

The Stakeholders' Report Submission on Abortion Rights

Safe Abortion is Human Right

“การเข้าถึง
ปลอดภัย
คือ
สิทธิมนุษยชน
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Joint UPR Submission to the UN Universal Periodic Review

53rd Session of the UPR Working Group

MY BODY
MY CHOICE



Joint UPR Submission: The Stakeholders' Report Submission on Abortion Rights April 2026

Submission by

Tamtang Foundation, Young Pride Foundation, Manushya Foundation, Union for Civil Liberty (UCL), Proud Association, People's Movement to End Discrimination (MovED), and the Thai CSOs Coalition for the UPR and UN Mechanisms



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1. Executive Summary

- 1.1. Although Thailand made progress in abortion law reform in 2021, implementation remains the critical phase to monitor after legal change, as it determines whether safe abortion can be realized in practice.
 - 1.2. Since 2021, progress in establishing accessible, rights-based abortion services has not kept pace with the high demand. Despite the legal status of abortion and the availability of public funding, the number of service providers remains limited. Services are often constrained by numerous unnecessary screening requirements, and people face significant barriers in accessing information due to state and online censorship of SRHR content. At the same time, criminalization and abortion stigma persist, undermining service provision through the over-medicalization of care, the concentration of decision-making power among physicians, and the allowance of legal conscientious objection within the public health system.
 - 1.3. This situation is consistent with the review of recommendations from the Universal Periodic Review (UPR) for Thailand (3rd Cycle, 2021). Although there were no direct recommendations specifically on abortion rights, broader recommendations urged the Thai government to ensure access to healthcare, which inherently includes abortion services. Additionally, other UN human rights mechanisms, such as CEDAW Concluding Observations for Thailand in 2025, have called on Thailand to accelerate the decriminalization of abortion. However, the Thai government has yet to take concrete action in response to these recommendations, reflecting a lack of prioritization of safe abortion rights.
 - 1.4. This UPR submission, prepared by the Tamtang Foundation and its partner organizations, also puts forward recommendations for the Thai government and relevant sectors to secure abortion rights as a critical component of sexual and reproductive health and rights (SRHR). Key recommendations include accelerating the effective implementation of accessible abortion services, particularly free services under the public health system, and repealing Section 301 of the Criminal Code, which criminalizes abortion.
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2. Introduction

- 2.1. This report is a collaborative effort by the Tamtang Foundation, a feminist-led grassroots organization that actively advocates for legal reform, shifts in public attitudes, and the expansion of quality safe abortion services, Young Pride Foundation, Manushya Foundation, Proud Association, People's Movement to Eliminate Discrimination (MovED), and Union for Civil Liberty (UCL).
- 2.2. We submit this information to the Universal Periodic Review in April 2026. Following the legalization of abortion in 2021, this submission aims to highlight existing policy gaps and barriers to the full enjoyment of rights.

Section 2A: Abortion Law and Government Subsidization

- 2.3. Back in 2021, Thailand's abortion law underwent significant reform. Following Constitutional Court Decision No. 4/2563, the legal grounds for abortion were broadened. Section 305 of the Penal Code expanded permissible conditions for abortion as follows: (1) pregnancies not exceeding 12 weeks of gestation; (2) pregnancies between 12 and 20 weeks, subject to mandatory options counseling by a certified counselor; (3) pregnancies that pose a risk to the physical or mental health of the pregnant person; (4) pregnancies involving a fetus with severe congenital anomalies; and (5) pregnancies resulting from sexual offenses, such as rape or statutory rape. Conditions (3)-(5) allow for abortion based on necessity as it arises in practice, without a gestational age limit explicitly imposed by law.
- 2.4. In addition, the criminal penalty under Section 301 for abortions performed outside the legal framework was reduced from imprisonment of up to three years, a fine of up to 60,000 baht, or both, to imprisonment of up to six months, a fine of up to 10,000 baht, or both.
- 2.5. In addition, abortion is subsidized by the National Health Security Office (NHSO) and the Social Security scheme, enabling all Thai nationals, as well as migrant workers covered by Social Security, to access free safe abortion services. Related services, including contraception, ultrasound, and the treatment of complications, are also provided free of charge.
- 2.6. However, in practice, access to these rights and free safe abortion services remains far from adequate. This is due to weak governmental implementation,

as well as bias among healthcare providers and the exercise of conscientious objection, which together limit service availability and create significant barriers to access.

