Required Investments

**CLOSING THE GAPS**  PhP 228 billion

- **BHS**  PhP 16 billion
- **RHU & UHC**  PhP 36 billion
- **POLYCLINICS**  PhP 33 billion
- **HOSPITALS**
  - General  PhP 87 billion
  - Specialty  PhP 40 billion
- **OTHER FACILITIES & TRANSPORT**  PhP 16 billion

Implementation Mechanism

**NATIONAL GOVERNMENT**

- DOH, NEDA: Develop macro plan and policy directions for health facility development, functionality and sustainability in line with the Philippine Development Plan 2016-2022
- DOH, DBM, NEDA: Ensure that Congress provides necessary augmentation of investments for health facility development of national government agencies and LGU’s
- DOH, CHED, DICT: Coordinate to provide technical advisory, human resource capability building, and information technology solutions

**LOCAL GOVERNMENTS**

- Shall ensure that adequate human resources for health shall be provided for the functionality of health facilities
- Shall ensure the necessary budget for miscellaneous and other operating expenses of health facilities

**PRIVATE SECTOR**

- Supplement 60% of projected general hospital bed gaps through establishment of new, and expansion of existing hospitals
- Shall be mandated to support the functioning of the Service Delivery Networks (SDN)

Key Recommendations

1. Strengthen the DOH’s HFEP management office by creating plantilla positions and increasing operating expenses for the efficient and effective program management and implementation.
2. Retain PhiHealth reimbursements in all government health facilities to support maintenance and other operating expenses (MOOE), human resources, and capital outlay improvements.
3. Increase medical and allied health science courses and graduates to ensure the competence of human resources for health (HRH) and functionality of upgraded and new health facilities (includes: equity in distribution of schools, increase in HRH production through grants, mandate in return-to-service agreements, completing HRH plantilla requirements by following the standards).
4. Institutionalize Return-to-Service Agreements for medical and allied health graduates of government higher education institutions.
5. Amend the Local Government Code to exempt HRH from the Personal Services ceiling, i.e. 45% for First to Third Class, and 55% for 4th to 6th Class LGU’s.
6. Invest robustly on an integrated health information system.

FOR INQUIRIES ABOUT THE PHFDP

**HEALTH FACILITY DEVELOPMENT BUREAU**

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What is the PHFDP?

- Macro plan that serves as a guide for the upgrading of all health facilities throughout the country towards the achievement of the Philippine Health Agenda guarantees
- Designed to address the gaps and needs for the upgrading of barangay health stations, rural health units, polyclinics, hospitals and other facilities, and to ensure availability of health services including specialty care
- Guides to ensure the rational allocation of government investments for health facility development, including the Health Facilities Enhancement Program (HFEP)

The PHFDP was approved by President Rodrigo Roa Duterte and his Cabinet members during the 15th Cabinet Meeting held on 08 May 2017 at the Aguinaldo State Dining Room, Malacañang Palace, Manila.
### General Policy Directions

1. BHS / barangay
   - 1 professional health worker / barangay

1. RHU / UHC: 20,000 population

Selected infirmaries to convert into POLYCLINICS

From 1:1,000 to 1:800 national general HOSPITAL BED to population ratio

### BARANGAY HEALTH STATIONS

| BHS Target: 42,036 (1 per Barangay) |

<table>
<thead>
<tr>
<th>Existing</th>
<th>Ongoing</th>
<th>RHU/UHC</th>
<th>Gap</th>
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<tbody>
<tr>
<td>20,046</td>
<td>6,867</td>
<td>5,700</td>
<td>9,864</td>
</tr>
</tbody>
</table>

(47.7%) (15.9%) (13.6%) (22.9%)

Community health profiling • Family visits • Diagnostic screening • Health promotion / prevention • Population interventions • Scheduled medical service visits • Birthing facility for selected BHS • Prioritized for GIDA, IP communities / areas, and NAPC priority municipalities

### RURAL HEALTH UNITS and URBAN HEALTH CENTERS

| RHU and UHC Target: 5,250 (1:20,000) |

<table>
<thead>
<tr>
<th>Existing</th>
<th>Ongoing</th>
<th>Gap</th>
</tr>
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<tbody>
<tr>
<td>2,585</td>
<td>375</td>
<td>2,210</td>
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</table>

(49.2%) (7.14%) (43.8%)

Primary gatekeeping in the Service Delivery Networks (SDN) • To become 3-in-1 PhilHealth-accredited (primary care benefit package, maternity care package, TB-DOTS) • Multi-purpose room for mental health, drug screening and counselling, post-stroke physical therapy and rehabilitation

### POLYCLINICS

A POLYCLINIC is targeted to serve 100,000 population

Selected infirmaries are to be converted into Polyclinics

To serve as intermediate care between primary care facilities and hospitals • To provide outpatient specialty care (pediatrics, internal medicine, obstetrics-gynecology, surgery) • To include diagnostics, imaging, and laboratory services

### HOSPITALS

| HOSPITAL BEDS Target: 131,250 (1:800) |

<table>
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<tr>
<th>Existing</th>
<th>Gaps</th>
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<tr>
<td>88,394</td>
<td>42,856</td>
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</table>

(67%) (33%)

### District, Municipal and City Hospitals

Upgrade to at least Level 1 with 50 beds

### Provincial and Highly-Urbanized-City Hospitals

Upgrade to at least Level 2 with 100 beds • Level 3 hospitals to tie up with the academe to improve their training capabilities • Island provinces and priority tourism areas upgrade to Level 2 with enhanced emergency capabilities

### DOH Hospitals

Serve as referral centers in the SDN’s • Upgrade all DOH Hospitals to at least Level 2 with 100 beds • Mega Hospitals to establish in VMMC (Visayas) and SPMC (Mindanao) • Level 3 to establish specialty/sub-specialty services to address leading causes of mortality and morbidity

### SPECIALTY CENTERS

The following specialty centers shall be developed in selected DOH hospitals:

- Heart and Lung Centers
- Brain Centers and Acute Stroke Units
- Oncology Centers
- Trauma Centers
- Orthopaedic Centers
- Physical Medicine and Rehabilitation Centers
- Kidney Transplant Centers
- Diabetes Control Centers
- Eye Centers
- Centers of Infectious Disease and Tropical Medicine
- Reproductive Health Centers
- Neonatology Centers
- Geriatric Centers
- Biomedical Poisoning and Toxicology Centers
- Burn Treatment Centers
- Dermatology Centers
- Psychiatry Centers
- Special services in high tourism areas
- Telemedicine

### OTHER HEALTH FACILITIES

- DND and AFP Military Hospitals
- PNP General Hospital and station hospitals
- Health services under BJMP, BFP and BuCor
- Hospitals and health services of State Universities and Colleges and the UP System
- Drug Abuse Treatment and Rehabilitation Centers
- Blood centers and blood service facilities
- Quarantine stations
- National Reference Laboratories and other health laboratories
- Transport and mobile facilities
- Health offices

Targets may be subjected to adjustments in consideration of unique situations in some communities or needs of their respective SDN’s, as duly validated by their respective regional offices.