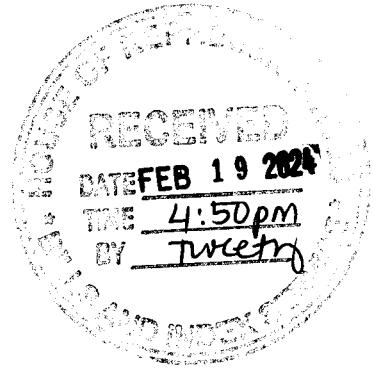


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



19th CONGRESS
Second Regular Session

HOUSE BILL NO. 9949

Introduced by HONORABLE MILAGROS AQUINO-MAGSAYSAY

**AN ACT INSTITUTIONALIZING DEMENTIA AND ALZHEIMER'S DISEASE CARE
IN THE PHILIPPINES BY ADOPTING A NATIONAL DEMENTIA CARE POLICY, AND
RECOGNIZING DEMENTIA AS A PUBLIC HEALTH PRIORITY**

EXPLANATORY NOTE

This bill seeks to institutionalize Alzheimer's disease and Dementia care in the Philippines through the adoption of a national dementia care policy, as well as the introduction of some basic programs, which will hopefully transform into relevant standards and procedures in addressing dementia and the handling of Alzheimer's disease patients.

While previously dismissed as simple senility in ageing persons, dementia together with Alzheimer's disease, is now better understood. Dementia is characterized by the loss of cognitive functioning in terms of thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities. Some people with dementia cannot control their emotions, and their personalities may change, making them extremely difficult to live with. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living, such as feeding and cleaning one's self. Sadly, it is incurable and is a major cause of disability and dependency affecting individuals, families and communities.

In her July 2021 paper, Dr. Shelley Dela Vega, Director of the Institute on Ageing, UP Manila College of Medicine, presented that in the Western Pacific region, over 200 million are affected by mental health disorders and substance abuse problems. Over 20% of adults 60 years old and over suffer from mental or neurological disorder, with dementia being the most common affecting approximately 5% of the world's older population. It is believed that dementia affects hundreds of people because it is more common in older persons, although it is not really a normal part of ageing. There are actually younger

people in their 30s, 40s, or 50s with early onset of dementia. Sadly, dementia is considered the 5th leading cause of death globally.

Meanwhile, Dr. Veeda Michelle Anlacan, President of the Alzheimer's Disease Association of the Philippines, shares that the local prevalence of dementia in the Philippines is 10.6%, equating to 726,864 people living with dementia in 2015. This is almost twice the crude estimated prevalence of 5.8% in Southeast Asia.

Philippine cultural values such as close-family ties and the tradition of Filipino households taking care of their elderly highlights the value of family-care practices. In addition, Filipino families being predominantly Catholic, religion and faith have become an invaluable coping mechanism for family member-caregivers. As such, both Dr. Precy S. Cruz and Dr. Jacqueline C. Dominguez of the St. Luke's Medical Center-Institute of Neurosciences, recommend the consistent and sustained involvement of family in the provision of care for dementia patients, as well as the development and refinement of healthcare policies to strengthen and support home-based dementia care.

While there are existing pre-planned strategies on dementia prevention and treatment, long-term and sustained home-based care for patients is still quite limited considering the Philippines is a developing country challenged by inadequate government funding and resources. The National Dementia Plan of the Philippines is relatively new and would greatly benefit by being institutionalized as a national policy or program through legislation. In effect, the 5Cs that have to be addressed to overcome dementia policy barriers are the need for a) Champions, b) Collaboration, c) Communication and Coordination, d) Consistency, and e) Community-Empowerment.

This bill, if enacted into law, will serve as the enabling law for the informal policies and current practices governing dementia and Alzheimer's care in the country at present. An enacted law shall formalize and institutionalize policies and practices, and even spur relevant training and education on dementia.

In view of the foregoing, the passage of this bill is earnestly recommended.



MILAGROS AQUINO MAGSAYSAY

Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Nineteenth Congress
Second Regular Session

HOUSE BILL NO. 9949

Introduced by Representative Milagros Aquino-Magsaysay

**AN ACT INSTITUTIONALIZING DEMENTIA AND ALZHEIMER'S DISEASE CARE
IN THE PHILIPPINES BY ADOPTING A NATIONAL DEMENTIA CARE POLICY, AND
RECOGNIZING DEMENTIA AS A PUBLIC HEALTH PRIORITY**

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress Assembled

SECTION 1. SECTION 1. Short Title – This Act shall be known as the “*Philippine Dementia Care Policy*”.

