



# **DOH MEDIUM TERM EXPENDITURE PROGRAM (MTEP) 2019-2022**

A Multi-Year Spending Plan for the Department of Health

**UPDATE for FY 2019 Budget Preparation**

## **Department of Health 2018**

Published by the Health Policy Development and Planning Bureau – Department of Health  
San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila 1003, Philippines

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## Introduction

The Medium Term Expenditure Program (MTEP) of the Department of Health - Office of the Secretary (DOH-OSEC) is a multi-year spending plan covering the years 2019-2022. The MTEP features the estimated budgetary requirements for the attainment of Universal Health Care through the *FOURmula 1+*. The process of the MTEP development involved the estimation of the fiscal space for health and the budgetary requirements using a two-tier budgeting approach. This MTEP was developed with an annual updating in mind, thus estimates for the forward years will have to be annually reviewed and updated as necessary. Finally this MTEP is intended for the budget preparations for fiscal year 2019 and for the consideration of the Development Budget Coordination Committee (DBCC).

## Health as a Priority Sector

The President, Rodrigo Roa Duterte has mentioned in his 2nd State of the Nation Address that *“Investing in the health sector is never a cost to be endured but an opportunity to be explored”*. This is supported by literature that suggests strong relation of a country's health system and the economy. Economic evidence has confirmed a positive effect of investments in human development to economic growth for poor countries.<sup>1</sup>

The Philippine Development Plan (PDP) 2017-2022 is the first medium-term plan anchored to *Ambisyon Natin 2040*. The health sector is identified as contributory to the PDP strategy of *“Pagbabago”* or *Inequality-reducing Transformation*. This is through health contribution towards accelerating human capital development, reducing vulnerability of individuals and families, and reaching for the demographic dividend.

The health targets outlined Chapter 10 (Accelerating Human Capital) in the PDP are as follows:

- Care at all life stages guaranteed*  
Better nutrition and health outcomes are expected by providing care and services to the well and the sick at all life stages, from infancy to old age. Vulnerable populations – the poor, PWDs, indigenous peoples, and older persons will be prioritized in the provision of services.
- Access through functional service delivery ensured*  
Service Delivery Networks (SDNs) will be expanded and strengthened to allow more people to reach health facilities and avail of needed services such as nutrition, reproductive health, drug abuse management and rehabilitation, and services related to health emergency purposes. Additional resources will be provided for health facility enhancement, human resource for health (quality, quantity, and distribution), and health supplies (vaccines, family planning commodities, and medicines).
- Health financing sustained*  
The National Health Insurance Program (NHIP) will continue to be developed and expanded to ensure that every Filipino is a PhilHealth member and protected from impoverishment due to utilization of health services.

In order to attain PDP health targets, the current leadership of the DOH formulated the *FOURmula 1+* as the strategic thrust of the DOH in this medium term. *FOURmula 1+* framework emphasizes Filipinos as the top priority in every program, activities and projects of the DOH. This administration's vision is that *“Filipinos are among the healthiest people in Southeast Asia by 2022, and Asia by 2040”*, this will be pursued with the mission *“to lead the country in the development of a people-centered, resilient, and equitable health system”*.

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<sup>1</sup> OECD Observer No 243, May 2004

## The DOH-OSEC Budget

The DOH-OSEC budget has grown exponentially to PhP 106 B in 2018 from only PhP 25 B in 2010. The average budget growth rate is 20% per annum. The budget has increased by more than 300% since 2010 and allocation for Personnel Services (PS) and Capital Outlay (CO) have driven this growth. Since the last administration, personnel hiring as a result of the approved hospital staffing expansion and the salary standardization has caused the increase in PS, while the commitment to enhance the country's health facilities through the Health Facilities Enhancement Program (HFEP) has driven the increases in CO.

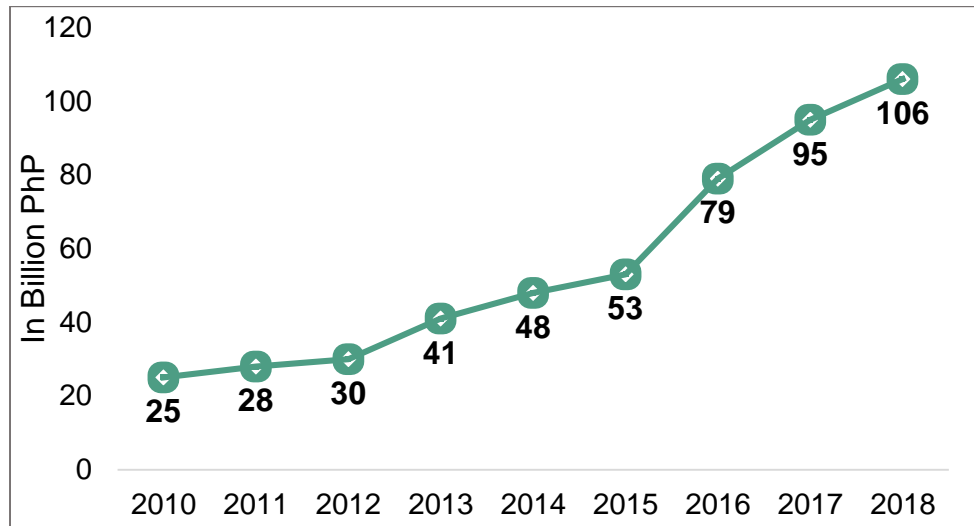


Figure 1. DOH Office of the Secretary Budget Trend (GAA 2010-2018)

