Original Article

Insights and Prospects for Healthy Aging and Geriatric Medicine in the Philippines: Results from Leaders' Interviews by ASIO e-TRIGGER Trainees

Karen Atinaja, Carmela Collao[1], Cobarrubia Darryl Hannah, Bea Charisse Lacambra[2], Maria Montañez[1], Jinky Nadal[1], Myra Asuncion Oliver[1], Jencen Santiago[1], Enrique Puentespina[3], Ramon Echano[1]

Bataan General Hospital and Medical Center, Bataan, [1]Bicol Region General Hospital and Geriatric Medical Center, Camarines Sur, [2]Batangas Medical Center, Batangas City, [3]Rehab Medicine Unit, Philippine General Hospital, Manila, Philippines

Abstract

The perspectives shared by Filipino leaders in health, aging, and geriatrics – selected and interviewed by the e-TRIGGER trainees – align closely with both global and national priorities in geriatric care. These leaders identified persistent systemic challenges, including fragmented service delivery, shortages of trained personnel, inadequate funding for programs, and cultural barriers to care. In response, they advocated for community-based services, enhanced public health education, policy reforms (such as improvements to PhilHealth benefit packages), and strengthening workforce capacity. They emphasized core values such as person-centred care, advocacy, empathy, and multidisciplinary collaboration. A recurring theme across interviews was the critical need for data-driven policymaking, culturally appropriate interventions, and integrated care strategies. These insights underscore the imperative for geriatric care systems to evolve through institutional reform, education, and the development of inclusive policies.

Keywords: Education, geriatrics, healthy aging, leadership, public health

Background

There is a rising life expectancy among older adults, which is attributed to the advancements in healthcare and economic improvements.[1] The population in ASEAN region is rapidly aging at a significant pace. According to the United Nations, 12.1% of the population in the region were aged 60 years or over in 2022.[2] Although the ASEAN has a young population, the proportion of individuals aged 60 years and above is steadily increasing, representing about 8.5% of the household population as of 2020.[3] These changes can significantly impact the health care, social security, and economic growth within the region.

Program Overview

The IAGG e-TRIGGER program is structured primarily around monthly educational sessions, featuring keynote lectures by international experts and culturally adapted clinical case presentations from regional scholars [Box 1]. Recently, the program was enhanced through the addition of team-based activities designed to develop trainees' competencies further. The overarching goal of these enhancements was to strengthen participants' understanding of the complex challenges associated with promoting healthy aging and managing older adults with chronic illnesses, disabilities, and loss of autonomy. The organizing team aimed to broaden the trainees' perspectives beyond clinical care to encompass public health, environmental, and policy dimensions, thereby preparing them for future leadership roles within their respective countries.

Study Objective

This paper presents a synthesis of interviews conducted by ASIO e-TRIGGER trainees (N = 13) from the Philippines.

Address for correspondence: Dr. Enrique Puentespina, Philippine General Hospital, Manila, Philippines.
E-mail: enriquegpuentespina@gmail.com

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The interviews, undertaken with a diverse group of national leaders in aging and geriatrics, generated rich, context-specific insights into the current state of care for older adults in the country. While the paper reflects the trainees' subjective interpretations, it offers valuable observations that highlight the critical issues they are likely to confront – and eventually help address – throughout their careers.

Methodology

This team-based activity was initiated by Prof. Maw Pin Tan (member of the e-TRIGGER Scientific Board) and Dr. Malarkodi Suppamutharwyam (2024 ASIO e-TRIGGER alumnus) from Malaysia. As the part of the learning process, a team-based learning activity was done where each trainee was tasked to choose a leader involved in healthcare or geriatric medicine. Informed consent was then taken from the selected leader. The trainees then interviewed the leaders of their choice from their home countries, with complete autonomy in selecting individuals they admired and respected.

