

Enhancing National Stroke Strategy Through Policy and Collaboration

A White Paper by the German-Philippine Chamber of Commerce and Industry, Inc.



Deutsch-Philippinische
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German-Philippine Chamber
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About GPCCI

The German-Philippine Chamber of Commerce and Industry (GPCCI) belong to the international network of German Chambers of Commerce Abroad (AHKs) which is represented by 150 offices in 93 countries. GPCCI is the official representation of German businesses in the Philippines; a bilateral membership organization with around 300 members; and a service provider to companies in their market entry and expansion.

Executive Summary



GPCCI Roundtable Discussion. Participants during the Roundtable Discussion on the National Stroke Policy Framework, 12 September 2025, Fairmont Makati.

On 12 September 2025, the German-Philippine Chamber of Commerce and Industry (GPCCI) convened a high-level Roundtable Discussion (RTD) on the National Stroke Policy Framework, bringing together key stakeholders from government, hospital institutions, academe, patient organizations, civil society groups, and the private sector. The RTD highlighted challenges and opportunities in stroke care across the Philippines, emphasizing the urgent need for a coordinated whole-of-society approach to address these gaps. The RTD included representatives from select national government offices, Stroke Society of the Philippines (SSP), Boehringer Ingelheim Philippines, Philippine Alliance of Patient Organizations (PAPO), World Stroke Organization (WSO), select hospital institutions, city health centers, among others.

Participating Roundtable Stakeholders





The roundtable highlighted the importance of policy coherence, financial sustainability, clinical excellence, and patient empowerment as foundational pillars for improving stroke outcomes. The discussion put emphasis on the systemic challenges in governance, financing, service delivery, and public awareness, while also identifying opportunities for innovation and collaboration. Insights from the RTD will prove beneficial to future strategies and serve as a basis for collective action toward a more inclusive and efficient stroke care system.

This White Paper synthesizes key discussions during the RTD and outlines actionable recommendations aimed at:



Strengthening stroke referral systems and establishing emergency medical services system



Expanding accessibility to Acute Stroke Ready Hospitals (ASRHs)



Improving financing mechanisms and benefit packages for stroke care



Capacitating healthcare workforce and infrastructure for time-sensitive stroke care



Ensuring effective and full implementation, monitoring, and evaluation of stroke care policy

