**INPUTS OF THE COMMISSION ON HUMAN RIGHTS OF THE PHILIPPINES TO THE 10TH SESSION OF THE UNITED NATIONS OPEN-ENDED WORKING GROUP ON AGEING (OEWGA)**

**1 February 2019**

**INTRODUCTION**

The Commission on Human Rights of the Philippines (CHRP)[[1]](#footnote-1), as the country’s national human rights institution, submits this written inputs to the 10th Session of the United Nations Open-Ended Working Group on Ageing (OEWGA) where debates and discussions on the protection of the rights of older persons will focus on four key areas requiring further attention: (1) long-term and palliative care; (2) autonomy and independence; (3) education, training, life-long learning, and capacity-building; and (4) social protection and social security. In this submission, the Commission draws from national laws and policies, data and reports from national government agencies, and researches and studies from non-government organizations and educational institutions.

In the Philippines, national legislations and policies for the benefit and welfare of older persons have strong foundation in our fundamental law. The 1987 Constitution of the Republic of the Philippines mandates the promotion and protection of the rights and welfare of older Filipinos as a sector in the general Philippine population. It is a declared policy of the Philippine government that it “shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.”[[2]](#endnote-1) In addition, the Constitution explicitly mandates the government to prioritize the needs of older persons, among other vulnerable groups, in “adopt[ing] an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at an affordable cost.”[[3]](#endnote-2) Noteworthy is another provision in the Constitution which mandates that “[t]he family has the duty to care for its elderly members but the State may do so through just programs of social security.”[[4]](#endnote-3)

To fulfill these constitutional promises, a national law that endeavors to promote the welfare of older Filipinos through specific benefits and privileges was enacted. Republic Act No. 9994 or the *Expanded Senior Citizens Act of 2010*[[5]](#endnote-4) is, by far, the most comprehensive law in terms of recognizing the rights of older persons in the country as it provides for entitlements for older Filipinos and the corresponding duties and obligations of the Government to fulfill the objectives of the law.[[6]](#endnote-5) Its provisions also cover the right to long-term and palliative care (although not explicitly), the right to education, training, life-long learning, and capacity-building, and the right to social security and social protection.

Despite current efforts by the government directed towards older persons, through the enactment of new laws and the strengthening of existing programs and services, it is apparent that older persons in the Philippines continue to face challenges in enjoying their rights. Also, research and data on the situation of older persons in the country, as well as assessment and evaluation of existing laws and government programs and services for older persons, are very limited and are mostly outdated. This gap constrains decision-makers in adequately responding to the needs of older persons in the country. Among the four key areas for discussion in the 10th Session of the OEWGA, autonomy and independence, has the least available data and information. Neither is the legal and policy framework adequate to recognize and fulfill this right.

**LONG-TERM AND PALLIATIVE CARE**

**National legal framework**

1. What are the legal provisions in your country that recognizes the right to long-term and palliative care? Do they have a constitutional, legislative or executive foundation?

At the constitutional and legislative level, the right to long-term and palliative care is not explicitly recognized. Notably, however, constitutional provisions referring to older persons declare the obligations of the State on their health development needs[[7]](#endnote-6) and of the family and the State on caring for them.[[8]](#endnote-7) Other laws[[9]](#endnote-8) such as RA 9994[[10]](#endnote-9) makes reference to the fulfillment of these rights.

**Normative elements**

1. What are the key normative elements of the rights to long-term and palliative care? Please provide references to existing laws and standards where applicable.

The CHRP refers to the recommendations put forward by HelpAge International in its 2018 report entitled “Freedom to Decide for Ourselves”[[11]](#endnote-10) where the study involved older Filipinos:

* On long-term care: “Older people have the right to care and support services for independent living. These should be adapted to their individual needs, promote their well-being and maintain their autonomy and independence, without discrimination of any kind.”[[12]](#endnote-11) The right should apply to all settings,[[13]](#endnote-12) should be person-centered,[[14]](#endnote-13) and must be enjoyed in relation to their right to autonomy,[[15]](#endnote-14) to participate,[[16]](#endnote-15) and to information.[[17]](#endnote-16) States must ensure appropriate standards and quality of support[[18]](#endnote-17) and financing[[19]](#endnote-18) are in place, as well as mechanisms for remedies and redress.[[20]](#endnote-19)
* On palliative care: “Older people have the right to palliative care without discrimination of any kind.”[[21]](#endnote-20) The right must be holistic[[22]](#endnote-21) and accessible[[23]](#endnote-22) and must be enjoyed in relation to their right to autonomy.[[24]](#endnote-23) States must provide appropriate training for personnel involved in providing palliative care services,[[25]](#endnote-24) and must regulate all palliative care providers.[[26]](#endnote-25)

1. How should long-term care and palliative care be legally defined?

In a number of legislative proposals, 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.”[[27]](#endnote-26) CHRP adopted this definition, in consultation with the Coalition of Services of the Elderly, Inc. (COSE),[[28]](#endnote-27) and added that long-term care must contain at least the following core pillars: (1) social protection;[[29]](#endnote-28) (2) health and wellness;[[30]](#endnote-29) and (3) life-long education and developmental programs.[[31]](#endnote-30)[[32]](#endnote-31)

In a separate Department of Health (DOH) Guidelines on care for older persons in healthcare settings, long-term care is defined as “a range of health care, personal care and social services provided to individuals who, due to frailty or level of physical or intellectual disability, are no longer able to live independently. Services may be provided in a person’s home, in the community or in residential facilities (e.g. nursing homes or assisted living facilities).”[[33]](#endnote-32)

The DOH defines palliative care as 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.”[[34]](#endnote-33)

**Implementation**

1. What are the policies and programmes adopted by your country to guarantee older person’s enjoyment of their right to long-term and palliative care?

In 2010, the Department of Social Welfare and Development (DSWD) developed a comprehensive Long Term Care Program for Senior Citizens (LTCSC)[[35]](#endnote-34) which is supported by DSWD Administrative Order No. 5, series of 2010.[[36]](#endnote-35) The 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 LTCSC has the following social welfare components and services:

* Residential care services;[[37]](#endnote-36)
* Community-based services for senior citizens and their families[[38]](#endnote-37) which includes the strengthening of the Organization of Senior Citizen Associations,[[39]](#endnote-38) and the creation of Senior Citizens Centers;[[40]](#endnote-39)
* Home care support service;[[41]](#endnote-40) and
* Volunteer resource services.[[42]](#endnote-41)

The Department of Health also issued Administrative Order (AO) No. 2015-0052 or the “National Policy on Palliative and Hospice Care in the Philippines” which sets the overall policy directions and identify the roles and functions of DOH, its offices and partner agencies in the provision of palliative and hospice in hospitals, health facilities, communities and home-based levels.