The major cost drivers in the DOH OSEC budget comprises 80% of the total budget of the DOH in 2018, these are: 1) HFEP at PhP 31 B (29%), 2) Hospital Services at PhP 26 B (25%), 3) Public Health Programs at PhP 19 B (18%) and 4) Human Resources for Health (HRH) Deployment at PhP 10 B (9%).

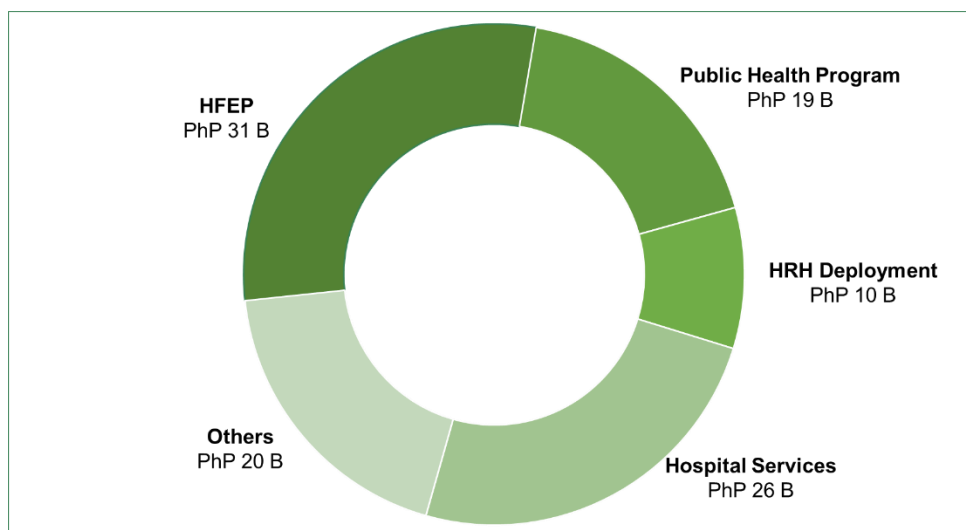


Figure 2. 2018 GAA Major Cost Drivers

The budget utilization by obligation (OBUR) performance of the DOH averages at 84% (2011-2017), this is below the target of 90%. Analysis of the budget utilization by expense class shows that allotments for CO remained the slowest to be utilized, which is common in other agencies as well.<sup>2</sup> In 2016, of the PhP 11 B unutilized funds, 63% were for the implementation of the HFEP.<sup>3</sup> Various reasons were noted as to the delays in HFEP project implementation.<sup>4</sup> Among which that are beyond the DOH's control are: 1) Local Government Units (LGU) requesting for changes in project design, 2) Unforeseen issues on land availability, and 3) Availability of documentary requirements. These issues are being managed by DOH Regional Offices with a prospective outlook to improve plans by ensuring field validation of proposed projects based on readiness for its implementation.

**Table 1. DOH Budget Utilization per Object of Expenditure (2011-2017)**

Expense Class	2011	2012	2013	2014	2015	2016	2017 (as of Dec 2017)
PS	100%	100%	100%	96%	98%	98%	94%
MOOE	73%	88%	91%	84%	86%	89%	88%
CO	53%	76%	67%	61%	76%	68%	83%
<b>Total</b>	<b>75%</b>	<b>89%</b>	<b>86%</b>	<b>82%</b>	<b>87%</b>	<b>85%</b>	<b>88%</b>

The DOH-Office of the Secretary Program Expenditure Classification (PREXC) has four Organizational Outcomes (OO). These are OO1: Access to Promotive and Preventive Health Care Services Improved, OO2: Access to Curative and Rehabilitative Health Care Services Improved, OO3: Access to Safe and Quality Health Commodities, Devices and Facilities Ensured, and OO4: Access to Social Health Protection Assured. Under the OO's are seven (7) programs, fifteen (15) sub-programs and thirty eight (38) budget line items or activities, clustered accordingly by its contribution to an OO.