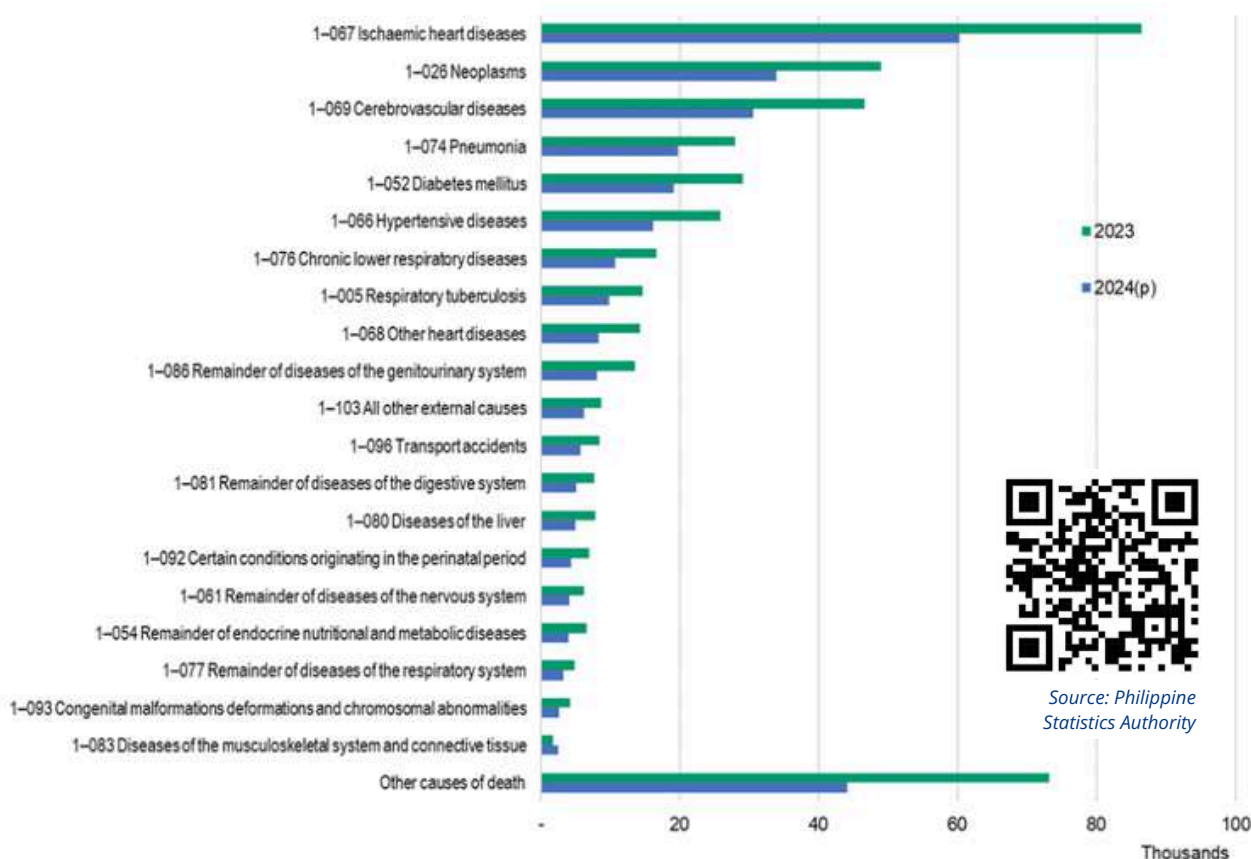


Promoting patient awareness and empowerment in stroke care

Current Landscape of Stroke Care in the Philippines

Stroke, a major form (or one of the most common) cerebrovascular disease remains one of the leading causes of death and disability in the Philippines with 34,464 recorded cases constituting 10% of the total deaths in January to August 2024 ([Philippine Statistics Authority](#)). Despite this, significant gaps in stroke care services remain unresolved. Evaluating the status of stroke care and addressing systemic gaps, particularly in governance, financing, and service delivery, are crucial in strengthening health policies and programs, and reduce stroke related mortality and morbidity. This is especially critical in rural areas that lack proximal access to brain and specialty centers. ([Collantes, M. V., et. al., 2021](#)).

Figure 1 Top 20 Causes of Mortality, Philippines
January to August 2023 and 2024



Recognizing the health burden of stroke, the Department of Health (DOH) issued [Administrative Order \(AO\) No. 2020-0059](#), establishing the National Policy Framework on the Prevention, Control, and Management of Acute Stroke in the Philippines. This policy aims to set clear policy direction and develop protocols for stroke prevention and management in the country, aligning with the [Universal Health Care \(UHC\) Act](#), and integrating services into the [Health Care Provider Network \(HCPN\)](#). In collaboration with the SSP, the framework supports the identification and establishment of [Acute Stroke Ready Hospitals \(ASRH\)](#) to strengthen capacity for acute stroke management, alongside the designation of specialized brain and spine centers, with Jose R. Reyes Memorial Medical Center serving as the national specialty center ([Department Order No. 2021-0001-A, Annex B.](#)). These facilities are intended to enhance referral coordination, access to specialized expertise, and support for healthcare facilities with limited stroke management capacity.

The policy also emphasizes the importance of data-driven decision-making via the National Health Data Repository (NHDR). It leverages existing registries such as the DOH's Integrated Chronic Non-Communicable Disease Registry System (ICNCDRS) and the One Database-Stroke developed by the Philippine Neurological Association (PNA). In addition, the Registry of Stroke Care Quality (RES-Q), an international platform by the European Stroke Organization (ESO) and the World Stroke Organization (WSO), also serves as a tool in monitoring and gathering stroke data.

