



# 2021 Annual Report

## Sin Tax Law

Incremental Revenue  
for Health



Prepared by:  
The Health Policy Development and Planning Bureau

## **DEPARTMENT OF HEALTH 2021**

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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## LIST OF ACRONYMS

ART	Antiretroviral Therapy
BAR	Budget Accountability Report
BIR	Bureau of Internal Revenue
BOC	Bureau of Customs
CHDs	Centers for Health Development
COC	Combined Oral Contraceptives
CY	Calendar Year
DA	Department of Agriculture
DBM	Department of Budget and Management
DOF	Department of Finance
DOH-OSEC	Department of Health - Office of the Secretary
DPCB	Disease Prevention and Control Bureau
DRRM-H	Disaster Risk Reduction Management for Health
DSWD	Department of Social Welfare and Development
FAR	Financial Accomplishment Report
FHSIS	Field Health Service Information System
FPET	Family Planning Estimation Tool
FUR	Financial Utilization Report
GAA	General Appropriations Act
HEFP	Health Enhancement Facilities Program
HFEP	Health Facilities Enhancement Program
HHRDB	Health Human Resources Development Bureau
HRH	Human Resources for Health
ICESDP	Integrated Comprehensive Essential Service Delivery Package
IRR	Implementing Rules and Regulations
ITIS	Integrated Tuberculosis Information System
LGU	Local Government Unit
MAIP	Medical Assistance to Indigent Patients
MPBF	Miscellaneous Personnel Benefit Fund
MDG	Millennium Development Goal
NDHRHIS	National Database of Selected Human Resources for Health
NHIP	National Health Insurance Program
NIP	National Immunization Program

## LIST OF ACRONYMS

NMCEP	National Malaria Control and Elimination Program
P/A/P	Program/Activity/Project
PBUR	Performance Budget Utilization Review
P/CWHS	Province- and City-Wide Health Systems
PCSO	Philippine Charity Sweepstakes Office
PHFDP	Philippine Health Facility Development Plan
PhilHealth	Philippine Health Insurance Corporation
PIR	Program Implementation Review
PLHIV	People Living with HIV
PNAC	Philippine National AIDS Council
PopCom	Commission on Population and Development
RA	Republic Act
REP	Reaching Every Purok
SCMS	Supply Chain Management Service
SDG	Sustainable Development Goals
SDN	Service Delivery Networks
TB	Tuberculosis
UHC	Universal Health Care

# Introduction

The earmarking provisions of Republic Act (RA) no. 10351 or the Sin Tax Law of 2021 was amended and repealed by RA no. 11346 and RA no. 11467, respectively. This affects the allocations earmarked for Universal Health Care (UHC) beginning CY 2022. Based on these new sin tax laws, the allocation for UHC shall be based on the collection in the second fiscal year preceding the current fiscal year. Thus, the revenue collected in 2020 from excise tax shall be reserved and distributed through the 2022 budget.

The year 2021 will be a transition period given the revised computation and allocation of funds for UHC, including allocations for the Sustainable Development Goals (SDGs) beginning CY 2022, due to the new sin tax laws.

This *eighth* annual report is in compliance with Rule VIII, Section 1 of the 2012 Sin Tax Reform Law's Implementing Rules and Regulations (IRR), which requires identified national agencies to publish a detailed report on the expenditure and utilization of amounts that have been earmarked under RA no. 10351. The said IRR also provides that the incremental revenues after deducting the share of Local Government Units (LGUs) under RA nos. 7171 and 8240<sup>1</sup> shall be earmarked for health. Of the remaining balance of this incremental revenue for health, 80 percent shall be allocated to UHC expenditures under the National Health Insurance Program (NHIP), attainment of the Millennium Development Goals (MDGs), and health awareness programs. The remaining 20 percent, on the other hand, shall be allocated nationwide based on political and district subdivisions, for medical assistance, and the Health Enhancement Facilities Program (HEFP).

In the 2021 General Appropriations Act (GAA), the Department of Health – Office of the Secretary (DOH-OSEC) and Philippine Health Insurance Corporation (PhilHealth) received a total appropriation of PhP 205.81 billion, which is 20 percent higher than the 2020 budget allocation of PhP 171.91 billion. Of this amount, 65 percent or PhP 134.45 billion is allocated to the DOH-OSEC; while, the remaining 35 percent or PhP 71.35 billion is allocated for premium subsidies under the NHIP of PhilHealth.

The significant budget increase from 2020 to 2021 is attributed to the six (6) major cost drivers, arranged from highest budget to lowest, namely: (1) Operations of DOH Regional Hospitals and Other Health Facilities - from PhP 29.58 billion to PhP 34.69 billion; (2) Medical Assistance to Indigent Patients - from PhP 10.48 billion to PhP 17.01 billion; (3) Human Resources for Health (HRH) Deployment - from PhP 9.95 billion to PhP 16.58 billion; (4) Family Health, Immunization, Nutrition, and Responsible Parenting - from PhP 9.58 billion to PhP 12.21 billion; (5) Operations of Metro Manila Hospitals - from PhP 10.32 billion to PhP 12.55 billion; and, (6) Prevention and Control of Communicable Diseases - from PhP 2.83 billion to PhP 8.22 billion. Items (4) and (6) are inclusive of COVID-19 related budget allocation for the procurement of COVID-19 vaccines, personal protective equipment, and COVID-19 GeneXpert cartridges. However, there is a slight decrease in the budget allocation for the Health Facilities Enhancement Program (HFEP) in 2021 amounting to PhP 7.84 billion<sup>2</sup> only, which was originally at PhP 8.38 billion in 2020.

<sup>1</sup> Pursuant to Republic Act 7171 "An Act to Promote the Development of the Farmer in the Virginia Tobacco Producing Provinces" and Republic Act 8240 "An Act Amending Section 138,140, & 142 of the National Internal Revenue Code"

<sup>2</sup> Amount is exclusive of 2021 Unprogrammed Funds for HFEP Infrastructure Projects worth PhP 5,518,411,000

# Sin Tax Incremental Revenue for Health

For CY 2021, the increases relative to baseline in the total budget for health under the DOH-OSEC and PhilHealth (Table 1) were sourced out from the sin tax incremental revenue earmarked for health based on RA no. 10351 and the counterpart funding from the National Government<sup>3</sup>. In the sin tax reports beginning 2014 until 2019, the Department computed the sin tax attribution for health as the actual sin tax incremental revenue for health less LGU shares as certified by the Bureau of Internal Revenue (BIR) and Bureau of Customs (BOC), which are under the Department of Finance (DOF). However, upon consultation with DOF and Department of Budget and Management (DBM) in 2020 and as per Rule II Section 2.2 of the Joint Circular (JC) no. 001-2014<sup>4</sup>, the amount to be allocated for health for the budget year shall be computed based on the DOF's projected incremental revenue for the immediately preceding year, net of the projected LGU shares, as submitted by the DOF to the DBM. Necessary adjustments due to any difference between the projected and actual incremental revenues shall be effected in the succeeding budget year.