Development Result	Programs/Sub-Programs
OO No.1: Promotive and preventive health care services improved	Health Policy and Standards Development Program Health Systems Strengthening Program Service Delivery Sub-Program Health Human Resource Sub-Program Health Promotion Sub-Program Public Health Program Public Health Management Sub-Program Environmental and Occupational Health Sub-Program National Immunization Sub-Program Family Health Sub-Program Elimination of Infectious Diseases Sub-Program Prevention and Control of Infectious Diseases Sub-Program Non-Communicable Diseases Sub-Program Epidemiology and Surveillance Program Health Emergency Management Program
OO No.2: Curative and rehabilitative health care services improved	Health Facilities Operation Program Curative Health Care Sub-Program Rehabilitative Health Care Sub-Program

<sup>2</sup> Budget Execution Study, 2017, WorldBank

<sup>3</sup> Financial Utilization Report 2017, Finance Management Service

<sup>4</sup> DOH-RO HFEP Implementation Report 2017, Health Facilities Development Bureau

Development Result	Programs/Sub-Programs
OO No.3: Safe and quality health commodities, devices and facilities ensured	Health Regulatory Program Health Facilities and Services Regulation Sub-Program Consumer Health and Welfare Sub-Program Routine Quarantine Services Sub-Program
OO No.4: Social health protection ensured	Social Health Protection Program

## Fiscal Space Estimates

The resource envelope is computed by subjecting the DOH OSEC budget (2018 GAA) to 10% annual growth. The fiscal estimate obtained amounted to PhP 116.69 B for 2019. The annual growth of 10 percent is applied considering that health is one of the priority sectors of the administration. The annual increase is also based from the 10-year average increase of the DOH agency budget, normalized through the forecasted economic growth of up to 8% annually in the medium-term.

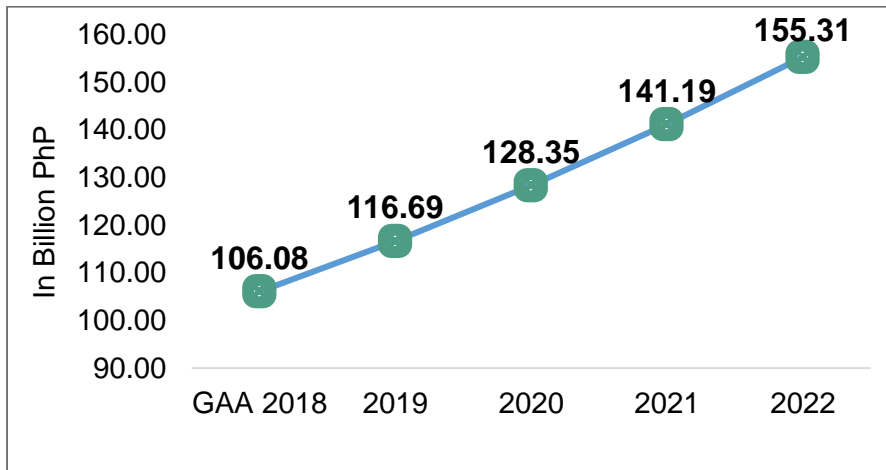


Figure 3. MTEP Fiscal Space Estimates, in Billion PhP

## Methodology

The two-tier budgeting approach was utilized in estimating the required resources of the DOH-OSEC. The two-tier approach separates the discussions and deliberations for (i) ongoing programs/activities/ projects (P/A/Ps), and (ii) expanding or new P/A/Ps.

The **Tier 1 or Estimated Regular Budget** was based on the 2017 budget obligation. For P/A/Ps with new budget line items or those affected by the PREXC budget structuring wherein current year obligations are not applicable, the Tier 1 was based on their 2018 General Appropriations Act (GAA) levels. The Tier 1 was subjected to inflationary growth of 3% over the medium term. In 2019, the Tier 1 amounted to PhP 69.49 B.

The difference between the computed resource envelope and the Tier 1 funds is the total available funds for **Tier 2 or Indicative Additional Budget** distribution. The Tier 2 computations were based on either of the following:

- a) For P/A/Ps with an updated costed strategic plan: the estimated budget required to attain target outcome is computed with a standard scheme<sup>5</sup> to factor absorptive capacity;

<sup>5</sup> Example: if OBUR 2017 > 90%, Tier 2 is 100% of the estimated requirement

- b) For P/A/Ps with no costed strategic plan: only 10% of the current budget is the estimated Tier 2.

**Table 2. MTEP Parameter Estimates 2019-2022, In Billion PhP**

Particulars	Baseline GAA 2018	2019	2020	2021	2022
<b>Total Fiscal Space</b>	<b>106.08</b>	<b>116.69</b>	<b>128.35</b>	<b>141.19</b>	<b>155.31</b>
<i>Tier 1</i>	-	69.49	71.56	73.69	75.89
<i>Tier 2</i>	-	44.47	53.80	64.20	75.80

## Medium Term Expenditure Program Estimates

### **Tier 1 (Estimated Regular Budget)**

The Tier 1 or Estimated Regular Budget allocation per P/A/P is detailed in Table 3. The highest allocation for Tier 1 is for Public Health Programs (PhP 93.10 B) which includes programs to address the triple burden of disease, followed by Health Facilities Operation Program (PhP 108.24 B) which includes funds to subsidize operations of DOH specialty and regional hospitals; and Health Systems Strengthening Program (PhP 38.00 B) which includes funds to continue the deployment of human resources for health.

