Philippines

Research conducted in

The Philippines' dementia response remains largely non-governmental organization (NGO)- and tertiary hospital-anchored, with care concentrated in urban memory clinics and specialist centers rather than embedded across the primary health system. While functional care pathways do exist, typically moving from general practice to neurologists, geriatricians, or hospital-based memory clinics, the local studies identify specialist shortages, geographic fragmentation, and heavy reliance on out-of-pocket spending as major barriers to timely diagnosis, continuity of care, and sustained treatment. Access is therefore uneven and strongly shaped by household financial capacity, local government resources, and proximity to tertiary facilities. At the same time, policy momentum is visible: universal health coverage reforms under RA 11223, PhilHealth's gradual expansion of outpatient and mental health benefit packages, and sustained advocacy and legislative proposals on dementia signal growing institutional recognition of the issue. However, in the absence of a fully adopted, stand-alone national dementia plan with defined financing, workforce, and implementation mechanisms, dementia care remains fragmented, variably financed, and dependent on NGOs and individual institutions, leaving standardised pathways and equitable nationwide scaling as the system's central unresolved challenge.

Highlights

Health system **Universal, Mixed funding (Mixed provision)**
ADI member association(s): **Alzheimer's Disease Association of the Philippines (ADAP)**
National dementia plan: **Adopted but without adequate funding.**
Dementia plan funding: **Inadequately funded plan**
Dementia prevalence rate: **370**
Dementia incidence rate: **64**
Population: **117300512**
Median age: **26**
Health expenditure (% of GDP): **5**

Diagnosis

Dementia entry pathways begin in primary care through general practitioners or internists. Persistent cognitive issues prompt specialist referrals, but care is heavily concentrated in urban public hubs like the UP-PGH Center for Memory and Cognition or private memory clinics. Screening utilises translated tools like the MMSE-Filipino and MoCA-Philippines. High cost and limited availability restrict structural neuroimaging via CT or MRI in public hospitals, while functional PET and genetic tracking are rare. Clinicians selectively utilise blood-based amyloid biomarkers. Diagnostic evaluations remain severely limited by out-of-pocket costs.

Diagnosis pathway

Dementia journeys start in primary care when families raise cognitive concerns or during other chronic consultations. Persistent symptoms trigger referrals to neurologists, geriatricians, or psychiatrists. Evaluations rely heavily on clinical assessments due to expensive, unsubsidised cognitive testing and neuroimaging. Specialists are highly concentrated in urban tertiary hubs, notably the UP-Philippine General Hospital Center for Memory and Cognition, and private memory clinics. Outside cities, severe specialist scarcity forces families to cycle between long public queues and costly private options, causing major diagnostic delays.

In the Philippines, the typical dementia care pathway begins in primary care, most often with a general practitioner or internist. Cognitive concerns are usually raised either by family members or during consultations for other chronic conditions, which are common in older adults. When symptoms persist or functional decline becomes evident, patients are referred onward to specialist services, most commonly neurology, geriatrics, or psychiatry. Diagnostic evaluation remains heavily dependent on clinical assessment because neuroimaging and formal cognitive testing are often costly and largely unsubsidised, creating barriers to timely diagnosis. These specialist assessments are disproportionately concentrated in large tertiary hospitals located in Metro Manila and a small number of other urban hubs, reinforcing geographic inequities in access. A clearly identifiable public tertiary reference point is the Center for Memory and Cognition at UP-Philippine General Hospital, which is consistently cited as a site for dementia and memory assessment, diagnostic work-up, and follow-up care. Alongside public hospitals, private hospitals and clinics, some explicitly branded as “memory clinics”, play a major role, particularly for families seeking faster access or more continuity of specialist care.

Outside major urban centers, the pathway is more fragmented and constrained. Specialist scarcity, long travel distances, and affordability concerns often lead families to cycle between public facilities with long queues and private providers that require substantial out-of-pocket payment. In these settings, non-governmental organizations and professional networks play an important informal role by guiding families toward recognised assessment centers and helping them interpret diagnoses, but they do not replace formal clinical pathways. As a result, dementia diagnosis is frequently delayed, and continuity of care varies significantly depending on location and household resources.