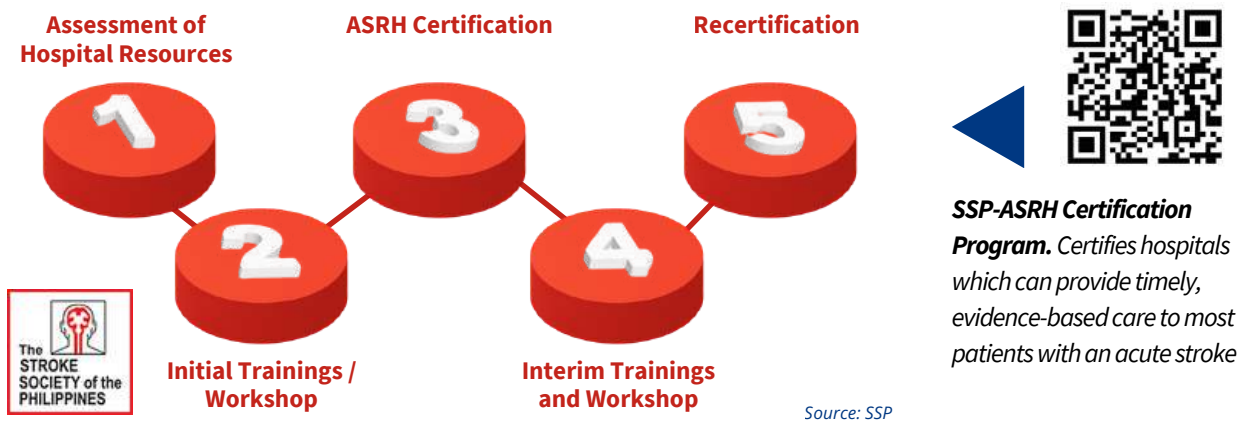


Source: RES-Q



Data Driven International Platforms. RES-Q by the European Stroke Organisation (ESO) and World Stroke Organisation (WSO)

Benchmarking global strategies can help strengthen stroke care in the Philippines. For example, Germany focused on expanding certified stroke units, resulting in sustained increases in thrombolysis and thrombectomy use and a decline in acute ischemic stroke incidence ([Ungerer et al., 2024](#); [Neumann-Haefelin et al., 2024](#)). Moreover, treatment quality was uncompromised and maintained through rigorous audits and quality assurance, requiring at least 80% of stroke patients to receive comprehensive treatment procedures. Falling below 75% triggers non-conformity, reinforcing the importance of a robust stroke care system. In Asia, the China's Stroke Prevention Project Committee (CSPPC) actively promoted stroke prevention and control through stroke screening, follow-up, and establishment of stroke center network ([Chao et al., 2021](#)). Similarly, Thailand and Vietnam have already advanced their national stroke programs by establishing stroke center networks ([The Lancet Regional Health – Southeast Asia, 2023](#); [Tan et al., 2024](#)). These examples highlight the importance of comprehensive systems, quality assurance, and data integration in improving stroke outcomes.



The Stroke Society of the Philippines (SSP), a group of multi-specialty doctors committed to reducing stroke incidence and mortality while improving survivors' quality of life, played a key role in developing the hub-and-spoke model for stroke care in the Philippines. Represented by Dr. Cristina Macrohon-Valdez, the society outlined specific criteria for [Acute Stroke Ready Hospitals \(ASRHs\)](#), or hubs. These hospitals – such as Baguio General Hospital (BGH), East Avenue Medical Center (EAMC), Jose R. Reyes Memorial Medical Center (JRRMMC), Philippine General Hospital (PGH), Quirino Memorial Medical Center (QMMC), Vicente Sotto Memorial Medical Center (VSMC), Gov. Celestino Gallares Memorial Medical Center (GCGMMC), and Zamboanga City Medical Center (ZCMC), among others – are equipped with advanced neuroimaging, intensive care units, and thrombolytic therapy capabilities. Supporting hospitals or spokes, on the other hand, which have the basic training in stroke recognition, help with capacity building, network mapping, and training of emergency and healthcare personnel. The SSP also leads public awareness efforts to promote stroke prevention and working with key stakeholders such as the Philippine College of Emergency Medicine (PCEM), ANGELS initiative, and various non-government organizations (NGOs) to promote stroke prevention and early intervention.