1. What are the best practices and main challenges in adopting and implementing a normative framework to implement these rights?

In the National Human Rights Situation Report on Older Persons, the CHRP enumerated the following issues and challenges relating to healthcare:

* 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.
* Essential medicines are often unaffordable for older people. Despite discounts in the purchase of medicines, 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.
* 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.

**Equality and non-discrimination**

1. Which are the measures adopted to ensure equitable access by older persons to the enjoyment of the right to long-term and palliative care, paying special attention to those who are vulnerable or in vulnerable situation?

In the DOH AO No. 2015-0052, 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 also provides that “[t]he DOH, in coordination with local government units (LGUs), non-government organizations (NGOs), and peoples’ organizations (POSs) 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, the law 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.[[43]](#endnote-42)

The existence of the law and policies does not ensure availability of long-term care and palliative care on a non-discriminatory basis. There is a big gap in implementation because of lack of resources.

**Participation**

1. Does the design and implementation of normative and political framework related to long-term and palliative care include an effective and meaningful participation of older persons?

Certain mechanisms are in place for an effective and meaningful participation of older persons in both the national and local levels through consultations with federations (such as the Federation of Senior Citizens Associations of the Philippines or the FSCAP) and associations (such as the Coalition of Older Persons Association of the Philippines, Inc. or COPAP) and through the Office for Senior Citizens Affairs or OSCA. In the legislative process, the participation of these organizations are also well-sought out.

Very recently, the Congress has approved a bill on the creation of a government agency for senior citizens or the Commission for Senior Citizens which will be run by senior citizens as Commissioners.[[44]](#endnote-43)

**Accountability**

1. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to long-term and palliative care?

RA 9994 mandated the establishment of the Office for Senior Citizens Affairs (OSCA) in every city and municipality in the country. The OSCA is mandated, among others, “[t]o assist the senior citizens in filing complaints or charges against any individual, establishments, business entity, institution, or agency refusing to comply with the privileges under [Republic Act No. 9994] before the Department of Justice (DOJ), the Provincial Prosecutor’s Office, the regional or the municipal trial court, the municipal trial court in cities, or the municipal circuit trial court.”[[45]](#endnote-44)

Data and information on the OSCA’s capability to effectively refer older persons to the proper forum are not available and have not been monitored by the CHRP.

**AUTONOMY AND INDEPENDENCE**

**National legal framework**

1. What are the legal provisions in your country that recognizes the right to autonomy and independence? Do they have a constitutional, legislative or executive foundation?

There are no explicit constitutional or legislative provisions recognizing the right to autonomy and independence of older persons. However, some constitutional provisions and laws refer to related themes such as equal recognition before the law,[[46]](#endnote-45) the sanctity of family life,[[47]](#endnote-46) and accessibility of and mobility in physical spaces.[[48]](#endnote-47)

RA 9994 seeks to “recognize the rights of senior citizens to take their proper place in society and make it a concern of the family, community, and government.”[[49]](#endnote-48) Towards this end, the law provides certain privileges such as transportation discounts, and mandates the provision of housing, health, employment, and education programs.[[50]](#endnote-49)

**Normative elements**

1. What are the key normative elements of the rights to autonomy and independence? Please provide references to existing laws and standards where applicable.
2. How should autonomy and independence be legally defined?

The CHRP refers to the recommendations put forward by HelpAge International in its 2018 report entitled “Freedom to Decide for Ourselves”[[51]](#endnote-50) where the study involved older Filipinos:

* On the right to autonomy and independence: “Older people have the right to personal autonomy to make decisions, to determine their life plans and to lead autonomous and independent lives in line with their will and preferences and on an equal basis with others.”[[52]](#endnote-51) The right should cover all aspects of the life of older persons,[[53]](#endnote-52) must be enjoyed in relation to their right to participate,[[54]](#endnote-53) must consider the older person’s living arrangements,[[55]](#endnote-54) and must ensure accessibility and availability of support services.[[56]](#endnote-55)

**Implementation**

1. What are the policies and programmes adopted by your country to guarantee older person’s enjoyment of their right to autonomy and independence?

Relevant policies and programs refer mostly to the right of older persons to social security and social protection, including healthcare programs from the government.[[57]](#endnote-56) Most of these are discussed in the other sections of this submission.

1. What are the best practices and main challenges in adopting and implementing a normative framework to implement these rights?

The DSWD, in its submission to the CHRP, stated that “[h]ealth status, financial security, and availability of enabling institutions or mechanisms and age-friendly infrastructures help determine the older persons’ enjoyment of living autonomously and independently.”[[58]](#endnote-57) They added that “[w]hile it is ideal for older persons to live independently (financially, physically, etc.), it is common in the Philippines for them to live with their immediate families and relatives especially when they are no longer physically able to take care of themselves. However, there are also cases when the immediate family becomes economically dependent on older persons and instances where older persons are being relied upon to take care and look after their grandchildren.”[[59]](#endnote-58)

**Equality and non-discrimination**

1. Which are the measures adopted to ensure equitable access by older persons to the enjoyment of the right to autonomy and independence, paying special attention to vulnerable groups or those in vulnerable situation?

Evidence shows a drastic difference in the implementation of these government programmes across the country with those older people residing in richer Local Government Units (LGUs) having a better chance of accessing privileges than those residing in poorer LGUs. The evidence shows that those older people who are better educated and have a higher income benefit from these programmes more than those in lower income brackets.[[60]](#endnote-59)

Unfortunately, despite the number of pieces of legislation developed in favor of our senior citizens, some are not sufficiently disseminated or adequately implemented. Many senior citizens are aware of the privileges granted by law but not all of those who are aware access the benefits they are entitled to for lack of appropriate knowledge to do so. An example is acquiring a senior citizens’ card and using the same to access health care and other discounts.

It is important to note that only those who are richer and have a higher level of education are more aware and have better access to government programs especially the privilege of senior citizens. Even some of those who have the senior citizens’ card still cannot access the corresponding privileges.

**Participation**

1. The design and implementation of normative and political framework related to autonomy and independence included an effective and meaningful participation of older persons?

*The response to this is similar to the response to the similar question under Long-Term Care and Palliative Care.*

**Accountability**

1. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to autonomy and independence?

*The response to this is similar to the response to the similar question under Long-Term Care and Palliative Care.*

**Education, Training, Life-long Learning, and Capacity-Building**

**National Legal Framework**

1. In your country/region, how is the right to education, training, life-long learning and capacity building in older age guaranteed in legal and policy framework?

