



COMMISSION ON HUMAN RIGHTS
REPUBLIC OF THE PHILIPPINES

Inputs to the IX Session of the UN Open-ended Working Group on Ageing (OEWGA)

Long-term and palliative care

April 2018

The Commission on Human Rights of the Philippines (hereinafter referred to as 'CHRP'), provides the following information based on its research of available data from government agencies and civil society. To validate and substantiate the contents of this document, a focus group discussion on the rights of the older persons was also held on 6 April 2018 at the CHRP.¹

1) In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and services are covered?

It is important to note that implementation of a comprehensive and institutionalized long-term care program in the country is almost non-existent or weak, because of lack of capacity of institutions tasked to implement such program.

In a number of legislations proposed in the House of Representatives, 'long-term care' is defined as *"the sustained provision of comprehensive program and services for senior citizens with the view of enabling them to have dignified, healthy and secured lives."*² In addition, The Department of Health is crafting and revising guidelines to incorporate long-term care in its program for senior citizens, with the likelihood of engaging the Department of Social Welfare and Development (DSWD) in the process. Since 2010, the DSWD had an Administrative Order (AO) for long-term care. In addition, there is a pending bill at the Congress related to long-term care with DSWD being the lead agency and the DOH being one of the members in support of the bill.

Legislations and policy proposals provide for the National Long-Term Care Program Framework, which includes the following core programs and services, among others:

- a. **Social Protection.** This shall cover programs that seek to reduce poverty and vulnerability to risks and enhance the social status and rights of senior citizens by promoting and protecting them against hazards and sudden loss of income and improving senior citizens' capacity to manage risk.*

¹ Participants of the focus group discussion were Department of Health (DOH), Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), Philippine Health Insurance Corporation (Philhealth), and Coalition of Services of the Elderly (COSE).

² 17th Congress of the Philippines, House Bills No. 00719, 00847, 02217, 03075 - AN ACT ESTABLISHING AND INSTITUTIONALIZING LONG-TERM CARE FOR SENIOR CITIZENS, PROVIDING FUNDS THEREFOR AND FOR OTHER PURPOSES.

- b. **Senior Citizens and Development.** This shall include mainstreaming activities such as lifelong, education programs for aging preparation and non-formal education at the local level for those sixty (60) years old' and above and development of programs which will allow senior citizens to remain actively engaged in as many social, economic and community activities as possible.*
- c. **Advancing Health and Well-being.** An integrated and innovative elderly-focused health and social services shall be made available at the local level. Particular emphasis shall be made on disease prevention, health promotion and wellness of mind, body and spirit. Health services shall comprise preventive, curative and rehabilitative health care services in all government and private hospitals, local health facilities and other community- based facilities.*
- d. **Enabling and Supportive Environment.** Provision of home nursing for the elderly, facilities for respite care, programs on counselling, professional guidance and emotional support and low cost, community-based activities integrated into existing community health programs as well as strengthening of inter-generational relationships."³*

In 2010, DSWD, as lead agency for the protection of the welfare of senior citizens, developed a comprehensive Long Term Care Program for Senior Citizen (LTCSC). The DSWD LTCSC serves as the blueprint of the government to ensure the development of a milieu that would meet the present and future needs of the growing number of senior citizens in terms of human development and service delivery. The following are the social welfare components and services provided under the Long Term Care Program for Senior Citizen, (LTCSC):

1.a Residential Care Services (RCS): A 24-hour facility that provides long term or temporary multidisciplinary care to senior citizens who are abandoned by their families or with no significant others to provide the needed supervision and supportive care. The services that will be provided Includes social services, health & medical services, psychological services, skills training, group work activities, dietary services, home life /group living services, spiritual services (i.e. religious services, masses, confession, bible studies and etc.) and provision of assistive devices.

1.b Community-Based Services for Senior Citizens and Their Families: Refers to the programs and services rendered when the helping process takes place in the community as the primary client system, or when social welfare and development activities are provided to individuals, groups and families while they remain in their own homes.

1.b.1 Strengthening the Organization of Senior Citizen Associations: This refers to the organization / strengthening of existing organization of people aged sixty (60) years old and above who shall be provided with opportunities for participation, conscientization, and action of senior citizens on socio-political and economic endeavours. Further, this component will also provide for building or enhancing the capacity of the senior citizens in conflict management, stewardship, and other programs.

³ Idem.

1.b.2 Senior Citizens Center: This refers to a day center facility with recreational, educational, health and socio-cultural programs designed for the full enjoyment and benefit of the senior citizens in the city or municipality. It shall also serve as a facility for the provision of community - based educational services such as the following:

- Learning Network of Senior Citizens - A community-based educational service that provides avenues for information sharing, and practical skills enhancement (i.e. painting, handicrafts, weaving, etc.), It will mobilize retired professionals/talented senior citizens to serve as volunteer teachers /resource persons. The Office of the Senior Citizens Affairs (OSCA) will spearhead the implementation of this service in every city/ municipality and/or barangay with the support of the DSWD.
- Sheltered Workshop for Senior Citizens- The sheltered workshop is a facility designed to provide work training and productive employment for senior citizens by producing and selling goods or services. The funds for its operationalization will be sourced out from the Local Government Units or the National Government Agencies.
This is to enable them to realize their aspirations and for them to become assets to their families and community due to their contributions to society. The workshop activities will include the following:
 - Provision of skills training- this provides senior citizens with opportunities, productive activity, as well psychological and vocational guidance. This will be spearheaded by the The City/ Municipal Social Welfare and Development Offices (C/MSWDO) and implemented by the OSCA, in coordination with other concerned government agencies (e.g. Technical Education and Skills Development Authority (TESDA) and the Department of Labor and Employment (DOLE) and NGOs.
 - Livelihood program- the senior citizens will be provided with start -up capital for livelihood activities and allowance on the course of the livelihood training program.