**Table 3. Tier 1 or Estimated Regular Budget Distribution per P/A/P, In Billion PhP**

Particular	2018 GAA	2017 Obligation	(A) TIER 1 Estimated Regular Budget					TOTAL
			2019	2020	2021	2022		
<b>General Administration and Support</b>	<b>8.78</b>	<b>4.71</b>	<b>4.85</b>	<b>5.00</b>	<b>5.15</b>	<b>5.30</b>	<b>20.30</b>	
<b>Support to Operations</b>	<b>2.17</b>	<b>1.50</b>	<b>1.54</b>	<b>1.59</b>	<b>1.64</b>	<b>1.69</b>	<b>6.46</b>	
Health Information Technology	0.8	0.7	0.77	0.79	0.81	0.84	3.21	
Operations of Regional Offices	1.3	0.8	0.78	0.80	0.82	0.85	3.25	
<b>OO1: Access to Promotive &amp; Preventive Health Care Service Improved</b>	<b>61.93</b>	<b>56.22</b>	<b>32.46</b>	<b>33.42</b>	<b>34.41</b>	<b>35.43</b>	<b>135.72</b>	
Health Policy Standards Development Program	<b>0.21</b>	<b>0.15</b>	<b>0.28</b>	<b>0.28</b>	<b>0.29</b>	<b>0.30</b>	<b>1.15</b>	
<i>International Health Policy Development</i>	0.05	0.08	0.08	0.08	0.08	0.09	0.33	
<i>Health Sector Policy and Plan Development</i>	0.05	0.08	0.08	0.08	0.09	0.09	0.34	
<i>Health Sector Research Development</i>	0.11	n/a	0.12	0.12	0.12	0.13	0.49	
Health Systems Strengthening Program	<b>41.24</b>	<b>38.65</b>	<b>9.08</b>	<b>9.36</b>	<b>9.64</b>	<b>9.93</b>	<b>38.00</b>	
<b>Service Delivery Sub-Program</b>	<b>31.08</b>	<b>30.87</b>	<b>0.91</b>	<b>0.94</b>	<b>0.97</b>	<b>1.00</b>	<b>3.82</b>	
<i>Health Facilities Policy and Plan Development</i>	0.24	0.18	0.18	0.19	0.20	0.20	0.77	
<i>Health Facilities Enhancement Program<sup>6</sup></i>	30.27	27.29	-	-	-	-	-	
<i>Local Health Systems Development and Assistance</i>	0.40	3.11	0.42	0.43	0.44	0.45	1.74	
<i>Pharmaceutical Management</i>	0.16	0.30	0.31	0.32	0.33	0.34	1.30	

<sup>6</sup> Capital Outlay is classified under Tier 2 as per DBM directive.