Table 1 shows the adjusted sin tax incremental revenue for health in the DOH-OSEC and PhilHealth budget from 2014 to 2021 using the DOF-DBM recommended formula below. Further, since 2021 is the transition year for the implementation of the new sin tax laws and the last implementation year of the 2012 Sin Tax Law, only the surplus from the 2019 actual incremental revenue for health and the 2019 projected incremental revenue for health can be appropriated to the 2021 GAA of the DOH-OSEC and PhilHealth.

<sup>3</sup> The natural increase derived from other sources is computed as the difference between the "total GAA level (DOH-OSEC and PhilHealth)" and the sum of "the Incremental Revenue for Health and 2013 Baseline"

<sup>4</sup> JC No. 001-2014 dated January 30, 2014 issued by the DOF-BIR and the DBM and Implementing Section 288, Subsections B and C of the National Internal Revenue Code, as amended by RA no. 10351



**Table 1. Sin Tax Incremental Revenue for Health in the DOH-OSEC and PhilHealth Budget 2014-2021, in Billion PhP**

Year (t)	Amount in the GAA (a)	Incremental Revenue for Health <sup>5</sup>				Counterpart Funding from National Government or "Natural Increase" f = a - (d + Baseline)	Adjusted Balance <sup>6</sup>
		Projected (b)	Actual (c)	Attributed Amount in the GAA $d_t = (b)_{t-1} + (c - b)_{t-2}$	% $e = d/a \times 100$		
2013 <sup>7</sup> (Baseline)	<b>53.23</b>	33.96	44.72	-	-	-	-
2014	<b>83.72</b>	42.86	42.60	<b>33.96</b>	40.56%	-	3.47
2015	<b>86.97</b>	50.63	62.69	<b>53.62</b>	61.65%	-	19.88
2016	<b>122.63</b>	56.87	59.23	<b>50.37</b>	41.08%	19.03	-
2017	<b>148.50</b>	64.18	71.24	<b>68.92</b>	46.41%	26.35	-
2018	<b>160.73</b>	66.75	90.90	<b>66.55</b>	41.40%	40.95	-
2019	<b>165.01</b>	69.42	102.92 <sup>8</sup>	<b>73.81</b>	44.73%	37.97	-
2020	<b>171.91</b>	N/A <sup>9</sup>	N/A <sup>10</sup>	<b>93.57</b>	54.43%	25.12	-
2021 (Transition Year)	<b>205.81</b>	N/A <sup>11</sup>	N/A <sup>12</sup>	<b>33.50<sup>13</sup></b>	16.28%	119.08	-

The incremental revenue allocated for health in 2021 is based on the surplus of the 2019 actual sin tax collections and 2019 projected sin tax collections amounting to PhP 33.50 billion or 16 percent of the PhP 205.81 billion total budget for DOH-OSEC and PhilHealth. In comparison to the 2013 baseline budget of the DOH-OSEC and PhilHealth amounting to PhP 53.23 billion, the sin tax incremental revenues for health has contributed to the increase in the annual appropriations for DOH-OSEC and PhilHealth in the GAA, which increases by almost four-fold in 2021 (Refer to Figure 1). Since only the surplus of the sin tax collection was attributed in the 2021 GAA, a large portion or PhP 119.08 billion of the 2021 appropriations for the DOH-OSEC and PhilHealth were derived from the counterpart funding of the National Government from other sources.

5 Adjusted based on the recommended formula of the DBM and DOF: (Preceding Year's Projected Sin Tax Incremental Revenue for Health) plus (Two Years Ago's Actual minus Projected Sin Tax Incremental Revenue for Health)

6 Adjusted balance is based on the recommended formula in the above footnote.

7 Refers to the baseline year prior to the first Sin Tax Incremental Revenue allocated to Health

8 Updated based on the official certification from the Bureau of Customs for incremental revenue in the collection of excise tax from imported alcohol amounting to PhP 1,111,883,969.38 for CY 2019.

9 2020 total projected excise tax collections will be attributed beginning 2022 based on the new sin tax laws

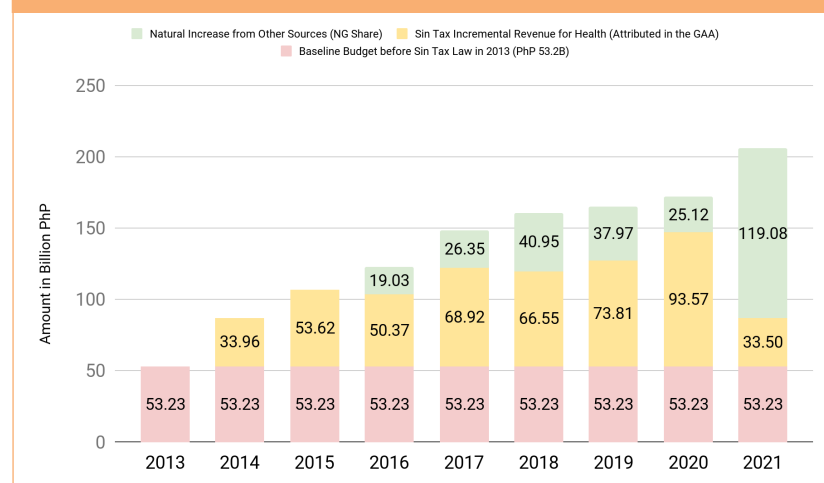
10 ibid.

11 ibid.

12 ibid.

13 Only the surplus of the 2019 sin tax incremental revenues can be attributed to the 2021 GAA. CY 2021 is the transition year since the new sin tax laws will be applied by CY 2022.

**Figure 1. Sources of Funds in the DOH-OSEC and PhilHealth Budget 2014-2021, in Billion PhP**



# General Allocation of the Sin Tax Incremental Revenue for Health in 2021

The sin tax incremental revenue for health that is appropriated to the DOH-OSEC and PhilHealth 2021 budget is programmed in conformity to the predetermined programs specified in the IRR of the Sin Tax Law. The PhP 33.50 billion incremental revenue for health in 2021 is allocated as follows (details are found in Table 2): PhP 16.92 billion or 51 percent for the enrollment and coverage of indigent families and members in the informal economy; PhP 9.78 billion or 29 percent for strengthening of preventive health programs; PhP 60 million or 0.2 percent for health awareness programs; PhP 41 million or 0.1 percent for implementation research to support UHC; PhP 4.47 billion or 13 percent for medical assistance; PhP 2.06 billion or 6 percent for financial assistance for HFEP; and, PhP 169 million or almost 1 percent for establishment of Service Delivery Networks (SDNs)<sup>14</sup>. Table 2 shows the adjusted figures of the general allocation of the sin tax incremental revenue for health from 2019 to 2021 based on the DOF-DBM recommended formula.