1.c. Home Care Support Service- this pertains to services provided to senior citizens while in their homes such as assisting senior citizens in their daily living activities (e.g. bathing, eating, dressing, etc); training volunteers and family members on caregiving for senior citizens; provision of assistive devices for senior citizens: and community-based rehabilitative activities. Examples of Home Care Support Service are the following:

- Hospice Care Service - this service offers shelter and care to weary- sick senior citizens. Volunteers will be mobilize/utilize to provide the direct services and/or assistance to the dying senior citizens and psychosocial support to their families,
- Foster Home - this is the provision of a planned temporary alternative family care for older persons who are abandoned, neglected, unattached from the community or those In residential care facilities but found eligible to benefit from the program. It will provide subsidies and care giver training for foster families licensed by the DSWD.
- Family/Kinship Care- this is a form of foster care which involves the placement of a senior citizen under the care of his/her relatives and/or family members. This includes

provision of caregiving training to the main family carer; establishing community-based support system to prevent burn-out of the carer; and prevent institutionalization of the senior citizens.

- Support Services for Caregivers- this refers to capability building and continuing education for caregivers on care and management of older persons and on burn-out prevention. It also seeks to relieve caregivers'/ family carers of stress arising from the responsibility of providing daily care. It will also provide subsidies and allowances to volunteers in the amount approved by the LGUs.

1.d Volunteer Resource Services (VRS) - this will encourage and mobilize individuals, interested groups and intermediaries, as well as able-bodied senior citizens to voluntarily contribute their time, skills and capabilities for the delivery of programs/services for the benefit of the impoverished senior citizens. The components are the following:

- Friendly Visitor Service - this provides opportunities for interested individuals, organizations, active members of senior citizens organizations and other sectors/members of nearby communities to volunteer, visit, befriend, advise, and assist senior citizens who are either living on their own or in the residential care or alternative care,
- Volunteer Companion Service - this encourages volunteers to escort / accompany senior citizens who would need to go to the hospital, church, malls, and other public places. This service will tap the National Student Training Program (NSTP) students as volunteers. DSWD will provide an orientation and basic training for the volunteer students on understanding the dynamics, behavior of senior citizens, the aging process and the benefits of volunteering.
- Inter- Generational Service - this provides opportunities for the young and old to interact and mutually learn from each other. The senior citizens may act as resource persons for the younger generation, sharing their vast experiences, learnings and insights through storytelling, testimonials. This can be conducted during day care activities, parent's meetings, youth assemblies, etc. The LGUs and OSCA may have a memorandum of agreement with the local school board to allow the volunteer senior citizens to act as resource person on one subject or topic in elementary/ high school or to mentor pupils who are slow learners. Likewise, the C/MSWDO will identify Day Care Center/s where older persons can volunteer.

The implementation of the Long Term Care Program for Senior Citizen, (LTCSC) is supported by DSWD Administrative Order 5, s. 2010, entitled: ***“DSWD Long Term Care Program for Senior Citizens (LTCSC)-General Implementing Guidelines”***. The Administrative Order serves as general guideline for the direct implementers such as those working in the Provincial, City and Municipal Social Welfare and Development Offices (P/C/MSWDO) as well as for social workers and development workers working in social welfare development agency, non-governmental organizations (NGOs) and people's organization (POs).

The implementing procedures is also enumerated in the DSWD administrative order for reference in the smooth conduct of the program, so that standards and required institutional mechanisms and approaches are observed among the various levels of stakeholders.

The above-mentioned services and its impact or extent of implementation on older persons have not been monitored by the CHRP. This will be proposed as part of the CHRP's program for the next budget cycle.

3. What measures have been taken/are necessary to ensure high-quality and sustainable long-term care systems for older persons, (including for example: Sufficient, availability, accessibility and affordability of services on a non-discriminatory basis?, High quality of services provided?, Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support?, Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint) in long-term care?, Sustainable financing of long-term care and support services? And Redress and remedy in case of abuse and violations?)

Although the Philippines already has existing mechanisms to ensure that senior citizens are accorded with the comprehensive services, it is important that the Philippine Congress enact the proposed legislation, 'An Act Establishing and Institutionalizing Long-Term Care for Senior Citizens, Providing Funds Therefor and for Other Purposes'. The bill seeks to mandate the State to institutionalize long-term care and services for the elderly which will alleviate their living conditions. The proposed bill has been filed during the 16th Congress but was not deliberated upon due to time constraints.