SECTION 2. Declaration of Policy – It shall be the declared policy of the State to protect and promote the health and well-being of Filipino senior citizens, and ensure a decent and dignified standard of living and quality of life by providing a comprehensive and holistic healthcare and welfare system, with accessible programs and affordable services.

The 1987 Constitution, Article II, Section IX, mandates: “*The State 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.*” In addition, Article II, Section X declares: “*The State shall promote social justice in all phases of national development.*” Moreover, Article XIII, Section XI commits: “*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.*” More importantly, Article Section IV provides: “*The family has the duty to care for its elderly members, but the State may also do so through just programs of social security.*”

SECTION 3. Scope and Coverage – For purposes of this Act, the proposed policies, programs, standards and practices on Alzheimer’s disease and dementia care that affect a substantive number of Filipino older persons shall be based on and comply with the plans under the World Health Organization (WHO) Global Action Plan on Public Health Response to Dementia 2017-2025 and the Philippine Mental Health Strategic Plan 2019-2023.

SECTION 4. Dementia as a National Public Health Priority – Even with the passage of Republic Act No. 11036, otherwise known as the “Mental Health Act of 2018” and Republic Act No. 11223 or the “Universal Health Care Act of 2018”, where mental health care gained much attention, there was only limited focus given to dementia and Alzheimer’s disease. Given the number of people that are affected, especially older persons, it is time to consider Dementia as a National Public Health Priority.

SECTION 5. National Dementia Care Policy – The Philippines’ National Dementia Plan is hereby adopted and institutionalized as the “National Dementia Care Policy”, entitled to proper funding requirements to consolidate, coordinate and implement the following programs and practices.

SECTION 6. Dementia Care Programs – The following interventions shall comprise the five (5) basic areas of dementia care policy for implementation by various stakeholders and duty-bearers:

- A. **Advocacy and Awareness Promotion** – It is essential to create more awareness about dementia and Alzheimer’s disease to understand the type of care and interventions required. A variety of information, education, and communication (IEC) materials shall be developed and circulated through various modes of media. In addition, ***establishments and communities must be capacitated to become dementia-friendly and supportive environments.*** These include enjoining schools or educational institutions to emphasize family values and elderly care in the curriculum.

Since there are efforts currently being undertaken by the private sector on this, particularly the Alzheimer’s Disease Association of the Philippines (ADA), dementia advocacy and awareness promotion may build on ADA’s earlier practices.

- B. **Dementia Risk Reduction or Prevention** – While there is no cure for dementia, there are ***effective means of preventing or delaying its onset, including reducing chances of developing dementia through lifestyle changes and healthy ageing practices.*** For this purpose, the Department of Health (DOH) Healthy and Productive Ageing Program (HPAP) for Filipino elderly shall be the basis to encourage older persons to continue engaging in productive activities and maintain healthy and active lifestyles.

Senior Citizens Centers established in local government units under Republic Act No. 7876 shall be reactivated and maximized as venues for socialization and activities promoting active and productive ageing. The Office of Senior Citizens Affairs (OSCA) shall ensure that its plans, projects, and activities will include advocacy and awareness promotion on dementia.

C. **Dementia Early Diagnosis, Treatment, and Care** – Besides prevention, early detection or screening has become an effective tool in managing health issues and treatment of disease. Some hospitals with neurosciences departments and mental health practitioners belonging to professional associations like the Dementia Council of the Philippine Neurological Association and Alzheimer's Disease Association of the Philippines have developed an ***early detection or dementia screening tool which should be popularized and rolled-out along with the advocacy efforts on dementia awareness***. This service, consisting of initial screening and referral system, shall be made available and accessible through elderly facilities like Senior Citizens Centers, in coordination with hospital neurosciences departments or professional associations of neurology specialists. Moving forward, stakeholders and duty-bearers shall also endeavor to develop an online-based support and monitoring system for dementia care by various service providers.

D. **Support for Caregivers** – The current state of elderly care in the Philippines is still predominantly on the shoulders of family members. While some financially-able households are able to find suitable elderly facilities for their relatives, dementia patients have specific requirements for care and support. Hence, in addition to awareness promotion on dementia and Alzheimer's, ***specialized training on dementia care must be made available to both family members and caregivers***. Given the demands of caring for dementia patients, support for caregivers should include respite care and if possible, some standard monetary consideration. As such, networking between and among stakeholders and service providers as well as strengthening of community resources shall be undertaken.