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Wait times

Status: Long wait time
Official reports lack standardised, dementia-specific national wait time statistics. Instead, significant diagnostic delays are inferred from low specialist ratios and unevenly distributed infrastructure. Publicly referred patients often wait months for specialist visits or advanced neuroimaging, particularly outside Metro Manila. Wealthier families bypass these backlogs by paying for private care during initial or confirmatory diagnostic stages. This creates a dual-track system where low-income individuals face prolonged uncertainty and functional decline, forming a structural barrier to timely care across the country.

There are no consistently published, dementia-specific national wait time statistics in official Philippine health system reporting. Instead, delays are inferred from broader system indicators, particularly low specialist-to-population ratios and uneven distribution of diagnostic infrastructure. In practice, patients referred through the public system may wait months for specialist consultations or advanced diagnostics, especially imaging, with the longest delays occurring outside Metro Manila. Families who can afford private care often use it strategically to bypass these waits, either for the initial diagnostic phase or for confirmatory testing. This dual track reality creates uneven timelines: some patients receive relatively rapid diagnosis in private settings, while others experience prolonged periods of uncertainty and functional decline before a formal diagnosis is established. These delays are widely recognized in national and regional reviews as a structural barrier to timely dementia care.

References

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Diagnosis cost

Status: Partially covered
Financial expense remains a heavily documented barrier to obtaining a dementia diagnosis. Despite universal health coverage reforms under Republic Act 11223, families still rely extensively on out-of-pocket payments for specialist appointments, neuroimaging, and advanced diagnostics outside the public tertiary hospital network. The practical impact of these reforms remains uneven for dementia. Consequently, this household financial burden shapes the entire clinical pathway, determining how quickly a patient transitions from primary to specialist care and dictating the overall comprehensiveness of their diagnostic evaluation.

Cost is one of the most consistently documented barriers to dementia diagnosis in the Philippines. Despite ongoing reforms under the Universal Health Care Act (RA 11223), reviews highlight continued reliance on out-of-pocket payment for many aspects of diagnosis and treatment. Specialist consultations, imaging, and any advanced or non-routine tests frequently require direct payment by patients and families, particularly outside the public tertiary hospital system. While RA 11223 institutionalizes ambitious coverage and access reforms, its practical impact on

dementia-specific diagnostics remains uneven. In practice, the financial burden of diagnosis often shapes the pathway itself, influencing how quickly patients move from primary care to specialist assessment and how comprehensive their diagnostic work-up ultimately becomes.

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Cognitive tests

Status: Available

Cognitive testing in the Philippines is not purely "English-first," but it is also not uniformly standardized nationwide. In practice, clinics mix commonly used international instruments with Philippines-adapted or Filipino-language versions when appropriate. A central example is the Mini-Mental State Examination-Filipino (MMSE-P), which is explicitly distributed as a Filipino-adapted tool and is designed to be administered in the patient's preferred Filipino language where versions exist. For milder cognitive impairment screening, the Montreal Cognitive Assessment has been adapted for the Philippines (MoCA-P), with published work focusing on psychometric validity in the Filipino setting rather than assuming that Western/English norms transfer directly. In addition to these core screeners, Philippine clinical and research practice also uses informant-based tools adapted locally, such as the AD8-Philippines (AD8-P), which has been validated alongside Filipino-adapted screening measures. For Tagalog-speaking populations specifically, the wider evidence base also highlights why "simple translation" is insufficient: cultural familiarity and linguistic structure can shift performance on tasks like naming, verbal fluency, and memory testing. In the US diaspora context, this gap is addressed more explicitly by the Cognitive Assessment for Tagalog Speakers (CATS) battery specifically tailored for Tagalog-speaking Filipino Americans in the United States. However, CATS is not commonly used in the Philippines.

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Imaging tests

Status: Used in specific cases

Neuroimaging plays an important but uneven role in dementia diagnosis in the Philippines. In tertiary hospitals and well-resourced private facilities, structural imaging such as computed tomography (CT) and magnetic resonance imaging (MRI) is used to support differential diagnosis, exclude reversible causes, and characterize neurodegenerative patterns where feasible. However, national reviews consistently highlight limited availability, high costs, and uneven geographic distribution of imaging equipment as persistent barriers. In the public system, access to imaging is often constrained by long waiting lists and prioritization of acute or life threatening conditions. In private settings, imaging is more readily available but typically requires full or partial out-of-pocket payment. As

a result, some patients receive a clinical diagnosis without comprehensive imaging, particularly in resource limited settings, reinforcing variability in diagnostic depth and confidence across the country.