Section 2B: Review of Implementation Following the 3rd Cycle of Thailand's Universal Periodic Review (UPR)

- 2.7. According to the review of UPR recommendations and outcomes from the previous cycle (2021), we were disappointed that no country made a direct recommendation on abortion services, despite the submission of situation reports by civil society. However, Uruguay and Bhutan issued a recommendation under the Right to Health. Malaysia and Iceland provided recommendations under Sexual and Reproductive Health and Rights (SRHR). These recommendations, though not directly addressing abortion care, emphasized the need to ensure universal access to comprehensive SRHR services.

Section 2C: Recommendations from Other United Nations Mechanisms

- 2.8. CEDAW: According to the General recommendation No. 19 (1992) on violence against women and No. 35 (2017) on gender-based violence against women, violations of women's sexual and reproductive health and rights, including forced sterilization and forced continuation pregnancy, criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence. This violence may amount to torture or cruel, inhuman, or degrading treatment.
- 2.9. According to the Preliminary Observations¹ at the end of the visit to Bangkok, Thailand, on 28 February 2025, Ms. Tlaleng Mofokeng, United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, expressed concern about gaps in access to safe abortion and urged the accelerated decriminalization of abortion.

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<https://www.ohchr.org/sites/default/files/documents/issues/health/sr/SR-health-visit-thailand-preliminary-conclusions.pdf>

- 2.10. Moreover, the Concluding Observations on the eighth periodic report of Thailand² on 7 July 2025 explicitly recommended that the Thai government decriminalize abortion and abolish unnecessary and obstructive requirements, such as mandatory counseling beyond 12 weeks of pregnancy and forced sterilization. It also called for raising awareness to address conscientious objection by medical personnel and stigma against women seeking abortion. However, from civil society's observations, the Thai government has yet to implement any of these recommendations, despite more than 9 months having passed.
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3. From the Field: Abortion Rights Situation in Thailand

Section 3A: Policy Implementation: Access to Service and Information

Subsection 3A i. Scarcity of Abortion Providers and Unnecessary Service Conditions

- 3.1. 2026 marks the fifth year since the legalization of abortion in Thailand in 2021, yet the implementation of related policies has remained slow and inconsistent. While there are over 1,400 hospitals across the country³, not including thousands of additional public and private clinics, data from the Referral System for Safe Abortion (RSA)⁴ and analysis by the Tamtang Foundation indicate that only 171 health facilities (*approx. 10%*) provided abortion services. Even though the number of providers has grown from 135 facilities in 2024, it is still insufficient to meet the needs of the patients. Alarming, 26 out of Thailand's 77 provinces do not have abortion facilities at all.
- 3.2. In addition, the limited number of healthcare facilities imposes unnecessary conditions on access to abortion services. These include forcing all patients to accept contraceptive implants or sterilization. Some facilities also demand the presence or consent of a parent or male partner, despite ministerial regulations clearly stating that adolescents aged 15 and above have the legal right to give informed consent for abortion without parental consent.