3.a On the aspect of sufficient, availability, accessibility and affordability services on a non-discriminatory basis and high quality of services:

The following are legislative measures to ensure that senior citizens in the Philippines are protected and to guarantee their access to programs and services intended them:

- Madrid International Plan of Action for Older Person (MIPOP)- It sets out priority areas and action points that guide efforts toward th(goal of ensuring that societies and individuals age with security and dignity while maintaining their full participation and human rights. It sets policy direction on three major areas: (a) older person and development; (b) health and well-being into old age; and (c) enabling and supportive environments for aging.
- Constitution of the Philippines 1987-Article XUI, Section 11 provides that "*The State shall adopt an integrated and comprehensive approach to health development which shall endeavour to make essential goods, health and other social services available to all the people at affordable cost.*" There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and children.
- Republic Act 7876 – "*An Act Establishing a Senior Citizens Center in all Cities and Municipalities of the Philippines, and Appropriating Funds Therefore*". The law mandates the establishment of a senior citizens centers in all cities and municipalities under the direct supervision of the DSWD in coordination with the local government units (LGUs) concerned to cater to older persons' socialization and interaction needs as well as to serve as venue for the conduct of other meaningful activities. The center shall be considered an extension of the DSWD Field Offices and shall carry out the following functions: (a) Identify the needs, trainings, and opportunities for senior citizens; (b) Initiate, develop and implement productive activities and work schemes for senior

citizens; and (c) Promote and maintain linkages other government and non-government organizations.

- Republic Act No. 7432 of 1991 – An Act to Maximize Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and For Other Purpose.” The law made mandatory the granting of the 20% discount from all establishments relative to utilization of transportation services, hotels and similar lodging establishments, restaurants and recreation centers and purchase of medicines anywhere in the country. It also exempts senior citizens from the payment of individual income taxes. The law mandated the installation of the Office of the Senior Citizens’ Affairs (OSCA) attached to the Office of the Mayor to be headed by a councillor which shall be designated by the Sangguniang Bayan and assisted by the Community Development Officer in coordination with the DSWD.
- Republic Act No. 9257 of 2003, otherwise known as “*An Act Granting Additional Benefits and Privileges to Senior Citizens, Amending for the Purpose RA 7432, otherwise known as An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes.*” This Act, also known as the “Expanded Senior Citizens Act of 2003,” benefits all Filipino resident senior citizens in the country. It gives full support to the improvement of the total well-being of the senior citizen and their full participation in Philippine society. It expands the coverage of the benefits and privileges and mandates a senior citizen to be the head of Office of the Senior Citizens Affairs (OSCA) in every municipality /city.
- Batas Pambansa No. 344 or the “*Accessibility Law*” was enacted on February 25, 1983. It sought to enhance the mobility of disabled persons by requiring certain buildings, institutions, establishments and other public utilities to install facilities and other devices. This Act provides for the minimum requirements and standards to make buildings, facilities and utilities for public use accessible to disabled persons including older persons who are confined to wheelchairs and those who have difficulty in walking or climbing stairs, among others. Rule II, Section 1.3 of the IRR states that the built environment and transportation shall be designed so that it shall be accessible and shall ensure safety to disabled people, including older persons.
- RA 7160 or the *Local Government Code of 1991* establishes an Office of Social Welfare and Development that is tasked to oversee planning and implementation of service delivery projects to cater to various sectors within the local government units, (LGUs). The LGUs, through the provincial or city or municipal councils, enact ordinances that supplement the mandated laws. Allocating a small portion of their Internal Revenue Allotment (IRA), a number of LGUs initiated projects that allow for the elderly to receive other cash grants and health assistance (free or discounted check-ups, laboratory exams, medicines, etc.) Some LGUs have a burial plan for the elderly—to cover the expenses.
- The General Appropriations Act FY 2012 (RA 10155) Section 28 - 1% Allocation of Agency Budget to Programs and Services for Senior Citizens and Persons with Disabilities. This budgetary allotment mandates all government agencies and instrumentalities to allocate 1% of their total agency budget to programs and projects for senior citizens and persons with disabilities. It was based on an Executive Order

issued by then President Gloria Macapagal-Arroyo in 2002 declaring the National Decade for Persons with Disabilities (PWDs) and directing agencies to set aside 1% of their total budget for PWDs and Older Persons. LGUs, under this act, shall also set aside at least five percent of their total budget appropriations for programs, services, and activities for persons with disabilities.

- There is a law dating back to the Arroyo administration that mandates LGUs to have a Group Home or foster home for neglected, abandoned, and abused poor elderly persons with disabilities (EO 105 Series of 2002). Each provincial level is expected to have a group home.

On program delivery level:

- Per information of the Department of Health (DOH), among the existing interventions available for older persons, are categorized into the following:
 - “In response to the Expanded Senior Citizens Act (RA 9994), the DOH has a program called **Health and Wellness Program for Senior Citizens**. They have guidelines for nationwide implementation in providing health services to Senior Citizens in coordination with LGUs, local health centers, and hospital facilities”;
 - “Another service mandated by law and being followed by DOH is the provision of 20% discount and value added tax (VAT) exemption to SCs, which extends to the provision of vaccines”; and
 - Palliative care for Senior Citizens (SCs) fall under the Cancer Program of the DOH which caters to persons of all ages. In 2015, a policy was signed for the implementation and provision of palliative care and hospice care in hospitals, health facilities in communities, and home-based level in the Philippines⁴.