Although interview formats were left open to trainees' creativity and judgment, the organizing committee provided two sets of guiding questions tailored to the leader's background – whether they were a clinician (e.g., physicians or geriatricians), a policymaker, a public health specialist, or a political figure [Box 2]. This approach ensured consistency in addressing essential themes across interviews while preserving the authenticity of each conversation.

In the Philippines, [Box 3] the resulting cohort of interviewees represented a broad cross-section of professionals engaged in aging-related work, including three geriatricians, three nurses (one of whom was a religious sister), two public health officials, one family physician, one internist, one ophthalmologist, and one rehabilitation medicine Specialist [Box 4]. This diversity enabled the trainees to compile a comprehensive and multifaceted overview of the aging and geriatric care landscape in their country. Thematic analysis was done after seeing the different insights of the leaders.

Key Aging Challenges Identified by Filipino Leaders

A synthesis of 13 interviews conducted with Filipino leaders in aging and healthcare highlights several critical challenges currently facing the geriatric sector in the Philippines, as shared with e-TRIGGER trainees.

A recurring concern among the interviewees was the widespread lack of awareness about aging-related issues and the limited integration of geriatric education in the training of general practitioners and other healthcare professionals. The scarcity of training institutions contributes to an acute shortage of qualified nurses and geriatricians, who are frequently overburdened. Moreover, aging receives minimal recognition as a public health priority, and geriatric medicine is not a well-known distinct medical specialty. This neglect is compounded by pervasive ageist attitudes that further marginalize older adults.

The health system was described as fragmented and underdeveloped, characterized by poor integration between the levels of care and the concentration of services in Metro

Box 1: The IAGG e-TRIGGER Program

The inaugural session of the IAGG e-TRIGGER program (https://iagg-fge.org/) was launched in December 2021, marking a significant step forward in the education of health professionals working with older adults. Designed to foster innovation and cultural adaptability in geriatric training, the program addresses the pressing educational challenges faced in diverse global contexts[4]

Structured as a 12-month online initiative, the program consists of monthly sessions, each lasting three hours, covering foundational and advanced topics in geriatric medicine and gerontology. It is open to healthcare professionals from various disciplines and care settings. To earn certification, participants must complete a minimum of 10 out of 12 CME quizzes administered after each session

The significance of the e-TRIGGER program lies in its direct response to several critical global challenges in geriatric education. First, specialized geriatric training is absent mainly from undergraduate curricula in most medical and health professional schools worldwide.[5] Second, the global healthcare workforce is experiencing a significant shortage. The World Bank and the WHO estimate that by 2030, there will be a deficit of 32–43 million health workers globally.[6,7] Third, demographic projections underscore the urgency of strengthening geriatric care capacity: by 2050, the global population aged 60 and above is expected to exceed 2 billion, with 80% residing in low- and middle-income countries[8]

Recognizing this, the WHO has described the situation as a "ticking time bomb" and proposed a framework of ten urgent actions to address it–half of which are directly focused on education and training to enhance the health and care workforce.[9] The e-TRIGGER program thus plays a vital role in contributing to the development of a competent, globally aware, and culturally sensitive workforce equipped to meet the complex needs of aging populations

CME: Continuing medical education, WHO: World Health Organization

Box 2: Appendix: Interview guide

Proposed questions for medical doctors, including geriatricians

1. Reflecting on your professional journey, what have been the most significant challenges you have encountered in your work with older adults? What key lessons or insights would you share with aspiring geriatricians or fellows?
2. From your perspective, what are the most pressing challenges currently facing geriatric healthcare in your country?
3. If granted the opportunity to implement a single transformative reform in geriatric healthcare in your country, what would it be, and why?

Proposed questions for policymakers and public health specialists

1. In your experience, what are the major policy or structural obstacles to improving geriatric care in your country?
2. What policy interventions or public health strategies do you believe would be most effective in addressing the needs of the aging population?
3. How do you envision the role of government and communities evolving in response to the demographic shift toward an aging society?

