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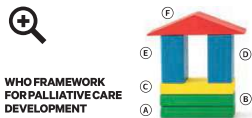
General data

POPULATION, 2023  
**114,891,199**  
SURFACE, KM², 2022  
**300,000**  
PHYSICIANS / 1,000 INH, 2022  
**0,786**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower-middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**116**  
GDP PER CAPITA (US\$), 2023  
**3804,87**  
HEALTH EXPENDITURE (% GDP), 2021  
**5,87**  
UNIVERSAL HEALTH COVERAGE, 2021  
**58**

Note: For the purposes of this study, we have included hospice care, end-of-life care, and palliative care concepts under the umbrella of palliative care as a whole.



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC

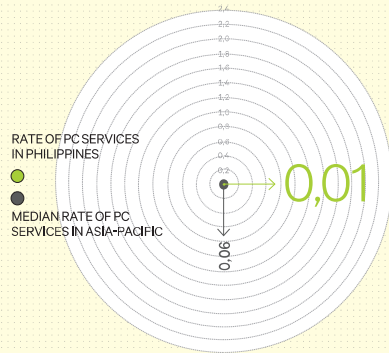


# Philippines

**F** Provision of PC (Specialized Services)

Total number of Specialized PC services  
**95**  
Rate of PC services per 100,000 inhabitants  
**0,01**

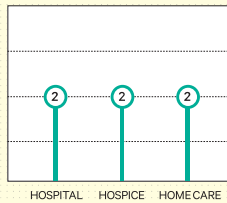
Philippines in the context of Asia-Pacific regions



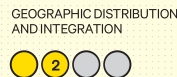
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER  
**4**

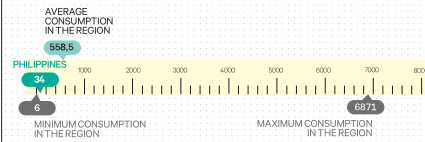
AP

# Philippines

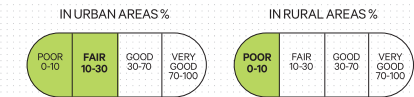
**D** Use of essential medicines

Opioids consumption (excluding methadone)  
**34**  
S-DDD/MILL INHABITANTS/DAY

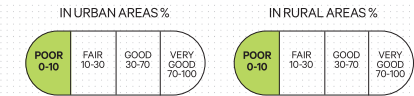
Philippines in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



**C** Research

PC-related research articles  
**2**

Existence of PC congresses or scientific meetings  
**4**

**National Association:** The Ruth Foundation for Palliative and Hospice Care, The Philippines Society of Hospice and Palliative Medicine.  
**Consultants:** Mari Joanne G. Joson; Rumalie Alparaque Corvera; Criselda Isabel Cenizal; Eddred Carillo; Patrick Simon Soria.

**Data collected:** June-September 2024.  
**Report validated by consultants:** October - November 2024  
**Report sponsored by National Association:** Yes  
**Edited by Atlantes Research Team** University of Navarra (Spain)

**E** Education & Training

Medical schools with mandatory PC teaching  
**3/70**

Nursing schools with mandatory PC teaching  
**4/632**

Recognition of PC specialty  
**4**

**B** Policies

National PC plan or strategy  
**2**

Responsible authority for PC in the Ministry of Health  
**3**

Inclusion of PC in the basic health package at the primary care level  
**4**


**A** Empowerment of people and communities


Groups promoting the rights of PC patients  
**4**

Advanced care planning-related policies  
**2**



AP Philippines

People & Communities

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>In the Philippines, several organizations advocate for the rights of patients needing palliative care, as well as their caregivers and survivors. These groups work to improve access to quality care, address the needs of terminally ill patients, and offer support to caregivers. Key organizations include the National Hospice and Palliative Care Council of the Philippines (Hospice Philippines), which promotes the development of hospice and palliative care programs, education, research, and collaboration. Other notable groups include the Philippine Society of Hospice and Palliative Medicine, The Ruth Foundation for Palliative and Hospice Care, the Madre de Amor Hospice Foundation, and The Philippine Cancer Society.</p>
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<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>Although there are no national policies on advance directives or advance care planning in the Philippines, during the COVID-19 pandemic, several institutions developed ethical guidelines that included sections on advance directives. A multidisciplinary group of healthcare professionals and public health experts created the “Unified Algorithms for COVID-19,” which features an algorithm for advance care planning. Additionally, palliative medicine specialists conducted webinars on this topic for both professionals and the public. The algorithms, now part of the Philippine COVID-19 Living Recommendations, include updates on evidence and decision-making tools, funded by the Department of Health (DOH), the DOST-Philippine Council for Health Research and Development (PCHRD), and the DOH-Disease Prevention and Control Bureau (DPCB).</p>
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Policies