² <https://digitallibrary.un.org/record/4086356?v=pdf>

³ <https://www.ha.or.th/EN/Contents/Data%20Catalog>

⁴ <https://www2.rsathai.org/network/?ppwp=1> (Confidential Database)

- 3.3. Additionally, some healthcare facilities impose service conditions that contradict existing laws. For instance, certain facilities only offer abortion services up to 6 or 9 weeks of gestation, even though the Criminal Code permits abortion on request up to 12 weeks and beyond under specific legal grounds. Some providers further restrict services by declaring that they will only perform abortions in cases they deem acceptable, such as in instances of rape or severe fetal anomalies, while refusing to provide abortion on request as allowed under the law.
- 3.4. Data analyzed by the Tamtang Foundation in 2024 reveals that 18% of healthcare facilities impose additional conditions on abortion service access, creating significant barriers for clients. Among these facilities, 82% require parental consent in all cases for young people aged 15–20, while 57% only accept clients who have made appointments through referral networks.
- 3.5. Moreover, there is a severe shortage of facilities providing abortion for pregnancies at later gestational ages. Only 20% of facilities offer services for pregnancies between 12–20 weeks, and just 3% (only 4 out of the 171 abortion facilities, all private) offer services beyond 20 weeks of gestation.
- 3.6. Although telemedicine services have helped mitigate some barriers to access, the persistent lack of local facilities and the restrictive conditions imposed by existing providers continue to pose challenges – particularly for low-income clients, those affected by the digital divide, individuals with second or trimester of pregnancies, and individuals with complex cases, such as low-income adolescents who are neither willing to inform their parents nor able to travel across provinces to access care.
- 3.7. Additionally, access to abortion services remains limited for marginalized populations, including those with intersecting identities such as adolescents under the age of 20, LBTQI+ individuals, people living with HIV, and people who use drugs. These individuals often face challenges due to a lack of inclusive and friendly services. For example, adolescent patients are frequently required to obtain parental consent, despite legal provisions affirming their right to make decisions independently. Similarly, people living with HIV are sometimes placed last in the service queue or completely denied surgical abortion services, reflecting discriminatory practices.

Subsection 3A ii. Barriers to Accessing Free Services

- 3.8. Currently, two primary public health insurance schemes support free abortion services in Thailand. The first is the National Health Security Office (NHSO), which provides budgetary support for abortion services under the Protection and Prevention (P&P) category. This coverage applies to all Thai nationals and includes the cost of abortion procedures, ultrasounds, and all forms of contraception. NHSO also covers treatment for abortion-related complications for those Thais who are enrolled in the Universal Coverage Scheme.
- 3.9. The second is the Social Security Office, which began covering abortion services, treatment for complications, and sterilization procedures for Thai nationals and migrant workers under the Social Security Scheme in February 2025, with implementation starting in April 2025. This marks the first time that migrant workers have been granted access to free abortion services in Thailand.
- 3.10. Nevertheless, in practice, according to Tamtang's abortion counseling experience, health facilities under SSO and NHSO continue to deny services to eligible patients. These denials include refusal to provide ultrasounds, contraception, or abortion services to migrant workers, often citing language barriers – even though the same services are provided to Thai nationals at those facilities.
- 3.11. Such denials or the fear of being denied, compounded by a lack of public awareness about the availability of free, discreet services in public hospitals, lead many patients to seek unauthorized and unsafe pills online. These pills (in many cases, not even abortion pills) are sold by non-medical providers, which can result in failed abortions or expose patients to potential criminal liability under Section 301 of the Criminal Code. Additionally, while the Social Security Office has granted abortion coverage for its patients, many hospitals under the scheme, as well as the scheme's hotline, remain unaware of this policy, leaving many patients confused and uncertain about how to exercise their rights.
- 3.12. Currently, no health insurance scheme fully covers the cost of safe abortion for migrant workers outside the social security system, stateless persons, individuals without civil registration status, and refugees. As a result, these groups are required to pay out-of-pocket fees ranging from 5,000 to 50,000 Thai Baht, or may resort to unsafe or illegal abortion methods.

