

Chapter 8

Discussion, Conclusions, and Recommendations

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The ageing of the Philippine population will be the next major demographic challenge for the country. The projected increase in the number and proportion of older adults, coupled with the country's relatively low economic development will create significant challenges in ensuring longer, healthier, and happier lives for this demographic. As the number and relative share of the older population expands, a corresponding increased demand for health services, particularly geriatric care, will strain an already overburdened health system. Additionally, the shifting age structure will impact the pension system, necessitating fiscal adjustments to protect the expanding older population. The traditional family-based support system for the older sector is also expected to be stressed by the changing social landscape. The rising rate of international labour migration, especially amongst women who often serve as primary caregivers for older family members, will likely reduce the availability of familial care. Coupled with declining fertility rates, this trend is expected to diminish the capacity for family-based care of older persons, potentially shifting the responsibility of care from families to the government.

The ageing of the country's population is both an opportunity and a challenge. On the positive side, the increasing life expectancy signals an overall improvement in the health of the general population. Data suggesting an improvement in the quality of incoming cohorts of older Filipinos, marked by their rising education, is expected to translate to increased productivity, resilience, and better quality of life for the incoming generations of older Filipinos. Older people also make active, though often 'invisible,' economic contributions, particularly within their families. This is evident in their roles as grandparents and caregivers for other family members who are also older people. Older women, in particular, often serve as the primary caregivers for older men and their grandchildren, freeing up their children of caring responsibilities, hence, they can participate in the workforce. Additionally, older Filipinos contribute to their communities by engaging in volunteer work in the church or community (Ogena, 2019).

One remarkable factor favouring older Filipinos is their wide intergenerational family network composed of nuclear and extended families. They have an average of about five living children, and the majority of older Filipinos live with at least one child. This is sustained up to the moment of death. Generally, older Filipinos die in the company of their family members, with most receiving care from a family caregiver before their death. Beyond their family, they also receive support, as demonstrated during the COVID-19 pandemic, where almost all older persons reportedly received some kind of support from the government and nongovernment organisations. Perhaps their social advantage helps explain why older Filipinos generally have a positive sense of well-being.

Our W2 findings on the nationally representative sample of older people 60 years at baseline in 2018 highlight the numerous challenges that older Filipinos continue to face 4 years later. They are economically disadvantaged, often relying on unstable sources of income. This is particularly true for women, who depend heavily on remittances from their children, both within the country and abroad, to meet their financial needs. Although women consider pensions their most important source of income, pension levels, including social pensions, remain relatively low. Currently, the government provides a monthly social pension of ₱1,000 (or about \$18) per month for vulnerable older individuals. Other indicators of their poverty include reported experiences of hunger and enrolment in government poverty alleviation programmes. Their already precarious economic situation worsened during the COVID-19 pandemic, with reported declines in income from farming, family businesses, remittances, and other sources. Unsurprisingly, most older adults report unmet economic needs, with many facing significant difficulties in covering household expenses.

Related to their economic vulnerability are the many health challenges faced by older Filipinos. This is evident in the high prevalence of physician-diagnosed illnesses, primarily noncommunicable diseases, with 73% having been diagnosed with at least one illness. Older Filipinos report poor oral health and experience pain and falls, amongst others. Functional difficulties are prevalent with a fifth of them reporting at least one ADL difficulty. There are gaps in diet and nutrition. About a fifth reported unintentionally losing 1–3 kg within the 3 months preceding the survey. Some continue to practise risk behaviours like smoking and drinking in their older ages. There is limited utilisation of formal healthcare, including access to healthcare prior to death. Despite RA 7432 (An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits, and Special Privileges and for Other Purposes) mandating that all senior citizens 60 years old and over be covered by the national health insurance programme, only 63% reported having health insurance, primarily through PhilHealth. There is a significant level of unmet need for health services, with about a fifth reporting difficulties accessing healthcare services when needed, mostly due to financial constraints.

These gaps are further exacerbated by gender and geographic inequalities. Females are particularly more vulnerable, as shown by their more unstable and informal income sources. Relative to males, a significantly lower proportion of females are currently working, and more of them rely on their children for financial support. Females also display greater functional difficulty in specific instrumental activities of daily living, such as taking care of financial matters and use of transportation, and in Nagi functioning. Morbidity levels are higher amongst older women, with significantly more of them diagnosed with cataracts and angina or myocardial infarction. They also report poorer oral health than males.

Geographic disparities in access to essential social infrastructure, such as main roads, city centres, health facilities, pharmacies, and financial institutions, highlight the diverse challenges faced by older people in the Philippines. Those residing in rural areas and the Visayas and Mindanao regions are particularly vulnerable compared to those living in urban centres like Metro Manila and the rest of Luzon. These inequalities are validated by other data sources, particularly the distribution of health facilities, which are disproportionately concentrated in Metro Manila, with the Visayas and Mindanao relatively underserved. This disparity underscores the uneven infrastructure development across the country, where health, financial, and other essential services are clustered in specific regions and urban centres. The archipelagic terrain exacerbates these challenges, with those in high-altitude areas and remote island groups facing even poorer access to infrastructure and services.

Addressing the multifarious and interrelated economic, social, and fiscal implications of an evolving age structure will require innovative policies and programmes informed by scientific evidence. Bridging identified gaps such as unmet needs for health services is crucial to improving public health and ensuring equitable access to healthcare services. Whilst there have been widespread efforts to improve healthcare delivery through the landmark RA 11223 (Universal Health Care Act), our findings indicate that the maldistribution of key health infrastructure and human resources across and within regions can act as a barrier to healthcare services and can contribute to poorer health outcomes for older persons if left unattended. Whilst the issue of ageing has not been a national priority in the Philippines in the past, the good news is that the government has already put in place certain policies and implemented programmes aimed at making successful ageing a national priority, as outlined below.