The 1987 Constitution mandates the State to “protect and promote the right of all citizens to quality education at all levels and [to] take appropriate steps to make such education accessible to all,”[[61]](#endnote-60) to “encourage non-formal, informal, and indigenous learning systems, as well as self-learning, independent, and out-of-school study programs particularly those that respond to community needs,”[[62]](#endnote-61) and to “provide adult citizens, the disabled, and out-of-school youth with training in civics, vocational efficiency, and other skills.”[[63]](#endnote-62)

RA 9994 entitles older persons “educational assistance to pursue pot [sic] secondary, tertiary, post tertiary, vocational and technical education, as well as short-term courses for retooling in both public and private schools through provision of scholarships, grants, financial subsides [sic] and other incentives to qualified senior citizens, including support for books, learning materials, and uniform allowances, to the extent feasible.”[[64]](#endnote-63) The law also mandates several government agencies to “institute programs that will ensure access to formal and nonformal education”[[65]](#endnote-64) of senior citizens.

**Availability, Accessibility and Adaptability**

1. What are the key issues and challenges faced by older persons in your country/region with regard to the enjoyment of all levels of quality education, training, life-long learning, and capacity building services (including for example: literacy and numeracy programmes; adult education; vocational and professional training; higher education; information and communication technologies or ICT; and informal, recreational and community-based programmes, including volunteering)?

Existing relevant data on the right to education of older persons pertain to the educational attainment of older Filipinos based on the Philippine Census data of 2000 and 2010 where it was assessed that the degree of educational attainment of senior citizens has improved.[[66]](#endnote-65) This data, however, says very little on the quality of enjoyment by older persons of their right to education because it does not say whether the education received was when they were in their childhood or when they’ve reached senior citizen status.

The DSWD, in its report to the CHRP, stated that “[w]hile the steps and initiatives endeavor to provide senior citizens/older persons capacity building and other activities according to their preference, there are still key issues and challenges faced by older persons in the Philippines, which include lack of information or awareness on the available and accessible training, educational scholarships, and capacity-building services and lack or inadequate capability-building programs and training designed for senior citizens. Physical or health limitations on the part of senior citizens/older persons in terms of location/distance to available training and capability-building services also serves as a hindrance for older persons. There are also instances where older persons are plainly disinterested to avail of these activities.”[[67]](#endnote-66)

1. What steps have been taken to ensure that education, training, life-long learning, and capacity building services are available and accessible to all older persons, adapted to their needs, suited to their preferences and motivations, and of high quality?

For senior citizens who have not undergone or finished basic education, the Department of Education (DepEd) in 2005 issued DepEd Memorandum No. 138 which seeks to promote and ensure access of senior citizens to the Alternative Learning System (ALS).[[68]](#endnote-67) The ALS is the DepEd’s flagship program offering non-formal education to out-of-school youth and adults who have failed to complete basic education.[[69]](#endnote-68) Successful stories of senior citizens who graduate under the ALS program are published in the DepEd website to highlight the accessibility and significance of the program to them.[[70]](#endnote-69)[[71]](#endnote-70)[[72]](#endnote-71)

In addition, the Commission on Higher Education (CHED) issued in 2005 the CHED Memorandum Order No. 4 or the “Guidelines for the CHED Study Grant Program for Senior Citizens” which offers study grants to eligible senior citizens who wish to enroll in select state-owned universities and colleges.[[73]](#endnote-72) In 2012, the CHED issued Memorandum Order No. 56 or the “Revised Implementing Guidelines for the Student Financial Assistance Programs (StuFAPs) of the Commission on Higher Education (CHED)”[[74]](#endnote-73) and its subsequent amendment in 2014, Memorandum Order No. 13 or the “Revised Guidelines for the Implementation of Student Financial Assistance Programs (StuFAPs), Effective AY 2014-2015.”[[75]](#endnote-74)

The DSWD, in its submission to the CHRP, also stated that “[t]he Government, private sectors, academe, and other stakeholders have taken various and bold steps to ensure” the availability and accessibility of education programs to older persons. These steps include:

* “Advocacy campaigns and information dissemination on the rights and privileges of senior citizens/older persons, including educational and training opportunities, are conducted in all regions through the Regional Coordinating and Monitoring Board, Offices of Senior Citizens Affairs (OSCA), and the Federation of Senior Citizens Association (FSCAPs);
* “Distribution of IEC materials during fora and other activities of senior citizens/older persons;
* “Inclusion of senior citizens/older persons in trainings and other capability-building activities conducted by TESDA, DTI, and other government agencies. TESDA has also recognized the need to provide programs designed to suit the needs and preferences of senior citizens/older persons regarding life-long learning as indicated in the National Technical Education and Skills Development Plan 2017-2022…”

1. In your country/region, are there studies and/or data available on the access of older persons to the right to education, training, life-long learning and capacity building in older age?

On ALS – Data from a study by the World Bank Group in 2018 suggests that the ALS is not reaching out to the needs of the elderly population. Using 2017 data, they found that majority of ALS enrollees are between the ages of 15 and 24, suggesting that the program is more appealing to younger people. One of the possible reasons cited was that for enrollees over the age of 26 the benefits of additional education may not fully offset the opportunity cost of participating in the ALS.[[76]](#endnote-75)

The CHRP requested for information from DepEd and CHED on the actual number of senior citizens who have availed of their programs. As of this writing, the CHRP is still waiting for responses from these government agencies.

**Equality and non-discrimination**

1. In your country, is age one of the prohibited grounds for discrimination in relation to education in older age?

Except for Republic Act No. 10911 or the Anti-Age Discrimination in Employment Act,[[77]](#endnote-76) there are no other laws or policies which prohibit discrimination on the basis of age.

**Accountability**

1. What mechanisms are necessary, or already in place, for older persons to lodge complaints and seek redress for denial of their right to education, training, lifelong learning and capacity building?

*The response to this is similar to the response to the similar question under Long-Term Care and Palliative Care.*

**Social Protection and Social Security (including social protection floors)**

**National legal framework:**

1. What are the legal provisions in your country that recognizes the right to social security and social protection, including non-contributory and contributory old-age benefits? Do they have constitutional, legislative or executive foundation?