<sup>14</sup> In current DOH and UHC Act terminologies, SDN refers to Province- and City- Wide Health Systems (P/ CWHS)

**Table 2. General Allocation of the Sin Tax Incremental Revenue for Health in 2019-2021<sup>15</sup>, in Million PhP**

Prescribed Allocation	Provision	2019		2020		2021 <sup>16</sup>	
		Amount	% to Total*	Amount	% to Total*	Amount	% to Total*
<b>80% Rule III - Allocation for UHC, MDGs, and Health Awareness</b>	Sec. 2 Enrollment and Coverage of Indigent Families and Members in the Informal Economy	54,725	74.15%	58,725	62.76%	16,918	50.50%
	Sec. 3 Strengthening of Preventive Health Programs	4,254	5.76%	15,846	16.94%	9,783	29.20%
	Sec. 4 Health Awareness Programs	46	0.06%	169	0.18%	60	0.18%
	Sec. 5 Implementation Research to Support UHC	20	0.03%	116	0.12%	41	0.12%
	<b>Sub-total</b>	<b>59,046</b>	<b>80%</b>	<b>74,860</b>	<b>80%</b>	<b>26,802</b>	<b>80%</b>
<b>20% Rule IV - Allocation for Medical Assistance and the Health Enhancement Facilities Program</b>	Sec. 2 Medical Assistance	9,382	12.71%	10,483	11.20%	4,471	13.34%
	Sec. 3 Financial Assistance for HFEP	5,240	7.10%	7,839	8.38%	2,061	6.15%
	Sec. 4 Service Delivery Networks	140	0.19%	392	0.42%	169	0.50%
	<b>Sub-total</b>	<b>14,760</b>	<b>20%</b>	<b>18,710</b>	<b>20%</b>	<b>6,700</b>	<b>20%</b>
<b>Grand total</b>		<b>73,807</b>	<b>100%</b>	<b>93,571</b>	<b>100%</b>	<b>33,502</b>	<b>100%</b>

Pursuant to the requirements stated in Rules III and IV of the IRR of the 2021 Sin Tax Law, 80 percent or PhP 26.80 billion of the 2021 Sin Tax incremental revenue for health is allocated to expenditures intended for the enrollment and coverage of indigent families and members to the NHIP, strengthening of preventive health programs, health awareness programs, and implementation research to support UHC. Meanwhile, the remaining 20 percent or PhP 6.7 billion of the aforesaid incremental revenue is allocated for medical assistance, funding assistance to HFEP, and support to the establishments of Province- and City-Wide Health Systems (P/CWHS)<sup>17</sup>. The remainder of the funding requirements of these budget line items which cannot be attributed to the incremental revenue for health was shouldered by the National Government from other sources.

<sup>15</sup> Using the corrected figures based on the DOF-DBM recommended formula (Years in PREXC budget structure only, i.e. 2019-2021)

<sup>16</sup> Only the surplus of the 2019 sin tax incremental revenues can be attributed to the 2021 GAA. CY 2021 is the transition year since the new sin tax laws will be applied by CY 2022.

<sup>17</sup> Formerly referred to as Service Delivery Networks (SDNs)

# Specific Allocation of the Sin Tax Incremental Revenue for Health in 2021

Of the top three expenditure items from the incremental revenue for health, fifty percent of the budget is allocated for the one-year coverage of PhilHealth premium subsidy for indigent families, senior citizens, and members of the informal economy amounting to PhP 16.92 billion. Consequently, the attributed allocations for various preventive health programs towards the attainment of MDGs comprise 29 percent of the total incremental revenue for health amounting to PhP 9.78 billion. On the other hand, the attributed allocation for medical assistance for indigent and financially-incapacitated patients, rendered through the DOH Malasakit Program, is PhP 4.47 billion or 13 percent of the incremental revenue for health. The specific allocation per Program/Activity/Project (P/A/P) in 2019 to 2021 are detailed in Table 3 reflecting the adjusted allocation of the sin tax incremental revenue for health using the DOF-DBM recommended formula.

Table 3. Specific Allocation of the Sin Tax Incremental Revenue for Health in 2019-2021<sup>18</sup>, in Million PhP

Specific Allocation	Sin Tax Incremental Revenue					
	2019		2020		2021 <sup>19</sup>	
	Amount	% to Total	Amount	% to Total	Amount	% to Total
<b>Rule III - Allocation for UHC, MDGs, and Health Awareness (80%)</b>						
<b>Sec. 2. Enrollment and Coverage of Indigent Families and members in the Informal Economy</b>	<b>54,725</b>	<b>74.15%</b>	<b>58,725</b>	<b>62.76%</b>	<b>16,918</b>	<b>50.50%</b>
National Health Insurance Program	54,725	74.15%	58,725	62.76%	16,918	50.50%
<b>Sec. 3. Strengthening of Preventive Health Programs towards Attainment of MDGs</b>	<b>4,254</b>	<b>5.76%</b>	<b>15,846</b>	<b>16.94%</b>	<b>9,783</b>	<b>29.20%</b>
Public Health Management	635	0.86%	2,366	2.53%	691	2.06%
National Immunization	1,186	1.61%	4,291	4.59%	2,372	7.08%
Family Health, Nutrition and Responsible Parenting	389	0.53%	1,157	1.24%	522	1.56%
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	34	0.05%	185	0.20%	76	0.23%
Rabies Control	143	0.19%	285	0.30%	121	0.36%
Prevention and Control of Other Infectious Disease	116	0.16%	602	0.64%	1,578	4.71%
Operation of the PNAC Secretariat	1	0.002%	8	0.01%	8	0.02%
TB Control	138	0.19%	540	0.58%	175	0.52%
Assistance to Philippine Tuberculosis Society	2	0.003%	9	0.01%	3	0.01%
Prevention and Control of Non-Communicable Diseases	95	0.13%	290	0.31%	133	0.40%
Environmental and Occupational Health	5	0.01%	200	0.21%	0.5	0.001%
Epidemiology and Surveillance	41	0.06%	66	0.07%	38	0.11%
Health Emergency Preparedness and Response	43	0.06%	131	0.14%	67	0.20%
Human Resources for Health Deployment	1,347	1.82%	5,662	6.05%	3,932	11.74%
Pharmaceutical Management	79	0.11%	58	0.06%	67	0.20%
<b>Sec. 4. Health Awareness Programs</b>	<b>46</b>	<b>0.06%</b>	<b>169</b>	<b>0.18%</b>	<b>60</b>	<b>0.18%</b>
Health Promotion	46	0.06%	169	0.18%	60	0.18%
<b>Sec. 5. Implementation Research to Support UHC</b>	<b>20</b>	<b>0.03%</b>	<b>116</b>	<b>0.12%</b>	<b>41</b>	<b>0.12%</b>
Health Sector Research Development	20	0.03%	116	0.12%	41	0.12%
<b>Sub-total</b>	<b>59,046</b>	<b>80%</b>	<b>74,856</b>	<b>80%</b>	<b>26,802</b>	<b>80%</b>
<b>Rule IV - Allocation for Medical Assistance and Health Enhancement Facilities Program (20%)</b>						
<b>Sec. 2. Medical Assistance</b>	<b>9,382</b>	<b>12.71%</b>	<b>10,483</b>	<b>11.20%</b>	<b>4,471</b>	<b>13.34%</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	9,382	12.71%	10,483	11.20%	4,471	13.34%
<b>Sec. 3. Financial Assistance for Health Enhancement Facilities Program (HEFP)</b>	<b>5,240</b>	<b>7.10%</b>	<b>7,839</b>	<b>8.38%</b>	<b>2,061</b>	<b>6.15%</b>
Health Facilities Enhancement Program	5,240	7.10%	7,839	8.38%	2,061	6.15%
<b>Sec. 4. Service Delivery Networks</b>	<b>140</b>	<b>0.19%</b>	<b>392</b>	<b>0.42%</b>	<b>169</b>	<b>0.50%</b>
Human Resources for Health and Institutional Capacity	52	0.07%	146	0.16%	37	0.11%
Local Health Systems Development and Assistance	88	0.12%	246	0.26%	132	0.40%
<b>Sub-total</b>	<b>14,761</b>	<b>20%</b>	<b>18,714</b>	<b>20%</b>	<b>6,700</b>	<b>20%</b>
<b>Grand Total</b>	<b>73,807</b>	<b>100%</b>	<b>93,571</b>	<b>100%</b>	<b>33,502</b>	<b>100%</b>