References

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Genetic tests

Genetic testing is not a routine component of dementia diagnosis across the Philippine health system, and there is limited evidence that it is incorporated into standard national diagnostic pathways or publicly funded diagnostic work-ups. However, specialised memory clinics in the Philippines do offer APOE4 genetic testing together with pre-test genetic counselling, with counselling and interpretation provided by dementia specialists. This indicates that genetic testing is available in selected specialist settings, although access appears to remain concentrated in memory clinics rather than being a standard component of dementia assessment nationwide.

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Biomarker tests

Status: Rarely used
Biomarkers are not part of a standardised, nationwide diagnostic pathway for dementia in the Philippines, but there is documented clinical use in selected specialist settings, particularly among neurologists in urban centers. While cerebrospinal fluid (CSF) biomarkers and amyloid or tau PET imaging are referenced in international diagnostic frameworks, their routine use in the Philippines remains limited by cost, availability, and the invasive nature of these procedures. More notably, a blood-based amyloid biomarker, the Multimer Detection System – Oligomeric Aβ (MDS-Oaβ), has been available in the Philippines and has been used in clinical practice. A 2019 real-world survey of Filipino neurologists documented its use to support diagnostic accuracy, clarify the cause of mild cognitive impairment, and increase clinician confidence when evaluating patients with suspected Alzheimer's disease. In most cases, positive results supported clinicians' pre-test diagnoses, and in a substantial minority, results led to diagnostic reclassification between mild cognitive impairment and Alzheimer's disease. Clinicians also reported challenges around communicating positive or negative results and discussing prognosis, underscoring the absence of formal national guidance on biomarker disclosure and interpretation.

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Treatment & care

Clinical services lack a centralised memory clinic network, relying on urban public tertiary centres like the UP-PGH Center for Memory and Cognition and private networks like The Medical City. Approved medical options include donepezil, rivastigmine, and memantine. Financial expenses fall significantly onto households, but PhilHealth outpatient packages cover specific pharmaceutical burdens and associated psychiatric symptoms. Caregiver support is heavily driven by NGOs like the Alzheimer's Disease Association of the Philippines and the Dementia Society of the Philippines, providing essential virtual groups and resources to offset deficient long-term care infrastructure.

Specialized facilities and services

The Philippines lacks a centralised national memory clinic network. Specialised diagnostic and follow-up services are concentrated within large private systems and urban tertiary public hubs, primarily in Metro Manila. A key public reference point is the UP-PGH Center for Memory and Cognition, which provides specialist-led evaluations and care. Private groups like The Medical City offer faster access at substantial costs, while university-linked entities like the University of Santo Tomas Hospital contribute to neuropsychological evaluations and professional training. Access outside these areas remains highly uneven.

The Philippines does not operate a centralised or formally designated national "memory clinic network." Instead, dementia-focused diagnostic and follow-up services are concentrated within tertiary public hospitals, large private hospitals, and a small number of university-affiliated centers, primarily in Metro Manila and other major urban areas. These facilities function as de facto referral hubs for cognitive assessment, neuropsychological testing, and specialist consultations, while access outside urban centers remains uneven. Among publicly identifiable reference points is the UP-PGH Center for Memory and Cognition, housed within the University of the Philippines-Philippine General Hospital. This center is regularly cited by professional and patient organisations as a public-sector site for dementia and memory assessment, offering specialist-led evaluations and follow-up care. In the private sector, major hospital systems such as The Medical City provide neurology and memory-related services, often with faster access but at substantially higher cost. University-linked assessment capacity is also visible, including neuropsychological evaluation services associated with University of Santo Tomas Hospital, which contribute to diagnostic capacity and professional training.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link

Generic Name	Trade Name	Used for
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

High out-of-pocket spending remains a major constraint despite universal coverage, forcing households to bear the costs of medications, consultations, and long-term care. Indirect costs like travel push families toward private options. National policies aim to reduce pharmaceutical burdens through PhilHealth outpatient drug benefits. Additionally, PhilHealth provides a Mental Health Outpatient Benefit Package with fixed annual ceilings. While not dementia-specific, this covers associated behavioural and psychological symptoms, which are primary drivers of overall service use and household costs.