Aside from the 1987 Constitution,[[78]](#endnote-77) there are several laws[[79]](#endnote-78) which seek to protect the right to social security and social protection of older persons. Among these are the laws which created the Government Service Insurance System (GSIS)[[80]](#endnote-79) and the Social Security System (SSS)[[81]](#endnote-80) which are contributory systems for workers in the public and private sector, and the social pension program, which is a non-contributory pension program for indigent senior citizens,[[82]](#endnote-81) and the law which provides mandatory health insurance to all Filipinos age 60 years and older.[[83]](#endnote-82)

**Availability**

1. What steps have been taken to guarantee universal coverage, ensuring that every older person has access to social security and social protection schemes including non-contributory, contributory and survivor old-age pensions, to ensure an adequate, standard of living in older age?

There are various positive initiatives to further increase coverage by the existing contributory pensions in the Philippines (of which SSS and GSIS are most significant), however, based on recent reports, a dramatic increase in coverage in the coming decades is unlikely. For an instance, the Social Security System (SSS) gradually expanded legal coverage (mandatory and voluntary) and provided access to social security protection to its various sectors, including the workers in the informal economy and the overseas Filipino workers (OFW). However, to date, fewer than a third of senior citizens receive contributory pension, mainly because of the low proportion of workers contributing in SSS.[[84]](#endnote-83)

The introduction of the social pension for indigent senior citizens in 2011 has in some way closed the coverage gap, with increasing number of beneficiaries from 136,000 target beneficiaries in 2011 to 3,000,000 in 2018. However, the means-tested nature of the scheme excludes – by design – a large proportion of vulnerable older people who fail to meet the strict eligibility criteria for the current social pension.

As a response, in 2018, a number of bills introducing a Universal Social Pension has been filed in the Congress and Senate and currently being deliberated to guarantee income security to all older persons.[[85]](#endnote-84)

1. What steps have been taken to ensure that every older person has access to social security and social protection schemes which guarantee them access to adequate and affordable health and care and support services for independent living in older age?

In 2015, the Universal PhilHealth Coverage of All Senior Citizens was introduced by virtue of Republic Act No. 10645 which mandated the government to subsidize the automatic enrolment of senior citizens to the National Health Insurance Program. From the initial 3.5 million enrolled senior citizen members in 2014, the program expanded and now covers 6.6 million senior citizens. Further, a PhilHealth Circular emphasizes the coverage of senior citizens under the No Balance Billing (NBB) Policy.[[86]](#endnote-85)

In 2018, the Congress ratified a bill on Universal Health Care and now pending the approval of the President. The passage of this bill would further expand coverage of PhilHealth which will include free medical checkups, laboratory tests, and other diagnostic services.

**Adequacy**

1. What steps have been taken to ensure the levels of social security and social protection payments are adequate for older persons to have access to an adequate standard of living, including adequate access to health care and social assistance?

Based on the SSS submission to CHR, the SSS pension fund has already given 22 pension increases from 1980 to 2014. However, despite these increases, the benefit level is still low. A report in 2015 revealed that a third of SSS retirees (34%) receive less than PhP2,000 per month, and half (52%) receive less than PhP3,000.[[87]](#endnote-86) Thus, in 2017, the President approved the first tranche of the supplementary pension of PhP1,000 to SSS pensioners while the second tranche of P1000 will be in 2020.

According to a study of COSE and HelpAge International (2017), the PhP500 benefit level for the social pension is widely recognized to be inadequate relative to both national and international benchmarks. The lack of indexation of the benefit to inflation has further eroded its adequacy. In 2017, the real value of the social pension has reduced to PhP403 in 2010 prices, a fall of 22% in real terms.[[88]](#endnote-87) Thus, the Congress is currently deliberating on several measures to increase the benefit level of the social pension and to automatically increase it based on inflation.

In 2018, the President also approved a bill increasing the old-age pension of war veterans from PHP5,000 to PHP20,000 per month.

**Accessibility**

1. What steps have been taken to ensure older persons have adequate and accessible information on available social security and social protection schemes and how to claim their entitlements?

Based on the submission of SSS to CHR, aside from its 322 local and foreign branches (as of October 2018), the SSS also provides adequate and accessible information to its members through both traditional (print and radio), and online media. E-services was also introduced (e.g. SSS Mobile App) to allow access of information to members and pensioners while in-depth seminars and webinars are conducted on various benefit services and programs.

The DSWD, based on its submission to CHR, “conducts fora, trainings, consultation dialogues and other related activities that provide updates and orientation to older persons on their rights and privileges based on existing laws and policies, provide technical assistance to partners such as the Office of Senior Citizens Affairs (OSCA) and local social welfare development officers in every municipality/city.”

1. The design and implementation of normative and political framework related to social security and social protection benefits included an effective and meaningful participation of older persons?

*The response to this is similar to the response to the similar question under Long-Term Care and Palliative Care.*

**Equality and non-discrimination**

1. Which are the measures adopted to ensure equitable access by older persons to social security and social protection, paying special attention to vulnerable groups or those in vulnerable situation?

Currently, SSS has various programs and initiatives focused at covering various groups, especially the informal sector which include the following: 1) KaltaSSS Collect Program (for job order/contractual personnel); 2) AlkanSSSya Program (for informal workers such as jeepney/tricycle drivers and market vendors); 3) Social Security Subsidy Program for Farmers; 4) Accreditation of Cooperatives and Micro-Finance Institutions as Partner Agents; and MuniSSSipyo Collect Program.

The currently debated Universal Social Pension Bill will also remove the current targeting errors reported in the current scheme of social pension and will guarantee access to basic pension to all senior citizens.

**Accountability**

1. What mechanisms are in place to ensure social security and social protection schemes are effective and accountable?
2. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to social security and social protection?

Overall, the Social Development Cluster of the government has created a Sub-Committee on Social Protection (SCSP) which leads in the formulation and operationalization of medium-term social protection plan and other social protection policies and strategies.

RA 9994 mandates a review of the Social Pension every 2 years by the Congress and DSWD, however, no amendment to the law was made since 2010. The National Coordinating and Monitoring Board is mandated to monitor the full compliance to RA 9994 at the national level. Moreover, both the law and the DSWD Administrative Guidelines task the OSCA to receive and address grievance on social pension. The DSWD, based on its submission to CHR, “through the Social Pension Management Office (SPMO) conducts regular monitoring and program implementation reviews (PIRs) annually to assess and evaluate the implementation of the Social Pension Program which includes review of the existing payment scheme.”

The SSS, based on its submission to CHR, is mandated to submit a valuation report every four years, or more frequently as may be necessary, to determine the actuarial soundness of the reserve fund of the SSS and to recommend measures how to improve its viability. The SSS also adopts a “Code of Ethical Standards for Social Security System Officials and Employees” and adopts corporate governance rules and principles.

