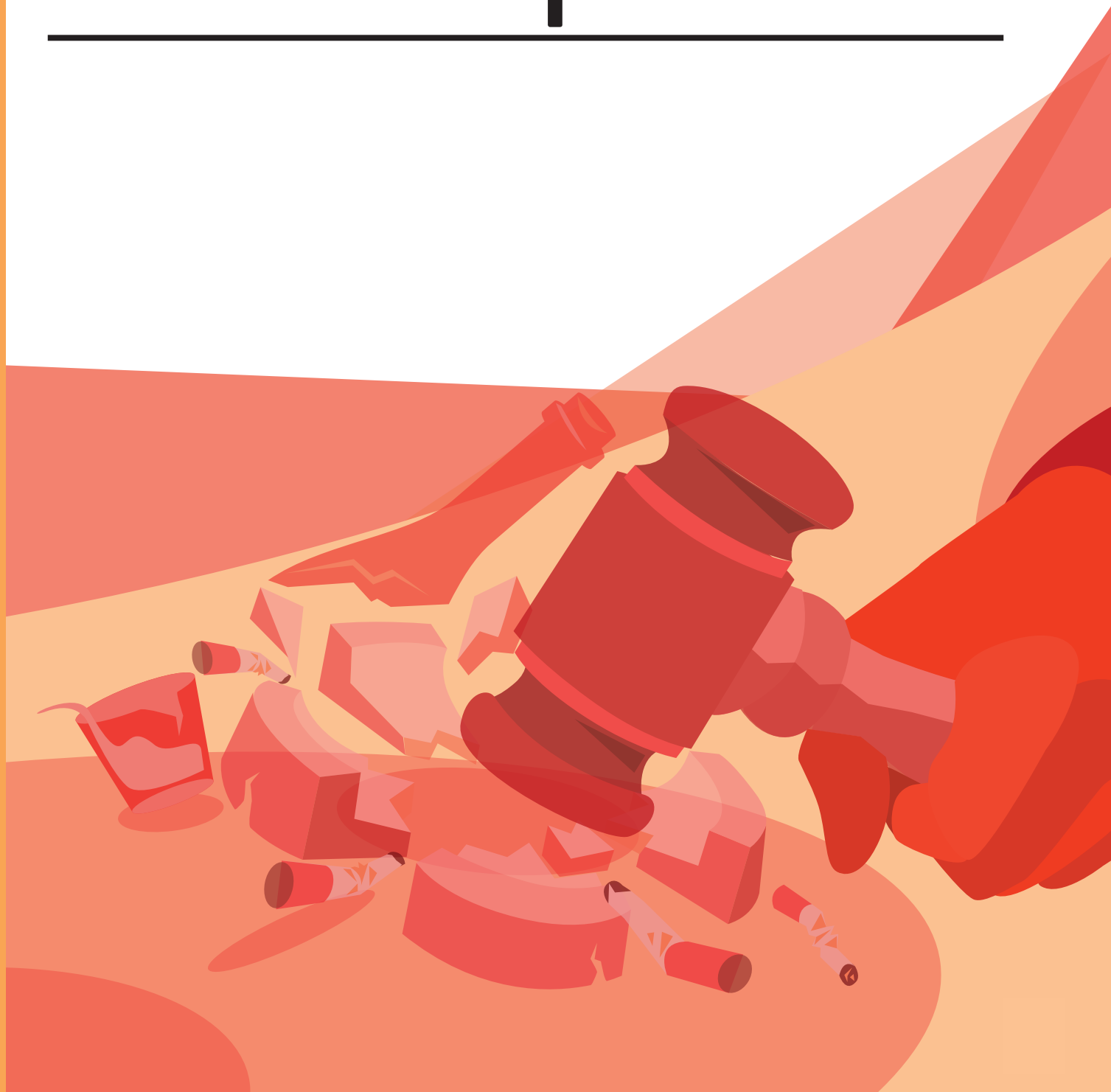




Sin Tax Law

Incremental Revenue for Health

Annual Report 2019



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INTRODUCTION

In the General Appropriations Act of 2019, the Department of Health –Office of the Secretary (DOH-OSEC) and the PhilHealth was allocated a total amount of PhP 165 billion. This budget is lower by 1% from the CY 2018 budget of PhP 167 billion. The decrease was due to the government’s transition to cash-based budgeting system and the transfer of portion of Human Resources for Health Deployment budget to the Miscellaneous Personnel Benefit Fund. In accordance to Republic Act No. 10351, or the Sin Tax Reform Act of 2012, and its Implementing Rules and Regulations (IRR), after deducting the share of Local Government Units , the remaining incremental revenues shall be allocated for health. The 80% of the incremental revenue for health is intended for universal health care (UHC) expenditures and 20% for medical assistance and health enhancement facilities program (HEFP). This sixth annual report is in compliance to Rule VIII, Section 1 of the Sin Tax Reform Law’s IRR, which requires identified national agencies to publish a detailed report on the expenditure and utilization of the amounts earmarked under RA No. 10351.

¹ 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”

SIN TAX INCREMENTAL REVENUE FOR HEALTH

The budget for health in 2019 (Table 1) is sourced out from the Sin Tax incremental revenue earmarked for health and from other sources. The incremental revenue allocated for health in 2019 based on Sin Tax collections in 2018 is PhP 90.9 billion or 55% of the PhP 165 billion total budget of DOH-OSEC and PhilHealth. Compared to the baseline budget of the DOH-OSEC and PhilHealth in 2013, which amounts to PhP 53.2 billion, the Sin Tax incremental revenues for health has provided significant contribution in the budgetary support for the DOH and PhilHealth, increasing it by three-folds.

Table 1: Sin Tax Incremental Revenue for Health in the DOH-OSEC and PhilHealth Budget 2014-2019, in Billion PhP

Year	(a) GAA	Incremental Revenue for Health ²		Other Source/s	Balance ³
		(b) Amount	(b/a) %	Amount	
2013 ⁴	53.2	-	-	-	-
2014	83.7	30.5	36%	-	14.2
2015	87.0	33.7	39%	-	8.9
2016	122.6	62.7	51%	6.7	-
2017	148.5	59.2	40%	36.1	-
2018	166.7	71.2	43%	42.3	-
2019	165.0	90.9	55%	20.8	-

² Department of Finance Certification 2014-2017