\*Note: Totals may not add-up due to rounding off.

<sup>18</sup> Using the corrected figures based on the DOF-DBM recommended formula

<sup>19</sup> Only the surplus of the 2019 sin tax incremental revenues can be attributed to the 2021 GAA. CY 2021 is the transition year since the new sin tax laws will be applied by CY 2022.

# Physical Performance

This section provides a report on the physical accomplishments in CY 2020 and partial performance as of 2nd Quarter of CY 2021 relative to the sin tax incremental revenue for health. The indicators and targets are updated based on the Budget Accountability Report (BAR), DOH Annual Report, program database, and agencies' scorecards. The performance data per budget line item or P/A/P indicated in this report are limited only to the line items that have specific allocations from the surplus of the sin tax incremental revenue for health in the 2021 GAA.

The DOH-OSEC and PhilHealth programs with allocations from the sin taxes have a total of 26 performance commitments in 2020. Of which, fourteen performance targets or 54 percent were attained, whereas twelve targets or 46 percent were not attained. Table 4 summarizes the Physical Accomplishment in CY 2020 and as of the 2nd Quarter of CY 2021. To support and justify the under-accomplishments, the reasons for unmet commitments and next steps are provided for in Table 5.

**Table 4. Physical Accomplishment in CY 2020 and CY 2021  
(as of 2nd Quarter)**

Section / Program	Performance Indicator	2020 <sup>20</sup>		2021 as of 2nd Quarter	
		Annual Targets <sup>21</sup>	Performance	Annual Targets	Performance <sup>22</sup>
<b>RULE III. Sec. 2. Enrollment and Coverage of Indigent Families and members in the Informal Economy</b>					
National Health Insurance Program	Percent of population covered by the NHIP	100%	100% <sup>23</sup>	100%	Annually reported
	PhilHealth Registration or Enrolment Rate <sup>24</sup>	87% (Baseline)	87%	90%	87% (as of July)
<b>Sec. 3. Strengthening of Preventive Health Programs towards Attainment of MDGs</b>					
Public Health Management	Percent of external clients who rate the technical assistance provided as satisfactory or better	100%	100%	100%	Annually reported
	Percent of LGUs and other health partners provided with technical assistance on public health programs	100%	100%	100%	100% <sup>25</sup>
	Percent of received health commodities from the Central Office distributed to health facilities based on the allocation list	≥ 80% <sup>26</sup>	83% <sup>27</sup>	80%	72% <sup>28</sup>
	Percent of Centers for Health Development (CHDs) with no stock-outs of centrally procured major health commodities for Integrated Comprehensive Essential Service Delivery Package (ICESDP) as identified by the Programs	100%	84%	85%	100%
National Immunization	Percent of Fully Immunized Children	95%	65% (FHSIS, 2020)	95%	Annually reported
Family Health, Nutrition and Responsible Parenting	Modern contraceptive prevalence rate	28%	26%	29%	

20 SOURCE: 4th Quarter 2020 PREXC Budget Accountability Report (BAR) as of December 31, 2020

21 Targets reflected are based on the 2020 updated targets submitted to DBM

22 SOURCE: 2nd Quarter 2021 PREXC BAR as of June 30, 2021

23 SOURCE: PhilHealth Stats and Charts

24 SOURCE: PhilHealth Inputs to DOH 2020 Annual Report; Placing the UHC as the platform in strengthening healthcare system resilience in the country, PhilHealth through the National Health Insurance Program (NHIP) has automatically included every Filipino in its coverage, thus, making PhilHealth coverage at 100 percent in principle. As of 30 June 2020, there are 93,372,092 Filipinos registered beneficiaries in the NHIP.

25 Based on the reports of DOH-Centers for Health Development (CHDs); Average of 1st and 2nd Quarter accomplishment

26 CY 2022 target varies per region; The ≥ 80% is the consolidated target for all regions

27 Consolidated accomplishment for all regions for CY 2020

28 *ibid.*

Section / Program	Performance Indicator	2020 <sup>20</sup>		2021 as of 2nd Quarter	
		Annual Targets <sup>21</sup>	Performance	Annual Targets	Performance <sup>22</sup>
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	Number of Malaria-free provinces	68	60	72	Annually reported
	Number of Filariasis-free provinces	43 <sup>29</sup>	43 <sup>30</sup>	44 <sup>31</sup>	
Rabies Control	Number of Rabies-free zones (provinces)	8	4	9 <sup>32</sup>	
Prevention and Control of Other Infectious Diseases	Percent of ART-eligible PLHIV on ART	90%	43%	90%	
Operation of the PNAC Secretariat					
TB Control	Treatment success rate for all forms of TB	≥ 90%	86% (ITIS, 2020) <sup>33</sup>	≥ 90%	Annually reported
Assistance to Philippine Tuberculosis Society					
Prevention and Control of Non-Communicable Diseases	<i>Performance is part of the indicators on Public Health Management</i>				
Environmental and Occupational Health					
Epidemiology and Surveillance	Percent of epidemiological and public health surveillance strategic report disseminated	75%	122%	90%	Annually reported
	Percent of outbreak/epidemiologic investigations conducted	75%	100%	75%	100% <sup>34</sup>
Health Emergency Preparedness and Response	Percent of LGUs with institutionalized Disaster Risk Reduction Management for Health (DRRM-H) Systems	40%	39%	40%	Annually reported
	Percent (& Number) of LGUs provided with technical assistance on the development or updating of Disaster Risk Reduction Management-Health (DRRM-H)	Cumulative Annual Target: 90%	107%	100%	58%
Pharmaceutical Management	Percent of public health facilities with no stock-outs	>70%	56%	>70%	Annually reported

29 Total Lymphatic Filariasis (LF) endemic areas = 46; Target for 2020: 1 additional LF province to be declared as LF-free

30 No province was added in 2020 from the 2019 list of declared LF-free provinces due to the pandemic. One province (Aklan) was able to conduct the Transmission Assessment Survey (TAS) later in 2020 and finished in early 2021. Aklan will be considered LF-free as of 2021.