Moreover, the Civil Service Commission’s Citizen Hotline 8888 is a government feedback mechanism that enables the public to lodge queries and other concerns for immediate action. SSS also has a Member Communications and Assistance Department that provides information and direct assistance to members and employers.

**ENDNOTES**

1. As the National Human Rights Institution (NHRI) of the Philippines, the Commission on Human Rights of has the mandate vested by the 1987 Philippine Constitution and the Paris Principles to promote and protect the full range of human rights including civil and political rights, and economic, social and cultural rights. It has the responsibility to regularly report and monitor human rights situations and violations, and recommend steps in advancing the realization of human rights and dignity of all. The Commission has “A”-status accreditation from the Sub-Committee for Accreditation of the Global Alliance of National Human Rights Institutions (GANHRI). [↑](#footnote-ref-1)
2. Phil. Const. art. II, s. 9. [↑](#endnote-ref-1)
3. Phil. Const. art. XIII, s. 11. [↑](#endnote-ref-2)
4. Phil. Const. art. XV, s. 4. [↑](#endnote-ref-3)
5. An Act Granting Additional Benefits and Privileges to Senior Citizens, Further Amending Republic Act No. 7432, as Amended, Otherwise Known as “An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for other Purposes [Expanded Senior Citizens Act of 2010], Republic Act No. 9994 (2010). RA 9994 is the third version of the Senior Citizens Act. It aims to augment further the existing programs and services being enjoyed by the elderly. This law also seeks to ensure the effective and efficient implementation of the benefits and discount privileges by clarifying the specific roles and functions of the respective implementing government agencies. [↑](#endnote-ref-4)
6. Section 2 of RA 9994 states “Consistent with these constitutional principles, this Act shall serve the following objectives: (a) To recognize the rights of senior citizens to take their proper place in society and make it a concern of the family, community, and government; (b) To give full support to the improvement of the total well-being of the elderly and their full participation in society, considering that senior citizens are integral part of Philippine society; (c) To motivate and encourage the senior citizens to contribute to nation building; (d) To encourage their families and the communities they live with to reaffirm the valued Filipino tradition of caring for the senior citizens; (e) To provide a comprehensive health care and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing; and (f) To recognize the important role of the private sector in the improvement of the welfare of senior citizens and to actively seek their partnership.” [↑](#endnote-ref-5)
7. Phil. Const. art. XIII, s. 11, states “The State shall adopt an integrated and comprehensive approach to health development which shall endeavor 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. The State shall endeavor to provide free medical care to paupers.” [↑](#endnote-ref-6)
8. Phil. Const. art. XV, s. 4, states “The family has the duty to care for its elderly members but the State may also do so through just programs of social security.” [↑](#endnote-ref-7)
9. Other relevant laws on long-term care and palliative care are:

   * '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.

   [↑](#endnote-ref-8)
10. Some of the objectives of RA 9994 refer to these rights: “[t]o give full support to the improvement of the total well-being of the elderly and their full participation in society, considering that senior citizens are integral part of Philippine society,” “to encourage their families and the communities they live with to reaffirm the valued Filipino tradition of caring for the senior citizens,” and “to provide a comprehensive health care and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing,” among others. (RA 9994 Section 2) [↑](#endnote-ref-9)
11. Bridget Sleap, HelpAge International, Freedom to Decide for Ourselves: What Older People Say About Their Rights to Autonomy and Independence, Long-Term Care and Palliative Care, *available at* <https://social.un.org/ageing-working-group/documents/ninth/Freedom%20to%20decide%202018%20English.pdf> (last accessed 31 January 2019). [↑](#endnote-ref-10)
12. *Id.* at page 14. [↑](#endnote-ref-11)
13. *Id*. at page 14.

    “The right should apply to all settings, public and private, including but not limited to the home, the community and residential settings.

    “The right should provide access to a range of care and support services in different settings, including assistive technologies. These should be easily available and affordable, and should ensure older people can enjoy their right to choose where they live and with whom on an equal basis with others.” [↑](#endnote-ref-12)
14. *Id*. at page 14.

    “Older people’s right to care and support services should be independent of and unrelated to their income and the income of their family members.

    “Care and support services should be adapted to older people’s individual needs and preferences.” [↑](#endnote-ref-13)
15. *Id*. at page 14-15.

    “Older people should have the right to access to mechanisms, including supported decision-making processes, which enable them to exercise their right to autonomy and independence in relation to any support services they may require.

    “Older people should have the right to make free and informed decisions on all aspects of the care and support services they receive from start to finish and in advance if necessary.

    “Older people should have the right to opt out of the care and support service at any time.

    “Older people should have the right to control over the planning, delivery and monitoring of their care and support, and they should have access to support with decision-making where necessary.

    “Older people should have the right and opportunity to make advance instructions on the type of care and support they would like and who provides it, should it be required at a future point in time.

    “Older people can designate one or more trusted persons to assist them to make decisions based on their own instructions, will and preferences where the older person’s will and preferences may not be easily understood by others.” [↑](#endnote-ref-14)
16. *Id*. at page 15.

    “The right should provide for care and support services to ensure older people have the opportunity to participate in the community and in social, cultural, public and political life, and educational and training activities on an equal basis with others.

    “Older people should have the right and opportunity to participate in the design, development and evaluation of care and support services such as, but not limited to, assistive technologies and devices.

    “Older people should have the right and opportunity to participate in policy decision-making processes on all forms of care and support, including assistive technologies.” [↑](#endnote-ref-15)
17. *Id*. at page 15.

    “The right should provide for older people’s access to information about their health status so their decisions can be free, informed and made in advance if necessary.

    “The confidentiality of information should be guaranteed.

    “Older people should have access to information about care and support services, including assistive technologies, so they can effectively use, select and opt out of services.

    “Older people should have access to information and training on the use of assistive technologies, including digital and technical skills, so that they can evaluate the risks and benefits of these services.” [↑](#endnote-ref-16)
18. *Id*. at page 15.

    “States should ensure regulation, monitoring and enforcement of accreditation and quality standards of care and support provided by both the state and private enterprises, including not-for-profit organisations or religious bodies. Quality standards should be based on international human rights principles.

    “All care and support service providers, including informal or family providers should receive education, training, supervision and support, including respite. Service providers should also be subject to laws, policies and procedures to protect older people from violence, abuse and neglect.

    “The state should ensure appropriate resourcing and training of care and support providers and raise public awareness to safeguard the rights of older people using care and support services in any setting.