³ Balances were already programmed by the DBM to various health projects including: Philippine General Hospital (PhP 3.15 billion for equipping), DSWD and DepEd (PhP 5.2 billion for feeding programs), etc.

⁴ Refers to the baseline year prior to the first Sin Tax Incremental Revenue allocated to Health

GENERAL ALLOCATION OF THE SIN TAX INCREMENTAL REVENUE FOR HEALTH IN 2019

The Sin Tax incremental revenue for health in the 2019 DOH-OSEC and PhilHealth budget is programmed in accordance to specified programs in the IRR of the Sin tax law. The PhP 90.9 billion budget is allocated as follows (Table 2): PhP 54.73 billion for the Enrollment and Coverage of Indigent Families and members in the Informal Economy; PhP 17.72 billion for Strengthening of Preventive Health Programs; PhP 191 million for Health Awareness Programs; PhP 85 million for the Implementation Research to Support UHC; PhP 9.38 billion for Medical Assistance; PhP 8.57 billion for Financial Assistance for Health Enhancement Facilities Program (HEFP); and PhP 229 million for Service Delivery Networks (SDNs).

Table 2: General Allocation of the Sin Tax Incremental Revenue for Health in 2019, in Billion PhP

Prescribed Allocation	Provision	Amount	% to total
80% Rule III - Allocation for UHC, MDGs, and Health Awareness	Sec. 2 Enrollment and Coverage of Indigent Families and members in the Informal Economy	54.73	60%
	Sec. 3 Strengthening of Preventive Health Programs	17.72	19%
	Sec. 4 Health Awareness Programs	0.19	0.2%
	Sec. 5 Implementation Research to Support UHC	0.08	0.1%
	Sub-total	72.72	80%
20% Rule IV - Allocation for Medical Assistance and the Health Enhancement Facilities Program	Sec. 2 Medical Assistance	9.38	10%
	Sec. 3 Financial Assistance for HEFP	8.57	9%
	Sec. 4 Service Delivery Networks	0.23	0.003%
	Sub-total	18.18	20%
	Grand total	90.90	100%

As required in Rule III and IV of the Law’s IRR, PhP 72.72 billion or 80% of the Sin Tax incremental revenue for health is allocated to expenditure items related to enrollment and coverage of indigent families and members to the National Health Insurance Program, strengthening of preventive health programs towards the attainment of MDGs, health awareness programs and implementation research to support UHC. While the remaining PhP 18.18 billion or 20% of the said incremental revenue is allocated for Medical Assistance, HEFP and support to the establishments of Service Delivery Networks.