Subsection 3A iii. Accessing Information Amid Digital and Governmental Censorship

- 3.13. Currently, abortion service providers in Thailand can generally be categorized into two types: (1) facilities that offer abortion services openly, accepting walk-in patients without the need for prior appointments. These are often private clinics or hospitals, and services are typically expensive; and (2) facilities that provide abortion services discreetly, accepting patients only through a referral network. These are usually public hospitals where services are offered free of charge or at minimal cost. The list of these facilities is available through an online database managed by the Referral System for Safe Abortion (RSA), but access to this database is restricted to a few authorized member organizations.
- 3.14. This may reflect the persistent severity of abortion-related stigma in Thai society. For example, the RSA network keeps a portion of medical providers' names confidential due to concerns from physicians about the potential consequences of public disclosure, such as being criticized, having their professional ethics questioned, or facing social backlash. Similarly, the Department of Health under the Ministry of Public Health has adopted a cautious approach by refraining from publishing the names of public hospital doctors, based on the assumption that these doctors work in more sensitive and pressurized environments, often facing internal resistance from colleagues compared to those in private hospitals.
- 3.15. While it is understandable that the Department seeks to protect the privacy and safety of providers, we, as an abortion rights advocacy network, expect the Department of Health to take a more assertive stance and explore alternative solutions to address stigma within the medical profession. Withholding provider information entirely may inadvertently harm patients by limiting their ability to access safe and legal abortion services.
- 3.16. The Ministry of Public Health and the Thai Health Promotion Foundation (ThaiHealth) continue to campaign on unintended pregnancy with a focus on youth as the primary target group, which misrepresents the reality that the majority of unintended pregnancies occur among the working-age population. This contradicts data collected by Tamtang's hotline in 2024, which shows that 74% of individuals who decided to terminate their pregnancies were aged 20 and above. In contrast, only 0.1% of those who chose abortion were under 15 years old, and 25.9% were aged between 15 and 19 years.

- 3.17. Furthermore, it is disappointing that the Ministry of Public Health⁵ and ThaiHealth⁶ continue to circulate misinformation suggesting that abortions performed after 20 weeks of gestation pose life-threatening risks. This contradicts scientific evidence from research studies that confirm abortion provided by medical personnel is safer than childbirth.
- 3.18. In addition, access to information on digital platforms remains a matter of concern. Between 2024 and 2025, there were reports that several Facebook pages of organizations advocating for safe abortion rights were suspended by Meta, including *Women Help Women*, *RSA Thai*, and *Tamtang's Conversation with Women Who Had Abortion*. All of these pages served as key communication channels for organizations within the network, providing legal and safe abortion referral services in Thailand. However, Meta stated that the pages were suspended due to content related to prescription medication, which is considered to violate Facebook's community standards. The restriction of content related to sexual and reproductive rights is a growing global concern. However, it is noteworthy that the Thai government has yet to adopt any measures to address this issue.

Section 3B: Structural Stigma and Conscientious Objection

- 3.19. In 2023, a contestant in the Miss Universe Thailand pageant publicly disclosed during her introduction that she had undergone an abortion. This revelation elicited criticism from both the pageant judges and the audience, who voiced common judgments such as “abortion is murder” and “those with unplanned pregnancies are irresponsible.” This incident underscores the prevailing gender norms in Thai society, which dictate that all pregnant women are expected to embrace motherhood willingly. Consequently, abortion is stigmatized both as a moral transgression and as a failure to fulfill the ideal role of a good mother.
- 3.20. This sense of guilt is not only imposed on individuals who undergo abortion but is also perpetuated by the entertainment industry, mass media, and religious organizations, which extend blame to those who assist others in

⁵ <https://www.hfocus.org/content/2022/09/26049>

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<https://www.thaihealth.or.th/%E0%B9%80%E0%B8%A5%E0%B8%B7%E0%B8%AD%E0%B8%81%E0%B9%84%E0%B8%94%E0%B9%89%E0%B9%84%E0%B8%AB%E0%B8%A1%E0%B8%96%E0%B9%89%E0%B8%B2%E0%B8%97%E0%B9%89%E0%B8%AD%E0%B8%87%E0%B9%84%E0%B8%A1%E0%B9%88%E0%B8%9E-2/>

obtaining abortions. Such perspectives significantly impact medical providers and constitute a key reason why many doctors refuse to offer abortion services.