Final questions for all trainees (postinterview reflection)

1. How did conducting these interviews influence your understanding of the aging-related challenges in your country?
2. Based on this experience, what personal reflections or conclusions have you drawn regarding your future role and trajectory in geriatric care?

Box 3: A few sociodemographic facts on the Philippines

In 2024, the total population of the Philippines was approximately 114.17 million inhabitants, making it one of the most populous countries in the Asia Pacific after Japan. The country's population has shown sluggish growth over the past decade. For the foreseeable future, the Filipino population is expected to increase slightly, despite a current overall decline in population growth, as indicated by decreasing fertility rates

In 2024, the age structure in the Philippines showed that 5.3% of the total population was over 65 years old, compared to 66.1% aged between 15 and 64 years, and 28.6% under 15 years old. The speed of aging in the Philippines is impressive, considering that in 2016, the percentage of adults over 65 was only 1,6% and it is projected to reach approximately 10% in 2030

The Philippines has a steadily growing economy, with a GDP that reached over $461.62 billion in 2024. The GDP of the Philippines has consistently grown by about 6 percent and is expected to increase significantly to over $757.67 billion by 2030. Meanwhile, the unemployment rate fell to about 2.5 percentage in 2018, with a rising proportion of employment in the services sector

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https://www.statista.com/topics/5799/demographics-in-the-philippines/#topicOverview[10]

Filipinos generally treat their elders with respect, care, and compassion. This practice is culturally embedded. Families are often closely knit, and extended families are the norm. It is not unusual for a household to have three or even more generations living under one roof. However, the socioeconomic conditions of families differ. Hence, having the elderly in the household can be considered both a blessing and a burden. Senior citizens who are still able to contribute to the family's financial needs and assist with day-to-day household management can be a blessing. But they become a burden if they are sickly, need special care, and have no financial capability to support their medical needs[11]

https://www.jil.go.jp/english/events/seminar/20250326/documents/Philippines.pdf

GDP: Gross domestic product

Box 4: Names and positions of the Philippines's leaders interviewed by the trainees

Dr. Dorothy D. AGSAOAY, Rehabilitation Medicine specialist, Chair, Department of Rehabilitation Medicine, Philippine General Hospital, University of the Philippines Manila

Dr. Edgardo Del RIO SARMIENTO, Ophthalmologist, Provincial Health Office of Albay

Dr. Ramon C. ECHANO Jr., Chief of the Medical Center at Bicol Region General Hospital and Geriatric Medical Center (BRGHGMC)

Dr. Liza MENDOZA-TERCELO, Geriatrician, Chair of Geriatrics, Batangas Medical Centre

Dr. Marjorie Acuña NOLASCO, Internal Medicine Specialist and Geriatrician, Dr. Paulino J. Garcia Memorial Research and Medical Centre

Dr. Maria Tereza C. RAMIREZ, Geriatrician, Consultant at St Luke 's and BRGHGMC, Geriatric Society Board Member

Dr. Eligio S RAZALAN, Nurse and Educator. President, GNAP, National Gerontology Trainer

Dr. Christianne D. SAJULGA, Internist and Geriatrician, Head of the Geriatric Section, BRGHGMC

Dr. Charines V. SARMIENTO-REYES, Fellow in Family and Community Medicine, Head of Public Health Unit, Bataan General Hospital and Medical Centre

Manila. Interviewees also pointed to a lack of clarity in the division of responsibilities between the Department of Health and the Department of Social Welfare and Development, which contributes to inefficiencies and service gaps. A pronounced urban–rural disparity persists, with older adults in rural areas often needing to travel long distances for care, which indicates their ongoing deprioritization in health policy. This is worsened by cultural stigma and reluctance to engage with formal care systems.

Economic insecurity and policy shortcomings were also identified. The absence of a dedicated geriatrics package under PhilHealth and limited government funding for geriatric services result in a heavy reliance on out-of-pocket expenditures by families. Furthermore, the healthcare system remains focused predominantly on curative care, with insufficient attention to holistic, person-centered approaches. Preventive care, palliative services, and the emotional, spiritual, and psychosocial needs of older persons are consistently underemphasized.