SPECIFIC ALLOCATION OF THE SIN TAX INCREMENTAL REVENUE FOR HEALTH IN 2019

The biggest share of the incremental revenue for health amounting to PhP 55 billion (60%) is allocated for the one-year PhilHealth premium subsidy of indigent families and senior citizens. This is followed by allocations for various preventive health programs with a share of PhP 18 billion (20%). Medical Assistance, on the other hand, which is delivered through the Medical Assistance for Indigent Patients (MAIP) Program, received an allocation of PhP 9 billion (10%) of the incremental revenue for health.

Table 3: Specific Allocation of the Sin Tax Incremental Revenue for Health in 2019, in Thousand PhP

Specific Allocation	Sin Tax Incremental Revenue	% to Total
<i>Rule III – Allocation for UHC, MDGs, and Health Awareness (80%)</i>		
<i>Sec. 2. Enrollment and Coverage of Indigent Families and members in the Informal Economy</i>	54,725,477	60.2%
National Health Insurance Program	54,725,477	60%
<i>Sec. 3. Strengthening of Preventive Health Programs towards Attainment of MDGs</i>	17,718,643	19.5%
Public Health Management	2,643,100	3%
National Immunization	4,941,422	5%
Family Health, Nutrition and Responsible Parenting	1,618,159	2%
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	143,594	0.16%
Rabies Control	594,603	0.65%
Prevention and Control of Other Infectious Disease	483,314	0.53%
Operation of the PNAC Secretariat	5,457	0.006%
TB Control	576,123	0.63%

Specific Allocation	Sin Tax Incremental Revenue	% to Total
Assistance to Philippine Tuberculosis Society	8,874	0.01%
Prevention and Control of Non-Communicable Diseases	396,493	0.44%
Environmental and Occupational Health	20,309	0.022%
Epidemiology and Surveillance	172,155	0.19%
Health Emergency Preparedness and Response	177,207	0.19%
Human Resources for Health Deployment	5,610,030	6%
Pharmaceutical Management	327,800	0.4%
<i>Sec. 4. Health Awareness Programs</i>	191,271	0.2%
Health Promotion	191,271	0.21%
<i>Sec. 5. Implementation Research to Support UHC</i>	84,833	0.1%
Health Sector Research Development	84,833	0.09%
Sub-total	72,720,224	80%
Rule IV – Allocation for Medical Assistance and Health Enhancement Facilities Program (20%)		
<i>Sec. 2. Medical Assistance</i>	9,381,810	10.3%
Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/Specialty Hospitals/LGU hospitals/Philippine General Hospital/West Visayas State University Hospital	9,381,810	10%
<i>Sec. 3. Financial Assistance for Health Enhancement Facilities Program (HEFP)</i>	8,569,236	9.4%
Health Facilities Enhancement Program	8,569,236	9%
<i>Sec. 4. Service Delivery Networks</i>	229,010	0.3%
Human Resources for Health and Institutional Capacity	85,514	0.09%
Local Health Systems Development and Assistance	143,496	0.16%
Sub-total	18,180,056	20%
Grand Total	90,900,280	100%

PHYSICAL PERFORMANCE

The reporting of the accomplishments relative to the Sin Tax incremental revenue for health, in CY 2018, is adjusted to reflect the new sets of budget accountability report indicators which were used beginning January of 2018 and was reflected in the General Appropriations Act. The performance per budget line item indicated in this report is limited only to the line items identified as having allotments from the Sin Tax for health.

