



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Breast Cancer Care in Philippines

EXECUTIVE SUMMARY

Breast Cancer is the most common cancer affecting women in the Philippines and remains the leading cause of cancer-related deaths among Filipino women. Advances in diagnostics and treatment are increasingly available worldwide, yet in the Philippines, most patients continue to face late-stage diagnosis, uneven treatment access, and limited financial protection.

Yes, there are urban hospitals with high-quality breast cancer care—but what about women living outside Metro Manila or those under the public health system? Too many still receive fragmented or delayed care. Early detection programs remain weak, while out-of-pocket costs for diagnostic testing and HER2-targeted therapies like trastuzumab remain prohibitively high for most.

This policy brief identifies major gaps and proposes focused actions to modernize and decentralize breast cancer care—making it more equitable, comprehensive, and patient-centered.

INTRODUCTION

An Unequal Fight in a Mid-Level System

With an **estimated Breast Cancer Maturity Level of 2** ("Emerging"), the Philippines has foundational cancer care elements in place, such as some tertiary centers and government insurance programs (e.g., PhilHealth and Malasakit Centers). However, implementation is urban-centric and insufficient for the majority of the population.

Over **27,000 new breast cancer cases** are diagnosed annually in the Philippines, with **five-year survival rates hovering around 57%**, significantly lower than in neighboring countries like Thailand and Malaysia. Rural women and those from low-income households are disproportionately affected by delayed diagnosis, limited treatment options, and catastrophic health spending.

Facilities like the **Philippine General Hospital (PGH)** and **St. Luke's Medical Center** provide excellent care, but such centers are few and geographically concentrated. Outside these hubs, access to mammography, pathology, and chemotherapy is highly limited.



Philippines ranks at Level 2 – Estimated Breast Cancer Maturity

BREAST CANCER IN PHILIPPINES

Current Landscape and Systemic Gaps

Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	Mammography is available in private centers, limited in public facilities.	Yes, some screening exists—but uptake is low due to cost, lack of awareness, and rural inaccessibility.	Launch a national breast cancer screening program with mobile mammography units and barangay-level outreach.
Biomarker & Molecular Testing	HER2, ER, PR testing available in private hospitals, rarely reimbursed.	Yes, tests exist—but patients pay out-of-pocket, with long turnaround times and regional gaps.	Reimburse basic biomarker panels through PhilHealth and expand regional testing laboratories.
Treatment Access	Chemotherapy and surgery are available in major hospitals; targeted therapy limited.	Yes, treatment is available—but cost barriers and drug shortages limit access to trastuzumab and newer agents.	Include full HER2+ therapy (trastuzumab ± pertuzumab) in the essential medicines list and fast-track procurement.
Clinical Guidelines	National guidelines exist but are not uniformly implemented.	Yes, guidelines are in place—but adherence varies by institution and region.	Enforce guidelines through mandatory reporting, provider training, and digital decision-support tools.
Palliative & Survivorship Care	Basic palliative care services exist, but few survivorship programs.	Yes, support exists—but psychological, pain, and rehab services are underfunded and underused.	Expand palliative care access via community health workers and include survivorship care in national pathways.
Financial Protection	PhilHealth offers partial coverage; many patients face high out-of-pocket costs.	Yes, there is insurance—but limits on diagnostic, chemotherapy, and targeted therapy coverage persist.	Reform Z Benefit packages to fully cover diagnostic and treatment needs for early- and late-stage patients.

CONCLUSION & Call to Action

The Philippines has the medical expertise and policy frameworks to deliver world-class breast cancer care—but these remain out of reach for the average Filipino woman. Gaps in early detection, drug access, and decentralized service delivery continue to drive late-stage diagnosis and preventable deaths.

Moving from "emerging" to "advancing" in breast cancer care requires investing in system-wide improvements—anchored in early detection, equitable drug access, and strong governance.



KEY POLICY PRIORITIES

1 Establish a nationwide breast cancer screening program, prioritizing mobile clinics and rural barangays.

2 Reimburse biomarker testing (HER2, ER, PR) under public schemes and expand regional pathology networks.

3 Ensure universal access to HER2-targeted therapies, with transparent procurement and availability tracking.

4 Implement and monitor national clinical guidelines, ensuring uniform standards across all hospitals and regions.

5 Expand survivorship and palliative care services, with attention to psychosocial and rehabilitation needs.

6 Strengthen PhilHealth coverage, aligning it with actual patient needs and minimizing catastrophic expenditures.



The Burden of Breast Cancer is Growing

but so is the opportunity to act. The Philippines can lead with compassion, equity, and evidence-based reforms to save thousands of lives each year.