On the aspect of Financial Sufficiency:

Department of Social Welfare and Development (DSWD), has provided the following information that will relate to the existing programs that contributes to the financial sufficiency of the older persons:

- “Social Pension program provides Php500 per month (about USD10) for indigent SCs. The Coalition of Services of the Elderly (COSE) is currently pushing that this be extended to universal coverage of all SCs. The COSE representative cited the pilot project they had in San Jose, Bulacan where the LGU started paying out Php500 per month to a few SCs and eventually extending the coverage to all SCs in their barangay. However, this is the initiative of the LGU and that capacity must be considered. Some LGUs have their own social pension initiatives and can provide beneficiaries larger amounts (i.e. Cebu LGU provides all SC residents Php1,000 per month)”.
- “Based on the General Appropriations Act (GAA), 1% of the LGU’s income must be allocated to programs for senior citizens. However, the latest GAA did not state the percentage. For the Philippine Health Insurance Corporation (Philhealth), the budget of

⁴ Guidelines for the implementation are available and can be obtained from the Department of Health.

the agency is supposed to come from the “sin taxes”⁵ as provisioned in the GAA. However, guidelines change every year. The CHRP may look into the current operational policy. LGUs have the discretion on the amount they will provide to SCs and whether or not the coverage is universal or only for indigent SCs. The mandated 1% of the LGU’s total budget allocated for SC programs can be in the form of financial assistance, burial assistance (law mandates that family of the deceased receive Php2,000), etc. Senior Citizens who are members of the DSWD flagship program Pantawid Pamilyang Pilipino Program (4Ps)⁶ can also become part of the Social Pension program and receive separate financial assistance. Typically, SCs under the 4Ps are identified as guardians of the family”.

- Residential care facilities are not limited to DSWD as there are private facilities being accredited or licensed by the Department as Social Welfare Development Agencies (SWDAs)⁷ catering to Senior Citizens (there are SWDAs catering to women, children, etc. as well). The difference is that DSWD is free of charge while private facilities charge a fee (range varies depending on the service and can go as high as Php45,000 – Php60,000 per month). Meanwhile, there are also NGO-run facilities like Anawim, Hospicio de San Jose, etc.
- The Standards Bureau of the DSWD is in charge of monitoring these SWDAs which are required for renewal every three years. However, there is no body or agency regulating the prices or fees charged by private facilities.

Department of Health (DOH), further shares the government’s initiatives in order to ensure that the Senior Citizens are provided with health services /programs:

- “Public Health Services and Preventive Care Strategies. The DOH follows the law in terms of provision on discounts related to health services and drugs. The Anti-Hospital Deposit Law (RA 10932) also provides that in cases of emergency, hospitals and health facilities cannot demand advance payment or deposits as prerequisite to administering service to patients. The DOH is currently crafting its IRR. On the community level, the DOH provides vaccines to indigent SCs (i.e. influenza, meningococcal) who are the priority beneficiaries. On a national level, the DOH is pushing for universal coverage under the National Immunization Program”.
- “The DOH is also devolved but its Regional Offices takes charge of coordination from the national to the community-level. The DOH can also provide reports of its health programs which cater to all ages, and extract data for the SCs or those 60 years old and above. For patients living in far-flung areas, health system rural health units/centers physician, nurses, midwives, barangay or village health stations midwives and barangay

⁵ Republic Act 10351, or the Sin Tax Reform Law, increases tobacco and alcohol excise taxes, and earmarks the revenue increases to fund universal health care.

⁶ “The Pantawid Pamilyang Pilipino Program (4Ps) is a human development measure of the national government that provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children aged 0-18. It is patterned after the conditional cash transfer (CCT) schemes in Latin American and African countries, which have lifted millions of people around the world from poverty. The Department of Social Welfare and Development (DSWD) is the lead government agency of the 4Ps.” Read more here: <http://www.officialgazette.gov.ph/programs/conditional-cash-transfer/>

⁷ Data on number of SWDAs catering to the elderly can be obtained from the DSWD through the Standards Bureau.

health workers (BHWs).” However, regions in the Philippines are composed of 5-7 provinces which are administrative divisions managed by the national offices therefore health services *are not totally devolved* to local government. (emphasis supplied).

- “LGUs have a rural health unit or health center, and each unit has a physician, nurse, and midwife. There is also a Brgy. Health station manned by the midwife together with the Barangay Health Worker (BHWs). The BHWs go to the different householders including those that live in far-flung areas of the community where they give health education and referrals to the health canters. COSE noted that the number of home visit should be standardized across LGUs and should not depend on the LGUs capacity”.
- “Doctor to the Barrios” program where they deploy doctors and nurses for the purpose of reaching those located in far-flung areas and providing additional manpower aside from the health center staff and volunteers of the Barangay. This program is handled by the Health Human Resource Development Bureau of the DOH.” There have been reports by the media of killings of community health workers that are currently being investigated by the Philippine National Police (PNP).

3.b Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support:

Among the mechanisms available are policy issuances released by the executive level of government are the following:

- Administrative Order 5, s. 2010, “DSWD Long Term Care Program for Senior Citizens (LTCSC), general implementing guidelines”- serves as the blueprint of the government to ensure the development of a milieu that would meet the present and future needs of the growing number of senior citizens in terms of human development and service delivery. It Is an Integration of devolved and new services in one document (DSWD LTCSC) that will ensure efficient and effective implementation of the program and national uniformity of activities toward promoting active ageing and society of all ages. This order e serves as a general guideline for the direct implementers working for the Provincial, City and Municipal Social Welfare and Development Offices (P/C/MSWDO) as well as for social workers and development workers working in social welfare development agency, nongovernmental organizations (NGOs) and people’s organization (POs) in implementing community-based and residential based services for the senior citizens.

On Free Consent:

- The DSWD-Standards Bureau has existing guidelines of accrediting Social Welfare Development Agencies (SWDAs), to ensure that systems are within the standard to provide the needed interventions for older persons. The implementation of free, prior, and informed consent (FPIC) of SCs is included in the manual of operations as one of its components for both licensing and accreditation. Nonetheless, even with the presence of this system, it is a common case that the family usually decides to admit the Senior Citizen (SC0 even if it is against their will.

3.c Sustainable financing of long-term care and support services? And Redress and remedy in case of abuse and violations?)