Particular	2018 GAA	2017 Obligation	(A) TIER 1 Estimated Regular Budget				
			2019	2020	2021	2022	TOTAL
<b>Health Human Resource Sub-Program</b>	<b>9.84</b>	<b>7.65</b>	<b>7.88</b>	<b>8.11</b>	<b>8.36</b>	<b>8.61</b>	<b>32.95</b>
<i>Human Resources for Health and Institutional Capacity</i>	0.24	0.08	0.08	0.08	0.09	0.09	0.34
<i>Human Resources for Health Deployment</i>	9.60	7.57	7.79	8.03	8.27	8.52	32.61
<b>Health Promotion Sub- Program</b>	<b>0.32</b>	<b>0.13</b>	<b>0.13</b>	<b>0.14</b>	<b>0.14</b>	<b>0.14</b>	<b>0.55</b>
Public Health Program	<b>19.59</b>	<b>16.98</b>	<b>22.25</b>	<b>22.92</b>	<b>23.61</b>	<b>24.32</b>	<b>93.10</b>
<b>Public Health Management Sub-Program</b>	<b>4.63</b>	<b>0.01</b>	<b>4.77</b>	<b>4.91</b>	<b>5.06</b>	<b>5.21</b>	<b>19.96</b>
<i>Public Health Management</i>	4.62	n/a	4.76	4.90	5.05	5.20	19.92
<i>Operation of PNAC Secretariat</i>	0.01	0.01	0.01	0.01	0.01	0.01	0.04
<b>Environmental &amp; Occupational Health Sub-Program</b>	<b>0.004</b>	<b>0.21</b>	<b>0.22</b>	<b>0.22</b>	<b>0.23</b>	<b>0.24</b>	<b>0.91</b>
<b>National Immunization Sub-Program</b>	<b>7.44</b>	<b>7.17</b>	<b>7.38</b>	<b>7.61</b>	<b>7.83</b>	<b>8.07</b>	<b>30.89</b>
<b>Family Health Sub-Program</b>	<b>3.64</b>	<b>3.49</b>	<b>3.60</b>	<b>3.71</b>	<b>3.82</b>	<b>3.93</b>	<b>15.05</b>
<b>Elimination of Infectious Diseases Sub-Program</b>	<b>0.96</b>	<b>1.42</b>	<b>1.46</b>	<b>1.51</b>	<b>1.55</b>	<b>1.60</b>	<b>6.12</b>
<i>Elimination of Diseases as public health threat such as Malaria, Schistosomiasis, Leprosy and Filariasis</i>	0.37	0.92	0.95	0.98	1.01	1.04	3.98
<i>Rabies Control</i>	0.58	0.50	0.51	0.53	0.54	0.56	2.14
<b>Prevention &amp; Control of Infectious Disease Sub-Program</b>	<b>2.49</b>	<b>3.14</b>	<b>3.24</b>	<b>3.34</b>	<b>3.44</b>	<b>3.54</b>	<b>13.55</b>
<i>Prevention &amp; Control of Other Infectious Disease</i>	1.69	1.80	1.86	1.91	1.97	2.03	7.77
<i>TB Control</i>	0.78	1.33	1.37	1.41	1.45	1.50	5.73
<i>Assistance to Philippine TB Society</i>	0.01	0.01	0.01	0.01	0.01	0.01	0.06
<b>Prevention and Control of Non-Communicable Diseases Sub-Program</b>	<b>0.43</b>	<b>1.53</b>	<b>1.58</b>	<b>1.63</b>	<b>1.68</b>	<b>1.73</b>	<b>6.61</b>
Epidemiology & Surveillance Program	<b>0.06</b>	<b>0.13</b>	0.13	0.14	0.14	0.15	0.56
Health Emergency Management Program	<b>0.82</b>	<b>0.31</b>	<b>0.72</b>	<b>0.72</b>	<b>0.73</b>	<b>0.74</b>	<b>2.90</b>
<i>Health Emergency Preparedness and Response</i>	0.32	0.21	0.22	0.22	0.23	0.24	0.90
<i>Quick Response Fund</i>	0.50	0.10	0.50	0.50	0.50	0.50	2.00
<b>OO2: Access to Curative &amp; Rehabilitative Health Care Service Improved</b>	<b>27.58</b>	<b>24.85</b>	<b>25.87</b>	<b>26.65</b>	<b>27.45</b>	<b>28.27</b>	<b>108.24</b>
Health Facilities Operation Program	27.58	24.85	25.87	26.65	27.45	28.27	108.24
<b>Curative Health Care Sub-program</b>	<b>26.76</b>	<b>23.44</b>	<b>24.32</b>	<b>25.05</b>	<b>25.80</b>	<b>26.57</b>	<b>101.74</b>
<i>Ops of Blood Centers and NVBSP</i>	0.40	0.11	0.11	0.11	0.12	0.12	0.46
<i>Ops of Hospitals in Metro Manila</i>	8.07	7.95	8.19	8.44	8.69	8.95	34.28
<i>Ops of DOH Regional Hosp &amp; Other Health Facilities</i>	18.13	15.37	15.84	16.31	16.80	17.30	66.25
<i>Ops of National Reference Laboratories</i>	0.17	n/a	0.18	0.18	0.19	0.19	0.75

Particular	2018 GAA	2017 Obligation	(A) TIER 1 Estimated Regular Budget				
			2019	2020	2021	2022	TOTAL
<b>Curative Health Care Sub-program</b>	<b>0.82</b>	<b>1.41</b>	<b>1.56</b>	<b>1.60</b>	<b>1.65</b>	<b>1.70</b>	<b>6.51</b>
<i>Ops of DATRCs</i>	0.82	1.41	1.46	1.50	1.54	1.59	6.09
<i>Dangerous Drug Abuse Prevention and Treatment Program</i>	0.10	n/a	0.10	0.10	0.11	0.11	0.42
<b>OO3: Access to Safe &amp; Quality Health Commodities, Devices &amp; Facilities Ensured</b>	<b>0.75</b>	<b>0.66</b>	<b>0.68</b>	<b>0.70</b>	<b>0.72</b>	<b>0.74</b>	<b>2.83</b>
Health Regulatory Program	0.75	0.66	0.68	0.70	0.72	0.74	2.83
<b>Health Facilities and Services Regulation Sub-Program</b>	<b>0.30</b>	<b>0.30</b>	<b>0.30</b>	<b>0.31</b>	<b>0.32</b>	<b>0.33</b>	<b>1.27</b>
<i>Regulation of Health Facilities and Services</i>	0.02	0.05	0.05	0.05	0.05	0.05	0.20
<i>Regulation of Regional Health Facilities and Services</i>	0.29	0.25	0.26	0.26	0.27	0.28	1.08
<b>Consumer Health and Welfare Sub-Program</b>	<b>0.31</b>	<b>0.24</b>	<b>0.25</b>	<b>0.26</b>	<b>0.27</b>	<b>0.27</b>	<b>1.05</b>
<i>Regulation of Health Establishment and Products</i>	0.31	0.24	0.25	0.26	0.27	0.27	1.05
<b>Routine Quarantine Services Sub-Program</b>	<b>0.14</b>	<b>0.12</b>	<b>0.12</b>	<b>0.13</b>	<b>0.13</b>	<b>0.13</b>	<b>0.51</b>
<i>Provision of Quarantine Services and International Health Services</i>	0.14	0.12	0.12	0.13	0.13	0.13	0.51
<b>OO4: Access to Social Health Protection Assured</b>	<b>4.87</b>	<b>3.96</b>	<b>4.08</b>	<b>4.20</b>	<b>4.33</b>	<b>4.46</b>	<b>17.08</b>
Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/Specialty Hospitals/LGU hospitals/Philippine General Hospital/West Visayas State University Hospital	4.87	3.96	4.08	4.20	4.33	4.46	17.08
<b>GRAND TOTAL</b>	<b>106.08</b>	<b>97.11</b>	<b>69.49</b>	<b>71.56</b>	<b>73.69</b>	<b>75.89</b>	<b>290.63</b>

