



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

**IAHPC Oral Statement for
Agenda Item 9: Artificial Intelligence (WPR/RC77/6)**

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. Joson**, 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 and supports patients and families.

IAHPC supports the Guidance for Responsible AI in Health in the Western Pacific Region and its problem-driven, risk-proportionate approach. We welcome its focus on equity, governance, data protection, workforce capacity, and financing the ecosystem rather than technology.

However, we urge recognition of palliative and hospice care, long-term care, and community- and home-based care as priority domains for responsible AI. Ageing, multimorbidity, NCDs, workforce shortages, fragmented services, and geographic inequities make these services across the Region, including the Philippines. Responsible AI must begin with a question: *Does this technology improve access, continuity, dignity, comfort, and quality of life without weakening human relationships?*



Our unpublished paper on *“Interprofessional Declaration on Future of Digital Health and AI Integration in Long-Term Care in the Philippines”* found that Interprofessional Collaboration (IPC) was deemed essential for standardizing AI integration and ethical data use. This reinforces the need to embed interprofessional governance, palliative-care expertise, and caregiver perspectives in safe AI implementation.

AI can strengthen identification for palliative referral, symptom monitoring, care coordination, documentation, caregiver support, and specialist tele-support for isolated communities. Yet AI must augment—not replace—clinical judgment, compassionate communication, relational care, autonomy, dignity, comfort, and shared decision-making.

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

1. Prioritize palliative, hospice, and long-term care in responsible AI implementation through interprofessional governance and enhanced safeguards for end-of-life decisions.
2. Require local and culturally responsive validation of AI systems, particularly for family caregiving, resource-limited, and GIDA communities.
3. Protect the right of patients and families to understand, question, consent to, or override AI-supported decisions.
4. Integrate responsible AI into health-professions education to prepare future health workers for ethical, safe, and person-centered AI use.
5. Evaluate AI success through person-centered outcomes, including dignity, comfort, quality of life, functional independence, and caregiver experience.

IAHPC, together with its affiliated organizations, stands ready to partner with WHO Western Pacific Region Member States in translating this Guidance for Responsible AI in Health into meaningful action—ensuring that AI remains people-centered, advances equity, protects dignity, and strengthens rather than replaces human connection essential to safe, compassionate, and dignified care.

Together, we will shape responsible AI that advances equity, protects human dignity, and keeps people at the heart of our care.