Philippine Development Plan (PDP) 2023–2028

Population ageing is indicated in the PDP 2023–2028 as an emerging global trend that can influence the country's development. Thus, the development plan incorporates health strategies that can affect the situation of older people. Specifically, it promotes health-seeking behaviours and the integration of healthcare delivery systems for individuals across life stages. It also supports the establishment of emerging types of healthcare facilities, including geriatric care (NEDA, 2023).

Philippine Plan of Action for Senior Citizens (PPASC) 2023–2028

The most recent iteration of the PPASC was formulated by the National Commission of Senior Citizens and the World Health Organization (WHO). To ensure access to quality healthcare services, the government promotes the development of long-term care systems, including nursing homes, residential care facilities (RCFs), and home care. It seeks to increase accredited RCFs, provide home and community care for senior citizens, and train informal carers (National Commission of Senior Citizens, 2024).

The Department of Health's Wellness Program for Senior Citizens (DOH-HWPSC)

The HWPSC was established to promote and ensure active ageing in accordance with the WHO's focus on global ageing. Healthy ageing, like active ageing, emphasises the need for action across multiple sectors and enables older people to still be a resource to their families, communities, and economies (WHO, 2020). Policy should be framed to improve the functional ability of all older people, whether they are robust, care-dependent, or in between. Being free of disease or infirmity is not a requirement for healthy ageing, as many older adults have one or more health conditions which, when well controlled, have little influence on their well-being (WHO, 2020).

The DOH-HWPSC provides a critical opportunity to promote quality of life amongst older persons and contribute to nation-building through its many interventions such as focused service delivery packages and integrated continuum of quality care, equitable health financing, capacitated health providers, database management and collaboration with relevant stakeholders, amongst others (Domingo, 2024).

Ensuring the overall well-being and happiness of older Filipinos, however, must be based on an enhanced scientific understanding of the critical dynamics associated with population ageing. The interplay of factors between health and related issues such as economic status, pension, and labour force participation implies the need for multidisciplinary research designs to illuminate the factors related to the ageing process towards effective public policy.

Over the years, increasing attention has been drawn to the social determinants of health –factors beyond medical care that can be influenced by social policies and significantly shape health outcomes (Braveman and Gottlieb, 2014). Analysing nonbiological factors such as socioeconomic status, education, and lifestyle factors is crucial, as these determinants significantly affect health in older age and the broader ageing process. At the individual level, social determinants account for as much as 80% of the factors affecting health outcomes (Carter et al., 2024). In contrast, medical care is responsible for only 10% to 15% of preventable mortality in the United States (McGinnis, Williams-Russo, and Knickman, 2002).

The wealth of information provided by the LSAHP W1 and W2 studies offers essential data for tracking indicators that monitor the health and well-being of older Filipinos. This research is not only critical for understanding the challenges faced by the older population sector but also plays a pivotal role in advancing the Sustainable Development Goals. By addressing issues related to health, social equity, and economic stability, the findings contribute directly to efforts aimed at reducing poverty (SDG 1), promoting health and well-being (SDG 3), and fostering gender equality (SDG 5), amongst other goals (United Nations, 2015). Through its comprehensive insights, the LSAHP serves to inform policies and programmes that enhance the quality of life for older Filipinos and support the broader global agenda for sustainable development.

References

- Braveman, P. and L. Gottlieb (2014), 'The Social Determinants of Health: It's Time to Consider the Causes of the Causes', *Public Health Reports*, 129 (Suppl 2), pp.19–31.
- Carter, B.J., M.Z. Jafry, A.D. Siddiqi, A. Rogova, W. Liaw, L.R. Reitzel (2024), 'Incorporation of Social Determinants of Health into Health Care Practice: A Strategy to Address Health Disparities', in K.S. Ramos (ed.), *Comprehensive Precision Medicine* (1st ed.), pp.363–82. Elsevier. <https://doi.org/10.1016/B978-0-12-824010-6.00016-2>
- Domingo, G.D.P. (2024), Providing Integrated Care to Older People: Health and Wellness Program of Senior Citizens. Presentation at the Nutrition and Healthy Aging Forum (Round Table Discussion), 20 June 2024, Muntinlupa City, Philippines.
- McGinnis, J.M., P. Williams-Russo, and J.R. Knickman (2002), 'The Case for More Active Policy Attention to Health Promotion', *Health Affairs*, 21(2), pp.78–93. <https://doi.org/10.1377/hlthaff.21.2.78>
- National Commission of Senior Citizens (2024), *Philippine Plan of Action for Senior Citizens 2023–2028*. Manila: National Commission of Senior Citizens.
- National Economic and Development Authority (NEDA) (2023), *Philippine Development Plan (PDP) 2023–2028*. Mandaluyong: NEDA.
- Ogena, N. (2019), 'Activities, Social Isolation, and Information Technology', in G.T. Cruz, C.J.P. Cruz, and Y. Saito (eds.), *Ageing and Health in the Philippines*. Jakarta: Economic Research Institute for ASEAN and East Asia, pp.129–48.
- United Nations (2015), Transforming our World: The 2030 Agenda for Sustainable Development. <https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>
- World Health Organization (WHO) (2020), *Healthy Ageing and Functional Ability*. <https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability#:~:text=WHO%20defines%20healthy%20ageing%20as%20%20the%20process%20of,their%20basic%20needs%3B%20learn%2C%20grow%20and%20make%20decisions%3B>