31 Updated target for Filariasis-free provinces since Aklan passed the Transmission Assessment Survey (TAS)

32 Updated target for Rabies-free zones since evaluation cannot be conducted at the time of pandemic

33 Final accomplishment data inclusive of TB notification from private sector (Source: Integrated TB Information System, 2020)

34 Based on consolidated reports from the Epidemiology Bureau and DOH-CHDs



Section / Program	Performance Indicator	2020 <sup>20</sup>		2021 as of 2nd Quarter	
		Annual Targets <sup>21</sup>	Performance	Annual Targets	Performance <sup>22</sup>
Human Resources for Health Deployment	HRH to Population Ratio	19 HRH: 10,000	15 HRH: 10,000	17 HRH: 10,000	Annually reported
	Percent of priority areas supplemented with HRH from DOH Deployment Program	100%	100%	100%	100%
<b>Sec. 4. Health Awareness Programs</b>					
Health Promotion	<i>Accomplishment is in support of all public health programs with performance stated above</i>				
<b>Sec. 5. Implementation Research to Support UHC</b>					
Health Sector Research Development	Percent of research/ policy briefs rated as useful or adoptable	85%	100%	85%	83%
	Number of briefs based on researches (including but not limited to DOH funded researches) developed and disseminated (e.g. research, policy, etc)	24	61	4 <sup>35</sup>	3
<b>RULE IV. Sec. 2. Medical Assistance</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	Percent of excess net bill covered by MAIP incurred by poor in-patients admitted in basic accommodation or service ward	100%	72%	100%	Annually reported
	Number of patients provided with medical assistance	1,000,000	1,346,67 <sup>36</sup>	Cumulative Annual Target: 1,800,000	676,835 <sup>37</sup>
Health Facilities Enhancement Program	Percent (Number) of HFEP-funded projects started implementation using current year's appropriation	100% (4,756 projects)	98.82% (4,700 projects) <sup>38</sup>	100% (2,544 projects)	98.43% (2,503 projects) <sup>39</sup>
<b>Sec. 4. Service Delivery Networks</b>					
Human Resources for Health and Institutional Capacity	<i>100% of deployed HRH are provided learning and development intervention</i>				
Local Health Systems Development and Assistance	Percent of partners provided with technical assistance on local health systems development	100%	101%	100%	99%

<sup>35</sup> Target in the 2021 GAA is 16 but 4 in DBM URS; Target decreased due to decrease in budget

<sup>36</sup> SOURCE: Updated Malasakit Program Office Report as of August 9, 2021 (Note: based on available reports at the time of submission)

<sup>37</sup> Malasakit Program Office Data as of June 30, 2021

<sup>38</sup> 2020 Performance as of June 30, 2021 (Subject for updating)

<sup>39</sup> 2021 2nd Quarter Performance as of June 30, 2021 (Subject for updating)

Table 5 provides the reasons for non-attainment of some commitments and ways forward to improve the agency's physical performance.

**Table 5. Programs with Unmet Commitments for 2020, Reasons, and Next Steps**

Program / Activity	Commitment and 2020 Accomplishment	Reason and Next steps
Public Health Management	<p><i>Commitment:</i> 100% of CHDs with no stock-outs of centrally procured major health commodities for Integrated Comprehensive Essential Service Delivery Package (ICESDP) as identified by the Programs</p> <p><i>Accomplishment:</i> 84%</p>	<p>This indicator only reflects the Pentavalent vaccine as this is the only commodity out of the five tracers that remains in the DOH hauling service.</p> <p>During the course of implementation, modifications on the delivery scheme were observed for other tracer commodities: Combined Oral Contraceptives (COCs) were delivered by the Commission on Population and Development (PopCom); Losartan was delivered directly to the CHDs by the winning supplier; Category 1 TB kits were delivered by the project's official courier; Metformin was not procured this year; while the Pentavalent vaccines remained with the DOH hauling services. Such modes affected the output because the Supply Chain Management Service (SCMS) has no control over the replenishing of commodities and delivery timing thereby resulting in variations in stock levels at the CHDs. In addition, the program uses service targeting of the recipients, i.e. only Pentavalent vaccines cover all the eligible infants for the year whereas, the other commodities are representing a percentage of the total eligible recipients. This results in under-allocation of the commodities, thus, stock-outs will be observed unless the CHDs and LGUs augments the procurement to make the commodities available at all times. Because of the above situations, only the Pentavalent vaccines were reflected in the output indicator among the 5 tracer commodities because of the regular supply and continuous hauling services dedicated only for the vaccines.</p>
National Immunization	<p><i>Commitment:</i> 95% Fully Immunized Child</p> <p><i>Accomplishment:</i> 65% (FHSIS, 2020)</p>	<p>The COVID-19 pandemic has contributed further to the already existing gaps in immunization. Much of the already limited human resources for health were redeployed to respond to COVID-19, such as in contact tracing, swabbing, temporary treatment and monitoring facilities and others. Moreover, many parents and guardians became hesitant to bring their children outside of their homes due to fear of COVID-19 exposure.</p> <p>Moving forward, the National Immunization Program (NIP) will be releasing a policy to institutionalize and standardize catch-up of routine immunization in order to give chances to children who missed their schedule. The Program has also released an issuance to remind the importance of "Bakuna Wednesdays" as a venue to raise public awareness on the benefits of immunization and in the intensification of routine outreach immunization services in all health facilities. Likewise, the NIP has started to engage with the private sector to augment the HRH and other resources needed for routine vaccination.</p> <p>Various reasons for low performance include the following: low vaccine confidence, wavering commitment of LGUs, inadequate and limited staff, and non-implementation of supportive systems like defaulters tracking. There were also ongoing issues with procurement and logistics. Ways forward are as follows:</p> <ul style="list-style-type: none"> <li>• Address inequities in vaccination by institutionalizing Reaching Every Purok (REP) strategy and outreach immunization</li> <li>• Improve administrative coverage;</li> <li>• Strengthen monitoring and supportive supervision;</li> </ul>

