitter “RSATHAI”, and Line official “RSATHAI.ORG”.
- 3) Concept Foundation and Safe Abortion Action Fund (SAAF)
Concept Foundation funded for a pilot study on medical abortion in Thailand’s healthcare service

system in order to find out the best and most suitable way to offer medical abortion service in Thailand, with respect to the Criminal Law and the Medical Council Regulations. The purpose of the study in two phases was to examine the approach of medical abortion by using mifepristone and misoprostol filled in the same pack, at the healthcare service units in the nine participating hospitals in 2012 – 2014.

Monitoring and Evaluation

To monitor, there are empowering visits to the service units that are providing the safe abortion service, the service units that have suspended the service, and the service units that would like to operate the service in their areas, in order to encourage medical personnel in providing safe medical abortion service, and to assist teenagers, women of reproductive age, women having an unintended pregnancy and people using reproductive health services, to get the best and safest abortion service.

The evaluation shows that there have been more service units that provide abortion service. Currently, there are 94 service units offering safe abortion services – both medical and surgical abortion procedures. Out of the 94 service units, 22 of them exclusively adopt medical abortion procedure, while 16 of them exclusively provide surgical abortion service by adopting either MVA or EVA procedure. There are presently 56 service units in 34 provinces across the country using both of the medical and surgical abortion procedures. In addition, there are many medical personnel applying to be RSA volunteers, 157 of them are doctors, and 614 of them are multidisciplinary staff who run safe abortion, counseling and referral services.

Successes and Lessons Learned

Factors for the Achievement

The achievement of the safe abortion service comprises of two factors.

1. Recipients

Recipients' knowledge and attitudes towards safe abortion have a great impact on the service and continuation of the safe abortion services. If the recipients are well-informed or thoroughly knowledgeable about procedures, pros and cons, possible post-abortion complications, how to handle them or where to get help and advices from, and have positive attitudes towards safe abortion, they will be able to make a decision to get a safe abortion on their own.

Family is also another crucial factor. If a recipient's family is optimistic about safe abortion, the recipient will be pleased to get a safe abortion service. Medical personnel sometimes need to provide knowledge and information about safe abortion to the family, so that a safe abortion is perceived as a positive method by the family.

2. Service System and Service Providers

2.1 The clear service system makes the service accessibility effective and supportive for the achievement of the safe abortion service. Besides, there must be sufficient medical supplies for the service. Administrators should manage medical supplies and devices in clinics properly. They should also provide adequate safe abortion service units.

2.2 The number of service providers must be sufficient for the recipients' need. Furthermore, service providers' competency in and attitudes are essential for service provision; consequently, activities for developing service providers' competency must be promoted, so that they are equipped with knowledge and skills in operating the service correctly and appropriately, and become positive about safe abortion service operation.

Limitations and Solutions

The major limitation to the implementation of safe abortion services is the lack of personnel. There are personnel who disagree with abortion. There are also personnel who have retired or get transferred to other offices, making them unable to maintain the services. Other limitations were lacks of medical supplies and devices for safe abortion service operation. The problems also led to the limited coverage of the safe abortion service in Thailand.

Solutions to the problems mentioned above were that officials from the Department of Health visited the service units to broaden academic knowledge to the personnel as well as deepen their understanding about safe abortion services. A training course on safe abortion service was offered for the personnel and the service units interesting in the safe abortion service provision in order to make the services easily accessible and to expand the service units across the country.

Future Plans: extensions that are currently being implemented

1. Encouraging the inclusion of the abortion pill, from the Sub-list or E(1), to other sub-lists of the National List of Essential Medicine (NLEM)
2. Expanding service units to cover 77 provinces of Thailand
3. Applying guidelines for legal abortion services on actual abortion cases and incidents in order to share lessons learned and suggest more practical guidelines for the services
4. Adopting the provision of safe medical abortion service through telemedicine system as an approach for safe medical abortion during the possible crisis in the future as well as suggesting more practical guidelines for the practice

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