- 3.21. In 2026, one year after the Social Security Office formally recognized abortion and post-abortion care as services covered free of charge, Tamtang Foundation continues to document ongoing cases of service denial. This is particularly evident in the refusal to treat post-abortion complications. Service users have reflected that they “felt neglected in receiving care and were harshly condemned, being told that abortion is equivalent to killing.”
- 3.22. Conversations conducted by the Tamtang Foundation with representatives from 5 out of 11 public hospitals under the Bangkok Metropolitan Administration (BMA) during 2023–2024 revealed a consensus among obstetricians, nurses, and hospital administrators at all 5 institutions expressing unwillingness to provide abortion services on religious grounds.
- 3.23. The Medical Council of Thailand’s regulation on abortion permits physicians’ conscientious objection (or “service denial”). Under the condition that any doctor is unwilling to perform an abortion, they must provide an immediate referral without delay. However, there are no existing mechanisms within the Medical Council or the Ministry of Public Health to monitor or ensure the effectiveness of the referral system.
- 3.24. These biases are not personal but formally recognized within the regulations of the Medical Council and have structural implications for service provision. The law restricts the provision of abortion services to physicians only, while also allowing doctors to refuse to provide abortion care based on personal beliefs. This means that even if a whole hospital is otherwise ready to offer services, the absence of a willing provider makes service delivery impossible. Conversely, even when a doctor is willing to provide abortion care, if they are unable to secure a supportive team, such as nurses, or lack support from colleagues, services may still not materialize in practice despite there being no legal prohibition.
- 3.25. As an abortion referral network, Tamtang has observed that some medical practitioners who do provide abortion care face obstruction from colleagues who oppose the practice or must work in a hostile environment characterized by resistance, refusal to cooperate, or misinformation directed at patients, such as falsely claiming that abortion services are not available. Although the Department of Health under the Ministry of Public Health is aware of these

challenges, it has categorically refused to take proactive measures to address the negative attitudes of medical providers, citing that the department “cannot force doctors to provide abortion against their personal beliefs.”

- 3.26. There have also been reports of refusals to provide services related to abortion, such as an ultrasound. Although the National Health Security Office (NHSO) supports Thai citizens' free ultrasounds for pregnancy termination, in practice, this service remains difficult to access. Some healthcare facilities impose their conditions, such as requiring the patient to register for antenatal care – rather than abortion services – before being allowed an ultrasound, which contradicts NHSO policy. Yet access to ultrasound is essential, particularly for those seeking to terminate pregnancies beyond 12 weeks of gestation.
- 3.27. Refusal of services driven by abortion stigma has a significant impact on those seeking abortion. In Bangkok, where the demand for abortion is the highest in the country, only 1 out of 11 public hospitals under the Bangkok Metropolitan Administration (BMA) provides the service in a very restrictive and stigmatized manner, reportedly scolding, shaming, and chasing away patients who ask for abortion services. 10 out of 11 do not provide abortion at all, and also refuse to join the referral network. Thereby losing access to the database of public facilities offering free abortion services discreetly. As a result, such hospitals often direct patients to private hospitals using unofficial (and limited) information collected by individual staff members.
- 3.28. Patient complaints further reveal that some hospitals reprimand patients before initiating a referral, refuse to provide essential pre-abortion services such as ultrasounds (which patients need for procedures at other facilities or telemedicine), or entirely decline to refer patients elsewhere. Some patients have had to travel across provinces to access free services or pay out of their pocket for the care at private facilities.

Section 3C: What's next after legalization?: Legal Challenge and Ongoing Criminalization

- 3.29. Thailand's amendment of its abortion law did not stem from the State's recognition of abortion as a human right, but rather from a case that revealed law enforcement's lack of understanding of existing legal provisions. When a physician who had performed a lawful abortion under the then-existing

provisions was falsely arrested in 2018⁷, this incident became a catalyst for civil society mobilization demanding legal reform.