- Currently, there are no specific or dedicated legislations on the prevention of elder abuse nor on the provision of support services and access to redress for victims. Elderly women in family environments and intimate relationships are protected under RA 9262 or the Anti-Violence against Women and Children Act of 2003, however, such protection is more explicit under RA 9710 (Magna Carta of Women).
- SECTION 33 of RA 9710 on the Protection of Senior Citizens provides that: : *“The State shall protect women senior citizens from neglect, abandonment, domestic violence, abuse, exploitation and discrimination. Towards this end the State shall ensure special protective mechanisms and support services against violence sexual abuse exploitation and discrimination of older women.”*
- Administrative Order 15, s. 2012- Revised Standards on Residential Care Service- this is a DSWD policy issuance to promote efficiency, effectiveness and accountability in the management and implementation of programs and services residential care facilities, categorized under social welfare and development agencies, providing residential care services for children, youth, women, older persons and person with disabilities among others including those being managed by DSWD, local government units (LGUs), and non-government organizations (NGOs).
- RA 9276, Section 9- Support of Non-Government Organizations (NGOs)- NGOs or private volunteer organizations dedicated to the promotion, enhancement and support for the welfare of senior citizens are hereby encouraged to become partners of government in the implementation of programs and projects for the elderly.
- Executive Order 105, s. 2005, *“Approving and Directing the Implementation of the Program Provision of Group Home/Foster Home for Neglected, Abandoned, Abused, Detached and Poor Older Persons and Persons with Disabilities”*. This was developed as a major program intended to address housing needs of the elderly. Its main feature is the group housing program that will address the housing requirements of the neglected, abandoned, abused and unattached older persons to promote community-based program for older persons. This will encourage business to align their corporate social responsibility towards provision of the necessary infrastructure for poor older persons.
- Administrative Order 141, s. 2002, *“DSWD Standards in the Implementation of Residential Care”*- set the guidelines as to the case load (Staff-Client Ratio) in managing the placement of older persons.

There are also cases of elder abuse in the country, as noted in the focused group discussion convened by the CHRP last 6 April 2018:

- In 2016, the “DSWD piloted a project called “RESPECT”, a reporting system for the prevention of elder abuse. It has been piloted in four regions: NCR, Region I, Region VI, Region XI. RESPECT is a system teaching LGUs (LSWDO) how to document reported cases and establish mechanisms or programs for victims of elder abuse. As of February 28, 52 cases of elder abuse were reported in the pilot areas. The result of RESPECT is higher awareness among LSWDOs and the Barangay. Part of the program is to give elder abuse victims Php10,000 cash assistance. However, the DSWD representative acknowledged the challenge of prevention. There is a bill called Anti-Elder Abuse Act which has been pending

since 2012 and which include prevention mechanisms. Sen. Win Gatchalian is the sponsor in the Senate”.

4) What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?

The UN Principles for Older Persons categorizes the rights of older persons, into the following concerns that should be included in the lens of the concerned stakeholders’ relative to the provision of interventions, particularly long-term care, such as:

- Independence: older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help, including provision of employment opportunities for the elderly.
- Participation: the elderly should be integrated into society by ensuring venues and supports exist to enable them to participate in the political, social and cultural life of their communities.
- Care: institutional support and systems should be in place to ensure the adequate to optimal physical, mental and emotional wellbeing of the elderly, and to delay the onset of illness; self-determination is a key feature in this regard.
- Self-fulfilment: education, cultural, spiritual and recreational opportunities should be available for the elderly to continue developing themselves to their full capacity.
- Dignity: an enabling and non-discriminatory and non-violent environment for older persons should be encouraged and maintained.

One of the findings of the National Human Rights Situation Report on Older Persons is related to the prevailing gaps to improve older people’s enjoyment of human rights through the adoption and implementation of national legislation. In addition, general provisions of international human rights law provide little guidance to States on how to apply these human rights in law and in practice to older persons and in the context of older age. This is apparent in the context of the Philippines where legislation, programs and services intended to benefit older people are not universal and have, in some cases, served to deepen inequality for older people since the most marginalized and disadvantaged older people do not benefit from them. These findings provide impetus to adopt a specific human rights instrument for older persons.

It is apparent that many older people in the Philippines do not enjoy their human rights. The vast majority have no access to social security. Many continue to live in poverty and do not enjoy their right to an adequate standard of living. Health care is unaffordable, unavailable for many older people. There is insufficient effort to prevent elder abuse and provide support and redress for those who have been subjected to it. Support for independent living and long term care is neither available nor affordable. Whilst many older people do participate in the social, cultural or religious life of their communities. It is apparent that greater attention needs to be paid to ensuring the full enjoyment of the rights of older people in these areas.

In the recently organized FGD on the rights of older persons, “Philhealth raised that in relation to confinement, the only reason that patients do not receive Philhealth benefit is when they are

confined in centers that are not accredited by the DOH. Otherwise, availment of benefits shall not be a problem if patients are brought to a DOH-accredited hospital facility.”

5) In your country/region, how is palliative care defined in legal and policy frameworks?

As indicated in the Department of Health (DOH), Administrative Order 2015-0052, the definition of Palliative care is as follows:

“is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family”.