Despite universal coverage, out-of-pocket expenditure remains one of the most persistent constraints in dementia care in the Philippines. The literature consistently describes households bearing a significant share of costs related to diagnosis, medications, follow-up visits, and long-term management. Even when services are technically available in public facilities, indirect costs such as transportation, time off work, and long waiting periods often push families toward private care, increasing financial exposure. Policy direction at the national level emphasizes reducing pharmaceutical and outpatient cost burdens. PhilHealth circulars explicitly frame outpatient drug benefits as mechanisms to reduce household spending on medicines, signaling a shift toward recognizing chronic, outpatient-managed conditions as a financing priority. In parallel, PhilHealth describes an Outpatient Benefit Package for Mental Health, with defined annual coverage ceilings for general and specialized care. Although not dementia-specific, this package can intersect with dementia care by supporting treatment of associated behavioral, mood, and psychological symptoms, which are often a major driver of service use and cost.

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Caregiver support

High out-of-pocket spending remains a major constraint despite universal coverage, forcing households to bear the costs of medications, consultations, and long-term care. Indirect costs like travel push families toward private options. National policies aim to reduce pharmaceutical burdens through PhilHealth outpatient drug benefits. Additionally, PhilHealth provides a Mental Health Outpatient Benefit Package with fixed annual ceilings. While not dementia-specific, this covers associated behavioural and psychological symptoms, which are primary drivers of overall service use and household costs.

Caregiver support in the Philippines is predominantly NGO-led, reflecting limited formal integration of carer services into the public health system. The most visible national actor is the Alzheimer's Disease Association of the Philippines (ADAP), which is a member of Alzheimer's Disease International. ADAP provides education, awareness activities, and caregiver-oriented resources, and serves as a key point of contact for families navigating diagnosis and care. Its programming includes recurring caregiver support group activities, including scheduled virtual sessions that extend reach beyond Metro Manila. Professional and advocacy-oriented support is also provided by the Dementia Society of the Philippines (DSP), which emerged from a dementia study group and functions as a platform for professional exchange. In addition to contributing to education and professional awareness, it disseminates practical resources such as lists of memory clinics and assessment centers, helping bridge information gaps for both clinicians and families. Foundation Dementia Caregiver Support Philippines is also focused on empowering and educating care partners in different municipalities. These organizations play a critical role in education, psychosocial support, and navigation of fragmented services, partially compensating for gaps in formal long-term care and carer assistance structures.

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Policy

The Philippines has an adopted but unfunded health plan involving dementia, lacking an active, stand-alone national strategy. Policy evolves incrementally via universal health coverage under Republic Act 11223, which expands outpatient benefit packages and primary care. Legal barriers exist because dementia is addressed indirectly through general mental health and senior welfare acts, leaving roles and care standards uncodified. Culturally, cognitive decline is widely dismissed as standard ageing, and strong reliance on family care minimizes public pressure for state-funded long-term institutional reform.

National dementia plan

The Philippines completely lacks an operational, stand-alone national dementia plan. Although a grouped health plan involving dementia has been adopted, it receives little to no funding. Instead, dementia policy consists of a patchwork of sectoral laws, advocacy initiatives, and proposed legislation. Multiple House bills have been introduced to institutionalise Alzheimer's and dementia care frameworks, but none have been enacted into law with binding budgets or implementation timelines. Recent epidemiological findings highlight this gap, urging a coordinated strategy for prevention, detection, and care.

The Philippines does not yet have a fully adopted, stand-alone national dementia plan that is clearly in force and operational across the health and social care system. In the 'From Plan to Impact' document, Alzheimer's Disease International (ADI) has noted that the Philippines has a grouped health plan involving dementia that is adopted, but it receives little to no funding. Currently, dementia policy is embedded within a patchwork of sectoral laws, proposed legislation, and advocacy-driven initiatives. Over recent years, several House bills have been filed proposing to institutionalise Alzheimer's disease and dementia care through a dedicated national framework, typically calling for coordinated diagnosis, treatment, carer support, public awareness, and research, but these bills have not been consolidated into a single enacted national dementia law with defined implementation timelines, earmarked budgets, or clear accountability mechanisms.

