2.5.2 Health facility planning

“In 1995, the National Center for Health Facilities Development (NCHFD) of the Department of Health (DOH) crafted the Philippine Hospital Development Plan (PHDP) to create a more responsive hospital system by delivering equitable, quality health care across the country. PHDP underscored the importance of leadership; strategic planning based on population needs; accessibility of services, especially those in hard-to-reach areas; technical and human resource development; operational standards and technology; and networking in the development of hospitals. As part of the health sector reform agenda, PHDP was revised in 2000. The updated PHDP included an investment of Philippine pesos (Php) 46.8 billion to develop 256 local government unit (LGU) district hospitals, 70 provincial hospitals, 10 city hospitals and 70 DOH-retained hospitals. In 2008, the PHDP was expanded and renamed the Philippine Health Facility Enhancement Program (HFEP). The expansion included the inclusion of rural health centres and village health stations. From 2007 to 2010, a further Php 8.43 billion was invested in infrastructure and equipment upgrade projects to support health sector reforms and the Millennium Development Goals (Abesamis, 2010).”

In 2010, the health agenda of Philippine President Benigno S. Aquino III provided for three strategic thrusts to achieve universal health care, or Kalusugan Pangkalahatan. Among the three is an initiative to improve access to quality hospitals and health-care facilities through accelerated upgrading of public health facilities. In order to support this thrust, DOH fast-tracked the implementation of HFEP, which sought to revitalize primary health-care facilities to ensure that the poorest 5.2 million families in the National Household Targeting System for Poverty Reduction (NHTS-PR) would have access to better quality inpatient and outpatient care (Department Order No. 2011–0188). With a Php 7.2 billion budget for HFEP in 2011, DOH was able to upgrade 17% of rural health units (RHUs), 24% of district hospitals, 29% of provincial hospitals, 38% of city hospitals and 7% of DOH-retained hospitals (DOH, 2011), see the figure on succeeding page.
The building of hospitals and other health facilities is planned and designed according to appropriate architectural practices, functional programmes and DOH codes. Relevant guidelines include Administrative Order 29 Series of 2006 (Guidelines for Rationalizing the Health Care Delivery System based on Health Needs) and Administrative Order 4-A and 4-B of 2006 (Guidelines for the Issuance of Certificate of Need to Establish a New Hospital). The rationalization guidelines serve as a requirement for the crafting of the Province-wide Investment Plan for Health (PIPH) by provinces, cities or inter-local health zones (ILHZs).

The Administrative Order on the Certificate of Need (CON), created in 2006, stipulates the requirements for establishing new hospitals, upgrading or converting them, and increasing the bed capacity of existing hospitals. This policy applies to both government and private hospitals. The proposed health facility’s catchment population, location and the commitment of LGUs to fund and maintain the health facility are all taken into account. For secondary and tertiary hospitals, the utilization rate, number of staff and bed-to-population ratio are also considered. DOH amended Administrative Order 2006–0004A with the addition of a provision stating that proposed new hospitals must be at least one hour away by usual means of transportation from the nearest existing hospital. This change in the criteria was made to emphasize the importance of a local referral system and prevent wasteful duplication of services (Lutero, 2012a, 2012b). Each CON is evaluated in the context of the Province/City/ILHZ Strategic Plan for Rationalization of Health Care Delivery System.

The regulation of hospitals, on the other hand, is mandated by Republic Act No. 4266 or the Hospital Licensure Act. To support the implementation of the law, Administrative Order 147 Series of 2004 was crafted to govern the registration, licensing and operation of hospitals and other health facilities. Under this order, a prerequisite for a license to operate is the acquisition of separate licenses for the different ancillary
services (i.e. clinical laboratory, X-ray facility and pharmacy). To secure these licenses, hospitals must transact with different offices in DOH. To improve the licensing process, Administrative Order 21 Series of 2007 was established to set guidelines for the organization and streamlining of the licensure system. This was enacted through two policy directives: the establishment of the One-Stop Licensure System for Hospitals and the decentralization of the licensing process to the centers for health development (CHDs). In 2011, Administrative Order 2011–0020 provided automatic accreditation for DOH-licensed hospitals as Philhealth Centers of Safety. This policy streamlines the regulatory process and promotes the harmonization of DOH standards of safety with Philippine Health Insurance Corporation (Philhealth) core indicators (Administrative Order 2011–0020). To further enforce Republic Act No. 4266, DOH also enacted Administrative Order 12 Series of 2012, a new classification system for hospitals according to ownership, scope of services and functional capacity. This reclassification required Level 1 hospitals to have an outpatient department, an operating room, a pharmacy, a morgue, X-ray services and isolation facilities as patient services (Lutero, 2012c).

As a framework to enable physical improvements in government health facilities, DOH issued Administrative Order 4 Series of 2012 as a commitment to engage in more public–private partnerships (PPPs). With this document, DOH aimed to prioritize PPPs that would support the Kalusugan Pangkalahatan goals and other DOH-set priority areas. Partnerships were encouraged in DOH bureaus, national centres, hospitals and attached agencies, especially PhilHealth (Administrative Order 2012–0004). As of February 2013, through the DOH Center of Excellence for Public–Private Partnerships in Health, DOH started various partnerships with the private sector, namely the Modernization of the Philippine Orthopedic Center, the Research Institute for Tropical Medicine (RITM) Vaccine Self Sufficiency Project and the Public–Private Partnership Strategic Support Fund for provincial and specialty hospitals (DOH, 2013).
References


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