Program / Activity	Commitment and 2020 Accomplishment	Reason and Next steps
		<ul style="list-style-type: none"> <li>Address vaccine hesitancy through effective communication advocacy activities; and,</li> <li>Improvement in supply chain management.</li> </ul>
Family Health, Immunization, Nutrition and Responsible Parenting	<p><i>Commitment:</i> 28% Modern contraceptive prevalence rate</p> <p><i>Accomplishment:</i> 26%</p>	<p>The health crisis brought about by the COVID-19 pandemic posed major strains in the health systems both for the service providers and clients. Health workforce were diverted from existing programs to COVID-19 response. Further, delivery of essential public health goods were disrupted which resulted in the decline of service utilization. Also, the program adopted a new estimation approach in mCPR using Family Planning Estimation Tool (FPET), a statistical modeling, pursuant to DOH Department Memorandum No. 2020-0336.</p> <p>As catch-up activities, the Family Health Division will scale up New Normal Interventions (e.g., use of telemedicine; development of electronic Family Planning training modules; outreach services in areas under strict community quarantine, etc.); ensure comprehensive pandemic plan for delivery of integrated health services; and ensure adequate stocks at all times and at all levels, among others.</p>
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis  <i>(subsumed under the Prevention and Control of Communicable Diseases line item)</i>	<p><i>Commitment:</i> 68 Malaria-free provinces</p> <p><i>Accomplishment:</i> 60</p>	<p>Due to mobility restrictions in 2020 brought about by the pandemic, no province sent their intent for assessment. Thus, no province was evaluated for malaria-free status.</p> <p>With the limitations to conduct on-site field assessment, the strategy and/or guidelines on the conduct of sub-national malaria validation or assessment for candidate provinces for 2020 is being reviewed. Despite not being able to send their intent to be evaluated, candidate provinces are given technical assistance in report preparation through virtual meetings by the National Malaria Control and Elimination Program (NMCEP). To date, the Disease Prevention and Control Bureau (DPCB) finished the evaluation and validation together with the members of the Technical Working Group. Currently, the program is finalizing the recommendation of declaring Negros Occidental as malaria-free.</p>
Rabies Control  <i>(subsumed under the Prevention and Control of Communicable Diseases line item)</i>	<p><i>Commitment:</i> 8 Rabies-free zones (provinces)</p> <p><i>Accomplishment:</i> 4</p>	<p>Due to mobility restrictions in 2020 brought about by the pandemic, no province was evaluated for rabies-free status. Instead, there were four (4) areas jointly declared by Regional DOH and Department of Agriculture (DA) as rabies-free.</p> <p>Proposed Target for 2021 is 1 rabies-free province, jointly declared by the DOH Central Office and DA.</p>
Prevention and Control of Other Infectious Diseases  <i>(subsumed under the Prevention and Control of Communicable Diseases line item)</i>	<p><i>Commitment:</i> 90% ART-eligible PLHIV on ART</p> <p><i>Accomplishment:</i> 43%</p>	<p>From 2019 to 2020, new HIV infections increased by 10% from 15,200 to 16,700. However, due to the added burden of COVID-19, this rate doubled to a 21% increase between 2020 and 2021.</p> <p>The young population age group of 15-24 years old remains to be the driver of new infection in 2021, contributing to 47% of the new infections.</p> <p>Among the reasons why those who have been recently diagnosed cannot proceed to take the antiretroviral treatment are as follows:</p> <ul style="list-style-type: none"> <li>Hesitation to go to treatment hubs due to chances of COVID-19 infection;</li> <li>Majority of the treatment hubs were closed during the lockdown period (ECQ); and,</li> <li>Mobility concerns among HIV service providers.</li> </ul>

Program / Activity	Commitment and 2020 Accomplishment	Reason and Next steps
		<p>These concerns are expected to be addressed by the HIV Adaptive Plan which is tasked to streamline HIV services with the current trend of the COVID-19 pandemic. These include various ways to assure unhampered HIV service delivery such as door-to-door treatment refill services, virtual consultations, and differentiated testing services, among others.</p>
<p>TB Control <i>(subsumed under the Prevention and Control of Communicable Diseases line item)</i></p>	<p><i>Commitment:</i> ≥ 90% Treatment Success Rate for all forms of TB  <i>Accomplishment:</i> 86% (ITIS, 2020)</p>	<p>The low treatment success rate is due to non-reporting of private physicians on the treatment outcomes of the patients they have notified.</p> <p>To address this, the Integrated TB Information System (ITIS) lite, a mobile application, was launched to facilitate the reporting of private physicians.</p>
<p>Health Emergency Preparedness and Response</p>	<p><i>Commitment:</i> 40% Percent of LGUs with institutionalized Disaster Risk Reduction Management for Health (DRRM-H) Systems  <i>Accomplishment:</i> 39%</p>	<p>The target was unmet due to the following reasons:</p> <ol style="list-style-type: none"> <li>1. There were LGUs that are still updating their DRRM-H Plan using the new template that includes preventive/mitigation and recovery/rehabilitation;</li> <li>2. Some LGUs were having hesitation with the increasing number of COVID-19 cases;</li> <li>3. The COVID-19 pandemic has affected mobility in numerous areas halting institutionalization process;</li> <li>4. There were members of CHDs monitoring teams that were exposed to confirmed COVID-19 cases requiring a mandatory 14-day quarantine which slowed down the institutionalization process; and,</li> <li>5. The outcome indicator is based on the performance of LGUs to comply to the four (4) minimum requirements of an institutionalized DRRM-H System namely; <ul style="list-style-type: none"> <li>• Approved, updated, disseminated and tested Disaster Risk Reduction Management in Health (DRRM-H) Plan;</li> <li>• Organized and trained Health Emergency Response Team on minimum required trainings: Basic Life Support and Standard First Aid;</li> <li>• Available and accessible within 24 hours essential health emergency commodities e.g. medicines such as cotrimoxazole, amoxicillin, mefenamic acid, paracetamol, oresol, lagundi, vitamin A and skin ointment; supplies, commodities; and,</li> <li>• Functional Emergency Operations Center with (a) Command and Control; (b) Coordination; and, (c) Communication.</li> </ul> </li> </ol> <p>This is addressed through the following strategies:</p> <ol style="list-style-type: none"> <li>1. Continuous provision of technical assistance and capability building activities to LGUs through conduct of consultative workshops/ training via virtual teleconferences;</li> <li>2. Augmentation of financial support to CHDs to implement DRRM-H activities ;</li> <li>3. Re-calibration of targets to focus on priority LGUs which were not previously institutionalized;</li> <li>4. Development of interim training guidelines to continuously build essential life-saving skills;</li> <li>5. Strengthen promotion and advocacy on DRRM-H at the LGU level; and,</li> <li>6. Strengthen monitoring and evaluation and reporting mechanism.</li> </ol>

Program / Activity	Commitment and 2020 Accomplishment	Reason and Next steps
Pharmaceutical Management	<p><i>Commitment:</i> &gt;70% of public health facilities with no stock-outs</p> <p><i>Accomplishment:</i> 56%</p>	<p>There were procured medicines that are yet to be delivered in the health facilities. The late delivery of suppliers was attributed to the pandemic.</p> <p>To address this, health facilities should maintain at least 1 to 2 months buffer supply of all commodities and ensure close coordination with DOH Third Party Logistics provider for timely deliveries.</p>
Human Resources for Health Deployment	<p><i>Commitment:</i> 19 HRH: 10,000 population</p> <p><i>Accomplishment:</i> 15 HRH: 10,000 population</p>	<p>The desired target HRH to population ratio of 19 HRH per 10,000 population was not met in 2020 due to the following reasons:</p> <ol style="list-style-type: none"> <li>1. There was no significant increase in the numbers of LGU-hired HRH in public health facilities from 2019 to 2020 based on the FHSIS;</li> <li>2. There was also no significant change in the number of HRH in private and public health facilities between the 2019 and 2020 reports of the National Database of Selected Human Resources for Health (NDHRHIS);</li> <li>3. There was an additional 1,031 HRH deployed under the HRH Deployment Program but this was not enough to significantly increase the ratio, from the 2019 baseline of 15:10,000, to cope with the increase in population. The target increase in the number of HRH to be hired under the deployment program was not reached due to a lower approved budget than proposed. The PS cost also increased due to the implementation of salary adjustments.</li> </ol> <p>The Health Human Resources Development Bureau (HHRDB) requested to adjust the 2020 target of this indicator from 19:10,000 to 17:10,000 based on the 2019 physical accomplishment (15 HRH:10,000) as baseline. However, this can no longer be reflected since the target had already been published in the 2020 GAA. The request was communicated in consideration of the following:</p> <ol style="list-style-type: none"> <li>1. The ratio of the total number of HRH shall now include the 11 select health professionals (included in the HRH deployment program), instead of limiting the scope to physicians, nurses, and midwives only; and,</li> <li>2. The HRH to population ratio target in 2021 shall be adjusted from 19 HRH:10,000 population to 17:10,000, as currently reflected in the 2021 GAA.</li> </ol> <p>Targets may have to be re-adjusted for 2022 onwards subject to the implementation of Executive Order no. 138 s. 2021, specifically on the hiring of HRH by the LGUs for public health facilities within their jurisdiction (as mandated under the Local Government Code of 1991 sections 17 and 77).</p>