<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Developed over 5 years ago.</p>	<p>The Department of Health (DOH) in the Philippines launched the National Palliative Care Policy in 2017 to integrate palliative care into the healthcare system. The National Policy on Palliative and Hospice Care (AO 2015-0052) includes services at hospitals, health facilities, and community levels. The 2024-2028 National Integrated Cancer Control Program (NICCP) Strategic Framework, under the National Integrated Cancer Control Act (NICCA), provides financial support through initiatives like the Cancer Assistance Fund and Medicines Access Program. Palliative care is part of broader health strategies, aligning with the Philippine Health Facility Development Plan and Universal Health Care goals. The National Policy includes indicators to monitor progress, with training planned for late 2024. The DOH, in collaboration with the Health Policy Development and Planning Bureau, oversees implementation and coordination across the healthcare system, ensuring a comprehensive approach to care.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

AP Philippines

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators exist, but have not been updated (implemented out of the determined period).</p>	
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<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>Palliative care services are included in the list of priority services for Universal Health Care (UHC) at the primary care level in the Philippines. The Universal Health Care Act (Republic Act No. 11223) emphasizes comprehensive health services, including palliative care, to ensure all Filipinos have access to quality, cost-effective care without financial hardship. The UHC Act specifies palliative care coverage under Section 6, ensuring its integration into primary health care. Additionally, the rollout of national training aims to build capacity among primary health care providers, secondary and tertiary health facilities, and cancer centers to deliver palliative care, further integrating this approach into routine practice.</p>
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<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p>	<p>The Disease Prevention and Control Bureau (DPCB) of the Philippine Department of Health (DOH) manages the National Palliative Care Program, overseeing policies and strategies to enhance palliative care nationwide. According to Administrative Order 2015-0052, palliative and hospice care fall under the Degenerative Diseases Office within the DPCB, with the Lifestyle Related Disease Division Program Manager handling technical and administrative implementation. While the program lacks a specific budget for a coordinating team, funding comes from regular DOH allocations, Sin Tax revenues, and other sources. A task force, including representatives from DOH, PhilHealth, Hospice Philippines, and the Philippine Society of Hospice and Palliative Medicine, will provide guidance and oversight for implementing the policy. This collaborative approach aims to integrate palliative care at all healthcare levels, ensuring technical support and effective execution of the National Policy on Palliative and Hospice Care.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>There are concrete functions and staff, but do not have a budget</p>	

# AP Philippines

Research

## Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

The Philippine Society of Hospice and Palliative Medicine (PSHPM) organizes an annual Post-Graduate Course in Palliative Care, held for the past six years. Additionally, before the pandemic, the National Hospice and Palliative Care Council, supported by the Philippine Cancer Society, held annual Palliative and Hospice Care Summits. The Ruth Foundation for Palliative and Hospice Care has also organized scientific meetings in collaboration with PSHPM and Hospice Philippines, including the ELNEC Summit and EPEC-Pediatrics. Both PSHPM and Hospice Philippines organize annual events for World Hospice Day, including conventions and stakeholder summits with participation from various professionals in the palliative care multidisciplinary team. These events foster continuous learning and collaboration among healthcare providers in the field of palliative care.

## Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Reflects a limited number of articles published.

Palliative care in the Philippines is gradually being integrated into the healthcare system, with significant efforts from family medicine doctors to develop research, data, and education. While there is no centralized research repository, training institutions require research as part of their programs. The Philippine Academy of Family Physicians oversees some publications, with contributions appearing in The Filipino Family Physicians. There are palliative medicine specialists that have made notable contributions.