In the FGD conducted, responses shared by representatives of national government agencies, are stated below:

- “DOH has yet to finalize and clarify its definition of long-term care and is in the process of reviewing its guidelines to be incorporated into its SC Health and Wellness Program. The DOH has an Administrative Order (AO) on palliative care but not long-term care, as opposed to the DSWD which has an AO on long-term care under the implementation of the LGU. However, the DSWD has no data on how many LGUs actually implemented the program. “Palliative care, refers to hospice care or waiting for end of life. Meanwhile, long-term care provides a chance for rehabilitation. On international standards, it depends on the country on how it defines long-term care and what it is composed of. For the Philippines, there is a need to define further what long-term care is and the services included”.
- For the “DSWD, long-term care is geared towards the community level where family members with sick SCs are provided technical assistance and/or are trained on caregiving. The LGUs also have the discretion to provide financial assistance. The DSWD can provide the CHR the specific definition and components of long-term care based on the pilot implementation”. In relation to long-term care, DSWD also has center-based and residential-care facilities (NCR – GRACES, Region 4A – Haven for the Elderly, Region 9 – Zamboanga, Region 11 – Tagum City, and Region 1 – La Union) where long-term care is also applied. SCs stay in and in most cases, stay there until end of their lives. But since these facilities cannot accommodate everyone, they propose to develop transient homes and push for the implementation of community-based long-term care. Based on the law, families should take care of their elderly and not pass on the fully responsibility to the government. DSWD centers have health professionals within the facility (can be further validated through the standards bureau) which include a nurse. In cases of emergency, patients are brought to a hospital. The DSWD covers and pays for the Philhealth membership of its residents”.

- As previously mentioned, Executive Order 105 Series of 2002 mandates LGUs to have a Group Home or foster home for neglected, abandoned, and abused poor elderly persons with disabilities at the provincial level.

The Philippines has to create a comprehensive definition of long-term care that fits the local situation and sets limitations on its components and services. The World Health Organization (WHO) definition is very broad but a proposed legislation aims to define long-term care at the national level.⁸ In 2017, there were capacity building initiatives on long-term care from the DSWD and DOH and inputs were obtained to improve the bill. For legislative proposal, emphasis should be given to prevention as part of the components of the bill. The Standards Bureau of the DSWD is in charge of monitoring these SWDAs which are required for renewal every three years. However, there is no body or agency regulating the prices or fees charged by private facilities.

The CHRP notes, considering its visitation mandate, it can coordinate with the Standards Bureau in monitoring and reporting on the situation of older persons in facilities run and/or accredited by DSWD and DOH. This will form part of its proposal for the next budget cycle.

6) What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?

Below are the challenges to hospice and palliative care as indicated in the DOH and WHO Service Delivery Profile report, in the Philippines.⁹ These include the following:

- On Palliative care and society - The Philippines is a resource constrained country, lack of public awareness; and Provision is problematic in remote areas and patchy throughout the archipelago
- On health care community - Lack of training among medical and nursing staff, low credibility/ interest in palliative care, Low number of doctors with S2 licenses (essential to prescribe morphine), and unwillingness of doctors to refer patients
- On Government - Lack of political will to support palliative care, and no government stream for hospice funding
- On Service provision- Maintaining a pool of trained and available volunteers, and securing administrative support
- Funding - Procuring drugs, equipment and materials
- Training - Becoming over attached to patients, particularly children

In addition, in the National Human Rights Situation Report on Older Persons, among the issues and challenges to palliative care is correlated to: **First**, Health concerns among our senior citizens become more acute in poor economic settings like the Philippines, where formal healthcare systems are still underdeveloped and our senior citizens rely heavily on informal sources, provided by their families for their health needs. **Second**, essential medicines are often unaffordable for older people. Despite discounts in the purchase of medicines, as mentioned above, it is those who are already in a position to afford the medicine are the only ones benefitting from this privilege. It has no beneficial effect on those who cannot afford to buy medication. Then, essential medicines are often unaffordable for older people. Despite

⁸ HB00719, AN ACT ESTABLISHING AND INSTITUTIONALIZING LONG-TERM CARE FOR SENIOR CITIZENS, PROVIDING FUNDS THEREFOR AND FOR OTHER PURPOSES,

http://www.congress.gov.ph/legisdocs/basic_17/HB00719.pdf [Last accessed: 30 March 2018].

⁹ See 2012 report here: http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf

discounts in the purchase of medicines, as mentioned above, it is those who are already in a position to afford the medicine who benefit from this privilege. It has no beneficial effect on those who cannot afford to buy medication. **Third**, appropriate health care is also often unavailable. There seem to be lacking, medical practitioners proficient in geriatric care, considering the very small number of specialists currently working in the field of geriatrics and gerontology. **Fourth** and last is the lack of trained health care personnel and the generally low income and poor access to health insurance has resulted in a high rate of unmet health care needs.

Among the related studies, data and evidence available, although some are dated, include the following:

- *At Life's End Filipino Care: Decisions Rely on God, Family and Home, Virola, 2010-* The study prescribes a sensitive approach by palliative care providers towards patients' language, culture and traditions in order to ensure their dignity and comfort in what could be their remaining days.¹⁰
- *Supporting dignified dying in the Philippines, Ardith Z. Doorenbos, et.al* - this study aimed to assess the appropriateness of the International Classification for Nursing Practice (ICNP) *Palliative Care for Dignified Dying* catalogue for palliative nursing in the Philippines.¹¹
- *Filipino Senior Citizen's Care Management: Current Status of Local Government Units Response, Alfredo Antonio, PhD on Development Studies, 14 July 2015-* the study uses the framework of decentralization and implementation of existing national laws, this paper discusses the role of the local government units (LGUs) in planning and implementing projects for the elderly at the sub-national levels.¹²
- *Maximizing the Quality of Life of the Elderly Through Better Health, National Academy of Science and Technology, Philippines, November 2006-* this monograph includes papers written by acknowledged experts on issues and challenges of getting old in an effort to improve awareness and adoption of established preventive measures focusing on the practice of healthy lifestyles. Science-based evidence has supported that certain interventions, most of which are simple and cost-effective can not only lengthen the lifespan but can definitely maximize the health and wellbeing of the elderly.¹³
- *Concerns of the Elderly in the Philippines Dr. Carlita R. Carlos-* significant concerns of the elderly have only recently been offered serious consideration. Perhaps because of the prevailing view that the local population is generally a young one, the research community has yet to give close attention to elderly issues.¹⁴