In CY 2018, of the 30 performance commitments of the DOH and PhilHealth, relative to programs with allotments from the Sin Taxes, 25 or 83% were attained, while 5 or 17% were not attained. Table 4 summarizes the Physical Accomplishment in CY 2018 and CY 2019 (as of 2nd Quarter) and Table 5 provides the reasons for non-attainment of some commitments and steps moving forward to improve the performance.

Table 4: Programs with Unmet Commitments, Reasons and Ways Forward

Program / Activity	Commitment	Reason and Next steps
National Health Insurance Program	<p><i>Commitment:</i> 100% of population covered by the NHIP</p> <p><i>Accomplishment:</i> 98%</p>	<p>The remaining 2% are those in the informal economy. The coverage of which will be fully realized upon the implementation of the UHC Act, which simplifies member categories to direct contributory and indirect contributory</p>
National Immunization		<p>Various reasons were cited like the wavering commitment of LGUs, inadequate and limited staff, and non-implementation of supportive systems like defaulters tracking. Also there were on-going issues with procurement and logistics. Ways forward are as follows:</p> <ul style="list-style-type: none"> • Address inequities in vaccination by institutionalizing Reaching Every Purok (REP) strategy and outreach immunization • Improve administrative coverage • Strengthen monitoring and supportive supervision • Address vaccine hesitancy thru effective communication advocacy activities.

Program / Activity	Commitment	Reason and Next steps
		<ul style="list-style-type: none"> Improvement in supply chain management
Prevention and Control of Other Infectious Disease	<p><i>Commitment:</i> 90% ART eligible PLHIV on ART</p> <p><i>Accomplishment:</i> 42.13%</p>	<p>The reasons why those who have been recently diagnosed do not proceed to take the antiretroviral treatment are as follows:</p> <ol style="list-style-type: none"> newly diagnosed PLHIV do not necessarily feel sick so they do not start on ART those who wanted to take the ART do not have the financial capacity to undertake various laboratory tests that are needed prior to starting ART <p>These had been addressed by the program by simplifying the national guidelines. The new treatment guidelines were signed and disseminated only in September 2018.</p>
Medical Assistance for Indigents 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> 64.57%</p>	<p>The quality of data reported by hospitals varied according to the program. This will be addressed moving forward by a clear guideline on the meta data for the indicator as well as its reporting process.</p>
Health Facilities Enhancement Program	<p><i>Commitment:</i> 100% (3,251 projects)</p> <p><i>Accomplishment:</i> 83.79% (2,724)</p>	<p>There are issues on implementation readiness (e.g. Lot issues, DENR requirement, peace and order situation). Moving forward there will be stricter assessment of project proposals before funding approval. Also the use of a prioritization criteria as follows:</p> <ol style="list-style-type: none"> Equipping, 100% completed infrastructure with human resource. 90% completed infrastructure but will need additional funding completion. 85% completed infrastructure but will need additional funding completion. 70% completed infrastructure but will need additional funding completion, mostly infrastructure projects with phased implementation.

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Table 5 features the 30 performance commitment of the DOH-OSEC and PhilHealth indicated primarily in the budget accountability reports and some from the report submitted to the Cabinet Assistance System.

Table 5: Physical Accomplishment in CY 2018 and CY 2019 (as of 2nd Quarter)

Section / Program	Performance Indicator	2018 ⁵		2019 as of 2nd Quarter	
		Target	Performance	Target ⁶	Performance ⁷
RULE III.					
<i>Sec. 2. Enrollment and Coverage of Indigent Families and members in the Informal Economy</i>					
National Health Insurance Program	Percent of population covered by the NHIP	100%	98% ⁸ (104.49 M / 106.35M)	100%	Annually reported
<i>Sec. 3. Strengthening of Preventive Health Programs towards Attainment of MDGs</i>					
Public Health Management	Percent of external clients who rate the technical assistance provided as satisfactory or better	85%	100%	85%	Annually reported
	Percent of LGUs and other health partners provided with technical assistance on public health programs	80%	100%	80%	90.66%
	Average percent of LGUs provided with at least 80% of commodities	80%	92%	80%	81.41%
National Immunization	Percent of Fully Immunized Children	95%	47.53%	95%	Annually reported