    “Research, design, development and monitoring of care and support services, including assistive technologies, should be carried out in accordance with international ethical research standards.” [↑](#endnote-ref-17)
19. *Id*. at page 15. “States should have an obligation to develop and implement policies to address public and private financing of care and support services so they are affordable to everyone who needs them.” [↑](#endnote-ref-18)
20. *Id*. at page 15. “Older people should have the right to access effective dispute resolution and complaint mechanisms; and administrative and judicial processes to seek redress for violations of their rights.” [↑](#endnote-ref-19)
21. *Id*. at page 18. [↑](#endnote-ref-20)
22. *Id*. at page 18.

    “The right should apply to palliative care in all settings and not be limited to pain relief or any particular treatment.

    “Palliative care services should provide support for family members and others close to the older person, including bereavement support.

    “States should ensure prevention of cruel, inhumane and degrading treatment of older people. This applies when pain and other symptoms are not treated adequately.” [↑](#endnote-ref-21)
23. *Id*. at page 18.

    “Palliative care services should be affordable, available and accessible for older people.

    “Older people should have the right and opportunity to make free and informed decisions on their palliative care and any other health matters for the duration of the service and in advance if necessary. Older people should have access to palliative care in settings that meet their needs, will and preferences, including at home and in residential facilities.

    “The right should provide for affordable, available and accessible medicines, including controlled medicines, for the treatment and palliative care of older people.

    “States should ensure drug control laws and other national legislation and administrative procedures guarantee the availability and access to essential palliative care medications.” [↑](#endnote-ref-22)
24. *Id*. at page 18.

    “The right should provide for supported decisionmaking processes where necessary, while making sure older people retain legal capacity.

    “States should establish procedures by which older people may prepare advanced directives, living wills and other legally binding documents that set out their will and preferences around medical interventions, palliative care and other support and care at the end of life, including the place where palliative care is provided.

    “Older people should have access to different types of support to exercise legal capacity, including the appointment of one or more trusted persons to assist them to make decisions based on their instructions, will and preferences.” [↑](#endnote-ref-23)
25. *Id*. at page 18. “States should ensure adequate and appropriate training of health personnel in palliative care.” [↑](#endnote-ref-24)
26. *Id*. at page 18. “States should ensure regulation of all palliative care providers and monitoring of their compliance with professional obligations and standards.” [↑](#endnote-ref-25)
27. H.B. No. 719, 17th Cong., 1st Reg. Sess. (2016) *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB00719.pdf>

    H.B. No. 847, 17th Cong., 1st Reg. Sess. (2016) *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB00847.pdf>

    H.B. No. 2217, 17th Cong., 1st Reg. Sess. (2016) *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB02217.pdf>

    H.B. No. 3075, 17th Cong., 1st Reg. Sess. (2016) *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB03075.pdf>

    H.B. No. 8826, 17th Cong., 1st Reg. Sess. (2016) *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB08226.pdf> [↑](#endnote-ref-26)
28. The Coalition of Services of the Elderly, Inc. (COSE) is the organization in the Philippines (NGO) attempting to keep older people in the community, and contributing to the welfare of society. They work with older persons, especially the poor and marginalized, in upholding their rights while respecting cultural diversity, nurturing their potentials, recognizing them as a significant sector and ensuring their participation in matters affecting their lives. COSE has been working with the CHRP for the protection and promotion of the rights of older persons. [↑](#endnote-ref-27)
29. The proposed National Long-Term Care Program Framework provides that social protection should 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.” [↑](#endnote-ref-28)
30. In the proposed National Long-Term Care Program Framework, this is provided as “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.” [↑](#endnote-ref-29)
31. In the proposed National Long-Term Care Program Framework, this is provided under two core programs and services: (1) **“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,” and (2) “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.” [↑](#endnote-ref-30)
32. CHR Position Paper on the Universal Health Coverage Bills, 2018. [↑](#endnote-ref-31)
33. DOH Administrative Order No. 2017-0001 “Policy Guidelines on the Standards of Care for Older persons in All Healthcare Settings” [↑](#endnote-ref-32)
34. DOH Administrative Order 2015-0052 “National Policy on Palliative and Hospice Care in the Philippines” [↑](#endnote-ref-33)
35. DSWD Administrative Order No. 5, series of 2010 “DSWD Long Term Care Program for Senior Citizens (LTCSC)-General Implementing Guidelines” [↑](#endnote-ref-34)
36. The DSWD Administrative Order No. 5, series of 2010 serves as the 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. [↑](#endnote-ref-35)
37. “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.” [↑](#endnote-ref-36)
38. “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.” [↑](#endnote-ref-37)
39. “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.” [↑](#endnote-ref-38)
40. “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. [↑](#endnote-ref-39)
41. 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. [↑](#endnote-ref-40)
42. 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 otiier 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. [↑](#endnote-ref-41)
43. RA 9994, Section 5 (c) 2nd paragraph [↑](#endnote-ref-42)
44. S.B. No. 2159, 17th Cong., 3rd Reg. Sess. (2019) *available at* <http://senate.gov.ph/lisdata/2933925944!.pdf> H.B. No. 8837, 17th Cong., 3rd Reg. Sess. (2019) *available at* <http://www.congress.gov.ph/legisdocs/first_17/CR01057.pdf> [↑](#endnote-ref-43)
45. RA 9994, Section 6 [↑](#endnote-ref-44)
46. Phil. Const. art. III, s. 1. “No person shall be deprived of life, liberty, or property without due process of law, nor shall any person be denied the equal protection of the laws.” [↑](#endnote-ref-45)
47. Phil. Const. art. II, s. 12. “The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution.” [↑](#endnote-ref-46)
48. Batas Pambansa Blg. 344 “An Act to enhance the mobility of disabled persons by requiring certain buildings, institutions, establishments and public utilities to install facilities and other devices” <http://www.ncda.gov.ph/disability-laws/batas-pambansa/batas-pambansa-blg-344/> 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. [↑](#endnote-ref-47)
49. RA 9994, Section 2 [↑](#endnote-ref-48)
50. RA 9994 [↑](#endnote-ref-49)
51. Bridget Sleap, *supra.* [↑](#endnote-ref-50)
52. *Id.* at page 9. [↑](#endnote-ref-51)
53. *Id.* at page 9.

    “The right to autonomy and independence should apply to choice and control in all aspects of older people’s lives, including but not limited to making decisions about their support and assistance; leisure time; property; income; finances; place of residence and living arrangements; health and medical treatment or care; end of life care; personal, family and private life, including sexual and intimate relationships; political participation; and funeral and burial arrangements.

