



77th WHO Regional Committee for the Western Pacific Meeting
19-22 October 2026

**IAHPC Oral Statement for
Agenda 7: Report of the Regional Director (WPR/RC77/2)**

Esteemed WHO Director-General Tedros Adhanom Ghebreyesus,
And the WHO Regional Director for the Western Pacific, Dr. Saia Ma'u Piukala

The Honorable Members States, Non-state actors, distinguished guests,

Ladies and Gentlemen,

I am **Edmar S. Elcarte**, a nurse researcher and educator, together with **Dr. Djhoanna A. Pedro**, President of the Philippine Society of Hospice and Palliative Medicine, **Dr. Rumalie Corvera**, **Dr. Mari Joanne G. Josen**, and **Dr. Mary Justine Ledine G. Valdecañas**.

I am speaking on behalf of the International Association for Hospice and Palliative Care (IAHPC), a global organization whose vision is a world free from health-related suffering, where care protects dignity, relieves suffering, and supports patients, families, and communities.

IAHPC supports the WHO Regional Director's report (1 July 2025-30 June 2026) with its commitment to responsible artificial intelligence and its emphasis on people-centered and value-based primary health care, healthy ageing, long-term care, health equity, workforce development, and responsible digital innovation. Yet, as health systems become increasingly intelligent, we must ensure that care remains deeply human. For people living with cancer, dementia, frailty, multimorbidity, and other serious health conditions, the success of AI must ultimately be measured by whether it reduces suffering, preserves dignity, and strengthens—not replaces—the human relationships at the heart of care.

We welcome efforts to strengthen community-based integrated care, long-term care development, and system-level responses to population ageing, including in the Philippines, while emphasizing that palliative, hospice, and end-of-life care must be explicitly integrated across primary, community, home-based, hospital, and long-term care, particularly in geographically isolated and disadvantaged communities where workforce, service, and financing gaps continue to limit access to quality care.



In the face of these challenges, we urge the WPR to:

1. Integrate palliative and hospice care across primary, community, home, hospital, and long-term care services.
2. Strengthen palliative care systems through clear referral pathways, essential medicines, sustainable financing, and a skilled multidisciplinary workforce.
3. Ensure equitable access for geographically isolated and disadvantaged communities, and populations experiencing serious health-related suffering.
4. Establish AI integrated human care, with appropriate safeguards, meaningful consent, transparency, and human oversight in prognosis and end-of-life decisions.
5. Align AI readiness with palliative and long-term care readiness, measuring success by equity, continuity, quality of life, dignity, comfort, autonomy, and caregiver experience—not technology alone.

IAHPC, together with its affiliated organizations, stands ready to collaborate with WHO Western Pacific Region and Member States in translating regional commitments into compassionate, equitable, and responsible care for people living with serious illness and those who care for them.