⁵ SOURCE: Budget Accountability Report as of December 31, 2018, DOH-HPDPB except for data provided for Percent Fully Immunized Child, Modern contraceptive prevalence rate and Number of Filariasis-free provinces. This is to reflect the year end accomplishment based on the Field Health Service Information System and the correction in the target for Filariasis-free which originally included 1 city

⁶ SOURCE: PREXC 2020 Indicator as of July 30, 2019, DOH-HPDPB

⁷ SOURCE: Office of Strategy Management database as of August 7, 2019

⁸ SOURCE: PhilHealth Submission for SONA dated July 8, 2019

Section / Program	Performance Indicator	2018 ⁵		2019 as of 2nd Quarter	
		Target	Performance	Target ⁶	Performance ⁷
Family Health, Nutrition and Responsible Parenting	Modern contraceptive prevalence rate	32.5%	53.85%	27.0%	Annually reported
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	Number of Malaria-free provinces	45	50	59	
	Number of Filariasis-free provinces	40	40	42	
Rabies Control	Number of Rabies-free provinces	47	62	66	
Prevention and Control of Other Infectious Disease	Percent of ART eligible PLHIV on ART	90%	42.13%	90%	
Operation of the PNAC Secretariat					
TB Control	Treatment success rate for all forms of TB	90%	91%	90%	
Assistance to Philippine Tuberculosis Society					
Prevention and Control of Non-Communicable Diseases	Premature mortality rate attributed to cardiovascular disease, cancer, diabetes, and chronic respiratory diseases (per 100,000 pop'n)	*No base-line	194.57	175	
Environmental and Occupational Health	*performance is part of the report for public health management				

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Section / Program	Performance Indicator	2018 ⁵		2019 as of 2nd Quarter	
		Target	Performance	Target ⁶	Performance ⁷
Epidemiology and Surveillance	Percent of epidemiological and public health surveillance strategic report utilized	80%	98%	80%	Annually reported
	Percent of outbreak/epidemiologic investigations conducted	75%	100%	90%	Q1: 92.78%
Health Emergency Preparedness and Response	Percent of LGUs with institutionalized Disaster Risk Reduction Management for Health (DRRM-H) Systems	40%	42.34%	40%	Annually reported
	Percent of LGUs provided with technical assistance on the development or updating of Disaster Risk Reduction Management-Health (DRRM-H) Plans	60%	91.14%	60%	61%
Pharmaceutical Management	Percent of public health facilities with no stock-outs	30%	72%	70%	
Human Resources for Health Deployment	HRH to Population Ratio	17 HRH : 10,000	20 HRH : 10,000	17 HRH : 10,000	Annually reported
	Percent of priority areas supplemented with HRH from DOH Deployment Program	100%	100%	100%	
<i>performance is part of the report for public health management</i>					

Section / Program	Performance Indicator	2018 ⁵		2019 as of 2nd Quarter	
		Target	Performance	Target ⁶	Performance ⁷

Sec. 4. Health Awareness Programs

Health Promotion	<i>Accomplishment is in support of all public health programs with performance stated above</i>				
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Sec. 5. Implementation Research to Support UHC

	Percent of research/ policy briefs rated as useful or adoptable	80%	97.67%	80%	Q1: 100% (13/13)
	Number of research/ policy briefs completed and disseminated	24	26	24	Q1: 13

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	Percent of excess net bill covered by MAP incurred by poor in-patients admitted in basic accommodation or service ward	100%	64.57%	100,000	Annually reported
	Number of patients provided with medical assistance	600,000	1,243,403	1,000,000	256,060

Sec. 3. Financial Assistance for Health Enhancement Facilities Program (HFEP)