The Philippine Health Insurance Corporation (PHIC or PhilHealth), country's national health insurance program, provides coverage for acute ischemic and hemorrhagic stroke care through [PhilHealth Circular No. 2023-0021 \(Implementing Guidelines on the Case Rates for Acute Stroke\)](#). This circular outlines the policies and procedures for implementing case rates for these conditions, ensuring quality healthcare delivery by accredited health facilities (HF) through case-based provider payment system for inpatient care. Benefit Package rates range from PHP 76,000 to PHP 80,000 for procedures on subarachnoid hemorrhage, intracerebral hemorrhage, acute subdural hemorrhage, nontraumatic extradural hemorrhage; nontraumatic epidural hemorrhage, neuroimaging, and other related procedures and interventions.



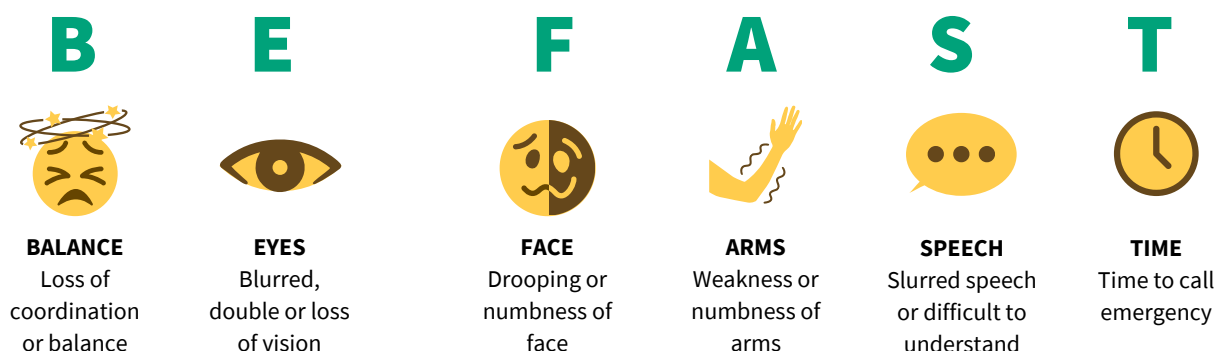
From the private sector, Boehringer Ingelheim Philippines, represented by Dr. Giovanni Nazario, emphasized the importance of collaborative initiatives in advancing stroke care in the country. Pharmaceutical companies and global organizations such as the World Stroke Organization (WSO) and the European Stroke Organization (ESO), and national bodies like SSP and local government units (LGUs), have collectively driven innovation and promoted stroke care. These collaborative efforts and partnerships have enabled key milestones, including the introduction of the Cardinal Principles of Stroke Treatment (CPOST) in 2015. The adoption of these principles has facilitated the standardization of acute stroke care nationwide through structured training programs, the formation of dedicated stroke teams, and the institutionalization of treatment protocols. This demonstrates the critical role of coordinated action between the private sector and health organizations in strengthening the national stroke care system.

The [ANGELS Initiative](#), a global non-promotional healthcare advocacy program by Boehringer Ingelheim, was launched in 2017 to enhance stroke care in the country, and align local hospitals with international best practices and global standards. The initiative aims to increase the number of stroke-ready hospitals and to optimize the quality of stroke care management, to contribute to reducing the overall burden. Additionally, the SSP, in collaboration with the private industry, also developed [Bringing Evidence-based Stroke Treatment to Philippine Hospitals \(BEST-PH\)](#), a national educational program designed to train healthcare facilities to become Acute Stroke Ready Hospitals (ASRH).



The ANGELS Initiative. a healthcare intervention dedicated to improving stroke patients' chances of survival and a disability-free life.

Awareness campaigns against stroke have also been promoted, such as “Stroke Don’t Stay At Home,” which urges Filipinos to treat stroke as a medical emergency, and “BE FAST,” an acronym for “Balance, Eyes, Face, Arms, Speech, Time” to recognize the symptoms of stroke. Beyond capacity building, private industry advocates for a whole-of-society approach to stroke care. This includes fostering multi-sectoral dialogue, harmonizing standards for ASRH, and integrating stroke care into broader Non-Communicable Disease (NCD) strategies and Universal Healthcare (UHC) implementation frameworks. It also calls for equitable and sustained access to health technologies across all socio-economic groups, recognizing stroke as a catastrophic disease with a high cost of illness.



