

# Reinforcing primary health care through Super Health Centers

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## UNIVERSAL HEALTH CARE

The 2019 Universal Health Care (UHC) Law (RA 11223)<sup>1</sup> mandates automatic enrolment of all Filipinos in the National Health Insurance Program, promising access to a complete range of health services, including public health and specialized care. Despite this legal framework, the health system continues to face challenges such as limited funding, varying quality of services, and inefficiencies in system management. Out-of-pocket (OOP) spending is still the primary means of financing healthcare. In 2021, Philippines ranked third highest in the Asia Pacific for OOP expenditures at 44.61%, with only a slight contraction of OOP payment at 44.4% in 2023.<sup>2</sup>

UHC envisions accessible, continuous, comprehensive and coordinated care, but implementation lags. Health care provision remains hospital-centric, with hospitals accounting for 46.1% of current health expenditures (CHE) among health care providers in 2023. In terms of services, the nation's health care system continues to focus on curative care, while preventive care services are relatively underfunded. In the same year, curative care accounted for 37.7% of CHE, while preventive care represented only 6.6% of CHE.<sup>3</sup>

The Philippine Health Facility Development Plan (PHFDP) 2020-2040 calls for sustained health financing, and health human resources, but several gaps persist in funding, workforce, and infrastructure. According to the most recent data from the Department of Health (DOH), 43,135 health facilities operate nationwide—77% public, 23% private. The public health infrastructure includes 2,699 Rural Health Units (RHUs) and 26,856 Barangay Health Stations (BHSs).<sup>4</sup> However, there is uneven access to these facilities. Only 50% of the population can reach an RHU or a health center within 30 minutes.<sup>5</sup> This emphasizes the urgent need for facilities that offer affordable and accessible diagnostic and therapeutic services.

## ESTABLISHMENT AND FEATURES OF SHCs

Through the initiative of Senator Bong Go,

the establishment of Super Health Centers (SHCs) across the country began in 2022 to strengthen primary health care by investing in LGU health facilities. SHCs provide expanded public health services—particularly diagnostic and therapeutic care—in rural and underserved areas, functioning as medium-scale polyclinics and enhanced RHUs. SHCs are part of DOH's annual Health Facilities Enhancement Program (HFEP) projects implemented nationwide.

The first SHC was inaugurated on July 19, 2021, in Brgy. Catmon, Malabon City during the COVID-19 pandemic. Since then, over 700 SHCs have been funded nationwide, with 307 in 2022, 322 in 2023, and 132 in 2024.<sup>6</sup> SHCs provide a wider range of services than regular health centers, including patient database management, outpatient consultations, isolation units, laboratory tests (e.g., blood chemistry), diagnostic imaging (X-ray and ultrasound), pharmacy services, and ambulatory surgical units. They also offer ENT care, oncology, physical therapy, rehabilitation, and telemedicine for remote diagnosis and treatment. Core services from regular health centers—such as birthing facilities, basic laboratory tests (CBC, urinalysis), and other essential care—remain available.

Staffing is primarily sourced from existing RHUs. LGUs hire additional personnel—doctors, nurses, midwives and allied health professionals—to operate SHCs. Some LGUs also employ specialists, such as radiologists, to expand service offerings. SHC operations are funded through a combination of PhilHealth's Konsulta Package and local and national government support.<sup>7,8</sup> The Konsulta Package covers outpatient and primary care services, ensuring free access for registered beneficiaries as mandated by the UHC law.

SHCs function as navigators and coordinators within the Health Care Provider Networks (HCPN), facilitating referrals to higher-level facilities based on patient needs. They serve as the first point of contact and help ensure continuity of



care through structured referral pathways. However, challenges in referral implementation persist due to limited awareness of the roles and responsibilities of the LGUs under UHC law, leading to confusion and hesitation among local chief executives to participate. Resource-related issues are also common particularly in terms of staffing shortages and time constraints affecting integration into the referral system.<sup>9</sup>

#### OPERATIONAL GAPS IN THE PRESENT SHCs

SHCs were established to address the need for additional health facilities and to offer services, especially in geographically isolated and disadvantaged areas (GIDA). Despite their promise, SHCs face significant implementation challenges. During the COVID-19 pandemic, implementation and budgeting for the construction of SHC nationwide were earmarked, but most facilities only became operational in 2024. As primary care services resumed post-pandemic, expectations for SHCs were high. However, many remain partially operational or unreleased to LGUs due to staffing shortages.

Most LGUs were not fully prepared to staff SHCs, often depending on existing health personnel from other facilities. As a result, many SHCs are not functioning as intended due to inadequate staffing. In some areas, SHCs have been merged with nearby health centers, and rooms originally designated for diagnostic services such as ECG, ultrasound, or X-ray have been repurposed. Consequently, much of the medical equipment remains unused, with some units still boxed a year after delivery. The absence of trained personnel further prevents the use of these machines, which require certified professionals to operate and interpret diagnostic results. These constraints limit the ability of SHCs to deliver the diagnostic services they were designed to provide.

#### Contributors

JPAV conceptualized the article. JPAV wrote the original draft. The author performed the subsequent revisions. The author have agreed to be accountable for all aspects of this report.

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#### WAYS FORWARD

To address the gaps in SHC implementation, several coordinated actions are needed. While the DOH often enters into agreements with LGUs for the construction of SHC infrastructure,<sup>10 11</sup> these often do not include provisions to ensure the availability of qualified health care personnel to operate the SHC. Future DOH agreements with LGUs should explicitly require the inclusion of staffing costs--such as salaries, allowances, and mandatory benefits--in the SHC's annual operational plan. The DOH can also help ensure the deployment of additional doctors, nurses, midwives, and allied health professionals to augment RHU staff and assist LGUs in recruiting and retaining health workers.

To maximize the use of diagnostic services like ECG, X-ray, and ultrasound, SHCs should also establish formal partnerships with nearby training institutions or hospitals for support in diagnostic test processing and interpretation. A comprehensive system must be in place before diagnostic equipment delivery, covering installation, operation, maintenance, and eventual disposal, to prevent machines from becoming idle or unusable. Finally, prioritizing the placement of SHCs in GIDAs will significantly improve access to timely care. This will reduce unnecessary hospital referrals and allow early management of conditions at the primary care level, minimizing complications through timely and preventive interventions.

SHCs hold great potential to transform local health systems, but only if they are fully operational, properly staffed, and sustainably financed and managed. Stakeholders must act decisively to close implementation gaps, ensure functionality, and deliver on the promise of accessible and affordable care for all Filipinos.

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