Health Facilities Enhancement Program	Percent of HFEP-funded projects started implementation using current year's appropriation ⁹	100% (3,251 projects)	83.79% (2,724 projects)	100% (2,884 projects)	TBD
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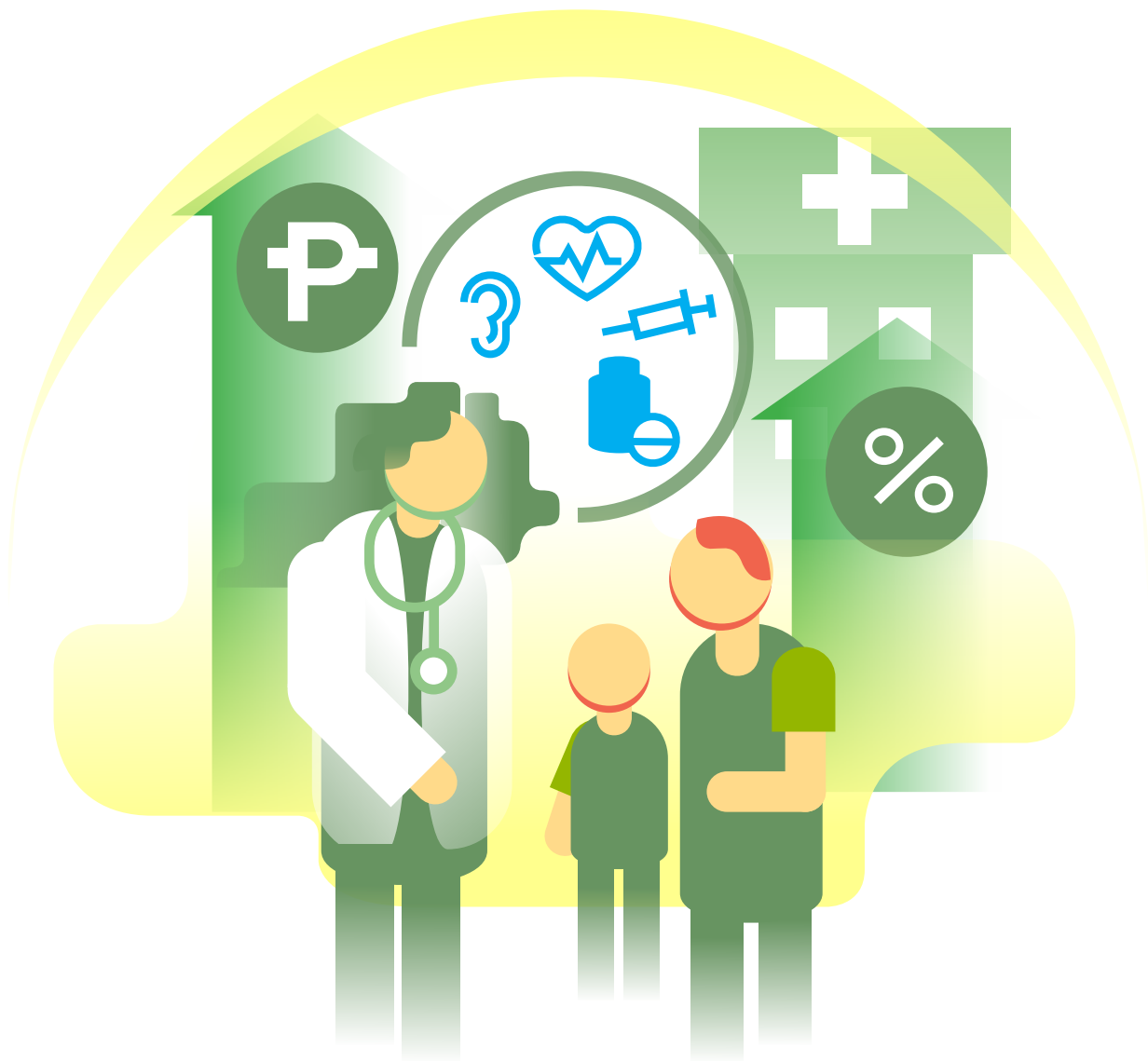
⁸ SOURCE: HFEP-MO Presentation during the Performance Review at the Senate last June 3, 2019

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Section / Program	Performance Indicator	2018 ⁵		2019 as of 2nd Quarter	
		Target	Performance	Target ⁶	Performance ⁷

Sec. 4. Service Delivery Networks

Human Resources for Health and Institutional Capacity	all deployed HRH are provided learning and development intervention				
Local Health Systems Development and Assistance	Percent of LGUs provided with technical assistance on local health systems development	80%	97.45%	100%	100%



FINANCIAL PERFORMANCE

DOH-OSEC budget utilization in 2018 by obligation is 94% while the disbursement is 60%. As of the 2nd quarter of 2019 the budget utilization by obligation is 38% and for disbursement is 30%. While the utilization by obligation has been consistently high for 2017 to 2018, the utilization by disbursement still remain a challenge averaging at 61%.