The Philippine Alliance of Patient Organizations (PAPO) advocates for addressing key challenges and gaps faced by stroke patients in the country. They emphasized that patients are often excluded from, or not consulted in, decisions about public health services and providers, leaving them disempowered. In addition, health literacy is another major concern, as many Filipino patients struggle to fully understand their medical condition despite availability of information online and on social media. One crucial concern PAPO also highlighted health financing as a critical issue, where patients face difficulties navigating the healthcare system and often rely on guarantee letters from politicians or government agencies to support hospital costs. Without such support, they lack sufficient resources to sustain their daily living due to the high high costs of healthcare. To address these gaps, PAPO calls for an inclusive health system that prioritizes patients' needs and advances UHC in the country.

Recognizing the current stroke care landscape and its challenges, the RTD underscored the need for a stronger collaborative approach to stroke care management. The ideal scenario is an efficient, responsive, informative, and accessible system that delivers cost-effective, end-to-end benefits and ensures financial risk protection for all Filipinos. To achieve this, reliable data and effective information dissemination must be prioritized to support the development of national registries, integration of hospital systems, and public education initiatives. Moreover, there should be emphasis on the accessibility of stroke care services, particularly in rural areas. This involves increasing the number of ASRHs and adopting innovative strategies to bridge gaps in hard-to-reach communities. Furthermore, increasing financing programs for stroke care services is also critical to safeguard patients and the healthcare system from the high cost of illness. Finally, capacity building programs are also essential to ensure delivery of high-quality stroke care nationwide.

Gaps and Challenges in Stroke Care

Healthcare Financing and Cost of Illness

Stroke care in the Philippines faces significant financial challenges. While benefit package coverage under [PhilHealth](#) has increased—from PHP 28,000 to PHP 76,000 for ischemic stroke and from PHP 38,000 to PHP 80,000 for hemorrhagic stroke—the amounts still fall short of actual treatment costs. A survey conducted by SSP in 2021 revealed that stroke treatment can cost as much as PHP 137,000 to PHP 229,000 in private hospitals and reaching up to PHP 96,000 in government hospitals for complex cases. These figures exclude rehabilitation, inflation, and ancillary expenses, further widening the gap between PhilHealth coverage and real costs. This disparity is particularly burdensome for households with an average annual income of PHP 313,000—and even more so for vulnerable populations.

- While stroke care has been identified as a priority through the development of PhilHealth benefit packages, current coverage levels remain insufficient relative to the actual cost of treatment.
- Funding and reimbursement mechanisms do not adequately reflect the true disease burden, resulting in persistent financing gaps for acute stroke management and continuity of care.

Access to Stroke Care Facilities and Services

Accessibility challenges continue to exacerbate inequities in stroke care. Rural communities face limited access to ASRHs, while specialty centers in urban areas experience congestion, resulting in delayed emergency response.

- **Infrastructure and Accreditation.** The implementation of the National Stroke Policy remains limited, with accreditation processes largely driven by the SSP. Consistent and structured support from the Department of Health (DOH) is needed to streamline accreditation and institutionalize standards. Without these, the expansion of ASRH and the integration of stroke programs within LGUs remain constrained.

- **Systemic Barriers.** Stroke care delivery is constrained by the lack of ASRHs and emergency medical services (EMS) in rural areas. Urban specialty centers in the cities are congested, leading to bottlenecks in patient admission. These gaps include delays in network coordination, variabilities in interpretations, and triage capacity. The principle of BE FAST loses its essence amidst the struggles in finding hospitals that can admit patients during an emergency.
- **Local Government and Public-Private Partnerships (PPP).** LGU engagement remains insufficient, and the absence of centralized PPP framework for stroke care services has limited opportunities for coordinated collaboration in stroke care development.

Workforce and Capacity Building

The shortage of trained healthcare professionals in stroke care services affects service delivery, especially in the underserved regions. This gap affects both the timeliness and quality of care, highlighting the need for expanded training programs and capacity building initiatives, particularly in LGUs.

General Public Awareness and Patient Advocacy

Low health literacy and limited dissemination of information on stroke symptoms and benefit packages among patients, healthcare practitioners, and facilities hinder early detection and utilization of available support programs. Strengthening community-based education, patient engagement, and LGU involvement is critical to improving outcomes.