Finally, the inadequate collection and use of data on the needs of older adults significantly hampers the implementation of effective, evidence-based policies. This gap underscores the urgent need for better data systems to assist planning and service delivery for an aging population.

Proposed Strategies and Reforms to Address Aging and Health Challenges

Identifying gaps in the healthcare system is a necessary but insufficient step unless constructive solutions are also implemented. In this regard, the leaders interviewed by the e-TRIGGER trainees provided a forward-looking vision for addressing the increasing needs of the aging population in the Philippines.

Foremost among their recommendations was the development of a National Geriatric Health Policy, potentially formalized as a "Geriatric Health Package." This policy would include clear mandates for relevant government agencies and serve as a foundation for coordinated, age-inclusive health reforms. A key component of this proposal involves establishing dedicated training centres to build a robust geriatric workforce. By enhancing the visibility and attractiveness of careers in aging, such initiatives could enhance public perceptions of older adults and promote high-quality, age-appropriate care.

An essential clinical reform proposed by the leaders is the routine implementation of comprehensive geriatric assessments for older patients upon hospital admission, delivered through multidisciplinary, team-based care. Similarly, such level of care will be continued at the community level. This approach would support more effective management of chronic diseases and prevent functional decline.

Strengthening the capacities of barangay health workers was also emphasized. Training community health workers would improve the delivery of home and community-based care,

especially in underserved areas. Collaborating closely with the families of older adults and social workers was seen as critical to ensuring holistic care, encompassing not only physical health but also mental, emotional, and spiritual well-being. The promotion of life-story-based care was suggested to foster intergenerational engagement and inspire community-level preventive strategies.

Finally, the leaders underscored the need for enhanced national data collection and referral systems to ensure that health policies align more effectively with the goals of Universal Health Coverage. Reliable data would support evidence-based decision-making and ensure that the evolving needs of older adults are adequately addressed across all the levels of the health system.

Personal Benefits Experienced by the Trainees

The interview exercise designed for the e-TRIGGER trainees served multiple educational and professional development goals, which were strongly affirmed by the trainees' reflections. One of the most frequently cited benefits was a broadened perspective on patient care. Trainees reported that the experience deepened their understanding of healthcare as a multidimensional practice – one that must account not only for clinical needs but also for the emotional, social, and ethical dimensions of aging.

The exercise also reinforced the essential role of interdisciplinary collaboration in geriatric medicine. Trainees gained first-hand appreciation of how teamwork across different healthcare roles contributes to more effective and holistic care for older adults. This recognition supports the growing emphasis on collaborative care models in aging-related health systems.

At a professional level, the trainees reported a strengthened commitment to lifelong learning, recognizing the need to remain current and adaptable in a rapidly evolving field. Exposure to diverse leadership perspectives encouraged them to cultivate a mindset of innovation, flexibility, and continuous improvement.

Finally, the interviews offered a valuable opportunity for personal growth. Many trainees reported a heightened awareness of their potential to become compassionate and visionary leaders in geriatric care. They expressed a renewed sense of purpose and responsibility in advocating for more inclusive, respectful, and equitable systems for older adults.

Conclusion

The Philippines stands at a pivotal juncture in its approach to elder care. The integrated perspectives gathered through this initiative underscore both a shared sense of urgency and a collective aspiration: To reframe aging not as a burden, but as a dignified and meaningful stage of life. This transformation requires aligning policy, practice, and public perception, anchored in robust systems, a skilled workforce, and compassionate communities.

It is now the task of the next generation of health professionals, caregivers, and policymakers to carry this vision forward. Grounded in empathy, guided by evidence, and united by a commitment to human dignity, they can shape a future in which every older adult in the Philippines can age with respect, purpose, and care.

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Conflicts of interest

There are no conflicts of interest.

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