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Upcoming plans

Dementia policy is evolving incrementally through universal health coverage reforms under Republic Act 11223, which aims to strengthen primary care, expand outpatient benefits, and reduce service fragmentation. This creates structural conditions for earlier recognition and management, provided dementia is integrated into benefit designs. Advocacy momentum is expanding via institutional partnerships between the Alzheimer's Disease Association of the Philippines and the National Commission of Senior Citizens. This collaboration aligns civil-society expertise with

government ageing policies to enhance community awareness and service coordination.

Despite the absence of a dedicated national dementia plan, policy momentum is visible through several converging tracks. The most important structural driver is the Universal Health Care (UHC) reform architecture under Republic Act 11223 and its Implementing Rules and Regulations, which establishes the system-level framework within which dementia-related services can expand. By strengthening primary care, expanding outpatient benefits, and reducing fragmentation between levels of care, UHC reforms create the institutional conditions for earlier recognition, referral, and management of dementia. provided dementia is actively integrated into benefit design and service delivery. Momentum is also evident in institutional partnerships for dementia advocacy, particularly collaboration between the Alzheimer's Disease Association of the Philippines and the National Commission of Senior Citizens. Publicly described cooperation between these bodies signals an effort to align civil-society expertise with government ageing policy, potentially paving the way for more structured action planning around dementia awareness, caregiver support, and service coordination for older adults. These developments suggest that dementia policy in the Philippines is evolving incrementally through system reform and advocacy alignment, rather than through a single, top-down national plan.

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Policy gaps

Legal barriers

Without a dedicated statute, dementia is addressed indirectly through fragmented frameworks like the Universal Health Care Act and the Mental Health Act, leaving care implementation to institutional discretion. There is no binding national framework defining cross-sectoral roles, funding, or care standards. Dementia is not explicitly named as a priority condition within benefits, causing coverage to vary based on symptom categorisation. Financing mechanisms remain partial, lacking dedicated entitlements for diagnostics, drugs, or caregivers. Severe specialist shortages further restrict the scalability of future policies.

In the absence of a dedicated dementia statute, dementia is addressed indirectly through broader legal frameworks. The Universal Health Care Act (Republic Act No. 11223) provides the overarching system architecture for expanded outpatient care and financial protection, within which dementia services could be integrated, while the Mental Health Act (Republic Act No. 11036) offers a rights-based framework that can partially cover neuropsychiatric aspects of dementia. In addition, ageing-related policies and mandates linked to senior citizens' welfare provide entry points for advocacy and service development, but they do not constitute a dementia strategy. As a result, dementia appears implicitly rather than explicitly in national policy, nested within ageing, mental health, and UHC discussions, leaving substantial discretion to institutions, clinicians, and families in determining how dementia care is accessed, delivered, and financed, in contrast to countries with formally adopted national dementia plans.

The most prominent gap is the absence of a binding national dementia framework that clearly defines roles,

financing responsibilities, and service standards across health and social care. Dementia is not consistently named as a priority condition within benefit entitlements, resulting in fragmented coverage that depends on how symptoms are categorized (neurological, psychiatric, or general medical). Financing mechanisms remain partial, with heavy reliance on out-of-pocket payment, and no dementia-specific entitlement for diagnostics, long-term pharmacotherapy, or caregiver support. Specialist shortages, particularly neurologists, geriatricians, and trained neuropsychologists, are another structural barrier, reinforcing geographic inequities and limiting the scalability of any future policy.

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Cultural barriers

Dementia continues to be widely perceived as normal ageing rather than a medical condition, delaying help-seeking and reducing political urgency for formalised services. Stigma around cognitive decline and mental illness affects both patients and families, complicating disclosure, diagnosis, and engagement with care. Strong reliance on family-based caregiving, while culturally normative, can obscure unmet needs and reduce pressure for state-supported long-term care or caregiver assistance. These cultural dynamics interact with legal and financial gaps, reinforcing late diagnosis, limited service uptake, and unequal access across socioeconomic groups.