Program / Activity	Commitment and 2020 Accomplishment	Reason and Next steps
Medical Assistance to Indigent Patients Program	<p><i>Commitment:</i> 100% of excess net bill covered by MAP incurred by poor in-patients admitted in basic accommodation or service ward</p> <p><i>Accomplishment:</i> 72% (Partial Data)</p>	<p>To date, 4 out of 71 DOH hospitals and 10 out of 17 CHDs have yet to submit their complete 2020 PrExC Reports. Hence, having 28% variance from the 100% target accomplishment.</p> <p>Reasons for not achieving the goal or target were due to the following factors:</p> <ol style="list-style-type: none"> <li>1. Limited funding for each hospital;</li> <li>2. Community quarantine/health protocols resulting to certain restrictions; and,</li> <li>3. Skeletal workforce arrangement resulting to delay in reporting.</li> </ol> <p>Through the implementation of the Malasakit Program and the operations of the Malasakit Centers nationwide, other funding sources from other participating agencies (DSWD, PCSO and PhilHealth) were also taken into consideration observing the order of charging based on the existing guidelines.</p> <p>In order to address this, the next steps of the DOH Malasakit Program include:</p> <ol style="list-style-type: none"> <li>1. Establishing a unified web-based system to improve the recording and reporting mechanism to aid in achieving targets for proposed indicators; and,</li> <li>2. Strengthening implementation of the guidelines in terms of reporting and submission of monthly utilization reports.</li> </ol>
Health Facilities Enhancement Program	<p><i>Commitment:</i> 100% (4,756 projects)</p> <p><i>Accomplishment:</i> 98.82% (4,700 projects)</p>	<p>The desired commitment was not met due to limited suppliers and contractors' operations due to community quarantine measures.</p> <p>To address this, frequent and continuous coordination with the implementing or concerned offices for the sourcing or invitations of more suppliers and contractors will be conducted.</p>

# Financial Performance

The DOH-OSEC financial performance in 2020 comprises two utilization rates: 88 percent in terms of obligations out of the allotment; and, 81 percent in terms of disbursements out of the total obligations incurred. As of the 2nd quarter of 2021<sup>40</sup>, the obligation over allotment is 44 percent while, disbursement over obligation is 64 percent. Despite the high utilization by obligation averaging at 88 percent from 2013 to 2020, the utilization by disbursement still remains a challenge averaging at 67 percent in the past eight years. However, there was a significant increase in the utilization by disbursement from 74 percent in 2019 to 81 percent in 2020.

**Table 6. DOH-OSEC (All Current GAA) Budget Utilization<sup>41</sup> 2013 to Q2 of 2021, By Obligation over Allotment and Disbursement over Obligations Incurred, Amount in Billion PhP**

Year	(a) Allotment	Obligation		Disbursement	
		(b) Amount	(b/a) %	(c) Amount	(c/b) %
2013	38.82	33.23	85.62%	26.08	78.48%
2014	45.61	36.85	80.80%	24.48	66.43%
2015	55.84	47.82	85.64%	27.55	57.62%
2016	71.14	59.86	84.14%	46.00	76.85%
2017	93.07	88.80	95.41%	57.31	64.54%
2018	102.80	97.03	94.38%	61.42	63.30%
2019	93.15	82.88	88.97%	61.20	73.84%
2020 <sup>42</sup>	98.72	86.72	87.84%	69.99	80.71%
2021 as of 2nd Quarter	134.46	59.37	44.15%	38.08	64.14%

<sup>40</sup> Budget Utilization of Regular Fund only based on FAR as of June 30, 2021 as submitted to DBM

<sup>41</sup> DOH Financial Accomplishment Reports (FAR): Statement of Appropriations. Allotments, Obligations, Disbursements and Balances which can be accessed via <https://doh.gov.ph/philippine-transparency-seal>

<sup>42</sup> For CY 2020, DOH has an unobligated balance of PhP 12.40 billion as of December 31, 2020. However, the RA No. 11520 or An Act Extending the Availability of the 2020 Appropriations to December 31, 2021 allowed the DOH to continue the utilization of this unobligated balance. As of June 30, 2021, PhP 7.97 billion (64%) was obligated and PhP 2.03 billion (16%) was disbursed out of PhP 12.40 billion.

In the DOH-OSEC budget, the two major expenditure items that contribute to the low budget utilization are the HFEP and the Public Health Program commodities. Table 7 shows the identified reasons for low utilization and the ways forward to address the cited causes and its corresponding justification.