E. **Information-Gathering and Data Management on Dementia** – In an effort to develop more responsive interventions and further improve on existing programs, there is a need for more information on the state of dementia care in the Philippines. Hence, it is necessary to initiate a ***national register of dementia patients for proper data-banking***. Hospitals, clinics, and other medical facilities, including residential establishments or group homes for the elderly, shall be enjoined to keep a record of their dementia patients and forward to a central database which can be maintained by a proper government agency like the DOH through the Philippine Council for Mental Health. Research and innovation on dementia care shall also be encouraged through the academe, neurology practitioners in hospitals and medical facilities, and health profession associations.

Other relevant interventions may be developed, as the above-mentioned programs may be enhanced accordingly to further efforts in dementia care in the Philippines. These may include the formulation of appropriate standards and the adoption of Best Practices in dementia care.

SECTION 7. Institutional Arrangements – To help develop relevant policies and implement the above-mentioned programs, the Philippine Council for Mental Health under the DOH shall constitute a special **Dementia Care Consultative Committee** composed of representatives from the Dementia Society of the Philippines, Alzheimer's Disease Association of the Philippines, the Dementia Council of the Philippine Neurological Association, UP Manila National Institutes of Health – Institute on Ageing, National Center for Mental Health, Philippine General Hospital - Center for Memory and Cognition, St.Luke's Medical Center - Institute of Neurosciences,

Philippine College of Geriatric Medicine (PCGM), and Philippine Society of Geriatrics and Gerontology (PSGG).

SECTION 8. Responsibility of Local Government Units (LGUs) – Local Government Units (LGUs), from the provincial to the city/municipal and barangay levels, are hereby enjoined to utilize a portion of the legally mandated budget allocation reserved for the senior citizens and Persons with Disabilities (PWDs) of not less than 1% to promote awareness on dementia and Alzheimer's disease, and to create a friendly and supportive environment within their communities.

- a) The LGUs, through the Office of Senior Citizens Affairs (OSCA) and Persons with Disability Affairs Office (PDAO), shall conduct regular advocacy activities such as orientations and seminars amongst their sectoral constituents to promote awareness and educate the community about dementia and Alzheimer's disease. This includes taking the initiative and active participation in celebrating the annual World Alzheimer's Day every September 21st.
- b) The LGU, through the Barangay Health Centers and Senior Citizens Centers, with the support and assistance of the Department of Health (DOH) and/or private organizations such as the Alzheimer's Disease Association of the Philippines (ADAP), may conduct basic initial screenings and early detection tests for community residents. These venues shall also be utilized for activities that encourage socialization, active ageing and healthy lifestyle that prevent the early onset of dementia.
- c) The LGUs, through their respective barangays, shall endeavor to make their communities friendly and supportive of dementia patients and their families by encouraging business establishments and public service facilities frequented by senior citizens and/or PWDs to be conscious of dementia symptoms and assist dementia patients in their daily living.

SECTION 9. World Alzheimer's Day of September 21st – As part of World Alzheimer's Month celebrations, every September 21st shall be recognized and celebrated nationwide to promote dementia awareness.

SECTION 10. Funding. - In order to carry out the provisions of this Act, the amount of Two Hundred Fifty Million Pesos (P 250,000,000.00) shall immediately be released and made available to the DOH for the Philippine Council for Mental Health upon the approval of this Act.

SECTION 11. Implementing Rules and Regulations – The Secretary of Health through the Philippine Council for Mental Health, shall in consultation with the Secretary of the Department of Social Welfare and Development (DSWD), the Chairperson of the National Commission for Senior Citizens (NCSC), and representatives from the Philippine Council for Mental Health, the National Center for Mental Health, the Philippine Health Insurance Corporation (PhilHealth), UP Manila National Institute of Health-Institute of Ageing (NIH-IA), Philippine General Hospital Center for Memory and Cognition, St.Luke's Medical Center Institute of Neurosciences, Philippine College of Geriatric Medicine (PCGM), Philippine Society of Geriatrics and Gerontology (PSGG), the Dementia Council of the Philippine Neurological Association, Dementia Society of the Philippines and Alzheimer's Disease Association of the

Philippines (ADAP), shall craft and promulgate relevant rules and regulations for effective implementation of this Act within ninety (90) days of its effectivity.

SECTION 12. Separability Clause – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions not affected thereby shall continue to be in full force and effect.

SECTION 13. Repealing Clause – All laws, decrees, executive orders, rules or regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 14. Effectivity – This Act shall take effect fifteen (15) days after publication in the Official Gazette or in newspaper of general circulation.

Approved