Table 6: DOH-OSEC Budget Utilization¹⁰ 2013 to Q2 of 2018, By Obligation and Disbursement Over Allotment, Amount in Billion PhP

Year	(a) Allotment	Obligation		Disbursement	
		(b) Amount	(b/a) %	(c) Amount	(c/a) %
2013	39	33	86%		
2014	46	37	81%	24	54%
2015	56	48	86%	28	49%
2016	71	60	84%	46	65%
2017	93	89	95%	57	62%
2018	102	97	94%	61	60%
2019 as of 2nd Quarter	63	24	38%	19	30%

In the DOH-OSEC budget, two (2) major cost drivers also drive the low budget utilization, namely the Health Facilities Enhancement Program and the Public Health Program commodities. In table 7 are identified reasons for low utilization and the ways forward to address the cited reasons.

¹⁰ DOH- Financial and Management Service - Consolidated Statement of Appropriations, Allotment, Obligations, Disbursements and Balances

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Table 7: Drivers of Low Budget Utilization, Reasons and Ways Forward¹¹

Program	Reason for Low Utilization	Ways Forward
Health Facilities Enhancement Program 2014	Issues on implementation readiness (e.g. Lot issues, DENR requirement, peace and order situation)	<ul style="list-style-type: none"> • Strict assessment of project proposals before funding approval • Cut-off of Php 300 M factoring utilization rate • Prioritization of projects: <ul style="list-style-type: none"> - Equipping, 100% completed infrastructure with human resource - 90% completed infrastructure but will need additional funding completion - 85% completed infrastructure but will need additional funding completion - 70% completed infrastructure but will need additional funding completion, mostly infrastructure projects with phased implementation
	Mode of payment is progress billing <ul style="list-style-type: none"> • Late submission of billing by the external clients • Incomplete document requirement for billing 	<ul style="list-style-type: none"> • Establishment of a Project Management Team in all CHDs and DOH Hospitals to track monthly physical and financial report • Monthly progress billing for infrastructure project included in the bid bulletin (i.e. indicating timeline for progress billing)
	Bid failure <ul style="list-style-type: none"> • For infrastructure – no bidders in GIDA • For equipment – lack of quantification and forecasting skill 	<ul style="list-style-type: none"> • Monthly coordination with LGU project recipients for monitoring physical and financial report by all CHDs • Proper screening of good performing contractor • Assignment and training of dedicated staff to perform quantification and forecasting activities

¹¹ Budget Expenditure Presentation developed for Senate June 4, 2019 (Inputs vetted by HFEP-MO and SCMO)

Program	Reason for Low Utilization	Ways Forward
Public Health Program Commodities	<p>Procurement concerns:</p> <ul style="list-style-type: none"> • No local suppliers (e.g. TB drugs for children) • Cancellation of procurement because of overlaps of commodities • Global shortage in supply (e.g. Rabies vaccines) <p>Delivery of some goods was scheduled in Dec. Payment is due Q1 of 2019</p>	<ul style="list-style-type: none"> • Strengthening the capacity of the Supply Chain Management Office commensurate to the volume of procured commodities • Further delegation of authority for the approval of procurement transactions • Assignment and training of dedicated staff to perform quantification and forecasting activities • Development of a shared and integrated procurement and distribution strategy for common or high value supplies (i.e. use of framework agreement)
	<p>Delayed compliance to all requirements (e.g. FDA test analysis and CPR policy)</p>	
	<p>Distribution problems – easier bulk procurement but difficult to distribute due to large quantity (i.e. lack of storage facility at point of service)</p>	<ul style="list-style-type: none"> • Decentralization of the distribution services through the hiring by the CHDs of the local Third Party Logistics Provider • Inclusion of a storage facility in the standard RHU design

Table 8 features the financial performance per budget line item for the years 2018 and 2nd quarter of 2019.