Medicines

## Ind8

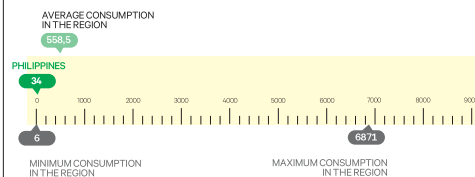
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 34 S-DDD



S-DDD PER MILLION INHAB / DAY

COUNTRY VS REGION



# AP Philippines

Medicines

## Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

In urban areas of the Philippines, access to non-opioid palliative care medications is generally good. However, opioid medications essential for palliative care are often unavailable in many hospitals and pharmacies, requiring families to search for them elsewhere. This scarcity is exacerbated by the global "Opioid Crisis," which has led to reduced international supply due to concerns over opioid misuse in developed countries. As a result, the Philippines has been identified as one of the nations significantly "left behind" in ensuring adequate opioid availability for palliative care, reflecting a critical gap in the healthcare system.

## Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Access to opioids faces multiple challenges, including restrictive policies that hinder legitimate access to morphine and excessive regulatory paperwork that delays availability. Supply chain issues and inadequate healthcare facilities, particularly in underserved areas, further limit access to appropriate pain management. Additionally, a knowledge gap among patients and physicians regarding opioid use contributes to underutilization. At the primary care level, facilities such as Rural Health Units and Barangay Health Stations often lack the capacity and systems to securely handle regulated drugs like morphine. Strict regulations from the Philippine Drug Enforcement Agency (PDEA) and the limited number of physicians with the required S2 license to prescribe such medications exacerbate the problem, making immediate-release oral morphine scarce even in urban areas.

# AP Philippines

Education & Training

## Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

3/70



Only 3 out of 70 medical schools—University of the Philippines, De La Salle University, and Far Eastern University—offer palliative care as a mandatory subject. Most medical schools include palliative care as an elective, often under “Family and Community Medicine,” depending on the availability of palliative care specialists. Efforts by the Commission on Higher Education (CHED) aim to expand its inclusion as a core subject. Similarly, palliative care is primarily an elective subject in nursing curricula, with 4 schools—University of the Philippines Manila, San Beda College, University of Sto. Tomas, and Centro Escolar University—formally integrating it. Palliative care content is often included in courses like medical-surgical nursing and community health nursing, though it is not mandatory. CHED recognizes 632 nursing programs, but the depth and inclusion of palliative care vary, with some schools offering short training sessions on related topics.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

NA/70

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

4/632

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

NA/632

## Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

In the Philippines, Palliative Medicine is becoming established as a specialty, particularly within the field of Family Medicine. Family doctors can specialize in Palliative Medicine after completion of their Family Medicine residency and Board Certification, with the option to pursue a fellowship in Hospice and Palliative Medicine (HPM). The Philippine Medical Association (PMA) recognizes HPM as a subspecialty of the Philippine Academy of Family Physicians (PAFP). HPM programs are considered dependent subspecialties, meaning they are linked to a core specialty program accredited by the PMA. The continued accreditation of the HPM program relies on the accreditation of the associated core program, and the HPM program must be geographically close to the sponsoring institution. This structure ensures oversight, adherence to PMA policies, and proper integration within the broader medical framework.

# AP Philippines

Provision of PC / Services

## Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and **PC units** (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Ad hoc/ in some parts of the country.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

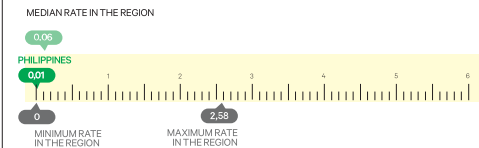


Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Specialized palliative care services in the Philippines are limited, with 56 hospitals offering palliative care, only 8 have institutionalized services. There are at least 95 services nationwide, including 46 inpatients hospital-based, 10 community-based, and 3 freestanding hospices. Homecare services are available also in 46 hospitals, where palliative doctors or nurses provide scheduled or as-needed home visits, offering on-call support for families. Examples of freestanding hospices two non-profit organizations—Madre de Amor Hospice Foundation in Laguna and The Ruth Foundation—as well as a private-for-profit provider, ActivCare. These provide inpatient, outpatient, and home care services. The Philippine Society of Hospice and Palliative Medicine recognizes 75 specialists, highlighting efforts to expand capacity, though accessibility remains hindered by resource constraints and low awareness. With 0.008 specialized services per 100,000 people, the system is emerging but insufficient to meet geographic and population needs.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



95 ← SPECIALIZED PALLIATIVE CARE SERVICES

## Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

4

PPC TEAMS

While around 20 institutions provide palliative care for children, specialized pediatric palliative care teams are limited to four tertiary and training hospitals: Philippine General Hospital, National Children's Hospital, Philippine Children's Medical Center, and Southern Philippines Medical Center.