### **Tier 2 (Indicative Additional Budget)**

The Tier 2 or Indicative Additional Budget allocation per P/A/P is detailed in Table 4. The P/A/Ps with costed strategic plans are the following:

- Health Facilities Enhancement Program
- Human Resources for Health (HRH) Deployment Program
- Philippine Plan of Action for Nutrition (included under Family Health Sub-Program)
- TB Control Program
- HIV/AIDS (lodged under Prevention and Control of Infectious Disease Sub-Program)

The highest allocation for Tier 2 is for Health Facilities Enhancement Program (PhP 170.44 B) which funds the implementation of the Philippine Health Facilities Development Plan, followed by funds for HRH Deployment Program (PhP 116.21 B) for the attainment of the target HRH to population ratio of 22 HRH per 10,000 population. Health Facilities Operation Program would require an additional PhP 60.18 B in the medium-term to increase hospital subsidy to fully implement the No Balance Billing policy. Other cost drivers

for Tier 2 allocations are public health programs such as the National Immunization Program (PhP 40.00 B) for the increase in coverage of existing vaccines and for new vaccines (e.g. Japanese Encephalitis); and Family Health Program (PhP 10.30 B) for the attainment of zero unmet need for family planning and to fund the health and nutrition programs or components of the Philippine Plan of Action for Nutrition and also interventions for Child Survival and Development.

**Table 4. Tier 2 or Indicative Additional Budget Distribution per P/A/P, In Billion PhP**

Particular	(A) Tier 1 Estimated Regular Budget	(B) Tier 2 Indicative Additional Budget		(A) + (B) Total MTEP
	TOTAL	2019-2022	Remarks	
<b>General Administration and Support</b>	<b>20.30</b>	<b>3.51</b>	To enhance/expand DOH capital assets including vehicles	<b>23.81</b>
<b>Support to Operations</b>	<b>6.46</b>	<b>0.87</b>		<b>7.33</b>
Health Information Technology	3.21	0.33	To institutionalize ICT systems, consistent to strategic plans <sup>7</sup>	3.54
Operations of Regional Offices	3.25	0.54	To enhance RO operations for the implementation of F1 Plus	3.79
<b>OO1: Access to Promotive &amp; Preventive Health Care Service Improved</b>	<b>135.72</b>	<b>351.76</b>		<b>487.48</b>
Health Policy Standards Development Program	<b>1.15</b>	<b>0.09</b>		<b>1.24</b>
<i>International Health Policy Development</i>	0.33	0.02	To fund activities for international collaboration	0.35
<i>Health Sector Policy and Plan Development</i>	0.34	0.02	To fund activities for policy and plan development	0.36
<i>Health Sector Research Development</i>	0.49	0.05	To fund the implementation of Medium-Term Health Research Agenda	0.53
Health Systems Strengthening Program	<b>38.00</b>	<b>287.40</b>		<b>325.40</b>
<b>Service Delivery Sub-Program</b>	<b>3.82</b>	<b>170.97</b>		<b>174.78</b>
<i>Health Facilities Policy and Plan Development</i>	0.77	0.30	To enhance resource complement for HFEP management and implementation; to provide support and technical assistance on health facility planning and development and operations management to Regional Offices	1.07
<i>Health Facilities Enhancement Program</i>	-	170.44	To fund the implementation the Philippine Health Facilities Development Plan (PHFDP) 2018-2022	170.44

<sup>7</sup> DOH-Medium-Term Information and Communications Technology Harmonization Initiative (DOH-MITHI), DOH-National Health Objectives - Health Enterprise Architecture (DOH-NOH HEA) and DOH - Information Systems Strategic Plan (DOH-ISSP) for 2018-2020