- 3.30. Despite the new abortion law, the state's lack of recognition of abortion as a right remains evident through the retention of Section 301. During the 2020-2021 legislative amendment process, civil society organizations called for the repeal of this provision,⁸ but the government rejected the proposal, arguing that maintaining the criminalization will encourage people to access legal abortion.
 - 3.31. Section 301 implies that terminating a pregnancy beyond 12 weeks' gestation, if not performed by a medical doctor, remains a criminal offense. The retention of Section 301 reflects the state's continued view of abortion as a criminal act rather than a matter of health rights or individual choice. It reinforces the notion that abortion conducted outside of the legal framework deserves punishment, despite the reality that such cases often arise from a lack of access to accurate information and services, which may remain confidential or inaccessible within the public system. The existence of Section 301 renders the need for individuals to terminate a pregnancy amid their life constraints unlawful. It also illustrates ongoing state efforts to control the bodies of women and pregnant persons through restrictive legal frameworks.
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4. Recommendations

Section 4A: Recommendations for Improving Access to Safe Abortion Services

- 4.1. To ensure universal access to SRHR as mentioned in the UPR recommendations from the 2021 cycle, the Ministry of Public Health, in collaboration with the National Health Security Office (NHSO) and the Social Security Office (SSO), must take proactive measures to expand abortion services and reduce unnecessary restrictions imposed by individual healthcare facilities to ensure universal access.

⁷ <https://rsathai.org/contents/17496/>

⁸ <https://www.theprachakorn.com/newsDetail.php?id=407>

- 4.1.1. There should be at least one healthcare facility providing abortion services for pregnancies up to 12 weeks in each province.
- 4.1.2. There should be at least one healthcare facility providing abortion services for pregnancies beyond 12 weeks in each region.
- 4.2. The Ministry of Public Health, the National Health Security Office (NHSO), the Social Security Office, and ThaiHealth must not assume that all medical providers in public hospitals are unwilling to disclose information about their services. (Based on Tamtang's observations, the number of providers who are willing to speak publicly about abortion access is increasing each year.) These government agencies must maintain an annually updated, publicly accessible database of service providers and actively disseminate information on safe and legal abortion, including where and how to access free services. This is essential to uphold the right to information and support informed decision-making.

Section 4B: Recommendations to Recognize Safe Abortion as a Legal Right

- 4.3. To comply with CEDAW's Concluding Observations on the eighth periodic report of Thailand, the Thai government must promptly repeal Section 301 of the Criminal Code, recognizing that abortion is a healthcare service, not a criminal offense.

Section 4C: Recommendations to Reduce Stigma and Bias Against Abortion

- 4.4. The Department of Health (Ministry of Public Health), the Medical Council of Thailand, the Royal Thai College of Obstetricians and Gynecologists, and all medical schools must seriously address stigmas among healthcare providers and their impact on abortion access, and establish regulations ensuring that doctors unwilling to provide abortion services do not obstruct patients' access to care or impede other providers' ability to deliver services. Moreover, abortion providers should be recognized with respect and supported by the Ministry of Public Health, the Medical Council of Thailand, and the Royal Thai College of Obstetricians and Gynecologists as dedicated professionals who make significant contributions to the healthcare system.
- 4.5. The Ministry of Education, the Ministry of Public Health, and the Ministry of Social Development and Human Security must collaborate to revise and improve sexual education curricula. This should include mandating the topic of access to abortion services as a compulsory subject and revising other courses addressing sexual activity, contraception, and pregnancy to ensure

consistent messaging free from stigma toward individuals experiencing unintended pregnancies or those who have had abortions.

- 4.6. The Thai government should support sustained funding for civil organizations to collaborate continuously with government agencies in efforts to change societal attitudes toward abortion.
 - 4.7. The Thai government must engage with private sector entities managing online platforms, such as Meta (Facebook/Instagram), to ensure that these platforms continue to provide space for accurate information regarding safe abortion services in Thailand, particularly at a time when SRHR-related information is increasingly subject to censorship by digital platforms. This is critical given that abortion is legally recognized as a healthcare service in Thailand.
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5. Annexes

Section 5A: Details of Participating Organizations

Tamtang Foundation

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- 5.1. Tamtang Foundation is a frontline feminist group led by women with abortion experience and LBI, dedicated to advancing access to safe and dignified abortion services in Thailand. Committed to building a society that understands bodily autonomy, Tamtang focuses on their 4 main missions: 1) providing counseling and service referral, 2) empowering women with abortion experiences, 3) mobilizing a feminist abortion-friendly movement, and 4) encouraging policy advocacy to challenge and eliminate the stigma surrounding abortion.