Cultural factors further constrain effective policy implementation. Dementia continues to be widely perceived as “normal ageing” rather than a medical condition, delaying help-seeking and reducing political urgency for formalised services. Stigma around cognitive decline and mental illness affects both patients and families, complicating disclosure, diagnosis, and engagement with care. Strong reliance on family-based caregiving, while culturally normative, can obscure unmet needs and reduce pressure for state-supported long-term care or caregiver assistance. These cultural dynamics interact with legal and financial gaps, reinforcing late diagnosis, limited service uptake, and unequal access across socioeconomic groups.

A local study also shows that dementia prevalence in the Philippines is high and increasing, while locally generated research remains limited. A central constraint is cost, as health care coverage is incomplete and care relies heavily on out-of-pocket payment, which delays diagnosis and restricts access to appropriate treatment. The review also highlights a low specialist-to-population ratio and insufficient dementia-specific training, compounded by a devolved health system that has led to fragmented service delivery, weak referral pathways, and uneven prioritization of older adult care across local government units. Overall, the authors conclude that dementia care in the Philippines is characterized by high disease burden but limited system readiness, with key gaps including scarce local data, inadequate health financing, workforce shortages, and underdeveloped carer support.

Research

Dementia research is anchored at institutions like the University of the Philippines Manila and the Ateneo School of Medicine and Public Health. The country lacks large-scale clinical drug trials, but observational registries exist. The Philippine Neurological Association established the PNA1DB-Dementia database to capture real-world clinical data across eleven training institutions. The MEMORI-AD study tracks treatment responses to standard medications using multi-omics signatures. Innovation is service-oriented, focusing on demographic-adjusted screeners and the randomised FINOMAIN trial testing dance, nutrition, and cardiovascular risk management.

Selected academic institutions

University of the Philippines Manila - College of Medicine Ateneo School of Medicine and Public Health (ASMPH)

Clinical trials and registries

The Philippines does not currently appear as a major hub for multinational Alzheimer's disease therapeutic trials. However, research and registry style initiatives do exist, including dementia-related databases and observational studies registered in international clinical trial registries.

The Philippine Neurological Association One Database-Dementia (PNA1DB-Dementia) project is an ongoing observational database study coordinated by the Philippine Neurological Association that aims to collect standardized clinical data on people living with mild cognitive impairment and dementia seen at major training hospitals across the Philippines. The study invites all eligible people diagnosed with mild cognitive impairment or dementia by neurologists at participating institutions to contribute anonymized data on demographics, medical history, risk factors, functional impairment, diagnostic findings, cognitive scores, and management approaches into a secure central database. With recruitment begun in December 2021 and planned through late 2024, the registry seeks to determine the frequency and subtypes of cognitive impairment, characterize associated risk factors, describe the diagnostic tests and treatments used, and profile key patient characteristics such as age, education, and clinical severity. By systematically aggregating real world data, PNA1DB-Dementia aims to strengthen the evidence base for dementia epidemiology and care in the Philippines, with implications for health planning, service development, and policy decision-making in a setting where comprehensive local data has traditionally been limited.

The only ongoing clinical trial identified through ClinicalTrials.gov is Monitoring Drug Efficacy in Patients with Alzheimer's disease (MEMORI-AD) is an observational cohort study conducted in the Philippines and sponsored by the University of the Philippines, designed to examine factors associated with treatment response to standard Alzheimer's disease medications. The study follows approximately 60 newly diagnosed people living with mild to moderate Alzheimer's disease over six months, comparing outcomes between those receiving donepezil monotherapy and those receiving combination therapy with donepezil and memantine, as prescribed by their treating neurologists. Beyond clinical outcomes, the study integrates a multi-omics approach, collecting blood,

urine, and fecal samples to analyze genetic, metabolomic, and gut microbiome signatures associated with drug response. Cognitive change is tracked using locally validated tools (MoCA-Philippines, MMSE, ADAS-Cog), alongside functional, behavioral, and family-impact measures. Conducted at major tertiary hospitals in Metro Manila, MEMORI-AD represents one of the most advanced dementia research efforts in the country, linking real-world treatment effectiveness with biological markers to inform personalised care and future policy and research directions in a lower-middle-income country context.