Particular	(A) Tier 1 Estimated Regular Budget	(B) Tier 2 Indicative Additional Budget		(A) + (B) Total MTEP
	TOTAL	2019-2022	Remarks	
<i>Local Health Systems Development and Assistance</i>	1.74	0.16	To fund the development of policies, guidelines and standards on sustainable local health systems	1.90
<i>Pharmaceutical Management</i>	1.30	0.07	To ensure pharmaceutical access	1.37
<b>Health Human Resource Sub-Program</b>	<b>33.64</b>	<b>116.31</b>		<b>149.94</b>
<i>Human Resources for Health and Institutional Capacity</i>	1.03	0.10	To fund training requirements of DOH units	1.12
<i>Human Resources for Health Deployment</i>	32.61	116.21	To achieve 1 dedicated health worker per brgy; to attain HRH to population ratio of 22:10,000 by 2022; and to fund pre-service scholarship grants for medical and midwifery students to be deployed in identified priority areas.	148.82
<b>Health Promotion Sub- Program</b>	<b>0.55</b>	<b>0.13</b>	To fund health promotion activities using strategic platforms	<b>0.68</b>
Public Health Program	<b>93.10</b>	<b>60.52</b>		<b>153.61</b>
<b>Public Health Management Sub-Program</b>	<b>19.96</b>	<b>1.85</b>		<b>21.82</b>
<i>Public Health Management</i>	19.92	1.85	To fund activities for research, training, and promotional activities of public health programs	21.82
<i>Operation of PNAC Secretariat</i>	0.04	0.005	To fund the operations of PNAC	0.05
<b>Environmental &amp; Occupational Health Sub-Program</b>	<b>0.91</b>	<b>0.001</b>	To attain zero open defecation to select priority areas	<b>0.91</b>
<b>National Immunization Sub-Program</b>	<b>30.89</b>	<b>40.00</b>	To increase coverage of existing vaccines and introduce new vaccines	<b>70.89</b>
<b>Family Health Sub-Program</b>	<b>15.05</b>	<b>10.30</b>	To attain zero unmet need for family planning and to fund the health and nutrition component of the Philippine Plan of Action for Nutrition and Child Survival and Development Interventions.	<b>25.35</b>
<b>Elimination of Infectious Diseases Sub-Program</b>	<b>6.12</b>	<b>0.38</b>		<b>6.50</b>
<i>Elimination of Diseases as public health threat such as Malaria, Schistosomiasis, Leprosy and Filariasis</i>	3.98	0.15	To eliminate endemic diseases to target provinces	4.13
<i>Rabies Control</i>	2.14	0.23	To eliminate endemic diseases to target provinces	2.37

Particular	(A) Tier 1 Estimated Regular Budget	(B) Tier 2 Indicative Additional Budget		(A) + (B) Total MTEP
	TOTAL	2019-2022	Remarks	
<b>Prevention &amp; Control of Infectious Disease Sub-Program</b>	<b>13.55</b>	<b>7.81</b>		<b>21.36</b>
<i>Prevention &amp; Control of Other Infectious Disease</i>	7.77	4.80	To control HIV/AIDS epidemic and vector-borne diseases including dengue	12.57
<i>TB Control</i>	5.73	3.00	To control TB burden	8.73
<i>Assistance to Philippine TB Society (PTS)</i>	0.06	0.01	To fund the operations of PTS	0.06
<b>Prevention and Control of Non-Communicable Diseases Sub-Program</b>	<b>6.61</b>	<b>0.17</b>	To control NCD burden	<b>6.78</b>
Epidemiology & Surveillance Program	0.56	2.69	To enhance surveillance and expand epidemiological studies	3.25
Health Emergency Management Program	2.90	1.07		3.97
<i>Health Emergency Preparedness and Response</i>	0.90	0.87	To fund requirements for health emergency prepared and response capacity enhancement	1.77
<i>Quick Response Fund</i>	2.00	0.20	To ensure fund availability for health emergencies and disasters	2.20
<b>OO2: Access to Curative &amp; Rehabilitative Health Care Service Improved</b>	<b>108.24</b>	<b>60.18</b>		<b>168.42</b>
Health Facilities Operation Program	108.24	60.18		168.42
<b>Curative Health Care Sub-program</b>	<b>101.74</b>	<b>53.54</b>		<b>155.28</b>
<i>Ops of Blood Centers and NVBSP</i>	0.46	0.16	To ensure sufficient blood supply and enhance blood networks	0.62
<i>Ops of Hospitals in Metro Manila</i>	34.28	12.31	To increase hospital subsidy for NBB implementation based on normative financing estimates <sup>8</sup> ; considered the Quantified Free Services provided by DOH Hospitals and support for the expansion of services of Select DOH Hospitals into Specialty Centers targeted in the PHFDP 2017-2022	46.62
<i>Ops of DOH Regional Hosp &amp; Other Health Facilities</i>	66.25	40.44		106.69
<i>Ops of National Reference Laboratories (NRLs)</i>	0.75	0.60	To fund the expansion of NRL services, provide a national confirmatory testing, surveillance, research, and capability building of laboratories, implementation of antimicrobial resistance	1.35