There are also related articles, among others by Allan B. De Guzman, et.al, namely:

¹⁰ Refer to <https://aging.stanford.edu/2013/09/lifes-end-filipino-care-decisions-rely-god-family-home/>

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140826/>

¹² https://www.researchgate.net/profile/Alfredo_Antonio/publication/304019209_Filipino_Senior_Citizen%27s_Care_Management_Current_Status_of_Local_Government_Units%27_Response/links/576384f008ae192f513e4361/Filipino-Senior-Citizens-Care-Management-Current-Status-of-Local-Government-Units-Response.pdf

¹³ <http://www.nast.ph/images/pdf%20files/Publications/Monograph%20Series/NAST%20Monograph%20Series%2010.pdf>

¹⁴ <http://www.ehealth.ph/media/kunena/attachments/196/1279-2440-2-PB1.pdf>

- *Examining the Structural Relationship of Chronic Illness, Physical Function, Life Satisfaction, and Support in the Development of Depression among Filipino Elderly in Institutionalized settings* -considering the increasing prevalence of chronic illness in the Filipino elderly, this study seeks to test a model that describes the relationship between chronic illness and depression and how this link might interact with physical functioning, life satisfaction, and social support. Structural equation modelling was used to examine the causalities among these variables.¹⁵
- *Home Away from Home: Acclimatization of Filipino Elderly from being Home to a Sence of being “At Home” in an Elderly Institution* - this grounded study examined the process of acclimatization or the process of changing perspectives of a person so as to get used to or feel “at home” among a select group of Filipino elderly in a nursing care facility. As institutionalization of the elderly is not typical in the Philippine context, varied responses were analyzed to understand the factors and the course that an elderly person undergoes over a set period of time to achieve acclimatization.¹⁶

7) To what extent is palliative care available to all older persons on a non-discriminatory basis?

- In reference to the DOH-National Policy on Palliative and Hospice Care in the Philippines, the coverage of Palliative and Hospice Care: “shall cater to various age groups tailored to age related health needs throughout the human life cycle. It must be integrated into the country's health system and shall be institutionalized at all levels”.
- RA 9994, the Expanded Senior Citizens Act of 2010 also provides that “The DOH, in coordination with LGUs, NGOs, and POs for senior citizens, shall institute a national health program and shall provide an integrated health service for senior citizens. It shall train community-based health workers among senior citizens and health personnel to specialize in the geriatric care and health problems of senior citizens.” In addition, RA 9994 Section 5 (c) 2nd paragraph likewise directs the establishment of senior citizens’ wards on all government hospitals which shall be for the exclusive use of senior citizens in need of hospital confinement.

The existence of laws does *not* ensure availability of palliative care on a non-discriminatory basis. As cited in previous responses, there is a big gap in implementation because of *lack* of resources.

8) How is palliative care provided, in relation to long-term care as described above and other support services for older persons?

The DOH-National Policy on Palliative and Hospice Care in the Philippines, is explicit in its policy the details of the implementing mechanisms relative to palliative care provision and the correlation to how it will be operationalized in long-term care approach. There are three major phases that the stakeholders will have to take into consideration specific to this implementation, to wit:

¹⁵ <https://www.tandfonline.com/doi/abs/10.1080/03601277.2014.918836>

¹⁶ <https://www.tandfonline.com/doi/abs/10.1080/03601277.2012.661326>

- Phase I refers to roles and responsibilities of the concerned stakeholders that have specific obligations necessary to the implementation of the policy issuance:
 - Disease Prevention and Control Bureau (DPCB)- The DPCB shall provide overall direction, coordination and oversight; establish standards and package of services on palliative and hospice care and ensure their quality, access, and availability at all levels of the healthcare system; and support the design of health financing as related and applicable to palliative and hospice care in collaboration with PhilHealth and other partners.
 - Health Promotion and Communications Service (HPCS) -The HPCS shall lead in the development of promotion and communication plan including IEC materials and tools for palliative and hospice care in coordination with DPCB and other relevant offices/agencies.
 - Health Facility Development Bureau (HFDB) - The HFDB shall upgrade and enhance health facilities at all levels of care so as to make them capable of providing palliative and hospice care services and in-charge of operational standards.
 - Health Facilities and Services Regulatory Bureau(HFSRB) -The HFSRB shall ensure compliance of health facilities at all levels of health care to the prescribed standards on physical facility, equipment and personnel.
 - Health Human Resource Development Bureau (HHRDB) -The HHRDB shall provide technical assistance in the development of learning interventions for health professionals involved in palliative and hospice care and facilitate integration of palliative and hospice care in the academic curriculum of health professionals.
 - Bureau of Local Health Systems Development (BLHSD)-The BLHSD shall ensure the adoption, implementation and sustainability of the palliative and health care system down to the local government units.
 - Pharmaceutical Division (PD)-The PD shall ensure the inclusion of medicines for palliative and hospice care in the Essential Drugs List of the Philippine National Formulary and shall make them available at all levels of care. Those medicines shall be used for, but not limited to, the following symptoms: (WHO Essential Medicines in Palliative Care, January 2013), namely: Agitation, Anorexia, Anxiety, Constipation, Delirium, Depression, Diarrhea, Dyspnea, Fatigue, Insomnia, Nausea and vomiting, Pain, and Respiratory tract secretions.
 - Knowledge Management and Information Technology Service (KMITS) -The KMITS shall develop and maintain the palliative and hospice care registry including the software for monitoring.
 - Epidemiology Bureau (EB) -The EB shall establish and sustain surveillance systems including registries for cases requiring palliative and hospice care; oversee management and dissemination of data related to palliative and hospice care; and support the conduct of population-based surveys on the impact evaluation of an integrated palliative and hospice care.
 - Bureau of International Health Cooperation (BIHC) -The BIHC shall coordinate with international development partners and other external institutions for technical and resource assistance for the implementation of this Order.
 - Food and Drug Administration (FDA) -The FDA shall ensure the safety, efficacy and quality of medicines for palliative and hospice care.
 - Philippine Health Insurance Corporation (PhilHealth)- PhilHealth shall work with DPCB and Hospice Philippines in crafting policies for the development of the