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Selected innovative methods

Innovation is service-oriented, utilising NGO mapping and directories to guide families through fragmented care. Key projects include the FINOMAIN trial testing dance, nutrition, and cardiovascular management for mild cognitive impairment, and a 2026 study establishing demographic-adjusted normative standards for screening batteries. The Philippine Neurological Association established the prospective PNA1DB-Dementia registry across eleven training hospitals to track real-world clinical data. Additionally, the digital ePhilHealth platform streamlines member verification and health insurance access through the eGovPH application.

Innovation in the Philippine dementia space is currently system and service-oriented rather than technology- or drug-driven. One prominent area is service mapping and network-building, led largely by NGOs and professional societies that curate memory clinic directories, referral pathways, and educational materials. These tools compensate for the absence of a formal national network by helping families and clinicians navigate fragmented services.

The FINOMAIN study was a randomised controlled trial that tested whether a culturally tailored program combining dance, nutrition support, and cardiovascular risk management could slow cognitive decline in older Filipino adults with mild cognitive impairment who were at high risk of dementia.

A new 2026 study developed regression-based normative standards for a neuropsychological screening battery in Filipino adults, allowing clinicians to interpret cognitive test results more accurately by accounting for demographic factors such as age, sex, education, and body mass index. The findings support the use of culturally appropriate norms to improve the early detection of cognitive impairment and dementia in the Filipino population.

The PNA One Database-Dementia (PNA1DB-Dementia) is a nationwide, multicenter, prospective observational registry established by the Philippine Neurological Association to systematically collect standardized, real-world data on patients with mild cognitive impairment and dementia across 11 accredited neurology training institutions. Designed to address major evidence gaps in a country with high and rising dementia prevalence, the database captures demographics, socioeconomic factors, vascular and other risk factors, cognitive severity, diagnostic practices (including use of locally adapted tools such as MoCA-Philippines and MMSE-Philippines), and pharmacologic and non-pharmacologic management. Data collection began in December 2021 and is planned over at least five years, with annual analyses to track trends and inform policy. The initiative aims to strengthen the Philippine evidence base for dementia by supporting advocacy, guiding implementation of the Mental Health Act, and informing Department of Health and PhilHealth decision-making in a health system characterized by devolved

governance and high out-of-pocket costs.

PhilHealth has launched ePhilHealth, a new digital platform developed with the Department of Information and Communications Technology (DICT), as part of the government's broader push to modernize public services and improve access to health insurance. The platform integrates PhilHealth systems into a more secure digital environment linked to the National Health Data Repository and the government's eGovernment Data Exchange Platform, allowing members to access services such as profile and beneficiary information, contribution and claims history, and eKonsulta registration online. Integrated with the eGovPH Super App and the Digital National ID, ePhilHealth streamlines member verification and enables nationwide registration with Konsulta providers. Aligned with the Ease of Doing Business Law and the government's digitalization agenda, the initiative aims to make PhilHealth services more accessible, efficient, and client-centered, with additional features planned as part of its ongoing digital transformation.

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Support

Grassroots support is managed by groups like the Dementia Society of the Philippines and the Alzheimer's Disease Association of the Philippines. Key initiatives include ADAP annual conventions, public lay forums, and the localised adaptation of the WHO iSupport training modules for informal family caregivers. The Dementia Society delivers regional outreach through the Ginintuang Alaala project and will host the International Congress of the Asian Society Against Dementia in 2026. No dedicated dementia-only media outlets exist, restricting public information dissemination to decentralised NGO networks.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Alzheimer's Disease Association of the Philippines (ADAP) Dementia Society of the Philippines (DSP) Philippine Neurological Association

Selected initiatives

The Alzheimer's Disease Association of the Philippines runs annual conventions, community lay forums to enhance brain health literacy, and a localised adaptation of the WHO iSupport caregiver training toolkit. The Dementia Society of the Philippines organises professional conventions and the Ginintuang Alaala initiative, and will host the 2026 International Congress of the Asian Society Against Dementia. Additionally, the Foundation Dementia Caregiver Support Philippines partnered with the Valladolid municipality to create a joint coordinating committee for localised, dementia-inclusive community planning.