<sup>8</sup> Costing for limited to inpatients only, assuming OPD and ER Treatment is charged to hospital income

Particular	(A) Tier 1 Estimated Regular Budget	(B) Tier 2 Indicative Additional Budget		(A) + (B) Total MTEP
	TOTAL	2019-2022	Remarks	
			program, and provision of National External Quality Assurance Scheme (NEQAS)	
<b>Rehabilitative Health Care Sub-program</b>	<b>6.51</b>	<b>6.64</b>		<b>13.14</b>
<i>Ops of DATRCs</i>	6.09	2.31	To fund treatment and rehabilitation of increased inpatients in DOH DATRCs, the completion of Master Site Development Plan of existing DATRCs, and the establishment of DATRCs for all regions	8.40
<i>Dangerous Drug Abuse Prevention and Treatment Program</i>	0.42	4.33	To fund strategies for drug abuse prevention and treatment and to establish 1 recovery home per province (81) and 1 community-based recovery clinics per inter-local health	4.75
<b>OO3: Access to Safe &amp; Quality Health Commodities, Devices &amp; Facilities Ensured</b>	<b>2.83</b>	<b>0.60</b>		<b>3.43</b>
Health Regulatory Program	2.83	0.60	for additional regulatory officers, ICT systems for regulations	3.43
<b>Health Facilities and Services Regulation Sub-Program</b>	<b>1.27</b>	<b>0.42</b>		<b>1.69</b>
<i>Regulation of Health Facilities and Services</i>	0.20	0.30	To fund regulation of health facilities and services	0.50
<i>Regulation of Regional Health Facilities and Services</i>	1.08	0.12	To fund regulatory services	1.19
<b>Consumer Health and Welfare Sub-Program</b>	<b>1.05</b>	<b>0.13</b>		<b>1.18</b>
<i>Regulation of Health Establishment and Products</i>	1.05	0.13	To fund regulation of quarantine ports and other international health services	1.18
<b>Routine Quarantine Services Sub-Program</b>	<b>0.51</b>	<b>0.05</b>		<b>0.57</b>
<i>Provision of Quarantine Services and International Health Services</i>	0.51	0.05	To fund quarantine and international health services	0.57
<b>OO4: Access to Social Health Protection Assured</b>	<b>17.08</b>	<b>1.95</b>		<b>19.02</b>
Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/Specialty Hospitals/LGU hospitals/Philippine General Hospital/West Visayas State University Hospital	17.08	1.95	To increase funds to meet the increasing demand for the Medical Assistance Program	19.02
<b>GRAND TOTAL</b>	<b>290.63</b>	<b>418.86</b>		<b>709.49</b>

### **Total Medium Term Requirements for Health**

Over the medium-term, the DOH-OSEC would require a total of PhP 709.49 B to fund the implementation of its priority programs. The highest component of the MTEP is for OO1: Access to Promotive & Preventive Health Care Service Improved (PhP 487.48 B) which amounts to 69% of the total MTEP requirement. The second highest allocation in MTEP is for OO2: Access to Curative & Rehabilitative Health Care Service Improved (PhP 168.42 B) which is 24% of the total medium-term requirement.

In the medium-term, the MTEP requirement (PhP 709.49 B) exceeds the medium-term fiscal space (PhP 541.54 B). The resource gap is the difference between the estimated fiscal space and the DOH-OSEC MTEP requirements. The estimated resource gap for the medium is PhP 167.96 B. This underscores the need to align other funding sources (i.e. PCSO, PAGCOR) for health and also lobby for additional health budget.

**Table 5. Total Medium Term Requirements for Health (2019-2022), in Billion PhP**

<b>Organizational Outcome</b>	<b>(A) Estimated Regular Budget</b>	<b>(B) Indicative Additional Budget (2019-2022)</b>	<b>(A+B) MTEP (Tier 1+Tier 2)</b>	<b>% of Total MTEP</b>
OO1: Access to Promotive & Preventive Health Care Service Improved	135.72	351.76	487.48	69%
OO2: Access to Curative & Rehabilitative Health Care Service Improved	108.24	60.18	168.42	24%
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured	2.83	0.60	3.43	0.5%
OO4: Access to Social Health Protection Assured	17.08	1.95	19.02	3%
Others (i.e. GASS, STO)	26.76	4.38	31.14	4%
<b>TOTAL</b>	<b>290.63</b>	<b>418.86</b>	<b>709.49</b>	<b>100%</b>
Fiscal Space (2019-2022)			541.54	
<b>Resource Gap</b>			<b>167.96</b>	



**Developed by:**  
Health Policy Development and Planning Bureau