National Clinical Practice Guidelines (NCPGs) for Palliative and Hospice Care. The NCPGs shall serve as the basis in designing health care benefit packages and as a guide in the implementation of health insurance packages for clients requiring palliative and hospice care services.

- Regional Offices (ROs) -The ROs shall provide technical assistance to the LGUs, oversee the local institutionalization of palliative and hospice care system and establish standards for an efficient hospital referral system within the locality.
 - DOH Hospitals - The DOH hospitals shall ensure provision of quality palliative and hospice care for eligible patients.
 - Local Government Units (LGUs) - The LGUs shall adopt and implement the palliative and hospice care system and provide services and necessities in all health care facilities and hospitals in their localities.
 - Professional Regulation Commission (PRC)- The PRC through the health professional regulatory boards shall ensure that health professionals comply with the requirements for the training and practice of / palliative and hospice care based on the standards.
 - Department of Labor and Employment-Bureau of Working Conditions (DOLE-BWC) / Civil Service Commission (CSC) -The DOLE-BWC and CSC shall be encouraged to develop and implement workplace policies and procedures that are relevant to palliative and hospice care.
 - Non-government organizations, professional groups, other national government agencies / organizations, private sector, and the academe shall adopt, assist and support the implementation of this Order.
- Phase II refers to Monitoring and Evaluation- will focus on 1) Key performance and outcome indicators and tools shall be developed in coordination with the Health Policy Development and Planning Bureau to track the progress and impact of this palliative and hospice care system, and 2) Monitoring and evaluation of this policy shall start three (3) years after its effectivity and yearly thereafter.
 - Phase III refers to funding -The concerned offices of the Department of Health (DOH) shall allocate funds for the implementation of this Order at all levels of care, as may be drawn from regular budget allocations, special funds such as Sin Tax Revenues and other funding sources.

9) Are there good practices available in terms of long-term care? What are lessons learned from human rights perspectives?

- Undertaking of the pilot project through the ROK-ASEAN (Republic of Korea-ASEAN) home care model, in three (3) municipalities. However, it has yet to be adopted and replicated as a government program across the country in all LGUs. The recommendations cited in the said pilot will serve as lessons learned for the stakeholders in developing interventions to improve the implementation of long-term care.
- Among the recommendations cited in the pilot project are as follows:
 - Invest support within the LGUs, being the frontline arm of the government in the provision of programs and services (long-term care as one of the approach to be prioritized) for the older persons;

- Capacitate the community volunteers interested in working for the programs and services to older persons; and
 - Establish link/network with formal trained care providers.
- In the FGD, COSE shared the following best practices, undertaken, such as:
 - “Implementation of the pilot project in 12 municipalities for the establishment of a Citizen’s Monitoring Committee, specific to Social Pension, that will be linked to the structure of the Federation of Senior Citizens Association of the Philippines (FSCAP)”;
 - and
 - “Group home, a community-based residential home managed by volunteers who receive an honorarium. This is patterned after the DSWD and has been in operation since 1992 and it is ongoing until present. Another program is the Home Care Program piloted by COSE since 2003 which was lobbied to the DSWD. In 2010, the DSWD issued an AO mandating LGUs to implement the program but there is no data on actual compliance. The program provides training to homecare volunteers that conduct home visitations to SCs and monitors their health status and provides other home care services (i.e. helping SCs to cook, clean the house, eat, bath, etc.)”.
 - Additional responses from the DSWD, in 2016, “a pilot project called “RESPECT”, a reporting system for the prevention of elder abuse. It has been piloted in four regions: NCR, Region I, Region VI, Region XI. RESPECT is a system teaching LGUs (LSWDO) how to document reported cases and establish mechanisms or programs for victims of elder abuse. As of February 28, 52 cases of elder abuse were reported in the pilot areas. The result of RESPECT is higher awareness among LSWDOs and the Barangay. Part of the program is to give elder abuse victims Php10,000 cash assistance. However, the DSWD representative acknowledge the challenge of prevention. There is a bill called Anti-Elder Abuse Act which has been pending since 2012 and which include prevention mechanisms. Sen. Win Gatchalian is the sponsor in the Senate”.

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