Young Pride Foundation (YPC)

contact@youngprideclub.com

- 5.2. Young Pride Foundation (YPC) is a trans and youth-led initiative, and has since been at the forefront of championing LGBTQ+ rights. YPC provides inclusive and accessible online content, workshops, and activities to empower LGBTQ+ youth to ascend as leaders. Collaborating with youth leaders, we aim to foster LGBTQ+ communities and embolden them to address challenges, engage in solution-oriented dialogues, and actively participate in policy-making.

- 5.3. Manushya Foundation is a women-led and innovative non-profit organization with the goal to reinforce the power of local communities, in particular women human rights defenders, so they can advance their human rights and fight for equality and social justice. Manushya means “Human Being” in Sanskrit; it was founded in 2017 to engage, mobilise and empower local communities across Asia to be at the center of decisions and policies that affect them by: connecting humans through inclusive coalition building and; by developing strategies focused at placing local communities’ voices at the centre of human rights advocacy and domestic implementation of international human rights obligations and standards. Manushya Foundation strengthens the solidarity and capacity of communities and grassroots to become Agents of Change fighting for their rights and providing solutions to improve their lives, their livelihoods and the human rights situation on the ground.

People’s Movement to Eliminate Discrimination (MovED)

- 5.4. People’s Movement to Eliminate Discrimination (MovED) works with vulnerable and marginalized groups in Thailand to advance the elimination of discrimination through evidence-based advocacy, policy engagement, and community participation. Established in 2023, the network brings together 103 organizations representing diverse populations, including women, children and youth, persons with disabilities, people living with HIV, LGBTQ+ persons, migrant workers, informal workers, Indigenous peoples, and others affected by discrimination. MovED works to address structural inequalities by advocating for a comprehensive anti-discrimination law, while also promoting public awareness, monitoring discrimination, and strengthening community voices to ensure that responses are grounded in human rights principles and empirical evidence.

Proud Associationproud.association66@gmail.com

- 5.5. Proud Association is a non-governmental organization working on education, healthcare including safe abortion, domestic violence, and support for vulnerable groups.

- 5.6. Union for Civil Liberty (UCL) promotes human rights through research, annual monitoring, and advocacy for justice reform. We empower citizens with legal knowledge on international conventions and coordinate with global partners to protect fundamental civil liberties.

Section 5B: UPR of Thailand (3rd Cycle, 2021) Thematic list of recommendations

Theme: Right to health		
51.116 Make efforts to guarantee universal access to health services, including sexual and reproductive health, including for regular and irregular migrant workers (Uruguay); Source of Position: A/HRC/49/17/Add.1 - Para.51	Supported	- Right to health - Migrants - Sexual & reproductive health and rights SDGs: - 3 - GOOD HEALTH AND WELL-BEING - 5 - GENDER EQUALITY Affected persons: - Migrants
51.117 Continue its efforts related to universal health coverage and strengthen its efforts in reducing maternal mortality rates (Bhutan); Source of Position: A/HRC/49/17/Add.1 - Para.51	Supported	- Right to health - Sexual & reproductive health and rights SDGs: - 3 - GOOD HEALTH AND WELL-BEING Affected persons: - Women & girls

Theme: Sexual & reproductive health and rights		
51.124 Facilitate access to sexual and reproductive health services for all, including migrant workers, which includes integrated sexual and gender-based violence services, information and education campaigns, and migrant-friendly health services (Malaysia); Source of Position: A/HRC/49/17/Add.1 - Para.51	Supported	- Sexual & reproductive health and rights - Migrants - Right to health - Sexual & gender-based violence SDGs: - 3 - GOOD HEALTH AND WELL-BEING - 5 - GENDER EQUALITY - 8 - DECENT WORK AND ECONOMIC GROWTH