Annual conference on dementia

Each September ADAP organises an annual conference on dementia as a national platform for advancing dementia awareness, professional capacity, and advocacy. The convention gathers clinicians, carers, advocates, and partners to discuss emerging directions in dementia care, support systems, research developments, and policy engagement. Positioned within World Alzheimer's Month activities, the event emphasized transition toward more coordinated, forward-looking responses to dementia in the Philippines, reinforcing ADAP's role in sustaining national dialogue and cross-sector collaboration.

The Dementia Awareness and Prevention

Lay Forum is a community-focused educational event organized by the ADAP, aimed at raising public understanding of dementia, its early signs, risk factors, and strategies to maintain brain health. The forum is designed to be accessible to caregivers, senior citizens, families, and the general public, with practical information presented in everyday language rather than a purely clinical format. It typically includes discussion of early warning signs of dementia, caregiving tips, and approaches to support cognitive health, and is often held in conjunction with broader awareness initiatives such as World Alzheimer's Month and National Alzheimer's Awareness Week. Promotion of

these lay forums through ADAP's social channels reflects the association's mission of accelerating dementia awareness through education and training, especially in communities where clinical knowledge may be limited and stigma around cognitive decline persists.

"iSupport with Dementia"

"iSupport with Dementia" is a training and guidance resource for family carers of people living with dementia, promoted by ADAP. It is a localized adaptation of the World Health Organization's iSupport programme, an evidence-based set of self-help modules designed to strengthen caregiver skills, address stress and emotional challenges, and improve quality of care for people living with dementia. The original WHO iSupport toolkit includes structured content on understanding dementia, self-care for caregivers, everyday care strategies, and responses to behaviour changes, and is deliberately adaptable to national languages and contexts. Philippine adaptation of this resource signals a growing focus on supporting unpaid family caregivers with practical knowledge and psychosocial tools, especially in a setting where formal caregiver support services are limited and home-based care is the predominant model for people living with dementia.

DSP

The DSP undertakes a mix of national professional convening, regional outreach, and international engagement to advance dementia care and collaboration. Its activities include hosting major annual conventions on Alzheimer's disease and related disorders, such as the 23rd Annual Convention held in Pangasinan, alongside community-oriented programs like the Ginintuang Alaala initiative for older adults. DSP also plays an active role in regional and international networks, with representatives participating in the 19th International Congress of the Asian Society Against Dementia (ASAD) in Seoul in May 2025, an event that emphasised research exchange, practice innovation, and cross-border collaboration. Notably, the ceremonial turnover of the ASAD flag to DSP at that meeting confirmed the Philippines as the host of ASAD 2026, which DSP will jointly organize with ASAD as a combined event with its 24th Annual Convention on October 14-16, 2026 in Makati.

Conference

A conference on foundation-led dementia care and caregiver support, organised by Foundation Dementia Caregiver Support Philippines in collaboration with the Municipality of Valladolid, marked a step toward localised, community-based dementia action. The meeting brought together local government and municipal health services to align on the goal of creating dementia-inclusive communities, strengthening caregiver education and training, and improving early recognition and support pathways, including dementia consult and referral coordination at the community level. The conference resulted in the establishment of a joint coordinating committee to oversee planning and implementation, and agreement to proceed with a Memorandum of Agreement (MOA) to formalize roles, coordination mechanisms, and shared commitments. Discussions emphasized practical next steps, awareness activities, caregiver capacity-building, and structured engagement between community health workers and dementia consult services, reflecting growing local-government ownership of dementia care alongside civil-society leadership.

References

- https://www.alzphilippines.org/16th-annual-convention-dementia-moving-forward-to-a-new-era/

https://www.alzphilippines.org/dementia-awareness-and-prevention-lay-forum
- https://www.alzphilippines.org/wp-content/uploads/2022/10/iSupport-Para-Sa-Dementia.pdf
- https://www.dementia.org.ph/

Dedicated media outlets

Dementia-related information is disseminated through NGO websites, social-media channels, professional society communications, and broader health-system or government platforms. While this decentralized approach allows flexible outreach, it also contributes to uneven public awareness and reinforces reliance on civil-society actors rather than sustained, state-led communication strategies.