**Table 7. Drivers of Low Budget Utilization, Reasons and Ways Forward**

Reason for Low Utilization	Ways Forward
<b>A. Health Facilities Enhancement Program</b>	
<p>Due to the implementation of COVID-19 community quarantine measures, the following were affected that caused delay in project implementation:</p> <ul style="list-style-type: none"> <li>• Training, workshops and meetings with the Centers for Health Development and DOH Hospitals</li> <li>• Human Resource</li> <li>• Suppliers</li> <li>• Contractors</li> </ul>	<ul style="list-style-type: none"> <li>• Hiring of additional personnel at the Central Office and CHDs;</li> <li>• Conduct of frequent coordination with the implementing offices and immediate feedback on modification requests;</li> <li>• Re-align the fund for hiring additional personnel;</li> <li>• Transitioning the HFEP-Management Office to Health Facility Capital Assets Management Bureau (HFCAMB) to manage the implementation of HFEP projects to the extent of monitoring the utilization and maintenance of capital assets that have been allocated with budget;</li> <li>• Aligning guidelines on availment to the Philippine Health Facility Development Plan (PHFDP) and issue implementation guidelines for the use of implementing offices to avoid issues that will cause delays in project implementation and low utilization, and in compliance to the DOH and National Government Plans;</li> <li>• Regular coordination and monitoring of project implementation performance of the CHDs and DOH Hospitals nationwide;</li> <li>• Conduct of bi-annual Performance Budget Utilization Review (PBUR) and quarterly Program Implementation Review (PIR) to update and align project performance data;</li> <li>• Initiate capacity building activities to improve project monitoring and reporting of CHDs and DOH Hospitals technical staff;</li> <li>• Implementation of regular progress billing. Once projects are completed, the implementing offices should immediately process the payment. This will help improve the HFEP financial performance; and,</li> <li>• Evaluation of contractor's performance during implementation to monitor the performance of contractors and make immediate corrective actions to improve performance.</li> </ul>
<b>B. Public Health Program Commodities</b>	
<p>Procurement concerns such as:</p> <ul style="list-style-type: none"> <li>• Bid failure, e.g. Lowest Calculated Bidder has no valid Certificate of Product Registration (CPR)</li> <li>• No bidder</li> <li>• No CPR verified in the FDA portal; or not available in the local market (e.g. Diloxanide)</li> <li>• No local supplier that can provide the required quantity</li> <li>• Cancellation of procurement because of frequent failed bidding</li> <li>• Delayed procurement due to further assessment of Pharmaceutical Division</li> </ul>	<ul style="list-style-type: none"> <li>• Training of dedicated staff to perform planning, quantification, and forecasting activities.</li> <li>• Use the framework agreement in the integrated procurement and distribution strategies.</li> <li>• Continuous updating of market studies in order to plan better according to the need and the current situation due to pandemic.</li> <li>• Conduct early procurement of commodities and early awarding.</li> <li>• Perform necessary immediate action for any bid failure due to the procurement concerns.</li> </ul>



Reason for Low Utilization	Ways Forward
Distribution problems, i.e. lack of storage facility at DOH Central Office and at point of service, limited warehouse space	<ul style="list-style-type: none"> <li>• Decentralization of the distribution services through the hiring by the CHDs of local Third Party Logistics Provider. In CY 2020, CHDs have procured their own Third Party Service Provider with funding support from the Program/End-Users.</li> <li>• Inclusion of a storage facility in the standard RHU design in the Detailed Architectural and Engineering Design (DAED) through HFEP</li> <li>• Continuous coordination with all offices concerned in order to ensure that the commodities are received timely.</li> </ul>
Delay in liquidation of previous funds downloaded to CHDs, LGUs, and other partners which affects the release of Notice of Cash Allotment (NCA) funds due to non-submission of Fund Utilization Reports (FUR) despite memorandum and follow-ups by the programs.	<ul style="list-style-type: none"> <li>• Strictly implement that no submission of FUR, no additional sub-allotment to be provided.</li> <li>• Monitor recipients of sub-allotments who are compliant with the submission of FURs as basis for provision of future sub-allotments.</li> </ul>
Late submission of billing by the external clients due to incomplete documentary requirements for billing	<ul style="list-style-type: none"> <li>• Monthly monitoring of billing and continuous follow-up with SCMS and Financial and Management Service on the status of utilization.</li> <li>• Develop a mechanism for processing of billing.</li> </ul>

Table 8 features the financial performance per budget line item for the years 2020 and 2nd Quarter of 2021.

Table 8. Financial Accomplishment in CY 2020 and CY 2021 (as of 2nd Quarter)

Section / PAP	CY 2020 <sup>43</sup>						CY 2021 as of 2nd Quarter <sup>44</sup>				
	Adjusted Allotment	Obligation		Disbursement		Adjusted Allotment Amount	Obligation		Disbursement		
		Amount	%	Amount	%		%	Amount	%	Amount	%
RULE III.											
Sec. 3. Strengthening of Preventive Health Programs towards Attainment of MDGs											
Public Health Management	4,140,379	3,517,335	85%	2,572,079	73%	2,914,820	1,193,043	41%	842,759	71%	
National Immunization	7,543,001	3,302,225	44%	2,139,257	65%	12,205,012	7,946,733	65%	473,515	6%	
Family Health, Nutrition and Responsible Parenting	2,033,916	1,576,568	78%	362,056	23%						
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	324,465	313,392	97%	293,945	94%	8,220,953	3,303,051	40%	2,203,258	67%	
Rabies Control	500,366	480,262	96%	454,108	95%						
Prevention and Control of Other Infectious Disease	1,058,345	957,373	90%	322,735	34%						
TB Control	948,944	941,130	99%	510,665	54%						
Operation of the PNAC Secretariat	14,358	14,247	99%	13,717	96%	32,801	3,287	10%	2,919	89%	
Assistance to Philippine Tuberculosis Society	13,800	13,800	100%	13,800	100%	14,048	14,048	100%	14,048	100%	
Prevention and Control of Non-Communicable Diseases	509,063	508,826	100%	393,085	77%	562,443	562,151	100%	426,151	76%	
Environmental and Occupational Health	2,025	1,857	92%	1,228	66%	2,062	-	-	-	-	
Epidemiology and Surveillance	115,501	95,380	83%	77,669	81%	158,631	105,095	66%	52,501	50%	
Health Emergency Preparedness and Response	230,069	194,346	84%	137,594	71%	283,140	107,180	38%	35,233	33%	
Pharmaceutical Management	99,017	75,976	77%	47,715	63%	284,375	24,097	8%	17,148	71%	
HRH Deployment	9,953,532	9,384,015	94%	9,163,591	98%	16,582,920	7,467,135	45%	6,113,573	82%	
Sec. 4. Health Awareness Programs											
Health Promotion	296,127	265,631	90%	115,483	43%	253,962	81,867	32%	37,906	46%	
Sec. 5. Implementation Research to Support UHC											
Health Sector Research Development	203,212	102,843	51%	82,269	80%	173,127	79,391	46%	10,718	14%	

Section / PAP	CY 2020					CY 2021 as of 2nd Quarter				
	Adjusted Allotment	Obligation		Disbursement		Adjusted Allotment	Obligation		Disbursement	
		Amount	%	Amount	%		Amount	%	Amount	%
RULE IV.										
Sec. 2. Medical Assistance										
Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/Specialty Hospitals/LGU hospitals/Philippine General Hospital/ West Visayas State University Hospital	9,439,974	7,150,194	76%	4,939,303	69%	17,008,992	3,566,375	21%	1,556,866	44%
Sec. 3. Financial Assistance for Health Enhancement Facilities Program (HEFP)										
Health Facilities Enhancement Program	8,289,054	6,881,118	83%	2,675,480	39%	7,839,298	1,978,856	25%	86,562	4%
Sec. 4. Service Delivery Networks										
Human Resources for Health and Institutional Capacity	155,636	118,324	76%	78,221	66%	140,037	39,048	28%	25,332	65%
Local Health Systems Development and Assistance	263,155	208,954	79%	117,865	56%	503,607	162,770	32%	83,277	51%

43 Utilization based on Financial Accomplishment Report as of December 31, 2020 as posted in the DOH website - Transparency Seal; Retrieved from <https://doh.gov.ph/philippine-transparency-seal>

44 Utilization based on Financial Accomplishment Report as of June 30, 2021 as submitted to DBM; Retrieved from <https://doh.gov.ph/philippine-transparency-seal>

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*on*  
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Department of Health | Philippines

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