Table 8: Financial Accomplishment in CY 2018 and CY 2019 (as of 2nd Quarter)

Section / PAP	CY 2018				CY 2019 as of 2nd Quarter					
	Adjusted Allotment	Obligation		Disbursement	Adjusted Allotment	Obligation		Disbursement		
		Amount	%			Amount	%		Amount	%
RULE III.										
Sec. 3. Strengthening of Preventive Health Programs towards Attainment of MDGs										
Public Health Management	4,097,486,522	3,875,006,410	95%	2,344,451,216	57%	244,553,758	92,885,903	38%	58,463,668	24%
National Immunization	7,437,044,000	7,299,846,425	98%	1,162,408,133	16%	142,858,773	123,008,588	86%	78,252,229	55%
Family Health, Nutrition and Responsible Parenting	3,623,055,226	2,231,816,835	62%	18,603,182	1%	1,330,252,816	22,315,270	2%	2,066,254	0%
Elimination of Diseases such as Malaria, Schistosomiasis, Leprosy and Filariasis	372,511,000	324,745,987	87%	152,642,475	41%	36,629,847	0	0%	0	0%
Rabies Control	583,370,000	509,644,748	87%	38,783,342	7%	271,647,302	7,153,388	3%	20,480	0%
Prevention and Control of Other Infectious Disease	1,693,697,000	1,409,930,994	83%	186,670,636	11%	259,645,408	526,608	0%	230	0%
Operation of the PNAC Secretariat	7,085,000	6,905,460	97%	3,780,072	53%	179,540	92,277	51%	16,575	9%

Section / PAP	CY 2018						CY 2019 as of 2nd Quarter					
	Adjusted Allotment	Obligation		Disbursement		Adjusted Allotment	Obligation		Disbursement			
		Amount	%	Amount	%		Amount	%	Amount	%		
TB Control	784,950,000	479,175,000	61%	0	0%	302,980,000	48,219,061	16%	43,112,545	14%		
Assistance to Philippine Tuberculosis Society	13,317,000	13,317,000	100%	13,317,000	100%	0	0	0%	0	0%		
Prevention and Control of Non-Communicable Diseases	381,655,000	312,077,189	82%	19,619,049	5%	5,479,969	1,913,925	35%	0	0%		
Environmental and Occupational Health	3,688,755	3,568,583	97%	710,783	19%	120,172	0	0%	0	0%		
Epidemiology and Surveillance	63,668,000	59,468,387	93%	37,231,734	58%	5,283,470	919,772	17%	484,226	9%		
Health Emergency Preparedness and Response	314,525,847	260,434,048	83%	120,156,642	38%	36,016,078	6,820,484	19%	4,018,969	11%		
Pharmaceutical Management	164,528,000	144,333,372	88%	68,338,779	42%	20,584,027	2,505,785	12%	2,071,696	10%		
Human Resources for Health Deployment	9,258,361,000	9,039,118,707	98%	8,191,523,163	88%	219,242,463	200,879,696	92%	194,381,770	89%		
<i>Sec. 4. Health Awareness Programs</i>												
Health Promotion	278,781,865	229,330,562	82%	85,152,033	31%	36,150,010	15,312,903	42%	1,143,468	3%		
<i>Sec. 5. Implementation Research to Support UHC</i>												
Health Sector Research Development	112,729,000	109,953,083	98%	7,776,802	7%	2,775,917	672,129	24%	192,617	7%		

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Section / PAP	CY 2018				CY 2019 as of 2nd Quarter					
	Adjusted Allotment	Obligation		Adjusted Allotment	Obligation		Disbursement	Disbursement		
		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	4,870,171,000	4,794,929,383	98%	3,598,059,102	74%	216,173,729	182,943,641	85%	105,770,338	49%
Sec. 3. Financial Assistance for Health Enhancement Facilities Program (HEFF)										
Health Facilities Enhancement Program	30,266,525,905	28,295,301,406	93%	9,885,186,007	33%	1,982,881,475	362,631,214	18%	30,460,124	2%
Sec. 4. Service Delivery Networks										
Human Resources for Health and Institutional Capacity	184,195,844	164,231,272	89%	117,624,376	64%	20,054,897	9,940,523	50%	4,893,666	24%
Local Health Systems Development and Assistance	404,103,000	366,424,639	91%	206,791,564	51%	37,762,263	20,796,509	55%	13,727,232	36%

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