		Affected persons: - Migrants - Women & girls
52.71 Develop a national plan to guarantee access to comprehensive sexual and reproductive health services for all, including regular and irregular migrant workers (Iceland); Source of Position: A/HRC/49/17/Add.1 - Para.17	Noted	- Sexual & reproductive health and rights - Migrants - National Human Rights Action Plans (or specific areas) / implementation plans - Right to health SDGs: - 3 - GOOD HEALTH AND WELL-BEING - 5 - GENDER EQUALITY - 8 - DECENT WORK AND ECONOMIC GROWTH Affected persons: - Migrants

Joint UPR Submission: The Stakeholders' Report Submission on Abortion Rights April 2026

Submission by



Tamtang Foundation is a frontline feminist group led by women with abortion experience and LBI, dedicated to advancing access to safe and dignified abortion services in Thailand. Committed to building a society that understands bodily autonomy, Tamtang focuses on their 4 main missions: 1) providing counseling and service referral, 2) empowering women with abortion experiences, 3) mobilising a feminist abortion-friendly movement, and 4) encouraging policy advocacy to challenge and eliminate the stigma surrounding abortion. For more, please see <https://www.facebook.com/SafeAbortionThailand>.



Young Pride Foundation, founded in 2018, is a youth- and LGBTQ+-led organisation supporting human rights, gender equality, and democracy through online learning, events, and meetings. We dedicate ourselves to supporting and maintaining relationships among youth leaders through communication support and resource sharing. We also aim to promote understanding of diversity and inclusion at universities and monitor cases of unfair discrimination. For more, please see <https://youngprideclub.com/>.



Manushya Foundation is a women-led, decolonial and intersectional feminist organisation building cross-border safety nets of protection, solidarity, and accountability across Asia. We strengthen the political power and decision-making leadership of feminists, youth movements, and frontline communities. Our work shifts power by bridging emergency protection for activists facing repression and transnational repression, movement lawyering to confront corporate abuse and false climate solutions, defense of digital rights and civic space in increasingly surveilled environments, and grassroots-led advocacy engaging international accountability systems to advance structural justice. For more, see <https://www.manushyafoundation.org/>.



People's Movement to Eliminate Discrimination (MovED) works with vulnerable and marginalized groups in Thailand to advance the elimination of discrimination through evidence-based advocacy, policy engagement, and community participation. Established in 2023, the network brings together 103 organizations representing diverse populations, including women, children and youth, persons with disabilities, people living with HIV, LGBTQ+ persons, migrant workers, informal workers, Indigenous peoples, and others affected by discrimination. MovED works to address structural inequalities by advocating for a comprehensive anti-discrimination law, while also promoting public awareness, monitoring discrimination, and strengthening community voices to ensure that responses are grounded in human rights principles and empirical evidence.



Proud Association is a non-governmental organization working on education, healthcare including safe abortion, domestic violence, and support for vulnerable groups.



Union for Civil Liberty (UCL) promotes human rights through research, annual monitoring, and advocacy for justice reform. We empower citizens with legal knowledge on international conventions and coordinate with global partners to protect fundamental civil liberties.



The **Thai CSOs Coalition for the UPR and UN Mechanisms (Universal Periodic Review)**, established during Thailand's Second UPR cycle, is a people-led, intersectional feminist movement bringing together local communities and national civil society organisations across all human rights sectors. As one of the largest intersectional grassroots-led movements in Thailand, it engages with the UPR and UN treaty bodies, connecting struggles from Indigenous Peoples' rights, land and environmental justice, and labour rights to digital rights, freedom of expression, transnational repression, and the protection of human rights defenders, migrants, political refugees, youth, LGBTIQ+ individuals, and communities facing systemic marginalization. It fosters solidarity among communities facing shared challenges and strengthens collective action to demand accountability from the state and companies for their international human rights obligations.

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