Policy Implementation and Operationalization

Despite the issuance of a national policy framework on stroke prevention and management, implementation remains limited and uneven. Variability in policy interpretation across regions, facilities, and LGUs has resulted in inconsistent application of standards, referral practices, and care pathways. Awareness of policy provisions among LGUs and frontline healthcare providers also remains limited, constraining effective execution at the local level.

The absence of clear operational guidance, defined accountabilities, and systematic monitoring mechanisms has widened the gap between policy intent and actual service delivery. As a result, implementation of the national stroke policy has been fragmented, with progress largely dependent on individual facility capacity and local initiatives rather than a uniformly operationalized national system.

Recommendations



To address the identified challenges during the RTD, this White Paper proposes strategic actions aimed at strengthening stroke care services across the country. The recommendations focus on expanding the accessibility of services through the establishment of additional facilities, enhancing financial risk protection, building workforce capacity, ensuring effective and consistent policy implementation, and empowering both patients and the public. Collectively, these recommendations aim to create a more efficient, equitable, and accessible stroke care system nationwide.

1

Strengthen Financing and Benefit Packages

Perform comprehensive review of PhilHealth benefit packages to ensure coverage for end-to-end stroke care delivery, including diagnostics, treatment, rehabilitation, and follow-up services, which all drive financial burden of stroke. Explore flexible financing schemes by exploring more public-private partnerships to reduce out-of-pocket expenses and ensure financial risk protection for patients and families.

2

Expand Accessibility to Acute Stroke Ready Hospitals (ASRHs)

Foster Public-Private Partnerships to accelerate ASRH capability building and accreditations nationwide and to prioritize infrastructure development in underserved and rural areas. Support LGUs in initiating and institutionalizing local programs for stroke care.

3

Support the Establishment of Emergency Stroke Response and Referral Systems at the LGU Level

Enable and support LGUs to develop, adopt, and institutionalize emergency response and referral networks (hub-and-spoke) with national technical assistance to ensure timely and responsive stroke care.

4

Build workforce capacity and strengthen training of healthcare professionals

Enhance the national stroke care training program for healthcare professionals by increasing its scope, accessibility, and frequency. Ensure inclusion of community-based roll outs in underserved and rural areas, focusing on emergency response, early diagnosis, and standardized management protocols.

5

Reinforce Policy Implementation, Monitoring, and Evaluation

Prioritize the issuance of an updated National Policy Framework for Stroke Prevention and Control, ensuring an integrated approach across governance, financing, service delivery, and workforce development. Enhance the National Health Data Repository (NHDR) to enable real-time tracking of compliance, outcomes, and quality standards given by stroke care services providers. Establish accountability mechanisms and measurable performance indicators to effectively monitor and evaluate and support evidence-based decision and continuous improvement.

6

Promote Stroke Awareness and Stakeholder Empowerment

Intensify nationwide campaigns on stroke prevention and early recognition using the “BE FAST” framework. Ensure accessibility of accurate information on benefit packages, referral pathways, and available services through all multiple platforms, including community-based programs and digital channels. Sustain engagement with private sector partners and patient organizations in policy dialogues to foster inclusivity and shared accountability in stroke care.

Conclusion



The Philippines has made important strides in advancing stroke care through the National Stroke Policy Framework, the hub-and-spoke model, and expanded PhilHealth benefit packages. However, the discussions in this White Paper underscore a persistent central gap: current stroke care systems remain misaligned with the true burden of disease. Gaps in access to ASRHs, insufficient financing relative to actual costs of care, uneven workforce capacity, weak LGU emergency management systems, and low public awareness continue to constrain timely, equitable, and efficient stroke care delivery—particularly for patients in underserved and rural areas.

To close these gaps, stakeholders should prioritize accelerating the implementation of the National Stroke Policy Framework through the issuance of its updated policy and its implementing guidelines strengthening PhilHealth coverage and complementary financing mechanisms to better protect households from catastrophic health expenditures; expanding access to ASRHs through coordinated public–private partnerships and LGU engagement; scaling up workforce training and accreditation beyond urban centers; and intensifying nationwide stroke awareness and early-response initiatives anchored on the “BE FAST” framework. Implemented collectively, these actions can reduce stroke-related mortality and morbidity, strengthen financial risk protection under Universal Health Care, and move the Philippines closer to a more integrated, patient-centered, and resilient stroke care system.

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