    “This should include the right to have those decisions respected.” [↑](#endnote-ref-52)
54. *Id.* at page 9. “The right should include full, effective and meaningful participation in family, social, cultural, economic, public and political life, and educational and training activities.” [↑](#endnote-ref-53)
55. *Id.* at page 9.

    “Older people should have the right to live independently in the community on an equal basis with others. This includes the right to choose where and with whom to live, without being obliged to live in any particular living arrangement.

    “When older people choose to live in shared residential settings, such as residential care and support facilities, their right to autonomy and independence should also be respected.” [↑](#endnote-ref-54)
56. *Id.* at page 9.

    “The right should provide for access to support services. These include support services to make decisions and exercise legal capacity, and services to support independent living and inclusion in the community.

    “Support services should be available on an equal basis in home, community and residential settings.

    “Older people living in shared residential settings should be provided with specific and tailored support services to exercise their right to autonomy and independence in order to accommodate any cultural, spiritual, professional and environmental challenges of these facilities.

    “Community services and facilities that are available to the public should be available to older people on an equal basis and be responsive to their needs.

    “Mechanisms designed to enable the exercise of older people’s right to autonomy and independence should recognise older people’s right to legal capacity on an equal basis with others in all aspects of life.” [↑](#endnote-ref-55)
57. The following institutional mechanisms are available to guarantee the enjoyment of this right:

    * Establishment of the Federation of Senior Citizens of the Philippines (NFSCAP) which is composed of senior citizens members and officers;
    * Community service to the elderly through some NGOs;
    * Establishment of the homes for the aged in various regions;
    * Creation of the OSCA in every city/municipality which is headed by a senior citizen for 3 years. It represents the special bodies and heads in policy-making for the sector. However, there are no specific services provided by the OSCA as these are generally accessed from the DSWD. There is a Memorandum Circular (MC) issued by the DILG for the establishment of Office for Senior Citizens Affair (OSCA) in LGUs. However, the challenge faced by the department is non-compliance of LGUs as well as lack of data and monitoring on compliance rate. In 2017, the Department re-issued the dissemination of the MC to enforce the law.
    * Local government units have rural health units or health centers. 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.
    * The National Coordinating and Monitoring Board
    * Autonomy. In community health centers, health services are provided to persons of all ages including those who are 60 years old and above. In addition, elderly who are identified with the need for maintenance drugs (i.e. hypertension, diabetes) can access them at health centers. The SCs can avail of the 20% discount and VAT exemption at all private and government-run facilities and centers, while those identified as part of the DSWD’s NHTS-PR4 can avail these drugs free of charge in government-run health facilities.
    * The Regional Coordinating and Monitoring Board (RCMB).
    * The DOH: 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, meningoccocal) 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, brgy health stations midwives and BHWs

    [↑](#endnote-ref-56)
58. Letter *from* Luzviminda C. Ilagan, Undersecretary, DSWD *to* Karen S. Gomez-Dumpit, Commissioner, CHRP (30 January 2019) (on file with author). [↑](#endnote-ref-57)
59. *Id.* [↑](#endnote-ref-58)
60. Theresa W. Devasahayam (Ed.) *Gender and Ageing South East Asian Perspective*, 2014, page 290. [↑](#endnote-ref-59)
61. Phil. Const. art. XIV, s. 1. [↑](#endnote-ref-60)
62. Phil. Const. art. XIV, s. 2(4). [↑](#endnote-ref-61)
63. Phil. Const. art. XIV, s. 2(5). [↑](#endnote-ref-62)
64. RA 9994, Section 4. [↑](#endnote-ref-63)
65. Section 5(b) of RA 9994 states that “The Department of Education (DepED), the Technical Education and Skills Development Authority (TESDA) and the Commission on Higher Education (CHED), in consultation with nongovernmental organizations (NGOs) and people’s organizations (POs) for senior citizens, shall institute programs that will ensure access to formal and nonformal education.” [↑](#endnote-ref-64)
66. In 2000, there were only 9.2% males and 8.3% females ages 50-59 that reached tertiary level, while for ages 60 and over there were only 7.0 males and 10.4 females that reached tertiary level. There’s still a small percentage in that population who don’t have formal education but those who reached elementary was relatively high. In 2010, 10.6% or 658,617 senior citizens are academic degree holders. There is an increase in the percentage of near elderly who reached tertiary level while 55.4% or 3,454,359 senior citizens have reached elementary level of education. There is also a higher number of individuals, specifically 1,283,943 that finished high school. Some 356,343 had no completed education. Compared to the 2000 Census, the degree of educational attainment of senior citizens has improved. Source: NSO, 2010 Census of Population, cited in Philippine Plan of Action for Senior Citizens, 2012-2016 cited inCHR National Situation Report on Senior Citizens [↑](#endnote-ref-65)
67. Letter *from* Luzviminda C. Ilagan, *supra.* [↑](#endnote-ref-66)
68. DepEd Memorandum No. 138, s. 2005 “Promoting access of senior citizens to alternative learning system” *available at* <http://www.deped.gov.ph/wp-content/uploads/2005/05/DM_s2005_138.pdf> [↑](#endnote-ref-67)
69. ALS is officially defined as “a parallel learning system which provides a viable alternative to the existing formal education instruction, encompassing both the nonformal and informal sources of knowledge and skills. The ALS [responds] to the need of a more systematic and flexible approach in reaching to all types of learners outside the school system.” [↑](#endnote-ref-68)
70. Mrs. Erlinda Ulep, 66 years old, “has proven that old age and poverty don’t get in the way of achieving education provided one is filled with a lot of inspiration, armed with God’s love and loaded with determination to continue learning. For her, age doesn’t matter in terms of education. Being a single mom of her two children, she was challenged and inspired to continue with her studies when she learned about the ALS program of the Department of Education (DepEd).” *Available at* the DepEd website <http://www.deped.gov.ph/2015/07/01/83754/> [↑](#endnote-ref-69)
71. Andrea Zabala, 75 years old, attested that “[t]his means everybody can do it. Whatever the age and status in life, as long as you are willing, you can achieve it.” *Available at* the DepEd website <http://www.deped.gov.ph/2015/08/01/84483/> [↑](#endnote-ref-70)
72. Rosalina Niones, 67 years old, shared “[s]he was initially hesitant to enroll – fearing that she would not be able to catch up with her younger classmates. As it turned out, the program was not as hard as she thought it would be. Her children and grandchildren, she said, would help her with her assignments. As the eldest in their class, she would also encourage her classmates to study harder.” *Available at* the DepEd website <http://www.deped.gov.ph/2018/08/17/deped-private-partner-uplift-learners-lives-through-als/> [↑](#endnote-ref-71)
73. *Available at* <https://ched.gov.ph/cmo-4-s-2006/> [↑](#endnote-ref-72)
74. *Available at* <https://ched.gov.ph/wp-content/uploads/2017/10/CMO-No.56-s2012.pdf> [↑](#endnote-ref-73)
75. *Available at* <https://ched.gov.ph/wp-content/uploads/2017/10/CMO-13-2014.pdf> [↑](#endnote-ref-74)
76. Takiko Igarashi, World Bank Group, A Second Chance to Develop the Human Capital of Out-of-School Youth and Adults: The Philippines Alternative Learning System,at page 4, *available at* <http://documents.worldbank.org/curated/en/539131530792186404/pdf/127978-REVISED-ALS-PolicyNote-May2018-rev5.pdf> (last accessed 31 January 2019). [↑](#endnote-ref-75)
77. Republic Act No. 10911, “An Act Prohibiting Discriniation Against any individual in employment on account of age and providing penalties therefor” *available at* <http://www.officialgazette.gov.ph/downloads/2016/07jul/20160721-RA-10911-BSA.pdf> [↑](#endnote-ref-76)
78. The Constitution mandates that it is the duty of the family to care for its elderly members but the State may also do so through just programs of social security. (1987 Philippine Constitution, Article XV, Section 4) [↑](#endnote-ref-77)
79. These laws include:

    * RA 10868 – mandated that all Filipinos who reach the age of one hundred (100) years old, whether residing in the Philippines or abroad, shall be honored with a Felicitation Letter and a Centenarian Gift in the amount of PhP100,000.00 (approximately USD1,900). (Republic Act 10868 or the Centenarian Act of 2016)
    * National Health Insurance Act of 2013 – mandated the Government to fully subsidize the premium contributions of indigent members, including senior citizens, under the care of DSWD, or any of its accredited institutions run by NGOs or any nonprofit private organizations. (National Health Insurance Act of 2013)
    * RA 6948 and RA 7679 – grants benefits (e.g. disability pension and old-age pension) to eligible war veterans and their dependents (Republic Act 6948 and RA 7679 or an Act Standardizing and Upgrading the Benefits for Military Veterans and their Dependents)
    * RA 11164 – Increased the old-age pension of war veterans from PhP5,000 (approximately USD95) to PhP20,000 per month (approximately USD380) (RA11164 or An Act Increasing the Monthly Old-Age Pension of Senior Veterans )
    * RA 10693 (or TRAIN law) – It is the initial package of the Comprehensive Tax Reform Package signed by the Duterte Administration which consists revisions in taxation concerning personal income tax, estate tax, value added tax, documentary stamp tax and increasing excise tax of petroleum products, automobiles, sweetened beverages, cosmetic procedures, coal, mining and tobacco. It includes a provision on Unconditional Cash Transfer (UCT) Program to 10 million households including 3 million of indigent senior citizens as a social mitigating measure with the effects of TRAIN, particularly the higher excise tax. Under UCT, beneficiaries will receive PhP200 a month or PhP2,400 (approximately USD45) for the whole of 2018. It will be increased to P300 a month or P3,600 a year in 2019 and 2020. (RA 10693 or the Tax Reform for Acceleration and Inclusion or TRAIN)
    * RA 7699 or the Portability Law – Government retirees who do not meet the required number of years in service may still avail themselves of retirement and other benefits by combining their years of service in the private sector represented by contributions to the SSS with their government service and contributions to the GSIS.
    * Presidential Decree of 1638 – provides for retirement and separation benefits to uniformed personnel upon reaching the retirement age of 56 years old. Section 18 of PD 1638 also discusses the provision of survivor pension benefits for the beneficiaries

    [↑](#endnote-ref-78)
80. Commonwealth Act No. 186 and Republic Act No. 8291 (Government Social Insurance System or GSIS Act of 1997) – GSIS is a social insurance institution that provides a defined benefit scheme which covers all government workers. The principal benefit package of the GSIS consists of compulsory and optional life insurance, retirement, separation and employee's compensation. (Commonwealth Act No. 186 and Republic Act No. 8291 (Government Social Insurance System or GSIS Act of 1997) [↑](#endnote-ref-79)
81. RA 1161 and RA 8282 or the Social Security Act - Under the RA 1161, the Social Security System (SSS) was established in 1957 to administer social security protection for workers in the private sector. RA 8282 or also known as the Social Security Act of 1997, amended RA 1161, and provides better benefit packages, expansion of coverage, flexibility of investments, stiffer penalties for violators of law, condonation of penalties of delinquent employers, and the establishment of a voluntary provident fund for members (RA 1161 and RA 8282 or Social Security Act of 1997) [↑](#endnote-ref-80)
82. RA 9994 – created a Social Pension Program where indigent senior citizens are given PhP500 (approximately USD11) per month. “Indigent senior citizens” are defined by law as “any elderly who is frail, sickly or with disability, and without pension or permanent source of income, compensation or financial assistance from his/her relatives to support his/her basic needs. (Republic Act 9994 or the Expanded Senior Citizens Act of 2010 Section 5-i) [↑](#endnote-ref-81)
83. RA 10645 – grants mandatory PhilHealth insurance coverage to all Filipinos who have reached the age of 60 and providing them with the full range of PhilHealth benefits (Republic Act 10645 or the Mandatory Philhealth coverage for all Senior Citizens) [↑](#endnote-ref-82)
84. Knox-Vydmanov, C, Sevilla A., Horn, D. (2017), Feasibility of a Universal Social Pension in the Philippines. Coalition of Services of the Elderly and HelpAge International [↑](#endnote-ref-83)
85. H.B. No. 5038, 1st Reg. Sess., 2017, *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB05038.pdf>

    H.B. No. 8335, 3rd Reg. Sess., 2018, *available at* <http://www.congress.gov.ph/legisdocs/basic_17/HB08335.pdf>

    S.B. No. 1750, 2nd Reg. Sess., 2018, *available at* <http://senate.gov.ph/lisdata/2762223885!.pdf>

    S.B. No. 2138, 3rd Reg. Sess., 2019, *available at* <http://senate.gov.ph/lisdata/2927025866!.pdf> [↑](#endnote-ref-84)
86. PhilHealth Circular No. 2017-0006 “Strengthening the Implementation of the No Balance Billing Policy (Revision 1)” [↑](#endnote-ref-85)
87. Knox-Vydmanov, *supra.* [↑](#endnote-ref-86)
88. Knox-Vydmanov, *supra.* [↑](#endnote-ref-87)